



Exploring Health Disparities in San Diego County Residents by Race/Ethnicity

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



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APRIL 2025

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Inquiries regarding this document may be directed to:

Community Health Statistics Unit

5530 Overland Ave, Suite 210

San Diego, CA 92123

(619) 692-6667

www.SDHealthStatistics.com

PHS.CHSU.HHSA@sdcounty.ca.gov

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EXECUTIVE SUMMARY

HEALTH DISPARITIES BY RACE/ETHNICITY



Exploring Health Disparities in San Diego County Residents by Race/Ethnicity

Demographics

In 2022, residents in San Diego County were primarily non-Hispanic (NH) White, followed by Hispanic, NH Asian/Pacific Islander (API), and NH Black. While Hispanic and NH White populations had slightly greater proportion of males, NH API and NH Black populations had slightly greater proportion of females. Nearly 1 out of every 3 NH Black residents and Hispanic residents respectively lived below 200% of the Federal Poverty Level (FPL). In 2022, a greater proportion of NH Black households with total annual household income less than or equal to 200% of the FPL received food stamps compared to NH API, NH Black, and NH White households.

On average, from 2018-2022, a greater proportion of Hispanic and NH API populations were aged 25-44 years and a greater proportion of the NH White population were aged 45-64 years. The NH Black population had comparable proportions of residents aged 25-44 years and 45-64 years. On average, from 2018-2022, compared to other race/ethnicity groups, a greater proportion of Hispanic adults had less than grade 12 (high school) education, were uninsured, and reported being unemployed and looking for work. NH Black adults were more likely to be separated, divorced, or widowed. A greater proportion of Hispanic residents did not have a usual source of medical care compared to NH API, NH Black, and NH White residents. Additionally, a greater proportion of Hispanic residents and NH Black residents reported fair or poor health compared to NH API and NH White populations.

Health Outcomes

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

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



Introduction

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

Measuring Health Disparities

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

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

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

- **Lifestyle behaviors** are actions taken by individuals to attain or maintain good health and to prevent illness and injury.^{6,7} Lifestyle behaviors are often the result of socioeconomic status, as well as healthcare access and utilization, and in turn, have an impact on morbidity and mortality.^{6,8,9}
- **Socioeconomic status**, including the circumstances in which one lives and works, greatly affects health. Low socioeconomic status is related to poor health outcomes and can be measured by median family or household income, percent of households living below the Federal Poverty Level, unemployment rates, availability of transportation, educational attainment, and linguistic barriers.^{10,11} The association between these factors is cumulative and influences the health status of an individual over a lifetime.^{12,13}

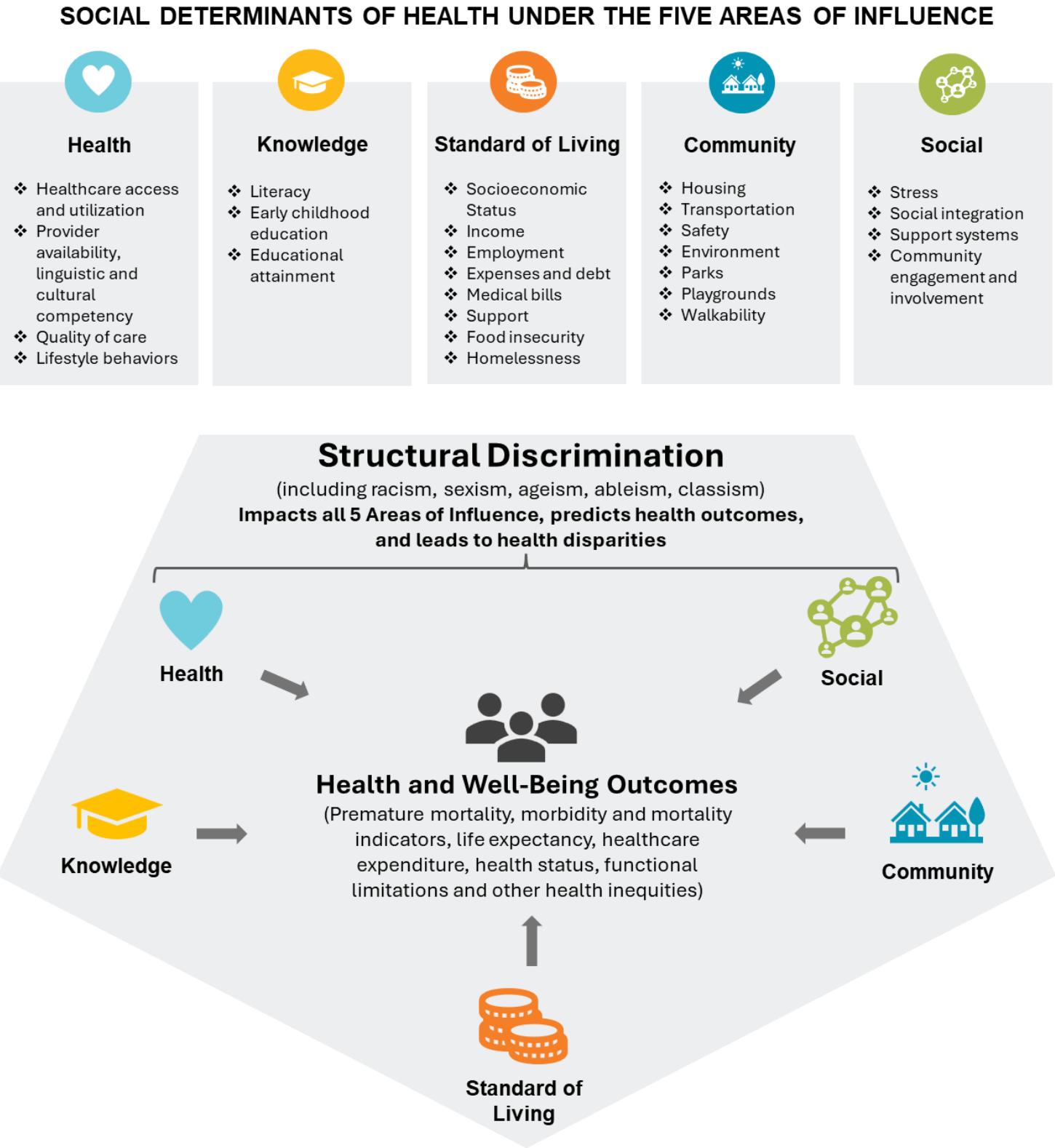
- **Healthcare service access and utilization** are closely aligned with socioeconomic status and are major factors in individual and community health.¹⁴ Lack of health insurance is also associated with reduced access to preventive care services, increasing poor health outcomes, particularly among young adults and racial/ethnic minorities.^{14, 15}
- **Morbidity and Mortality Indicators:** Rates of death and medical encounter can be measured and used to describe the impact of non-communicable (chronic) disease, communicable disease, maternal and child health, injury, and behavioral health conditions on the community. By using morbidity and mortality indicators to identify health disparities, efforts can be made to address the underlying factors contributing to these differences in health outcomes.

Live Well San Diego and Health Equity

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

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

EQUITY FRAMEWORK FOR SAN DIEGO COUNTY



Health Equity in San Diego County: Race/Ethnicity

Exploring Health Disparities in San Diego County by Race/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. This report supports the *Live Well San Diego* regional vision by identifying health disparities and inequities that 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. Specifically, death, hospitalization, 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) diseases, communicable (infectious) diseases, maternal and child health, injury, and behavioral health. For further resources, including local health and demographic information, please visit www.sdhealthstatistics.com.

Data disaggregated by race/ethnicity are collected by asking individuals two questions, one about their ethnicity and another about their race. Common ethnicity categories are Hispanic and Non-Hispanic. Common race categories include White, Black, Asian, Native Hawaiian or Pacific Islander, other, and multiple (two or more) races. Collecting information in this way allows for data to be broken out by race/ethnicity. In California and other western parts of the United States, data are often broken out in such a way that individuals who mark Hispanic are removed from whatever race category they marked and counted as part of the broader “Hispanic” group.

Data in the *Exploring Health Disparities in San Diego County by Race/Ethnicity* report are presented as Hispanic (of any race) and non-Hispanic race. Individuals included in the Hispanic category may be of any race. Individuals in non-Hispanic race categories do not identify as Hispanic. Based on data availability, the report includes demographic and health data disaggregated by race/ethnicity for the following population groups:

- 1. Hispanic
- 2. Non-Hispanic Asian/Pacific Islander
- 3. Non-Hispanic Black
- 4. Non-Hispanic White

NH refers to Non-Hispanic and API refers to Asian/Pacific Islander in this report. The report does not include data on American Indian/Alaska Native (AIAN) population. The Tribal Health and Well-Being Brief and Dashboard present information about the health and well-being of AIAN residents living in San Diego County. To view the report and dashboard, please click [here](#).



DEMOGRAPHICS



DEMOGRAPHICS

TOTAL POPULATION¹⁶

In 2022, residents in San Diego County were primarily non-Hispanic (NH) White (43.6%), followed by Hispanic (34.5%), NH API (12.2%), and NH Black (4.5%). While the greatest proportion of NH Black residents (34.1%) lived in Central Region, the greatest proportions of NH White residents (23.9%) and NH API residents (32.1%) lived in North Central Region. The greatest proportion of Hispanic residents (27.2%) lived in South Region.

AGE¹⁷

On average, from 2018-2022, among the Hispanic population in San Diego County, 28.5% of the population was under 18 years old, 13.5% was 18 to 24 years old, 30.8% was 25 to 44 years old, 19.0% was 45-64 years old, and 8.1% was 65 years and older. Among the NH API population, 21.5% of the population was under 18 years old, 14.8% was 18 to 24 years old, 30.2% was 25 to 44 years old, 22.0% was 45-64 years old, and 11.6% was 65 years and older. Among the NH Black population, 21.8% of the population was under 18 years old, 7.4 % was 18 to 24 years old*, 27.0% was 25 to 44 years old, 27.4% was 45-64 years old, and 16.3% was 65 years and older. Among the NH White population, 21.3% of the population was under 18 years old, 7.7% was 18 to 24 years old, 23.2% was 25 to 44 years old, 25.0% was 45-64 years old, and 22.7% was 65 years and older. There was a greater proportion of NH White aged 65 years and over (22.7%), compared to Hispanic, NH API, and NH Black residents. Hispanic population had a greater proportion of residents under 18 years old (28.5%) compared to NH API, NH Black, and NH White residents.

EDUCATION¹⁷

On average, from 2018-2022, a greater proportion of Hispanic adults had less than grade 12 (high school) education (23.8%) compared to NH API, NH Black, and NH White residents. A greater proportion of NH API adults had a bachelor's or higher degree (60.8%) compared to Hispanic, NH Black, and NH White residents. Additionally, 57.7% of NH White adults and 46.0% of NH Black adults had a bachelor's or higher degree. Notably, the proportion of Hispanic adults with a bachelor's or higher degree (28.0%) was less than NH API, NH Black, and NH White residents.

HEALTH INSURANCE¹⁷

On average, from 2018-2022, a greater proportion of Hispanic residents were uninsured (9.5%) compared to NH API, NH Black, and NH White residents in San Diego County. Additionally, 6.8% of NH Black residents*, 6.0% of NH API residents, and 3.3 % of NH White residents were uninsured.

HEALTH STATUS¹⁷

On average, from 2018-2022, a greater proportion of NH White residents reported excellent or very good health (68.1%) compared to Hispanic, NH API, and NH Black residents in San Diego County. Notably, a greater proportion of Hispanic residents and NH Black residents reported fair or poor health (13.8% and 13.7, respectively) compared to NH API and NH White residents.

MARITAL STATUS¹⁷

On average, from 2018-2022, 46.0% of Hispanic adults,

53.7% of NH API adults, 54.3% of NH White adults, and 43.6% of NH Black adults were married in San Diego County. NH Black adults were more likely to be separated, divorced, or widowed (22.4%) compared to Hispanic, NH API, and NH White residents. A greater proportion of Hispanic adults had never been married (31.4%) compared to NH API, NH Black, and NH White residents.

POVERTY¹⁷

In 2022, nearly 1 out of every 3 (32.9%) NH Black residents and nearly 1 out of every 3 (32.3%) Hispanic residents in San Diego County lived below 200% of the Federal Poverty Level (FPL). In comparison, 23.3% of NH API residents and 9.8% of NH White residents lived below 200% FPL.

ROUTINE CHECK-UP WITH DOCTOR¹⁷

On average, from 2018-2022, a greater proportion of NH Black residents had a routine check-up with a doctor during the past year (79.9%) compared to Hispanic, NH API, and NH White residents in San Diego County. Additionally, 69.2% of NH API residents, 68.3% of NH White residents, and 65.7% of Hispanic residents had a routine check-up with a doctor during the past year.

SEX¹⁷

In 2022, Hispanic and NH White populations had slightly greater proportion of males (50.6% and 50.1%, respectively) than females (49.4% and 49.9%, respectively) in San Diego County. NH API and NH Black populations had slightly greater proportion of females (50.2% and 50.5%, respectively) than males (49.8% and

49.5%, respectively).

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)/FOOD STAMPS (HOUSEHOLDS WITH ANNUAL INCOME LESS THAN OR EQUAL TO 200% OF THE FPL)¹⁷

In 2022, 44.8% of NH Black households, 32.6% of Hispanic households, 25.0% of NH API households*, and 21.6% of NH White households with total annual household income less than or equal to 200% of the FPL received food stamps in San Diego County.

UNEMPLOYMENT¹⁷

On average, from 2018-2022, a greater proportion of Hispanic adults reported being unemployed and looking for work (7.5%) compared to NH API, NH Black, and NH White adults in San Diego County. Additionally, 7.1% of NH API adults, 3.9% of NH White adults, and 3.5% of NH Black adults* reported being unemployed and looking for work.

USUAL SOURCE OF CARE¹⁷

On average, from 2018-2022, a greater proportion of Hispanic residents did not have a usual source of medical care (17.7%) compared to NH API, NH Black, and NH White residents in San Diego County. Additionally, 13.5% of NH API residents, 9.9% of NH Black residents, and 9.1% of NH White residents did not have a usual source of medical care.

*Indicates a statistically unstable estimate. Proceed with caution.

HISPANIC



NON-COMMUNICABLE (CHRONIC) DISEASES

Among non-communicable (chronic) diseases, overall cancer, overall heart disease, and chronic kidney disease were the top death rates for Hispanic residents in San Diego County in 2022. Overall, chronic disease death rates were lower among Hispanic residents compared to NH API, NH Black, and NH White residents. While overall heart disease, asthma, and overall hypertensive diseases had the top emergency department (ED) rates for Hispanic residents; overall heart disease, overall hypertensive diseases, and overall cancer had the top hospitalization rates.

ASTHMA

In 2022, among Hispanic residents, asthma had the second highest ED discharge rate among chronic diseases in San Diego County. Hispanic residents had an ED discharge rate of 266.8 per 100,000 and a hospitalization rate of 47.9 per 100,000 for asthma, which were lower than that among NH Black residents but higher than that among NH API and NH White residents.

CHRONIC KIDNEY DISEASE

Among chronic conditions, chronic kidney disease was a leading cause of death among Hispanic San Diego County residents in 2022, with a rate of 46.5 per 100,000. However, Hispanic residents had the lowest death rate due to chronic kidney disease compared to NH API, NH Black, and NH White residents.

DIABETES

Among Hispanic residents, diabetes had the fourth highest ED discharge and hospitalization rates (202.8 and 195.0 per 100,000, respectively) among chronic diseases in San Diego County in 2022. However,

Hispanic residents had the lowest death rate due to diabetes compared to NH API, NH Black, and NH White residents.

OVERALL CANCER

Among Hispanic residents, overall cancer had the highest death rate (85.7 per 100,000) and third highest hospitalization rate (196.4 per 100,000) among chronic diseases in San Diego County in 2022. However, Hispanic residents had the lowest death and hospitalization rates due to overall cancer compared to NH API, NH Black, and NH White residents.

OVERALL HEART DISEASE

Among Hispanic residents, overall heart disease had the highest ED discharge and hospitalization rates and the second highest death rate (68.3 per 100,000) among chronic diseases in San Diego County in 2022. The ED discharge and hospitalization rates due to overall heart disease were 1,661.0 and 655.1 per 100,000 Hispanic residents, respectively. However, Hispanic residents had the lowest death and hospitalization rates due to overall heart disease compared to NH API, NH Black, and NH White residents.

OVERALL HYPERTENSIVE DISEASES

Among Hispanic residents, overall hypertensive diseases had the second highest hospitalization rate (263.8 per 100,000) and third highest ED discharge rate (243.8 per 100,000) among chronic diseases in San Diego County in 2022. However, NH API residents had the lowest death and hospitalization rates due to overall hypertensive diseases compared to NH API, NH Black, and NH White residents.

COMMUNICABLE (INFECTIOUS) DISEASES

Among communicable (infectious) diseases, COVID-19 had the highest death, ED discharge, and hospitalization rates among Hispanic residents in San Diego County in 2022.

CHLAMYDIA

In 2022, Hispanic residents had an incidence rate of 166.0 per 100,000 for chlamydia, which was lower than that among NH Black residents but higher than that among NH API and NH White residents in San Diego County.

COVID-19

In San Diego County, Hispanic residents had a death rate of 38.2 per 100,000 for COVID-19, which was lower than that among NH White residents but higher than that among NH API and NH Black residents. Additionally, Hispanic residents had an ED discharge rate of 1,251.7 per 100,000 and hospitalization rate of 15.8 per 100,000 for COVID-19, which was lower than that among NH Black residents but higher than that among NH API and NH White residents.

FLU

In San Diego County, Hispanic residents had the highest ED discharge rate (520.0 per 100,000) for flu compared to NH API, NH Black, and NH White residents in 2022. Hispanic residents had a hospitalization rate of 19.7 per 100,000 for flu, which was lower than that among NH Black and NH White residents but higher than that among NH API residents.

GONORRHEA

In 2022, Hispanic residents had an incidence rate of 113.6 per 100,000 for gonorrhea, which was lower than that among NH Black residents but higher than that among NH API and NH White residents in San Diego County.

PNEUMONIA

In 2022, Hispanic residents had an ED discharge rate of 161.1 per 100,000 for pneumonia, which was lower than that among NH Black residents but higher than that among NH API and NH White residents in San Diego County. Additionally, Hispanic residents had a hospitalization rate of 62.8 per 100,000 for pneumonia, which was lower than that among NH Black and NH White residents but higher than that among NH API residents.

SYPHILIS

Hispanic residents had an incidence rate of 44.7 per 100,000 for syphilis, which was lower than that among NH Black residents but higher than that among NH API and NH White residents in San Diego County in 2022.

TUBERCULOSIS

Hispanic residents had the highest incidence rate for tuberculosis (12.2 per 100,000) compared to NH API, NH Black, and NH White residents in San Diego County in 2022.

URINARY TRACT INFECTION

In 2022, Hispanic residents had an ED discharge rate of 750.8 per 100,000 for urinary tract infection, which was slightly lower than that among NH Black residents but

higher than that among NH API and NH White residents in San Diego County. Additionally, Hispanic residents had a hospitalization rate of 93.5 per 100,000 for urinary tract infection, which was lower than that among NH Black and NH White residents but higher than that among NH API residents.

INJURY

In 2022, for injuries among Hispanic residents, poisoning had the highest death rate (26.8 per 100,000), followed by traumatic brain injury (9.4 per 100,000), and motor vehicle injuries (8.8 per 100,000) in San Diego County. While falls had the highest ED discharge rate (1,878.7 per 100,000) and hospitalization rate (274.4 per 100,000), motor vehicle injuries had the second highest ED discharge rate (651.0 per 100,000) and hospitalization rate (73.1 per 100,000) for injuries among Hispanic residents.

ASSAULT

In 2022, Hispanic residents had a death rate of 4.6 per 100,000 for assault, which was lower than that among NH Black residents but higher than that among NH White residents in San Diego County. Additionally, Hispanic residents had an ED discharge rate of 286.4 per 100,000 and a hospitalization rate of 33.4 per 100,000 for assault, which were lower than that among NH Black residents but higher than that among NH API and NH White residents.

FALLS

In 2022, falls had the highest ED discharge and hospitalization rates for injuries among Hispanic residents in San Diego County. Hispanic residents had an ED discharge rate of 1,878.7 per 100,000 and a hospitalization rate of 274.4 per 100,000 for falls, which were lower than that among NH White and NH Black residents but higher than that among NH API residents.

MOTOR VEHICLE INJURIES

In 2022, Hispanic residents had a death rate of 8.8 per 100,000 for motor vehicle injuries, which was comparable to that among NH White residents, lower than that among NH Black residents, but higher than that among NH API residents in San Diego County. Additionally, Hispanic residents had an ED discharge rate of 651.0 per 100,000 and a hospitalization rate of 73.1 per 100,000 for motor vehicle injuries, which were lower than that among NH Black residents but higher than that among NH API and NH White residents.

POISONING

In 2022, poisoning had the highest death rate for injuries among Hispanic residents in San Diego County. Hispanic residents had a death rate of 26.8 per 100,000, an ED discharge rate of 191.6 per 100,000, and a hospitalization rate of 56.7 per 100,000 for poisoning, which were lower than that among NH Black and NH White residents but higher than that among NH API residents in San Diego County.

TRAUMATIC BRAIN INJURY

In 2022, Hispanic residents had a death rate of 9.4 per 100,000 for traumatic brain injury in San Diego County. Additionally, Hispanic residents had an ED discharge rate of 190.0 per 100,000 and a hospitalization rate of 53.8 per 100,000 for traumatic brain injury, which were lower than that among NH White and NH Black residents but higher than that among NH API residents.

BEHAVIORAL HEALTH

In 2022, among Hispanic residents, all opioid overdoses had the highest death rate (20.0 per 100,000), followed by alcohol-related disorders (15.8 per 100,000) and suicide (6.1 per 100,000) among behavioral health

conditions in San Diego County. While alcohol-related disorders had the highest ED discharge rate (225.1 per 100,000) and hospitalization rate (40.0 per 100,000), suicide attempt/ideation/intentional self-harm had the second highest ED discharge rate (222.0 per 100,000) and hospitalization rate (16.6 per 100,000) among Hispanic residents’ behavioral health conditions.

ALCOHOL-RELATED DISORDERS

In 2022, Hispanic residents had a death rate of 15.8 per 100,000 for alcohol-related disorders in San Diego County. Hispanic residents had an ED discharge rate of 225.1 per 100,000 for alcohol-related disorders, which was lower than that among NH White and NH Black residents but higher than that among NH API residents. Additionally, Hispanic residents had a hospitalization rate of 40.0 per 100,000 for alcohol-related disorders, which was lower than that among NH White and comparable with NH Black residents but higher than that among NH API residents.

ALL OPIOID OVERDOSES

In 2022, Hispanic residents had a death rate of 20.0 per 100,000 and a hospitalization rate of 13.5 per 100,000 for all opioid overdoses in San Diego County. Additionally, Hispanic residents had an ED discharge rate of 45.3 per 100,000 for all opioid overdoses, which was lower than that among NH Black and NH White residents but higher than that among NH API residents.

ANXIETY AND FEAR-RELATED DISORDERS

In 2022, Hispanic residents had an ED discharge rate of 216.1 per 100,000 for anxiety and fear-related disorders, which was lower than that among NH Black residents but higher than that among NH API and NH White residents in San Diego County.

SUICIDE

In 2022, Hispanic residents had a death rate of 6.1 per 100,000 for suicide in San Diego County. Additionally, Hispanic residents had an ED discharge rate of 222.0 per 100,000 and a hospitalization rate of 16.6 per 100,000 for suicide attempt/ideation/intentional self-harm, which were lower than that among NH Black and NH White residents but higher than that among NH API residents.

ALZHEIMER’S DISEASE AND RELATED DEMENTIAS (ADRD)

In 2022, Hispanic residents had the lowest death rate for ADRD (36.7 per 100,000) compared to NH API, NH Black, and NH White residents in San Diego County. Additionally, Hispanic residents had an ED discharge rate of 10.5 per 100,000 and a hospitalization rate of 8.6 per 100,000 for ADRD, which were lower than that among NH White and NH Black residents but higher than that among NH API residents.

MATERNAL AND CHILD HEALTH

CONGENITAL ANOMALIES

In 2022, Hispanic residents had a death rate of 2.4 per 100,000 and an ED discharge rate of 11.2 per 100,000 for congenital anomalies in San Diego County. Notably, Hispanic residents had the highest hospitalization rate for congenital anomalies (41.9 per 100,000) compared to NH API, NH Black, and NH White residents.

ASIAN/PACIFIC
ISLANDER (API)
(NON-HISPANIC)



NON-COMMUNICABLE (CHRONIC) DISEASES

Among non-communicable (chronic) diseases, overall cancer, overall heart disease, and chronic kidney disease had the top death rates for NH API residents in San Diego County in 2022. While overall heart disease, overall hypertensive diseases, and asthma had the top emergency department (ED) rates for NH API residents; overall heart disease, overall hypertensive diseases, and overall cancer had the top hospitalization rates.

ASTHMA

In 2022, among NH API residents, asthma had the third highest ED discharge rate (114.0 per 100,000) among chronic diseases in San Diego County. However, NH API residents had the lowest ED discharge rate for asthma compared to Hispanic, NH Black, and NH White residents. NH API residents had a hospitalization rate of 33.3 per 100,000 for asthma, which was lower than that among NH Black and Hispanic residents but slightly higher than that among NH White residents.

CHRONIC KIDNEY DISEASE

Among chronic diseases, chronic kidney disease was a leading cause of death among NH API San Diego County residents in 2022, with a rate of 50.1 per 100,000, which was lower than that among NH White and NH Black residents but higher than that among Hispanic residents. Additionally, NH API residents had an ED discharge rate of 32.9 per 100,000 and a hospitalization rate of 50.1 per 100,000 for chronic kidney disease, which were comparable to that among Hispanic residents, lower than that among NH Black residents, but higher than that among NH White residents.

DIABETES

Among NH API residents, diabetes had a death rate of 29.1 per 100,000, which was comparable to that among NH White residents, lower than that among NH Black residents, but higher than that among Hispanic residents in San Diego County in 2022. Additionally, NH API residents had the lowest ED discharge (64.8 per 100,000) and hospitalization (68.3 per 100,000) rates for diabetes compared to Hispanic, NH Black, and NH White residents.

OVERALL CANCER

Among NH API residents, overall cancer had the highest death rate (122.4 per 100,000) and third highest hospitalization rate (220.5 per 100,000) among chronic diseases in San Diego County in 2022. Additionally, the death and hospitalization rates for overall cancer among NH API residents were lower than that among NH Black and NH White residents but higher than that among Hispanic residents. Notably, NH API residents had the lowest ED discharge rate (34.7 per 100,000) for overall cancer compared to Hispanic, NH Black, and NH White residents.

OVERALL HEART DISEASE

Among NH API residents, overall heart disease had the highest ED discharge (1,087.9 per 100,000) and hospitalization (681.5 per 100,000) rates and the second highest death rate (105.3 per 100,000) among chronic diseases in San Diego County in 2022. However, NH API residents had the lowest ED discharge rate due to overall heart disease compared to Hispanic, NH Black, and NH White residents. Additionally, the death and hospitalization rates for overall heart disease among NH API residents were lower than that among

NH Black and NH White residents, but higher than that among Hispanic residents.

OVERALL HYPERTENSIVE DISEASES

Among NH API residents, overall hypertensive diseases had the second highest ED discharge (238.0 per 100,000) and hospitalization (272.7 per 100,000) rates among chronic diseases in San Diego County in 2022. However, NH API residents had the lowest ED discharge rate due to overall hypertensive diseases compared to Hispanic, NH Black, and NH White residents.

COMMUNICABLE (INFECTIOUS) DISEASES

Among communicable (infectious) diseases, COVID-19 had the highest death, ED discharge, and hospitalization rates among NH API residents in San Diego County in 2022. Overall, NH API residents had the lowest ED discharge and hospitalization rates due to infectious diseases compared to Hispanic, NH Black, and NH White residents.

CHLAMYDIA

In 2022, NH API residents had the lowest incidence rate (110.5 per 100,000) for chlamydia compared to Hispanic, NH Black, and NH White residents in San Diego County.

COVID-19

In 2022, NH API residents had the lowest death (31.2 per 100,000), ED discharge (642.8 per 100,000), and hospitalization (110.0 per 100,000) rates for COVID-19 compared to Hispanic, NH Black, and NH White residents in San Diego County.

FLU

In 2022, NH API residents had the lowest ED discharge (128.6 per 100,000) and hospitalization (12.6 per 100,000) rates for flu compared to Hispanic, NH Black, and NH White residents in San Diego County.

GONORRHEA

In 2022, NH API residents had the lowest incidence rate (42.9 per 100,000) for gonorrhea compared to Hispanic, NH Black, and NH White residents in San Diego County.

PNEUMONIA

In 2022, NH API residents had a death rate of 5.6 per 100,000 for pneumonia in San Diego County. Additionally, NH API residents had the lowest ED discharge (86.5 per 100,000) and hospitalization (53.6 per 100,000) rates for pneumonia compared to Hispanic, NH Black, and NH White residents.

SYPHILIS

In 2022, NH API residents had the lowest incidence rate (12.6 per 100,000) for syphilis compared to Hispanic, NH Black, and NH White residents in San Diego County.

TUBERCULOSIS

NH API residents had an incidence rate of 12.1 per 100,000 for tuberculosis in San Diego County in 2022.

URINARY TRACT INFECTION

In 2022, NH API residents had the lowest ED discharge (287.6 per 100,000) and hospitalization (41.3 per 100,000) rates for urinary tract infection compared to Hispanic, NH Black, and NH White residents in San Diego County.

INJURY

In 2022, among NH API residents, traumatic brain injury had the highest death rate (11.9 per 100,000), followed by falls (9.8 per 100,000) and poisoning (6.3 per 100,000) among injuries in San Diego County. Additionally, among NH API residents, falls had the highest ED discharge (909.9 per 100,000) and hospitalization (223.7 per 100,000) rates among injuries.

ASSAULT

In 2022, NH API residents had the lowest ED discharge (66.9 per 100,000) and hospitalization (6.5 per 100,000) rates for assault compared to Hispanic, NH Black, and NH White residents in San Diego County.

FALLS

In 2022, NH API residents had a death rate of 9.8 per 100,000 for falls in San Diego County. Additionally, NH API residents had the lowest ED discharge (909.9 per 100,000) and hospitalization (223.7 per 100,000) rates for falls compared to Hispanic, NH Black, and NH White residents in San Diego County.

MOTOR VEHICLE INJURIES

In 2022, NH API residents had the lowest death (4.9 per 100,000), ED discharge (272.2 per 100,000), and hospitalization (28.2 per 100,000) rates for motor vehicle injuries compared to Hispanic, NH Black, and NH White residents in San Diego County.

POISONING

In 2022, NH API residents had the lowest death (6.3 per 100,000), ED discharge (62.0 per 100,000), and hospitalization (24.7 per 100,000) rates for poisoning compared to Hispanic, NH Black, and NH White residents in San Diego County.

TRAUMATIC BRAIN INJURY

In 2022, NH API residents had the lowest ED discharge (94.4 per 100,000) and hospitalization (43.8 per 100,000) rates for traumatic brain injury compared to Hispanic, NH Black, and NH White residents.

BEHAVIORAL HEALTH

In 2022, among NH API residents, suicide had the highest death rate (6.5 per 100,000) and suicide attempt/ideation/intentional self-harm had the highest ED discharge (85.3 per 100,000) and hospitalization (9.3 per 100,000) rates among behavioral health conditions in San Diego County. While anxiety and fear-related disorders had the second highest ED discharge rate (72.5 per 100,000), alcohol-related disorders had the second highest hospitalization rate (7.9 per 100,000) among NH API residents for behavioral health conditions.

ALCOHOL-RELATED DISORDERS

In 2022, NH API residents had the lowest ED discharge (41.3 per 100,000) and hospitalization (7.9 per 100,000) rates for alcohol-related disorders compared to Hispanic, NH Black, and NH White residents in San Diego County.

ANXIETY AND FEAR-RELATED DISORDERS

In 2022, among NH API residents, anxiety and fear-related disorders had the second highest ED discharge rate (72.5 per 100,000) among behavioral health conditions in San Diego County. However, NH API residents had the lowest ED discharge rate for anxiety and fear-related disorders compared to Hispanic, NH Black, and NH White residents in San Diego County.

SCHIZOPHRENIA

In 2022, among NH API residents, schizophrenia had the third highest ED discharge rate (46.6 per 100,000) among behavioral health conditions in San Diego County. However, NH API residents had the lowest ED discharge rate for schizophrenia compared to Hispanic, NH Black, and NH White residents in San Diego County.

SUICIDE

In 2022, among NH API residents, suicide had the highest death rate (6.5 per 100,000), ED discharge rate (85.3 per 100,000), and hospitalization rate (9.3 per 100,000) among behavioral health conditions in San Diego County. However, NH API residents had the lowest ED discharge and hospitalization rates for suicide attempt/ideation/intentional self-harm compared to Hispanic, NH Black, and NH White residents in San Diego County.

ALZHEIMER’S DISEASE AND RELATED DEMENTIAS (ADRD)

In 2022, NH API residents had a death rate of 53.8 per 100,000 for ADRD, which was comparable to that among NH Black residents, lower than that among NH White residents, but higher than that among Hispanic residents in San Diego County. Notably, NH API residents had the lowest ED discharge (7.9 per 100,000) and hospitalization (7.0 per 100,000) rates for ADRD, compared to Hispanic, NH Black, and NH White residents.

MATERNAL AND CHILD HEALTH

CONGENITAL ANOMALIES

In 2022, NH API residents had the lowest hospitalization rate for congenital anomalies (21.0 per 100,000) compared to Hispanic, NH Black, and NH White residents in San Diego County.

BLACK (NON-HISPANIC)



NON-COMMUNICABLE (CHRONIC) DISEASES

Among non-communicable (chronic) diseases, overall cancer, overall heart disease, and chronic kidney disease had the top death rates for NH Black residents in San Diego County in 2022. While overall heart disease, overall hypertensive diseases, and asthma had the top emergency department (ED) rates for NH Black residents; overall heart disease, overall hypertensive diseases, and diabetes had the top hospitalization rates.

ASTHMA

In 2022, among NH Black residents, asthma had the third highest ED discharge rate among chronic diseases in San Diego County. Further, NH Black residents had the highest ED discharge rate (632.8 per 100,000) and hospitalization rate (115.1 per 100,000) for asthma compared to Hispanic, NH API, and NH White residents.

CHRONIC KIDNEY DISEASE

In 2022, NH Black residents had the highest death rate (91.4 per 100,000), ED discharge rate (83.0 per 100,000) and hospitalization rate (111.6 per 100,000) for chronic kidney disease compared to Hispanic, NH API, and NH White residents in San Diego County.

DIABETES

In 2022, NH Black residents had the highest death rate (47.4 per 100,000), ED discharge rate (383.7 per 100,000), and hospitalization rate (354.4 per 100,000) for diabetes compared to Hispanic, NH API, and NH White residents in San Diego County.

OVERALL CANCER

In 2022, NH Black residents had a death rate of 188.4 per 100,000, an ED discharge rate of 49.5 per 100,000, and a hospitalization rate of 284.0 per 100,000 for overall cancer, all of which were lower than that among NH White residents but higher than that among Hispanic and NH API residents in San Diego County.

OVERALL HEART DISEASE

In 2022, NH Black residents had a death rate of 180.7 per 100,000 for overall heart disease, which was lower than that among NH White residents but higher than that among Hispanic and NH API residents in San Diego County. Notably, NH Black residents had the highest ED discharge rate (3,442.5 per 100,000) and hospitalization rate (1,605.4 per 100,000) for overall heart disease compared to Hispanic, NH API, and NH White residents.

OVERALL HYPERTENSIVE DISEASES

In 2022, NH Black residents had the highest death rate (55.8 per 100,000), ED discharge rate (720.7 per 100,000), and hospitalization rate (816.3 per 100,000) for overall hypertensive diseases compared to Hispanic, NH API, and NH White residents in San Diego County.

COMMUNICABLE (INFECTIOUS) DISEASES

Among communicable (infectious) diseases, COVID-19 had the highest death, ED discharge, and hospitalization rates among NH Black residents in San Diego County in 2022. Additionally, NH Black

residents had the highest incidence rates for chlamydia, gonorrhea, and syphilis compared to Hispanic, NH API, and NH White residents.

CHLAMYDIA

In 2022, NH Black residents had the highest incidence rate (345.4 per 100,000) for chlamydia compared to Hispanic, NH API, and NH White residents in San Diego County.

COVID-19

In 2022, NH Black residents had a death rate of 34.2 per 100,000 for COVID-19, which was lower than that among Hispanic and NH White residents but higher than that among NH API residents in San Diego County. Notably, NH Black residents had the highest ED discharge (1,725.4 per 100,000) and hospitalization (244.9 per 100,000) rates for COVID-19 compared to Hispanic, NH API, and NH White residents.

FLU

In 2022, NH Black residents had an ED discharge rate of 485.6 per 100,000 for flu, which was lower than that among Hispanic residents, but higher than that among NH API and NH White residents in San Diego County. NH Black residents had the highest hospitalization rate (30.7 per 100,000) for flu compared to Hispanic, NH API, and NH White residents.

GONORRHEA

In 2022, NH Black residents had the highest incidence rate (275.6 per 100,000) for gonorrhea compared to Hispanic, NH API, and NH White residents in San Diego County.

PNEUMONIA

In 2022, NH Black residents had the highest ED discharge (245.6 per 100,000) and hospitalization (111.6 per 100,000) rates for pneumonia compared to Hispanic, NH API, and NH White residents in San Diego County.

SYPHILIS

In 2022, NH Black residents had the highest incidence rate (81.6 per 100,000) for syphilis compared to Hispanic, NH API, and NH White residents in San Diego County.

URINARY TRACT INFECTION

In 2022, NH Black residents had the highest ED discharge rate (753.5 per 100,000) for urinary tract infection compared to Hispanic, NH API, and NH White residents in San Diego County. NH Black residents had a hospitalization rate of 107.4 per 100,000 for urinary tract infection, which was lower than that among NH White residents, but higher than that among NH API and Hispanic residents.

INJURY

In 2022, among NH Black residents, poisoning had the highest death rate (57.9 per 100,000), followed by motor vehicle injuries (16.0 per 100,000) and assault (14.7 per 100,000) among injuries in San Diego County. Additionally, among NH Black residents, falls had the highest ED discharge (2,240.4 per 100,000) and hospitalization (330.0 per 100,000) rates among injuries.

ASSAULT

In 2022, NH Black residents had the highest death rate (14.7 per 100,000), ED discharge rate (637.0 per 100,000) and hospitalization rate (85.8 per 100,000) for assault compared to Hispanic, NH API, and NH White residents in San Diego County.

FALLS

In 2022, NH Black residents had an ED discharge rate of 2,240.4 per 100,000 and a hospitalization rate of 330.0 per 100,000 for falls, which were lower than that among NH White residents but higher than that among Hispanic and NH API residents in San Diego County.

MOTOR VEHICLE INJURIES

In 2022, NH Black residents had the highest death rate (16.0 per 100,000), ED discharge rate (1,155.4 per 100,000), and hospitalization rate (92.1 per 100,000) for motor vehicle injuries compared to Hispanic, NH API, and NH White residents in San Diego County.

POISONING

In 2022, NH Black residents had the highest death rate (57.9 per 100,000), ED discharge rate (381.0 per 100,000), and hospitalization rate (164.7 per 100,000) for poisoning compared to Hispanic, NH API, and NH White residents in San Diego County.

TRAUMATIC BRAIN INJURY

In 2022, NH Black residents had the highest ED discharge rate (197.5 per 100,000) for traumatic brain injury compared to Hispanic, NH API, and NH White residents. Additionally, NH Black residents had a hospitalization rate of 60.7 per 100,000 for traumatic brain injury, which was lower than that among NH White residents but higher than that among Hispanic and NH API residents.

BEHAVIORAL HEALTH

In 2022, among NH Black residents, the highest death and hospitalization rates were due to all opioid overdoses, followed by alcohol-related disorders among behavioral health conditions in San Diego County. Additionally, among NH Black residents, the highest ED discharge rate among behavioral health conditions was due to suicide attempt/ideation/intentional self-harm, followed by schizophrenia.

ALCOHOL-RELATED DISORDERS

In 2022, NH Black residents had an ED discharge rate of 309.8 per 100,000 for alcohol-related disorders, which was lower than that among NH White residents but higher than that among Hispanic and NH API residents. Additionally, NH Black residents had a hospitalization rate of 39.8 per 100,000 due to alcohol-related disorders, which was comparable to that among Hispanic residents, lower than that among NH White residents, but higher than that among NH API residents.

ALL OPIOID OVERDOSES

In 2022, NH Black residents had the highest death rate (40.5 per 100,000), ED discharge rate (103.3 per 100,000), and hospitalization rate (44.7 per 100,000) for all opioid overdoses compared to Hispanic, NH API, and NH White residents in San Diego County.

SCHIZOPHRENIA

In 2022, NH Black residents had the highest ED discharge rate (385.8 per 100,000) and hospitalization rate (14.7 per 100,000) for schizophrenia compared to Hispanic, NH API, and NH White residents in San Diego County.

SUICIDE

In 2022, NH Black residents had the highest ED discharge rate (478.6 per 100,000) and hospitalization rate (29.3 per 100,000) for suicide attempt/ideation/intentional self-harm compared to Hispanic, NH API, and NH White residents in San Diego County.

ALZHEIMER’S DISEASE AND RELATED DEMENTIAS (ADRD)

In 2022, NH Black residents had a death rate of 55.8 per 100,000, an ED discharge rate of 32.8 per 100,000, and a hospitalization rate of 14.7 per 100,000 for ADRD, all of which were lower than that among NH White residents but higher than that among Hispanic and NH API residents in San Diego County.

MATERNAL AND CHILD HEALTH

CONGENITAL ANOMALIES

In 2022, residents had a hospitalization rate of 27.2 per 100,000 for congenital anomalies, which was lower than that among Hispanic and NH White residents but higher than that among NH API residents.

WHITE
(NON-HISPANIC)



NON-COMMUNICABLE (CHRONIC) DISEASES

Among non-communicable (chronic) diseases, overall heart disease, overall cancer, and chronic kidney disease had the top death rates for NH White residents in San Diego County in 2022. While overall heart disease, overall hypertensive diseases, and asthma had the top emergency department (ED) rates for NH White residents; overall heart disease, overall hypertensive diseases, and overall cancer had the top hospitalization rates.

ASTHMA

In 2022, NH White residents had an ED discharge rate of 133.3 per 100,000 for asthma, which was lower than that among Hispanic and NH Black residents, but higher than that among NH API residents in San Diego County. Notably, NH White residents had the lowest hospitalization rate (31.6 per 100,000) for asthma compared to Hispanic, NH API, and NH Black residents.

CHRONIC KIDNEY DISEASE

In 2022, NH White residents had a death rate of 78.0 per 100,000 for chronic kidney disease, which was lower than that among NH Black residents, but higher than that among Hispanic and NH API residents in San Diego County. Notably, NH White residents had the lowest ED discharge rate (27.2 per 100,000) and hospitalization rate (24.5 per 100,000) for chronic kidney disease compared to Hispanic, NH API, and NH Black residents

OVERALL CANCER

In 2022, NH White residents had the highest death rate (238.4 per 100,000), ED discharge rate (57.4 per

100,000), and hospitalization rate (312.0 per 100,000) for overall cancer compared to Hispanic, NH API, and NH Black residents in San Diego County.

OVERALL HEART DISEASE

In 2022, NH White residents had the highest death rate (239.5 per 100,000) for overall heart disease compared to Hispanic, NH API, and NH Black residents in San Diego County. Additionally, NH White residents had an ED discharge rate of 1,888.0 per 100,000 and a hospitalization rate of 1,284.5 per 100,000 for overall heart disease, which were lower than that among NH Black residents, but higher than that among Hispanic and NH API residents.

OVERALL HYPERTENSIVE DISEASES

In 2022, NH White residents had a death rate of 49.6 per 100,000, an ED discharge rate of 256.4 per 100,000, and a hospitalization rate of 347.3 per 100,000 for overall hypertensive diseases, which were lower than that among NH Black residents, but higher than that among Hispanic and NH API residents.

STROKE

In 2022, NH White residents had the highest death rate (71.9 per 100,000) and ED discharge rate (105.4 per 100,000) for stroke compared to Hispanic, NH API, and NH Black residents in San Diego County. NH White residents had a hospitalization rate of 246.2 per 100,000 for stroke, which was lower than that among NH Black residents, but higher than that among Hispanic and NH API residents.

COMMUNICABLE (INFECTIOUS) DISEASES

Among communicable (infectious) diseases, COVID-19 had the highest death, ED discharge, and hospitalization rates among NH White residents in San Diego County in 2022.

CHLAMYDIA

In 2022, NH White residents had an incidence rate of 119.8 per 100,000 for chlamydia, which was lower than that among NH Black and Hispanic residents but higher than that among NH API residents in San Diego County.

COVID-19

In 2022, NH White residents had the highest death rate (47.8 per 100,000) for COVID-19 compared to Hispanic, NH API, and NH Black residents in San Diego County. Additionally, NH White residents had an ED discharge rate of 887.2 per 100,000 for COVID-19, which was lower than that among Hispanic and NH Black residents but higher than that among NH API residents. NH White residents had a hospitalization rate of 212.0 per 100,000 for COVID-19, which was lower than that among NH Black residents but higher than that among Hispanic and NH API residents.

FLU

In 2022, NH White residents had an ED discharge rate of 167.3 per 100,000 for flu, which was lower than that among Hispanic and NH Black residents, but higher than that among NH API residents in San Diego County. NH White residents had a hospitalization rate of 23.5 per 100,000 for flu, which was lower than that among NH Black residents, but higher than that among Hispanic and NH API residents.

GONORRHEA

In 2022, NH White residents had an incidence rate of 77.1 per 100,000 for gonorrhea, which was lower than that among NH Black and Hispanic residents but higher than that among NH API residents in San Diego County.

PNEUMONIA

In 2022, NH White residents had the highest death rate (9.1 per 100,000) for pneumonia compared to Hispanic, NH API, and NH Black residents in San Diego County. Additionally, NH White residents had an ED discharge rate of 138.3 per 100,000 for pneumonia, which was lower than that among Hispanic and NH Black residents, but higher than that among NH API residents in San Diego County. NH White residents had a hospitalization rate of 104.6 per 100,000 for pneumonia, which was lower than that among NH Black residents, but higher than that among Hispanic and NH API residents.

SYPHILIS

In 2022, NH White residents had an incidence rate of 21.3 per 100,000 for syphilis, which was lower than that among NH Black and Hispanic residents but higher than that among NH API residents in San Diego County.

URINARY TRACT INFECTION

In 2022, NH White residents had the highest death rate (5.9 per 100,000) and hospitalization rate (126.7 per 100,000) for urinary tract infection compared to Hispanic, NH API, and NH Black residents in San Diego County. Additionally, NH White residents had an ED discharge rate of 543.2 per 100,000 for urinary tract infection, which was lower than that among Hispanic

and NH Black residents, but higher than that among NH API residents in San Diego County.

INJURY

In 2022, among NH White residents, poisoning had the highest death rate (37.3 per 100,000), followed by falls (21.0 per 100,000) and traumatic brain injury (20.2 per 100,000) among injuries in San Diego County. Additionally, among NH White residents, falls had the highest ED discharge (2,365.8 per 100,000) and hospitalization (660.9 per 100,000) rates among injuries.

FALLS

In 2022, NH White residents had the highest death rate (21.0 per 100,000), ED discharge rate (2,365.8 per 100,000), and hospitalization rate (660.9 per 100,000) for falls compared to Hispanic, NH API, and NH Black residents in San Diego County.

HIP FRACTURES

In 2022, NH White residents had the highest ED discharge rate (21.6 per 100,000) and hospitalization rate (125.9 per 100,000) for hip fractures compared to Hispanic, NH API, and NH Black residents in San Diego County.

MOTOR VEHICLE INJURIES

In 2022, NH White residents had a death rate of 8.9 per 100,000 for motor vehicle injuries, which was comparable to that among Hispanic residents, lower than that among NH Black residents, but higher than that among NH API residents in San Diego County. Additionally, NH White residents had an ED discharge rate of 380.6 per 100,000 and a hospitalization rate of 71.6 per 100,000 for motor vehicle injuries, which were lower than that among Hispanic and NH Black residents but higher than that among NH API residents.

POISONING

In 2022, NH White residents had a death rate of 37.3 per 100,000, an ED discharge rate of 193.7 per 100,000, and a hospitalization rate of 87.0 per 100,000 for poisoning, all of which were lower than that among NH Black residents but higher than that among Hispanic and NH API residents in San Diego County.

TRAUMATIC BRAIN INJURY

In 2022, NH White residents had the highest death rate (20.2 per 100,000) and hospitalization rate (85.5 per 100,000) for traumatic brain injury compared to Hispanic, NH API, and NH Black residents in San Diego County. Additionally, NH White residents had an ED discharge rate of 192.8 per 100,000 for traumatic brain injury, which was lower than that among NH Black residents but higher than that among Hispanic and NH API residents.

BEHAVIORAL HEALTH

In 2022, among NH White residents, the highest death rate was due to all opioid overdoses, followed by alcohol-related disorders among behavioral health conditions in San Diego County. Additionally, among NH White residents, the highest ED discharge and hospitalization rates among behavioral health conditions were due to alcohol-related disorders, followed by suicide attempt/ideation/intentional self-harm.

ALCOHOL-RELATED DISORDERS

In 2022, NH White residents had the highest death rate (26.6 per 100,000), ED discharge rate (343.8 per 100,000), and hospitalization rate (99.7 per 100,000) for alcohol-related disorders compared to Hispanic, NH API, and NH Black residents in San Diego County.

ALL OPIOID OVERDOSES

In 2022, NH White residents had a death rate of 27.6 per 100,000 and a hospitalization rate of 18.4 per 100,000 for all opioid overdoses in San Diego County. Additionally, NH White residents had an ED discharge rate of 49.3 per 100,000 for all opioid overdoses, which was lower than that among NH Black residents but higher than that among Hispanic and NH API residents.

SCHIZOPHRENIA

In 2022, NH White residents had an ED discharge rate of 106.7 per 100,000 for schizophrenia, which was lower than that among NH Black residents but higher than that among Hispanic and NH API residents. Additionally, NH White residents had a hospitalization rate of 6.2 per 100,000 for schizophrenia.

SUICIDE

In 2022, NH White residents had the highest death rate (17.0 per 100,000) for suicide compared to Hispanic, NH API, and NH Black residents in San Diego County. Additionally, NH White residents had an ED discharge rate of 259.4 per 100,000 and a hospitalization rate of 25.2 per 100,000 for suicide attempt/ideation/intentional self-harm, which were lower than that among NH Black residents but higher than that among Hispanic and NH API residents.

ALZHEIMER’S DISEASE AND RELATED DEMENTIAS (ADRD)

In 2022, NH White residents had the highest death rate (144.7 per 100,000), ED discharge rate (35.6 per 100,000), and hospitalization rate (23.3 per 100,000) for ADRD compared to Hispanic, NH API, and NH Black residents in San Diego County.

MATERNAL AND CHILD HEALTH

CONGENITAL ANOMALIES

In 2022, NH White residents had a death rate of 2.6 per 100,000 and an ED discharge rate of 6.1 per 100,000 for congenital anomalies in San Diego County. Additionally, NH White residents had a hospitalization rate of 32.0 per 100,000 for congenital anomalies, which was lower than that among Hispanic residents but higher than that among NH API and NH Black residents.

Actions to Live Well San Diego

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

For more local health data and statistics, visit the County of San Diego’s [Community Health Statistics Unit website](#).

NON-COMMUNICABLE (CHRONIC) DISEASES

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.¹⁸

For more information on chronic diseases, visit the County of San Diego’s [Chronic Disease and Health Equity Unit website](#).

COMMUNICABLE (INFECTIOUS) DISEASES

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 diseases among San Diegans.¹⁹

For more information on communicable diseases visit the County of San Diego’s [Epidemiology and Immunization Services Branch website](#), the [HIV, STD, and Hepatitis Branch website](#), or the [Tuberculosis Control and Refugee Health Branch website](#).

MATERNAL AND CHILD HEALTH

The health of mothers, infants, and children are key indicators of the health of the community overall. Health outcomes often reflect the health of future generations as well as emerging public health concerns.²⁰ 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.²¹

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

INJURY

Of the major causes of disability and death, injuries are among the most preventable. Increased safety education, awareness of fall prevention strategies, and investing in safer communities are key ways to reduce the burden of injury among county residents.²²



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.²³

For more information related to behavioral health, visit the County of San Diego’s [Behavioral Health Services website](#).

Appendix. Risk Factors and Prevention Strategies

NON-COMMUNICABLE (CHRONIC) DISEASE

Tobacco use, lack of physical activity, poor diet, and abuse of alcohol are leading risk factors for the development of non-communicable (chronic) disease.¹⁸

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.¹⁸

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

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

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

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

COMMUNICABLE DISEASE

Prevention measures against communicable diseases, such as increased condom usage, frequent testing, seeking early treatment, completing treatment regimens, and staying current with recommended age appropriate vaccinations are key ways to reduce the burden of communicable disease.¹⁹

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

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

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

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

MATERNAL AND CHILD HEALTH

Maternal and child health outcomes are influenced by several factors including age, race/ethnicity, socioeconomic status, and a mother’s health. Specifically, lack of prenatal care, poor nutrition, alcohol and tobacco use, and lack of physical activity are major lifestyle risk factors for adverse maternal and child health outcomes.^{20,21} The health of mothers, infants, and children are key indicators of the health of a community overall. Their health outcomes often reflect the health of future generations, as well as emerging public health concerns. Therefore, engaging in healthy behaviors associated with favorable maternal and child health outcomes has the potential to positively impact the health of the county overall.²¹

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

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

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

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

INJURY

Failure to use protective equipment and active restraints, mismanagement of medication, violence, and not being aware of safety hazards increase the risk of an injury.²²

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

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

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

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

BEHAVIORAL HEALTH

Risk factors for poor behavioral health outcomes include genetics, stress, experiencing a traumatic event, and social isolation.²³

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

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

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

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



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

Appendix. Methodology

Exploring Health Disparities in San Diego County by Race/Ethnicity 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 well-being of the residents of San Diego County.

The series of reports can be found in the Health Equity 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 and March of 2022.

DATA SOURCES

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.

American Community Survey (ACS): Total population by race/ethnicity data from the U.S. Census Bureau’s ACS 2022 5-year estimates were used (data years 2018-2022).

California Health Interview Survey (CHIS): Other sociodemographic, economic and lifestyle health data by race/ethnicity were pulled from CHIS. Data estimates for 2022 were used whenever possible; however, data years 2018-2022 were pooled if single year estimates were statistically unstable. CHIS data for adults includes ages 18 years and over.

HEALTH OUTCOMES DATA

Health outcome data were compiled from the County Community Health Statistics Unit’s San Diego County Community Profiles document. Specifically, death, hospitalization, 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 California Department of Health Care Access and Information (HCAI), 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) morbidity ICD-10 codes were grouped according to the Centers for Medicare & Medicaid Services Chronic Conditions Data Warehouse. Additional information on code grouping sources for health indicators, population data, and geographies are available in Community Health Statistics Data Guide and Metadata file. Maternal and child health indicators (excluding congenital anomalies or maternal complications) were from the State of California, Department of Public Health, Center for Health Statistics and Informatics, Birth Statistical Master Files and California Comprehensive Birth Files for 2022. Chlamydia, gonorrhea, and syphilis incidence data were from the STD Morbidity Surveillance Data (California Reportable Disease Information Exchange, CalREDIE) for 2022. Tuberculosis data were obtained from the County of San Diego, Health and Human Services Agency, Tuberculosis Control, Report of Verified Case of Tuberculosis Database for 2022.

OVERALL METHODS

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

- Death and medical encounter data from the Community Health Profiles was used to first, look at chronic, communicable, injury, behavioral health, and maternal and child health outcomes.
- Subsequently, the exploration of health disparities focused on 2022 only. Each section highlights 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.

Data in the Community Health Profiles are produced by age, sex, and race/ethnicity. For the Race/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. The Race/Ethnicity report does not include data on American Indian/Alaska Native (AIAN) population. The Tribal Health and Well-Being Brief and Dashboard present information about the health and well-being of AIAN residents living in San Diego County. To view the report and dashboard, please click [here](#).

Appendix. Demographics

Hispanic	Asian/Pacific Islander (Non-Hispanic)
<p>In 2022, in San Diego County,</p> <p>⇒ 34.5% of residents were Hispanic.</p> <p>⇒ 50.6% of Hispanic residents were males and 49.4% were females.</p> <p>⇒ 32.3% of Hispanic residents lived below 200% of the Federal Poverty Level (FPL).</p> <p>⇒ 32.6% of Hispanic households with income less than 200% of the FPL received food stamps.</p> <p>On average, from 2018-2022, in San Diego County,</p> <p>⇒ 30.8% of Hispanic residents were 25-44 years old.</p> <p>⇒ 28.0% of Hispanic adults had a bachelor’s or higher degree.</p> <p>⇒ 9.5% of Hispanic residents were uninsured.</p> <p>⇒ 7.5% of Hispanic adults were unemployed and looking for work.</p> <p>⇒ 17.7% of Hispanic residents did not have a usual source of medical care.</p> <p>⇒ 13.8% of Hispanic residents reported fair/poor health.</p> <p>⇒ 65.7% of Hispanic adults had a routine check-up with a doctor during the past year.</p>	<p>In 2022, in San Diego County,</p> <p>⇒ 12.2% of residents were NH API.</p> <p>⇒ 49.8% of NH API residents were males and 50.2% were females.</p> <p>⇒ 23.3% of NH API residents lived below 200% of the Federal Poverty Level (FPL).</p> <p>⇒ 25.0% of NH API households* with income less than 200% of the FPL received food stamps.</p> <p>On average, from 2018-2022, in San Diego County,</p> <p>⇒ 30.2% of NH API residents were 25-44 years old.</p> <p>⇒ 60.8% of NH API adults had a bachelor’s or higher degree.</p> <p>⇒ 6.0% of NH API residents were uninsured.</p> <p>⇒ 7.1% of NH API adults were unemployed and looking for work.</p> <p>⇒ 13.5% of NH API residents did not have a usual source of medical care.</p> <p>⇒ 10.5% of NH API residents reported fair/poor health.</p> <p>⇒ 69.2% of NH API adults had a routine check-up with a doctor during the past year.</p>
Black (Non-Hispanic)	White (Non-Hispanic)
<p>In 2022, in San Diego County,</p> <p>⇒ 4.5% of residents were NH Black.</p> <p>⇒ 49.5% of NH Black residents were males and 50.5% were females.</p> <p>⇒ 32.9% of NH Black residents lived below 200% of the Federal Poverty Level (FPL).</p> <p>⇒ 44.8% of NH Black households with income less than 200% of the FPL received food stamps.</p> <p>On average, from 2018-2022, in San Diego County,</p> <p>⇒ 27.4% of NH Black residents were 45-64 years old.</p> <p>⇒ 46.0% of NH Black adults had a bachelor’s or higher degree.</p> <p>⇒ 6.8% of NH Black residents* were uninsured.</p> <p>⇒ 3.5% of NH Black adults* were unemployed and looking for work.</p> <p>⇒ 9.9% of NH Black residents did not have a usual source of medical care.</p> <p>⇒ 13.7% of NH Black residents reported fair/poor health.</p> <p>⇒ 79.9% of NH Black adults had a routine check-up with a doctor during the past year.</p>	<p>In 2022, in San Diego County,</p> <p>⇒ 43.6% of residents were NH White.</p> <p>⇒ 50.1% of NH White residents were males and 49.9% were females.</p> <p>⇒ 9.8% of NH White residents lived below 200% of the Federal Poverty Level (FPL).</p> <p>⇒ 21.6% of NH White households with income less than 200% of the FPL received food stamps.</p> <p>On average, from 2018-2022, in San Diego County,</p> <p>⇒ 25.0% of NH White residents were 45-64 years old.</p> <p>⇒ 57.7% of NH White adults had a bachelor’s or higher degree.</p> <p>⇒ 3.3% of NH White residents were uninsured.</p> <p>⇒ 3.9% of NH White adults were unemployed and looking for work.</p> <p>⇒ 9.1% of NH White residents did not have a usual source of medical care.</p> <p>⇒ 8.3% of NH White residents reported fair/poor health.</p> <p>⇒ 68.3% of NH White adults had a routine check-up with a doctor during the past year.</p>

Source: U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Table B03002. UCLA Center for Health Policy and Research, Los Angeles, CA. AskCHIS 2018-2022. Available at ask.chis.ucla.edu. Accessed March 10, 2025. *Indicates a statistically unstable estimate. Proceed with caution.
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2025.

Appendix. Death Rates (per 100,000)

Condition	Hispanic	NH API	NH Black	NH White	Condition	Hispanic	NH API	NH Black	NH White
Alzheimer's Disease and Related Dementias					Injury				
Alzheimer's Disease and Related Dementias	36.7	53.8	55.8	144.7	Assault	4.6		14.7	2.1
Neurocognitive Disorders	36.0	52.2	56.5	138.0	Drowning	-	-	-	-
Parkinson's Disease	4.5	8.6	-	22.1	Falls	6.1	9.8	-	21.0
Behavioral Health					Firearm	5.2	-	-	8.0
Alcohol Poisoning	-	-	-	1.8	Hip Fractures	-	-	-	-
Alcohol-Related Disorders	15.8	-	14.0	26.6	Motor Vehicle Injuries	8.8	4.9	16.0	8.9
All Opioid Overdoses	20.0	-	40.5	27.6	Poisoning	26.8	6.3	57.9	37.3
Anxiety and Fear-Related Disorders	-	-	-	-	Traumatic Brain Injury	9.4	11.9	-	20.2
Depression	-	-	-	-	Maternal and Child Health				
Impulse and Conduct Disorders	-	-	-	-	Congenital Anomalies	2.4	-	-	2.6
Miscellaneous Mental Health Disorders	-	-	-	-	Non-Communicable (Chronic) Diseases				
Mood Disorders	-	-	-	-	Asthma	-	-	-	-
Neurodevelopmental Disorders	-	-	-	-	Chronic Kidney Disease	46.5	50.1	91.4	78.0
Personality Disorders	-	-	-	-	COPD/Chronic Lower Respiratory Diseases	7.6	11.9	20.9	50.4
Schizophrenia	-	-	-	-	Diabetes	25.4	29.1	47.4	28.9
Substance Use/Abuse/Dependency	-	-	-	-	Lupus and Connective Tissue Disorders	-	-	-	-
Suicide	6.1	6.5	-	17.0	Overall Cancer	85.7	122.4	188.4	238.4
Communicable (Infectious) Diseases					Overall Heart Disease	68.3	105.3	180.7	239.5
COVID-19	38.2	31.2	34.2	47.8	Overall Hypertensive Diseases	20.1	25.6	55.8	49.6
Flu	-	-	-	-	Stroke	25.6	40.6	43.3	71.9
Pneumonia	3.3	5.6	-	9.1					
Urinary Tract Infection	1.8	-	-	5.9					

NH refers to Non-Hispanic. API refers to Asian/Pacific Islander.
Rates based on events <20 are suppressed due to statistical instability.
Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2022. The COVID-19 pandemic was associated with increases in all-cause mortality. COVID-19 deaths have affected the patterns of mortality. SANDAG Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census.
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2025.

Appendix. ED Discharge Rates (per 100,000)

Condition	Hispanic	NH API	NH Black	NH White	Condition	Hispanic	NH API	NH Black	NH White
Alzheimer's Disease and Related Dementias					Injury				
Alzheimer's Disease and Related Dementias	10.5	7.9	32.8	35.6	Assault	286.4	66.9	637.0	181.1
Neurocognitive Disorders	23.1	14.7	53.7	52.7	Drowning	4.5	-	-	3.4
Parkinson's Disease	1.9	-	-	5.3	Falls	1,878.7	909.9	2,240.4	2,365.8
Behavioral Health					Firearm	6.5	-	20.2	1.6
Alcohol Poisoning	4.1	-	-	7.2	Hip Fractures	5.2	-	-	21.6
Alcohol-Related Disorders	225.1	41.3	309.8	343.8	Motor Vehicle Injuries	651.0	272.2	1,155.4	380.6
All Opioid Overdoses	45.3	6.3	103.3	49.3	Poisoning	191.6	62.0	381.0	193.7
Anxiety and Fear-Related Disorders	216.1	72.5	299.3	168.2	Traumatic Brain Injury	190.0	94.4	197.5	192.8
Depression	46.9	25.9	100.5	59.9	Maternal and Child Health				
Impulse and Conduct Disorders	2.3	-	-	3.9	Congenital Anomalies	11.2	-	-	6.1
Miscellaneous Mental Health Disorders	4.1	-	-	7.2	Non-Communicable (Chronic) Diseases				
Mood Disorders	65.3	35.7	154.9	96.8	Asthma	266.8	114.0	632.8	133.3
Neurodevelopmental Disorders	6.7	-	17.4	7.5	Chronic Kidney Disease	32.2	32.9	83.0	27.2
Personality Disorders	-	-	-	1.6	COPD/Chronic Lower Respiratory Diseases	31.5	22.6	182.8	120.3
Schizophrenia	88.8	46.6	385.8	106.7	Diabetes	202.8	64.8	383.7	118.7
Substance Use/Abuse/Dependency	110.5	22.6	280.5	116.4	Lupus and Connective Tissue Disorders	4.0	-	-	2.5
Suicide Attempt/Ideation/Intentional Self-Harm	222.0	85.3	478.6	259.4	Overall Cancer	38.9	34.7	49.5	57.4
Communicable (Infectious) Diseases					Overall Heart Disease	1,661.0	1,087.9	3,442.5	1,888.0
COVID-19	1,251.7	642.8	1,725.4	887.2	Overall Hypertensive Diseases	243.8	238.0	720.7	256.4
Flu	520.0	128.6	485.6	167.3	Stroke	46.4	52.7	94.9	105.4
Pneumonia	161.1	86.5	245.6	138.3					
Urinary Tract Infection	750.8	287.6	753.5	543.2					

NH refers to Non-Hispanic. API refers to Asian/Pacific Islander.
Rates based on events <20 are suppressed due to statistical instability.
Source: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database, 2022. SANDAG Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census.
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2025.

Appendix. Hospitalization Rates (per 100,000)

Condition	Hispanic	NH API	NH Black	NH White	Condition	Hispanic	NH API	NH Black	NH White
Alzheimer's Disease and Related Dementias					Injury				
Alzheimer's Disease and Related Dementias	8.6	7.0	14.7	23.3	Assault	33.4	6.5	85.8	23.4
Neurocognitive Disorders	10.3	8.6	16.7	27.7	Drowning	-	-	-	1.6
Parkinson's Disease	2.5	5.8	-	9.4	Falls	274.4	223.7	330.0	660.9
Behavioral Health					Firearm	9.9	-	20.9	2.3
Alcohol Poisoning	-	-	-	-	Hip Fractures	33.6	32.6	24.4	125.9
Alcohol-Related Disorders	40.0	7.9	39.8	99.7	Motor Vehicle Injuries	73.1	28.2	92.1	71.6
All Opioid Overdoses	13.5	-	44.7	18.4	Poisoning	56.7	24.7	164.7	87.0
Anxiety and Fear-Related Disorders	2.5	-	-	3.6	Traumatic Brain Injury	53.8	43.8	60.7	85.5
Depression	2.6	-	-	3.5	Maternal and Child Health				
Impulse and Conduct Disorders	-	-	-	-	Congenital Anomalies	41.9	21.0	27.2	32.0
Miscellaneous Mental Health Disorders	-	-	-	1.5	Non-Communicable (Chronic) Diseases				
Mood Disorders	3.4	-	-	6.5	Asthma	47.9	33.3	115.1	31.6
Neurodevelopmental Disorders	-	-	-	-	Chronic Kidney Disease	48.1	50.1	111.6	24.5
Personality Disorders	-	-	-	-	COPD/Chronic Lower Respiratory Diseases	19.2	23.3	134.0	78.0
Schizophrenia	6.5	-	14.7	6.2	Diabetes	195.0	68.3	354.4	142.9
Substance Use/Abuse/Dependency	6.6	-	-	7.4	Lupus and Connective Tissue Disorders	11.3	10.5	17.4	6.2
Suicide Attempt/Ideation/Intentional Self-Harm	16.6	9.3	29.3	25.2	Overall Cancer	196.4	220.5	284.0	312.0
Communicable (Infectious) Diseases					Overall Heart Disease	655.1	681.5	1,605.4	1,284.5
COVID-19	158.8	110.0	244.9	212.0	Overall Hypertensive Diseases	263.8	272.7	816.3	347.3
Flu	19.7	12.6	30.7	23.5	Stroke	150.5	160.1	314.7	246.2
Pneumonia	62.8	53.6	111.6	104.6					
Urinary Tract Infection	93.5	41.3	107.4	126.7					

NH refers to Non-Hispanic. API refers to Asian/Pacific Islander.
Rates based on events <20 are suppressed due to statistical instability.
Source: California Department of Health Care Access and Information (HCAI), Patient Discharge Database, 2022. SANDAG Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census.
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2025.

Appendix. Incidence Rates (per 100,000)

Condition	Hispanic	NH API	NH Black	NH White
Communicable (Infectious) Diseases				
Chlamydia	166.0	110.5	345.4	119.8
Gonorrhea	113.6	42.9	275.6	77.1
Syphilis	44.7	12.6	81.6	21.3
Tuberculosis	12.2	12.1	-	-

NH refers to Non-Hispanic. API refers to Asian/Pacific Islander.
Rates based on events <20 are suppressed due to statistical instability.
Source: California Department of Public Health, Center for Infectious Diseases, Division of Communicable Disease Control, California Reportable Disease Information Exchange (CalREDIE), and Report of Verified Case of Tuberculosis (RVCT), 2022.
County of San Diego, Health and Human Services Agency, Public Health Services, HIV, STD and Hepatitis Branch. County of San Diego, Health and Human Services Agency, Public Health Services, Tuberculosis Control and Refugee Health Branch.
SANDAG Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census.
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2025.

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