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Exploring Health Disparities in San Diego County Residents: Executive Summary

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

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August 2025

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INTRODUCTION

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

Measuring Health Disparities

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

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

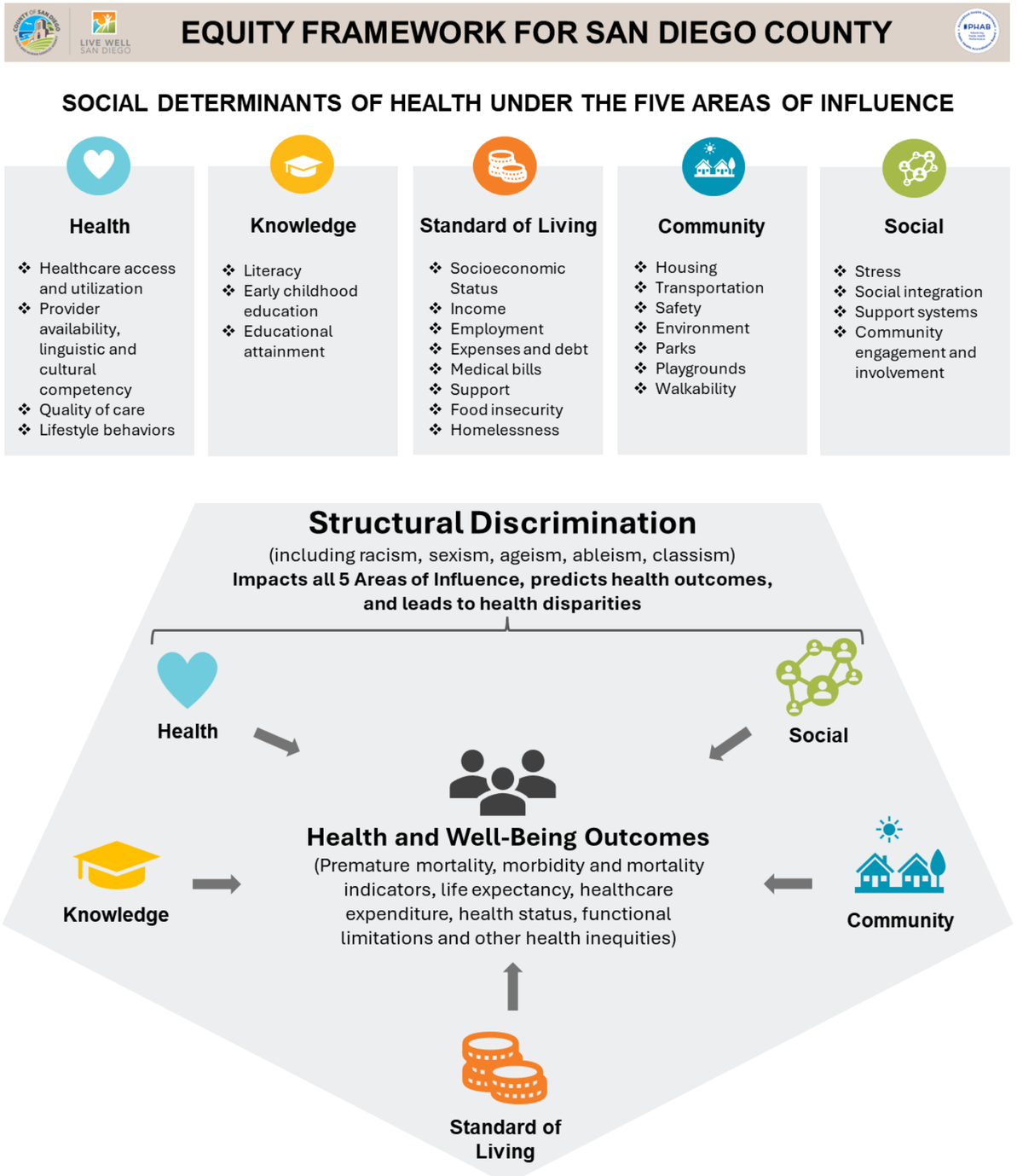
In order to describe health disparities in San Diego County, a variety of measures are used, considered together as lifestyle behaviors, socioeconomic status, healthcare access and utilization, and morbidity and mortality.

- **Lifestyle behaviors** are actions taken by individuals to attain or maintain good health and to prevent illness and injury.[6,7] Lifestyle behaviors are often the result of socioeconomic status, as well as healthcare access and utilization, and in turn, have an impact on morbidity and mortality.[6,8,9]
- **Socioeconomic status**, including the circumstances in which one lives and works, greatly affects health. Low socioeconomic status is related to poor health outcomes and can be measured by median family or household income, percent of households living below the Federal Poverty Level, unemployment rates, availability of transportation, educational attainment, and linguistic barriers.[10,11] The association between these factors is cumulative and influences the health status of an individual over a lifetime.[12,13]
- **Healthcare service access and utilization** are closely aligned with socioeconomic status and are major factors in individual and community health.[14] Lack of health insurance is also associated with reduced access to preventive care services, increasing poor health outcomes, particularly among young adults and racial/ethnic minorities.[14, 15]
- **Morbidity and Mortality Indicators:** Rates of death and medical encounter can be measured and used to describe the impact of non-communicable (chronic) disease, communicable disease, maternal and child health, injury, and behavioral health conditions on the community. By using morbidity and mortality indicators to identify health disparities, efforts can be made to address the underlying factors contributing to these differences in health outcomes.

***Live Well San Diego* and Health Equity**

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

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



AGE

INTRODUCTION TO HEALTH DISPARITIES BY AGE[16]

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

HIGHLIGHTS OF HEALTH OUTCOMES BY AGE[17]

0-17 Year Olds

- Children 17 years old or younger had the highest rates of hospitalization and ED discharge due to asthma compared to any other age group in 2022. Notably, the rates of hospitalization and ED discharge were 2.8 and 1.9 times higher, respectively, among children compared to the county overall.
- In 2022, children 17 years and younger had the highest rate of ED discharge due to flu compared to other age groups. Moreover, the ED discharge rate due to flu among residents aged 0-17 years in San Diego County was 688.9 per 100,000, which was 2.1 times higher than the overall county rate (321.7 per 100,000).
- Residents aged 0-17 years had the highest rate of ED discharge due to suicide attempt/ideation/intentional self-harm compared to all other age groups. Specifically, the rate of ED discharge due to suicide attempt/ideation/intentional self-harm among this age group was 1.7 times higher than the corresponding county rate.

18-24 Year Olds

- Compared to those in other age groups, adults aged 18-24 years old had the highest rates of ED discharge due to assault in 2022, with a rate 1.7 times higher than the county overall.
- In 2022, the rate of ED discharge due to anxiety and fear-related disorders among 18-24-year-old residents in San Diego County was 282.3 per 100,000, which was higher than the rate of any other age group and 1.5 times higher than the overall county rate of 183.1 per 100,000.
- With a rate of 950.6 per 100,000, young adults aged 18-24 experienced the highest ED discharge rate for motor vehicle injury than any other age group in 2022. Residents 18-24-years old were 1.8 times more likely to be discharged from the ED due to motor vehicle injuries than residents in the San Diego County overall.
- In 2022, San Diego County residents aged 18-24 years had the highest incidence rate of chlamydia compared to all other age groups, which was 4.5 times higher than the county rate.
- San Diego County residents aged 18-24 years also had the highest incidence rate of gonorrhea compared to all other age groups in 2022, with a rate 2.8 times higher than San Diego County overall.
- Young adults 18-24 had the highest rate of ED discharge for poisoning across all age groups, with a rate 1.5 times higher than the county overall.

25-44 Year Olds

- Residents aged 25-44 years had the highest rate of death due to all opioid overdoses compared to residents in any other age group in 2022, with a rate 1.9 times higher than the overall county rate.
- Adults aged 25-44 experienced a high rate of ED discharge due to anxiety and fear-related disorders, which was 1.5 times higher than that of the overall county in 2022.
- In 2022, the ED discharge rate for substance-related disorders among residents aged 25-44 years was the highest across all age groups and 2.1 times higher than the overall county rate.
- Compared to those in other age groups, adults 25-44 had the highest death rate due to assault in 2022, which was 1.5 times higher than the county overall. This age group also experienced a notable ED discharge rate due to assault, which was 1.6 times higher than the overall county rate.
- Adults 25-44 year old had the highest rate of poisoning death compared to other age groups, with a rate 1.7 times higher than the county overall rate.
- In 2022, San Diego County residents aged 25-44 years experienced the highest incidence of syphilis among all age groups, at a rate 2.2 times higher than the county overall.
- Residents aged 25-44 also experienced high incidence rates for gonorrhea and chlamydia, with incidence rates 2.1 and 1.6 times higher, respectively, than the county overall.

45-64 Year Olds

- With a diabetes ED discharge rate of 258.8 per 100,000, 45-64 year olds were 1.7 times more likely to be discharged from the ED for diabetes than the overall county.
- Compared to other age groups, residents aged 45-64 experienced the highest rates of death and hospitalization due to alcohol-related disorders, with rates 2.3 and 1.6 times higher, respectively, than the county rates.
- Residents aged 45-64 had the second highest rate of suicide after residents in the 65+ age group, with a rate 1.5 times higher than the county overall.

65+ Year Olds

- While the incidence rate of Tuberculosis in San Diego County was low (6.3 per 100,000), residents aged 65 years and older experienced the highest incidence rate of tuberculosis (9.4 per 100,000), which was 1.5 higher than the county overall.
- In 2022, residents aged 65 years and older had the highest rates of death (529.6 per 100,000), ED discharge (135.0 per 100,000), and hospitalization (92.2 per 100,000) due to Alzheimer's disease and related dementias (ADRD) compared to other age groups. The rates of death, ED discharge, and hospitalization due to ADRD among this age group were 6.3, 5.9, and 5.8 times higher, respectively, than those of the overall county.
- Compared to all other age groups, older adults aged 65 years and older had the highest suicide death rate of 17.2 per 100,000, which was 1.6 times higher than the county overall rate.
- Residents 65 years and older had the highest rates of death and hospitalization due to traumatic brain injury compared to all other age groups in 2022.
- Generally, residents 65 years and older had the highest rates of death, ED discharge, and hospitalization due to chronic diseases, ADRD, falls, flu (except for ED discharge), pneumonia, and urinary tract compared to all other age groups.

SEX

INTRODUCTION TO HEALTH DISPARITIES BY SEX[16,18]

Overall, San Diego County had a slightly higher proportion of males than females in 2022 (50.7% and 49.3%, respectively). Females had a higher median age, with a notably higher proportion of older females, aged 60 years and over. Among the population aged 25 years and over, males were more likely to have a high school diploma. Females were more likely to receive food stamps or the Supplemental Nutrition Assistance Program (SNAP), live below 200% of the federal poverty level (FPL), and were more likely to be unemployed. A higher proportion of males did not have health insurance.

HIGHLIGHTS OF HEALTH OUTCOMES BY SEX[17]

In San Diego County in 2022, males and females generally had the same health conditions of concern.

Females tended to have lower rates of death among top conditions, but higher rates of emergency department (ED) discharge, compared to males. For both females and males, the same conditions caused the highest rates of hospitalization; these were overall heart disease, falls, and overall hypertensive disease. Similarly, the same conditions caused the highest rates of ED discharge among females and males; the highest ED discharge rates were due to falls, overall heart disease, and COVID-19, all of which were higher for females than males.

FEMALES

- The highest rates of death for females were due to overall cancer, overall heart disease, and Alzheimer's disease and related dementias.
- In 2022, females had a rate of death due to stroke 1.5 times higher than that of males.
- The rate of death due to Alzheimer's disease and related dementias was nearly 2.0 times higher in females than males.
- Compared to males, females had higher hospitalization rates for urinary tract infection (2.3 times higher), hip fractures (1.8 times higher), and suicide attempt, ideation, and intention self-harm (1.7 times higher).
- Compared to males, females had higher rates of hospitalization due to falls and overall hypertensive diseases.
- Notably, in 2022, females had an ED discharge rate due to urinary tract infection that was 3.7 times higher than the rate in males.
- Females also had rates of ED discharge due to anxiety and fear-related disorders and Alzheimer's disease and related dementias that were about 50% higher than the rates for males.
- Additionally, the incidence rate of chlamydia was 1.5 times higher for females than males.

MALES

- The highest rates of death for males were due to overall heart disease, overall cancer, and chronic kidney disease, all of which were higher for males than females.
- Among deaths in San Diego County, some of the greatest disparities between males and females were due to injuries, such as poisoning and traumatic brain injury, where males had rates 3.6 and 2.6 times higher, respectively, than females.
- Males also had much higher rates of death due to all opioid overdose (3.7 times higher), suicide (2.5 times higher), and alcohol-related disorders (2.3 times higher) compared to females.
- Males had a higher rate of overall heart disease hospitalization.
- Among males, the rates of hospitalization due to motor vehicle injury and alcohol-related disorders were over double the rates for females.
- In 2022, males were more likely to be discharged from the ED due to alcohol-related disorders or assault.
- Males had higher incidence rates of syphilis (7 times higher), gonorrhea (2.2 times higher), and tuberculosis (2.1 times higher).

RACE/ETHNICITY

INTRODUCTION TO HEALTH DISPARITIES BY RACE/ETHNICITY[18]

San Diego County is a diverse, multicultural area. In 2022, residents in San Diego County were primarily non-Hispanic (NH) White (43.6%), followed by Hispanic (34.5%), NH Asian/Pacific Islander (API) with 12.2%, and NH Black (4.5%).

HIGHLIGHTS OF HEALTH OUTCOMES BY RACE/ETHNICITY[17]

In San Diego County in 2022, among top health conditions, overall cancer had the highest death rate among Hispanic, NH API, and NH Black residents. However, overall heart disease had the highest death rate among NH White residents, closely followed by overall cancer. Among top health conditions, falls had the highest ED discharge rate among Hispanic and NH White residents in San Diego County. However, overall heart disease had the highest ED discharge rate among NH API and NH Black residents. Overall heart disease had the highest hospitalization rate among Hispanic, NH API, NH Black, and NH White residents in San Diego County. Additionally, NH Black residents had the highest incidence rates for Chlamydia, Gonorrhea, and Syphilis, while Hispanic residents had the highest rate for tuberculosis in San Diego County.

The death, ED discharge, and hospitalization rates for Alzheimer's disease and related dementias (ADRD) were highest among NH White residents. Among behavioral health conditions, the highest ED discharge rates for the majority of the conditions were among NH Black residents and the highest hospitalization rates for the majority of the conditions were among NH White residents. Among infectious diseases, the highest death rates for the majority of the conditions were among NH White residents, while the highest ED discharge and hospitalization rates for the majority of the conditions were among NH Black residents. Among injuries, the highest death and hospitalization rates for the majority of the conditions were among either NH Black or NH White residents and the highest ED discharge rates for majority of the conditions were among NH Black residents. Among chronic diseases, the highest death rates for majority of the conditions were among either NH Black or NH White residents and the highest ED discharge and hospitalization rates for the majority of the conditions were among NH Black residents.

Hispanic

In 2022, Hispanic residents generally had a lower burden of non-communicable (chronic) diseases, injuries, and poor behavioral health outcomes compared to NH API, NH Black, and NH White residents in San Diego County.

- Hispanic residents had the highest incidence rate for tuberculosis (12.2 per 100,000) compared to NH API, NH Black, and NH White residents in San Diego County in 2022.
- In San Diego County, Hispanic residents had the highest ED discharge rate (520.0 per 100,000) for flu compared to NH API, NH Black, and NH White residents in 2022.
- Notably, Hispanic residents had the highest hospitalization rate for congenital anomalies (41.9 per 100,000) compared to NH API, NH Black, and NH White residents.

Asian/Pacific Islander (Non-Hispanic)

Overall, NH API residents had the lowest burden of non-communicable (chronic) diseases, injuries, and poor behavioral health outcomes compared to Hispanic, NH Black, and NH White residents in San Diego County in 2022.

- NH API residents had the second highest incidence rate for tuberculosis in San Diego County in 2022 at 12.1 per 100,000, slightly lower than the incidence rate among Hispanic residents.

Black (Non-Hispanic)

Overall, NH Black residents had higher rates of death, hospitalization, and ED discharges for non-communicable or chronic conditions, communicable diseases, injuries, and poor behavioral health outcomes.

- NH Black residents had the highest incidence rates of gonorrhea, syphilis, and chlamydia in San Diego County in 2022.
- In 2022, NH Black residents had the highest death rate (14.7 per 100,000), ED discharge rate (637.0 per 100,000) and hospitalization rate (85.8 per 100,000) for assault compared to Hispanic, NH API, and NH White residents in San Diego County.
- NH Black residents had the highest death rate (40.5 per 100,000), ED discharge rate (103.3 per 100,000), and hospitalization rate (44.7 per 100,000) for all opioid overdoses compared to Hispanic, NH API, and NH White residents in San Diego County in 2022.

White (Non-Hispanic)

When compared to Hispanic, NH API, and NH Black residents, NH White residents had high rates of selected non-communicable (chronic) conditions, injuries, and poor behavioral health outcomes.

- In 2022, NH White residents had the highest rates of death, ED discharge, and hospitalization for Alzheimer's Disease and related dementias (ADRD), overall cancer, falls, and alcohol-related disorders compared to Hispanic, NH API, and NH Black residents in San Diego County.
- In 2022, NH White residents had the highest death rate (17.0 per 100,000) for suicide compared to Hispanic, NH API, and NH Black residents in San Diego County.
- In 2022, NH White residents had the highest death rate (239.5 per 100,000) for overall heart disease compared to Hispanic, NH API, and NH Black residents in San Diego County.
- In 2022, NH White residents had the highest death rate (71.9 per 100,000) and ED discharge rate (105.4 per 100,000) for stroke compared to Hispanic, NH API, and NH Black residents in San Diego County.
- In 2022, NH White residents had the highest death rate (9.1 per 100,000) for pneumonia compared to Hispanic, NH API, and NH Black residents in San Diego County.
- In 2022, NH White residents had the highest death rate (47.8 per 100,000) for COVID-19 compared to Hispanic, NH API, and NH Black residents in San Diego County.
- In 2022, NH White residents had the highest death rate (5.9 per 100,000) and hospitalization rate (126.7 per 100,000) for urinary tract infection compared to Hispanic, NH API, and NH Black residents in San Diego County.

URBANICITY

INTRODUCTION TO HEALTH DISPARITIES BY URBANICITY

Where you live, work, and play has an effect on health and health outcomes. Understanding how health outcomes vary by urbanicity may help identify and address barriers to health equity and tailor prevention strategies.[25]

ESRI's Urbanicity Tapestry data defines urbanicity as the "degree of population density, size of city, and location relative to a metropolitan area."[26] Each of the 41 SRAs of San Diego County was assigned into one of six urbanicity groups: rural, semirural, suburban periphery, metro cities, urban periphery, and principal urban center. SRAs were a combination of urbanicity types and were assigned into the urbanicity with the highest distribution in the SRA. Based on this criteria, San Diego County SRAs fell into one of five urbanization categories because none of the SRAs could be categorized as semirural.

In 2022, 9.5% of the total population lived in the principal urban center of San Diego County. Another 7.1% residents lived in the metro cities. The largest proportion of residents lived in the urban periphery (34.8%) and the suburban periphery (47.8%). Residents of the rural communities represented less than 1 percent (0.7%) of the total population of the county.[18]

HIGHLIGHTS OF HEALTH OUTCOMES BY URBANICITY[17]

Principal Urban Center

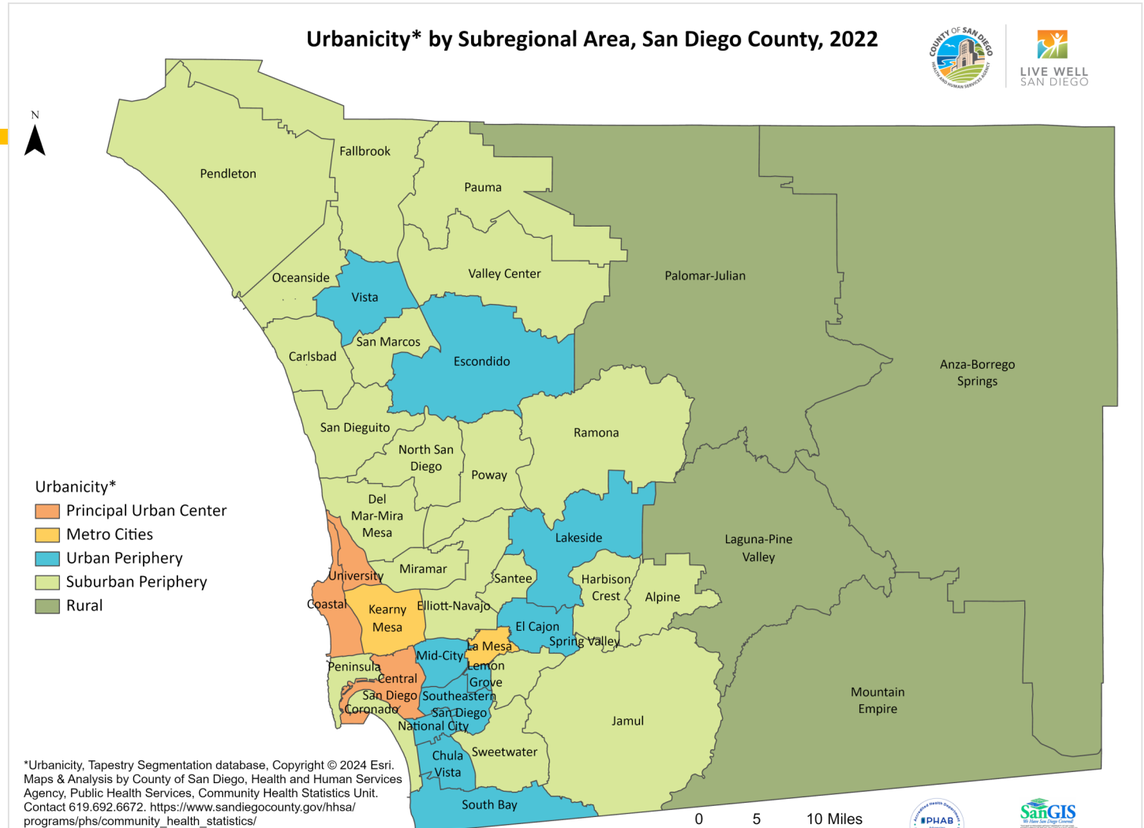
In the principal urban center most non-communicable disease rates were lower than San Diego County rates in 2022. The highest rates of hospitalization and ED discharge were due to overall heart disease, and falls, respectively. Rates of the sexually transmitted infections of chlamydia, gonorrhea, and syphilis were higher in the principal urban center than the county. ED discharges and hospitalization due to falls were among the highest rates in the principal urban center. Alcohol Poisoning and substance use, depression, mood disorders, schizophrenia and suicide were all major health concerns for the principal urban center in 2022. Rates of death, hospitalization, and ED discharges due to opioid overdoses were highest of all urbanicities.

Metro Cities

Rates of morbidity and death from overall heart disease, hypertensive diseases, cancer, stroke, and chronic obstructive pulmonary disease (COPD) or chronic lower respiratory diseases were high in the metro cities in 2022. The ED discharge rate for urinary tract infections, and the rate of hospitalizations for pneumonia were both high. The metro cities had some of the highest rates among urbanicities of non-fatal injuries from falls, hip fractures, and traumatic brain injuries. Alcohol-related disorders and suicide ideation, attempt, and intentional self-harm were more common than in most other urbanicities. Of all urbanicities, the metro cities had the highest rates of death, hospitalization, and ED discharge for Alzheimer's and related dementias (ADRD).

Urban Periphery

In 2022, the urban periphery had high rates of morbidity and death from non-communicable diseases. Cancer, cardiovascular, respiratory and kidney diseases, diabetes, and lupus and connective tissue disorders were among the highest of all urbanicities. Incidence of chlamydia and tuberculosis, as well as deaths and ED discharges from pneumonia and COVID-19, were the highest of all urbanicities. The urban periphery had the highest hospitalization rates from poisoning, the highest ED discharge rates due to falls and hip fractures, and the highest death rate from motor vehicle collisions. Among behavioral health conditions, the urban periphery had high ED discharge rates for anxiety and fear-related disorders, miscellaneous mental health disorders, schizophrenia, and substance use/abuse/dependency. The urban periphery also had the highest rate of hospitalization for congenital anomalies.



Suburban Periphery

Overall, in 2022, the suburban periphery had non-communicable (chronic) and communicable disease morbidity rates similar to, or lower than, the county. In the suburban periphery, morbidity and death rates from injuries overall were similar or lower than the county in 2022. Falls, hip fractures, motor vehicle injuries, and traumatic brain injuries were the most serious injury types in the suburban periphery in 2022. In 2022, the highest burden of morbidity and death from behavioral health issues in the suburban periphery was due to alcohol use and all opioid overdoses, neurodevelopmental disorders, and suicide. In 2022, the suburban periphery had the highest death rate from Parkinson's disease.

Rural

In 2022, rural communities had a disproportionate burden of morbidity from non-communicable diseases. Rates of cancer, diabetes, cardiovascular, and respiratory diseases were often the highest of all urbanicities. Morbidity from communicable disease in rural communities was primarily due to flu and urinary tract infections. The COVID-19 hospitalization rate in rural communities was the highest of all urbanicities, and over 2.3 times higher than the San Diego County rate. In 2022, morbidity from assaults, falls, motor vehicle injuries, poisonings, and traumatic brain injuries was high in rural communities. ED discharges for alcohol-related disorders and suicide ideation, attempt, and intentional self-harm were the primary behavioral health issues in rural communities in 2022.

SOCIOECONOMIC STATUS

INTRODUCTION TO HEALTH DISPARITIES BY SOCIOECONOMIC STATUS (SES)

In this report, socioeconomic status is discussed using the 41 subregional areas (SRAs) defined by the San Diego Association of Governments (SANDAG).[27] Based on median household income from ESRI community Analyst, these areas were grouped into six major community groups: lowest, low, moderately low, moderately high, high, and highest socioeconomic status (SES).

In 2022, a quarter of San Diego County residents lived in the moderately low (25.2%) socioeconomic (SES) communities, followed by moderately high (20.4%), low (17.9%), highest (15.2%), high (12.8%), and the lowest (7.2%) SES communities.[18]

HIGHLIGHTS OF HEALTH OUTCOMES BY SOCIOECONOMIC STATUS (SES)[17]

In 2022, compared to those in other SES communities, those living in the lowest and low SES communities generally had a higher burden of morbidity and mortality due to non-communicable (chronic) and communicable diseases, injuries, and behavioral health conditions.

Lowest

Compared to other SES communities in 2022, residents in the lowest SES communities had the highest ED discharge rates due to urinary tract infection, motor vehicle injuries, alcohol-related disorders, and anxiety and fear related disorders, the highest hospitalization rates due to diabetes, overall heart disease, overall hypertensive diseases, falls and motor vehicle injuries, and the highest incidence rates due to chlamydia, gonorrhea, and syphilis. Those in the lowest SES communities had poor maternal and child health outcomes with the lowest percentage of mothers receiving early prenatal care, and the highest percentage of preterm births and newborns with a low birth weight compared to those in other SES communities.

Low

Compared to those living in other SES communities, residents in the low SES communities had the highest ED discharge rates due to asthma, overall heart disease, overall hypertensive diseases, assault, falls, flu, pneumonia, suicide ideation/attempt/intentional self-harm, the highest hospitalization rates due to overall cancer, pneumonia, urinary tract infection, poisoning, alcohol related disorders, suicide ideation/attempt/intentional self-harm, and the highest death rates due to overall heart disease and motor vehicle injuries in 2022.

Moderately Low

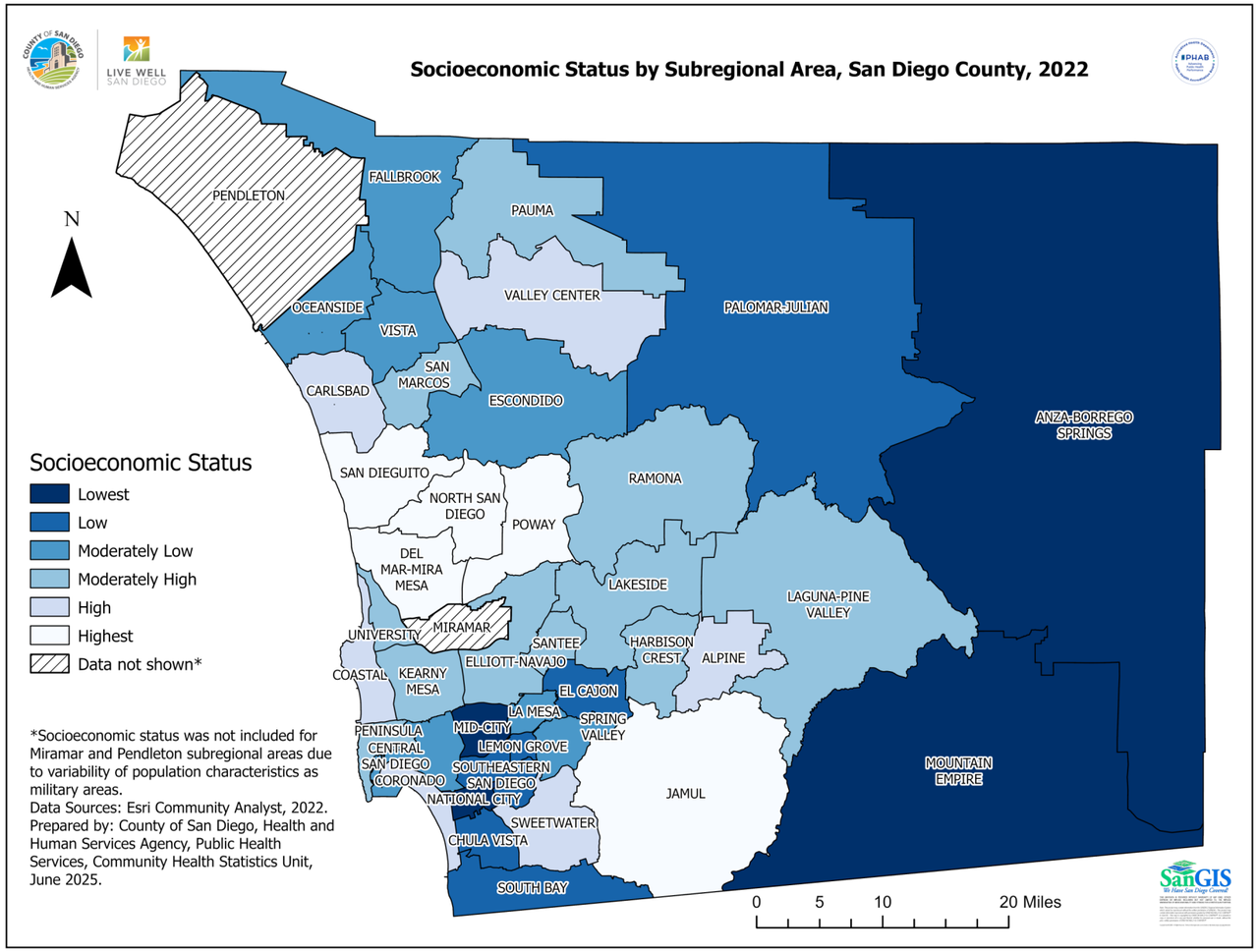
Residents in the moderately low SES communities had the highest ED discharge rate due to Alzheimer's and Related Dementia (ADRD), the highest hospitalization rates due to schizophrenia and substance use/abuse/dependency, and the highest death rates due to overall cancer, falls, poisoning, traumatic brain injury, all opioid overdoses, and suicide in 2022.

Moderately High

In 2022, residents in the moderately high SES communities had the highest death rate due to alcohol related disorders compared to other SES communities.

High

Compared to those in other SES communities in 2022, residents in the high SES communities had the highest hospitalization rate due to hip fractures and the highest death rate due ADRD and Parkinson's disease.



Highest

The highest SES communities had the highest hospitalization rate due to ADRD compared to residents in other SES communities in 2022.

Actions to *Live Well San Diego*

Creating an environment that encourage residents to live healthy, safe, and thriving lives is a priority in San Diego County. *Live Well San Diego* plans to advance the health and overall well-being of all San Diegans through a collective effort that involves residents, community and faith-based organizations, businesses, schools, law enforcement, local city and tribal jurisdictions, and the County of San Diego. *Live Well San Diego* is a framework to help achieve health equity among all residents. To learn more, visit www.livewellsd.org.

For more local health data and statistics, visit the County of San Diego's Community Health Statistics Unit website.

NON-COMMUNICABLE (CHRONIC) DISEASE

Eliminating tobacco use, adopting active lifestyles, eating healthier diets, and decreasing excessive use of alcohol are key transformations that can reduce the burden of non-communicable (chronic) disease among San Diego County residents.[19]

For more information on chronic disease, visit the County of San Diego's Chronic Disease and Health Equity Unit website.

COMMUNICABLE DISEASE

Taking protective measures including vaccination and avoiding close contact with sick individuals, seeking testing and early treatment, and visiting a doctor regularly are key strategies that can reduce the burden of communicable disease among San Diegans.[20]

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

MATERNAL AND CHILD HEALTH

The health of mothers, infants, and children are key indicators of the health of the community overall. Health outcomes often reflect the health of future generations as well as emerging public health concerns.[21] Prevention measures such as increased nutrition, early prenatal care, as well as cessation of smoking, alcohol consumption, and illicit drug use are all key ways to improve maternal and child health.[22]

For more information on maternal and child health, visit the County of San Diego's Maternal, Child and Family Health Services Branch website.

INJURY

Of the major causes of disability and death, injuries are among the most preventable. Increased safety education, awareness of fall prevention strategies, and investing in safer communities are key ways to reduce the burden of injury among county residents.[23]

For more information related to fall prevention, visit the County of San Diego's Aging and Independence Services Fall Prevention website.

BEHAVIORAL HEALTH

Seeking help for an emotional, behavioral health, or alcohol/drug problem, engaging in activities to reduce stress, avoiding social isolation, and fostering environments that reduce the stigma of behavioral health issues are major prevention strategies that can help reduce poor behavioral health outcomes among San Diegans.[24]

For more information related to behavioral health, visit the County of San Diego's Behavioral Health Services website.

Risk Factors and Prevention Strategies

NON-COMMUNICABLE (CHRONIC) DISEASE

Tobacco use, lack of physical activity, poor diet, and abuse of alcohol are leading risk factors for the development of non-communicable (chronic) disease.[19]

Changes in modifiable risk factors such as tobacco use, lack of physical activity, poor diet, and abuse of alcohol, as well as increased access to and utilization of medical services, are key ways to reduce the burden of noncommunicable (chronic) disease.[19]

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

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

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

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

COMMUNICABLE DISEASE

Prevention measures against communicable diseases, such as increased condom usage, frequent testing, seeking early treatment, completing treatment regimens, and staying current with recommended age appropriate vaccinations are key ways to reduce the burden of communicable disease.[20]

What You Can Do to Reduce Your Risk of Communicable Disease and Live Well:

- Get all recommended age appropriate vaccinations
- Visit your doctor regularly
- Get early treatment for infections, and complete entire treatment regimens

What Your Community Can Do to Reduce the Risk of Communicable Disease and Live Well:

- Encourage education about protective measures
- Promote vaccination opportunities
- Support public health campaigns aimed at reducing disease

MATERNAL AND CHILD HEALTH

Maternal and child health outcomes are influenced by several factors including age, race/ethnicity, socioeconomic status, and a mother's health. Specifically, lack of prenatal care, poor nutrition, alcohol and tobacco use, and lack of physical activity are major lifestyle risk factors for adverse maternal and child health outcomes.[21,22] The health of mothers, infants, and children are key indicators of the health of a community overall. Their health outcomes often reflect the health of future generations, as well as emerging public health concerns. Therefore, engaging in healthy behaviors associated with favorable maternal and child health outcomes has the potential to positively impact the health of the county overall.[21]

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

- Seek early prenatal care
- Eat a balanced diet
- Avoid smoking, alcohol consumption, or using drugs while pregnant
- Engage in physical activity

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

- Encourage early prenatal care
- Develop lactation policies
- Provide affordable daycare options
- Encourage enrollment in nutrition assistance programs for eligible mothers and children

INJURY

Failure to use protective equipment and active restraints, mismanagement of medication, violence, and not being aware of safety hazards increase the risk of an injury.[23]

What You Can Do to Reduce Your Risk of Injury and Live Well:

- Be aware of your surroundings
- Never drink and drive
- Always wear your seatbelt
- Always wear your helmet while on a bike or skateboard

What Your Community Can Do to Reduce the Risk of Injury and Live Well:

- Invest in walkable sidewalks and safe roads
- Invest in drug and alcohol treatment programs
- Make safety a priority through education

BEHAVIORAL HEALTH

Risk factors for poor behavioral health outcomes include genetics, stress, experiencing a traumatic event, and social isolation.[24]

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

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

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

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

LIVE WELL SAN DIEGO

Building Better Health | Living Safely | Thriving

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

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