

Community Health Assessment Presentation: South Region

Presented by Christopher O'Malley and Maria Peña
Presented to South Region Community Leadership Team

County of San Diego, Health and Human Services Agency,
Public Health Services, Community Health Statistics Unit
June 8, 2026

Data Measures

Numbers tell you how many.

- Example: 25 children under age 15 in San Diego died of cancer in 2012.

Percentages tell you a proportion of the whole.

- Example: 90% of attendees who ate potato salad at a picnic experienced symptoms of food poisoning.

Rates tell you how many per a given population and allow you to compare year to year or group to group.

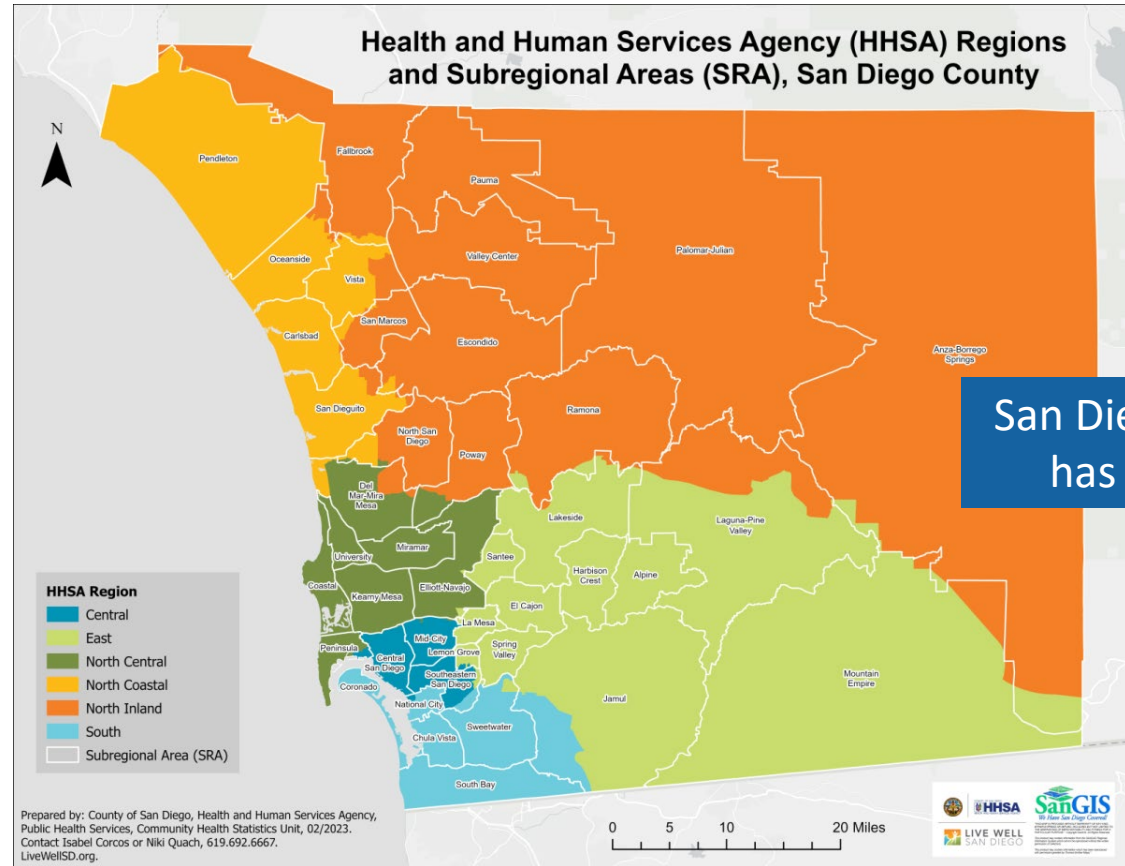
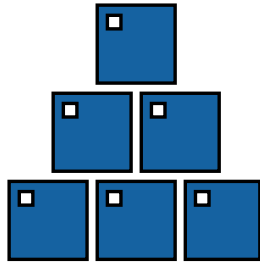
- Example: The rate of children injured due to motor vehicle crashes dropped from 321.9 per 100,000 to 295.2 per 100,000 after the implementation of the booster seat program.



What are subregional areas (SRAs)?



Subregional areas, SRAs, are aggregations of census tracts defined by SANDAG.



While the boundaries of many geographical areas, such as cities, change over time, SRA boundaries have remained essentially the same since their formation which allows for meaningful comparisons of time series information because identical areas are being compared.

Geographies

Types of Geographies

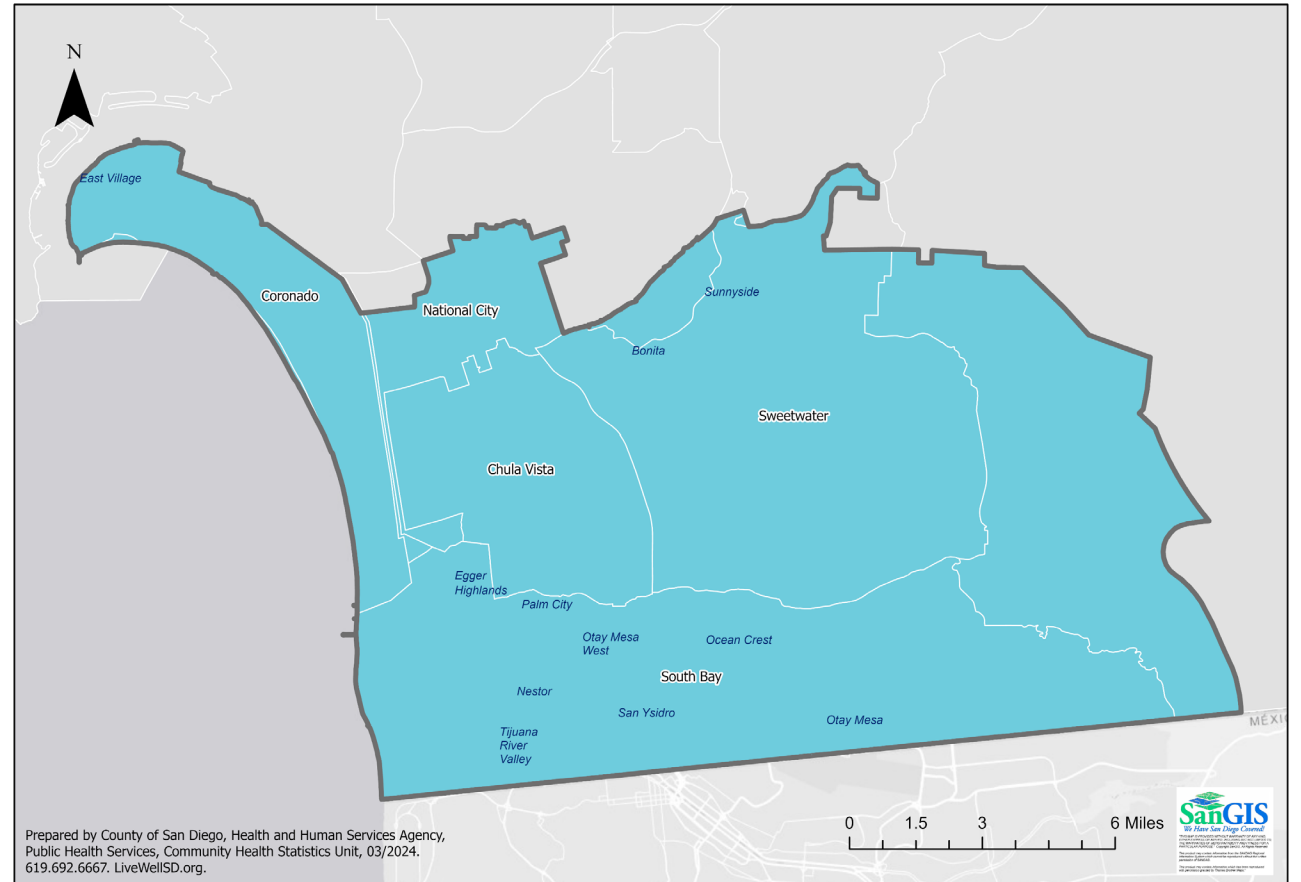
- Health and Human Services Agency Region
 - Six within San Diego County
- Subregional Area (SRA)
 - Five within South Region
 - Chula Vista
 - Coronado
 - National City
 - South Bay
 - Sweetwater

South Region Zip Codes

- 91902
- 91910
- 91911
- 91913
- 91914
- 91915
- 91932
- 91950
- 92118
- 92135
- 92154
- 92155
- 92173



San Diego County Health and Human Services Agency South Region and Its Neighborhoods



Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 03/2024. 619.692.6667. LiveWellSD.org.

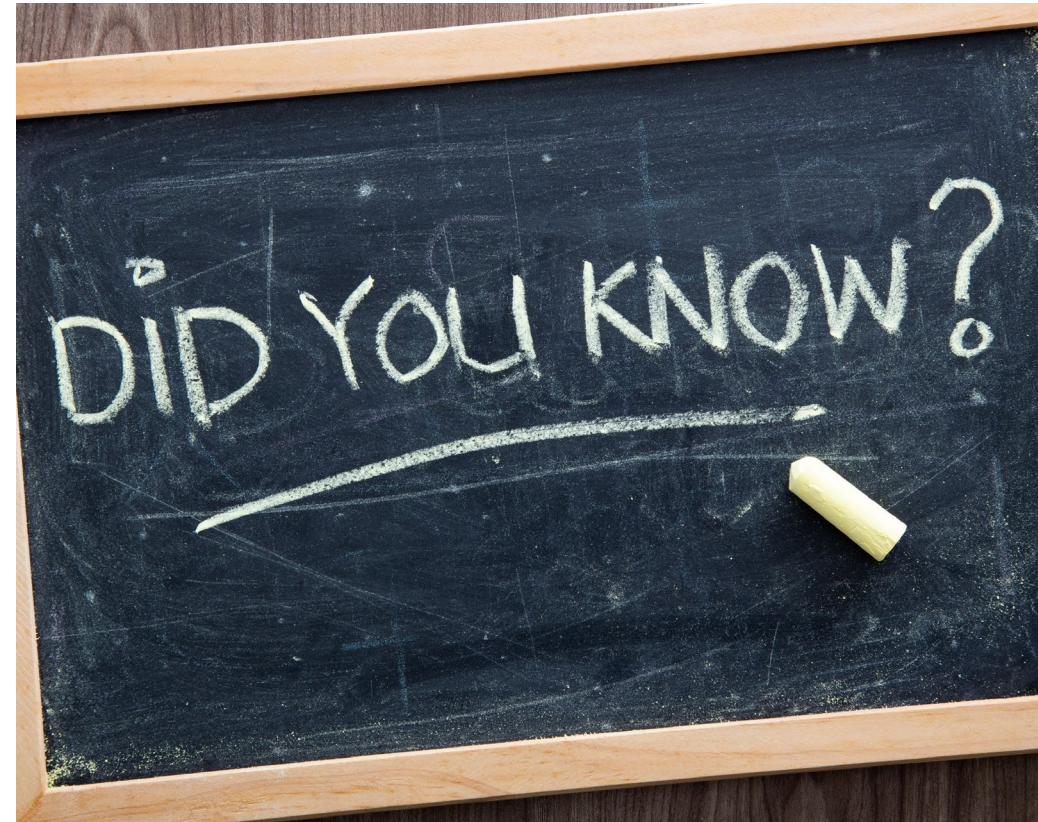


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Demographics



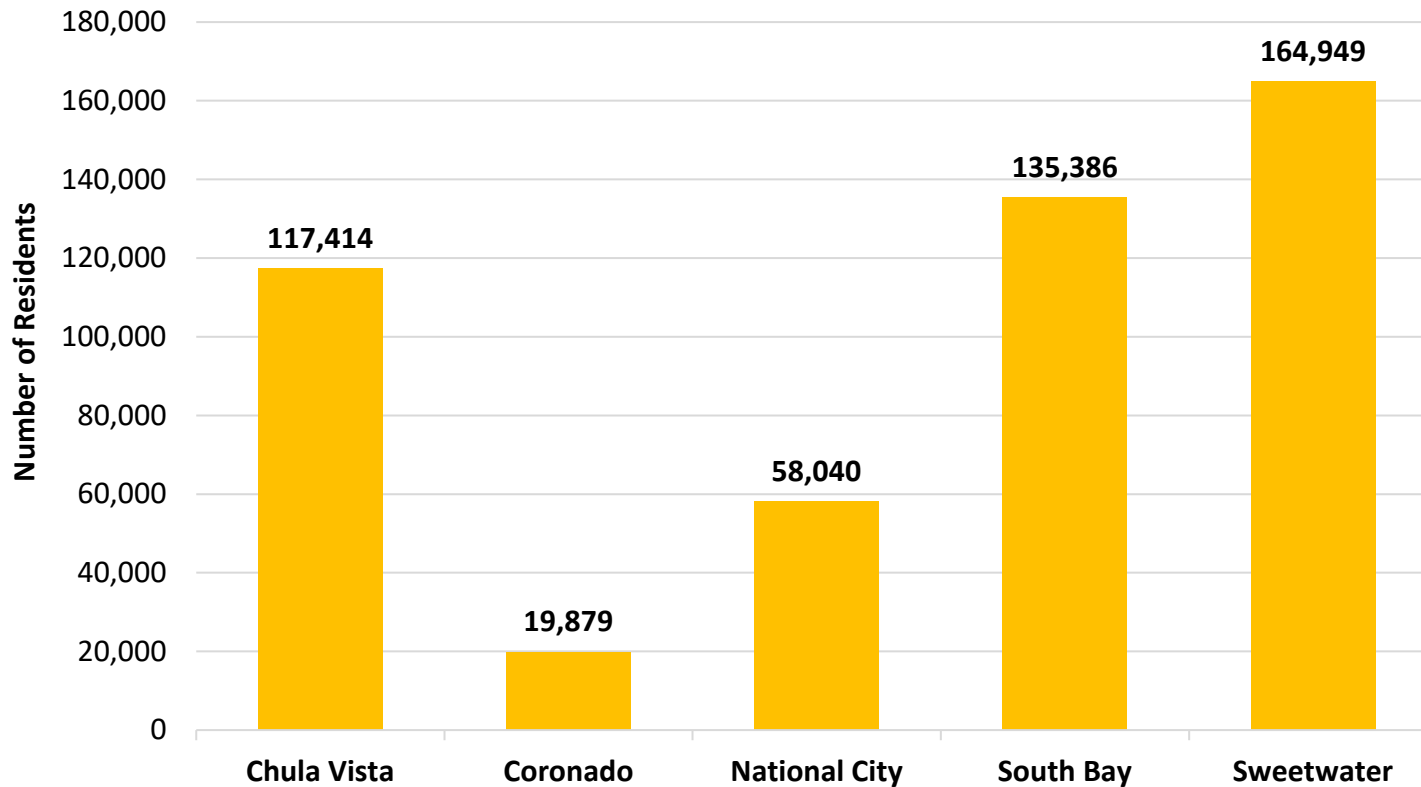
There were nearly half a million people in South Region in 2024.



Population



**San Diego County Population Distribution
Among South Region Subregional Areas (SRAs), San Diego County, 2024**



In 2024, South Region was home to nearly half a million (495,668) people, or 15.1% of San Diego County's total population.

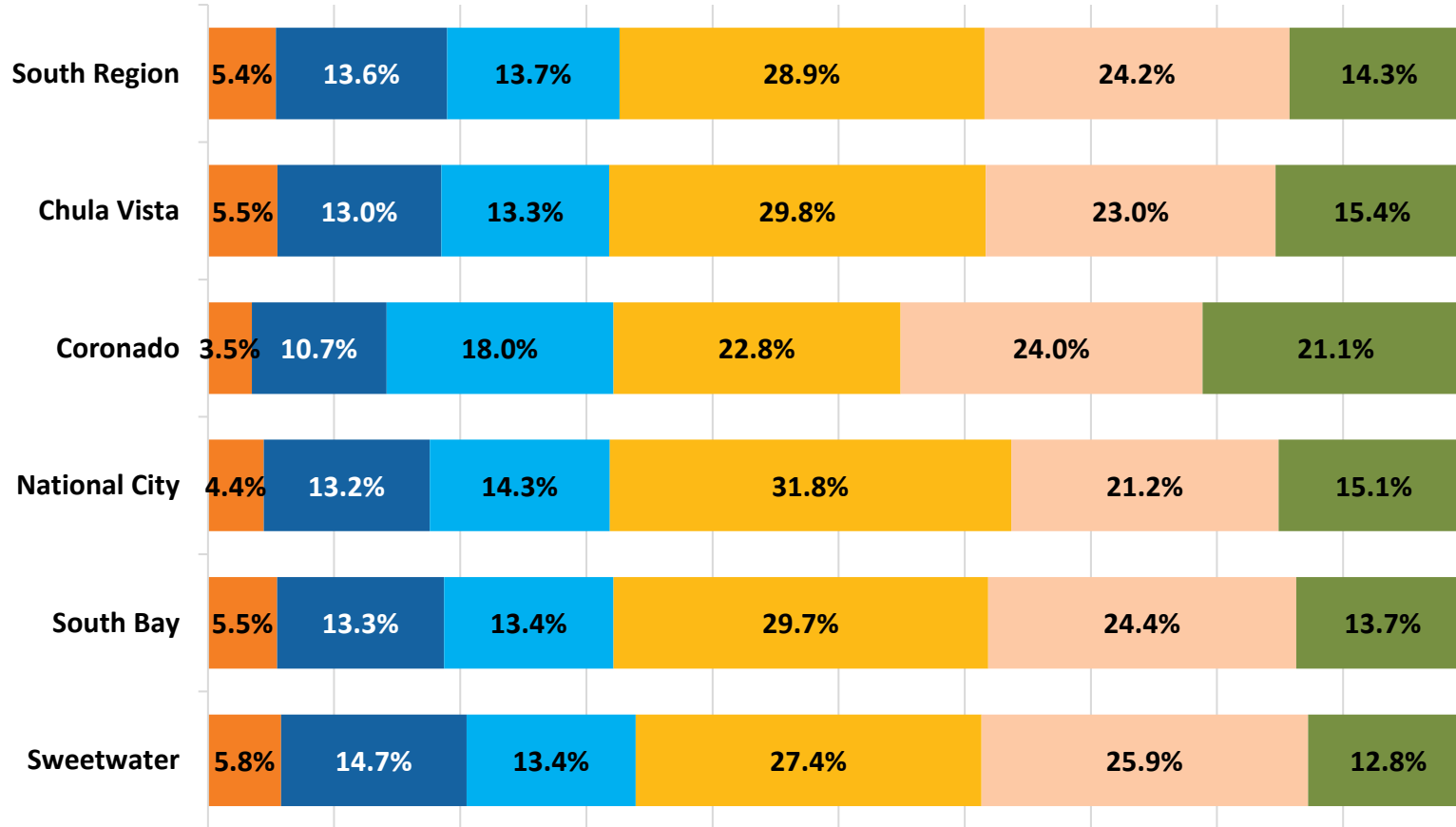
- Overall, the number of residents in South Region decreased 1.9% between 2019 and 2024.
- In 2024, Sweetwater SRA was home to one-third (33.3%) of South Region's population.
- Sweetwater SRA (+4.0%) and Chula Vista SRA (+1.3%) were the only South Region SRAs which had an increase in population from 2019 to 2024.

Age Groups



Percentage of Residents by Age Group in South Region and its Subregional Areas (SRAs), San Diego County, 2024

0-4 5-14 15-24 25-44 45-64 65+



In 2024, 28.9% of South Region residents were 25-44 years old.

- In South Region, 5.4% of the population was aged 4 or younger in 2024.
- In 2024, National City SRA was home to the largest proportion of 25-44-year-olds.
- While Coronado SRA had an older population compared to the other communities in South Region in 2024, South Bay SRA saw the largest increases among the 65 years and older population from 2019 to 2024.

Source: U.S. Census Bureau; 2020-2024 American Community Survey 5-Year Estimates, Table B01001. U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Table B01001.

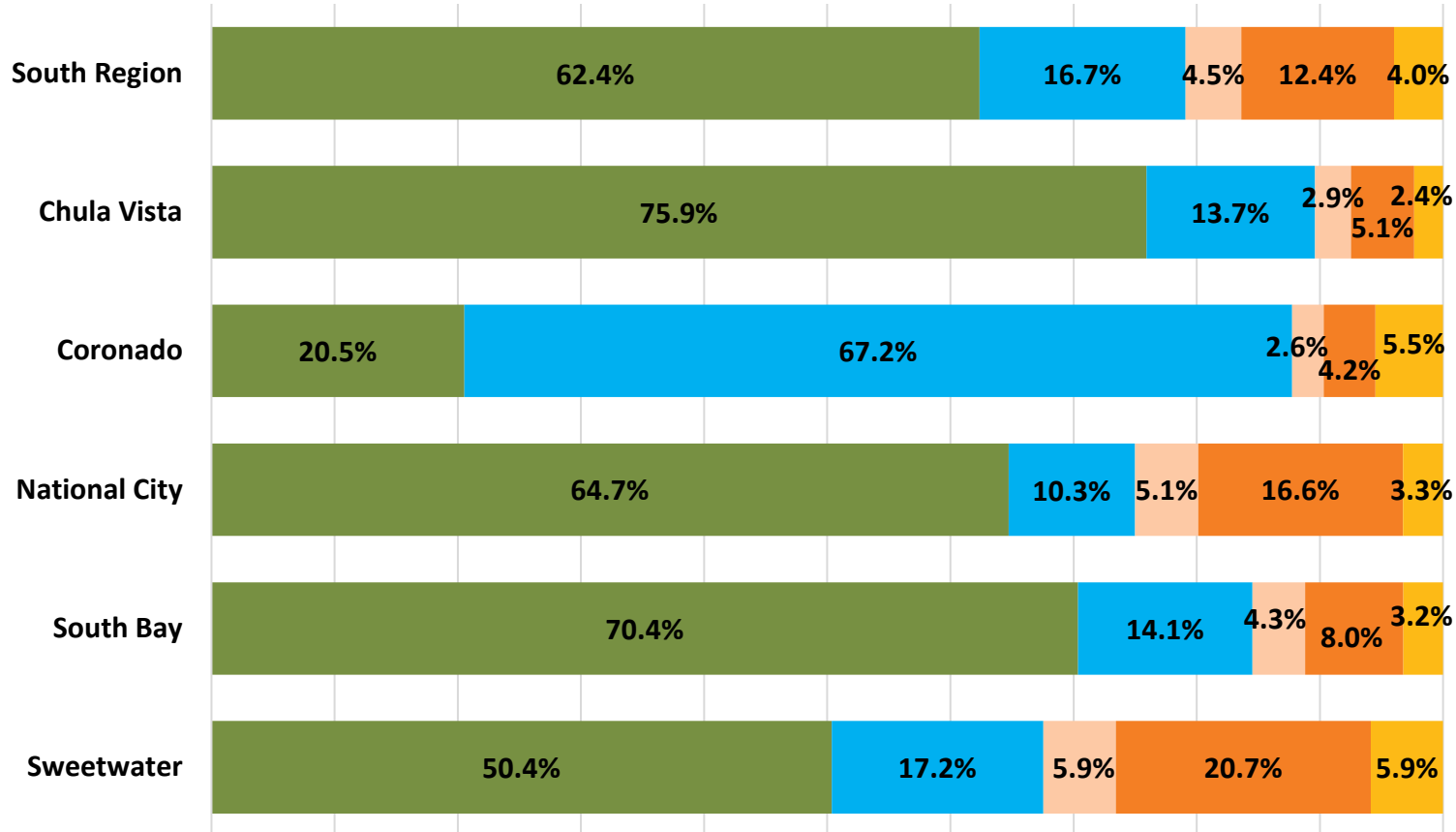
Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Race/Ethnicity



Percent of Residents by Race/Ethnicity in South Region and its Subregional Areas (SRAs), San Diego County, 2024

Hispanic NH White NH Black NH API* NH Other



In 2024, Hispanic residents made up 62.4% of South Region's population.

- Among South Region SRAs, in 2024,
 - Coronado SRA notably had the lowest proportion of Hispanic residents,
 - Sweetwater and National City SRAs had the highest proportion of non-Hispanic Asian/Pacific Islanders, and
 - Sweetwater SRA had the highest proportion of non-Hispanic Black residents.

NH refers to Non-Hispanic or Latino.

*Asian/Pacific Islander. Other includes American Indian/Alaska Native, two or more races, and/or other races.

Source: U.S. Census Bureau; 2020-2024 American Community Survey 5-Year Estimates, Table B03002.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Language Spoken at Home*



Across the HHS Regions, South Region had the highest percentage of the population aged 5 and older who spoke Spanish and were unable to communicate effectively in English (18.0%) in 2024.

- Compared to the other HHS Regions, South Region had the lowest proportion of its population aged 5+ speaking English only at home in 2024. Further, among the all SRAs in San Diego County, National City SRA had the highest proportion of residents that spoke a non-English language at home (66.9%).

Geography	Population Age 5+	Speak English Only %	Speak a Non-English Language at Home and Speak English "very well"	Speak Spanish and English less than "very well"	Speak API** Language and English less than "very well"	Speak Other Language and English less than "very well"
South Region	468,984	41.4%	37.1%	18.0%	3.2%	0.4%
Chula Vista	110,946	34.7%	39.3%	24.3%	1.5%	0.2%
Coronado	19,189	82.7%	13.4%	2.7%	1.0%	0.2%
National City	55,476	33.1%	36.8%	22.8%	7.0%	0.4%
South Bay	127,972	35.1%	38.4%	23.7%	2.5%	0.4%
Sweetwater	155,401	49.1%	37.4%	9.1%	3.8%	0.5%
San Diego County	3,105,161	62.7%	23.8%	8.5%	3.3%	1.6%

*Among population 5 years and older **Asian/Pacific Islander.

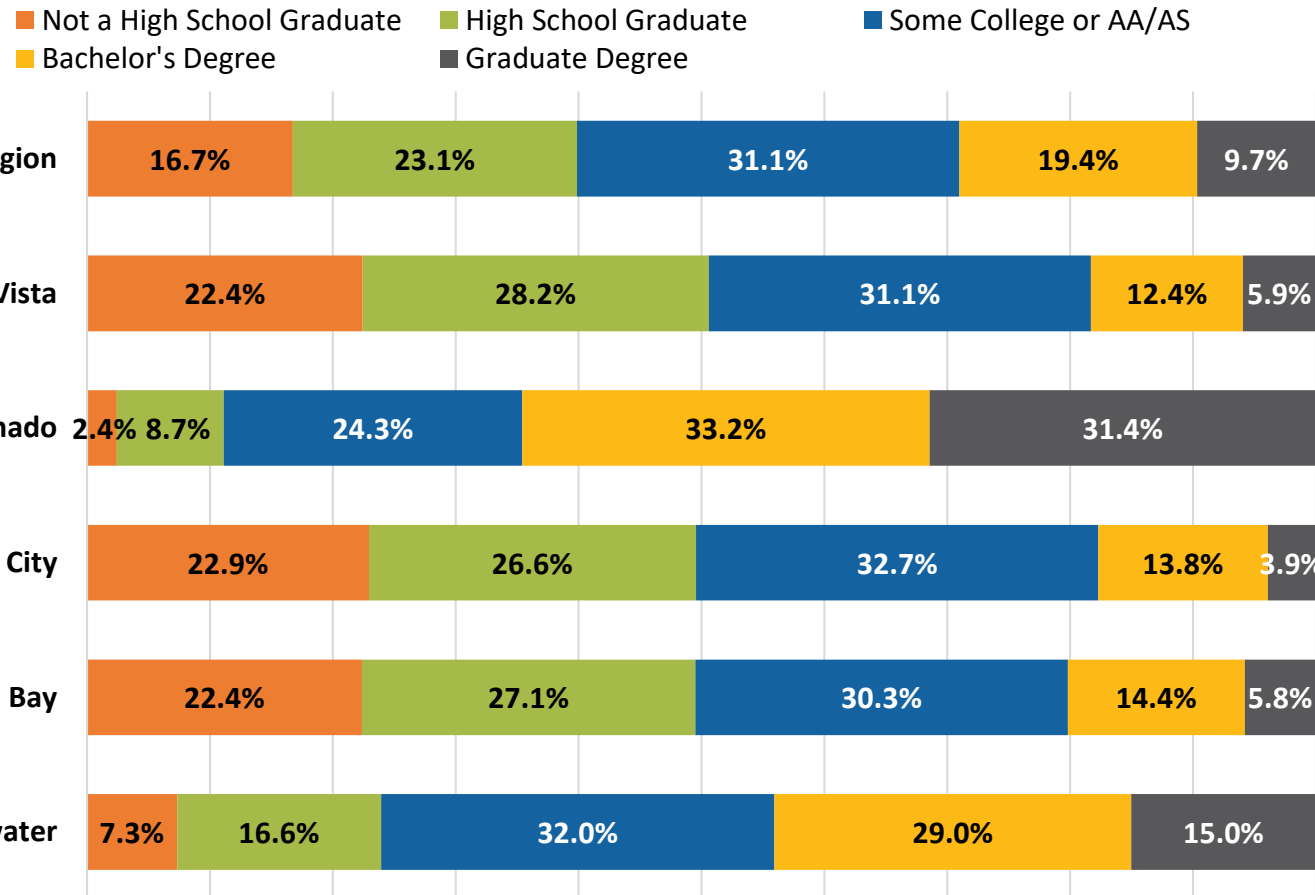
Source: U.S. Census Bureau; 2020-2024 American Community Survey 5-Year Estimates, Table B03002.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Educational Attainment



Percent of Adults 25 Years and Older by Educational Attainment in South Region and its Subregional Areas (SRAs), San Diego County, 2024



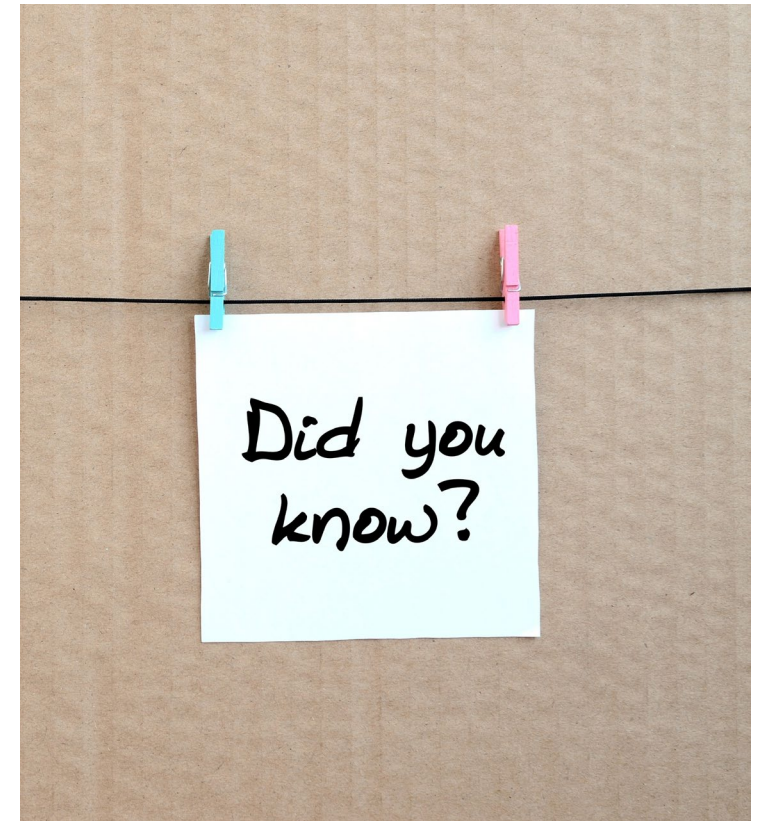
In 2024, less than one-third (29.0%) of South Region adults had a bachelor's degree or higher.

- In 2024, South Region had the largest proportion of adults without a high school diploma (16.7%) among the HHS Regions.
- From 2019 to 2024, every South Region SRA, except Coronado, had a reduction in the percentage of residents who were not high school graduates.
- Among South Region SRAs, Coronado SRA had the largest proportion of residents with a bachelor's degree or higher (64.6%) in 2024.

Food Insecurity and Poverty



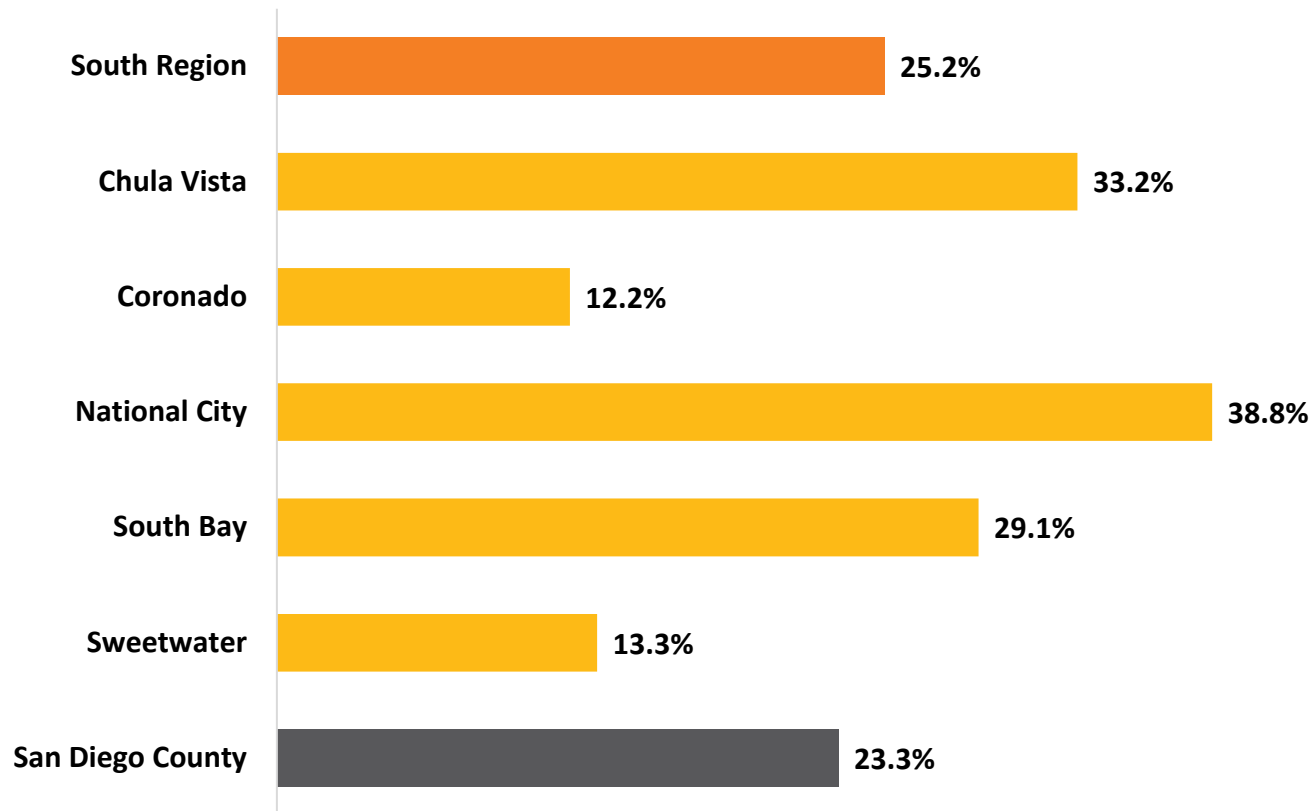
In 2024, South Region residents had a higher proportion of the population living below 200% of the Federal Poverty Level (FPL), compared to the county overall.



Poverty



Percent of the Population Living Under 200% Federal Poverty Level in South Region and its Subregional Areas (SRAs), San Diego County, 2024



In 2024, one-quarter (25.2%) of residents lived below 200% of the Federal Poverty Level (FPL).

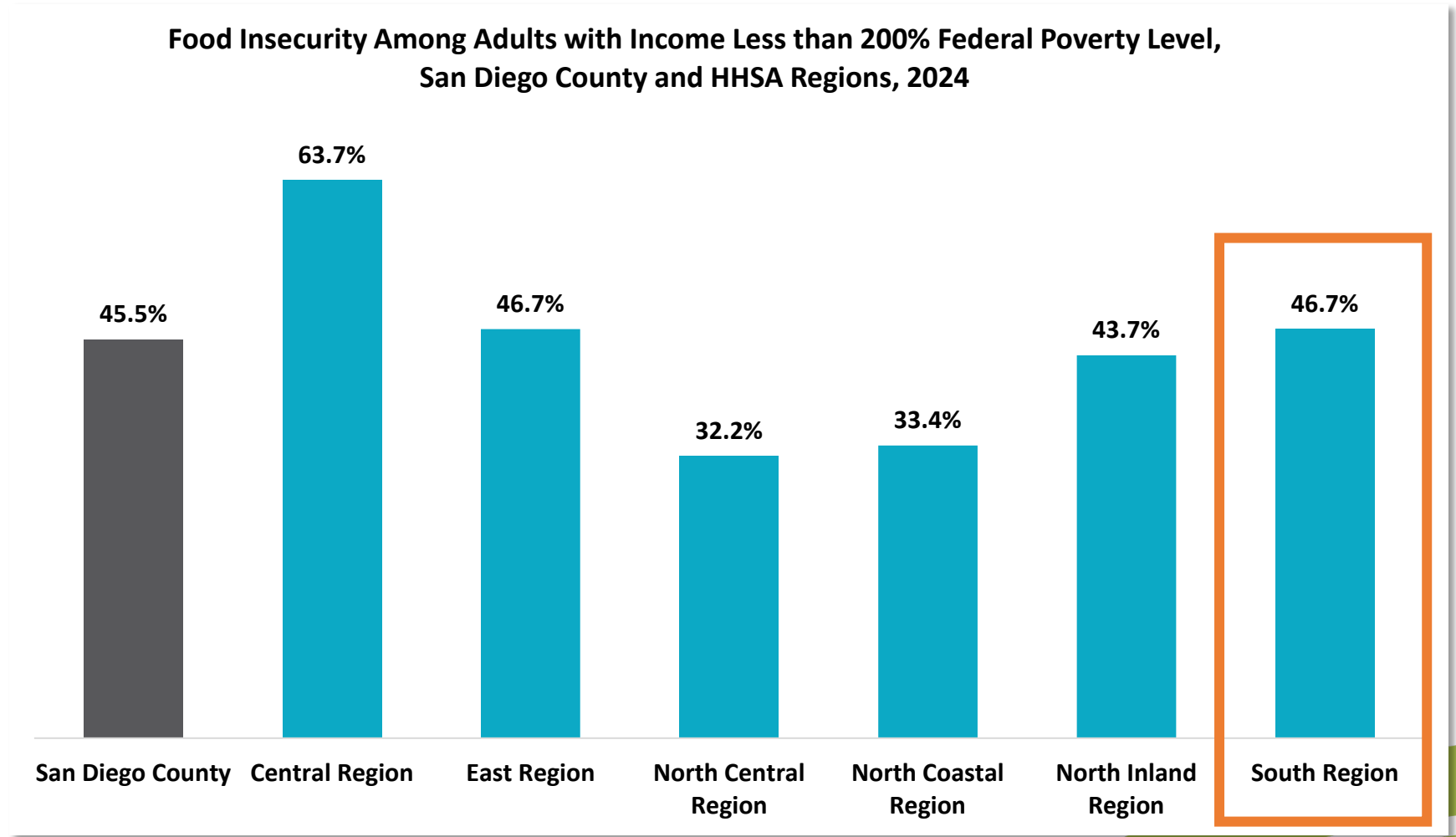
- In National City SRA, nearly 4 of every 10 (38.8%) of residents were living below 200% FPL in 2024.
- From 2019 to 2024, all South Region SRAs experienced a decrease in the proportion of people living below 200% FPL.
- Coronado and Sweetwater SRAs had lower proportions of people living under 200% FPL compared to the county overall in 2019 and 2024.

Food Insecurity



Among adults with income less than 200% FPL in South Region, nearly half (46.7%) were food insecure in 2024.

South Region had a slightly higher proportion of food insecurity than San Diego County overall in 2024.

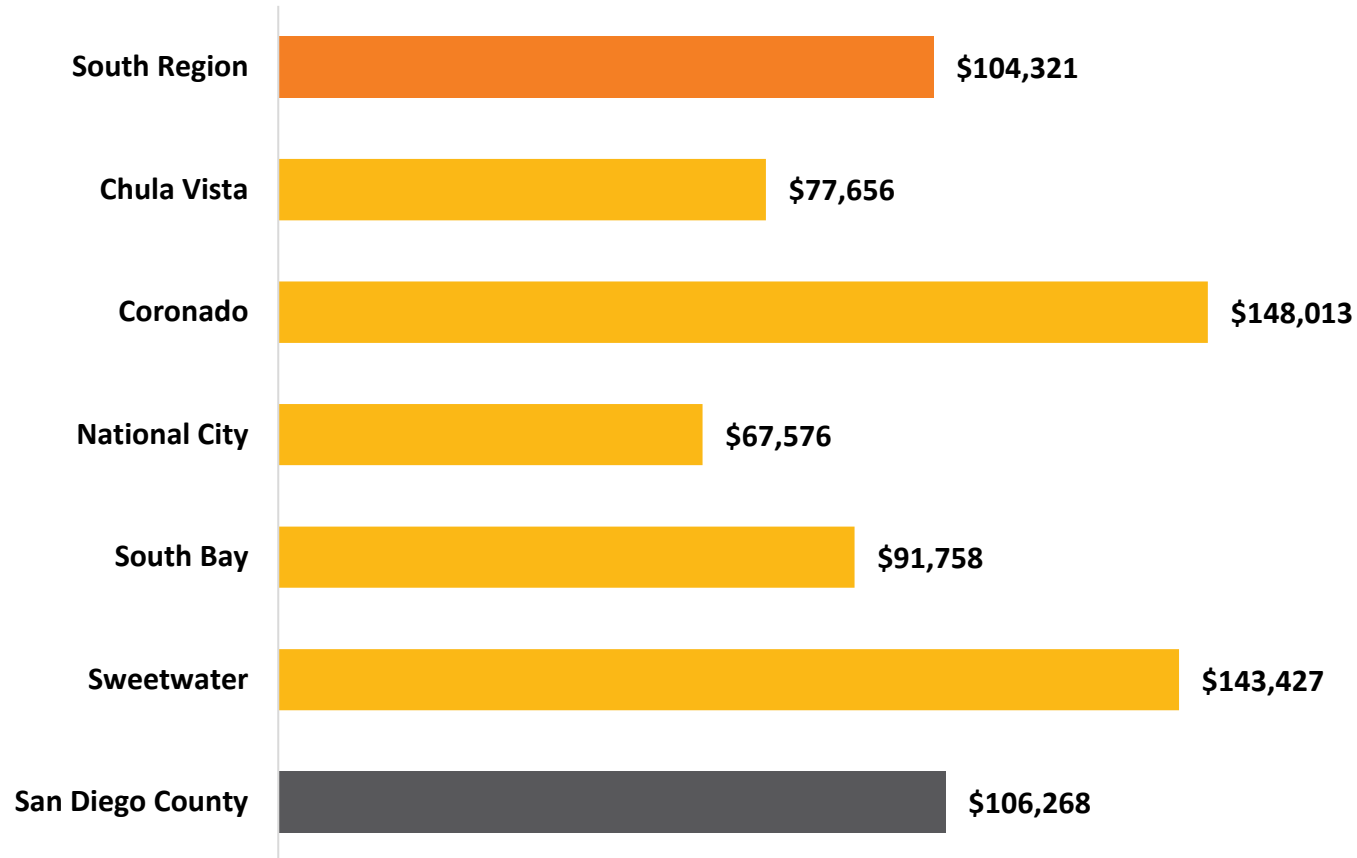


Source: UCLA Center for Health Policy Research, Los Angeles, CA. California Health Interview Survey, AskCHIS 2024. Available at <http://ask.chis.ucla.edu>. Exported on April 8, 2026. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Median Household Income



Median Household Income in South Region and its Subregional Areas (SRAs), San Diego County, 2024



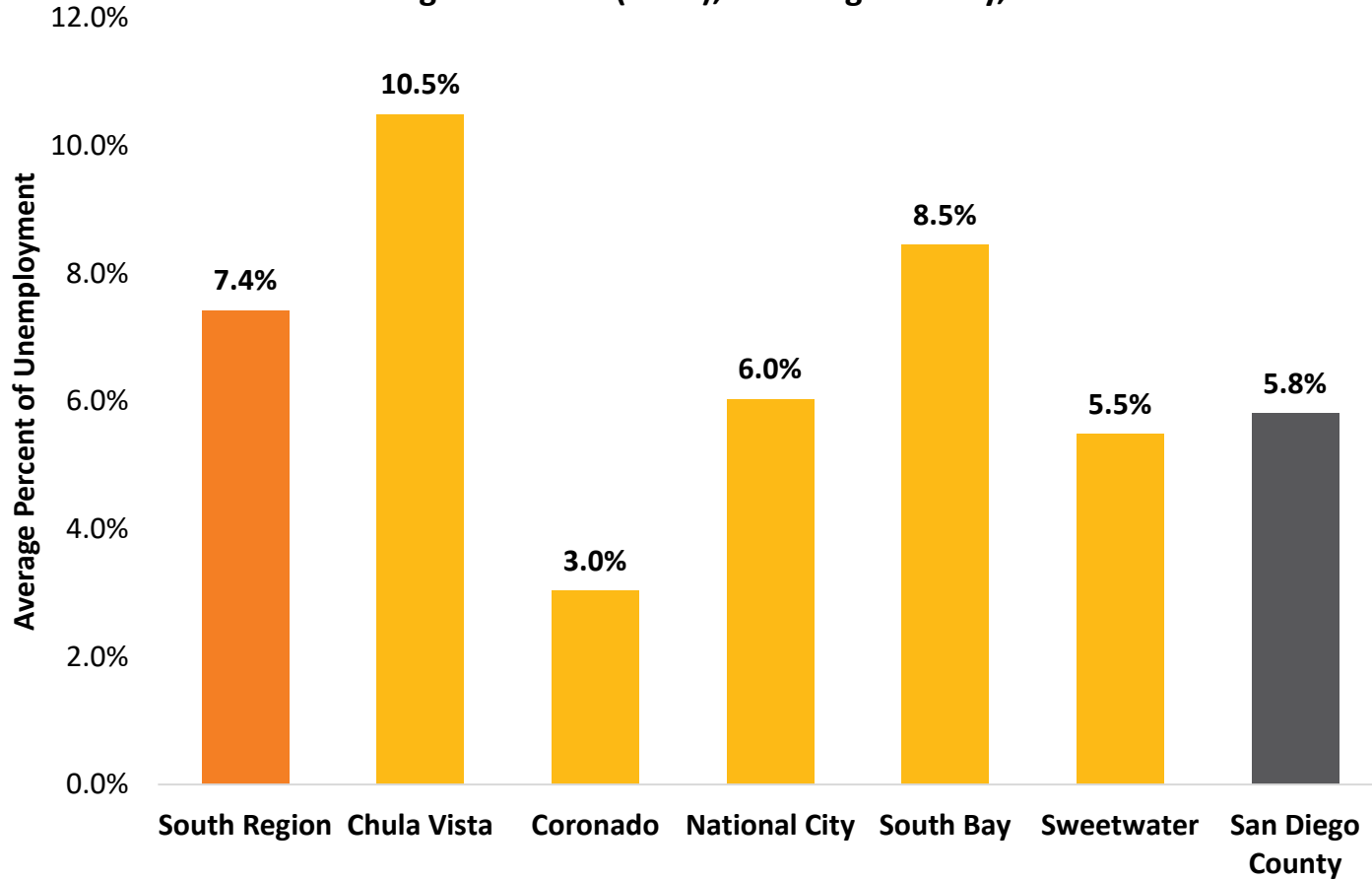
The median household income in South Region was \$104,321 in 2024.

- In South Region, Coronado SRA, followed by Sweetwater SRA, had the highest median household incomes in 2024.
- In 2024, Chula Vista, National City, and South Bay SRAs had lower median household incomes than the county overall.
- National City SRA had the 3rd lowest median household income across all SRAs in the county in 2024.

Unemployment



Average Percent of Unemployment* in South Region and its Subregional Areas (SRAs), San Diego County, 2020-2024



The 5-year average percent of unemployment between 2020 to 2024 was 7.4% in South Region.

- Among the HHS Regions, South Region had the highest 5-year average percent of unemployment between 2020 to 2024.
- Chula Vista SRA had the highest average 5-year percent of unemployment among all San Diego County SRAs between 2020 to 2024.
- Compared to the 5-year average percent of unemployment between 2015 to 2019, Chula Vista, Sweetwater, and South Bay SRAs had a reduction in unemployment, while National City and Coronado SRAs had an increase in unemployment between 2020 to 2024.

*Percent unemployment was derived from the number of unemployed persons out of the 16 year and older eligible labor force. Eligible labor force includes employed civilians, unemployed, and persons in the armed forces.

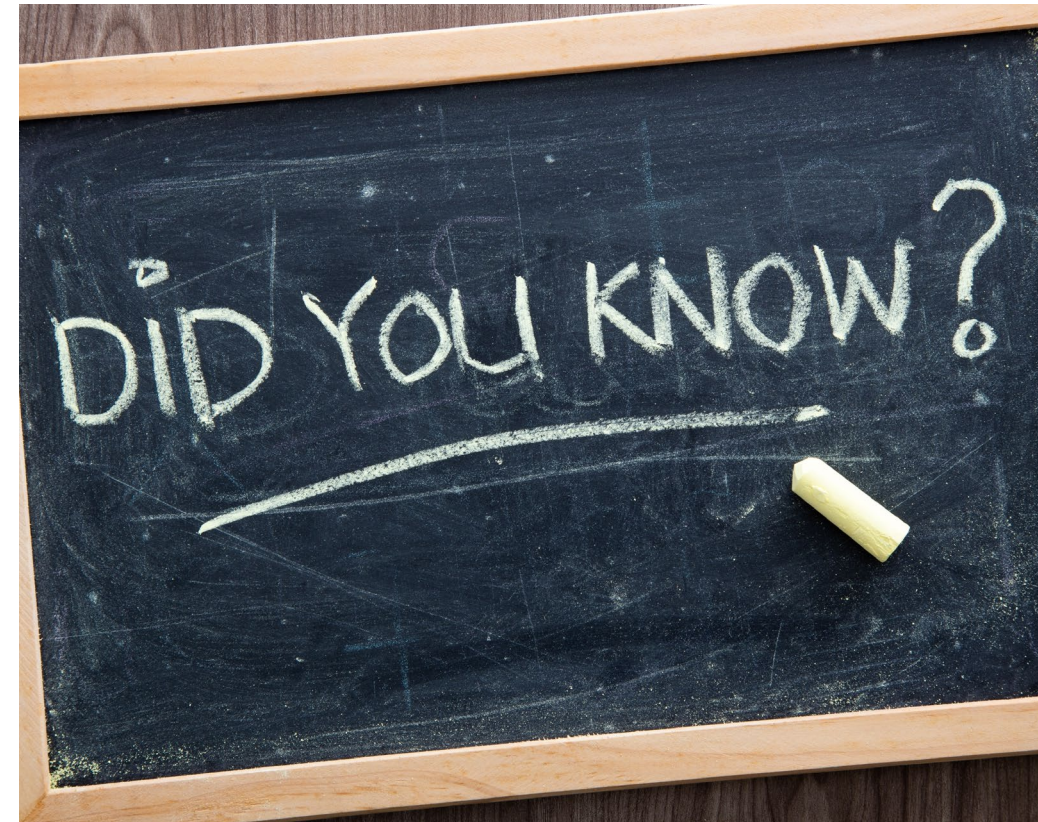
Source: U.S. Census Bureau, 2020-2024 American Community Survey 5-Year Estimates, Table DP03. U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Table DP03.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Homelessness



In 2024, 50% of households in National City subregional area (SRA) spent 30% or more of their household income on housing.

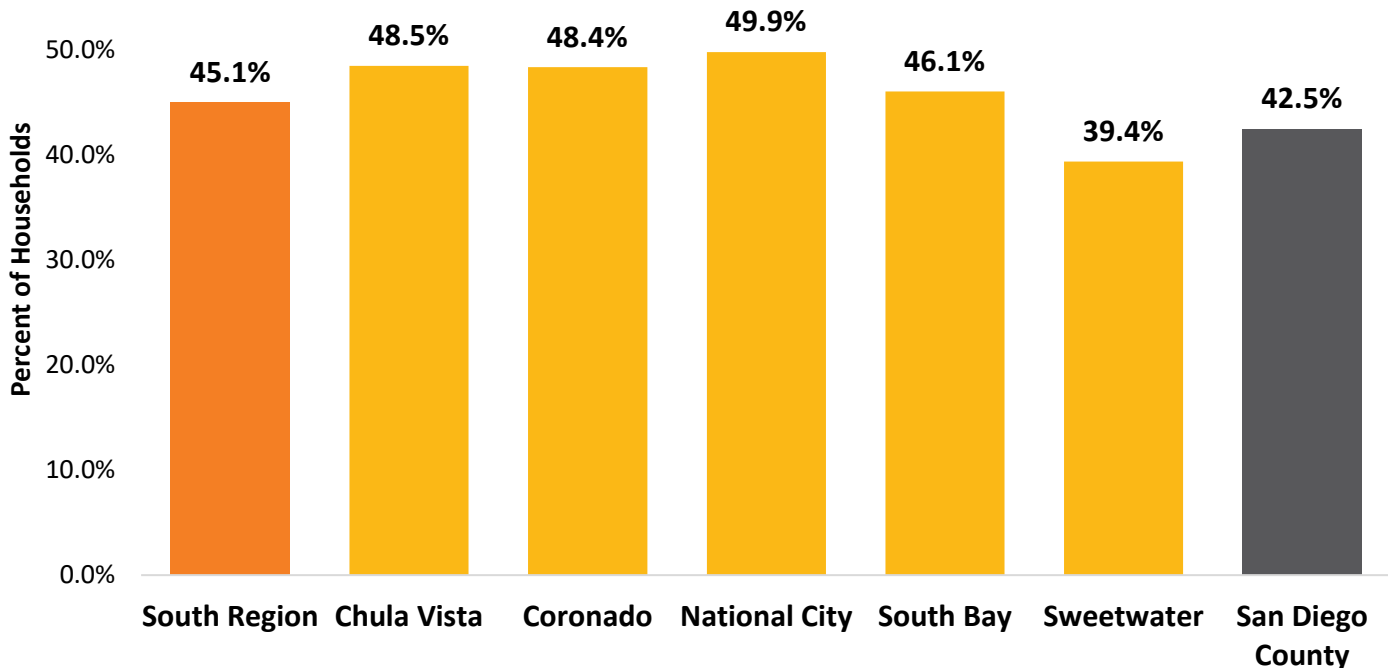


Housing Characteristics



Compared to the county overall, South Region had a higher percent of households spending 30% or more of their household income on housing costs and had a higher median gross rent in 2024.

Percent of Households Spending 30%+ of Household Income in Monthly Housing Costs in South Region and its Subregional Areas (SRAs), San Diego County, 2024

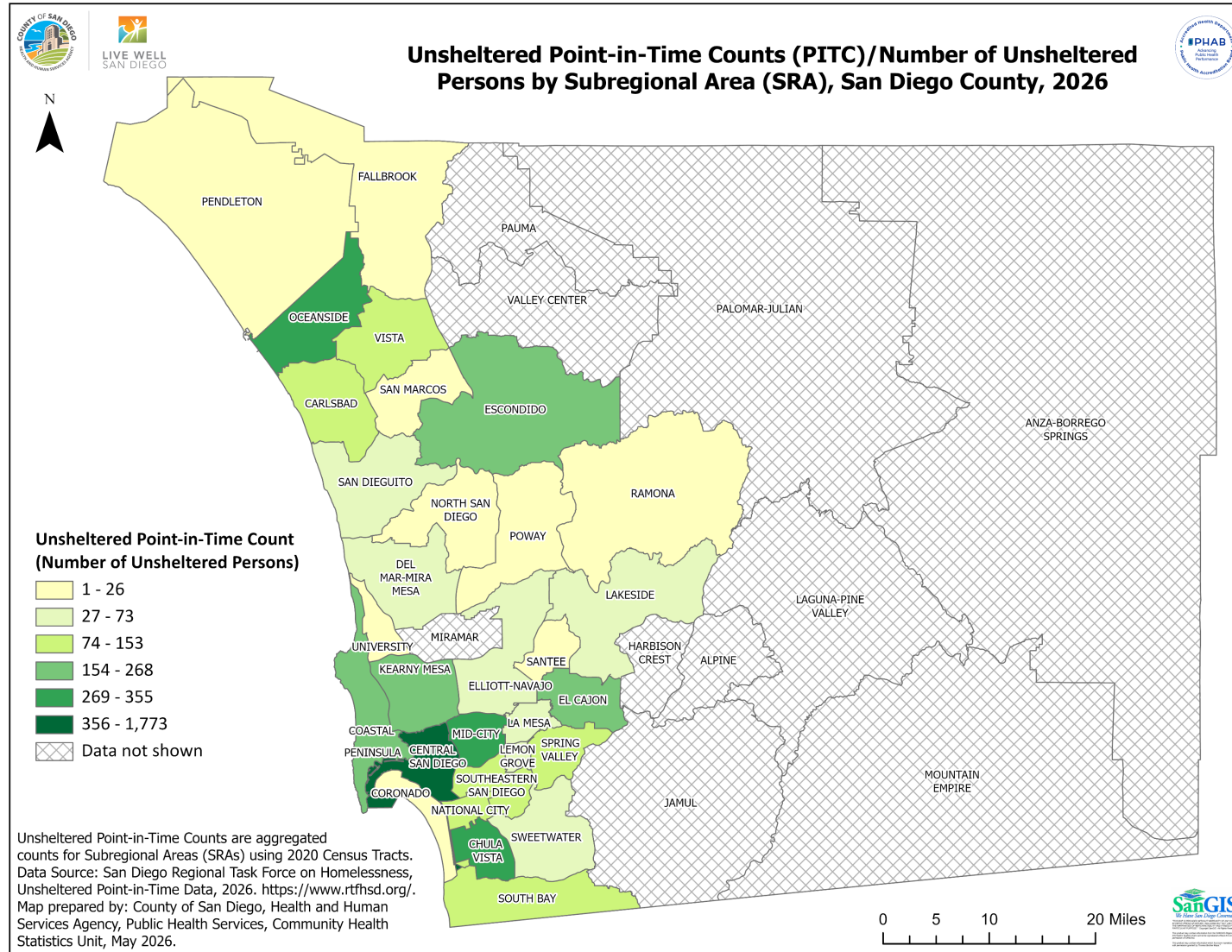


Geography	Median Gross Rent	Median House Value
South Region	\$ 2,347	\$ 772,207
Chula Vista	\$ 2,091	\$ 567,754
Coronado	\$ 3,159	\$ 1,892,414
National City	\$ 1,707	\$ 618,785
South Bay	\$ 2,164	\$ 660,500
Sweetwater	\$ 2,818	\$ 845,130
San Diego County	\$ 2,246	\$ 854,700

Homelessness



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The Point-in-Time Count (PITC) defines homelessness as lacking a fixed, regular, and adequate nighttime residence.

There were **9,803 sheltered and unsheltered persons** in **San Diego County** counted during the 2026 Point-in-Time Count (PITC).

In **South Region**, there were **624 unsheltered persons** counted during the PITC.

Among South Region's subregional areas, **Chula Vista SRA** had the largest number of unsheltered persons (310).

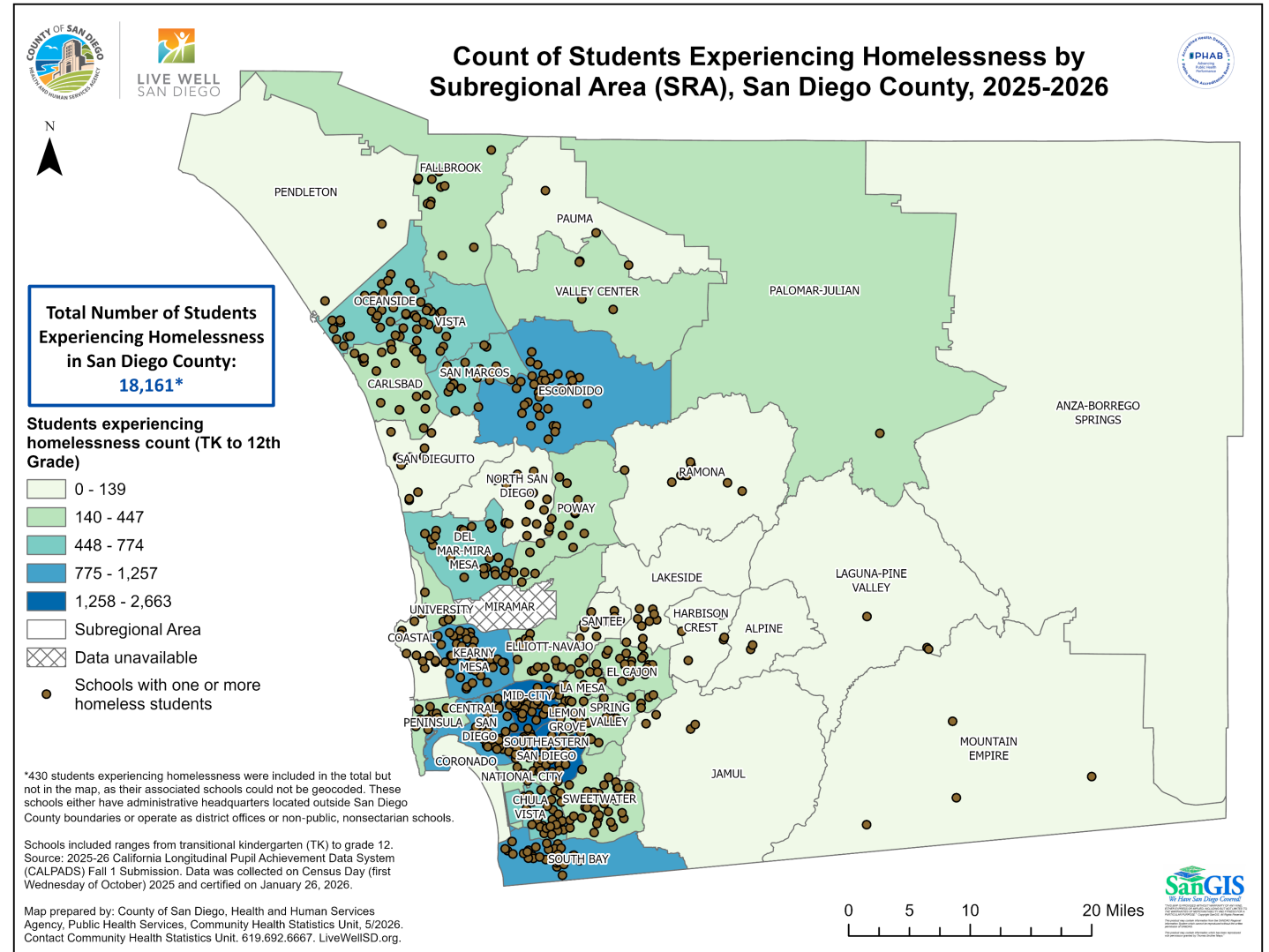
Student Homelessness



To be considered a homeless student in the CALPADS data, enrolled students must have reported experiencing homelessness at any point in time during the academic year. This includes students reporting residing in a hotel, motel, or a temporary shelter, living temporarily doubled-up, or were temporarily unsheltered.

In the 2025-2026 school year, there were **18,161 students experiencing homelessness** in San Diego County.

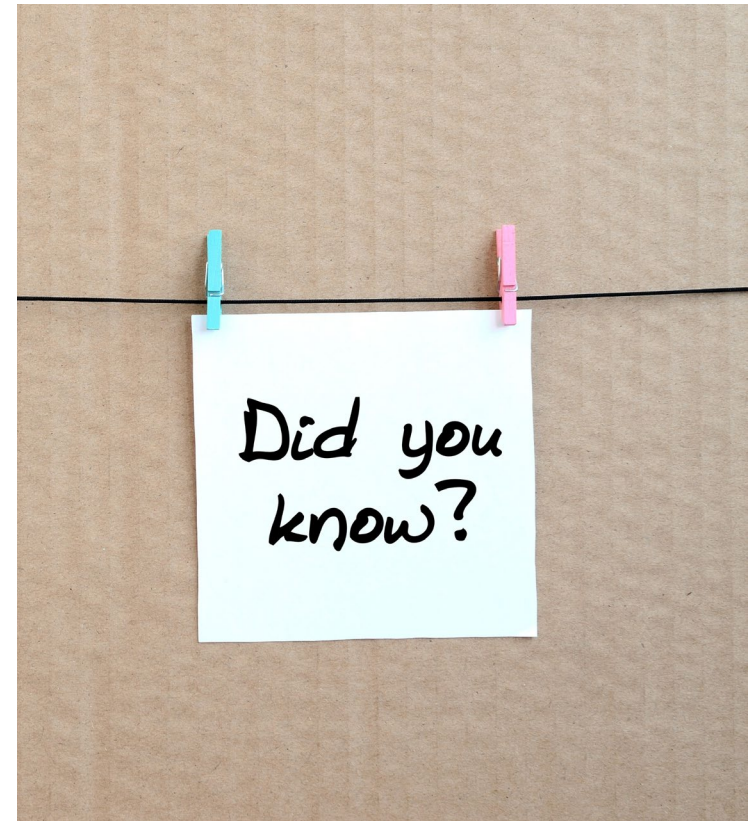
There were 2,481 students experiencing homelessness in South Region, half of which were in South Bay SRA (1,246 students) in the 2025-2026 school year.



Health and Well-Being



In South Region, 15.8% of residents reported fair or poor health status in 2024.

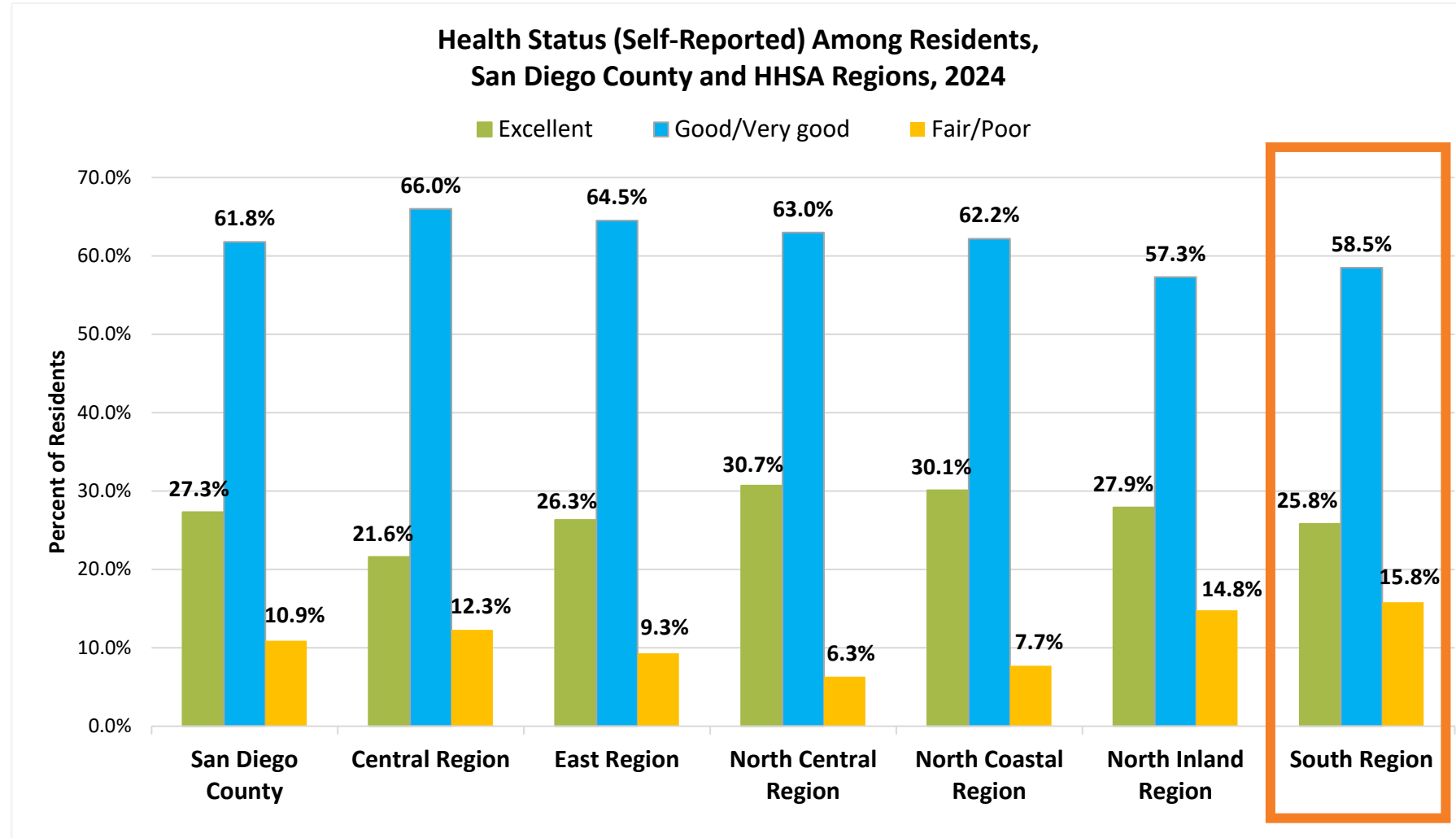


Health Status



In 2024, 1 in 4 South Region residents reported excellent health status.

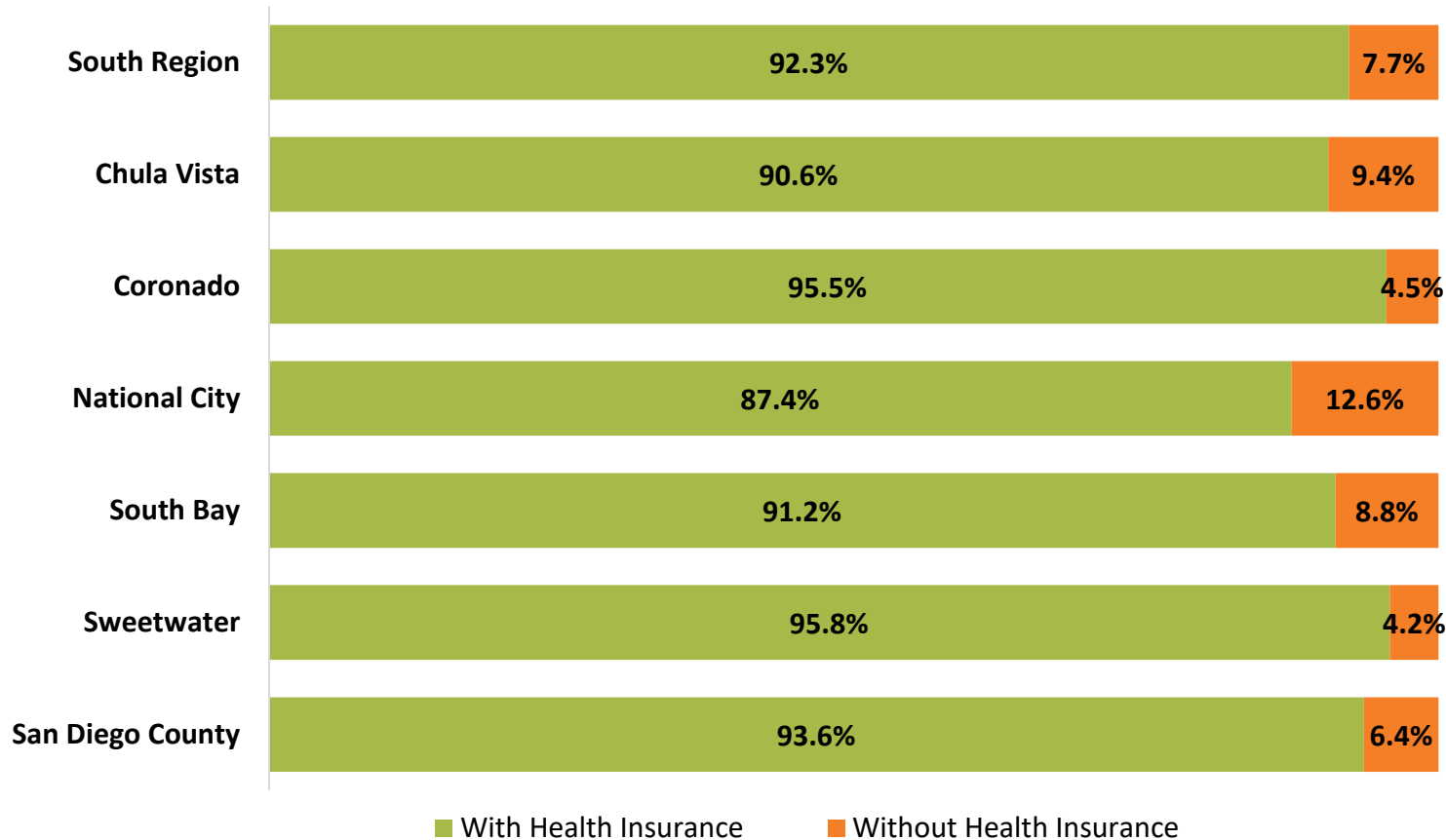
South Region residents reported the highest proportion of fair or poor health status (15.8%), compared to the other HHS Regions in 2024.



Health Insurance



Percent of the Population with Health Insurance in South Region and its Subregional Areas (SRAs), San Diego County, 2024



In South Region in 2024, 7.7% of residents did not have health insurance.

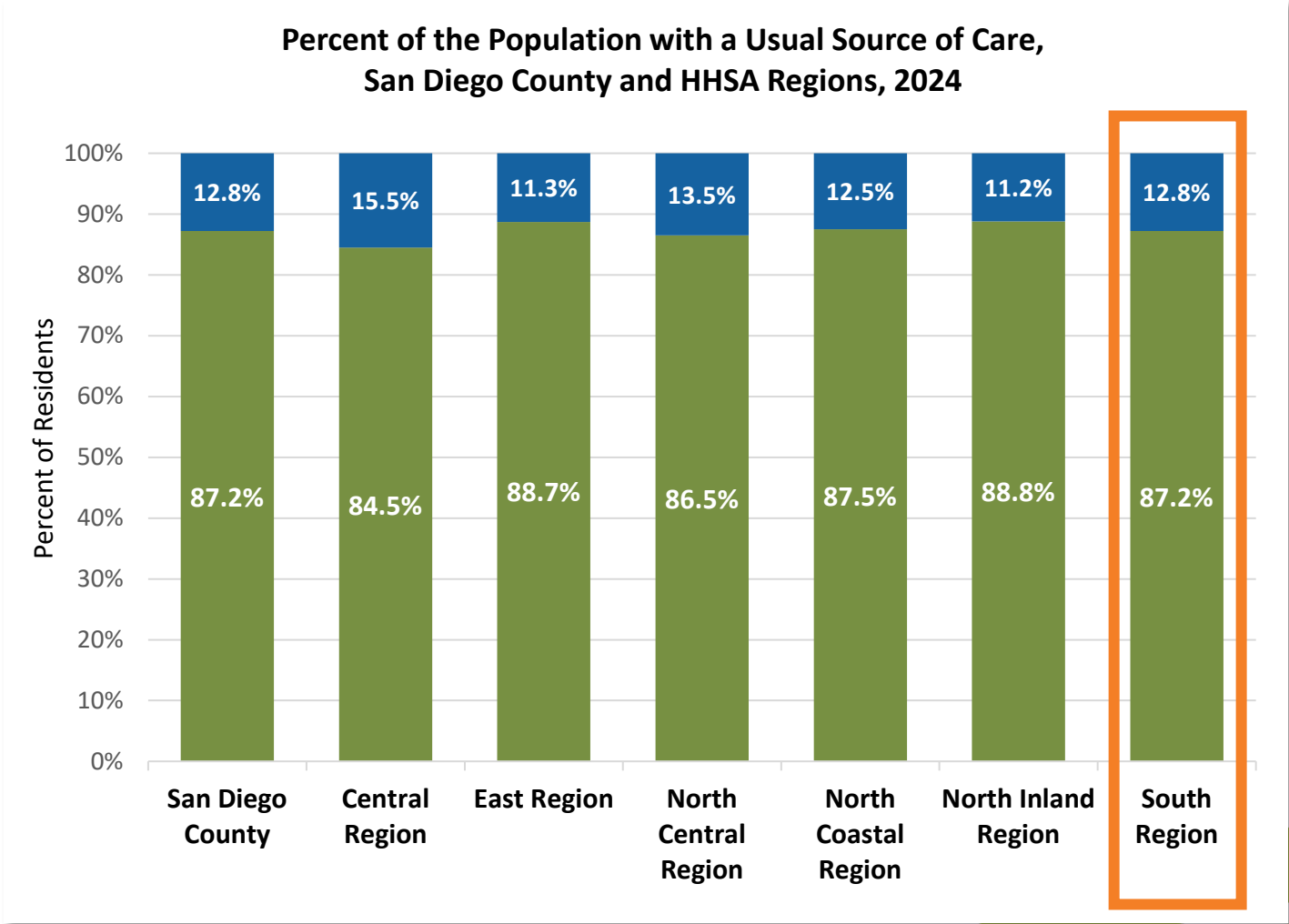
- Among South Region SRAs, Sweetwater SRA had the highest proportion of residents with health insurance in 2024.
- Among all SRAs in the county, in 2024, National City SRA had the second highest proportion of residents without health insurance, where 1 in 8 (12.6%) residents did not have health insurance.

Usual Source of Care



In 2024, about 1 in 8 South Region residents reported not having a usual place to go when sick or in need of health advice.

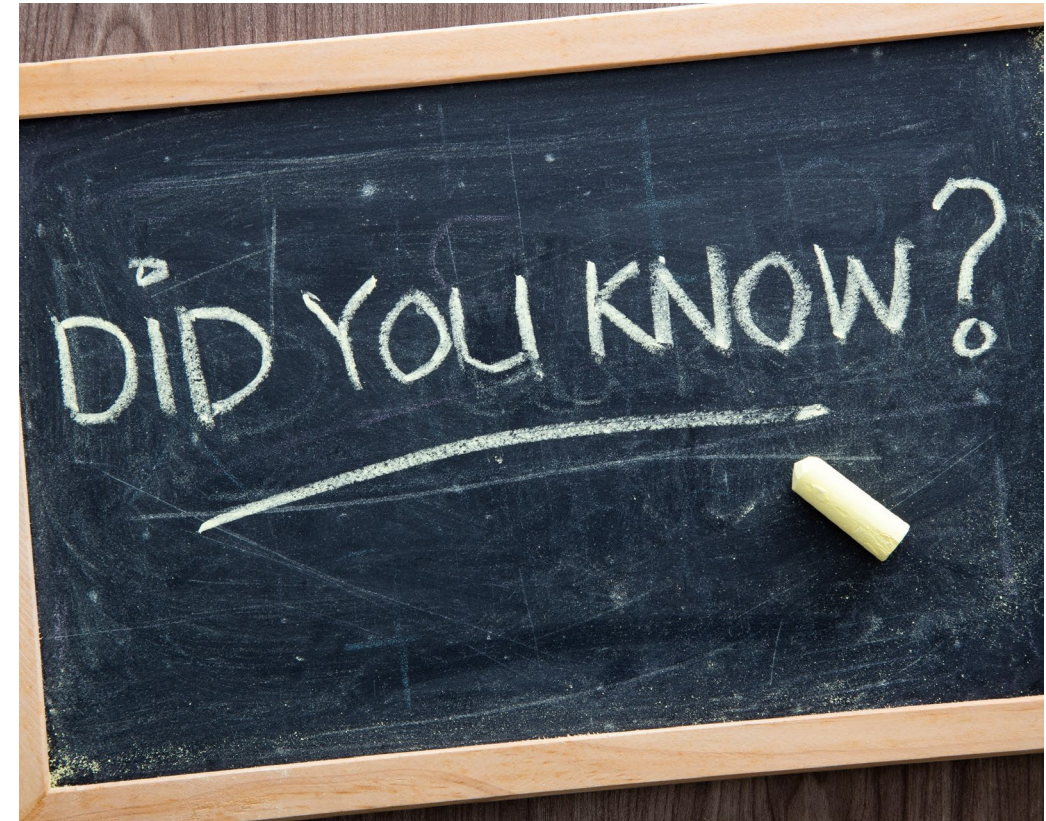
The proportion of residents who had a usual source of care was the same in South Region and in San Diego County overall in 2024.



Mortality Measures



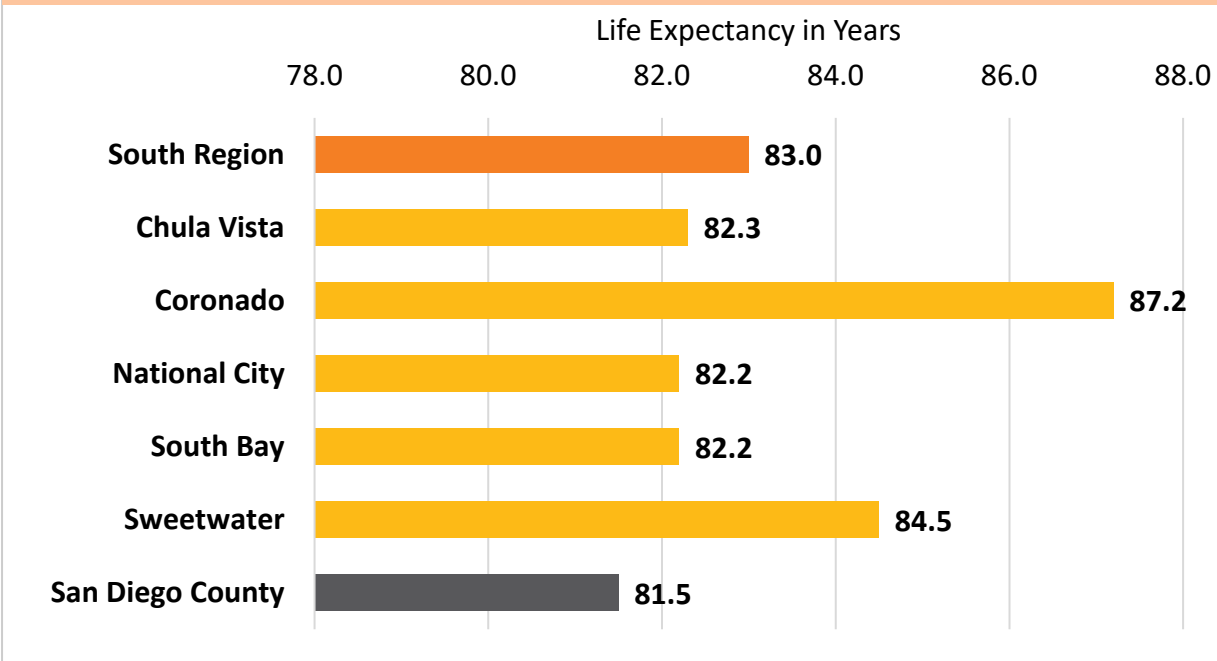
In 2024, all subregional areas (SRAs) in South Region had a higher life expectancy than San Diego County overall.



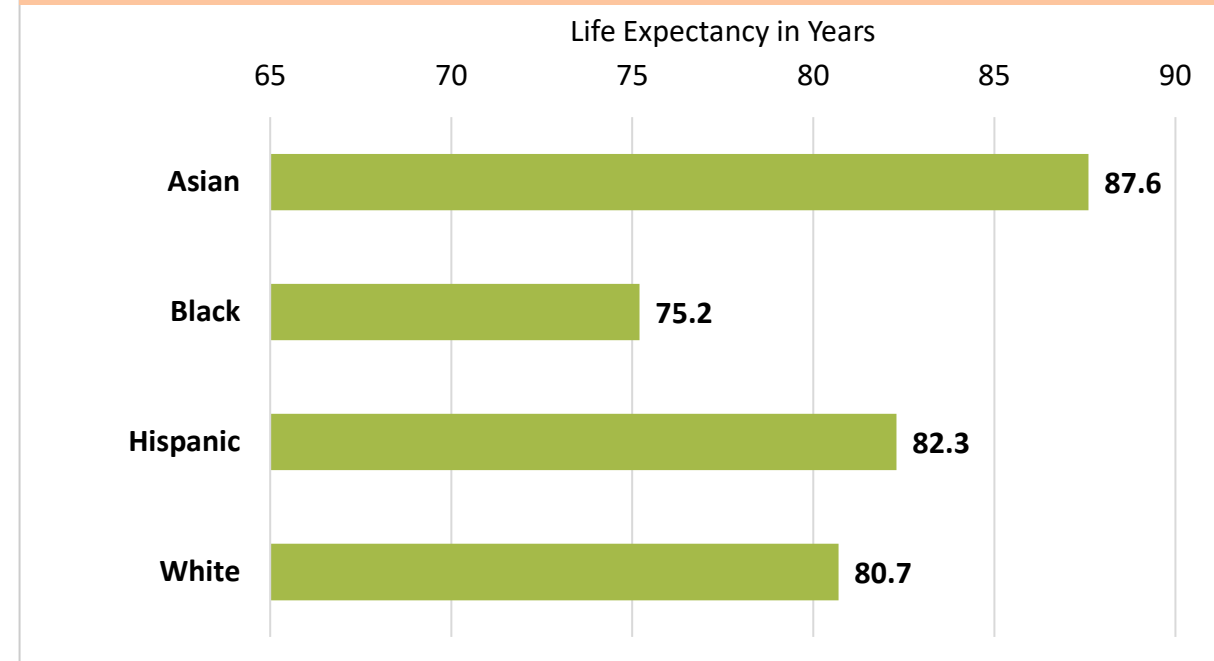
Life Expectancy



Life Expectancy in South Region and its Subregional Areas (SRAs), 2024



Life Expectancy in San Diego County by Race/Ethnicity, 2024



A baby born in South Region in 2024 had a life expectancy of 83.0 years, which was higher than the life expectancy in San Diego County overall (81.5 years).

Among all SRAs in the county, Coronado SRA had the highest life expectancy (87.2 years) in 2024.

By race/ethnicity, Asian residents had the highest life expectancy in 2024 (87.6 years), while Black residents had the lowest (75.2 years).

Data Sources: State of California, California Department of Public Health, Vital Records Business Intelligence System (VRBIS), California Comprehensive Death File, 2024, created on September 15, 2025. California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2070 (Baseline 2024 Population Projections; Vintage 2025 Release). Sacramento: California. September 30, 2025. Esri Updated Demographics, 2024, Vintage 2024. United States Mortality Database, 2020-2022 California State Life Tables. (Accessed December 2025). Starting with 2023, life expectancy utilizes California Department of Finance and Esri population estimates. 2023-2024 vintage should not be trended back to previous years. Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Leading Causes of Death



Leading Causes of Death^{1,2} Among South Region Residents, 2024

Rank	Leading Cause of Death	Death Count	%
1	Malignant Neoplasms	749	23.3%
2	Diseases Of The Heart	661	20.5%
3	Cerebrovascular Diseases	242	7.5%
4	Accidents/Unintentional Injuries	207	6.5%
5	Diabetes Mellitus	198	6.2%
6	Alzheimer's Disease	144	4.5%
7	Chronic Lower Respiratory Diseases	103	3.2%
8	Essential Hypertension And Hypertensive Renal Disease	73	2.3%
9	Chronic Liver Disease And Cirrhosis	60	1.9%
10	Parkinson's Disease	49	1.5%
11	Influenza And Pneumonia	40	1.2%
12	Intentional Self-Harm (Suicide)	34	1.1%
13	COVID-19	27	0.8%
14	Nutritional Deficiencies	22	0.7%
15	In Situ Neoplasms, Benign Neoplasms And Neoplasms Of Uncertain Or Unknown Behavior	17	0.5%
16	All other causes (not rankable)	583	18.2%
Total Deaths³	Total Deaths	3,209	100.0%

In 2024, there were **3,209** deaths among South Region residents.

- In 2024, **cancer** (malignant neoplasms) and **heart disease** were the cause of 43.8% of the deaths among South Region residents.
- In South Region, 9 out of the top 10 leading causes of death were due to **chronic disease** in 2024.

¹Rank is based on total number of deaths in each of the National Center for Health Statistics (NCHS) "rankable" categories. The top 15 leading causes of death presented here are for San Diego County residents for 2024.

²Cause of death is based on the underlying cause of death reported on death certificates as classified by ICD-10 codes.

³Deaths for specific demographics or geographic area may not equal the total deaths for San Diego County due to missing data.

Starting in data year 2023, San Diego County resident deaths that occurred out of state are now included.

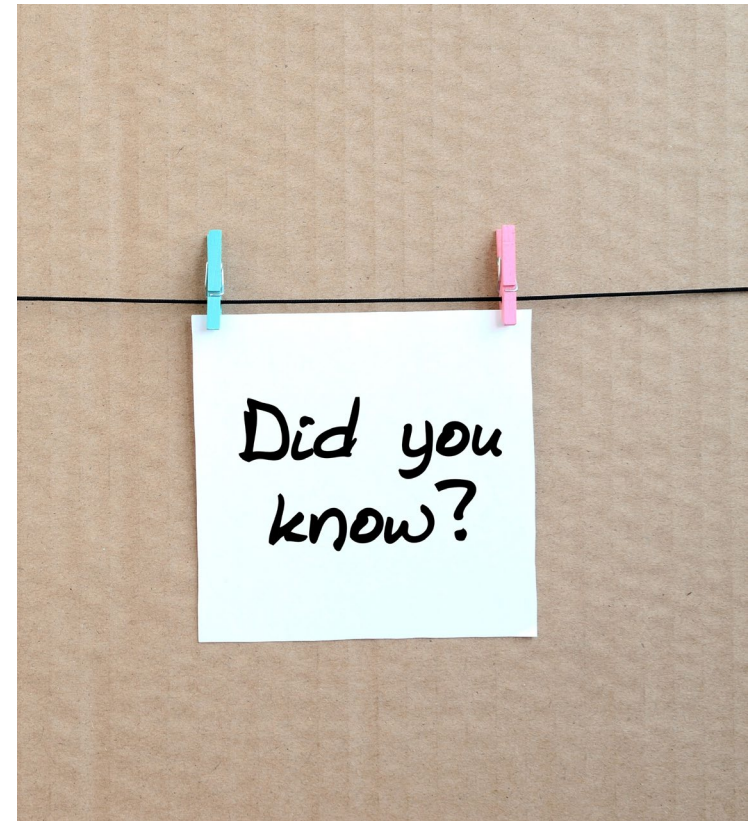
Source: State of California, California Department of Public Health, Vital Records Business Intelligence System (VRBIS), California Comprehensive Death File, 2024, created on September 15, 2025.

Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Health Outcomes



South Bay, National City, and Chula Vista SRAs faced disproportionate rates for most health conditions in 2024.



Non-Communicable (Chronic) Disease



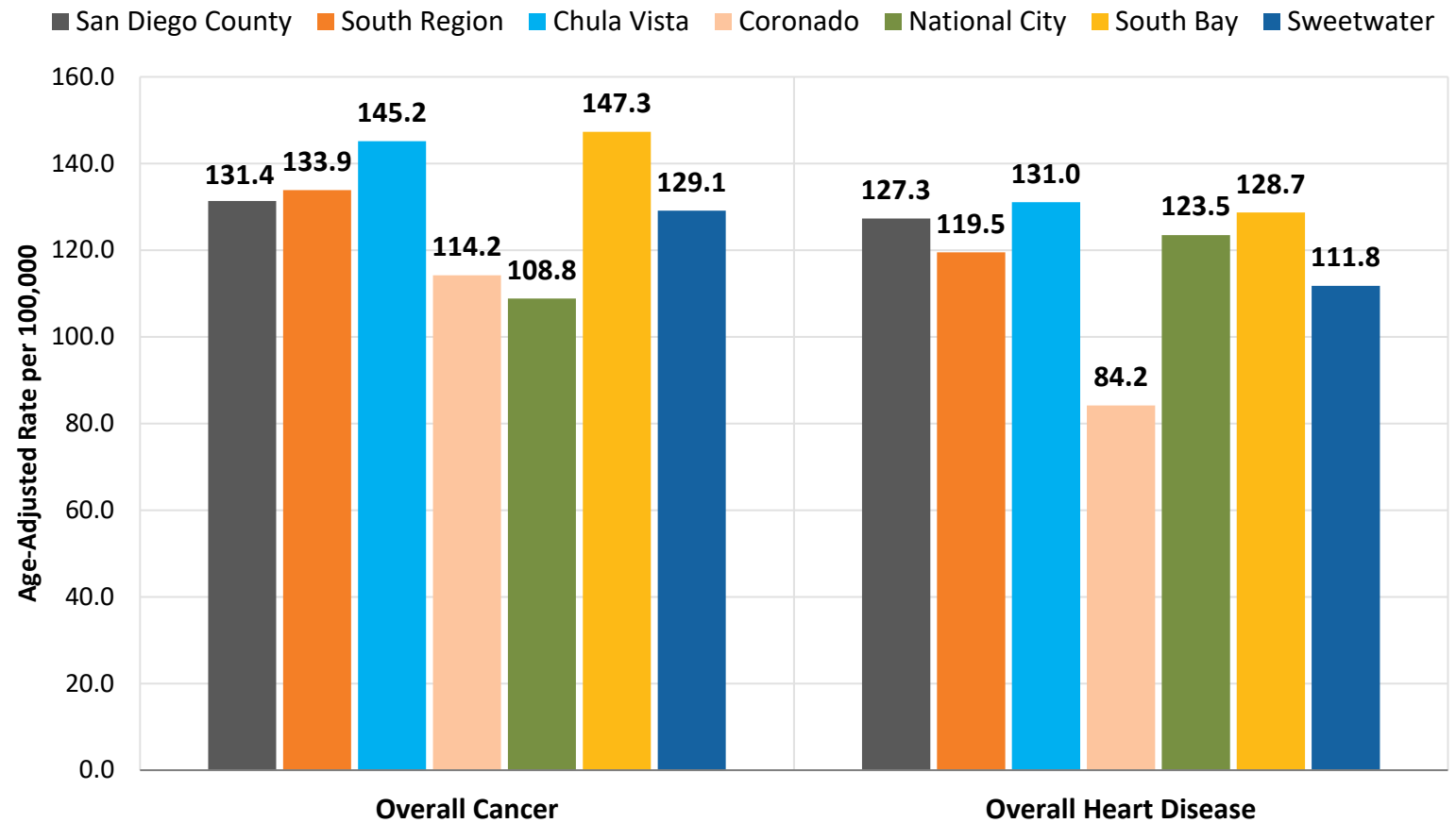
Leading Causes of Death

1. Overall Cancer
2. Overall Heart Disease

In 2024, the leading age-adjusted death rate in South Region was due to **overall cancer** (133.9 per 100,000 residents), followed by **overall heart disease** (119.5 per 100,000).

Among South Region SRAs, **South Bay SRA** had the **highest** age-adjusted death rate due to **overall cancer** (147.3 per 100,000) and **Chula Vista SRA** had the highest age-adjusted death rate due to **overall heart disease** (131.0 per 100,000) in 2024.

Age-Adjusted Death Rates for Leading Non-Communicable (Chronic) Diseases in South Region and its Subregional Areas (SRAs), San Diego County, 2024



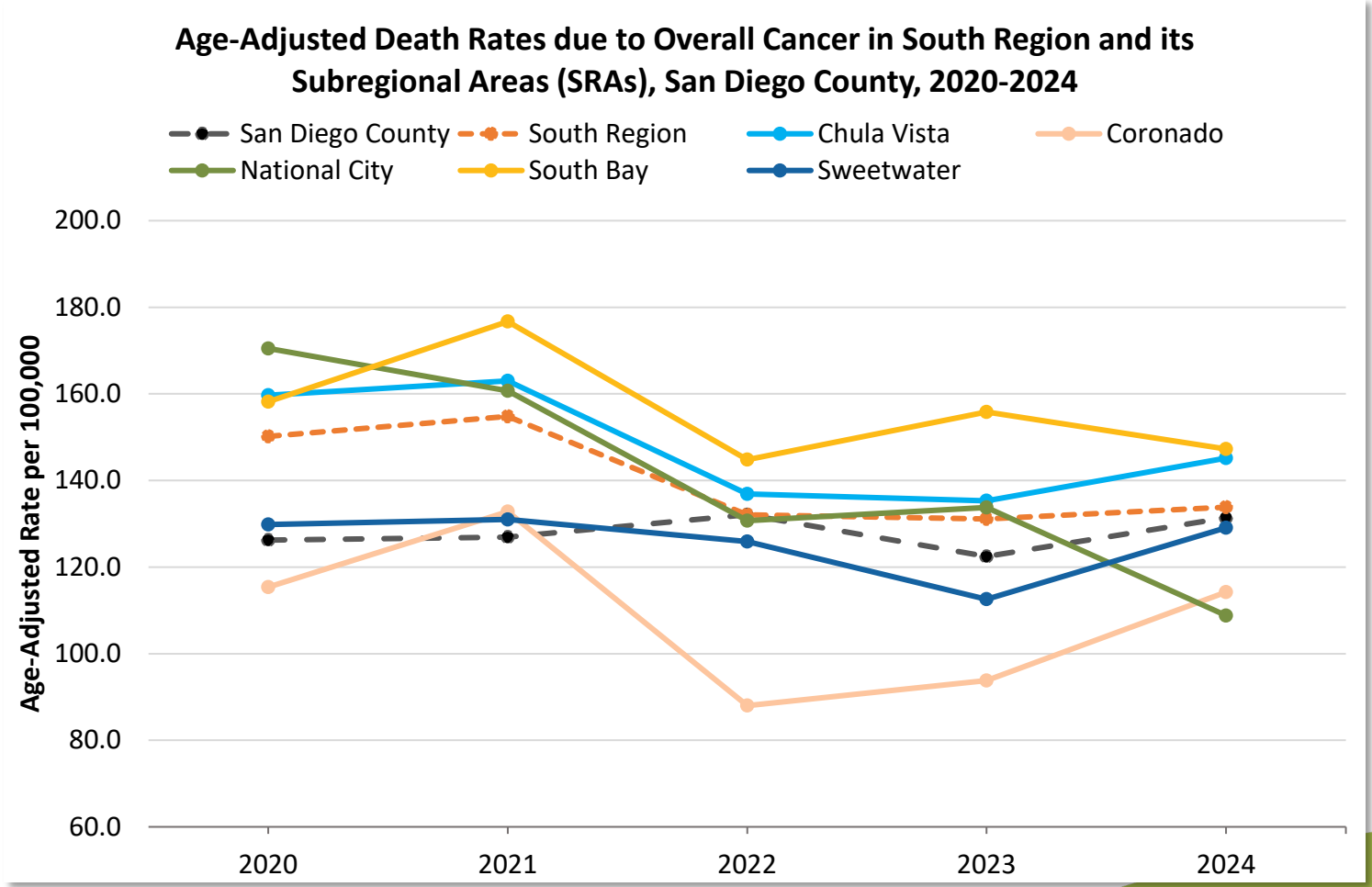
Non-Communicable (Chronic) Disease



Overall Cancer Death Rates, 2020-2024

From 2020 to 2024, the age-adjusted **death rates** due to **overall cancer decreased** in **South Region and all its SRAs.**

Among South Region SRAs, **National City SRA** had the **largest decrease** in its age-adjusted **death rates** due to **overall cancer** from 2020 to 2024.



Data Sources: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, 2020-2024 California Vital Records Business Intelligence System (VRBIS); SANDAG Population Estimates, 2020, 2021 (v09/2022), 2022 (v11/2023), 2023 (v1/2025), 2024 (v24/2025). 2020 and 2021 population estimates were derived using the 2010 Census. 2022, 2023, and 2024 estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population. For data years 2020-2022, the COVID-19 pandemic was associated with increases in all-cause mortality. COVID-19 deaths have affected the patterns of mortality. Starting in data year 2023, San Diego County resident deaths that occurred out of state are now included. Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Non-Communicable (Chronic) Disease



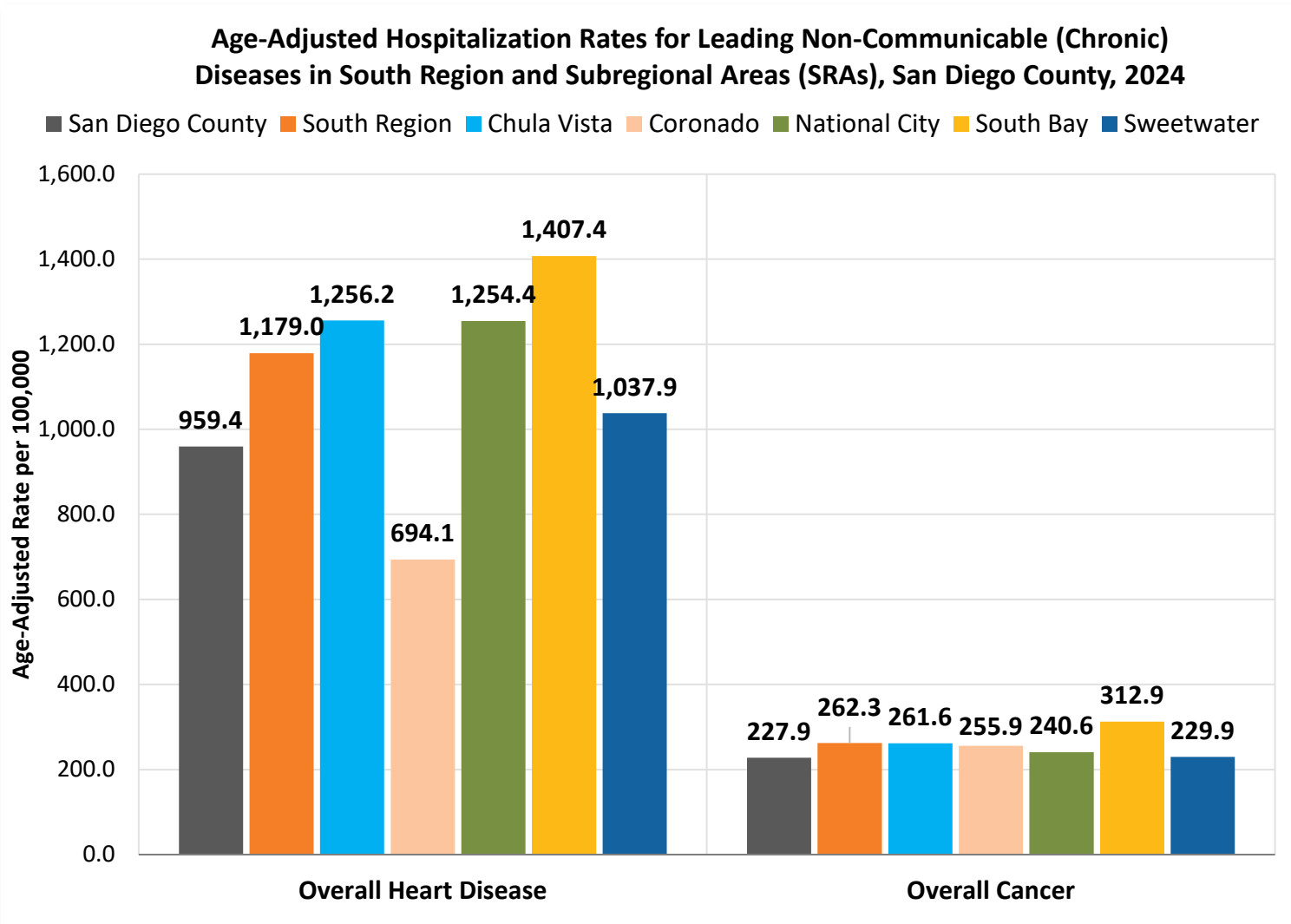
Leading Causes of Hospitalization

- Overall Heart Disease
- Overall Cancer

In **South Region** in 2024, the leading age-adjusted hospitalization rate among chronic conditions was due to **overall heart disease** (1,179.0 per 100,000 residents), followed by **overall cancer** (262.3 per 100,000).

Among South Region SRAs, **South Bay SRA** had the **highest** age-adjusted hospitalization rate due to both **overall heart disease** (1,407.4 per 100,000) and due to **overall cancer** (312.9 per 100,000) in 2024.

Further, in 2024, **South Bay SRA** had the **highest** rate of **overall cancer** hospitalizations among all San Diego County SRAs.



Data Sources: California Department of Health Care Access and Information (HCAI), Patient Discharge Database, 2024. SANDAG Population Estimates, 2024 (v24/2025). 2024 estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population. Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

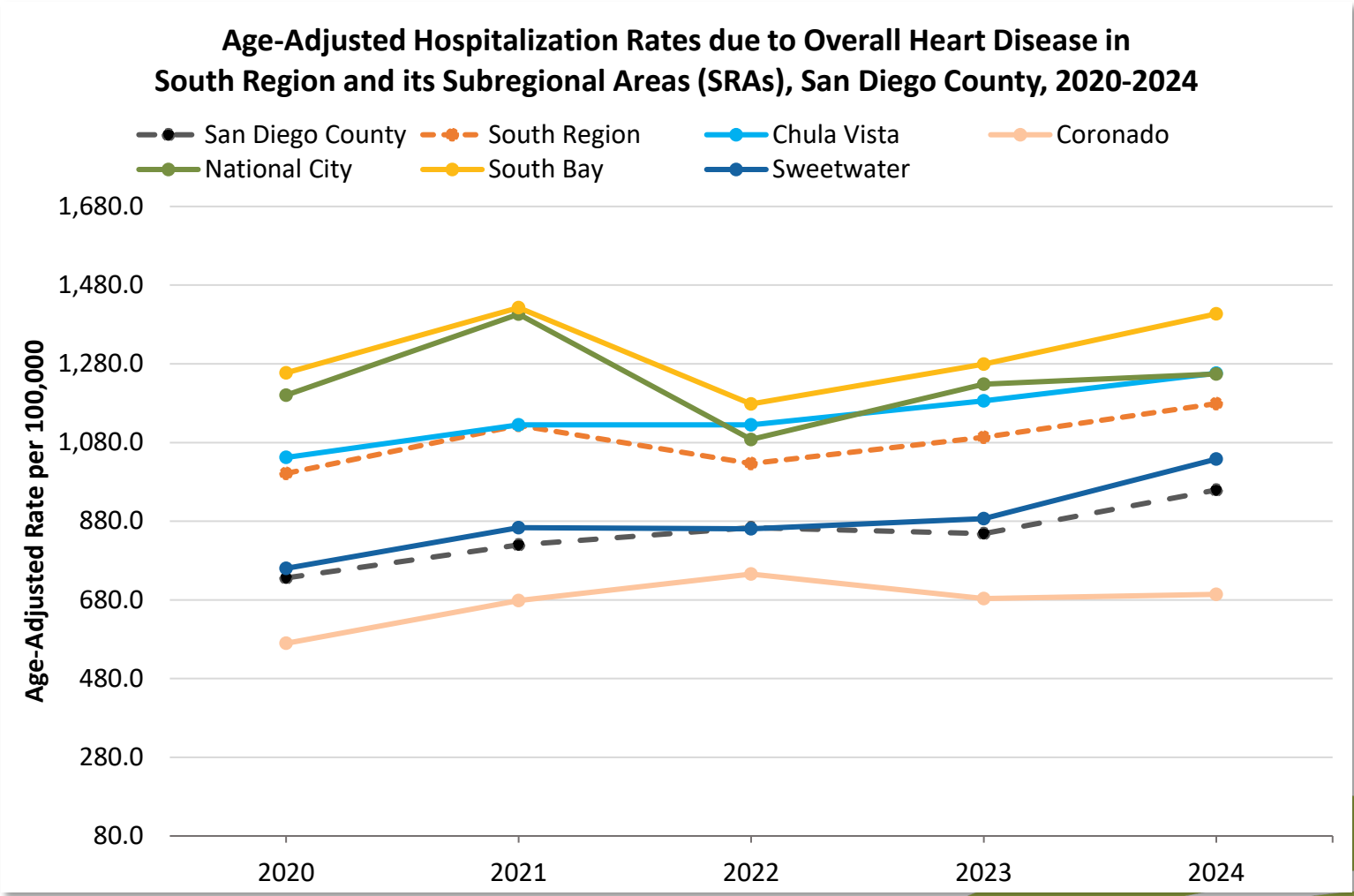
Non-Communicable (Chronic) Disease



Overall Heart Disease Hospitalization Rates, 2020-2024

From 2020 to 2024, the age-adjusted hospitalization rates due to **overall heart disease increased** for South Region and all its SRAs.

From 2020 to 2024, the age-adjusted hospitalization rates due to **overall heart disease** were consistently **higher** than the county overall in all South Region SRAs, except **Coronado**.



Data Sources: California Department of Health Care Access and Information (HCAI), Patient Discharge Database, 2020-2024; SANDAG Population Estimates, 2020, 2021 (v9/2022), 2022 (v11/2023), 2023 (v1/2025), 2024 (v24/2025). 2020 and 2021 population estimates were derived using the 2010 Census. 2022, 2023, and 2024 population estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population. Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Non-Communicable (Chronic) Disease

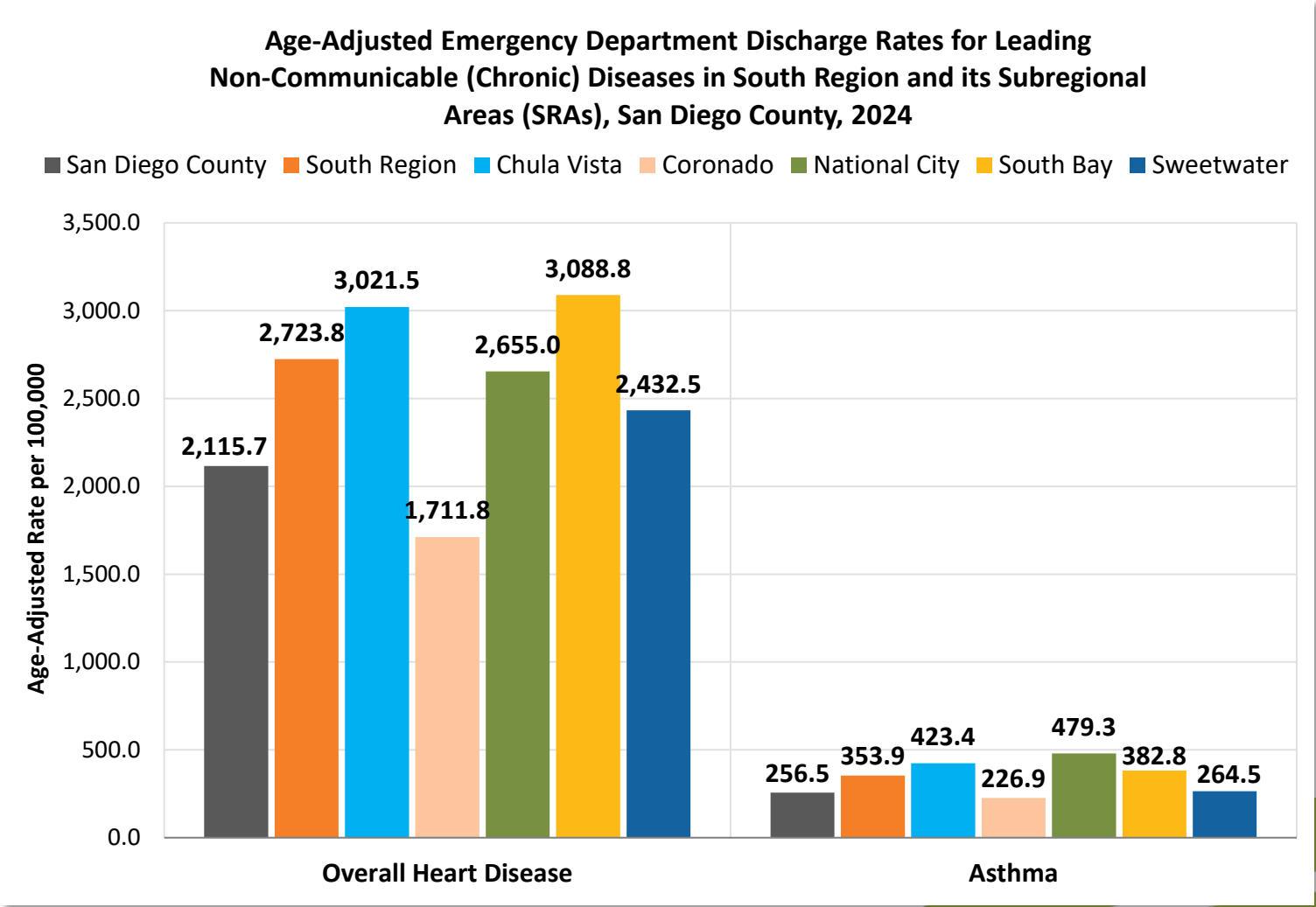


Leading Causes of Emergency Department Discharge

1. Overall Heart Disease
2. Asthma

Overall heart disease (2,723.8 per 100,000 residents) and **asthma** (353.9 per 100,000) were the leading age-adjusted **emergency department (ED) discharge rates** due to chronic conditions in **South Region** in 2024.

Among South Region SRAs, **South Bay SRA** had the **highest** age-adjusted **ED discharge rate** due to **overall heart disease** (3,088.8 per 100,000) and **National City SRA** had the **highest** rate due to **asthma** (479.3 per 100,000).



Data Sources: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database, 2024. SANDAG Population Estimates, 2024 (v24/2025). 2024 estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population. Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Non-Communicable (Chronic) Disease

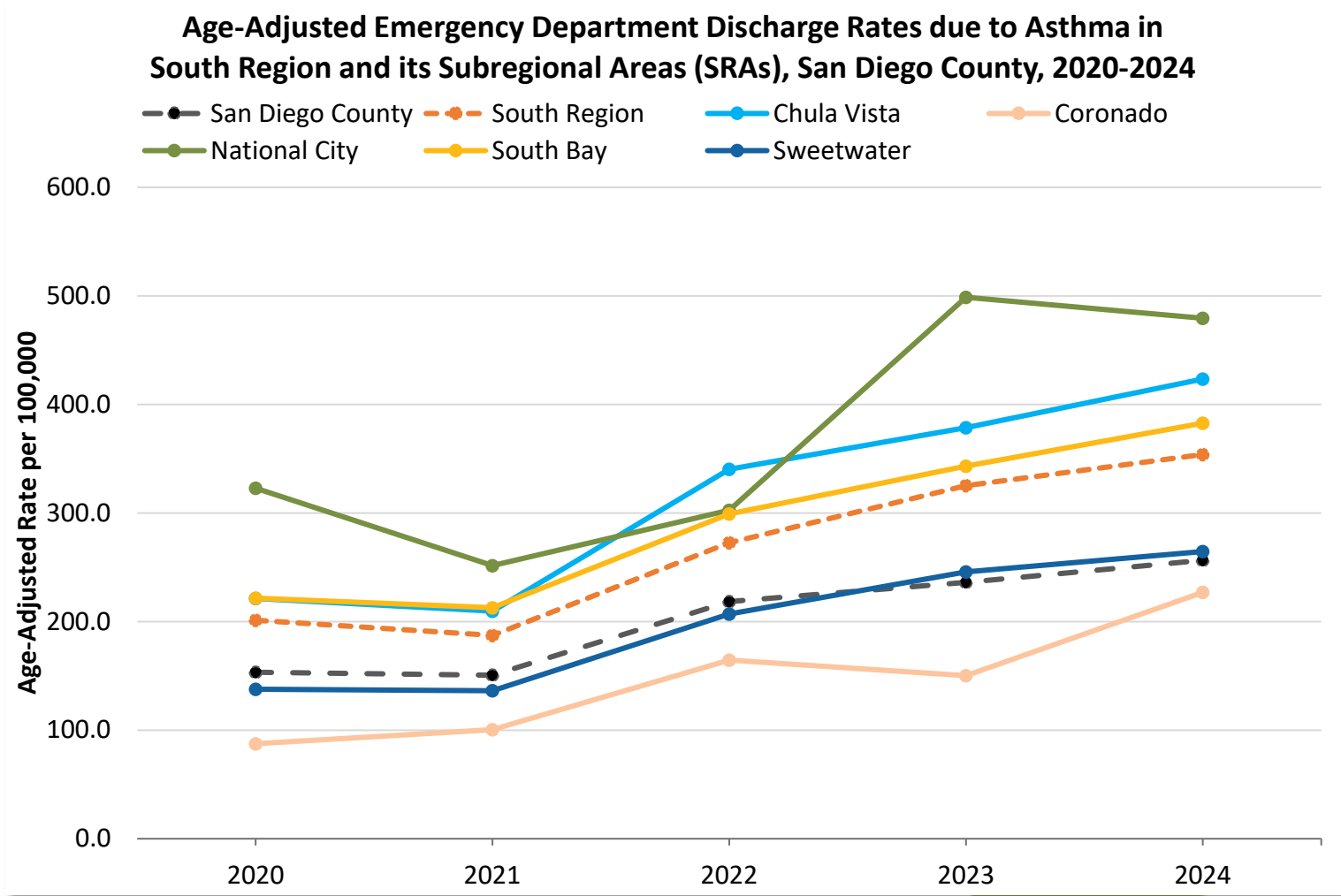


Asthma Emergency Department Discharge Rates, 2020-2024

South Region overall had an **increase** of 76% in age-adjusted **emergency department (ED) discharge rates** due to **asthma** from 2020 to 2024.

Among South Region SRAs, **National City SRA** typically had the **highest** rates of age-adjusted **asthma ED discharge** between 2020 and 2024, while **Coronado SRA** had the **lowest**.

The rates of age-adjusted **ED discharge** due to **asthma** in **Coronado SRA** **increased** 159% from 2020 to 2024.



Data Sources: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database, 2020-2024; SANDAG Population Estimates, 2020, 2021 (v9/2022), 2022 (v11/2023), 2023 (v1/2025), 2024 (v24/2025). 2020 and 2021 population estimates were derived using the 2010 Census. 2022, 2023, and 2024 population estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population.
Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Non-Communicable (Chronic) Disease



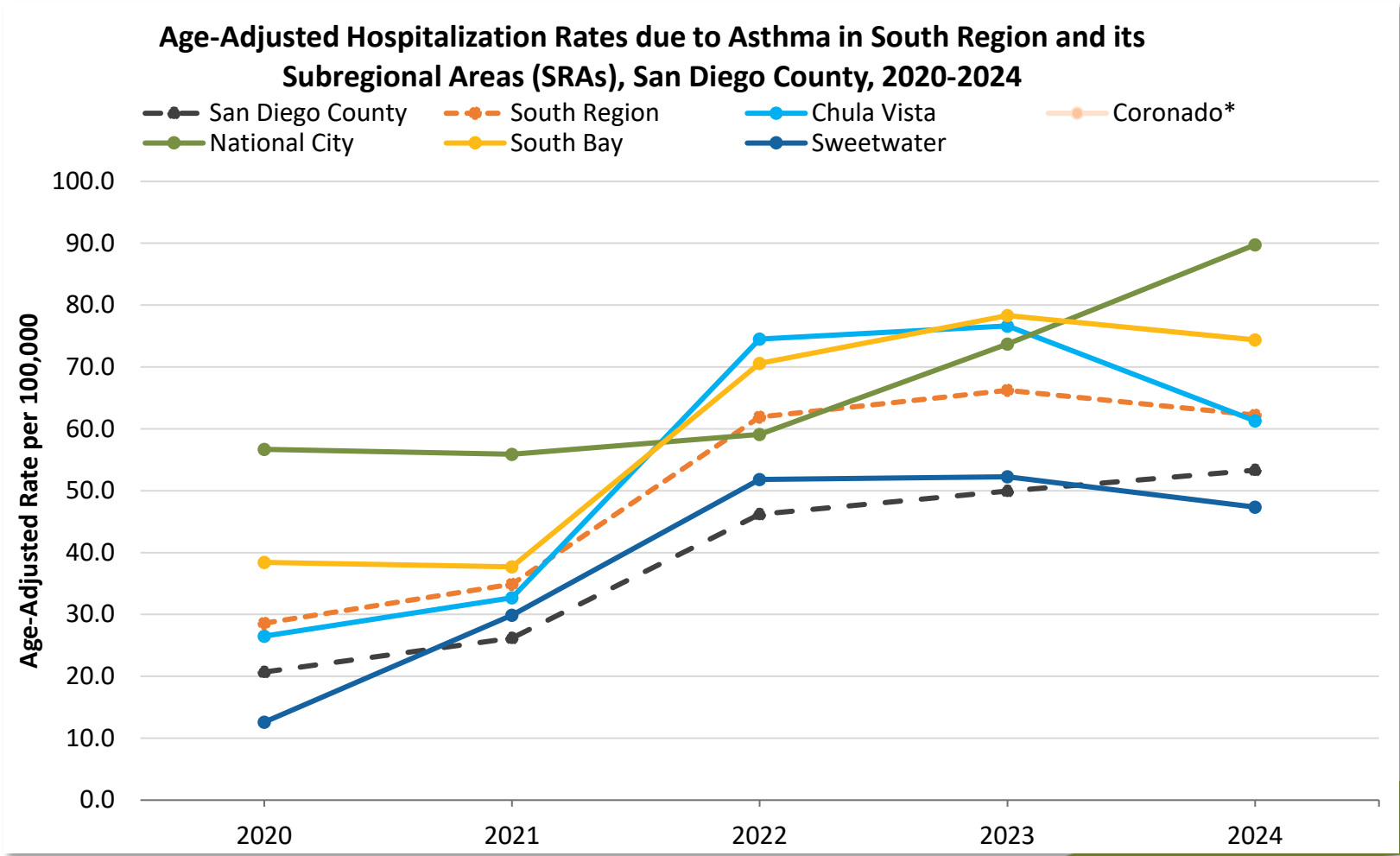
Notable Outcome

Asthma Hospitalization Rates, 2020-2024

The age-adjusted **hospitalization rates** due to **asthma** were consistently **higher** in South Region than the county overall, from 2020 to 2024.

South Region overall had an **increase** of 118% in age-adjusted **hospitalization rates** due to **asthma** from 2020 to 2024.

The rate of age-adjusted **hospitalization** due to **asthma** in **National City SRA** was the highest rate (89.8 per 100,000) among all SRAs in 2024.



*Rates not calculated for fewer than 11 events prior to 2022. Starting in 2022, rates are suppressed for <20 events due to statistical instability.
 Data Sources: California Department of Health Care Access and Information (HCAI), Patient Discharge Database, 2020-2024; SANDAG Population Estimates, 2020, 2021 (v9/2022), 2022 (v11/2023), 2023 (v1/2025), 2024 (v24/2025). 2020 and 2021 population estimates were derived using the 2010 Census. 2022, 2023, and 2024 population estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population.
 Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Non-Communicable (Chronic) Disease



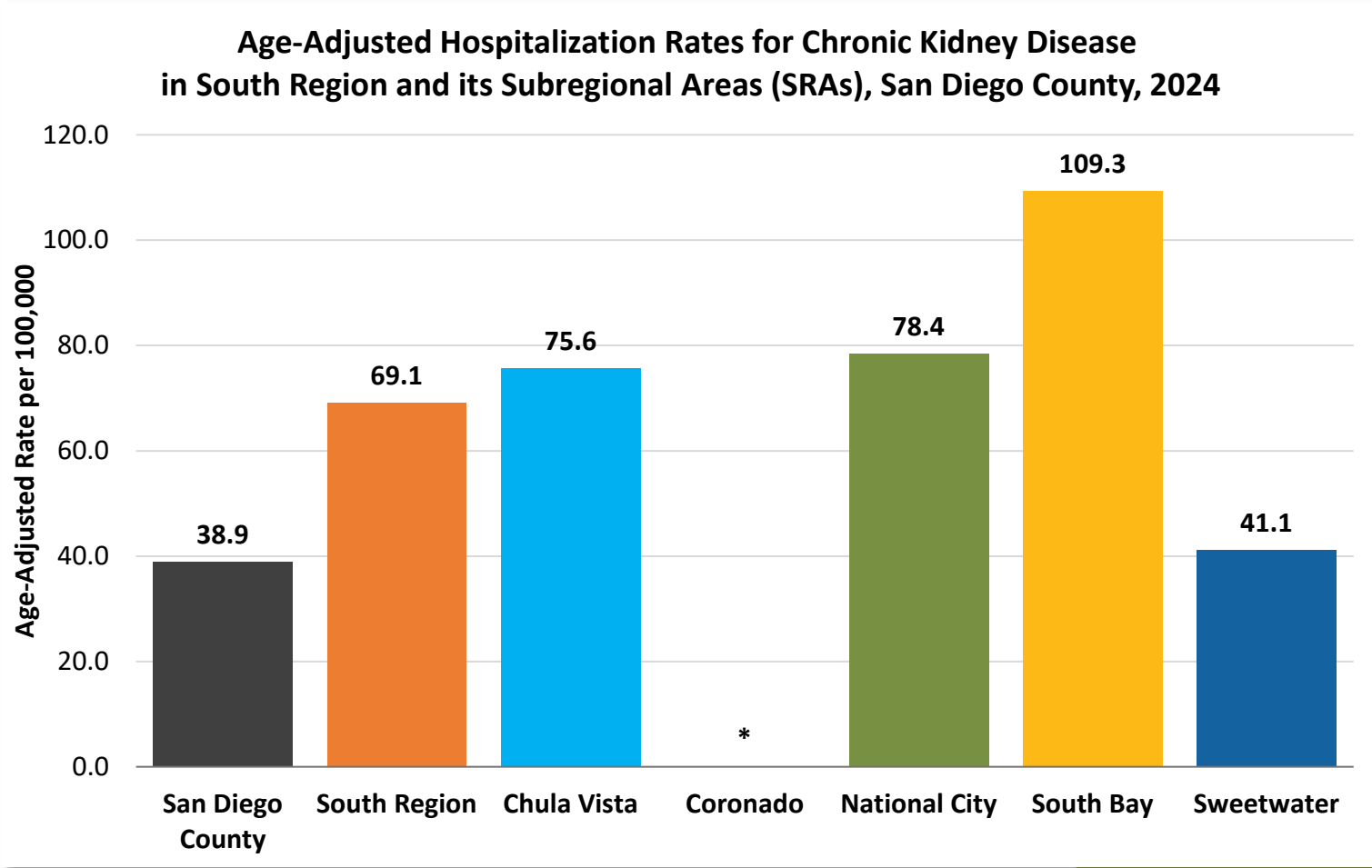
Notable Outcome

Chronic Kidney Disease Hospitalization Rates, 2024

In 2024, **South Region** had the **highest** rate of age-adjusted **hospitalization** due to **chronic kidney disease**, compared to the other HHS Regions.

The age-adjusted **hospitalization rates** due to **chronic kidney disease** were 1.9 to 2.8 times **higher** than the county in **South Bay, Chula Vista, and National City SRAs** in 2024.

The rate of age-adjusted **hospitalization** due to **chronic kidney disease** in **South Bay SRA** was the **highest** rate among all SRAs in 2024.



*Starting with data year 2022, rates based on events <20 are suppressed due to statistical instability.
Data Sources: California Department of Health Care Access and Information (HCAI), Patient Discharge Database, 2020-2024; SANDAG Population Estimates, 2020, 2021 (v9/2022), 2022 (v11/2023), 2023 (v1/2025), 2024 (v24/2025). 2020 and 2021 population estimates were derived using the 2010 Census. 2022, 2023, and 2024 population estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population.
Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Non-Communicable (Chronic) Disease



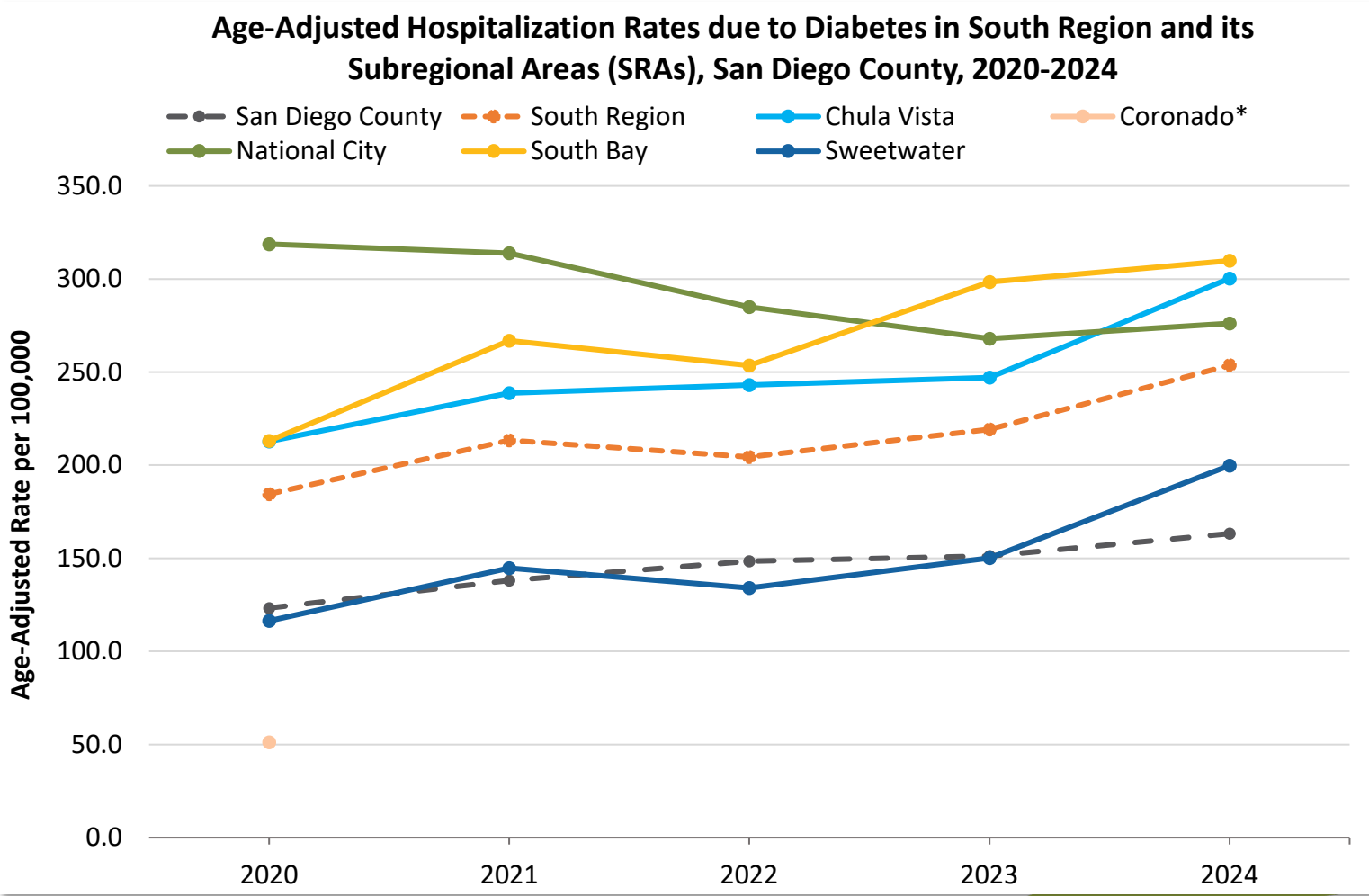
Notable Outcome

Diabetes Hospitalization Rates, 2020-2024

The age-adjusted **hospitalization rates** due to **diabetes** were consistently **higher** than the county in South Region, specifically **South Bay, Chula Vista, and National City SRAs**, from 2020 to 2024.

However, the rate of age-adjusted **hospitalization due to diabetes decreased** in **National City SRA** from 2020 to 2024.

The rate of age-adjusted **hospitalization due to diabetes** in **South Bay SRA** was the **second highest** rate among all SRAs in 2024.



*Rates not calculated for fewer than 11 events prior to 2022. Starting in 2022, rates are suppressed for <20 events due to statistical instability.
 Data Sources: California Department of Health Care Access and Information (HCAI), Patient Discharge Database, 2020-2024; SANDAG Population Estimates, 2020, 2021 (v9/2022), 2022 (v11/2023), 2023 (v1/2025), 2024 (v24/2025). 2020 and 2021 population estimates were derived using the 2010 Census. 2022, 2023, and 2024 population estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population.
 Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Alzheimer's Disease

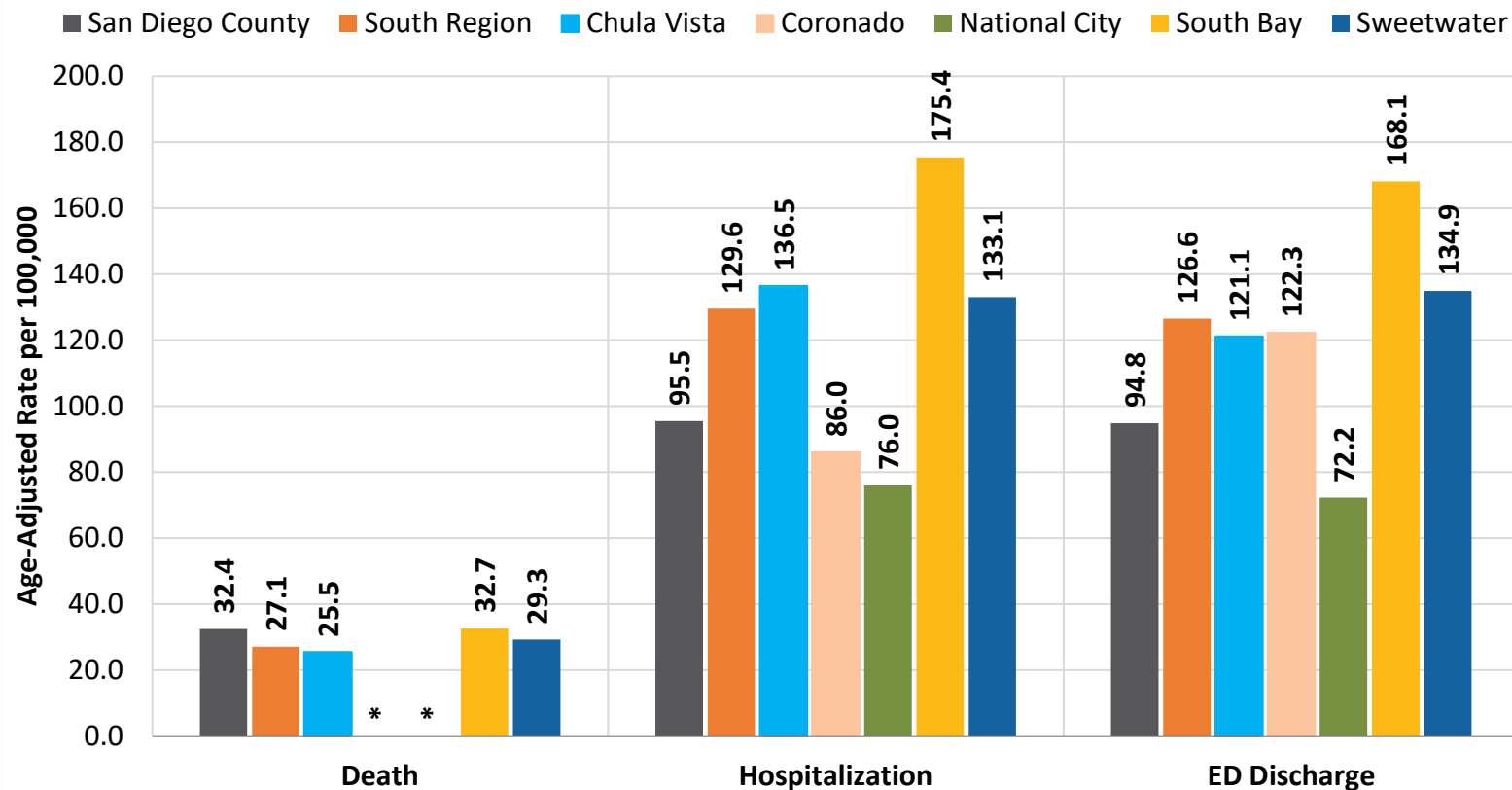


In 2024, the age-adjusted **death rate** due to **Alzheimer's disease** in **South Region** was 27.1 per 100,000, the age-adjusted **hospitalization rate** was 129.6 per 100,000, and the age-adjusted **emergency department (ED) discharge rate** was 126.6 per 100,000.

Among South Region SRAs, **South Bay SRA** had the **highest** age-adjusted **death, hospitalization, and ED discharge rates** due to **Alzheimer's disease** in 2024.

Further, **South Bay SRA** had the **highest** age-adjusted **hospitalization rate** due to **Alzheimer's disease**, among all county SRAs in 2024.

Age-Adjusted Death, Hospitalization, and Emergency Department Discharge Rates† for Alzheimer's Disease in South Region and its Subregional Areas (SRAs), San Diego County, 2024



†Death rates are from the underlying cause of death, while hospitalization and emergency department rates include any mention of the diagnosis in the medical record.

*Starting with data year 2022, rates based on events <20 are suppressed due to statistical instability.

Data Sources: California Department of Public Health, 2024 California Vital Records Business Intelligence System (VRBIS). California Department of Healthcare Access and Information (HCAI), Emergency Department Discharge and Patient Discharge Database, 2024. SANDAG Population Estimates, 2024 (v4/2025). 2024 estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population. Starting in data year 2023, San Diego County resident deaths that occurred out of state are now included.

Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Non-Alzheimer's Dementia

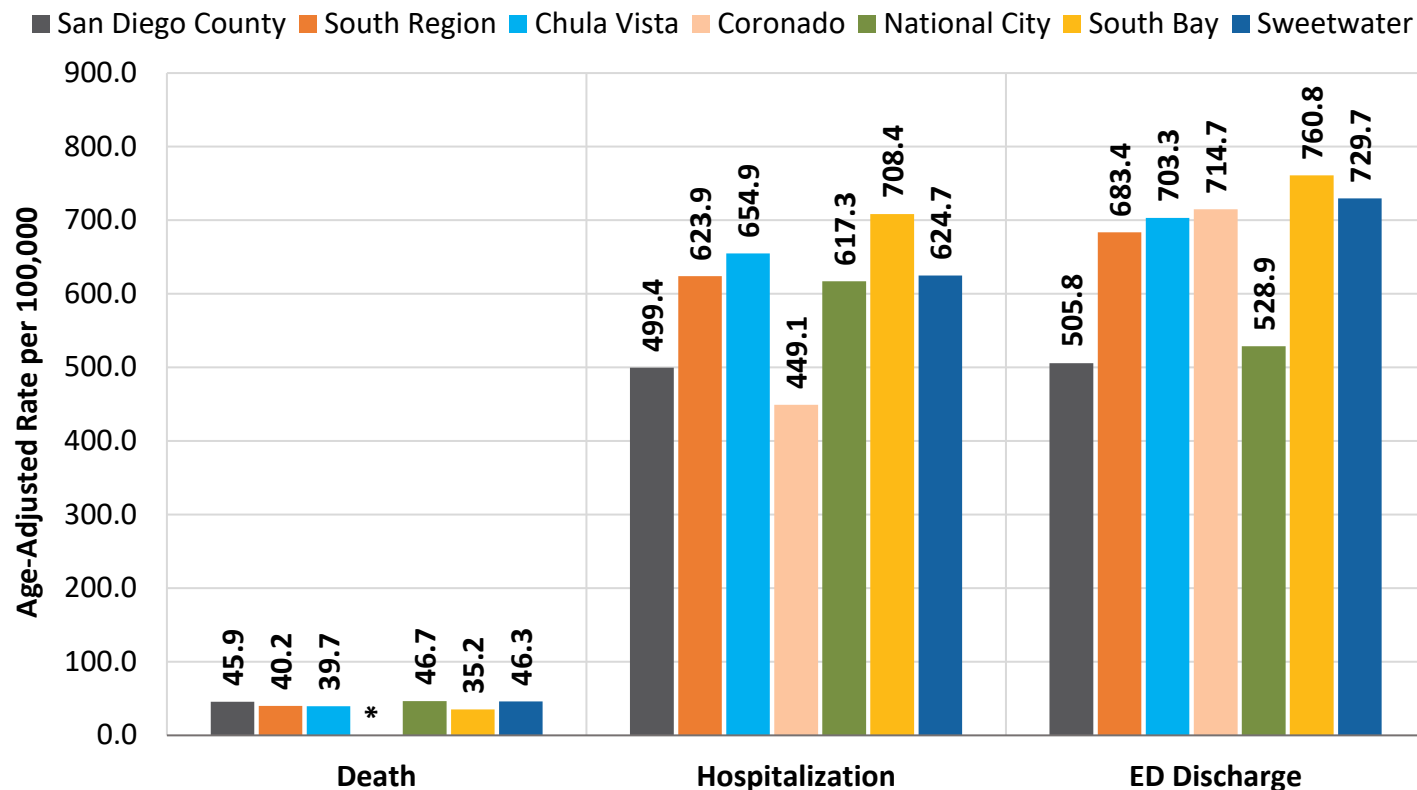


In 2024, the age-adjusted **death rate** due to **non-Alzheimer's dementia** in **South Region** was 40.2 per 100,000. Among South Region SRAs, **National City SRA** had the **highest** age-adjusted **death rate** due to **non-Alzheimer's dementia** (46.7 per 100,000 residents) in 2024.

In 2024, the age-adjusted **hospitalization rate** due to **non-Alzheimer's dementia** was 623.9 per 100,000 in **South Region**. Among the South Region SRAs, **South Bay SRA** had the **highest** age-adjusted **hospitalization rate** due to **non-Alzheimer's dementia** (708.4 per 100,000) in 2024.

In 2024, the age-adjusted **emergency department (ED) discharge rate** due to **non-Alzheimer's dementia** was 683.4 per 100,000 in **South Region**. Among the South Region SRAs, **South Bay SRA** had the **highest** age-adjusted **ED discharge rate** due to **non-Alzheimer's dementia** (760.8 per 100,000) in 2024.

Age-Adjusted Death, Hospitalization, and Emergency Department (ED) Discharge Rates[†] for Non-Alzheimer's Dementia in South Region and its Subregional Areas (SRAs), San Diego County, 2024



[†]Death rates are from the underlying cause of death, while hospitalization and emergency department rates include any mention of the diagnosis in the medical record.

*Starting with data year 2022, rates based on events <20 are suppressed due to statistical instability.

Data Sources: California Department of Public Health, 2024 California Vital Records Business Intelligence System (VRBIS). California Department of Healthcare Access and Information (HCAI), Emergency Department Discharge and Patient Discharge Database, 2024. SANDAG Population Estimates, 2024 (v4/2025). 2024 estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population. Starting in data year 2023, San Diego County resident deaths that occurred out of state are now included.

Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Communicable (Infectious) Disease

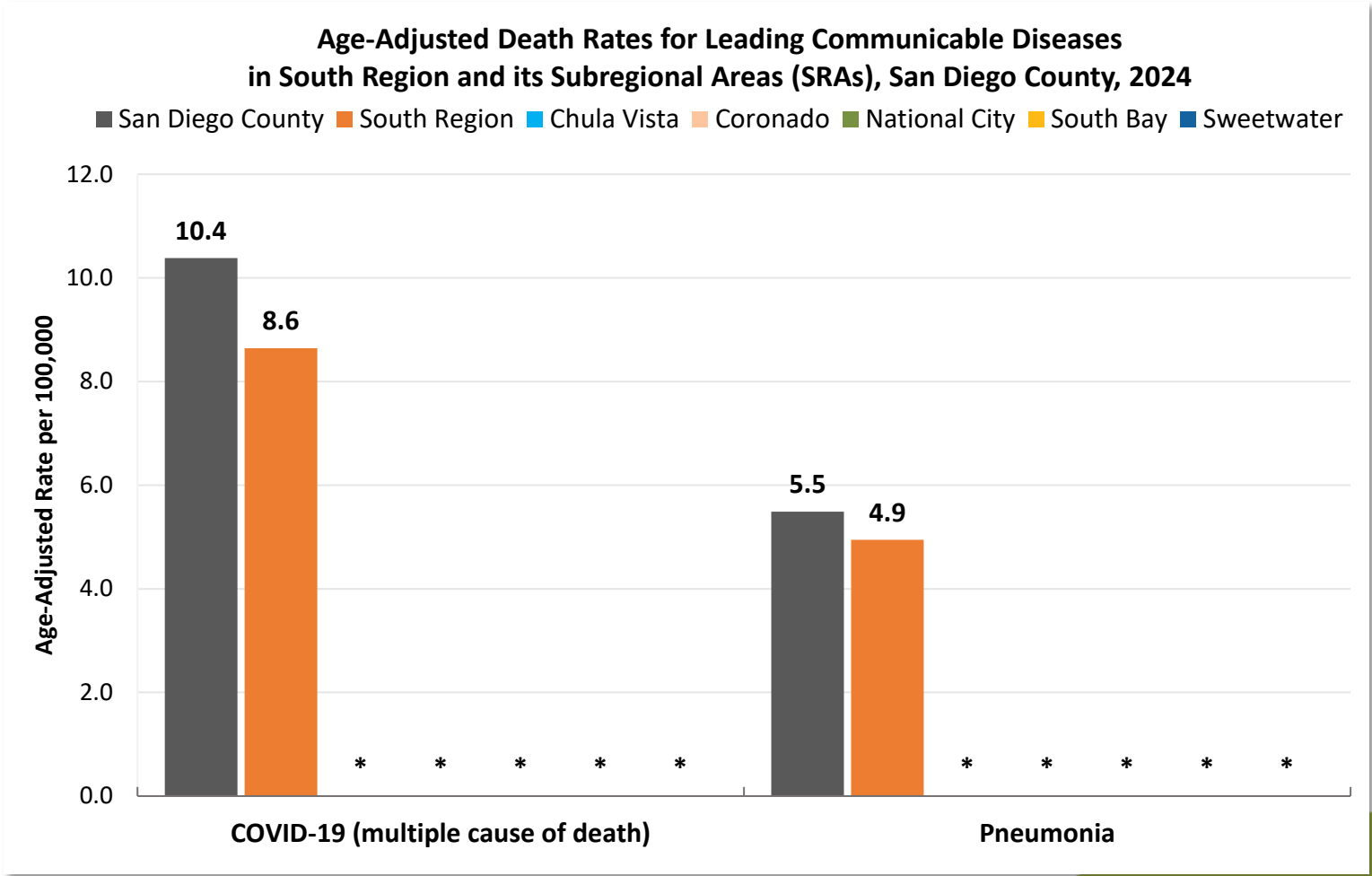


Leading Causes of Death

1. COVID-19
2. Pneumonia

In 2024, the leading cause of infectious disease death in South Region was **COVID-19** (multiple cause of death) with an age-adjusted rate of 8.6 per 100,000, followed by **pneumonia** with a rate of 4.9 per 100,000.

South Region had **lower** age-adjusted death rates due to **COVID-19** (multiple cause of death) and **pneumonia**, compared to the county in 2024.



*Starting with data year 2022, rates based on events <20 are suppressed due to statistical instability.
Data sources: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2024. SANDAG Population Estimates, 2024 (v24/2025). 2024 estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population. Starting in data year 2023, San Diego County resident deaths that occurred out of state are now included.
Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Communicable (Infectious) Disease



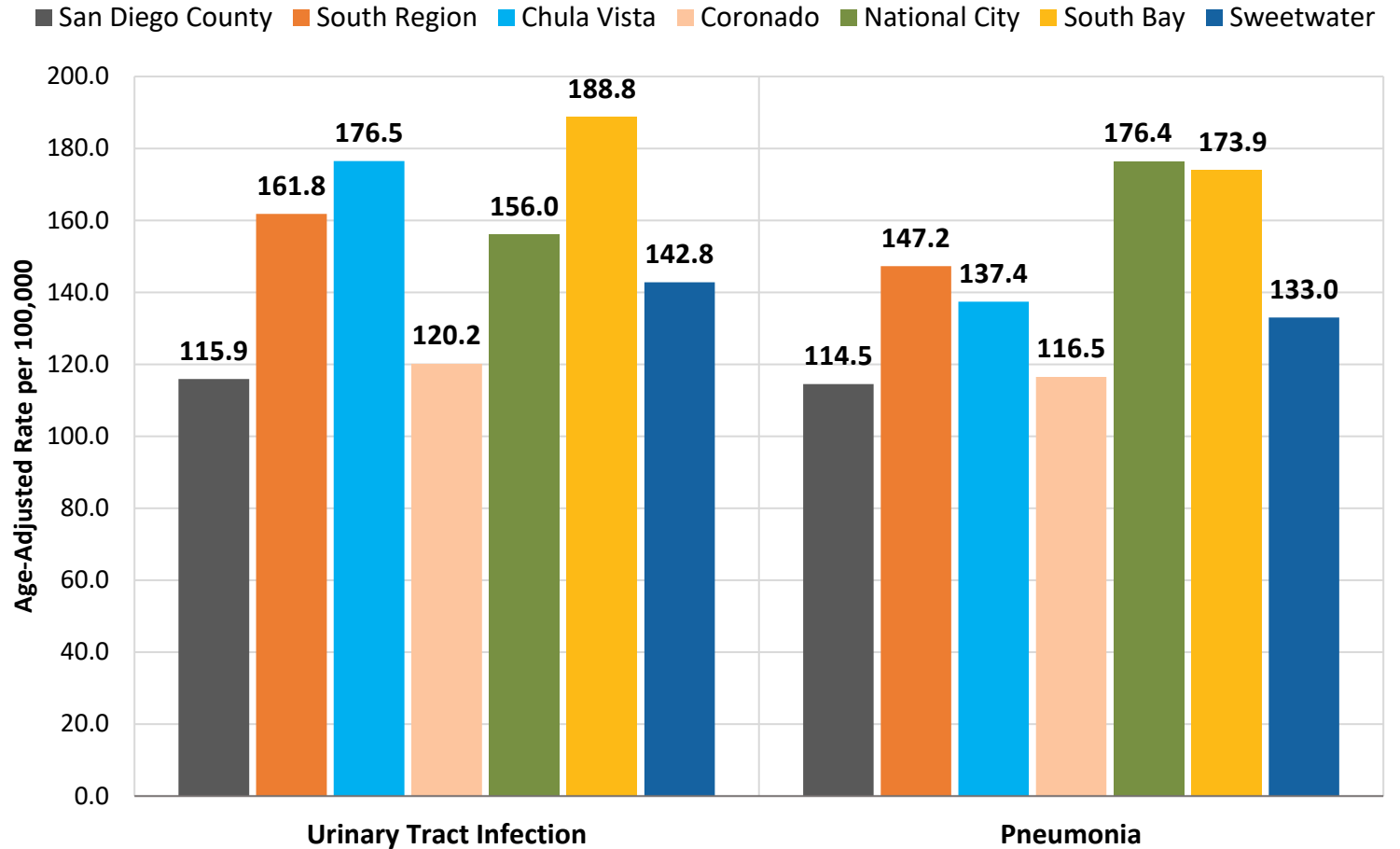
Leading Causes of Hospitalization

1. Urinary Tract Infection
2. Pneumonia

In **South Region** in 2024, the leading age-adjusted **hospitalization rates** among communicable conditions were due to **urinary tract infection** (161.8 per 100,000 residents) and **pneumonia** (147.2 per 100,000).

Among South Region SRAs, **South Bay SRA** had the **highest** age-adjusted hospitalization rates due to **urinary tract infection**, while **National City SRA** had the **highest** rate of **pneumonia** in 2024.

Age-Adjusted Hospitalization Rates for Leading Communicable (Infectious) Diseases in South Region and its Subregional Areas (SRAs), San Diego County, 2024



Communicable (Infectious) Disease

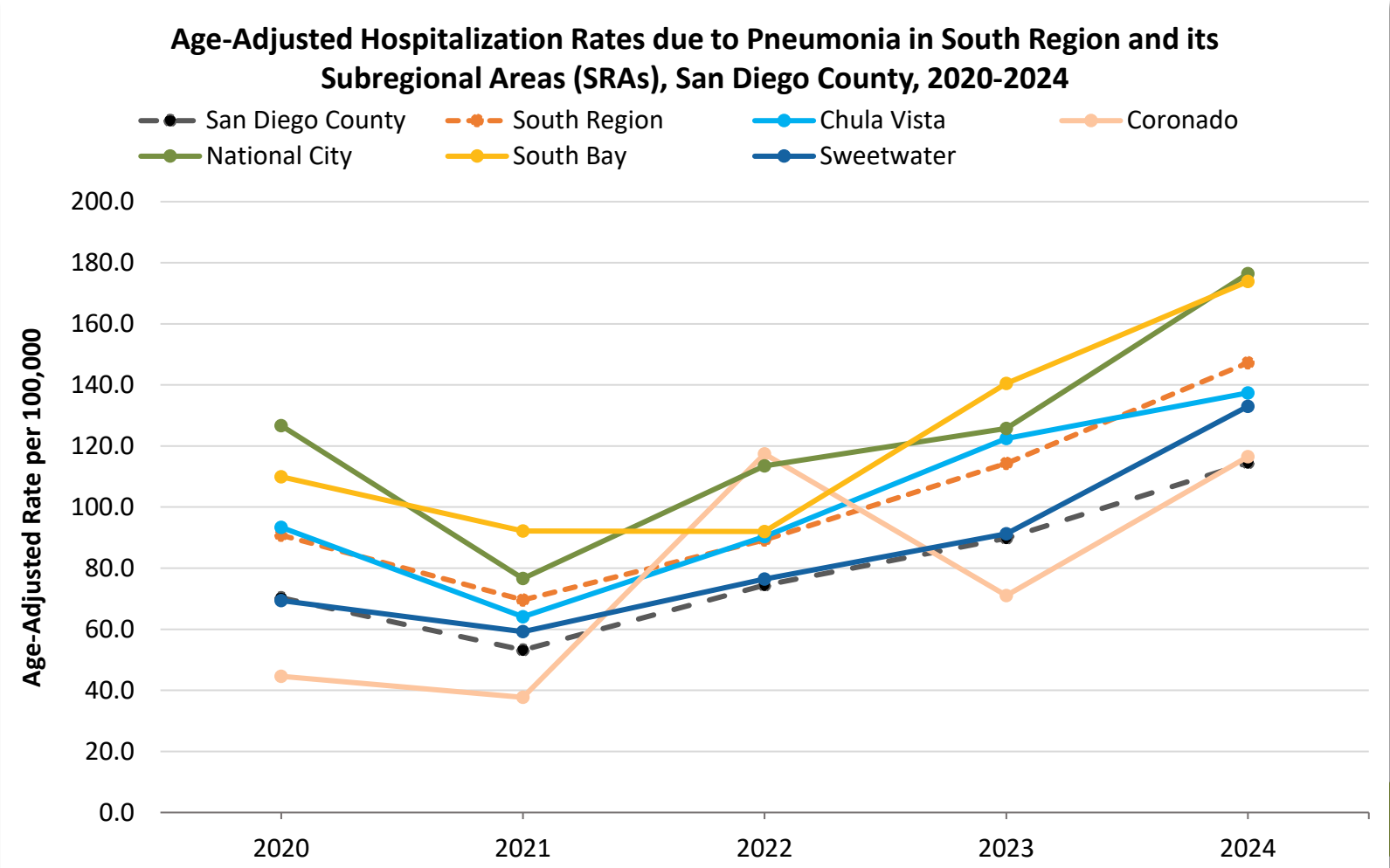


Pneumonia Hospitalization Rates, 2020-2024

South Region overall had an **increase** of 62% in age-adjusted **hospitalization rates** due to **pneumonia** from 2020 to 2024.

From 2020 to 2024, the age-adjusted **hospitalization rates** due to **pneumonia** **increased** for all South Region SRAs.

The age-adjusted **hospitalization rates** of **pneumonia** were **higher** than the county in all South Region SRAs in 2024.



Data Sources: California Department of Health Care Access and Information (HCAI), Patient Discharge Database, 2020-2024; SANDAG Population Estimates, 2020, 2021 (v9/2022), 2022 (v11/2023), 2023 (v1/2025), 2024 (v24/2025). 2020 and 2021 population estimates were derived using the 2010 Census. 2022, 2023, and 2024 population estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population. Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Communicable (Infectious) Disease



Leading Causes of Emergency Department Discharge

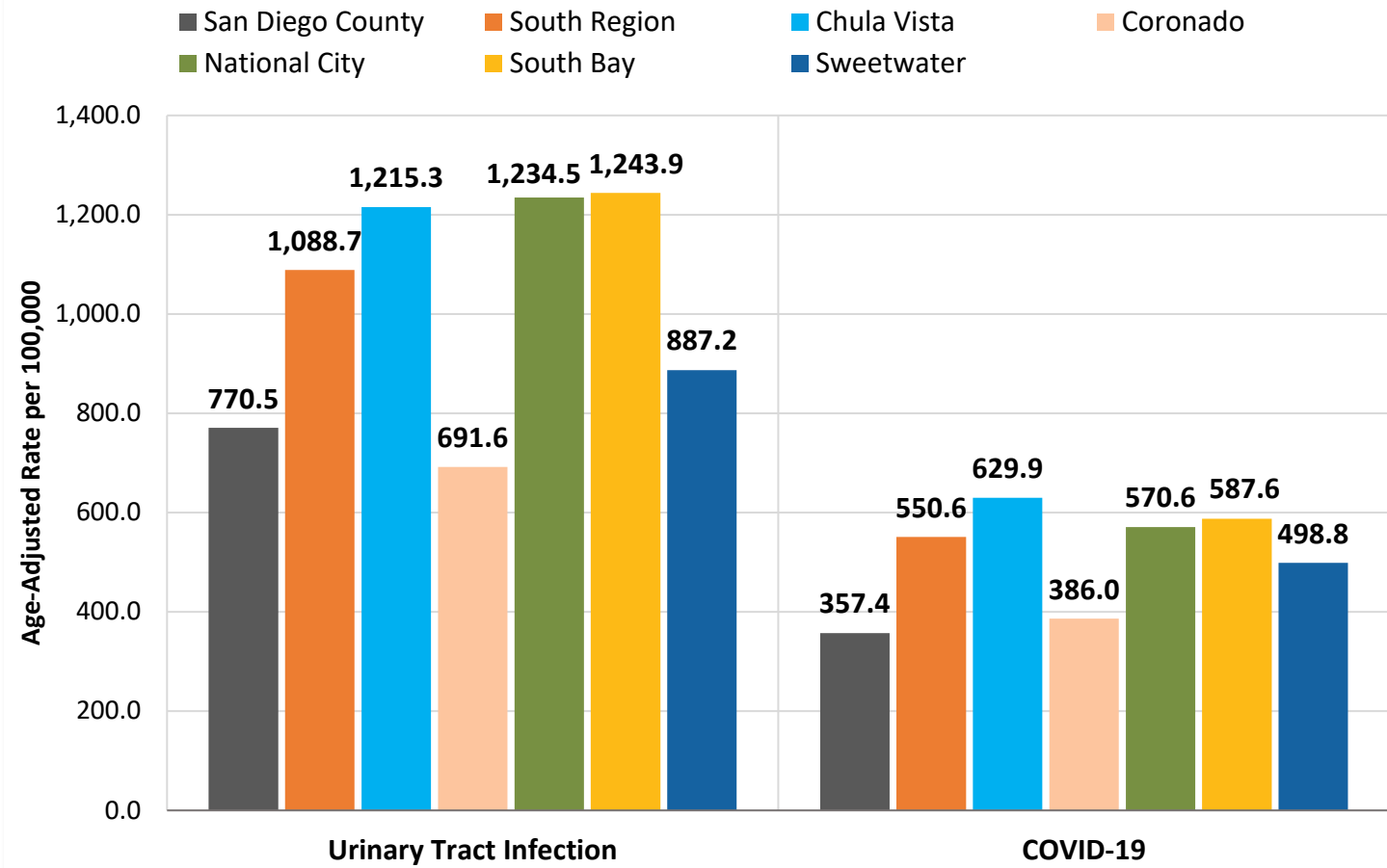
1. Urinary Tract Infection
2. COVID-19

In **South Region** in 2024, the leading age-adjusted emergency department (ED) discharge rate among infectious diseases was due to **urinary tract infection** (1,088.7 per 100,000 residents), followed by **COVID-19** (550.6 per 100,000).

Among the HHS Regions, **South Region** had the **highest** age-adjusted ED discharge rates due to both **urinary tract infection** and **COVID-19** in 2024.

Chula Vista, South Bay, and National City SRAs were three of the top four SRAs with the highest ED discharge rates for both **COVID-19** and **urinary tract infection** in San Diego County in 2024.

Age-Adjusted Emergency Department Discharge Rates for Leading Communicable (Infectious) Diseases in South Region and its Subregional Areas (SRAs), San Diego County, 2024



Data Sources: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database, 2024. SANDAG Population Estimates, 2024 (v24/2025). 2024 estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population. Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

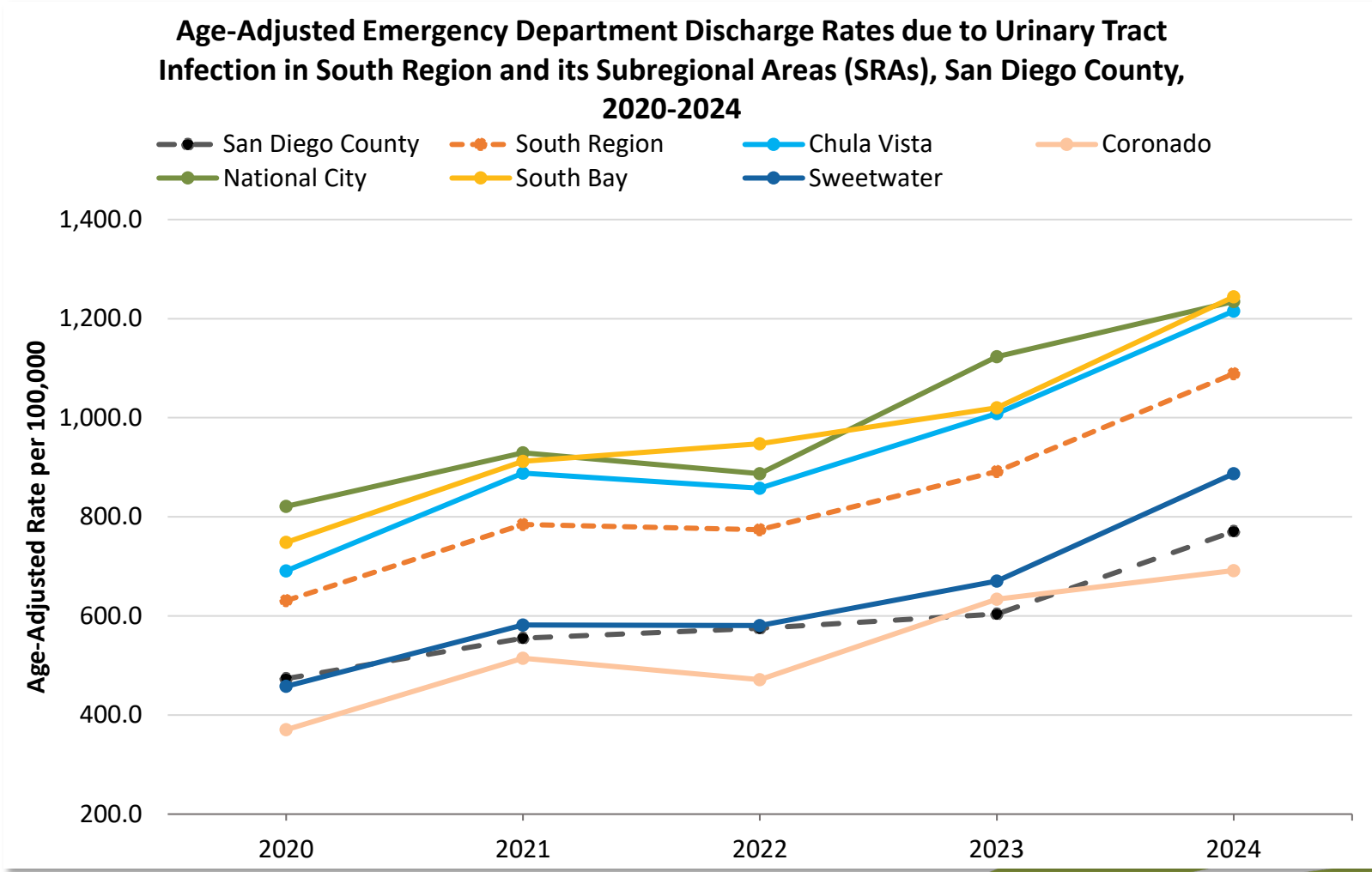
Communicable (Infectious) Disease



Urinary Tract Infection Emergency Department Discharge Rates, 2020-2024

From 2020 to 2024, the age-adjusted emergency department (ED) discharge rate due to **urinary tract infection** in **South Region increased** 73% from 630.9 to 1,088.7 per 100,000 residents.

From 2020 to 2024, the age-adjusted ED discharge rate due to **urinary tract infection increased** in all South Region SRAs by 50% or more.



Data Sources: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database, 2020-2024; SANDAG Population Estimates, 2020, 2021 (v9/2022), 2022 (v11/2023), 2023 (v1/2025), 2024 (v24/2025). 2020 and 2021 population estimates were derived using the 2010 Census. 2022, 2023, and 2024 population estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population.

Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Communicable (Infectious) Disease



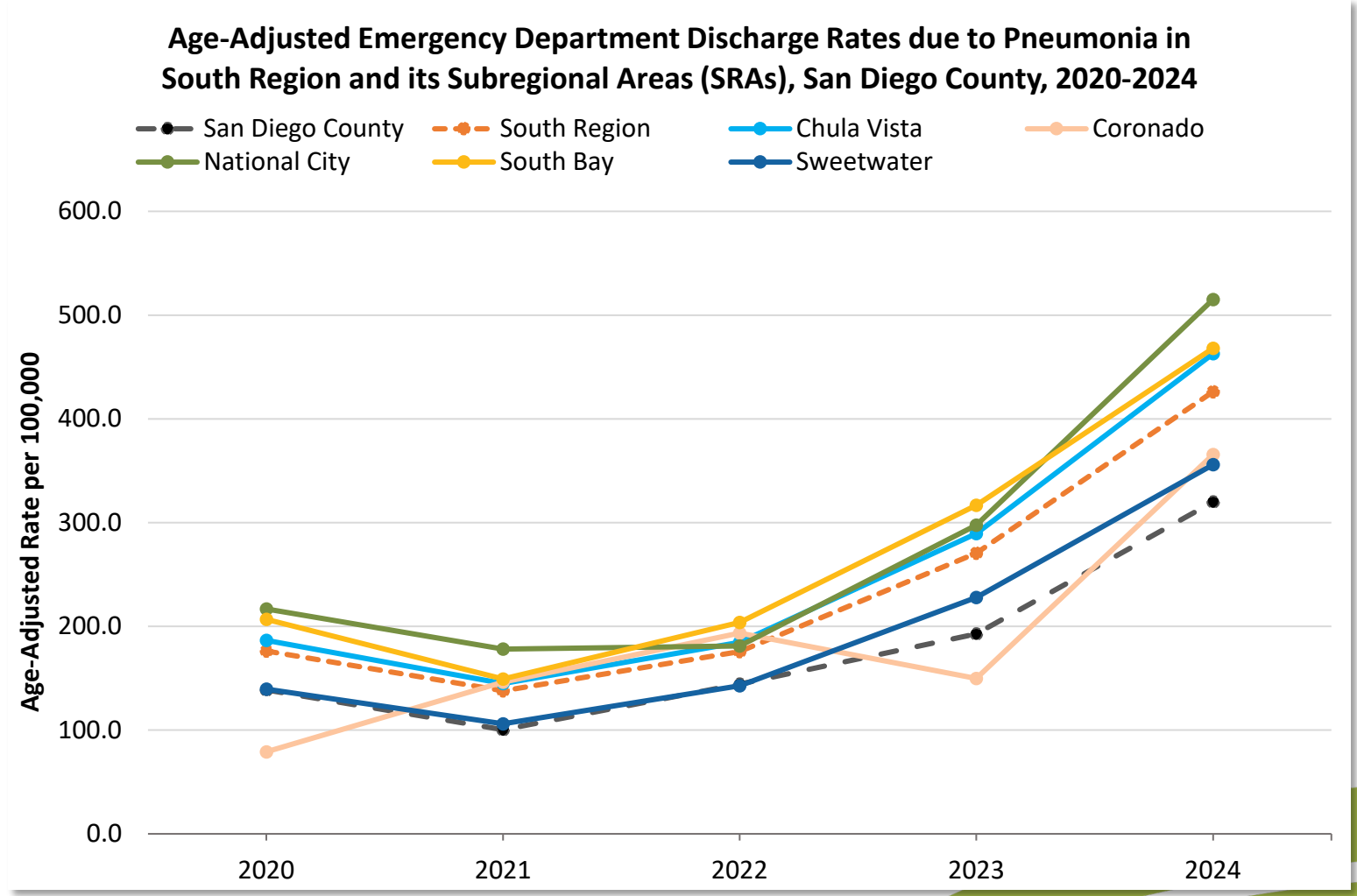
Notable Outcome

Pneumonia Emergency Department Discharge Rates, 2020-2024

The age-adjusted emergency department (ED) discharge rates due to **pneumonia** were consistently **higher** than the county in South Region, specifically in **South Bay, Chula Vista, and National City SRAs**, from 2020 to 2024.

From 2020 to 2024, the age-adjusted ED discharge rate due to **pneumonia increased** in all South Region SRAs by 126% or more.

The age-adjusted rate of ED discharge due to **pneumonia** in **National City SRA** was the second highest rate among all SRAs in 2024.



Data Sources: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database, 2020-2024; SANDAG Population Estimates, 2020, 2021 (v9/2022), 2022 (v11/2023), 2023 (v1/2025), 2024 (v24/2025). 2020 and 2021 population estimates were derived using the 2010 Census. 2022, 2023, and 2024 population estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population.
Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Communicable (Infectious) Disease



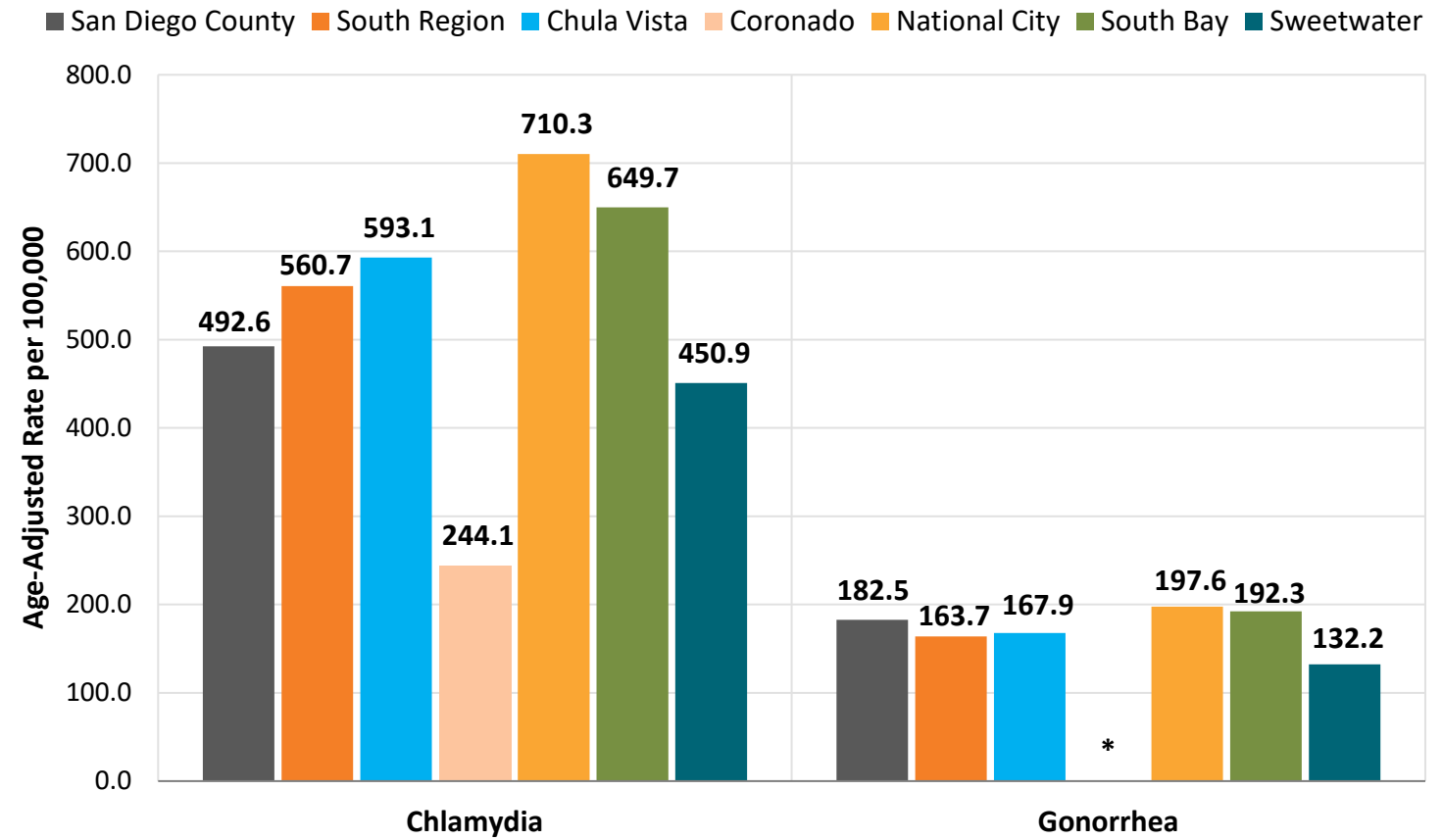
Sexually Transmitted Infections Incidence Rates, 2024

The age-adjusted **incidence rate** due to **chlamydia** was **higher** in South Region than the county overall, specifically in **National City, South Bay, and Chula Vista SRAs**, in 2024.

National City SRA had the **third highest** incidence rate of **chlamydia** among all SRAs in San Diego County with an **incidence rate** of 710.3 per 100,000.

In South Region, in 2024, the age-adjusted **incidence rate** of **gonorrhea** was 163.7 per 100,000 residents.

Age-Adjusted Incidence Rates for Chlamydia and Gonorrhea in South Region and its Subregional Areas (SRAs), San Diego County, 2024



*Starting with data year 2022, rates based on events <20 are suppressed due to statistical instability.

Data Source: County of San Diego, Health and Human Services Agency, HIV, STD and Hepatitis Branch, STD Morbidity Surveillance Data (California Reportable Disease Information Exchange, CaREDIE), 2024.

Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

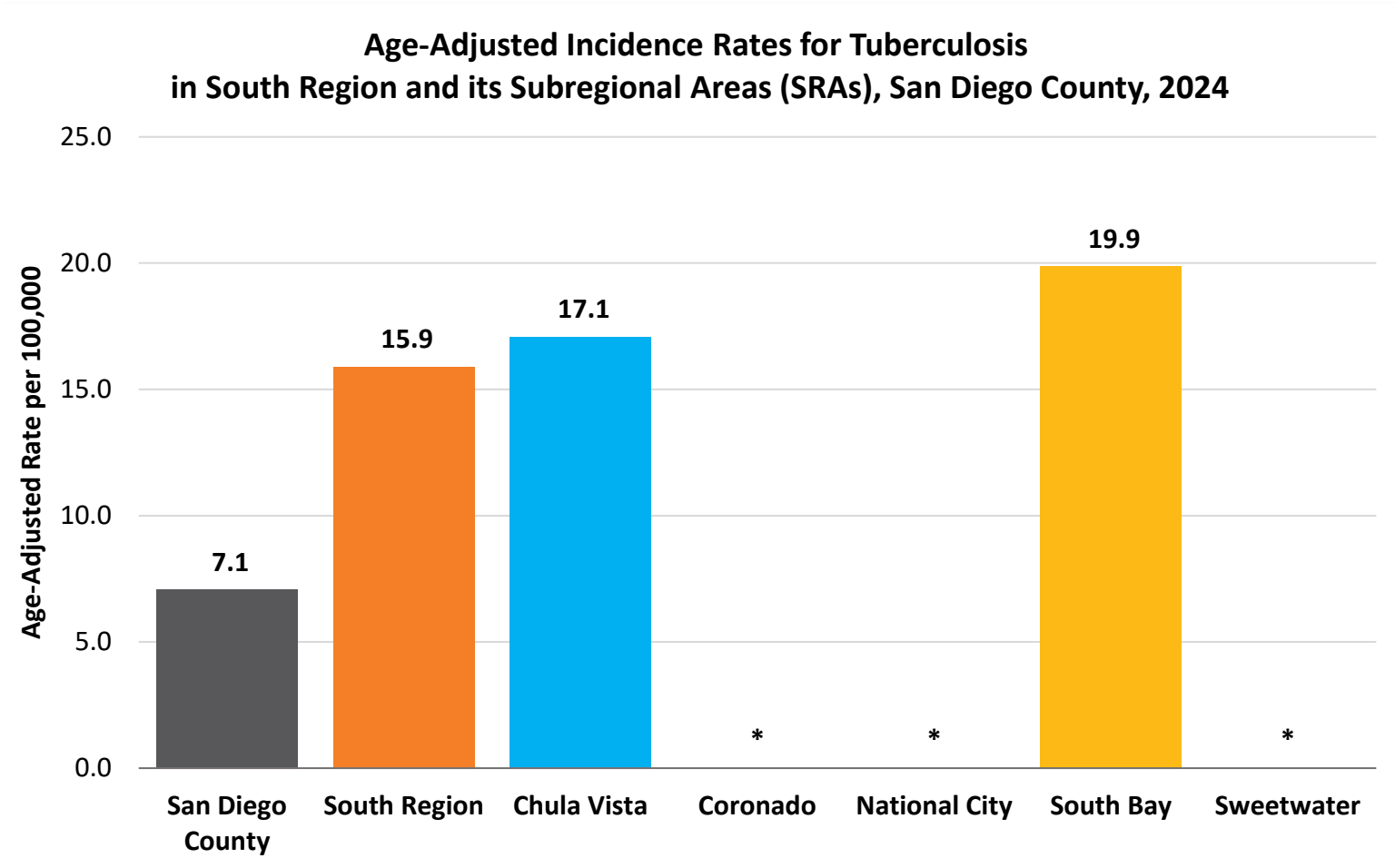
Communicable (Infectious) Disease



Tuberculosis Incidence Rates, 2024

In 2024, the age-adjusted **incidence rate** due to **tuberculosis** in **South Region** was **over two times higher** than the county.

Among all SRAs, **South Bay and Chula Vista SRAs** had the two **highest** age-adjusted **incidence rates** for **tuberculosis** in the county in 2024.



*Starting with data year 2022, rates based on events <20 are suppressed due to statistical instability.

Data Sources: County of San Diego, Health and Human Services Agency, Tuberculosis Prevention and Care Branch, Report of Verified Case of Tuberculosis Database, 2024.

Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Injury Outcomes



Leading Causes of Death

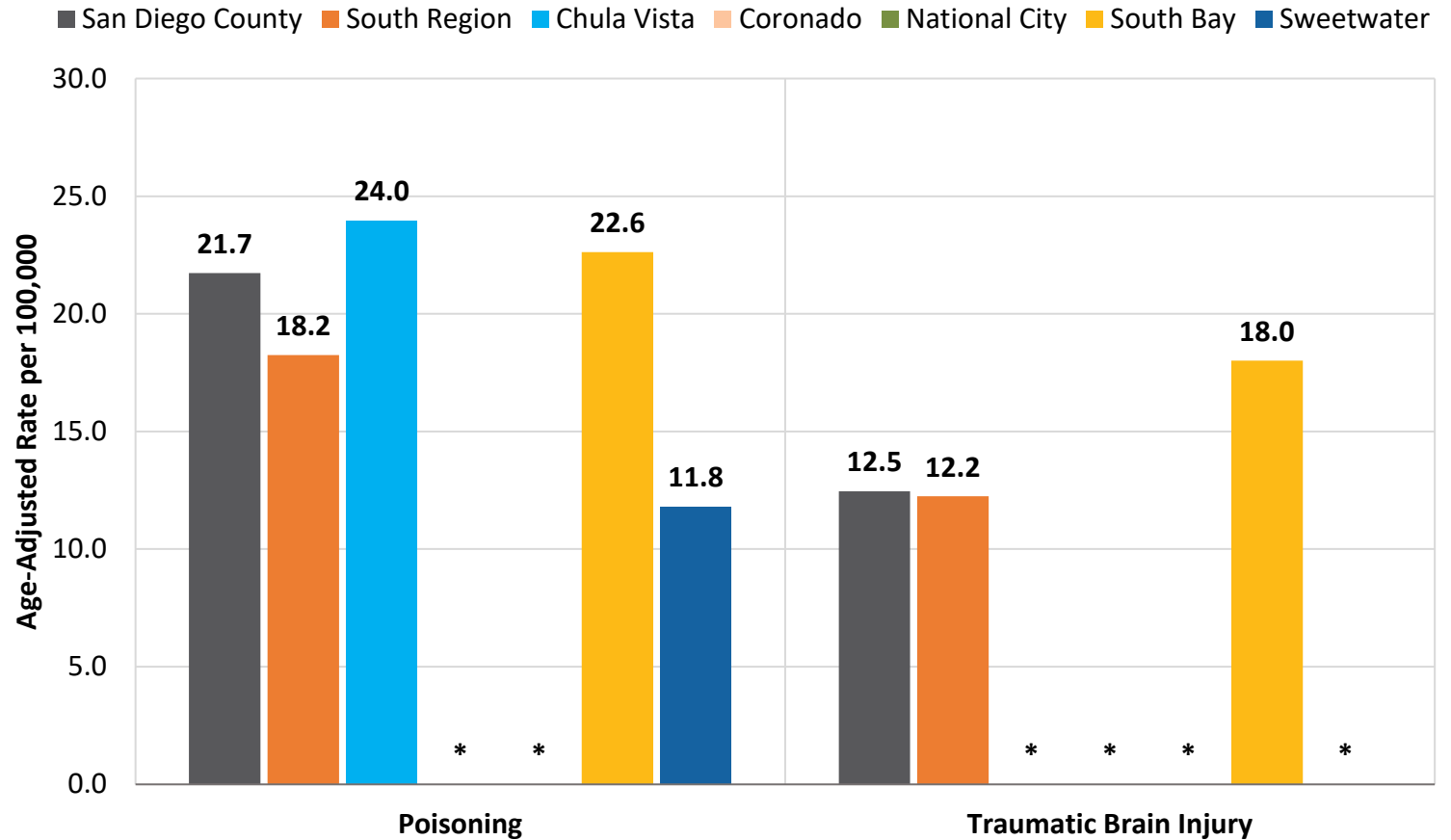
1. Poisoning
2. Traumatic Brain Injury

In **South Region** in 2024, the leading age-adjusted **death rates** from injuries were due to **poisoning** (18.2 per 100,000 residents) and **traumatic brain injury** (12.2 per 100,000).

Among South Region SRAs, **Chula Vista SRA** had the **highest** age-adjusted **death rate** due to **poisoning** (24.0 per 100,000) and **South Bay SRA** had the **highest** rate due to **traumatic brain injury** (18.0 per 100,000).

Further, **South Bay SRA** had the **highest** age-adjusted **death rate** due to **traumatic brain injury**, among all county SRAs in 2024.

Age-Adjusted Death Rates for Leading Injuries in South Region and its Subregional Areas (SRAs), San Diego County, 2024



*Starting with data year 2022, rates based on events <20 are suppressed due to statistical instability.

Data sources: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2024. SANDAG Population Estimates, 2024 (v24/2025). 2024 estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population. Starting in data year 2023, San Diego County resident deaths that occurred out of state are now included.

Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Injury Outcomes

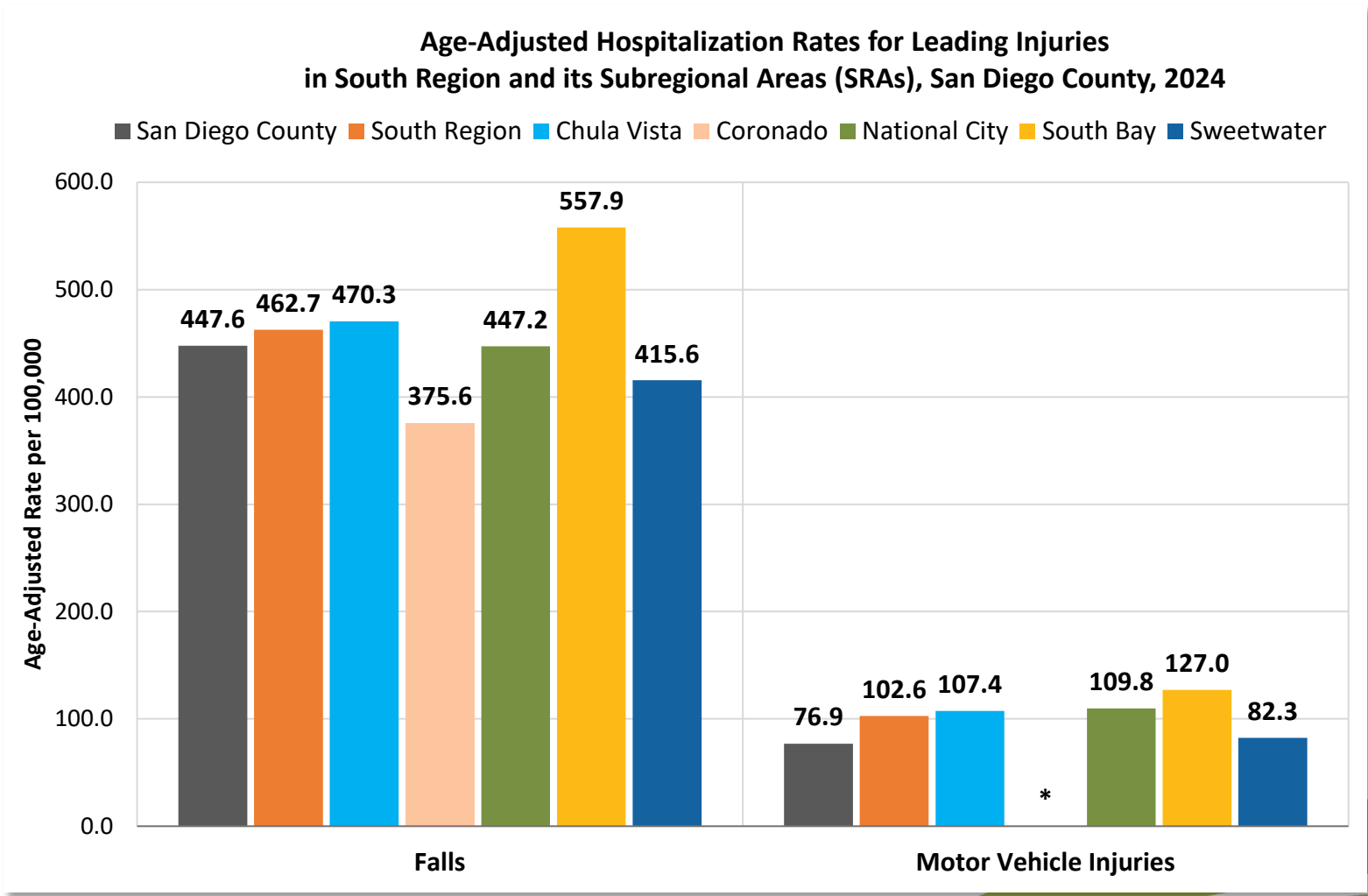


Leading Causes of Hospitalization

1. Falls
2. Motor Vehicle Injuries

In **South Region** in 2024, the leading age-adjusted **hospitalization rate** among injuries was due to **falls** (462.7 per 100,000 residents), followed by **motor vehicle injuries** (102.6 per 100,000).

Among South Region SRAs, **South Bay SRA** had the **highest** age-adjusted **hospitalization rates** for both **falls** (557.9 per 100,000) and **motor vehicle injuries** (127.0 per 100,000) in 2024.



*Starting with data year 2022, rates based on events <20 are suppressed due to statistical instability.
 Data Sources: California Department of Health Care Access and Information (HCAI), Patient Discharge Database, 2024. SANDAG Population Estimates, 2024 (v24/2025). 2024 estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population.
 Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

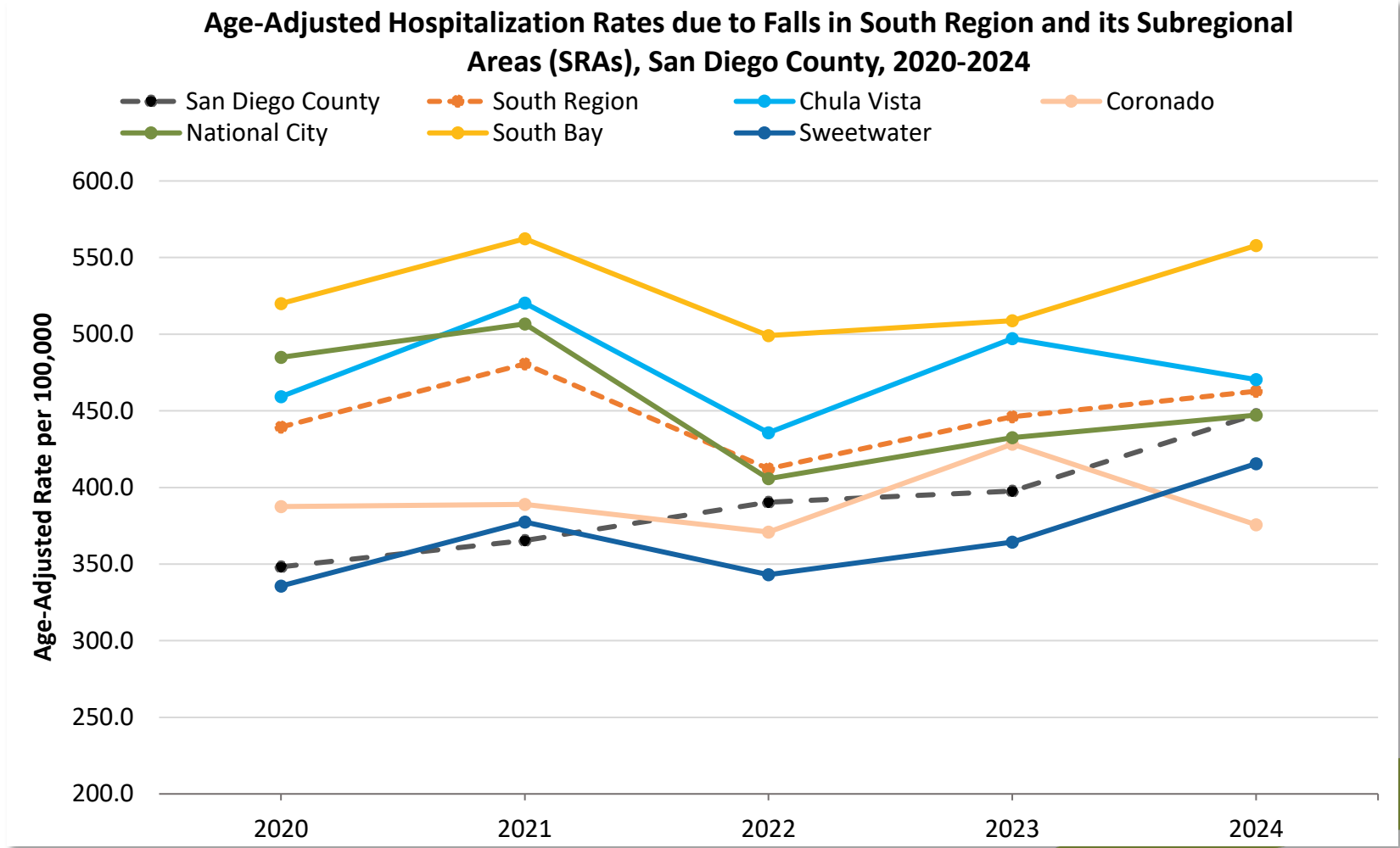
Injury Outcomes



Falls Hospitalization Rates, 2020-2024

From 2020 to 2024, the age-adjusted hospitalization rate due to **falls** in **South Region** **increased** from 439.4 to 462.7 per 100,000 residents.

From 2020 to 2024, the age-adjusted hospitalization rates due to **falls** decreased in National City and Coronado SRAs, but increased in Sweetwater, South Bay, and Chula Vista SRAs.



Data Sources: California Department of Health Care Access and Information (HCAI), Patient Discharge Database, 2020-2024; SANDAG Population Estimates, 2020, 2021 (v9/2022), 2022 (v11/2023), 2023 (v1/2025), 2024 (v24/2025). 2020 and 2021 population estimates were derived using the 2010 Census. 2022, 2023, and 2024 population estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population.

Injury Outcomes

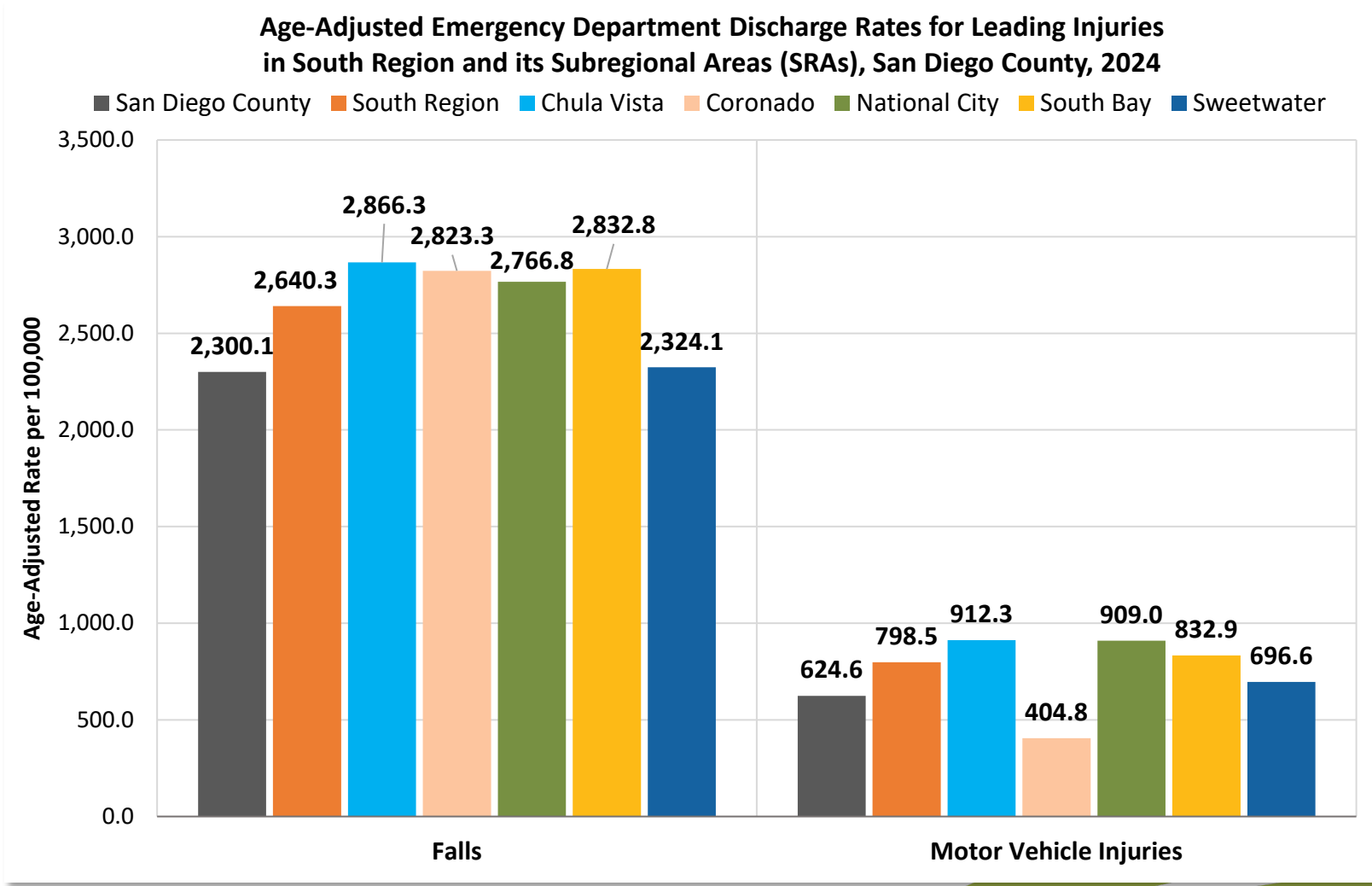


Leading Causes of Emergency Department Discharge

1. Falls
2. Motor Vehicle Injuries

In **South Region** in 2024, the leading age-adjusted **emergency department (ED) discharge rate** among injuries was due to **falls** (2,640.3 per 100,000 residents), followed by **motor vehicle injuries** (798.5 per 100,000).

Among South Region SRAs, **Chula Vista SRA** had the **highest** age-adjusted **ED discharge rates** for both **falls** and **motor vehicle injury** in 2024.



Data Sources: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database, 2024. SANDAG Population Estimates, 2024 (v24/2025). 2024 estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population. Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

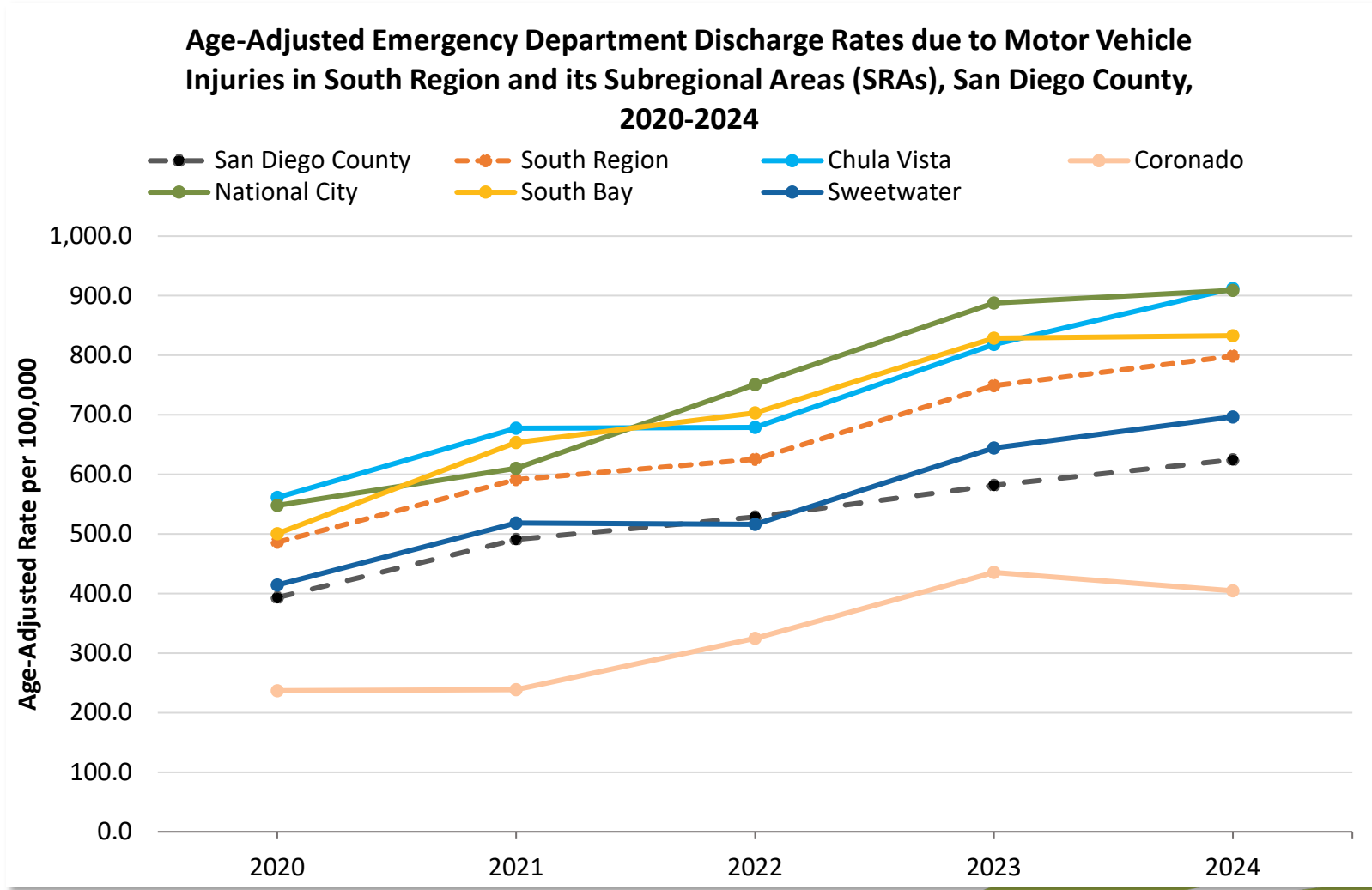
Injury Outcomes



Motor Vehicle Injuries Emergency Department Discharge Rates, 2020-2024

From 2020 to 2024, the age-adjusted emergency department discharge (ED) rate due to **motor vehicle injuries** in **South Region** increased 64% from 486.1 to 798.5 per 100,000 residents.

The age-adjusted ED discharge rate due to **motor vehicle injuries** increased in all **South Region SRAs** by 63% or more from 2020 to 2024.



Data Sources: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database, 2020-2024; SANDAG Population Estimates, 2020, 2021 (v9/2022), 2022 (v11/2023), 2023 (v1/2025), 2024 (v24/2025). 2020 and 2021 population estimates were derived using the 2010 Census. 2022, 2023, and 2024 population estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population.
Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Injury Outcomes



Notable Outcome

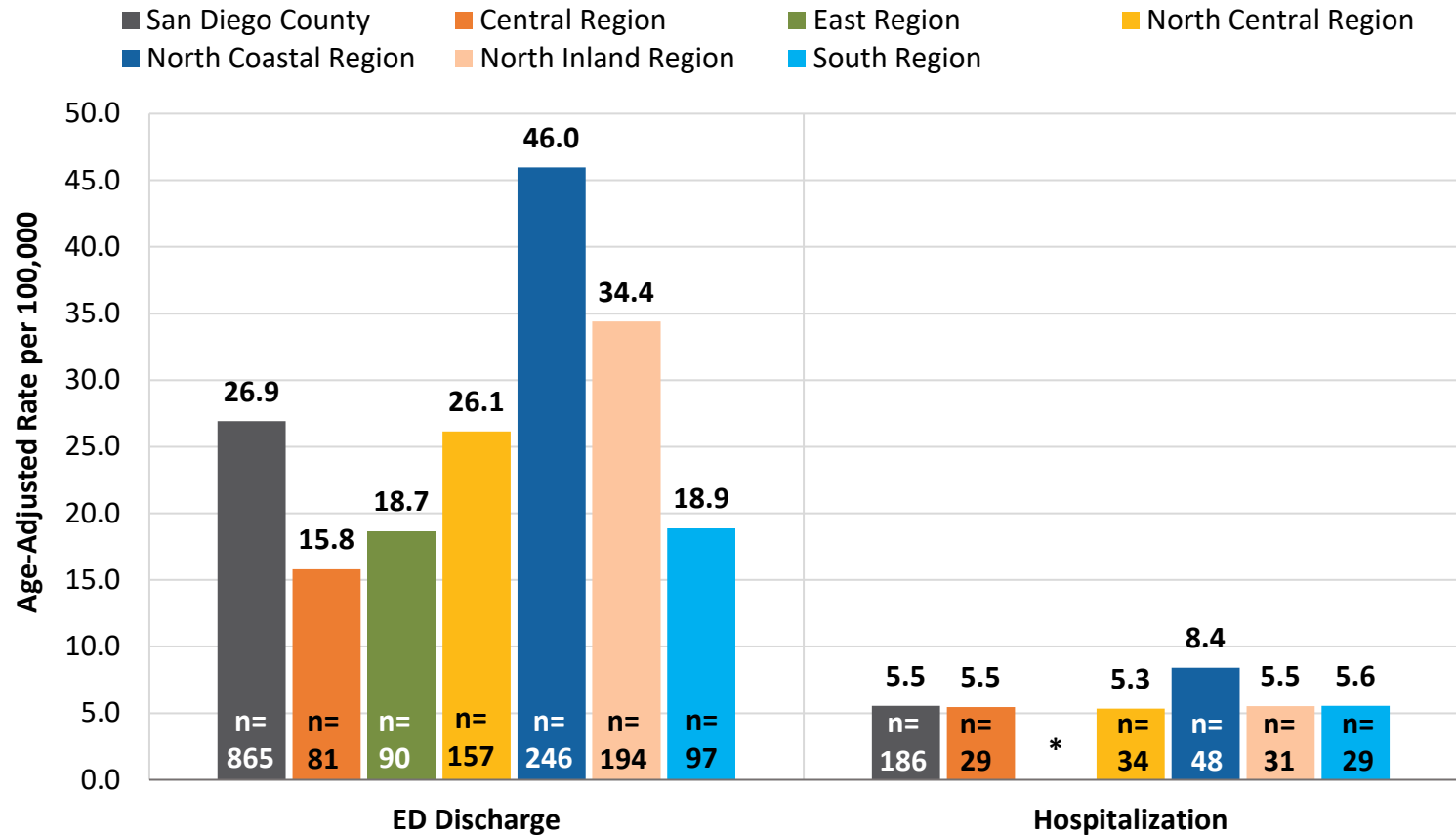
Electric Bicycle (E-Bike Injuries) Emergency Department Discharge and Hospitalization Rates, 2024

Among electric bicycle (e-bike) injuries in **San Diego County** in 2024, the rate of age-adjusted **emergency department (ED) discharge** was 26.9 per 100,000 residents and the rate of age-adjusted **hospitalization** was 5.5 per 100,000.

Among the HHS Regions, **North Coastal Region** had the **highest** age-adjusted **ED discharge and hospitalization rates** for **e-bike injury** in 2024.

There were **865 ED discharges** due to e-bike injuries in San Diego County in 2024; **437, or 51%**, of these discharges were among **10–19-year-olds**.

Age-Adjusted Emergency Department Discharge and Hospitalization Rates for Electric Bicycle (E-Bike) Injuries in San Diego County and HHS Regions, 2024



*Starting with data year 2022, rates based on events <20 are suppressed due to statistical instability.

Data Sources: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database, 2024. SANDAG Population Estimates, 2024 (v24/2025). 2024 estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population.

Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

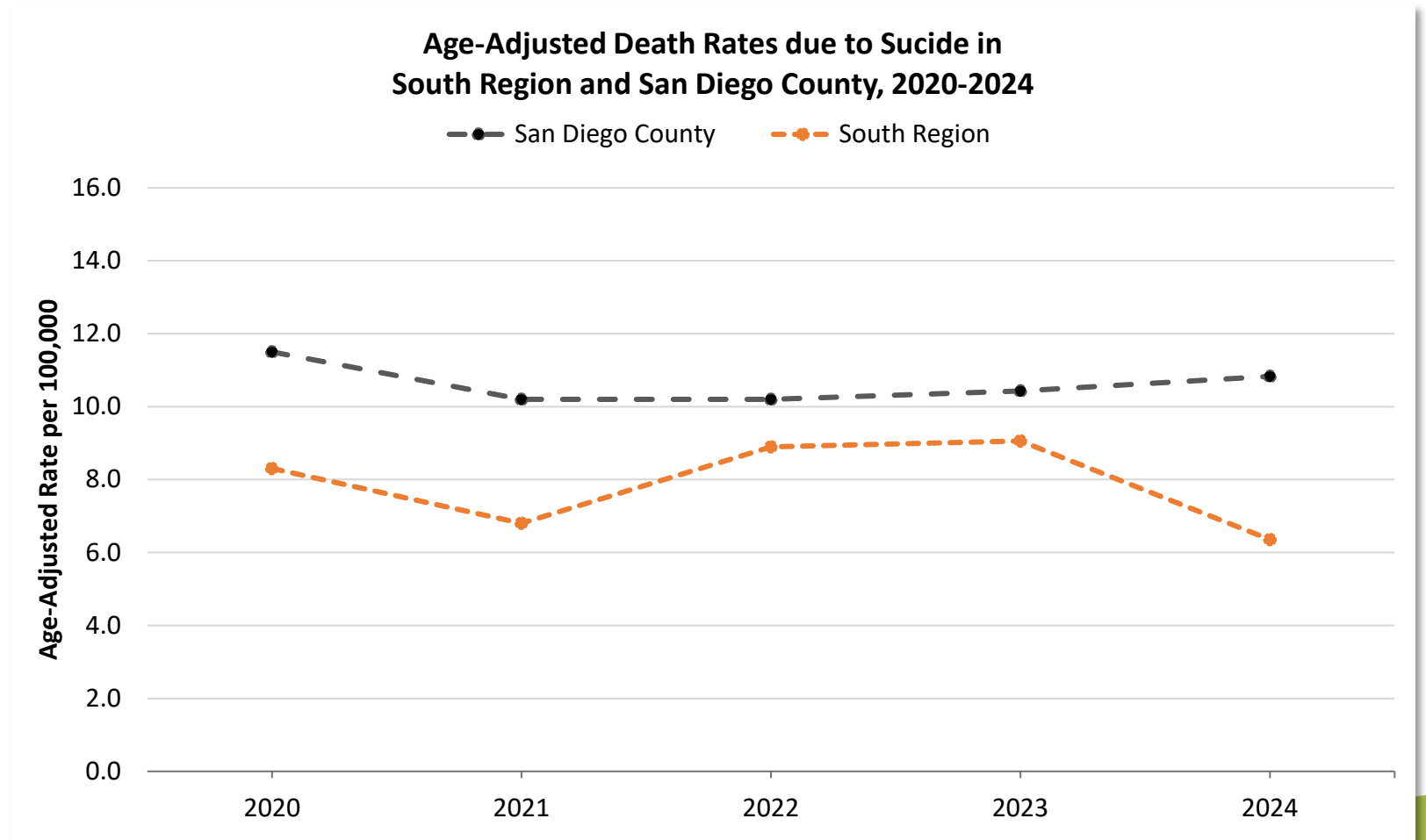
Behavioral Health



Suicide Death Rates, 2020-2024

From 2020 to 2024, the age-adjusted rate of **death** due to **suicide** **decreased** from 8.3 to 6.4 per 100,000 residents in **South Region**.

Among the HHS Regions, **South Region** had the **lowest** age-adjusted **suicide** **death** rate in 2024.



Data Sources: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, 2020-2024 California Vital Records Business Intelligence System (VRBIS); SANDAG Population Estimates, 2020, 2021 (v09/2022), 2022 (v11/2023), 2023 (v1/2025), 2024 (v24/2025). 2020 and 2021 population estimates were derived using the 2010 Census. 2022, 2023, and 2024 population estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population. For data years 2020-2022, the COVID-19 pandemic was associated with increases in all-cause mortality. COVID-19 deaths have affected the patterns of mortality. Starting in data year 2023, San Diego County resident deaths that occurred out of state are now included. Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Behavioral Health



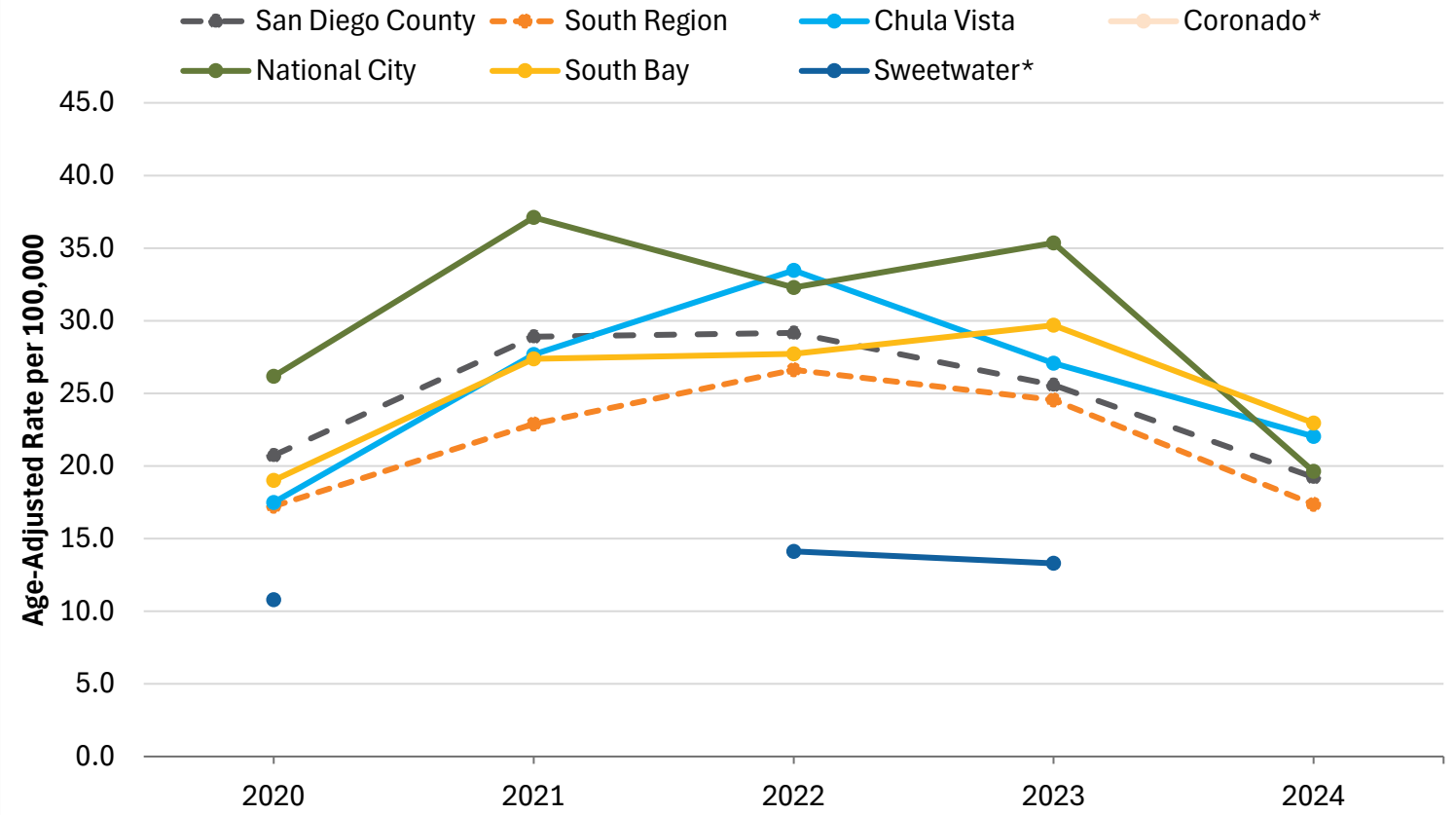
Any Substance Overdose Death Rates, 2020-2024

The age-adjusted **death** rate due to **any substance overdose** in **South Region** was **relatively stable** from 2020 to 2024, with a rate of 17.2 per 100,000 in 2020 and a rate of 17.4 per 100,000 in 2024.

The age-adjusted **death** rates due to **any substance overdose** in **South Region** were **lower** than the rates in San Diego County overall every year from 2020 to 2024.

Among South Region SRAs, **National City, Chula Vista, and South Bay** had the **highest** age-adjusted **death** rates due to **any substance overdose** from 2020 to 2024.

Age-Adjusted Death Rates due to Any Substance Overdose in South Region and its Subregional Areas (SRAs), San Diego County, 2020-2024



*Rates not calculated for fewer than 11 events.

Note: Rate is limited to San Diego County residents that overdosed in San Diego County (i.e., does not include non-residents). Place of residence at the time of death is used as the primary geographic indicator; when this is unavailable, the injury ZIP code is used as a proxy.

Data Sources: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, 2020-2024 California Vital Records Business Intelligence System (VRBIS). County of San Diego, Health and Human Services Agency, Public Health Services, Epidemiology and Immunizations Services Branch, Overdose Surveillance and Response Program. SANDAG Population Estimates, 2020, 2021 (v09/2022), 2022 (v11/2023), 2023 (v1/2025), 2024 (v24/2025). Age-adjusted rates are adjusted to 2000 U.S. Standard Population.

Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

SOUTH REGION



Public Health Services: Capturing Climate Adaptation and Resilience Efforts in CHAs and CEPs

**Adrienne Anderson; Alondra Estrada-Lam;
Gayla Novotney**

Public Health Services

Health & Human Services Agency

County of San Diego



Air Pollution & Increasing Allergens

Asthma, allergies, cardiovascular and respiratory diseases

Degraded Living Conditions & Social Inequities

Exacerbation of racial and health inequities and vulnerabilities, loss of employment

Extreme Heat

Heat-related illness and death, cardiovascular failure

Changes In Vector Ecology

Lyme disease, West Nile Virus, hantavirus, malaria, encephalitis

Drought

Water supply impacts, dust storms, Valley Fever

Food System Impacts

Malnutrition, food insecurity, higher food prices, foodborne illness

Environmental Degradation

Forced migration, civil conflict, loss of jobs and income

Severe Weather & Floods

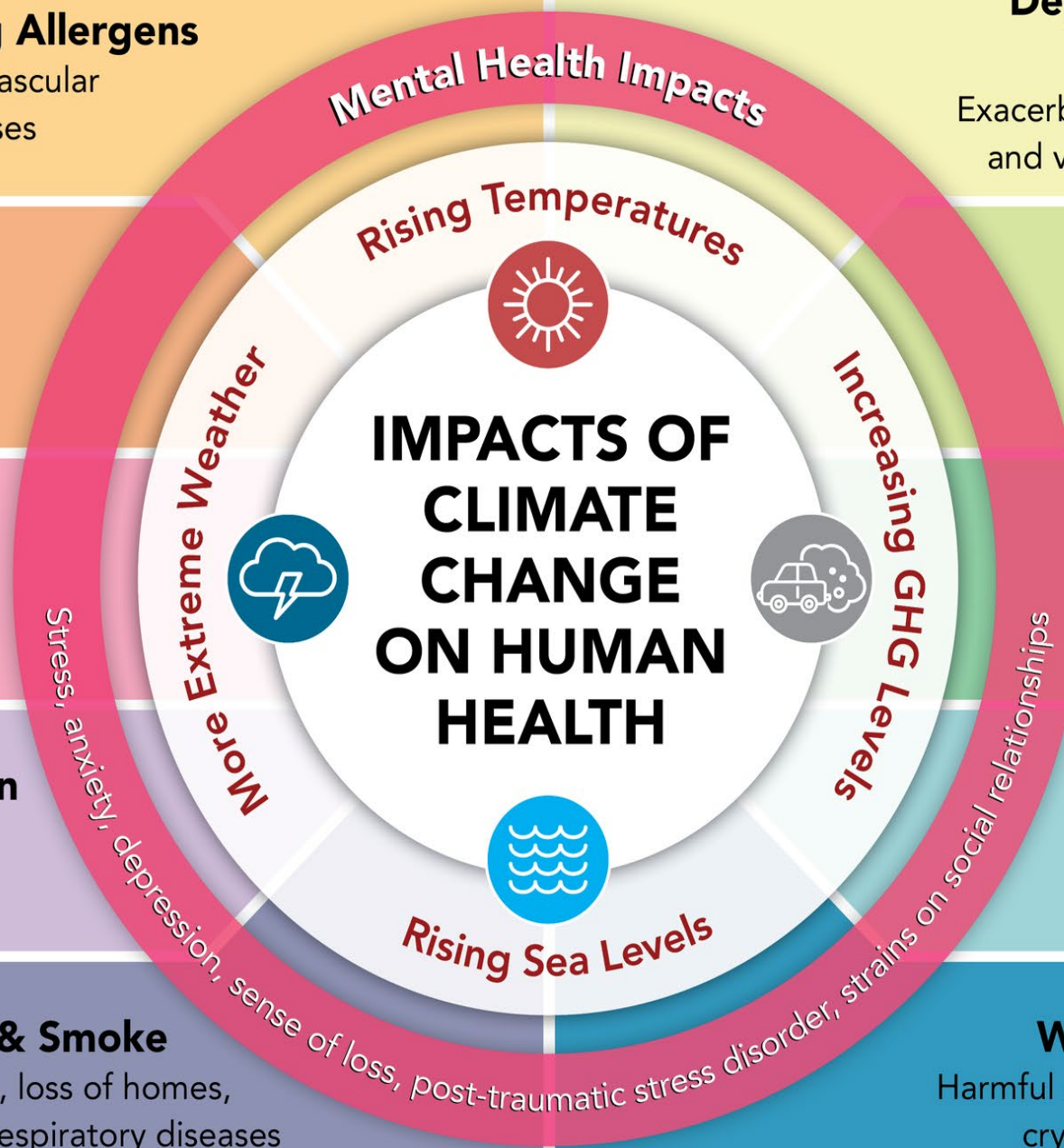
Injuries, fatalities, loss of homes, indoor fungi and mold

Wildfires & Smoke

Injuries, fatalities, loss of homes, cardiovascular and respiratory diseases

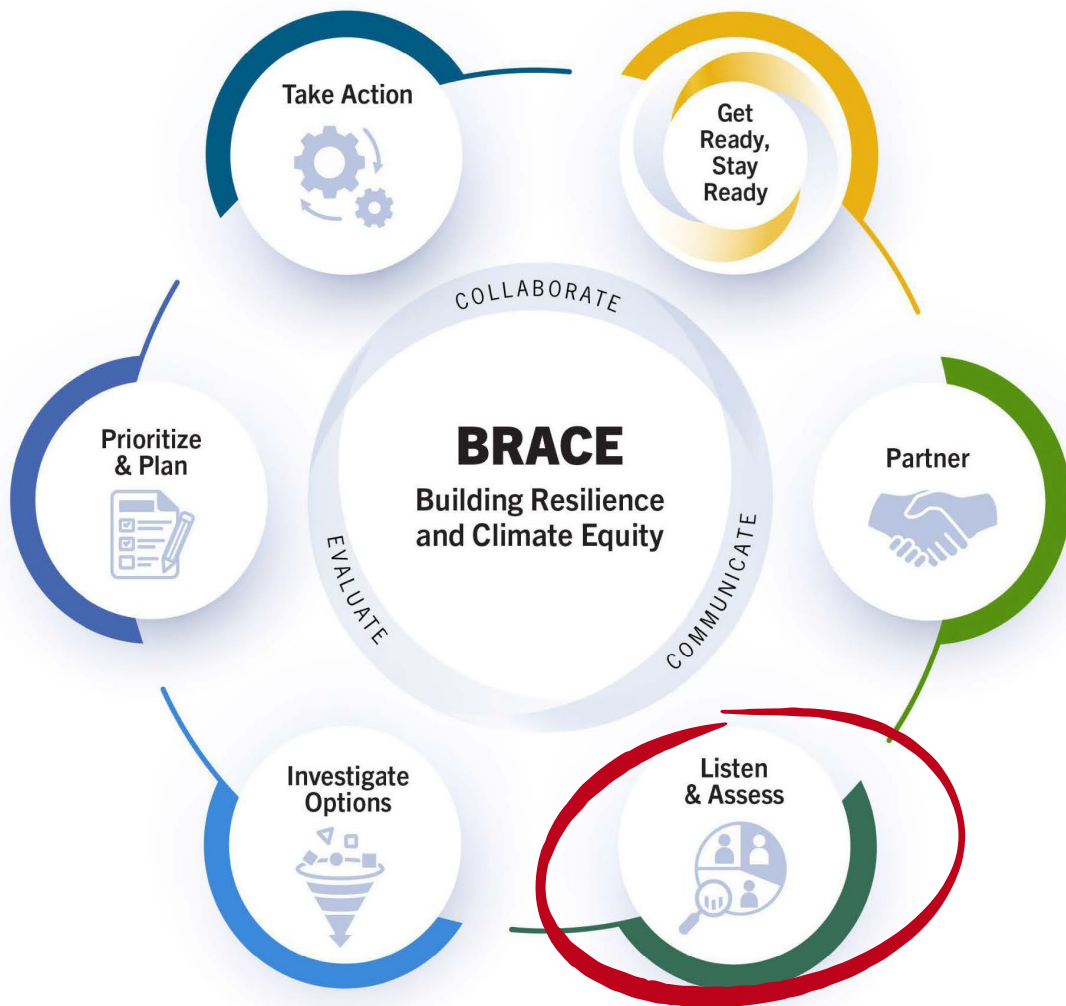
Water Quality Impacts

Harmful algal blooms, campylobacteriosis, cryptosporidiosis, leptospirosis



(Adapted from CDC; J. Patz)

BRACE: Public Health Approach to Climate Action



Listen and Assess through Community Health Assessment

Live Well San Diego Community Health Assessment FY 24-29 by [Community Health Statistics Unit](#)

The screenshot shows the website for the Live Well San Diego Community Health Assessment. The main heading is "COMMUNITY HEALTH ASSESSMENT" for the period "FY 2024-25, 2025-26, 2026-27, 2027-28, and 2028-29". A table of contents is displayed on the right side of the page, listing various sections. The "Listen & Assess" section is highlighted with a red circle and an arrow pointing to the "Listen & Assess" button in the table of contents.

CONTENTS:	
Foreword	
Executive Summary	
Introduction	
Methodology	
Results	
MAPP Assessments	
Demographics	
Morbidity and Mortality	
Live Well San Diego Areas of Influence Assessments	
Summary	
Observations	
Partners	
Community Assets	
Regional Priorities	

Click on one of these buttons to navigate.

<https://www.apha.org/topics-and-issues/climate-health-and-equity/brace>

- [Community Health Assessments](#)
- [Community Health Enrichment Plans](#)

Climate Integration in FY2024-2029 Community Health Assessment



RESULTS

- **Live Well San Diego Areas of Influence → Community**
 1. Population Health and the Environmental Dashboard
- **Assessments → Community**
 1. Climate Change and Health Profile Report: San Diego County
 2. County of San Diego Vulnerability Adaptation and Assessment Report
 3. Environmental and Climate Justice: San Diego Region
 4. Indicators of Climate Change in California

SUMMARY

- **Observations → Climate Topic**
 1. Air quality
 2. Warming and heat related illness
- × **Regional Priorities: Climate not called out explicitly**

Live Well San Diego
Community Health Assessment
2024-2029

Assessments

- Overview
- Health
- Knowledge
- Standard of Living
- Community**
- Social

Climate Change and Health Profile Report: San Diego County
Neil Maizlish, et al

In San Diego County, climate change poses significant health risks due to environmental hazards like extreme heat, wildfires, and sea level rise. The image contained here shows projections in environmental factors by the year 2100. These environmental hazards will exacerbate the already existing social determinants of health (below) and adaptive capacity of the systems of the County.

As of 2010, 20.1% of the county's population (620,849 residents) lived in fire hazard zones of moderate to high severity, and 2,964 residents lived in coastal areas at risk of a 100-year flood. Moreover, with an additional 55 inches of sea level rise, 8,050 residents could potentially be affected. In 2012, about 43% of adults (1,009,403 individuals) reported one or more chronic health conditions, and 14% reported having been diagnosed with asthma. Obesity affected 22% of adults, and about 9% of residents aged 5 years and older had a mental or physical disability. An annual average of 206 heat-related emergency room visits occurred between 2005-2010. Vulnerable groups in 2010 included 203,423 children under the age of 5 years and 351,425 adults aged 65 years and older. Moreover, 58,369 people lived in institutional settings like nursing homes. In 2010, 81,644 outdoor workers were at increased risk of heat illness. Notably, 8% of households did not have a proficient English speaker, 15% of adults had less than a high school education, and 12% of the population had incomes below the poverty level. Furthermore, 65% of residents did not live within half a mile of frequent public transit, and 47% of households lacked air conditioning.

Assessment Image 27: Projected Climate Impacts by 2100.

	Ranges
Temperature Change 1990-2100	January increase in average temperatures: 1°F to 2.5°F by 2050 and 5°F to 6°F by 2100 July increase in average temperatures: 3°F to 4°F by 2050 and 5°F to 10°F by 2100 with larger increases projected inland.
Precipitation	Low-lying coastal areas will lose up to 2 inches by 2050 and 3 to 5 inches by 2090, while high elevations will see a drop of 4 to 5 inches by 2050 and 8 to 10 inches by 2090.
Sea Level rise	By 2100, sea levels may rise up to 66 inches, posing considerable threats to coastal areas. As a result of sea level rise, 40 percent more land in San Diego County will be vulnerable to 100-year floods.
Heat Wave	Coastal and inland areas can expect 3 to 5 more heat waves by 2050 and 12 to 14 by 2100 in most areas of the region.
Snowpack	March snowpack in the San Gabriel Mountains will decrease from the 0.7-inch level in 2010 to zero by the end of the century.
Wildfire Risk	Slight increases expected in a few coastal mountainous areas such as Fallbrook. Otherwise, little change is projected.

Source: Maizlish N, English D, Chan J, Dervin K, English P. Climate Change and Health Profile Report: San Diego County. Sacramento, CA: Office of Health Equity, California Department of Public Health; 2017. Accessed May 2023.

Community Health Assessments

South Region: Current Priorities



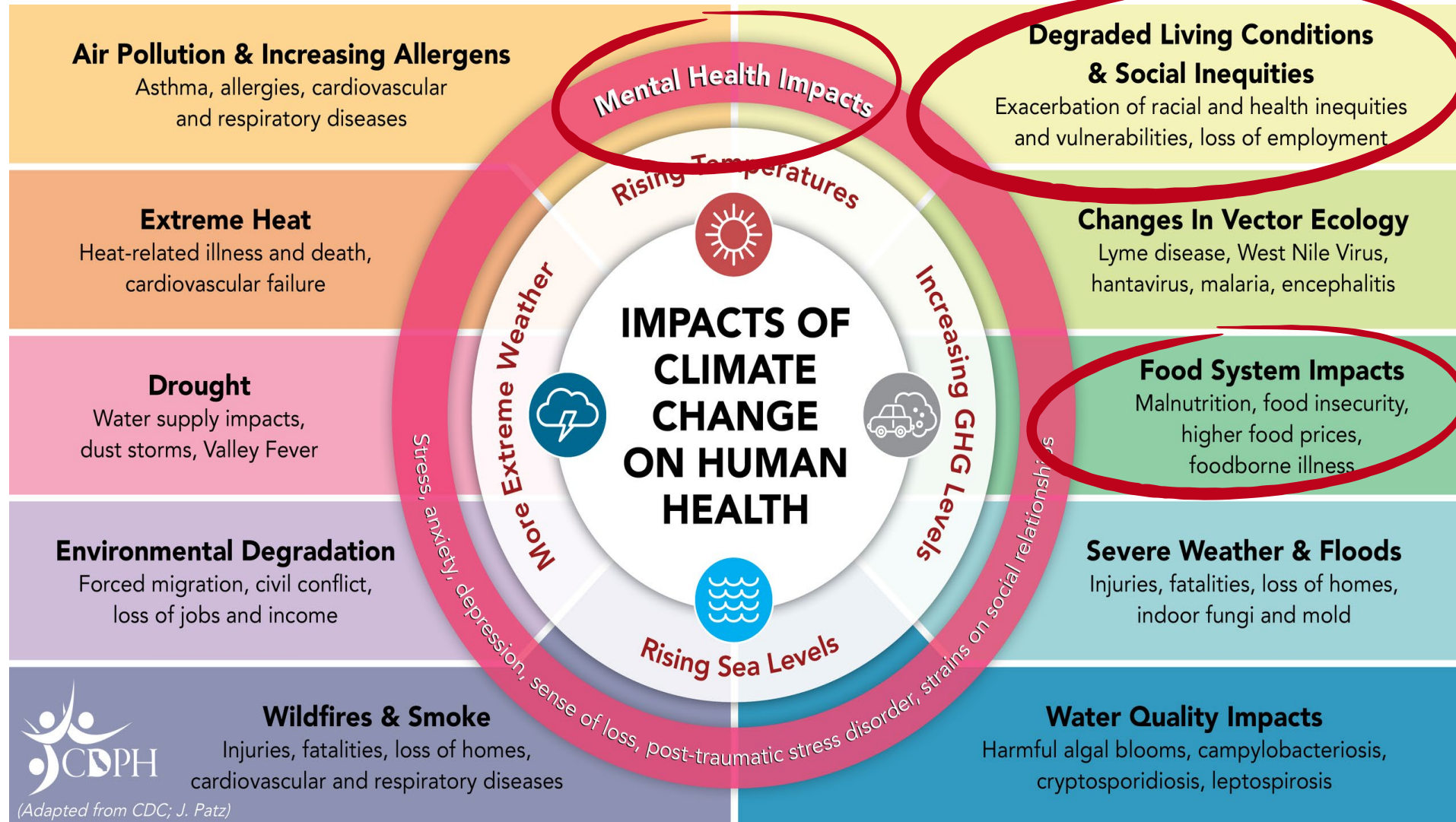
Homelessness



Mental Health



Food Insecurity



(Adapted from CDC; J. Patz)

Thank you!



Adrienne Anderson: Adrienne.Anderson@sdcounty.ca.gov

Alondra Estrada-Lam: Alondra.Estrada@sdcounty.ca.gov

Gayla Novotney: Gayla.Novotney1@sdcounty.ca.gov



Summary

Key Takeaways: Demographics & SDOH



South Region had the **highest** proportion of adults ages 25+ **without a high school diploma** among the HHSA Regions in 2024.



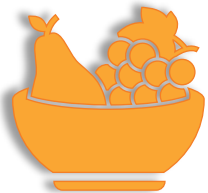
South Region had the **highest** 5-year average percent of **unemployment** among the HHSA Regions from 2020 to 2024.



1 in 4 South Region residents were **living below 200% FPL** in 2024.



In 2024, **over 4 of every 10 households (45.1%)** in South Region **spent 30% or more** of their household income **on housing**.



Nearly **half (46.7%) of adults with income less than 200% FPL** in South Region reported being **food insecure** in 2024.



During the 2026 Point-in-Time Count, there were **624 unsheltered homeless persons** in South Region.

Key Takeaways: Health



A baby born in South Region in 2024 had a **life expectancy** of **83.0 years**.



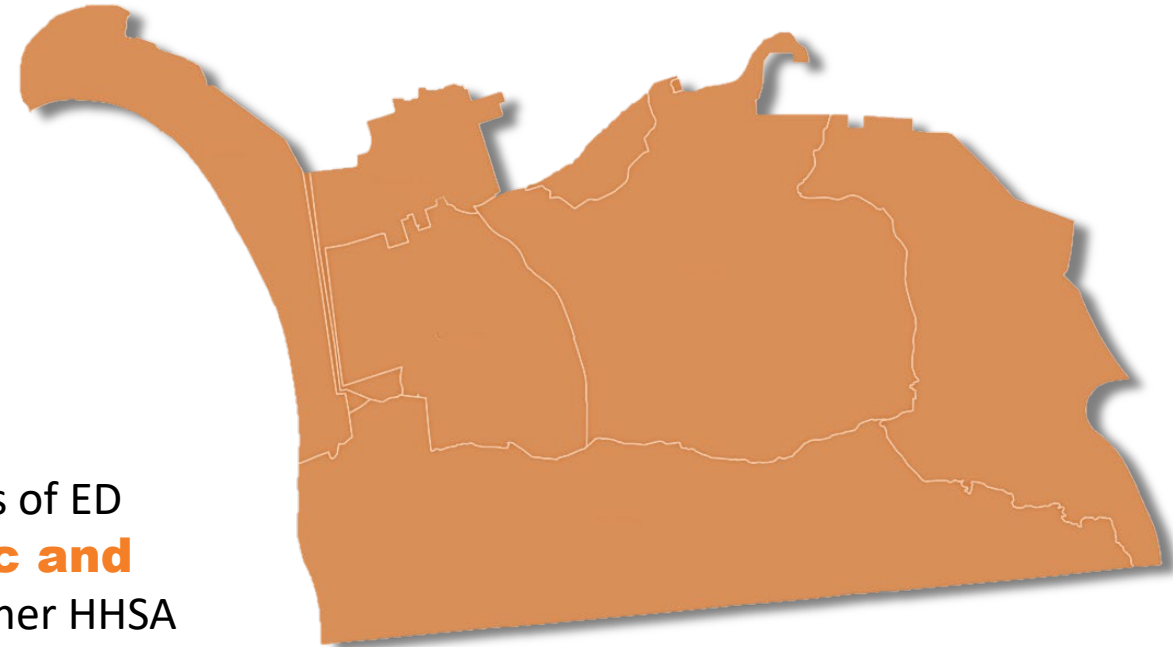
In 2024, **cancer** was the number one **leading cause of death** in South Region.



South Region had **disproportionate** rates of ED discharge and hospitalization due to **chronic and infectious diseases** compared to all other HHSAs in 2024.



South Bay, National City, and Chula Vista SRAs faced **disproportionate rates** for most health conditions in 2024.





CHSU Products

Child and Teen Health and Well-Being Dashboard



Scan or click the QR code to access the dashboard

Child and Teen Health and Well-Being Dashboard

Health and Well-Being Outcomes among the Population 0-17 years of age in San Diego County

Navigation

Please click the images to navigate.

Demographics

Social Determinants of Health

Education and Immunization

Homelessness

Mortality

Morbidity Outcomes

About the dashboard

Child and Teen Health and Well-Being

Health of a community is determined by all members of the community, including children and teens. The health and well-being of children and teens depend on their ability to thrive not only physically but also emotionally and socially. The interconnectedness of social, emotional, and physical determinants of health has generational impact and is crucial for healthy children and healthy adults. A healthy childhood builds the foundation for optimal lifelong health. Children are not tiny versions of adults; their growth and needs are unique as their physical, social and emotional capacities are actively developing.

Prevention and early intervention are effective in reducing long-term negative outcomes: for example, timely vaccinations, good nutrition and safe environments deliver lasting benefits and yield cost-savings for families and society. Because children cannot always advocate for their own health, it is our responsibility to provide resources through an equity and social justice lens. Monitoring child and teen health indicators enables us to assess the local health policies designed to enhance the health outcomes. These insights will, in turn, guide the implementation of optimal interventions that support healthy development into adulthood.

This dashboard focuses on:

- 1) Demographics
- 2) Social determinants of health (SDOH)
 - a. SDOH indicators
 - b. California Strong Start Index (CASSI)
 - c. Child Opportunity Index (COI) 3.0
- 3) Education and immunization indicators
- 4) Homelessness
- 5) Mortality
- 6) Morbidity outcomes

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit
County of San Diego, Health and Human Services Agency, Child and Family Well-Being - Policy and Program Support
January 2026.

Inquiries regarding this dashboard may be directed to:
PHS.CHSU.HHS@sdcounty.ca.gov
www.scdhealthstatistics.com

Scan or click the QR code to access the Child and Teen Health and Well-Being Dashboard

Child and Teen Health and Well-Being Dashboard

Health and Well-Being Outcomes among the Population 0-17 years of age in San Diego County

Total Population (All ages), 2023

3,282,782

Population, Ages 0-17 years, 2023

694,169

Female Population, Ages 0-17 years, 2023

338,299

Male Population, Ages 0-17 years, 2023

355,870

In 2023, in San Diego County:
One-third of the total population (21.1%) were under 18 years old.
51.2% of those under 18 years of age were males and 48.7% were females.
Male population under 18 years of age constituted 10.8% and female population under 18 years of age constituted 10.3% of the total population.

Proportion of Population, Ages 0-17 years, by Race/Ethnicity, 2024

Education Indicators

Total Enrollment (Pre-K to 12): 100% (Target 100%)
 Child Care Enrollment Rate: 95% (Target 100%)
 Non-Enrollment Rate: 5% (Target 0%)

Immunization among Kindergarten, San Diego County, 2023-2024

All required immunizations: 92.7%

3 or more of Diphtheria, Tetanus and Pertussis (DTaP) vaccine (4 doses are acceptable) at least 1 dose was received on or after the fourth birthday: 84.1%

4 or more of Polio vaccine (3 doses are acceptable) at least 1 dose was received on or after the fourth birthday: 84.9%

3 or more of Hepatitis B (Hep B) vaccine: 96.4%

2 doses of Measles, Mumps and Rubella (MMR) vaccine or two doses of Measles, two doses of Mumps, and one dose of Rubella vaccine, separately or combined, on or after 1 year of age: 84.8%

2 or more of Varicella (Var) vaccine: 84.4%

Healthy People 2030 Resulting Policy Objectives

Objective	San Diego County (2024)	Target
Increase the proportion of 4th-graders with reading skills at or above the proficient level	41.5%	38.0%
Increase the proportion of 8th-graders with reading skills at or above the proficient level	37.0%	37.0%

Child and Teen Health and Well-Being Dashboard

Health and Well-Being Outcomes among the Population 0-17 years of age in San Diego County

Social Determinants of Health, Ages 0-17 years, San Diego County

California Strong Start Index (CASSI): 75.00 (Target 75.00)

Child Opportunity Index (COI) 3.0: 75.00 (Target 75.00)

Overall Child Opportunity Index 3.0 by Census Tract (Nationally normed), San Diego County, 2023

Count of Students experiencing Homelessness by Subregional Area (SRA), San Diego County, 2024-2025

Region	Count	Percent
Central Region	1,615	30.4%
East Region	2,281	34.4%
North Central Region	2,752	34.4%
North West Region	2,182	33.0%
South West Region	3,160	31.6%
South Region	3,396	37.6%

Morbidity Outcomes, Ages 0-17 years, San Diego County, 2023

Health Condition Group	Morbidity Outcomes due to Asthma, Ages 0-17 years, San Diego County, 2023	Hospitalization Rate (per 100,000)
Asthma	410.4	223.2
Other Health Conditions	126.6	46.3

The Child and Teen Health and Well-Being dashboard focuses on: Demographics, Social determinants of health indicators, California Strong Start Index (CASSI), Child Opportunity Index (COI) 3.0, Education and immunization indicators, Homelessness, Mortality and morbidity outcomes.

Aging Dashboard

Home Demographics Goal 1: Housing Goal 2: Health Reimagined Goal 3: Inclusion & Equity

County of San Diego Aging Dashboard

Background:

The Aging Dashboard is modeled after California's Master Plan for Aging (MPA), which outlines five bold goals to support and empower California's aging population. The purpose of the County of San Diego Aging Dashboard is to serve as a centralized source of data on older adults in San Diego County. Unless otherwise noted, all indicators reflect information specific to adults aged 60 and older.

Click on the buttons below to navigate to each section:

Demographics

- Population by Age Group
- Population Projections
- Sexual Orientation
- Age by Municipality
- English Proficiency

Goal 3: Inclusion & Equity

- Medicare
- Language
- Race/Ethnicity
- Perceptions of Neighborhood Support

Goal 1: Housing

- Fair Market Rent
- Housing Tenure
- Affordable Housing Units
- Aging in Place

Goal 4: Caregiving

- Family & Friend Caregivers
- Home Health & Personal Care Aide Wages
- Home Health & Personal Care Aide Employment

Goal 2: Health Reimagined

- Alzheimer's Disease & Non-Alzheimer's Dementia
- Organizations Serving Older Adults
- Mental Health Professional Visits
- Psychological Distress
- Licensed RCFEs & SNFs
- Disability Data
- Life Expectancy
- Falls
- Dental Data
- Mortality Data

Goal 5: Affording Aging

- Income Distribution
- Income Sources
- Food Security
- Labor Force & Unemployment
- Cost of Living
- Poverty
- Homelessness
- Long Term Care

County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, October 2025.

View on Tableau Public



The Aging Dashboard follows the California Master Plan for Aging (MPA), focusing on: Demographics, Housing, Health and Mortality, Inclusion and Equity, Caregiving, and Affording Aging.



LIVE WELL SAN DIEGO

Home Demographics Goal 1: Housing Goal 2: Health Reimagined Goal 3: Inclusion & Equity

County of San Diego Aging Dashboard

Demographics

Population by Age Group

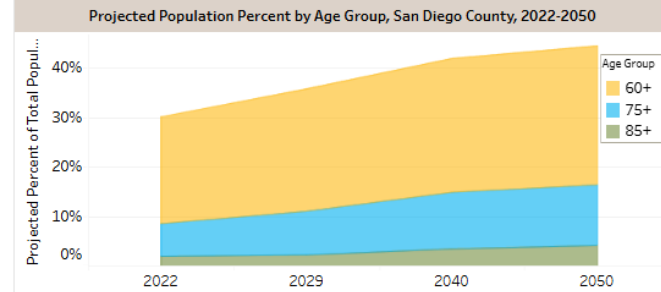
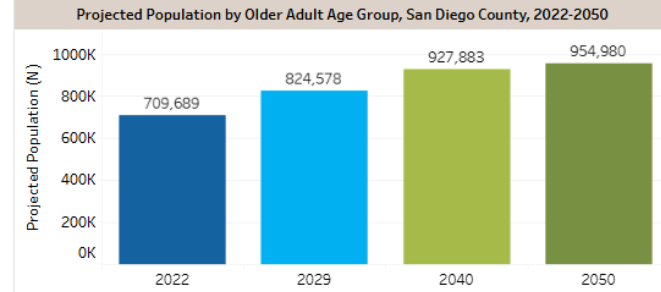
Race/Ethnicity & Sexual Orientation

Language & English Proficiency

Population Projections

Age by Municipality

Filter by Age Group
60+



Source: SANDAG Series 15 Regional Forecast, San Diego County. Available at <https://www.sandag.org/>
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, October 2025.

View on Tableau Public

Home Demographics Goal 1: Housing Goal 2: Health Reimagined Goal 3: Inclusion & Equity

County of San Diego Aging Dashboard

Goal 1: Housing

Housing

Fair Market Rent

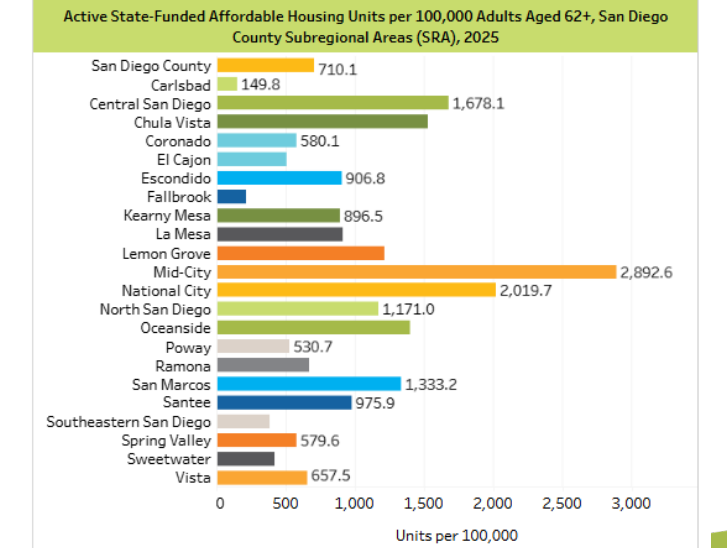
Affordable Housing - County

Affordable Housing - State

Aging In Place

Filter by Age Group: 62+

Filter by Status: Active



Note: Funding may be in combination with County of San Diego funding for some properties.
Source: California State Treasurer, California Tax Credit Allocation Committee, Project Mapping, List of Projects, August 2025.
Rates calculated using San Diego Association of Governments (SANDAG) Population Estimates, 2023 (v1/2025).
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, October 2025.

View on Tableau Public

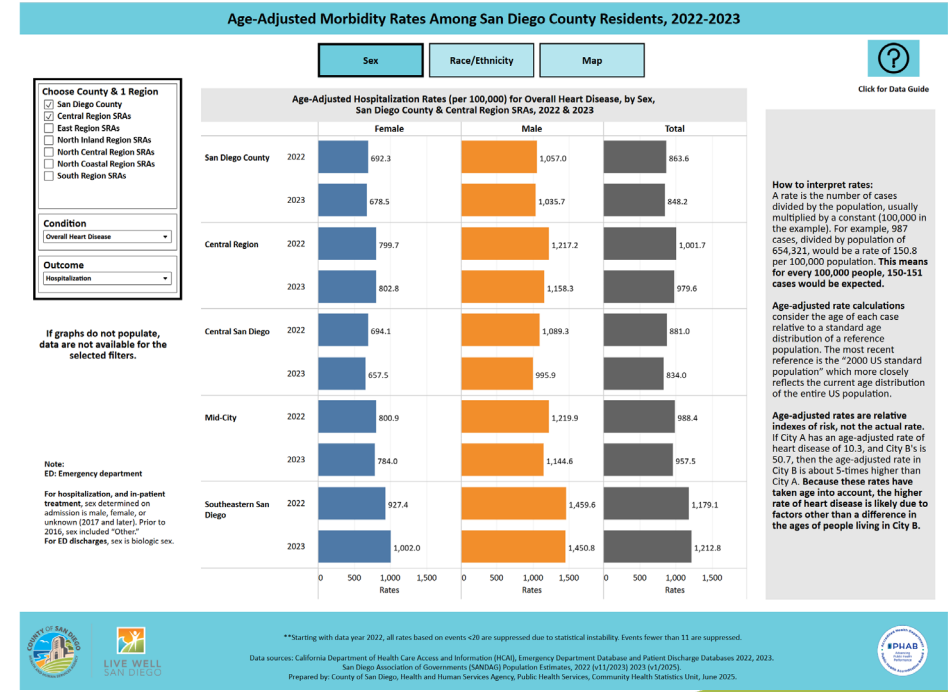
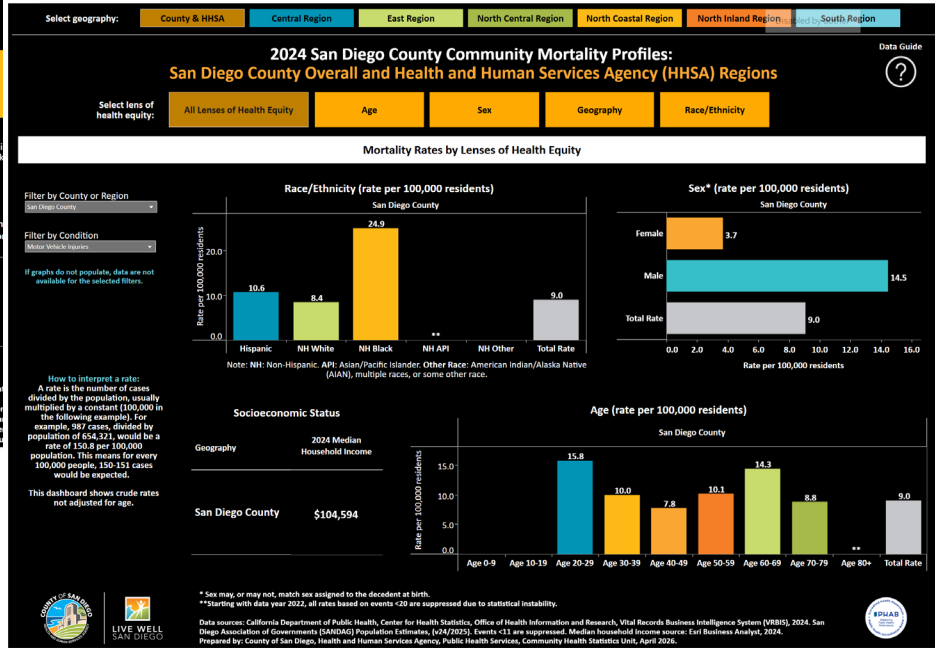
Health Dashboards



LIVE WELL
SAN DIEGO

Community Morbidity and Mortality Profiles (by Region or Municipality)

Community Profile Age-Adjusted Trends (by Region or Municipality)



* Sex may, or may not, match sex assigned to the decedent at birth.
 **Starting with data year 2022, all rates based on events <20 are suppressed due to statistical instability.
 Data sources: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2024. San Diego Association of Governments (SANDAG) Population Estimates, (x24/2025). Events <11 are suppressed. Median household income source: ERI Business Analyst, 2024. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, April 2026.

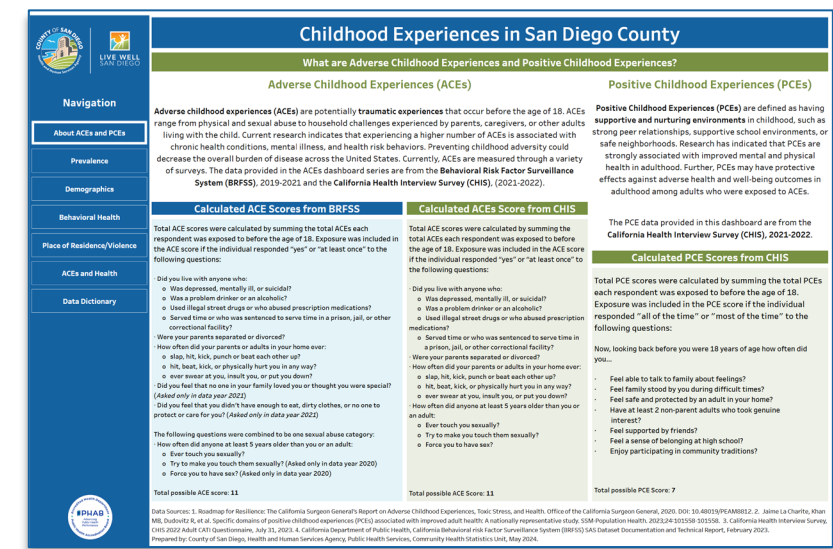
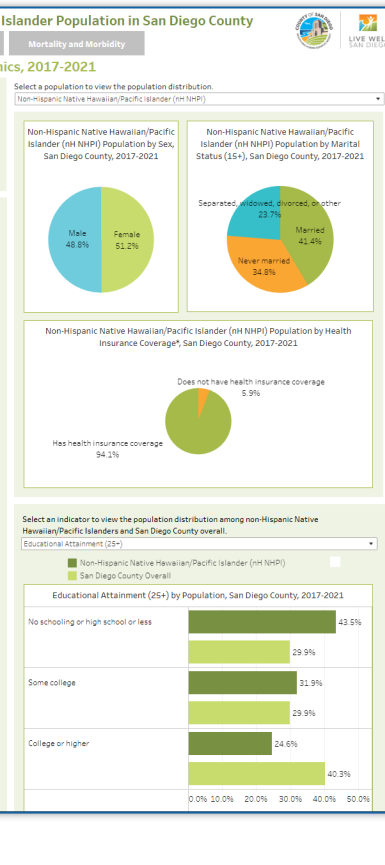
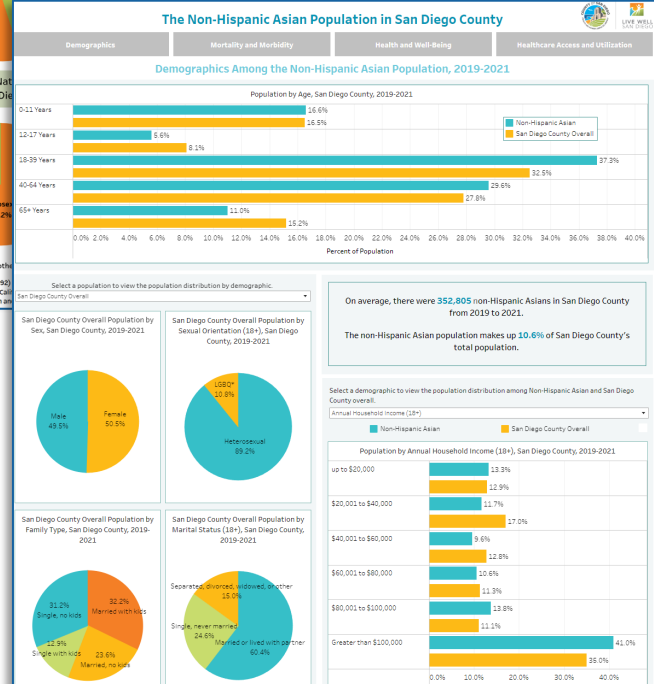
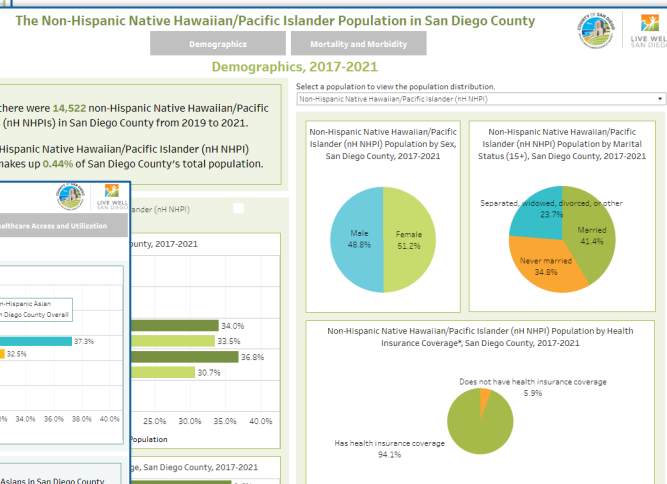
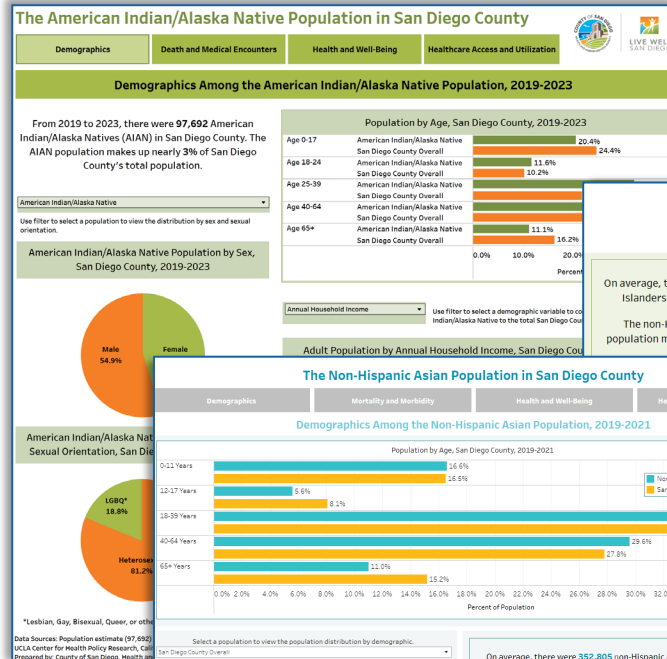
Health Dashboards



LIVE WELL
SAN DIEGO

Small Populations Dashboards

Childhood Experiences Dashboard



Health Equity Dashboards



Racial Equity Dashboard

RACIAL EQUITY DASHBOARD

The Racial Equity Dashboard helps to visualize demographic data, social determinants of health (SDOH), and health outcomes disaggregated by race/ethnicity or race and ethnicity.

Please click the dashboard buttons to navigate. Click the home button (🏠) on any dashboard to return to this page.

Demographic Data

Population Distribution

- Population distribution by race/ethnicity
- Population distribution by age, sex, at birth, geography, race and ethnicity

Population Distribution Pyramids

- Population distribution by age, sex at birth, geography, race and ethnicity. Represented as population pyramids

Marital Status

- Marital status by geography, race and ethnicity

Social Determinants of Health by Race and Ethnicity

Health

- Disability
- Health insurance

Knowledge

- School enrollment
- Educational attainment
- Field of bachelor's degree

Standard of Living

- Employment status
- Household income
- Poverty status
- Supplemental Nutrition Assistance Program (SNAP)

Community

- Means of commute
- Tenure
- Homelessness

Social Determinants of Health by Race/Ethnicity

Health

- Life expectancy
- Usual source of care
- Finding primary care

Knowledge

- Annual school enrollment
- Dropout percentage

Standard of Living

- Food insecurity
- Forgone medical care
- Problems paying medical bills

Community

- Neighborhood safety and trust
- Home purchase loan denials
- Subsidized housing

Social

- Voter engagement
- Volunteer work
- Jail incarceration
- Psychological distress
- Students: Alcohol and drug use, bullying, depression

See the Racial Equity Framework and Outcomes Brief on www.SDHealthStatistics.com for detailed information.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, September 2023.

LGBTQ Dashboards

Lesbian, Gay, Bisexual, Transgender, and Queer Youth in San Diego County

About the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Youth Population

About LGBTQ Health and Well-Being

Individuals who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ) are diverse and include people of all demographic backgrounds, and frequently have intersecting identities. Members of the LGBTQ community are at increased risk for a number of poor health and well-being outcomes compared to heterosexual and cisgender people as a result of social and structural inequities. This dashboard provides data on some health and well-being issues and highlights that affect the LGBTQ community.

The lived experiences and needs of the LGBTQ population vary by their intersecting identities, including sexual orientation, gender, age, and race/ethnicity. Research has indicated that health and well-being outcomes and health behaviors may vary significantly by specific sexual orientation and gender identities that exist within the community. Recent data from the California Healthy Kids Survey (CHKS) have provided an opportunity to produce health and well-being outcomes disaggregated by sexual orientation and gender identity for San Diego County youth. This data may help to identify and address the unique health and well-being concerns for youth of the sexual orientation and gender identity groups.

9.5% of youth ages 13 to 17 in the United States identified as LGBT from 2017-2019.

1 in 6 teenage students in San Diego County identified as Lesbian, Gay, Bisexual, or some other sexual minority from 2021-2023.

2.3% of teenage students in San Diego County identified as Transgender from 2021-2023.

Important Terminology:

- Sexual Orientation:** Sexual orientation refers to a person's emotional, social, and/or relational attraction towards other people. Heterosexuality, or straight, is used to identify those who are attracted to individuals of a different sex than their own sex. The terms used in this dashboard are defined below.
- Lesbian:** A person who self-identifies as being an emotional, social, and/or relational attraction to other women.
- Gay:** A man who self-identifies as having an emotional, social, and/or relational attraction to other men.
- Bisexual:** A person who self-identifies as having emotional, social, and/or relational attraction to the same or different sex or to more than one gender.
- Queer:** In this dashboard, queer is used to describe individuals who may identify as lesbian, gay, bisexual, or another sexual identity within the LGBTQ community, queer is frequently used as an umbrella term to describe individuals in the LGBTQ community, including transgender and other people and is not used on the maps in this dashboard. Queer is a non-binary term. Other terms to describe them referring to issues and experiences affecting the LGBTQ groups under this dashboard. Because it is difficult to discuss include gay, bisexual, and transgender people, those who do not identify as queer are urged to use the term with caution, or not at all.
- Gender Identity:** Gender identity refers to a person's internal sense of being male, female or something else. Gender identity can be the same or different than their sex assigned at birth. Gender identity is not related to sexual orientation. The term used to describe gender identity in this dashboard is defined below.
- Transgender:** An umbrella term used to describe the people whose gender identity and/or expression is different from that typically associated with their assigned sex at birth.
- Nonbinary:** Individuals who do not identify their gender as male or female. Other terms to describe this identity include genderqueer, genderfluid, gender creative, etc.
- Cisgender:** A person whose gender identity matches their assigned sex at birth.

To learn more about the data included in this dashboard, visit the [About the Data](#) section.

Data sources: Centers for Disease Control and Prevention (CDC), about LGBT Health, <https://www.cdc.gov/od/oc/lgbtq/index.htm>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), <https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/>; Kaiser Family Foundation (KFF), [https://www.kff](https://www.kff.org/health-equity/issue-brief/2021/04/2021-national-health-and-well-being-survey-lesbian-gay-bisexual-transgender-and-queer-youth/)

Demographic Profiles



Demographic Profiles

San Diego County: 2020-2024 Region/Subregional Area (SRA) Demographic Profiles

The *Regional/Subregional Area (SRA) Demographic Profiles* are a compilation of information relating to demographic characteristics of specific populations in San Diego County. Each profile contains demographic data by HHS Region and subregional area (SRA) including age, sex, race/ethnicity distributions, school enrollment, educational attainment, income, occupation, housing, and other social/economic data. Many of these factors have been implicated at the roots of health disparities.

The purpose of the *Regional/Subregional Area (SRA) Demographic Profiles* is to provide detailed information about the characteristics of the people living in San Diego County. It is designed to help HHS staff in each of the Health and Human Services Agency Regions and other local organizations, including *Live Well San Diego* recognized partners, identify and prioritize needs within their communities. These profiles are made available to the public health community and public policymakers to better understand and manage the health and well-being of the residents of our County.

San Diego County: 2020-2024 City Demographic Profiles

The *City Demographic Profiles* are a compilation of information relating to demographic characteristics of specific populations in San Diego County. Each profile contains demographic data for municipalities (incorporated cities) and the unincorporated area including age, sex, race/ethnicity distributions, school enrollment, educational attainment, income, occupation, housing, and other social/economic data. Many of these factors have been implicated at the roots of health disparities.

The purpose of the *City Demographic Profiles* is to provide detailed information about the characteristics of the people living in San Diego County. It is designed to help HHS staff in each of the Health and Human Services Agency Regions and other local organizations, including *Live Well San Diego* recognized partners, identify and prioritize needs within their communities. These profiles are made available to the public health community and public policymakers to better understand and manage the health and well-being of the residents of our County.

Click on the images to navigate.

Population Map	Population Characteristics	Population - API	Population - Language
Map of population distribution	Residents by sex, race/ethnicity, and age distribution; Population 15+ by marital status; Older Adults by household type; Foreign-born population	Asian and Other Pacific Islander (API) population by group	Language spoken at home for the population 5+ by ability to speak English
Housing Characteristics	Income and Benefits	Poverty	Economy
Housing units and by tenure, median gross rent, median house value, monthly housing costs as percentage of household income, vehicles in housing unit	Median household income, income and benefits in households, households by household income, food stamps/SNAP/CalFresh, specific income eligibility criteria	Percent of the population at specified federal poverty levels, percent of the population in poverty by age group and for specific subpopulations	Unemployment, labor force by occupation and industry, means of commuting to work, and older adults in the labor force
Education	Kinship	Health Insurance and Disability	Veterans
School enrollment by age group, grade level, and grade and type of school; educational attainment	Children by household type and relationship to householder, single parent households, grandparents responsible for grandchildren	Health insurance status and by age group; persons with a disability, type of disability, and by age group	Veterans by sex, age, race/ethnicity, educational attainment, period of service, median income, and percentage below poverty

A PDF version of the 2024 City Demographic Profiles by indicator can be accessed [here](#).

For additional information, including data, resources, and reports: www.sdhhsstatistics.com
 Contact the Community Health Statistics Unit at 619-692-6667 or email us at PHS.CHSU.HHSA@sdcounty.ca.gov

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

2020-2024 Supervisorial District Demographic Profiles

The *Supervisorial District Demographic Profiles* are a compilation of information relating to demographic characteristics of specific populations in San Diego County. Each profile contains demographic data for each of the five supervisorial districts including age, sex, race/ethnicity distributions, school enrollment, educational attainment, income, occupation, housing, and other social/economic data. Many of these factors have been implicated at the roots of health disparities.

The purpose of the *Supervisorial District Demographic Profiles* is to provide detailed information about the characteristics of the people living in San Diego County. It is designed to help the Board of Supervisors and other local organizations, including *Live Well San Diego* recognized partners, identify and prioritize needs within their communities. These profiles are made available to the public health community and public policymakers to better understand and manage the health and well-being of the residents of our County.

San Diego County: 2020-2024 Census Tract Demographic Profiles

The *Census Tract Demographic Profiles* are a compilation of information relating to demographic characteristics of specific populations in San Diego County. Each profile contains demographic data by census tract including age, sex, race/ethnicity distributions, school enrollment, educational attainment, income, occupation, housing, and other social/economic data. Many of these factors have been implicated at the roots of health disparities.

The purpose of the *Census Tract Demographic Profiles* is to provide detailed information about the characteristics of the people living in San Diego County. It is designed to help HHS staff in each of the Health and Human Services Agency Regions and other local organizations, including *Live Well San Diego* recognized partners, identify and prioritize needs within their communities. These profiles are made available to the public health community and public policymakers to better understand and manage the health and well-being of the residents of our County.

Click on the images to navigate.

Population Map	Population Characteristics	Population - API	Population - Language
Map of population distribution	Residents by sex, race/ethnicity, and age distribution; Population 15+ by marital status; Older adults by household type; Foreign-born population	Asian and Other Pacific Islander (API) population by group	Language spoken at home for the population 5+ by ability to speak English
Housing Characteristics	Income and Benefits	Poverty	Economy
Housing units and by tenure, median gross rent, median house value, monthly housing costs as percentage of household income, vehicles in housing unit	Median household income, income and benefits in households, households by household income, food stamps/SNAP/CalFresh, specific income eligibility criteria	Percent of the population at specified federal poverty levels, percent of the population in poverty by age group and for specific subpopulations	Unemployment, labor force by occupation and industry, means of commuting to work, and older adults in the labor force
Education	Kinship	Health Insurance and Disability	Veterans
School enrollment by age group, grade level, and grade and type of school; educational attainment	Children by household type and relationship to householder, single parent households, grandparents responsible for grandchildren	Health insurance status and by age group; persons with a disability, type of disability, and by age group	Veterans by sex, age, race/ethnicity, educational attainment, period of service, median income, and percentage below poverty

A PDF version of the 2024 Census Tract Demographic Profiles by indicator can be accessed [here](#).

For additional information, including data, resources, and reports: www.sdhhsstatistics.com
 Contact the Community Health Statistics Unit at 619-692-6667 or email us at PHS.CHSU.HHSA@sdcounty.ca.gov

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

Interactive Tableau Dashboards available for:

- Census Tracts
- Regions and Subregional Areas
- Supervisorial Districts
- Cities and the Unincorporated Area

Demographic profiles in PDF format available for:

- Regions and Subregional Areas
- Supervisorial Districts
- Cities and the Unincorporated Area

2024 MENA Profile



The cover of the report features the County of San Diego and Live Well San Diego logos at the top left. The title "2024 San Diego County Middle Eastern and North African Population by Ancestry and Place of Birth" is centered in orange text. Below the title is a photograph of a diverse group of people in traditional Middle Eastern and North African attire. At the bottom, an orange banner contains the text "County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit" and "April 2026", along with the PHAD logo.

The **MENA Profile** explores the Middle Eastern and North African (MENA) population by ancestry and place of birth in lieu of a direct method to estimate this population.

Data is available by region, subregional area, municipality, and supervisorial district.

Scan the QR code to access the latest version of the **MENA Profile!**



Regional and Population Data



Regional Data



- Community Health Assessment Presentations
- Health Briefs
- Health Status Reports

Maps and Spatial Data



- Disease and Injury Atlases
- Maps:
 - Healthy Places Index
 - Economic Hardship Index
 - Walkability Index

Population and Health



- Population Health and the Environment
 - Brief and Dashboard
- Water Quality

Maps and Spatial Data



- Chronic Disease Prevalence and Health Behaviors
- Disease Information Packets
 - Fact Sheet, Descriptive Summary, Slide Set, and Critical Pathway



THANK YOU

For more information, including data, resources and reports, from Public Health Services:

www.SDHealthStatistics.com

Contact Information:

Christopher O'Malley, MPH, CPH
Christopher.Omalley@sdcounty.ca.gov

Maria Peña, MPH
Maria.Pena@sdcounty.ca.gov

Gustavo Barraza, MSSc
GustavoA.Barraza@sdcounty.ca.gov

Community Health Statistics Unit
PHS.CHSU.HHSA@sdcounty.ca.gov



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