POVERTY IN SAN DIEGO COUNTY

Poverty and Health

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

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Poverty in San Diego County:

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This publication of Poverty in San Diego County: Poverty and Health utilizes estimated data that is current up through 2023 or the most current year available at the time this publication was in development. This document was developed under the Community Health Statistics Unit of the County of San Diego and is in support of Live Well San Diego.

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Introduction

Poverty as a Social Determinant of Health

In the United States, it is estimated that medical care accounts for only 10-20 percent of the modifiable contributors to healthy outcomes in a population. The other 80-90 percent are "the conditions in which people are born, grow, live, work and age, and the systems put in place to deal with illness," known as social determinants of health (SDOH).[1] This means that a large proportion of disease burden within a community is shaped by SDOH, such as distribution of income, poverty, and access to healthcare and healthy food.

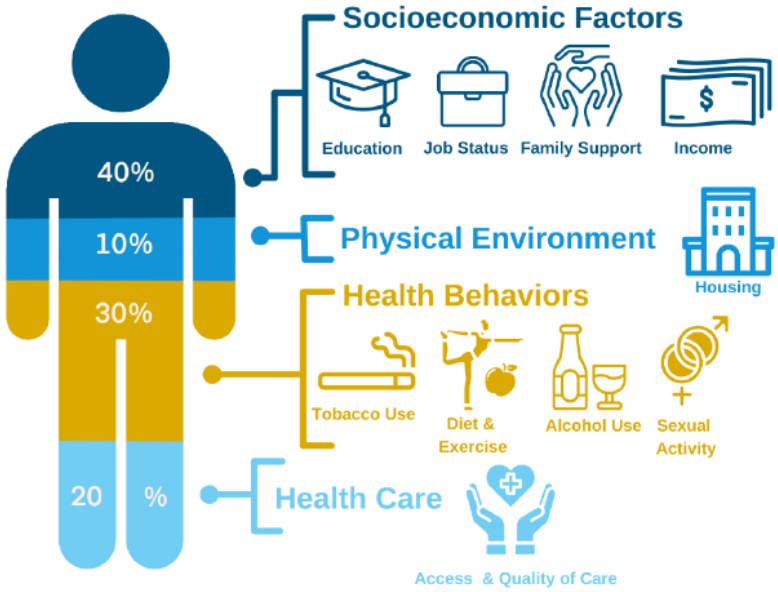


Figure 1: Social Determinants of Health (SDOH), UCLA Health.[2]

Poverty is an important SDOH because it frequently interacts with various other SDOH which, together, influence health behaviors and outcomes. The distribution of income within a community is often a significant contribution to disproportionate burden of disease among low- and high-income groups. Additionally, individuals experiencing poverty are more likely to live in the same geographic areas rather than living spread out evenly across the Nation.[3] Areas of concentrated poverty tend to have less access to positive resources, such as healthy food, education, safe neighborhoods, freedom from discrimination, and adequate housing. As a result, communities of lower socioeconomic status (SES), particularly those with high rates of poverty, have higher rates of morbidity and mortality.[4] These health inequities increase as poverty rates increase.

Although San Diego County appears to have a low poverty rate compared to other counties in the nation, there remains areas of severe concentrated poverty throughout the county where communities are struggling to make ends meet. Addressing poverty in San Diego County is crucial to achieving health equity.

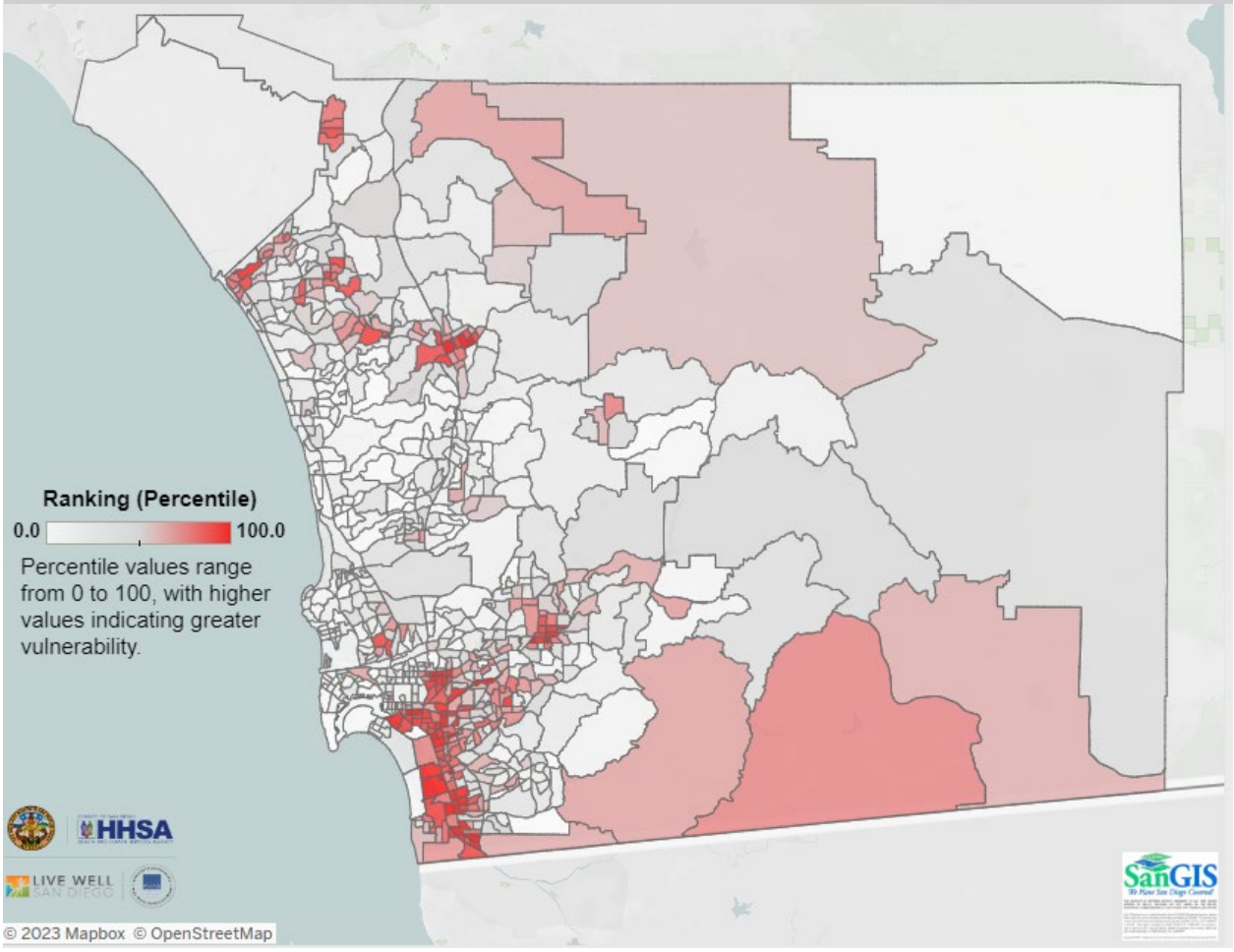
To view poverty and health statistics in San Diego County, visit the Poverty Dashboard Series here: https://public.tableau.com/views/PovertyDashboard-3/HomePage?:language=en-US&:display_count=n&:origin=viz_share_link

Social Vulnerability Index

Social vulnerability is the degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, which may affect the community's ability to prevent human suffering and financial loss in the event of a natural disaster or disease outbreak.[5] The Social Vulnerability Index (SVI) provides the relative community vulnerability by Census Tract. The ranking is based on 16 social factors, including factors such as unemployment, race and ethnicity, and disability, and further groups them into four related themes. The SVI is meant to inform and prepare communities to respond to emergency events, including natural disasters and disease outbreaks.

The map below shows the Overall Social Vulnerability Rankings by Census Tract in 2020.

Figure 2: Overall Social Vulnerability Rankings (Percentile) by Census Tract, San Diego County, 2020.



Source: Centers for Disease Control and Prevention[5]
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

Census Tract 202.07 was the most vulnerable Census Tract in San Diego County.

In 2020, Census Tract 202.07 in Escondido SRA and North Inland Region was 99.67% more vulnerable than other census tracts in California. Clusters of census tracts throughout San Diego County in each of the HHSA regions were ranked as at least 95% more vulnerable than other census tracts in California. Identification of these communities may help to improve preparation for emergency events.

3-4-50 Chronic Diseases and Socioeconomic Status

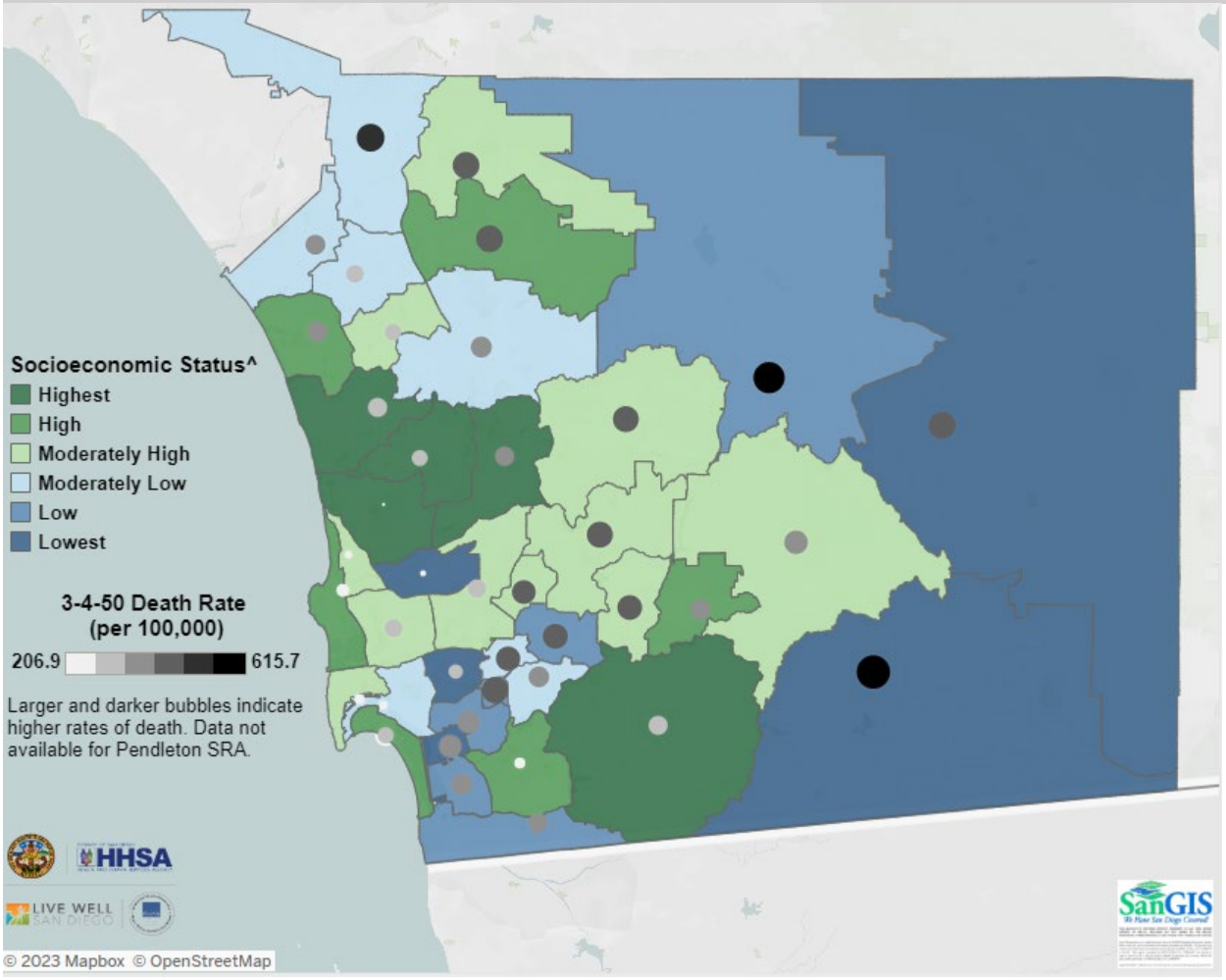
Chronic diseases are now the major cause of death and disability worldwide, having surpassed infectious diseases and injuries. This reflects an improvement in the prevention and treatment of infectious diseases and significant changes in dietary habits, physical activity levels, and tobacco use in the population.[6] Three behaviors (poor diet, physical inactivity, and tobacco use) contribute to four chronic diseases (cancer, heart disease and stroke, type 2 diabetes, and pulmonary diseases such as asthma) that cause over 50 percent of all deaths worldwide. This is the foundation of the 3-4-50 concept.[7]

Socioeconomic status has an influence on all three behaviors, and low socioeconomic status has been associated with each of the four chronic diseases.

In this brief, 3-4-50 chronic disease deaths include stroke, coronary heart disease (CHD), diabetes, COPD, asthma, and cancer. In 2020, COPD includes chronic lower respiratory diseases (COPD/chronic lower respiratory diseases). Socioeconomic status was created with median household income in dollars by SRA (ESRI Community Analyst, 2022) and broken into six categories, using the optimal binning procedure.

The map below shows the rates of death due to 3-40-50 chronic diseases by socioeconomic status and subregional areas.

Figure 3: Rates of Death (per 100,00) due to 3-4-50 Chronic Diseases by Socioeconomic Status and Subregional Areas, San Diego County, 2020.



^Socioeconomic status was created with median household income in dollars by SRA (ESRI Community Analyst, 2022) and broken into six categories, using the optimal binning procedure.
Rates per 100,000 population. ***Population estimates for 2020 were derived using the 2010 Census and data should be considered preliminary.*** *Rates not calculated for fewer than 11 events for the year 2020. Rates not calculated in cases where zip code is unknown for HHSA regions. The COVID-19 pandemic was associated with increases in all-cause mortality. COVID-19 deaths have affected the patterns of mortality including those of 3-4-50 chronic diseases.*
Source: CDPH[8]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

In 2020, the highest rate of death due to 3-4-50 chronic diseases was in Mountain Empire SRA in East Region.

In 2020, the rate of death due to 3-4-50 chronic diseases was 615.7 per 100,000 residents in Mountain Empire SRA, the highest rate among all SRAs in San Diego County. Mountain Empire SRA was also among the SRAs ranked in the lowest socioeconomic status group.

Table 1: 10 Highest Death Rates due to 3-4-50 Chronic Diseases by Subregional Area (SRA), 2020.

	Subregional Area	Region	Supervisorial District	3-4-50 Death Rate	Socioeconomic Status
1.	**Mountain Empire**	**East**	**2**	**615.65**	**Lowest**
2.	**Palomar-Julian**	**North Inland**	**5**	**566.02**	**Low**
3.	**Fallbrook**	**North Inland**	**5**	**492.00**	**Moderately Low**
4.	**Anza-Borrego Springs**	**North Inland**	**5**	**475.53**	**Lowest**
5.	Valley Center	North Inland	5	473.76	High
6.	Pauma	North Inland	5	469.73	Moderately High
7.	**Lemon Grove**	**East**	**2**	**464.23**	**Low**
8.	Lakeside	East	2	457.00	Moderately High
9.	Ramona	North Inland	2	454.27	Moderately High
10.	**El Cajon**	**East**	**2**	**434.98**	**Low**

Source: CDPH[8]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

In 2020, 6 of the 10 highest death rates due to 3-4-50 chronic diseases were in SRAs included in the low socioeconomic status groups.

Of the 10 highest death rates due to 3-4-50 chronic diseases in San Diego County, 6 were ranked in the moderately low, low, and lowest socioeconomic status groups. However, Valley Center SRA in North Inland Region, had the 5th highest death rate and was ranked in the high socioeconomic group. These findings indicate that areas of lower income may be at higher risk for 3-4-50 chronic diseases in San Diego County.

Health Conditions in Low-Income Areas

Socioeconomic status has a significant impact on health outcomes. Residents living in communities of high poverty have higher rates of morbidity and mortality across the lifespan. Impoverished communities tend to have less access to positive resources, such as healthy food, education, safe neighborhoods, freedom from discrimination, and adequate housing. Each of these SDOH influence health behaviors and healthcare access and lead to worse health outcomes for individuals of lower socioeconomic status.

The findings in this section outline the census tracts with the highest crude prevalence of health conditions included in the 2020 Centers for Disease Control and Prevention (CDC) PLACES[9], excluding obesity, by Health and Human Services Agency (HHSA) Regions and low-income area status. A census tract was considered a low-income area if the tract median income was at or below 80% of the appliable area median income (AMI).[10]

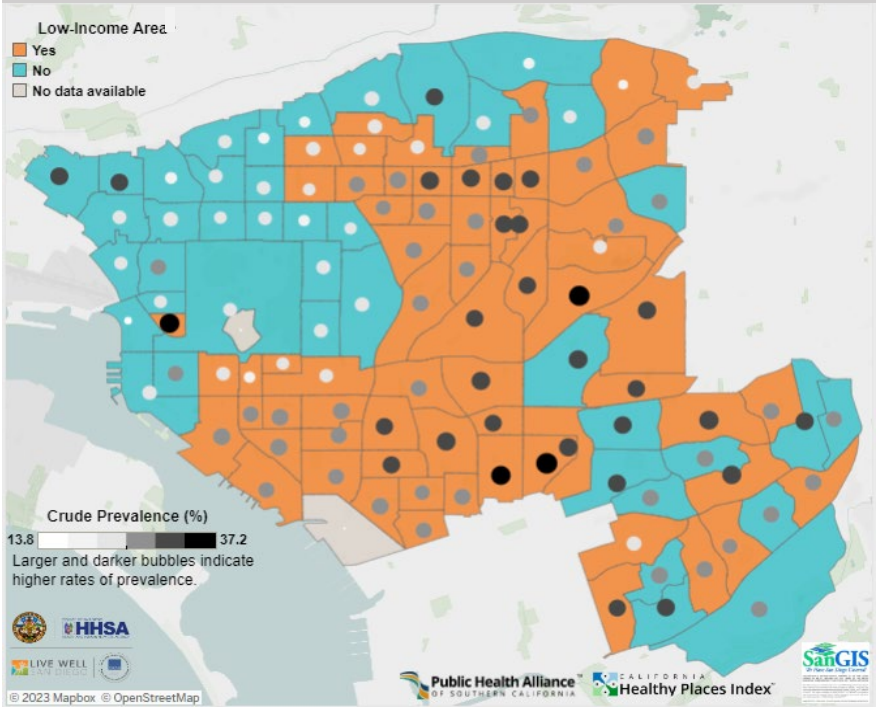
Central Region

In Central Region, the highest prevalence rate of high blood pressure was in Census Tract 31.01.

In 2019, 37.2% of residents in Census Tract 31.01 in Southeastern San Diego SRA had ever been told by a doctor that they had high blood pressure (HBP). Census Tract 31.01 was also a low-income area.

In Central Region, 9 out of 10 census tracts with the highest overall crude prevalence of HBP were low-income areas.

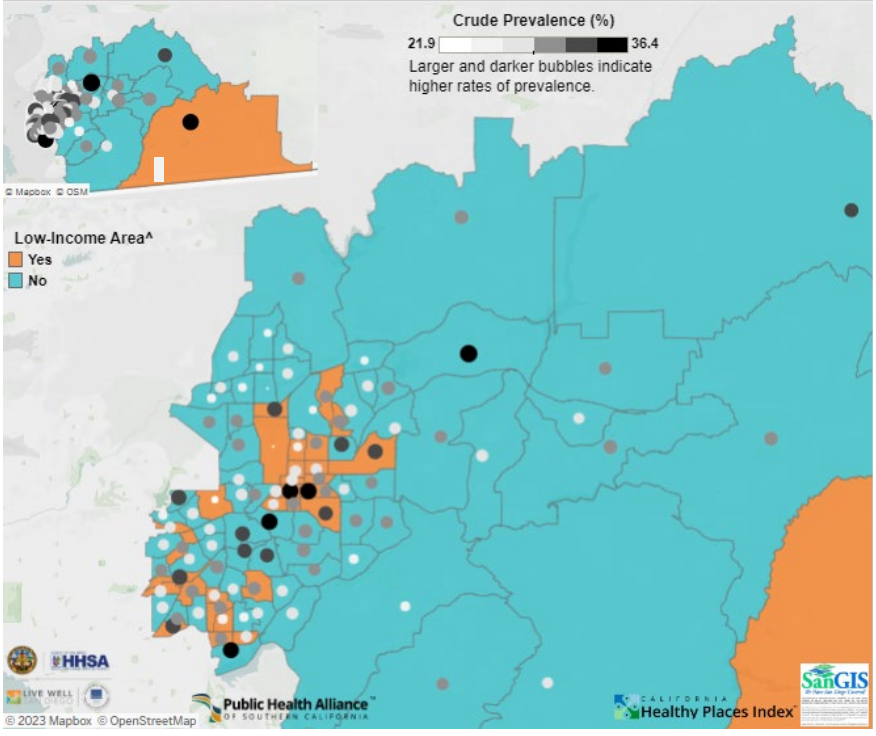
Figure 4: High Blood Pressure (among adults aged 18 or older), Crude Prevalence (%), by Census Tract, Central Region, 2019.



Sources: CDC Places[9]; FHFA[10]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

East Region

Figure 5: High Blood Pressure (among adults aged 18 or older), Crude Prevalence (%), by Census Tract, East Region, 2019.



Sources: CDC Places[9]; FHFA[10]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

In East Region, the highest prevalence rate of high blood pressure was in Census Tract 168.02.

In 2019, 36.4% of residents in Census Tract 168.02 in Harbison Crest SRA had ever been told by a doctor that they had high blood pressure (HBP). Census Tract 168.02 was not a low-income area.

In East Region, 6 out of 10 census tracts with the highest overall crude prevalence of HBP were low-income areas.

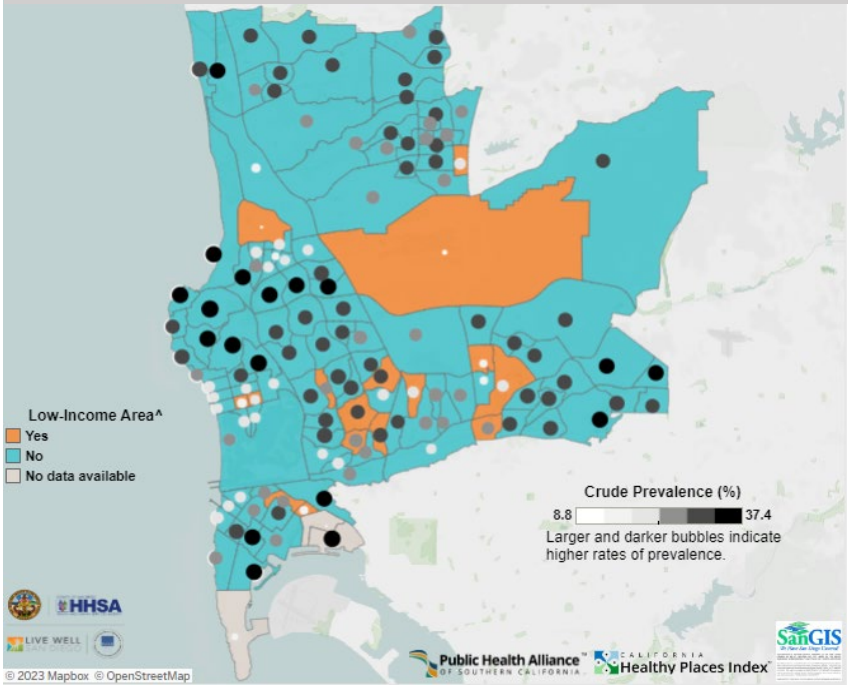
North Central Region

In North Central Region, the highest prevalence rate of high cholesterol was in Census Tract 83.03.

In 2019, 37.4% of residents in Census Tract 83.03 in Coastal SRA had ever been told by a doctor that they had high cholesterol. Census Tract 83.03 was not a low-income area.

In North Central Region, none of the 10 census tracts with the highest overall crude prevalence of high cholesterol were low-income areas.

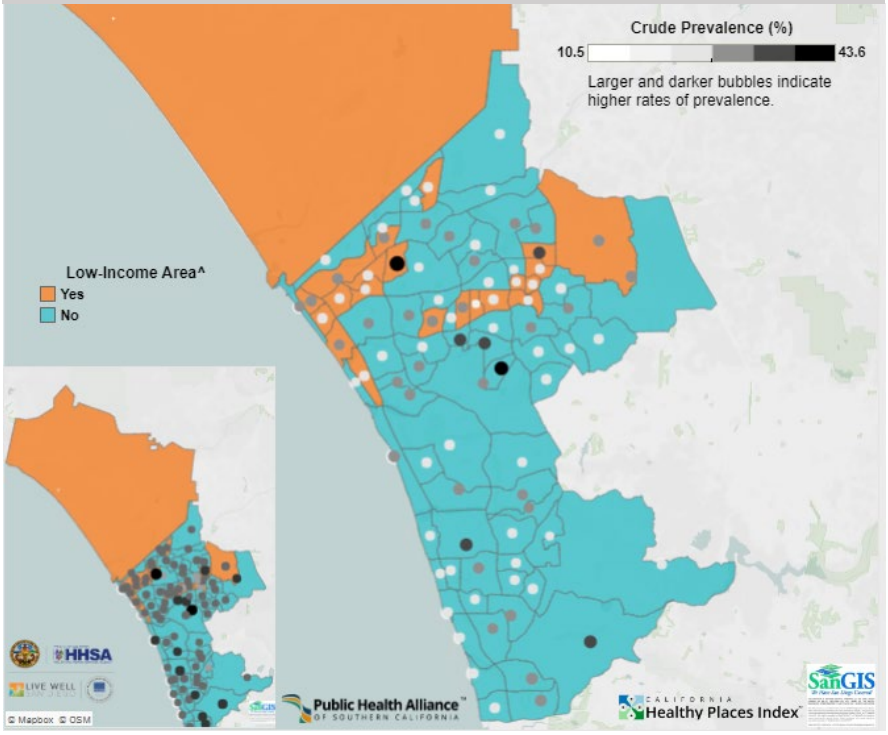
Figure 6: High Cholesterol (among adults aged 18 or older who have been screened in the past 5 years), Crude Prevalence (%), by Census Tract, North Central Region, 2019.



Sources: CDC Places[9]; FHFA[10]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

North Coastal Region

Figure 7: High Blood Pressure (among adults aged 18 or older), Crude Prevalence (%), by Census Tract, North Coastal Region, 2019.



Sources: CDC Places[9]; FHFA[10]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

In North Coastal Region, the highest prevalence rate of high blood pressure was in Census Tract 185.12.

In 2019, 43.6% of residents in Census Tract 185.12 in Oceanside SRA had ever been told by a doctor that they had high blood pressure (HBP). Census Tract 185.12 was also a low-income area.

In North Coastal Region, 2 out of 10 census tracts with the highest overall crude prevalence of HBP were low-income areas.

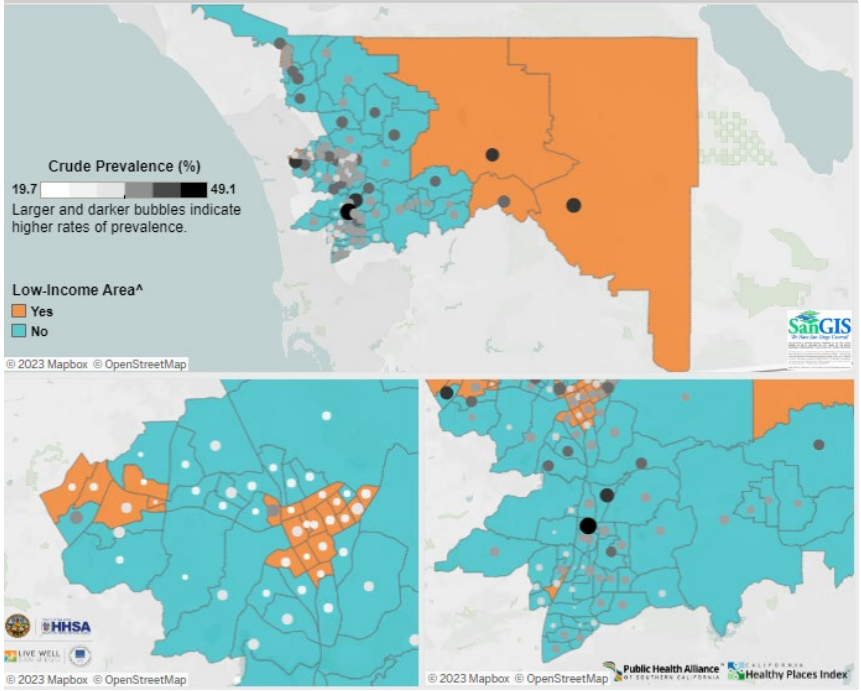
North Inland Region

In North Inland Region, the highest prevalence rate of high blood pressure was in Census Tract 170.14.

In 2019, 49.1% of residents in Census Tract 170.14 in North San Diego SRA had ever been told by a doctor that they had high blood pressure (HBP). This was the highest crude prevalence of HBP in San Diego County. Census Tract 170.14 was not a low-income area.

In North Inland Region, 5 out of 10 census tracts with the highest overall crude prevalence of HBP were low-income areas.

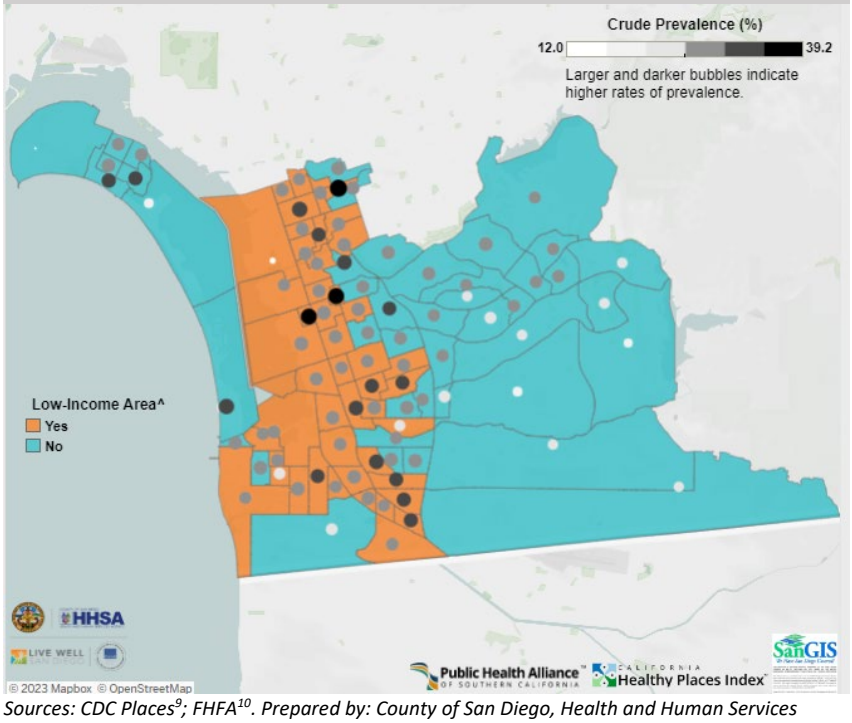
Figure 8: High Blood Pressure (among adults aged 18 or older), Crude Prevalence (%), by Census Tract, North Inland Region, 2019.



Sources: CDC Places[9]; FHFA[10]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

South Region

Figure 9: High Blood Pressure (among adults aged 18 or older), Crude Prevalence (%), by Census Tract, South Region, 2019.



Sources: CDC Places[9]; FHFA[10]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

In South Region, the highest prevalence rate of high blood pressure was in Census Tract 120.02.

In 2019, 39.2% of residents in Census Tract 120.02 in National City SRA had ever been told by a doctor that they had high blood pressure (HBP). Census Tract 120.02 was also a low-income area.

In South Region, 6 out of 10 census tracts with the highest overall crude prevalence of HBP were low-income areas.

Health Outcomes and Socioeconomic Status

The findings in this section outline the Health and Human Services Agency (HHSA) Subregional Areas (SRAs) with the highest age-adjusted rates of medical encounters for health conditions most frequently associated with poverty.[10,11] This includes asthma, cancer, diabetes, heart disease, stroke, depression, flu/pneumonia, and assault. The socioeconomic status (SES) category of each SRA is included. Socioeconomic status categories were created with median household income in dollars by SRA (ESRI Community Analyst, 2022), broken into six categories, using the optimal binning procedure.

Behavioral Health Conditions

Table 2: Highest Age-Adjusted Medical Encounter Rates due to Depression by Subregional Area (SRA), 2020.

	Subregional Area	Region	Supervisorial District	Rate	Socioeconomic Status
Hospitalization					
1.	National City	South	Supervisorial District 1	31.6	Lowest
2.	South Bay	South	Supervisorial District 1	9.4	Low
3.	Central San Diego	Central	Supervisorial District 4	9.2	Moderately Low
Emergency Department Discharge					
1.	National City	South	Supervisorial District 1	99.4	Lowest
2.	Vista	North Coastal	Supervisorial District 5	85.2	Moderately Low
3.	Southeastern San Diego	Central	Supervisorial District 4	85.0	Low
4.	Spring Valley	East	Supervisorial District 2	79.6	Moderately Low
5.	Central San Diego	Central	Supervisorial District 4	77.7	Moderately Low

Rates per 100,000 population. Sources: CDPH[11]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

Communicable Conditions

Table 3: Highest Age-Adjusted Medical Encounter Rates due to Flu/Pneumonia by Subregional Area (SRA), 2020.

	Subregional Area	Region	Supervisorial District	Rate	Socioeconomic Status
Hospitalization					
1.	Mountain Empire	East	Supervisorial District 2	175.4	Lowest
2.	National City	South	Supervisorial District 1	169.4	Lowest
3.	Southeastern San Diego	Central	Supervisorial District 4	154.6	Low
4.	South Bay	South	Supervisorial District 1	153.3	Low
5.	El Cajon	East	Supervisorial District 2	148.3	Low
Emergency Department Discharge					
1.	Southeastern San Diego	Central	Supervisorial District 4	766.8	Low
2.	South Bay	South	Supervisorial District 1	708.8	Low
3.	National City	South	Supervisorial District 1	692.8	Lowest
4.	Chula Vista	South	Supervisorial District 1	685.0	Low
5.	Lemon Grove	East	Supervisorial District 2	637.4	Low

Rates per 100,000 population. Sources: CDPH[11]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

Injury Conditions

Table 4: Highest Age-Adjusted Medical Encounter Rates due to Assault by Subregional Area (SRA), 2020.

	Subregional Area	Region	Supervisorial District	Rate	Socioeconomic Status
Hospitalization					
1.	Lemon Grove	East	Supervisorial District 2	78.6	Low
2.	South Bay	South	Supervisorial District 1	64.4	Low
3.	Spring Valley	East	Supervisorial District 2	55.4	Moderately Low
4.	Southeastern San Diego	Central	Supervisorial District 4	53.3	Low
5.	Central San Diego	Central	Supervisorial District 4	50.1	Moderately Low
Emergency Department Discharge					
1.	Southeastern San Diego	Central	Supervisorial District 4	376.5	Low
2.	Spring Valley	East	Supervisorial District 2	335.2	Moderately Low
3.	Mid-City	Central	Supervisorial District 4	304.4	Lowest
4.	Lemon Grove	East	Supervisorial District 2	296.4	Low
5.	Harbison Crest	East	Supervisorial District 5	285.1	Moderately High

Rates per 100,000 population. Sources: CDPH[11]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

Non-Communicable (Chronic) Conditions

Table 5: Highest Age-Adjusted Medical Encounter Rates due to Asthma by Subregional Area (SRA), 2020.

	Subregional Area	Region	Supervisorial District	Rate	Socioeconomic Status
Hospitalization					
1.	National City	South	Supervisorial District 1	56.7	Lowest
2.	Lemon Grove	East	Supervisorial District 2	47.9	Low
3.	Southeastern San Diego	Central	Supervisorial District 4	44.0	Low
4.	South Bay	South	Supervisorial District 1	38.4	Low
5.	Spring Valley	East	Supervisorial District 2	36.2	Moderately low
Emergency Department Discharge					
1.	Southeastern San Diego	Central	Supervisorial District 4	352.8	Low
2.	National City	South	Supervisorial District 1	322.9	Lowest
3.	Lemon Grove	East	Supervisorial District 2	295.3	Low
4.	Mountain Empire	East	Supervisorial District 2	272.9	Lowest
5.	Spring Valley	East	Supervisorial District 2	234.5	Moderately low

Rates per 100,000 population. Sources: CDPH[11]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

Table 6: Highest Age-Adjusted Death and Medical Encounter Rates due to Cancer by Subregional Area (SRA), 2020.

	Subregional Area	Region	Supervisorial District	Rate	Socioeconomic Status
Death					
1.	Mountain Empire	East	Supervisorial District 2	221.7	Lowest
2.	Palomar-Julian	North Inland	Supervisorial District 5	193.3	Low
3.	Valley Center	North Inland	Supervisorial District 5	191.3	High
4.	Lemon Grove	East	Supervisorial District 2	171.9	Low
5.	National City	South	Supervisorial District 1	170.5	Lowest
Hospitalization					
1.	Mountain Empire	East	Supervisorial District 2	404.8	Lowest
2.	Valley Center	North Inland	Supervisorial District 5	329.7	High
3.	South Bay	South	Supervisorial District 1	312.8	Low
4.	Lemon Grove	East	Supervisorial District 2	286.5	Low
5.	Southeastern San Diego	Central	Supervisorial District 4	280.7	Low
Emergency Department Discharge					
1.	National City	South	Supervisorial District 1	56.8	Lowest
2.	Lemon Grove	East	Supervisorial District 2	45.4	Low
3.	South Bay	South	Supervisorial District 1	45.0	Low
4.	Southeastern San Diego	Central	Supervisorial District 4	43.5	Low
5.	Escondido	North Inland	Supervisorial District 3	38.8	Moderately Low

Rates per 100,000 population. Sources: CDPH[11]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

Table 7: Highest Age-Adjusted Death and Medical Encounter Rates due to Diabetes by Subregional Area (SRA), 2020.

	Subregional Area	Region	Supervisorial District	Rate	Socioeconomic Status
Death					
1.	National City	South	Supervisorial District 1	73.3	Lowest
2.	Lemon Grove	East	Supervisorial District 2	61.3	Low
3.	Southeastern San Diego	Central	Supervisorial District 4	50.2	Low
4.	South Bay	South	Supervisorial District 1	42.4	Low
5.	Chula Vista	South	Supervisorial District 1	36.6	Low
Hospitalization					
1.	Mountain Empire	East	Supervisorial District 2	342.8	Lowest
2.	Lemon Grove	East	Supervisorial District 2	322.9	Low
3.	National City	South	Supervisorial District 1	318.7	Lowest
4.	Southeastern San Diego	Central	Supervisorial District 4	267.7	Low
5.	South Bay	South	Supervisorial District 1	213.1	Low
Emergency Department Discharge					
1.	National City	South	Supervisorial District 1	328.5	Lowest
2.	Southeastern San Diego	Central	Supervisorial District 4	290.5	Low
3.	Mountain Empire	East	Supervisorial District 2	286.2	Lowest
4.	South Bay	South	Supervisorial District 1	268.9	Low
5.	Lemon Grove	East	Supervisorial District 2	244.1	Low

Rates per 100,000 population. Sources: CDPH[11]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

Table 8: Highest Age-Adjusted Death and Medical Encounter Rates due to Overall Heart Disease by Subregional Area (SRA), 2020.

	Subregional Area	Region	Supervisorial District	Rate	Socioeconomic Status
Death					
1.	Mountain Empire	East	Supervisorial District 2	224.0	Lowest
2.	National City	South	Supervisorial District 1	191.7	Lowest
3.	Lemon Grove	East	Supervisorial District 2	182.3	Low
4.	Pauma	North Inland	Supervisorial District 5	177.5	Moderately High
5.	South Bay	South	Supervisorial District 1	176.7	Low
Hospitalization					
1.	South Bay	South	Supervisorial District 1	1,257.1	Low
2.	Lemon Grove	East	Supervisorial District 2	1,231.8	Low
3.	National City	South	Supervisorial District 1	1,200.4	Lowest
4.	Southeastern San Diego	Central	Supervisorial District 4	1,198.5	Low
5.	Mountain Empire	East	Supervisorial District 2	1,109.2	Lowest
Emergency Department Discharge					
1.	Southeastern San Diego	Central	Supervisorial District 4	2,369.6	Low
2.	Lemon Grove	East	Supervisorial District 2	2,268.1	Low
3.	National City	South	Supervisorial District 1	2,242.2	Lowest
4.	El Cajon	East	Supervisorial District 2	2,197.3	Low
5.	Harbison Crest	East	Supervisorial District 5	2,189.5	Moderately High

Rates per 100,000 population. Sources: CDPH[11]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

Table 9: Highest Age-Adjusted Medical Encounter Rates due to Stroke by Subregional Area (SRA), 2020.

	Subregional Area	Region	Supervisorial District	Rate	Socioeconomic Status
Death					
1.	National City	South	Supervisorial District 1	74.9	Lowest
2.	Southeastern San Diego	Central	Supervisorial District 4	62.8	Lowest
3.	Escondido	North Inland	Supervisorial District 3	61.6	Moderately Low
4.	La Mesa	East	Supervisorial District 2	60.1	Moderately Low
5.	Fallbrook	North Inland	Supervisorial District 5	59.4	Moderately Low
Hospitalization					
1.	Lemon Grove	East	Supervisorial District 2	279.9	Low
2.	South Bay	South	Supervisorial District 1	265.8	Low
3.	Southeastern San Diego	Central	Supervisorial District 4	256.2	Low
4.	National City	South	Supervisorial District 1	254.6	Lowest
5.	Laguna-Pine Valley	East	Supervisorial District 2	224.2	Moderately High
Emergency Department Discharge					
1.	Ramona	North Inland	Supervisorial District 2	99.1	Moderately High
2.	Southeastern San Diego	Central	Supervisorial District 4	97.3	Low
3.	Valley Center	North Inland	Supervisorial District 5	95.6	High
4.	South Bay	South	Supervisorial District 1	94.8	Low
5.	San Marcos	North Inland	Supervisorial District 5	91.9	Moderately High

Rates per 100,000 population. Sources: CDPH[11]. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2023.

Key Findings

Among conditions most frequently associated with poverty, the majority of the highest age-adjusted medical encounter rates in 2020 were among Subregional Areas (SRAs) within the moderately low, low, and lowest socioeconomic status (SES) categories.

DEPRESSION

The highest hospitalization and emergency department (ED) discharge rates due to depression were in National City SRA, an SRA within the lowest SES category, with an age-adjusted rate of 31.6 per 100,000 residents and 99.4 per 100,000 residents, respectively (Table 2).

FLU/PNEUMONIA

The highest age-adjusted hospitalization rate due to flu/pneumonia was in Mountain Empire SRA (175.4 per 100,000 residents), an SRA within the lowest SES category, and the highest age-adjusted ED discharge rate due to flu/pneumonia was in Southeastern San Diego SRA (766.8 per 100,000 residents), an SRA within the low SES category (Table 3).

ASSAULT

The highest age-adjusted hospitalization rate due to assault was in Lemon Grove SRA (78.6 per 100,000), an SRA within the low SES category, and the highest age-adjusted ED discharge rate due to assault was in Southeastern San Diego SRA (376.5 per 100,000 residents), an SRA within the low SES category. Of the five highest age-adjusted ED discharge rates, only one SRA, Harbison Crest, was not among the moderately low, low, or lowest SES categories (Table 4).

ASTHMA

The highest age-adjusted hospitalization rate due to asthma was in National City SRA (56.7 per 100,000 residents), an SRA within the lowest SES category, and the highest age-adjusted ED discharge rate due to asthma was in Southeastern San Diego SRA (352.8 per 100,000 residents), an SRA within the low SES category (Table 5).

CANCER

The highest age-adjusted rate of death and hospitalization due to cancer was in Mountain Empire SRA, an SRA within the lowest SES category, with a rate of 221.7 per 100,000 residents and 404.8 per 100,000 residents, respectively. The highest age-adjusted rate of ED discharge due to cancer was in National City SRA, an SRA also within the lowest SES category, with a rate of 56.8 per 100,000 residents. The five highest age-adjusted medical encounter rates were among the moderately low, low, and lowest SES categories, with the exception of Valley Center SRA, an SRA within the high SES category, which had the third highest age-adjusted death rate and the second highest age-adjusted hospitalization rate due to cancer (Table 6).

DIABETES

The highest age-adjusted rate of death and ED discharge due to diabetes was in National City SRA, an SRA within the lowest SES category, with a rate of 73.3 per 100,000 residents and 328.5 per 100,000 residents, respectively. The highest age-

adjusted rate of hospitalization due to cancer was in Mountain Empire SRA (342.8 per 100,000 residents), an SRA also within the lowest SES category (Table 7).

OVERALL HEART DISEASE

The highest age-adjusted rate of death due to overall heart disease was in Mountain Empire SRA (224.0 per 100,000), an SRA within the lowest SES category. The highest age-adjusted rate of hospitalization due to overall heart disease was in South Bay SRA (1,257.1 per 100,000 residents), an SRA within the low SES category, and the highest age-adjusted rate of ED discharge due to overall heart disease was in Southeastern San Diego (2,369.6 per 100,000 residents), an SRA also within the low SES category. The five highest age-adjusted death and ED discharge rates due to overall heart disease were among the low and lowest SES categories, except for Pauma SRA and Harbison Crest SRA (moderately high SES), which had the fourth highest age-adjusted death rate and the fifth highest age-adjusted ED discharge rate, respectively (Table 8). However, the five highest age-adjusted hospitalization rates due to overall heart disease were in SRAs within the low and lowest SES categories.

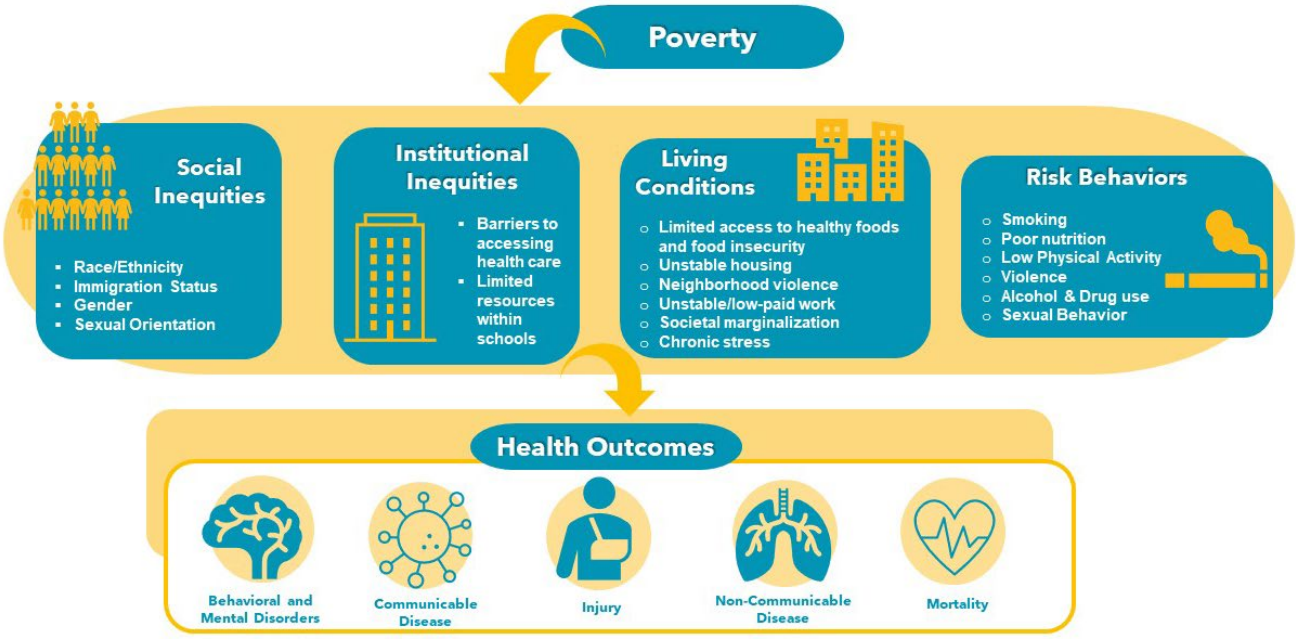
STROKE

The highest age-adjusted rate of death due to stroke was in National City SRA (74.9 per 100,000 residents), an SRA within the lowest SES category. The highest age-adjusted rate of hospitalization due to stroke was in Lemon Grove SRA (279.9 per 100,000 residents), an SRA within the low SES category. The highest age-adjusted ED discharge rate was in Ramona, an SRA within the moderately high SES category, with a rate of 99.1 per 100,000 residents (Table 9).

Conclusion

The findings in this brief reflect the current literature regarding poverty and poor health outcomes. Poverty is a social determinant of health (SDOH) that can contribute to inequitable access to resources and opportunities and increase the risk of adverse health outcomes. Some groups of people are at higher risk of experiencing poverty, including racial/ethnic minorities and women. Communities living in poverty face institutional inequities, including barriers to accessing health care and limited educational resources. Living conditions are also significantly impacted by poverty. This includes limited access to healthy foods or food insecurity, unstable housing, neighborhood violence, and chronic stress. Individuals experiencing poverty may also be more likely to smoke and use substances, experience violence, and engage in low levels of physical activity. Together, these social determinants of health (SDOH) result in higher levels of morbidity and mortality.

Figure 10: Pathway of Poverty to Poor Health Outcomes.



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To achieve health equity in San Diego County, poverty must be addressed at the community level by first identifying communities living in poverty and struggling to make ends meet. Prevention and reduction of poverty within San Diego communities can reduce negative health and well-being outcomes in adulthood and prevent the cycle of poverty from continuing. Additionally, identifying communities with high rates of other SDOH that may increase the risk of falling into poverty can inform policy makers of communities in need of targeted resources and interventions. Although San Diego County appears to have low poverty rates compared to other counties across the country, there are communities throughout the county that are experiencing disproportionate levels of poverty and poor health outcomes.

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