



# Exploring Health Disparities in San Diego County Residents by Sex

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





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JULY 2025

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# EXECUTIVE SUMMARY

## HEALTH DISPARITIES BY SEX



### Exploring Health Disparities in San Diego County Residents by Sex

#### Demographics

In 2022, the San Diego County population had a slightly higher proportion of males than females. Females had a higher median age, with a notably higher proportion of older females, aged 60 years and over. Among the population aged 25 years and over, males were more likely to have a high school diploma. Females were more likely to receive food stamps or the Supplemental Nutrition Assistance Program (SNAP), live below 200% of the federal poverty level (FPL), and were more likely to be unemployed. A higher proportion of males did not have health insurance.

#### Health

In San Diego County in 2022, males and females generally had the same health conditions of concern. Females tended to have lower rates of death among top conditions, but higher rates of emergency department (ED) discharge, compared to males.

The highest rates of death for females were due to overall cancer, overall heart disease, and Alzheimer’s disease and related dementias. The highest rates of death for males were due to overall heart disease, overall cancer, and chronic kidney disease, all of which were higher for males than females. In 2022, females had a rate of death due to stroke one and a half times higher than that of males and a rate of death due to Alzheimer’s disease and related dementias that was nearly twice that of males. Among deaths in San Diego County, some of the greatest disparities between males and females were due to injuries, such as poisoning and traumatic brain injury, where males had rates 3.6 and 2.6 times higher, respectively, than females. Males also had much higher rates of death due to all opioid overdose (3.7 times higher), suicide (2.5 times higher), and alcohol-related disorders (2.3 times higher) compared to females.

For both females and males, the same conditions caused the highest rates of hospitalization; these were overall heart disease, falls, and overall hypertensive disease. Males had a higher rate of overall heart disease hospitalization, while females had higher rates of hospitalization due to falls and overall hypertensive diseases. Compared to males, females had higher hospitalization rates for urinary tract infection (2.3 times higher), hip fractures (1.8 times higher), and suicide attempt, ideation, and intention self-harm (1.7 times higher). Among males, the rates of hospitalization due to motor vehicle injury and alcohol-related disorders were over double the rates for females.

Similarly, the same conditions caused the highest rates of ED discharge among females and males; the highest ED discharge rates were due to falls, overall heart disease, and COVID-19, all of which were higher for females than males. Notably, in 2022, one of the greatest ED discharge rate disparities was due to urinary tract infection, where

females had an ED discharge rate 3.7 times higher than that of males. Females also had rates of ED discharge due to anxiety and fear-related disorders and Alzheimer’s disease and related dementias that were about 50% higher than the rates for males. In 2022, males were more likely to be discharged from the ED due to alcohol-related disorders or assault.

Additionally, the incidence rate of chlamydia was 1.5 times higher for females, while males had higher incidence rates of syphilis (7 times higher), gonorrhea (2.2 times higher), and tuberculosis (2.1 times higher).

**This report stratified sex by male and female but acknowledges that not all people identify as belonging to one of these two categories. Data did not differentiate between assigned sex at birth and current gender identity. While sex and gender influence health, the current data collection practices of many records and surveys limit the ability to describe the health of transgender and nonbinary individuals, especially at the local level.**

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.<sup>1</sup>

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.<sup>2</sup> Social determinants of health influence a person’s ability to achieve health equity.<sup>3</sup>

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

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.

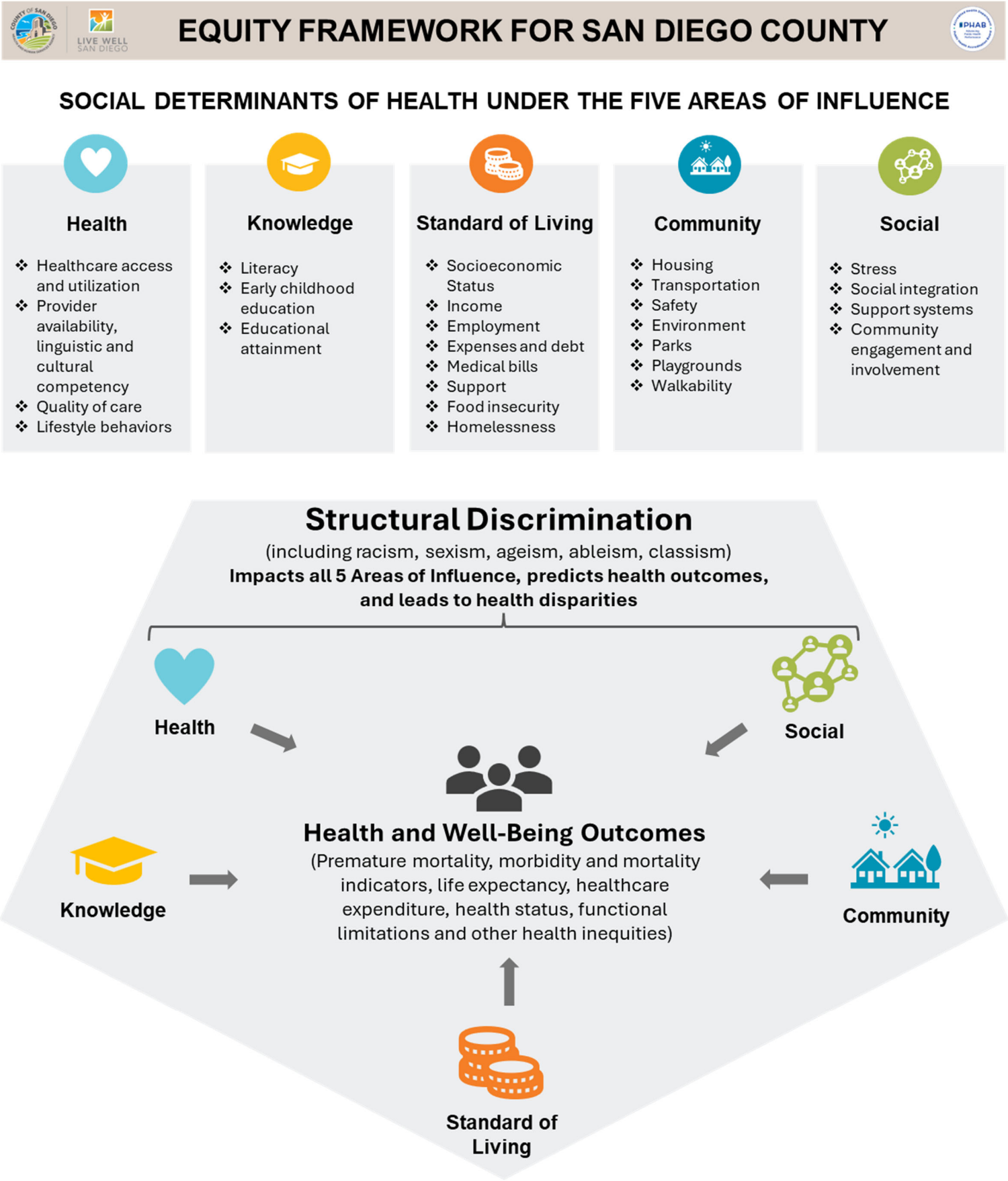
- **Lifestyle behaviors** are actions taken by individuals to attain or maintain good health and to prevent illness and injury.<sup>6,7</sup> Lifestyle behaviors are often the result of socioeconomic status, as well as healthcare access and utilization, and in turn, have an impact on morbidity and mortality.<sup>6,8,9</sup>
- **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.<sup>10,11</sup> The association between these factors is cumulative and influences the health status of an individual over a lifetime.<sup>12,13</sup>

- **Healthcare service access and utilization** are closely aligned with socioeconomic status and are major factors in individual and community health.<sup>14</sup> 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.<sup>14, 15</sup>
- **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, click [here](#).





Geographic Areas Assessed in this Report

SANDAG Subregional Areas (SRAs)

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

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

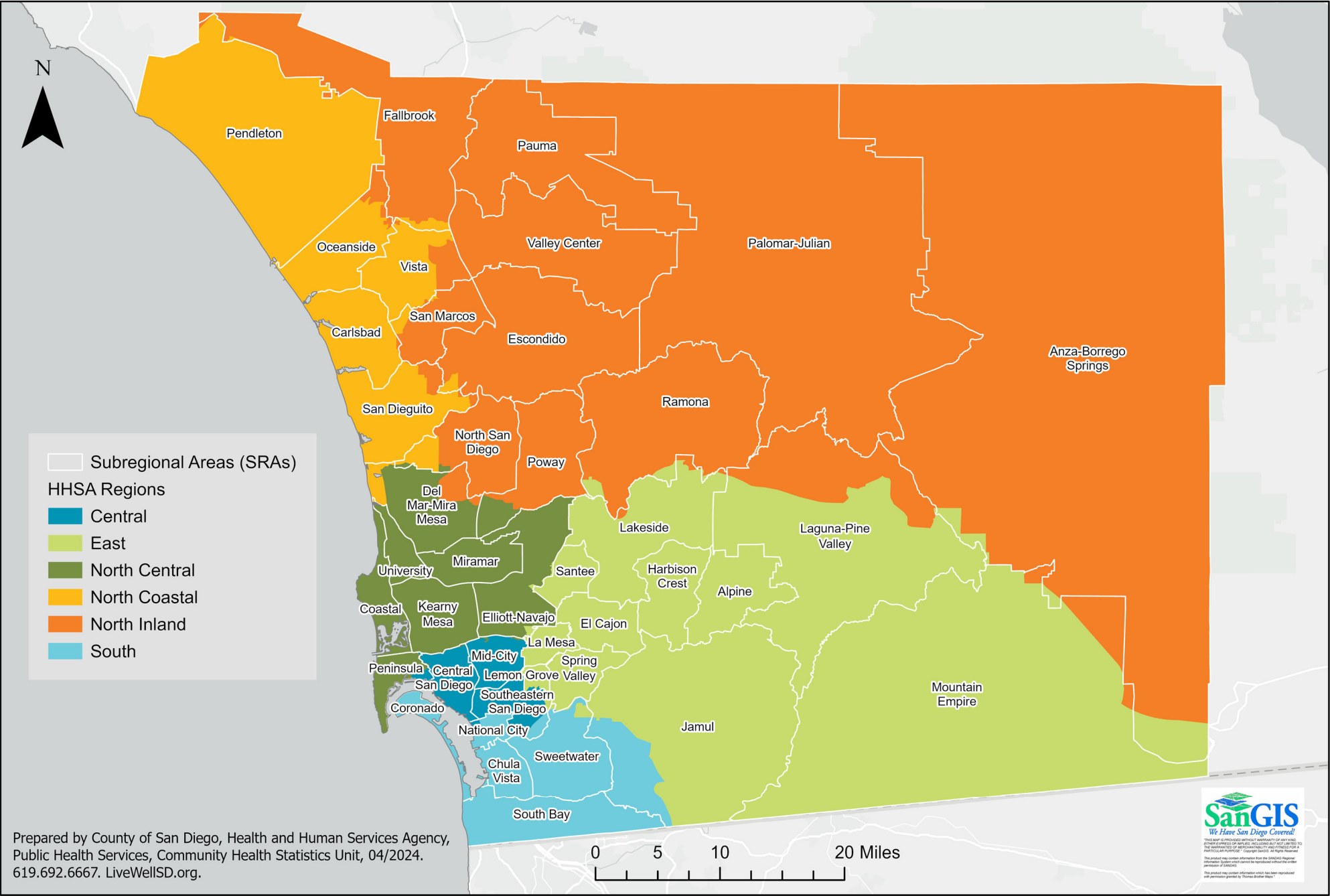
Health Equity in San Diego County: Sex

Exploring Health Disparities in San Diego County by Sex 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 noncommunicable (chronic) disease, communicable disease, maternal and child health, injury, and behavioral health. For further resources, including local health and demographic information, please visit [www.sdhealthstatistics.com](http://www.sdhealthstatistics.com).



Health and Human Services Agency (HHS) Regions and Subregional Areas (SRAs), San Diego County





# DEMOGRAPHICS



## DEMOGRAPHICS

### Total Population<sup>17</sup>

In San Diego County in 2022, 49.3% of the population was female and 50.7% of the population was male. Compared to the other Health and Human Services Agency (HHSA) Regions, the East Region population had the highest percent of females (50.5%). Likewise, the Central Region population had the highest percent of males (51.6%).

### Age<sup>17</sup>

The median age of females in San Diego County in 2022 was 37.9 years, while males had a median age of 35.6 years. Among the female population, 21.0% of the population was under 18 years old, 9.4% was 18 to 24 years old, 29.0% was 25 to 44 years old, and 24.2% was 45 to 64 years old. Among the male population, 21.4% of the population was under 18 years old, 11.0% was 18 to 24 years old, 30.9% was 25 to 44 years old, and 23.6% was 45 to 64 years old. Notably, there was a greater proportion of females aged 65 years and over (16.4%), compared to males (13.0%).

### Education<sup>17</sup>

In San Diego County in 2022, a greater proportion of females, aged 25 years and older, did not have a high school degree, compared to males (11.8% and 10.8%, respectively). Among females 25 years and older, 17.6% were high school graduates (or equivalent), 8.8% had an associate’s degree, 25.1% had a bachelor’s degree, and 16.0% had a master’s degree, professional degree, or doctorate. Among males 25 years and older, 18.7% were high school graduates (or equivalent), 7.9% had an

associate’s degree, 24.9% had a bachelor’s degree, and 16.1% had a master’s degree, professional degree, or doctorate.

### Food Stamps/Supplemental Nutrition Assistance Program (SNAP)<sup>17</sup>

Among San Diego County householders without a spouse present, 31.5% of females and 8.9% of males received food stamps/Supplemental Nutrition Assistance Program (SNAP) in 2022. Among householders with children under 18 years old, 21.5% of females and 5.0% of males received food stamps/SNAP.

### Health Insurance<sup>17</sup>

In 2022, 6.3% of females in San Diego County were uninsured, while 8.2% of males were uninsured.

### Marital Status<sup>17</sup>

In 2022, just under half of the San Diego County population age 15 years and older was currently married, specifically 46.2% of females and 49.5% of males. Females were more likely to be separated, divorced, or widowed compared to males. A greater proportion of males than females had never been married (37.0% and 31.2%, respectively).

### Poverty<sup>18</sup>

Nearly 3 out of every 10 females (29.4%) in San Diego County lived below 200% of the Federal Poverty Level (FPL) from 2018-2022. In comparison, 23.8% of males lived below 200% FPL from 2018-2022.

### Race/Ethnicity<sup>18</sup>

From 2018-2022, nearly half of San Diego County residents were non-Hispanic White (45.4% of females and 46.5% of males) and just over a third of San Diego County residents were Hispanic (34.2% of females and 34.9% of males). Among the female population, 12.0% was non-Hispanic Asian, 4.2% was non-Hispanic Black, 3.5% was non-Hispanic multiple race, and 0.7% was another race. Among the male population, 10.0% was non-Hispanic Asian, 4.6% was non-Hispanic Black, 3.1% was non-Hispanic multiple race, and 0.9% were another race.

### Sexual Identity<sup>18</sup>

From 2018-2022, 88.9% of adult females and 90.2% of adult males in San Diego County self-reported thinking of

themselves as straight. Among adult females, 2.2% of the population self-reported thinking of themselves as lesbian, 7.1% as bisexual, and 1.7% as not sexual, celibate, or had some other sexual orientation. Among adult males, 5.0% of the population self-reported as thinking of themselves as gay, 3.5% as bisexual, and 1.3% as not sexual, celibate, or had some other sexual orientation.

### Unemployment<sup>17</sup>

Among the population 20 to 64 years old in San Diego County, females were, on average, more likely to be unemployed than males, with an employment rate of 6.3% compared to 5.7% from 2018-2022.





# FEMALE HEALTH OUTCOMES



## NON-COMMUNICABLE (CHRONIC) DISEASE

Among non-communicable (chronic) diseases, overall cancer, overall heart disease, and stroke were the top death rates for females in San Diego County in 2022. While most chronic disease death rates were lower among females than males, the rate of death due to stroke was higher among females. Similarly, overall heart disease, overall hypertensive disease, and overall cancer had the top hospitalization rates for females. For emergency department (ED) discharges due to chronic diseases, the top rates for females were due to overall heart disease, overall hypertensive diseases, and asthma, all of which were higher than the rates for males.

### ASTHMA

In San Diego County in 2022, females had an overall rate of 216.0 per 100,000 for ED discharges due to asthma. Compared to the other Health and Human Services Agency (HHSA) Regions, females in Central Region had the highest rate of ED discharge due to asthma (350.9 per 100,000). Further, females in Southeastern San Diego subregional area (SRA) in Central Region had the highest rate of asthma ED discharge in the county, with a rate of 408.6 per 100,000.

### OVERALL CANCER

Overall cancer had the greatest rate of deaths among females in San Diego County in 2022 and was a leading cause of hospitalization. The rate of death due to overall cancer was 151.0 per 100,000 for female San Diego County residents in 2022. Females in East Region had the highest overall cancer death rate (188.1 per 100,000), while females in South Region had the

highest rates of hospitalization (301.1 per 100,000), compared to the other regions.

### Female Breast Cancer

The rate of death due to female breast cancer was 22.9 per 100,000 in San Diego County in 2022. Among the HHSA Regions, the highest rate of female breast cancer death was in East Region (28.4 per 100,000). Among hospitalizations due to female breast cancer, the rate in San Diego County was 17.4 per 100,000, with the highest rate in South Region (19.5 per 100,000).

### Female Reproductive Cancer

In 2022, due to female reproductive cancer, the rate of death was 18.4 per 100,000 and the rate of hospitalization was 29.7 per 100,000 in San Diego County. Among the HHSA Regions, the rate of death was highest in North Coastal Region (19.6 per 100,000) and the rate of hospitalization was highest in South Region (34.4 per 100,000).

### OVERALL HEART DISEASE

In 2022, overall heart disease had the greatest rate of hospitalizations among females in San Diego County, as well as was a leading cause of death and ED discharge. There was a rate of 884.8 hospitalizations per 100,000 due to overall heart disease among females in 2022. Additionally, with a rate of 1,933.9 per 100,000, females were 15% more likely than males to be discharged from the ED due to overall heart disease in 2022. Compared to the other subregional areas, Mountain Empire SRA had the highest rates of hospitalization (2,160.7 per 100,000) and ED discharge (3,205.3 per 100,000) due to overall heart disease among females.

## OVERALL HYPERTENSIVE DISEASES

Among chronic diseases, overall hypertensive diseases were a leading cause of hospitalization (373.4 per 100,000) and ED discharge (318.3 per 100,000) among females in San Diego County in 2022. Compared to males, females were 1.3 times more likely to be discharged from either the ED or hospital due to overall hypertensive diseases, though females had a slightly lower rate of death.

### STROKE

Among chronic conditions, stroke was a leading cause of death among female San Diego County residents in 2022, with a rate of 56.7 per 100,000. Notably, females were 1.5 times more likely to die from stroke, compared to males. Among the HHSA Regions, North Inland Region had the highest rate of stroke death among females (71.0 per 100,000).

## COMMUNICABLE (INFECTIOUS) DISEASE

Among communicable (infectious) diseases, females generally had higher rates of influenza (flu), pneumonia, and urinary tract infection than males, and had a higher incidence rate of chlamydia, in San Diego County in 2022.

### CHLAMYDIA

The incidence rate of chlamydia was 1.5 times higher among females than males in San Diego County in 2022. Females had an incidence rate of 658.9 chlamydia cases per 100,000 in the county overall in 2022, but among the HHSA Regions, Central Region had the highest incidence rate (1,036.1 per 100,000), followed by South Region (814.4 per 100,000).

## COVID-19

In San Diego County in 2022, the rate of death due to COVID-19 among females was 34.3 per 100,000, the rate of hospitalization was 173.0 per 100,000, and the rate of ED discharge was 1,209.0 per 100,000. COVID-19 was a top cause for ED discharge among females, and compared to males, in 2022, females had a 31% higher rate of COVID-19 ED discharge. Across the HHSA Regions, East Region had the highest rates of death (47.9 per 100,000) and hospitalization (260.8 per 100,000) due to COVID-19 among females, while South Region had the highest rate of ED discharge (1,699.9 per 100,000).

### FLU

In San Diego County in 2022, due to the flu, females had a hospitalization rate of 23.7 per 100,000 and an ED discharge rate of 344.5 per 100,000. Among females, rates of hospitalization and ED discharge due to the flu were 1.3 and 1.2 times higher, respectively, than males. Notably, the rate of ED discharge due to the flu was highest in South Region in 2022, particularly in South Bay SRA, where the rate among females was 657.9 per 100,000.

### PNEUMONIA

In 2022, female San Diego County residents had a hospitalization rate of 87.9 per 100,000 and a rate of 154.1 per 100,000 for ED discharges due to pneumonia. Females were 10% more likely to be hospitalized or discharged from the ED due to pneumonia, compared to males, though females had a slightly lower rate of death (5.9 per 100,000 for females and 6.5 per 100,000 for males). Among females in 2022, the rate of ED discharge due to pneumonia was highest in Coronado

SRA (292.8 per 100,000), while the rate of hospitalization due to pneumonia was highest in El Cajon SRA (145.9 per 100,000), compared to all SRAs in the county.

URINARY TRACT INFECTION

Urinary tract infections were a leading cause of ED discharge among females in 2022. Overall, females had the highest rates of death (4.8 per 100,000), hospitalization (144.3 per 100,000), and ED discharge (948.7 per 100,000) due to urinary tract infections in San Diego County in 2022. Females had a 3.7 times higher rate of ED discharge due to urinary tract infection and a 2.3 times higher rate of hospitalization, compared to males.

INJURY

Females generally had lower rates of medical encounters due to injuries, compared to males. Among injury indicators, poisoning, falls, and traumatic brain injury were the top death rates for females in San Diego County in 2022. Among injuries to females, the top hospitalization rates were due to falls, hip fractures, and poisoning, while the most common injuries that resulted in visits to the ED were falls, motor vehicle injuries, and assault.

ASSAULT

In 2022, among injury indicators, assault was a leading cause of ED discharge among females in San Diego County, with a rate of 205.1 per 100,000. Among females, the highest rate of ED discharge due to assault was among residents of Central Region, compared to the other HHSA Regions. The ED discharge rate due to assault was highest in Central San Diego SRA, where there was a rate of 386.2 discharges per 100,000 in 2022. Overall, females were less likely to have assault injuries than males, shown by lower rates of death, hospitalization, and ED discharge in San Diego County in 2022.

FALLS

Falls were a leading cause of hospitalization and ED discharge for females in San Diego County in 2022. Further, among all conditions, falls had the greatest rate of ED discharges among females in 2022. Females had a rate of 2,216.5 ED discharges per 100,000 due to falls and were 22% more likely to be discharged from the ED due to falls, compared to males.

HIP FRACTURES

In 2022, females were 1.8 times more likely to be hospitalized due to hip fractures, compared to males, with a rate of 97.1 hospitalizations per 100,000. Across the HHSA Regions, East Region had the highest rate of hip fracture hospitalization among females (117.0 per 100,000).

MOTOR VEHICLE INJURIES

In San Diego County, motor vehicle injuries were a leading cause of ED discharges among females in 2022. With a rate of 537.9 per 100,000, females had a slightly higher rate of motor vehicle ED discharge than males. Due to motor vehicle injuries, the highest rate of ED discharge among females in the HHSA Regions was in Central Region (744.6 per 100,000).

POISONING

Among injury indicators, poisoning was a leading cause of death (12.9 per 100,000) and hospitalization (67.3 per 100,000) among female San Diego County residents in 2022. Among females, Central Region had the highest rate of poisoning death, while East Region had the highest rate of hospitalization due to poisoning. Notably, the rate of hospitalization due to poisoning among females in Lemon Grove SRA was 2.3 times higher than the county overall, with a rate of 168.6 per 100,000.

TRAUMATIC BRAIN INJURY

Among injury indicators, traumatic brain injury was a leading cause of death for females in San Diego County in 2022, with a rate of 7.8 deaths per 100,000. The rate of death due to traumatic brain injury was highest in

North Coastal Region, where there were 10.3 deaths per 100,000 female residents.

BEHAVIORAL HEALTH

Among behavioral health conditions, the top rates of death and hospitalization among females were due to alcohol-related disorders, all opioid overdoses, and suicide or suicide ideation/attempt/intentional self-harm in San Diego County in 2022. Similarly, the top rates of ED discharge due to behavioral health conditions among females were due to suicide ideation/attempt/intentional self-harm, anxiety and fear-related disorders, and alcohol-related disorders.

ALCOHOL-RELATED DISORDERS

In 2022, among behavioral health conditions, alcohol-related disorders caused some of the highest rates of death (11.1 per 100,000), hospitalization (39.4 per 100,000), and ED discharge (197.2 per 100,000) for females in San Diego County. Across the county, the highest rate of hospitalization due to alcohol-related disorders among females was highest in Lakeside SRA (102.4 per 100,000) and the highest rate of ED discharge was in Central San Diego SRA (338.6 per 100,000).

ALL OPIOID OVERDOSES

In 2022, among behavioral health conditions, all opioid overdoses caused some of the highest rates of death (9.3 per 100,000) and hospitalization (11.5 per 100,000) among females in San Diego County. Compared to the other HHSA Regions, Central Region had the highest rate of death due to all opioid overdoses among females (16.1 per 100,000), and East Region had the highest rate of hospitalization (19.6 per 100,000).

ANXIETY AND FEAR-RELATED DISORDERS

Among behavioral health conditions, anxiety and fear-related disorders were a leading cause of ED discharge among females in San Diego County in 2022. Females had a rate of ED discharge due to anxiety and fear-related disorders that was 1.5 times greater than males

(219.5 per 100,000 for females, compared to 146.7 per 100,000 for males).

SUICIDE

In San Diego County, compared to males, females were 41% more likely to be discharged from the ED due to suicide attempt, ideation, or intentional self-harm in 2022, and 72% more likely to be hospitalized. However, females had a lower rate of death due to suicide. Among females, East Region had the highest rates of ED discharge and hospitalization due to suicide attempt, ideation, or intentional self-harm across the HHSA Regions, specifically Lakeside SRA (467.6 per 100,000 for ED discharge) and El Cajon SRA (36.7 per 100,000 for hospitalization).

ALZHEIMER’S DISEASE AND RELATED DEMENTIAS (ADRD)

In San Diego County in 2022, females had higher rates of death, hospitalization, and ED discharge due to Alzheimer’s disease and related dementias (ADRD) than males. Overall, ADRD was a leading cause of death among females in 2022, with a rate of 111.5 per 100,000, and females were nearly twice as likely to die from ADRD than males (58.1 per 100,000). Compared to other HHSA Regions, the highest rate of death due to ADRD among females was in North Inland Region, while the highest rates of ED discharge and hospitalization were in East Region.

MATERNAL AND CHILD HEALTH

MATERNAL DEATHS

From 2018-2022, there were 16 maternal deaths due to obstetric causes in San Diego County. These deaths represented a rate of 8.4 maternal deaths per 100,000 live births over the five-year period.



# MALE HEALTH OUTCOMES



## NON-COMMUNICABLE (CHRONIC) DISEASE

Among non-communicable (chronic) diseases, overall heart disease, overall cancer, and chronic kidney disease were the top death rates for males in San Diego County in 2022, all of which were higher among males compared to females. Like females, overall heart disease, overall hypertensive disease, and overall cancer had the top hospitalization rates for males. For emergency department (ED) discharges due to chronic diseases, the top rates for males were due to overall heart disease, overall hypertensive diseases, and asthma, all of which were slightly lower among males than females.

### ASTHMA

Among chronic diseases, asthma was a leading cause of ED discharge for males in San Diego County in 2022, with an overall rate of 198.0 per 100,000. Compared to the other Health and Human Services Agency (HHSA) Regions, males in Central Region had the highest rate of ED discharge due asthma (303.9 per 100,000). Further, males in Southeastern San Diego subregional area (SRA) in Central Region had the highest rate of asthma ED discharge in the county, with a rate of 402.3 per 100,000.

### CHRONIC KIDNEY DISEASE

Chronic kidney disease (CKD) was a leading cause of death among males in San Diego County in 2022. Males had a rate of 69.3 deaths per 100,000, making them 32% more likely to die from CKD than women. The rate of death due to CKD was highest among males in the South Region, specifically in National City SRA, where the rate of death was 129.2 per 100,000 in 2022.

## OVERALL CANCER

For males, the rate of death due to overall cancer was 164.0 per 100,000 in San Diego County in 2022 and the rate of hospitalization due to overall cancer was 258.9 per 100,000. Compared to the other subregional areas, La Mesa SRA had the highest rates of death (234.0 per 100,000) and hospitalization (378.8 per 100,000) due to cancer among males. In 2022, compared to females, males had a slightly lower rate of hospitalization due to cancer, but had a higher rate of death.

### Prostate Cancer

In San Diego County in 2022, the rate of death due to prostate cancer among males was 21.9 per 100,000 and the rate of hospitalization was 14.9 per 100,000. Among the HHSA Regions, males in North Inland Region had the highest rates of both death and hospitalization due to prostate cancer (26.3 per 100,000 and 18.0 per 100,000, respectively), both of which were 20% higher than the county rates overall.

## OVERALL HYPERTENSIVE DISEASES

Among chronic conditions in 2022, overall hypertensive diseases caused some of the highest rates of hospitalization (288.7 per 100,000) and ED discharge (238.7 per 100,000) among males in San Diego County. Across the HHSA Regions, East Region had the highest rates of hospitalization and ED discharge due to overall hypertensive disease among males, specifically Mountain Empire SRA (592.5 per 100,000 and 437.1 per 100,000, respectively).

## COMMUNICABLE (INFECTIOUS) DISEASE

While hospitalization and ED discharge rates due to flu and pneumonia were lower among males, males were more likely than females to have gonorrhea, syphilis, and tuberculosis in San Diego County in 2022.

### COVID-19

In San Diego County in 2022, the rate of death due to COVID-19 among males was 46.3 per 100,000, the rate of hospitalization was 196.5 per 100,000, and the rate of ED discharge was 926.3 per 100,000. Compared to females, in 2022, males had a 35% higher rate of COVID-19 death and were 14% more likely to be hospitalized due to COVID-19. Further, COVID-19 was a top cause of death and ED discharge for males in 2022. Across the HHSA Regions, East Region had the highest rates of death (73.1 per 100,000) and hospitalization (309.6 per 100,000) due to COVID-19 among males, while South Region had the highest rate of ED discharge (1,290.0 per 100,000).

### FLU

In San Diego County in 2022, due to the flu, males had an ED discharge rate of 298.9 per 100,000, which was lower than that of females. Notably, among all SRAs, the rate of ED discharge due to the flu was highest in El Cajon SRA, where the rate among males was 615.6 per 100,000.

### GONORRHEA

The incidence rate of gonorrhea was 2.2 times higher for males than for females in San Diego County in 2022. In San Diego County, the incidence rate of gonorrhea among males was 320.0 per 100,000. Central Region had the highest incidence rate of gonorrhea among the HHSA Regions, specifically in Mid-City SRA, where there were 1,206.0 cases per 100,000 males.

## PNEUMONIA

In 2022, male San Diego County residents had a hospitalization rate of 80.0 per 100,000 and an ED discharge rate of 139.5 per 100,000 due to pneumonia. Males had a slightly higher rate of death due to pneumonia than females (6.5 per 100,000 and 5.9 per 100,000, respectively). Among males in 2022, the rate of hospitalization due to pneumonia was highest in El Cajon SRA (124.1 per 100,000), while the rate of ED discharge due to pneumonia was highest in Lemon Grove SRA (224.8 per 100,000), compared to all SRAs in the county.

### SYPHILIS

In San Diego County, males were nearly 7 times more likely than females to have been infected with syphilis in 2022. The incidence rate of syphilis among San Diego County males was 59.9 per 100,000 in 2022. Further, the incidence rate of syphilis was highest in Central San Diego SRA, among all SRAs, where males had 294.3 cases per 100,000.

### TUBERCULOSIS

Tuberculosis among males was twice as common than among females. In 2022, there was an incidence rate of 8.5 cases per 100,000 males in San Diego County. Compared to the other HHSA Regions, the incidence rate of tuberculosis was highest among males in South Region, where there were 17.3 cases per 100,000 males.

### INJURY

Among injury indicators, poisoning, traumatic brain injury, and falls had the highest death rates for males in San Diego County in 2022. Among injuries to males, the top hospitalization rates were due to falls, motor



vehicle injuries, and traumatic brain injury, while the most common injuries that resulted in visits to the ED were falls, motor vehicle injuries, and assault. Males generally had higher rates for these medical encounters than females in 2022.

ASSAULT

In 2022, 266.6 per 100,000 males were discharged from the ED due to assault, making males 30% more likely to visit the ED from assault than females. Across the county, the greatest rates of ED discharge due to assault were among male residents of Central Region, specifically in Central San Diego SRA, where the rate was 522.6 per 100,000.

FALLS

Among injures, falls caused some of the highest rates of death (14.3 per 100,000), hospitalization (413.2 per 100,000), and ED discharge (1,816.5 per 100,000) among males in San Diego County in 2022. Further, among all conditions, falls were a top cause for hospitalization and ED discharge for males. Compared to the other HHSA Regions, North Inland Region had the highest rate of death due to falls among males (17.7 per 100,000) and the highest rate of hospitalization (509.4 per 100,000), while East Region had the highest rate of ED discharge (2,336.5 per 100,000).

MOTOR VEHICLE INJURY

Males were 2.1 times more likely to be hospitalized due to motor vehicle injuries than females in San Diego County in 2022. Due to motor vehicle injuries, males had a hospitalization rate of 97.2 per 100,000 in 2022. Further, motor vehicle injuries were a top cause for ED discharge among males, across all conditions. While the overall rate of ED discharge due to motor vehicle injuries among males in 2022 was 518.8 per 100,000 in San Diego County, the rate was highest in East Region with a rate of 743.4 per 100,000.

POISONING

Notably, the rate of death due to poisoning was 3.6 times greater for males than for females in San Diego County in 2022. Among injuries, poisoning was a

leading cause of death among males, with a death rate of 46.1 per 100,000. Across the county, the highest rate of death due to poisoning was among male residents of Central San Diego SRA, where the rate was 77.2 per 100,000 in 2022.

TRAUMATIC BRAIN INJURY

The rates of death and hospitalization due to traumatic brain injury among males were 2.6 and 1.5 times, respectively, higher than that of females in San Diego County in 2022. Due to traumatic brain injury, males had a death rate of 20.3 per 100,000 and a hospitalization rate of 83.8 per 100,000. Compared to the other SRAs, Oceanside SRA had the highest rate of death due to traumatic brain injury (30.6 per 100,000), and South Bay SRA had the highest rate of hospitalization (155.0 per 100,000).

BEHAVIORAL HEALTH

Among behavioral health conditions, the highest rates of death and hospitalization among males were due to all opioid overdoses, alcohol-related disorders, and suicide or suicide ideation, attempt, or intentional self-harm in San Diego County in 2022. Similarly, the top rates of ED discharge due to behavioral health conditions among males were due to alcohol-related disorders; suicide ideation, attempt, or intentional self-harm; and anxiety and fear-related disorders.

ALCOHOL-RELATED DISORDERS

Among behavioral health conditions, alcohol-related disorders caused some of the highest rates of death (25.1 per 100,000), hospitalization (86.2 per 100,000), and ED discharge (324.1 per 100,000) for males in San Diego County. Males had a 2.3 times higher rate of death due to alcohol-related disorders than females in San Diego County in 2022. Compared to the other SRAs, due to alcohol-related disorders among males, Lemon Grove SRA had the highest rates of hospitalization (199.5 per 100,000) and ED discharge (702.6 per 100,000).

ALL OPIOID OVERDOSES

In 2022, among behavioral health conditions, all opioid overdoses caused some of the highest rates of death (34.2 per 100,000) and hospitalization (20.8 per 100,000) among males in San Diego County. Notably, the rate of death due to all opioid overdoses was 3.7 times higher for males than for females in 2022. Across the HHSA Regions, Central Region had the highest rates of death and hospitalization due to all opioid overdoses among males, with rates of 46.2 per 100,000 and 38.1 per 100,000, respectively.

ANXIETY AND FEAR-RELATED DISORDERS

Among behavioral health conditions, anxiety and fear-related disorders were a top cause for ED discharge among males in San Diego County in 2022. The rate of ED discharge due to anxiety and fear-related disorders was 146.7 per 100,000 for males, which was lower than the rate for females.

SUICIDE

In San Diego County, compared to females, males were 2.5 times more likely to die from suicide in 2022, with a

rate of 15.6 per 100,000. However, males had lower rates of hospitalization (15.4 per 100,000) and ED discharge (197.7 per 100,000) due to suicide attempt, ideation, or intentional self-harm than females. Across the San Diego County SRAs, South Bay SRA had the highest rate of hospitalization (42.0 per 100,000) and Harbison Crest SRA had the highest rate of ED discharge (399.1 per 100,000) due to suicide attempt, ideation, or intentional self-harm among males.

ALZHEIMER’S DISEASE AND RELATED DEMENTIAS (ADRD)

Among males, Alzheimer’s disease and related dementias (ADRD) were a leading cause of death in 2022, with a rate of 58.1 per 100,000. Compared to other HHSA Regions, the highest rate of death due to ADRD among males was in North Coastal Region (64.7 per 100,000).





# 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. *Live Well San Diego* plans to advance the health and overall well-being of all San Diegans through a collective effort that involves residents, community and faith-based organizations, businesses, schools, law enforcement, local city and tribal jurisdictions, and the County of San Diego. *Live Well San Diego* is a framework to help achieve health equity among all residents. To learn more, visit [www.livewellsd.org](http://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) DISEASE

Eliminating tobacco use, adopting active lifestyles, eating healthier diets, and decreasing excessive use of alcohol are key transformations that can reduce the burden of non-communicable (chronic) disease among San Diego County residents.<sup>19</sup>

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



## COMMUNICABLE DISEASE

Taking protective measures including vaccination and avoiding close contact with sick individuals, seeking testing and early treatment, and visiting a doctor regularly are key strategies that can reduce the burden of communicable disease among San Diegans.<sup>20</sup>

For more information on communicable disease, 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.<sup>21</sup> 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.<sup>22</sup>

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.<sup>23</sup>

For more information related to fall prevention, visit the County of San Diego’s Aging and Independence Services [Fall Prevention website](#).

## 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.<sup>24</sup>

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.<sup>19</sup>

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 noncommunicable (chronic) disease.<sup>19</sup>

### 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.<sup>20</sup>

### 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.<sup>21,22</sup> 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.<sup>21</sup>

### 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.<sup>23</sup>

### 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.<sup>24</sup>

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

The series of reports can be found in the Health Equity Reports section of [www.sdhealthstatistics.com](http://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)** Sociodemographic and economic 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 sex were pulled from CHIS. Data years 2018-2022 were pooled, as 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. Chlamydia, gonorrhea, and syphilis incidence data were from the STD Morbidity Surveillance Data (California Reportable Disease Information Exchange, CalREDIE) for 2022. Tuberculosis data were

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:
- Data in the Community Health Profiles are produced by age, sex, and race/ethnicity. 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.

# Appendix. Demographic Data by Sex, San Diego County, 2022

Demographic	Female	Male
<b>Population<sup>1</sup></b>		
Total population	49.3% (1,621,850)	50.7% (1,667,851)
<b>Age<sup>1</sup></b>		
Under 5 years	5.7%	5.9%
5 to 17 years	15.2%	15.6%
18 to 24 years	9.4%	11.0%
25 to 44 years	29.0%	30.9%
45 to 59 years	18.4%	17.9%
60 years and older	22.2%	18.7%
Median age	37.9 years	35.6 years
<b>Education (age 25 and older)<sup>1</sup></b>		
Less than a high school diploma	11.8%	10.8%
High school diploma (or equivalent)	17.6%	18.7%
Associate’s degree	8.8%	7.9%
Bachelor’s degree	25.1%	24.9%
Master’s degree, professional degree, or doctorate	16.0%	16.1%
<b>Food Stamps/SNAP receipt<sup>1</sup></b>		
Householder, no spouse present	31.5%	8.9%
Householder with child(ren) under 18 years, no spouse present	21.5%	5.0%
<b>Health Insurance<sup>1</sup></b>		
Uninsured	6.3%	8.2%

Demographic	Female	Male
<b>Marital Status (age 15 and older)<sup>1</sup></b>		
Now married	46.2%	49.5%
Separated	2.0%	1.5%
Divorced	12.1%	9.3%
Widowed	8.5%	2.6%
Never married	31.2%	37.0%
<b>Poverty (2018-2022)<sup>2</sup></b>		
Lived below 200% of the Federal Poverty Level (FPL)	29.5%	23.8%
<b>Race/Ethnicity (2018-2022)<sup>2</sup></b>		
Hispanic	34.2%	34.9%
Asian, non-Hispanic	12.0%	10.0%
Black, non-Hispanic	4.2%	4.6%
White, non-Hispanic	45.4%	46.5%
Multiple races, non-Hispanic	3.5%	3.1%
Other race, non-Hispanic	0.7%	0.9%
<b>Sexual Identity (adult)<sup>2</sup></b>		
Straight	88.9%	90.2%
Lesbian/gay	2.2%	5.0%
Bisexual	7.1%	3.5%
Not sexual, celibate, or had some other sexual orientation	1.7%	1.3%
<b>Unemployment (age 20-64) (2018-2022)<sup>1</sup></b>		
Unemployment rate	6.3%	5.7%

(1) U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables B01001, S0101, B15002, S2201, S2701, S1201, S2301.

(2) UCLA Center for Health Policy and Research, Los Angeles, CA. AskCHIS 2018-2022. Available at ask.chis.ucla.edu. Accessed March 11, 2025.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2025.



# Appendix. Female Health Rates (per 100,000) in San Diego County, 2022

Condition	Death	Hospitalization	ED Discharge	Incidence
Alzheimer’s Disease and Related Dementias				
Alzheimer’s Disease and Related Dementias	111.5	16.3	27.0	
Parkinson’s Disease	9.1	5.2	2.9	
Behavioral Health				
Alcohol Poisoning	-	-	5.2	
Alcohol-Related Disorders	11.1	39.4	197.2	
All Opioid Overdoses	9.3	11.5	22.2	
Anxiety and Fear-Related Disorders	-	4.0	219.5	
Depression	-	3.1	62.1	
Impulse and Conduct Disorders	-	-	2.1	
Miscellaneous Mental Health Disorders	-	1.9	5.6	
Mood Disorders	-	5.4	93.8	
Neurodevelopmental Disorders	-	-	5.1	
Personality Disorders	-	-	1.3	
Schizophrenia	-	5.2	89.3	
Substance Use/Abuse/Dependency	-	3.9	75.7	
Suicide	6.2	26.5	279.1	
Communicable Disease				
Chlamydia				658.9
COVID-19	34.3	173.0	1,209.0	
Flu	-	23.7	344.5	
Gonorrhea				146.6
Pneumonia	5.9	87.9	154.1	
Syphilis				8.6
Tuberculosis				4.1
Urinary Tract Infection	4.8	144.3	948.7	

Condition	Death	Hospitalization	ED Discharge	Incidence
Injury				
Assault	1.3	16.2	205.1	
Drowning	-	-	3.8	
Falls	11.0	489.8	2,216.5	
Firearm	1.5	-	1.4	
Hip Fractures	-	97.1	15.7	
Motor Vehicle Injuries	4.3	45.6	537.9	
Poisoning	12.9	67.3	177.8	
Traumatic Brain Injury	7.8	55.6	185.9	
Maternal and Child Health				
Congenital Anomalies	2.3	32.1	6.7	
Maternal deaths (2018-2022)	8.4			
Non-Communicable (Chronic)				
Asthma	-	42.0	216.0	
Chronic Kidney Disease	52.4	36.2	31.9	
COPD/Chronic Lower Respiratory Diseases	27.9	58.2	81.2	
Diabetes	23.7	124.1	138.6	
Lupus and Connective Tissue Disorders	1.3	11.9	5.6	
Overall Cancer	151.0	263.8	49.9	
Female Breast Cancer	22.9	17.4	5.4	
Female Reproductive Cancer	18.4	29.7	6.6	
Overall Heart Disease	131.3	884.8	1,933.9	
Overall Hypertensive Diseases	33.6	373.4	318.3	
Stroke	56.7	202.6	76.4	

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. California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database and Patient Discharge Database, 2022. SANDAG Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census. 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.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2025.

# Appendix. Male Health Rates (per 100,000) in San Diego County, 2022

Condition	Death	Hospitalization	ED Discharge	Incidence
Alzheimer’s Disease and Related Dementias				
Alzheimer’s Disease and Related Dementias	58.1	15.2	18.5	
Parkinson’s Disease	16.0	6.7	4.3	
Behavioral Health				
Alcohol Poisoning	1.6	1.2	6.4	
Alcohol-Related Disorders	25.1	86.2	324.1	
All Opioid Overdoses	34.2	20.8	68.4	
Anxiety and Fear-Related Disorders	-	1.9	146.7	
Depression	-	2.4	46.9	
Impulse and Conduct Disorders	-	-	5.0	
Miscellaneous Mental Health Disorders	-	1.3	5.3	
Mood Disorders	-	3.8	72.1	
Neurodevelopmental Disorders	-	2.0	10.0	
Personality Disorders	-	-	1.5	
Schizophrenia	-	7.6	128.4	
Substance Use/Abuse/Dependency	1.5	9.5	144.7	
Suicide	15.6	15.4	197.7	
Communicable Disease				
Chlamydia				441.5
COVID-19	46.3	196.5	926.3	
Flu	-	18.9	298.9	
Gonorrhea				320.0
Pneumonia	6.5	80.0	139.5	
Syphilis				59.9
Tuberculosis				8.5
Urinary Tract Infection	2.3	62.1	254.7	

Condition	Death	Hospitalization	ED Discharge	Incidence
Injury				
Assault	5.4	42.6	266.6	
Drowning	-	1.6	4.1	
Falls	14.3	413.2	1,816.5	
Firearm	10.9	10.9	7.2	
Hip Fractures	-	53.2	8.9	
Motor Vehicle Injuries	12.5	97.2	518.8	
Poisoning	46.1	79.5	200.5	
Traumatic Brain Injury	20.3	83.8	183.5	
Maternal and Child Health				
Congenital Anomalies	2.5	35.1	9.3	
Non-Communicable (Chronic)				
Asthma	-	43.3	198.0	
Chronic Kidney Disease	69.3	44.3	32.5	
COPD/Chronic Lower Respiratory Diseases	26.7	45.0	72.9	
Diabetes	31.5	199.6	170.0	
Lupus and Connective Tissue Disorders	-	7.0	-	
Overall Cancer	164.0	258.9	45.6	
Prostate Cancer	21.9	14.9	4.5	
Overall Heart Disease	168.5	1,131.3	1,685.5	
Overall Hypertensive Diseases	35.3	288.7	238.7	
Stroke	38.3	214.1	74.7	

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. California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database and Patient Discharge Database, 2022. SANDAG Population Estimates, 2022 (vintage: 11/2023). 2022 population estimates were derived from the 2020 decennial census. 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.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2025.



# References

1. World Health Organization. Health Equity. [https://www.who.int/health-topics/health-equity#tab=tab\\_1](https://www.who.int/health-topics/health-equity#tab=tab_1). Accessed September 17, 2024.
2. U.S. Department of Health and Human Services. Healthy People 2030. Social Determinants of Health. <https://health.gov/healthypeople/priority-areas/social-determinants-health>. Accessed September 17, 2024.
3. U.S. Centers for Disease Control and Prevention. Social Determinants of Health (SDOH). January 17, 2024. <https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html>. Accessed September 17, 2024.
4. U.S. Centers for Disease Control and Prevention. Health Disparity Measures. [https://www.cdc.gov/library/research-guides/health-disparity-measures.html?CDC\\_AAref\\_Val=https://www.cdc.gov/library/researchguides/health\\_disparity\\_measure.html](https://www.cdc.gov/library/research-guides/health-disparity-measures.html?CDC_AAref_Val=https://www.cdc.gov/library/researchguides/health_disparity_measure.html). Accessed September 17, 2024.
5. World Health Organization. Health inequities and their causes. <https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>. 22 February 2018. Accessed September 17, 2024.
6. Kaminsky, L. A., German, C., Imboden, M., Ozemek, C., Peterman, J. E., & Brubaker, P. H. (2021). The importance of healthy lifestyle behaviors in the prevention of cardiovascular disease. *Progress in Cardiovascular Diseases*, 70 (0033-0620), 8–15. <https://www.sciencedirect.com/science/article/pii/S003306202100133X?via%3Dihub>.
7. Copenhagen: World Health Organization Regional Office for Europe. Regional Office for Europe. (1999). Healthy living: what is a healthy lifestyle? <https://iris.who.int/handle/10665/108180>.
8. Li, Y., Pan, A., Wang, D. D., Liu, X., Dhana, K., Franco, O. H., Kaptoge, S., Di Angelantonio, E., Stampfer, M., Willett, W. C., & Hu, F. B. (2018). Impact of healthy lifestyle factors on life expectancies in the US population. *Circulation*, 138 (4), 345–355. <https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.117.032047>.
9. Loef, M., & Walach, H. (2012). The combined effects of healthy lifestyle behaviors on all cause mortality: A systematic review and meta-analysis. *Preventive Medicine*, 55(3), 163–170. <https://www.sciencedirect.com/science/article/abs/pii/S0091743512002666?via%3Dihub>.
10. U.S. Centers for Disease Control and Prevention (CDC). (2024, August 14). Addressing Social Determinants of Health and Chronic Diseases. Advancing Health Equity in Chronic Disease. <https://www.cdc.gov/health-equity-chronic-disease/social-determinants-of-health-and-chronic-disease/index.html>.
11. World Health Organization (WHO). (2024). *Social Determinants of Health*. World Health Organization. [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1).
12. Braveman, P. A., Cubbin, C., Egerter, S., Williams, D. R., & Pamuk, E. (2011). Socioeconomic Disparities in Health in the United States: What the Patterns Tell Us. *American Journal of Public Health*, 100(S1), S186–S196. <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2009.166082>.
13. Gautam, N., Dessie, G., Rahman, M. M., & Khanam, R. (2023). Socioeconomic status and health behavior in children and adolescents: a systematic literature review. *Frontiers in public health*, 11, 1228632. <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2023.1228632/full>.
14. McMaughan, D. J., Oloruntoba, O., & Smith, M. L. (2020). Socioeconomic status and access to healthcare: Interrelated drivers for healthy aging. *Frontiers in Public Health*, 8(231), 1–9. <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2020.00231/full>.
15. Healthy People 2030. (n.d.). *Health Care Access and Quality*. Health.gov. Retrieved December 18, 2024, from <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>.
16. San Diego Association of Governments (SANDAG). (May 2014). *INFO— Demystifying Geographies: Peeling Back the Layers*. Retrieved from <https://www.sandag.org>.
17. U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables B01001, S0101, B15002, S2201, S2701, S1201, S2301.
18. UCLA Center for Health Policy and Research, Los Angeles, CA. AskCHIS 2018-2022. Available at <ask.chis.ucla.edu>. Retrieved March 11, 2025.
19. Centers for Disease Control and Prevention (CDC). (2024, May 8). *About Chronic Diseases*. Chronic Disease. [https://www.cdc.gov/chronic-disease/about/?CDC\\_AAref\\_Val=https://www.cdc.gov/chronicdisease/about/index.htm](https://www.cdc.gov/chronic-disease/about/?CDC_AAref_Val=https://www.cdc.gov/chronicdisease/about/index.htm).
20. American Public Health Association. Communicable Disease. <https://www.apha.org/topics-and-issues/communicable-disease>. Accessed November 2020.
21. Healthy People 2030 (n.d.). Maternal, infant, and child health workgroup. Health.gov. Retrieved January 7, 2025, from <https://odphp.health.gov/healthypeople/about/workgroups/maternal-infant-and-child-health-workgroup>.
22. Sebastiani, G., Borrás-Novell, C., Casanova, M. A., Pascual Tutusaus, M., Ferrero Martínez, S., Gómez Roig, M. D., & García-Algar, O. (2018). The effects of alcohol and drugs of abuse on maternal nutritional profile during pregnancy. *Nutrients*, 10(8), 1008. <https://www.mdpi.com/2072-6643/10/8/1008>.
23. World Health Organization. *Preventing injuries and violence: An overview*. (n.d.). <https://www.who.int/publications/i/item/9789240047136>.
24. Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *Risk and Protective Factors*. <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>.

