



Health Care Access and Utilization in San Diego County

Presented by Christopher O'Malley Presented to Healthy San Diego April 14th, 2022







San Diego County



Welcome to San Diego County, the 2nd most populous county in California and 5th most populous in the United States!

San Diego has:

- Just over 3.3 million residents.
- Busiest land border crossing in the world 1 of every 13
 people who enter US come through San Ysidro.
- Largest refugee resettlement site in CA.
- A total area of 4,526 square miles, larger than Rhode Island and Delaware combined.
- 70 miles of Coastline.





San Diego County

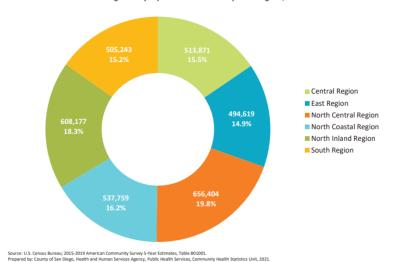


San Diego has:

- Of the 3.3 million residents, we are a majority minority population.
 - 46% White
 - 34% Hispanic
 - 11% Asian/PI
 - 5% Black
 - 3% Two or More Races
 - <1% American Indian</p>
- 18 federally recognized Indian reservations.
- 16 naval and military installations.
- 18 municipalities; 36 unincorporated towns.
- 18 hospitals.
- 42 school districts.



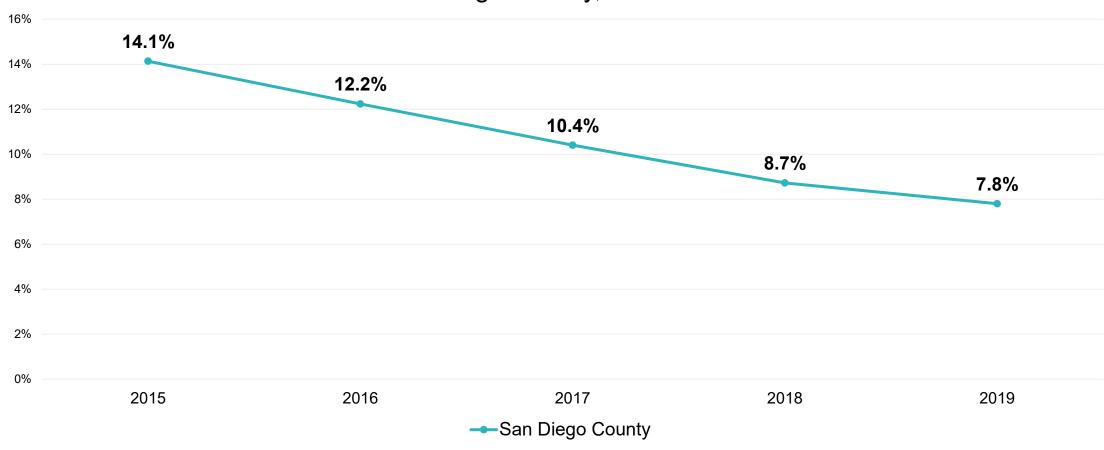
San Diego County Population Distribution by HHSA Regions, 2019



ACCESS TO HEALTHCARE



Percent of the Population Without Health Insurance Coverage, San Diego County, 2015-2019



Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Table B27001; U.S. Census Bureau; 2012-2016 American Community Survey 5-Year Estimates, Table B27001; U.S. Census Bureau; 2014-2018 American Community Survey 5-Year Estimates, Table B27001; U.S. Census Bureau; 2014-2018 American Community Survey 5-Year Estimates, Table B27001; U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Table B27001.

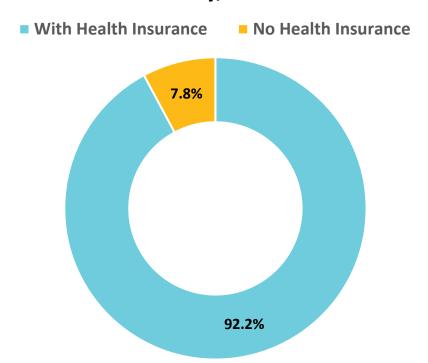
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 03/2022.

ACCESS TO HEALTHCARE



HEALTH INSURANCE (HI)

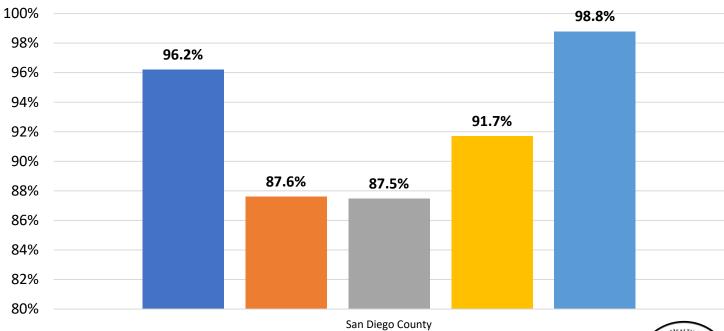
Health Insurance Status in San Diego County, 2019



HEALTH INSURANCE BY AGE GROUP

Percent of San Diego County Residents with Health Insurance, by Age Group, 2019

■ 0-18 **■** 19-25 **■** 26-44 **■** 45-64 **■** 65+



Source: U.S. Census Bureau; 2015-2019 American Community Survey 5-year Estimates, Table B27001.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2021.





ACCESS TO HEALTHCARE

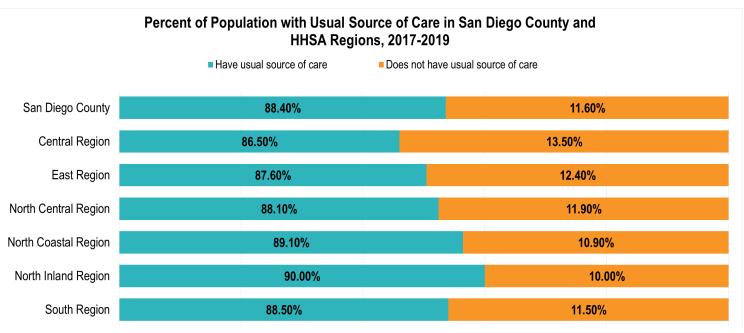




USUAL SOURCE OF CARE

Nearly 12% of San Diego County residents reported not having a usual place to go when sick or needing health advice.

Central Region residents were less likely to report having a usual place to go when sick or needing health advice than any other HHSA region.



Source: UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2017-2019.

Usual Source of Care (San Diego County Health Regions). Available at http://ask.chis.ucla.edu. Exported on April 21, 2021.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2021.





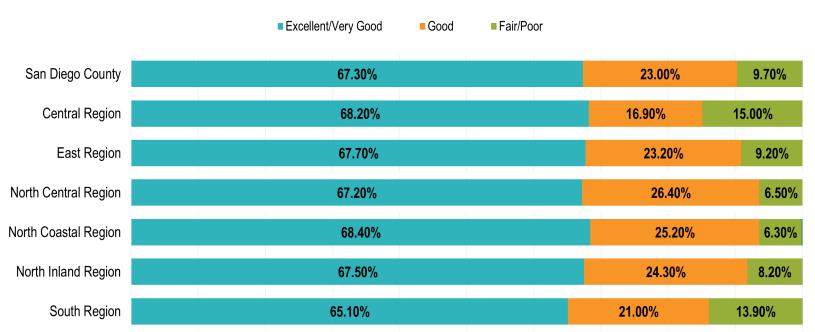
SELF-REPORTED HEALTH STATUS & DISABILITY





SELF-REPORTED HEALTH STATUS





Source: UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2017-2019. Health Status (San Diego County Health Regions). Available at http://ask.chis.ucla.edu. Exported on April 21, 2021.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2021.



In 2019, nearly 1 out of 10 San Diego County residents (9.7%) reported fair/poor health.

DISABILITY

Geography	Disability %
San Diego County	9.88%

Source: U.S. Census Bureau; 2015-2019 American Community Survey 5-year Estimates, Table S1810.

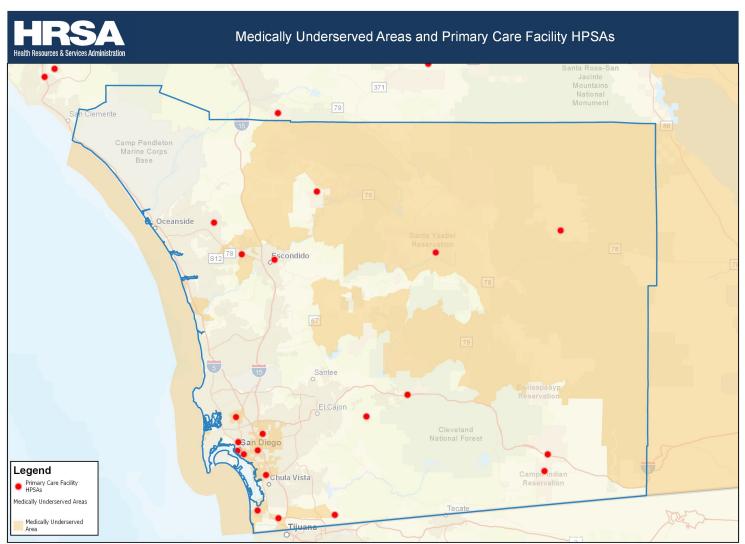
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2021.





MEDICALLY UNDERSERVED AREAS AND PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS*



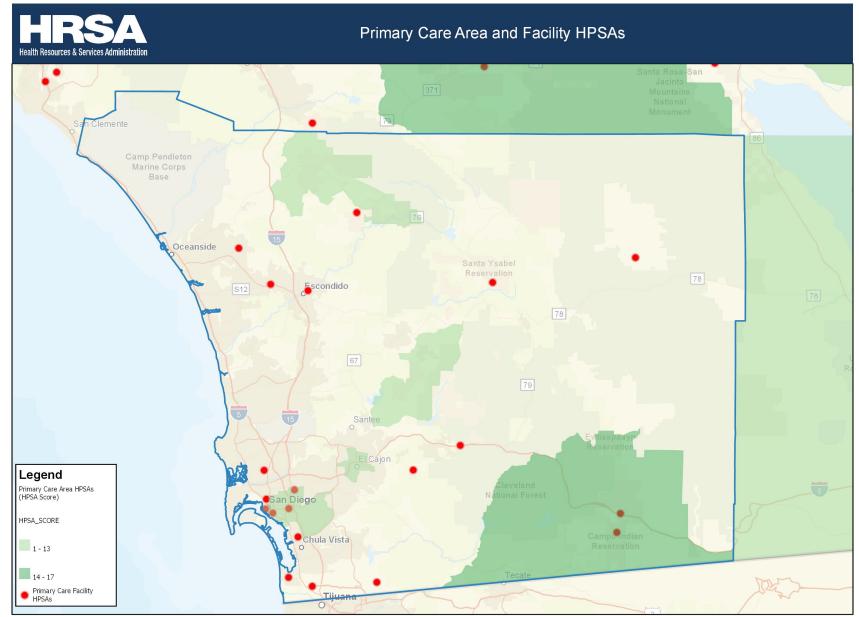


Medically Underserved Areas are areas designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.

Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons).

*Defined by the Health Resources & Services Administration (HRSA)

Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration
Created on: 4/1/2022





Health Professional Shortage Area (HPSA) Score was developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score, the greater the priority.



SAN DIEGO COUNTY RESIDENTS

Delayed or didn't get other medical care	%
Delayed or didn't get care	14.9%
Did not delay care	85.1%

Question: During the past 12 months, did you delay or not get other medical care you felt you needed-- such as seeing a doctor, a specialist, or other health professional?

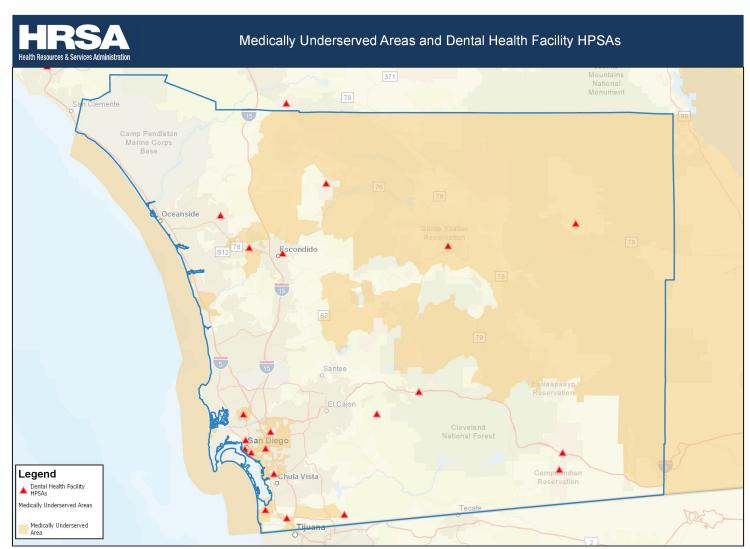


Main reason delayed or had forgone needed medical care (3 categories)	%
Cost, lack of insurance, or other insurance-related reasons	26.3%
Healthcare system/provider issues and barriers	14.8%
Personal and other reasons	58.8%

Asked of respondents who delayed/did not get other needed medical care in past 12 months. The indicator summarizes the main reason for delaying/forgoing care using three questions on cost/lack of insurance as the main reason for delaying/forgoing care or a main reason besides cost/lack of insurance.

MEDICALLY UNDERSERVED AREAS AND DENTAL HEALTH PROFESSIONAL SHORTAGE AREAS*



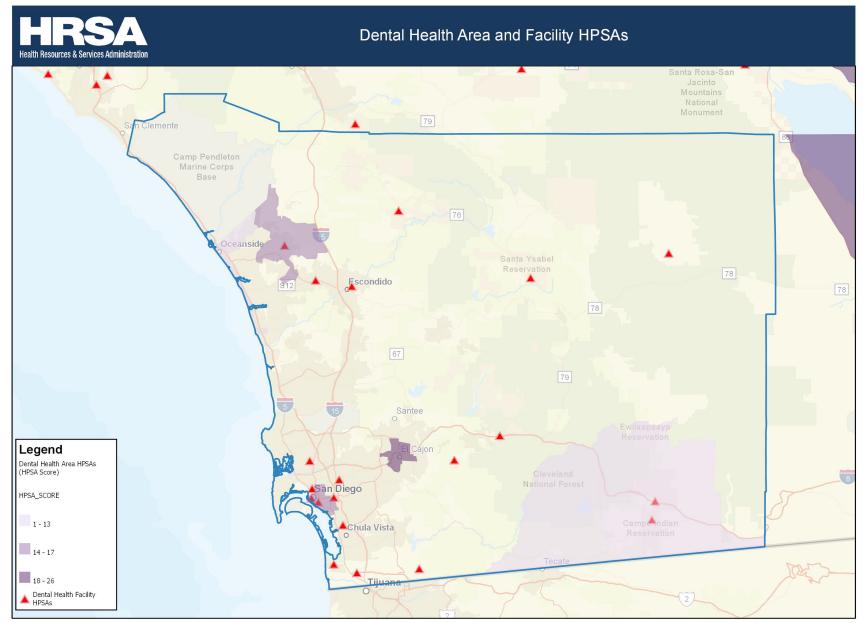


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Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons).

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Prepared by: Division of Data and Information Services Office of Information Technology Health Resources and Services Administration Created on: 4/1/2022





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TIME SINCE LAST DENTAL VISIT, 2018-2020



SAN DIEGO COUNTY

Time since last dental visit (Children)	%
Never been to dentist	14.7%
Up to 1 year ago	79.8%
More than 1 year	5.5%

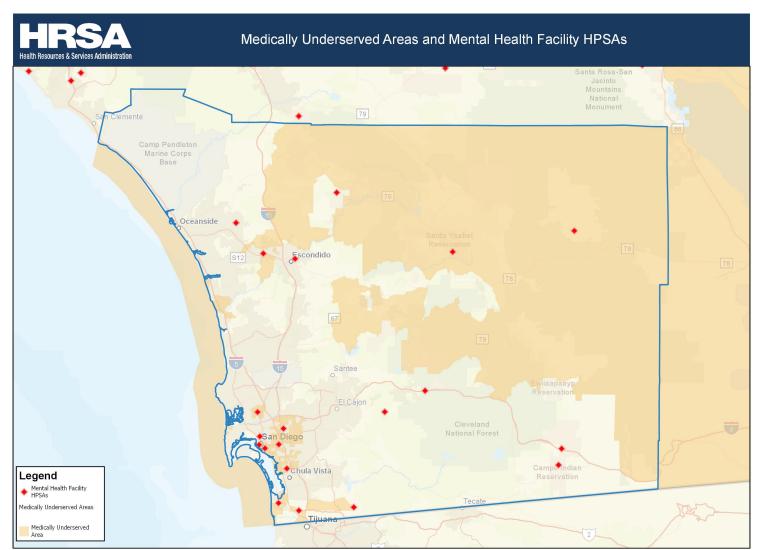
Question: About how long has it been since your child last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.

Time since last dental visit (Adults)	%
Never been to dentist	2.3%
Up to 1 year ago	71.3%
More than 1 year	26.3%

Question: About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

MEDICALLY UNDERSERVED AREAS AND MENTAL HEALTH PROFESSIONAL SHORTAGE AREAS*



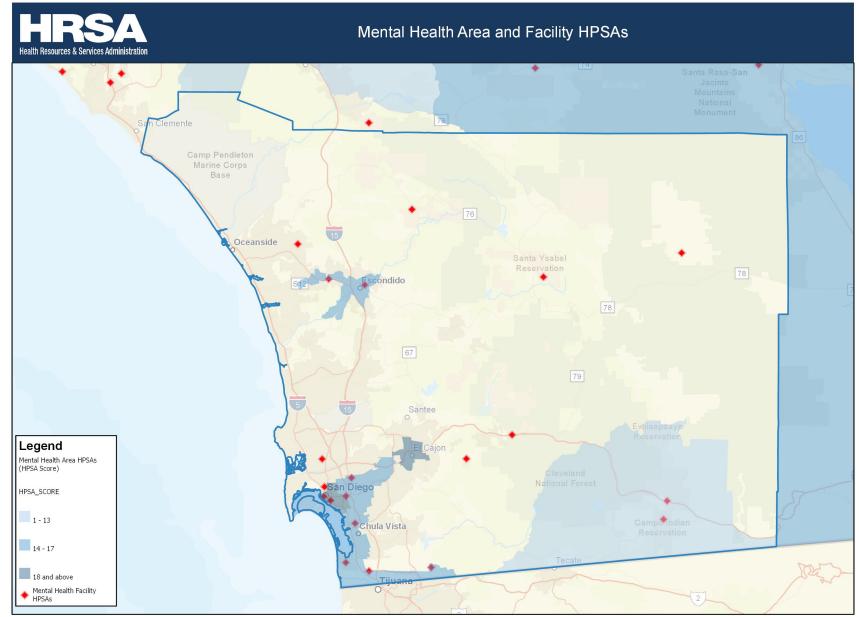


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Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons).

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ACCESS AND UTILIZATION OF MENTAL AND EMOTIONAL HEALTH AMONG ADULTS



SAN DIEGO COUNTY

Needed help for emotional/mental health problems or use of alcohol/drug (Adults)	%
Needed help	22.6%
Did not need help	77.4%

Question: Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?

Sought help for self-reported mental/emotional and/or alcohol-drug issue(s) (Adults)*	%
Needed help but did not receive treatment	39.6%
Needed help and received treatment	60.4%

^{*}Asked of adults who felt they might need to see a professional for problems with emotions or drugs/alcohol.

Question: Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?" and "In the past 12 months have you seen your primary care physician or any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves or your use of alcohol or drugs?

Saw any healthcare provider for emotional-mental and/or alcohol-drug issues in past year (Adults)	%
Saw healthcare provider	17.8%
Did not see healthcare provider	

Questions: In the past 12 months have you seen your primary care physician for problems with your mental health, emotions, nerves or your use of alcohol or drugs?; In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves or your use of alcohol or drugs?

Source: UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2020. Available at http://ask.chis.ucla.edu. Exported on April 7, 2022. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2022.

MORTALITY MEASURES



WWW.SDHEALTHSTATISTICS.COM

Start Your Data Journey Here!

I am looking for..



Health Equity

- Health Equity
 - Racial Equity Briefs/Dashboard
 - Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Dashboards
 - Health Equity Reports
- · Socioeconomic Status and Poverty
 - Cost of Living for Older Adults (Ages 65 and Over)
 - Self-Sufficiency Standard Dashboard
 - Socioeconomic Disparities by Census Tract Dashboard
 - Hospital and Emergency Department Discharge Data for **Persons Experiencing Homelessness**



Demographics:

- · Population size
- Race/Ethnicity
- Languages spoken
- Poverty level
- and more...



Health Data:

- Deaths. Hospitalizations, and ED Discharge data
- · Health Briefs
- Motor Vehicle Crashes
- Regional Data



Measures of Mortality:

- · Leading Causes of Death
- Life Expectancy
- · Smoking Attributable Mortality



3-4-50:

- Briefs
- Publications
- Data Tables





Measures of Mortality:

- · Leading Causes of Death
- Life Expectancy
- Smoking

Attributable Mortality



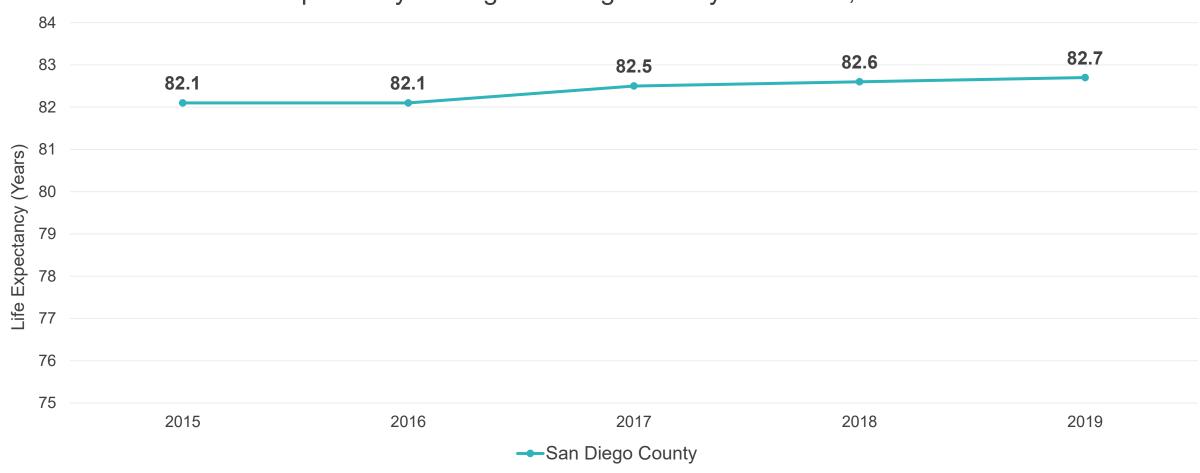


LIFE EXPECTANCY IN SAN DIEGO COUNTY, 2015-2019





Life Expectancy Among San Diego County Residents, 2015-2019



Source: California Department of Public Health, 2014-2019 California Vital Records Business Intelligence System(VRBIS); SANDAG Population Estimates. Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, March 2022.

MORTALITY MEASURES, 2019





Top 5 Leading Causes of Death, 2019¹

United States

- 1. Diseases of the Heart
- 2. Cancer
- 3. Accidents
- 4. Chronic Lower Respiratory Diseases
- Stroke

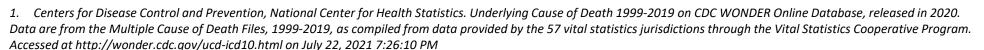
California

- 1. Diseases of the Heart
- 2. Cancer
- 3. Alzheimer's Disease
- 4. Stroke
- 5. Accidents

San Diego County

- Cancer
- 2. Diseases of the Heart
- 3. Stroke
- 4. Alzheimer's Disease
- 5. Accidents

While diseases of the heart, commonly known as heart disease, holds the spot as the #1 leading cause of death in the United States and in the state of California, Cancer continues to be the leading cause of death in San Diego County.





TOOLS AVAILABLE



WWW.SDHEALTHSTATISTICS.COM

The Community Health Statistics Unit The Community Health Statistics Unit (CHSU) provides health statistics that describe health behaviors, diseases and injuries for specific populations, in addition to health trends and comparisons to national targets. CHSU aids in effective decision making and helps to identify opportunities for preventive efforts through the use of data reporting, visualizations, and predictive analytics. CHSU also provides or refers persons to available local, state and national statistics. COVID-19 (CORONAVIRUS DISEASE 2019) COVID-19 Data for San Diego County Start Your Data Journey Here! I am looking for.





- - · Racial Equity Briefs/Dashboard
 - · Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Dashboards
 - Health Equity Reports
- · Socioeconomic Status and Poverty
- Cost of Living for Older Adults (Ages 65 and Over)
- Self-Sufficiency Standard Dashboard
- · Socioeconomic Disparities by Census Tract Dashboard
- Hospital and Emergency Department Discharge Data for Persons Experiencing Homelessness



Demographics:

- · Population size
- Race/Ethnicity Languages spoken



- Poverty level
- · and more.

Measures of Mortality:

- Smoking Attributable
- Mortality

Harm Reduction



- Overdose Data to Action (OD2A)
- Disease Atlases Community Features Atlases

Maps and Spatial

Data:



Data on Children

· Top baby names in San Diego County



Data on Older Adults:

- Demographics
- Health
- · Spending on care
- · Alzheimer's Disease and Related Dementias (ADRD)



Disease Information:

- Fact Sheets
- · Critical Pathways
- Presentations
- Data Briefs

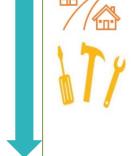


Health Data:

- · Deaths, Hospitalizations, and ED Discharge
- · Health Briefs
- Motor Vehicle Crashes
- · Regional Data

3-4-50:

- Briefs
- Publications
- Data Tables



Community Health Assessments

Resources:

County

National

State

Archives:

Past Tables and Reports

Past workshops and

presentations





DEMOGRAPHIC CHARACTERISTICS



WWW.SDHEALTHSTATISTICS.COM





Demographics:

- Population size
- · Race/Ethnicity
- Languages spoken
- · Poverty level
- · and more..

City **Demographic Profiles**

2019

San Diego County

Published May 2021

























Select household type

Use the drop-down Filters to choose geography

Self-Sufficiency Standard* for San Diego County, 2021^

The self-sufficiency standard measures how much income is needed for a household of a certain composition to adequately meet their basic needs without public or private assistance.

This interactive tool helps to visualize the minimum wage required for self-sufficiency* based on the average amount spent on basic necessities in each Health and Human Services Agency (HHSA) Region, subregional area (SRA), and San Diego County overall.

Select household type to explore the differences in the income required to be economically self-sufficient:

- Single-Adult Household
 - Household with 2 Adults
- Single Parent Household with 2 Children (1 Preschool-Age, 1 School-Age)
- Household with 2 Adults, 2 Children (1 Preschool-Age, 1 School-Age)

Select San Diego County/HHSA Region and subregional area (SRA) to explore the differences by geography

San Diego County and HHSA Regions Subregional Area (SRA) Central San Diego

Self-Sufficiency* Income for a Household with 2 Adults, 2 Children (1 Preschool-Age, 1 School-Age), 2021

The average minimum income required to be economically self-sufficient without public or private assistance (based on each adult working 40 hours per week).

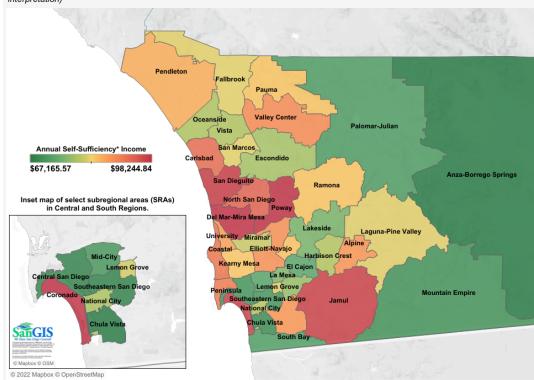
San Diego County		Central San Diego SRA	with 2 Adults, 2 Children (1 Preschool-Age, 1 School-Age), Central San Diego SRA, 2021	
Hourly (per adult)	\$19.71	\$16.99	X120 MIN. 7	
Monthly	\$6,832.37	\$5,890.72		
Annual	\$81,988.42	\$70,688.63		
Monthly Contribution to	Emergency Savings	Fund		
San Diego	County	Central San Diego SRA	Central San Diego SRA \$70,688.63	
\$131.	.46	\$99.95	© Macbox © OSM	

Monthly Expenses for a Household with 2 Adults, 2 Children (1 Preschool-Age, 1 School-Age), 2021

The average amount spent per month by expense type to meet basic necessities without public or private assistance.



Annual Self-Sufficiency* Income for a Household with 2 Adults, 2 Children (1 Preschool Age, 1 School Age) by Subregional Area (SRA), San Diego County, 2021 (Hover the cursor over the SRAs in the map to view interpretation)



*The Self-Sufficiency Standard measures how much income is needed for a household of a certain composition to adequately meet their basic needs without public or private assistance. (https://insightceed.org/family-needs-calculator/). *Estimates based on the most recent data available. See methodology (insert link) for detailed information.

Sources (Household with 2 adults, 2 children): Insight Center's Family Needs Calculator. https://insightcced.org/family-needs-calculator/. Accessed October 2021. Health care expenditure: 2021 Community Analyst ESRI Medical Expenditures. Average amount spent on health care. Accessed October 2021. Housing: U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Table B25105. Child care cost: The YMCA of San Diego County. 2021 Average cost of child care in San Diego by zip code. pport/childcare-resource-service/family-resources/choosing-child-care/cost-child-care, Accessed November 2021, Transportation cost: The Housing and Transportation Affordability Index, The Center for Neighborhood Technology (CNT). https://htaindex.cnt.org/. Accessed November 2021. Tax data: Internal Revenue Service. Individual Income Tax Statistics—2019 ZIP Code Data (SOI). https://www.irs.gov/s

Sources (Individual): Insight Center's Family Needs Calculator, https://insightcced.org/family-needs-calculator/. Accessed October 2021. Housing: 2021 Fair Market Rents (40th Percentile Rents), HUD's Office of Policy Development and Research (PD&R), https://www.huduser.gov/portal/datasets/fmr.html#2021_query. Accessed December 2021. Transportation cost: The Housing and Transportation Affordability Index, The Center for Neighborhood Technology (CNT), https://htaindex. ora/. Accessed November 2021, 2015-2019 American Community Survey 5-Year Estimates, Table B19215, Healthcare cost: 2021 Products by Zip Code, Health, Individual, Covered California. Average Annual Dollars per Person Spent on Medical Care in 2019 in San Diego, CA, Policy Map. Accessed December 2021. 2015-2019 American Community Survey 5-Year Estimates, Table S0101.





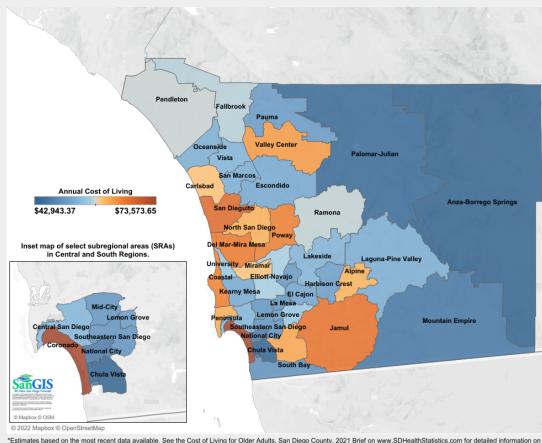
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit,

COST OF LIVING FOR OLDER ADULTS (AGES 65 YEARS AND OVER) DASHBOARD



Cost of Living for Older Adults (Ages 65 Years and Over), San Diego County, 2021* This cost of living tool helps to highlight the economic issues faced by the aging population in San Diego County. This tool helps determine the basic costs of living for older adults (those aged 65 years and over). This interactive tool helps to visualize the amount spent on basic necessities for older adults in each Health and Human Services Agency (HHSA) Region, subregional area (SRA), and San Diego County overall. Select household composition, housing tenure, and geography Select to explore the differences in the expenditure on basic necessities. household Older Adult Couple Select household composition: Single Older Adult composition Owner Occupied Household Select housing tenure: Renter Occupied Household Select San Diego County/HHSA Region and subregional area (SRA) to explore the differences by geography Use the drop-down San Diego County and HHSA Regions Subregional Area (SRA) entral San Diego Filters to choose Cost of Living for an Older Adult Couple, Owner Occupied Household, 2021 geography The average costs for housing, food, healthcare, transportation, and miscellaneous expenditure. Annual Cost of Living for an Older Adult Couple, Central San Diego SRA San Diego County Owner Occupied Household. Central San Diego SRA, 2021 Monthly \$4,606.79 \$4,473.06 Expenditure Central San Diego SRA Annual \$53,676.77 \$55,281,44 \$53,676,77 Expenditure Monthly Expenses for an Older Adult Couple, Owner Occupied Household, 2021 The average amount spent per month by expense type to meet basic necessities without public or private assistance. Central San Diego SRA San Diego County \$1,593,96 \$1.587.58 Housing Healthcare \$995.66 \$995.66 \$512.86 Transportation \$617.92 \$631.00 Food \$767.80 \$745.51 Miscellaneous

Estimated Annual Cost of Living* for an Older Adult Couple, Owner Occupied Household by Subregional Area (SRA), San Diego County, 2021 (Hover the cursor over the SRAs in the map to view interpretation)



methodology.

Sources: UCLA Center for Health Policy Research, Elder Index Cost of Living Dashboard, California, 2019. (https://healthpoli-

cy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/CostOfLiving.aspy). 2015-2019 American Community Survey
5-Year Estimates, Tables B25007, B25027, B25088, B25064, B51925, S1903. U.S. Department of Housing and Urban Development, 2021
Fair Market Rents (40th Percentile Rents), HUD's Office of Policy Development and Research (PD&R),

(https://www.huduser.gov/portal/datasets/fmr.html#2021_query). Official U.S. Department of Agriculture (USDA) Food Plans: Cost of Food at Home at Three Levels, U.S. Average, November 2021. U.S. Bureau of Labor Statistics Consumer Expenditures for the San Diego Metropolitan Area: 2019-2020. Kaiser Parmanente, Kajiser Senior Advantage Plan, 2021, https://healthy.kaiser.geniar.action.com/processes/action/processes

tent/dam/kporg/final/documents/health-plan-documents/summary-of-benefits/medicare/2021/summary-of-benefits-san-diego-scal.pdf).Centers for Medicare & Medicaid Services, 2021 Medicare Parts A&B Premiums and Deductibles, 2020.

(https://www.cms.gov/newsroom/fact-sheets/2021-medicare-parts-b-premiums-and-deductibles). U.S. Bureau of Labor Statistics Consumer Expenditures Surveys 2019-2020, consumer units of one person by age of reference person, consumer units of two people by age of

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, February 2022.









COST OF LIVING FOR OLDER ADULTS (AGES 65 YEARS AND OVER) DASHBOARD



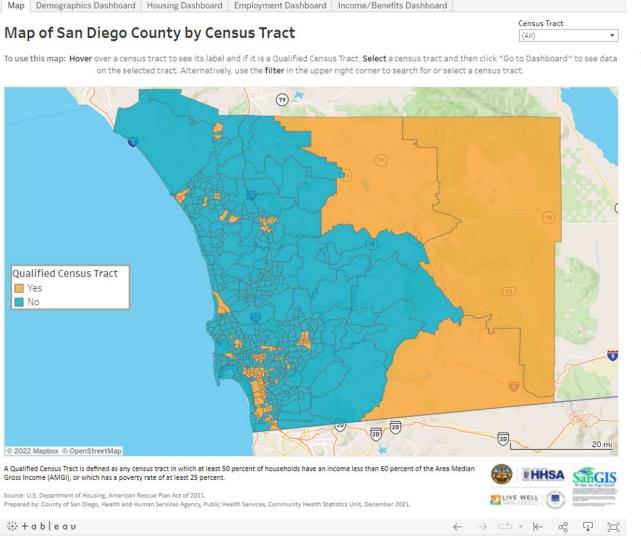
Economic Issues Unique to Older Adults, San Diego County Income in the Past 12 Months (in 2019 Inflation-Adjusted Dollars), Householder Aged 65 Years and Over, San Diego County, 2019 The proportion of households with householder aged 65 years and over and mean income by income type. Income type Mean Income (Per Year) Percentage of Households Mean Income (Per Month) Earnings 41.1% \$6,164 \$73,963 \$1.767 Social Security Income 85.9% \$21,209 8.4% \$809 \$9.707 Supplemental Security Income Cash Public Assistance 1.6% \$302 \$3.618 Retirement 50.6% \$3,187 \$38,244 Housing Tenure by Type (Owner, Renter) and Mortgage Status, Householders Aged 65 and Over, by Subregional Area, HHSA Region, and San Diego County, 2019 The proportion of households with householder aged 65 years and over by housing tenure and mortgage status. San Diego County and HHSA Regions Subregional Area (SRA) San Diego County San Diego County Central San Diego SRA 26.0% 51.2% Owners with Mortgage Owners without Mortgage Renters 37.2% Projected Annual Median Long Term Care Costs, San Diego County, 2021-2035 The long term care cost varies based on care setting and level of care required. Care Setting, Level of Care Projected Annual Median Cost of Care, In-Home Care, Homemaker Services, San Diego County, 2021-2035 \$106.867 \$92,185 \$79,519 \$70,652 2021 2025 2030 2035

Grandparents (60 Years and Older) Responsible for Grandchildren, San Diego County, 2019 The percentage of grandparents (60 years and older) responsible for grandchildren under 18 years. San Diego County and HHSA Regions Subregional Area (SRA) San Diego County Central San Diego San Diego County In 2019, of the grandparents responsible for own grandchildren under 18 years in San Diego County. Grandparents (60 years and over) 51.0% were 60 years and over. 51.0% responsible for grandchildren In 2019, of the grandparents responsible for own Grandparents (60 years and over) grandchildren under 18 years without a parent 67.6% responsible for grandchildren, without a present in San Diego County, 67.6% were 60 years parent present and over Central San Diego SRA In 2019, of the grandparents responsible for own grandchildren under 18 years in Central San Diego Grandparents (60 years and over) SRA, 35.1% were 60 years and over. 35.1% responsible for grandchildren In 2019, of the grandparents responsible for own grandchildren under 18 years without a parent Grandparents (60 years and over) responsible for grandchildren, without a 40.4% present in Central San Diego SRA, 40,4% were 60 parent present vears and over. Additional Cost to Grandparents (65 Years and Older) Responsible for Grandchildren by Housing Tenure, San Diego County, 2019* The additional cost spent on basic necessities such as housing, food, transportation, and other miscellaneous expenditures. Housing Tenure Household Composition Additional Monthly Cost* Additional Annual Cost* Older Adult Counie Number of Grandchildren \$962 \$11.544 *The estimated additional cost to grandparents (85 years and older) responsible for grandchildren includes expenses on housing, food, transportation, and other miscellaneous expensitures such as personal care etc. This estimated additional cost does not include childcare costs, healthcare costs, and tax credits. Sources: Income in the past 12 months: 2015-2019 American Community Survey 5-Year Estimates, Table S0103. Housing tenure: 2015-2019 American Community Survey 5-Year Estimates, Tables B25007, B25027. Projected annual median long term care costs: Genworth Cost of Care Survey, Compare Long Term Care Costs Across the United States, California, San Diego Area. https://www.genworth.com/about-us/industry-expertise/cost-of-care.html Grandparents responsible for grandchildren: 2015-2019 American Community Survey 5-Year Estimates, Table B10051. Additional cost to grandparents responsible for grandchildren: UCLA Center for Health Policy Research, Elder Index Cost of Living Dashboard, California, 2019 LIVE WELL

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, February 2022.

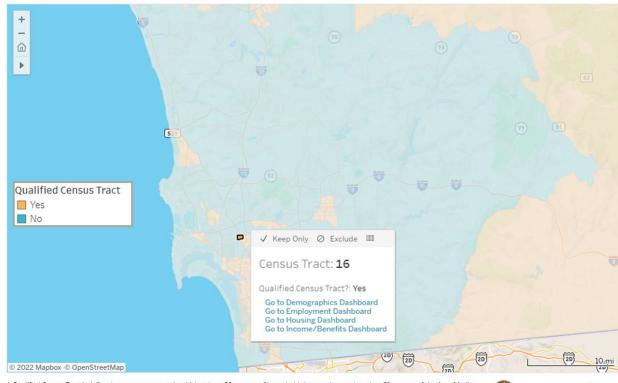
SOCIOECONOMIC DISPARITIES BY CENSUS TRACT, 2019







on the selected tract. Alternatively, use the filter in the upper right corner to search for or select a census tract.



A Qualified Census Tract is defined as any census tract in which at least 50 percent of households have an income less than 60 percent of the Area Median Gross Income (AMGI), or which has a poverty rate of at least 25 percent.

Source: U.S. Department of Housing, American Rescue Plan Act of 2021.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, December 2021.











SOCIOECONOMIC DISPARITIES BY CENSUS TRACT, 2019

Native Hawaiian/Pacific Islander, non-Hispanic

Sources: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates.

California Healthy Places Index (HPI), Public Health Alliance of Southern California.

Some Other Race, non-Hispanic

#+ableau

Two or More Races, non-Hispanic

0.3%

0.2%

2.3%

WHHSA () ZLIVE WELL

Of single parent households, percent of single mother households

Of single parent households, percent of single father households

Prepared by: County of San Diego, Health and Human Services Agency,

← → □ + ← & ♀



adequate nighttime residence. If blank, there are >5 homeless

Prepared by: County of San Diego, Health and Human Services Agency,

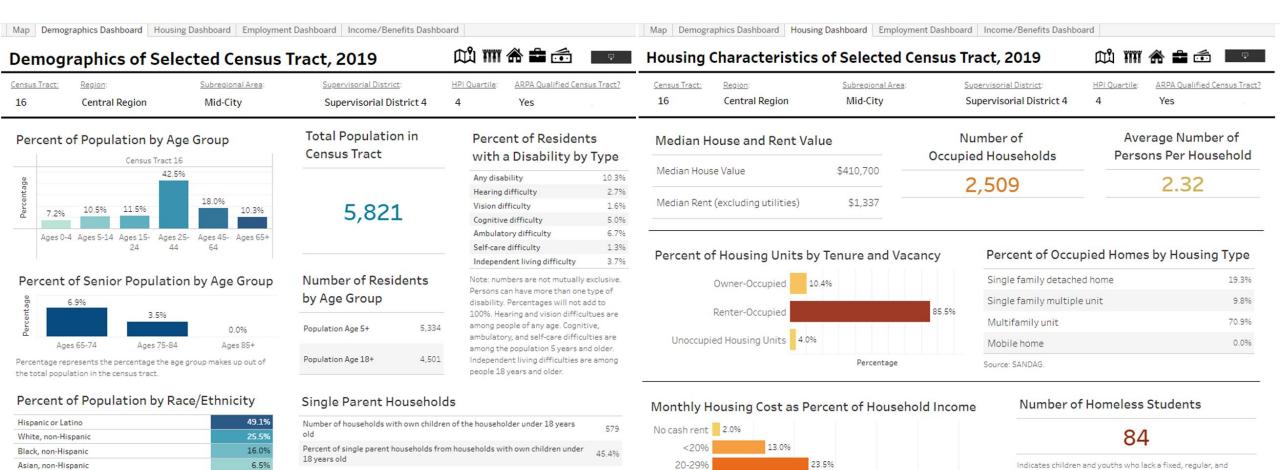
Public Health Services, Community Health Statistics Unit, December 2021.

← → □ * ⊬ &

students in the census tract.

Source: CALPADS.

58.6%



32.8%

12.6%

30+96

#+ableau

Sources: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates. California Healthy Places Index (HPI), Public Health Alliance of Southern

Longitudinal Pupil Achievement Data System (CALPADS)

California, Data Surfer, San Diego Association of Governments (SANDAG), California

SOCIOECONOMIC DISPARITIES BY CENSUS TRACT, 2019

++ + a b l e a u



ARPA Qualified Census Tract?

2,509

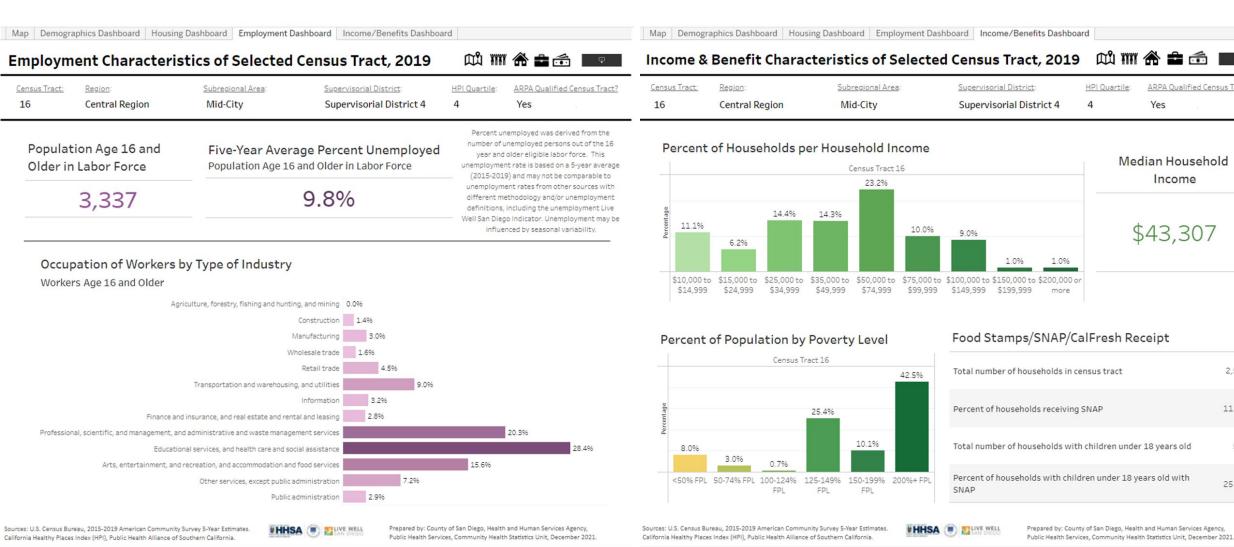
11.596

598

25.696

Yes

Income



#+ab|eau



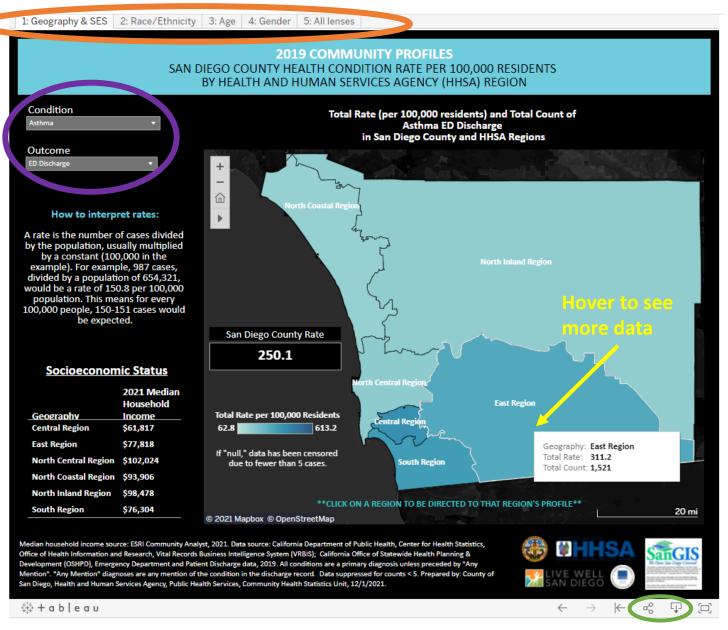
2019 COMMUNITY PROFILES IN TABLEAU





Navigate to data by various lenses of health equity

Use the drop-down arrows to filter by condition and outcome



2019 COMMUNITY PROFILES HEALTH CONDITION RATE PER 100,000 RESIDENTS BY SOUTH REGION SUBREGIONAL AREAS (SRA)

E WELL N DIEGO

Condition

Diabetes

Total Rate (per 100,000 residents) and Total Count of Diabetes ED Discharge in San Diego County South Region Subregional Areas (SRA)

Outcome

ED Discharge

How to interpret rates:

A rate is the number of cases divided by the population, usually multiplied by a constant (100,000 in the example). For example, 987 cases, divided by a population of 654,321, would be a rate of 150.8 per 100,000 population. This means for every 100,000 people, 150-151 cases would be expected.

Socioeconomic Status

Geography	2021 Median Household Income
Chula Vista	\$54,876
Coronado	\$114,778
National City	\$48,548
South Bay	\$61,565
Sweetwater	\$108,363



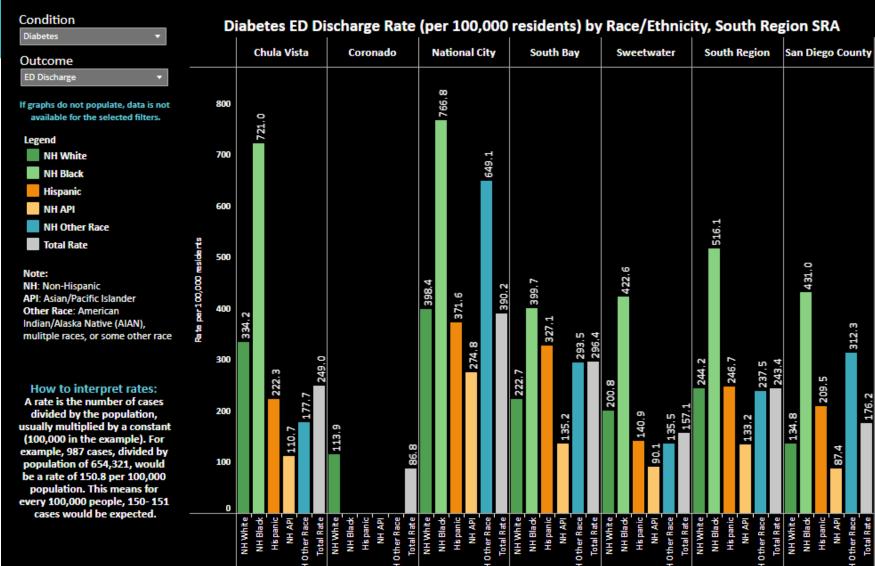
Median household income source: ESRI Community Analyst, 2021. Data source: California Department of Public Health, Center for Health Statistics,
Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS); California Office of Statewide Health Planning &
Development (OSHPD), Emergency Department and Patient Discharge data, 2019. All conditions are a primary diagnosis unless preceded by "Any
Mention". "Any Mention" diagnoses are any mention of the condition in the discharge record. Data suppressed for counts < 5. Prepared by: County of
San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 9/22/2021.





HEALTH CONDITION RATE PER 100,000 RESIDENTS BY RACE/ETHNICITY, SOUTH REGION SUBREGIONAL AREAS (SRA)







Data source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS); California Office of Statewide Health Planning & Development (OSHPD), Emergency Department and Patient Discharge data, 2019. All conditions are a primary diagnosis unless preceded by "Any Mention". "Any Mention" diagnoses are any mention of the condition in the discharge record. Data suppressed for counts < 5. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 9/22/2021.

HEALTH CONDITION RATE PER 100,000 RESIDENTS BY AGE, CENTRAL REGION SUBREGIONAL AREAS (SRA)

'E WELL N DIEGO

Condition

ED Discharge

Legend

Depression •
Outcome

If graphs do not populate, data is not available for the selected filters.

Ages 0-14
Ages 15-24
Ages 25-44
Ages 45-64
Ages 65 Plus
Total Rate

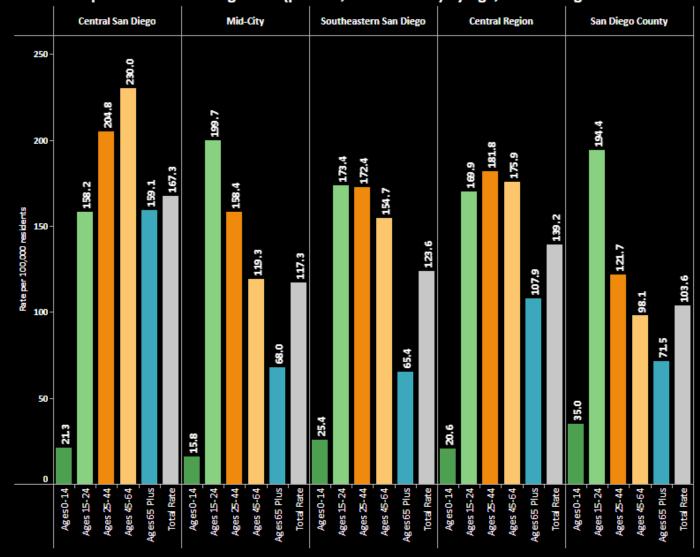
How to interpret rates:

A rate is the number of cases divided by the population, usually multiplied by a constant (100,000 in the example). For example, 987 cases, divided by population of 654,321, would be a rate of 150.8 per 100,000 population. This means for every 100,000 people, 150-151 cases would be expected.





Depression ED Discharge Rate (per 100,000 residents) by Age, Central Region SRA



Data source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS); California Office of Statewide Health Planning & Development (OSHPD), Emergency Department and Patient Discharge data, 2019. All conditions are a primary diagnosis unless preceded by "Any Mention". "Any Mention" diagnoses are any mention of the condition in the discharge record. Data suppressed for counts < 5.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 9/22/2021.

HEALTH CONDITION RATE PER 100,000 RESIDENTS BY GENDER, CENTRAL REGION SUBREGIONAL AREAS (SRA)

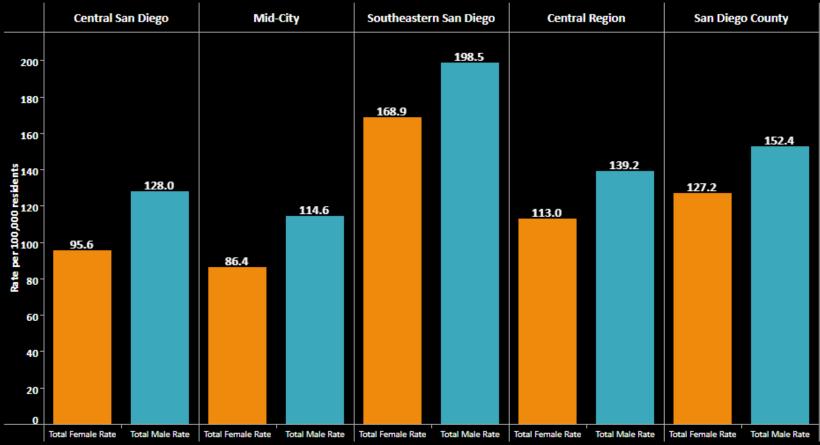
Condition	Outcome	
Overall Heart Disease 🔻	Death ▼	

If graphs do not populate, data is not available for the selected filters.

How to interpret a rate: A rate is the number of cases divided by the population, usually multiplied by a constant (100,000 in the following example). For example, 987 cases, divided by population of 654,321, would be a rate of 150.8 per 100,000 population. This means for every 100,000 people, 150- 151 cases would be expected.

is not available for the selected filters.

Overall Heart Disease Death Rate per 100,000 Residents by Gender, Central Region SRA



Data source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS); California Office of Statewide Health Planning & Development (OSHPD), Emergency Department and Patient Discharge data, 2019. All conditions are a primary diagnosis unless preceded by "Any Mention". "Any Mention" diagnoses are any mention of the condition in the discharge record. Data suppressed for counts < 5. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 9/22/2021.





HEALTH CONDITION RATE PER 100,000 RESIDENTS BY RACE/ETHNICITY, GENDER, SOCIOECONOMIC STATUS, AND AGE BY EAST REGION SUBREGIONAL AREA (SRA)

E WELL I DIEGO

East Region Subregional Area

Lemon Grove

Condition

Asthma

Outcome

ED Discharge

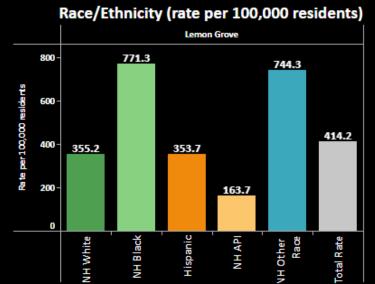
If graphs do not populate, data is not available for the selected filters.

Note:

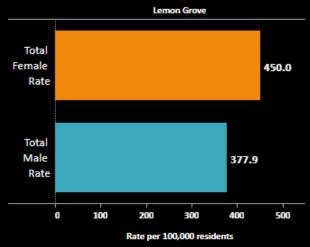
NH: Non-Hispanic API: Asian/Pacific Islander Other Race: American Indian/Alaska Native (AIAN), mulitple races, or some other race

How to interpret a rate:

A rate is the number of cases divided by the population, usually multiplied by a constant (100,000 in the following example). For example, 987 cases, divided by population of 654,321, would be a rate of 150.8 per 100,000 population. This means for every 100,000 people, 150-151 cases would be expected.



Gender (rate per 100,000 residents)

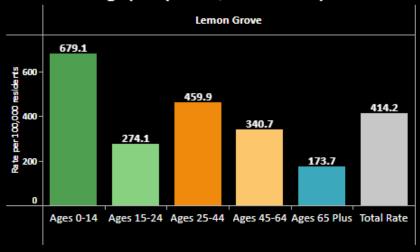


Socioeconomic Status

Geography 2021 Median
Household Income

Lemon Grove \$66,691

Age (rate per 100,000 residents)





Median household income source: ESRI Community Analyst, 2021. Data source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS); California Office of Statewide Health Planning & Development (OSHPD), Emergency Department and Patient Discharge data, 2019. All conditions are a primary diagnosis unless preceded by "Any Mention". "Any Mention" diagnoses are any mention of the condition in the discharge record. Data suppressed for counts < 5. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 9/22/2021.



HOSPITAL AND EMERGENCY DEPARTMENT DISCHARGE DATA FOR PERSONS EXPERIENCING HOMELESSNESS, 2019





2019 Hospital Discharge Data for Persons Experiencing Homelessness

Number of Individuals Experiencing Homelessness Discharged from the Hospital

Total Number of Hospital Discharges Experiencing Homelessness

Average Number of Visits per Person

1.7

4,116

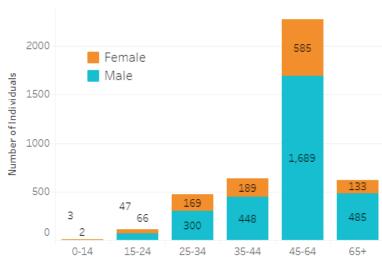
54

6,945

Age Range

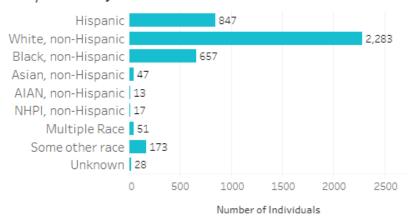
0 to 92 years old

Gender by Age



Race/Ethnicity

Median Age



Preferred Language Spoken



Footnote: Additional discharges of the same individual were removed from the total. All hospitalizations represent acute care facilities only. AIAN: American Indian/Alaska Native. NHPI: Native Hawaiian/Pacific Islander. Source: California Office of Statewide Health Planning & Development (OSHPD), Patient Discharge Data, 2019. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, December 2021.



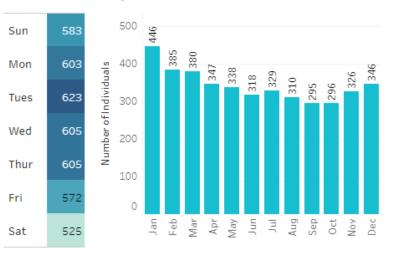






2019 Hospital Discharge Data for Persons Experiencing Homelessness

Admittance Day of Week and Month



6 days Average Length of Stay:

Top 10 Primary Diagnosis Groups

Septicemia	554
Skin and subcutaneous tissue infections	425
Alcohol-related disorders	249
Heart failure	197
Diabetes mellitus with complication	163
Poisoning by drugs, initial encounter	91
Chronic obstructive pulmonary disease and bronchiectasis	89
Pneumonia (except that caused by tuberculosis)	86
Fracture of the lower limb (except hip), initial encounter	86
Cardiac dysrhythmias	63

Top 5 Facility 7 incodes

Zipcou	
92103	1,859
91942	474
92123	417
92120	286
92025	268

Top 5 Expected Sources of Payment

Medi-Cal	2,797
Medicare	988
Self-Pay	177
Private Coverage	92
Other Government	54

Top 3 Patient Dispositions

Discharged to home or self care (routine discharge)	2,753
Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care	724
Left against medical advice or discontinued care	247

Footnote: Additional discharges of the same individual were removed from the total. All hospitalizations represent acute care facilities only. Source: California Office of Statewide Health Planning & Development (OSHPD), Patient Discharge Data, 2019. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, December 2021.

















2019 Hospital Discharge Data for Persons Experiencing Homelessness

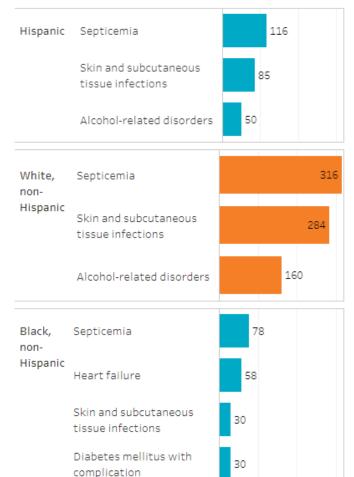
Top 10 Primary Diagnosis Groups

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Chronic obstructive pulmonary disease and bronchiectasis	89
Pneumonia (except that caused by tuberculosis)	86
Fracture of the lower limb (except hip), initial encounter	86
Cardiac dysrhythmias	63

Top 10 Primary Diagnosis Groups by Age Group**

	15-24	25-34	35-44	45-64	65+
Septicemia	18	72	95	285	84
Skin and subcutaneous tissue infections	12	68	98	213	34
Alcohol-related disorders		21	44	155	27
Heart failure		5	12	139	40
Diabetes mellitus with complication		14	23	100	22
Poisoning by drugs, initial encounter	5	24	18	36	8
Chronic obstructive pulmonary disease and bronchiectasis				67	18
Pneumonia (except that caused by tuberculosis)			11	47	23
Fracture of the lower limb (except hip), initial encounter		17	13	49	
Cardiac dysrhythmias				38	20

Top 3 Primary Diagnosis Groups for 3 Most Common Race/Ethnicities*



Footnote: Additional discharges of the same individual were removed from the total. All hospitalizations represent acute care facilities only. *Hispanic, Non-Hispanic White, and Non-Hispanic Black make up 92% of homeless individuals who were discharged from the hospital in 2019. **Counts less than 5 were surpressed. Ages 0-14 had no top 10 diagnosis groups greater than 5. Source: California Office of Statewide Health Planning & Development (OSHPD), Patient Discharge Data, 2019. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, December 2021.









2019 Emergency Department Data for Persons Experiencing Homelessness

Number of Individuals Experiencing Homelessness Discharged from the ED

6,724

47

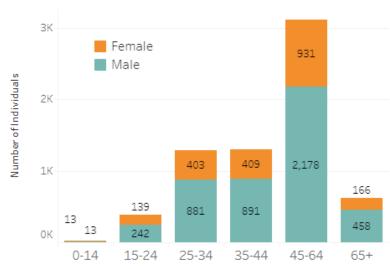
Total Number of ED Discharges Experiencing Homelessness Average Number of Visits per Person

2.4

16,376

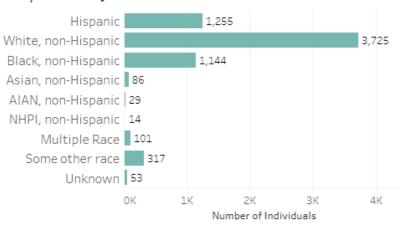
Age Range 0 to 98 years old

Gender by Age

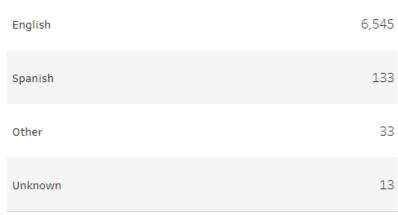


Race/Ethnicity

Median Age



Preferred Language Spoken



Footnote: Additional discharges of the same individual were removed from the total. AIAN: American Indian/Alaska Native. NHPI: Native Hawaiian/Pacific Islander. Source: California Office of Statewide Health Planning & Development (OSHPD), Emergency Department Discharge Data, 2019. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, December 2021.











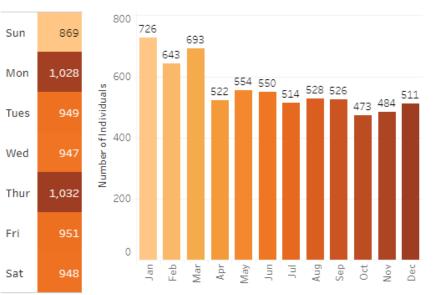






2019 Emergency Department Data for Persons Experiencing Homelessness





Top 10 Primary Diagnosis Groups

Skin and subcutaneous tissue infections	461
Schizophrenia spectrum & other psychotic disorders	417
Alcohol-related disorders	394
Suicidal ideation/attempt/intentional self-harm	309
Musculoskeletal pain, not low back pain	301
Superficial injury; contusion, initial encounter	251
Abdominal pain & other digestive/abdomen signs/symptoms	197
Nonspecific chest pain	191
Depressive disorders	182
Stimulant-related disorders	151

Top 5 Facility

Zipcod	es
92103	2,957
91942	915
92025	711
92123	579
92120	525

Top 5 Expected Sources of Payment

Medicaid (Medi-Cal)	4,421
Medicare Part B	881
Self Pay	710
Health Maintenance Organization (HMO) Medicare Risk	381
Health Maintenance Organization (HMO)	121

Top 3 Patient Dispositions

Discharged to home or self care (routine discharge)	6,086
Discharged/Transferred to a psychiatric hospital or psychiatric distinct part/unit of a hospital	222
Left against medical advice or discontinued care	209

Footnote: Additional discharges of the same individual were removed from the total

Source: California Office of Statewide Health Planning & Development (OSHPD), Emergency Department Discharge Data, 2019.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, December 2021.

















2019 Emergency Department Data for Persons Experiencing Homelessness

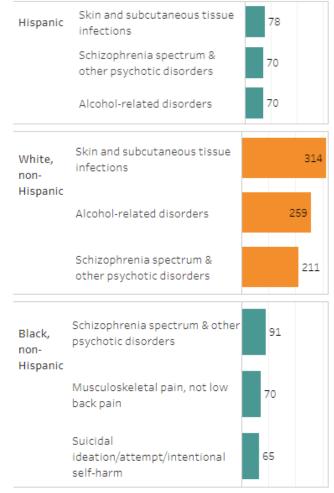
Top 10 Primary Diagnosis Groups

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Superficial injury; contusion, initial encounter	251
Abdominal pain & other digestive/abdomen signs/symptoms	197
Nonspecific chest pain	191
Depressive disorders	182
Stimulant-related disorders	151

Top 10 Primary Diagnosis Groups by Age Group**

	15-24	25-34	35-44	45-64	65+
Skin and subcutaneous tissue infections	22	116	104	192	27
Schizophrenia spectrum & other psychotic disorders	31	101	100	168	17
Alcohol-related disorders	15	54	70	211	44
Suicidal ideation/attempt/intentional self-harm	33	72	62	120	18
Musculoskeletal pain, not low back pain	8	38	48	182	24
Superficial injury; contusion, initial encounter	20	55	49	109	17
Abdominal pain & other digestive/abdomen signs/symptoms	12	34	41	96	14
Nonspecific chest pain		18	24	121	25
Depressive disorders	13	48	45	69	7
Stimulant-related disorders	14	47	37	51	

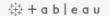
Top 3 Primary Diagnosis Groups for 3 Most Common Race/Ethnicities*



Footnote: Additional discharges of the same individual were removed from the total. *Hispanic, Non-Hispanic White, and Non-Hispanic Black make up 91% of homeless individuals who presented to the emergency department (ED) in 2019. **Counts less than 5 were surpressed. Ages 0-14 had no top 10 diagnoses greater than 5. Source: California Office of Statewide Health Planning & Development (OSHPD), Emergency Department Discharge Data, 2019. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, December 2021.











LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT 2020

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

April 5, 2022







San Diego County Local Public Health System Assessment

Conducted November 2020



County of San Diego
Health and Human Services Agency
Public Health Services
March 2022





POSTED at:

<u>Local Public Health System Asses</u> <u>sment.pdf (sandiegocounty.gov)</u>

UNIQUE AS A VIRTUAL



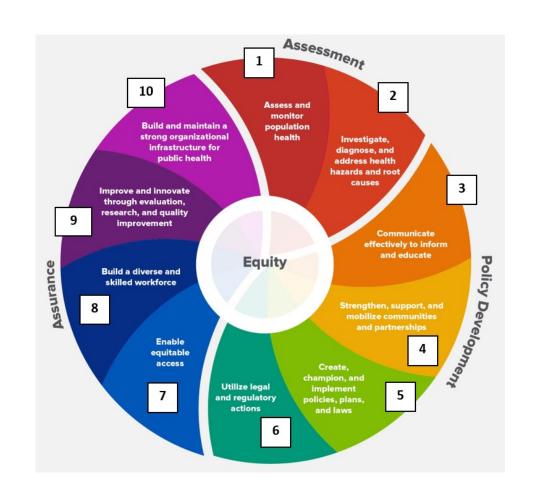
LPHSA 2020 is the 4th conducted in San Diego County

This LPHSA was redesigned as a virtual format due to the pandemic

Virtual format presented some advantages

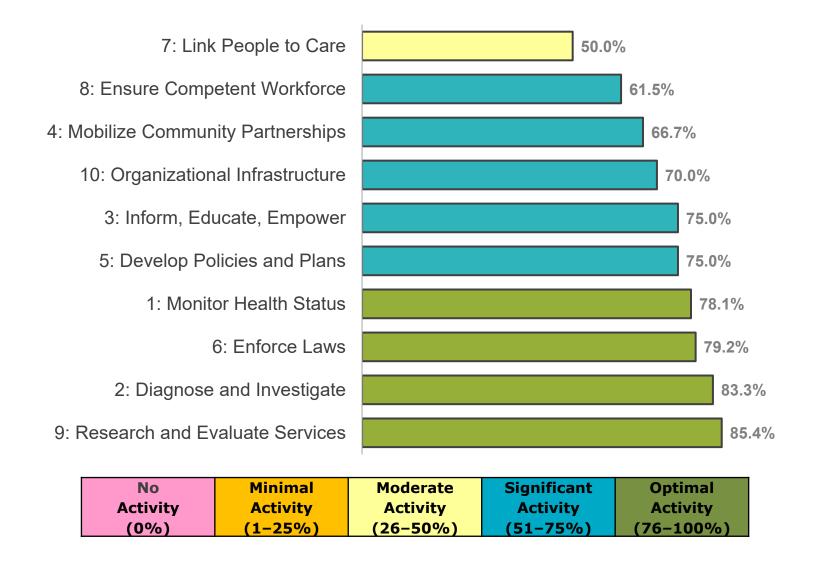
Orientation featured Dr. Wooten, Nick Macchione, Kaye Bender (former President of PHAB), and Regional Directors

Debrief convened after all sessions to present preliminary results



RESULTS FOR 2020 LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT







New Scores!

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

^{*}The new 10 Essential Public Health Service updates included a new Essential Service 10. Therefore, comparisons cannot be made to previous years. Essential Service 9 (Research and Evaluate) is a combination of the former Essential Service 9 (Evaluate) and 10 (Research).

No Activity (0%)

Minimal Activity (1-25%)

Moderate Activity (26-50%)

Significant Activity (51-75%)

Optimal Activity (76-100%)

STRENGTHS



- Consistently strong at monitoring health status (ES 1), diagnosing and investigating health issues (ES 2), and enforcing laws (ES 6)
- Improving in informing, educating and empowering the public (ES 3) and assuring a competent workforce (ES 8) as we have seen scores for these two Essential Services increase each from 2012 to 2016 and 2020.
- **Research and evaluation** (ES 9) also show improvement. When these two Essential Services were combined in 2020, and assessed together, performance was in the optimal range, compared to 2012 when Research was only in the moderate range.

WEAKNESSES



- For several Essential Services, the 2020 scores declined, and the score fell below "Optimal Activity."*
- These are linking people to care (ES 7); mobilizing community partnerships (ES 4); and developing policies and plans (ES 5)**.
- Scores were the lowest in 2020 for linking people to care (50%).
- Improving these scores is critical to advancing equity.
 - Unless all communities are linked to care and community partnerships are mobilized,
 the system will not be able to successfully meet the challenges of today or the future.
 - Developing policies and plans to make it easier for all residents to live is one of the more effective strategies for improving upon the conditions in which people live and increasing the prospect of a healthy, safe and thriving life.

*Not included here are those Essential Services that declined but still scored within "Optimal Activity."

** Developing policies and plans (ES 5) had been the highest scoring Essential Service in 2016 at 94%.

COMMENTS FOR SCORES THAT DECLINED BETWEEN 2016 AND 2020



Scores Declined	"Weaknesses" Identified During Session
Linking People to Care (ES 7)	Continuous barriers to access care, including transportation and availability of appointments on nights and weekends; not enough providers who reflect community being served; no universal health record to connect people across the public health system; no clear next step after universal screenings.
Mobilizing Community Partnerships (ES4)	Hard to keep track of all the different collaboratives; small organizations are sometimes overlooked and hard for rural communities to participate; lack of representation from non-English, non-Spanish speaking communities; greater emphasis needed on the power of health literacy.
Developing Policies and Plan (ES 5)	Lack of funding to develop plans and policies; one-size-fits all solutions are not tailored to individual community need or designed to target health disparities; though County Eligibility Operations has done incredible work, more advocacy needed to improve benefits and access to benefits.

Questions?



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

www.SDHealthStatistics.com

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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.



