March 2022

EXPLORING HEALTH DISPARITIES IN SAN DIEGO COUNTY BY RACE AND ETHNICITY

A Report to Identify Opportunities to Achieve Health Equity

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

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Exploring Health Disparities in San Diego County by Race and Ethnicity

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

March 2022

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Exploring Health Disparities in San Diego County by Race and Ethnicity

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FOREWORD

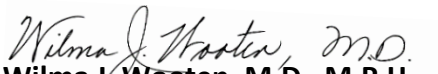
Health equity is an important and timely topic. The COVID-19 pandemic has brought to light some of the health disparities that exist in San Diego County. Differences in health status and health outcomes exist between groups. These differences or disparities often result from social determinants of health, 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 *Exploring Health Disparities in San Diego County* report looks at health disparities through the lens of *race/ethnicity*. White residents had the second highest burden of certain chronic diseases, injuries, and behavioral health outcomes and the highest burden of coronary heart disease and cancer, as well as specific substance use disorders. However, black residents had a higher overall burden of chronic disease, communicable disease, injury, behavioral health, and poor maternal and child health outcomes.

Hispanic residents had a lower burden of chronic, injury and behavioral health outcomes, but had a higher burden of communicable disease including flu and tuberculosis. Asian and Pacific Islander residents had the lowest burden of chronic, injury and behavioral health outcomes, however, the incidence rate of tuberculosis was over three times higher compared to the county overall. American Indian/Alaska Native residents had lower burdens of chronic, injury and communicable disease, but experienced the highest burden of alcohol-related disorders.

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

Health equity is achieved when "every person has the opportunity to 'attain his or her full health potential' and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances." [1]

What is Health Equity?

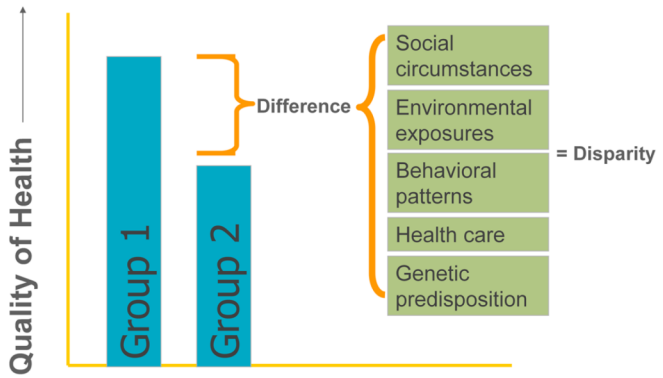
Health equity is achieved when "every person has the opportunity to 'attain his or her full health potential' and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances."[1]

There are many factors that affect the ability to achieve health equity, including the circumstances in which people are born, grow, live, work, and age, as well as the systems in place to deal with illness, which are known as social determinants of health.[2] Social determinants of health can include income, education, employment status, transportation, housing, access to health care services, and exposure to pollution.[3] These, in turn, influence safety and adequacy of housing, air and water quality, crime rates, behavioral health, and access to preventive health care.[4]

Although most San Diego County residents strive to be healthy, differences in health status and health outcomes exist between groups. These differences often result in poorer health outcomes for some groups in the population. These differences are termed health disparities. The Centers for Disease Control and Prevention (CDC) define health disparities as "differences in the incidence and prevalence of health conditions and health status between groups."[5] Many health disparities affect groups based on age, gender, place of residence, race and ethnicity, and socioeconomic status.

In addition to these factors, groups negatively affected by health disparities tend to have less access to healthy food, education, safe neighborhoods, freedom from discrimination, and adequate housing that would further support positive health outcomes.[5] Health inequities are health disparities that may result from systematic or unequal distribution of positive resources.[5]

Figure 1 Measuring Health Disparities



Adapted from Gomes and McGuire, 2001

The health of a community is not simply the presence or absence of disease; rather, it is an interaction of several factors. 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

Lifestyle behaviors are actions taken by individuals to attain or maintain good health and to prevent illness and injury. The risk of non-communicable (chronic) disease can be reduced by engaging in behaviors such as eating a healthy diet, getting regular physical activity, and avoiding tobacco use and alcohol or substance abuse. In a motor vehicle crash, injury can be avoided or lessened by wearing seatbelts while in a motor vehicle and wearing helmets while on a bicycle. Early prenatal care is an example of an action that can be taken to reduce or avoid poor maternal and child health outcomes. The risk of communicable disease can be greatly reduced by getting all recommended vaccinations throughout the lifetime. 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.[8]

Much of the lifestyle behavior information compiled about San Diego County residents comes from local, state, and national health surveys. In this report, lifestyle behavior information was obtained from the 2011-2017 California Health Interview Survey (CHIS) and the 2014-2018 Behavioral Risk Factor Surveillance System (BRFSS).

Socioeconomic Status

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.[6] The association between these factors is cumulative and influences the health status of an individual over a lifetime.[6] For example, low educational attainment is associated with unemployment and low income, which are associated with poor housing and lack of transportation. Together, the indicators used to define socioeconomic status comprise many of the social determinants of health and directly affect healthcare access and utilization, morbidity and mortality rates, as well as personal lifestyle behaviors.

Healthcare Access and Utilization

Healthcare service access and utilization are closely aligned with socioeconomic status and are major factors in individual and community health. The unemployment decrease in San Diego from 11.3% in 2010 to 5.9% in 2017 meant a subsequent decrease in the number of uninsured county residents.[12] In reverse, this situation negatively impacts both the immediate and future health of these residents. Research indicates that chronically ill patients without insurance are less likely to visit health professionals for treatment and medical advice. Uninsured patients are more likely to delay medical care and use emergency departments as usual sources of care.[7] Lack of health insurance is also associated with reduced access to preventive care services, increasing poor health outcomes, particularly among young adults and racial and ethnic minorities.[7]

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. For example, while asthma death rates are relatively low compared to other non-communicable (chronic) diseases, asthma-related emergency department (ED) discharges and hospitalizations are high, especially in certain groups of the population. High rates of asthma ED discharge and hospitalization might indicate higher rates of uncontrolled asthma and, thus, lower access to and utilization of appropriate preventive and treatment services. They might also relate to poor air quality and greater exposure to environmental hazards. 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.

The Social Determinants of Health

According to the Centers for Disease Control and Prevention (CDC), Social Determinants of Health (SDOH) are "conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes."[1] Often times these circumstances are influenced by things such as socioeconomic status, policies and systems, social norms, power, or resources which can affect, positively or negatively, one's health status. Research suggests that SDOH account for between 30-55% of health outcomes.[2] Thus, health inequities can be mitigated, eliminated or avoided by ameliorating these circumstances that lead to poor health. Examples of such SDOH include:

[1]https://www.cdc.gov/socialdeterminants/about.html
[2]https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

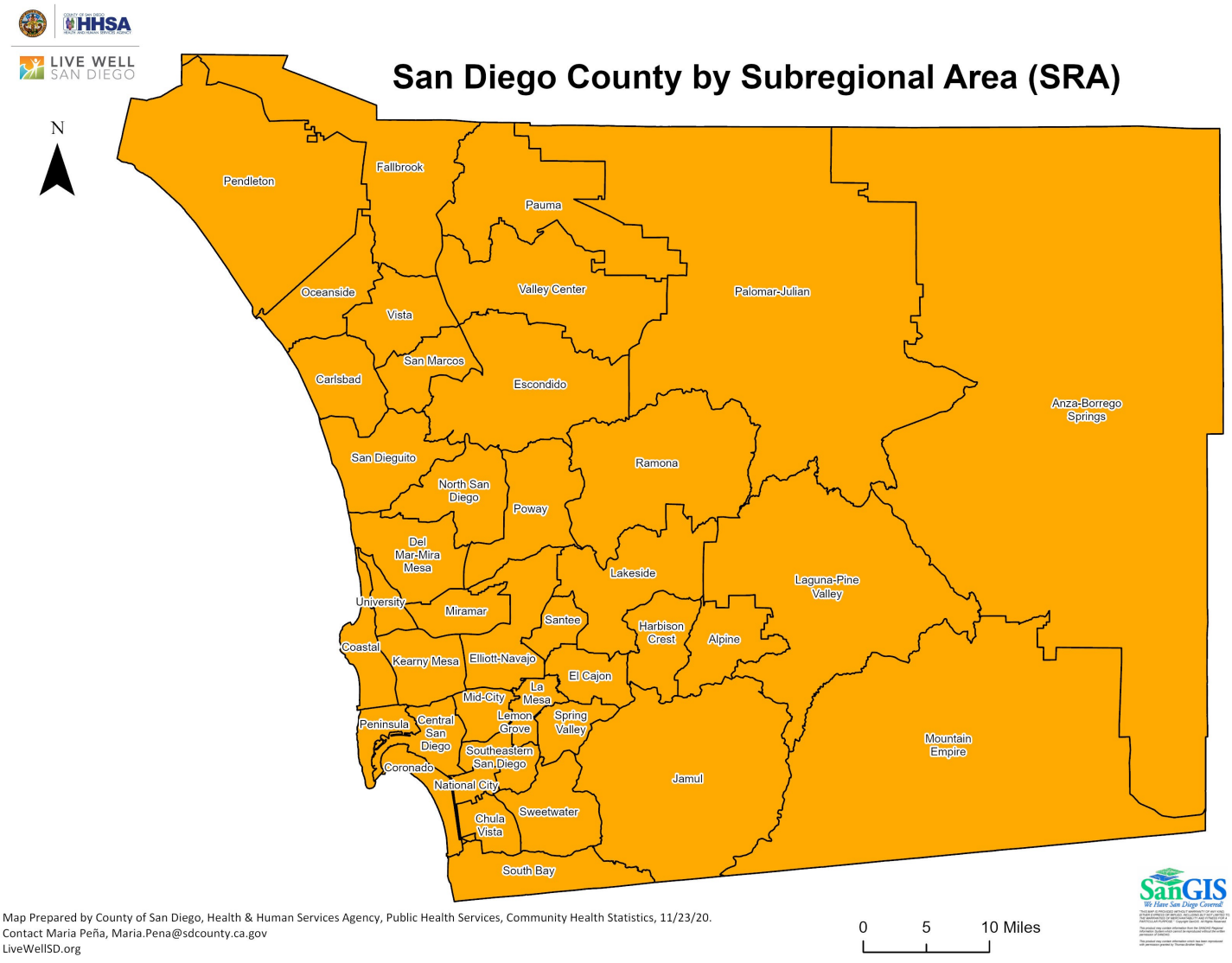
Geographic Areas Assessed in this Report

SANDAG Subregional Areas (SRAs)

San Diego Association of Governments (SANDAG) develops annual demographic estimates and long range forecasts in addition to maintaining census data files. Data is available by county, Subregional Area (SRA), zip code, and census tract.

San Diego County has 41 SRAs, which are aggregations of census tracts. While the boundaries of many geographical areas, such as cities, change over time, SRA boundaries have remained essentially the same since their formation which allows for meaningful comparisons of time series information because identical areas are being compared. While SRAs are composed of census tracts, they are defined by SANDAG, not the Census Bureau.[16]

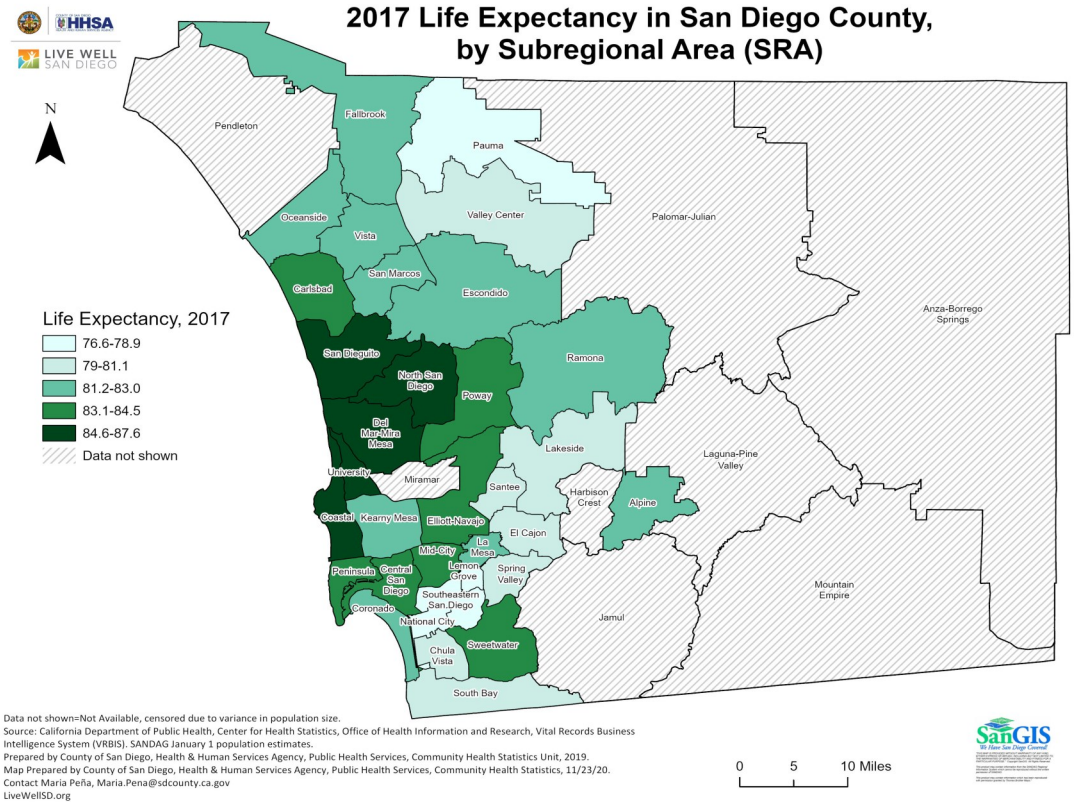
Figure 2



Map Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics, 11/23/20.
Contact Maria Peña, Maria.Pena@sdcounty.ca.gov
LiveWellSD.org

Live Well San Diego and Health Equity

Figure 3



Data not shown=Not Available, censored due to variance in population size.
Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS). SANDAG January 1 population estimates.
Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, 2019.
Map Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics, 11/23/20.
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LiveWellSD.org

What is *Live Well San Diego*?

Live Well San Diego is a regional vision adopted by the San Diego County Board of Supervisors in 2010 that aligns the efforts of County government, community partners and individuals to help create healthy, safe, and thriving San Diego County communities. The vision includes three components: Building Better Health, adopted on July 13, 2010, focuses on improving the health of residents and supporting healthy choices; Living Safely, adopted on October 9, 2012, focuses on protecting residents from crime and abuse, making neighborhoods safe, and supporting resilient communities; and, Thriving, adopted on October 21, 2014, focuses on cultivating opportunities for all people to grow, connect and enjoy the highest quality of life.

Live Well San Diego and Health Equity

Live Well San Diego identifies 10 indicators to measure the collective impact of these efforts and the work of partners over the long term to create a San Diego County where all residents are healthy, safe, and thriving. Life expectancy, or the average number of years a person can expect to live at birth, is a key measure of health equity and is one of the 10 indicators identified in the *Live Well San Diego* vision. In San Diego County, life expectancy varies by gender, race/ethnicity, and geography.

Overall, the life expectancy in San Diego County was 82.5 years in 2017.[9] On average, females lived about four and a half years longer than males. Compared to other racial and ethnic groups, Asian residents had the highest life expectancy at 86.5 years, while Black residents had the lowest (77.2 years).[9] Geographically, residents in the Coastal SRA in the North Central Region had the highest life expectancy (87.6 years), while residents in the Lemon Grove SRA in the East Region had the lowest life expectancy of 76.6 years.[9] Activities, programs, and policies in the *Live Well San Diego* vision work to positively influence life expectancy and increase health equity among San Diego County residents.

HEALTH EQUITY IN SAN DIEGO COUNTY:
Racial and Ethnic Health Disparities

Health Equity in San Diego County: Race and Ethnicity

Exploring Health Disparities in San Diego County by Race and Ethnicity is a document prepared by the Division of Public Health Services in the County of San Diego Health and Human Services Agency. The report identifies health disparities among San Diego County residents. The information in this report is meant to be used to identify disparities and serve as a starting point in developing solutions that will help close the gap in existing disparities.

As the county implements the *Live Well San Diego* vision, identifying health disparities and inequities are critical in developing prevention and intervention measures, ultimately leading to a healthier San Diego. This document is designed for local agencies, organizations, groups, services, and individuals who have an interest in improving the health of county residents.

Health outcome data were compiled from the County Community Health Statistics Unit's *San Diego County Community Profiles* document. Specifically, death, hospitalization, in-patient treatment, skilled nursing facility (SNF)/intermediate care discharge, physical rehabilitation, and emergency department (ED) discharge rates for various health outcomes were analyzed to identify health disparities within San Diego County's populations. In addition to identifying health disparities, demographic information and lifestyle/behavioral data on each group was provided to highlight some of the potential contributing factors to these health outcomes.

Lastly, prevention strategies, as well as links to related websites, are provided for further information on non-communicable (chronic) disease, communicable disease, injury, behavioral health, and maternal and child health.

For further resources, including local health and demographic information, please visit

HEALTH EQUITY IN SAN DIEGO COUNTY:
Racial and Ethnic Health Disparities

Introduction to Racial and Ethnic Health Disparities

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%). 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.

In 2017, in San Diego County:

- 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.

Demographics

White

In 2017, just over 1.5 million residents in San Diego County were White, accounting for 46% of San Diego County's total population.[10] Fourteen percent of White residents were between the ages of 0 and 14 years, 12% were between the ages of 15 and 24 years, 26% were between 25 and 44 years old, 28% between ages 45 and 64 years, and 20% were 65 years or older.[10] By the year 2030, the number of White residents is projected to decrease by 5%.[11]

Between 2013 and 2017:

Nearly one-third (33%) of White adult residents in San Diego County reported an annual household income of $50,000 or less, 34% reported an income between $50,001 and $100,000, and 34% reported an income above $100,000.[13] In the same time frame, 17% of White residents lived below the 200% federal poverty level.[13]

Among White residents 25 years and older, 20% reported having an educational attainment of high school or less, 27% had some college education, vocational school training, or associate's degree, and over half (53%) had a bachelor's degree or higher.[13]

Among White residents in San Diego County, 67% reported they were in excellent or very good health, 24% were in good health, and about 9% in fair or poor heath.[13]

About seven out of every eight, or 87%, of White residents reported one or more doctor visits in the past year and approximately 1 in 5 visited the emergency room. However, one in nine (11%) White residents delayed or did not get needed medical care.[13]

Ninety-five percent of White residents had health insurance in San Diego County.[13]

A series of health indicators and related health behaviors are presented throughout this report, which aim to describe the most important health concerns among White residents in San Diego County.

Demographics

Black

In 2017, there were nearly 150,000 Black residents, which accounted for 4.5% of the total population in San Diego County.[10] Among Black residents, 20% were between the ages of 0 and 14 years, 16% were between the ages of 15 and 24 years, 29% were between 25 and 44 years old, 25% were between 45 and 64 years old, and 10% were 65 years or older.[10] By the year 2030, the number of Black residents is projected to increase by 3%.[11]

Between 2013 and 2017:

Almost 50% of Black adult residents in San Diego County reported an annual household income of $50,000 or less, 30% reported an income between $50,001 and $100,000, and nearly 21% reported an income above $100,000.[13] In the same time frame, 40% of Black residents lived below the 200% federal poverty level.[13]

Among Black adults 25 years and older, nearly 26% reported having an educational attainment of high school or less, 37% had some college education, vocational school training, or associate's degree, and 37% had a bachelor's degree or higher.[13]

Among Black residents in San Diego County, 53% reported they were in excellent or very good health, 28% were in good health, and 19% in fair or poor health.[13]

About 92%* of Black residents reported one or more doctor visits in the past year in San Diego County, 16.8% of Black residents delayed or did not get needed medical care, and 30% reported visiting the emergency room for medical care.[13]

In San Diego County, approximately 95% of Black residents had health insurance.*[13]

Overall, compared to other race/ethnicities, Black residents had the highest rates of non-communicable (chronic) diseases, communicable diseases, injuries, poor behavioral health outcomes, and poor maternal and child health outcomes in 2017. A series of health indicators and related health behaviors are presented throughout the report, which aim to describe the most important health concerns among Black residents in San Diego County in 2017.

*Statistically unstable due to small numbers

Demographics

Hispanic

In 2017, an estimated 1.1 million residents in San Diego County were Hispanic, which made up about one-third, or 34%, of the total population in San Diego County.[10] Twenty-eight percent of Hispanic residents were between the ages of 0 and 14 years, 18% were between ages 15 to 24 years, 27% were between 25 and 44 years old, 20% were 45 through 64 years old, and 7% were aged 65 years or older.[10] By the year 2030, the number of Hispanic residents is projected to increase by 31%.[11]

Between 2013 and 2017:

Over two out of every three (69%) Hispanic adult residents in San Diego County reported an annual household income of $50,000 or less, 21% reported an income between $50,001 and $100,000, and 11% reported an income above $100,000.[13] In the same time frame, 58% lived below the 200% federal poverty level. Compared to other race and ethnicities, Hispanics had the highest proportion of residents who lived below the 200% federal poverty level.[13]

Among Hispanic residents 25 years and older, nearly 58% reported having an educational attainment of high school or less, 22% had some college education, vocational school training, or associate's degree, and only 20% had a bachelor's degree or higher.[13]

Among Hispanic residents in San Diego County, 50% reported they were in excellent or very good health, nearly 30% were in good health, and almost 21% in fair or poor health.[13]

Eighty-one percent of Hispanic residents reported one or more doctor visits in the past year and 21% of Hispanic residents visited the emergency room. However, one in eleven (9%) Hispanic residents delayed or did not get needed medical care.[13]

Eighty-three percent of Hispanic residents had health insurance in San Diego County.[13]

A series of health indicators and related health behaviors are presented throughout the report, which aim to describe the most important health concerns among Hispanic residents in San Diego County in 2017.

Demographics

API

In 2017, nearly 380,000 residents in San Diego County were Asian/Pacific Islander (API), accounting for 11% of the population.[10] Among the API population, 15% were between the ages of 0 and 14 years, 14% were between 15 and 24 years old, 30% were between 25 and 44 years old, 27% were aged 45 to 64, and 14% were aged 65 years or older.[10] By the year 2030, the number of API residents is projected to increase by 31%.[11]

Between 2013 and 2017:

Forty-two percent of API adult residents in San Diego County reported an annual household income of $50,000 or less, 25% reported an income between $50,001 and $100,000, and 33% reported an income above $100,000. In the same time frame, 27% of API residents lived below the 200% federal poverty level.[13]

Among API residents 25 years and older, about 18% reported having an educational attainment of high school or less, 20% had some college education, vocational school training, or associate's degree, and 62% had a bachelor's degree or higher.[13]

Among API residents in San Diego County, 61% reported being in excellent or very good health, 26% were in good health, and 13% in fair or poor health.[13]

Nearly 80% of API residents reported one or more doctor visits in the past year and one in seven, or 14%, API residents visited an emergency room.[13] However, nearly 8% of API residents delayed or did not get needed medical care.[13]

In San Diego County, 92% of API residents had health insurance.[13]

Overall, compared to other race and ethnicities in San Diego County, API residents had the lowest rates of non-communicable (chronic), communicable, injury, poor behavioral health outcomes, and poor maternal child health outcomes in 2017. A series of health indicators and related health behaviors are presented throughout the report, which aim to describe the most important health concerns among API residents in San Diego County in 2017.

Demographics

AIAN

In 2017, there were an estimated 15,000 non-Hispanic American Indian/Alaska Native (AIAN) residents in San Diego County, accounting for 0.5% of the total county population.[10] Eighteen percent of AIAN residents were between the ages of 0 and 14 years, 15% were between 15 and 24 years old, 29% were between 25 and 44 years old, 26% were between 45 and 64 years old, and 12% were aged 65 years or older.[10] By the year 2030, the number of AIAN residents is projected to decrease by 14%.[11]

Between 2013 and 2017:

Fifty-nine percent of AIAN adult residents in San Diego County reported an annual household income of $50,000 or less, 28% reported an income between $50,001 and $100,000, and 13% reported an income over $100,000.*[13] In the same time frame, 49% of AIAN residents lived below the 200% federal poverty level.[13]

Among AIAN residents 25 years and older, nearly 45% reported an educational attainment of high school or less, 26%* had some college education, vocational school training, or associate's degree, and nearly 30%* had a bachelor's degree or higher.[13]

Among AIAN residents in San Diego County, 43% reported they were in excellent or very good health, 29% were in good health, and 28% in fair or poor health.[13]

Nearly 70% of AIAN residents reported one or more doctor visits in the past year and two out of five (40%) AIAN residents visited the emergency room in the past 12 months.*[13] However, over one in five (22%) delayed or did not get needed medical care.*[13]

In San Diego County, an estimated 90% of AIAN residents had health insurance in San Diego County.*[13]

A series of health indicators and related health behaviors are presented throughout the report, which aim to describe the most important health concerns among AIAN residents in San Diego County in 2017.

*Statistically unstable due to small numbers.
** Non-Hispanic AIAN residents do not represent all AIAN residents as some AIAN residents identify as Hispanic and AIAN and as such, were included in the Hispanic group. Additionally, AIAN residents can seek and access medical treatment/care through other services, such as the Indian Health Services. Those medical encounters have not been captured in this report.

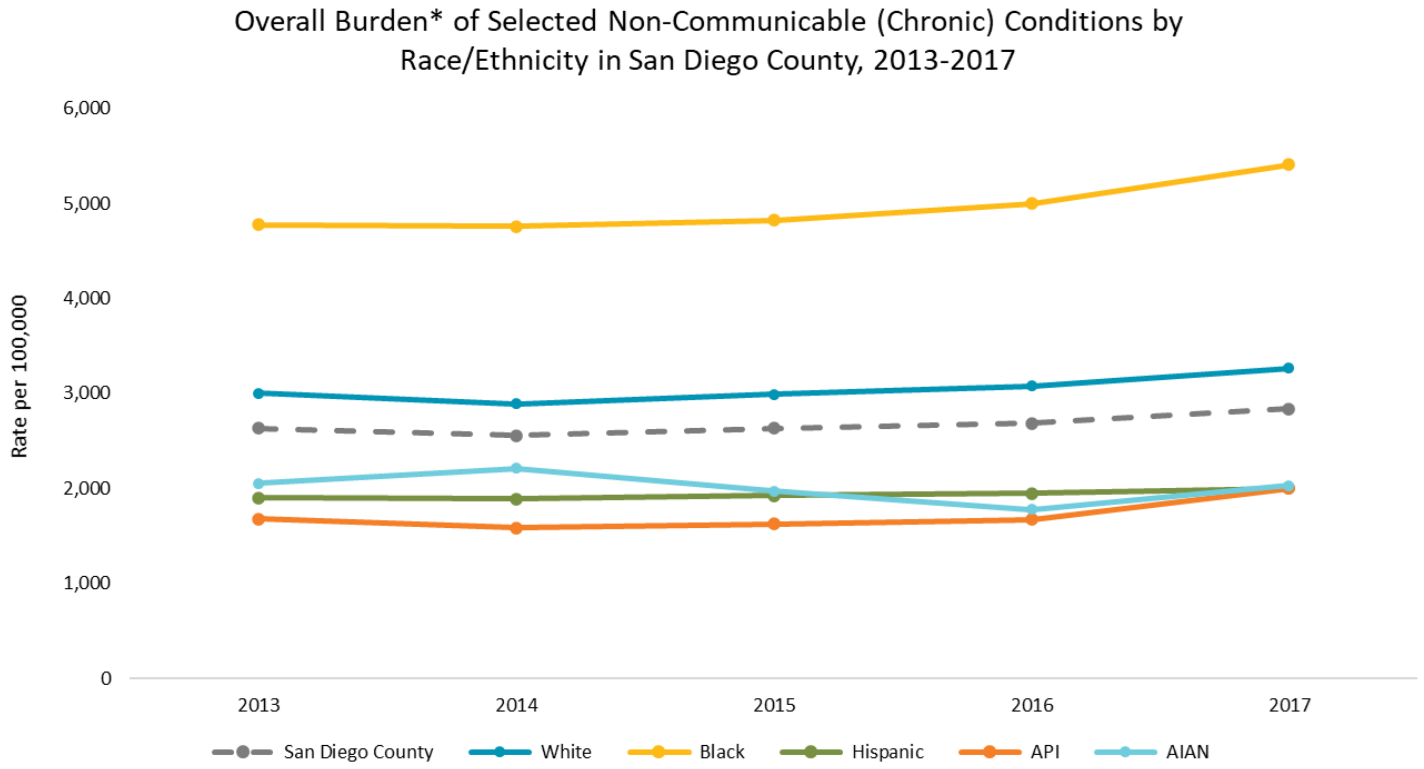
Non-Communicable (Chronic) Disease

Non-communicable (chronic) diseases are conditions that affect an individual's health for one year or more, require ongoing medical attention or intervention, and may limit activities of daily living. Examples of chronic disease include cancer, heart disease, and diabetes. Many chronic diseases are the result of risk behaviors, such as tobacco use, poor diet, low physical activity, or excessive alcohol use.[16]

Race and ethnicity, income, and neighborhood all interact to contribute to the environment in which an individual lives. Communities of color experience disparities that lead to differences in health outcomes. Access to healthy food, neighborhood safety, and walkability all contribute to an individual's risk of developing a chronic disease.[17] It is important to analyze medical encounter rates by race and ethnicity to identify areas where disparities exist, and address neighborhood and built environment factors that may be contributing to increased rates.

Non-Communicable (Chronic) Disease by Race and Ethnicity in San Diego County

Figure 3



API: Asian/Pacific Islander residents. AIAN: American Indian/Alaska Native residents.
Source: California Department of Public Health, 2013 Death Statistical Master File, 2014-2017 California Vital Records Business Intelligence System (VRBIS). California Office of Statewide Health Planning & Development (OSHPD), Patient Discharge Data & Emergency Department Data, 2013-2017.
Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Statistics Unit, 2020.
*Overall burden includes Death, ED Discharge, Hospitalization, In-Patient Treatment, Skilled Nursing Facility (SNF)/Intermediate Care, and Physical Rehabilitation for the following non-communicable (chronic) conditions: asthma, coronary heart disease (CHD), COPD/chronic lower respiratory diseases, diabetes, lupus and connective tissue disorders, osteoarthritis, osteoporosis, overall cancer, overall hypertensive diseases, rheumatoid arthritis, and stroke.

San Diego County: In San Diego County, the burden of selected non-communicable (chronic) health conditions increased from 2013-2017.

White Residents: Among White residents, the burden of selected non-communicable (chronic) health conditions increased from 2013-2017. When compared to all other race/ethnicities, White residents had the second highest burden of selected non-communicable (chronic) conditions.

Black Residents: Among Black residents, the burden of selected non-communicable (chronic) health conditions increased from 2013-2017 with the largest increase from 2016 to 2017. Black residents consistently had the highest burden of selected non-communicable (chronic) conditions compared to the other race/ethnicities.

Hispanic Residents: The burden of selected non-communicable (chronic) health conditions among Hispanic residents remained relatively constant from 2013-2017. Among Hispanic residents, the burden of selected non-communicable (chronic) health conditions was lower than the county overall between 2013-2017.

Asian/Pacific Islander (API) Residents: Among Asian/Pacific Islander (API) residents, the burden of selected non-communicable (chronic) health conditions increased from 2013-2017 with the largest increase from 2016-2017. When compared to the county overall, API residents consistently had a lower burden of selected non-communicable (chronic) conditions.

American Indian/Alaska Native (AIAN) Residents: The burden of selected non-communicable (chronic) health conditions among American Indian/Native Alaskan (AIAN) residents fluctuated from 2013-2017. When compared to the county overall, AIAN residents consistently had a lower burden of selected non-communicable (chronic) conditions.

Prevent Racial and Ethnic Health Disparities

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

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.

Non-Communicable (Chronic) Disease

White

In 2017, White residents had a higher burden of non-communicable (chronic) disease compared to the county overall. White residents had the highest burden of coronary heart disease (CHD), osteoarthritis, and overall cancer.

Chronic Obstructive Pulmonary Disease (COPD)/Chronic Lower Respiratory Diseases

In 2017, the death rate due to chronic obstructive pulmonary disease (COPD)/chronic lower respiratory diseases (CLRD) among White residents was 1.7 times greater than the county overall. White residents were 14% more likely to be discharged from the ED due to COPD/CLRD, and 43% more likely to be hospitalized compared to the county overall. Compared to White residents in other regions, White residents in South Region had the highest rates of death, ED discharge, and hospitalization due to COPD/CLRD.

Coronary Heart Disease (CHD)

The burden of coronary heart disease (CHD) was highest for White residents in 2017, compared to other race/ethnicities and the county overall. In 2017, the death rate due to CHD among White residents was 1.5 times higher than the county overall. Additionally, among White residents, the ED discharge rate due to CHD was 32% higher and the hospitalization rate was 24% higher than the overall county overall rates for CHD. Among White residents, the highest rates of death and hospitalization due to CHD were in South Region and the highest rate of ED discharge due to CHD was in North Inland Region, compared to White residents in the other regions.

In 2017, the death rate due to COPD/CLRD among White residents was 1.7 times greater than the county overall.

Osteoporosis

The rate of ED discharge due to osteoporosis was 68% higher among White residents than the county overall in 2017.

Overall Cancer

The burden of overall cancer among White residents was higher than the county overall in 2017. White residents had the highest rate of cancer deaths at a rate of 223.4 deaths per 100,000. White residents were 17% more likely to be hospitalized for overall cancer compared to the county overall. The highest rates of death, hospitalization, and ED discharge due to overall cancer were among White residents in South Region, compared to White residents in other regions.

Melanoma of the Skin

The death rate due to melanoma of the skin was two times higher among White residents than the county overall.

Bladder Cancer

The burden of bladder cancer was higher among White residents than the county overall.

Lung Cancer

White residents had the highest burden of lung cancer, compared to the county overall.

Non-Communicable (Chronic) Disease

White

Stroke

The death rate due to stroke was 48% higher for White residents than for the county overall in 2017. White residents were 37% more likely to be discharged from the ED, 19% more likely to be hospitalized, and 16% more likely to undergo physical rehabilitation due to stroke than county residents overall. Compared to White residents in the other regions, the highest rates of death and hospitalization due to stroke were among White residents in South Region. The highest rate of ED discharge due to stroke among White residents was in North Inland Region, whereas the highest rate of physical rehabilitation following stroke was among White residents in North Coastal Region, compared to White residents in the other regions.

Osteoarthritis

The burden of osteoarthritis among White residents was higher than the county overall in 2017. The rate of hospitalization due to osteoarthritis was 1.6 times greater among White residents than the county overall. Compared to White residents in the other regions, the highest rate of ED discharge due to osteoarthritis was among White residents in South Region, while the highest rate of hospitalization due to osteoarthritis was among White residents in North Inland Region.

Overall Hypertensive Diseases

In 2017, the rate of death for overall hypertensive diseases was 40% higher among White residents than the county overall. White residents were 7% more likely to be hospitalized for overall hypertensive diseases than the county overall in 2017. Compared to White residents in the other regions, the highest rates of death, hospitalization, and ED discharge due to overall hypertensive diseases were among White residents in South Region.

Risk Factors and Prevention Strategies

Tobacco use and exposure to secondhand smoke, lack of physical activity, poor diet, and excessive alcohol use are leading risk factors for the development of non-communicable (chronic) disease.[14]

In 2017, approximately 1 out of 3 (34%) White adults residing in San Diego County reported fewer than three days of being physically active at least 20 minutes in the past week.[11] Among White adults in San Diego County, 61% did not regularly walk for transportation, fun or exercise from 2015 to 2017.[11] From 2013-2017, 11% of San Diego County White adults reported they were current smokers.[11]

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 non-communicable (chronic) disease among San Diego County White residents.

Non-Communicable (Chronic) Disease

Black

The burden of chronic disease was highest among Black residents in San Diego County in 2017. Black residents had the highest burden of asthma, chronic obstructive pulmonary disease (COPD)/chronic lower respiratory disease (CLRD), diabetes, lupus and connective tissue disorders, overall hypertensive disease, rheumatoid arthritis, and stroke.

Asthma

In 2017, the burden of asthma was higher among Black residents than the county overall. Black residents were discharged from the ED due to asthma at a rate of 980 per 100,000 residents in 2017, which was 3.7 times higher than the overall county rate. Additionally, Black residents were hospitalized due to asthma at a rate of 124.3 per 100,000 residents, which was 3.1 times higher than San Diego County overall. The highest rates of ED discharge and hospitalization due to asthma were among Black residents in Central Region, compared to Black residents in the other regions.

Diabetes

Among Black residents in 2017, the burden of diabetes was higher than the county overall. In 2017, the rate of death due to diabetes was 2.1 times higher among Black residents compared to the county overall. Black residents were 2.7 times more likely to be discharged from the ED due to diabetes, and 2.2 times more likely to be hospitalized compared to the county overall. Compared to Black residents in other regions, the highest rates of death, ED discharge, and hospitalization due to diabetes were among Black residents in Central Region.

In 2017, the rate of death due to diabetes was 2.1 times higher among Black residents compared to the county overall.

Overall Hypertensive Diseases

The burden of hypertensive diseases was highest among Black residents compared to the county overall in 2017. Black residents were 2.7 times more likely to be discharged from the ED and 2.3 times more likely to be hospitalized due to hypertensive diseases than the county overall in 2017. Compared to Black residents in the other regions, the highest rates of death, hospitalization, and ED discharge due to overall hypertensive diseases were among Black residents in Central Region.

Primary Hypertension

The burden of primary hypertension was higher among Black residents than the county overall. The rate of ED discharge due to primary hypertension was 2.7 times higher among Black residents, compared to the county overall.

Heart Failure

In 2017, Black residents had a higher burden of heart failure than the county overall. Notably, among Black residents, the rate of discharge from the ED was 2.5 times higher and the rate of hospitalization due to heart failure was 2.2 times higher than the county overall.

Non-Communicable (Chronic) Disease

Black

Peripheral Vascular Disease

In 2017, Black residents had a higher burden of peripheral vascular disease than the county overall. Black residents were 1.8 times more likely to be discharged from the ED and 1.9 times more likely to be hospitalized for peripheral vascular disease compared to the county overall.

Chronic Obstructive Pulmonary Disease (COPD)/Chronic Lower Respiratory Diseases (CLRD)

The burden of chronic obstructive pulmonary disease (COPD)/chronic lower respiratory diseases (CLRD) in 2017 was highest among Black residents than the county overall. In 2017, Black residents had a 1.9 times higher rate of hospitalization due to COPD/CLRD than the county overall. Additionally, the rate of discharge from the ED due to COPD/CLRD was three times higher among Black residents compared to the county overall. In 2017, Black residents had 576.9 ED discharges per 100,000 residents due to COPD/CLRD. Compared to Black residents in other regions, the highest rates of death, ED discharge, and hospitalization due to COPD/CLRD were among Black residents in Central Region.

Lupus and Connective Tissue Disorders

The burden of lupus and connective tissue disorders was higher among Black residents than the county overall in 2017. The rate of hospitalization due to lupus and connective tissue disorders was 1.9 times higher among Black residents compared to the county overall in 2017. Black residents were 2.2 times more likely to be discharged from the ED due to lupus and connective tissue disorders than the county overall.

Osteoarthritis

Black residents had a rate of ED discharge due to osteoarthritis three times higher than the overall county rate in 2017. In 2017, compared to Black residents in other regions, Black residents in Central Region had the highest rate of ED discharge due to osteoarthritis, whereas the rate of hospitalization for osteoarthritis was highest among Black residents in East Region.

Overall Cancer

The rate of ED discharge due to overall cancers was 40% higher for Black residents than the county overall in 2017. The highest rates of death, ED discharge, and hospitalization due to overall cancer were among Black residents in Central Region, compared to Black residents in all other regions.

Lung Cancer

In 2017, Black residents were 29% more likely to be hospitalized and 67% more likely to be discharged from the ED due to lung cancer compared to the county overall.

In 2017, Black residents had a 1.9 times higher rate of hospitalization due to COPD/CLRD than the county overall.

Non-Communicable (Chronic) Disease

Black

Rheumatoid Arthritis

In 2017, Black residents were 2.2 times more likely to be discharged from the ED due to rheumatoid arthritis compared to the county overall. Black residents in North Central Region had the highest rate of ED discharge due to rheumatoid arthritis compared to Black residents in the other regions.

Stroke

Black residents were 29% more likely to be discharged from the ED due to stroke than San Diego County overall in 2017. Black residents were also 41% more likely to be hospitalized and 56% more likely to be in physical rehabilitation due to stroke, compared to the county overall. Compared to Black residents in other regions, the rate of death, ED discharge, and hospitalization due to stroke was highest among Black residents in Central Region. The rate of physical rehabilitation due to stroke was highest among Black residents in North Inland Region, compared to Black residents in all other regions.

Coronary Heart Disease (CHD)

Black residents had a 11% higher rate of death due to CHD compared to the county overall in 2017. Black residents were also 40% more likely to be discharged from the ED and 13% more likely to be hospitalized due to CHD, compared to the county overall. The highest rates of death and hospitalization due to CHD were among Black residents in Central Region and the highest rate of ED discharge due to CHD was among Black residents in North Coastal Region, compared to Black residents in the other regions.

Risk Factors and Prevention Strategies

Tobacco use and exposure to secondhand smoke, lack of physical activity, poor diet, and excessive alcohol use are leading risk factors for the development of non-communicable (chronic) disease.[14]

Among Black adults in San Diego County in 2017, 38% reported being physically active for at least 20 minutes less than three days in the past week.[11] Among Black adults in San Diego County, 70% did not regularly walk for transportation, fun or exercise from 2015 to 2017.[11] Nearly 16% of San Diego County Black adults reported they were current smokers from 2013-2017.[11]

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 non-communicable (chronic) disease among San Diego County Black residents.

Non-Communicable (Chronic) Disease

Hispanic

Among Hispanic residents, the burden of non-communicable (chronic) health conditions was lower than the county overall.

Asthma

In 2017, the rates of ED discharge and hospitalization due to asthma were 1.2 times higher for Hispanic residents than the county overall. Compared to Hispanic residents in the other regions, the rates of ED discharge and hospitalization due to asthma were highest among Hispanic residents in Central Region.

Lupus and Connective Tissue Disorders

In 2017, due to lupus and connective tissue disorders, Hispanic residents were 1.3 times more likely to be discharged from the ED and 1.2 times more likely to be hospitalized compared to the county overall. Compared to Hispanic residents in the other regions, the rate of ED discharge due to lupus and connective tissue disorders was highest among Hispanic residents in Central Region, while the rate of hospitalization was highest among Hispanic residents in East Region.

Diabetes

Compared to the county overall, Hispanic residents had a 12% higher rate of ED discharge and a 5% higher rate of hospitalization due to diabetes in 2017. Hispanic residents in South Region had the highest rates of death, hospitalization, and ED discharge due to diabetes compared to Hispanic residents in the other regions.

Rheumatoid Arthritis

In 2017, Hispanic residents were 27% more likely to be discharged from the ED due to rheumatoid arthritis compared to the county overall. Hispanic residents in South Region had the highest rate of ED discharge due to rheumatoid arthritis compared to Hispanic residents in the other regions.

In 2017, the rates of ED discharge and hospitalization due to asthma were 1.2 times higher for Hispanic residents than the county overall.

Non-Communicable (Chronic) Disease

Hispanic

Risk Factors and Prevention Strategies

Tobacco use and exposure to secondhand smoke, lack of physical activity, poor diet, and excessive alcohol use are leading risk factors for the development of non-communicable (chronic) disease.[14]

Approximately 59% of Hispanic adults in San Diego County did not regularly walk for transportation, fun or exercise in the past year from 2015 to 2017.[11] One in ten (10%) Hispanic adults in San Diego County reported they were current smokers from 2013-2017.[11] From 2014-2016, 41% of Hispanic residents in San Diego County received the flu vaccine in the past 12 months.[11]

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 non-communicable (chronic) disease among San Diego County Hispanic residents.

Non-Communicable (Chronic) Disease

API

In 2017, Asian and Pacific Islander (API) residents had a lower burden of non-communicable (chronic) diseases compared to the county overall.

Lupus and Connective Tissue Disorders

In 2017, the rate of hospitalization due to lupus and connective tissue disorders among API residents was 1.4 times higher than the county overall. The rate of hospitalization due to lupus and connective tissue disorders was highest among API residents in North Central Region, compared to API residents in the other regions.

Diabetes

The rate of death due to diabetes among API residents in 2017 was 12% higher than the overall county death rate due to diabetes. Compared to API residents in the other regions, the rate of death due to diabetes was highest among API residents in South Region, while the rates of ED discharge and hospitalization due to diabetes were highest among API residents in Central Region.

Stroke

In 2017, API residents were 8% more likely than the county overall to be discharged from physical rehabilitation due to stroke. API residents in Central Region had the highest rate of death due to stroke, while API residents in South Region had the highest rate of hospitalization due to stroke, compared to API residents in the other regions. However, compared to API residents in other regions, API residents in East Region had the highest rates of ED discharge and physical rehabilitation.

In 2017, Asian and Pacific Islander (API) residents had a lower burden of non-communicable (chronic) diseases compared to the county overall.

Non-Communicable (Chronic) Disease

API

Liver Cancer

In 2017, API residents had the highest burden of liver cancer compared to other race/ethnicities and San Diego County overall. Central Region had the highest rates of death and hospitalization among API residents when compared to API residents in the other regions.

Risk Factors and Prevention Strategies

Tobacco use and exposure to secondhand smoke, lack of physical activity, poor diet, and excessive alcohol use are leading risk factors for the development of non-communicable (chronic) disease.[14]

Among API adults in San Diego County in 2017, 29% reported being physically active for at least 20 minutes fewer than three times a week in the past week.[11] Just over half (52%) of API adults in San Diego County did not regularly walk for transportation, fun or exercise from 2015 to 2017.[11] From 2013-2017, 11% of San Diego County API adults reported they were current smokers.[11] 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 non-communicable (chronic) disease among San Diego County API residents.

Non-Communicable (Chronic) Disease

AIAN

In 2017, American Indian/Alaska Native (AIAN)* residents had a lower burden of non-communicable (chronic) diseases compared to the county overall.

Diabetes

In 2017, the rate of death due to diabetes was 2.2 times higher among AIAN residents compared to the county overall. Among AIAN residents, the highest rate of ED discharge due to diabetes was in North Inland Region, compared to AIAN residents in other regions.

Overall Hypertensive Diseases

AIAN residents had a 1.5 times higher rate of death due to overall hypertensive diseases, compared to the San Diego County overall rate in 2017.

Heart Failure

The rate of death due to heart failure was two times higher among AIAN residents compared to San Diego County overall in 2017.

Lung Cancer

In 2017, AIAN residents had a 70% higher rate of hospitalization due to lung cancer than San Diego County overall.

Peripheral Vascular Disease

The rate of hospitalization due to peripheral vascular disease was 40% higher among AIAN residents than San Diego County overall in 2017.

In 2017, the rate of death due to diabetes was 2.2 times higher among AIAN residents compared to the county overall.

Risk Factors and Prevention Strategies

Tobacco use and exposure to secondhand smoke, lack of physical activity, poor diet, and excessive alcohol use are leading risk factors for the development of non-communicable (chronic) disease.[14]

In 2017, just over 1 in 5 AIAN adults (21%) in San Diego County reported being physically active for at least 20 minutes at a time for two days or fewer in the past week.**[11] Nearly half of AIAN adults (47%) did not regularly walk for transportation, fun or exercise in San Diego County from 2015-2017.[11] Nearly 1 in 5 AIAN adults (19%) reported they were current smokers in San Diego County from 2013-2017.**[11]

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 non-communicable (chronic) disease among San Diego County AIAN residents.

*Non-Hispanic AIAN residents do not represent all AIAN residents as some AIAN residents identify as Hispanic and AIAN and such, were included in the Hispanic group. Additionally, AIAN residents can seek and access medical treatment/care through other services, such as the American Indian Health Services. Those medical encounters have not been captured in this report.

** Statistically unstable due to small numbers

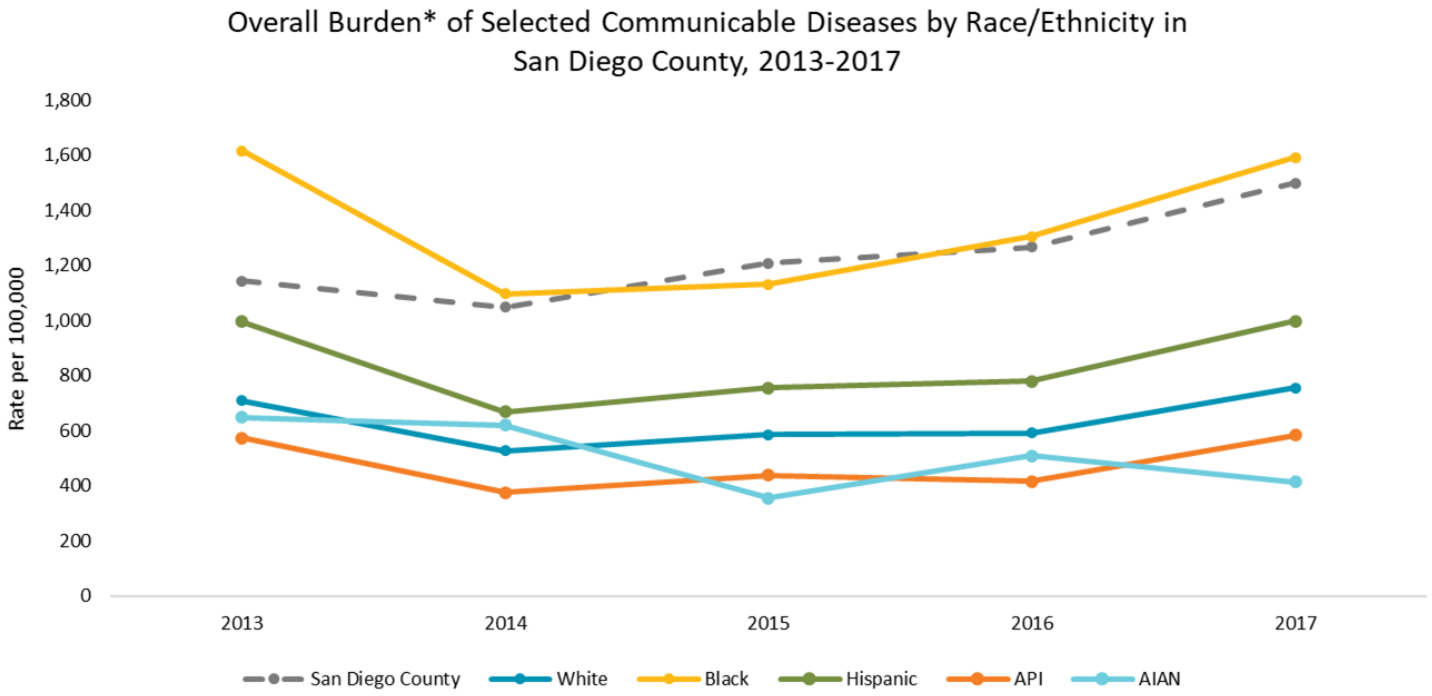
Introduction to Communicable Disease

Communicable diseases are those that spread from one person to another, or from an animal to a person. Communicable diseases may be spread through the air, bodily fluids, or by touching a contaminated surface. Several communicable diseases are vaccine preventable. Good hygiene, such as proper handwashing, is also effective in slowing the spread of communicable diseases.[15]

People from some racial and ethnic groups are more likely to be uninsured and unable to access affordable health care. Access to health care may determine whether an individual receives timely medical care in response to an infection. Crowded housing conditions experienced by some racial and ethnic groups, either as a result of culture or socioeconomic conditions, may influence an individual's risk of contracting a communicable disease.[20] It is important to analyze medical encounter rates by race/ethnicity to identify areas where disparities exist, and address neighborhood and built environment factors that may be contributing to increased rates.

Communicable Disease by Race and Ethnicity in San Diego County

Figure 4



API: Asian/Pacific Islander residents. AIAN: American Indian/Alaska Native residents.
Source: California Department of Public Health, 2013 Death Statistical Master File, 2014-2017 California Vital Records Business Intelligence System (VRBIS); California Office of Statewide Health Planning & Development (OSHPD), Patient Discharge Data & Emergency Department Data, 2013-2017; County of San Diego (CoSD), Health & Human Services Agency (HHSA), Tuberculosis Control and Refugee Health Program, 2013-2017; County of San Diego (CoSD), Health & Human Services Agency (HHSA), HIV, STD and Hepatitis Branch (HSHB), 2013-2017.
Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Statistics Unit, 2020.
*Overall burden includes Death, ED Discharge, Hospitalization, In-Patient Treatment, Skilled Nursing Facility (SNF)/Intermediate Care, and Physical Rehabilitation for Influenza (Flu)/ Pneumonia and Incidence of the following communicable diseases: Chlamydia, Gonorrhea, Syphilis, and Tuberculosis.

San Diego County: In San Diego County, the burden of selected communicable diseases fluctuated from 2013-2017. Overall, the burden of selected communicable diseases increased from 2013-2017.

White Residents: The burden of selected communicable diseases among White residents decreased from 2013-2014 but increased from 2014-2017. The burden of selected communicable diseases among White residents was lower compared to the county overall over the 5-year period.

Black Residents: The burden of selected communicable diseases among Black residents decreased from 2013-2014. However, from 2014-2017, the burden of selected communicable diseases among Black residents increased. Since 2013, the burden of selected communicable diseases among Black residents was consistently higher compared to all other race/ethnicities in San Diego County.

Hispanic Residents: Among Hispanic residents, the burden of selected communicable diseases decreased from 2013-2014 but increased from 2014-2017. Hispanic residents had a lower burden of selected communicable diseases compared to the county overall from 2013-2017.

Asian/Pacific Islander (API) Residents: The burden of selected communicable diseases among Asian/Pacific Islander (API) residents fluctuated between 2013-2017. API residents had the lowest burden of selected communicable diseases in 2013, 2014, and 2016.

American Indian/ Alaska Native (AIAN) Residents: Among American Indian/ Alaska Native (AIAN) residents, the burden of selected communicable diseases fluctuated between 2013-2017. AIAN residents had lower burden of selected communicable diseases compared to the county overall over the 5-year period.

Prevent Racial/Ethnic Health Disparities

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

- Get all recommended age appropriate vaccinations
- Visit your doctors 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

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.

Communicable Disease

White

In 2017, White residents had a lower burden of communicable diseases compared to the county overall.

Urinary Tract Infections

In 2017, White residents had a 54% higher rate of death due to urinary tract infections (UTI) compared to the county overall. White residents were 19% more likely to be hospitalized for UTIs compared to San Diego County overall. Compared to White residents in the other regions, the rate of death and ED discharge due to UTIs were highest among White residents in South Region in 2017.

Influenza (Flu)/Pneumonia

In 2017, White residents had a 45% higher rate of death due to flu/pneumonia than San Diego County overall. White residents were 16% more likely to be hospitalized due to flu/pneumonia compared to the county overall. Compared to White residents in the other regions, the highest death, hospitalization, and ED discharge rates for flu/pneumonia were among White residents in South Region.

Pneumonia

In 2017, the pneumonia death rate among White residents was 1.5 times higher than San Diego County overall. The highest death, hospitalization, and ED discharge rates for pneumonia were among White residents in South Region, compared to White residents in the other regions.

Influenza (Flu)

White residents had a 32% higher death rate due to flu alone than the county overall in 2017. Compared to White residents in the other regions, the highest rate of death due to flu was among White residents in Central and North Central Regions, while the highest rate of hospitalization was among White residents in East Region.

In 2017, White residents had a 45% higher rate of death due to flu/pneumonia than San Diego County overall.

Communicable Disease

White

Chlamydia

Compared to other regions, the incidence of chlamydia among White residents was highest in Central Region in 2017, with 206.1 cases per 100,000 residents.

Gonorrhea

Among White residents, the incidence of gonorrhea was highest in Central Region compared to White residents in the other regions in 2017.

Risk Factors and Prevention Strategies

From 2014-2016, half (50%) of White residents in San Diego County received the flu vaccine in the past 12 months.[11]

Prevention measures against communicable diseases, such as increased condom usage, frequent testing, seeking early treatment, completing treatment regimens, and staying current with recommended vaccinations are key ways to reduce the burden of communicable disease among San Diego County White residents.[15]

Communicable Disease

Black

In 2017, Black residents had the highest burden of chlamydia, flu/pneumonia, gonorrhea, syphilis, and urinary tract infections.

Gonorrhea

In 2017, Black residents had the highest incidence rate of gonorrhea compared to other race/ethnicities and the county overall. Black residents in Central Region had the highest incidence rate of gonorrhea, with 360.9 cases per 100,000 residents, compared to Black residents in other regions.

Syphilis

The incidence rate of syphilis was greater for Black residents than other race/ethnicities and San Diego County overall in 2017. Compared to Black residents in the other regions, Black residents in Central Region had the highest incidence rate of syphilis in 2017.

Influenza (Flu)/Pneumonia

In 2017, the burden of flu/pneumonia was higher for Black residents than the county overall. Black residents were 1.7 times more likely to be discharged from the ED due to flu/pneumonia than the county overall. Compared to Black residents in other regions, Black residents in Central Region had the highest rates of ED discharge and hospitalization due to flu/pneumonia.

Influenza (Flu)

In 2017, Black residents had a higher burden of flu compared to all San Diego County overall. The rate of ED discharge due to flu was 63% higher among Black residents than the county, while the rate of hospitalization due to flu was 16% higher than the county overall. Among Black residents, the rate of ED discharge due to flu was highest in East Region and the rate of hospitalization due to flu was highest in Central Region, compared to Black residents in other regions.

Black residents were 1.7 times more likely to be discharged from the ED due to flu/pneumonia than the county overall.

Pneumonia

In 2017, the burden of pneumonia was higher among Black residents compared to the county overall. Black residents were 1.7 times more likely to be discharged from the ED due to pneumonia than the county overall. Compared to Black residents in other regions, Black residents in Central Region had the highest rate of ED discharge due to pneumonia.

Communicable Disease

Black

Urinary Tract Infections

Black residents had the highest burden of urinary tract infections (UTI) in 2017, compared to the county overall. Black residents were 1.5 times more likely to be discharged from the ED due to UTIs than the county overall. Compared to Black residents in other regions, the rates of ED discharge and hospitalization due to UTIs were highest among Black residents in Central Region.

Chlamydia

In 2017, Black residents had the highest incidence rate of chlamydia compared to other race/ethnicities. The incidence of chlamydia was highest among Black residents in Central Region, with 308.8 cases per 100,000 residents, compared to Black residents in other regions.

Black residents were 1.5 times more likely to be discharged from the ED due to UTIs than the county overall.

Risk Factors and Prevention Strategies

From 2014-2016, nearly half (48%) of Black residents in San Diego County received the flu vaccine in the past 12 months.[11]

Prevention measures against communicable diseases, such as increased condom usage, frequent testing, seeking early treatment, completing treatment regimens, and staying current with recommended vaccinations are key ways to reduce the burden of communicable disease among San Diego County Black residents.[15]

Communicable Disease

Hispanic

Compared to the county overall, Hispanic residents had a higher burden of influenza (flu), tuberculosis (TB), syphilis, and urinary tract infections in 2017.

Influenza (Flu)/Pneumonia

In 2017, Hispanic residents had a 14% higher rate of ED discharge due to flu/pneumonia, compared to the county overall. The highest rates of death, hospitalization, and ED discharge due to flu/pneumonia among Hispanic residents were in South Region, compared to Hispanic residents in other regions.

Influenza (Flu)

Hispanic residents had a higher burden of flu and were 28% more likely to be discharged from the ED due to flu, compared to San Diego County overall in 2017. The highest rate of ED discharge due to flu among Hispanic residents was in South Region, compared to Hispanic residents in the other regions.

Hispanic residents had a higher burden of flu and were 28% more likely to be discharged from the ED due to flu, compared to San Diego County overall in 2017.

Tuberculosis (TB)

Hispanic residents had a higher burden of TB, compared to the county overall in 2017. Compared to Hispanic residents in the other regions, in 2017 the incidence of TB was highest among Hispanic residents in South Region.

Syphilis

In 2017, Hispanic residents had a higher burden of syphilis, compared to the county overall. The incidence of syphilis was highest among Hispanic residents in Central Region, compared to Hispanic residents in the other regions.

Urinary Tract Infections

In 2017, Hispanic residents had a slightly higher burden of urinary tract infections (UTI) than the county overall. Hispanic residents had a 13% higher rate of ED discharge due to UTIs compared to the county overall. Compared to Hispanic residents in other regions, the rates of ED discharge and hospitalization due to UTIs were highest among Hispanic residents in South Region.

Communicable Disease

Hispanic

Chlamydia

Compared to Hispanic residents in the other regions, in 2017, the incidence of chlamydia was highest among Hispanic residents in Central Region, with 231.7 cases per 100,000 residents.

Gonorrhea

The incidence of gonorrhea was highest among Hispanic residents in Central Region, compared to Hispanic residents in the other regions.

Risk Factors and Prevention Strategies

From 2014-2016, 41% of Hispanic residents in San Diego County received the flu vaccine in the past 12 months.[11]

Prevention measures against communicable diseases, such as increased condom usage, frequent testing, seeking early treatment, completing treatment regimens, and staying current with recommended vaccinations are key ways to reduce the burden of communicable disease among San Diego County Hispanic residents.[15]

Communicable Disease

API

In 2017, Asian and Pacific Islander (API) residents generally had a lower burden of communicable disease compared to the county overall, however API residents had the highest burden of tuberculosis.

Tuberculosis (TB)

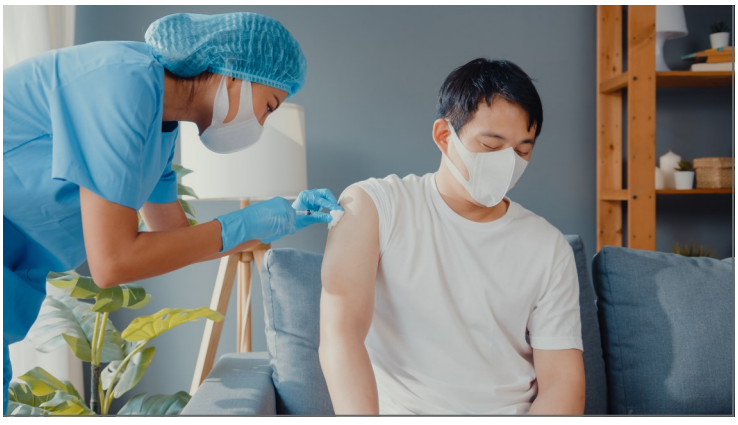
The burden of tuberculosis (TB) was higher among Asian Pacific Islander (API) residents compared to other race/ethnicities and San Diego County in 2017. In fact, the incidence rate of TB was 3.2 times higher among API residents than the county overall. Compared to API residents in the other regions, the incidence of TB was highest among API residents in Central and South Regions.

Influenza (Flu)/Pneumonia

In 2017, the highest rate of death due to flu/ pneumonia among API residents was in Central Region whereas the highest ED discharge and hospitalization rates were among API residents in South Region, compared to API residents in the other regions.

Urinary Tract Infections

Compared to API residents in the other regions, in 2017, the rate of ED discharge due to urinary tract infections (UTI) was highest among API residents in South Region, while the rate of hospitalization due to UTIs was highest among API residents in Central Region.



The incidence rate of TB was 3.2 times higher among API residents than the county overall.

Chlamydia

API residents had the lowest incidence rate of chlamydia compared to other race/ethnicities and the county overall in 2017. Compared to API residents in the other regions, the incidence of chlamydia was highest among API residents in Central Region.

Gonorrhea

API residents had the lowest incidence rate of gonorrhea compared to other race/ethnicities and the county overall in 2017. Compared to API residents in the other regions, the incidence of gonorrhea was highest among API residents in Central Region.

Communicable Disease

API

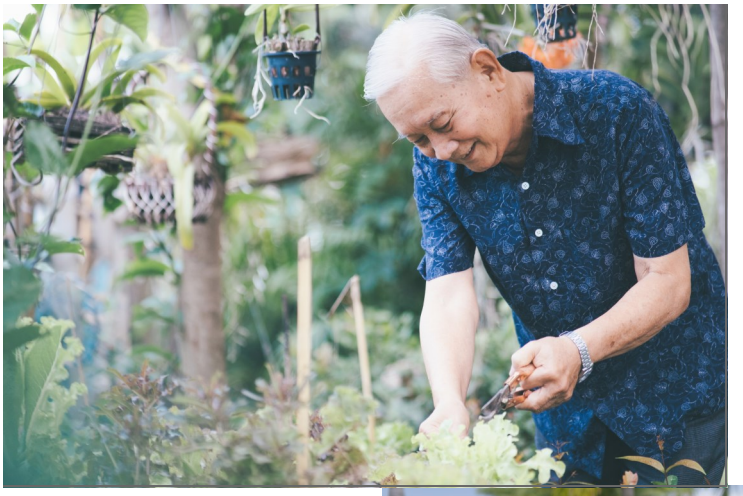
Syphilis

API residents had the lowest incidence rate of syphilis compared to other race/ethnicities and the county overall in 2017. Compared to API residents in the other regions, in 2017, the highest incidence rate of syphilis was among API residents in Central Region.

Risk Factors and Prevention Strategies

From 2014-2016, 45% of API residents in San Diego County received the flu vaccine in the past 12 months.[11]

Prevention measures against communicable diseases, such as increased condom usage, frequent testing, seeking early treatment, completing treatment regimens, and staying current with recommended vaccinations are key ways to reduce the burden of communicable disease among San Diego County API residents.[15]



Communicable Disease

AIAN

In 2017, American Indian/Alaska Native (AIAN)* residents had the lowest burden of communicable diseases compared to the county overall.

Urinary Tract Infections

Compared to AIAN residents in the other regions, in 2017, the rate of ED discharge due to urinary tract infections was highest among AIAN residents in North Inland Region.

Influenza (Flu)/Pneumonia

In 2017, the rate of ED discharge due to flu/pneumonia was highest among AIAN residents in North Inland Region, compared to AIAN residents in the other regions.

Risk Factors and Prevention Strategies

From 2014-2016, 45% of AIAN residents in San Diego County received the flu vaccine in the past 12 months.**[11]

Prevention measures against communicable diseases, such as increased condom usage, frequent testing, seeking early treatment, completing treatment regimens, and staying current with recommended vaccinations are key ways to reduce the burden of communicable disease among San Diego County AIAN residents.[15]

*Non-Hispanic AIAN residents do not represent all AIAN residents as some AIAN residents identify as Hispanic and AIAN and such, were included in the Hispanic group. Additionally, AIAN residents can seek and access medical treatment/care through other services, such as the American Indian Health Services. Those medical encounters have not been captured in this report.
**Statistically unstable due to small numbers

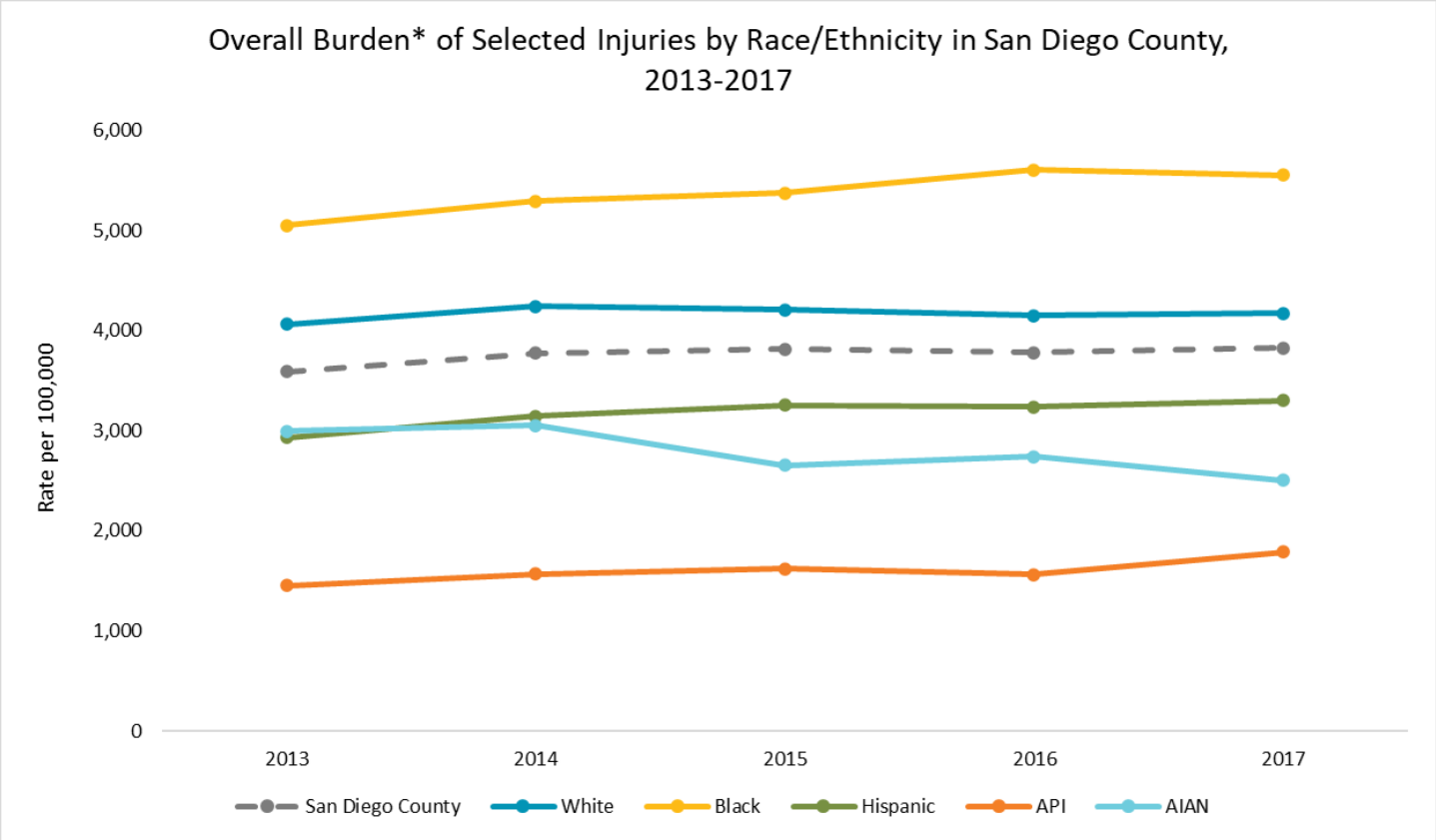
Injury

Injury is bodily harm that occurs as a result of severe exposure to an external force, substance, or submersion. Injuries may be the result of a fall, a motor vehicle collision, violence, or drowning.[21]

Race/ethnicity interacts with other factors, such as socioeconomic status, neighborhood, and the built environment in determining injury risk. Built environment, such as the presence of safe, walkable streets, may reduce the risk of injury. Crime rates vary by neighborhood, due to economic environment and a host of other factors.[19] It is important to analyze medical encounter rates by race/ethnicity to identify areas where disparities exist, and address neighborhood and built environment factors that may be contributing to increased rates.

Injury by Race/Ethnicity in San Diego County

Figure 5



API: Asian/Pacific Islander residents. AIAN: American Indian/Alaska Native residents.
Source: California Department of Public Health, 2013 Death Statistical Master File, 2014-2017 California Vital Records Business Intelligence System (VRBIS). California Office of Statewide Health Planning & Development (OSHPD), Patient Discharge Data & Emergency Department Data, 2013-2017.
Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Statistics Unit, 2020.
*Overall burden includes Death, ED Discharge, Hospitalization, In-Patient Treatment, Skilled Nursing Facility (SNF)/Intermediate Care, and Physical Rehabilitation for the following injuries: Assault, Drowning, Falls, Firearm-Related Injuries, Hip Fracture, Motor Vehicle Injuries, Poisoning, and Self-Inflicted Injuries and Suicide.

San Diego County: In San Diego County, the burden of selected injuries gradually increased from 2013-2017.

White Residents: The burden of selected injuries among White residents remained relatively stable from 2013-2017. Compared to the county overall, White residents had a higher burden of selected injuries from 2013-2017.

Black Residents: Among Black residents, the burden of selected injuries increased from 2013-2016 and decreased from 2016-2017. The burden of selected injuries was the highest among Black residents compared to all other race/ethnicities.

Hispanic Residents: The burden of selected injuries among Hispanic residents increased from 2013-2017. When compared to the county overall, Hispanic residents had a lower burden of selected injuries from 2013-2017.

Asian/Pacific Islander (API) Residents: Among Asian/Pacific Islander (API) residents, the burden of selected injuries increased from 2013-2017. Compared to all other race/ethnicities in San Diego County, the burden of selected injuries among API residents was the lowest over this 5-year period.

American Indian/Alaska Native (AIAN) Residents: The burden of selected injuries among American Indian/Alaska Native (AIAN) residents decreased from 2013-2017. The burden of selected injuries among AIAN residents was lower compared to the county overall from 2013-2017.

Prevent Racial/Ethnic Health Disparities

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

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.

Injury

White

The overall burden of injuries was higher among White residents compared to the county in 2017. In particular, White residents had the highest burden of hip fractures and falls.

Hip Fracture

In 2017, White residents had a higher burden of hip fracture injuries than the county overall. White residents were 74% more likely to be discharged from the ED and 62% more likely to be hospitalized due to hip fracture compared to the county overall. White residents in North Inland region had the highest rates of ED discharge and physical rehabilitation due to hip fracture compared to White residents in all other regions. Compared to White residents throughout San Diego County, the highest rate of hospitalization due to hip fracture among White residents was in South Region, with a rate of 156.3 hospitalizations per 100,000 residents.

In 2017, the rate of death due to poisoning was 52% higher among White residents compared to the county overall.

Falls

White residents had a higher burden of falls compared to the county overall in 2017. White residents had a 54% higher rate of death, a 43% higher rate of hospitalization, and a 13% higher rate of ED discharge due to falls, compared to the county overall. White residents were also 51% more likely to be discharged from in-patient treatment facilities and 52% more likely to undergo physical rehabilitation for falls compared to the county overall. In 2017, White residents in South Region had the highest rates of ED discharge and hospitalizations due to falls compared to White residents in all other regions. Compared to White residents in other regions, White residents in North Coastal Region had the highest rate of death due to falls. Additionally, compared to White residents in other regions, White residents in Central Region had the highest rate of in-patient treatment discharge for falls, whereas White residents in North Inland Region had the highest rate of physical rehabilitation due to falls.

Poisoning

In 2017, the rate of death due to poisoning was 52% higher among White residents compared to the county overall. Among White residents, the rate of hospitalization due to poisoning was 27% higher than the county overall, while the rate of ED discharge was 7% higher than the county overall. White residents in Central Region had the highest rates of death, hospitalization, and ED discharge due to poisoning compared to White residents in the other regions.

Injury

White

Self-Inflicted Injury and Suicide

In 2017, White residents had a higher burden of self-inflicted injuries compared to the county overall. White residents had a 56% higher rate of suicide compared to the county overall. Additionally, compared to the county overall, White residents were 8% more likely to be discharged from both the ED and in-patient treatment facilities for self-inflicted injuries and 28% more likely to be hospitalized for self-inflicted injuries. White residents in East Region had the highest rates of suicide and ED discharge due to self-inflicted injuries compared to White residents in all other regions. The rate of hospitalization of White residents due to self-inflicted injuries was highest in Central Region and the rate of discharge from in-patient treatment facilities for self-inflicted injuries was highest among White residents in South Region, compared to White residents in all other regions.

Motor Vehicle Injuries

In 2017, deaths due to motor vehicle injuries were 15% higher among White residents than the county overall. White residents were 6% more likely to be hospitalized for motor vehicle injuries and 31% more likely to be discharged from in-patient treatment facilities compared to the county overall. Compared to White residents in all other regions, White residents in East Region had the highest rates of death, ED discharge and hospitalization due to motor vehicle injuries.

Pedacyclist Motor Vehicle Collision Injuries

White residents were 9% more likely to be discharged from the ED due to pedalcyclist motor vehicle collision injuries and had a 40% higher rate of hospitalization for these injuries compared to the county overall. Compared to White residents in other regions, White residents in Central Region had the highest rate of ED discharge due to pedacyclist motor vehicle collision injuries and White residents in North Coastal Region had the highest rate of hospitalizations for these injuries.

White residents had a 56% higher rate of suicide compared to the county overall.

Injury

White

Risk Factors and Prevention Strategies

Failure to use protective equipment and active restraints, impaired or distracted driving, mismanagement of medication, and not being aware of safety hazards increase the risk of an injury.[16]

From 2013-2017, one in five (20%) White adults in San Diego County reported needing help for emotional/mental health problems or for alcohol/drug use.[11]

Often, modifiable behaviors such as the use of protective equipment and active restraints, the management of medication, violence prevention, as well as awareness, reduce the likelihood of injury among White residents in San Diego County.[16]

Injury

Black

In 2017, the overall burden of injuries was higher among Black residents when compared to the other race/ethnicities. Black residents had the highest burden of firearm-related injuries, assault, motor vehicle injuries, self-inflicted injuries, and poisoning.

Firearm-Related Injuries

In 2017, the burden of firearm-related injuries was highest among Black residents compared to San Diego County overall. The rate of death due to firearm-related injuries was 4.3 times higher among Black residents compared to the county overall. Compared to the county overall, Black residents were also 4.5 times more likely to be hospitalized for firearm-related injuries and four times more likely to be discharged from the ED for firearm-related injuries. Black residents in South Region had the highest rate of ED discharge, whereas Black residents in Central Region had the highest rate of hospitalization due to firearm-related injuries, compared to Black residents in the other regions.

Assault*

Black residents had a higher burden of assault than the county overall in 2017. The rate of death from homicide was 3.6 times higher among Black residents compared to the county overall. Black residents were also three times more likely to be discharged from the ED, 3.5 times more likely to be hospitalized, and 2.2 times more likely to be discharged from in-patient treatment facilities due to assault, compared to the county overall. Black residents in Central Region had the highest rates of hospitalization, ED discharge, and death due to assault, compared to Black residents in all other regions. The rate of ED discharge due to assault was notably higher among Black residents in Central Region than other race/ethnicities, with 1,034.6 ED discharges per 100,000 residents.

The rate of death due to firearm-related injuries was 4.3 times higher among Black residents compared to the county overall.

Self-Inflicted Injury and Suicide

The burden of self-inflicted injuries was highest among Black residents than the county overall in San Diego County in 2017. Black residents were 2.1 times more likely to be discharged from the ED, 19% more likely to be hospitalized, and 6% more likely to be discharged from in-patient treatment facilities due to self-inflicted injuries, compared to the county overall. Compared to Black residents in all other regions, Black residents in East Region had the highest rate of ED discharges due to self-inflicted injuries and Black residents in North Coastal Region had the highest rate of hospitalization due to self-inflicted injuries. Black residents in Central Region had the highest rate of in-patient treatment discharge due to self-inflicted injuries, compared to Black residents in all other regions.

*Assault includes homicide, neglect, abandonment, and maltreatment.

Injury

Black

Motor Vehicle Injuries

In 2017, the burden of motor vehicle injuries was highest among Black residents than the county overall. Black residents had a 12% higher rate of death and 39% higher rate of hospitalization due to motor vehicle injuries than the county overall. Black residents were also 2.3 times more likely to be discharged from the ED for motor vehicle injuries and 2.1 times more likely to be discharged from physical rehabilitation due to motor vehicle injuries, compared to the county overall. Compared to Black residents in the other regions, the rate of ED discharge for motor vehicle injuries was highest among Black residents in Central Region, with 1,742.3 discharges per 100,000 residents. The rates of hospitalization and death due to motor vehicle injuries were also highest among Black residents in Central Region, compared to Black residents in all other regions.

Black residents had a 12% higher rate of death and 39% higher rate of hospitalization due to motor vehicle injuries than the county overall.

Pedacycle Motor Vehicle Collision Injuries

Black residents had a higher burden pedacycle motor vehicle collision injuries compared to the county overall in 2017. Compared to the county overall, Black residents were 61% more likely to be discharged from the ED for pedacycle motor vehicle collision Injuries. Black residents in Central Region had the highest rate of ED discharge due to pedacycle motor vehicle collision Injuries compared to Black residents in other regions.

Motor Vehicle-Related Pedestrian Injuries

The burden of motor vehicle-related pedestrian injuries was higher for Black residents than the county overall in 2017. Black residents had the highest rates of death and ED discharge due to motor vehicle-related pedestrian injuries compared to the county overall. Black pedestrians were also two times more likely to have been hospitalized for these motor vehicle-related pedestrian injuries compared to the county overall. Compared to Black residents in other regions, Black residents in Central Region had the highest rates of ED discharge and hospitalization due to motor vehicle-related pedestrians injuries.

Injury

Black

Poisoning

Black residents had a higher burden of poisoning-related injury than the county overall in 2017. The rate of death due to poisoning was 71% higher among Black residents than the county overall. Black residents were also 61% more likely to be discharged from the ED due to poisoning and had an 80% higher rate of hospitalization due to poisoning, compared to the county overall. Black residents in Central Region had the highest rates of death, hospitalization, and ED discharge due to poisoning, compared to Black residents in all other regions.

Risk Factors and Prevention Strategies

Failure to use protective equipment and active restraints, impaired or distracted driving, mismanagement of medication, and not being aware of safety hazards increase the risk of an injury.[16]

From 2013-2017, over one in five (22%) Black adults in San Diego County reported needing help for emotional/mental health problems or for alcohol/drug use.[11]

Often, modifiable behaviors such as the use of protective equipment and active restraints, the management of medication, violence prevention, as well as awareness, reduce the likelihood of injury among Black residents in San Diego County.[16]

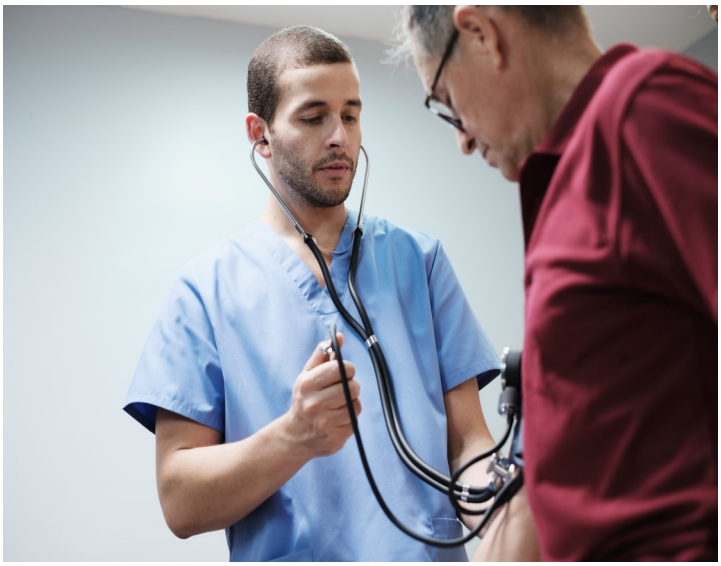
Injury

Hispanic

Overall, in 2017, the burden of injuries was lower among Hispanic residents when compared to San Diego County.

Firearm-Related Injuries

In 2017, the rate of death due to firearm-related injuries among Hispanic residents was 21% higher than the county overall. Hispanic residents were also 24% more likely to be discharged from the ED for firearm injuries and had a 25% higher rate of hospitalization, compared to the county overall. Compared to Hispanic residents in all other regions, the rate of ED discharge due to firearm injury was highest among Hispanic residents in East Region, while the rate of hospitalization for firearm injuries was highest among Hispanic residents in South Region.



In 2017, the rate of death due to firearm-related injuries among Hispanic residents was 21% higher than the county overall.

Motor Vehicle Injuries

In 2017, ED discharge due to motor vehicle injuries was 8% higher among Hispanic residents than the county overall. Compared to Hispanic residents in the other regions, the rates of ED discharge and hospitalization for motor vehicle injuries were highest among Hispanic residents in Central Region, while the rate of death for these injuries was highest in among Hispanic residents in East Region.

Motor Vehicle-Related Pedestrian Injuries

In 2017, Hispanic residents had a 14% higher rate of death and an 11% higher rate of ED discharge due to motor vehicle-related pedestrian injuries, compared to the county overall. Compared to Hispanic residents in other regions of the county, the highest rates of ED discharge and hospitalization due to motor vehicle-related pedestrian injuries were among Hispanic residents in Central Region.

Injury

Hispanic

Risk Factors and Prevention Strategies

Failure to use protective equipment and active restraints, impaired or distracted driving, mismanagement of medication, and not being aware of safety hazards increase the risk of an injury.[16]

From 2013-2017, 16% of Hispanic adults in San Diego County reported needing help for emotional/mental health problems or for alcohol/drug use.[11]

Often, modifiable behaviors such as the use of protective equipment and active restraints, the management of medication, violence prevention, as well as awareness, reduce the likelihood of injury among Hispanic residents in San Diego County.[16]

Injury

API

In 2017, the burden of injuries was lowest among Asian and Pacific Islander (API) residents compared to the county overall.

Falls

Compared to API residents in other regions, the highest rates of ED discharge and hospitalization due to falls were among Asian/Pacific Islander (API) residents in Central Region.

Self-Inflicted Injury and Suicide

The rate of ED discharge for self-inflicted injury was highest among API residents in East Region, compared to API residents in all other regions in 2017.

Motor Vehicle Injuries

Compared to API residents in all other regions API residents, API residents in Central Region had the highest rates of ED discharge and hospitalization due to motor vehicle injuries.

Motor Vehicle-Related Pedestrian Injuries

In 2017, API residents in Central Region had the highest rates of ED discharge and hospitalization for motor vehicle-related pedestrian injuries compared to API residents in all other regions.

Assault*

Compared to API residents in all other regions, the highest rates of ED discharge and hospitalization due to assault were among API residents in Central Region.

In 2017, the burden of injuries was lowest among Asian and Pacific Islander (API) residents compared to the county overall.

*Assault includes homicide, neglect, abandonment, and maltreatment.

Poisoning

Compared to API residents in all other regions of San Diego County in 2017, API residents in Central Region had the highest rate of ED discharge due to poisoning, while API residents in East Region had the highest rate of hospitalization due to poisoning.

Hip Fracture

In 2017, the rate of hospitalization for hip fracture was highest among API residents in South Region, compared to API residents in all other regions.

Risk Factors and Prevention Strategies

Failure to use protective equipment and active restraints, impaired or distracted driving, mismanagement of medication, and not being aware of safety hazards increase the risk of an injury.[16]

From 2013-2017, 15% of API adults in San Diego County reported needing help for emotional/mental health problems or for alcohol/drug use.[11]

Often, modifiable behaviors such as the use of protective equipment and active restraints, the management of medication, violence prevention, as well as awareness, reduce the likelihood of injury among API residents in San Diego County.[16]

Injury

AIAN

In 2017, the burden of injuries among American Indian/Alaska Native (AIAN)* residents was lower than the county overall.

Poisoning

In 2017, the rate of death due to poisoning among AIAN residents was 4.1 times higher compared to the county overall. AIAN residents were also 30% more likely to be discharged from the ED due to poisoning and 9% more likely to be hospitalized, compared to the county overall. Compared to AIAN residents in other regions, the highest rate of ED discharge due to poisoning was among AIAN residents in Central Region, with 660.7 discharges per 100,000 residents.

Falls

The rate of ED discharge due to falls was highest among AIAN residents in East Region, compared to AIAN residents in all other regions of San Diego County. AIAN residents in North Inland Region had the highest rate of hospitalization due to falls, compared to AIAN residents in other regions of the county.

In 2017, the rate of death due to poisoning among AIAN residents was 4.1 times higher compared to the county overall.

Motor Vehicle Injuries

In 2017, the rate of ED discharge for motor vehicle injuries was highest among AIAN residents in North Inland Region compared to AIAN residents in the other regions.

*Non-Hispanic AIAN residents do not represent all AIAN residents as some AIAN residents identify as Hispanic and AIAN and such, were included in the Hispanic group. Additionally, AIAN residents can seek and access medical treatment/care through other services, such as the American Indian Health Services. Those medical encounters have not been captured in this report.

Injury

AIAN

Assault*

AIAN residents in North Inland Region had the highest rate of ED discharge due to assault compared to AIAN residents in the other regions in 2017.

Self-Inflicted Injury and Suicide

Compared to AIAN residents in the other regions, AIAN residents in East Region had the highest ED discharge rate due to self-inflicted injuries, with 767.2 discharges per 100,000 residents.

Risk Factors and Prevention Strategies

Failure to use protective equipment and active restraints, impaired or distracted driving, mismanagement of medication, and not being aware of safety hazards increase the risk of an injury.[16]

From 2013-2017, 14% of AIAN adults in San Diego County reported needing help for emotional/mental health problems or for alcohol/drug use.**[11]

Often, modifiable behaviors such as the use of protective equipment and active restraints, the management of medication, violence prevention, as well as awareness, reduce the likelihood of injury among AIAN residents in San Diego County.[16]

*Assault includes homicide, neglect, abandonment, and maltreatment.
**Statistically unstable due to small numbers

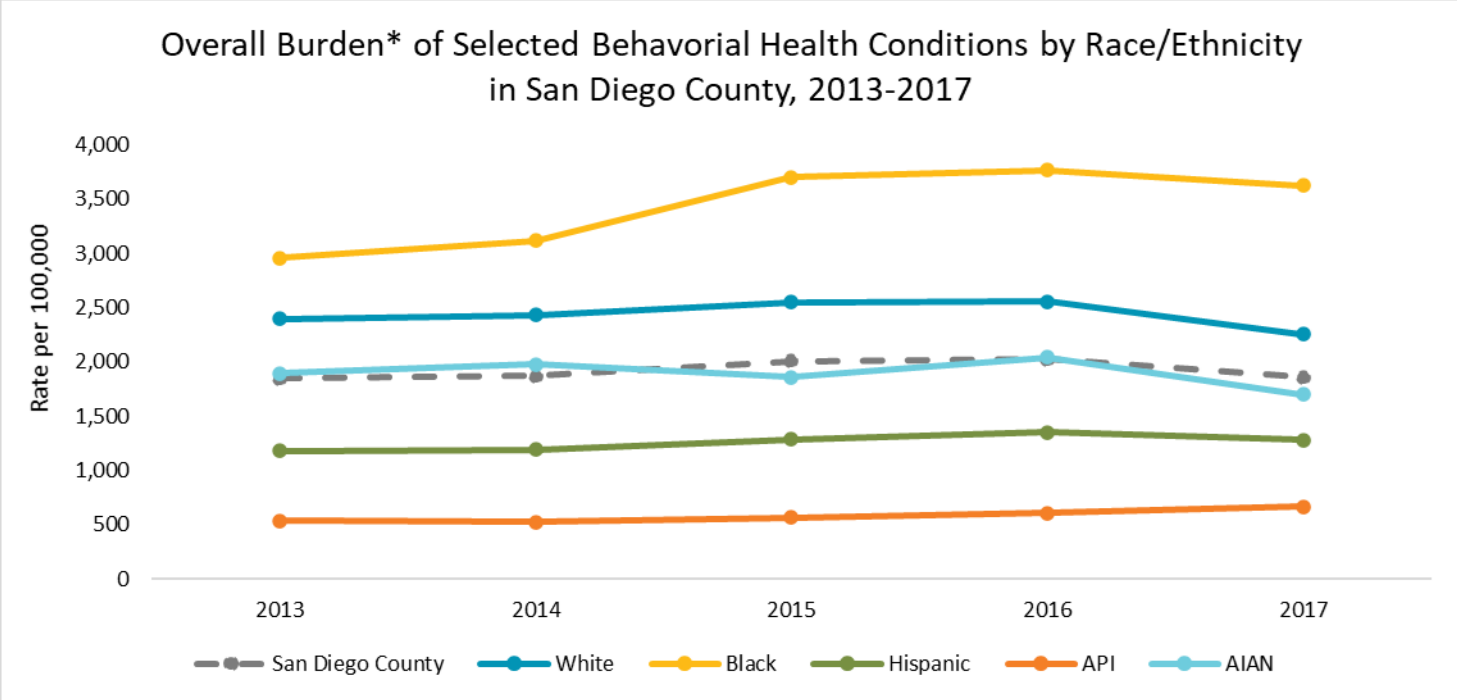
Behavioral Health

Behavioral health conditions may affect a person's thinking, feeling, behavior, or mood. Behavioral health conditions may be affected by an individual's genetics and lifestyle. Environment, stress, and traumatic life events may also make an individual more likely to develop behavioral health conditions.[22]

Factors such as socioeconomic status, neighborhood, exposure to crime, and discrimination, which may be related to an individual's race/ethnicity, also impact the risk of developing a behavioral health condition.[23] It is important to analyze medical encounter rates by race/ethnicity to identify areas where disparities exist, and address neighborhood and built environment factors that may be contributing to increased rates.

Behavioral Health by Race and Ethnicity in San Diego County

Figure 6



API: Asian/Pacific Islander residents. AIAN: American Indian/Alaska Native residents.
Source: California Department of Public Health, 2013 Death Statistical Master File, 2014-2017 California Vital Records Business Intelligence System (VRBIS). California Office of Statewide Health Planning & Development (OSHPD), Patient Discharge Data & Emergency Department Data, 2013-2017.
Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Statistics Unit, 2020.
*Overall burden includes Death, ED Discharge, Hospitalization, In-Patient Treatment, Skilled Nursing Facility (SNF)/Intermediate Care, and Physical Rehabilitation for the following behavioral health conditions: Attention Deficit Disorder (ADD) and Other Conduct Disorders, Alcohol-Related Disorders, Alzheimer's Disease and Related Dementias (ADRD), Anxiety, Impulse Disorders, Mood Disorders, Personality Disorders, Schizophrenia and Other Psychotic Disorders, and Substance-Related Disorders.

San Diego County: In San Diego County, the burden of selected behavioral health conditions fluctuated slightly from 2013-2017. Overall, in 2017, the burden of selected behavioral health conditions was similar to the 2013 burden.

White Residents: When compared to the overall burden of selected behavioral health conditions among the county overall, White residents had a higher burden of selected behavioral health conditions from 2013-2017. The burden of selected behavioral conditions among White residents increased from 2013-2016, then decreased in 2017. By 2017, the burden of selected behavioral health conditions among White residents reached a 5-year low.

Black Residents: Black residents had the highest burden of selected behavioral health conditions between 2013-2017. Among Black residents, the burden of selected behavioral health conditions increased from 2013-2017, with the largest increase from 2014-2015.

Hispanic Residents: The burden of selected behavioral health conditions among Hispanic residents increased slightly from 2013-2017. In this 5-year period, the burden of selected behavioral health conditions was lower among Hispanic residents than White, Black, and American Indian/ Alaska Native (AIAN) residents.

Asian/Pacific Islander (API) Residents: Asian/Pacific Islander (API) residents had the lowest burden of selected behavioral health conditions between 2013-2017 compared to all other race/ethnicities. Among API residents, the burden of selected behavioral health conditions increased from 2014-2017.

American Indian/Alaska Native (AIAN) Residents: From 2013-2017, the burden of selected behavioral health conditions among American Indian/Alaska Native (AIAN) residents was similar to the burden of the county overall. The burden of selected behavioral health conditions fluctuated throughout this 5-year period but reached its lowest point in 2017. When compared to White and Black residents in San Diego County, the burden of selected behavioral health conditions was lower among AIAN residents.

Prevent Racial/Ethnic Health Disparities

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

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

LIVE WELL SAN DIEGO

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

Behavioral Health

White

When compared to the county overall, White residents had a higher burden of behavioral health outcomes in 2017. White residents had the highest burden of 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.

Alcohol-Related Disorders

White residents had a higher burden of alcohol-related disorders than the county overall in 2017. Due to alcohol-related disorders, White residents had a 45% higher rate of death, a 44% higher rate of hospitalization, and a 36% higher rate of ED discharge, compared to the county overall. The rate of discharge for in-patient treatment for alcohol-related disorders was 1.6 times higher among the White population than San Diego County overall. White residents in Central Region had the highest rates of death, ED discharge, hospitalization, and in-patient treatment discharge for alcohol-related disorders, compared to White residents in other regions.

Alzheimer's Disease and Related Dementias (ADRD)

In 2017, White residents had the highest burden of Alzheimer's disease and related dementias (ADRD) compared to the county overall. White residents had a 66% higher rate of death, a 41% higher rate of hospitalization, a 47% higher rate of ED discharge, and a 43% higher rate of discharge for in-patient treatment due to ADRD, compared to the county overall. Among White residents, the highest rate of death due to ADRD was in South Region, the highest rates of ED discharge and hospitalization were in East Region, and the highest rate of in-patient treatment discharge was in North Inland Region, compared to White residents in other regions.

Dementia

White residents had a higher burden of dementia compared to the county overall in 2017. White residents had a 63% higher death rate due to dementia, a 39% higher hospitalization rate, a 50% higher ED discharge rate, and a 47% higher in-patient treatment discharge rate, compared to the county overall. Compared to White residents in other regions, the highest rates of death, hospitalization, and ED discharge due to dementia were among White residents in South Region, while the highest rate of discharge for in-patient treatment for dementia was in North Inland Region.

Delirium

In 2017, there was a higher burden of delirium among the White population compared to San Diego County overall. White residents had a 1.7 times higher rate of death due to delirium compared to the county overall. White residents were also 36% more likely to be hospitalized, 26% more likely to be discharged from the ED, and 45% more likely to be discharged from in-patient treatment due to dementia compared to the county overall. Compared to White residents in other regions, the highest rates of death, ED discharge, and in-patient treatment discharge due to delirium were in North Inland Region and the highest rate of hospitalization was in South Region.

Behavioral Health

White

Substance-Related Disorders

White residents had a 33% higher rate of death due to substance-related disorders and 37% higher rate of in-patient treatment discharge compared to the county overall. White residents were also 14% more likely to be discharged from the ED and 10% more likely to be hospitalized due to substance-related disorders compared to the county overall. In 2017, the hospitalization, ED discharge, and in-patient treatment discharge rates for substance-related disorders were highest among White residents in Central Region compared to White residents in all other regions.

Benzodiazepine and Other Sedative-Related Disorders

In 2017, there was a higher burden of benzodiazepine and other sedative-related disorders among White residents compared to the county overall. White residents were 36% more likely to be discharged from the ED for benzodiazepine and other sedative-related disorders, 60% more likely to be hospitalized, and 55% more likely to be discharged from in-patient treatment, compared to the county overall. White residents in Central Region were more likely to be discharged from the ED, hospital, or in-patient treatment facilities for benzodiazepine or other sedative-related disorders compared to White residents in other regions.

Opioid-Related Disorders

White residents had a higher burden of opioid-related disorders compared to the county overall in 2017. Specifically, White residents had a 43% higher rate of both ED discharge and hospitalization, and a 44% higher rate of in-patient treatment discharge for opioid-related disorders compared to the county overall. Compared to White residents in all other regions in San Diego County, the highest rate of discharge from the ED due to opioid-related disorders was among White residents in Central Region, the highest rate of hospitalization was among White residents in South Region, and the highest rate of in-patient treatment discharge was among White residents in East Region.

Amphetamines and Other Stimulant-Related Disorders

In 2017, White residents had a 17% higher rate of discharge from an in-patient treatment facility due to amphetamines and other stimulant-related disorders compared to the county overall. Compared to White residents in the other regions, the rate of discharge from in-patient treatment for amphetamines and other stimulant-related disorders was highest among White residents in North Inland Region, while the rates of ED discharge and hospitalization due to amphetamines and other stimulant-related disorders were highest among White residents in Central Region.

Behavioral Health

White

Mood Disorders

In 2017, White residents had a higher burden of mood disorders compared to the county overall. White residents were 26% more likely to be discharged from the ED, 18% more likely to be hospitalized, and 24% more likely to be discharged from an in-patient facility due to mood disorders, compared to the county overall. Among the White population, the highest rates of ED discharge and hospitalization due to mood disorders were in Central Region, while the highest rate of in-patient treatment discharge due to mood disorders was in South Region, compared to White residents in other regions.

Depression

White residents had a 23% higher rate of ED discharge and a 22% higher rate of in-patient treatment discharge for depression compared to the county overall. Compared to White residents in other regions, White residents in Central Region had the highest rate of discharge from the ED due to depression, while the rates of hospitalization and in-patient treatment discharge due to depression were highest among White residents in South Region.

White residents were 26% more likely to be discharged from the ED, 18% more likely to be hospitalized, and 24% more likely to be discharged from an in-patient facility due to mood disorders, compared to the county overall.

Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include early adverse life experiences (also called adverse childhood experiences, or ACEs), biological factors or genetics, use of alcohol or recreational drugs, stress, and feelings of loneliness or isolation.[17]

From 2013-2017, one in five (20%) White adults in San Diego County reported needing help for emotional/mental health problems or for alcohol/drug use.[11] Between 2013 and 2017, 8% of White adults reported having a likely serious psychological distress in San Diego County in the past year.[11]

Seeking help for an emotional/behavioral health or alcohol/drug problem, exercising to reduce stress, and avoiding social isolation are major prevention strategies that can help reduce poor behavioral health outcomes among White residents in San Diego County.[17]

Behavioral Health

Black

The burden of behavioral health outcomes was highest among Black residents in San Diego County in 2017. Black residents had the highest burden of attention deficit disorder (ADD) and other conduct disorders, adjustment disorders, anxiety disorders, impulse disorders, mood disorders (including depression), personality disorders, post-traumatic stress disorder (PTSD), schizophrenia and other psychotic disorders, and substance-related disorders.

Schizophrenia and Other Psychotic Disorders

Black residents had the highest burden of schizophrenia and other psychotic disorders compared to the county overall in 2017. Black residents were 3.8 times more likely to be discharged from the ED, 5.2 times more likely to be hospitalized, and 3.5 times more likely to be discharged from in-patient treatment due to schizophrenia and other psychotic disorders, compared to the county overall. Compared to Black residents in the other regions, Black residents in Central Region had the highest rates of ED discharge, hospitalization, and in-patient treatment discharge due to schizophrenia and other psychotic disorders in 2017.

Black residents were 3.8 times more likely to be discharged from the ED, 5.2 times more likely to be hospitalized, and 3.5 times more likely to be discharged from in-patient treatment due to schizophrenia and other psychotic disorders, compared to the county overall.

Mood Disorders

The burden of mood disorders was higher among Black residents compared to the county overall in 2017. Black residents were 2.1 times more likely to be discharged from the ED due to mood disorders and 47% more likely to be discharged from in-patient treatment facilities compared to the county overall. Black residents of North Coastal Region had the highest rate of discharge from the ED due to mood disorders, while Black residents of Central Region had the highest rate of discharge from in-patient treatment facilities due to mood disorders, compared to Black residents in the other regions.

Depression

The burden of depression was higher among Black residents compared to San Diego County overall in 2017. Black residents were 2 times more likely to be discharged from the ED and 44% more likely to be discharged from in-patient treatment facilities due to depression, compared to the county overall. Among Black residents, the highest rate of ED discharge due to depression was in residents of North Coastal Region, while the highest rate of discharge from in-patient treatment facilities for depression was in residents of Central Region, compared to Black residents in other regions.

Behavioral Health

Black

Substance-Related Disorders

The burden of substance-related disorders was higher among Black residents than San Diego County overall in 2017. In the same year, the rate of death due to substance-related disorders among Black residents was 2.5 times higher than the county overall. Black residents were also 2.5 times more likely to be discharged from the ED due to substance -related disorders and 2.7 times more likely to be hospitalized, compared to the county overall. Compared to Black residents in all other regions, the highest rates of death, hospitalization, and ED discharge for substance-related disorders were among Black residents in Central Region, while the highest rate of discharge from in-patient treatment for substance-related disorders was among Black residents in North Coastal Region.

Amphetamine and Other Stimulant-Related Disorders

The burden of amphetamine and other stimulant-related disorders was higher for Black residents compared to the county overall in 2017. Black residents were 2.8 times more likely to be discharged from the ED due to amphetamine and other stimulant-related disorders and had a 2.8 times higher rate of hospitalization compared to the county overall. Black residents were also 2.3 times more likely to be discharged from in-patient treatment for amphetamine and other stimulant-related disorders compared to the county overall. Among Black residents, the highest rates of hospitalization and ED discharge for amphetamine and other stimulant-related disorders were in Central Region, while the highest rate of in-patient treatment discharge for amphetamine and other stimulant-related disorders was in North Coastal Region, compared to Black residents in the other regions.

Cannabis-Related Disorders

The burden of cannabis-related disorders was higher among Black residents than San Diego County overall in 2017. Black residents had a 2.7 times higher rate of ED discharge, a 3.6 times higher rate of hospitalization, and a 3.0 times higher rate of discharge from in-patient treatment due to cannabis-related disorders, compared to the county overall. Among Black residents, the highest rates of ED discharge and hospitalization due to cannabis-related disorders were in Central Region, compared to Black residents in the other regions.

Black residents were 2.5 times more likely to be discharged from the ED due to substance-related disorders compared to the county overall.

Behavioral Health

Black

Impulse Disorders

The burden of impulse disorders was higher among Black residents than San Diego County overall in 2017. Compared to the county overall, Black residents were 3.2 times more likely to be discharged from the ED and 2.3 times more likely to be discharged from in-patient treatment due to impulse disorders. Among Black residents, the highest rate of ED discharge due to impulse disorders was in East Region and the highest rate of in-patient treatment for impulse disorders was in North Central Region, compared to other regions.

Attention Deficit Disorder (ADD) and Other Conduct Disorders

In 2017, Black residents had a higher burden of attention deficit disorder (ADD) and other conduct disorders compared to the county overall. Black residents were twice as likely to be discharged from the ED due to ADD and other conduct disorders than the county overall. Compared to Black residents in other regions, the rate of ED discharge due to ADD and other conduct disorders was highest among Black residents in East Region.

Adjustment Disorders

In 2017, Black residents had a higher burden of adjustment disorders compared to San Diego County overall. Black residents were 2.1 times more likely to be discharged from the ED and 1.9 times more likely to be discharged from in-patient treatment for adjustment disorders, compared to the county overall. Compared to Black residents in the other regions, Black residents in North Coastal Region had the highest rate of ED discharge due to adjustment disorders and Black residents in North Central Region had the highest rate of in-patient treatment discharge due to adjustment disorders.

Anxiety

In 2017, Black residents had a higher burden of anxiety disorders compared to the county overall. Black residents were 73% more likely to be discharged from the ED, 64% more likely to hospitalized, and twice as likely to be discharged from in-patient treatment due to anxiety disorders, compared to the county overall. Compared to Black residents in other regions, Black residents in Central Region had the highest rate of ED discharge due to anxiety.

Black residents were twice as likely to be discharged from the ED due to ADD and other conduct disorders than the county overall.

Behavioral Health

Black

Personality Disorders

The burden of personality disorders was higher among Black residents compared to San Diego County overall in 2017. Black residents were 4.8 times more likely to be discharged from the ED due to personality disorders compared to the county overall. The rate of ED discharge due to personality disorders was highest among Black residents in Central Region, compared Black residents in the other regions.

Post-Traumatic Stress Disorder

In 2017, Black residents had a higher burden of post-traumatic stress disorder (PTSD) compared to the county overall. Black residents were two times more likely to be discharged from the ED for PTSD and 4.2 times more likely to be discharged from in-patient treatment for PTSD, compared to the county overall.

Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include early adverse life experiences (also called adverse childhood experiences, or ACEs), biological factors or genetics, use of alcohol or recreational drugs, stress, and feelings of loneliness or isolation.[17]

From 2013-2017, over one in five (22%) Black adults in San Diego County reported needing help for emotional/mental health problems or for alcohol/drug use.[11] Between 2013 and 2017, over 1 in 10 (11%) Black adults in San Diego County reported having a likely serious psychological distress in the past year.[11]

Seeking help for an emotional/behavioral health or alcohol/drug problem, exercising to reduce stress, and avoiding social isolation are major prevention strategies that can help reduce poor behavioral health outcomes among Black residents in San Diego County.[17]

Behavioral Health

Hispanic

In 2017, Hispanic residents had a lower burden of behavioral health outcomes compared to the county overall.

Cannabis-Related Disorders

In 2017, Hispanic residents had a 19% higher rate of ED discharge and a 16% higher rate of hospitalization due to cannabis-related disorders, compared to the county overall. Among Hispanic residents, the highest rate of ED discharge due to cannabis-related disorders was among residents of Central Region, compared to Hispanic residents in other regions.

Alcohol-Related Disorders

Among Hispanic residents in 2017, due to alcohol-related disorders, the highest rate of ED discharge was in Central Region, the highest rate of hospitalization was in East Region, and the highest rate of in-patient treatment discharge was in North Central Region, compared to Hispanic residents in all other regions.

In 2017, Hispanic residents had a 19% higher rate of ED discharge and a 16% higher rate of hospitalization due to cannabis-related disorders, compared to the county overall.

Anxiety

Compared to Hispanic residents in other regions, the highest rate of ED discharge due to anxiety was among Hispanic residents in Central Region in 2017.

Mood Disorders

Due to mood disorders, the highest rate of discharge from the ED was among Hispanic residents in Central Region and the highest rate of discharge from in-patient treatment facilities was among Hispanic residents in East Region, compared to Hispanic residents in other regions in 2017.

Depression

Compared to Hispanic residents in other regions, in 2017, the rate of discharge from the ED due to depression was highest among Hispanic residents in North Coastal Region, while discharge from in-patient treatment facilities for depression was highest among Hispanic residents in East Region.

Behavioral Health

Hispanic

Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include early adverse life experiences (also called adverse childhood experiences, or ACEs), biological factors or genetics, use of alcohol or recreational drugs, stress, and feelings of loneliness or isolation.[17]

From 2013-2017, 16% of Hispanic adults in San Diego County reported needing help for emotional/mental health problems or for alcohol/drug use.[11] Between 2013 and 2017, about 9% of Hispanic adults residing in San Diego County reported having a likely serious psychological distress in the past year.[11]

Seeking help for an emotional/behavioral health or alcohol/drug problem, exercising to reduce stress, and avoiding social isolation are major prevention strategies that can help reduce poor behavioral health outcomes among Hispanic residents in San Diego County.[17]

Behavioral Health

API

In 2017, Asian and Pacific Islander (API) residents generally had the lowest burden of behavioral health outcomes in San Diego County.

Alzheimer's Disease and Related Dementias (ADRD)

In 2017, among API residents with Alzheimer's disease and related dementias (ADRD), the highest rate of death was among residents of South Region. The highest rates of ED discharge and hospitalization due to ADRD were in North Coastal Region, compared to API residents in the other regions.

Dementia

The rates of death and ED discharge for dementia were highest among API residents in South Region, while API residents in North Coastal Region had the highest rate of hospitalization for dementia, compared to API residents in the other regions.

Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include early adverse life experiences (also called adverse childhood experiences, or ACEs), biological factors or genetics, use of alcohol or recreational drugs, stress, and feelings of loneliness or isolation.[17]

From 2013-2017, 15% of API adults in San Diego County reported needing help for emotional/mental health problems or for alcohol/drug use.[11] Between 2013 and 2017, about 7% of API adults residing in San Diego County reported having a likely serious psychological distress in the past year.[11]

Seeking help for an emotional/behavioral health or alcohol/drug problem, exercising to reduce stress, and avoiding social isolation are major prevention strategies that can help reduce poor behavioral health outcomes among API residents in San Diego County.[17]

Behavioral Health

AIAN

The burden of behavioral health outcomes among American Indian/Alaska Native (AIAN)* residents was comparable to that of San Diego County overall in 2017.

Alcohol-Related Disorders

In 2017, American Indian/Alaska Native (AIAN) residents had the highest burden of alcohol-related disorders compared to other race/ethnicities and the county overall. AIAN residents had a rate of death due to alcohol-related disorders that was 3.1 times higher compared to the county overall. Due to alcohol-related disorders, AIAN residents were 27% more likely to be discharged from the ED, 61% more likely to be hospitalized, and 85% more likely to be discharged from in-patient treatment, compared to the county overall. Compared to AIAN residents in other regions, the highest rate of ED discharge due to alcohol-related disorders was among AIAN residents in Central Region, while the rates of hospitalization and in-patient treatment discharge for alcohol-related disorders were highest among AIAN residents in East Region.

AIAN residents had a rate of death due to alcohol-related disorders that was 3.1 times higher compared to the county overall.

*Non-Hispanic AIAN residents do not represent all AIAN residents as some AIAN residents identify as Hispanic and AIAN and such, were included in the Hispanic group. Additionally, AIAN residents can seek and access medical treatment/care through other services, such as the American Indian Health Services. Those medical encounters have not been captured in this report.

Behavioral Health

AIAN

Schizophrenia and Other Psychotic Disorders

In 2017, AIAN residents were 1.9 times more likely to be discharged from the ED due to schizophrenia and other psychotic disorders compared to the county overall. Compared to AIAN residents in other regions, the rate of ED discharge due to schizophrenia and other psychotic disorders was highest among AIAN residents in East Region.

Substance-Related Disorders

AIAN residents had a 2.6 times higher rate of discharge from in-patient treatment facilities for substance-related disorders compared to the county overall in 2017.

Benzodiazepine and Other Sedative-Related Disorders

AIAN residents had a rate of in-patient treatment discharge for benzodiazepine and other sedative-related disorders that was 9.1 times higher compared to the county overall in 2017.

Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include early adverse life experiences (also called adverse childhood experiences, or ACEs), biological factors or genetics, use of alcohol or recreational drugs, stress, and feelings of loneliness or isolation.[17]

From 2013-2017, 14% of AIAN adults in San Diego County reported needing help for emotional/mental health problems or for alcohol/drug use.*[11] One in ten AIAN adults (10%) reported having a likely serious psychological distress in the past year in San Diego County from 2013-2017.*[11]

Seeking help for an emotional/behavioral health or alcohol/drug problem, exercising to reduce stress, and avoiding social isolation are major prevention strategies that can help reduce poor behavioral health outcomes among AIAN residents in San Diego County.[17]

*Statistically unstable due to small numbers

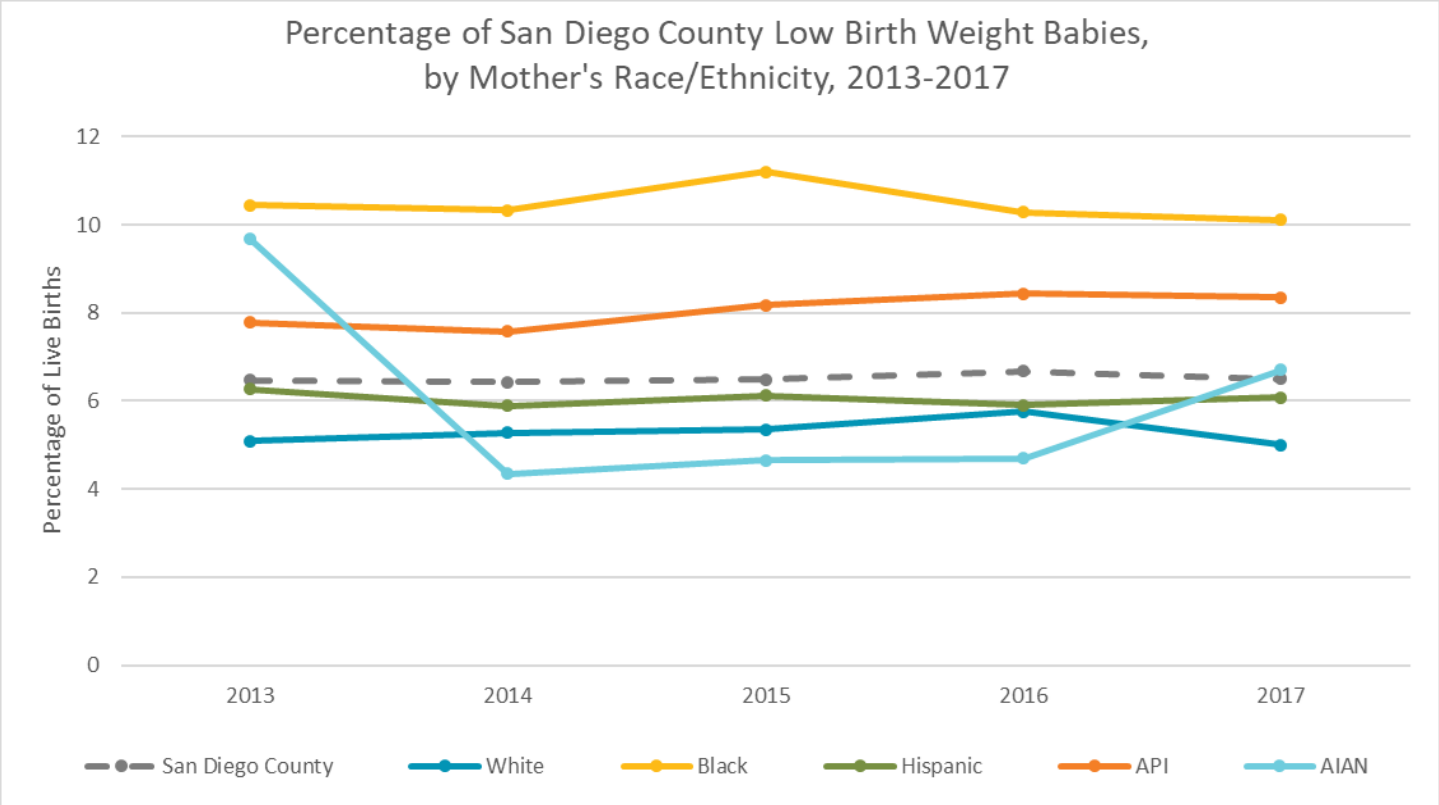
Maternal and Child Health

Maternal and child health focus on health issues of women, infants, and children.[24] Conditions falling into this category include low birth weight among newborns and infant mortality. Also discussed are utilization of prenatal care, preterm births, and births to teenaged mothers.

Racial and ethnic disparities in maternal and child health exist as a combination of other social determinants of health, such as income, educational attainment, health insurance coverage and subsequent access to care.[24] It is important to analyze medical encounter rates by race/ethnicity to identify areas where disparities exist, and address neighborhood and built environment factors that may be contributing to increased rates.

Maternal & Child Health by Race and Ethnicity in San Diego County

Figure 7



Sources: State of California, Department of Public Health, Center for Health Statistics and Informatics, Birth Statistical Master Files and Birth Public Use Files. County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child and Family Health Services (MCFHS). Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Statistics Unit, 2020.

San Diego County: In San Diego County, about 6% of live births were low birth weight newborns (newborn weighing under 2500g or 5 lbs, 8 oz) in 2013-2017. The percentage of low birth weight births in San Diego County remained consistent over the course of 5 years (2013-2017).

White Residents: Approximately 5% of live births among White newborns in San Diego County were low birth weight in 2013-2017. The percentage of low birth weight among White newborns stayed consistent over 2013-2017.

Black Residents: About 10% of live births among Black newborns in San Diego County were low birth weight, which was the highest percentage in San Diego County in 2013-2017. When compared to the county, Black newborns had the highest percentage of low birth weight.

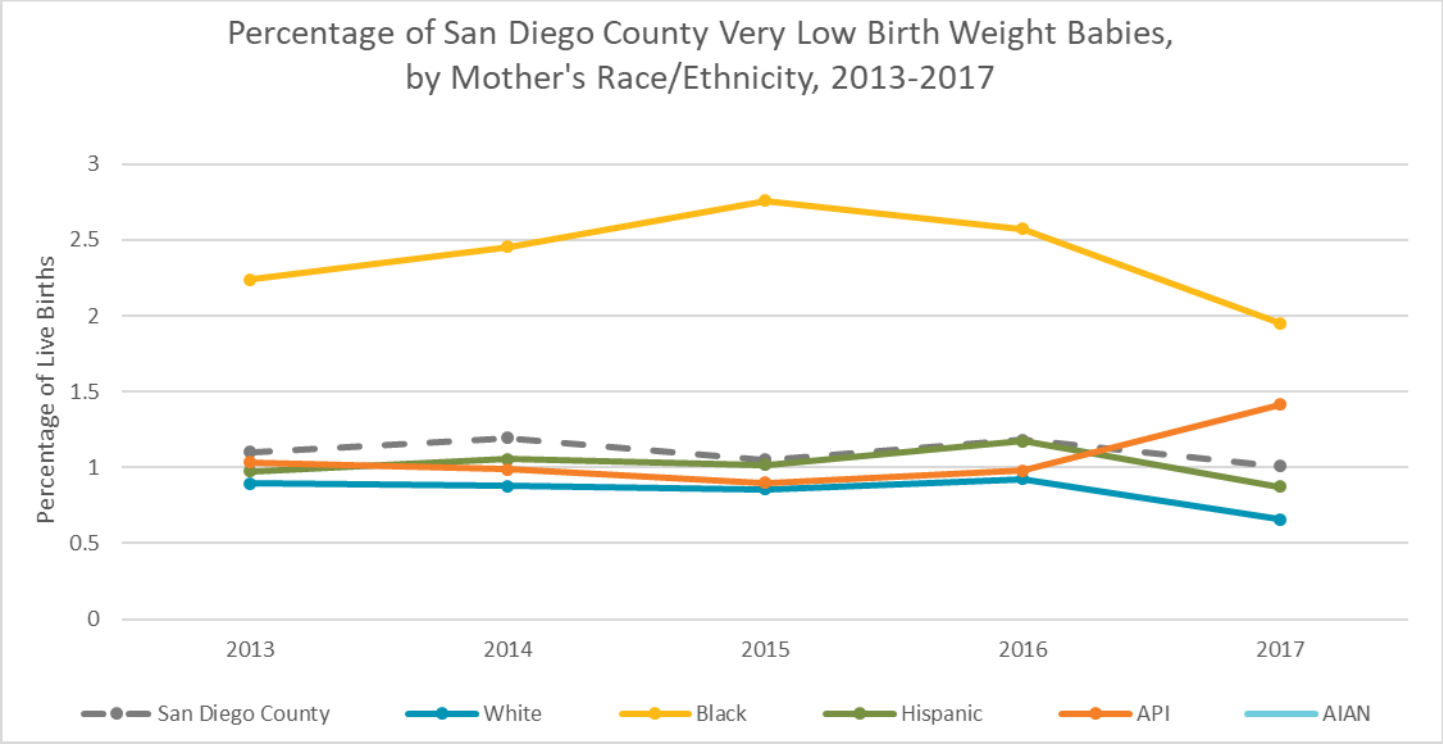
Hispanic Residents: Roughly 6% of live births among Hispanic newborns in San Diego County were low birth weight in 2013-2017. The percentage of low birth weight among Hispanic newborns stayed consistent from 2013-2017.

API Residents: In 2013-2017, about 8% of live births among Asian/Pacific Islander (API) newborns in San Diego County were low birth weight, which was the second highest percentage in San Diego County.

AIAN Residents: Among American Indian/Native Alaskan (AIAN) newborns, there was a 55% decrease in low birth weight percentage from 2013-2014, followed by a 43% increase from 2016-2017. The low birth weight percentage was lowest among AIAN newborns between 2014-2016.

Maternal & Child Health by Race and Ethnicity in San Diego County

Figure 8



Sources: State of California, Department of Public Health, Center for Health Statistics and Informatics, Birth Statistical Master Files and Birth Public Use Files. County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child and Family Health Services (MCFHS). Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Statistics Unit, 2020.

San Diego County: In San Diego County, the percentage of very low birth weight newborns (newborn weighing under 1500g or 3lbs, 5 oz) remained approximately 1% from 2013-2017.

White Residents: Among White newborns in San Diego County, less than 1% of live births were very low birth weight between 2013-2017.There was a 26% decrease in the percentage of very low birth weight among White newborns from 2016-2017. Overall, White newborns had the lowest percentage of very low birth weight when compared to all races and ethnicities in 2013-2017.

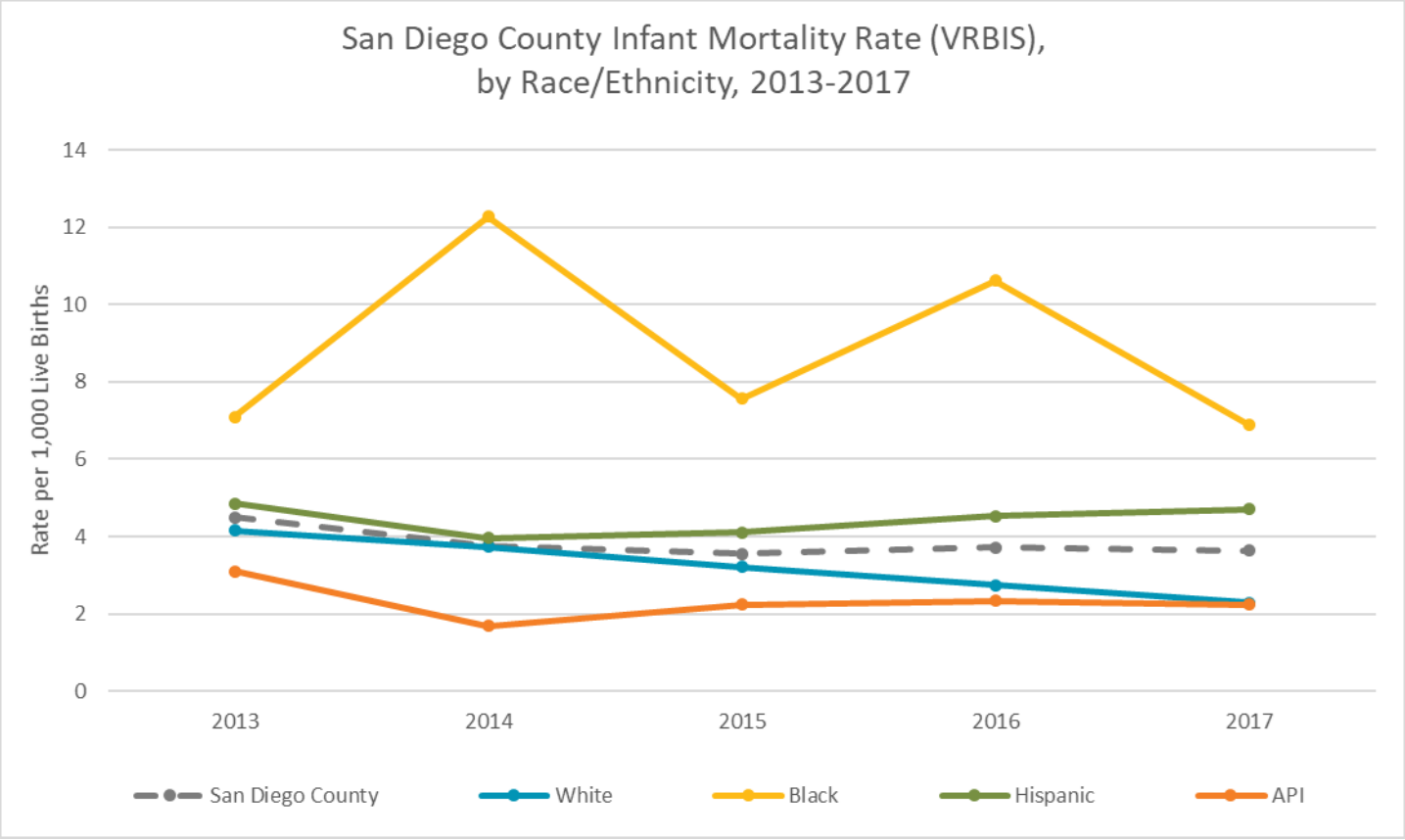
Black Residents: Among Black newborns in San Diego County, approximately 2-3% of live births were very low birth weight between 2013-2017. Overall, in 2017, the percentage of very low birth weight among Black newborns decreased by 13% from 2013. When compared to all other race/ethnicities, Black newborns in San Diego County had the highest percentages of very low birth weight from 2013-2017.

Hispanic Residents: From 2013-2017, the percentage of very low birth weight among Hispanic newborns remained approximately 1% .

API Residents: Among Asian/Pacific Islander (API) newborns, the percentage of very low birth weight was approximately 1% from 2013-2016. There was a 45% increase from 2016-2017 in the very low birth weight percentage.

Maternal & Child Health by Race and Ethnicity in San Diego County

Figure 9



Source: State of California, Department of Public Health, Death Statistical Master Files (before 2014), California Comprehensive Death Files (2014 and later), Birth Statistical Master Files (before 2017), and California Comprehensive Birth Files (2017 and later). County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child and Family Health Services (MCFHS). Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Statistics Unit, 2020.

San Diego County: In San Diego County, the burden of infant mortality had a decreasing trend from 2013-2017.

White Infants: The burden of infant mortality decreased among White infants from 2013-2017.

Black Infants: The burden of infant mortality among Black infants fluctuated between 2013-2017. When compared to all other race/ethnicities, Black infants had the highest rates of infant mortality in San Diego County from 2013-2017.

Hispanic Infants: The burden of infant mortality among Hispanic infants decreased from 2013-2014, but increased from 2014-2017.

API Infants: Among Asian/Pacific Islander (API) infants, the burden of infant mortality decreased from 2013-2014, but then increased slightly from 2014-2017. When compared to all other race/ethnicities, API infants had the lowest rates of infant mortality from 2013-2017.

Prevent Racial/Ethnic Health Disparities

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

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.

Maternal & Child Health

White

In 2017, there were 13,569 White live births in San Diego County.

Fetal Mortality**

In 2017, the fetal mortality rate among White mothers in San Diego County was 3.5 per 1,000 live births. In 2017, the fetal mortality among White mothers was highest in the Central Region, compared to other regions, with a rate of 7.7 per 1,000 lives births.

Low Birth Weight^

In 2017, among White mothers, 5% had newborns with a low birth weight in San Diego County. Low birth weight among White mothers and their newborns was lower compared to the county. Among White mothers, the Central Region had the highest percentage of low birth weight newborns compared to other regions.

In 2017, among White mothers, 5% had newborns with a low birth weight in San Diego County.

Very Low Birth Weight~

Among White mothers, less than 1% had newborns with a very low birth weight in San Diego County. Very low birth weight among White mothers and their newborns was lower compared to the county. Among White mothers, the Central Region had the highest percentage of very low birth weight newborns compared to other regions.

Preterm Births‡

Among White mothers in 2017, 7% had preterm births in San Diego County. When compared to the overall county, preterm births among White mothers in San Diego County was lower. Among White mothers, the South Region had the highest percentage of preterm births compared to other regions.

Early Prenatal Care†

In 2017, among White mothers, 90% received early prenatal care in San Diego County. White mothers in San Diego County had a higher percentage of early prenatal care when compared to the overall county. Among White mothers, the East Region had the lowest percentage that received early prenatal care compared to other regions.

† Early prenatal care is defined here as care beginning during 1st trimester of pregnancy. This does not account for frequency of care.
** Fetal Mortality Rate: the fetal deaths (at least 20 complete weeks of gestation) per 1,000 live births and fetal deaths, by geography.
‡ Preterm birth refers to birth prior to 37 completed weeks of gestation.
^ Low birth weight refers to birth weight less than 2,500 g (approximately 5 lbs., 8 oz.).
~ Very Low birth weight refers to birth weight less than 1,500 g (approximately 3 lbs., 5 oz.).

Maternal & Child Health

White

Congenital Anomalies

In 2017, the congenital anomalies rate among White residents in San Diego County was 45.2 per 100,000 residents. The rate for skilled nursing facility (SNF) or intermediate care due to congenital anomalies among White residents was higher compared to the county overall. Compared to other regions, the South Region had the highest ED discharge rates.

Teen Births

Among White female residents aged 15-17 in San Diego County, the percentage of teen births was 0.2% in 2017. Teen births percentage among White female residents aged 15-17 were lower compared to other race/ethnicity groups in the county.

Risk Factors and Prevention Strategies

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.[25]

In 2017, among White mothers, 90% received early prenatal care in San Diego County.

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. Engaging in healthy behaviors associated with favorable maternal and child health outcomes has the potential to positively impact the health of the county overall.[25]

Maternal & Child Health

Black

Overall, Black mothers in San Diego County had worse maternal/child health outcomes compared to the other race and ethnicity groups.

Fetal Mortality**

In 2017, the fetal mortality rate among Black mothers in San Diego County was 7.4 per 1,000 live births, which was 2.0 times higher compared to the county. Compared to other Regions, East Region had the highest rate for fetal mortality in 2017. The fetal mortality rate among Black mothers in East Region was 16.3 per 1,000 live births.

Low Birth Weight^

In 2017, among Black mothers, 10% had newborns with a low birth weight in San Diego County. Compared to the county, this percentage of low birth weight among Black mothers and their newborns was higher. Among Black mothers, the North Central Region had the highest percentage of low birth weight newborns compared to other regions.

> In 2017, among Black mothers, 10% had newborns with a low birth weight in San Diego County.

Very Low Birth Weight~

Among Black mothers, 2% had newborns with a very low birth weight in San Diego County. This percentage of very low birth weight among Black mothers and their newborns was higher compared to the county.

Preterm Births‡

Among Black mothers in 2017, 11% had preterm births in San Diego County. When compared to the county, the percentage of preterm births among Black mothers was higher. Among Black mothers, the North Inland Region had the lowest percentage of mothers with preterm births compared to other regions.

Early Prenatal Care†

In 2017, among Black mothers, 81% received early prenatal care in San Diego County. Black mothers had the lowest percentage of early prenatal care when compared to the other race and ethnicity groups. Among Black mothers, the Central Region had the lowest percentage of mothers that received early prenatal care compared to other regions.

† Early prenatal care is defined here as care beginning during 1st trimester of pregnancy. This does not account for frequency of care.
** Fetal Mortality Rate: the fetal deaths (at least 20 complete weeks of gestation) per 1,000 live births and fetal deaths, by geography.
‡ Preterm birth refers to birth prior to 37 completed weeks of gestation.
^ Low birth weight refers to birth weight less than 2,500 g (approximately 5 lbs., 8 oz.).

Maternal & Child Health

Black

Teen Births

Among Black female residents aged 15-17 in San Diego County, the percentage of teen births was 0.8% in 2017. Teen births percentage among Black female residents aged 15-17 was higher compared to other race and ethnicity groups in the county.

Congenital Anomalies

In 2017, the overall rate for congenital anomalies among Black residents was 64.8 per 100,000 residents in San Diego County, which was 1.2 times higher compared to the county. Additionally, the hospitalization and ED discharge rates due to congenital anomalies were higher compared to the county overall. Compared to other regions, Black residents in East Region had the highest hospitalization and ED discharge rates due to congenital anomalies.

Childhood Disorders

In 2017, the overall rate for congenital anomalies among Black residents was 64.8 per 100,000 residents, which was 1.2 times higher compared to the county. Additionally, the hospitalization and ED discharge rates due to congenital anomalies were higher compared to the county overall. Compared to other regions, Black residents residing in East Region had the highest hospitalization and ED discharge rates due to congenital anomalies.

Black mothers had the lowest percentage of early prenatal care when compared to the other race/ethnicity groups.

Risk Factors and Prevention Strategies

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.[25]

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. Engaging in healthy behaviors associated with favorable maternal and child health outcomes has the potential to positively impact the health of the county overall.[25]

Maternal & Child Health

Hispanic

In 2017, there were 16,593 Hispanic live births in San Diego County.

Fetal Mortality**

In 2017, the fetal mortality rate among Hispanic mothers in San Diego County was 3.8 per 1,000 live births.

In 2017, the fetal mortality rate among Hispanic mothers in North Central Region was 6.3 per 1,000 live births. Compared to other regions, North Central Region had the highest fetal mortality rate.

† Early prenatal care is defined here as care beginning during 1st trimester of pregnancy. This does not account for frequency of care.
** Fetal Mortality Rate: the fetal deaths (at least 20 complete weeks of gestation) per 1,000 live births and fetal deaths, by geography.
‡ Preterm birth refers to birth prior to 37 completed weeks of gestation.
^ Low birth weight refers to birth weight less than 2,500 g (approximately 5 lbs., 8 oz.).
~ Very Low birth weight refers to birth weight less than 1,500 g (approximately 3 lbs., 5 oz.).

Low Birth Weight^

In 2017, among Hispanic mothers, 6% had newborns with a low birth weight in San Diego County. Compared to the county, this percentage of low birth weight among Hispanic mothers and their newborns was lower. Among Hispanic mothers, the North Central Region had the highest percentage of low birth weight newborns compared to other regions.

Very Low Birth Weight~

Among Hispanic mothers, 0.9% had newborns with a very low birth weight. This percentage of very low birth weight among Hispanic mothers and their newborns was lower compared to the county.

> In 2017, among Hispanic mothers, 6% had newborns with a low birth weight in San Diego County.

Preterm Births‡

Among Hispanic mothers in 2017, 8% had preterm births in San Diego County. When compared to the county, the percentage of preterm births among Hispanic mothers was slightly lower. Among Hispanic mothers, the North Central Region had the highest percentage of preterm births compared to other regions.

Early Prenatal Care†

In 2017, among Hispanic mothers, 82% received early prenatal care in San Diego County. Compared to the county overall, the percentage of receiving early prenatal care among Hispanic mothers was lower. Among Hispanic mothers, the East Region had the lowest percentage of mothers receiving early prenatal care compared to other regions.

Maternal & Child Health

Hispanic

Congenital Anomalies

In 2017, the overall rate for congenital anomalies among Hispanic residents was 65.3 per 100,000 residents in San Diego County, which was 1.2 times higher compared to the county. Additionally, the Hospitalization and ED discharge rates due to congenital anomalies among Hispanic residents were higher compared to the county overall. Compared to other regions, Central Region had the highest hospitalization and ED discharge rates due to congenital anomalies.

Teen Births

Among Hispanic female residents aged 15-17 in San Diego County, the percentage of teen births was 1.4% in 2017. Teen birth percentage among Hispanic female residents aged 15-17 was higher compared to other race and ethnicity groups in the county.

Risk Factors and Prevention Strategies

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.[25]

Teen birth percentage among Hispanic female residents aged 15-17 was higher compared to the other race and ethnicity groups in the county.

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. Engaging in healthy behaviors associated with favorable maternal and child health outcomes has the potential to positively impact the health of the county overall.[25]

Maternal & Child Health

API

In 2017, there were 4,460 live births to API mothers in San Diego County.

Fetal Mortality**

In 2017, the fetal mortality rate among API mothers in San Diego County was 2.7 per 1,000 live births.

In 2017, the fetal mortality rate among API mothers in North Central Region was 3.4 per 1,000 live births.

The percentage of very low birth weight newborns among API mothers was higher compared to the county overall.

Low Birth Weight^

In 2017, among API mothers in San Diego County, 8% had newborns with a low birth weight. Compared to the county, this percentage of low birth weight among API mothers and their newborns was higher.

Very Low Birth Weight~

Among API mothers, 1.4% had newborns with a very low birth weight. The percentage of very low birth weight newborns among API mothers was higher compared to the county.

Preterm Births‡

Among API mothers in 2017, 9% had preterm births in San Diego County. When compared to the county, the percentage of preterm births among API mothers was higher. Among API mothers, the Central Region had the highest percentage of preterm births compared to other regions.

Early Prenatal Care†

In 2017, among API mothers, 90% received early prenatal care in San Diego County. Compared to the county overall, the percentage of API mothers receiving early prenatal care was higher. Among API mothers, the East Region had the lowest percentage receiving early prenatal care compared to other

† Early prenatal care is defined here as care beginning during 1st trimester of pregnancy. This does not account for frequency of care.
** Fetal Mortality Rate: the fetal deaths (at least 20 complete weeks of gestation) per 1,000 live births and fetal deaths, by geography.
‡ Preterm birth refers to birth prior to 37 completed weeks of gestation.
^ Low birth weight refers to birth weight less than 2,500 g (approximately 5 lbs., 8 oz.).
~ Very Low birth weight refers to birth weight less than 1,500 g (approximately 3 lbs., 5 oz.).

Maternal & Child Health

API

Congenital Anomalies

In 2017, the overall rate for congenital anomalies among Asian/Pacific Islander (API) residents was 26.7 per 100,000 residents in San Diego County. Compared to other regions, Central Ration had the highest overall rate and the highest hospitalization rate due to congenital anomalies.

Compared to the county overall, the percentage of API mothers receiving early prenatal care was higher.

Risk Factors and Prevention Strategies

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.[25]

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. Engaging in healthy behaviors associated with favorable maternal and child health outcomes has the potential to positively impact the health of the county overall.[25]

Maternal & Child Health

AIAN

In 2017, there were 164 American Indian/Alaska Native (AIAN**) live births in San Diego County.

Early Prenatal Care†

In 2017, among AIAN mothers, 74% received early prenatal care in San Diego County. The percentage of receiving early prenatal care among AIAN mothers was lower compared to the county.

Preterm Births‡

Among AIAN mothers in 2017, 7% had preterm births. When compared to the county, the percentage of preterm births among AIAN mothers was lower.

Low Birth Weight^

In 2017, among AIAN mothers, 7% had newborns with a low birth weight. Compared to the county, this percentage of low birth weight among AIAN mothers and their newborns was higher.

The percentage of receiving early prenatal care among AIAN mothers was lower compared to the county.

Risk Factors and Prevention Strategies

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.[25]

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. Engaging in healthy behaviors associated with favorable maternal and child health outcomes has the potential to positively impact the health of the county overall.[25]

† Early prenatal care is defined here as care beginning during 1st trimester of pregnancy. This does not account for frequency of care.
‡ Preterm birth refers to birth prior to 37 completed weeks of gestation.
^ Low birth weight refers to birth weight less than 2,500 g (approximately 5 lbs., 8 oz.).

**Non-Hispanic AIAN residents do not represent all AIAN residents as some AIAN residents identify as Hispanic and AIAN and such, were included in the Hispanic group. Additionally, AIAN residents can seek and access medical treatment/care through other services, such as the American Indian Health Services. Those medical

HEALTH EQUITY IN SAN DIEGO COUNTY:
Racial and Ethnic Health Disparities

Summary of Racial and Ethnic Health Disparities

Overall, health outcomes impact residents differently by race and ethnicity. A series of health indicators were presented throughout this report, which described the most important health concerns faced by each racial and ethnic group in San Diego County in 2017.

In 2017:

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 had 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 and 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): 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.

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 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.[14]

For more local data and statistics on non-communicable (chronic) disease, visit the Chronic Disease Health Data Workbook or Non-Communicable (Chronic) Disease Dashboard.

For information on non-communicable (chronic) disease, visit the County of San Diego's Community Health Statistics website at www.SDHealthStatistics.com, and view the *Disease Information* section.

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.[17]

For more local data and statistics on communicable disease, please go to the Communicable Disease Health Data Workbook or 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.

Appendix. Methodology

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

The series of reports can be found in the reports section of www.sdhealthstatistics.com.

Disclaimer: It should be noted that these reports are not an update of the series of health equity reports published in March of 2016. The current iteration of reports include more indicators and health outcomes than the previous reports, which used 2011 data (2010 for two maternal child health indicators).

Data Sources

Health Data

Health outcome data were compiled from the County Community Health Statistics Unit's San Diego County Community Profiles document. Specifically, death, hospitalization, in-patient treatment/intermediate care, skilled nursing facility, physical rehabilitation, and emergency department discharge rates for various health outcomes were analyzed to identify health disparities within San Diego County's populations.

Emergency department and patient discharge data provided by the Office of Statewide Health Planning and Development (OSHPD) was grouped via the Healthcare Cost and Utilization Project (H-CUP) Clinical Classification Software (CCS) groupings. H-CUP is a family of healthcare databases and related software tools developed through a Federal-State-Industry partnership and sponsored by the Agency for Healthcare Research and Quality (AHRQ). Mortality data was provided by the California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records and Business Intelligence System (VRBIS). Mortality codes were grouped according to the National Center for Health Statistics (NCHS) ICD-10 Mortality Codebook 2e-v1, 2017. Alzheimer's Disease and Related Dementias (ADRD) emergency department, patient discharge and mortality ICD-10 codes were grouped according to Alzheimer's Association 2017 Facts and Figures Report. Additional information on code grouping sources for health indicators, population data, and geographies are available in Community Health Statistics Data Guide and Metadata file.

Demographic Data

In addition to identifying health disparities, demographic information and lifestyle/behavioral data on each group was provided to highlight some of the potential contributing factors to these health outcomes.

San Diego Association of Governments (SANDAG)
The number of residents in report including any breakdowns by age, gender, and race/ethnicity as well as population forecast numbers by the same breakdowns come from SANDAG.

American Community Survey (ACS)
Sociodemographic and economic data from the U.S. Census Bureau's ACS was used, wherever available. 2017 1-year estimates were used except for the Geography and Socioeconomic (SES) Reports which are based on subregional area data requiring 5-year estimates (data years 2013-2017).

Lifestyle/Behavioral Health Data

California Health Interview Survey (CHIS)
In lieu of socioeconomic data from ACS at the race and ethnicity levels required for the county, these type of indicators were pulled from CHIS. Where available, lifestyle and behavioral indicators such as the percent of current adult smokers and percent of residents reporting at least one doctor's visit in the past year were pulled from CHIS. Lastly, whenever possible, 2017 estimates were used; however, years may have been combined to arrive to statistically stable estimates. Note: Even combining multiple years, subdividing the population may produce unstable estimate which were noted in the text.

Appendix. Methodology

Definitions

Burden of disease includes death and discharges from the emergency department, hospital, in-patient treatment, skill nursing facility, and physical rehab facility.

Overall Methods

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

- Death and primary discharge data from the community health profiles was used to first, look at the overall burden of chronic, communicable, injury, behavioral health outcomes, and maternal and child health outcomes in the last 5 years (2013-2017) to look at the trends among subpopulations by age, gender, and race/ethnicity. This step was not possible for the geography and SES reports due to shifting of categories from year to year.
- Subsequently, the exploration of health disparities focused on the 2017 data only. Each section attempts to highlight the conditions and death and/or medical encounters most relevant among the subgroup of the population.
- Where relevant, differences across groups are also mentioned in the text.

Age, Gender, and Race and Ethnicity Reports

Data in the community health profiles are already produced and broken down by age, gender, and race/ethnicity. However, groupings used for the geography and socioeconomic status reports were developed with different criteria detailed below.

For the Race and Ethnicity report, Asian and Native Hawaiian/Pacific Islanders (NHPI) were combined to form a single category referred to as Asian/Pacific Islander (API) to provide a larger sample size since NHPI has a low count demographically and low representation in the medical encounter database.

In the Geography report, 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."[11] Each of the 41 subregional Areas (SRAs) of San Diego County were assigned into one of six urbanicity groups based on ESRI's tapestry data: rural, semirural, suburban periphery, metro cities, urban periphery, and principal urban centers. Few of the SRAs were 100% rural, for example. In most cases, SRAs were a combination of urbanicity types and were assigned into the urbanicity type that had 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. The following sections contain more information on the urbanicity characteristics.

Socioeconomic Status (SES) Report

Socioeconomic Status (SES) was calculated using Median Household Income (MHI) as the proxy measure. The MHI was pulled for 2017 by subregional area (SRA) from ESRI Community Analyst. A Jenks Natural Breaks Optimization method was then applied to the data, resulting in 5 categories with the best goodness of variance fit (GVF=.96). Finally, the 41 SRAs were assigned into one of the five groups: lowest, low, middle, high, and highest income groups.

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