Racial Equity:

Framework & Outcomes Brief

County of San Diego | Health and Human Services Agency

Public Health Services | Community Health Statistics Unit

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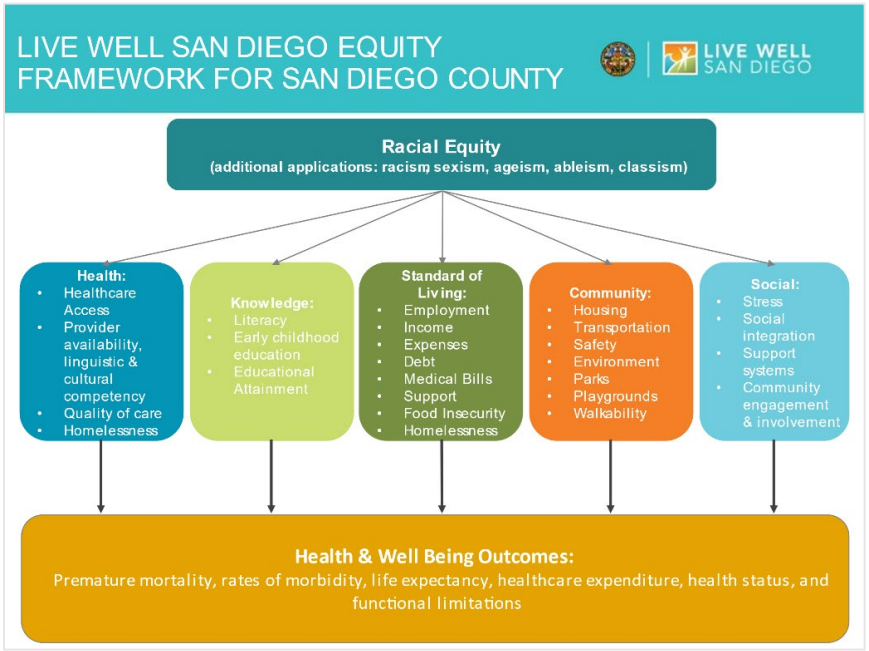
Racial Equity: Framework and Outcomes Brief

Background

Live Well San Diego is a vision for a region that is Building Better Health, Living Safely, and Thriving. It aligns the efforts of individuals, organizations, and government to help all 3.3 million San Diego County residents live well. The Top 10 *Live Well San Diego* Indicators define what it means to live well in San Diego. The Indicators are divided under five Areas of Influence that are essential for overall well-being: Health, Knowledge, Standard of Living, Community, and Social.[1]

The elements of the *Live Well San Diego* framework relate to the concept of social determinants of health (SDOH). SDOH impact many aspects of a person's life and often predict population health outcomes. The newly developed Racial Equity framework includes the five Areas of Influence of *the Live Well San Diego* framework but is expanded by including additional measures of SDOH.

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 Racial Equity framework helps to better understand the root of health inequities so that actions may be taken to ensure health for all San Diego County residents.



[1] County of San Diego Health and Human Services. Top Ten Live Well San Diego Indicators. [Online] 2021. [Cited: September 13, 2021.] https://www.livewellsd.org/content/livewell/home/data-results/Indicator-Home.html.

Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into five domains that are similar to the five Areas of Influence: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.[2]

For each of the five domains, some of the determinants include:

- **Economic stability** – poverty, employment, food security, and housing stability
- **Education access and quality** – graduating from high school, enrollment in higher education, educational attainment, language and literacy, and early childhood education and development
- **Health care access and quality** – access to healthcare, access to primary care, health insurance coverage, and health literacy
- **Neighborhood and built environment** – quality of housing, access to transportation, availability of health foods, air and water quality, and neighborhood crime and violence
- **Social and community context** – cohesion with a community, civic participation, discrimination, conditions in the workplace, and incarceration

More positive outcomes among SDOH are predictors of better health in general, however SDOH are typically shaped by money, power, and resources. By addressing inequities among groups in these various conditions and environments, population health outcomes can be influenced for the better.[3]

Racial Equity

According to the Centers for Disease Control and Prevention (CDC), health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."[4] Notably, it is the *social* factors, not biological or genetic factors, that lead to disparities in health equity. When this idea is applied to the health and well-being of individuals of different race and ethnicities, the issue is racial equity.

As the lack of racial equity, racial *inequity* stems from the definition of structural racism, defined as being "the way key areas (education, employment, healthcare, housing, and law enforcement) are structured to advantage the group in power and disadvantage racial and ethnic minorities."[5] Though there are several types of racism – including internalized racism, interpersonal racism, institutional racism, and structural racism – the latter, structural racism, is the type of discrimination that is most able to be quantified through population and community data which can be used to measure SDOH.

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[2] Office of Disease Prevention and Health Promotion. Social Determinants of Health. *Healthy People 2030.* [Online] n.d. [Cited: September 29, 2021.] https://health.gov/healthypeople/objectives-and-data/social-determinants-health.

[3] Centers for Disease Control and Prevention (CDC). About Social Determinants of Health (SDOH). [Online] March 10, 2021. [Cited: September 29, 2021.] https://www.cdc.gov/socialdeterminants/about.html.

[4] Centers for Disease Control and Prevention (CDC). Health Equity. [Online] March 11, 2020. [Cited: September 13, 2021.] https://www.cdc.gov/chronicdisease/healthequity/index.htm.

[5] Structural Racism and Health Disparities: Reconfiguring the Social Determinants of Health Framework to Include the Root Cause. Yearby, Ruqaiijah. September 2020, 48 J. of L. Med. & Ethics, pp. 518-526.

Such racial inequity can cause racial health disparities, which can be seen as gaps or major differences in the health and well-being outcomes of the Racial Equity framework.

Some barriers to racial equity include:

- Lack of access to health insurance and the inability to receive preventive care for chronic conditions, immunizations, or early diagnosis and treatment
- Lack of quality health care that is safe, effective, patient-centered, timely, efficient, and equitable
- The inability to receive a full education and unfair suspension rate differences
- Poverty
- Lower family income and the lack of economic mobility
- Food insecurity
- Housing insecurity/instability
- Linguistic isolation (those who speak another language, other than English, and speak English less than 'very well')
- Incarceration

Major Findings

Areas of Influence

After collecting and reviewing the population and community data related to the five Areas of Influence and examining each indicator by race/ethnicity and race or ethnicity*, explained in greater detail in **Appendix A**, major differences were seen between residents of San Diego County. **Appendix B** explains which findings are available by race/ethnicity and which are by race or ethnicity.

Health

- When examining by race, American Indian/Alaska Native (AIAN) residents, residents who identify as other race, and Hispanic residents had the lowest health insurance status in San Diego County in 2019. Among AIAN residents, 83.9% have health insurance, among other race residents, 85.5% have health insurance, and among Hispanic residents, 86.3% have health insurance.[6]
- In 2015-17, nearly 1 in 5 non-Hispanic black residents in San Diego County reported often or sometimes unfair treatment when receiving medical care leaving black residents vulnerable to increases in chronic diseases, health costs, delays in diagnosis/treatment, etc.[7]

Knowledge

- When examining inequities in educational attainment in 2019, residents who identify as other race, of any ethnicity, had the lowest proportion of those who have at least a high school diploma in San Diego County, followed by Hispanic residents.[8]
- Among those who dropped out of high school in 2016-17, 65.3% were Hispanic.[9]

* Race regardless of ethnicity includes Hispanic and race/ethnicity incorporates Hispanic as a race.

[6] U.S. Census Bureau. 2015-2019 American Community Survey 5-Year Estimates, Table S2701.

[7] UCLA Center for Health Policy Research. AskCHIS 2015-2017. [Online] Los Angeles, CA. http://ask.chis.ucla.edu.

[8] U.S. Census Bureau. 2015-2019 American Community Survey 5-Year Estimates, Table C15002B-I.

[9] California Department of Education. Dropout Percentages. 2016-2017.

- In San Diego County (2018-19), non-Hispanic black students had the highest suspension rate (68.2 per 1,000 children) and were over 3 times more likely to be suspended than non-Hispanic white students.[10]

Standard of Living

- In San Diego County, black residents of any ethnicity experienced the highest proportion of poverty (0-99% FPL) in 2019 and were almost 2 times more likely to be below the poverty level compared to Asian residents of any ethnicity, who had the lowest proportion of poverty.[11]

Community

- In Mid-City, approximately 70% of residents are black, indigenous, or people of color, when examining race/ethnicity. More than half of residents spend more than 30% of their income on housing alone, which puts them at risk for housing instability. Additionally, 62.7% of Mid-City residents rent rather than own, which is the highest proportion of renters in San Diego County.[12]

- In South Bay, approximately 71% of residents are Hispanic. About half of residents spend more than 30% of their income on housing alone, which puts them at risk for housing instability. Additionally, about 50% of South Bay residents rent rather than own, which is one of the highest proportions of renters in San Diego County.[12]

Social

- In San Diego County, 42.3% of Asian residents of any ethnicity were considered linguistically isolated in 2019.[13]
- In San Diego County, non-Hispanic American Indian/Alaska Native (AIAN) and non-Hispanic black children had the highest foster care rates. When compared to non-Hispanic white children, the foster care rate among non-Hispanic AIAN children was nearly 10 times higher and the foster care rate among non-Hispanic black children was over 5 times higher in 2018.[14]
- Among residents of any ethnicity in San Diego County, AIAN residents and black residents had the highest proportions of incarceration regardless of their family income.[15]

Health and Well-Being Outcomes

Compared to the population and community data related to SDOH, groups who experience racial inequity tend to experience measurable disparities in health and well-being outcomes.

Many of which may be inter-related, those of race/ethnicities most effected by racial inequity are more likely to experience:

- Fair or poor health status
- Higher proportions of negative psychological impact, in terms of stress, depression, anxiety, self-inflicted injuries, and suicidal ideation
- Higher proportions of substance use
- Higher assault rates

[10] California Department of Education. Suspension Data. December 2019.
[11] U.S. Census Bureau. 2015-2019 American Community Survey 5-Year Estimates, Table B17001A-I.
[12] U.S. Census Bureau. 2015-2019 American Community Survey 5-Year Estimates, Tables B03002, DP04, and S2503.
[13] U.S. Census Bureau. 2015-2019 American Community Survey 5-Year Estimates, Table B16005A-G, I.
[14] California Department of Education. Foster care data. 2019-2020.
[15] Census, Opportunity Insights. PolicyMap. [Online] 2018. http://www.policymap.com/our-data-directory.html#Census%20and%20Opportunity%20Insights.

- Higher rates of high blood pressure/hypertension, diabetes, and cardiovascular diseases
- Disability
- Lower life expectancy
- Premature mortality

For example, stress can be an outcome of inequities in the social determinants of health, such as income, access to healthcare, and neighborhood safety. When stress is high, individuals look for coping mechanisms, whether they are positive or negative. Negative coping mechanisms "often make stress worse, because they wear you down over time or are temporary distractions."[16] Examples of negative coping mechanisms include alcohol/drug use, tobacco use, risky behaviors, and becoming aggressive. Further, stress can lead to increases in depression, which can lead to increases in self-inflicted injuries and attempted suicides. Stress not only effects adults, but influences youth, as well. As seen in the health and well-being outcomes, among students in grades 7, 9, 11, or non-traditional programs in San Diego County in 2017-2019, nearly 38% of non-Hispanic Native Hawaiian/Pacific Islander students and nearly 34% of Hispanic students reported depression-related feelings compared to 28% of non-Hispanic white students.[17]

Differing from stress, which is often triggered by external factors, anxiety is described as "persistent excessive worries that don't go away even in the absence of a stressor."[18] Persistent or lifetime exposure to anxiety can cause continual release of stress hormones in the body, which can trigger conditions like high blood pressure, diabetes, and cardiovascular diseases. In San Diego County in 2019, the rate of emergency department discharge due to anxiety and fear-related disorders was 1.6 times higher among non-Hispanic black residents compared to non-Hispanic white residents. Further, compared to non-Hispanic white residents, non-Hispanic black residents were 2.3 times more likely to be discharged from the ED due to overall hypertensive diseases, 3.2 times more likely to be discharged from the ED due to diabetes, and 1.9 times more likely to be discharged from the ED due to heart failure.[19]

Conclusion

While only a glimpse at the true problem, the Racial Equity framework captures racial inequities within each domain of the Areas of Influence and identified that disparities exist in the health and well-being outcomes stratified by race/ethnicity across San Diego County. While most types of racism cannot be specifically measured through existing data, it is possible to assess the measures of social determinants of health (SDOH) that are available to determine disparities and address structural racism barriers.

Moving forward, the County of San Diego plans to continue work looking at racial disparities and addressing how to close those gaps. Based on the Live Well San Diego vision, the next steps include continuing to locate, collect, extract and organize data by race/ethnicity to fill any potential gaps in the framework; identifying racial disparities utilizing the *Live Well San Diego* and Racial Equity frameworks;

[16] HealthLink BC. Common Coping Responses for Stress. [Online] December 16, 2019. [Cited: September 14, 2021.] https://www.healthlinkbc.ca/health-topics/ta5463.
[17] California Department of Education. Depression-related feelings data. 2017-2019.
[18] American Psychological Association. What's the difference between stress and anxiety? [Online] September 21, 2020. [Cited: September 2021, 2021.] https://www.apa.org/topics/stress/anxiety-difference.
[19] California Office of Statewide Health Planning & Development (OSHPD). Emergency Department and Patient Discharge data. 2019.

and informing community partners, including internal and external stakeholders, to turn knowledge into action.

Appendix A

DATA GUIDE

Data is increasingly available disaggregated by race and ethnicity. To collect this information, individuals are usually asked 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, or by race and ethnicity.

Race/Ethnicity

In California and other western parts of the United States, data is 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 race/ethnicity dashboards 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. Categories of non-Hispanic (NH) race include NH white, NH black, NH Asian, NH Native Hawaiian or Pacific Islander (NHPI), NH American Indian or Alaska Native (AIAN), and NH multiple race.

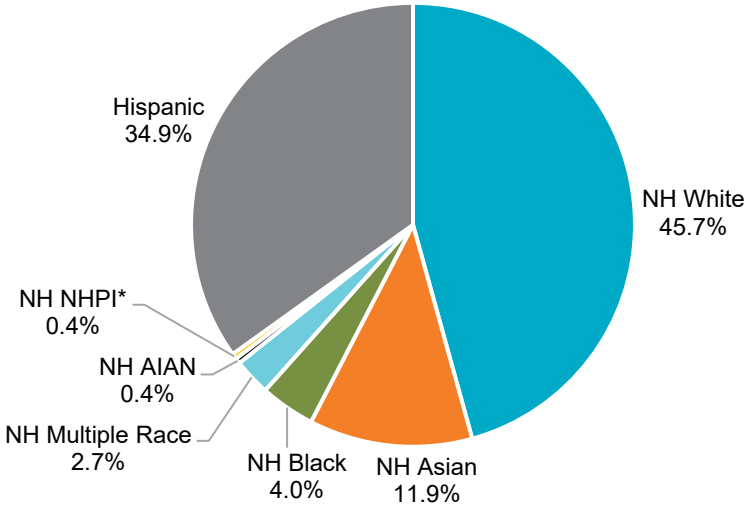
In Figure 1, the data are broken out by race/ethnicity. In the table below, the percentages in each category add to 100%. Individuals who identify as Hispanic are included in the Hispanic category irrespective of race and are not included in any other race categories. Further, individuals who do not identify as Hispanic are counted within the chosen non-Hispanic race category. The percentages in the Hispanic category and the non-Hispanic race categories add to 100%.

Table 1: Population by Race/Ethnicity, San Diego County, 2016-2020.

Race/Ethnicity	Hispanic	NH white	NH black	NH AIAN	NH Asian	NH NHPI	NH Multiple Race	Total
Percent of Population	34.9%	45.7%	4.0%	0.4%	11.9%	0.4%*	2.7%	100.0%

*Statistically unstable. Source: UCLA Center for Health Policy Research. 2016-2020 California Health Interview Survey. Accessed 11/17/21.

Figure 1. Population by Race/Ethnicity, San Diego County, 2016-2020.



*Statistically unstable. Source: UCLA Center for Health Policy Research. 2016-2020 California Health Interview Survey. Accessed 11/17/21.

Race and Ethnicity

When disaggregating data by race, some sources do not remove individuals who identify as Hispanic from the race category which they also marked. The data is presented by race, and by ethnicity, separately.

Data in the race and ethnicity dashboards are presented with an overall Hispanic category, and then under separate race categories. There is overlap between the Hispanic category and the race categories – that is, an individual who identifies as Hispanic will be counted in the Hispanic category and counted again under the race category that they also identified (white, black, Asian, etc.,).

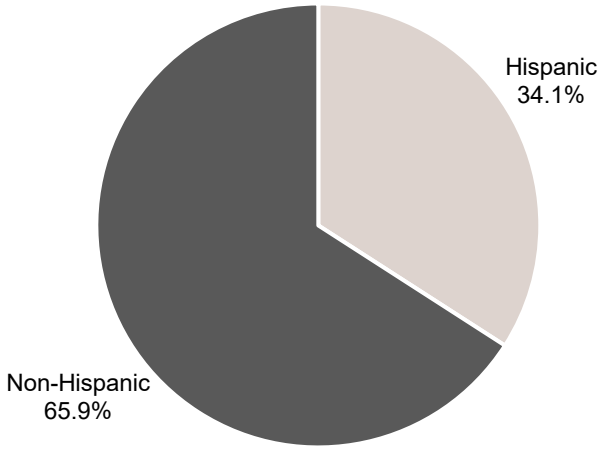
In Table 2, the data is broken out by ethnicity alone. In Table 3, the data is broken out by race alone. Individuals who identify as Hispanic are included in the Hispanic category and further included within one of the race categories based on the race selection. Hence, there is overlap between Hispanic category and one of the race categories for those individuals. The percentage within the Hispanic category represents the proportion of individuals who identify as Hispanic, regardless of race, and the percentages in the race categories add to 100%, regardless of ethnicity.

Table 2. Population by Hispanic or Latino Origin (of Any Race), San Diego County, 2019.

Ethnicity	Hispanic	Non-Hispanic	Total
Percent of Population	34.1%	65.9%	100.0%

Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimate, Table S0103.

Figure 2. Population by Hispanic or Latino Origin (of Any Race), San Diego County, 2019.



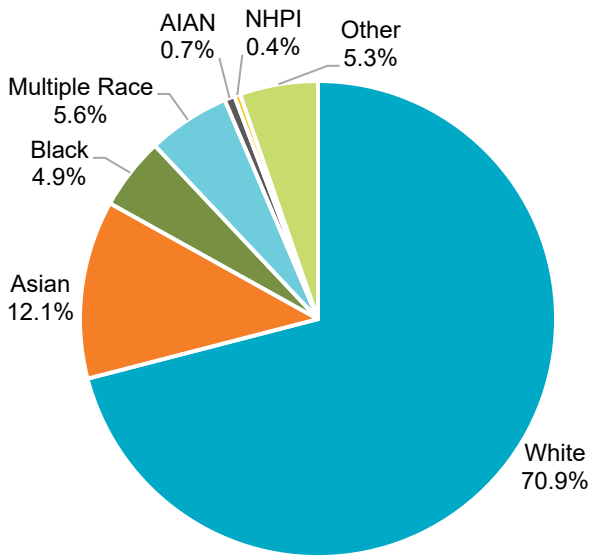
Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimate, Table S0103.

Table 3. Population by Race, San Diego County, 2019.

Race	White	Black	AIAN	Asian	NHPI	Other	Multiple	Total
Percent of Population	70.9%	4.9%	0.7%	12.1%	0.4%	5.3%	5.6%	100.0%

Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimate, Table S0103.

Figure 3. Population by Race, San Diego County, 2019.



Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimate, Table S0103.

Appendix B

DATA SOURCES

1. Disaggregated by Race/Ethnicity:

DEMOGRAPHIC DATA	
Indicator	**Source**
Population distribution by age, gender, and geography	SANDAG, 2020 Current Population Estimates (Data extracted on: 08/11/2021).
HEALTH DOMAIN	
Indicator	**Source**
Usual source of care	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2015-2019. Available at http://ask.chis.ucla.edu
Finding primary care	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2015-2019. Available at http://ask.chis.ucla.edu
Lifetime unfair treatment while getting medical care	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2015-2017. Available at http://ask.chis.ucla.edu
Life expectancy	California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS). SANDAG January 1 Population Estimates, 2019.
KNOWLEDGE DOMAIN	
Indicator	**Source**
School enrollment	California Dept. of Education (2019-2020).
Dropout rate	California Dept. of Education (2015-2017).
Truancy (student reported)	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Dept. of Education (Mar. 2019).
STANDARD OF LIVING DOMAIN	
Indicator	**Source**
Food insecurity	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2015-2019. Available at http://ask.chis.ucla.edu

Families using CalFresh	As cited on kidsdata.org, California Dept. of Social Services, CalFresh Data Tables (Oct. 2018).
Forgone needed medical care	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2015-2019. Available at http://ask.chis.ucla.edu
Problems paying for self or household's family medical bills	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2017-2019. Available at http://ask.chis.ucla.edu
COMMUNITY DOMAIN	
Indicator	**Source**
Feel safe in their neighborhood	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2015-2019. Available at http://ask.chis.ucla.edu
Feel that people in their neighborhood can be trusted	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2015-2019. Available at http://ask.chis.ucla.edu
Home loan mortgage denials	Census, Opportunity Insights, Policy Map, 2018.
Home purchase loan denials	Census, Opportunity Insights, Policy Map, 2018.
Subsidized housing	Census, Opportunity Insights, Policy Map, 2018.
SOCIAL DOMAIN	
Indicator	**Source**
Community engagement and involvement	Community engagement and involvement: UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS. Available at http://ask.chis.ucla.edu
Alcohol, cigarette, e-cigarette, and marijuana use among students in grades 7,9,11, and non-traditional programs	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Dept. of Education.
Bullying/harassment at school and depression-related feelings among students in grades 7,9,11, and non-traditional programs	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Dept. of Education.
HEALTH OUTCOMES	
Indicator	**Source**
	California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence

Health outcomes (rates of death, hospitalization, and emergency department discharge) by condition and geography.	System (VRBIS); California Office of Statewide Health Planning & Development (OSHPD), Emergency Department and Patient Discharge data, 2019.

2. Disaggregated by Race and Ethnicity:

DEMOGRAPHIC DATA	
Indicator	**Source**
Marital status by geography	U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Table S1201.
HEALTH DOMAIN	
Indicator	**Source**
Disability	U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Table S1810.
Health insurance status	U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Tables C27001A-G, I.
KNOWLEDGE DOMAIN	
Indicator	**Source**
School enrollment (ages 3 years and older)	U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Tables B14007A-G, I.
Educational attainment (ages 25 years and older)	U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Tables C15002B-I.
Field of bachelor's degree for first major (ages 25 years and older)	U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Tables C15010A-G, I.
STANDARD OF LIVING DOMAIN	
Indicator	**Source**
Employment status	U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Tables C23002A-G, I.
Household income	U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Tables B19001A-G, I.

Poverty status	U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Tables B17001A-G, I.
Upward economic mobility	Census, Opportunity Insights, Policy Map, 2018.
Supplemental Nutritional Assistance Program (SNAP)	U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Tables B22005A-G, I.
Average median household income	U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Table S1903.
COMMUNITY DOMAIN	
Indicator	**Source**
Means of transportation to work	U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Tables B08105A-G, I.
Tenure	U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Tables B25003A-G, I.
Homelessness	2020 Weallcount Report, San Diego Regional Task Force on the Homeless.
SOCIAL DOMAIN	
Indicator	**Source**
Incarceration rate by family income	Census, Opportunity Insights, Policy Map, 2018.

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