



Live Well San Diego

COMMUNITY HEALTH ASSESSMENT

FY 2022-23, 2023-24, and 2024-25



Community Health Assessment

2023-2025



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO

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This document was developed under the General Management System of the County of San Diego and is in support of *Live Well San Diego*. This CHA was produced by Public Health Services Administration staff within the Community Health Statistics Unit (CHSU) and the Office of Performance and Improvement Management (OPIM).

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Dear San Diegans:

The County of San Diego is pleased to publish the *Live Well San Diego FY 2023-25 Community Health Assessment (CHA)*. For the first time, we are making this CHA available as an online dashboard to increase its accessibility and to help you get more frequent updates.

The CHA is part of our efforts as a county government to be data-driven when deciding what priorities should be the focus of our collective efforts. The *Live Well San Diego* Community Leadership Teams use this information to identify priorities for their respective communities and to guide action toward positive change throughout the county. Similarly, more than 530 recognized partners across every sector benefit from easy access to community assessment data, along with many other data resources provided by the County of San Diego team.

It is important that the Community Health Assessment is reflective of all San Diegans. That is why the assessment looks at data by age, race and ethnicity, gender, socioeconomic status, and geography wherever possible. This is consistent with the vision of *Live Well San Diego* which means that all residents, regardless of who they are and where they live, have the opportunity to “live well.”

I am also very pleased that this CHA goes beyond the previous two assessments. In addition to being online with the advantages this offers, it includes an expansive set of assessments (conducted by this County and other agencies) and includes a new section of observations which examine topical areas of interest for key trends. Next cycle, we will be coordinating this planning effort with the Medi-Cal managed care plans, per new State guidance, which will enhance our collective efforts to identify characteristics and needs of the Medi-Cal population.

I want to thank everyone for making this *Community Health Assessment* possible. I encourage you to enjoy exploring the dashboard and the many other resources linked to it. Also, be sure to visit livewellsd.org and the Community Health Statistics Unit website, at sdhealthstatistics.com, where additional information and data related to our collective vision can be found.

Sincerely,

ERIC MCDONALD, M.D., M.P.H., F.A.C.E.P.
Agency Interim Director
Health and Human Services Agency
County of San Diego



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Dear San Diego County Residents:

The County of San Diego is pleased to publish the *Live Well San Diego FY 2023-25 Community Health Assessment (CHA)*. This is the third CHA issued by Public Health Services (PHS) and is a systematic examination of health indicators for the population of San Diego. I am very excited that, for the first time, this CHA is available as an online dashboard to increase its accessibility and to make it easier to keep up-to-date.

The CHA is a component of the Mobilizing for Action through Planning and Partnership (MAPP), a community planning model that is widely used by public health departments across the country. This assessment serves a very practical purpose in that it helps to inform Community Leadership Teams (CLTs) in the HHSA Regions as they develop and implement community plans, which is also part of the MAPP model. This CHA also informs the work of this public health department.

This 2023-25 CHA is very robust in part because it is an online dashboard. This CHA includes the results of various assessments conducted as part of the MAPP model, demographic data, morbidity and mortality data, and data for indicators across the *Live Well San Diego* Areas of Influence. A collection of 40 assessments reflects the range of public health concerns in San Diego County. A section for observations provides some analysis of key trends to improve understanding and encourage action. Throughout the CHA, data are shown by different lenses — race and ethnicity, sex, age, socioeconomic status, and geography — whenever possible.

Soon after this CHA is published, a new *2023-25 Community Health Improvement Plan (CHIP)* is scheduled to be released. The Countywide CHIP will identify plans of action, informed by data in this CHA, for each of the five CLTs. Community planning is essential to effective community engagement and is required by the Public Health Accreditation Board, for which this County earned accreditation status in 2016 and was reaccredited in 2023.

I hope that you will use this CHA as a portal to a wealth of information across the social determinants of health. I am very proud of our efforts to help communities make data-driven decisions to improve health and advance the vision of *Live Well San Diego*.

Sincerely,

Wilma J. Wooten, M.D.

WILMA J. WOOTEN, M.D., M.P.H.
Public Health Officer
Public Health Services



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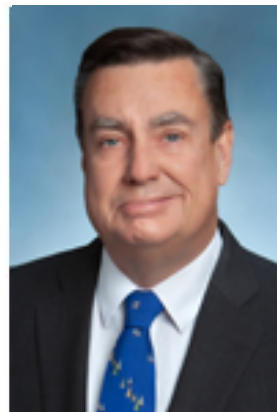
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Introduction

The Community Health Assessment (CHA) for FY 2022-23, 2023-24, 2024-25 is a systematic examination of health status indicators, for the population of San Diego. For the first time, this CHA is available as an online dashboard so that it can be updated more frequently and is widely available to the community. This CHA is used to identify key assets, trends and challenges, with the purpose of informing community planning activity. The guide to the Dashboard is to the left. Most sections have links to additional dashboards maintained by Public Health Services (PHS) or original source data available from PHS or other agencies.

Methodology

The overall methodology is collective impact in that this CHA supports the *Live Well San Diego* vision shared by a wide array of partners across the broader San Diego Region. The planning methodology is Mobilizing for Planning and Partnership (MAPP) and is described in this section. Communities of Excellence, a Malcolm Bridge National Quality Program, is also reflected in the approach.

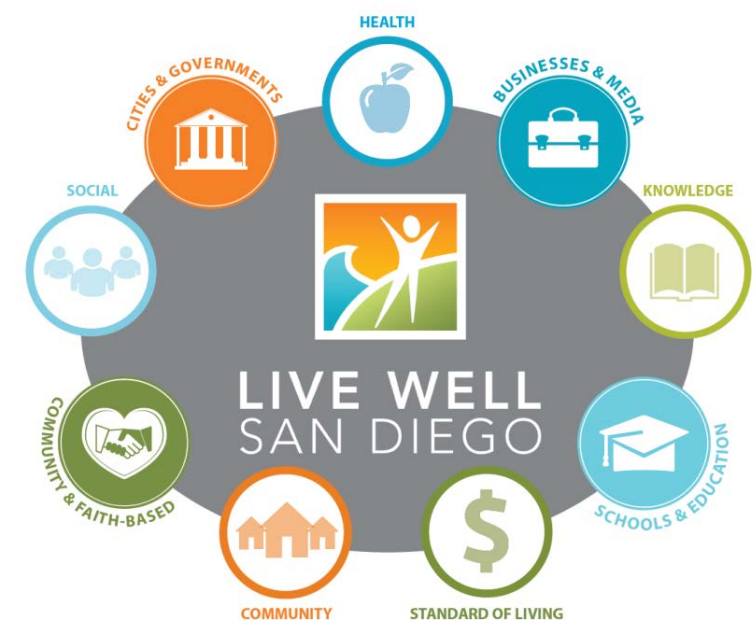
Results

These are captured for the **MAPP Assessments**, **Demographic** data, and **Morbidity and Mortality** data. This CHA is comprehensive because it reflects the social determinants of health and also provides data by health equity lens (age, sex, race and ethnicity, socioeconomic status, and geography) whenever possible. The *Live Well San Diego Areas of Influence* provide a structure for showing data by all dimensions that support living well—Health, Knowledge, Standard of Living, Community and Social (*Figure 1*). A wide range of **Assessments** are also organized by Areas of Influence and capture assessments conducted by a wide range of programs and agencies with expertise.

Summary

Observations about the data and assessments in key topical areas of interest to the community are offered to help users formulate ideas from the wealth of information. The CHA concludes with information about key **Partners** in the development of the CHA and other community planning activities, a listing of **Community Assets** that are most current and relevant to these activities, and **Regional Priorities** of the five Community Leadership Teams in the Health and Human Services Agency (HHS) regions who are key users for the CHA as part of planning activities in which they are engaged on behalf of their communities that lead to their respective Community Enrichment Plans.

Figure 1: *Live Well San Diego* Areas of Influence and Sectors.



Source: *Live Well San Diego*, <https://www.livewellsd.org/> 2010.

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The Community Health Assessment Defined

This **Community Health Assessment (CHA)**, FY 2023-25, reflects the rigor that the County of San Diego applies to its community planning activities that support *Live Well San Diego*. It is a systematic examination of health status indicators, including the social determinants of health, for the population of San Diego. It is used to identify key assets, trends and challenges, with the purpose of informing community planning activity. The purpose is to provide data and information to inform community health planning efforts. For the first time, Public Health Services will be presenting its Community Health Assessment as an **online dashboard**. The intention is to allow for easy updates, improve access, and ensure data are timely and relevant.

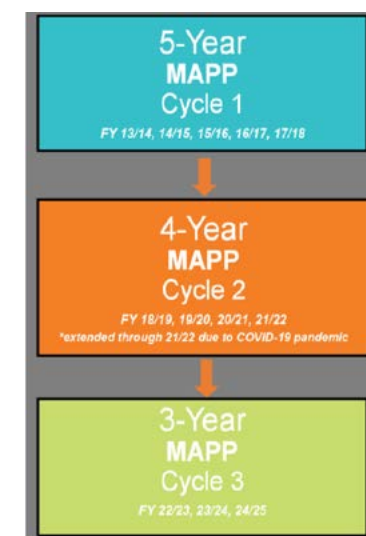
As in past years, the CHA is organized by the *Live Well San Diego* **Areas of Influence**: Health, Knowledge, Standard of Living, Community, and Social. These Areas of Influence comprise what it means to “live well.” This structure better fits the broader, more holistic approach to health that *Live Well San Diego* represents. It is now widely recognized that the **social determinants of health (SDOH)**, referring to the economic and social conditions of health, influence individual and group differences in health status.

While the County of San Diego, Public Health Services, maintains a wide range of data, the full CHA is compiled and released every three years as part of the community planning process. With this new dashboard, data will be updated as new data becomes available, with all content reviewed at least annually. This CHA captures data used for the three-year planning cycle of FY 2022-23, 2023-24, and 2024-25. Most health data are available through 2021, while other SDOH data are available through 2023.

Third Cycle for Community Planning

This CHA is a product of Cycle 3 of the County of San Diego’s community planning process, called **Mobilizing for Action through Planning and Partnership (MAPP)**, developed by the National Association of City and County Health Officials (NACCHO). **Beginning FY 2022-23, the County adopted a shorter, three-year cycle** (Cycle 1 was a five-year cycle). Cycle 2 was extended to 4 years because of delays due to COVID-19 (*Figure 2*). By shortening the planning cycle, the County hopes that the community planning process can be more responsive to changes in the environment. This also promotes better coordination with other relevant organizations, including the Hospital Association of San Diego and Imperial Counties, which already had a three-year planning cycle; and the Medi-Cal Managed Care Plans, for which new guidance from the California Department of Public Health encourages local health departments to work more closely with in community planning.

Figure 2: MAPP Planning Cycles in San Diego County.



Source: Prepared by Office of Performance & Improvement Management, Public Health Services Administration Branch, HHSA.

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Combined Methodology

Several methodologies are applicable to the development of this CHA. **The CHA is prepared as part of an overall collective impact effort.** This assessment data is prepared for multiple partners who conduct mutually reinforcing activities to advance a shared vision of *Live Well San Diego*. The specific planning methodology is **MAPP, as described above**, which fits well with San Diego's needs given the size and diversity of the county. This method is also consistent with **national public health accreditation requirements**.

Additionally, the **Communities of Excellence** model, based on the Malcolm Baldrige National Quality Program is reflected. This model involves a rigorous review of data to identify community needs and priorities. More on these methodologies is explained in the **Methodology** section.

Evolving Regional Structure to Strengthen Community Engagement

The Health and Human Services Agency (HHSA) continues to evolve to better serve the residents of San Diego. **In 1998, a new regional delivery system was created.** Six regions were created, two of which were combined administratively into one region (North Coastal and North Inland) to make five regions (**Figure 3**).

Organizational changes have occurred over the years to meet new demands.

Live Well San Diego is the collective initiative effort adopted by the Board of Supervisors in 2010 and represents the shared vision that guides all County departments and partners. **The regions have played a major part in *Live Well San Diego***, representing action on the ground through the *Live Well San Diego* Regional Leadership Teams, also called **Community Leadership Teams (CLTs)**. As part of the pandemic response, *Live Well San Diego* was an enormous benefit, providing a platform to enlist and engage partners, principally through Telebriefings and activities organized by sector.



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Figure 3: Map of Six HHSA Service Delivery Regions.



Source: HHSA Regions from livewellsd.org.

In 2022, building on lessons learned during the COVID-19 pandemic, the Department of Homeless Solutions and Equitable Communities was formed. Within that department, the **Office of Equitable Communities (OEqC)** focuses on enhancing community engagement and collaboration to meet needs of underserved communities and serve as the primary contact for partners to access integrated efforts across the County enterprise.

After a hiatus during the pandemic, the **CLTs were re-started and reinvigorated in early 2022 by OEqC along with community leaders.** Regional Communities Coordinators were hired for their experience in community engagement. New chairs and co-chairs for the CLTs assumed leadership roles. Community engagement staff within OEqC were tasked with supporting the CLTs in their review of community data and in the process of identifying priorities and developing a community health improvement plan (referred as Community Enrichment Plans or CEPs). Public Health Services provides technical support in terms of data, facilitation, and tracking of progress.

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Live Well San Diego, its Origins and its Impact

This CHA supports community planning that is key to the *Live Well San Diego* vision, a collective impact effort of the County of San Diego. *Live Well San Diego* currently engages over 530 partners across every sector along with the entire County enterprise, everyone working together to improve the health and well-being of our residents. Approved by the County Board of Supervisors in 2010, *Live Well San Diego* has three main components—Building Better Health, Living Safely, and Thriving. The framework of *Live Well San Diego* is reflected in the Pyramid to the right (**Figure 4**). **The 5 Areas of Influence, by which this CHA is organized, are what together represent “living well,”** which reflects that overall well-being is more than good physical health, and includes knowledge or learning, having sufficient resources, living in safe and clean communities, and having social supports and connection.

One of the factors that led to the launch of *Live Well San Diego* was the problem of chronic disease, a major cause of premature death and disability. A simple message—3-4-50 approach—refers to 3 behaviors lead to 4 diseases that in turn contribute to more than 50 percent of deaths. This message was the foundation for Building Better Health, the first component of *Live Well San Diego*, and the other components followed. Improvement has been realized across each HHSA region of the County in terms of reduction in chronic disease as a contributor to death. Although disparities persist across race and ethnic groups and geography, this progress is notable and a tribute to the the benefits of collective efforts. The data over time are linked in the **Morbidity and Mortality** section of this dashboard and reflect our progress.

Figure 4: Live Well San Diego Vision Pyramid.



Source: Data & Indicators at <https://www.livewellsd.org/>

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New County and Agency Priorities in Post-Pandemic Environment

While chronic disease prevention, which inspired the launch of *Live Well San Diego*, remains a focus, **new issues have emerged from the COVID-19 pandemic.**

The County's General Management System, referring to the operating manual of the County, was "re-imagined," whereby "**Community Engagement**" was placed at its center, and "**Equity**" established as a guiding value (**Figure 5**). New County and Agency Strategic Plans also reflect new preeminence placed on "Community Engagement" and "Equity," along with other newer areas of focus, such as "Sustainability" and "Workforce" (**Figure 6**).

This CHA captures what resonated with the Community Leadership Teams—concerns that are different than previous planning cycles. These **topics are housing and homelessness; behavioral health issues, particularly among the youth; and income and food insecurity.** These concerns emerged after data presentations made to the CLTs in each region, analysis of results of a follow-up survey, and discussions with the CLTs that took place over multiple meetings beginning in early 2022. More information on the priorities by region can be found in the **Regional Priorities** section.

Figure 5: County of San Diego General Management System Reimagined, 2021.



Source: CAO Recommended Operational Plan FY 2022-23 and 2023-24, Introduction.

Figure 6: Health and Human Services Agency Strategic Plan, 2022.

Strategic Initiative Alignment

HHS has identified six Agency Strategic Initiatives (**Sustainability, Workforce, Community Engagement, Equity, Service Delivery Coordination, and Systems & Technology**) that drive long-term Agency-wide performance excellence and focus our efforts on Agency goals to deliver increasing value to the people we serve. These Agency Strategic Initiatives directly support our County Strategic Initiatives (**Sustainability, Empower, Community, Equity, and Justice**).



Source: 2022-24 HHS Strategic Plan, also referred to as the "Agency Promise."

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Embracing Population Health Change

This CHA reflects San Diego County's commitment to impacting population change efforts. Population indicators have been identified that reflect the shared *Live Well San Diego* vision, referred to as the *Live Well San Diego Indicators Dashboard*. In addition, population indicators have been adopted by Public Health Services (with some overlap) that more directly speak to PHS programs and initiatives, referred to as the **PHS Outcomes Dashboard**, which is also required of all accredited public health departments to research long-term impacts of public health department programs. Both Dashboards can be found in Appendix V of the linked document to the right.

In the **2023-24 and 2024-25 PHS Strategic Plan**, linked to the right, a **Health Equity** and a **Population Health** goal have been identified by each of the seven branches, reflecting a commitment to keep the focus of program activity on community or population needs.

Adopting ambitious goals, as reflected in population indicators, and then taking actions to affect change through mutually reinforcing activities with programs and partners, reflects the collective impact approach, which is *Live Well San Diego*. This CHA provides the data to that helps identify problems, inspires change efforts, and can also inform action through the monitoring of population trend data over the longer term. Data from the CHA is an important element of communicating or "telling stories" of community aspiration to overcome challenges.

Regional data presentations delivered by PHS to each Community Leadership Team (CLT) made accessible a wide array of population and community level data. Beginning in the FY 2022-23 planning cycle, the CLTs have found special value in reviewing population data as their communities were coming out of the pandemic, revealing new stresses and challenges that communities faced. **Each of the CLTs has adopted a new Community Enrichment Plan with three priorities identified based on concerns centered around population indicators** reflecting commitment to seeking bold change by realizing improvement in these indicators over the longer term. See the **Regional Priorities** section of this CHA.



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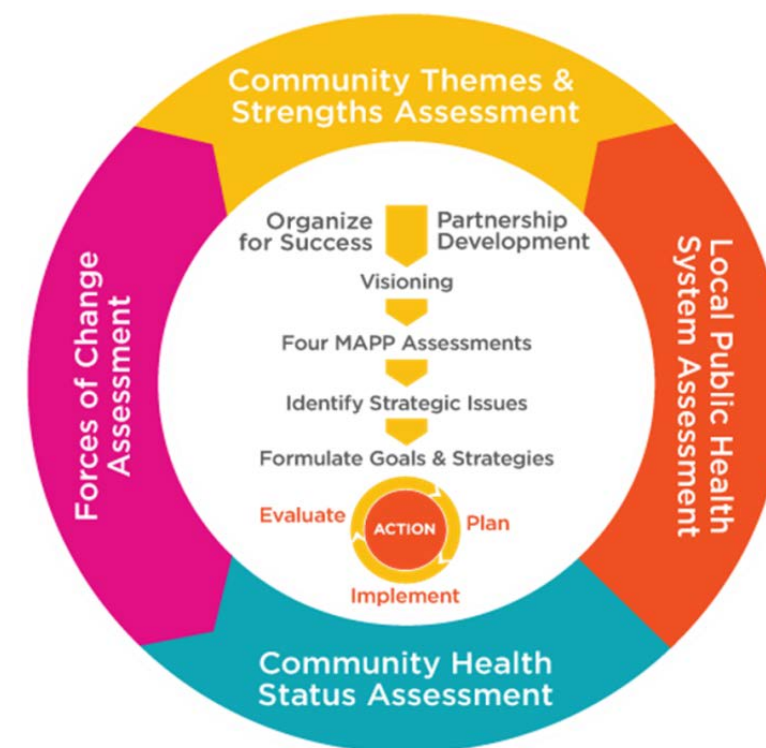
Overall Methodology: The CHA is part of the community planning model that HHSA follows, called **Mobilizing for Action through Planning and Partnerships (MAPP)**. MAPP includes several assessments that inform planning efforts and ultimately contribute to Community Enrichment Plans adopted by the CLTs (**Figure 7**). Primary and secondary data are collected as part of this comprehensive, broad-based CHA. Primary data are collected through surveys of community partners, mostly through the CLTs. Secondary data come from a wide range of data sources, such as the California Department of Health Care Access and Information (HCAI) and U.S. Census Bureau's American Community Survey, to name a few.

The MAPP model has been followed for several cycles in San Diego County—from FY 2013 through FY 2018 (five years) and then shortened to a three-year cycle, with one year added due to the interruption of COVID-19 (FY 2019 through FY 2022), and the current cycle which is FY 2023 to FY 2025. In San Diego County the process involves Community Leadership Teams within the HHSA regions, involving multiple partners across sectors, and supported by County staff. The shortened 3-year cycle was adopted to reflect more dynamic and changing times, and the CLTs provide a way to meaningfully and authentically engage partners in identifying community priority needs and developing a plan to address those needs.

The four assessments are represented along the perimeter of the circle, and the process for engaging partners to produce plans—including a plan for the public health department and a community plan—is captured in the center of the circle.

A new community planning model was rolled out in Summer of 2023, also developed by the National Association of County and City Health Officials, called MAPP 2.0. This model includes alternative assessments—community partners, status or quantitative assessment, and community context assessment. In future planning cycles in San Diego County, there will likely be some adjustments to reflect this new model.

Figure 7: Mobilizing for Action through Planning and Partnership.



Source: National Association for County and City Health Officials.

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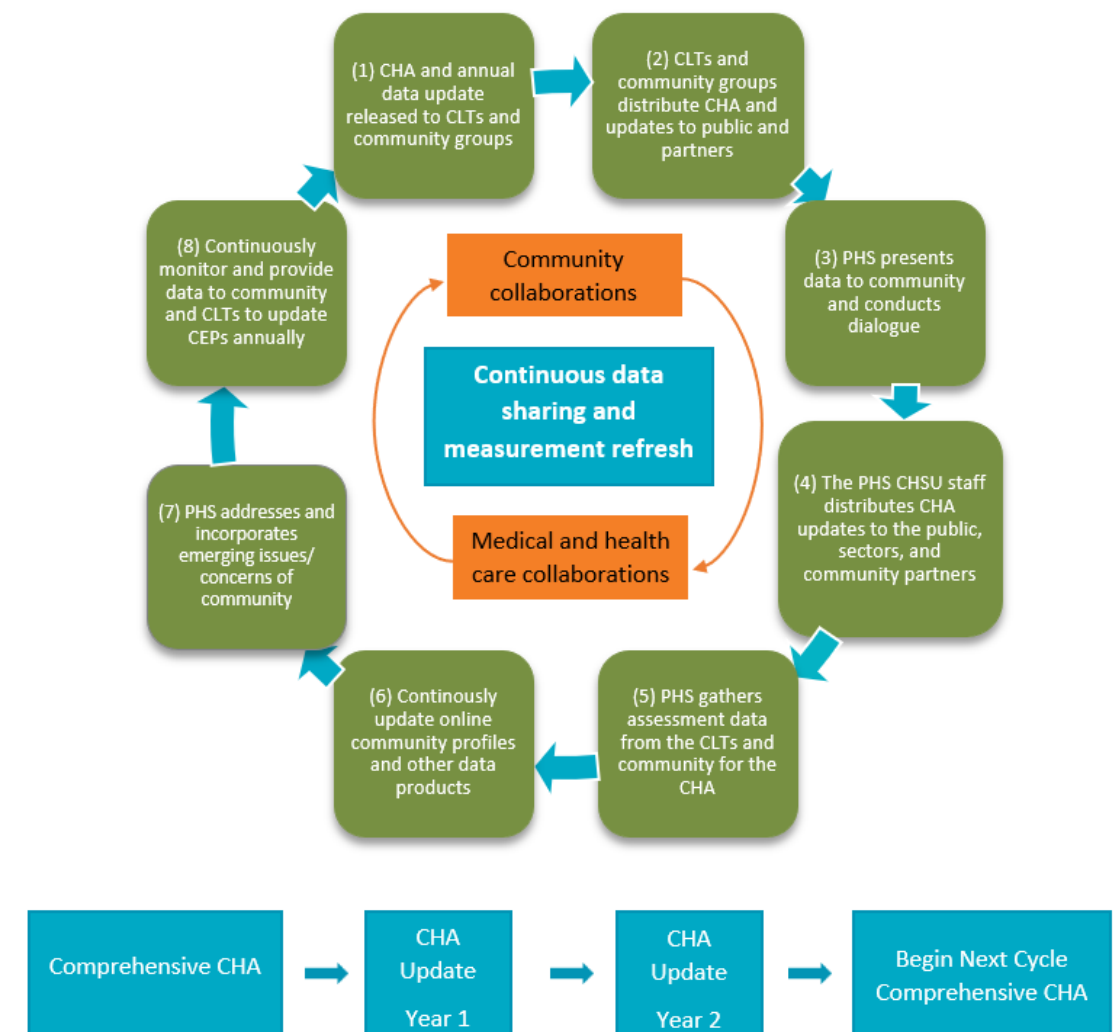
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This CHA contains results from all four assessments. A survey methodology was the approach to collecting primary data for the **Forces of Changes** and **Community Themes & Strengths Assessment**. The **Local Public Health Systems Assessment**, another important source of primary data, is conducted through a formal event, the latest in 2020 was in a virtual format due to the COVID-19 pandemic. The LPHSA has proved to be a successful method for gathering invaluable qualitative data from numerous partners on the strength of the system and its partners.

The **Community Status Assessment** includes a rich array of health and other data regarding the health and well-being of County residents. The CHA is updated as data becomes available and revised annually, providing partners and the public with the key data to inform community health planning efforts and decision-making.

The process for how partners collaborated in developing the CHA is illustrated in **Figure 8**, to the right. Each cycle of the CHA begins with an annual Regional Data Presentation by Public Health Service's Community Health Statistics Unit to each of the HHS region's Community Leadership Teams (CLTs). The CHA is developed and maintained through a collaborative data sharing process in which data are continuously monitored and shared with the community through a website and data dashboards, and presentations delivered to community partners and public health and other County staff. Partners from every sector are represented on the CLTs and play an active role in considering data and offering up data and information that their respective organizations collect. The website where these data can be readily accessed is linked to the right.

Figure 8: Collaborative Data Sharing Process.



Source: Public Health Services Administration Branch, HHS.

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Demographics: Demographic data presented in this CHA are derived from the Demographic Profiles, produced by the Community Health Statistics Unit, utilizing 2017-2021 5-year estimates from the American Community Survey (ACS). Unlike the Census, which is conducted every 10 years, the U.S. Census Bureau conducts the ACS every year to provide more current population estimates. The ACS collects sociodemographic and economic data annually to describe the population living in the United States. Demographic characteristics of specific populations in San Diego County, including age, gender, race/ethnicity distributions, school enrollment, educational attainment, income, occupation, housing, and other social determinants of health (SDOH), are presented as many of these factors have been implicated at the roots of health disparities.

Data are downloaded at the census tract level and aggregated into meaningful communities in our area, including San Diego County's 41 subregional areas (SRAs), 18 municipalities and the unincorporated area, and five supervisorial districts. San Diego County's SRAs are aggregations of census tracts defined by the San Diego Association of Governments (SANDAG), not the Census Bureau, and regional boundaries have remained essentially the same since their formation in 1998, allowing for meaningful comparisons of time series information because identical areas are being compared. **Figure 9** shows the geography levels for which data are available. Demographic data are designed to help HHSA staff in each of the Health and Human Services Regions (Regions) and other local organizations, including *Live Well San Diego* recognized partners, identify and prioritize needs within their communities.

Figure 9: Geography Levels for Which Data are Available.



Source: Community Health Statistics Unit, Public Health Services Administration Branch, HHSA, 2023.

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Morbidity and Mortality: The morbidity and mortality data in this CHA provide health statistics for San Diego County's residents by medical outcome, including death, hospitalization, and emergency department (ED) discharge. Data are available for over 70 conditions by age, sex, geography, socioeconomic status, and race/ethnicity, where available. Rates were not calculated when the number of events was fewer than 11. Interpretations for rates calculated for fewer than 20 events should be approached cautiously, as these are considered statistically unreliable.

Morbidity is defined as the amount of disease in a population and reflected in this CHA by emergency department and patient discharge data obtained from the California Department of Health Care Access and Information (HCAI) database, formerly the California Office of Statewide Health Planning and Development (OSHPD) database. Disease definitions for morbidity indicators are based on ICD-10-CM coding. Unless otherwise noted, all conditions follow the Healthcare Cost and Utilization Project (HCUP) clinical classification created by the Agency for Healthcare Research and Quality (AHRQ). Additionally, unless otherwise specified, medical encounter data from ED and patient discharges, such as hospitalizations, refer to the principal diagnosis at the time of discharge. In some cases, indicators are based on case definitions, meaning specified clinical and/or laboratory criteria and not ICD-CM coding. Emergency department and hospitalization data, including counts and rates, represent discharges or visits and not the number of individual patients.

Mortality, or death data, is obtained from the Vital Records Business Intelligence System (VRBIS) and classified based on ICD-10 mortality codes. Unless otherwise specified, deaths reported are the underlying cause of death (UCOD), meaning death is classified only by the disease or injury that initiated the chain of events leading to death and not by the immediate cause or contributing causes. For example, a person with diabetes who died of heart disease resulting from complications of diabetes would be included among diabetes-related deaths. However, some deaths are identified based on more information than is contained in the UCOD. For example, someone dying of a drug overdose, which is an acute toxic injury, would have an UCOD of "poisoning." The type of poisoning might be an opioid, which would be listed (where known) as a contributing factor in the death. Therefore, overdoses due to specific drugs are classified by their multiple or contributing causes of death (MCOD). Specific indicator deaths categorized as MCODE are noted where applicable.



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Live Well San Diego Areas of Influence: The *Live Well San Diego* Areas of Influence represent and measure the overall well-being of San Diego County residents. The Areas of Influence encompass the Top 10 *Live Well San Diego* Indicators within the areas of Health, Knowledge, Standard of Living, Community, and Social. The Indicators include life expectancy, quality of life, education, unemployment rate, income, security, physical environment, built environment, vulnerable populations, and community involvement (**Figure 10**).

Live Well San Diego Indicators and expanded indicators in this CHA are derived from various data sources. Life expectancy is measured using 2021 data from the Vital Records Business Intelligence System (VRBIS) and current population estimates from the San Diego Association of Governments (SANDAG) population estimates. The U.S. Census Bureau's American Community Survey (ACS) 2017-2021 5-year estimates determined data related to quality of life, educational attainment, and income. The unemployment rate and the percentage of the population that smoked, exercised two or more hours per week, had internet access, and voted in a federal/ state/ local election were determined using data from ESRI Community Analyst, vintage 2023. Data from the U.S. Environmental Protection Agency (EPA) Air Quality Index were utilized to determine the percentage of days that air quality was rated as unhealthy for sensitive populations. Crime rates by overall security, violent crime, and property crime were obtained from the Federal Bureau of Investigation Crime Data Explorer, 2020 Crime in the United States Annual Reports. Food insecurity was measured as a 2021-2022 pooled estimate obtained from UCLA Center for Health Policy California Health Interview Survey (CHIS).

Measured across the lifespan among all residents, these Indicators capture the collective impact of programs, services, and interventions provided by government and community partners striving to improve quality of life so all San Diego County residents can be healthy, safe, and thriving. The *Live Well San Diego* Data Dictionary has expanded definitions and data sources and is linked below.

Figure 10: Live Well San Diego Areas of Influence.



Source: Adapted from *Live Well San Diego*, <https://www.livewellsd.org/>, 2024.

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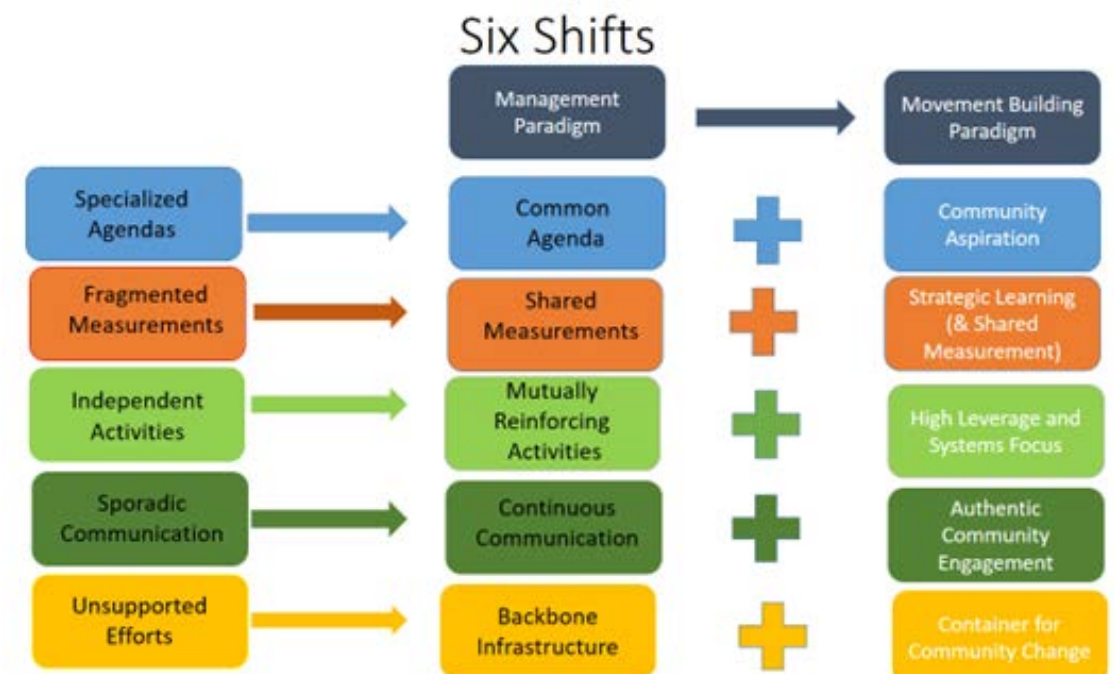
Assessments: Analyses for this CHA were greatly molded by assessments of various topics and scopes conducted by community organizations and partners through collaborative efforts. Forty assessments in this CHA were organized by the Area of Influence with which they most closely align, and many address priorities identified by the regional Community Leadership Teams (CLTs). These assessments reflect the wide range of programs and services with expertise in the topics and priority areas identified. Expanded methods for each assessment can be found in the **Results** section, and all assessments in this CHA are linked.

Collective Impact: San Diego County Public Health Services (PHS), community leaders, and partner organizations employ actions that follow the Collective Impact (CI) framework from the Collective Impact Forum, coined in 2011 by John Kania and Mark Kramer of FSG Consulting. This framework clarifies some of the key ingredients for successful community efforts to move "from fragmented action and results" to "collective action and deep and durable impact."

These key ingredients, or conditions, include a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support, which form the management approach of the CI framework. Through this paradigm, San Diego County stakeholders work together to achieve better outcomes and improve existing systems through measures such as data sharing, coordination of services, and joint action that can aid in policy or regulation barriers.

In addition to the management approach of the foundational CI framework, this CHA's efforts also encompass the movement-building approach of the CI 3.0 framework (**Figure 11**). This adapted framework was developed in 2015 by the Tamarack Institute, building upon the initial 2011 CI framework. Actions reflected in this CHA reflect the evolution of collective action and align with the five conditions of movement-building, including community aspiration, strategic learning, high-leverage activities, authentic community engagement, and containers for change, the latter referring to the "backbone" organization assisting partners in new ways to facilitate change. Overall, the data in this CHA inform community planning efforts, reflecting the shift from a management paradigm to a movement building paradigm to advance community change.

Figure 11: Collective Impact 3.0 Framework.



Source: Tamarack Institute, September 2016.

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Mobilizing for Action through Planning and Partnerships (MAPP) Assessments

This section provides an overview of the assessments conducted as part of the current planning cycle (FY 2023 to FY 2025). This includes survey results of the Community Leadership Teams to gather information and determine priority issues, the assessment of strengths and opportunities for improvement of the Local Public Health System, and an overview of the Community Status Assessment.

Demographics

In the United States, it is estimated that medical care accounts for only 10-20 percent of the modifiable contributors to healthy outcomes in a population. The other 80-90 percent are “the conditions in which people are born, grow, live, work and age, and the systems put in place to deal with illness,” known as social determinants of health (SDOH). This means that a significant proportion of disease burden within a community is shaped by SDOH, such as distribution of income, housing status, and access to healthcare. The Demographic Profiles are a compilation of information relating to demographic characteristics of specific populations in San Diego County, including SDOH.

Morbidity and Mortality

Data in this section are broken down by medical outcome, including emergency department rates, hospitalization rates, and death rates. In this dashboard, use the filter options to see data for over 70 conditions, such as overall heart disease or unintentional injuries. This section also includes data on 3-4-50 deaths, showing the decreasing percentage of deaths caused by cancer, heart disease and stroke, type 2 diabetes, and pulmonary disease, such as asthma, since 2014.

Live Well San Diego Areas of Influence

The Areas of Influence are organized by Health, Knowledge, Standard of Living, Community, and Social. Data are presented on the indicators that, according to the *Live Well San Diego* framework, define what it means to live well in San Diego. Data are available for the six Health and Human Services Agency (HHS) regions, the county overall, and for each of the five Supervisorial Districts, where available.

Assessments

The Assessments section compiles summarized reports from a diversity of sources including national, state, county, and municipal levels, across multiple sectors categorized by Area of Influence. These reports focus on public health issues (including SDOH) relevant to San Diego County and align with the priorities of the five regional Community Leadership Teams.

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MAPP Assessments (1 of 3) >>

MAPP Assessments Results: The assessments that make up the MAPP Model were conducted as part of this current planning cycle (FY 2023 to FY 2025). These assessments informed both the PHS Strategic Plan and the Community Health Enrichment Plan, although the focus here is community planning.

Regional Data Presentations: The MAPP cycle begins with Regional Data Presentations delivered to the Community Leadership Team (CLT) within each of the regions. The Community Health Statistics Unit within Public Health Services prepares and presents a rich array of data regarding the health and wellbeing of County residents, with data also provided by health equity lenses, and tailored by region and interests of the CLT members. For this MAPP cycle, presentations began in January 2022, and represent the first step in helping CLT members develop priorities for their Community Enrichment Plans (CEPs). Data is provided continuously to the CLTs in response to questions raised by CLT members, and as part of the continuing efforts to refine the CEPs.

Assessments of “Forces of Change” and “Community Themes and Strengths”: An important source of primary data was collected through a survey administered to members of all five CLTs. This survey, combining questions for both assessments, was sent in 2022 to all members of the CLTs to gather key information regarding concerns and priorities in each of the regions. A total of 94 responses were collected from 74 community leaders across all regions. Sectors that were the most represented in this assessment included Community-Based and Faith-Based Organizations (23%) and Healthcare (15%). The Youth Sector, which was 13% of all respondents, reflects a growing participation among this Sector in *Live Well San Diego* and related community activities.

Survey participants indicated that economic instability, lack of resources, the impact of COVID-19, unhealthy behaviors, obesity, and substance use were having the biggest impact in their Regions. Survey participants selected three issues of top concern: **housing insecurity, homelessness, and mental health issues**. Socioeconomic status, and drug and alcohol use disorders also appear to be near the top issues of concerns. While chronic disease remains a top priority among regions, the focus has been shifting in the last few years to addressing social determinants of health contributing to chronic disease. For more information, go to the Survey of Leadership Teams, linked below.

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MAPP Assessments (2 of 3) << >>

Assessment of the Local Public Health System: This assessment, which has been conducted every four years (2012, 2016, 2020), brings together a wide range of partner agencies. These partner agencies discuss and score the public health system by each of the 10 Essential Public Health Services, with this primary data providing important insights as to partner perspectives. A virtual LPHSA was held in November 2020 to solicit information from all sectors as part of the MAPP model. Scores were collected for each of the 10 Essential Public Health Services (updated in September 2020), reflecting strengths and opportunities for improvement. Qualitative information regarding the system was gathered from 171 participants. Participants represented every sector, including community agencies and advocacy groups, academic research, and healthcare systems (both private and non-profit).

Results

In 2020, 4 Essential Services received the highest score of "Optimal" compared to 2016 when 5 Essential Services scored as "Optimal." In 2020, Link People to Care (ES 7) scored lowest ("Moderate") compared to 2016 in which no Essential Services scored this low. The 5 remaining Essential Services were in the Significant Range. While scores are lower in 2020 compared to 2016, comparisons should be made with caution. The new framework has a stronger focus on equity and may reflect higher expectations. Also, the unprecedented COVID-19 pandemic challenged our public health system. The heightened awareness of strains across the system may have contributed to the lower 2020 scores. The scores for LPHSAs since 2012 appear in **Table 1**.

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Table 1: Essential Public Health Services Scores for 2012, 2016, and 2020
Local Public Health System Assessments

Essential Public Health Services	2012 Scores	2016 Scores	2020 Scores
ES 1: Monitor Health Status	72%	83%	78%
ES 2: Diagnose and Investigate	69%	90%	83%
ES 3: Inform, Educate, Empower	50%	67%	75%
ES 4: Mobilize Community Partnerships	47%	79%	67%
ES 5: Develop Policies and Plans	69%	94%	75%
ES 6: Enforce Laws	69%	84%	79%
ES 7: Link People to Care	65%	69%	50%
ES 8: Assure Competent Workforce	52%	54%	62%
ES 9: Research and Evaluate Services <small>*Prior to 2020, Evaluate and Research were ES9 and ES10 respectively. The top score is Evaluate; the bottom score is Research.</small>	67%	65%	85%
	50%	54%	
ES 10: Organizational Infrastructure*	NA	NA	70%

No Activity (0%)	Minimal Activity (1–25%)	Moderate Activity (26–50%)	Significant Activity (51–75%)	Optimal Activity (76–100%)
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Assessment of Community Health Status: The Community Status Assessment is intended to inform planning activities by including information about mortality and morbidity, quality of life, attitudes about health behavior, socioeconomic factors, environmental factors (including the built environment), social determinants of health, among other data and information.

Results

The Community Status Assessment includes demographic, morbidity and mortality data, data from a variety of sources organized by *Live Well San Diego* Areas of Influence and a summary of Assessments conducted by county programs, experts, and partners. A summary of observations is also provided. Special attention to health inequities is reflected across all data selected for display and analysis.

What follows in this dashboard supports data-driven decision making on the part of the County government and its partners, which include the Community Leadership Teams in the regions.



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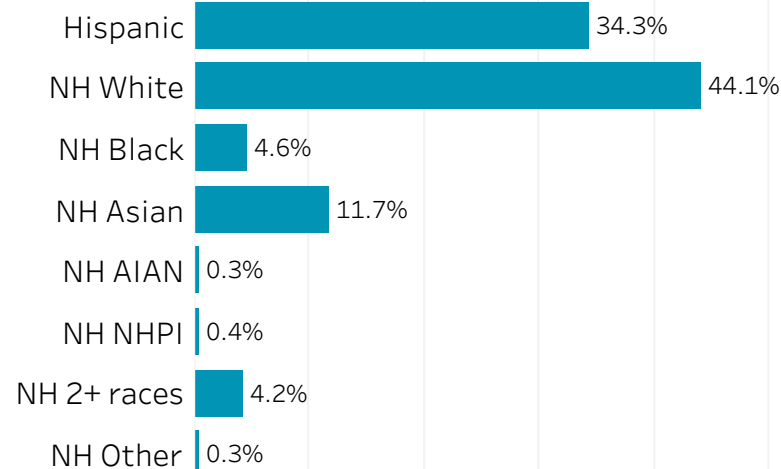
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Demographics, 2021

Population

3,296,317 residents in San Diego County

Race/Ethnicity



Under 200%
Federal Poverty
Level (FPL)

25.2%

Without Health
Insurance

7.5%

Unemployment

6.2%

Step 1: Type of Geography

All

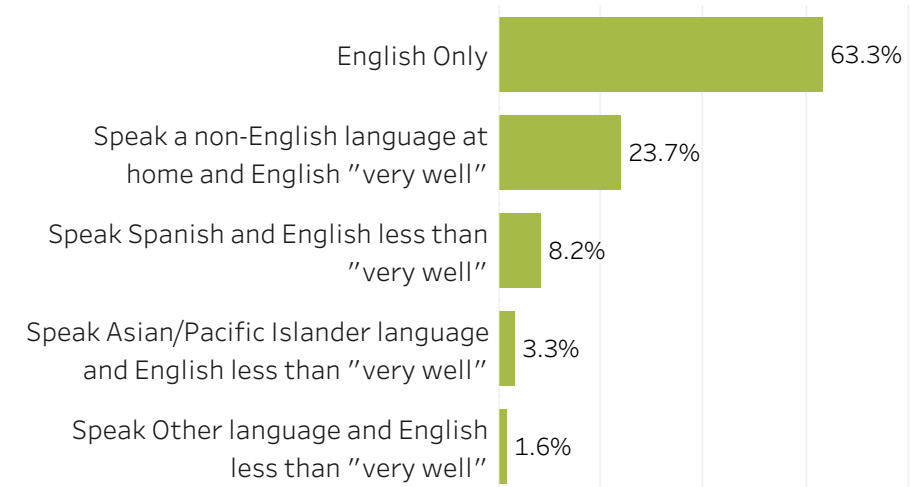
Step 2: Geography

San Diego County

Population by Sex



Language Spoken



Percent unemployed was derived from the number of unemployed persons out of the 16 year and older eligible labor force.

This unemployment rate is based on a 5-year average (2017-2021) and may not be comparable to unemployment rates from other sources with different methodology and/or unemployment definitions, including the unemployment *Live Well San Diego* Indicator. Unemployment may be influenced by seasonal variability.

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Source: U.S. Census Bureau; 2017-2021 American Community Survey 5-Year Estimates.

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3-4-50

The Community Health Statistics Unit (CHSU) provides health statistics that describe health behaviors, diseases and injuries for specific populations, in addition to health trends and comparisons to national targets. CHSU aids in effective decision-making and helps to identify opportunities for preventive efforts through the use of data reporting, visualizations, and predictive analytics.

Key information are collected in this section of the dashboard, organized by medical outcome, with links to the full documents and resources.

Health Outcomes

The emergency department (ED), hospitalization, and death sections display the most common, or leading, causes for their respective outcome. Data are displayed by Health and Human Services Agency (HHS) region and by race/ethnicity, where available. The online Community Profiles (linked to the right) delve further into this data, exploring over 70 conditions by the lenses of health equity (age, sex, geography, race/ethnicity, and socioeconomic status).

Additional topics of interest, including the rates of potentially preventable hospitalizations, infant mortality by race/ethnicity, and the varying life expectancies by subregional areas are included in this section. Lastly, this morbidity and mortality section includes data related to the 3-4-50 framework. In this framework, three behaviors (poor diet, physical inactivity, and tobacco use) contribute to four chronic diseases (cancer, heart disease and stroke, type 2 diabetes, and pulmonary diseases, such as asthma) that cause over 50 percent of all deaths worldwide. The percent of deaths due to 3-4-50 conditions in San Diego County are trended in this section, and behavior and disease indicators are presented.

Health Equity

Identifying health disparities and inequities are critical in developing prevention and intervention measures, leading to a healthier San Diego, and ultimately true health equity. This section, as well as other resources available on the CHSU website (linked to the right), includes data, resources, and tools available to the public to explore health data through the lenses of health equity. Data are available by age, sex, geography, race/ethnicity, and socioeconomic status. As more resources and data become available, additional lenses of health equity will be added, such as sexual orientation and gender identity (SOGI) and disability status.

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Top 5 Most Common Causes of Emergency Department Discharge in San Diego County by Total Age-Adjusted Rate (per 100,000), 2021

Unintentional Injuries	4,700.2
Overall Heart Disease	1,647.2
Urinary Tract Infection	555.0
Alcohol Related Disorders	251.0
Suicide	232.9

Subcategories of unintentional injuries and overall heart disease, such as falls and overall hypertensive disease, are not included in this list.

In 2021, the most common cause of emergency department (ED) discharge in San Diego County was unintentional injuries.

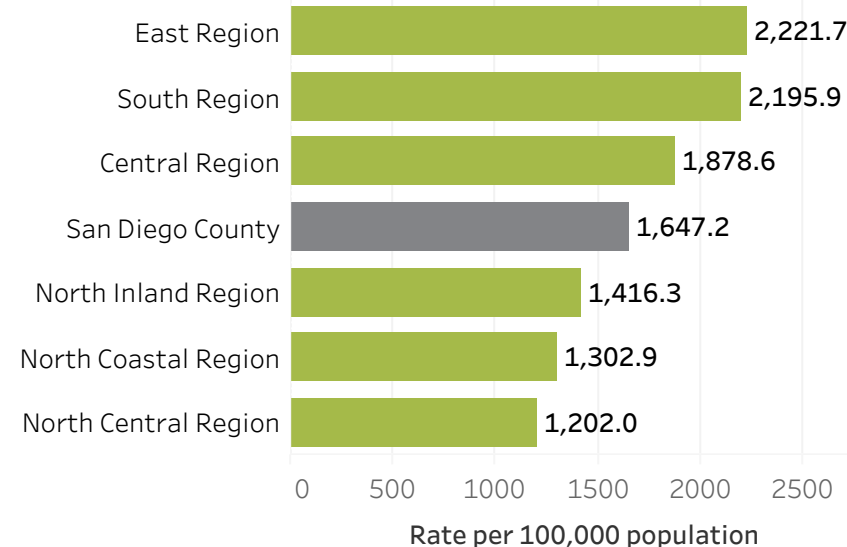
Among the top three most common causes of ED discharge in 2021, residents in East, South, and Central Regions had higher rates than the county overall. Additionally, non-Hispanic Black residents, Hispanic residents, and residents who identify as non-Hispanic with a race different than Asian/Pacific Islander or White, or those identifying with multiple races, faced the highest rates of ED discharge for these conditions.

LEARN MORE >>>

Condition

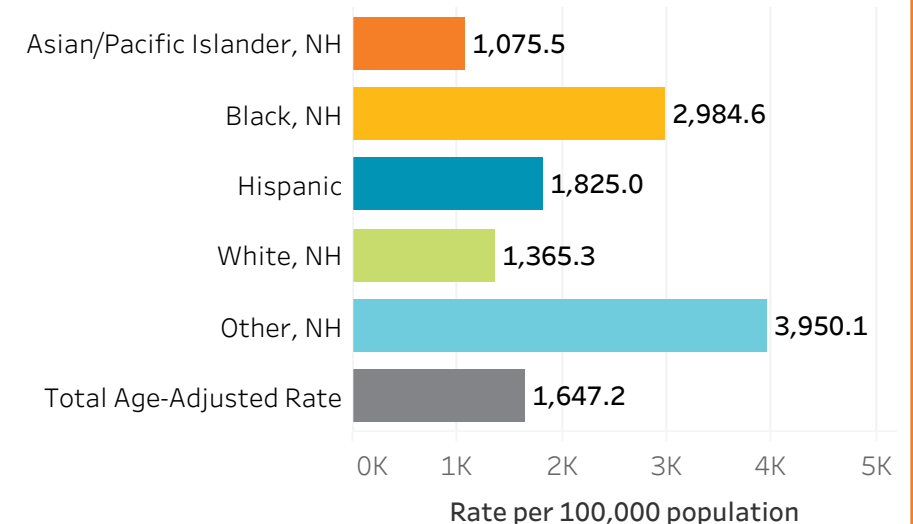
Overall Heart Disease

Regions Sorted by Total Age-Adjusted Rate (per 100,000) of Overall Heart Disease ED Discharge, 2021



Total Age-Adjusted Rate (per 100,000) of Overall Heart Disease ED Discharge by Race/Ethnicity in San Diego County, 2021

NH: Non-Hispanic.



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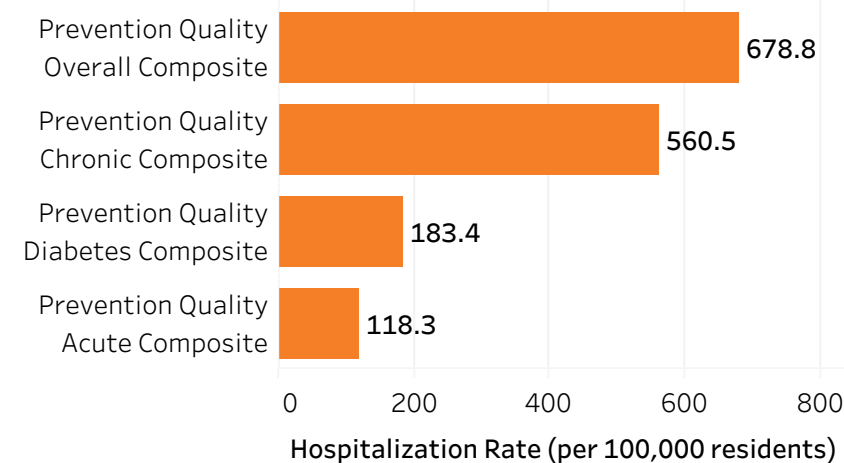
Top 5 Most Common Causes of Hospitalization in San Diego County by Total Age-Adjusted Rate (per 100,000), 2021

Overall Heart Disease	819.5
Unintentional Injuries	782.3
Overall Cancer	222.6
Stroke	168.6
Diabetes	138.1

Subcategories of unintentional injuries and overall heart disease, such as falls and overall hypertensive disease, are not included in this list.

Preventable Hospitalizations Among San Diego County Residents, 2021

These indicators are defined as hospital discharges due to specific chronic and acute conditions that could have been prevented if the individual received proper outpatient care.

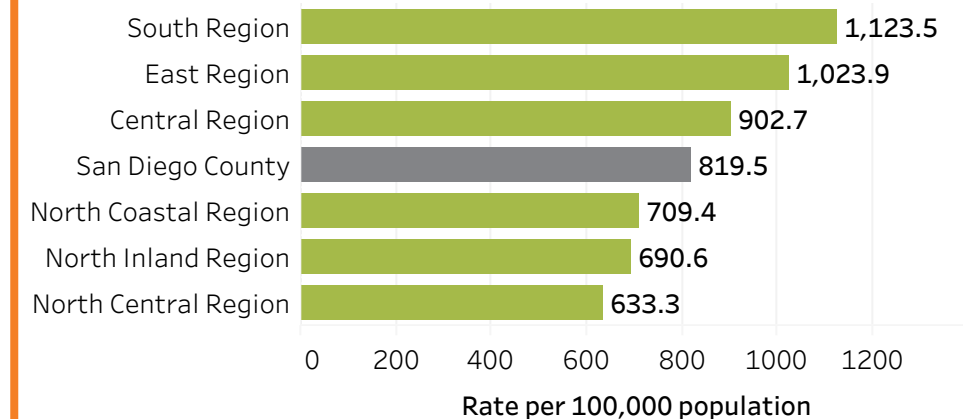


LEARN MORE >>>

Condition

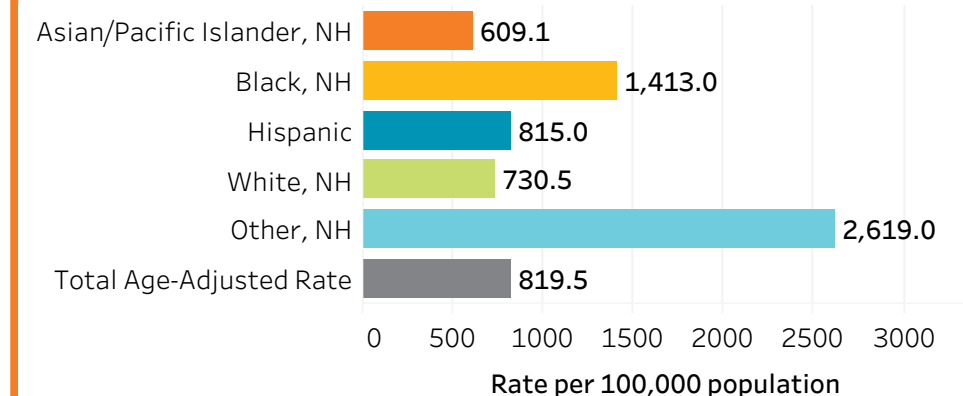
Overall Heart Disease

Regions Sorted by Total Age-Adjusted Rate (per 100,000) of Overall Heart Disease Hospitalization, 2021



Total Age-Adjusted Rate (per 100,000) of Overall Heart Disease Hospitalization by Race/Ethnicity in San Diego County, 2021

NH: Non-Hispanic.



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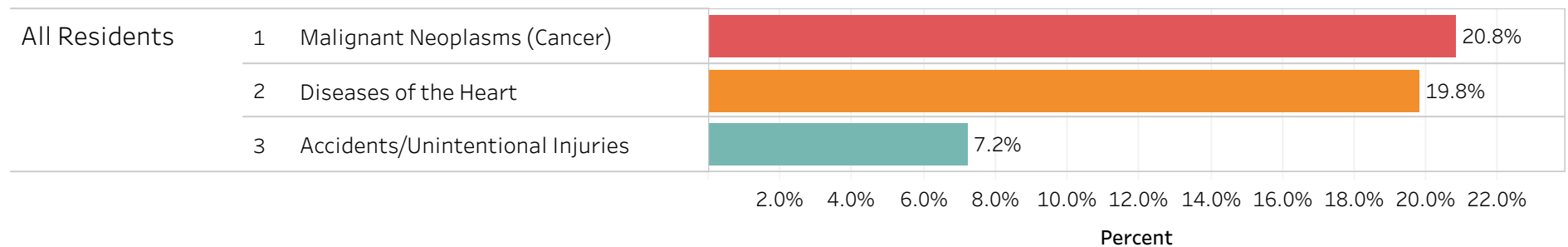
Hospitalization

Death

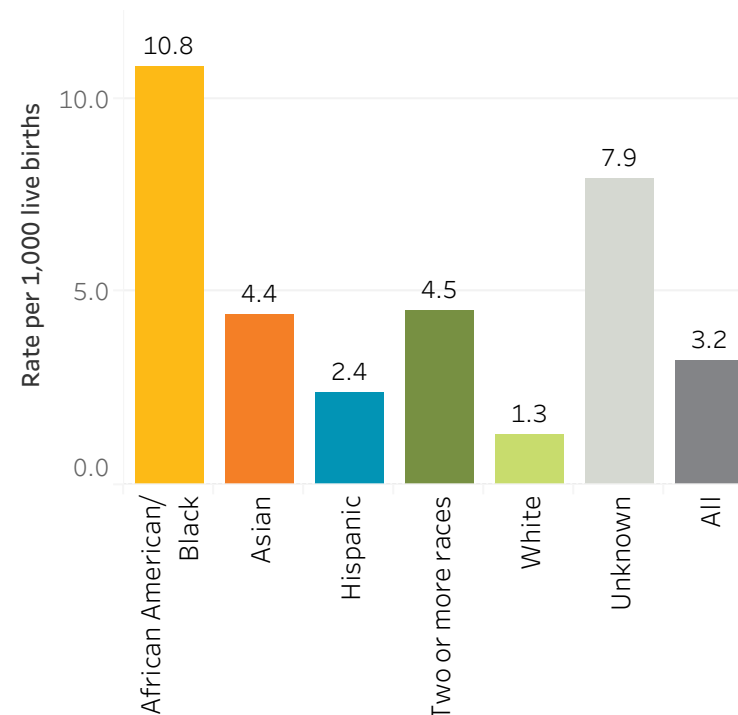
3-4-50

Top 3 Leading Causes of Death by Race/Ethnicity, 2022

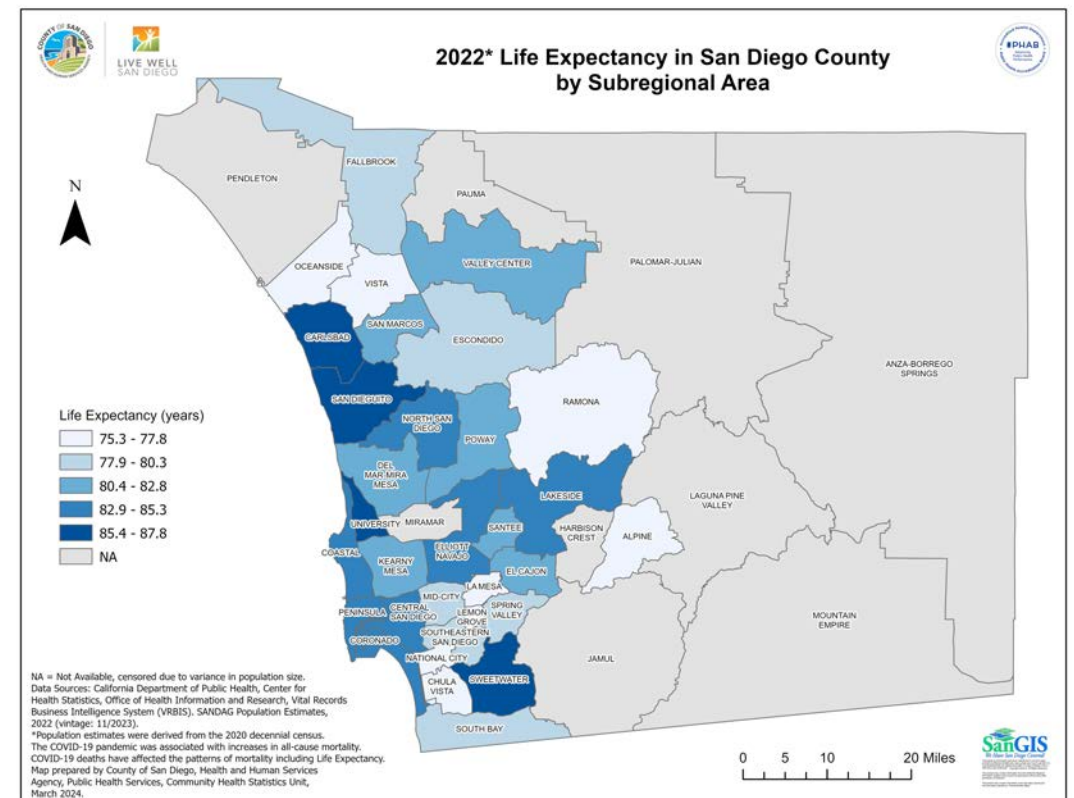
All Residents



Infant Mortality Rate (per 1,000) by Race/Ethnicity of Mother, 2020



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A baby born in San Diego County in 2022 had a life expectancy of **80.8 years**, but within the county, there was a 12.5-year gap in life expectancy between some subregional areas (SRAs).

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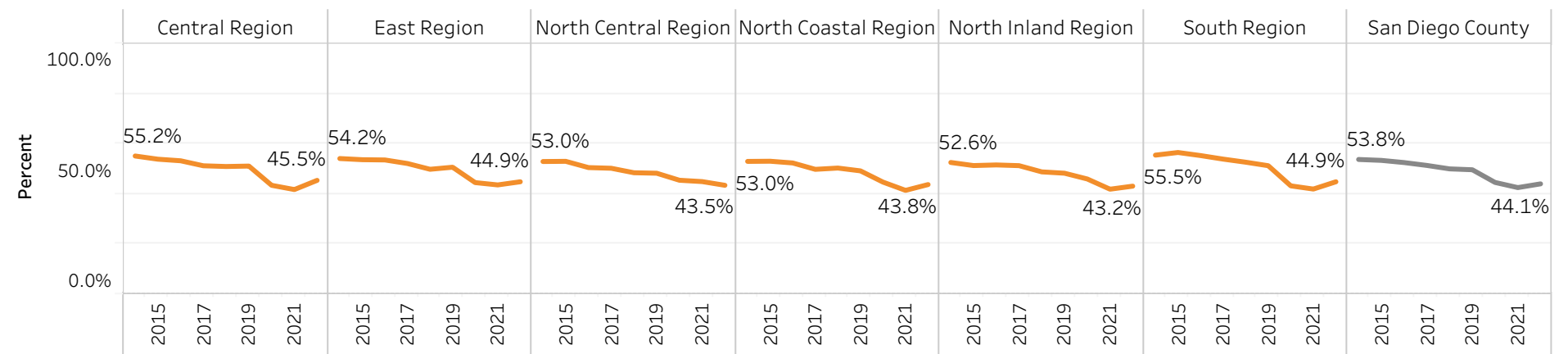
3-4-50



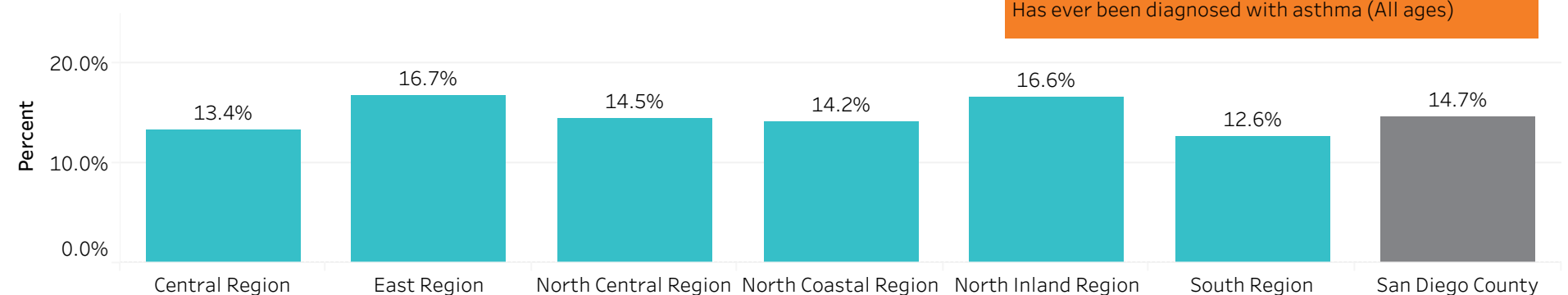
A simple message, the 3-4-50 concept, supports individuals, organizations, and communities to take action to address chronic disease. Three behaviors contribute to four diseases – cancer, heart disease and stroke, type 2 diabetes, and pulmonary diseases, such as asthma – which result in over 50 percent of all deaths worldwide. These three behaviors are unhealthy eating, sedentary lifestyle, and tobacco use.

LEARN MORE >>>

Percent of Deaths from 3-4-50 Diseases, 2014-2022



3-4-50-Related Indicators, San Diego County and Regions, 2021-2022



Behavior and Disease Indicators

Has ever been diagnosed with asthma (All ages)

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Live Well San Diego Areas of Influence

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Health

Knowledge

Standard of Living

Community

Social

In order to assess success or failure, progress must be measured. *Live Well San Diego* is a shared vision in which a shared measurement system allows all partners to focus their collective efforts and track their collective progress. The *Live Well San Diego* Pyramid or Framework provides the necessary instrument to measure progress in helping all County residents to be healthy, safe, and thriving. This Framework takes into consideration that there are many different factors influencing how well a person is living.

Most people would agree that to “live well” means much more than simply the absence of disease. The Areas of Influence represent the five factors that were found to have the most significant impact on well-being. Living well means attaining high levels in each of the following areas:

- **Health** — Enjoying good health and expecting to live a full life,
- **Knowledge** — Learning throughout the lifespan,
- **Standard of Living** — Having enough resources for a quality life,
- **Community** — Living in a clean and safe neighborhood, and
- **Social** — Helping each other to live well.

Top Ten Indicators

The Top 10 *Live Well San Diego* Indicators define what it means to live well in San Diego. Measured across the lifespan among all residents, the *Live Well San Diego* Indicators capture the collective impact of programs, services, and interventions provided by the government and community partners striving to improve the quality of life so that all San Diego County residents can be healthy, safe, and thriving.

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Health

Knowledge

Standard of Living

Community

Social



HEALTH: Enjoying good health and expecting to live a full life.

Select Region

Central Region

Life Expectancy in years (2021)

San Diego County

Central Region

80.6

80.3

Quality of Life: Percent of the population that is sufficiently healthy to be able to live independently. (2021)

San Diego County

Central Region

95.0%

95.2%

Percent of the Population that Smokes (2023)

San Diego County

Central Region

6.9%

7.8%

Exercise: Percent of the population spending 2+ hours exercising a week. (2023)

San Diego County

Central Region

52.5%

51.4%

Life expectancy is a widely used indicator of the capability to live a long and healthy life. It reflects the quantity, rather than quality, of the life of a population. Life expectancy is the average number of years a baby born today is expected to live if current mortality patterns continue throughout his, her, or their lifetime.

Quality of Life measures the percentage of the population sufficiently healthy to live independently (not including those who reside in nursing homes or other institutions).

As in other western countries, those aged 65 and older are the fastest growing portion of the population. People are now living longer lives and the ability to live independently is one of the indicators, when measured overtime, that can assess whether there is an increase or reduction in disability or interdependence in the population.

To improve both life expectancy and quality of life, we can incorporate exercise and physical activity into organizations and programs to affect individually-adapted health behavior changes. Exercise as a 'prevention strategy' can prevent disability, even in older adults.

*Not available at the supervisorial district level.



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KNOWLEDGE: Learning throughout the lifespan.

Select Region

Central Region

Education: Percent of the population aged 25+ with **at least a high school diploma or equivalent.** (2021)

San Diego County

Central Region

88.3%

83.5%

Less than a H.S. Diploma: Percent of the population aged 25+ with **less than a high school diploma or equivalent.** (2021)

San Diego County

Central Region

11.7%

16.5%

Bachelor's Degree: Percent of the population aged 25+ with **a bachelor's degree or greater.** (2021)

San Diego County

Central Region

24.5%

22.2%

Graduate or Professional Degree: Percent of the population aged 25+ with **a graduate or professional degree.** (2021)

San Diego County

Central Region

15.7%

12.8%

School Enrollment: Combined gross enrollment out of all who are school age (age 3 through 24 years). (2021)

San Diego County

Central Region

76.3%

72.4%

Education is the foundation for building a better future for ourselves and contributes to improving overall quality of life in our communities. The positive association between health and education has been well established. Education has a beneficial influence on a variety of economic, social and psychological factors which impact the health and well-being of a population.

High educational attainment is associated with lower rates of infectious disease, as well as lower rates of many chronic noninfectious diseases; greater survival when sick, and longer life expectancy; and higher rate of employment.

Since 2010, San Diego County high school graduation rates have improved. In 2020, the *Live Well San Diego* Indicator: Education showed 88.0% of San Diego County residents graduated from high school (or equivalent), a 3.9% increase compared to the 2012 measure of 84.6%.



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The rate of **unemployment** has a strong negative influence on the financial health and overall well-being of the population. It reflects a community's overall economic situation and provides information about the percentage of the population that may be at risk for various health concerns associated with unemployment.

Unemployment is linked to an increase in the risk of worse health outcomes, including higher mortality rates, and unhealthy behaviors related to alcohol and tobacco consumption, and diet and exercise which all can, in turn, increase the risk of disease and mortality.

Income spent on housing provides information about our community's ability to afford basic needs. The conventional public policy indicator of housing affordability in the United States is the percent of income spent on housing. Sufficient income to cover basic living costs has a positive influence on the overall financial health and well-being of the community. High housing costs are associated with poor health outcomes, especially in children.

Housing expenditures that exceed 30 percent of household income have historically been viewed as an indicator of a housing affordability problem.



STANDARD OF LIVING: Having enough resources for a quality life.

Select Region

Central Region

Unemployment Rate: Percent of the **total labor force** that is unemployed. (2023)

San Diego County

Central Region

4.9%

5.4%

Income: Percent of **population** spending less than 1/3 of their income on housing. (2021)

San Diego County

Central Region

55.5%

51.7%



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Crime can have a significant impact on the well-being of the population and contributes to premature death and disability, poor mental health, and lost productivity.

A major part of living well is having a sense of “space” or place where one can rejuvenate, be refreshed emotionally, or to just be able to enjoy being outside. This sense of well-being while outside is enhanced when we experience **clean air**.

Neighborhoods with **easily accessible community spaces** encourage residents of all ages to walk to shared spaces and connect with others, creating a greater sense of community and safety.

The Population Health and the Environment Dashboard has additional data, such as:

Communities Area of Influence: Provides maps of the environment (pollution burden) and built environment (access to community space; population living within ¼ mile of a park or community space), and climate change factors such as fire and heat.

Social Area of Influence: Identifies who is most vulnerable to environmental exposures (children and adults 65 years and older) and communities with certain social conditions such as high poverty, crowded households and other factors.

Health Outcomes: Maps of natural and built environment factors that contribute to cancers and other health outcomes are also provided.

LEARN MORE >>>



COMMUNITY: Living in a clean and safe neighborhood.

Select Region

Central Region

Security- Overall Crime Rate: Number of crimes per 100,000 people (all crimes, including violent and property). (2020)

San Diego County

Central Region

1,830.5

Not Available*

Violent Crime Rate: Number of crimes per 100,000 people. (2020)

San Diego County

Central Region

345.7

Not Available*

Property Crime Rate: Number of crimes per 100,000 people. (2020)

San Diego County

Central Region

1,484.8

Not Available*

Physical Environment- Air Quality: Percent of days that air quality was rated as unhealthy for sensitive populations. (2022)

San Diego County

Central Region

2.1%

Not Available*

*Not available at regional or supervisorial district level.



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SOCIAL: Helping each other to live well.

Select Region

Central Region

Food Insecurity: Percent of the population with income of 200% of federal poverty level or less who have experienced food insecurity. (2022)

San Diego County

Central Region

31.8%

32.3%

Voted in Federal/State/Local Election: Percent of the population who voted in federal, state, or local election. (2023)

San Diego County

Central Region

62.8%

56.0%

Internet Access (2023): Percent of the population with connection to internet at home.

San Diego County

Central Region

97.3%

96.5%

*Not available at the regional level.



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The Assessments section serves as a repository of 40 reports, each offering a vital glimpse into the multifaceted landscape of public health concerns in San Diego County. These summaries provide a three-year retrospective analysis, shedding light on the ever-evolving dynamics that shape the well-being of the community. Spanning a wide array of subjects, these assessments derive from diverse sources, including government bodies, nonprofit organizations, and academic institutions. These sources collectively deliver a holistic perspective on the challenges and opportunities that define the health landscape within the county.

These reports delve into critical domains such as behavioral health, gun violence, housing and homelessness, basic needs insecurity, healthcare careers, education, climate change, tobacco sales, active transportation, park access, walkability scores, philanthropy, and volunteerism. While this section refrains from dissecting specific themes in detail (see Observations to explore key themes and analysis), it's important to note that these assessments are closely aligned with the priorities outlined by the *Live Well San Diego* Areas of Influence and the priorities of the five regional Community Leadership Teams (CLTs). In fact, several assessments were of specific interest to these CLTs or are the products of their regional partners. In this way, the assessments contained here are relevant to the interests of the community.

Assessments in this CHA (1 of 2)

Health

2022 San Diego Community Health Needs Assessment

Adult and Older Adult Behavioral Health Services Systemwide Annual Report FY 2020-21

Behavioral Health Services Community Engagement Report Fiscal Year 2020-21

Children, Youth, & Families Behavioral Health Services Systemwide Annual Report FY 2020-21

County Health Rankings, San Diego County

Depression Among Adolescents and Transition-Age Youth

Gun Violence Reduction Community Needs Assessment

Maternal and Infant Health Assessment (MIHA)

Maternal, Child, and Adolescent Health Local Health Jurisdictions Needs Assessment

Random Digit Dialing Immunization Survey

San Diego County HIV Needs Assessment

Smokeless Tobacco Report and Cigarette Report for 2021

State of Mental Health for Youth of Color

Tobacco Use Among High School Students in San Diego County

Tribal Brief: Health and Well-Being Outcomes Among the American Indian/Alaska Native Population in San Diego County, 2016-2020

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Assessments in this CHA (2 of 2)

Knowledge Addressing San Diego's Behavioral Health Worker Shortage

Chronic Absenteeism in San Diego Unified School District

Expanding Access to Healthcare Jobs in San Diego County

Youth Disconnect in the Pandemic

Standard of Living 6th Cycle Regional Housing Needs Assessment Plan
#WeAllCount Point-in-Time Count

Homelessness Crisis Response System 2022 Data and Performance Report

Housing Inventory Count Report

Hunger in San Diego December 2022 Data Release & Analysis

San Diego County 2022 Affordable Housing Needs Report

The Hope Center Survey 2021: Basic Needs Insecurity During the Ongoing Pandemic

Community Climate Change and Health Profile Report: San Diego County

County of San Diego Active Transportation Plan

County of San Diego Vulnerability Adaptation and Assessment Report

Environmental and Climate Justice: San Diego Region

Indicators of Climate Change in California

Park Access Tool

San Diego County Walkability Index

San Diego Regional Bicycle Plan: Riding to 2050

State of Tobacco Control 2023 – California Local Grades

Transportation Injury Mapping System

Young Adult Tobacco Purchase Survey

Social State of Nonprofits and Philanthropy in San Diego Annual Report

Volunteering and Civic Life in California

Women's Well-Being Index: San Diego County

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2022 San Diego Community Health Needs Assessment

2022 San Diego Community Health Needs Assessment

Hospital Association of San Diego & Imperial Counties, December 2022

The Community Health Needs Assessment aims to identify, understand, and prioritize the health-related needs of San Diego County communities. The results of the CHNA are used to inform and adapt hospital programs and strategies to better meet the health needs of San Diego County communities. In addition, policymakers, civic leaders, non-profit executives, and community investors are encouraged to use CHNAs in their essential work. The 2022 CHNA identified the most critical community needs as Access to Health Care, Aging Care & Support, Behavioral Health, Children & Youth Well-Being, Chronic Health Conditions, Community Safety, and Economic Stability. The needs were exacerbated by two foundational challenges: increasing health disparities and workforce shortages. Two underlying themes, stigma and trauma, were also found to impact the community needs and disrupt efforts to advance health equity.

Community recommendations (shown right) to improve community well-being were analyzed from interview and survey responses and categorized into four categories. Each participating hospital and healthcare system will review the CHNA data and findings to address the top identified health needs in their respective patient communities.

Assessment Image 1: Categorized Survey and Interview Responses to Identify Needs to Improve Community Health and Well-Being.

Provide Navigation and Support to Patients	Connect patients to services that will improve their health and well-being
	Help patients understand and use health coverage
	Help patients coordinate their health services
	Help patients apply for health coverage or other benefits
	Help patients pay for their health care bills
Provide Culturally Appropriate Care to Patients	Ensure that a patient's care meets their needs
	Provide culturally appropriate health care in more languages
	Train hospital staff on biases
Workforce Development	Diversify the health care workforce
	Hire more doctors, nurses, and other health care professionals
	Create more health care job opportunities and career pathways
Community Collaboration	Collaborate with community groups and schools
	Provide health education

Source: HASDIC. 2022 San Diego Community Health Needs Assessment. Published 2022. Accessed 6/23.



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Adult and Older Adult Behavioral Health Services Systemwide Annual Report FY 2020-21

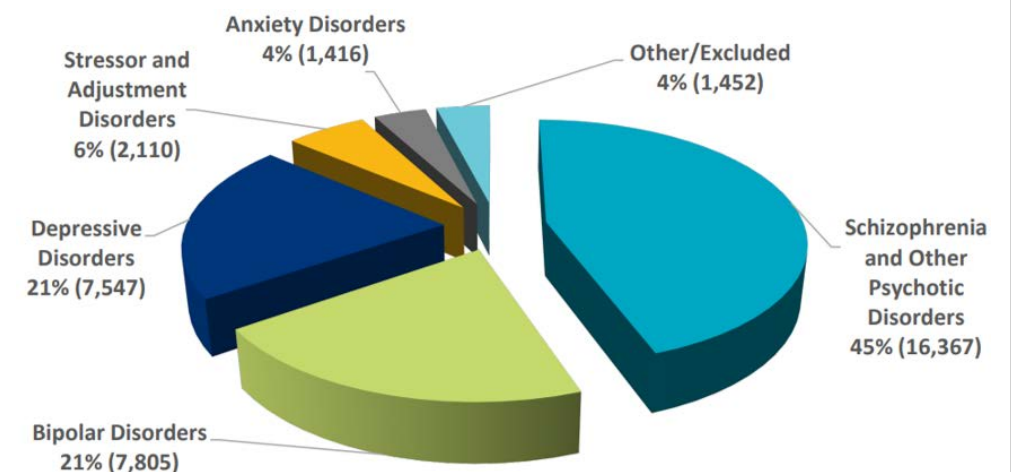
Adult and Older Adult Behavioral Health Services Systemwide Annual Report FY 2020-21

Health Services Research Center, 2022

During fiscal year 2020-21, the County of San Diego Adult and Older Adult Behavioral Health Services (AOABHS) provided mental health services to 42,614 individuals, marking the lowest number of clients served over the past five years. The number of clients with co-occurring mental health illness and substance use disorders increased by 9%, with schizophrenia, depressive disorders, and bipolar disorders being the most common diagnoses (shown here). Assertive Community Treatment (ACT) and Outpatient services saw increased utilization, however, the proportion of clients entering the AOABHS System of Care (SOC) through outpatient services decreased from 39% in 2016-17 to 29% in 2020-21.

For Transition-Age Youth (TAY) clients, services were provided to 7,847 individuals, marking a slight decrease from the previous year. There was also a significant increase in outpatient visits for this group. For the older adults (OA), services were provided to 6,313 individuals, marking a 4% decrease from the previous year. The most common diagnoses were schizophrenia and depressive disorders, with nearly half of the OA clients having a diagnosis of co-occurring mental illness and substance use disorder. Despite the decrease in total clients, the utilization of ACT services and long-term care saw a substantial increase. Clinicians reported significant improvements in illness management for all client groups.

Assessment Image 2: Breakdown of Primary Diagnosis for Clients with Co-occurring Mental Health Illness and Substance Use Disorders.



Source: Health Services Research Center. Adult and Older Adult BHS Systemwide Annual Report FY2020-21. Published 2022. Accessed 5/23.

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Behavioral Health Services Community Engagement Report Fiscal Year 2020-21

Behavioral Health Services Community Engagement Report Fiscal Year 2020-21

Institute for Public Health, San Diego State University, 2021

The Institute for Public Health (IPH) at San Diego State University facilitated virtual community engagement events due to COVID-19. Participants, which included behavioral health care providers, youth, families, and communities of identity or geography, discussed current behavioral health issues and proposed solutions.

The conversations revealed “five findings” (shown here) of the behavioral health problems of San Diegans. The main finding was the increasing behavioral health crisis due to the pandemic, with issues ranging from a slow transition to telehealth to overt racism. The community suggested ten actions, including increasing peer mentors, addressing racism, and creating school-based care for youth. Four key themes emerged: preparation for future crises, integrated care for behavioral health and basic needs, rebuilding trust between communities and government organizations, and combating stigma and shame associated with behavioral health issues. The insights gained from these events will guide BHS in improving its programs and services.

Assessment Image 3: Categorized Interview Responses Regarding the Behavioral Health of San Diegans.

Five Findings from Community Conversations:

Finding 1: The behavioral health of the community has deteriorated and represents a crisis.

Finding 2: More people are suffering from anxiety and depression and mental health issues have been exacerbated.

Finding 3: The community is experiencing worsening substance use issues, including increased usage, relapses, and overdoses.

Finding 4: The behavioral health of certain populations has been more severely impacted by the pandemic and instances of racial injustice.

Finding 5: The worst is yet to come.

Source: Institute for Public Health, San Diego State University. Behavioral Health Services Community Engagement Report Fiscal Year 2020-21. Published 2021. Accessed 5/23.

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Children, Youth, & Families Behavioral Health Services Systemwide Annual Report FY 2020-21

Children, Youth, & Families Behavioral Health Services Systemwide Annual Report FY 2020-21

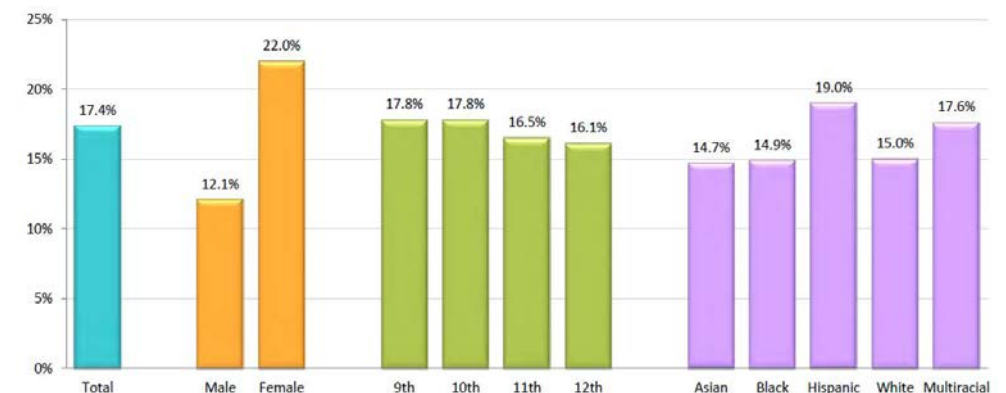
Child & Adolescent Services Research Center, 2022

The FY 2020-21 Annual Report summarizes the demographics and clinical outcomes for children and adolescents served by the County of San Diego's Health and Human Services Agency, Children, Youth & Families Behavioral Health Services (CYFBHS). Focusing primarily on mental health services, the report also includes information on prevention, early intervention, and addiction treatment.

In FY 2020-21, the first full fiscal year of the pandemic, the CYFBHS system served 12,132 youth in mental health services and 454 youth in substance use disorder (SUD) services, marking a decrease from the previous year. Demographics varied between the two systems, with the majority of mental health clients being Hispanic (62%) and female (51%), while SUD clients were mainly male (64%) and Hispanic (56%).

A Youth Risk Behavior Survey (YRSB) was conducted using national, state, and local 9th through 12th grade students. Results for San Diego Unified School District (SDUSD, N=1,383) were analyzed for four items of interest: electronic bullying, feelings of sadness or hopelessness, suicidal ideation, and suicide attempts. Female high school students are twice as likely to seriously consider suicide and more than twice as likely to report feeling sad or hopeless. Feelings of sadness or hopelessness gradually increase through the high school journey, while suicide ideation remains level across grades.

Assessment Image 4: Proportion of Students Who Seriously Considered Suicide, San Diego Unified School District, Students in 9th Through 12th Grades, Youth Risk Behavior Survey.



*Seriously considered attempting suicide during the 12 months before the survey.
 †All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
 ‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
 §This graph contains weighted results.
 Data Source: High School YRSB Data, <https://nccd.cdc.gov/youthonline/app>, retrieved 3/10/2021

Source: Child & Adolescent Services Research Center. Children, Youth, & Families Behavioral Health Services Systemwide Annual Report FY 2020-21. Published 2022. Accessed 5/23.

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County Health Rankings, San Diego County

County Health Rankings, San Diego County

Population Health Institute, University of Wisconsin, 2023

The County Health Rankings & Roadmaps report show that areas with well-resourced civic infrastructure exhibit more civic participation, leading to better health outcomes. Counties with more extensive and better-resourced civic infrastructure also have higher rates of U.S. census participation and voter turnout, with healthier counties showing similar trends. However, systematic exclusionary policies have created barriers to civic health, disproportionately affecting marginalized communities. Structural barriers to civic health overlap with signs of diminished civic participation and worse health outcomes. The report underscores the need to address these barriers to improve civic health and, consequently, overall community health.

San Diego County ranks #16 of 58 counties in California. Areas of strength include: access to exercise opportunities (98% of residents lived close to a park or recreation facility), clinical care (medical, mental health, dentists), and high school completion (88% of residents). Areas to explore (compared to California rates) include: adult obesity (28% of the population over aged 18), severe housing problems (25% of households), and unemployment (6.5% unemployed who are seeking employment). The image here shows San Diego's ranking by quartile in Health Outcomes and Health Factors as compared to all California counties.

Assessment Image 5: Comparison of San Diego County to All California Counties for Health Outcomes and Health Factors.

Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

San Diego (SD) is ranked in the higher middle range of counties in California (Higher 50%-75%).



Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

San Diego (SD) is ranked in the higher middle range of counties in California (Higher 50%-75%).



Source: Population Health Institute, University of Wisconsin. County Health Rankings. Published 2023. Accessed 7/23.

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Depression Among Adolescents and Transition-Age Youth

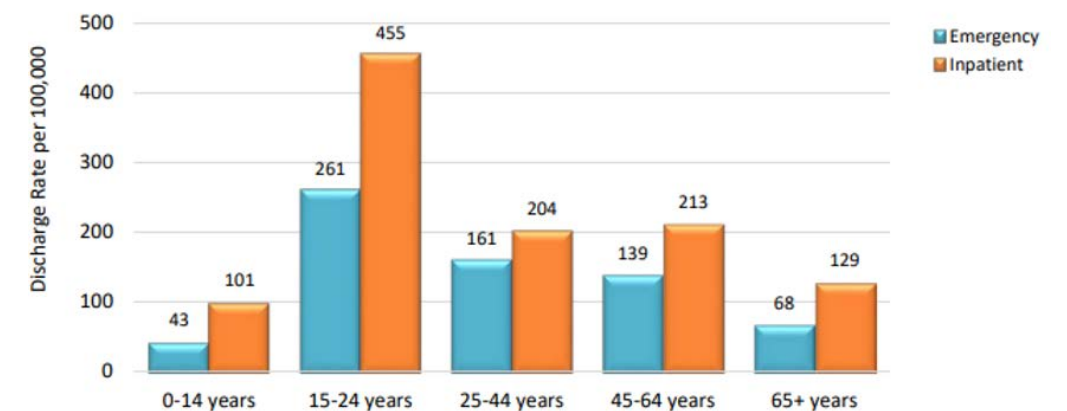
Depression Among Adolescents and Transition-Age Youth

Behavioral Health Services, 2020

From 2009-2019, feelings of depression gradually increased, increasing by 42.6% for females and 20.8% for males. Not only is there disparity among gender, but Figure 6 of the report (shown here) shows that discharge rates for depression in San Diego County disproportionately affect those aged 15-24 years of age. Poor sleep duration and quality, family history of depression, the family environment, including factors such as parental alcohol abuse, childhood maltreatment, and family conflict, can affect a youth's risk for depression. Negative school experiences, including poor academic performance and negative interactions with peers, can contribute to depression. Lack of support and bullying, especially for sexual minority and Native American youth, also increase the risk of depression. New risk factors include increased screen media use, such as social media, video gaming, and television/movie viewing, as well as increasing academic pressure.

This special topic report provides ideas for new prevention and early intervention programs that could help curb the increase in adolescent depression. To effectively combat rising depression rates among adolescents, strategies should focus on higher-risk populations, including middle schools and sexual and gender minority youth. Interventions should address known and new risk factors, such as screen media use, cyberbullying, loneliness, sleep, and academic pressure.

Assessment Image 6: Depression Discharge Rates per 100,000 San Diego Residents by Age.



Date Source: HHSA, Community Statistics Unit, 2017

Source: Behavioral Health Services. Depression among Adolescent and Transition-Age Youth. Published 2020. Accessed 5/23.

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Gun Violence Reduction Community Needs Assessment

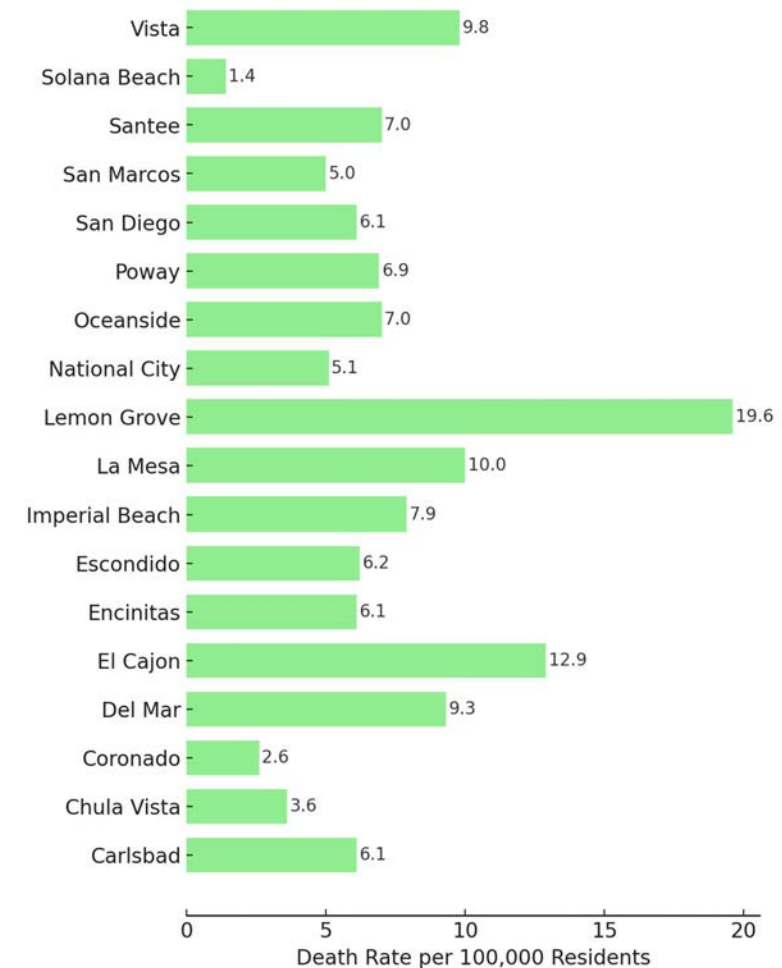
Gun Violence Reduction Community Needs Assessment

Health Assessment and Research for Communities, 2023

This report provides an overview of gun violence in San Diego County and outlines possible solutions to prevent violence and mitigate impacts. The needs assessment draws from existing data sources as well as the first-hand experiences and beliefs of residents collected via countywide surveys and a series of community listening sessions. From 2017 through 2022, there have been 1,310 deaths by firearms in San Diego County, often either due to homicide (28.9%) or suicide (70.9%). The San Diego County firearm-related death rate (6.6 deaths per 100,000 residents) is below the state rate (8.0 deaths per 100,000). Further, from 2016 through 2020, there have been 1,367 firearm-related injuries. The image here (adapted from Figure 13 in the Assessment) compares the average death rate for firearms by city in San Diego County.

The firearm-related homicide rate for Black residents (9.9 per 100,000) is nearly 10 times greater than the firearm-related homicide rate for White residents (1.0) and is two and a half times greater for Hispanic residents (2.5) than that for White residents (1.0). In contrast, the firearm-related suicide rate for White residents (8.2) is over two times greater than that for Black residents (3.8) and nearly six times greater than that for Hispanic residents (1.4). Homicide rates are highest among those ages 25-44 (4.0), while suicide rates are highest among those ages 65 and older (11.3).

Assessment Image 7: Average Firearm-Related Death Rate per 100,000 by City, San Diego County, 2017-2021.



Source: San Diego County Gun Violence Reduction and Community Needs Assessment. Health Assessment and Research for Communities. Published June 2023. Accessed August 2023.



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Maternal and Infant Health Assessment (MIHA)

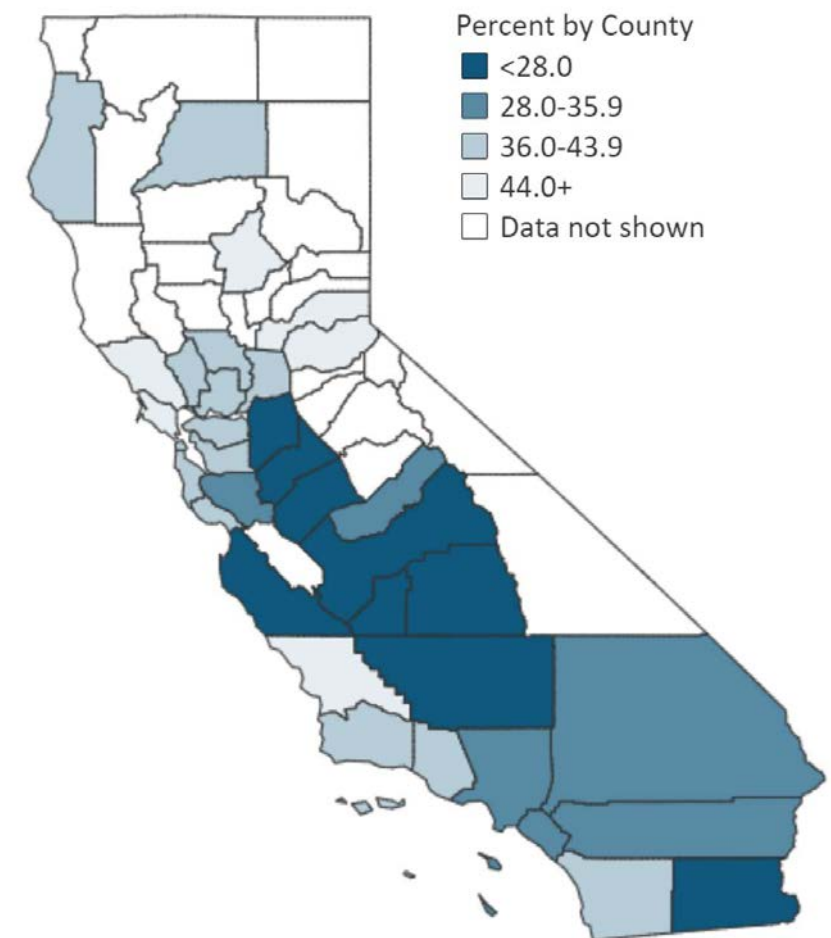
Maternal and Infant Health Assessment (MIHA)

California Department of Public Health (CDPH) and Center for Health Equity, University of California, San Francisco

The Maternal and Infant Health Assessment (MIHA) is an annual, statewide survey of women with a recent live birth in California. MIHA collects self-reported information about maternal and infant experiences and behaviors before, during, and shortly after the pregnancy. The data are used to improve understanding of emerging health issues and monitor progress in improving the health of mothers and infants across California. Data collected include health status before pregnancy, intimate partner violence, depressive symptoms, hardships and support during pregnancy, substance use, pregnancy intention and family planning, infant sleep and breastfeeding, health care utilization and insurance coverage, public program participation, and maternal demographics.

A dashboard of assessment results allows for comparison by individual county, State regions, and Statewide. The data on breastfeeding illustrates an important indicator because breast milk contains nutrients, antibodies, and other essential factors that protect infants from infections and promote brain development and digestive health, among other benefits. The image to the right shows exclusive breastfeeding at 3 months in California by county. In San Diego County, from 2019 to 2021, 36.4% of mothers exclusively breastfed, comparable to 32.0% of mothers Statewide. Disaggregated results revealed that, in San Diego County, breastfeeding was more likely among college graduates (45.8%) compared to high school graduates (21.0%), and those whose prenatal care was paid for by private insurance (42.6%), versus Medi-Cal (26.2%).

Assessment Image 8: Exclusive Breastfeeding at 3 Months
2019-2021, California Counties Compared.



Source: CDPH and Center for Health Equity, UCSF. 2019-2021, Maternal and Infant Health Assessment, Data Reports and Dashboards. Within CDPH, these are the participating divisions—Maternal, Child and Adolescent Health (MCAH) and Women, Infants & Children (WIC).

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Maternal, Child, and Adolescent Health Local Health Jurisdictions Needs Assessment

Maternal, Child, and Adolescent Health Local Health Jurisdictions Needs Assessment

Maternal, Child, and Family Health Services, County of San Diego, 2020

Each local health jurisdiction (LHJ) in California completes a local needs assessment every five years and uses the results to plan local programs. The Maternal Child and Adolescent Health (MCAH) Division compiles information from the local needs assessments and uses other statewide data to develop the statewide needs assessment. Public Health Services' Maternal, Child, and Family Health Services (MCFHS) surveyed staff, partners, and stakeholders from across the community to compile the 2019 MCAH LHJ Needs Assessment for San Diego County identifying local issues, populations affected, strategies and best practices to address each issue, and stakeholders who will help address each problem.

MCFHS identified 13 critical health issues across 8 problem categories ranging from substance use in adolescents and pregnant women, infant mortality due to racial disparity, mental health in youth and pregnant and postpartum women, family violence, and childhood physical activity, among others. Solutions are issue-specific and include: increased collaboration with partners, leveraging partnerships for improved program outcomes, increased education about causes and effects, expanding outreach efforts about supporting programs and services, improving and expanding services for service recipients and providers, and many more.

Additionally, three other important community issues that are outside the scope of service for MCFHS include teen pregnancy, family mental health care coordination, and affordable housing.

Assessment Image 9: Critical Health Issues Affecting Women, Children, and Families in San Diego County.

Category	Issue to be Addressed
Substance Use	Increased substance abuse rates in pregnant women Increased substance abuse rates in adolescents
Family Violence	Women experience partner/family violence
Sex Education	Disproportionately higher rates of teen pregnancy
Mental Health	Mental healthcare access for pregnant and postpartum women Adolescents face mental health issues Family mental health care service issues
Housing	Affordable housing shortage is affecting MCAH population health
Physical Activity	Children are physically inactive
Preconception	Poor pre- and interconception health in women
Emerging Issue	Tdap vaccination rates in pregnant women Infant mortality rates due to racial disparities Recognizing developmental milestones for families of children with special healthcare needs

Source: MCFHS. 2019 Maternal, Child, and Adolescent Health Local Health Jurisdiction Needs Assessment. Published 2020.

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Random Digit Dialing Immunization Survey

Random Digit Dialing Immunization Survey

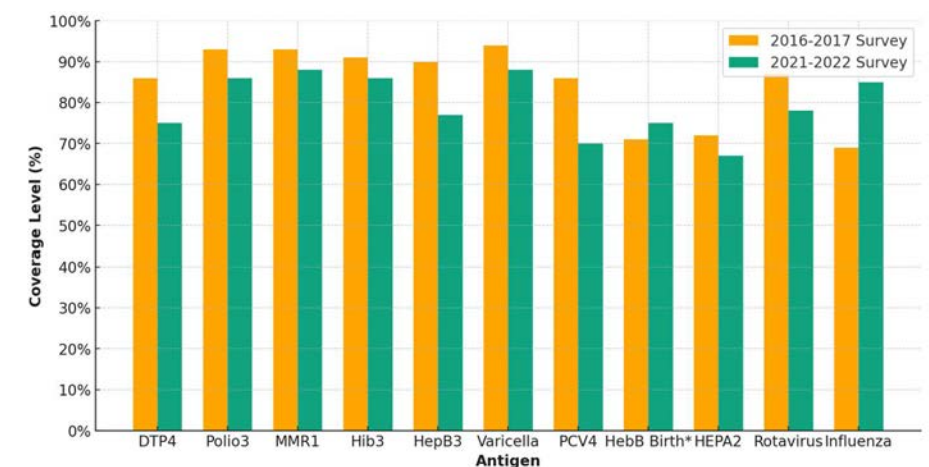
Immunization Unit, County of San Diego, 2023

An important aspect of disease control is ensuring that individuals are immunized against vaccine-preventable diseases. HHS's Epidemiology and Immunization Services Branch conducts periodic Random Digit Dialing (RDD) telephone surveys. Interviewers make phone calls to randomly selected phone numbers to assess the proportion of infant, child, adult, and senior residents of San Diego County who are fully immunized.

In 2021-2022, telephone surveys found that the County did not meet the Healthy People 2020 goal of 80% of children receiving all the standard vaccines (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 Varicella, & 4 PCV). There was a twenty percent drop in coverage from the last survey in 2016-2017. This trend was seen nationwide because of decreased routine healthcare visits during the COVID-19 pandemic.

The coverage rates for each vaccine, shown here, are analyzed separately. Coverage levels dropped across almost all vaccines between the 2016-17 and 2021-22 survey years. Some vaccines reached the Healthy People 2020 goal of 80% years ago but have decreased since then, such as DTP (Diphtheria and tetanus toxoids and whole-cell pertussis). Similarly, the vaccines protecting against hepatitis B (HepB3) and chickenpox (Varicella), started with low coverage, reached the 2020 goal, and have since declined. The only vaccines that have surpassed 2016-2017 coverage rates are the Hepatitis B birth dose and influenza.

Assessment Image 10: Coverage Levels for Single Antigens in San Diego County Children (19-35 Months), 2016-2022.



Source: Public Health Services, Immunization Unit, County of San Diego. San Diego Random Digit Dialing Immunization Survey. Retrieved October 2023.

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San Diego County HIV Needs Assessment

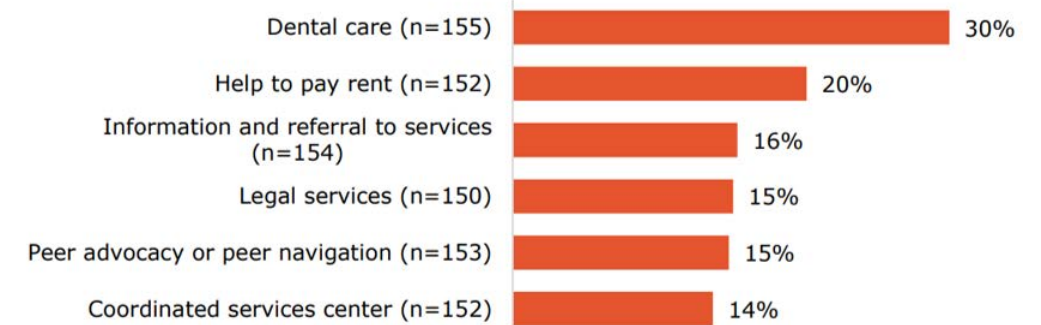
San Diego County HIV Needs Assessment

Harder+Company Community Research, 2021

A Needs Assessment was conducted with 182 respondents living with HIV/AIDS and those vulnerable to HIV infection. The aim was to identify unmet needs, service gaps, and the need for HIV prevention resources, including pre-exposure prophylaxis (PrEP). In addition, eight virtual focus groups were held with people living with HIV/AIDS to learn more about their experiences with HIV prevention, care, and treatment.

Based on the Needs Assessment survey and focus groups, a series of key recommendations have been made to address the distinct issues faced by this community. Trauma-informed care and sensitivity training are essential for healthcare providers to better support HIV positive individuals, particularly those from minority and marginalized groups. Enhanced support for people living with HIV/AIDS (PLWHA) dealing with substance abuse or mental health issues is required, with substance use services needing to be trauma-informed and healing-centered. Mental health services should be accessible both in-person and via telehealth, and housing access for PLWHA should be expanded. Addressing social determinants of health, including structural racism, and breaking down silos among healthcare, public health, and social services is crucial to improve outcomes for PLWHA and to develop effective HIV prevention programs. Top services that respondents had difficulty accessing included dental care, rent payments, and available services.

Assessment Image 11: Top 6 Services Respondents Had Difficulty Accessing or Were Unable to Access in the Past Year.



Source: Harder+Company Community Research. San Diego County HIV Needs Assessment Final Report. June 2021. Accessed 5/23.

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Smokeless Tobacco Report and Cigarette Report for 2021

Smokeless Tobacco Report and Cigarette Report for 2021

Federal Trade Commission, 2023

According to the Cigarette Report for 2021, cigarette sales in the United States decreased from 203.7 billion in 2020 to 190.2 billion in 2021, with menthol flavored cigarettes making up 37 percent of the market. Despite the drop in sales, spending on cigarette advertising and promotion rose from \$7.84 billion to \$8.06 billion, with 86 percent dedicated to price discounts for retailers and wholesalers.

Similarly, smokeless tobacco sales experienced a decrease from 126.8 million pounds in 2020 to 122 million pounds in 2021, yet revenue increased from \$4.82 billion to \$4.96 billion, as shown in Table 1B (here) from the Smokeless Tobacco Report for 2021. The majority of smokeless tobacco sales were of menthol flavor, accounting for over half of all sales, with fruit flavor making up 2.7 percent. Advertising and promotional spending for smokeless tobacco also saw a rise from \$567.3 million to \$575.5 million, with 67.7 percent allocated to price discounts for retailers and wholesalers.

Assessment Image 12: Total Smokeless Tobacco Sales and Advertising and Promotional Expenditures for 2009-2021.

Year	Sales in Pounds	Sales in Dollars	Advertising and Promotional Expenditures
2009	117,693,273	\$2,611,908,686	\$493,071,000
2010	120,522,070	\$2,780,437,133	\$444,494,000
2011	122,735,863	\$2,936,852,337	\$451,985,000
2012	125,496,642	\$3,077,403,248	\$435,927,000
2013	128,043,919	\$3,263,105,347	\$503,161,000
2014	127,810,528	\$3,415,702,358	\$600,786,000
2015	129,363,158	\$3,680,195,446	\$684,938,000
2016	131,433,651	\$3,981,902,822	\$759,348,000
2017	130,910,581	\$4,202,999,689	\$718,323,000
2018	128,405,325	\$4,367,000,467	\$658,526,000
2019	125,981,036	\$4,531,614,304	\$576,054,000
2020	126,828,260	\$4,822,273,351	\$567,262,000
2021	121,957,877	\$4,958,115,650	\$575,534,283

Source: Smokeless Tobacco Report. Federal Trade Commission. Published 2023.
Accessed May 2023. Cigarette Report for 2021. Federal Trade Commission.
Published 2023. Accessed May 2023.

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State of Mental Health for Youth of Color

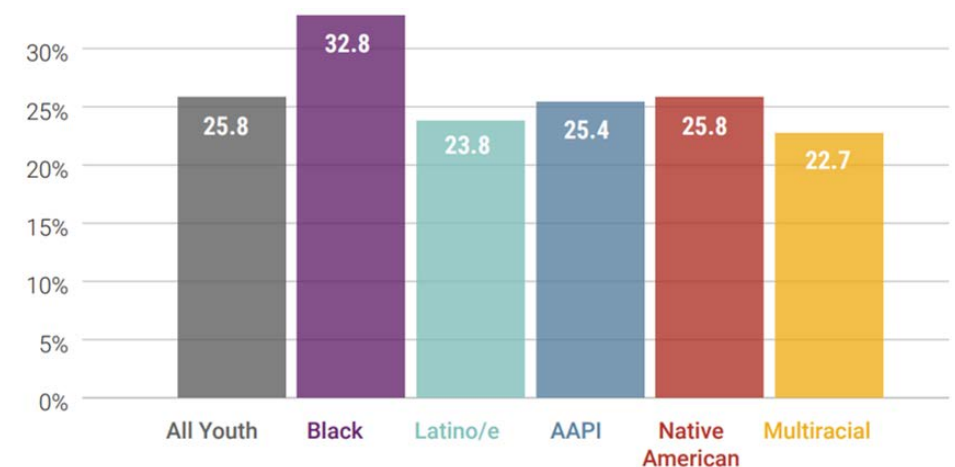
State of Mental Health for Youth of Color

The AAKOMA Project, 2022

The AAKOMA Project, addressing the critical mental health needs of Youth of Color, surveyed 2,905 young people. The sample, ages 13-25, mainly female (66%) and heterosexual (61%), consisted of Black (20%), Latino/e (32%), AAPI (19%), Native American (15%), and Multiracial (20%) youth, with 20% having a disability or learning difficulty. A significant portion reported food and internet insecurity, with 33% going without food and 24% without internet. At least 50% of the youth reported moderate to severe depression or anxiety, with Latino/e and Native American youth scoring higher in these areas than AAPI youth. High rates of non-suicidal self-injurious behavior (22%), suicidal ideation (27%), and suicide attempts (18%) were also reported.

Additionally, the study revealed that Youth of Color faced a multitude of threats impacting their mental health. A vast majority (70%) had a close one contract COVID-19, and 22% experienced the death of someone they cared about due to the virus. Instances of racial trauma were also significant, with 42% reporting exposure to at least one source of race-based trauma, sources include peers, social media (shown here), police, teachers, and employers. In terms of social media experiences, 44% of youth reported not seeing enough representation of people who looked like them, and a significant portion reported experiencing bullying and violence due to their race and ethnicity. Despite these challenges, most youth reported having someone they trust (77%) and love (78%), and 61% were hopeful about their future.

Assessment Image 13: Proportion of Youth Responding “Often or Very Often” to Having Experienced Racial Trauma Due to Social Media.



Source: The AAKOMA Project. State of Mental Health for Youth of Color. 2022.
Accessed 5/23.

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Tobacco Use Among High School Students in San Diego County

Tobacco Use Among High School Students in San Diego County

Shu-Hong Zhu, PhD, et al, 2021

The 2019-20 California Student Tobacco Survey (CSTS) for San Diego County, which examined tobacco use and related behaviors among 8th, 10th, and 12th-grade students, found that 28.2% of high school students had ever used a tobacco product, and 11.1% had used tobacco in the past 30 days. The table shown here breaks down tobacco use by gender, race/ethnicity, and grade. The prevalence of cigarette smoking was at a historical low, with only 1.7% of students having smoked in the last 30 days. Other combustible tobacco products' usage was also low, with vapes being the most popular product, as 25% of students reported ever using them and 9.9% being current users. The report also highlighted that 23.4% of current tobacco users used multiple tobacco products, and those who rated their mental health as poor had twice the prevalence of current tobacco use.

Access to vaping is an issue as half of the current vapers reported not paying for their vapes. Vape shops and tobacco or smoke shops were the most popular places for purchase (40% and 39.7% respectively). The survey also found that 29.3% of students were offered a vape in the past 30 days. Most students (87%) believed that people their age used vapes because their friends did. Furthermore, 30.6% of students had tried marijuana, with a significant portion (55.5%) of current marijuana users co-using it with a tobacco product. The rate of marijuana use (14.6%) was higher than that of all tobacco products (11.1%).

Assessment Image 14: Prevalence of Tobacco Use by Gender, Race/Ethnicity, and Grade Among High School Students.

	N	Ever use % (95% CI)	Current use % (95% CI)
Overall	10271	28.2 (24.1-32.2)	11.1 (8.4-13.7)
Gender			
Male	4646	26.2 (22.0-30.4)	10.0 (7.6-12.4)
Female	4966	28.9 (24.7-33.1)	10.6 (7.6-13.5)
Identified in Another Way	313	36.7 (28.5-44.9)	21.4 (16.6-26.2)
Declined to Answer	220	27.3 (18.5-36.1)	13.8 (7.6-19.9)
Race/Ethnicity			
White	3336	29.2 (22.9-35.5)	13.2 (9.5-17.0)
African American/Black	194	32.8 (24.9-40.6)	14.4 (5.5-23.3) [†]
Hispanic	4397	28.4 (25.2-31.5)	9.1 (7.0-11.1)
Asian	820	18.2 (8.8-27.6)	7.7 (3.1-12.4) [†]
Other	374	37.3 (31.8-42.8)	16.3 (10.3-22.2)
Multiple	1010	26.4 (20.6-32.1)	9.9 (6.8-12.9)
Grade			
Grade 10	5616	22.3 (18.4-26.2)	8.2 (6.0-10.5)
Grade 12	4655	34.1 (29.5-38.6)	13.9 (10.5-17.4)

Note: With the exception of Hispanic, all ethnicities are classified as Non-Hispanic. Race/Ethnicity category Other includes Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and non-standard entries.

[†]Data are statistically unreliable because relative variance is greater than 30%. Interpret with caution.

Source: Zhu S-H, Zhuang YL, Braden K, Cole A, Gamst A, Wolfson T, Lee J, Ruiz CG, Cummins SE (2019). Results of the Statewide 2017-18 California Student Tobacco Survey. San Diego, California: Center for Research and Intervention in Tobacco Control (CRITC), University of California, San Diego.

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Tribal Brief: Health and Well-Being Outcomes Among the American Indian/Alaska Native Population in San Diego County, 2016-2020

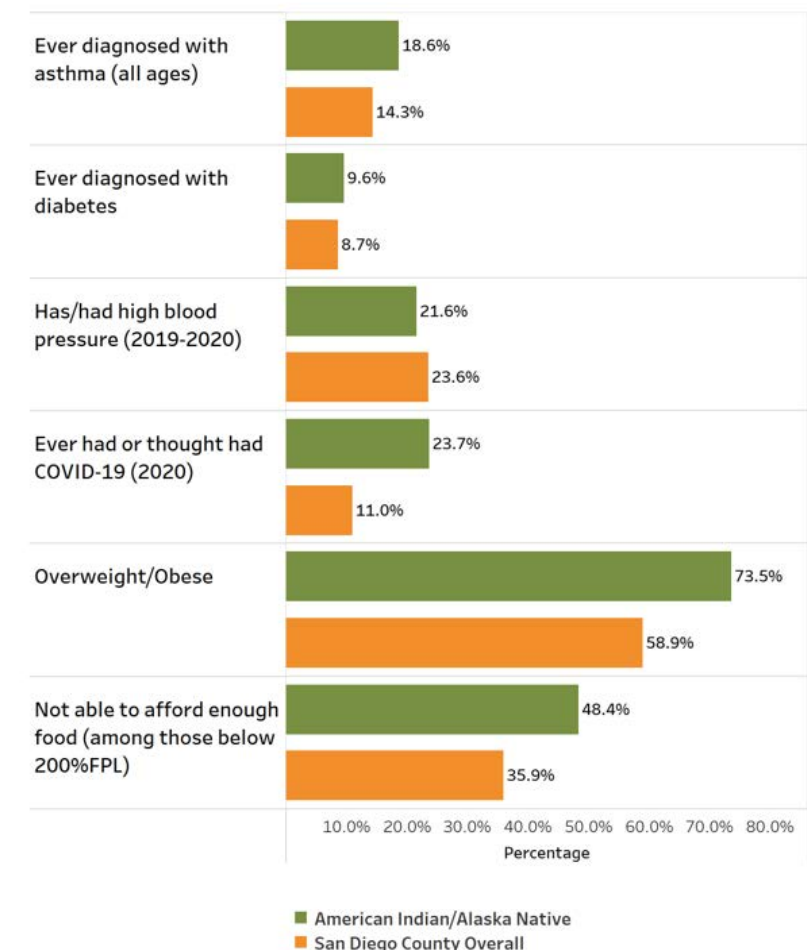
Tribal Brief: Health and Well-Being Outcomes Among the American Indian/Alaska Native Population in San Diego County, 2016-2020

Community Health Statistics Unit, County of San Diego, 2023

The Tribal Brief presents information about the health and well-being of American Indian/Alaska Native (AIAN) residents of San Diego County. The brief includes demographics, social determinants of health, health status and health behaviors, medical encounter, and death data collected from various state resources. From 2016 to 2020, there were an estimated 58,175 AIAN residents in San Diego County. The AIAN population represented almost 1.8 percent of San Diego County's total population.

Heart disease is a leading cause of death and medical encounters among the AIAN population, yet a smaller proportion of this population have been diagnosed with high blood pressure, compared to the overall county population. Similarly, the rate of death due to diabetes was higher among AIAN residents than the total rate in San Diego County. The rates of death due to poisoning and unintentional injuries were higher among AIAN residents than the overall population. These rates may reflect the disparities seen in overdose deaths among the AIAN population in the United States. Overall, AIAN residents reported higher rates of poor mental health, including experiencing serious psychological distress, severe impairment in social life, work, household chores, and family life, and suicidal thoughts. However, less than half of the AIAN population that needed mental health help received treatment. The image to the right shows the health disparity between AIAN and the overall San Diego County population.

Assessment Image 15: Physical Health Outcomes by Population, San Diego County, 2016-2020.



Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit. Tribal Brief: Health and Well-Being Outcomes Among the American Indian/Alaska Native Population in San Diego County, 2016-2020. March 22, 2023.

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Addressing San Diego's Behavioral Health Worker Shortage

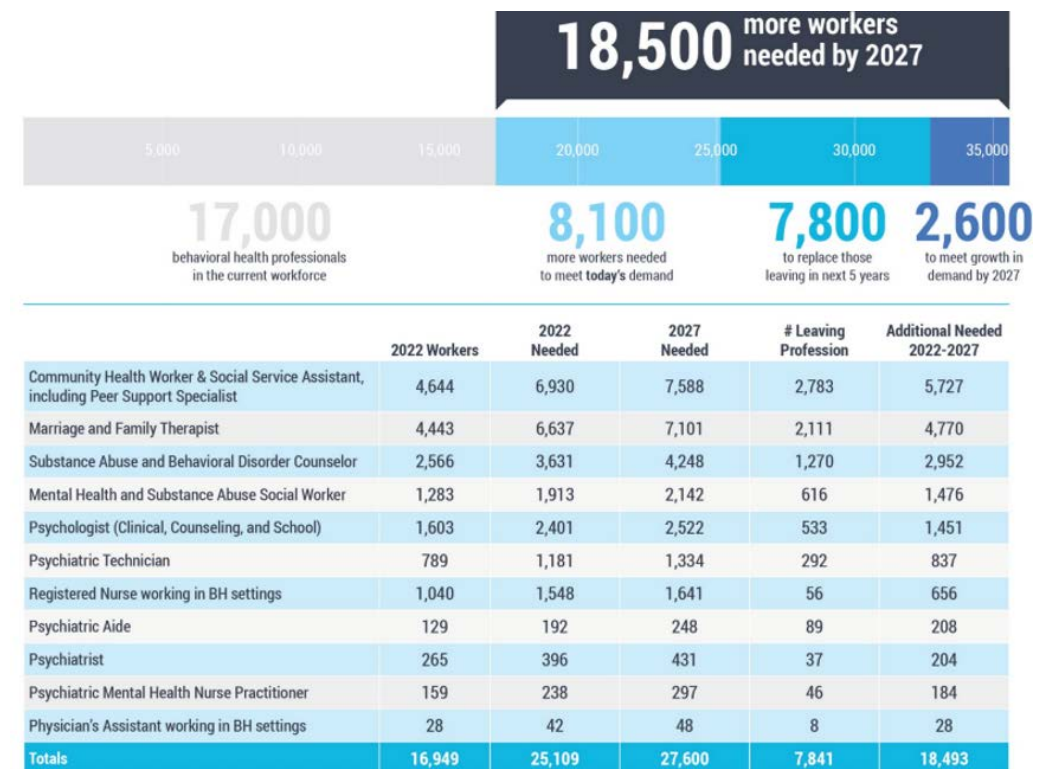
Addressing San Diego's Behavioral Health Worker Shortage

San Diego Workforce Partnership, August 2022

There is a significant behavioral health worker shortage in San Diego County, with only 17,000 of the required 25,000 professionals employed in 2022. This issue was exacerbated by the COVID-19 pandemic, an aging workforce, and increased demand for services. This report aims to address this problem by answering four key questions and offers recommendations to meet the demand for behavioral health services today and in the future.

As shown in the image, to meet the demand for services, San Diego needs to educate, train, attract, employ, and retain 18,500 professionals between 2022 and 2027. Job satisfaction is high among current behavioral health workers, but 39% report burnout, and 44% are likely to search for a new job within a year, primarily due to pay dissatisfaction, stress, and documentation requirements. A long-term regional vision should involve competitive compensation, administrative relief, regional training centers of excellence, a regional behavioral health workforce training fund, and continued engagement with workers. Specific initiatives to accelerate this vision include a \$128 million investment to train 4,250 professionals over 10 years, focusing on expanding the size, diversity, and capacity of San Diego's training, education, and clinical supervision system.

Assessment Image 16: Projected Workforce Shortages in Behavioral Health Professions (2022-2027).



Source: San Diego Workforce Partnership. Addressing San Diego's Behavioral Health Worker Shortage. Published 2022. Accessed 6/23.

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Chronic Absenteeism in San Diego Unified School District

Chronic Absenteeism in San Diego Unified School District

California School Dashboard, 2022

The California School Dashboard (Dashboard) is an online tool that shows how local educational agencies and schools are performing on state and local indicators that are included in California's school accountability system. The Dashboard is made up of easy-to-use, searchable reports that show local educational agency or school performance on six state indicators and five local indicators (seven for county offices of education). Categories are ranked Very Low, Low, Medium, High, and Very High with Very Low being the highest status and Very High being the lowest. San Diego Unified School District (SDUSD) rates low for Suspension Rate, high in Graduation Rate, and very high in Chronic Absenteeism across over 95,000 students for 2022.

Chronic absenteeism broadly refers to missing too much school for any reason, including excused and unexcused absences as well as suspensions. The California Department of Education defines chronic absenteeism as missing 10% of the instructional days students were enrolled. For SDUSD, all 13 student groups qualify for the Very High status level with 36.7% of all students chronically absent. Homeless students have the highest chronic absentee rate at 58.8%, followed by Hispanic (49.6%), Foster Youth (48.7%), and then English Learners (48.3%). The image here shows the chronic absentee grade and metrics for all 13 student groups captured in the Dashboard.

Assessment Image 17: Percent and Total Number of Absent Students of the 13 Student Groups in San Diego Unified School District in 2022.

Student Group	Percent Absent	Number of Students	Dashboard Grade
African American	42.3%	5,167	Very High
American Indian	46.3%	190	Very High
Asian	18.6%	6,743	High
English Learners	48.3%	16,527	Very High
Filipino	25.3%	3,053	Very High
Foster Youth	48.7%	226	Very High
Hispanic	49.6%	30,879	Very High
Homeless	58.8%	5,206	Very High
Two or More Races	29.6%	6,557	Very High
Pacific Islander	47.9%	265	Very High
Socioeconomically Disadvantaged	47.6%	40,246	Very High
Students with Disabilities	47.8%	11,058	Very High
White	22.6%	16,456	Very High

Source: California School Dashboard. Chronic Absenteeism. Published 2022. Accessed June 2023.

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Expanding Access to Healthcare Jobs in San Diego County

Expanding Access to Healthcare Jobs in San Diego County

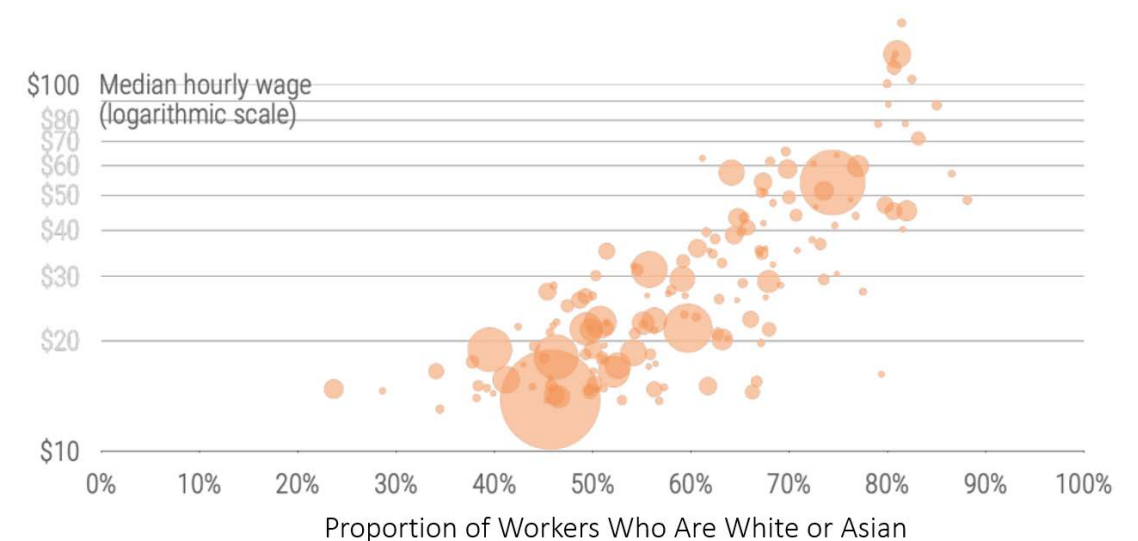
Daniel Enemark, PhD, 2021

The healthcare sector employs 186,000 workers in San Diego County—5% of the population and 13% of overall employment. Healthcare is San Diego's second biggest employer and is often considered recession-proof because the demand for medical care doesn't depend on the state of the economy.

Within this report careers in healthcare by salary are compared to several factors including sex, race, and education. While the healthcare workforce in San Diego reflects its racial and ethnic diversity, occupations show a strong relationship between racial composition and median wages (shown here). There is no strong correlation between median wage and gender. Wages were also analyzed based on experience and education. While experience typically didn't affect wage, there is a stratification of wage based on education level.

The author then looks at realistic entry-level positions that require an Associate Degree or less with self-sufficient wages as a pathway to advancement, identifying Licensed Vocational Nurses, Physical Therapy Assistants, and Occupational Therapy Assistants as the most likely occupations to be targeted for workforce development programs.

Assessment Image 18: Occupations with at Least 100 Workers in San Diego County's Healthcare Sector, by Proportion White or Asian and by Median Hourly Wage Within Sector.



Source: Daniel Enemark, PhD, San Diego Workforce Partnership. Expanding Access to Healthcare Jobs in San Diego County. Published July 2021. Accessed May 2023.

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Youth Disconnect in the Pandemic

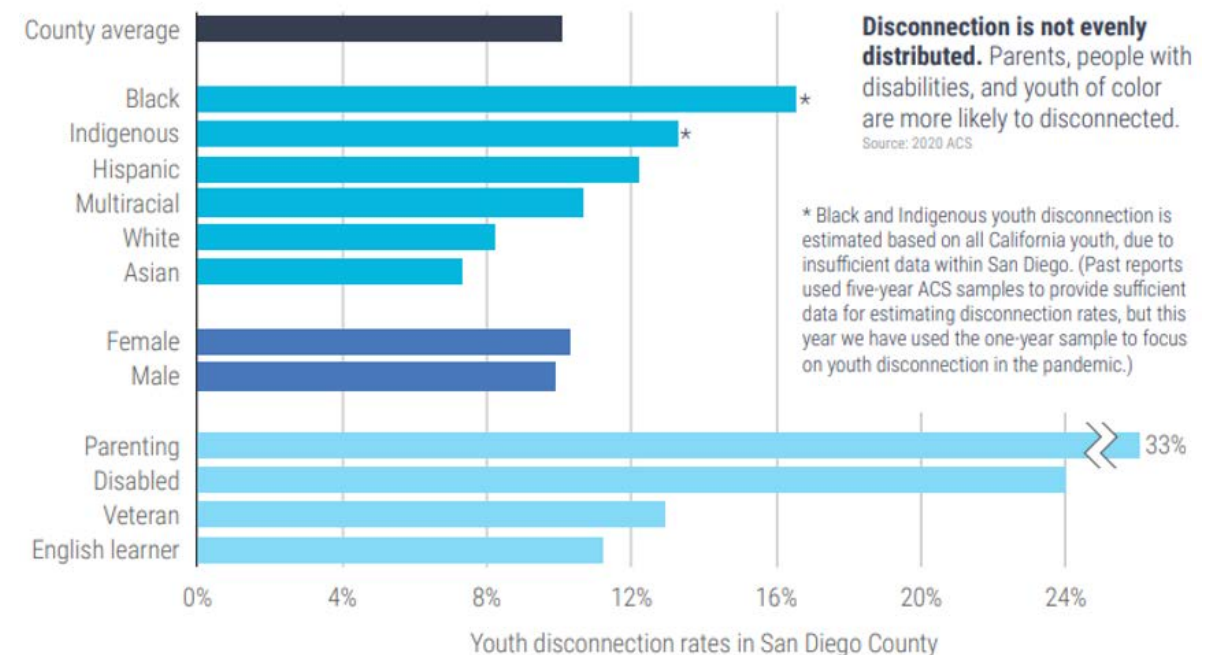
Youth Disconnect in the Pandemic

San Diego Workforce Partnership, 2022

San Diego Workforce Partnership publishes an annual report measuring youth disconnection rates in San Diego County. Disconnection is defined as persons not in school and not working (either not working but looking for work or not working and not looking for work). The 2022 annual report looks at youth disconnection during the pandemic revealing approximately 40,000 youth in San Diego County as disconnected. This represents 10.1% of San Diegans aged 16-24.

According to the 2022 annual report, Black and Indigenous youth are most impacted as well as those that are disabled (24%) and parenting (33%). Not all communities are evenly impacted as those living in Fallbrook, Alpine, Valley Center, Lakeside, Winder Gardens, Ramona, San Marcos, and Escondido have the highest disconnection rates (>19%) in the County. Meanwhile the lowest rates of youth disconnect (<5%) exist for those living in Chula Vista, Sweetwater, La Mesa, and the Navajo, Clairemont, Kearny Mesa, and Del Mar Mesa communities within the City of San Diego.

Assessment Image 19: Percent of Youth Aged 16-24 Disconnected in San Diego County in 2020.



Source: San Diego Workforce Partnership. Youth Disconnect in the Pandemic 2022 Annual Report. Published April 2022. Accessed May 2023.



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6th Cycle Regional Housing Needs Assessment Plan

6th Cycle Regional Housing Needs Assessment Plan

SANDAG, 2020

San Diego is experiencing a housing crisis as prices and rents have increased significantly, making homeownership difficult for many residents and impacting the region's quality of life. The crisis also affects local businesses and the regional economy. The San Diego Association of Governments (SANDAG) is addressing the crisis by planning for more housing and making it available throughout the region, accepting the California Department of Housing and Community Development's determination of 171,685 housing units needed between 2021 and 2029.

The 2015 Regional Housing Needs Assessment (RHNA) Plan sets a sustainability strategy that focuses on housing and job growth in urban areas with existing and planned transportation infrastructure, protecting the environment and addressing the housing needs of all economic segments. The Plan meets the sustainability strategies and state housing objectives by allocating housing based on the availability of transit and jobs, prioritizing low-income housing in high opportunity areas, and aiming to reduce greenhouse gases and promote fair housing. The table shown here reveals the adopted housing allocation with equity calculations factoring Transit (weighted 65%) and Jobs (weighted 35%).

Assessment Image 20: Total Adopted Housing Allocation in San Diego County Based on Equity Weighting.

Jurisdiction	Transit Weighting: 65%	Jobs Weighting: 35%	Total Allocation
Carlsbad	1,087	2,786	3,873
Chula Vista	8,478	2,627	11,105
Coronado	-	912	912
Del Mar	-	163	163
El Cajon	1,630	1,650	3,280
Encinitas	543	1,011	1,554
Escondido	7,609	1,998	9,607
Imperial Beach	1,196	133	1,329
La Mesa	2,717	1,080	3,797
Lemon Grove	1,087	272	1,359
National City	4,076	1,361	5,437
Oceanside	3,804	1,639	5,443
Poway	-	1,319	1,319
San Diego	74,478	33,558	108,036
San Marcos	1,630	1,486	3,116
Santee	543	676	1,219
Solana Beach	543	332	875
Unincorporated County	1,087	5,613	6,700
Vista	1,087	1,474	2,561
Region (Totals)	111,595	60,090	171,685

Source: San Diego Association of Governments. 6th Cycle Regional Housing Needs Assessment Plan. Published July 2020. Accessed May 2023.

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#WeAllCount Point-in-Time Count

#WeAllCount Point-in-Time Count

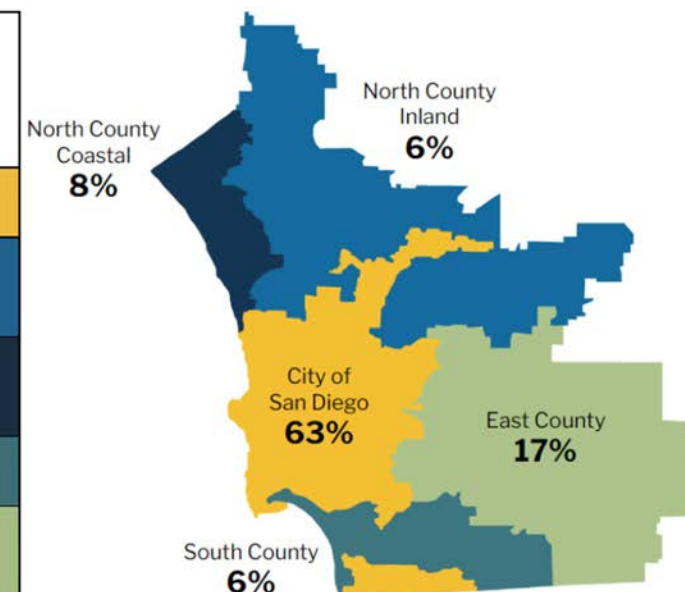
Regional Task Force on Homelessness, 2023

The #WeAllCount Point-in-Time Count (PITC) is a federally mandated requirement designated by the Department of Housing and Urban Development (HUD) and is conducted annually. The PITC provides an estimate of the number of homeless persons throughout San Diego County. The count includes persons living “on the street” or staying in homeless shelters. Additional descriptive information is drawn from the Homeless Management Information System (HMIS) for sheltered persons.

The 2023 PITC reveals a 22% increase in the number of people experiencing homelessness, rising from 8,427 individuals in 2022 to 10,264 individuals in 2023. Of those currently experiencing homelessness: 50.4% are unsheltered (5,171 individuals), 37.9% are in emergency shelters (3,895 individuals), 0.5% are in safe havens (50 individuals), and 11.2% live in transitional housing (1,148 individuals). A total of 34.3% (3,516 individuals) of persons experiencing homelessness are chronically homeless, which accounts for 44% of unsheltered persons and 25% of sheltered persons. In-depth questionnaires were conducted with approximately 20% of the unsheltered persons, providing a better understanding of the characteristics of those who are homeless in our community. 80% of participants responded “yes” to the question “Did you become homeless in San Diego?” The image below shows the Total Homeless Persons broken down by San Diego County region.

Assessment Image 21: Distribution of Homeless Population by Region in San Diego County.

	% of the Region	Total Homeless Persons
City of San Diego	63%	6,500
North County Inland	6%	653
North County Coastal	8%	783
South County	6%	625
East County	17%	1,703



Source: Regional Task Force on Homelessness. San Diego CoC Region 2023 Point-in-Time Data. Published June 2023. Accessed January 2024.

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Homelessness Crisis Response System 2022 Data and Performance Report

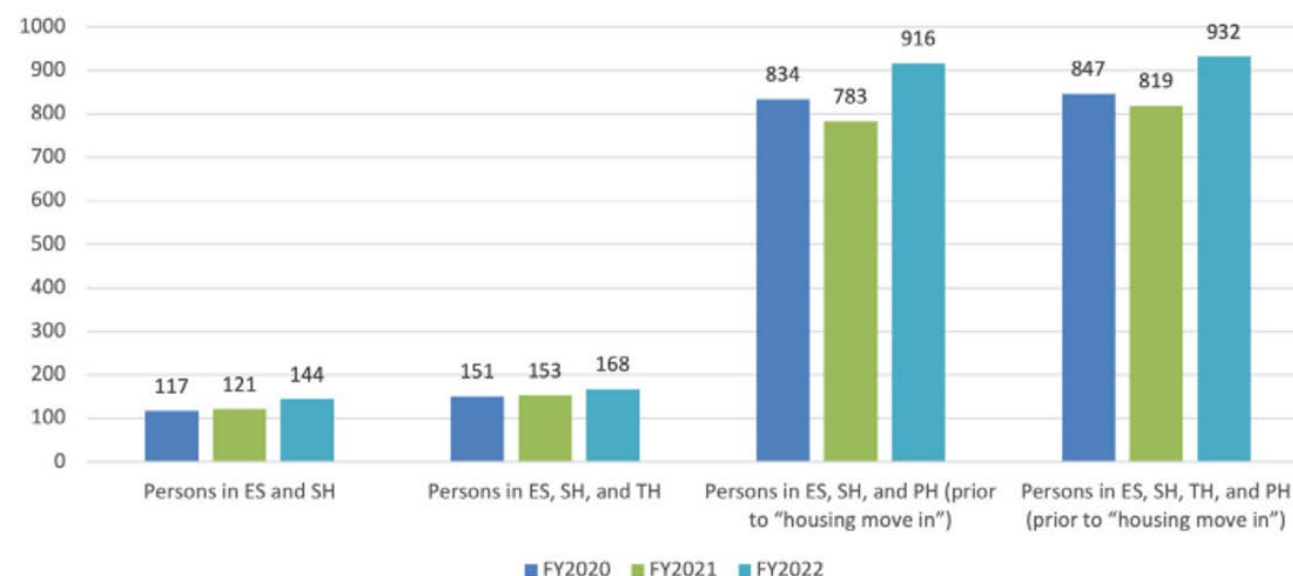
Homelessness Crisis Response System 2022 Data and Performance Report

Regional Task Force on Homelessness, 2023

The Homelessness Crisis Response System Annual Report centers on key performance indicators related to homelessness in San Diego County, using data from the Homeless Management Information System (HMIS) database and other reports compiled by the Regional Task Force on Homelessness (RTFH). Some key findings from the three-year analysis (2020-2022) are as follows:

The number of individuals and households receiving services from the homeless system reached 41,162 in 2022, a 16% increase since 2020. This includes 5,007 veterans, 4,427 youths, 10,345 seniors, and 11,135 persons in families, marking a notable rise across most demographic groups, except for a 1% decrease for veterans. The racial composition of the homeless population remained consistent, with White and Black or African American individuals constituting 64% and 26% respectively in 2022. The image here shows the average number of days homeless for people calculated through entry and exit from Emergency Shelter (ES), Safe Haven (SH), and Transitional Housing (TH) programs, providing a count of time spent in shelters, and the entire duration a client experienced homelessness until permanent housing (PH) is secured. These findings indicate progress in service provision, but challenges persist in reducing homelessness duration and recurrence, and improving the transition to permanent housing.

Assessment Image 22: Average Number of Days Homeless for Years 2020, 2021, and 2022.



Source: Regional Task Force on Homelessness. Homelessness Crisis Response System 2022 Data and Performance Report. Published June 2023. Accessed July 2023.



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Housing Inventory Count Report

Housing Inventory Count Report

HUD 2022 Continuum of Care Homeless Assistance Programs, 2022

The US Department of Housing and Urban Development provides Housing Inventory Counts for all Continuums of Care (CoC) across the US. Collected here is a snapshot of the CoC for San Diego City and County for 2023 (page 17 of the report). The total number of beds was 18,129. There are 6,267 beds in Transitional housing, emergency shelter, and safe haven programs, while permanent housing had 11,862 total beds.

Assessment Image 23: Total Bed Inventory in San Diego County for 2023.

CoC Name: San Diego City and County CoC

	Family Units ¹	Family Beds ¹	Adult-Only Beds	Child-Only Beds	Total Yr-Round Beds	Seasonal	Overflow / Voucher	Subset of Total Bed Inventory		
								Chronic Beds ²	Veteran Beds ³	Youth Beds ³
Emergency, Safe Haven and Transitional Housing	837	2,639	3,620	8	6,267	48	91	n/a	434	388
Emergency Shelter	592	1,880	2,498	8	4,386	48	91	n/a	16	103
Safe Haven	0	0	73	0	73	n/a	n/a	n/a	20	0
Transitional Housing	245	759	1,049	0	1,808	n/a	n/a	n/a	398	285
Permanent Housing	1,251	4,041	7,821	0	11,862	n/a	n/a	n/a	4,186	393
Permanent Supportive Housing*	479	1,576	5,289	0	6,865	n/a	n/a	994	3,378	95
Rapid Re-Housing	628	1,968	846	0	2,814	n/a	n/a	n/a	648	110
Other Permanent Housing**	144	497	1,686	0	2,183	n/a	n/a	n/a	160	188
Grand Total	2,088	6,680	11,441	8	18,129	48	91	994	4,620	781

Source: US Dept of Housing and Urban Development. Housing Inventory Count Report. Published December 2022. Accessed July 2023.

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Hunger in San Diego December 2022 Data Release & Analysis

Hunger in San Diego December 2022 Data Release & Analysis

San Diego Hunger Coalition, 2023

Hunger Free San Diego is a multi-year, collaborative and cross-sector initiative to apply a data-informed and community-driven approach to ending hunger in our region. This data release is the latest analysis from San Diego Hunger Coalition and Hunger Free San Diego Advisory Board using shared data and metrics.

In December, San Diego Hunger Coalition estimates 23% of the population (758,000 people) in San Diego County were nutrition insecure, meaning they live in a household without sufficient income to purchase three healthy meals per day. This represents an increase from September's estimates, resulting in an additional 30,000 people estimated to be nutrition insecure in December. The table here shows the effect of the increase on children, older adults, and the population with disabilities.

Assessment Image 24: December 2022 Nutrition Insecurity Rates in San Diego County by Population with Comparison to September 2022.

San Diego County	Children	Older Adults (60+)	Population with Disabilities
23% <i>+1%</i>	29% <i>+1%</i>	22%	35% <i>+2%</i>
Nearly 1 in 4 ~ 758,000 people <i>+30,000 people</i>	More than 1 in 4 ~ 199,000 children <i>+9,000 children</i>	Nearly 1 in 4 ~ 151,000 older adults <i>+44,000 older adults*</i>	More than 1 in 3 ~ 116,000 people <i>+5,000 people</i>

*Result of changing the definition of older adult from age 65 down to 60

Source: San Diego Hunger Coalition. December 2022 Data Release & Analysis. San Diego, CA; June 2023.

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San Diego County 2022 Affordable Housing Needs Report

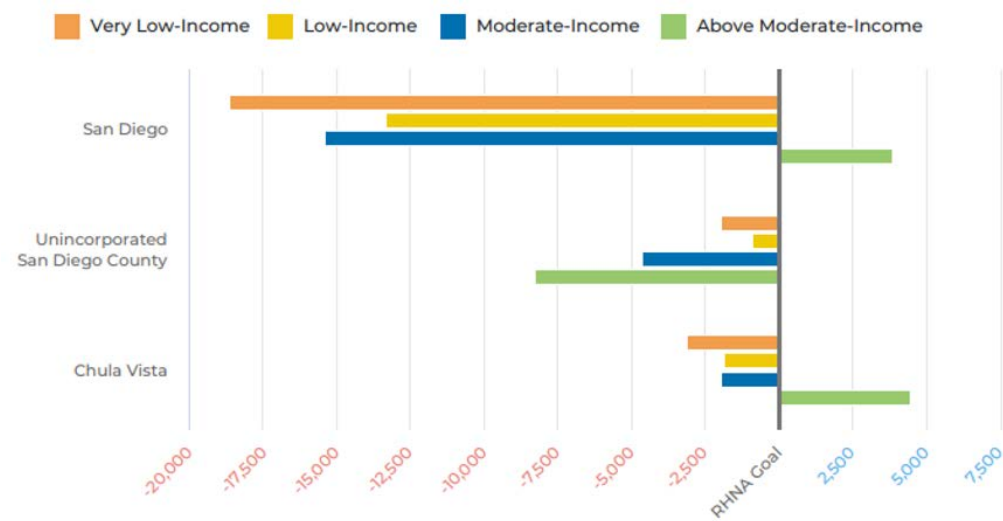
San Diego County 2022 Affordable Housing Needs Report

California Housing Partnership, 2022

The Affordable Housing Needs Report is an annual online dashboard that contains data and reports on each geographic region and county in California. Details in the reports include: Affordable housing need in every county in California; indicators of the state's housing market conditions; federal and state funding levels for affordable housing; and multifamily housing production and preservation trends.

The Report reveals key findings in the housing sector across San Diego County. Renters in San Diego County need to earn \$43.33 per hour - 2.9 times the City of San Diego minimum wage - to afford the average monthly rent of \$2,253. Asking rents in San Diego County increased by 13.7% between Q4 2020 and Q4 2021. Low-Income Housing Tax Credit production and preservation in San Diego County increased by 46% between 2020 and 2021. State and federal funding for housing production and preservation in San Diego County is \$506 million, a 28% decrease from the year prior. The image shown here compares housing production with respect to the 5th cycle Regional Housing Needs Allocation. San Diego City only exceeds this goal in Above-Moderate Income Housing creating an income inequity.

Assessment Image 25: Progress of San Diego County Jurisdictions Towards 5th Cycle Regional Housing Needs Allocation Production Goals for All Income Groups (2020 APR Data).



Source: California Housing Partnership. San Diego County 2022 Affordable Housing Needs Report. Published May 2022. Accessed May 2023.



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The Hope Center Survey 2021: Basic Needs Insecurity During the Ongoing Pandemic

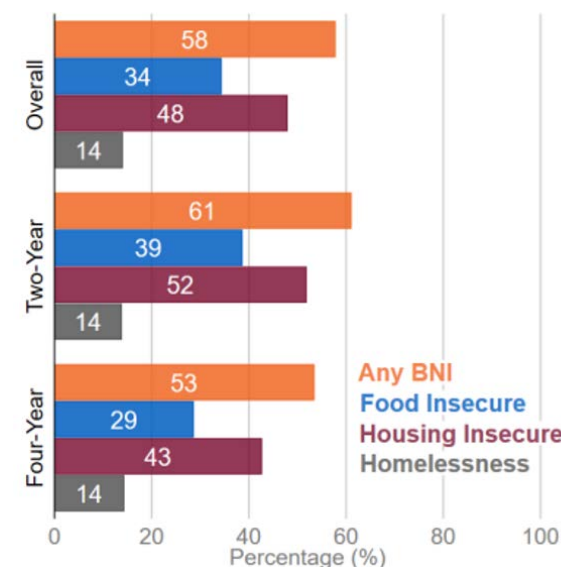
The Hope Center Survey 2021: Basic Needs Insecurity During the Ongoing Pandemic

The Hope Center, 2021

The Hope Center for College, Community, and Justice found that the pandemic worsened basic needs insecurity, with almost three out of five students lacking adequate food or housing. Two major shifts were observed: increased emergency aid, via the CARES Act which distributed over \$6 billion in federally funded aid, and a substantial decline in enrollment rates. The #RealCollege Survey, the nation's largest annual assessment of students' basic needs, revealed that colleges required additional support to address students' food and housing needs. The survey aims to aid colleges in supporting their students more equitably and efficiently. Over 195,000 students from 202 two-year and four-year colleges and universities participated in the survey.

The data revealed that about 3 in 5 college students experienced basic needs insecurity (BNI). At two-year institutions, 39% of students experienced food insecurity, while 29% experienced food insecurity at four-year institutions. Overall, 48% of students experienced housing insecurity, with 14% affected by homelessness. Across the board, students at two-year institutions experience basic needs insecurity at higher rates than those attending four-year institutions. Analysis from the report also reveals that 16 percentage points separated white students from black students experiencing basic need insecurities.

Assessment Image 26: College Student Basic Needs Insecurity Rates by Sector.



Source: The Hope Center for College, Community, and Justice. The Hope Center Survey 2021: Basic Needs Insecurity During the Ongoing Pandemic. Published March 2021. Accessed May 2023.

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Climate Change and Health Profile Report: San Diego County

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.

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County of San Diego Active Transportation Plan

County of San Diego Active Transportation Plan

Michael Baker International, 2018

The County of San Diego's Active Transportation Plan (ATP) identifies actions related to improving safety to reduce auto collisions with cyclists and pedestrians, increasing accessibility and connectivity with an active transportation network, and improving public health by encouraging walking and biking. Unincorporated San Diego County encompasses approximately 2.3 million acres or 3,570 square miles. Roughly 2,000 miles of roads in unincorporated San Diego County are County-maintained (8,000 total miles). Of these publicly maintained roads, less than half include sidewalks (762 miles) and less than 1 percent include a bicycle route or lane (158 miles of existing bikeways).

Existing conditions for the pedestrian network were collected and analyzed, revealing that approximately 53% of surveyed public County-maintained roads currently lack a sidewalk or pathway. The image shown here contains active transportation user demand in communities across San Diego County.

The ATP calls for the addition of 22 miles of Class I Bike Path, 738 miles of Class II Bike Lanes, and 183 miles of Class IV Separated Bikeway. The Class II additions would connect rural communities, serving long-distance or recreational cycling. The Class IV separated bikeways are concentrated in designated villages to better connect destinations (schools, parks, libraries, and commercial services), and represent about 20 percent of the build-out network. The Class I bike path network builds on existing facilities, often located along river park corridors.

Assessment Image 28: Existing Active Transportation User Demand in San Diego County in 2010.

Community Plan Area (CPA)	2010 CPA Population	2010 Total Daily Bicycle and Walking Trips (weekday)
Alpine	17,734	2,149
Bonsall	16,249	1,425
Central Mountain	4,858	347
County Islands	2,178	347
Crest-Dehesa	10,048	976
Desert	5,251	567
Fallbrook	43,148	4,981
Jamul-Dulzura	10,943	959
Julian	3,194	561
Lakeside	78,057	7,345
Mountain Empire	7,530	999
North County Metro	49,660	4,141
North Mountain	3,270	309
Otay	7,448	141
Pala-Pauma	6,676	976
Pendleton-De Luz*	36,739	18,900
Rainbow	2,230	186
Ramona and Barona	40,807	4,207
San Dieguito	23,210	3,829
Spring Valley	62,958	6,626
Sweetwater	13,979	939
Valle De Oro	43,851	3,836
Valley Center	20,757	2,201

* The number of bicycle and walking trips in Pendleton-De Luz is especially high due to large numbers of walking and bicycling trips to the Camp Pendleton military base from military housing.

Source: Michael Baker International. County of San Diego Active Transportation Plan. Published October 2018. Accessed July 2023.



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County of San Diego Vulnerability Adaptation and Assessment Report

County of San Diego Vulnerability Adaptation and Assessment Report

Ascent Environmental, 2021

Global climate change, intensified by increasing greenhouse gas (GHG) emissions, is expected to amplify the impacts of environmental hazards in unincorporated San Diego county, with consequences including poor air quality, human health hazards, extreme heat events, landslides, flooding, and wildfires. This necessitates climate adaptation planning, focusing on vulnerability assessment and adaptation strategies. As per the Vulnerability Assessment and Adaptation Report, the county, which is likely to see an average maximum temperature increase of 5.9 to 8.7 degrees Fahrenheit by the end of the 21st century, is evaluated for its exposure to climate change effects, sensitivity of population groups and assets, and existing adaptive capacity. Vulnerability scoring, in line with the 2020 California Adaptation Planning Guide (APG 2.0), is employed to rank potential impacts.

The table here summarizes the Vulnerability Scores to populations, transportation, energy resources, water, biodiversity and habitat, and emergency services. The biggest population threats as assessed is in increased human health risk including poor air quality, infectious diseases, and other risks with only moderate capacity for adaptation. Other high vulnerabilities include increased demand for electricity during extreme heat (score of 5), reduction in available water supply (score of 4), and increased exposure of emergency responders to heat-related sickness, smoke inhalation, and infectious disease (score of 4). These vulnerabilities allowed for the development of the Adaptation Framework, a set of six goals that work through policy to improved the County's adaptive capacity and reduce vulnerabilities.

Assessment Image 29: San Diego County Population
Vulnerability Scores due to Climate Change.

Vulnerability Description	Vulnerability Score		
	Potential Impact	Adaptive Capacity	Vulnerability
Impacts to Populations			
Increased human health risk (i.e., poor air quality, infectious diseases, mental health concerns, limited access to potable water, heat-related illnesses)	High	Medium	4
Reduced available water supply from extended drought periods	High	High	3
Increased exposure to flood risk from extreme precipitation and sea-level rise	Medium	High	2
Increased exposure of people to landslides	Medium	High	2
Increased exposure of people to wildfires	High	Medium	4
Lack of electricity during Public Safety Power Shutoffs implemented during times of high wildfire risk	High	Medium	4
Limited ability to prepare for climate events and to respond and evacuate	Medium	High	2

Source: Ascent Environmental. County of San Diego Vulnerability Assessment and Adaptation Report. Published June 2021. Accessed June 2023.

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Environmental and Climate Justice: San Diego Region

Environmental and Climate Justice: San Diego Region

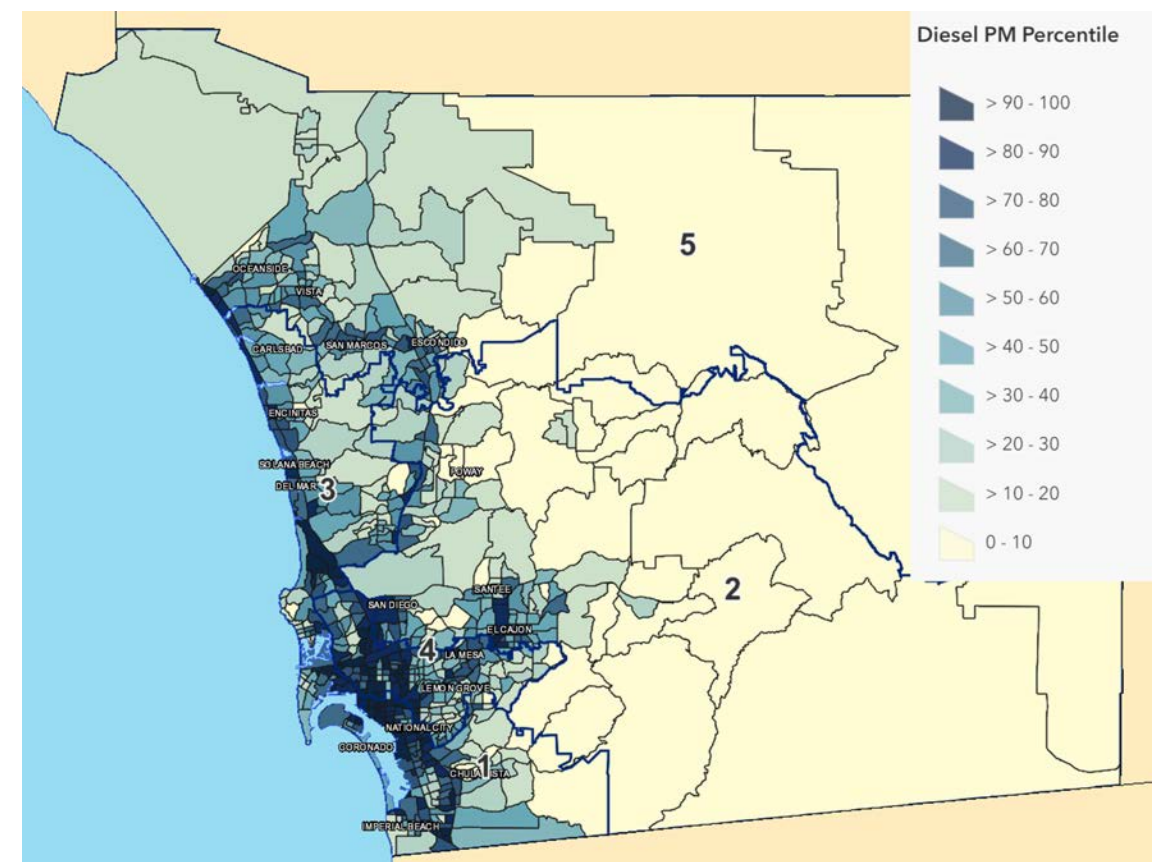
Office of Environmental and Climate Justice, 2022

The Environmental and Climate Justice: San Diego Region Storymap is an interactive dashboard that overlay 12 categories of data over a map of San Diego County. The categories include asthma, diesel particulate matter, children's lead risk, food insecurity, tree canopy, and more.

Shown here is the Diesel Particulate Matter Percentile (darker is a higher percentage of particulate matter in the air) overlayed on the County of San Diego. Numbers designate Board of Supervisors' jurisdictions, and jurisdiction borders are shown. The densest regions of the county also contain the highest sources of diesel particulate, especially among the I-5, I-805, and I-15 corridors, ranking most of these census tracts above the 70th percentile. Those located in National City and Downtown San Diego rank in the 90th percentile.

Many of these same census tracts score above the 70th percentile in asthma rates and the CalEnviroScreen 4.0 results, which calculates scores based on the pollution burden score and the population characteristics score for each census tract. For more details on these and other environmental hazards, refer to the CalEnviroScreen 4.0 Dashboard.

Assessment Image 30: Diesel Particulate Matter Percentile
Overlay onto San Diego County Census Tracts.



Source: Office of Environmental and Climate Justice. Environmental and Climate Justice: San Diego Region Story Map. Published May 2022. Accessed June 2023.

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Indicators of Climate Change in California

Indicators of Climate Change in California

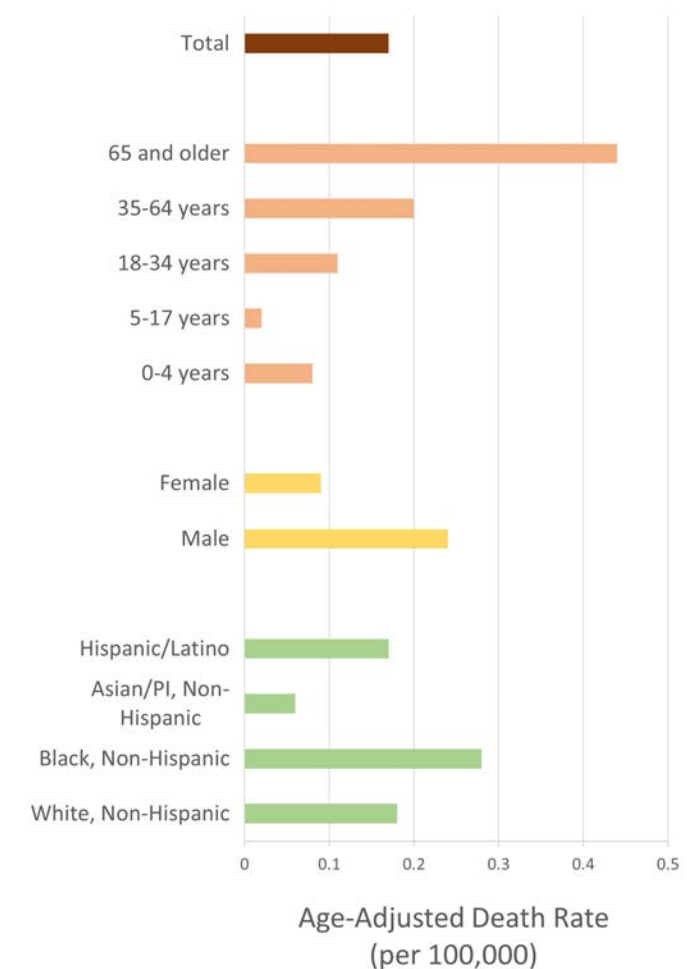
Office of Environmental Health Hazard Assessment, 2022

This fourth edition of the Indicators of Climate Change in California report distills the effects of climate change into 41 indicators, scientific observations that track climate-related trends and patterns across the state over time. California has warmed by an average of 2.5 degrees Fahrenheit since 1895 and drought conditions were comparable to the most severe drought periods on record at the end of 2021. As temperatures are projected to rise continually, heat-related deaths and illnesses become an important indicator as detailed in the report.

Heat causes more reported deaths per year on average in the United States than any other weather hazard, yet heat-related illnesses and deaths are generally preventable. Assessing how heat-related deaths and illnesses change with time provides a specific measure of how climate change-related temperature shifts are impacting human health. Heat waves and generally higher temperature exposures in California are related to increased healthcare usage for a wide range of diagnoses including electrolyte imbalance, diabetes, renal, cardiovascular, and respiratory diseases. Increases in apparent temperature (measure of ambient temperature adjusted for relative humidity) have also been linked with adverse birth outcomes such as preterm birth, stillbirth, and low birth weight.

The image here shows the age-adjusted death rate for heat-related deaths in California, revealing disparities for Black communities, people over 65 years of age, as well as men.

Assessment Image 31: Heat-related Death Rates in California, by Race, Age, and Gender (2000-2019).



Source: Office of Environmental Health Hazard Assessment. Indicators of Climate Change in California, Fourth Edition. Published 2022. Accessed June 2023.

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Park Access Tool

Park Access Tool

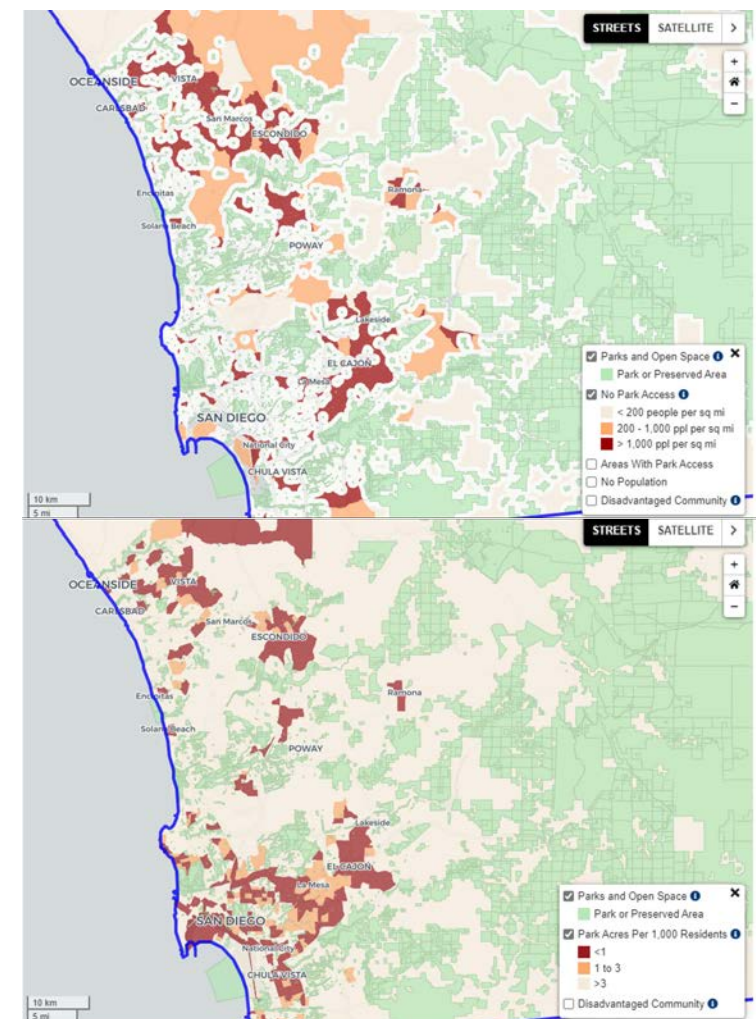
California Department of Parks and Recreation, 2020

The California Department of Parks and Recreation Park Access Tool provides 2020 neighborhood-level park access and demographic information. The tool uses two methods to visualize areas of need: (1) Living within a half mile of a park (top map), and (2) park acres per one thousand residents (bottom map).

According to the tool, 16% of San Diego residents live further than a half mile from a park or open space, and 46% of residents live in areas with less than three acres of parks or open space per 1,000 residents. Overall, 21% of California residents live further than a half mile from a park, and 61% of residents live in areas with less than 3 acres of parks or open space per 1,000 residents.

The areas with fewest park space in both maps are indicated in red, with large parts of Escondido and El Cajon having both fewer park access (further than 0.5 miles access to a park) and fewer park acreage per 1,000 residents. Large parts of San Diego, La Mesa, National City, and Chula Vista have less than 3 acres of parks per 1,000 residents. While lots of residents of North County (Escondido, San Marcos, Vista, Fallbrook, and Oceanside) have low access to parks.

Assessment Image 32: Top: People per Square Mile with Access to a Park Within A Half Mile to Residence. Bottom: Acres of Park Accessible Per 1,000 Residents.



Source: California Department of Parks and Recreation. Park Access Tool. Published 2020. Accessed July 2023.

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San Diego County Walkability Index

San Diego County Walkability Index

Public Health Services, 2023

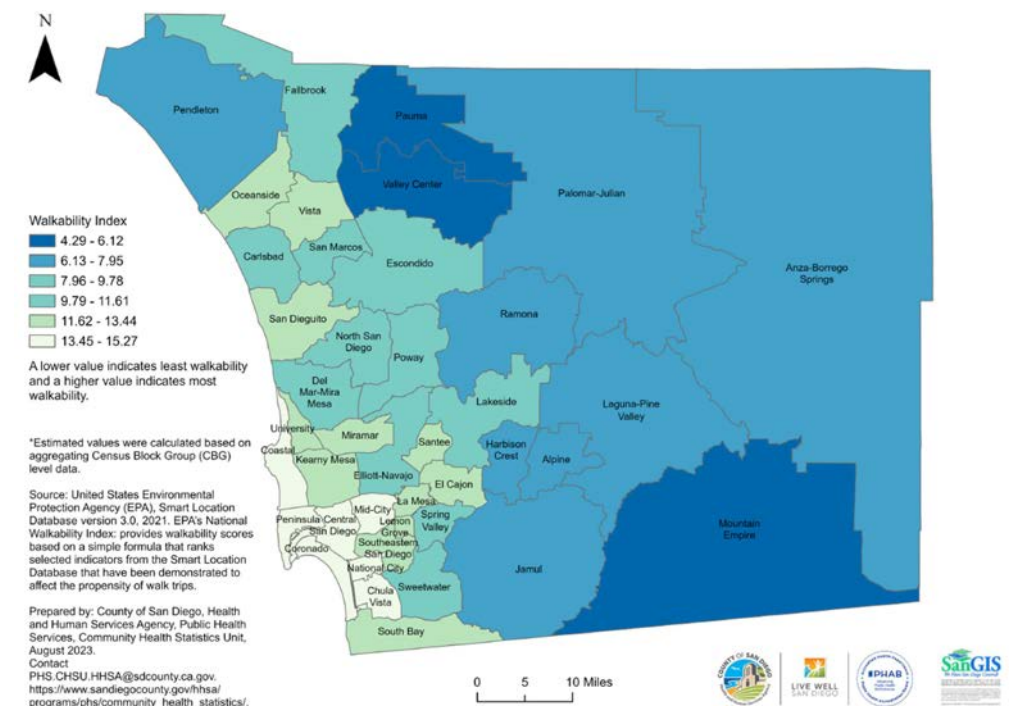
Walkability Index data from the Environmental Protective Agency was aggregated by Subregional Area (SRA) and layered on a map of San Diego County to estimate the walkability of each subregional area.

Walkability scores are based on a simple formula that ranks selected indicators like intersection density, proximity to transit stops, and diversity of land uses. According to the National Walkability Index scores are on a scale of 1-20 and can be categorized as least walkable (1-5.75), below average walkable (5.76-10.5), above average walkable (10.51-15.25), and most walkable (15.26-20).

The map shown here estimates walkability for each SRA. While much of the City of San Diego ranks in the most walkable category, no SRA scores above a 15.27 (Central San Diego City) which ranks in the most walkable category on the National Walkability Index. Much of East Region and North Inland Region score below average walkable. Only Pauma SRA scores in the least walkable category.

The aggregate walkability score for San Diego County is 12.19. Regional estimates were also calculated from the SRA Walkability scores: Central Region scores a 14.06; East Region scores a 11.45; North Central Region scores a 12.41; North Coastal Region scores a 11.89; North Inland Region scores a 9.92; and South Region scores a 13.43.

Assessment Image 33: Estimated Walkability Index by Subregional Area of San Diego County, 2021.



Source: United States Environmental Protection Agency (EPA), Smart Location Database version 3.0, 2021.

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San Diego Regional Bicycle Plan: Riding to 2050

San Diego Regional Bicycle Plan: Riding to 2050

SANDAG, 2010

The San Diego Regional Bicycle Plan (Plan) outlines a range of recommendations to facilitate accomplishing the regional goals of increasing the number of people who bike and the frequency of bicycle trips for all purposes, encouraging the development of Complete Streets, improving safety for bicyclists, and increasing public awareness and support for bicycling in the San Diego region. The recommendations include bicycle infrastructure improvements, bicycle-related programs, implementation strategies, and policy and design guidelines.

The existing bicycle infrastructure (as of 2010) totals 1,340.8 miles spread throughout San Diego County. The Plan proposes an additional 515.5 miles of Regional Bicycle Network infrastructure including 227.8 miles of Class I Bike Path, 212.5 miles of Class II Bike Lanes, 32.7 miles of Class III Bike Routes (shared lanes), 8.3 miles of Cycle Track, and 34.2 miles of Bicycle Boulevards.

Assessment Image 34: Existing Bicycle Facilities by Jurisdiction
in San Diego County as of 2010.

Jurisdiction	Mileage by Facility Type				Total Mileage by Jurisdiction	Percent of Regional Total Mileage	Percent of Regional Population
	Class I	Class II	Class III	Freeway Shoulder			
Carlsbad	4.2	85.6	4.9	0	94.7	7.06%	3.3%
Chula Vista	6.0	67.1	42.6	5.3	121	9.02%	7.4%
Coronado	9.6	1.5	5.0	0	16.1	1.20%	0.7%
Del Mar	0.1	6.0	0.2	0	6.3	0.47%	0.1%
El Cajon	1.3	14.8	3.5	0	19.6	1.46%	3.1%
Encinitas	4.4	21.1	3.0	0	28.5	2.13%	2.0%
Escondido	10.2	33.0	0.1	1.8	45.1	3.36%	4.6%
Imperial Beach	0.6	0.2	0.3	0	1.1	0.08%	0.9%
La Mesa	0.0	13.0	10.5	0	23.5	1.75%	1.8%
Lemon Grove	0.0	7.8	1.0	0	8.8	0.66%	0.8%
National City	2.5	1.0	20.4	0	23.9	1.78%	2.0%
Oceanside	8.8	81.0	16.4	0	106.2	7.92%	5.7%
Poway	0.7	27.0	3.2	0	30.9	2.31%	1.6%
San Diego	71.6	308.4	112.9	16.1	509	37.96%	42.5%
San Marcos	11.8	45.3	0.0	0	57.1	4.26%	2.6%
Santee	7.7	13.7	8.1	0	29.5	2.20%	1.8%
Solana Beach	1.6	3.6	1.4	0	6.6	0.50%	0.4%
Vista	0.0	23.5	4.6	0	28.1	2.10%	3.1%
Unincorporated	18.2	136.6	5.8	24.2	184.8	13.78%	15.5%
TOTALS	159.3	890.2	243.9	47.4	1,340.8	100%	100%

Source: SANDAG Bikes shapefile, 2010; Alta Planning + Design, April 2010

Source: San Diego Association of Governments. San Diego Regional Bicycle Plan: Riding to 2050. Published April 2010. Accessed July 2023.

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State of Tobacco Control 2023 – California Local Grades

State of Tobacco Control 2023 – California Local Grades

American Lung Association, 2023

The American Lung Association's State of Tobacco Control (SOTC) 2023 report tracks progress on tobacco control policies at state and federal levels. It highlights the efforts made in California to protect its citizens from the impacts of tobacco, grading every state in five key areas: smokefree outdoor air, smokefree housing, reducing tobacco sales, flavored tobacco restrictions, and an overall tobacco control grade. The report has been updated to reflect the implementation of California's Senate Bill 793, which restricts flavored tobacco. Tobacco is the leading cause of preventable death in California, and the state has been successful in creating policy around smokefree outdoor air scoring an A in this category. California scores a D in Tobacco Prevention and Cessation Funding with nearly \$200M in funding for Tobacco Control Programs, and over \$2.7B in State tobacco-related revenue.

San Diego County is graded across 19 cities and unincorporated areas. El Cajon scores the highest overall grade with an A, Escondido and Solana Beach each score a B, while Carlsbad, Poway, and Santee each score an F. All graded regions in San Diego County score poorly for Smokefree Housing with only two cities receiving a C grade (all the rest score an F). 52% of graded regions score an A for reducing tobacco sales, and 37% score an A or B for smokefree outdoor air.

Assessment Image 35: Tobacco Control Grades for Cities of San Diego County in 2022.

San Diego County	Overall Tobacco Control Grade	Smokefree Outdoor Air	Smokefree Housing	Reducing Sales of Tobacco Products	Restrictions on Flavored Tobacco Products	Emerging Issues Bonus Points
Carlsbad	F	D	F	F	N/A	1
Chula Vista	C	C	F	A	N/A	2
Coronado	D	A	F	F	N/A	1
Del Mar	D	A	F	F	N/A	1
El Cajon	A	A	C	A	N/A	3
Encinitas	D	C	F	F	Y	1
Escondido	B	A	F	A	N/A	3
Imperial Beach	D	C	F	F	Y	1
La Mesa	C	B	C	F	N/A	1
Lemon Grove	C	D	F	A	N/A	2
National City	D	C	F	F	N/A	2
Oceanside	C	B	F	A	N/A	2
Poway	F	D	F	F	N/A	1
San Diego	C	D	F	A	N/A	2
San Marcos	C	C	F	A	N/A	2
Santee	F	D	F	F	N/A	1
Solana Beach	B	A	F	A	Y	2
Vista	C	C	F	A	N/A	3
San Diego County Unincorporated	C	C	F	A	N/A	6

Source: American Lung Association. State of Tobacco Control 2023 Report: Local Grades. Published January 2023. Accessed May 2023.



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Transportation Injury Mapping System

Transportation Injury Mapping System

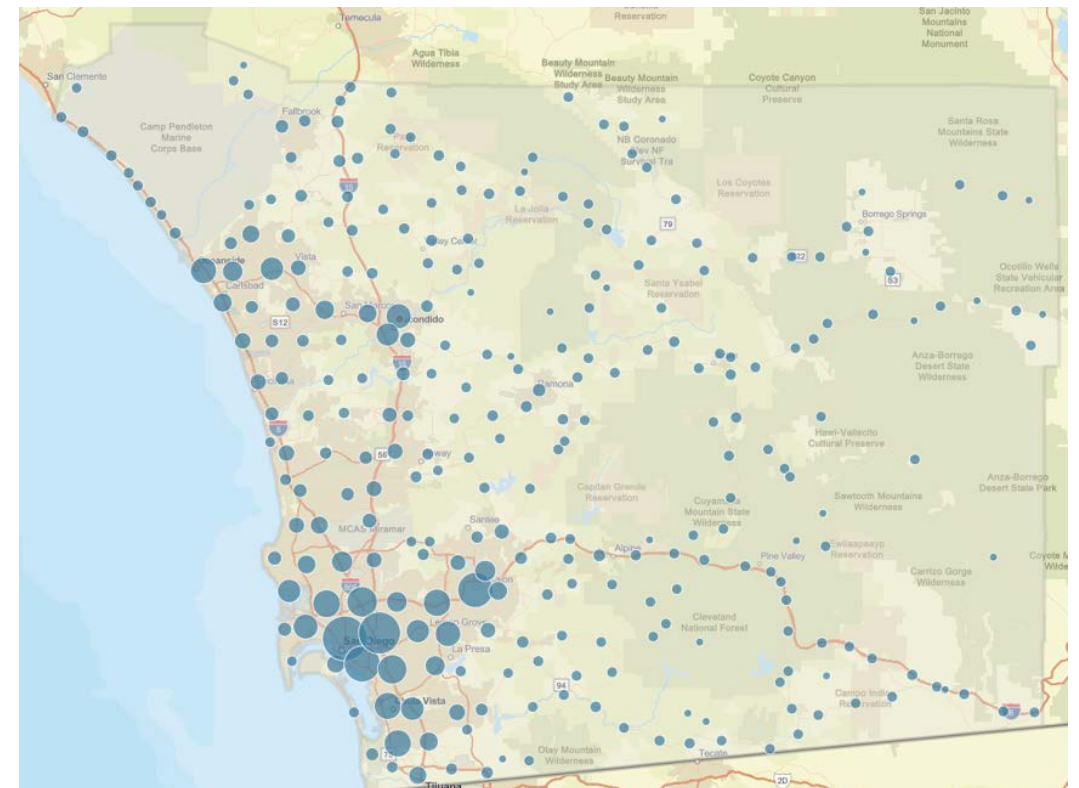
Safe Transportation Research and Education Center, 2023

The Transportation Injury Mapping System (TIMS) has been developed over the past ten-plus years by SafeTREC to provide quick, easy, and free access to California crash data, the Statewide Integrated Traffic Records System (SWITRS), which has been geo-coded by SafeTREC to make it easy to map crashes. Queries can be filtered by County, city, or unincorporated area for various crash types including motor vehicle, crashes involving pedestrian/bike, and motorcycles. Additionally, results will display crash severity, type of crash, and primary crash factor (PCF) violation.

From January 2020 to December 2022 there have been 36,875 crashes in San Diego County resulting in 872 fatalities and 49,768 injured persons. 2,781 (7.5%) crashes involved pedestrians; 2,141 (5.8%) crashes involved bikes; 3,969 (10.8%) crashes involved motorcycles. 12,617 (34.2%) of all crashes occurred on state highways.

Unsafe speed was the number one PCF Violation at 28.47% of crashes in the time period analyzed. Other top PCF violations included: improper turning (19.32%), automobile right of way (11.81%), driving or biking under the influence of drugs/alcohol (9.15%), and traffic signals and signs (8.85%). The top 5 PCF violations accounted for 77.6% of all crashes in San Diego County.

Assessment Image 36: Proportion of Automobile Crashes in San Diego County from January 2020 to December 2022.



Source: Transportation Injury Mapping System (TIMS), Safe Transportation Research and Education Center, University of California, Berkeley. 2023.

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Young Adult Tobacco Purchase Survey

Young Adult Tobacco Purchase Survey

Institute for Public Health, 2020

The County of San Diego's Tobacco Control Resource Program (TCRP) conducted a study to assess the extent of underage tobacco sales in the region, funded by the California Tobacco Control Program (CTCP). The Young Adult Tobacco Purchase Survey (YATPS) involved young adult volunteers attempting to buy tobacco products, including e-cigarettes, from a sample of retailers. Out of 302 licensed tobacco retailers in the unincorporated area of the county, 161 were selected for the survey, with 25% assigned traditional tobacco products and 75% assigned e-cigarettes. The volunteers were trained on how to conduct the survey, and all purchase attempts took place between February 15 and 25, 2020. The investigators visited 142 of the selected retailers, with 19 not surveyed due to various reasons, including restrictions on under-21 individuals and safety concerns.

The study found that around 19.7% of the retailers sold tobacco products to the underage investigators. Independent markets had the highest sales rate at 33%, followed by smoke/vape shops at 29%. Regarding the stores' compliance with state and federal laws, fewer than 60% of surveyed stores displayed STAKE Act signs, which are required by law. The findings of this study highlight the compliance issues among retailers in the unincorporated area of San Diego County, and the need for continued efforts in Tobacco Retail Licensing (TRL). The study results support the implementation of TRL policies, which have been shown to reduce underage tobacco sales.

Assessment Image 37: Retailer Observations and Purchase Attempt Characteristics by Whether an Underage Sale Was Made.

Survey Item	No Sale		Underage Sale		All Attempts	
	n	%	n	%	n	%
STAKE Act sign posted near register						
Yes	69	61%	15	54%	84	59%
No	45	40%	13	46%	58	41%
Clerk asked investigator's age²						
Yes	43	38%	1	4%	44	31%
No	71	62%	27	96%	98	69%
Clerk asked investigator to show ID						
Yes	92	81%	13	48%	105	75%
No	22	19%	14	52%	36	26%

Sample sizes vary due to missing data
The Flash ID protocol called for investigators to tell the truth if asked for their age

Source: Institute for Public Health, San Diego State University. Young Adult Tobacco Purchase Survey. Published June 2020. Accessed May 2023.

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State of Nonprofits and Philanthropy in San Diego Annual Report

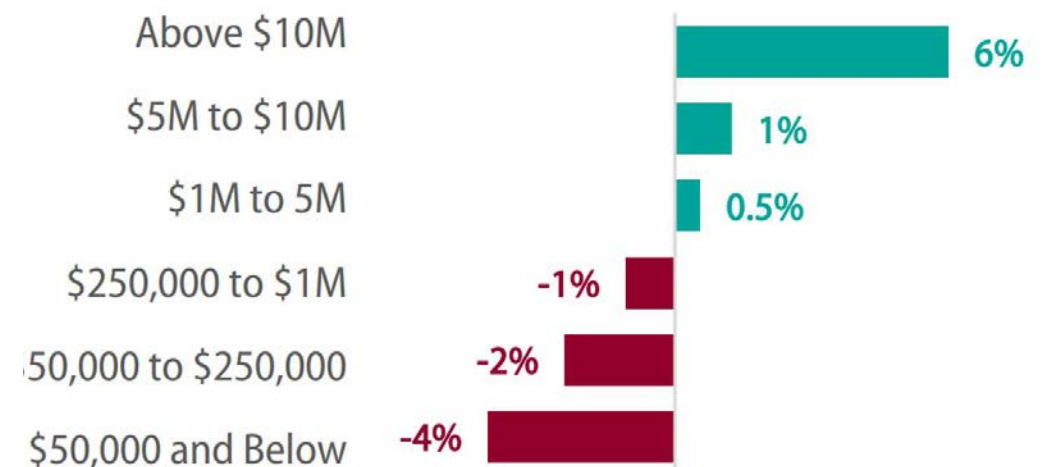
State of Nonprofits and Philanthropy in San Diego Annual Report

Nonprofit Institute, University of San Diego, December 2022

The 2022 State of Nonprofits and Philanthropy report highlights that San Diego County nonprofits are well positioned to innovate and improve the quality of life in the region, thanks to factors such as strong cash reserves, effective collaboration, increased focus on equity and social justice, climate change awareness, and growing philanthropy. However, the sector faces challenges from inflation and competition for qualified workers, which impact service delivery costs, wages, and donor abilities. Additionally, the demand for nonprofit services is increasing due to growing concerns over housing, climate change, and livable wages.

According to a survey of nonprofit leaders, the largest impacts of inflation on nonprofits are increased program costs (80% of respondents) and the pressure to raise salaries for workers (75% of respondents). Respondents also cited salary and benefit competition, lack of affordable housing, and high cost of living as the primary factors affecting the recruitment and retention of nonprofit employees. Since 2014, there has been a 22% growth in the number of public charities, while nonprofit revenue across the sector has remained stagnant since 2018, only growing in the largest organizations (shown here).

Assessment Image 38: Five-Year Annualized Growth in Revenue by Budget Size, 2016 to 2020.



Source: Deitrick et al, Nonprofit Institute, University of San Diego. 2022 State of Nonprofits and Philanthropy Annual Report. Published 2022. Accessed 7/23.

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Volunteering and Civic Life in California

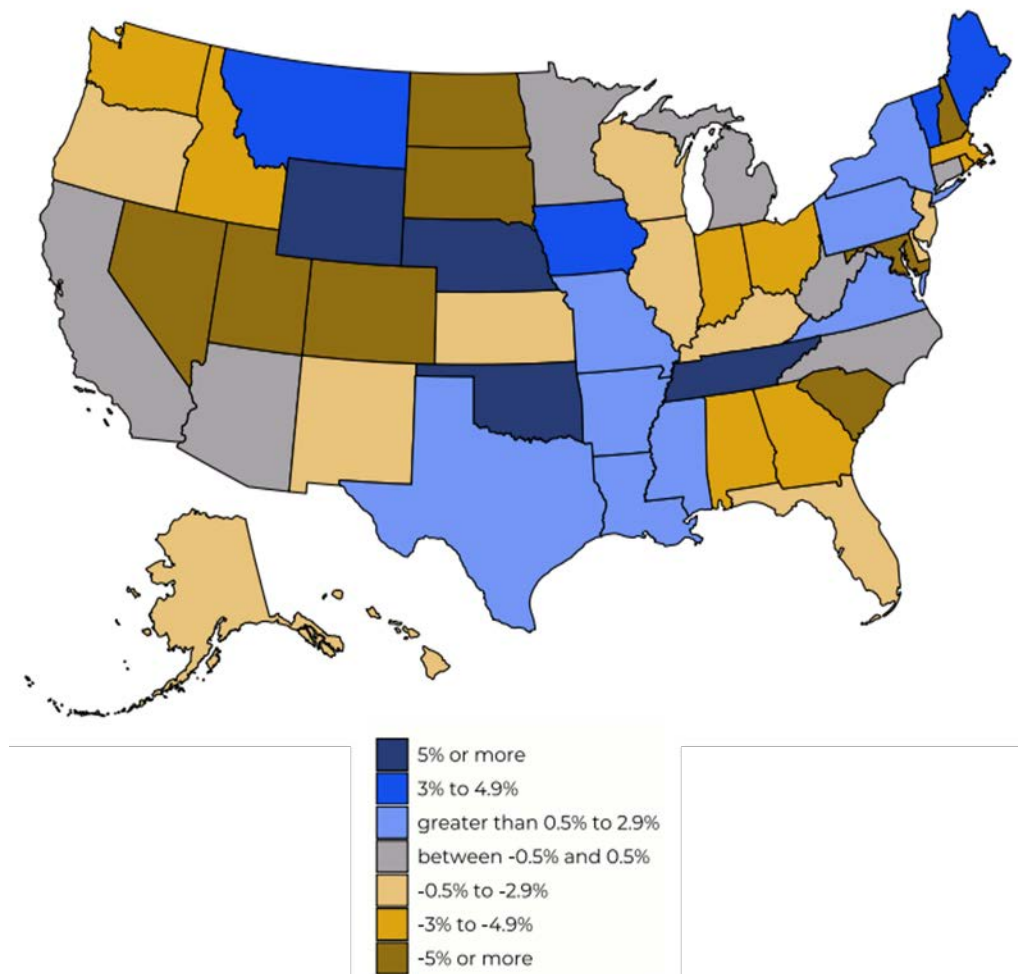
Volunteering and Civic Life in California

Americorps, May 2023

Formal volunteering involves helping others through organizations, including supporting COVID-19 testing, immunization, and other public health efforts, conducting wellness checks on isolated seniors, and supporting food banks. In California, 5,697,252 formal volunteers contributed 379.2 million hours of service through organizations worth an estimated \$13.5 billion; 18.3% of residents formally volunteered through organizations; 18.3% of residents belonged to an organization ; and 39.0% of residents donated \$25 or more to charity.

Informal helping involves helping others outside of an organizational context, including doing favors for neighbors like house sitting, watching each other's children, lending tools, and other things to lend a hand. In California: 94.9% of residents talked to or spent time with friends or family; 46.1% of residents informally helped others by exchanging favors with their neighbors; and 64.0% of residents had a conversation or spent time with their neighbors.

Assessment Image 39: Changes in State-Level Informal Helping Rates Between 2019 and 2021.



Source: Office of Research and Evaluation, Americorps. Spotlighting the CEV.
Published 2023. Accessed 7/23.

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Women's Well-Being Index: San Diego County

Women's Well-Being Index: San Diego County

California Budget and Policy Center, October 2020

The California Women's Well-Being Index provides a comprehensive, composite measure of how women are faring in each of the state's 58 counties. The Index encompasses five "dimensions" — Health, Personal Safety, Employment & Earnings, Economic Security, and Political Empowerment. Each dimension is composed of six indicators that have been standardized and combined to create dimension scores, on a scale from zero to 100, for each of California's 58 counties. The table here lists San Diego County's scores in each dimension along with its' ranking among all California counties.

Overall San Diego County ranks 16th out of 58 counties. San Diego County scores highest in Life Expectancy (life expectancy at birth, 83.6, rank 12th), Wage Gap (ratio of women's to men's median annual earnings, 0.88, rank 11th), and in percentage of women in State Legislator (percentage of State Legislatures for the County who are women, 54.5%, rank 3rd). Meanwhile, the County scores lowest in Prenatal Care (percentage of women receiving adequate prenatal care, 74.8%, rank 39th), Domestic Violence (average annual domestic violence calls for assistance per 100,000 females, 1,054, rank 39th), Cost of Housing (39.6% gross rent as a percent of median annual income, rank 53rd), and Commuting Time (22.2% percent of female workers who commute less than 15 min, rank 51st).

Assessment Image 40: San Diego County Rank and Scores in the Women's Well-Being Index Compared to All California Counties, 2019.

San Diego County	Value	Rank
Women's Well-Being Index	59.8	16
Health	61.3	23
Safety	80.3	14
Employment & Earnings	57.9	10
Economic Security	46.7	38
Political Empowerment	52.7	11

Source: California Budget and Policy Center. Women's Well Being Index. Published 2020. Accessed 6/23.

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The third cycle of the Community Health Assessment (CHA), adhering to the Mobilizing for Action through Planning and Partnerships (MAPP) model, is a comprehensive evaluation of health status indicators by social determinants of health (*Figure 12*), where possible, and through the lenses of health equity (age, sex, race/ethnicity, socioeconomic status, and geography). As a result, this CHA has described the health status and well-being of San Diego County's residents and diverse communities.

The needs and issues of a community vary by geography, age, sex, race/ethnicity, and other social determinants of health. Each component of the CHA was examined through these lenses where data were available. Assessments for this CHA employed quantitative and qualitative data prepared by the County of San Diego or made available by the various partners and community organizations who helped make this CHA possible.

This updated CHA further helped identify the county's strengths and areas for community improvement. The results of the CHA were used to inform the Community Health Improvement Plan (CHIP) for San Diego County and the Community Enrichment Plans (CEPs) for each of the six regions. This CHA also provides evidence to support efforts contributing to the overall health and well-being of residents in San Diego County.

Figure 12: Domains of Social Determinants of Health.



Source: Centers for Disease Control and Prevention (CDC), 2023.

This third cycle of the CHA reflects ongoing collective impact efforts by Public Health Services (PHS), community leaders, and partners. The collaborative efforts integrate the work and insight of San Diego County stakeholders, including those not traditionally found within institutions or positions of power. As a result, this CHA has identified areas of concern to address and support the *Live Well San Diego* vision. The following sections describe the key findings of the results and provide additional information on the partners, community assets, and regional priorities that helped make this CHA possible.

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These key observations present a summary of themes and findings based on the comprehensive, broad-based data presented in this CHA. Included in these observations is an examination of disparities by health equity lens (age, sex, race/ethnicity, socioeconomic status, and geography), and reflect challenges that San Diego residents face, often with disproportionate impacts on certain groups or populations. Some of these observations are focused on the social determinants of health, or the conditions in the environments where people are born, live, learn, work, play, worship, and age. Whereas positive trends are seen regarding deaths by 3-4-50 chronic diseases and life expectancy, a focus of the *Live Well San Diego* initiative since its launch in 2010, disparities are also in evidence.

Select a topic.

3-4-50 Deaths

Health	3-4-50 Deaths
	Behavioral Health
	Life Expectancy
	Infant Mortality
	Infectious Disease
	Opioid Overdose
	Suicide
Socioeconomic Status	Housing and Homelessness
	Income and food insecurity
Climate	Air Quality
	Warming and Heat-Related Illness

Chronic diseases are among the leading causes of death and disability worldwide. From 2000 to 2022, there has been a decrease in the percentage of county deaths due to 3-4-50 chronic diseases, namely cancer, heart disease and stroke, type 2 diabetes, and lung diseases such as asthma. There has also been a decrease in the rate of 3-4-50 chronic disease related deaths in the six Health and Human Services Agency (HHS) regions. This reflects an improvement in the prevention and treatment of infectious diseases and significant changes in dietary habits, physical activity levels, and tobacco use in the population.

In 2000, 63% of all San Diego County deaths were due to 3-4-50 chronic diseases. By 2022, the percentage of deaths due to 3-4-50 chronic diseases had decreased to 44%. Among the HHS regions, South Region had the highest percentage of deaths due to 3-4-50 chronic diseases every year from 2000 to 2019. However, in 2020, North Inland Region and North Central Region had the highest percentage of deaths due to 3-4-50 chronic diseases, both at 46%. In 2021, North Central Region had the highest percentage of deaths (45%) due to 3-4-50 chronic diseases, while in 2022, Central, East, and South Regions had the highest percentage of deaths (45%). Additionally, the death rate of 3-4-50 chronic diseases decreased from 440.6 per 100,000 residents in 2000 to 334.3 per 100,000 residents in 2022. From 2000 to 2022, the rate of death due to 3-4-50 chronic diseases was generally highest in East Region and lowest in Central Region and North Central Region.

Within the regions there were considerable differences in the percentage and rate of deaths due to 3-4-50 chronic diseases by subregional area (SRA). In 2022, the East Region SRAs of Mountain Empire (52%) and Laguna-Pine Valley (51%) had the highest percentage of 3-4-50 chronic disease deaths, compared to all other SRAs in San Diego County. In 2022, Anza-Borrego Springs SRA (939.9 per 100,00) and Palomar-Julian SRA (706.0 per 100,00), both in North Inland Region, had the highest death rates due to 3-4-50 chronic diseases compared to all other SRAs in San Diego County.

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Select a topic.

Health	3-4-50 Deaths
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	Life Expectancy
	Infant Mortality
	Infectious Disease
	Opioid Overdose
	Suicide
Socioeconomic Status	Housing and Homelessness
	Income and food insecurity
Climate	Air Quality
	Warming and Heat-Related Illness

Behavioral Health

Nearly all of San Diego County's Community Leadership Teams (CLTs) have identified behavioral health as a regional priority, given its impact on residents' overall health and well-being. Behavioral health indicator data for health outcomes (i.e., death, emergency department [ED] discharge, and hospitalization) in San Diego County highlight disparities among residents.

In 2021, alcohol-related disorders and suicide attempt/ideation were among the top five leading causes of age-adjusted health outcomes in San Diego County. Furthermore, all opioid overdoses and alcohol-related disorders were the leading cause of age-adjusted deaths and hospitalizations in San Diego County, respectively. However, the leading cause of age-adjusted ED discharges differed across HHS Regions with alcohol-related disorders, suicide attempt/ideation, and anxiety and fear-related disorders as the predominant causes. Among HHS Regions, Central and East generally had the highest health outcome rates among behavioral health indicators. In 2021, men in San Diego County had higher age-adjusted death rates from behavioral health issues than women.

Health outcome rates among behavioral health indicators were generally higher among non-Hispanic (NH) White, NH Black, and NH residents of Other races in San Diego County in 2021. Suicide attempt/ideation was the leading cause of age-adjusted ED discharges in San Diego County among NH API, NH Black, and NH residents of Other races, while anxiety and fear-related disorders and alcohol-related disorders were the leading cause among Hispanic and NH White residents, respectively. Alcohol-related disorders were the leading cause of age-adjusted hospitalizations across all racial/ethnic groups, except NH API residents, whose leading cause was suicide attempt/ideation.

Detailed information on these topics can be found in the Morbidity and Mortality section of the Dashboard.

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Select a topic.

Life Expectancy

Health	3-4-50 Deaths
	Behavioral Health
	Life Expectancy
	Infant Mortality
	Infectious Disease
	Opioid Overdose
	Suicide
Socioeconomic Status	Housing and Homelessness
	Income and food insecurity
Climate	Air Quality
	Warming and Heat-Related Illness

Life expectancy is one of the Top 10 Indicators measured for the County of San Diego's Live Well San Diego vision for healthier, safer, and thriving communities. This measure is a widely used indicator for the capability to live a long and healthy life and reflects the overall mortality of a population as well as a snapshot of the long-term impact of health disparities.

Over time, there has been a positive increase in trends for life expectancy across the US and San Diego County. However, there are differences in estimates by communities within the San Diego County region. People are less likely to live longer if they are economically disadvantaged, get little exercise and lack access to health care, but according to many studies, even accounting for these factors, geography matters.

A baby born in San Diego County in 2022 has a life expectancy of 80.8 years, but within the county, there is currently a 12.5-year gap in life expectancy between some communities. For example, the life expectancy in Chula Vista SRA, a community in South Region, is 75.3, while the life expectancy in University SRA, a community in North Central Region, is 87.8.

Additionally, great variations in life expectancy exist between racial and ethnic groups. For example, there is a 12.6-year gap in life expectancy between Asian (85.4) and Black (72.8) residents. Lastly, there is a 5.4-year gap between males (78.2) and females (83.6). These variations are mostly caused by differences in public health infrastructure, distribution of wealth, resources, medical care, and diet.

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Select a topic.

Infant Mortality

Health	3-4-50 Deaths
	Behavioral Health
	Life Expectancy
	Infant Mortality
	Infectious Disease
	Opioid Overdose
	Suicide
Socioeconomic Status	Housing and Homelessness
	Income and food insecurity
Climate	Air Quality
	Warming and Heat-Related Illness

Maternal, child, and family health is the fourth foundational area of the Foundational Public Health Services. Recent historical data show that overall infant mortality rates have been lower in San Diego County compared to the United States. From 2000 to 2020, the PHS Maternal, Child and Family Health Services branch reported a decrease in San Diego County's infant mortality rate, from 5.9 to 3.2 infant deaths per 100,000 live births, meeting the Healthy People 2030 target of 5.0 deaths per 1,000 live births. The California Department of Public Health (CDPH) released the 2021 Birth Cohort Statistical Master File on February 7, 2024. The long lag time is due to the need to link the births to the corresponding infant death that occurred in the same year or the following calendar year. The County of San Diego placed an order for the file with CDPH the day after its release. Based on previous experience, it is expected to take one to two months to receive the data file.

Among San Diego County's non-Hispanic Black, infant mortality rates have decreased by nearly 40% between the 2000-2002 (14.3) and 2018-2020 averages (8.7 deaths per 1,000 live births). However, the rate still remains higher than that of other large race/ethnic groups, for which rates are available. In addition, the non-Hispanic Black population is the only group that has not met the Healthy People 2030 target of no more than 5.0 deaths per 1,000 live births. County non-Hispanic Black rates were two to four times White rates between 2000 and 2020.

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Select a topic.

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	Life Expectancy
	Infant Mortality
	Infectious Disease
	Opioid Overdose
Socioeconomic Status	Suicide
	Housing and Homelessness
Climate	Income and food insecurity
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Infectious Disease

Human Immunodeficiency Virus (HIV) diagnosis rates in San Diego County have decreased by around 50% from 2000 to 2021. Non-Hispanic (NH) Black and Hispanic residents continue to be disproportionately affected by HIV. From 2016 to 2021, NH Blacks were twice as likely to be diagnosed with HIV compared to Hispanics and almost five times as likely as Whites. Locally, male-to-male sexual contact remains the most important risk factor for transmission.

Hepatitis C disease reports in San Diego County identified 567 chronic and 17 acute cases between April 1 and June 30, 2023, with no perinatal cases identified. Persons 45-64 years of age had the highest rate of newly reported chronic infection, representing about 39% of newly identified chronic cases. Persons 25-44 years of age had the highest rate of acute infections, accounting for 71% of new cases. Native Hawaiian/Other Pacific Islanders had the highest proportion of newly reported chronic cases, while NH Whites had the highest proportion of new cases.

Other Sexually Transmitted Infections in San Diego County also had notable changes. The overall rate for chlamydia has generally increased over the past two decades, with a 124% increase from 2000 to 2019. Females are 1.5 times more likely to be diagnosed than males. Gonorrhea cases have increased in San Diego County over the past decade, with a notable 30.1% increase from 2020 to 2021. Gonorrhea disproportionately affects males, particularly NH Black males. From 2020 to 2021, the rate of syphilis, of any stage, increased by 20.8% from 54.4 to 65.7 per 100,000 residents in San Diego County. The rates of primary and secondary syphilis increased by 12.7% from 2020 to 2021 and by 1,760% from 2000 to 2021. The majority (63%) of cases are among men who have sex with men.

Tuberculosis (TB) rates in San Diego County were seen predominantly in South and Central Region. The highest TB rates were among residents 65 years and older, while children under five were among those at highest risk of becoming sick after infection. In 2022, the TB rate among males (8.4 per 100,000) was over twice that of females (4.1 per 100,000). The TB rate among Asian/Pacific Islanders, Hispanics, and NH Blacks was higher compared to White residents.

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Select a topic.

Opioid Overdose

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	Infant Mortality
	Infectious Disease
	Opioid Overdose
Socioeconomic Status	Suicide
	Housing and Homelessness
Climate	Income and food insecurity
	Air Quality
	Warming and Heat-Related Illness

Opioid overdoses are a leading concern for those between age 10 and 49. In 2021, San Diego County residents, aged 30-39, were over twice as likely to fatally overdose on any opioid, compared to the county overall (45.9 per 100,000 and 22.6 per 100,000, respectively). Central, East, and North Coastal Regions had higher age-adjusted death rates due to opioid overdoses compared to San Diego County. Further, data on all drug overdose deaths are showing that San Diego County is not meeting the Healthy People 2030 target of 20.7 deaths per 100,000 population for age-adjusted all drug overdose death rates. When stratified by race/ethnicity, non-Hispanic Black, White, and Hispanic San Diego County residents did not meet the Healthy People 2030 target for age-adjusted all drug overdose death rates in 2021. In 2021, non-Hispanic Black San Diego County residents had the highest age-adjusted all drug overdose death rate compared to other race/ethnicities, with a rate of 52.6 per 100,000.

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Select a topic.

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	Infant Mortality
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	Opioid Overdose
	Suicide
Socioeconomic Status	Housing and Homelessness
	Income and food insecurity
Climate	Air Quality
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Suicide

Suicide and self-harm are serious public health concerns that affect individuals, families, and communities. In San Diego County, there were 7,630 emergency room discharges and 719 hospitalizations for suicide attempts and self-harm, in 2021, with 364 deaths by suicide.

In examining recent data, Behavioral Health Services (BHS) found that from 2018-2021, suicide rates for San Diego County residents have continuously decreased. In 2021, San Diego was the closest it had been to state rates per 100,000 residents (CA 10.6 and SD 10.8) and below the national rates (14.5). In 2022, however, preliminary data indicated a 1% increase in the number of suicide deaths from 2021. Also, local data indicate that certain communities and populations face disproportionate burden in suicidal ideation, nonfatal intentional self-harm/suicide attempts, and suicide deaths. Those disproportionately impacted include residents who are: non-Hispanic White, non-Hispanic Black, or non-Hispanic American Indian/Alaska Native; as well as older adults, ages 65 years of age and older; youth between the ages of 10-24 years old; those identifying as LGBTQIA+; veterans; and those living in North Coastal, North Inland, or East Regions.

In 2021, the suicide death rate was highest among residents who were non-Hispanic White, or were 65 years of age and older (50% higher than the county rate for each), and lived in North Coastal Region (20% higher than the county rate). Additionally, although overall suicide rates have decreased within the last 10 years, there has been an increase among Hispanic residents (25% increase) and youth 10-24 years old (7% increase).

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Socioeconomic Status	Housing and Homelessness
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Housing and Homelessness

San Diego County's housing crisis has been exacerbated by increases in housing costs and a need for more affordable housing production. To afford an average monthly rent of \$2,253, residents must earn \$43.33/hour—nearly three times the minimum wage of San Diego City. Between 2020 and 2021, rent prices increased 13.7%, while housing production exceeded the construction goals of above-moderate-income housing, compared to affordable housing options, leading to considerable income inequities. In 2023, 25% of households experienced at least one of four housing problems, including overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities, indicating an area for further exploration. An estimated 171,685 housing units are needed by 2029 to help address the housing crisis in San Diego County.

Given San Diego County's housing crisis, many residents have experienced or are experiencing homelessness. From 2020-2022, services rendered by the Homelessness Crisis Response System increased 16%. Services increased among youth (35%), adults 55 years and older (14%), and families (49%), but decreased among veterans (0.8%). From 2020-2022, White and Black/African American residents represented the highest proportion of the homeless population, while Hispanic residents had a gradual increase (30% vs 35%) compared to non-Hispanic residents (70% vs 65%).

Over 17,000 beds in emergency shelters (ES), safe havens (SH), transitional housing (TH), and permanent housing (PH) were available in San Diego County. From 2020-2022, the average number of days spent in ES, SH, and TH increased 11.3%, and the average number of days a resident experienced homelessness increased 10%. Overall, the percentage of successful placement rates decreased since 2020. In 2022, over 1 in 4 people (27.0%) returned to homelessness after transitioning to PH, with most returning within 6 months (12%). Despite the provision of services, challenges remain in the duration and recurrence of homelessness experienced by San Diego County residents.

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Select a topic.

Health	3-4-50 Deaths
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Socioeconomic Status	Housing and Homelessness
	Income and food insecurity
Climate	Air Quality
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Income and food insecurity

The cost of living in San Diego County has dramatically increased in recent years. Having sufficient income to afford basic living costs impacts the overall well-being of residents and communities, including their ability to afford food and housing. About 1 out of every 4 residents (25.2%) in San Diego County were living below 200% of the Federal Poverty Level (FPL), with Central Region having the highest proportion of residents living below 200% FPL (35.0%) among HHS regions in 2021. 31.8% of residents whose income fell below 200% FPL reported food insecurity between 2021-2022. The unemployment rate or the percent of the total unemployed labor force can indicate the overall economic situation and the percentage of San Diego County residents at risk for various health concerns. In 2023, South Region (6.7%), East Region (5.7%), and Central Region (5.4%) had higher unemployment rates compared to San Diego County (4.9%) overall.

Income disparities also affect San Diego County residents' ability to regularly afford enough healthy and nutritious foods, leading to food insecurity. An estimated 23.0% of San Diego County's population lived in a household without sufficient income to purchase at least three healthy meals daily. Several subpopulations were especially susceptible to food insecurity, including children (29.0%), adults 60 years and older (22.0%), residents with disabilities (35.0%), and college students (34.0%).

Despite the need to increase food security, only 7.6% of households in San Diego County overall reported receipt of Supplemental Nutrition Assistance Program (SNAP) in 2021. Among HHS regions, East (11.6%), South (11.2%), and Central (11.1%) Regions had the highest proportion of households reporting receipt of SNAP. North Inland Region had the highest proportion of residents living below 200% FPL and experiencing food insecurity (40.2%). To help bridge the gap between residents and food security, community programs provided over 38 million meals to San Diego County residents, addressing an estimated 96.0% of food insecurity needs in 2022.

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Select a topic.

Air Quality

Health	3-4-50 Deaths
	Behavioral Health
	Life Expectancy
	Infant Mortality
	Infectious Disease
	Opioid Overdose
	Suicide
Socioeconomic Status	Housing and Homelessness
	Income and food insecurity
Climate	Air Quality
	Warming and Heat-Related Illness

The CalEnviroScreen 4.0 scores census tracts based on pollution burdens and population characteristics to help identify California communities that are disproportionately burdened by multiple sources of pollution. Higher percentile scores indicate a greater burden for that indicator relative to all California census tracts. In San Diego County, 2021, 50 census tracts ranked above the 75th percentile with an average CalEnviroScreen 4.0 rank at the 84.1 percentile in 2021, most of which are located in the Central and South Regions. These communities ranked (on average) highly for diesel particulate matter (79.9), lead exposure (74.0), hazardous waste exposure (70.2), low birth weight (65.3), education (80.0), poverty (82.1), and housing burden (83.6). Hispanic communities made up 68.5% of residents in these census tracts and were disproportionately affected by air quality and environmental factors, higher than all other race/ethnic groups.

Long-term exposure to these airborne contaminants is associated with increased morbidity and mortality in persons diagnosed with cancer and increases in asthma attacks and asthma-related Emergency Department (ED) visits. From 2016-2021, the age-adjusted ED discharge rates due to asthma in San Diego County have declined from 273.9 per 100,000 residents (to 150.6 per 100,000 residents). In 2021, ED discharge rates due to asthma primarily affected those living in South (189.3 per 100,000 residents), East (199.4 per 100,000 residents), and Central Regions (226.0 per 100,000 residents). Black San Diegans (478.7 per 100,000 residents) are especially vulnerable, as are younger populations, particularly, those aged 0-9 (242.5 per 100,000 residents) and 20-29 (192.8 per 100,000 residents).

Detailed information about Climate Change topics can be found in the Assessments section.

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Select a topic.

Warming and Heat-Related Illness

Health	3-4-50 Deaths
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	Infectious Disease
	Opioid Overdose
	Suicide
Socioeconomic Status	Housing and Homelessness
	Income and food insecurity
Climate	Air Quality
	Warming and Heat-Related Illness

Statewide, California has warmed by an average of 2.5 degrees Fahrenheit since 1895. Projected temperature increases are significant, with January temperatures expected to rise by 1°F to 2.5°F by 2050 and 5°F to 6°F by 2100, and July temperatures expected to increase by 3°F to 4°F by 2050 and 5°F to 10°F by 2100, with more substantial increases inland. Heat waves are also expected to become more frequent, with coastal and inland areas experiencing up to 14 additional heat waves annually by 2100.

Heat-related illnesses and deaths, particularly among vulnerable populations are of concern because it is considered easily preventable. Between 2016 and 2021, emergency department (ED) discharge rates due to heat-related illness dropped from 6.8 per 100,000 residents to 4.5 per 100,000 residents, with age-adjusted rates of men were nearly double that of women in 2021. Age-adjusted hospitalizations have increased over the same interval, increasing from a rate of 1.0 per 100,000 residents to 1.4 per 100,000 residents.

In San Diego County, vulnerable groups including children under five, adults aged 65 or older, people in institutional settings like nursing homes, and outdoor workers all face the risk of heat-related illness. Notably, as of 2010 8% of households lack proficient English speakers, 15% of adults have less than a high school education, and 12% live below the poverty line. Additionally, 65% of residents live far from frequent public transit, and nearly half of households lack air conditioning. The 70-79 age group is most vulnerable for heat-related illness, demonstrating the highest ED discharge rates compared to all other age groups at 7.7 per 100,000 residents in 2021.

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Community Leadership Teams

The County of San Diego Health and Human Services Agency has six service delivery regions and five Community Leadership Teams (Leadership Team), with North Coastal and North Inland combined into one North County Region Leadership Team. *Live Well San Diego* Community Leadership Teams tie together the collective efforts of community groups in each region and provide a central point for planning and organizing for collaborative action. This collaboration includes community leaders, stakeholders and residents that are engaged in community enrichment efforts to help educate and mobilize communities, develop and address priority needs, identify resources and utilize to plan actions to improve the regions' health and well-being.

The Leadership Team members, as leaders in the community, help to elevate the voice of the community and guide the activities of the group to ensure the communities within the regions are healthy, safe, and thriving. Development of the CHA is an ongoing community collaborative process that involves many partners. Partners are engaged in the development, revision, and use of the CHA and its annual updates. The regional meetings are open meetings, so anyone can attend and provide valuable input. Partners often bring their clients or community members to participate in meetings and share their experiences and information or program data.

See Partners by Region



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Partner Collaboration in Developing the CHA

Development of the CHA is an ongoing collaborative effort that involves many partner organizations in all sectors from government, businesses, schools, youth, and faith-based and community organizations.

Data are shared with partners and the community at large, via electronic communication and presentations, to quantify disparities related to goals and objectives which are included in the community enrichment plans. To keep the CHA current and dynamic, assessment data is updated continuously, based on ongoing surveillance by PHS and input from community partners. PHS staff attend Leadership Team meetings to share data and respond to questions from members during the meeting and as a follow-up in subsequent meetings. New assessment data and analysis are incorporated into the CHA and are posted to the CHSU website or on a dedicated "Community Assessment" webpage. The assessment data is two-way in that partners are actively involved in this process and make important contributions. Partners from various sectors frequently deliver presentations at monthly Leadership Team meetings within each region, including updates on community issues and related data.

The community collaboration process is not limited to the Leadership Teams. CHSU and PHS Branches constantly monitor community data made available through medical and health care collaborations. Healthy San Diego is an important collaborative for medical and health care providers with a focus on access to care. As new data emerges, CHSU staff add this data to the website and update the CHA.

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[Behavioral Health Services, County of San Diego](#)

[MANA de San Diego](#)

[Enuentros](#)

[Dr. Faith Quenzer – Cardiovascular Health](#)

[Dr. Lagina Scottista – Cardiovascular Health](#)

[Dr. Jennifer M. Tuteur, Medical Care Services, County of San Diego](#)

[Community Action Partnership](#)

[Community Health Statistics, County of San Diego](#)

East Region

[Family Health Centers of San Diego](#)

[San Diego Pace](#)

[University of California, San Diego, Department of Psychiatry](#)

[Dreams for Change](#)

[East Region Crisis Stabilization Unit and Recovery Bridge Center, County of San Diego](#)

[Community Health Statistics, County of San Diego](#)

[The Children's Initiative](#)

[Office of Immigrant and Refugee Affairs \(OIRA\), County of San Diego](#)

[Community Action Partnership, Office of Equitable Communities, County of San Diego](#)

North Central Region

[PATH San Diego](#)

[Social Advocates for Youth \(SAY\) San Diego](#)

[San Diego Military Family Collaborative](#)

[Behavioral Health Services, County of San Diego](#)

[Community Health Statistics, County of San Diego](#)

[San Diego Hunger Coalition](#)

[Harm Reduction Coalition](#)

[University of California, San Diego, Department of Psychiatry](#)

[Asian Pacific Health Foundation](#)

[Telecare Mobile Crisis Response Team](#)

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[Neighborhood Healthcare](#)

[TrueCare](#)

[North Coastal Prevention Coalition](#)

[Coalition for Drug Free Escondido, Escondido COMPACT](#)

[University of California, San Diego](#)

[San Marcos Unified School District](#)

[Courage to Call](#)

South Region

[South Bay Community Services](#)

[Behavioral Health Services, County of San Diego](#)

[Feeding San Diego](#)

[Suncoast Market Co-Op](#)

[SAY San Diego](#)

[Episcopal Community Services](#)

[Dreams for Change](#)

[City of Chula Vista](#)

[San Diego Rescue Mission](#)

[The Salvation Army- San Diego Adult Rehabilitation Center](#)

[City of National City](#)

[San Diego Hunger Coalition](#)

[North County Food Bank](#)

[NAMI San Diego](#)

[USCSU Health](#)



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Asset Behavioral Health

Behavioral Health Work Team

Through collaboration among a broad array of community partners, the CHIP Behavioral Work Team will contribute to the improvement of mental health services and reduction of stigma by: Keeping track of community behavioral health issues and needs, developing or stimulating development of projects to meet community needs, and supporting existing, effective behavioral health programs.

Crisis Stabilization Units

Crisis Stabilization Units, or CSUs, provide immediate mental health support and treatment services in a therapeutic setting to individuals in acute behavioral health distress who require urgent care beyond what an outpatient clinical service can provide. CSUs can help to deescalate a person's level of distress, prevent or treat a behavioral health crisis, and reduce acute symptoms of a mental health condition. Services are tailored to each person and are provided on a short-term basis, up to 24 hours, and include crisis intervention, mental health assessment, medication assistance, therapy, and peer support.

Mobile Crisis Response Teams

The County of San Diego Behavioral Health Services (BHS) department launched a Mobile Crisis Response Team (MCRT) program designed to help people who are experiencing a mental health or substance use crisis by dispatching behavioral health experts to emergency calls instead of law enforcement, when appropriate. MCRT services are available countywide serving individuals of all ages. Services are provided by Exodus Recovery, Inc. in the North Coastal region and by Telecare Corporation in the remaining regions.

Proposition 63 Mental Health Services Act (MHSA)

Continues to provide State funding to counties for expanded and innovative mental health programs; provides housing, program planning, community services, and workforce education and training for clients and families. It's Up to Us Campaign (Local; Part of MHSA) is a multimedia campaign designed to empower San Diegans to talk openly about mental illness, to recognize symptoms of suicide and mental health challenges, and to use local resources and seek help.

San Diego Suicide Prevention Council (SPC)

This committee is a collaborative, community-wide effort focused on realizing a vision of zero suicides in San Diego County. The mission is to prevent suicide and its devastating consequences. With continued support from the County of San Diego, the SPC provides oversight, guidance, and collective support to implement the recommendations of the Suicide Prevention Action Plan.

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Asset Food Insecurity

Community Health
Improvement Partners
(CHIP) Food Systems

Works to create a healthy, sustainable, and just food system. CHIP's Food Systems focuses on three areas: 1. Farm-to-Institution: Working with San Diego County schools, hospitals, local government, farmers, produce distributors, good food businesses, and community partners to bring more good food to thousands of people across San Diego County. 2. Food Systems Research: Conducting innovative food systems research with and for food and farm businesses, nonprofits, local governments, social enterprises, and foundations working to improve the food system. 3. Food Justice: Highlighting and addressing systemic inequality in the food system, strategically contributing to food justice initiatives as an ally wherever possible.

Nutrition Education and
Obesity Prevention (NEOP)
Program—CalFresh

A Federal and State partnership that supports nutrition education for persons eligible for the Supplemental Nutrition Assistance Program (SNAP). SNAP participants as well as those who are eligible (i.e., up to 185 percent Federal Poverty Level) receive education and resources to help them: Consume healthy foods and beverages, reduce consumption of less healthy foods and beverages, and increase physical activity. Available through many avenues, such as faith-based programs, retail programs, school and worksite wellness programs, NEOP through Healthy Works collaborates with many locally contracted community partners to help make San Diego County a healthier place to live, work, learn, play and worship.

San Diego Food Bank

The Jacobs & Cushman San Diego Food Bank and our North County Food Bank chapter comprise the largest hunger-relief organization in San Diego County. Last year, the Food Bank distributed 26 million pounds of food, and the Food Bank serves, on average, 370,000 people per month in San Diego County.

San Diego Food System
Alliance

Consists of more than 30 members representing a diverse cross section of the food system, including (but not limited to): distribution, health, food security, philanthropy, production, education/ research and government. The Alliance is not an independent organization, but rather a collaborative of organizations and individuals utilizing a collective impact model to affect positive change in the Region's local food system.

Supplemental Nutrition
Assistance Program
Education (SNAP-Ed)

Now called CalFresh in California, this is an entitlement program that provides monthly benefits to assist low-income households in purchasing the food they need to maintain adequate nutritional levels. In general, these benefits are for any food or food product intended for human consumption.

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Asset Homelessness

County of San Diego Housing and Community Development Services (HCDS) Rental Assistance and Affordable Housing Directory

Prepared by the County of San Diego's Housing and Community Development Services to provide residents and the community agencies that serve them with information on housing resources available to low-income households.

PATH

Provides services in more than 150 cities in five regions and has more than 1,500 units of permanent supportive housing completed or in the pipeline. PATH helps people across the state find permanent housing and provides case management, medical and mental healthcare, benefits advocacy, employment training, and other services to help them maintain their homes stably.

Project One for All

An extensive effort by the County of San Diego and its partners to provide intensive wraparound services, including mental health counseling and housing, to homeless individuals with serious mental illness.

Regional Taskforce on the Homeless

An integrated array of stakeholders committed to preventing and alleviating homelessness in San Diego. They provide essential data and insights on the issue of homelessness, informing policy and driving system design and performance.

San Diego Housing Commission (SDHC)

Has earned a national reputation as a model public housing agency, creating innovative programs that provide housing opportunities for individuals and families with low income or experiencing homelessness in the City of San Diego — the eighth-largest city in the nation, second largest in California.

The Alliance for Regional Solutions Bridge to Housing Committee

A collaborative of providers who offer short-term housing solutions, case management and services directed at navigating North County's homeless men, women, and families towards permanent housing and self-sufficiency. The Alliance Bridge to Housing Committee strengthens the pathway to permanent housing for all participants by bringing together over 45 professionals every month that work with our North County homeless.

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Asset Live Well San Diego

Communities of Excellence
2026 – South Region, San
Diego County (COE 2026)

COE 2026 assists and supports communities to implement Baldrige-based communities of excellence framework, to achieve and sustain the highest quality of life for the people residing within that community.

Live Well San Diego
Community Leadership
Teams

HHSA Regional community leadership teams began to form in 2010 and provide an avenue for members of the community and community-based organizations to get involved in promoting building better health, living safely and thriving within their Regions.

Live Well San Diego
Recognized Partners

Live Well San Diego (LWSD) involves partner organizations in all sectors – from government, to business, to schools, to faith-based and community organizations – through a shared purpose. Working together allows for planning and implementation of innovative and creative projects to bring the Live Well San Diego’s vision of a Region that is Building Better Health, Living Safely and Thriving to life. LWSD involves and unites over 520 partner organizations, as well as community members and advocates.

Southeastern Live Well
Center

Provides a single stop for residents to get services in a convenient and modern location. The Live Well Center offers both County and community-based services that are trauma informed and culturally sensitive to promote the health and wellbeing of residents and strengthen families and communities. It serves as a hub for community meetings, educational opportunities, and workforce training.

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Asset	Other
2-1-1 San Diego	A local nonprofit organization and the region’s trusted source for information and connections to community, health, and disaster resources. Help is available 24 hours a day, 365 days a year, and in more than 200 languages. 2-1-1 maintains a database of more than 6,000 services and resources that are updated on a real-time basis and Community Connectors help connect San Diegans to the accurate information they need.
Resident Leadership Academies (RLAs)	Multi-week training programs for San Diego County residents who want to learn how to improve their local communities. Training sessions focus on topics such as community leadership, crime prevention and safety, land use and active transportation, and healthy food systems. Residents learn skills and best practices to address the issues that most affect their communities, and they work alongside their neighbors to help improve quality of life where they live. Upon graduation, attendees have new knowledge and access to a support network to help them lead community improvement projects.

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San Diego County's regional community planning is supported by five Regional Community Leadership Teams (CLTs) across six regions, made up of diverse groups of community stakeholders. These teams are critical in shaping Community Enrichment Plans (CEPs), laying the foundation for collective impact across the County.

The CEP cycle starts with interactive data presentations delivered by the Community Health Statistics Unit (CHSU). These regional presentations include data from national, state, and county sources and include dashboards (via <http://sdhealthstatistics.com>), such as the Economic Hardship Index which displays a metric for economic hardship by census tract, that offer valuable insights into the community's health status and needs. These presentations allow CLTs to ask questions, request additional data, and dive deeper into relevant community issues. In previous CEP cycles, priorities were oriented toward the 3-4-50 campaign focusing on changing behaviors to reduce the four most prevalent diseases. In this cycle, the presentations illuminate local community needs especially those exacerbated by the COVID-19 pandemic, which led to the development of new regional priorities, including housing insecurity, behavioral health, and others, seen in **Table 2** below.

Working groups have formed around these priorities to create the goals, objectives, and actions that will improve these health disparities and improve health equity across the county. Presentations from subject matter experts, facilitated discussion, and partner networking and information sharing have resulted in the creation of CEPs, one for each of the Regions (North Coastal and Inland have a combined CLT and CEP). These CEPs will guide the efforts of the CLTs for the next three years (FY 2023-25).

Table 2: Community Leadership Team Priorities.

Region	THREE PRIORITIES		
South	Homelessness	Behavioral Health	Food Insecurity
East	Thriving and Inclusive Communities	Behavioral Health Solutions: Prevention and Early Intervention	Resilient Youth and Families
Central	Housing for All	Health and Wellbeing	Education and Economic Development
North Central	Food and Housing Insecurity	Behavioral Health	Youth
North County (Coastal and Inland)	Homelessness	Mental Health	Substance Abuse

See what indicators have informed the Regional Priorities.

Explore Indicators

Source: Public Health Services Administration Branch, HHSA.

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Indicators that Informed Central Region Priorities

Region Central Region

Education and Economic Development	16.5% of adults 25 years and older did not have a high school diploma in Central Region.
	22.2% of adults 25 years and older had a bachelor's degree.
	The average unemployment rate from 2017-21 was 6.9% in Central Region, down from 8.8% from 2012-2016.
Health and Wellbeing	89.7% of people living in Central Region have health insurance.
	58% of the total death count in Central Region were due to chronic disease in 2021.
	19.6% of the total death count in Central Region were diseases of the heart, the number one leading cause of death.
	78.7% of the population resides within a quarter mile of a park or community space.
Housing for All	Self-sufficiency Income for a household with 2 adults and 2 children is \$83,270.57 annually in Central Region.
	Median household income increased from \$53,523 in 2016 to \$73,726 in 2021.
	4801 persons experiencing homelessness in San Diego (city) in 2022. Females make up 30% of this total, veterans account for 11%, families account for 11%, and youth make up 14%.

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Indicators that Informed East Region Priorities

Region East Region

Behavioral Health	Age-adjusted ED discharge rate for Anxiety and Fear Related Disorders was 276.2 (per 100,000) in East Region in 2021.
	Age-adjusted ED discharge rate for alcohol related disorders was 315.9 (per 100,000) in East Region in 2021.
	Age-adjusted ED discharge rate for opioid overdoses disorders was 44.2 (per 100,000) in East Region in 2021.
Thriving and Inclusive Communities	12.1% of residents live under the federal poverty level.
	40.2% of adults with income less than 200% FPL are food insecure.
	The median household income in East Region was \$85,551 in 2021.
	The self-sufficiency income for a family of 2 adults and 2 children was \$85,218.11 in 2022.
Youth and Families	89.8% of adults 25 years and older have high school diplomas or equivalent.
	37.1% of adults 25 years and older have some college or AA/AS.
	19.0% of adults 25 years and older have bachelor's degrees.
	27.9% of grandparents are raising grandchildren in 2021.

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Indicators that Informed North (Coastal and Inland) Region Priorities

Region North (Coastal and Inland)

Homelessness

In 2022, North County had 1,442 persons experiencing homeless between North Inland and North Coastal Regions.

Self sufficiency income for a household with 2 adults and 2 children in 2022 (each adult working 40 hours a week) is \$94,332.01 per year in North Coastal Region, and \$90,289.77 per year in North Inland Region.

Median household income was \$103,979 in North Coastal Region and \$104,380 in North Inland Region.

57.1% of residents in North Coastal Region spent less than one-third of their income on housing, while it was 60.3% of residents in North Inland Region.

Mental Health

Age-adjusted ED discharge rate for self-harm/attempted suicide was 192.48 (per 100,000) in North Coastal in 2021, and 241.86 in North Inland.

Age-adjusted ED discharge rate for anxiety and fear related disorders was 142.08 (per 100,000) in North Coastal in 2021, and 148.35 in North Inland.

Substance Use

Age adjusted death rate for opioid overdoses was 23.29 (per 100,000) in North Coastal in 2021, and 16.33 (per 100,000) in North Inland.

Age adjusted ED discharge rate for alcohol related disorders was 228.96 (per 100,000) in North Coastal in 2021, and 172.08 (per 100,000) in North Inland.

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Indicators that Informed North Central Region Priorities

Region North Central Region

Behavioral Health	From 2017-2021, age-adjusted death rates due to opioid overdose increased in North Central Region from 7.2 to 18.7 per 100,000.
	Age-adjusted emergency department discharge rate was 156.9 per 100,000 in 2021 due to anxiety and fear-related disorders.
	From 2017-2021, age-adjusted ED discharge rates due to suicide attempts/ideation increased in North Central Region from 125.1 to 198.4 per 100,000.
Food and Housing Insecurity	36.4% of adults with income less than 200% of the federal poverty level are food insecure, between 2017-21.
	19.5% of adults with income less than 200% of the federal poverty level receive food stamps, between 2019-21.
	61.6% of residents in the North Central Region spend less than one-third of their income on housing.
	9.1% of residents in the North Central Region live below the federal poverty level.
	4801 persons experiencing homelessness in San Diego (city) in 2022.
Youth	8.2% of residents aged 12-17 live below the Federal Poverty Level.
	Mental Health: 64.4% of teens ages 12-17 in San Diego County did not get mental health help online because they did not think it would be helpful or had no time.
	94.7% of residents aged 25 and over with a high school diploma or equivalent.

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Indicators that Informed South Region Priorities

Region South Region

Behavioral and Mental Health

Age-adjusted ED discharge rate for Anxiety and Fear Related Disorders was 253.1 (per 100,000) in South Region in 2021.

Age-adjusted ED discharge rate for Alcohol-related disorders was 205.3 (per 100,000) in South Region in 2021.

Food Insecurity

Percent of population living under 200% Federal Poverty Level was 27.5% in 2021.

The self-sufficiency income for a household with 2 adults and 2 children was \$89,125.42 in 2022.

The median household income in South Region was \$86,991 in 2021.

Homelessness

45.2% of households in South Region spent over 30% of their income in monthly housing costs.

493 persons experiencing homelessness in South Region in 2022.