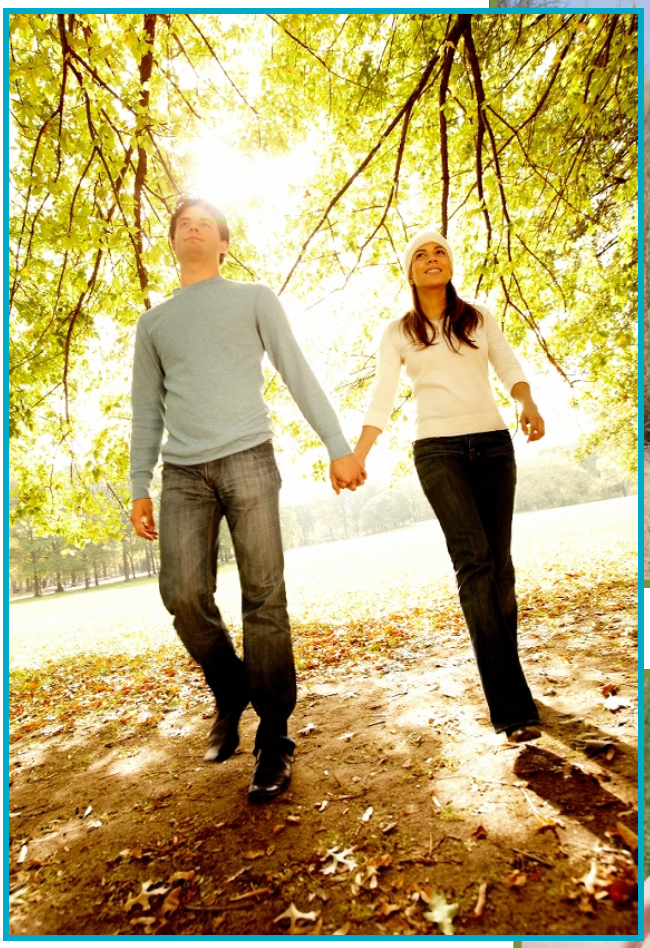
IDENTIFYING HEALTH DISPARITIES TO ACHIEVE HEALTH EQUITY IN SAN DIEGO COUNTY: EXECUTIVE SUMMARY



March 2016

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Identifying Health Disparities to Achieve Health Equity in San Diego County: Executive Summary

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

March 2016

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Identifying Health Disparities to Achieve Health Equity in San Diego County: Executive Summary

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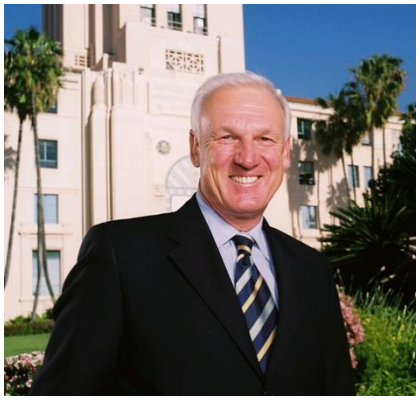
RON ROBERTS
CHAIRMAN, FOURTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS



Dear Fellow San Diego County Residents:

The health and wellbeing of most Americans has improved significantly over the past century; however, some groups continue to experience a higher rate of death and illness.

The *Identifying Health Disparities to Achieve Health Equity in San Diego County* report was developed to identify those San Diegans who, because of their age, gender, geography, race/ethnicity or socioeconomic status are experiencing a disproportionate burden of disease. It describes some of the lifestyle behaviors and other relevant factors that may contribute to these disparities, as well as prevention strategies to help all San Diegans live well.

Health equity is a key component of the *Live Well San Diego* vision in San Diego County. Addressing health disparities is essential to increasing and ultimately achieving health equity for our nearly 3.2 million residents. This document is designed for local agencies, organizations, groups, services and individuals who have an interest in improving the health of county residents. Using the information gathered in this report, we can work together to support healthy choices and improve the lives of San Diego residents.

Sincerely,

RON ROBERTS
Chairman
San Diego County Board of Supervisors

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DEAN ARABATZIS
CHIEF OPERATIONS OFFICER

Dear San Diegans,

The County of San Diego Health and Human Services Agency, which includes Public Health Services, is proud to release *Identifying Health Disparities to Achieve Health Equity in San Diego County*.

These reports identify health disparities among San Diego County residents through the lenses of age, gender, geography, race/ethnicity, and socioeconomic status. The information in these reports is meant to identify health disparities among different groups and serve as a starting point in developing solutions that will help close the gap in existing disparities, thereby building better health for all San Diegans.

As the County continues towards the vision of *Live Well San Diego*, identifying health disparities and inequities are critical in developing prevention and intervention measures, ultimately leading to a healthier San Diego. For more information about *Live Well San Diego* and how you can contribute, please visit www.LiveWellSD.org.

Live Well,

NICK MACCHIONE
Director, Health and Human Services Agency

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Sayone Thihalolipavan, MD, MPH- Deputy Public Health Officer
Eric McDonald, MD, MPH- Medical Director
Marcy Metz, RN, CEN- Chief of Emergency Medical Services

Executive Summary

The health of most Americans has improved in the past century; however, some groups continue to experience a disproportionately higher burden of morbidity and mortality.

Nationally, there are differences in rates of disease, death, and lifestyle behaviors. These differences, or health disparities, exist between genders, across racial/ethnic and age groups, geographic locations, socioeconomic status, disability, and sexual orientation.[1]

In the United States:

- The rate of death due to coronary heart disease was 44.7% higher among males compared to females in 2009.[1]
- The rate of suicide was significantly higher for persons living in the western United States in 2010.[2]
- The prevalence of diabetes among adults was significantly higher among blacks and Hispanics in 2010.[1]
- The prevalence of asthma was higher among children compared to adults in 2010.[1]

Health equity is a key component of the *Live Well San Diego* vision in San Diego County. Addressing health disparities is essential in increasing and ultimately achieving health equity. Locally, health disparities exist among San Diego County residents. In 2011, life expectancy was higher among females, Asians and Pacific Islanders, and residents living in suburban communities of the county.[3]

In San Diego County:

- Non-communicable (chronic) disease was higher among black and white residents, those aged 65 years and older, residents in very urban and rural communities of the county, and slightly higher among females.[4]
- Communicable disease was higher among females, black residents, those aged 15-24 years, and residents in very urban communities of the county.[4]

- Poor maternal and child health outcomes were higher among black and Hispanic residents, and residents in rural and very urban communities of the county.[4]
- Injury, overall, was higher among males, white and black residents, those aged 0-14 and 65 years and older, as well as residents in rural and very urban communities of the county.[4]
- Poor behavioral health outcomes were higher among black and white residents, those aged 45-64 years, and residents living in very urban communities of the county.[4]

In 2011, life expectancy was highest among residents in suburban communities of San Diego County.[3]

Health Disparities and Inequities in San Diego County

In this report, rates of death, hospitalization, emergency department discharge, incidence, and prevalence for 2011 were analyzed for non-communicable (chronic) disease, communicable disease, maternal and child health, injury, and behavioral health through the lenses of gender, age, race/ethnicity, geography, and socioeconomic status.

Age

- Non-communicable (chronic) disease rates were 222% higher among residents aged 65 years and older compared to the county overall.
  - Rates of coronary heart disease (CHD), stroke, diabetes, asthma, cancer, chronic obstructive pulmonary disease (COPD), arthritis, dorsopathy, and Parkinson's disease were all higher among residents aged 65 years and older.
- Communicable disease rates were 100% higher among residents aged 15-24 years compared to the county overall.
  - Rates of reported chlamydia, gonorrhea, and emergency department discharge due to influenza (flu) were notably higher among residents aged 15-24 years.
- Injury rates were 13% higher among children aged 0-14 years and 49% higher among residents aged 65 years and older compared to the county overall.
  - Rates of overall unintentional injury and fall-related injury were notably higher among children aged 0-14 years.
  - Rates of unintentional fall-related injury, unintentional overdose/poisoning, unintentional motor vehicle-related injury, unintentional pedestrian injury, and firearm-related injury were notably higher among residents aged 65 years and over.
- Poor behavioral health outcome rates were 26% higher among residents aged 45-64 years compared to the county overall.
  - Rates of suicide, schizophrenia and other psychotic disorders were notably higher among residents aged 45-64 years.
  - Acute and chronic alcohol-related disorders were notably higher among residents aged 45-64 years.

Overall, injury rates were 49% higher among residents aged 65 years and older compared to the county overall in 2011.

Gender

- Non-communicable (chronic) disease rates were 9% higher among females compared to males.
  - Rates of stroke, asthma, chronic obstructive pulmonary disease (COPD), arthritis, and dorsopathy were notably higher among females compared to males.
- Communicable disease rates were 19% higher among females compared to males.
  - Rates of reported chlamydia, as well as influenza (flu), were notably higher among females compared to males.
- Injury rates were 12% higher among males compared to females.
  - Rates of unintentional overdose/poisoning, unintentional motor vehicle-related injury, unintentional pedestrian injury, homicide and assault, and firearm-related injury were notably higher among males compared to females.
- Poor behavioral health outcome rates were 4% higher among males compared to females.
  - Rates of suicide, attention deficit and impulse control disorders, schizophrenia and other psychotic disorders were notably higher among males compared to females.
  - Rates of acute and chronic alcohol-related as well as substance-related disorders were notably higher among males compared to females.

Geography

- Non-communicable (chronic) disease rates were 35% higher among residents in very urban communities compared to the county overall.
    - Rates of coronary heart disease (CHD), diabetes, asthma, chronic obstructive pulmonary disease (COPD), arthritis, and dorsopathy were notably higher among very urban community residents.

Non-communicable (chronic) disease rates were 24% higher among very urban community residents compared to the county overall.

- Communicable disease rates were 36% higher among very urban community residents compared to the county overall.
    - Rates of reported tuberculosis, chlamydia, gonorrhea, and syphilis, as well as influenza (flu) and pneumonia, were notably higher among very urban community residents.
- Injury rates were 25% and 10% higher among very urban and rural community residents, respectively, compared to the county overall.
    - Rates of unintentional fall-related injury, unintentional overdose/poisoning, unintentional motor vehicle-related injury, unintentional pedestrian injury, homicide and assault injury, and firearm-related injury were notably higher among very urban community residents.
    - Rates of unintentional fall-related injury, unintentional overdose/poisoning, unintentional motor vehicle-related injury, homicide, and firearm-related injury were notably higher among rural community residents.
- Poor maternal and child health outcomes were 11% and 23% higher among very urban and rural community residents, respectively, compared to the county overall.
    - The percentages of teen births as well as fetal and infant mortality rates were notably higher among very urban community residents.
    - The percentages for lack of early prenatal care, preterm births, very low birth weight births, and rates for fetal and infant mortality were notably higher among rural community residents.
- Poor behavioral health outcomes were 37% higher among very urban residents compared to the county overall.
    - Rates of self-inflicted injury, suicide, unintentional overdose/poisoning, anxiety disorders, mood disorders, schizophrenia and psychotic disorders, as well as acute and chronic alcohol and substance-related disorders were all notably higher among very urban community residents.

Race/Ethnicity

- Non-communicable (chronic) disease rates were 109% and 16% higher among black and white residents, respectively, compared to the county overall.
    - Rates of coronary heart disease (CHD), stroke, diabetes, chronic obstructive pulmonary disease (COPD), asthma, arthritis, and dorsopathy were notably higher among black residents.
    - Rates of CHD, stroke, COPD, cancer, arthritis, dorsopathy, and Parkinson's Disease were notably higher among white residents.
- Communicable disease rates were 68% higher among black residents compared to the county overall.
    - Rates of reported chlamydia, gonorrhea, and syphilis were notably higher among black residents.
    - Rates of influenza (flu) and pneumonia were notably higher among black residents.
- Injury rates were 57% and 11% higher among black and white residents, respectively, compared to the county overall.

- Rates of unintentional overdose/poisoning, unintentional motor vehicle-related injury, unintentional pedestrian injury, homicide and assault, and firearm-related injury were considerably higher among black residents.
- Rates of unintentional fall related injury, unintentional overdose/poisoning, unintentional motor vehicle-related injury, and firearm-related injury were slightly higher among white residents.

- Poor maternal and child health outcomes were 33% and 15% higher among black and Hispanic residents, respectively, compared to the county overall.
  - The percentages of preterm births, low birth weight births, very low birth weight births, and fetal and infant mortality rates were significantly higher among black residents.
  - The percentage of teen births was notably higher among Hispanic residents.
- Poor behavioral health rates were 76% and 30% higher among black and white residents, respectively, compared to the county overall.
  - Rates of self-inflicted injury, attention deficit disorders (including conduct and disruptive disorders), impulse control disorders, anxiety disorders, mood disorders, schizophrenia and other psychotic disorders, as well as acute substance-related disorders were significantly higher among black residents.

  - Rates of suicide and self-inflicted injury, Alzheimer's Disease, attention deficit disorders (including conduct and disruptive disorders), impulse disorders, mood disorders, personality disorders, schizophrenia and psychotic disorders, as well as acute and chronic alcohol and substance-related disorders were notably higher among white residents.

Socioeconomic Status

- Non-communicable (chronic) disease rates were 41% and 20% higher among residents in lowest and low income groups, respectively, compared to the county overall.
  - Rates of coronary heart disease (CHD), stroke, diabetes, asthma, chronic obstructive pulmonary disease (COPD), cancer deaths, arthritis, dorsopathy, and Parkinson's Disease were notably higher among the lowest income residents.
  - Rates of CHD, diabetes, asthma, COPD, arthritis, dorsopathy, and Parkinson's Disease were slightly higher among the low income group residents.
- Communicable disease rates were 39% and 21% higher among residents in lowest and low income groups, respectively, compared to the county overall.
  - Rates of reported tuberculosis, chlamydia, gonorrhea, and syphilis, as well as influenza (flu) and pneumonia were notably higher among the lowest income group residents .
  - Rates of reported tuberculosis, hepatitis C, chlamydia, gonorrhea, and syphilis, as well as influenza (flu) and pneumonia were slightly higher among low income group residents.
- Injury rates were 32% and 11% higher among lowest and low income group residents, respectively, compared to the county overall.
  - Rates of unintentional fall-related injury, overdose/poisoning, motor vehicle-related injury, pedestrian injury, other unintentional injuries, and intentional injuries of homicide, assault, and firearm-related injuries were notably higher among lowest income group residents.

  - Rates of unintentional overdose/poisoning, unintentional pedestrian injuries, and intentional injuries of homicide, assault, and firearm-related injuries were slightly higher among low income group residents.
- Poor maternal and child health outcomes were 8% and 10% higher among the lowest and low income residents, respectively, compared to the county overall.
  - The percentages of teen births as well as fetal and infant mortality rates were notably higher among lowest income group residents.
  - The percentages of teen births and fetal and infant mortality rates were also notably higher among low income group residents.
- Poor behavioral health rates were 20% and 29% higher among lowest and low income group residents, respectively, compared to the county overall.
  - Rates of unintentional overdose/poisoning, anxiety disorders, attention deficit disorders (ADD), developmental/childhood disorders, mood disorders, as well as schizophrenia and other psychoses were notably higher among lowest income group residents.
  - Rates of suicide/self inflicted injuries, unintentional overdose/poisoning, anxiety disorders, developmental/childhood disorders, personality disorders, mood disorders, schizophrenia and other psychoses, acute and chronic alcohol-related disorders, as well as acute and chronic substance-related disorders were notably higher among low income group residents.

Goal of the Report

Health disparities are important indicators of community health. This report aims to identify health disparities and inequities that exist in San Diego County through the lenses of age, gender, geography, race/ethnicity, and socioeconomic status. Additionally, this report describes some of the lifestyle behaviors and other relevant factors that may contribute to these disparities, as well as prevention strategies to help San Diegans live well.

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3. County of San Diego, Health and Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch (EISB). San Diego County Life Expectancy at Birth by SRA—2011 (Preliminary), 2013.
4. County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (CHSU). San Diego County Community Profiles, 2013.

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.

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.[1]

For more local data and statistics on non-communicable (chronic) disease, visit the San Diego County Community Profiles—Non-Communicable Disease Profile.

For information on non-communicable (chronic) disease, visit the County of San Diego's Community Health Statistics website at www.SDHealthStatistics.com, and view the *Disease Information* section.

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.[2]

For more local data and statistics on communicable disease, please go to the San Diego County Community Profiles—Communicable Disease Profile.

For more information on communicable disease, visit the County of San Diego's Epidemiology and Immunization Services Branch.

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.[3] Prevention measures such as increased nutrition, early prenatal care, and cessation of smoking, drinking, and illicit drug use are all key ways to improve maternal and child health.[2]

For more local data and statistics on maternal and child health outcomes, visit the San Diego County Community Profiles—Maternal and Child Health Profile.

For more information on maternal and child health outcomes, visit the County of San Diego's Maternal, Child and Family Health Services Branch.

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.[4]

For more local data and statistics on injury, visit the San Diego County Community Profiles—Injury Profile.

For more information on injury, visit the County of San Diego's Emergency Medical Services Branch.

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.[5]

For more local data and statistics on behavioral health, visit the San Diego County Community Profiles—Behavioral Health Profile.

For more information on behavioral health outcomes, visit the County of San Diego's Behavioral Health Services Division.

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1. Centers for Disease Control and Prevention. Chronic Disease Prevention and Health Promotion. "Chronic Diseases and Health Promotion," http://www.cdc.gov/chronicdisease/overview/index.htm (Accessed September 4, 2013).
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