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EXPLORING HEALTH DISPARITIES IN SAN DIEGO COUNTY: EXECUTIVE SUMMARY

Report Series to Identify Opportunities to Achieve Health Equity



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Exploring Health Disparities in San Diego County: Executive Summary

**County of San Diego
Health and Human Services Agency
Public Health Services**

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FOREWORD

Health equity is an important and timely topic. The COVID-19 pandemic has brought to light some of the health disparities that exist in San Diego County. Differences in health status and health outcomes exist between groups. These differences or disparities often result from social determinants of health, including social circumstances, environmental exposures, and behavioral factors, as well as access to adequate health care. Together, these factors impact the health and well-being of San Diegans differently. To achieve health equity, these disparities must be identified, and the root causes determined. It is only through understanding the unique challenges each group faces, that solutions can be identified and implemented. When all San Diegans have the opportunity and resources to achieve good health, then we will have health equity.

For over 20 years, the Public Health Services department, in the County of San Diego Health and Human Services Agency, has been tracking population health data by age, gender, geography, race/ethnicity, and, more recently, by socioeconomic status. This health disparities report series is an update to reports published in 2016 and has been expanded to include indicators of well-being, in addition to disease burden. Please go to www.SDHealthStatistics.com, to find the most recent health and well-being data available.

This executive summary highlights health disparities through five lenses of health equity including age, gender, geography, race/ethnicity, and socioeconomic status. The *Exploring Health Disparities in San Diego County* series includes detailed reports with data and information for each of the lenses of health equity.

It is only through working together that these disparities can be understood and addressed. I welcome you to join us on this essential journey so that all San Diegans can Live Well.


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Introduction

The health of most Americans has improved in the past century; however, some groups continue to experience a disproportionately higher burden of morbidity and mortality.

Nationally, there are differences in rates of disease, death, and lifestyle behaviors. These differences, or health disparities, exist between genders, across racial/ethnic and age groups, geographic locations, socioeconomic status, disability, and sexual orientation.¹

In the United States:

- The rate of death due to coronary heart disease was higher among males compared to females in 2017.²
- Rural areas experienced higher rates of suicide than urban areas in 2017.^{2,3}
- The prevalence of diabetes among adults was higher among American Indian/Alaska Native, people of Hispanic origin, and non-Hispanic Blacks between 2017-2018.¹
- The prevalence of asthma was higher among children compared to adults in 2017.¹
- Communicable disease was higher among females, Black residents, those aged 15-24 years, and residents in urban periphery communities of the county.⁵
- Poor maternal and child health outcomes were higher among Black residents.⁵
- Injury, overall, was higher among females, Black and White residents, those aged 65 years and older, as well as residents in rural communities of the county.⁵
- Poor behavioral health outcomes were higher among males, rural communities, Black and White residents, and those aged 25-44 years.⁵

Health equity is a key component of the *Live Well San Diego* vision in San Diego County. Addressing health disparities is essential in increasing and ultimately achieving health equity. Locally, health disparities exist among San Diego County residents. In 2017, life expectancy was higher among females, Asians, and residents living in principal urban center communities of the county.⁴

In San Diego County:

- Non-communicable (chronic) disease was higher among Black and White residents, those aged 65 years and older, residents in rural communities of the county, and higher among females.⁵

Health Disparities and Inequities in San Diego County

In this report, rates of death, hospitalization, emergency department discharge, in-patient treatment, skilled nursing facility/intermediate care, and incidence for 2017 were analyzed for non-communicable (chronic) disease, communicable disease, maternal and child health, injury, and behavioral health through the lenses of gender, age, race/ethnicity, geography, and socioeconomic status (SES).

Introduction to Health Disparities by Age

In San Diego County in 2017, 20% of the population were 0-14 years old, 14.9% were 15-24 years old, 26.6% were 25-44 years old, 24.6% were 45-64 years old, and 14% were 65 years and older.⁶ The life expectancy for a San Diego County resident in 2017 was 82.5 years.⁴

In 2017, in San Diego County:⁵

- Overall, the burden of non-communicable (chronic) diseases were higher among 45-64 year olds and those 65 years and older compared to the county overall.
- Overall, among communicable diseases, the burden of sexually transmitted diseases were higher among 15-24 year olds and 25-44 year olds compared to the county overall.
- Overall, the burden of poor behavioral health outcomes and injuries were higher among 15-24 year olds and 25-44 year olds compared to the county overall.
- Overall, mothers 45 years and older and 25-44 years olds had higher percentages and a higher burden of poor maternal and child health indicators compared to other age groups in San Diego County.

Overall, health outcomes impacted San Diego County residents differently by age.

Burden comparison by Age in 2017⁵

0-14 Year Olds Children 0-14 years old had the highest overall burden of asthma, attention deficit disorder (ADD) and related conduct disorders, impulse disorders, drowning, congenital anomalies, and childhood disorders compared to other age groups in San Diego County.

15-24 Year Olds Teens and young adults aged 15-24 years, had the highest overall burden of chlamydia, gonorrhea, cannabis-related disorders, personality disorders, adjustment disorders, depression, mood

disorders, benzodiazepine and other sedative-related disorders, post-traumatic stress disorder (PTSD), self-inflicted injuries, motor vehicle injuries, and motor vehicle injuries to pedestrians compared to other age groups in San Diego County. Additionally, mothers aged 20-24 had the highest rate of fetal mortality compared to mothers of other age groups.

25-44 Year Olds Adults aged 25-44 years had the highest overall burden of syphilis, schizophrenia and other psychotic disorders, anxiety, substance related disorders, including amphetamine and other stimulant-related disorders, opioid-related disorders.

45-64 Year Olds Compared to other age groups in San Diego County, those 45-64 years old had the highest overall burden of alcohol-related disorders and poisoning. Additionally, mothers aged 45 and older had the highest percentage of preterm births, low birth weight newborns, and very low birth weight newborns, compared to mothers of other age groups in San Diego County.

65 Years and Older Overall, those 65 and over had the highest burden of most chronic diseases compared to other age groups in San Diego County. Among communicable diseases, seniors aged 65 years and older had the highest burden of pneumonia, urinary tract infections, and influenza compared to other age groups. Residents 65 years and older had the highest burden of Alzheimer's disease and related dementias (ADRD) in 2017. Among injuries, those 65 and older had the highest overall burden of falls, heat illness, and hip fracture compared to other age groups in San Diego County.

Introduction to Health Disparities by Gender

In San Diego County, there is an even proportion of males to females.⁶

In 2017, in San Diego County:⁵

- Overall, males had a higher burden of poor behavioral health outcomes compared to females.
- Overall, females had a higher burden of non-communicable (chronic disease) compared to males.
- Overall, females had a higher burden of communicable diseases compared to males.
- Females had a higher burden of injuries in San Diego County, however, males had higher rates of death due to an injury than females.

Overall, health outcomes impact female and male residents of San Diego County differently.

Burden comparison by Gender in 2017⁵

Females:

Chronic Disease: Hypertensive diseases, chronic obstructive pulmonary diseases, osteoarthritis, asthma, and stroke were higher among females.

Communicable Disease: Urinary tract infections, influenza (flu), pneumonia, and chlamydia were higher among females.

Injury: Falls, hip fracture, and non-fatal self-inflicted injury were higher among females.

Behavioral Health: Mood disorders, anxiety, Alzheimer's disease and related dementias (ADRD), benzodiazepine and other sedative-related disorders, adjustment disorders, and post traumatic stress disorder (PTSD) were higher among females.

Maternal and Child Health: Black mothers had a higher burden of poor maternal and child health outcomes.

Males:

Chronic Disease: Cancer, coronary heart disease (CHD), diabetes, and heart failure were higher among men.

Communicable Disease: Tuberculosis, gonorrhea, and syphilis were higher among males.

Injury: Assault, poisoning, pedalcycle motor vehicle collision injuries, motor vehicle-related pedestrian injuries, firearm-related injuries, and suicide were highest among males.

Behavioral Health: Alcohol-related disorders, schizophrenia and other psychotic disorders, substance-related disorders, attention deficit disorder (ADD) and other conduct disorders, and impulse disorders were higher among males.

Maternal and Child Health: Congenital anomalies, childhood disorders, and autism spectrum disorders were higher among males.

Geography

Introduction to Health Disparities by Geography

Where you live, work, and play have an effect on health and health outcomes. Understanding how health outcomes vary by population density and location to metropolitan centers may help identify and address barriers to health equity and tailor prevention strategies.⁷

In this chapter, geography is measured using urbanicity type based on ESRI's Urbanicity Tapestry data. ESRI defines urbanicity as the "degree of population density, size of city, and location relative to a metropolitan area."⁸ Each of the 41 subregional areas (SRAs) of San Diego County were assigned into one of six major community types based on ESRI's tapestry data: rural, semirural, suburban periphery, metro cities, urban periphery, and principal urban centers. The map on the lower right corner illustrates only five urbanization categories because none of the SRAs in San Diego County were categorized as semirural based on ESRI data.

Overall, health outcomes impacted San Diego County residents differently by geography.

Burden comparison by Geography in 2017⁵

Rural

Compared to other urbanicity levels, rural residents had a higher burden of injury, particularly of falls, hip fracture, motor vehicle injuries, and self-inflicted injuries and suicide. Additionally, rural residents had a higher burden of flu/pneumonia, osteoarthritis, mood disorders (including depression and bipolar disorders), substance-related disorders, and chronic diseases such as coronary heart disease (CHD), COPD/chronic lower respiratory diseases, and stroke.

Suburban Periphery

Compared to other urbanicity levels, suburban periphery residents had a higher burden of female breast cancer, prostate cancer, personality disorders, childhood disorders and fetal mortality.

Metro Cities

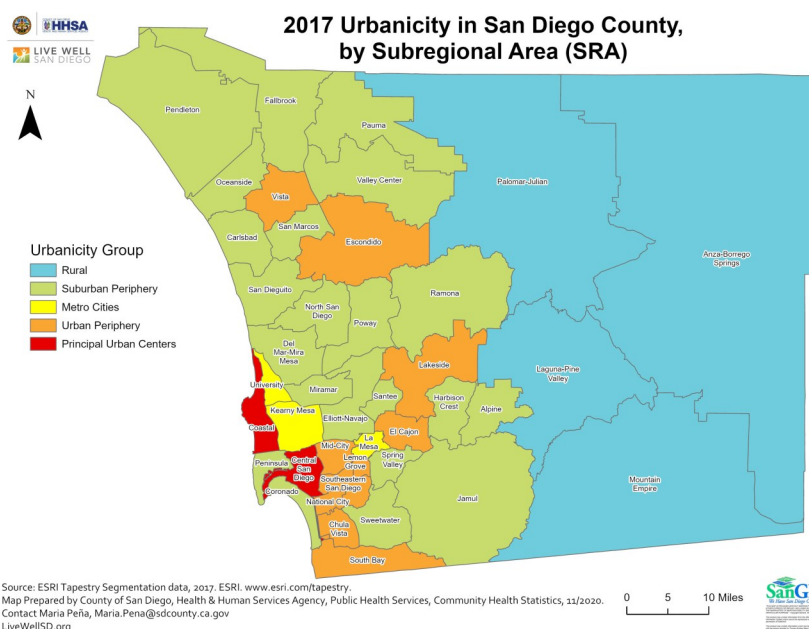
Compared to other urbanicity levels, residents in metro cities had a higher burden of PTSD, depression, and impulse disorders. Among maternal and child outcomes, metro cities had a higher burden of congenital anomalies and infant mortality.

Urban Periphery

Compared to other urbanicity levels, urban periphery residents had a higher burden of some chronic diseases such as overall hypertensive disorders, asthma, diabetes, and lupus and other connective disorders. Urban periphery also had a higher burden of schizophrenia and other psychotic disorders, assault, incidence of tuberculosis, and a higher percentage of preterm births and teen births.

Principal Urban Centers

Compared to other urbanicity levels, residents in principal urban centers had better health outcomes. However, residents in principal urban centers had a higher burden of chlamydia, gonorrhea, syphilis, and alcohol-related disorders.



Race/Ethnicity

Introduction to Health Disparities by Race/Ethnicity

San Diego County is a diverse, multicultural area. In 2017, most San Diego County residents were White (46%), followed by Hispanic (34%), Asian/Pacific Islander (API) (11%), Black (5%), and American Indian/Alaska Native (AIAN) (less than 1%).⁶ Although life expectancy for the county increased from 82.0 in 2011 to 82.5 years in 2017, there are clear differences between racial and ethnic groups.⁴

In 2017, in San Diego County:^{4,5}

- Asian residents had the highest life expectancy (86.5 years), while Black residents had the lowest (77.2 years).
- When compared to the county overall, White and Black residents had a higher burden of non-communicable (chronic) disease in 2017.
- Black residents had a higher burden of communicable disease in 2017 when compared to the county overall.
- Compared to the county overall, White and Black residents had a higher burden of injury in 2017.
- White and Black residents had a higher burden of poor behavioral health outcomes in 2017 compared to the county overall.
- Overall, poor maternal and child health outcomes were higher among Black residents compared to the county overall in 2017.

Overall, health outcomes impacted San Diego County residents differently by race/ethnicity.

Burden comparison by Race/Ethnicity in 2017⁵

White Residents: When compared to all other race/ethnicities, White residents had the second highest burden of selected non-communicable (chronic) conditions, injuries, and poor behavioral health outcomes. Compared to the San Diego

County overall, White residents had the highest burden of hip fracture, falls, coronary heart disease (CHD), osteoarthritis, overall cancer, Alzheimer's disease and related dementias, delirium, and select substance-related disorders, including benzodiazepine and other sedative-related disorders, opioid-related disorders, and amphetamines and other stimulant-related disorders.

Black Residents: Notably, Black residents were at a higher burden of non-communicable (chronic) disease, communicable disease, injury, poor behavioral health outcomes, and poor maternal and child health outcomes compared to other race/ethnicities in San Diego County in 2017.

Hispanic Residents: Compared to the county overall, Hispanic residents had a lower burden of non-communicable (chronic) disease, injury, and poor behavioral health outcomes in 2017. Hispanic residents had a higher burden of flu, tuberculosis (TB), syphilis, and urinary tract infections than the county overall in 2017.

Asian/Pacific Islander (API) Residents:

Overall, API residents had the lowest burden of non-communicable (chronic) disease, injuries, and poor behavioral health outcomes compared to the other races/ethnicities in San Diego County in 2017. API residents had a higher burden of tuberculosis (TB) compared to other race/ethnicities. The incidence rate of TB was 3.2 times higher among API residents than the county overall.

American Indian/Alaska Native (AIAN)

Residents: In 2017, AIAN residents had a lower burden of non-communicable (chronic) diseases and injury than the county overall and had the lowest burden of communicable disease. However, AIAN residents in San Diego County experienced the highest overall burden of alcohol-related disorders.

Introduction to Health Disparities by SES

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

For example, although the average life expectancy for all San Diego County residents is 82.5 years, residents in the lowest, low, and middle SES communities had an average life expectancy below the county average at 80.8, 81.0, and 81.6 years, respectively, while residents from the high and highest SES communities had an average life expectancy 83.1 and 84.3 years, greater than the county average in 2017.⁴

Overall, health outcomes impacted San Diego County residents differently by SES group.

Burden comparison by SES in 2017⁵

Lowest SES Group

Compared to all other socioeconomic groups in San Diego County, the lowest SES group had a higher burden of poor health outcomes. Particularly, the lowest SES groups had a higher burden of chronic disease outcomes, sexually transmitted infections, assault, motor vehicle injuries, self-inflicted injuries, poor behavioral health outcomes including alcohol and substance-related disorders, as well as higher rates of teen births and childhood disorders in 2017.

Low SES Group

The low SES group had a higher burden of kidney and liver cancer, lupus and connective tissue disorders, firearm-related injuries, adjustment disorders, mood disorders, schizophrenia and other psychotic disorders, developmental disorders, and preterm births compared to all other SES groups in San Diego County.

Middle SES Group

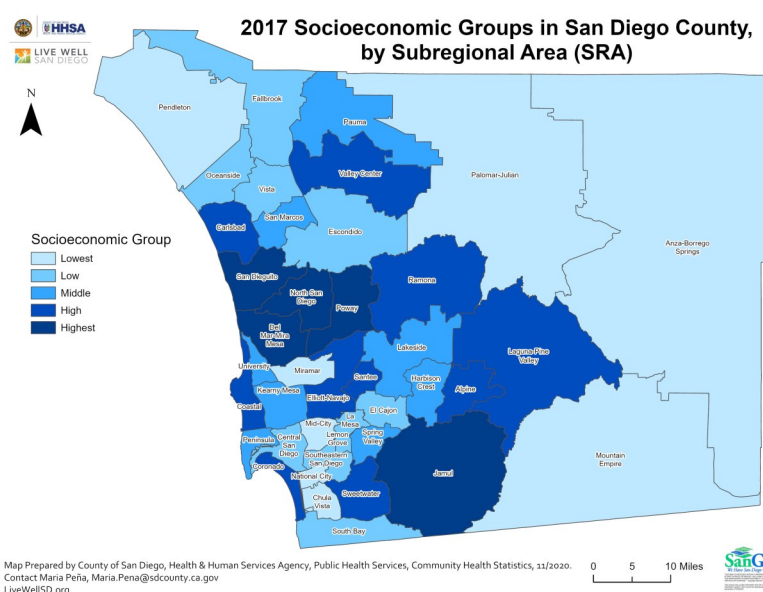
Compared to other SES groups, the middle SES group had a higher burden of lung cancer, depression, impulse disorders, post-traumatic stress disorder (PTSD), congenital anomalies, fetal mortality, and infant mortality.

High SES Group

San Diego County residents in the high SES group had a higher burden of colorectal cancer, osteoarthritis, pancreatic cancer, falls, Alzheimer's disease and related dementias (ADRD), anxiety, benzodiazepine and other sedative-related disorders, opioid-related disorders, autism spectrum disorder, and low birth weight compared to residents in all other SES groups.

Highest SES Group

The burden of female breast cancer and prostate cancer were highest among the highest SES group in 2017 compared to all other SES groups.



Actions to support *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 <https://www.livewellsd.org/>.

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.

For more local data and statistics on noncommunicable (chronic) disease, visit the [Non-Communicable \(Chronic\) Disease Workbook](#) or the [Non-Communicable \(Chronic\) Disease Dashboard](#).

For information on non-communicable (chronic) disease, visit the County of San Diego's Community Health Statistics website at, and view the [data dashboards](#).

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.

For more local data and statistics on communicable disease, please go to the [Communicable Disease Workbook](#) or the [Communicable Disease Dashboard](#).

For more information on communicable disease, visit the County of San Diego's [Epidemiology and Immunization Services Branch](#).

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.⁷ 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.¹⁷

For more local data and statistics on maternal and child health, visit the [Maternal Child Health Data Workbook](#) or [Maternal Child Health Dashboard](#).

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

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.¹⁶

For more local data and statistics on injury, visit the [Injury Data Workbook](#) or [Injury Dashboard](#).

For more information on injury, visit the County of San Diego's [Emergency Medical Services Branch](#).

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.¹⁷

For more local data and statistics on behavioral health outcomes, visit the [Behavioral Health Data Workbook](#) or [Behavioral Health Dashboard](#).

For more information on behavioral health outcomes, visit the County of San Diego's [Behavioral Health Services Division](#).

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