



# Exploring Health Disparities in San Diego County Residents by Age

*A Report to Identify Opportunities to Achieve Health Equity in San Diego County*





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SEPTEMBER 2025

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# Table of Contents

## ***Exploring Health Disparities in San Diego County Residents by Age***

<b>Executive Summary .....</b>	<b>1</b>
<b>Introduction .....</b>	<b>2</b>
<b>Demographics .....</b>	<b>4</b>
<b>Health Outcomes.....</b>	<b>5</b>
0-17 Years .....	5
18-24 Years .....	7
25-44 Years .....	9
45-64 Years .....	11
65+ Years .....	13
<b>Actions to Support <i>Live Well San Diego</i> .....</b>	<b>16</b>
<b>Appendix.....</b>	<b>17</b>
Risk Factors and Prevention Strategies .....	17
Methodology .....	18
Demographics .....	19
Death Rates .....	21
Emergency Department Discharge Rates .....	22
Hospitalization Rates .....	23
Incidence Rates .....	24
Conditions with the Highest Death Rates (per 100,000) by Age Group .....	25
Conditions with the Highest Emergency Department (ED) Discharge Rates (per 100,000) by Age Group .....	27
Conditions with the Highest Hospitalization Rates (per 100,000) by Age Group .....	29
<b>References .....</b>	<b>31</b>

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# EXECUTIVE SUMMARY

## HEALTH DISPARITIES BY AGE



### Exploring Health Disparities in San Diego County Residents by Age

#### Demographics

In 2022, residents in San Diego County were primarily 25-44 years, followed by 0-17 years, 45-64 years, 65+ years, and 18-24 years. Among San Diego County households with total annual household incomes less than or equal to 200% of the federal poverty level (FPL), a greater proportion of residents aged 0-17 years received food stamps compared to other age groups.

On average, from 2018-2022, the populations aged 45-64 years and 65 years and older were less racially diverse, with over half of residents in both age groups identifying as non-Hispanic White. Among all age groups, residents aged 18-24 years had the highest proportion of individuals who were single and never married, while those aged 65 years and older had the highest proportion of individuals who were separated, divorced, widowed, or had another marital status. Residents aged 25-44 years had the highest proportion of individuals who had a bachelor’s degree or higher compared to other age groups. A greater proportion of residents aged 18-24 years were uninsured, did not have a usual source of care, lived below 200% FPL, and were unemployed and looking for work compared to other age groups. Additionally, residents aged 65 years and older were more likely to report fair or poor health and have a routine check-up with a doctor in the past year compared to other age groups.

#### Health Outcomes

In 2022, health outcomes varied by age among residents of San Diego County. Older adults, specifically those aged 65 years and over, experienced a greater burden of non-communicable (chronic) diseases, Alzheimer’s disease and related dementias (ADRD), and communicable (infectious) diseases compared to younger age groups. Among this age group, the leading chronic diseases contributing to deaths, emergency department (ED) visits, and hospitalizations were chronic kidney disease, overall cancer, overall heart disease, and overall hypertensive diseases. The top infectious diseases associated with these outcomes were COVID-19, flu, pneumonia, and urinary tract infection. Additionally, residents aged 65 years and older had the highest incidence of tuberculosis among all age groups.

Regarding injuries, residents aged 65 years and older generally had higher death and hospitalization rates, while those 18-24 years had higher ED discharge rates in 2022. Falls, hip fractures, poisoning, and traumatic brain injury were the leading causes of injury-related deaths and hospitalizations among residents aged 65 years and older. For residents aged 18-24 years, the leading injuries for ED discharges were assault, falls, and motor vehicle injuries.

For behavioral health conditions, adults in San Diego County, specifically those aged 18-24 years and 25-44 years,

experienced higher rates of ED discharge compared to other age groups in 2022. Alcohol-related disorders, anxiety and fear-related disorders, and suicide attempt/ideation/intentional self-harm were the leading causes of ED discharge for residents aged 18-24 years, while alcohol-related disorders, anxiety and fear-related disorders, and substance-related disorders were the leading causes of ED discharge for residents aged 25-44 years.

Additionally, San Diego County residents aged 18-24 years experienced the highest incidence of chlamydia and gonorrhea, while those aged 25-44 years experienced the highest incidence of syphilis compared to other age groups in 2022.





Introduction

Health Equity is achieved when everyone has the opportunity to reach their highest health potential, no matter their demographic, social, economic, or environmental conditions.<sup>1</sup>

Measuring Health Disparities

The health of a community is not simply the presence or absence of disease; rather, it is an interaction of several factors. **Social determinants of health (SDOH)** are circumstances in which people are born, grow, live, work, and age such as income, education, employment status, housing, access to health care services, and exposure to pollution.<sup>2</sup> Social determinants of health influence a person’s ability to achieve health equity.<sup>3</sup>

- **Health disparities** are differences in health outcomes between groups such as age, gender, place of residence, race/ethnicity, and socioeconomic status.<sup>4</sup>
- **Health inequities** are health disparities that may result from systematic or unequal distribution of positive resources.<sup>5</sup>

In order to describe health disparities in San Diego County, a variety of measures are used, considered together as lifestyle behaviors, socioeconomic status, healthcare access and utilization, and morbidity and mortality.

- **Lifestyle behaviors** are actions taken by individuals to attain or maintain good health and to prevent illness and injury.<sup>6,7</sup> 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.<sup>6,8,9</sup>
- **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.<sup>10,11</sup> The association between these factors is cumulative and influences the health status of an individual over a lifetime.<sup>12,13</sup>

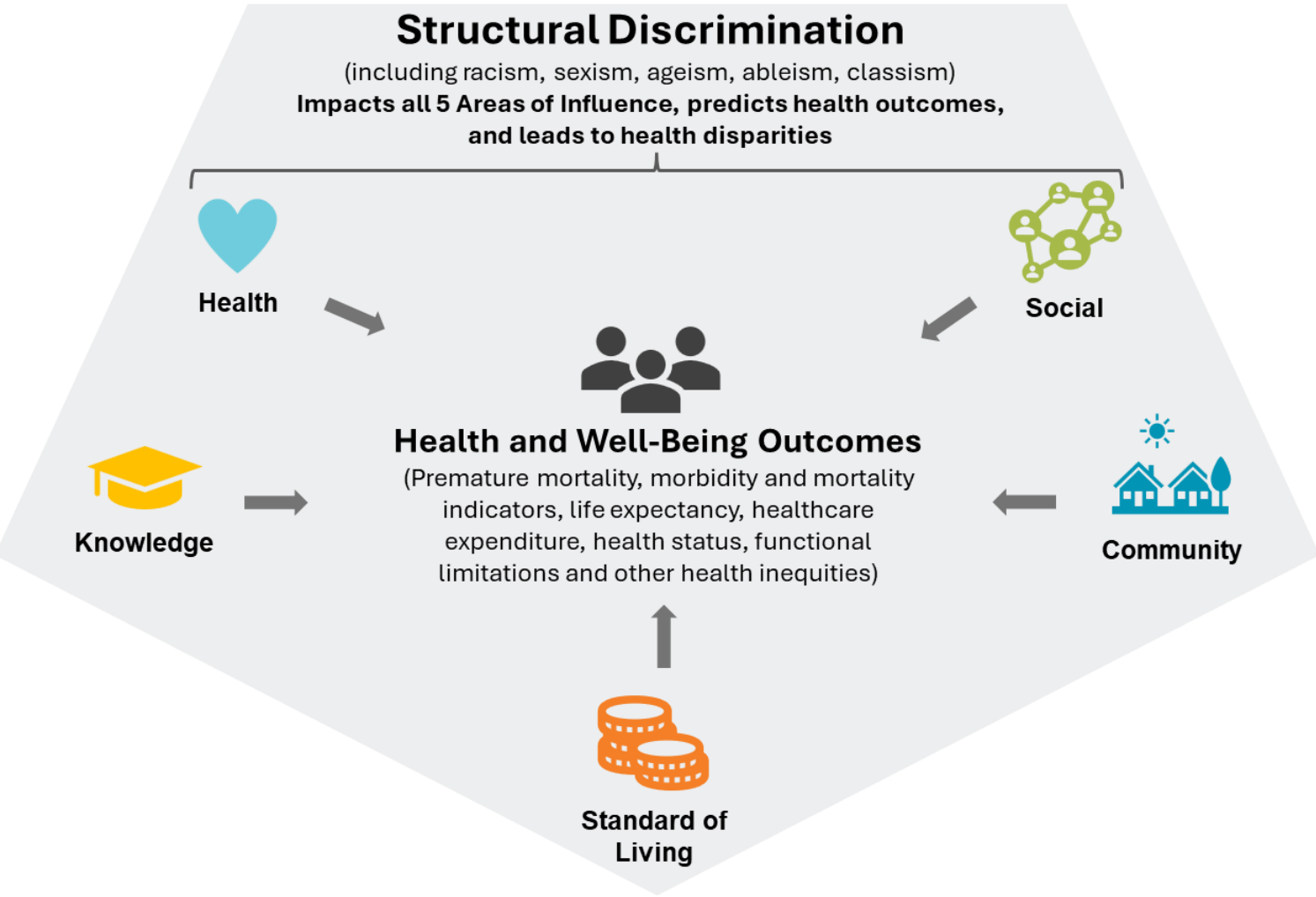
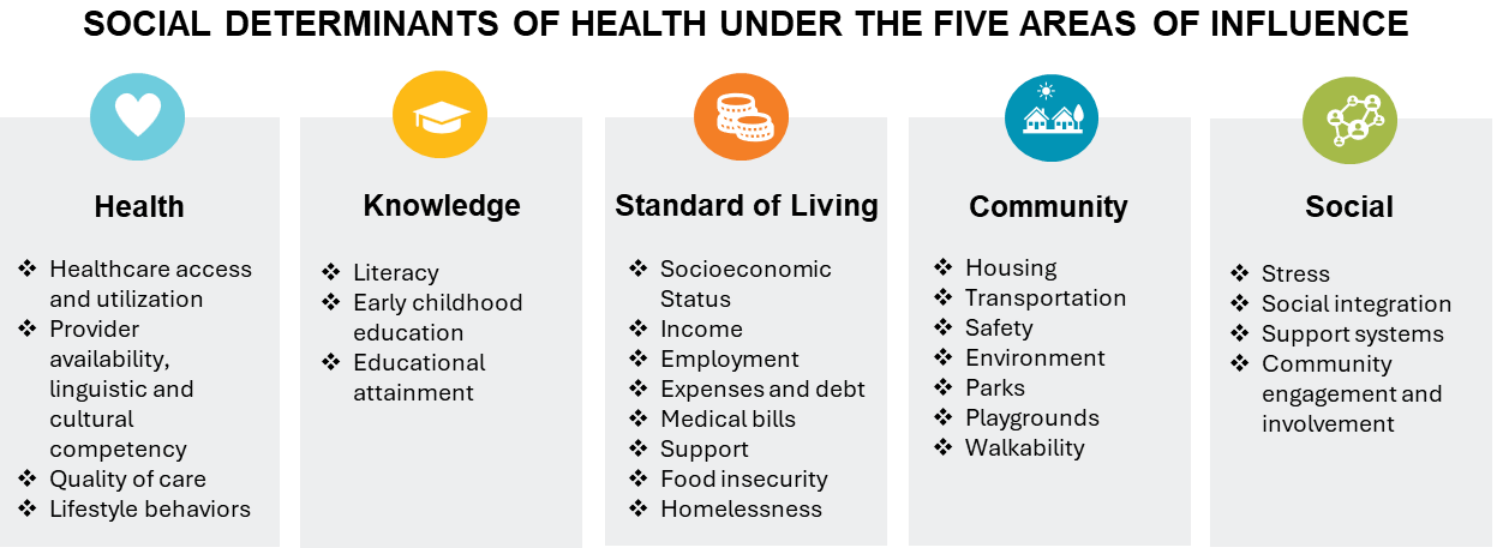
- **Healthcare service access and utilization** are closely aligned with socioeconomic status and are major factors in individual and community health.<sup>14</sup> Lack of health insurance is also associated with reduced access to preventive care services, increasing poor health outcomes, particularly among young adults and racial/ethnic minorities.<sup>14, 15</sup>
- **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. 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.

Live Well San Diego and Health Equity

Health equity is a key component of the *Live Well San Diego* vision, as well as a longstanding practice in Public Health Services (PHS). The Equity Framework for San Diego County includes the five Areas of Influence of the *Live Well San Diego* framework but is expanded by including additional measures of social determinants of health (SDOH), such as income, housing status, and access to healthcare. The equity framework acknowledges that SDOH may impact aspects of a person’s life and often lead to disparities in health and well-being outcomes, irrespective of biological or genetic factors. With the goal of equity in mind, disparities in systems and health and well-being outcomes may be identified and become more balanced.

The Equity Framework aims to better understand systemic inequities with the purpose of providing data for SDOH and related health and behavioral indicators. When SDOH are examined by lenses of health equity, such as by race/ethnicity, disparities become apparent. This framework can also be applied to other vulnerable populations, such as those with disabilities, the young and the elderly, and those of low socioeconomic status. The inclusion of more measures in the Equity Framework helps to better understand the root causes of health inequities so that actions may be taken to ensure health and well-being for all San Diego County residents. To see an example of the framework under a racial equity lens, click [here](#).

EQUITY FRAMEWORK FOR SAN DIEGO COUNTY





## Health Equity in San Diego County: Age

*Exploring Health Disparities in San Diego County by Age* is a document prepared by the Division of Public Health Services in the County of San Diego Health and Human Services Agency.

The report identifies health disparities by age 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. This report supports the *Live Well San Diego* regional vision by identifying health disparities and inequities that 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 of San Diego Community Health Statistics Unit's San Diego County Community Profiles. Specifically, death, hospitalization, and emergency department (ED) 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 noncommunicable (chronic) disease, communicable disease, maternal and child health, injury, and behavioral health. For further resources, including local health and demographic information, please visit [www.sdhealthstatistics.com](http://www.sdhealthstatistics.com).

This report includes demographic and health data for the following age groups:

1. 0-17 Years
2. 18-24 Years
3. 25-44 Years
4. 45-64 Years
5. 65+ Years





# DEMOGRAPHICS



## DEMOGRAPHICS

### TOTAL POPULATION<sup>16</sup>

In San Diego County in 2022, 23.9% of the population were 0-17 years old, 10.5% were 18-24 years old, 25.5% were 25-44 years old, 21.7% were 45-64 years old, and 18.4% were 65 years and older.

### EDUCATION<sup>17</sup>

On average, from 2018-2022, residents aged 18-24 in San Diego County had the highest proportion of individuals with a high school diploma or less (41.7%) compared to other age groups, followed by those aged 65 and older (33.2%). In contrast, residents aged 25-44 years had the highest proportion of individuals with a bachelor’s degree or higher (58.4%), followed by those 45-64 years old (48.3%).

### FOOD STAMPS/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)<sup>16</sup>

In 2022, among San Diego County households with total annual household incomes less than or equal to 200% of the federal poverty level (FPL), 45.8% of residents aged 0-17 years, 22.4%\* of those aged 18-24 years, 28.5% of those aged 25-44 years, 29.7% of those aged 45-64 years, and 18.0% of those 65 years and older were currently receiving food stamps.

### HEALTH INSURANCE<sup>17</sup>

On average, from 2018-2022, residents aged 18-24 in San Diego County had the highest proportion of uninsured individuals (11.6%) compared to other age groups, followed by those aged 25-44 (9.8%). Additionally, 2.0% of individuals aged 0-17, 6.8% of those aged 45-64, and

0.5%\* of those aged 65 and older were uninsured.

### HEALTH STATUS<sup>17</sup>

On average, from 2018-2022, a greater percentage of San Diego County residents aged 0-44 reported being in excellent or very good health. Specifically, 82.1% of those aged 0-17, 62.1% of those aged 18-24, and 63.4% of those aged 25-44 reported being in excellent or very good health. In contrast, older residents were more likely to report poorer health, with 15.2% of those aged 45-64 and 19.7% of those aged 65 and older reporting fair or poor health.

### MARITAL STATUS<sup>17</sup>

On average, from 2018-2022, 7.7% of residents aged 18-24, 50.3% of those aged 25-44, 68.0% of those aged 45-64, and 55.4% of those 65 and older were married in San Diego County. Residents aged 65 years and older were more likely to be separated, divorced, widowed, or had another marital status (35.6%) compared to other age groups. Among all age groups, adults aged 18-24 years had the highest proportion of individuals who were single and never married (85.8%).

### POVERTY<sup>17</sup>

On average, from 2018-2022, 34.1% of San Diego County residents aged 18-24 years lived below 200% FPL, the highest proportion among all age groups. Additionally, 24.6% of those aged 0-17, 26.7% of those aged 25-44 years, 25.0% of those aged 45-64 years, and 27.4% of those aged 65 years and older lived below 200% FPL.

### RACE/ETHNICITY<sup>17</sup>

On average, from 2018-2022, among residents aged 0-17

years in San Diego County, 40.4% were Hispanic, 40.0% were non-Hispanic (NH) White, 10.0% were NH Asian or Native Hawaiian/Pacific Islander (API), 5.0% were NH two or more races, 4.0% were NH Black, and 0.7%\* were NH American Indian/Alaska Native (AIAN). Among residents aged 18-24 years, 44.3% were Hispanic, 33.3% were NH White, 15.6% were NH API, 3.4% were NH two or more races, 3.1%\* were NH Black, and 0.4%\* were NH AIAN. Among residents aged 25-44 years, 39.4% were NH White, 39.2% were Hispanic, 12.7% were NH API, 4.3% were NH Black, 3.9% were NH two or more races, and 0.5%\* were NH AIAN. Among residents aged 45-64 years, 51.3% were NH White, 29.5% were Hispanic, 11.2% were NH API, 5.5% were NH Black, 2.1% were NH two or more races, 0.4% were NH AIAN. Among residents aged 65 years and older, 67.0% were NH White, 18.1% were Hispanic, 8.5% were NH API, 4.6% were NH Black, 1.4% were NH two or more races, and 0.3%\* were NH AIAN.

### ROUTINE CHECK-UP WITH DOCTOR<sup>17</sup>

On average, from 2018-2022, adults aged 65 and older in San Diego County were the most likely to have had a routine check-up with their doctor in the past year (82.6%), followed by those aged 45-64 (69.6%). Furthermore, 64.9% of individuals aged 18-24 and 59.5% of those aged 25-44 had a routine check-up with their doctor in the past year.

### SEX<sup>16</sup>

In 2022, among 0-17-year-olds in San Diego County, 49.9% were males and 50.1% were females. Among 18-24-year-olds, 55.8% were males and 44.2% were females. Among 25-44-year-old residents, 49.5% were males and 50.5% were females. Among 45-64-year-olds,

50.3% were males and 49.7% were females. Among residents 65 years and older, 47.5% were males and 52.5% were females.

### UNEMPLOYMENT<sup>17</sup>

On average, from 2018-2022, a higher proportion of San Diego County residents aged 18-24 years reported being unemployed and looking for work (14.8%) compared to other age groups. Among adults, 5.3% of those aged 25-44, 4.3% of those aged 45-64, and 1.2% of those aged 65 and older reported being unemployed and looking for work.

### USUAL SOURCE OF CARE<sup>17</sup>

On average, from 2018-2022, San Diego County residents aged 65 years and older were most likely to report having a usual source of care when sick or in need of health advice (93.8%), followed by 0-17-year-olds (91.5%). Additionally, 75.4% of those aged 18-24 years, 81.8% of those aged 25-44 years, and 90.1% of those aged 45-64 years reported having a usual source of care when sick or in need of health advice.

\*Indicates a statistically unstable estimate. Proceed with caution.



0-17 YEARS



NON-COMMUNICABLE (CHRONIC) DISEASES

Among non-communicable (chronic) diseases, the highest rates of emergency department (ED) discharge among San Diego County residents aged 0-17 years were due to asthma, overall heart disease, and diabetes in 2022. For hospitalizations due to chronic diseases, asthma, diabetes, and overall cancer contributed to the highest rates of hospitalization among 0-17-year-olds in San Diego County.

ASTHMA

Asthma caused the highest rates of ED discharge (397.0 per 100,000) and hospitalization (120.3 per 100,000) due to chronic diseases among San Diego County residents aged 0-17 years in 2022. The rates of ED discharge and hospitalization due to asthma in this age group were 1.9 and 2.8 times higher, respectively, than the corresponding countywide rates. Additionally, residents aged 0-17 years had the highest rates of ED discharge and hospitalization due to asthma compared to other age groups. For residents aged 0-17 years, those in Central Region experienced the highest rates of ED discharge (671.5 per 100,000) and hospitalization (172.8 per 100,000) due to asthma, compared to other Health and Human Services Agency (HHSA) regions.

DIABETES

Among chronic diseases, diabetes accounted for one of the highest rates of ED discharge and hospitalization among San Diego County residents aged 0-17 years in 2022, with rates of 15.3 per 100,000 and 33.0 per 100,000, respectively. Residents aged 0-17 years in Central Region experienced the highest rates of ED discharge (28.4 per 100,000) and hospitalization (51.4 per 100,000) due to diabetes, compared to residents of the same age group in other HHSA regions.

OVERALL CANCER

For 0-17-year-olds in San Diego County, the rate of hospitalization due to overall cancer was 25.2 per 100,000. Within this age group, South Region residents experienced the highest hospitalization rate, at 33.2 per 100,000, compared to other HHSA regions.

OVERALL HEART DISEASE

The rate of ED discharge due to overall heart disease among San Diego County residents aged 0-17 years was 337.6 per 100,000. Compared to all HHSA regions, Central Region had the highest rate of ED discharge due to overall heart disease among this age group, with a rate of 535.9 per 100,000.

COMMUNICABLE (INFECTIOUS) DISEASES

In 2022, for communicable (infectious) diseases, the highest rates of ED discharge among San Diego County residents aged 0-17 years were attributed to COVID-19, flu, and urinary tract infection. For hospitalizations due to infectious diseases, the highest rates in this age group were due to COVID-19, pneumonia, and urinary tract infection.

COVID-19

Among infectious diseases, COVID-19 caused the highest rates of ED discharge (1,041.0 per 100,000) and hospitalization (53.7 per 100,000) among San Diego County residents aged 0-17 years in 2022. Compared to residents of this age group in other HHSA regions, those in Central Region experienced the highest ED discharge rate due to COVID-19 at 1,496.1 per 100,000, while those in East Region had the highest hospitalization rate at 79.0 per 100,000.

FLU

In 2022, the ED discharge rate due to flu among residents aged 0-17 years in San Diego County was 688.9 per 100,000, which was 2.1 times higher than the overall county rate (321.7 per 100,000). Residents aged 0-17 years had the highest rate of ED discharge due to flu compared to other age groups. South Region residents aged 0-17 years experienced the highest ED discharge rate due to flu (966.1 per 100,000), compared to other HHSA regions in 2022.

PNEUMONIA

Among infectious diseases, pneumonia was a leading cause of hospitalization for San Diego County residents aged 0-17 years, with a rate of 44.4 per 100,000. The hospitalization rate due to pneumonia among this age group was 1.3 times higher than the overall county rate (83.9 per 100,000). Among residents aged 0-17 years, South Region had the highest rate of hospitalization due to pneumonia (53.5 per 100,000), compared to other HHSA regions.

URINARY TRACT INFECTION

In 2022, urinary tract infection caused one of the highest rates of ED discharge (242.5 per 100,000) and hospitalization (30.8 per 100,000) among infectious diseases for 0-17-year-old residents in San Diego County. Compared to other HHSA regions, South Region had the highest rate of ED discharge (327.5 per 100,000), while Central Region had the highest rate of hospitalization (45.9 per 100,000) due to urinary tract infection among this age group.

INJURY

In 2022, falls, motor vehicle injuries, and traumatic brain injury were leading causes of injury-related ED discharges among San Diego County residents aged 0-17 years. For injury-related hospitalizations, residents in this age group had the highest rates due to falls, motor vehicle injuries, and poisoning.

FALLS

Among injury indicators, falls caused the highest rates of ED discharge (2,228.2 per 100,000) and hospitalization (69.4 per 100,000) for San Diego County residents aged 0-17 years in 2022. Compared to other HHSA regions, Central Region had the highest rates of ED discharge (2,711.2 per 100,000) and hospitalization (87.5 per 100,000) due to falls among this age group.

MOTOR VEHICLE INJURIES

Motor vehicle injuries contributed to one of the highest rates of ED discharge (268.4 per 100,000) and hospitalization (16.3 per 100,000) due to injury indicators among San Diego County residents aged 0-17 years in 2022. Among this age group, East Region had the highest ED discharge rate due to motor vehicle injuries, at 394.4 per 100,000, while Central Region had the highest hospitalization rate, at 27.3 per 100,000, compared to other HHSA regions.

POISONING

In 2022, the rate of hospitalization due to poisoning among San Diego County residents aged 0-17 years was 35.7 per 100,000. South Region residents aged 0-17 years had the highest rate of hospitalization due to poisoning compared to other HHSA regions, with a rate of 42.1 per 100,000.

**TRAUMATIC BRAIN INJURY**

Among injury indicators, traumatic brain injury caused one of the highest rates of ED discharge for 0-17 year olds in San Diego County in 2022, with a rate of 252.4 per 100,000. The ED discharge rate due to traumatic brain injury for this age group was 1.4 times higher than the overall county rate of 184.8 per 100,000. Residents aged 0-17 years had the highest rate of ED discharge due to traumatic brain injury compared to all other age groups. Furthermore, East Region residents aged 0-17 experienced the highest ED discharge rate due to traumatic brain injury compared to other HHSA regions (285.6 per 100,000).

**BEHAVIORAL HEALTH**

Among behavioral health conditions, suicide attempt/ ideation/intentional self-harm, anxiety and fear-related disorders, and mood disorders contributed to the highest burden of ED discharge among San Diego County residents aged 0-17 years in 2022. For hospitalizations due to behavioral health conditions, the highest rates in this age group were attributed to suicide attempt/ideation/intentional self-harm and neurodevelopmental disorders.

**ANXIETY AND FEAR-RELATED DISORDERS**

In 2022, the ED discharge rate due to anxiety and fear-related disorders among residents aged 0-17 years was 54.9 per 100,000. Compared to other HHSA regions, Central Region had the highest rate of ED discharge due to anxiety and fear-related disorders in this age group, with a rate of 83.1 per 100,000.

**MOOD DISORDERS**

Among behavioral health conditions, mood disorders caused one of the highest ED discharge rates among those aged 0-17 years in San Diego County in 2022, with a rate of 42.9 per 100,000. For this population, East Region had the highest ED discharge rate due to mood disorders compared to other HHSA regions, at 57.8 per 100,000.

**NEURODEVELOPMENTAL DISORDERS**

In 2022, the rate of hospitalization due to neurodevelopment disorders among 0-17-year-olds in San Diego County was 3.4 per 100,000, which was 2.5 times higher than the overall county rate of 1.3 per 100,000.

**SUICIDE**

Among behavioral health conditions, suicide attempt/ ideation/intentional self-harm was the leading cause of ED discharge (409.7 per 100,000) and hospitalization (23.1 per 100,000) among San Diego County residents aged 0-17 years in 2022. Specifically, the rates of ED discharge and hospitalization due to suicide attempt/ ideation/intentional self-harm among this age group were 1.7 and 1.1 times higher than the corresponding county rates. Residents aged 0-17 years had the highest rate of ED discharge due to suicide attempt/ideation/ intentional self-harm compared to all other age groups. Among the HHSA regions, residents 0-17 years in North Inland Region experienced the highest ED discharge rate due to suicide attempt/ideation/intentional self-harm, at 451.5 per 100,000, while those in North Central Region had the highest hospitalization rate, at 31.9 per 100,00.

**MATERNAL AND CHILD HEALTH**

**CONGENITAL ANOMALIES**

San Diego County residents aged 0-17 years had the highest burden of death (4.9 per 100,000), ED discharge (15.6 per 100,000), and hospitalization (104.6 per 100,000) due to congenital anomalies compared to other age groups in 2022. The rates of death, ED discharge, and hospitalization due to congenital anomalies among this population were 2.0, 1.9, and 3.1 times higher, respectively, than the countywide rates. Among all HHSA regions, Central Region had the highest rates of ED discharge and hospitalization due to congenital anomalies among 0-17-year-old residents, at rates of 29.5 per 100,000 and 123.6 per 100,000, respectively.



18-24 YEARS



NON-COMMUNICABLE (CHRONIC) DISEASES

Among non-communicable (chronic) diseases, overall heart diseases, asthma, and diabetes were the leading causes of emergency department (ED) discharges for San Diego County residents aged 18-24 years in 2022. For hospitalizations due to chronic diseases, diabetes, overall hypertensive diseases, and overall heart disease contributed to the highest rates among residents in this age group. Although these chronic diseases accounted for the highest rates of ED discharge and hospitalization in this age group, the rates were still lower compared to the overall county rates.

ASTHMA

In 2022, asthma caused one of the highest rates of ED discharge among chronic diseases for San Diego County residents aged 18-24 years in 2022, at a rate of 201.4 per 100,000. Compared to other Health and Human Services Agency (HHSA) regions, East Region had the highest rate of ED discharge due to asthma among this age group, at 366.5 per 100,000.

DIABETES

In 2022, diabetes contributed to one of the highest rates of ED discharge (46.1 per 100,000) and hospitalization (70.1 per 100,000) due to chronic diseases among 18-24-year-old residents in San Diego County. Residents aged 18-24 years in East Region experienced the highest rate of ED discharge due to diabetes, at 72.8 per 100,000, while those in South Region had the highest rate of hospitalization, at 92.3 per 100,000.

OVERALL HEART DISEASE

The rates of ED discharge and hospitalization due to overall heart disease among San Diego County residents aged 18-24 years were 1,004.2 per 100,000 and 47.9 per 100,000, respectively. Among all HHSA regions, East Region residents aged 18-24 years experienced the highest rates of ED discharge (1,378.5 per 100,000) and hospitalization (72.8 per 100,000) for overall heart disease.

OVERALL HYPERTENSIVE DISEASES

Overall hypertensive diseases were a leading cause of chronic disease-related hospitalizations among San Diego County residents aged 18-24 years in 2022, with a rate of 69.5 per 100,000. Compared to other HHSA regions, East Region residents in this age group experienced the highest rate of hospitalization due to overall hypertensive diseases, at 135.9 per 100,000.

NEUROCOGNITIVE DISORDERS

The rate of ED discharge due to neurocognitive disorders among San Diego County residents aged 18-24 years was 17.8 per 100,000. Residents aged 18-24 years experienced the second highest ED discharge rates due to neurocognitive disorders compared to other age groups.

COMMUNICABLE (INFECTIOUS) DISEASES

In 2022, among San Diego County residents aged 18-24 years, the highest rates of ED discharge for communicable (infectious) diseases were due to COVID-19, urinary tract infections, and the flu. Similarly, the highest rates of hospitalizations for

infectious diseases in this age group were attributed to COVID-19, urinary tract infections, and pneumonia. Residents aged 18-24 years experienced the highest incidence of chlamydia and gonorrhea compared to other age groups.

CHLAMYDIA

In 2022, San Diego County residents aged 18-24 years had the highest incidence rate of chlamydia compared to all other age groups, at a rate of 2,476.7 per 100,000.

COVID-19

In 2022, among infectious diseases, COVID-19 was the leading cause of both ED discharges and hospitalizations for San Diego County residents aged 18-24, with rates of 792.3 per 100,000 for ED discharges and 18.7 per 100,000 for hospitalizations. Compared to other HHSA regions, residents aged 18-24 years in East Region experienced the highest ED discharge rate due to COVID-19, at a rate of 1,242.6 per 100,000.

FLU

In 2022, the rate of ED discharge due to flu among residents aged 18-24 years in San Diego County was 438.0 per 100,000, which was 1.4 times higher than the countywide rate of 321.7 per 100,000. East Region residents aged 18-24 years experienced the highest ED discharge rate for flu, compared to other HHSA regions, with a rate of 706.2 per 100,000.

GONORRHEA

In 2022, San Diego County residents aged 18-24 years had the highest incidence rate of gonorrhea compared

to all other age groups, at a rate of 650.5 per 100,000.

PNEUMONIA

In 2022, the hospitalization rate due to pneumonia for San Diego County residents aged 18-24 years was 7.5 per 100,000. Among HHSA regions, residents in the North Inland Region had the highest ED discharge rate for pneumonia, with a rate of 95.6 per 100,000.

URINARY TRACT INFECTION

Among infectious diseases, urinary tract infection caused one of the highest rates of ED discharge and hospitalization for 18-24-year-old San Diego County residents in 2022. The rate of ED discharge due to urinary tract infections in this age group was 667.9 per 100,000, while the hospitalization rate was 15.4 per 100,000. Among HHSA regions, residents in the East Region aged 18-24 years had the highest ED discharge rate for urinary tract infections, with a rate of 931.9 per 100,000.

INJURY

In 2022, among injury indicators, the highest death rates for San Diego County residents aged 18-24 were due to poisoning and motor vehicle injuries. For injury-related ED discharges, the highest rates in this age group were caused by motor vehicle injuries, falls, and assault. Additionally, motor vehicle injuries, poisoning, and falls were the leading causes of injury-related hospitalizations for residents aged 18-24 years.

ASSAULT

Assault caused one of the highest rates of ED discharge

due to injury indicators among 18-24-year-old San Diego County residents in 2022, at a rate of 411.5 per 100,000. The ED discharge rate for assault in this age group was the highest among all age groups and 1.7 times greater than the overall county rate of 236.0 per 100,000. Residents in East Region aged 18-24 years had the highest ED discharge rate due to assault among all HHSA regions, at 660.1 per 100,000.

FALLS

Falls were a leading cause of both ED discharge and hospitalization among injury indicators for San Diego County residents aged 18-24 years in 2022. The rates of ED discharge and hospitalization due to falls in this age group were 943.7 per 100,000 and 52.7 per 100,000, respectively. Among all HHSA regions, East Region had the highest ED discharge rate due to falls among 18-24-year-old residents, at 1,262.0 per 100,000, while Central Region residents of this age group experienced the highest hospitalization rate, at 85.8 per 100,000.

POISONING

Among injury indicators, poisoning caused one of the highest rates of death and hospitalization for 18-24-year-old residents in San Diego County in 2022, at rates of 17.5 per 100,000 and 54.5 per 100,000, respectively. Among HHSA regions, East Region residents in this age group experienced the highest ED discharge and hospitalization rates due to poisoning, at 383.5 per 100,000 and 65.5 per 100,000, respectively.

MOTOR VEHICLE INJURIES

For injury indicators in 2022, motor vehicle injuries caused some of the highest rates of death (9.3 per 100,000), ED discharge (950.6 per 100,000), and hospitalization (94.8 per 100,000) among residents aged 18-24 years in San Diego County. The rates of death, ED discharge, and hospitalization due to motor vehicle injuries among this age group were 1.1, 1.8, and 1.3 times higher, respectively, than the overall county rates. Compared to other HHSA regions, East Region

had the highest rate of ED discharge due to motor vehicle injures (1,577.5 per 100,000), while South Region had the highest rate of hospitalization (156.5 per 100,000) among this age group.

BEHAVIORAL HEALTH

Among behavioral health conditions, all opioid overdoses and suicide contributed to the highest rates of death for San Diego County residents aged 18-24 years in 2022. The highest rates of ED discharge for behavioral health conditions among this age group were attributed to suicide attempt/ideation/intentional self-harm, anxiety and fear-related disorders, and alcohol-related disorders. For hospitalizations due to behavioral health conditions, the highest rates among residents aged 18-24 years were due to suicide attempt/ideation/intentional self-harm, all opioid overdoses, and alcohol-related disorders.

ALCOHOL-RELATED DISORDERS

For San Diego County residents aged 18-24 years, alcohol-related disorders were a leading cause of ED discharges, at 246.2 per 100,000, and hospitalization, at 10.5 per 100,000, among behavioral health conditions in 2022. Central Region residents in this age group experienced the highest ED discharge rate due to alcohol-related disorders, at 294.1 per 100,000, compared to other HHSA regions.

ALL OPIOID OVERDOSES

All opioid overdoses were a leading cause of behavioral health-related death (14.7 per 100,000) and hospitalization (12.0 per 100,000) due to behavioral health conditions among 18-24-year-old San Diego County residents in 2022.

ANXIETY AND FEAR-RELATED DISORDERS

In 2022, the rate of ED discharge due to anxiety and fear-related disorders among 18-24-year-old residents in San Diego County was 282.3 per 100,000, which was

1.5 times higher than the overall county rate of 183.1 per 100,000. Compared to all HHSA regions, East Region residents within this age group experienced the highest rate of ED discharge due to anxiety and fear-related disorders, at a rate of 405.3 per 100,000.

SUICIDE

In 2022, suicide and suicide attempt/ideation/intentional self-harm were among the leading causes of behavioral health-related death (8.4 per 100,000), ED discharges (360.3 per 100,000), and hospitalizations (27.7 per 100,000) for San Diego County residents aged 18-24. The rates of ED discharge and hospitalization for suicide attempt/ideation/intentional self-harm in this age group were 1.5 and 1.3 times higher than the corresponding county rates. This group also had the highest rate of hospitalization due to suicide attempt/ideation/intentional self-harm compared to other age groups. Furthermore, East Region residents aged 18-24 years had the highest ED discharge rate due to suicide attempt/ideation/intentional self-harm (565.5 per 100,000), while those in South Region had the highest hospitalization rate (40.1 per 100,000) compared to other HHSA regions.

MATERNAL AND CHILD HEALTH

CONGENITAL ANOMALIES

For San Diego County residents aged 18-24 years in 2022, the rates of ED discharge and hospitalization due to congenital anomalies were 7.5 per 100,000 and 12.0 per 100,000, respectively. Additionally, this age group had the second highest rate of ED discharge due to congenital anomalies compared to all other age groups.



25-44 YEARS



NON-COMMUNICABLE (CHRONIC) DISEASES

Among non-communicable (chronic) diseases, overall cancer, overall heart disease, and chronic kidney disease contributed to the highest rates of death for San Diego County residents aged 25-44 years in 2022. The highest rates of ED discharge for chronic diseases among this age group were attributed to overall heart disease, asthma, and overall hypertensive diseases. For hospitalizations due to chronic diseases, the highest rates among residents aged 25-44 years were due to overall hypertensive diseases, overall heart disease, and diabetes. Generally, residents in this age group experienced lower death, ED discharge, and hospitalization rates due to these diseases compared to the overall county.

ASTHMA

Among chronic diseases, asthma was a leading cause of ED discharge for San Diego County residents aged 25-44 years in 2022, at a rate of 178.5 per 100,000. East Region residents in this age group experienced the highest rate of ED discharge due to asthma, at 285.7 per 100,000, compared to other HHSA regions.

CHRONIC KIDNEY DISEASE

The death rate due to chronic kidney disease among 25-44-year-old residents in San Diego County was 6.6 per 100,000 in 2022.

DIABETES

In San Diego County, diabetes was a leading contributor to hospitalizations for chronic diseases among residents aged 25-44 years, at a rate of 111.9 per 100,000. East Region had the highest rate of hospitalization due to diabetes among this age group, at 163.5 per 100,000.

OVERALL CANCER

The rate of death due to overall cancer for San Diego County residents aged 25-44 years was 15.0 per 100,000 in 2022. In comparison to other HHSA regions, East Region residents in this age group had the highest death rate due to overall cancer, at 17.9 per 100,000.

OVERALL HEART DISEASE

Overall heart disease caused some of the highest rates of chronic disease death (8.4 per 100,000), ED discharge (1,533.8 per 100,000), and hospitalization (207.3 per 100,000) among residents aged 25-44 years in San Diego County in 2022. Among all HHSA regions, Central Region residents 25-44 years old experienced the highest rate of death due to overall heart disease (12.4 per 100,000), while those in East Region had the highest rates of ED discharge (2,142.5 per 100,000) and hospitalization (288.8 per 100,000).

OVERALL HYPERTENSIVE DISEASES

In 2022, overall hypertensive diseases caused one of the highest rates of ED discharge (163.5 per 100,000) and hospitalization (251.4 per 100,000) among chronic diseases for San Diego County residents 25-44 years old. Compared to other HHSA regions, South Region had the highest rate of ED discharge due to overall hypertensive diseases (277.6 per 100,000), while East Region had the highest rate of hospitalization (336.3 per 100,000) among this age group.

COMMUNICABLE (INFECTIOUS) DISEASES

In 2022, for San Diego County residents aged 25-44 years, COVID-19 was the primary cause of death among communicable (infectious) diseases. The highest rates of ED discharges were attributed to COVID-19, urinary

tract infection, and the flu, while COVID-19, urinary tract infection, and pneumonia were the leading causes of hospitalization. Generally, residents aged 25-44 years experienced lower rates of death, ED discharge, and hospitalization from these diseases compared to the countywide rates. Additionally, this age group experienced the highest incidence of syphilis and the second highest incidence of chlamydia and gonorrhea among all age groups.

CHLAMYDIA

In 2022, San Diego County residents aged 25-44 years experienced the second highest incidence rate due to chlamydia compared to other age groups, at a rate of 899.9 per 100,000.

COVID-19

Among infectious diseases, COVID-19 contributed to some of the highest rates of death (5.4 per 100,000), ED discharge (978.5 per 100,000), and hospitalization (44.6 per 100,000) in San Diego County residents aged 25-44 years in 2022. Residents in East Region experienced the highest rates of ED discharge (1,473.8 per 100,000) and hospitalization (72.4 per 100,000) due to COVID-19, compared to other HHSA regions.

FLU

In 2022, the rate of ED discharge due to flu among 25-44-year-old San Diego County residents was 245.9 per 100,000. Among all HHSA regions, 25-44-year-old residents in South Region had the highest flu-related ED discharge rate, with a rate of 398.5 per 100,000.

GONORRHEA

In 2022, San Diego County residents aged 25-44 years had the second highest incidence rate due to

gonorrhea compared to other age groups, at a rate of 489.8 per 100,000.

PNEUMONIA

For San Diego County residents aged 25-44 years, the rate of hospitalization due to pneumonia was 13.8 per 100,000 in 2022. East Region had the highest hospitalization rate (20.2 per 100,000) due to pneumonia among residents 25-44 years compared to other HHSA regions.

SYPHILIS

In 2022, San Diego County residents aged 25-44 years experienced the highest incidence of syphilis among all age groups, at a rate of 75.6 per 100,000.

URINARY TRACT INFECTION

Urinary tract infection accounted for some of the highest rates of infectious disease-related ED discharge (567.4 per 100,000) and hospitalization (33.2 per 100,000) among residents aged 25-44 years in San Diego County in 2022. Within this age group, residents in East Region experienced the highest ED discharge rate (791.8 per 100,000) and second highest hospitalization rate (52.2 per 100,000), while those in South Region experienced the highest hospitalization rate (52.5 per 100,000) due to urinary tract infection compared to other HHSA regions.

INJURY

In 2022, poisoning, motor vehicle injuries, and traumatic brain injury were the leading causes of death due to injury indicators among San Diego County residents aged 25-44 years. This age group was primarily admitted to and discharged from the ED for

the following injuries: falls, motor vehicle injuries, and assault. For hospitalizations due to injuries, the highest rates among residents aged 25-44 years were for falls, motor vehicle injuries, and poisoning.

ASSAULT

In 2022, assault was one of the highest injury-related ED discharge rates among San Diego County residents aged 25-44, at a rate of 375.7 per 100,000. The ED discharge rate due to assault among this age group was 1.6 times higher than the overall county rate of 236.0 per 100,000. Central Region had the highest ED discharge rate due to assault, at 586.6 per 100,000, compared to other HHSA regions.

FALLS

Among injury indicators, falls accounted for the highest rates of ED discharge and hospitalization among San Diego County residents aged 25-44 years in 2022, with rates of 938.8 per 100,000 and 108.8 per 100,000, respectively. Residents aged 25-44 years in East Region experienced the highest rate of ED discharge due to falls (1,289.3 per 100,000), while those in Central Region had the highest rate of hospitalization (167.4 per 100,000), compared to other HHSA regions.

MOTOR VEHICLE INJURIES

For injury indicators in 2022, motor vehicle injuries were a leading cause of injury-related death (11.1 per 100,000), ED discharge (739.5 per 100,000), and hospitalization (88.3 per 100,000) among San Diego County residents aged 25-44 years. In comparison to residents of other HHSA regions within this age group, East Region experienced the highest ED discharge rate at 1,125.0 per 100,000, and South Region had the highest hospitalization rate due to motor vehicle injuries at 114.4 per 100,000.

POISONING

In 2022, poisoning was a leading cause of injury-related death (50.4 per 100,000) and hospitalizations (81.3 per 100,000) for San Diego County residents aged 25-44. The rates of death and hospitalization due to poisoning among this age group were 1.7 and 1.1 times higher, respectively, than the countywide rates. Residents aged

25-44 experienced the highest death rate due to poisoning compared to other age groups. East Region had the highest rates of death and hospitalization due to poisoning among this age group, at 75.5 per 100,000 and 121.5 per 100,000, respectively.

TRAUMATIC BRAIN INJURY

The death rate due to traumatic brain injury among San Diego County residents aged 25-44 years was 8.5 per 100,000 in 2022. Although traumatic brain injury was a leading cause of injury-related death among residents aged 25-44 years, the death rate was lower than that of the overall county (14.1 per 100,000).

BEHAVIORAL HEALTH

Among behavioral health conditions, alcohol-related disorders, all opioid overdoses, and suicide and suicide attempt/ideation/intentional self-harm were the leading causes of death and hospitalization for San Diego County residents aged 25-44 years in 2022. Alcohol-related disorders, anxiety and fear-related disorders, and substance-related disorders were the top contributors of behavioral health ED discharges in this age group. Generally, 25-44-year-old residents in San Diego County had higher rates of death, ED discharge, and hospitalizations due to these behavioral health conditions compared to the overall county.

ALCOHOL-RELATED DISORDERS

In 2022, the rate of death due to alcohol-related disorders among 25-44-year-old San Diego County residents was 12.0 per 100,000. Alcohol-related disorders also caused the highest rate of hospitalization in this age group, at a rate of 93.1 per 100,000. Furthermore, the hospitalization rate due to alcohol-related disorders among 25-44-year-old residents was 1.5 times higher than that of the overall county. Within this age group, North Inland Region residents experienced the highest rate of death (16.4 per 100,000), while East Region residents experienced the highest rate of hospitalization (158.8 per 100,000) due to alcohol-related disorders compared to other HHSA regions.

ALL OPIOID OVERDOSES

In 2022, all opioid overdoses were the leading cause of behavioral health-related deaths among San Diego County residents aged 25-44 years, with a rate of 42.0 per 100,000, which was 1.9 times greater than the overall county rate. The hospitalization rate for this age group was 23.1 per 100,000, which was 1.4 times higher than the countywide rate. Compared to other HHSA regions, East Region had the highest death rate (60.7 per 100,000), while South Region had the highest hospitalization rate (34.2 per 100,000) due to all opioid overdoses among 25-44-year-old residents.

ANXIETY AND FEAR-RELATED DISORDERS

The rate of ED discharge due to anxiety and fear-related disorders among San Diego County residents aged 25-44 years was 282.0 per 100,000, which was 1.5 times higher than that of the overall county in 2022. Among this age group, residents in Central Region experienced the highest ED discharge rate (412.4 per 100,000) due to anxiety and fear-related disorders compared to other HHSA regions.

SUBSTANCE-RELATED DISORDERS

In 2022, the rate of ED discharge for substance-related disorders among San Diego County residents aged 25-44 years was 234.3 per 100,000. This rate was the highest across all age groups and 2.1 times higher than the overall county rate. Additionally, Central Region residents within this age group experienced the highest rate of ED discharge (369.6 per 100,000) due to substance-related disorders compared to other HHSA regions.

SUICIDE

Suicide and suicide attempt/ideation/intentional self-harm contributed to some of the highest behavioral health-related rates of death (12.3 per 100,000) and hospitalization (20.6 per 100,000) among residents 25-44 years in San Diego County in 2022. The rate of death due to suicide among this age group was 1.1 times higher than the overall county rate. For residents aged 25-44 years, Central Region had the highest suicide rate (13.0 per 100,000), while East Region had the highest ED discharge rate (26.5 per 100,000) due to suicide attempt/ideation/intentional self-harm.



45-64 YEARS



NON-COMMUNICABLE (CHRONIC) DISEASES

In 2022, overall cancer, overall heart disease, and chronic kidney disease were the leading causes of death due to non-communicable (chronic) diseases among San Diego County residents aged 45-64 years. This age group was primarily admitted and discharged from the ED for the following chronic diseases: overall heart disease, overall hypertensive diseases, and diabetes. For hospitalizations due to non-communicable (chronic) diseases, the highest rates among 45-64-year-old residents were for overall heart disease, overall cancer, and overall hypertensive diseases. This age group generally experienced higher rates of ED discharge and hospitalization due to these chronic diseases compared to the overall county.

CHRONIC KIDNEY DISEASE

In 2022, the death rate due to chronic kidney disease among San Diego County residents aged 45-64 years was 44.6 per 100,000. The highest rate of death due to chronic kidney disease among this age group was in Central Region (68.8 per 100,000).

DIABETES

Among chronic diseases, diabetes contributed to one of the highest rates of ED discharge for San Diego County residents aged 45-64 years, with a rate of 258.8 per 100,000. This rate was 1.7 times higher than that of the overall county. Additionally, Central Region residents aged 45-64 years experienced the highest ED discharge rate due to diabetes, at 469.5 per 100,000, compared to other HHSA regions.

OVERALL CANCER

Overall cancer contributed to one of the highest rates of death (130.2 per 100,000) and hospitalization (368.5 per 100,000) due to chronic diseases among San Diego County residents aged 45-64 years in 2022. The hospitalization rate for overall cancer in this age group was 1.4 times higher than the overall county rate of 261.3 per 100,000. For residents aged 45-64 years, East Region had the highest death and hospitalization rates due to overall cancer (160.9 per 100,000 and 448.9 per 100,000, respectively) across all HHSA regions.

OVERALL HEART DISEASE

Among chronic diseases, overall heart disease caused some of the highest rates of death (76.8 per 100,000), ED discharge (2,396.5 per 100,000), and hospitalization (1,144.9 per 100,000) for San Diego County residents aged 45-64 years in 2022. The ED discharge and hospitalization rates were 1.3 and 1.1 times higher, respectively, than the corresponding rates for overall county. Additionally, Central Region residents aged 45-64 years experienced the highest death (124.3 per 100,000), ED discharge (3,250.0 per 100,000), and hospitalization (1,741.2 per 100,000) rates due to overall heart disease compared to other HHSA regions.

OVERALL HYPERTENSIVE DISEASES

In 2022, overall hypertensive diseases contributed to one of the highest rates of ED discharge (392.2 per 100,000) and hospitalization (312.3 per 100,000) due to chronic diseases among 45-64-year-old residents in San Diego County. The rate of ED discharge due to overall hypertensive diseases in this age group was 1.4 times higher than that of the overall county (278.4 per

100,000). Residents aged 45-64 in Central Region experienced the highest rate of ED discharge due to overall hypertensive diseases, at 587.1 per 100,000, compared to other HHSA regions.

COMMUNICABLE (INFECTIOUS) DISEASES

In 2022, COVID-19 and pneumonia were the leading causes of death due to communicable (infectious) diseases among San Diego County residents aged 45-64 years. COVID-19, urinary tract infection, and pneumonia were the leading causes of ED discharge and hospitalization for this age group due to infectious diseases. However, this age group experienced lower rates of death, ED discharge, and hospitalization from these diseases compared to the overall county rates. Additionally, residents aged 45-64 years had the second highest incidence of syphilis and tuberculosis compared to all other age groups.

COVID-19

Among infectious diseases, COVID-19 contributed to the highest rates of death (26.9 per 100,000), ED discharge (1,062.7 per 100,000), and hospitalization (161.1 per 100,000) for San Diego County residents aged 45-64 years. This age group experienced the second highest rates of death, ED discharge, and hospitalization due to COVID-19 across all age groups. Additionally, residents aged 45-64 years in East Region experienced the highest death, ED discharge, and hospitalization rates due to COVID-19 compared to other HHSA regions.

PNEUMONIA

For San Diego County residents aged 45-64 years in 2022, pneumonia attributed to some of the highest rates of death (2.8 per 100,000), ED discharge (135.0 per 100,000), and hospitalization (74.1 per 100,000) due to infectious diseases. This age group experienced the second highest rates of death and hospitalization due to pneumonia across all age groups. Among residents aged 45-64 years, Central Region had the highest ED discharge rate due to pneumonia (197.0 per 100,000), while East Region had the highest hospitalization rate (117.1 per 100,000).

SYPHILIS

In 2022, San Diego County residents aged 45-64 years experienced the second highest incidence of syphilis among all age groups, at a rate of 38.5 per 100,000.

TUBERCULOSIS

In 2022, San Diego County residents aged 45-64 years experienced the second highest incidence of tuberculosis among all age groups, at a rate of 8.0 per 100,000.

URINARY TRACT INFECTION

In 2022, the rates of ED discharge and hospitalization due to urinary tract infection among San Diego County residents aged 45-64 years was 571.4 per 100,000 and 76.2 per 100,000, respectively. South Region residents aged 45-64 years experienced the highest ED discharge rate due to urinary tract infection (796.4 per 100,000), while those in East Region had the highest hospitalization rate (140.7 per 100,000).

INJURY

In 2022, poisoning, traumatic brain injury, and motor vehicle injuries were the leading causes of injury-related death for San Diego County residents aged 45-64 years. For injury-related ED discharges, the highest rates in this age group were due to falls, followed by motor vehicle injuries and assault. Additionally, falls, poisoning, and motor vehicle injuries were the leading causes of injury-related hospitalizations for residents aged 45-64 years.

ASSAULT

For San Diego County residents aged 45-64 years, the rate of ED discharge due to assault was 182.9 per 100,000 in 2022. Among all HHSA regions, Central Region had the highest rate of ED discharge (393.9 per 100,000) for assault in this age group.

FALLS

In 2022, falls were the leading cause of injury-related ED discharges and hospitalizations for San Diego County residents aged 45-64 years, with rates of 1,475.4 per 100,000 and 311.8 per 100,000, respectively. Central Region had the highest rates of ED discharge (2,159.0 per 100,000) and hospitalization (475.2 per 100,000) due to falls in this age group.

MOTOR VEHICLE INJURIES

For injury indicators in 2022, motor vehicle injuries were a leading cause of death (10.3 per 100,000), ED discharge (500.2 per 100,000), and hospitalization (83.7 per 100,000) among San Diego County residents aged 45-64 years. The rates of death and hospitalization due to motor vehicle injuries for this age group were both 1.2 times higher than the overall county rates. In comparison to other HHSA regions, Central Region experienced the highest ED discharge rate due to motor vehicle injuries (702.8 per 100,000), and East Region had the highest hospitalization rate (115.4 per 100,000) for this age group.

POISONING

In 2022, the rates of death and hospitalization due to poisoning among San Diego County residents aged 45-64 years was 47.6 per 100,000 and 93.0 per 100,000, respectively. These rates were 1.6 and 1.3 times higher than the corresponding rates for the overall county. Compared to other HHSA regions, Central Region residents aged 45-64 years had the highest death rate due to poisoning (84.1 per 100,000) and East Region residents aged 45-64 years had the highest hospitalization rate due to poisoning (160.0 per 100,000).

TRAUMATIC BRAIN INJURY

The rate of death due to traumatic brain injury among residents aged 45-64 years in San Diego County was 12.5 per 100,000. Compared to other HHSA regions, East Region residents in this age group experienced the highest death rate due to traumatic brain injury (at 16.8 per 100,000).

BEHAVIORAL HEALTH

Among San Diego County residents aged 45-64 years, alcohol-related disorders, all opioid overdoses, and suicide (and suicide attempt/ideation/intentional self-harm) were the leading causes of behavioral health-related death and hospitalization in 2022. Alcohol-related disorders, anxiety and fear-related disorders, and suicide attempt/ideation/intentional self-harm were the top contributors to the highest burden of ED discharges in this age group.

ALCOHOL-RELATED DISORDERS

In 2022, alcohol-related disorders were responsible for the highest rates of behavioral health-related death (41.0 per 100,000), ED discharge (357.4 per 100,000), and hospitalization (102.8 per 100,000) among San Diego County residents aged 45-64 years. The rates of death, ED discharge, and hospitalization due to alcohol-related disorders in this age group were 2.3, 1.4, and 1.6 times higher than the corresponding overall county rates.

Residents aged 45-64 experienced the highest rates of death and hospitalization due to alcohol-related disorders compared to other age groups. Furthermore, those in East Region had the highest death (59.0 per 100,000) and hospitalization (169.3 per 100,000) rates, while Central Region had the highest ED discharge rate (514.4 per 100,000) due to alcohol-related disorders for this age group.

ALL OPIOID OVERDOSES

In 2022, the rates of death and hospitalization due to all opioid overdoses among San Diego County residents aged 45-64 were 29.5 per 100,000 and 20.1 per 100,000, respectively. These rates were 1.4 times higher for deaths and 1.2 times higher for hospitalizations compared to the corresponding countywide rates. Among all HHSA regions, residents aged 45-64 years in the Central Region experienced the highest rates of death (56.4 per 100,000) and hospitalization (38.2 per 100,000) due to all opioid overdoses.

ANXIETY AND FEAR-RELATED DISORDERS

The ED discharge rate due to anxiety and fear-related disorders among San Diego County residents aged 45-64 years was 178.7 per 100,000. Central Region residents in this age group experienced the highest rate of ED discharge due to anxiety and fear-related disorders, at 326.1 per 100,000.

SUICIDE

Suicide and suicide attempt/ideation/intentional self-harm contributed to the third highest rates of death (16.0 per 100,000), ED discharge (144.4 per 100,000), and hospitalization (20.9 per 100,000) related to behavioral health among San Diego County residents aged 45-64 years in 2022. The suicide rate among this age group was 1.5 times higher than that of the overall county (10.9 per 100,000) and was the second highest across all age groups. Among residents aged 45-64 years across all the HHSA regions, East Region had the highest suicide rate (16.8 per 100,000), while Central Region had the highest ED discharge (264.9 per 100,000) and hospitalization

(39.2 per 100,000) rates due to suicide attempt/ideation/intentional self-harm.



65+ YEARS



NON-COMMUNICABLE (CHRONIC) DISEASES

In 2022, overall heart disease, overall cancer, and chronic kidney disease were the leading causes of death due to non-communicable (chronic) diseases among San Diego County residents aged 65 years and older. This age group was primarily admitted to and discharged from the ED for the following chronic diseases: overall heart disease, overall hypertensive diseases, and stroke. For hospitalizations due to chronic diseases, the highest rates among residents aged 65 years and older were for overall heart disease, overall hypertensive diseases, and overall cancer. Residents aged 65 years and older generally experienced higher rates of death, ED discharge, and hospitalization due to chronic diseases compared to other age groups.

CHRONIC KIDNEY DISEASE

In 2022, chronic kidney disease caused one of the highest death rates due to chronic diseases among residents 65 years and older in San Diego County. The death rate from chronic kidney disease in this age group was 305.0 per 100,000, which was 5 times higher than the overall county rate of 60.9 per 100,000. Residents aged 65 years and older experienced the highest burden of death due to chronic kidney disease compared to other age groups. Additionally, residents aged 65 years and older in South Region had the highest death rate due to chronic kidney disease among all HHSA regions, with a rate of 389.6 per 100,000.

OVERALL CANCER

Overall cancer had one of the highest rates of death

(770.4 per 100,000) and hospitalization (898.4 per 100,000) among San Diego County residents aged 65 years and older in 2022. The rates of death and hospitalization due to overall cancer in this age group were 4.9 and 3.4 times higher, respectively, than those of the overall county. Residents 65 and older experienced the highest death and hospitalization rates due to overall cancer compared to other age groups. Among this age group, East Region had the highest death rate due to overall cancer at 876.3 per 100,000, while South Region had the highest hospitalization rate at 1,116.3 per 100,000.

OVERALL HEART DISEASE

In 2022, overall heart disease was the leading cause of chronic disease death (818.0 per 100,000), ED discharge (4,016.0 per 100,000), and hospitalization (4,227.5 per 100,000) among San Diego County residents 65 years and older. The rates of death, ED discharge, and hospitalization due to overall heart disease among those aged 65 years and older were 5.5, 2.2, and 4.2 times higher, respectively, than those of the overall county. Residents aged 65 years and older experienced the highest rates of death, ED discharge, and hospitalization due to overall heart disease compared to all other age groups. Among residents in all HHSA regions for this age group, East Region experienced the highest death rate due to overall heart disease (904.6 per 100,000), while South Region had the highest ED discharge (4,756.4 per 100,000) and hospitalization (5,013.9 per 100,000) rates.

OVERALL HYPERTENSIVE DISEASES

Overall hypertensive diseases caused some of the

highest rates of ED discharge (863.5 per 100,000) and hospitalization (1,135.0 per 100,000) among residents aged 65 years and older in San Diego County in 2022. Residents aged 65 years and older had ED discharge and hospitalization rates due to overall hypertensive diseases that were 3.1 and 3.4 times higher, respectively, than those of the overall county. Furthermore, those aged 65 years and older had the highest rates of ED discharge and hospitalization due to overall hypertensive diseases compared to other age groups. Among all HHSA regions, South Region residents 65 years and older experienced the highest rates of ED discharge (1,260.5 per 100,000) and hospitalization (1,580.1 per 100,000) due to overall hypertensive diseases in 2022.

STROKE

In 2022, the rate of ED discharge due to stroke among San Diego County residents aged 65 years and older was 334.5 per 100,000, which was 4.4 times higher than the overall county rate of 75.6 per 100,000. Residents 65 years and older experienced the highest ED discharge rate due to stroke compared to other age groups. Among residents 65 and older in all HHSA regions, the highest rate of ED discharge due to stroke occurred in North Inland Region, at a rate of 392.9 per 100,000.

COMMUNICABLE (INFECTIOUS) DISEASES

In 2022, COVID-19, pneumonia, and urinary tract infection were the leading causes of communicable (infectious) disease death, ED discharge, and hospitalization among San Diego County residents aged

65 and older. This age group experienced higher rates of death, ED discharge, and hospitalization from these diseases compared to both the overall county population and other age groups.

COVID-19

Among infectious diseases in 2022, COVID-19 caused the highest burden of death (204.2 per 100,000), ED discharge (1,445.0 per 100,000), and hospitalization (760.4 per 100,000) for San Diego County residents aged 65 years and older. The rates of death, ED discharge, and hospitalization due to COVID-19 in this age group were 5.1, 1.4, and 4.1 times higher, respectively, than those for the overall county. Additionally, this older adult population experienced the highest rates of death, ED discharge, and hospitalization due to COVID-19 compared to other age groups. Among the HHSA regions, East Region had the highest death rate (282.3 per 100,000), while South Region had the highest ED discharge and hospitalization rates due to COVID-19 (2,023.6 per 100,000 and 1,063.7 per 100,000, respectively).

PNEUMONIA

In 2022, the death rate due pneumonia among San Diego County residents aged 65 years and older was 34.1 per 100,000, which was 5.5 times higher than the overall county rate of 6.2 per 100,000. The rates of ED discharge (280.1 per 100,000) and hospitalization (327.4 per 100,000) among this age group was 1.9 and 3.9 times higher, respectively, than those for the overall county. Compared to residents 65 years and older in other HHSA regions, North Inland Region experienced the highest death rate due to pneumonia

at 65.3 per 100,000, South Region had the highest ED discharge rate at 396.4 per 100,000, and East Region had the highest hospitalization rate at 399.9 per 100,000.

**TUBERCULOSIS**

In 2022, San Diego County residents aged 65 years and older experienced the highest incidence rate of tuberculosis, at a rate of 9.4 per 100,000.

**URINARY TRACT INFECTION**

Among communicable (infectious) diseases, urinary tract infection caused one of the highest rates of death (20.4 per 100,000), ED discharge (1,172.0 per 100,000), and hospitalization (426.1 per 100,000) among San Diego County residents 65 years and older in 2022. Among residents aged 65 years and older, the rates of death, ED discharge, and hospitalization were 5.8, 1.9, and 4.1 times higher, respectively, than the overall county rates. Additionally, this older adult population had the highest rates of death, ED discharge, and hospitalization due to urinary tract infection compared to other age groups. Compared to all HHSA regions, North Coastal Region residents within this age group experienced the highest rates of death due to urinary tract infection (29.2 per 100,000), South Region residents within this age group had the highest ED discharge rate (1,628.6 per 100,000), and East Region residents aged 65 years and older experienced the highest hospitalization (583.4 per 100,000), respectively, in 2022.

**INJURY**

In 2022, among injury indicators, the highest rates of death among San Diego County residents aged 65 years and older were due to falls, traumatic brain injury, and poisoning. For ED discharges-related to injury indicators, the highest rates in this age group were due to falls, motor vehicle injuries, and traumatic brain injury. Additionally, falls, hip fractures, and traumatic brain injuries were the leading causes of injury-related hospitalizations for residents aged 65 years and older.

Residents aged 65 years and older generally experienced higher rates of death, ED discharge, and hospitalization due to these indicators compared to the overall county. Compared to all age groups, those 65 years and older had the highest rates of death due to falls and traumatic brain injury; the highest rates of ED discharge due to falls; and the highest rates of hospitalization due to falls, hip fractures, and traumatic brain injury in 2022.

**FALLS**

In 2022, falls were the leading cause of injury-related death (71.1 per 100,000), ED discharge (5,120.0 per 100,000), and hospitalization (2,065.4 per 100,000) among San Diego County residents aged 65 years and older. The rates of death, ED discharge, and hospitalization due to falls among those aged 65 years and older were 5.6, 2.5, and 4.6 times higher, respectively, than the overall county rates. Residents 65 years and older had the highest rates of death, ED discharge, and hospitalization due to falls compared to all other age groups. Compared to residents in other HHSA regions in this age group, North Coastal Region had the highest death rate at 94.2 per 100,000, South Region experienced the highest ED discharge rate at 5,856.5 per 100,000, and East Region had the highest hospitalization rate due to falls at 2,262.0 per 100,000.

**HIP FRACTURES**

In 2022, residents aged 65 years and older had the highest hospitalization rate due to hip fracture injuries in San Diego County compared to other age groups. Specifically, the rate of hospitalization among this older adult population was 414.7 per 100,000, which was 5.5 times higher than the overall county rate of 75.1 per 100,000. North Coastal Region and East Region had the highest rates of hospitalization due to hip fractures at 467.8 per 100,000 and 467.0 per 100,000, respectively, compared to other HHSA regions in 2022.

**MOTOR VEHICLE INJURIES**

Among injury indicators in 2022, motor vehicle injuries caused one of the highest ED discharge rates among San

Diego County residents aged 65 years and older, at a rate of 298.4 per 100,000. Among this population, Central Region had the highest ED discharge rate due to motor vehicle injuries (368.6 per 100,000), compared to other HHSA regions in 2022.

**POISONING**

In 2022, poisoning was responsible for one of the highest injury-related death rates among San Diego County residents aged 65 years and older, with a rate of 13.9 per 100,000.

**TRAUMATIC BRAIN INJURY**

Among San Diego County residents aged 65 years and older in 2022, traumatic brain injury was a leading cause of injury-related death (50.5 per 100,000), ED discharge (198.2 per 100,000), and hospitalization (253.9 per 100,000). The rates of death, ED discharge, and hospitalization due to traumatic brain injury among those aged 65 years and older were 3.6, 1.1, and 3.6 times higher, respectively, than those of the overall county. Residents 65 years and older had the highest rates of death and hospitalization due to traumatic brain injury compared to all other age groups in 2022. In comparison to residents in other HHSA regions for this age group, North Coastal Region had the highest death rate at 69.5 per 100,000, East Region experienced the highest ED discharge rate at 249.4 per 100,000, and South Region had the highest hospitalization rate due to traumatic brain injury at 304.7 per 100,000.

**BEHAVIORAL HEALTH**

In 2022, alcohol-related disorders, all opioid overdoses, and suicide or suicide attempt/ideation/intentional self-harm contributed to the highest burden of death and hospitalization due to behavioral health conditions among San Diego County residents aged 65 years and older. Regarding ED discharges for behavioral health conditions, the highest rates among residents aged 65 years and older were attributed to alcohol-related

disorders, anxiety and fear-related disorders, and suicide attempt/ideation/intentional self-harm.

**ALCOHOL-RELATED DISORDERS**

Among behavioral health conditions in 2022, alcohol-related disorders were the leading cause of death (31.6 per 100,000), ED discharge (153.1 per 100,000), and hospitalization (70.9 per 100,000) for San Diego County residents aged 65 years and older. Residents aged 65 years and older had a 1.7 times higher rate of death due to alcohol-related disorders than the overall county (18.1 per 100,000). Compared to other HHSA regions, residents aged 65 years and older in East Region experienced the highest death rate due to alcohol-related disorders (34.1 per 100,000), while those in Central Region experienced the highest rates of ED discharge (308.6 per 100,000) and hospitalization (99.5 per 100,000).

**ALL OPIOID OVERDOSES**

In 2022, among behavioral health conditions, all opioid overdoses contributed to some of the highest rates of death and hospitalization for San Diego County residents aged 65 years and older, with rates of 8.3 per 100,000 and 20.2 per 100,000, respectively. The hospitalization rate due to all opioid overdoses in this age group was 1.3 times higher than the countywide rate of 16.1 per 100,000. Within this age group, East Region residents had the highest rate of hospitalization due to all opioid overdoses compared to other HHSA regions, with a rate of 28.2 per 100,000.

**ANXIETY AND FEAR-RELATED DISORDERS**

Anxiety and fear-related disorders were a top cause of ED discharge among behavioral health conditions for San Diego County residents aged 65 years and older in 2022, at a rate of 134.2 per 100,000. In 2022, Central Region had the highest ED discharge rate for anxiety and fear-related disorders among individuals aged 65 and older, with a rate of 229.6 per 100,000, compared to other HHSA regions.



SUICIDE

In 2022, suicide and suicide attempt/ideation/intentional self-harm resulted in some of the highest rates of death (17.2 per 100,000), ED discharge (74.8 per 100,000), and hospitalization (14.3 per 100,000) among residents aged 65 and older in San Diego County. The suicide death rate for this age group was 1.6 times higher than the overall county rate (10.9 per 100,000). Compared to all other age groups, those 65 years and older had the highest suicide death rate. Additionally, in comparison to residents in other HHSA regions for this age group, North Central Region had the highest suicide rate at 22.1 per 100,000, whereas Central Region had the highest ED discharge rate for suicide attempt/ideation/intentional self-harm at 119.9 per 100,000.

group were 6.1, 5.3, and 5.3 times higher, respectively, than those of the overall county. Compared to all HHSA regions, North Coastal Region residents within this age group experienced the highest death rate due to Parkinson’s Disease (95.3 per 100,000), East Region residents aged 65 years and older had the highest ED discharge rate (28.2 per 100,000), and South Region residents within this age group experienced the highest hospitalization rate (39.1 per 100,000).

ALZHEIMER’S DISEASE AND RELATED DEMENTIAS

In 2022, residents aged 65 years and older had the highest rates of death (529.6 per 100,000), ED discharge (135.0 per 100,000), and hospitalization (92.2 per 100,000) due to Alzheimer’s disease and related dementias (ADRD) compared to other age groups. The rates of death, ED discharge, and hospitalization due to ADRD among this age group were 6.3, 5.9, and 5.8 times higher, respectively, than those of the overall county. Among residents aged 65 years and older across all HHSA regions, North Inland Region had the highest death rate due to ADRD (574.2 per 100,000), East Region had the highest ED discharge rate (181.1 per 100,000), and South Region had the highest hospitalization rate (128.1 per 100,000) in 2022.

PARKINSON’S DISEASE

Residents aged 65 years and older experienced the highest rates of death (76.5 per 100,000), ED discharge (18.9 per 100,000), and hospitalization (31.4 per 100,000) due to Parkinson’s disease compared to other age groups in 2022. The rates of death, ED discharge, and hospitalization due to Parkinson’s disease among this age

# 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](http://www.livewellsd.org).

For more local health data and statistics, visit the County of San Diego’s [Community Health Statistics Unit website](#).

## 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.<sup>18</sup>

For more information on chronic disease, visit the County of San Diego’s [Chronic Disease and Health Equity Unit website](#).



## 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.<sup>19</sup>

For more information on communicable disease, visit the County of San Diego’s [Epidemiology and Immunization Services Branch website](#), the [HIV, STD, and Hepatitis Branch website](#), or the [Tuberculosis Control and Refugee Health Branch](#) website.

## 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.<sup>20</sup> 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.<sup>21</sup>

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

## 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.<sup>22</sup>

For more information related to fall prevention, visit the County of San Diego’s Aging and Independence Services [Fall Prevention website](#).

## 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.<sup>23</sup>

For more information related to behavioral health, visit the County of San Diego’s [Behavioral Health Services website](#).



# Appendix. Risk Factors and Prevention Strategies

## NON-COMMUNICABLE (CHRONIC) DISEASE

Tobacco use, lack of physical activity, poor diet, and abuse of alcohol are leading risk factors for the development of non-communicable (chronic) disease.<sup>18</sup>

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 noncommunicable (chronic) disease.<sup>18</sup>

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

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

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

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

## COMMUNICABLE DISEASE

Prevention measures against communicable diseases, such as increased condom usage, frequent testing, seeking early treatment, completing treatment regimens, and staying current with recommended age appropriate vaccinations are key ways to reduce the burden of communicable disease.<sup>19</sup>

### 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

## MATERNAL AND CHILD HEALTH

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.<sup>19,20</sup> 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.<sup>20</sup>

### 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

## INJURY

Failure to use protective equipment and active restraints, mismanagement of medication, violence, and not being aware of safety hazards increase the risk of an injury.<sup>22</sup>

### 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

## BEHAVIORAL HEALTH

Risk factors for poor behavioral health outcomes include genetics, stress, experiencing a traumatic event, and social isolation.<sup>23</sup>

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

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

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

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



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

# Appendix. Methodology

*Exploring Health Disparities in San Diego County by Age* is part of series of reports exploring disparities among San Diego County residents. The goal of this report was to identify health and sociodemographic disparities which could provide local agencies, organizations, groups, services, and individuals a starting point in developing solutions to improve the health and wellbeing of the residents of San Diego County.

The series of reports can be found in the Health Equity Reports section of [www.sdhealthstatistics.com](http://www.sdhealthstatistics.com).

Disclaimer: It should be noted that these reports are not an update of the series of health equity reports published in March of 2016 and March of 2022.

## DATA SOURCES

### DEMOGRAPHIC DATA

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.

**California Health Interview Survey (CHIS):** Sociodemographic, economic and lifestyle health data by age were pulled from CHIS. Where single-year estimates were statistically unstable, 5-year data (2018-2022) were pooled and used. CHIS data for adults include individuals aged 18 years and over.

### HEALTH OUTCOMES DATA

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. Emergency department and patient discharge data provided by the California Department of Health Care Access and Information (HCAI), was grouped via the Healthcare Cost and Utilization Project (H-CUP) Clinical Classification Software (CCS) groupings. H-CUP is a family of healthcare databases and related software tools developed through a Federal-State-Industry partnership and sponsored by the Agency for Healthcare Research and Quality (AHRQ). Mortality data was provided by the California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records and Business Intelligence System (VRBIS). Mortality codes were grouped according to the National Center for Health Statistics (NCHS) ICD-10 Mortality Codebook 2e-v1, 2017. Alzheimer’s Disease and Related Dementias (ADRD) morbidity ICD-10 codes were grouped according to the Centers for Medicare & Medicaid Services Chronic Conditions Data Warehouse. Additional information on code grouping sources for health indicators, population data, and geographies are available in Community Health Statistics Data Guide and Metadata file. Chlamydia, gonorrhea, and syphilis incidence data were from the STD Morbidity Surveillance Data (California Reportable Disease Information Exchange, CalREDIE) for 2022. Tuberculosis data were from the County of San Diego, Health and Human Services Agency, Tuberculosis Control, Report of Verified Case of Tuberculosis Database for 2022.

## OVERALL METHODS

The overall methods used to explore health disparities among San Diego County residents were the following:

- Data in the Community Health Profiles were produced by age, sex, and race/ethnicity. Death and medical encounter data from the Community Health Profiles was used to first, look at chronic, communicable, injury, behavioral health, and maternal and child health outcomes.
- Subsequently, the exploration of health disparities focused on 2022 only. Each section highlights the conditions and death and/or medical encounters most relevant among the subgroup of the population.
- Where relevant, differences across groups were also mentioned in the text.



# Appendix. Demographics



0-17 Years
<b>In 2022, in San Diego County,</b>
⇒ 23.9% of residents were 0-17 years.
⇒ 49.9% of residents aged 0-17 years were males and 50.1% were females.
⇒ 45.8% of households with residents aged 0-17 years with income less than 200% of the Federal Poverty Level (FPL) received food stamps.
<b>On average, from 2018-2022, in San Diego County,</b>
⇒ 40.4% of residents aged 0-17 years were Hispanic, 40.0% were Non-Hispanic (NH) White, 10.0% were NH Asian and/or Native Hawaiian/Pacific Islander (API), 5.0% were NH two or more races, 4.0% were NH Black, and 0.7%* were NH American Indian/Alaska Native (AIAN).
⇒ 4.2% of residents aged 0-17 years reported fair/poor health.
⇒ 2.0% of residents aged 0-17 years were uninsured.
⇒ 8.5% of residents aged 0-17 years did not have a usual source of care.
⇒ 24.6% of residents aged 0-17 years lived below 200% of the FPL.

18-24 Years
<b>In 2022, in San Diego County,</b>
⇒ 10.5% of residents were 18-24 years.
⇒ 55.8% of residents aged 18-24 years were males and 44.2% were females.
⇒ 22.4%* of households with residents aged 18-24 years with income less than 200% of the FPL received food stamps.
<b>On average, from 2018-2022, in San Diego County,</b>
⇒ 44.3% of residents aged 18-24 years were Hispanic, 33.3% were NH White, 15.6% were NH API, 3.4% were NH two or more races, 3.1%* were NH Black, and 0.4%* were NH AIAN.
⇒ 85.8% of residents aged 18-24 years were single and never married.
⇒ 24.3% of residents aged 18-24 years had a bachelor’s degree or higher.
⇒ 14.8% of residents aged 18-24 years were unemployed and looking for work.
⇒ 9.0% of residents aged 18-24 years reported fair/poor health.
⇒ 11.6% of residents aged 18-24 years were uninsured.
⇒ 24.6% of residents aged 18-24 years did not have a usual source of care.
⇒ 64.9% of residents aged 18-24 years had a routine check-up with a doctor during the past year.
⇒ 34.1% of residents aged 18-24 years lived below 200% of the FPL.

25-44 Years
<b>In 2022, in San Diego County,</b>
⇒ 25.5% of residents were 25-44 years.
⇒ 49.5% of residents aged 25-44 years were males and 50.5% were females.
⇒ 28.5% of households with residents aged 25-44 years with income less than 200% of the FPL received food stamps.
<b>On average, from 2018-2022, in San Diego County,</b>
⇒ 39.4% of residents aged 25-44 years were NH White, 39.2% were Hispanic, 12.7% were NH API, 4.3% were NH Black, 3.9% were NH two or more races, and 0.5%* were NH AIAN.
⇒ 50.3% of residents aged 25-44 years were married.
⇒ 58.4% of residents aged 25-44 years had a bachelor’s degree or higher.
⇒ 5.3% of residents aged 25-44 years were unemployed and looking for work.
⇒ 9.7% of residents aged 25-44 years reported fair/poor health.
⇒ 9.8% of residents aged 25-44 years were uninsured.
⇒ 18.2% of residents aged 25-44 years did not have a usual source of care.
⇒ 59.5% of residents aged 25-44 years had a routine check-up with a doctor during the past year.
⇒ 26.7% of residents aged 25-44 years lived below 200% of the FPL.

\*Indicates a statistically unstable estimate. Proceed with caution.  
Source: UCLA Center for Health Policy and Research, Los Angeles, CA. AskCHIS 2018-2022.  
Available at ask.chis.ucla.edu. Accessed March 25, 2025.  
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.

# Appendix. Demographics



## 45-64 Years

- In 2022, in San Diego County,**
- ⇒ 21.7% of residents were 45-64 years.
  - ⇒ 50.3% of residents aged 45-64 years were males and 49.7% were females.
  - ⇒ 29.7% of households with residents aged 45-64 years with income less than 200% of the FPL received food stamps.
- On average, from 2018-2022, in San Diego County,**
- ⇒ 51.3% of residents aged 45-64 years were NH White, 29.5% were Hispanic, 11.2% were NH API, 5.5% were NH Black, 2.1% were NH two or more races, and 0.4% were NH AIAN.
  - ⇒ 68.0% of residents aged 45-64 years were married.
  - ⇒ 48.3% of residents aged 45-64 years had a bachelor’s degree or higher.
  - ⇒ 4.3% of residents aged 45-64 years were unemployed and looking for work.
  - ⇒ 15.2% of residents aged 45-64 years reported fair/poor health.
  - ⇒ 6.8% of residents aged 45-64 years were uninsured.
  - ⇒ 9.9% of residents aged 45-64 years did not have a usual source of care.
  - ⇒ 69.6% of residents aged 45-64 years had a routine check-up with a doctor during the past year.
  - ⇒ 25.0% of residents aged 45-64 years lived below 200% of the FPL.

\*Indicates a statistically unstable estimate. Proceed with caution.  
Source: UCLA Center for Health Policy and Research, Los Angeles, CA. AskCHIS 2018-2022.  
Available at ask.chis.ucla.edu. Accessed March 25, 2025.  
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, September 2025.

## 65+ Years

- In 2022, in San Diego County,**
- ⇒ 18.4% of residents were 65 years and older.
  - ⇒ 47.5% of residents aged 65 years and older were males and 52.5% were females.
  - ⇒ 18.0% of households with residents aged 65 years and older with income less than 200% of the FPL received food stamps.
- On average, from 2018-2022, in San Diego County,**
- ⇒ 67.0% of residents aged 65 years and older were NH White, 18.1% were Hispanic, 8.5% were NH API, 4.6% were NH Black, 1.4% were NH two or more races, and 0.3%\* were NH AIAN.
  - ⇒ 55.4% of residents aged 65 years and older were married.
  - ⇒ 42.8% of residents aged 65 years and older had a bachelor’s degree or higher.
  - ⇒ 1.2% of residents aged 65 years and older were unemployed and looking for work.
  - ⇒ 19.7% of residents aged 65 years and older reported fair/poor health.
  - ⇒ 0.5%\* of residents aged 65 years and older were uninsured.
  - ⇒ 6.2% of residents aged 65 years and older did not have a usual source of care.
  - ⇒ 82.6% of residents aged 65 years and older had a routine check-up with a doctor during the past year.
  - ⇒ 27.4% of residents aged 65 years and older lived below 200% of the FPL.



# Appendix. Death Rates (per 100,000), San Diego County, 2022

Condition	0-17 Years	18-24 Years	25-44 Years	45-64 Years	65+ Years
Alzheimer’s Disease and Related Dementias					
Alzheimer's Disease and Related Dementias	-	-	-	4.6	529.6
Neurocognitive Disorders	-	-	-	3.2	511.1
Parkinson’s Disease	-	-	-	-	76.5
Behavioral Health					
Alcohol Poisoning	-	-	-	-	-
Alcohol-Related Disorders	-	-	12.0	41.0	31.6
All Opioid Overdoses	-	14.7	42.0	29.5	8.3
Anxiety and Fear-Related Disorders	-	-	-	-	-
Depression	-	-	-	-	-
Impulse and Conduct Disorders	-	-	-	-	-
Miscellaneous Mental Health Disorders	-	-	-	-	-
Mood Disorders	-	-	-	-	-
Neurodevelopmental Disorders	-	-	-	-	-
Personality Disorders	-	-	-	-	-
Schizophrenia	-	-	-	-	-
Substance Use/Abuse/Dependency	-	-	-	-	-
Suicide	-	8.4	12.3	16.0	17.2
Communicable (Infectious) Diseases					
COVID-19	-	-	5.4	26.9	204.2
Flu	-	-	-	-	4.8
Pneumonia	-	-	-	2.8	34.1
Urinary Tract Infection	-	-	-	-	20.4

Condition	0-17 Years	18-24 Years	25-44 Years	45-64 Years	65+ Years
Injury					
Assault	-	-	4.9	3.2	-
Drowning	-	-	-	-	-
Falls	-	-	-	4.5	71.1
Firearm	-	-	7.9	6.8	10.2
Hip Fractures	-	-	-	-	-
Motor Vehicle Injuries	-	9.3	11.1	10.3	11.2
Poisoning	-	17.5	50.4	47.6	13.9
Traumatic Brain Injury	-	-	8.5	12.5	50.5
Maternal and Child Health					
Congenital Anomalies	4.9	-	-	-	-
Non-Communicable (Chronic) Diseases					
Asthma	-	-	-	-	-
Chronic Kidney Disease	-	-	6.6	44.6	305.0
COPD/Chronic Lower Respiratory Diseases	-	-	-	8.3	160.0
Diabetes	-	-	3.5	25.1	130.5
Lupus and Connective Tissue Disorders	-	-	-	-	-
Overall Cancer	-	-	15.0	130.2	770.4
Overall Heart Disease	-	-	8.4	76.8	818.0
Overall Hypertensive Diseases	-	-	2.4	23.1	178.9
Stroke	-	-	-	17.2	271.3

Rates based on events <20 are suppressed due to statistical instability.

Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2022. The COVID-19 pandemic was associated with increases in all-cause mortality. COVID-19 deaths have affected the patterns of mortality. San Diego Association of Governments (SANDAG) Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, September 2025.

# Appendix. Emergency Department Discharge Rates (per 100,000), San Diego County, 2022

Condition	0-17 Years	18-24 Years	25-44 Years	45-64 Years	65+ Years
Alzheimer’s Disease and Related Dementias					
Alzheimer's Disease and Related Dementias	-	-	-	3.8	135.0
Neurocognitive Disorders	8.3	17.8	16.8	14.8	158.7
Parkinson’s Disease	-	-	-	2.5	18.9
Behavioral Health					
Alcohol Poisoning	-	15.4	9.2	4.3	-
Alcohol-Related Disorders	34.0	246.2	427.6	357.4	153.1
All Opioid Overdoses	7.5	65.3	90.3	37.7	19.1
Anxiety and Fear-Related Disorders	54.9	282.3	282.0	178.7	134.2
Depression	34.2	110.5	68.1	45.2	37.6
Impulse and Conduct Disorders	5.0	-	2.6	-	3.9
Miscellaneous Mental Health Disorders	3.8	8.1	6.8	4.3	5.4
Mood Disorders	42.9	160.4	110.3	75.1	54.0
Neurodevelopmental Disorders	14.0	18.7	6.9	-	-
Personality Disorders	-	-	-	-	-
Schizophrenia	14.4	143.3	188.3	122.1	61.1
Substance Use/Abuse/Dependency	28.1	150.5	234.3	81.0	27.8
Suicide	409.7	360.3	229.6	144.4	74.8
Communicable (Infectious) Diseases					
COVID-19	1,041.0	792.3	978.5	1,062.7	1,445.0
Flu	688.9	438.0	245.9	127.0	153.5
Pneumonia	184.9	56.3	83.5	135.0	280.1
Urinary Tract Infection	242.5	667.9	567.4	571.4	1,172.0

Condition	0-17 Years	18-24 Years	25-44 Years	45-64 Years	65+ Years
Injury					
Assault	154.6	411.5	375.7	182.9	73.6
Drowning	11.9	-	2.4	-	-
Falls	2,228.2	943.7	938.8	1,475.4	5,120.0
Firearm	-	8.1	7.9	3.1	-
Hip Fractures	-	-	-	5.2	66.5
Motor Vehicle Injuries	268.4	950.6	739.5	500.2	298.4
Poisoning	189.3	283.8	250.2	137.7	99.5
Traumatic Brain Injury	252.4	236.3	154.7	125.6	198.2
Maternal and Child Health					
Congenital Anomalies	15.6	7.5	7.4	5.1	-
Non-Communicable (Chronic) Diseases					
Asthma	397.0	201.4	178.5	128.5	109.7
Chronic Kidney Disease	-	-	22.8	41.4	100.3
COPD/Chronic Lower Respiratory Diseases	-	-	8.2	116.9	295.5
Diabetes	15.3	46.1	121.9	258.8	320.4
Lupus and Connective Tissue Disorders	-	-	3.9	4.8	4.6
Overall Cancer	-	-	14.1	68.4	169.1
Overall Heart Disease	337.6	1,004.2	1,533.8	2,396.5	4,016.0
Overall Hypertensive Diseases	-	25.0	163.5	392.2	863.5
Stroke	-	-	11.5	81.8	334.5

Rates based on events <20 are suppressed due to statistical instability.  
Source: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database, 2022. San Diego Association of Governments (SANDAG) Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census.  
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, September 2025.



# Appendix. Hospitalization Rates (per 100,000), San Diego County, 2022

Condition	0-17 Years	18-24 Years	25-44 Years	45-64 Years	65+ Years
Alzheimer’s Disease and Related Dementias					
Alzheimer's Disease and Related Dementias	-	-	-	3.7	92.2
Neurocognitive Disorders	-	-	-	4.3	110.9
Parkinson’s Disease	-	-	-	3.9	31.4
Behavioral Health					
Alcohol Poisoning	-	-	-	-	-
Alcohol-Related Disorders	-	10.5	93.1	102.8	70.9
All Opioid Overdoses	-	12.0	23.1	20.1	20.2
Anxiety and Fear-Related Disorders	-	-	-	5.0	6.9
Depression	-	-	2.4	-	6.7
Impulse and Conduct Disorders	-	-	-	-	-
Miscellaneous Mental Health Disorders	-	-	3.0	-	-
Mood Disorders	-	-	4.3	5.0	9.6
Neurodevelopmental Disorders	3.4	-	-	-	-
Personality Disorders	-	-	-	-	-
Schizophrenia	-	-	6.8	8.7	10.4
Substance Use/Abuse/Dependency	-	6.6	12.3	7.3	4.8
Suicide	23.1	27.7	20.6	20.9	14.3
Communicable (Infectious) Diseases					
COVID-19	53.7	18.7	44.6	161.1	760.4
Flu	13.2	6.0	4.5	12.2	85.8
Pneumonia	44.4	7.5	13.8	74.1	327.4
Urinary Tract Infection	30.8	15.4	33.2	76.2	426.1

Condition	0-17 Years	18-24 Years	25-44 Years	45-64 Years	65+ Years
Injury					
Assault	15.3	38.8	41.2	26.2	27.4
Drowning	3.8	-	-	-	-
Falls	69.4	52.7	108.8	311.8	2,065.4
Firearm	-	14.4	10.4	3.2	-
Hip Fractures	-	-	5.7	31.5	414.7
Motor Vehicle Injuries	16.3	94.8	88.3	83.7	87.3
Poisoning	35.7	54.5	81.3	93.0	95.6
Traumatic Brain Injury	14.1	35.8	33.7	56.8	253.9
Maternal and Child Health					
Congenital Anomalies	104.6	12.0	8.1	14.6	20.4
Non-Communicable (Chronic) Diseases					
Asthma	120.3	10.5	16.0	19.9	34.3
Chronic Kidney Disease	-	-	13.9	57.1	138.8
COPD/Chronic Lower Respiratory Diseases	-	-	2.6	75.4	207.3
Diabetes	33.0	70.1	111.9	256.1	349.5
Lupus and Connective Tissue Disorders	14.4	-	6.9	7.6	13.3
Overall Cancer	25.2	28.3	82.9	368.5	898.4
Overall Heart Disease	24.3	47.9	207.3	1,144.9	4,227.5
Overall Hypertensive Diseases	-	69.5	251.4	312.3	1,135.0
Stroke	-	6.9	40.0	239.1	880.5

Rates based on events <20 are suppressed due to statistical instability.  
Source: California Department of Health Care Access and Information (HCAI), Patient Discharge Database, 2022. San Diego Association of Governments (SANDAG) Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census.  
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, September 2025.

# Appendix. Incidence Rates (per 100,000), San Diego County, 2022

Condition	0-17 Years	18-24 Years	25-44 Years	45-64 Years	65+ Years
Communicable (Infectious) Diseases					
Chlamydia	91.8	2,476.7	899.9	121.3	12.0
Gonorrhea	21.6	650.5	489.8	105.2	13.7
Syphilis	-	32.8	75.6	38.5	4.6
Tuberculosis	-	7.2	6.5	8.0	9.4

Rates based on events <20 are suppressed due to statistical instability.

Source: California Department of Public Health, Center for Infectious Diseases, Division of Communicable Disease Control, California Reportable Disease Information Exchange (CaREDIE) and Report of Verified Case of Tuberculosis (RVCT), 2022. County of San Diego, Health and Human Services Agency, Public Health Services, HIV, STD and Hepatitis Branch. County of San Diego, Health and Human Services Agency, Public Health Services, Tuberculosis Control and Refugee Health Branch. San Diego Association of Governments (SANDAG) Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, September 2025.



# Appendix. Conditions with the Highest Death Rates (per 100,000) by Age Group, San Diego County, 2022

Alzheimer’s Disease and Related Dementias			
0-17 Years			
18-24 Years			
25-44 Years			
45-64 Years	Alzheimer’s Disease and Related Dementias 4.6 per 100,000		
65+ Years	Alzheimer’s Disease and Related Dementias 529.6 per 100,000	Parkinson’s Disease 76.5 per 100,000	
Behavioral Health			
0-17 Years			
18-24 Years	All Opioid Overdoses 14.7 per 100,000	Suicide 8.4 per 100,000	
25-44 Years	All Opioid Overdoses 42.0 per 100,000	Suicide 12.3 per 100,000	Alcohol-related Disorders 12.0 per 100,000
45-64 Years	Alcohol-related Disorders 41.0 per 100,000	All Opioid Overdoses 29.5 per 100,000	Suicide 16.0 per 100,000
65+ Years	Alcohol-related Disorders 31.6 per 100,000	Suicide 17.2 per 100,000	All Opioid Overdoses 8.3 per 100,000

Communicable (Infectious) Diseases			
0-17 Years			
18-24 Years			
25-44 Years	COVID-19 5.4 per 100,000		
45-64 Years	COVID-19 26.9 per 100,000	Pneumonia 2.8 per 100,000	
65+ Years	COVID-19 204.2 per 100,000	Pneumonia 34.1 per 100,000	Urinary Tract Infection 20.4 per 100,000
Injury			
0-17 Years			
18-24 Years	Poisoning 17.5 per 100,000	Motor Vehicle Injuries 9.3 per 100,000	
25-44 Years	Poisoning 50.4 per 100,000	Motor Vehicle Injuries 11.1 per 100,000	Traumatic Brain Injury 8.5 per 100,000
45-64 Years	Poisoning 47.6 per 100,000	Traumatic Brain Injury 12.5 per 100,000	Motor Vehicle Injuries 10.3 per 100,000
65+ Years	Falls 71.1 per 100,000	Traumatic Brain Injury 50.5 per 100,000	Poisoning 13.9 per 100,000

Rates based on events <20 are suppressed due to statistical instability.

Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2022. The COVID-19 pandemic was associated with increases in all-cause mortality. COVID-19 deaths have affected the patterns of mortality. San Diego Association of Governments (SANDAG) Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, September 2025.

# Appendix. Conditions with the Highest Death Rates (per 100,000) by Age Group, San Diego County, 2022

Maternal and Child Health			
0-17 Years	Congenital Anomalies 4.9 per 100,000		
18-24 Years			
25-44 Years			
45-64 Years			
65+ Years			
Non-Communicable (Chronic) Diseases			
0-17 Years			
18-24 Years			
25-44 Years	Overall Cancer 15.0 per 100,000	Overall Heart Disease 8.4 per 100,000	Chronic Kidney Disease 6.6 per 100,000
45-64 Years	Overall Cancer 130.2 per 100,000	Overall Heart Disease 76.8 per 100,000	Chronic Kidney Disease 44.6 per 100,000
65+ Years	Overall Heart Disease 818.0 per 100,000	Overall Cancer 770.4 per 100,000	Chronic Kidney Disease 305.0 per 100,000

Rates based on events <20 are suppressed due to statistical instability.

Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2022. The COVID-19 pandemic was associated with increases in all-cause mortality. COVID-19 deaths have affected the patterns of mortality. San Diego Association of Governments (SANDAG) Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, September 2025.



# Appendix. Conditions with the Highest Emergency Department (ED) Discharge Rates (per 100,000) by Age Group, San Diego County, 2022

Alzheimer’s Disease and Related Dementias			
0-17 Years			
18-24 Years			
25-44 Years			
45-64 Years	Alzheimer’s Disease and Related Dementias 3.8 per 100,000	Parkinson’s Disease 2.5 per 100,000	
65+ Years	Alzheimer’s Disease and Related Dementias 135.0 per 100,000	Parkinson’s Disease 18.9 per 100,000	
Behavioral Health			
0-17 Years	Suicide Attempt/Ideation/ Intentional Self-Harm 409.7 per 100,000	Anxiety and Fear-related Disorders 54.9 per 100,000	Mood Disorders 42.9 per 100,000
18-24 Years	Suicide Attempt/Ideation/ Intentional Self-Harm 360.3 per 100,000	Anxiety and Fear-related Disorders 282.3 per 100,000	Alcohol-related Disorders 246.2 per 100,000
25-44 Years	Alcohol-related Disorders 427.6 per 100,000	Anxiety and Fear-related Disorders 282.0 per 100,000	Substance-related Disorders 234.3 per 100,000
45-64 Years	Alcohol-related Disorders 357.4 per 100,000	Anxiety and Fear-related Disorders 178.7 per 100,000	Suicide Attempt/Ideation/ Intentional Self-Harm 144.4 per 100,000
65+ Years	Alcohol-related Disorders 153.1 per 100,000	Anxiety and Fear-related Disorders 134.2 per 100,000	Suicide Attempt/Ideation/ Intentional Self-Harm 74.8 per 100,000

Communicable (Infectious) Diseases			
0-17 Years	COVID-19 1,041.0 per 100,000	Flu 688.9 per 100,000	Urinary Tract Infection 242.5 per 100,000
18-24 Years	COVID-19 792.3 per 100,000	Urinary Tract Infection 667.9 per 100,000	Flu 438.0 per 100,000
25-44 Years	COVID-19 978.5 per 100,000	Urinary Tract Infection 567.4 per 100,000	Flu 245.9 per 100,000
45-64 Years	COVID-19 1,062.7 per 100,000	Urinary Tract Infection 571.4 per 100,000	Pneumonia 135.0 per 100,000
65+ Years	COVID-19 1,445.0 per 100,000	Urinary Tract Infection 1,172.0 per 100,000	Pneumonia 280.1 per 100,000
Injury			
0-17 Years	Falls 2,228.2 per 100,000	Motor Vehicle Injuries 268.4 per 100,000	Traumatic Brain Injury 252.4 per 100,000
18-24 Years	Motor Vehicle Injuries 950.6 per 100,000	Falls 943.7 per 100,000	Assault 411.5 per 100,000
25-44 Years	Falls 938.8 per 100,000	Motor Vehicle Injuries 739.5 per 100,000	Assault 357.7 per 100,000
45-64 Years	Falls 1,475.4 per 100,000	Motor Vehicle Injuries 500.2 per 100,000	Assault 182.9 per 100,000
65+ Years	Falls 5,120.0 per 100,000	Motor Vehicle Injuries 298.4 per 100,000	Traumatic Brain Injury 198.2 per 100,000

Rates based on events <20 are suppressed due to statistical instability.  
 Source: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database, 2022. San Diego Association of Governments (SANDAG) Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census.  
 Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, September 2025.

# Appendix. Conditions with the Highest Emergency Department (ED) Discharge Rates (per 100,000) by Age Group, San Diego County, 2022

Maternal and Child Health			
0-17 Years	Congenital Anomalies 15.6 per 100,000		
18-24 Years	Congenital Anomalies 7.5 per 100,000		
25-44 Years	Congenital Anomalies 7.4 per 100,000		
45-64 Years	Congenital Anomalies 5.1 per 100,000		
65+ Years			
Non-Communicable (Chronic) Diseases			
0-17 Years	Asthma 397.0 per 100,000	Overall Heart Disease 337.6 per 100,000	Diabetes 15.3 per 100,000
18-24 Years	Overall Heart Disease 1,004.2 per 100,000	Asthma 201.4 per 100,000	Diabetes 46.1 per 100,000
25-44 Years	Overall Heart Disease 1,533.8 per 100,000	Asthma 178.5 per 100,000	Overall Hypertensive Diseases 163.5 per 100,000
45-64 Years	Overall Heart Disease 2,396.5 per 100,000	Overall Hypertensive Diseases 392.2 per 100,000	Diabetes 258.8 per 100,000
65+ Years	Overall Heart Disease 4,016.0 per 100,000	Overall Hypertensive Diseases 863.5 per 100,000	Stroke 334.5 per 100,000

Rates based on events <20 are suppressed due to statistical instability.  
 Source: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database, 2022. San Diego Association of Governments (SANDAG) Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census.  
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Appendix. Conditions with the Highest Hospitalization Rates (per 100,000) by Age Group, San Diego County, 2022

Alzheimer’s Disease and Related Dementias			
0-17 Years			
18-24 Years			
25-44 Years			
45-64 Years	Parkinson’s Disease 3.9 per 100,000	Alzheimer’s Disease and Related Dementias 3.7 per 100,000	
65+ Years	Alzheimer’s Disease and Related Dementias 92.2 per 100,000	Parkinson’s Disease 31.4 per 100,000	
Behavioral Health			
0-17 Years	Suicide Attempt/Ideation/ Intentional Self-Harm 23.1 per 100,000	Neurodevelopmental Disorders 3.4 per 100,000	
18-24 Years	Suicide Attempt/Ideation/ Intentional Self-Harm 27.7 per 100,000	All Opioid Overdoses 12.0 per 100,000	Alcohol-related Disorders 10.5 per 100,000
25-44 Years	Alcohol-related Disorders 93.1 per 100,000	All Opioid Overdoses 23.1 per 100,000	Suicide Attempt/Ideation/ Intentional Self-Harm 20.6 per 100,000
45-64 Years	Alcohol-related Disorders 102.8 per 100,000	Suicide Attempt/Ideation/ Intentional Self-Harm 20.9 per 100,000	All Opioid Overdoses 20.1 per 100,000
65+ Years	Alcohol-related Disorders 70.9 per 100,000	All Opioid Overdoses 20.2 per 100,000	Suicide Attempt/Ideation/ Intentional Self-Harm 14.3 per 100,000
Communicable (Infectious) Diseases			
0-17 Years	COVID-19 53.7 per 100,000	Pneumonia 44.4 per 100,000	Urinary Tract Infection 30.8 per 100,000
18-24 Years	COVID-19 18.7 per 100,000	Urinary Tract Infection 15.4 per 100,000	Pneumonia 7.5 per 100,000
25-44 Years	COVID-19 44.6 per 100,000	Urinary Tract Infection 33.2 per 100,000	Pneumonia 13.8 per 100,000
45-64 Years	COVID-19 161.1 per 100,000	Urinary Tract Infection 76.2 per 100,000	Pneumonia 74.1 per 100,000
65+ Years	COVID-19 760.4 per 100,000	Urinary Tract Infection 426.1 per 100,000	Pneumonia 327.4 per 100,000
Injury			
0-17 Years	Falls 69.4 per 100,000	Poisoning 35.7 per 100,000	Motor Vehicle Injuries 16.3 per 100,000
18-24 Years	Motor Vehicle Injuries 94.8 per 100,000	Poisoning 54.5 per 100,000	Falls 52.7 per 100,000
25-44 Years	Falls 108.8 per 100,000	Motor Vehicle Injuries 88.3 per 100,000	Poisoning 81.3 per 100,000
45-64 Years	Falls 311.8 per 100,000	Poisoning 93.0 per 100,000	Motor Vehicle Injuries 83.7 per 100,000
65+ Years	Falls 2,065.4 per 100,000	Hip Fractures 414.7 per 100,000	Traumatic Brain Injury 253.9 per 100,000

Rates based on events <20 are suppressed due to statistical instability.  
Source: California Department of Health Care Access and Information (HCAI), Patient Discharge Database, 2022. San Diego Association of Governments (SANDAG) Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census.  
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, September 2025.

# Appendix. Conditions with the Highest Hospitalization Rates (per 100,000) by Age Group, San Diego County, 2022

Maternal and Child Health			
0-17 Years	Congenital Anomalies 104.6 per 100,000		
18-24 Years	Congenital Anomalies 12.0 per 100,000		
25-44 Years	Congenital Anomalies 8.1 per 100,000		
45-64 Years	Congenital Anomalies 14.6 per 100,000		
65+ Years	Congenital Anomalies 20.4 per 100,000		
Non-Communicable (Chronic) Diseases			
0-17 Years	Asthma 120.3 per 100,000	Diabetes 33.0 per 100,000	Overall Cancer 25.2 per 100,000
18-24 Years	Diabetes 70.1 per 100,000	Overall Hypertensive Diseases 69.5 per 100,000	Overall Heart Disease 47.9 per 100,000
25-44 Years	Overall Hypertensive Diseases 251.4 per 100,000	Overall Heart Disease 207.3 per 100,000	Diabetes 111.9 per 100,000
45-64 Years	Overall Heart Disease 1,144.9 per 100,000	Overall Cancer 368.5 per 100,000	Overall Hypertensive Diseases 312.3 per 100,000
65+ Years	Overall Heart Disease 4,227.5 per 100,000	Overall Hypertensive Diseases 1,135.0 per 100,000	Overall Cancer 898.4 per 100,000

Rates based on events <20 are suppressed due to statistical instability.  
Source: California Department of Health Care Access and Information (HCAI), Patient Discharge Database, 2022. San Diego Association of Governments (SANDAG) Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census.  
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