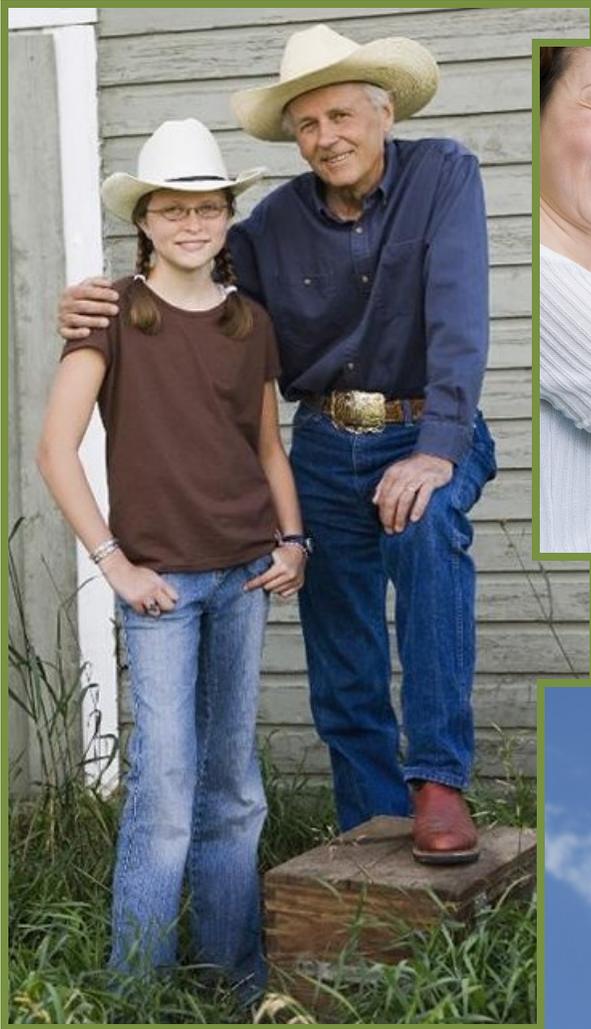


IDENTIFYING HEALTH DISPARITIES TO ACHIEVE HEALTH EQUITY IN SAN DIEGO COUNTY: GEOGRAPHY



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY


LIVE WELL
SAN DIEGO

March 2016

Identifying Health Disparities to Achieve Health Equity in San Diego County: Geography

**County of San Diego
Health & Human Services Agency
Public Health Services**

March 2016

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Identifying Health Disparities to Achieve Health Equity in San Diego County: Geography

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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,

A handwritten signature in black ink that reads "Ron Roberts".

RON ROBERTS
Chairman
San Diego County Board of Supervisors



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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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

WILMA J. WOOTEN, M.D., M.P.H.
Public Health Officer
Director, Public Health Services

Acknowledgements

This report represents a collaborative effort between many dedicated individuals within the Health & Human Services Agency. We gratefully acknowledge the contributions of the following people:

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Sayone Thihalolipavan, MD, MPH- Deputy Public Health Officer
Eric McDonald, MD, MPH- Medical Director
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Introduction

What is Health Equity?

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.”¹

There are many factors that affect the ability to achieve health equity, including the circumstances in which people are born, grow, live, work, and age, as well as the systems in place to deal with illness, which are known as social determinants of health.² Social determinants of health can include income, education, employment status, transportation, housing, access to health care services, and exposure to pollution.³ These, in turn, influence safety and adequacy of housing, air and water quality, crime rates, behavioral health, and access to preventive health care.⁴

Although most San Diego County residents strive to be healthy, differences in health status and health outcomes exist between groups. These often result in poorer health outcomes for some groups in the population. These differences are termed health disparities. The Centers for Disease Control and Prevention (CDC) define health disparities as “differences in the incidence and prevalence of health conditions and health status between groups.”⁵ Many health disparities affect groups based on age, gender, place of residence, race/ethnicity, and socioeconomic status.

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.”¹

In addition to these factors, groups negatively affected by health disparities tend to have less access to healthy food, education, safe neighborhoods, freedom from discrimination, and adequate housing that would further support positive health outcomes.⁵ Health inequities are health disparities that may result from systematic or unequal distribution of positive resources.⁵

Measuring Health Disparities

The health of a community is not simply the presence or absence of disease, rather, it is a dynamic interaction of several factors. In order to describe health disparities in San Diego County, a variety of measures are used. These measures can be broadly considered together as lifestyle behaviors, socioeconomic status, healthcare access and utilization, as well as morbidity and mortality. Collectively, these factors affect an individual’s ability to live a healthy lifestyle, including eating healthy foods, getting enough physical activity, not smoking, abstaining from alcohol abuse and substance use, and overall, leading positive, fulfilling, happy, and healthy lives.



Lifestyle Behaviors

Lifestyle behaviors are actions taken by individuals to attain or maintain good health and to prevent illness and injury. The risk of non-communicable (chronic) disease can be reduced by engaging in behaviors such as eating a healthy diet, getting regular physical activity, and avoiding tobacco use and alcohol or substance abuse. In a motor vehicle crash, injury can be avoided or lessened by wearing seatbelts while in a motor vehicle and by wearing helmets while on a bicycle. Early prenatal care is an example of an action that can be taken to reduce or avoid poor maternal and child health outcomes. The risk of communicable disease can be greatly reduced by getting all recommended vaccinations throughout the lifetime. 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.⁸

Much of the lifestyle behavior information compiled on San Diego County residents comes from local, state, and national health surveys. In this report, lifestyle behavior information was obtained from the 2011-2012 California Health Interview Survey (CHIS).

Socioeconomic Status

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.⁶ The association between these factors is cumulative, and influences the health status of an individual over a lifetime.⁶ For example, low educational attainment is associated with unemployment and low income, which are associated with poor housing and lack of transportation. Together, the indicators used to define socioeconomic status comprise many of the social determinants of health, and directly affect healthcare access and utilization, morbidity and mortality rates, as well as personal lifestyle behaviors.

Socioeconomic status, including the circumstances in which one lives and works, can affect health.⁶

Healthcare Access and Utilization

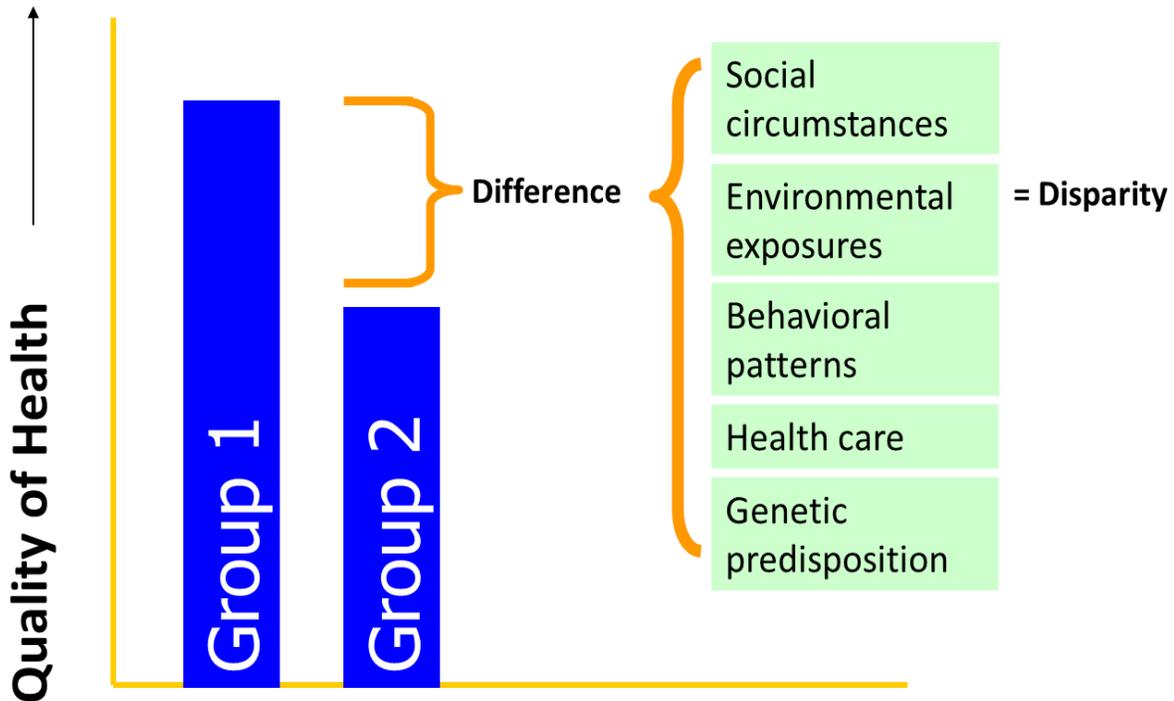
Healthcare service access and utilization are closely aligned with socioeconomic status and are major factors in individual and community health. The unemployment increase in San Diego from 4% in 2006 to nearly 10% in 2011 meant a subsequent increase in the number of uninsured county residents. This situation negatively impacts both the immediate and future health of these residents. Research indicates that chronically ill patients without insurance are less likely to visit health professionals for treatment and medical advice. Uninsured patients are more likely to delay medical care and use emergency departments as usual sources of care.⁷ 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.⁷

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. For example, while asthma death rates are relatively low compared to other non-communicable (chronic) diseases, asthma-related emergency department (ED) discharges and hospitalizations are high, especially in certain groups of the population. High rates of asthma ED discharge and hospitalization might indicate higher rates of uncontrolled asthma, and thus lower access to and utilization of appropriate preventive and treatment services. They might also relate to poor air quality and greater exposure to environmental hazards. 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.

Figure 1

Quality of Health, Differences and Disparities



Adapted from Gomes and McGuire, 2001

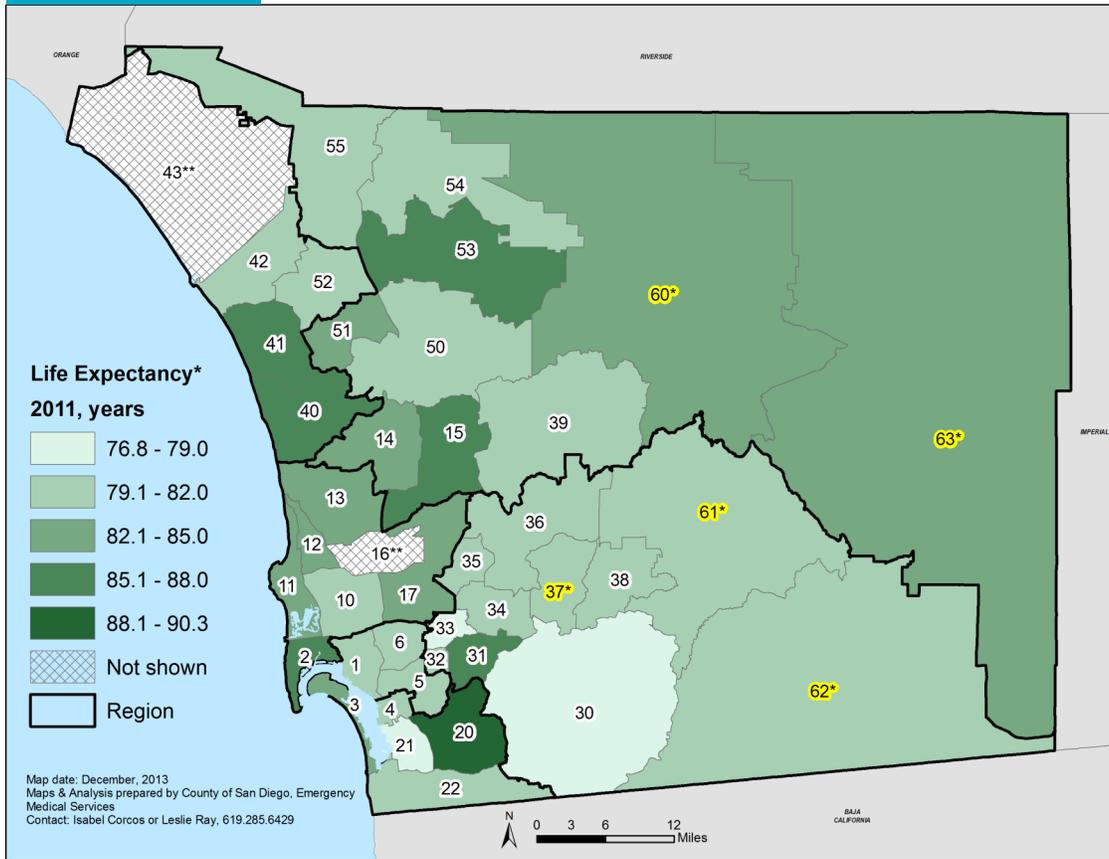
Live Well San Diego and Health Equity

Live Well San Diego is a regional vision adopted by the San Diego County Board of Supervisors in 2010 that aligns the efforts of County government, community partners and individuals to help all San Diego County residents be healthy, safe, and thriving. The vision includes three components. Building Better Health, adopted on July 13, 2010, focuses on improving the health of residents and supporting healthy choices; Living Safely, adopted on October 9, 2012, focuses on protecting residents from crime and abuse, making neighborhoods safe, and supporting resilient communities; and, Thriving, adopted on October 21, 2014, focuses on cultivating opportunities for all people to grow, connect and enjoy the highest quality of life.

Live Well San Diego identifies [10 indicators](#) to measure the collective impact of these efforts and the work of partners over the long term to create a San Diego County where all residents are healthy, safe, and thriving. Life expectancy, or the average number of years a person can expect to live at birth, is one of the 10 indicators identified in the *Live Well San Diego* vision and is also a key measure of health equity. In San Diego County, life expectancy varies by gender, race/ethnicity, and geography.

Overall, the life expectancy in San Diego County was 81.6 years in 2011.⁹ On average, females lived about four years longer than males. Compared to other racial/ethnic groups, Asian and Pacific Islander residents had the highest life expectancy at 86.4 years, while black residents had the lowest (76.5 years).⁹ Geographically, residents in Sweetwater had the highest life expectancy (90.3 years), while Chula Vista, a Subregional Area that borders Sweetwater, had the lowest life expectancy of 76.8 years.⁹ Activities, programs, and policies in the *Live Well San Diego* vision work to positively influence life expectancy and increase health equity among San Diego County residents.

Figure 2



Subregional Area (SRA):

1. Central San Diego
2. Peninsula
3. Coronado
4. National City
5. Southeastern San Diego
6. Mid City
10. Kearny Mesa
11. Coastal
12. University
13. Del Mar-Mira Mesa
14. North San Diego
15. Poway
16. Miramar**
17. Elliot-Navajo
20. Sweetwater
21. Chula Vista
22. South Bay
30. Jamul
31. Spring Valley
32. Lemon Grove
33. La Mesa
34. El Cajon
35. Santee
36. Lakeside
37. Harbison Crest*
38. Alpine
39. Ramona
40. San Dieguito
41. Carlsbad
42. Oceanside
43. Pendleton**
50. Escondido
51. San Marcos
52. Vista
53. Valley Center
54. Pauma
55. Fallbrook
60. Palomar-Julian*
61. Laguna-Pine Valley*
62. Mountain Empire*
63. Anza-Borrego Springs*

Life Expectancy* 2011, years

- 76.8 - 79.0
- 79.1 - 82.0
- 82.1 - 85.0
- 85.1 - 88.0
- 88.1 - 90.3
- Not shown
- Region

Map date: December, 2013
 Maps & Analysis prepared by County of San Diego, Emergency
 Medical Services
 Contact: Isabel Corcos or Leslie Ray, 619.285.6429

*The life expectancy of the Subregional Areas in yellow were statistically unstable. Therefore, the regional life expectancy was substituted for Subregional Area life expectancy.

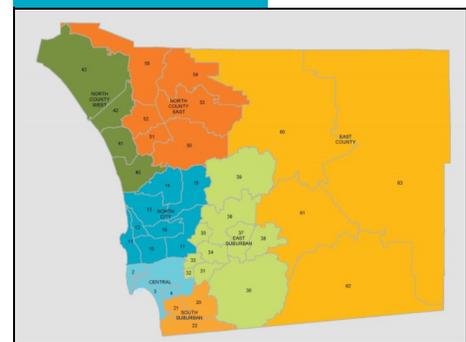
**Miramar and Pendleton Subregional Areas could not be calculated due to the specialized age structure of military personnel.

Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Death Statistical Master Files. County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch, 9/27/2013.

San Diego Association of Governments (SANDAG) develops annual demographical 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 inside of one of seven Major Statistical Areas (MSAs). The first digit of the SRA number identifies the MSA in which it lies. 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.¹⁷

Figure 2a



Health Equity in San Diego County: Geography

Identifying Health Disparities to Achieve Health Equity in San Diego County: Geography is a document prepared by the Division of Public Health Services in the County of San Diego Health & 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.

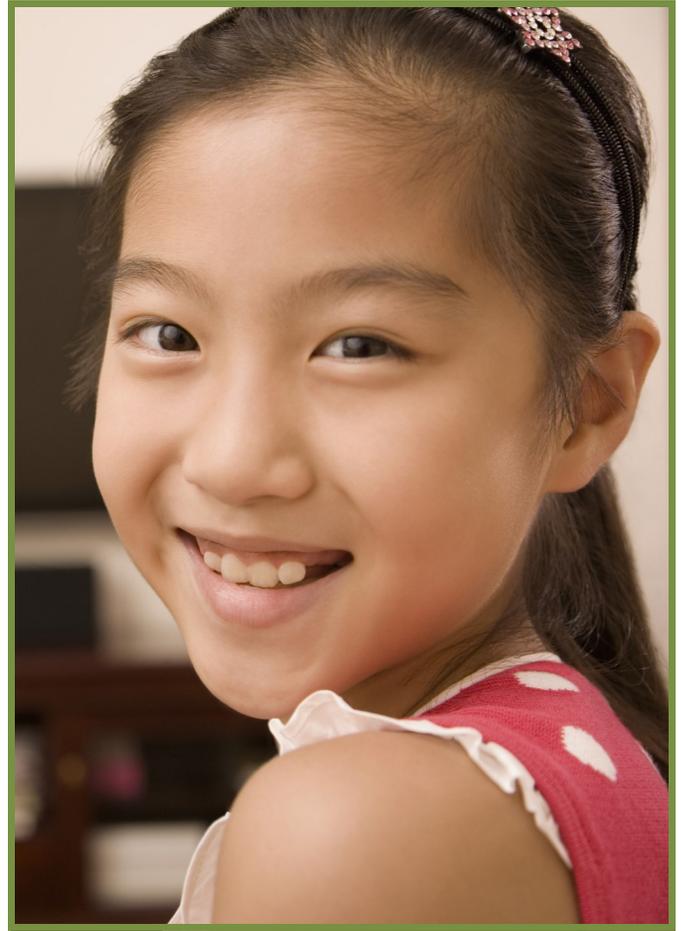
As the county implements the *Live Well San Diego* vision, identifying health disparities and inequities are critical in developing prevention and intervention measures, ultimately leading to a healthier San Diego. This document is designed for local agencies, organizations, groups, services, and individuals 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* 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.

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 chronic disease, communicable disease, maternal and child health, injury, and behavioral health.

For further resources, including local health and demographic information, please go to www.sdhealthstatistics.com.



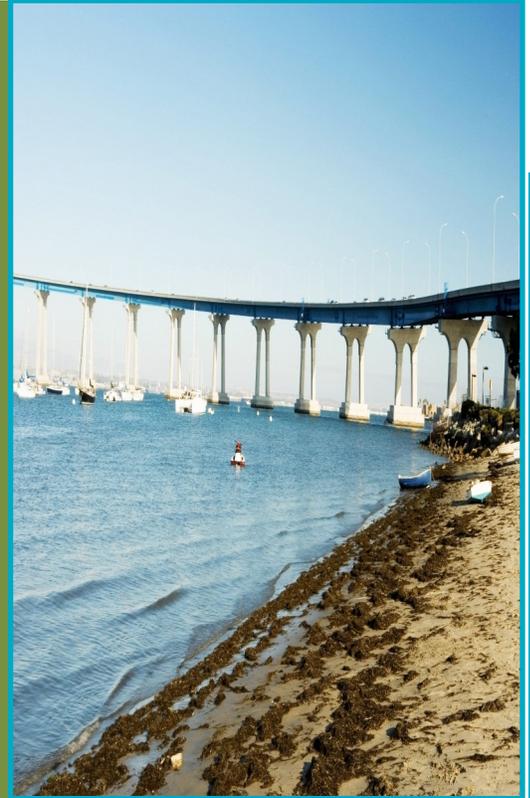
Geographic Health Disparities

Introduction to Geographic Health Disparities

San Diego County has an area of over 4,200 square miles and over 70 miles of coastline.¹⁰ Together, there are 18 incorporated cities and towns, as well as several unincorporated communities.¹⁰

In this report geography is discussed using the 41 subregional areas (SRAs) defined by the San Diego Association of Governments. Based on population density, these areas were divided into five major community types – rural, exurban, suburban, urban, and very urban.

- The rural communities of San Diego County have the smallest number of people per square mile compared to all of the other communities within San Diego County.
- The exurban communities of San Diego County are spread across the county; they have very similar densities of residents per square mile.
- Ten communities in San Diego County are categorized as suburban based on their population densities.
- The urban communities have a high number of residents per square mile, as well as several commercial and residential features fitting of an urban area.¹¹
- Compared to others, very urban communities had the highest number of residents per square mile in the county.¹¹



The communities included in these groupings, and the demographics of each group, are shown in Table 1 on page 8.

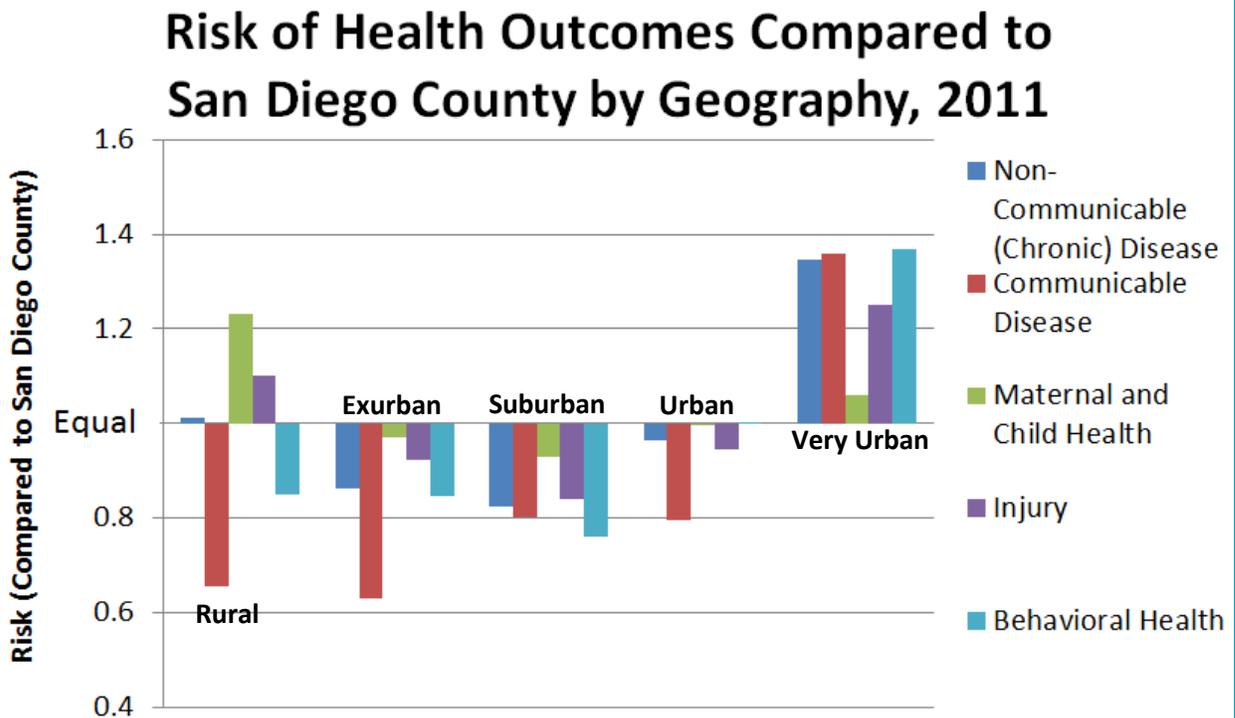
Substantial differences in health indicators and health-related behaviors exist in the different areas of the county. For example, although the average life expectancy for all San Diego County residents is 81.6 years, very urban residents have a life expectancy of 79.4 years, while residents in the exurban and suburban areas have a life expectancy of 83.3 years.⁹

In 2011, the very urban areas were disproportionately affected by communicable disease, poor maternal and child health outcomes, injury, and poor behavioral health outcomes.

A series of health indicators and related health behaviors are presented in the following sections, which aim to describe the most important health concerns facing the communities of San Diego County.

Geographic Health Disparities

Figure 3



Source: Death Statistical Master Files (CDPH), Patient Discharge Data, (CA OSHPD), Emergency Department Data (CA OSHPD); HIV/AIDS Reporting System and STD Morbidity Database (CoSD HIV, STD, and Hepatitis Branch), County of San Diego, Health & Human Services Agency, Epidemiology & Immunization Services Branch, Emergency Medical Services Branch, HIV, STD, and Hepatitis Branch; SANDAG, Current Population Estimates, 10/2012.
Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHS), Community Health Statistics, 2013.

Geographic Health Disparities Among San Diego County Residents:

- Poor maternal and child health outcomes were 23% higher among rural residents compared to the county overall.
- Compared to the county overall, residents of very urban communities had 35% higher rates of non-communicable (chronic) disease, 36% higher rates of communicable disease, 11% higher poor maternal and child health outcomes, 25% higher injury rates, and 37% poor behavioral health outcomes rates.

Demographic Characteristics of San Diego County's Geographic Areas by Population Density, 2011

Table 1

Geographic Area and Communities*	Average Population Density (per square mile)	Total Population (% of county total)	Average Median Household Income	Average Median Home Value	Percent of Population Aged 65 Years and Older	Percent of Population Below the Federal Poverty Level
Rural Area Alpine Anza-Borrego Springs Fallbrook Jamul Laguna-Pine Valley Mountain Empire Palomar-Julian Pauma Ramona Valley Center	143.6	172,518 (5.5%)	\$75,904	\$422,376	15.4%	9.3%
Exurban Area Coronado Elliot-Navajo Escondido Lakeside Poway San Dieguito	1,448.8	515,144 (16.5%)	\$87,367	\$597,822	12.9%	9.7%
Suburban Area Carlsbad Coastal Del Mar-Mira Mesa North San Diego Oceanside San Marcos Santee South Bay Sweetwater Vista	3,050.4	1,132,535 (36.3%)	\$79,923	\$456,797	11.6%	9.7%
Urban Area El Cajon Kearny Mesa La Mesa Peninsula Spring Valley University	5,016.0	548,225 (17.6%)	\$65,918	\$450,797	12.2%	15.1%
Very Urban Area Central San Diego Chula Vista Lemon Grove Mid City National City Southeastern San Diego	7,512.2	689,921 (22.1%)	\$49,660	\$338,330	9.9%	20.8%

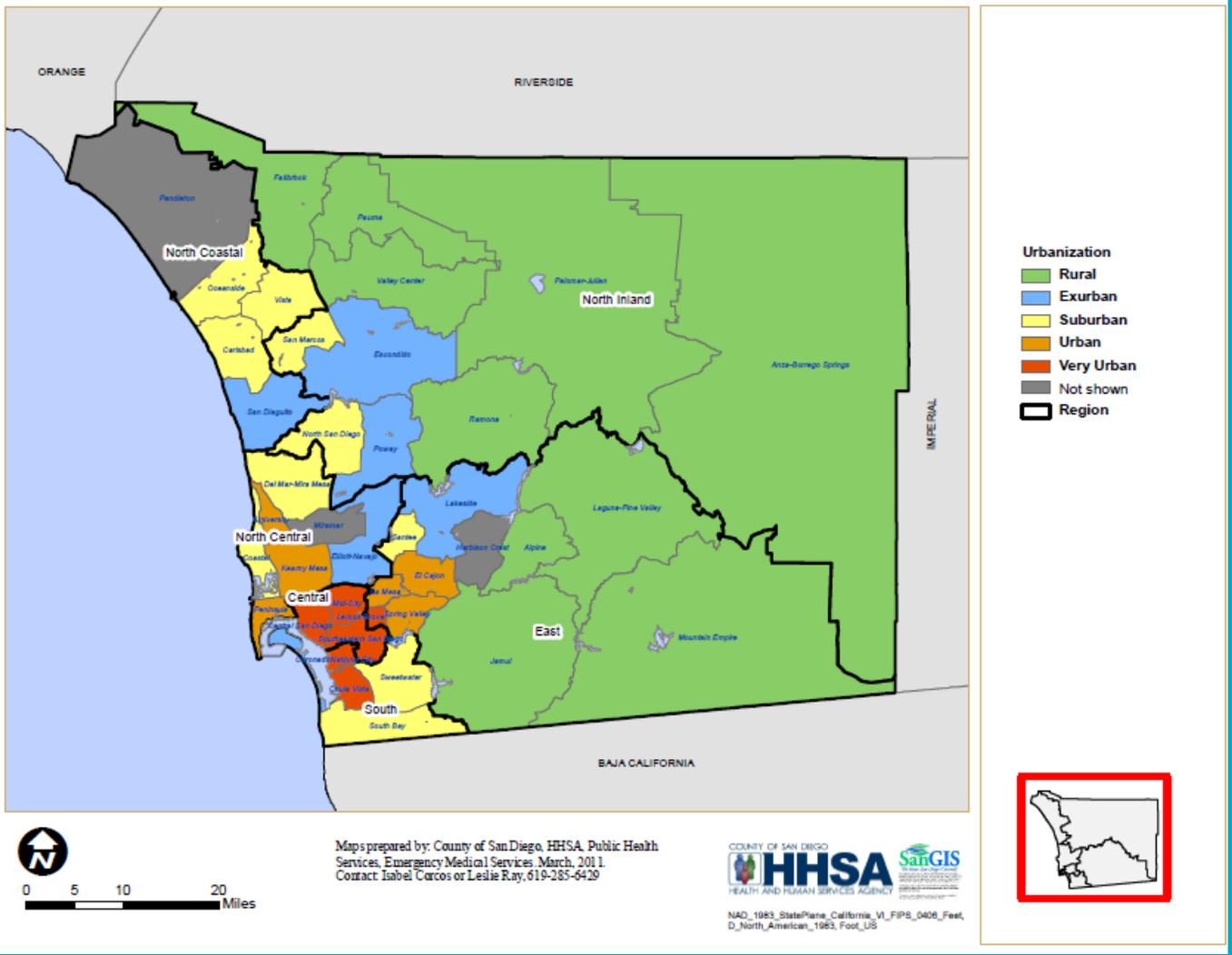
*Three communities (Harbison Crest, Miramar, and Pendleton) are not included in the analysis due to data limitations.

Sources: 1. San Diego Association of Governments (SANDAG), Current Population Estimates, released 10/2012.

2. U.S. Census Bureau, American Community Survey, 2007-2011 5-Year Estimates, accessed March 2013.

San Diego County Communities By Population Density

Figure 4



Introduction

Table 2

Geographic Area and Communities*

Rural Area	Exurban Area	Suburban Area	Urban Area	Very Urban Area
Alpine	Coronado	Carlsbad	El Cajon	Central San Diego
Anza-Borrego Springs	Elliot-Navajo	Coastal	Kearny Mesa	Chula Vista
Fallbrook	Escondido	Del Mar-Mira Mesa	La Mesa	Lemon Grove
Jamul	Lakeside	North San Diego	Peninsula	Mid City
Laguna-Pine Valley	Poway	Oceanside	Spring Valley	National City
Mountain Empire	San Dieguito	San Marcos	University	Southeastern San Diego
Palomar-Julian		Santee		
Pauma		South Bay		
Ramona		Sweetwater		
Valley Center		Vista		

*Three communities (Harbison Crest, Miramar, and Pendleton) are not included in the analysis due to data limitations.

Sources: 1. San Diego Association of Governments (SANDAG), Current Population Estimates, released 10/2012.

2. U.S. Census Bureau, American Community Survey, 2007-2011 5-Year Estimates, accessed March 2013.

Rural

The rural communities of San Diego County include Alpine, Anza-Borrego Springs, Fallbrook, Jamul, Laguna-Pine Valley, Mountain Empire, Palomar-Julian, Pauma, Ramona, and Valley Center. Most of these communities are in the eastern half of the county, and spread from the northern to southern borders. These communities have the smallest number of people per square mile compared to all of the other communities within San Diego County.

In 2011, the population of these communities was about 172,500, making up nearly 6% of the county's total population.¹¹

In 2011:

- The average median household income of residents within these areas was about \$75,900 per year.¹²
- The value of the homes in these areas was approximately \$422,400.¹²
- Nearly one out of ten rural community residents lived in poverty.¹²
- One out of 12 rural residents was unemployed.¹²

- An estimated 26.5% of rural community adults aged 25 years and older completed a bachelor's degree or higher; however 37% had a high school diploma or less.¹²

In 2011, 37% of the rural population had a high school diploma or less.¹²

During this same time period, nearly one out of six rural community residents were aged 65 years or over and 62% of the population was white.¹²

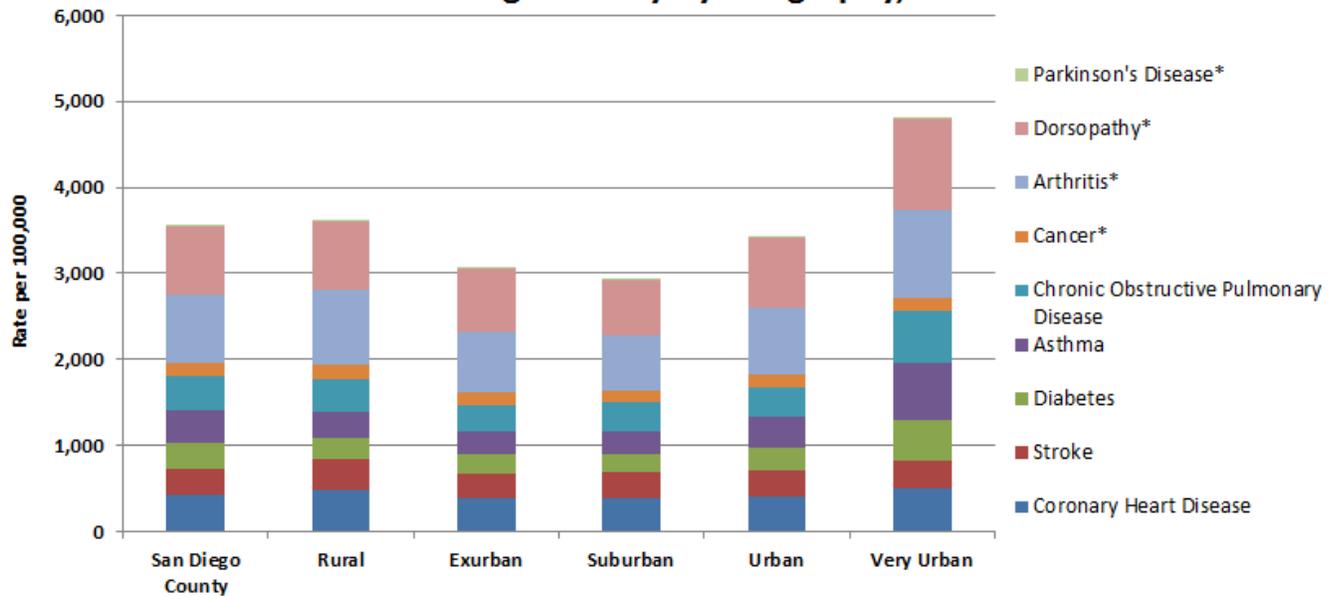
Compared to the county overall, the rural communities were disproportionately affected by non-communicable (chronic) disease, poor maternal and child health outcomes, and injury. A series of health indicators are described in the following sections, which affect rural communities more than other areas in San Diego County. Rates of death, hospitalization discharge, and emergency department discharge due to specific causes can provide insight to the severity of disease and injury occurring in the rural communities.



Non-Communicable Disease Among Rural Residents

Figure 5

Overall Burden* of Non-Communicable (Chronic) Disease in San Diego County by Geography, 2011



*Overall burden (except for cancer, arthritis, dorsopathy, and Parkinson's disease) includes death, hospitalization and emergency department (ED) discharge. Cancer includes death only. Arthritis, dorsopathy, and Parkinson's disease include hospitalization and emergency department discharge only.

Top Non-Communicable (Chronic) Disease Health Disparities Among San Diego County Rural Community Residents:

- The coronary heart disease (CHD) emergency department discharge rate was 1.6 times higher compared to the county overall.
- The arthritis hospitalization rate was 1.5 times higher compared to the county overall.
- The dorsopathy hospitalization rate was 1.5 times higher compared to the county overall.

Rural

Prevent Geographic Health Disparities

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 and appealing parks and recreational facilities
- Increase the availability and affordability of fresh produce
- Adopt walkable communities



LIVE WELL
SAN DIEGO

Building
Better
Health

Living
Safely

Thriving

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

Non-Communicable (Chronic) Disease

Overall, non-communicable (chronic) disease rates among rural community residents were comparable to the county overall. However, rates of arthritis, coronary heart disease, dorsopathy, and stroke were notably higher among rural community residents compared to the county overall.

Arthritis

In 2011, the rate of arthritis hospitalization was 1.5 times higher among rural community residents compared to the county overall.

- Among the rural communities, residents in Anza-Borrego Springs and Alpine had the highest rates of hospitalization due to arthritis in 2011.

Coronary Heart Disease

Compared to the county overall, rates of coronary heart disease (CHD) hospitalization and emergency department (ED) discharge were higher among rural community residents. The rates were 1.1 and 1.6 times higher, respectively, in 2011.

- Residents living in Anza-Borrego Springs had the highest rate of CHD hospitalization, while residents in Jamul had the highest rate of CHD ED discharge among the rural communities in 2011.

Dorsopathy

Compared to the county overall, the rate of dorsopathy hospitalization was 1.5 times higher among rural community residents.

- Among the rural communities, residents in Anza-Borrego Springs and Alpine had the highest rates of hospitalization due to arthritis in 2011.

Stroke

Rates of hospitalization and ED discharge due to stroke were 1.2 and 1.4 times higher among rural community residents compared to the county overall in 2011.

- Both stroke hospitalization and ED discharge rates were highest among Anza-Borrego Springs residents compared to rural community residents overall.



Risk Factors and Prevention Strategies

Tobacco use, lack of physical activity, poor diet, and abuse of alcohol are leading risk factors for the development of non-communicable (chronic) disease.¹³ Additionally, older adults are at a greater risk of chronic disease. The rural communities have the highest percent of residents ages 65 years and older, compared to the other areas of San Diego County.¹¹

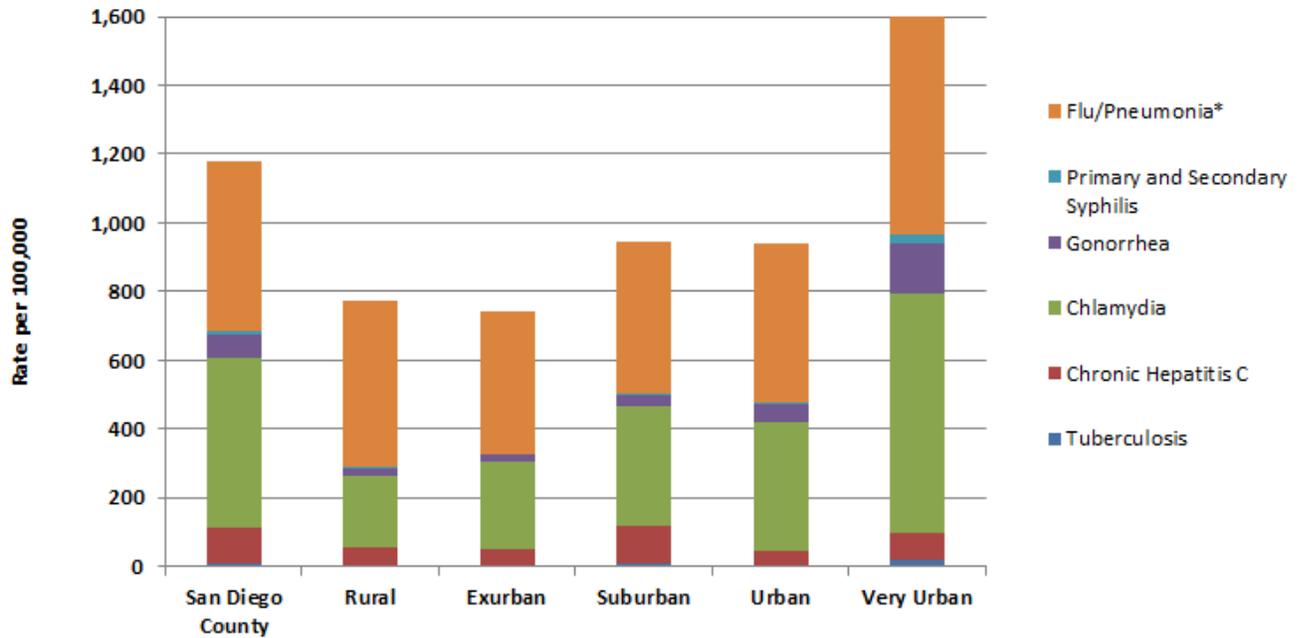
Changes in modifiable risk factors such as tobacco use, lack of physical activity, poor diet, and abuse of alcohol, as well as increased access to and utilization of medical services, are key ways to reduce the burden of non-communicable (chronic) disease among rural community residents in San Diego County.¹³

In 2011, the rate of coronary heart disease emergency department discharge was 1.6 times higher among rural community residents compared to the county overall.

Communicable Disease Among Rural Residents

Figure 6

Overall Burden* of Communicable Disease in San Diego County by Geography, 2011



*Overall burden (except for flu/pneumonia) includes incidence only. Flu/pneumonia includes death, hospitalization, and emergency department discharge only.

Top Communicable Disease Health Disparities Among San Diego County Rural Community Residents:

- The rate of hospitalization due to pneumonia was 1.2 times higher than the county overall.

Prevent Geographic Health Disparities

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



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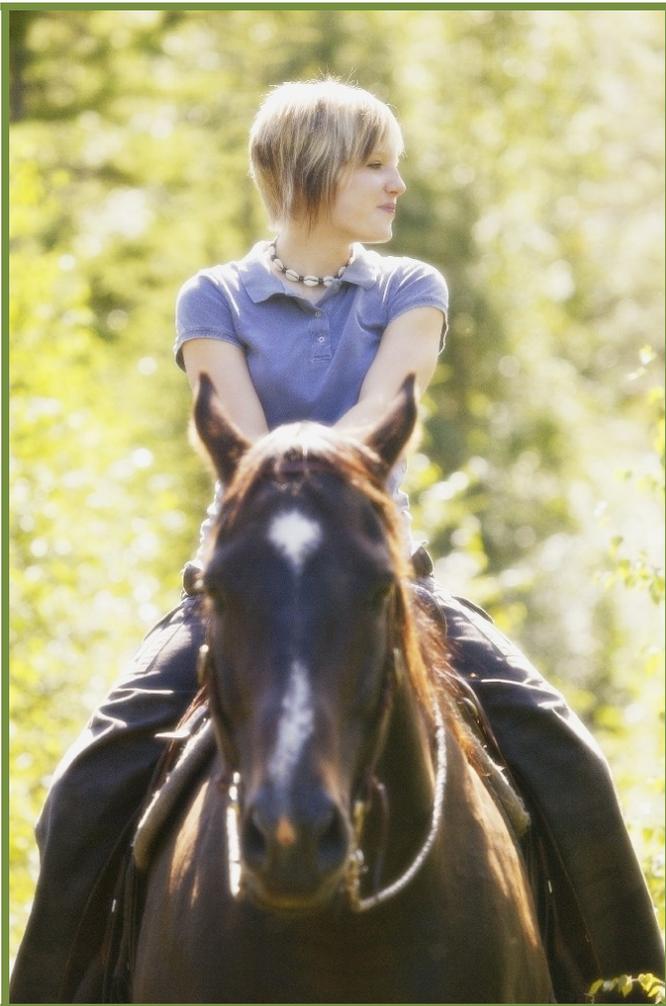
Communicable Disease

Overall, communicable disease rates were lower among rural community residents compared to the county overall. However, pneumonia hospitalization was higher than the county overall. Notably, there were some rural communities that had higher rates of certain diseases than others. Specifically, there were notable differences in the rates of chlamydia and gonorrhea.

Chlamydia

The rate of reported cases of chlamydia among rural community residents was considerably lower than the county overall. However, among the rural communities, there were notable differences in the rates of reported chlamydia.

- Compared to other rural community residents, Alpine and Jamul residents had the highest rates of reported chlamydia in 2011. However, these rates were still lower than the county overall.



The rate of pneumonia hospitalization was 1.2 times higher among rural community residents compared to the county overall in 2011.

Gonorrhea

New cases of reported gonorrhea were lower among rural community residents compared to the county overall in 2011. However, there were notable differences among rural community residents.

- Among the rural communities, Pauma residents had the highest rate of reported gonorrhea—more than four times the rate of the rural communities overall.

Pneumonia

Compared to the county, the rate of hospitalization due to pneumonia was 1.2 times higher among rural community residents in 2011.

- Among the rural communities, residents living in Anza-Borrego Springs had the highest rate of pneumonia hospitalization in 2011.

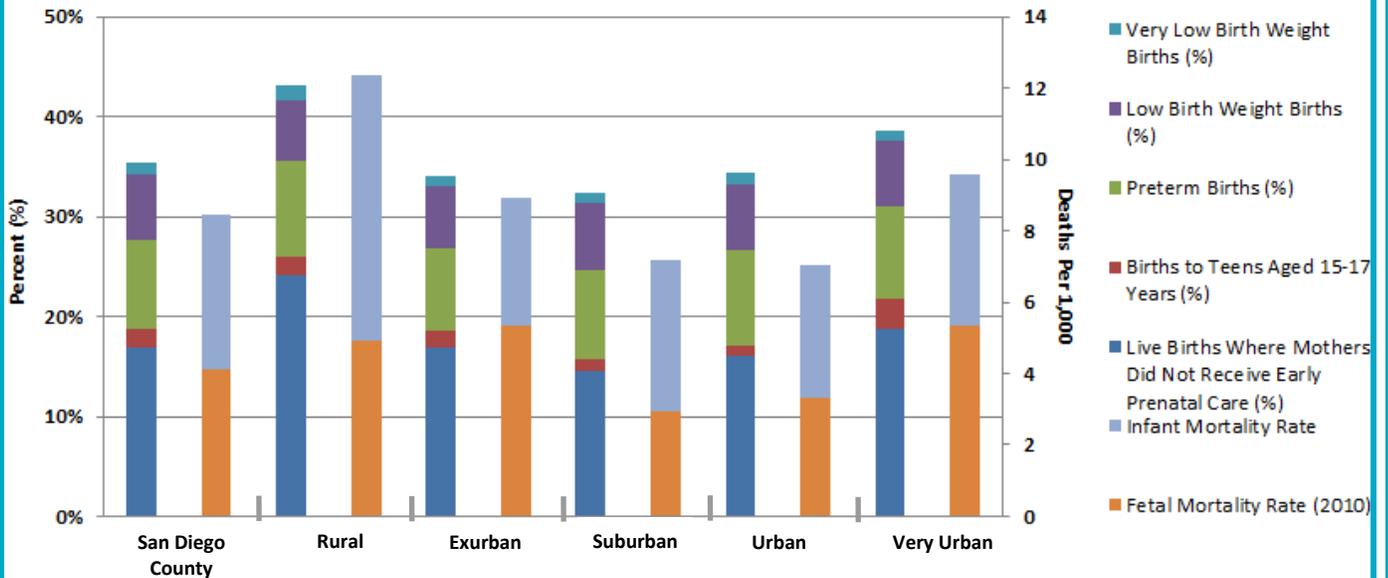
Risk Factors and Prevention Strategies

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 among rural community residents.¹⁴

Maternal and Child Health Among Rural Residents

Figure 7

Overall Burden* of Maternal & Child Health Outcomes in San Diego County by Geography of Mother, 2011



*Overall burden includes percentages and rates.

Top Maternal & Child Health Outcome Health Disparities Among San Diego County Rural Community Residents:

- The rate of infant mortality was 1.7 times higher than the county overall.
- The percentage of very low birth weight births was 1.5 times higher than the county overall.
- The rate of fetal mortality was 1.2 times higher than the county overall.

Rural

Prevent Geographic Health Disparities

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



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Maternal and Child Health

Compared to the county overall, poor maternal and child health outcomes were higher among the rural community residents. Notably, fetal and infant mortality, lack of early prenatal care, and very low birth weight births were higher among rural community residents compared to the county overall.

Early Prenatal Care

Compared to the county overall, the percentage of mothers in rural communities receiving early prenatal care was lower, 75.9% compared to 83.1%, among rural community residents in 2011. Further, this percentage was lower than the Healthy People 2020 target of 77.9% for mothers receiving early prenatal care.¹⁴

- Among the rural communities, Laguna-Pine Valley and Mountain Empire residents had the lowest percentages of mothers receiving early prenatal care.

Fetal and Infant Mortality

In 2010, the rate of fetal mortality was 1.2 times higher among rural community residents compared to the county overall. However, this rate met and exceeded the Health People 2020 goal of 5.6 deaths per 1,000 live births and fetal deaths.¹⁴



Compared to the county overall, the percentage of mothers receiving early prenatal care was lowest among rural community mothers in 2011.

Compared to the county overall, the infant mortality rate was nearly 1.7 times (73%) higher among rural community residents in 2011. However, this rate met and exceeded the Health People 2020 goal of 6.0 deaths per 1,000 live births.¹⁴

Very Low Birth Weight Births

The percentage of very low birth weight births was 1.5 times higher among rural community residents compared to the county overall in 2011.

- Compared to other rural communities, the percentage of very low birth weight births was highest among Jamul residents.

Risk Factors and Prevention Strategies

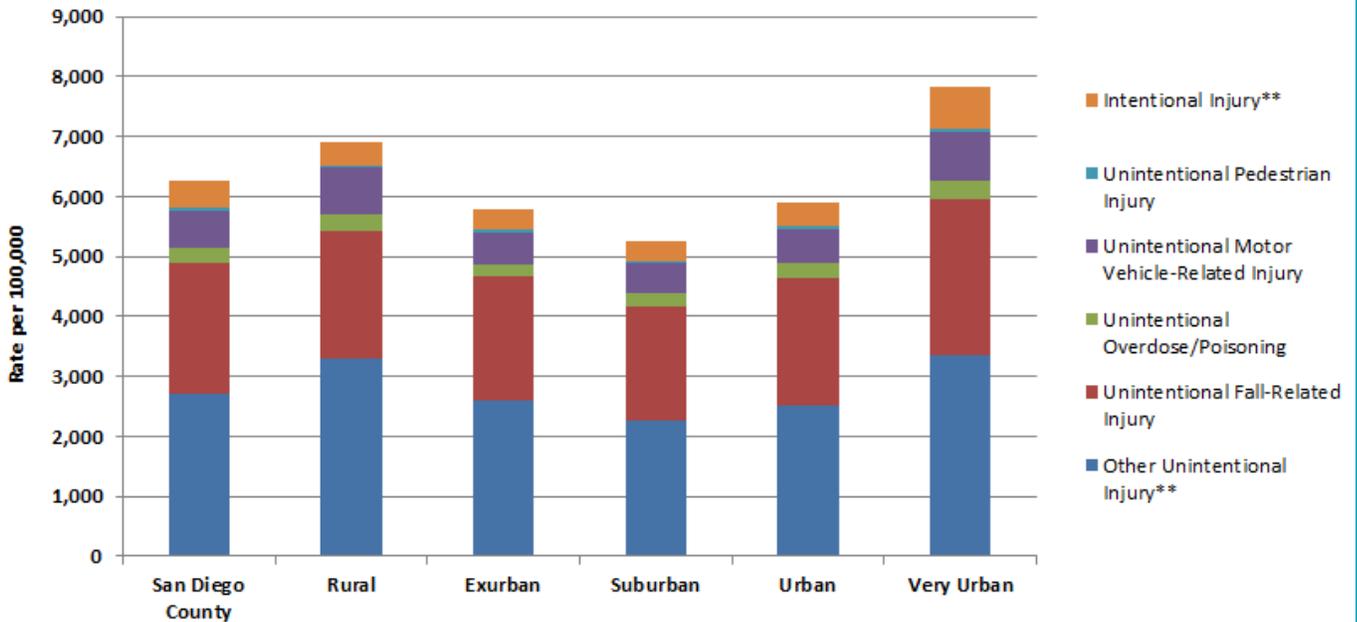
Maternal and child health outcomes are influenced by several factors including age, race/ethnicity, socioeconomic status, and a mother's health. Specifically, lack of prenatal care, poor nutrition, alcohol and tobacco use, and lack of physical activity are major lifestyle risk factors for adverse maternal and child health outcomes.¹⁴

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.¹⁴

Injury Among Rural Residents

Figure 8

Overall Burden* of Injury in San Diego County by Geography, 2011



*Overall burden includes death, hospitalization, and emergency department (ED) discharge.

**Intentional injury includes homicide, assault, suicide, and self-inflicted injury. Other unintentional injury include cut/pierce injury, struck by an object injury, suffocation, drowning, overexertion injury, fire-related/burn injury, and sport/recreational injury.

Top Injury Health Disparities Among San Diego County Rural Community Residents:

- The motor vehicle-related injury death rate was 2.2 times higher than the county overall.
- The pedestrian injury death rate was 1.9 times higher than the county overall.
- The firearm emergency department discharge rate was 1.8 times higher than the county overall.

Rural

Prevent Geographic Health Disparities

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



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Injury

Overall, injury rates were higher among rural community residents compared to the county overall. Unintentional injuries, motor vehicle accidents, and firearm-related injuries were substantially higher among the rural communities compared to other communities in the county.

Firearm-Related Injury

Rates of firearm-related injury death and emergency department (ED) discharge were higher among rural community residents compared to the county in 2011. Specifically, the rate of firearm-related injury death was 1.3 times higher among rural community residents, and the rate of firearm-related injury ED discharge was 1.8 times higher.

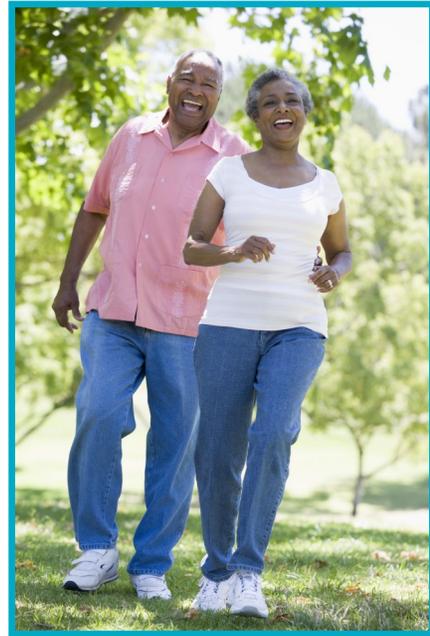
- Among the rural communities, Anza-Borrego Springs had the highest firearm-related injury death rate, while Fallbrook had the highest ED discharge rate.

Unintentional Fall-Related Injury

Compared to the county overall, the rate of death due to unintentional fall-related injury was 1.3 times higher among rural community residents in 2011.

- Among the rural communities, residents in Fallbrook had the highest rate of fall-related injury death in 2011.

In 2011, the rate of emergency department discharge due to a firearm-related injury was 1.8 times higher in the rural area compared to the county overall.



Unintentional Motor Vehicle-Related Injury

The rate of death due to unintentional motor vehicle-related injury was 2.2 times higher among rural community residents compared to the county overall in 2011. Rates of hospitalization and ED discharge were 1.5 and 1.2 times higher, respectively, among rural community residents compared to the county overall.

- Compared to the rural communities overall, the unintentional motor vehicle-related injury death rate was highest among Ramona residents.

Unintentional Overdose/Poisoning

Rates of unintentional overdose/poisoning death and ED discharge were both nearly 1.2 times higher among rural community residents compared to the county overall in 2011.

- Among the rural communities, residents in Fallbrook had the highest rate of unintentional overdose/poisoning death, while Jamul had the highest rate of unintentional overdose/poisoning ED discharge.

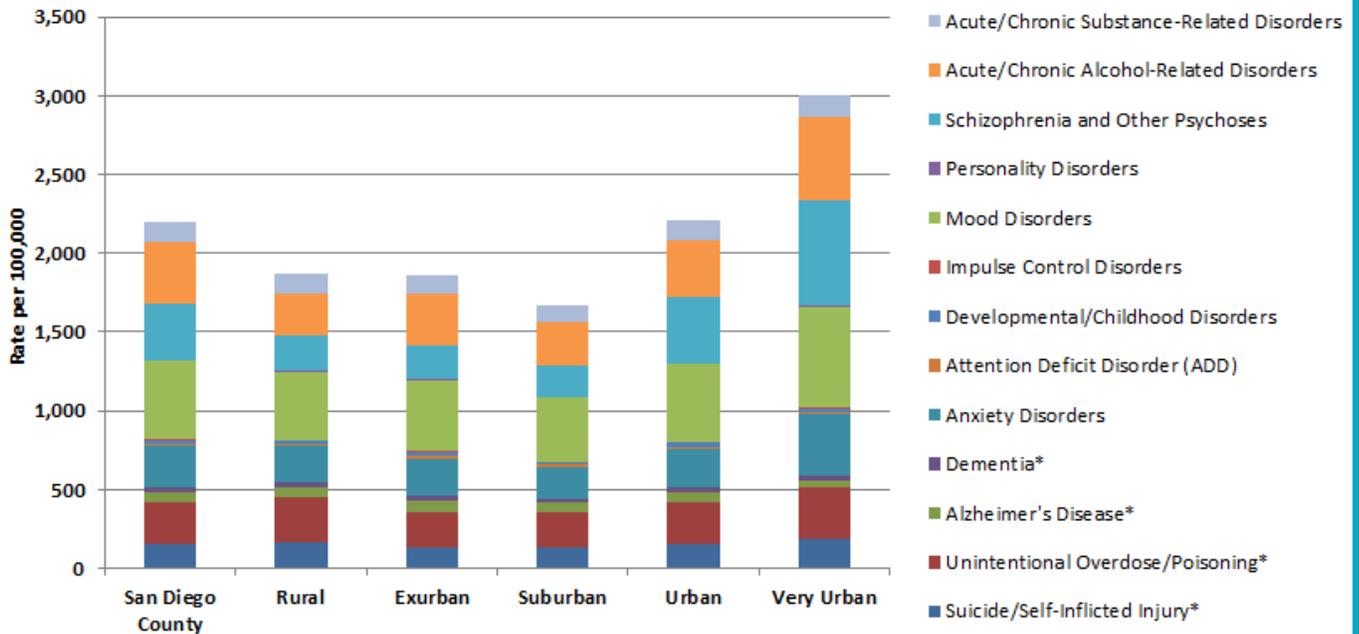
Risk Factors and Prevention Strategies

Often, modifiable behaviors such as the use of protective equipment and active restraints, the management of medication, as well as awareness, reduce the likelihood of injury.¹⁵

Behavioral Health Among Rural Residents

Figure 9

Overall Burden* of Behavioral Health in San Diego County by Geography, 2011



*Overall burden (except for suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia) includes hospitalization, and emergency department (ED) discharge. Suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia include death, hospitalization, and ED discharge.

Top Behavioral Health Disparities Among San Diego County Rural Community Residents:

- The developmental disorders hospitalization rate was 2.7 times higher than the county overall.
- The dementia hospitalization rate was 1.7 times higher than the county overall.

Rural

Prevent Geographic Health Disparities

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



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Behavioral Health

Generally, rural communities within San Diego County are similar to the other areas of the county with regards to behavioral health. However, there are some differences among the rural communities in the rates of chronic alcohol and chronic substance abuse, developmental disorders, dementia, suicide, and self-inflicted injury in 2011.

Chronic Alcohol and Chronic Substance-Related Disorders

In 2011, the rate of hospitalization due to chronic alcohol-related disorders among rural community residents was 1.3 times higher compared to the county overall. The rate of chronic substance-related disorder hospitalization was 1.5 times higher compared to the county.

- Among the rural communities, Ramona had the highest rate of hospitalization due to chronic alcohol-related disorders in 2011, while Mountain Empire had the highest rate of chronic substance-related disorder hospitalization.

Developmental Disorders and Dementia

In 2011, hospitalizations due to developmental disorders were 2.7 times higher among rural community residents compared to the county overall. In the same year, dementia hospitalizations were 1.7 times higher among rural community residents compared to the county overall.

Mountain Empire residents were almost 6.0 times more likely to be hospitalized due to chronic substance abuse compared to the county in 2011.

Self-Inflicted Injury and Suicide

In 2011, self-inflicted emergency department (ED) discharge rates were 1.3 times higher than the county overall. Similarly, the suicide rate among rural community residents was 1.3 times higher compared to the county overall.

- Among the rural communities, Mountain Empire had the highest rate of ED discharges due to self-inflicted injury in 2011, followed by Jamul and Anza-Borrego Springs.

Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include genetics, stress, experiencing a traumatic event, and social isolation.¹⁶

Seeking help for an emotional/behavioral health or alcohol/drug problem, exercising to reduce stress, and avoiding social isolation are major prevention strategies that can help reduce poor behavioral health outcomes.¹⁶



Exurban

The exurban area of San Diego County includes the communities of Coronado, Elliot-Navajo, Escondido, Lakeside, Poway, and San Dieguito. Although these six communities are spread across the county, they have very similar densities of residents per square mile. In 2011, the number of residents who lived within these communities was over 515,000, accounting for nearly 17% of the entire population of San Diego County.¹¹

In 2011:

- The average home value for this area was approximately \$598,000.¹²
- The average median household income was about \$87,400 a year.¹²
- Nearly one out of ten exurban community residents lived in poverty.¹²
- An estimated 7.4% of exurban community residents were unemployed—the lowest of all geographic areas.¹²
- More than 40% of exurban community adults aged 25 years and older completed a bachelor's degree or higher—the highest percentage of all geographic areas.¹²

In the same year, 12.9% of exurban community residents were aged 65 years or older—the second highest percentage among the geographic areas. In addition, about 62% of exurban communities' residents were white.¹¹

More than 40% of exurban community residents aged 25 years or over had at least a bachelor's degree in 2011.¹²

Overall, the health status of the exurban communities in San Diego County fared well when compared to the other areas of the county.

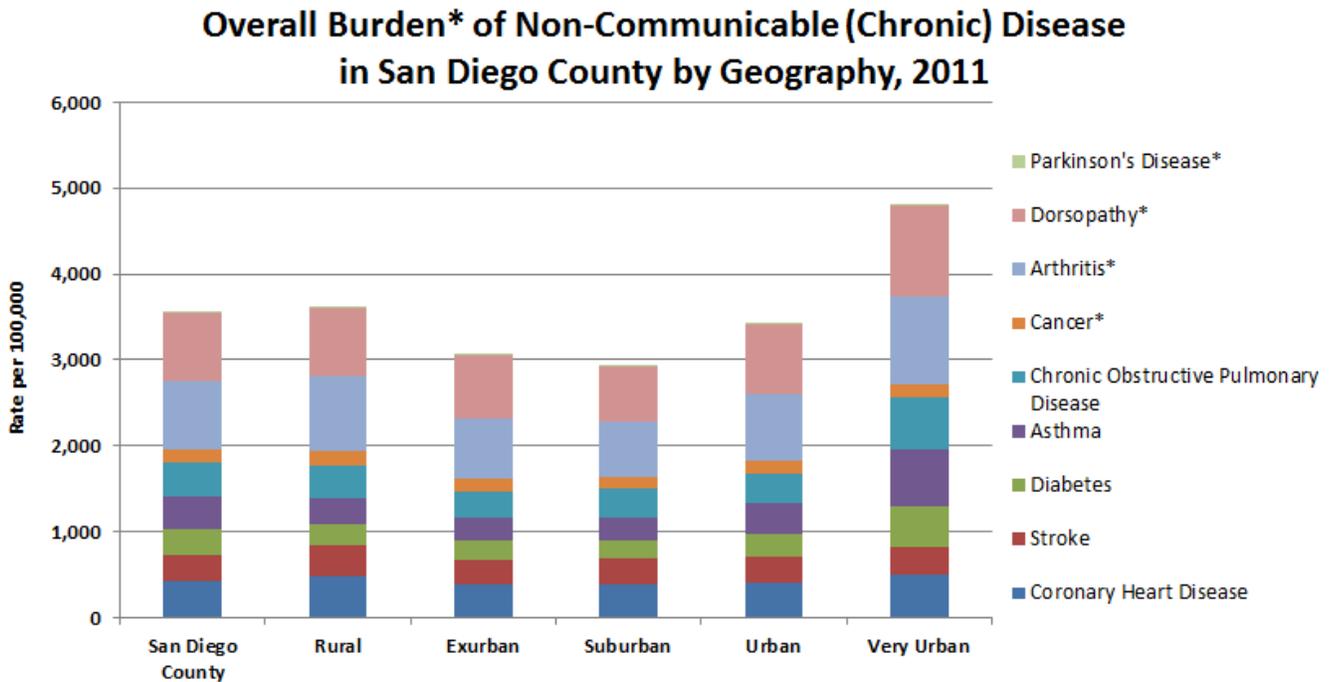
However, there are certain exurban communities that have higher rates of certain diseases and injuries. A series of health indicators and related lifestyle behaviors are presented in the following sections, which describes some of the most important health concerns facing exurban community residents in San Diego County.



Non-
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Non-

Non-Communicable (Chronic) Disease Among Exurban Residents

Figure 10



*Overall burden (except for cancer, arthritis, dorsopathy, and Parkinson's disease) includes death, hospitalization and emergency department (ED) discharge. Cancer includes death only. Arthritis, dorsopathy, and Parkinson's disease include hospitalization and emergency department discharge only.

Top Non-Communicable (Chronic) Disease Health Disparities Among San Diego County Exurban Community Residents:

- The dorsopathy hospitalization rate was 1.1 times higher compared to the county overall.
- The stroke emergency department discharge rate was 1.1 times higher than the county overall.
- The arthritis hospitalization rate was 1.1 times higher compared to the county overall.

Exurban

Prevent Geographic Health Disparities

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 and appealing parks and recreational facilities
- Increase the availability and affordability of fresh produce
- Adopt walkable communities



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Non-Communicable (Chronic) Disease

Overall, non-communicable (chronic) disease rates among exurban community residents were lower than the county overall. However, rates of arthritis, dorsopathy, and stroke were higher among exurban community residents compared to the county overall.

Arthritis

In 2011, the rate of arthritis hospitalization was 1.1 times higher among exurban community residents compared to the county overall.

- Coronado residents had the highest rate of hospitalization due to arthritis compared to other exurban communities.

Dorsopathy

Compared to the county overall, the rate of dorsopathy hospitalizations was 1.1 times higher among exurban community residents in 2011.

- Lakeside residents had the highest rate of hospitalization due to dorsopathy in 2011, when compared to other exurban communities.

Stroke

Compared to the county overall, rates of stroke death and hospitalization were lower among exurban residents in 2011. However, the rate of stroke emergency department discharge was 1.1 times higher than the county overall.

Escondido residents had the highest rate of stroke emergency department discharge compared to other exurban communities in 2011.

- Among the exurban communities, Coronado residents had the highest rates of death due to stroke and hospitalization in 2011.

Risk Factors and Prevention Strategies

Tobacco use, lack of physical activity, poor diet, and abuse of alcohol are leading risk factors for the development of non-communicable (chronic) disease.¹³

In addition, older adults are generally at a greater risk of non-communicable (chronic) disease. The exurban communities have the second highest percentage of residents ages 65 years and older compared to the other areas in San Diego County.¹¹

Changes in modifiable risk factors such as tobacco use, lack of physical activity, poor diet, and abuse of alcohol, as well as increased access to and utilization of medical services, are key ways to reduce the burden of non-communicable (chronic) disease among

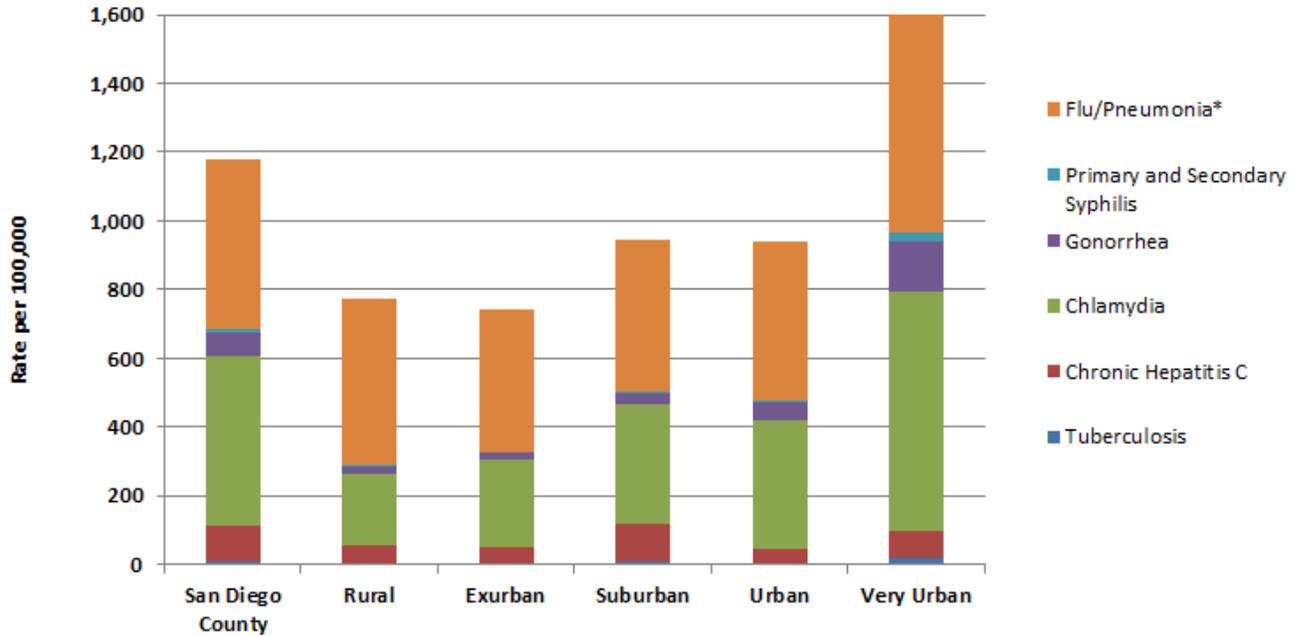
exurban community residents in San Diego County.¹³



Communicable Disease Among Exurban Residents

Figure 11

Overall Burden* of Communicable Disease in San Diego County by Geography, 2011



*Overall burden (except for flu/pneumonia) includes incidence only. Flu/pneumonia includes death, hospitalization, and emergency department discharge.

Top Communicable Disease Health Disparities Among San Diego County Exurban Community Residents:

- The rate of hospitalization due to the flu was 1.1 times higher than the county overall.

Exurban

Prevent Geographic Health Disparities

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



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Communicable Disease

Overall, the rates of communicable diseases in the exurban area of San Diego County were lower than the county overall. Yet, similar to chronic disease, there are specific communities with much higher rates than the other exurban communities.

Chlamydia

Escondido had the highest rate of reported new cases of chlamydia in 2011 among the exurban communities. However, compared to the county, Escondido residents were at lower risk for chlamydia in 2011.

Chronic Hepatitis C

The rate of reported chronic hepatitis C was highest in Escondido compared to the other exurban communities in 2011. Although this rate was lower than the county overall, it was still substantially higher than the 2020 Healthy People goal of 0.25 per 100,000.¹⁴

Influenza (Flu) and Pneumonia

Among the exurban communities, Escondido residents had the highest rate of death due to the flu in 2011. Escondido residents were also more likely to be hospitalized and discharged from the emergency department due to flu in 2011. Likewise, Escondido residents also had the highest rates of pneumonia hospitalization and emergency department discharge.

Gonorrhea

Among the exurban communities, Coronado had the highest rate of reported new cases of gonorrhea in 2011.

Risk Factors and Prevention Strategies

Preventive measures against communicable diseases, such as increased condom usage, frequent testing, seeking early treatment, completing treatment regimens, and staying current with recommended vaccinations are key ways to reduce the burden of communicable disease among exurban community residents.¹⁴

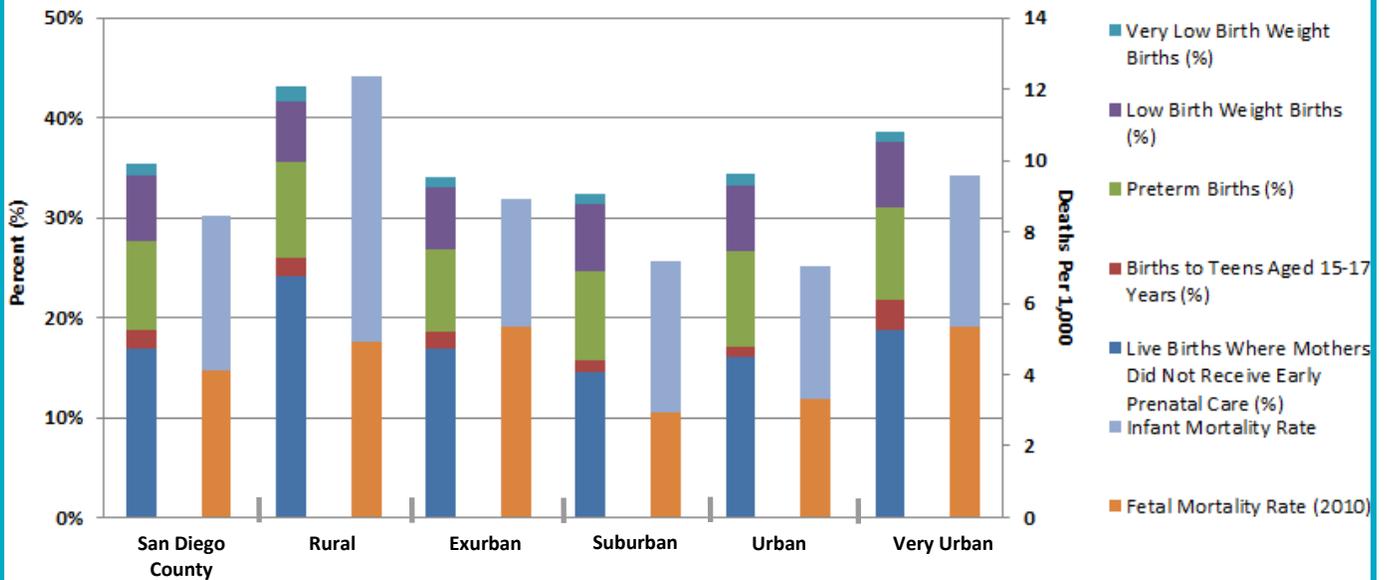


To decrease the burden of communicable diseases, more time and energy has been placed on prevention measures. Investing in quality laboratories, increasing surveillance and monitoring, treatment of those infected, and early investigation of close contacts are some of the key methods being used to address and manage these diseases.¹⁴

Maternal and Child Health Among Exurban Residents

Figure 12

Overall Burden* of Maternal & Child Health Outcomes in San Diego County by Geography of Mother, 2011



*Overall burden includes percentages and rates.

Top Maternal & Child Health Outcome Health Disparities Among San Diego County Exurban Community Residents:

- The rate of fetal mortality was 1.3 times higher than the county overall.
- The percentage of very low birth weight births was 1.1 times higher than the county overall.

Exurban

Prevent Geographic Health Disparities

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



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Maternal and Child Health

Compared to the other areas of San Diego County, the exurban communities had comparable or better maternal and child health outcomes. However, there were some differences in very low birth weight birth and fetal mortality outcomes.

Fetal Mortality

Overall, the exurban communities had a nearly 1.3 times higher fetal mortality rate in 2010 compared to the county overall.

- Among the exurban communities, the rate of fetal mortality was highest in Elliot-Navajo.

Low Birth Weight and Very Low Birth Weight Births

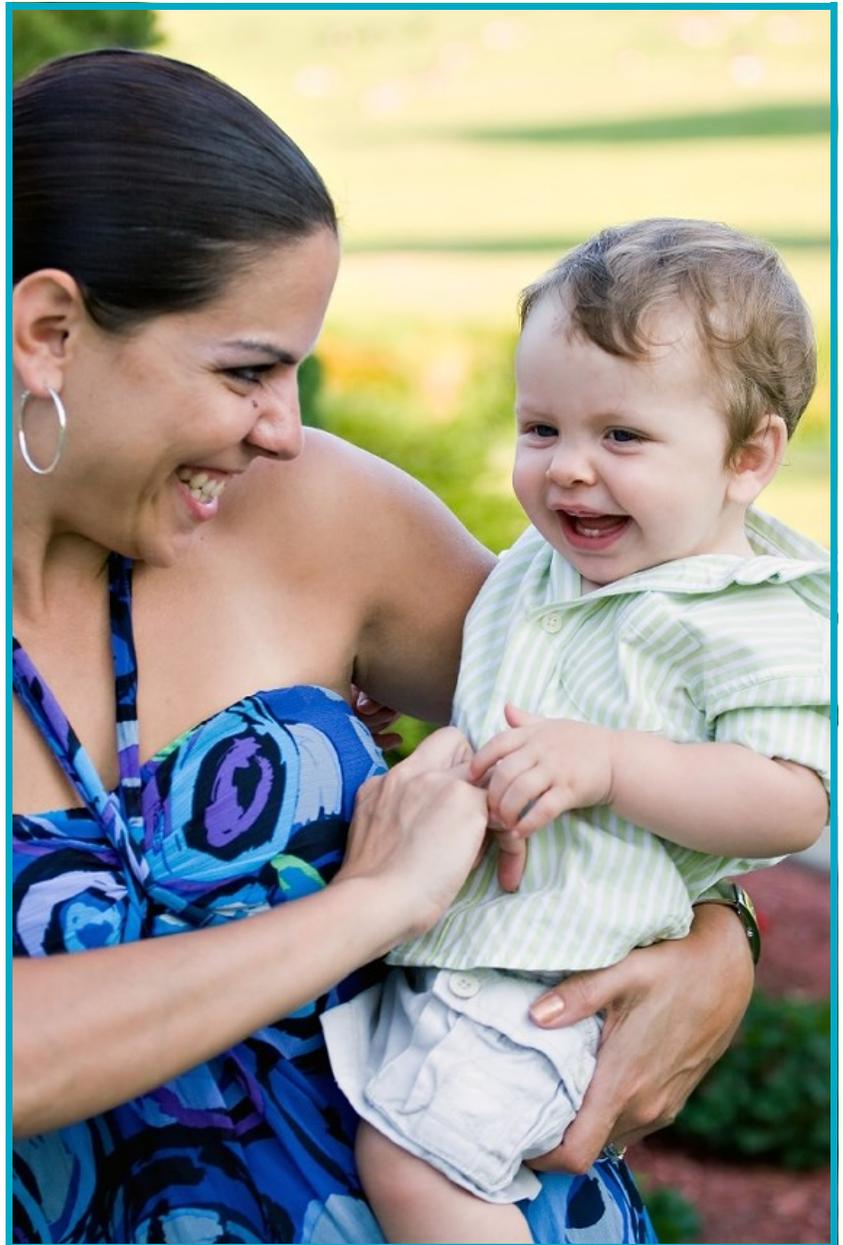
In 2011, mothers in Elliott-Navajo experienced the highest percentage of low birth weight and very low birth weight (defined as less than 1,500 grams at birth) births compared to other exurban communities.

Other maternal and child health indicators were higher among certain exurban communities than others. Specifically, hospitalizations and emergency department discharges due to maternal complications were highest in Escondido in 2011 compared to the other exurban communities. Lakeside had the highest percentage of preterm births among the exurban communities in 2011.

Risk Factors and Prevention Strategies

The health of mothers, infants, and children are key indicators of the health of the community overall.⁷ Their health outcomes often reflect the health of future generations as well as emerging public health concerns.¹⁴ Therefore, decreasing poor health outcomes associated with maternal and child health has the potential to positively impact the health of the county overall.

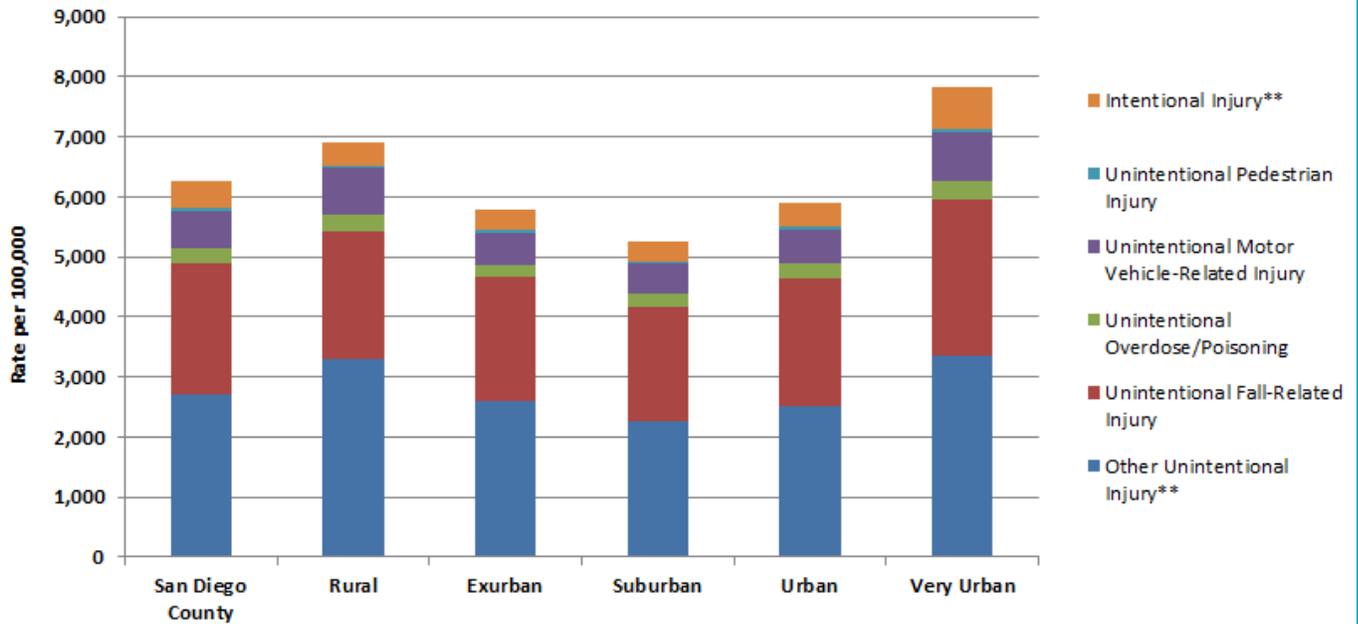
Prevention measures such as increased nutrition, early prenatal care, and cessation of smoking, alcohol, and illicit drug use are all key ways to improve maternal and child health.¹⁴



Injury Among Exurban Residents

Figure 13

Overall Burden* of Injury in San Diego County by Geography, 2011



*Overall burden includes death, hospitalization, and emergency department (ED) discharge.

**Intentional injury includes homicide, assault, suicide, and self-inflicted injury. Other unintentional injury include cut/pierce injury, struck by an object injury, suffocation, drowning, overexertion injury, fire-related/burn injury, and sport/recreational injury.

Top Injury Health Disparities Among San Diego County Exurban Community Residents:

- The rate of hospitalization due to hip fracture was 1.1 times higher than the county overall.
- The rate of emergency department discharges due to hip fracture was 1.2 times higher than the county overall.

Exurban

Prevent Geographic Health Disparities

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



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Injury

The rates of injury-related health outcomes among the exurban communities are comparable to other areas of San Diego County. However, there are specific areas of concern among the exurban communities.

Among these communities, hip fractures, overdose/poisoning, and unintentional fall injury are of concern.

Hip Fractures

In 2011, residents of exurban communities were hospitalized due to a hip fracture at a rate 1.1 times higher than the county overall. Emergency department discharges due to a hip fracture occurred at a rate 1.2 times higher than the county overall.

- San Dieguito had the highest rates of hospitalization and emergency department discharge due to hip fractures when compared to the other exurban communities.

The rate of overdose and poisoning death in Fallbrook was 1.7 times higher than the county rate in 2011.

Unintentional Overdose/Poisoning

Lakeside residents were at higher risk of death due to unintentional overdose/poisoning compared to other exurban communities in 2011.

In addition:

- Elliott-Navajo had the highest rate of hospitalization due to unintentional overdose/poisoning compared to the other exurban communities.
- Lakeside had the highest rate of emergency department discharge due to overdose and poisoning, among the exurban communities.



Unintentional Fall-Related Injury

In 2011, residents of Coronado had the highest rates of death and hospitalization due to unintentional fall-related injury among the exurban communities. Escondido had the highest rates of emergency department discharge due to an unintentional fall injury.

Risk Factors and Prevention Strategies

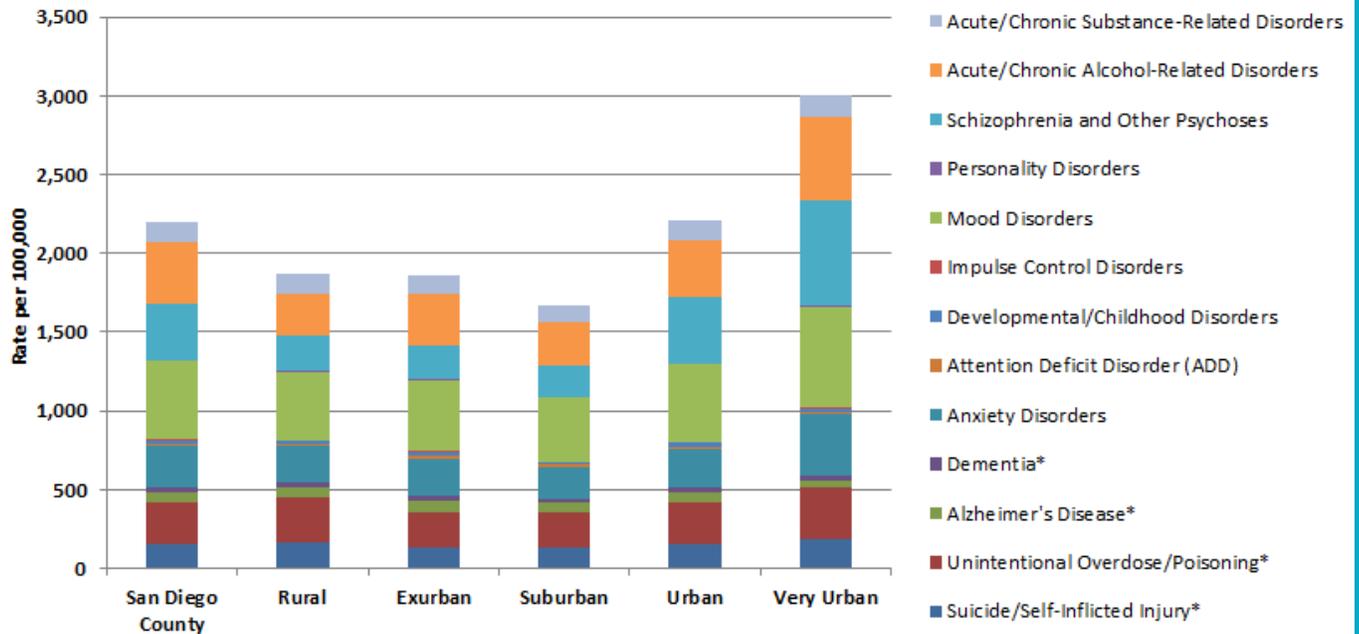
Of the major causes of disability and death, injuries are among the most preventable. Increased awareness of ways to prevent falls and treatment for behavioral health and substance dependence are key ways to reduce the burden of injury among San Diego County residents.¹⁴



Behavioral Health Among Exurban Residents

Figure 14

Overall Burden* of Behavioral Health in San Diego County by Geography, 2011



*Overall burden (except for suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer’s disease, and dementia) includes hospitalization, and emergency department (ED) discharge. Suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer’s disease, and dementia include death, hospitalization, and ED discharge.

Exurban

Top Behavioral Health Disparities Among San Diego County Exurban Community Residents:

- The rate of death due to Alzheimer’s disease was 1.3 times higher than the county overall.
- The rate of hospitalization due to dementia was 1.4 times higher than the county overall.
- The rate of hospitalization due to chronic substance abuse was 1.3 times higher than the county overall.

Prevent Geographic Health Disparities

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



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Behavioral Health

The rates of certain behavioral health disorders among the exurban communities are slightly higher than other areas of San Diego County. Among exurban communities Alzheimer's disease, dementia, and chronic substance abuse are of concern.

Alzheimer's Disease

In 2011, deaths due to Alzheimer's disease among exurban community residents were 1.3 times higher than the county overall.

- Compared to other exurban communities, Escondido residents had the highest rate of death due to Alzheimer's disease in 2011.
- San Dieguito had the highest rate of emergency department discharges due to Alzheimer's disease compared to other exurban communities in 2011.



Compared to other exurban communities, Escondido residents had the highest rate of death due to Alzheimer's disease in 2011.

Dementia

Exurban community residents were hospitalized due to dementia at a rate 1.4 times higher than the county overall, in 2011. Additionally, death due to dementia occurred at a rate 1.2 times higher among exurban residents compared to the county.

- San Dieguito had the highest rate of death due to dementia compared to the other exurban communities in 2011.

Chronic Substance-Related Disorders

Residents in the exurban communities were hospitalized due to chronic substance-related disorders at a rate 1.3 times higher than the county overall.

- San Dieguito residents had the highest hospitalization rate due to chronic substance-related disorders in 2011 among the exurban communities, followed by Elliot-Navajo and Poway.

Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include genetics, stress, experiencing a traumatic event, and social isolation.¹⁶

Seeking help for an emotional/behavioral health or alcohol/drug problem, exercising to reduce stress, and avoiding social isolation are major prevention strategies that can help reduce poor behavioral health outcomes.¹⁶

Suburban

Ten communities in San Diego County are categorized as suburban, based on their population densities. These include Carlsbad, Coastal, Del Mar/Mira Mesa, North San Diego, Oceanside, Vista, San Marcos, Santee, South Bay, and Sweetwater. In 2011, over 1.1 million residents lived in these communities.¹¹

In 2011, the suburban communities represented 36% of San Diego County's total population.¹¹

In 2011:

- On average, these communities had the second highest median income and median home value compared to the other areas of San Diego County.¹²
- About 8% of the population was unemployed.¹²
- These communities were among the youngest in the county, with only 12% of the population aged 65 years and older.¹²
- On average, 47% of the population within these communities was white.¹²

Nearly half of the suburban communities' residents were white in 2011.¹¹

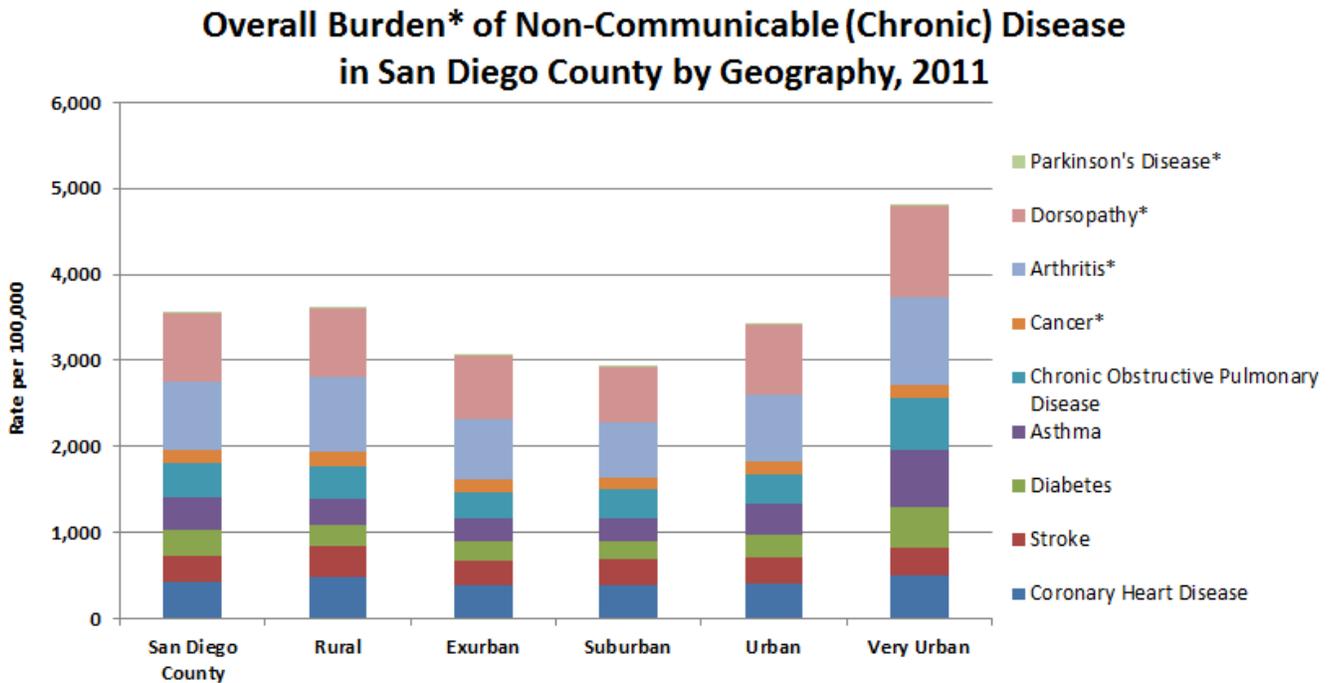
Generally, when compared with the other areas of San Diego County, the suburban communities had lower rates of death, hospitalization, and emergency department discharge due to specific diseases and injuries.

However, there were some clear differences in the burden of these health outcomes within the suburban areas. A series of health indicators and related health behaviors are presented in the following sections, which aim to describe some of the most important health concerns facing these communities.



Non-Communicable (Chronic) Disease Among Suburban Residents

Figure 15



*Overall burden (except for cancer, arthritis, dorsopathy, and Parkinson's disease) includes death, hospitalization and emergency department (ED) discharge. Cancer includes death only. Arthritis, dorsopathy, and Parkinson's disease include hospitalization and emergency department discharge only.

Suburban

Top Non-Communicable (Chronic) Disease Health Disparities Among San Diego County Suburban Community Residents:

- The Parkinson's disease emergency department discharge rate was 1.1 times higher compared to the county overall.

Prevent Geographic Health Disparities

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 and appealing parks and recreational facilities
- Increase the availability and affordability of fresh produce
- Adopt walkable communities



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Non-Communicable (Chronic) Disease

Generally, the suburban area of San Diego County has some of the lowest rates of non-communicable (chronic) disease compared to the other areas of the County. However, there are a few communities with higher rates of chronic disease that are worth noting. Specifically, asthma, coronary heart disease, diabetes, and Parkinson's disease were higher in some suburban communities.

Asthma

In 2011, South Bay and Santee had noticeably higher rates of hospitalization due to asthma, compared to other suburban areas.

Coronary Heart Disease

In 2011:

- South Bay had the highest rate of hospitalization due to coronary heart disease, compared to the other suburban communities.
- Oceanside had the highest emergency department discharge rate due to coronary heart disease among the suburban communities, followed closely by Vista and North San Diego.



South Bay residents had the highest rate of death, hospitalization, and emergency department discharge due to diabetes compared to all other suburban areas in 2011.

Diabetes

Compared to other suburban areas within the county, South Bay had the highest rate of death, hospitalization, and emergency department discharge due to diabetes in 2011.

- After South Bay, Santee and Vista had the next highest rates of death due to diabetes among the suburban communities. These three communities all had rates of death due to diabetes higher than the county rate.

Parkinson's Disease

In 2011, the rate of hospitalization due to Parkinson's disease was highest in the Coastal community, while the emergency department discharge rate due to Parkinson's disease was highest in San Marcos, compared to the other suburban communities.

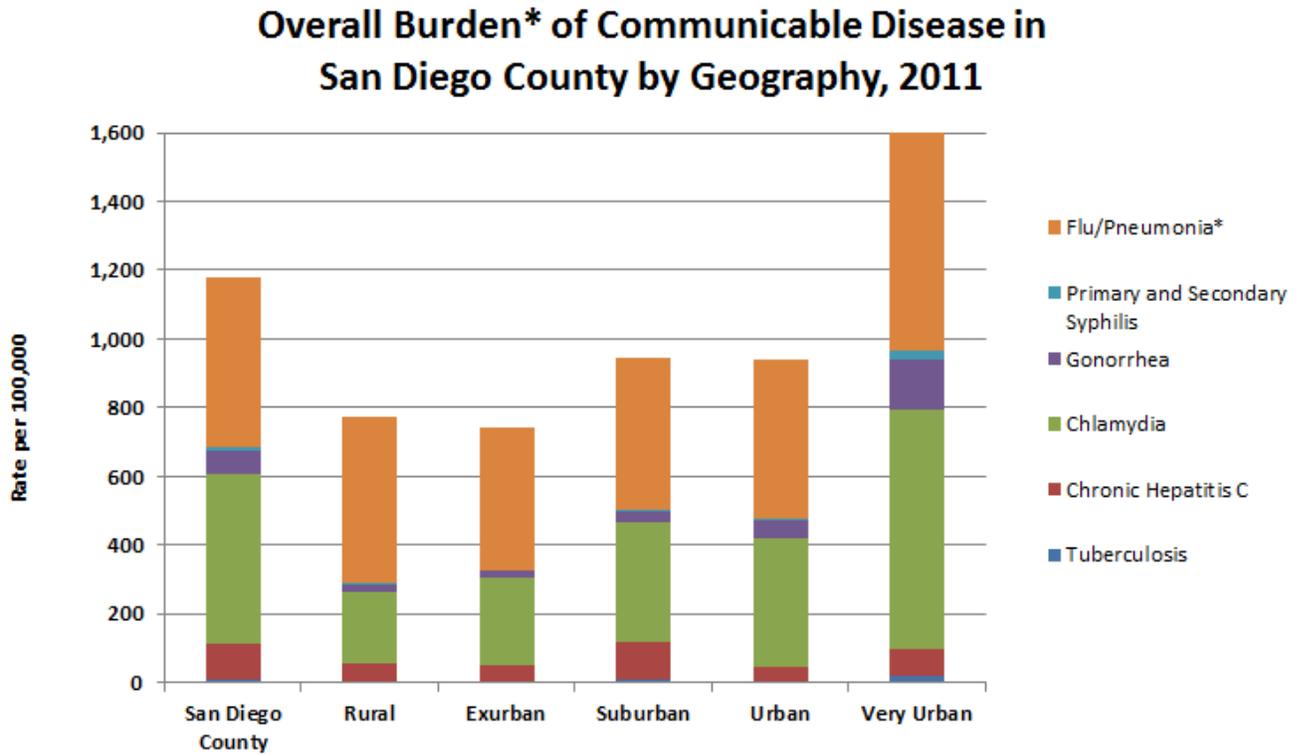
Risk Factors and Prevention Strategies

Tobacco use, lack of physical activity, poor diet, and alcohol abuse are all leading risk factors for the development of several chronic diseases.¹³

Making positive changes in behavior that affect one's health, as well as increasing access to and utilization of medical services, are key ways to reduce the burden of chronic disease among San Diego residents.¹³

Communicable Disease Among Suburban Residents

Figure 16



*Overall burden (except for flu/pneumonia) includes incidence only. Flu/pneumonia includes death, hospitalization, and emergency department discharge.

Top Communicable Disease Health Disparities Among San Diego County Suburban Community Residents:

- The rate of new cases of chronic hepatitis C was 1.1 times higher than the county overall.

Suburban

Prevent Geographic Health Disparities

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



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Communicable Disease

Although the suburban communities' rates of communicable disease were not noticeably higher than the other areas of San Diego County, there are some important differences within the suburban communities. Specifically, some suburban communities had higher rates of chronic hepatitis C, influenza (flu), and tuberculosis.

The rate of reported new chronic hepatitis C cases was highest in South Bay, compared to other suburban communities in 2011.

Chronic Hepatitis C

Compared to the county, the rate of reported new chronic hepatitis C cases was higher among South Bay residents compared to the county overall and the other suburban communities.

Influenza (Flu)

In 2011, the rate of death due to flu/pneumonia was highest in Santee, compared to all suburban communities. However, rates of hospitalization due to the flu was highest in South Bay and rates of emergency department discharge was highest in Vista, compared to all suburban communities.

Tuberculosis

Among the suburban communities, the rate of new cases of tuberculosis was highest in the community of South Bay in 2011.

Areas such as South Bay, which shares a border with Mexico, are in a unique position compared to most other areas of San Diego County. The proximity to Mexico makes South Bay residents more vulnerable to any infectious diseases that may come from Mexico, such as tuberculosis.

Risk Factors and Prevention Strategies

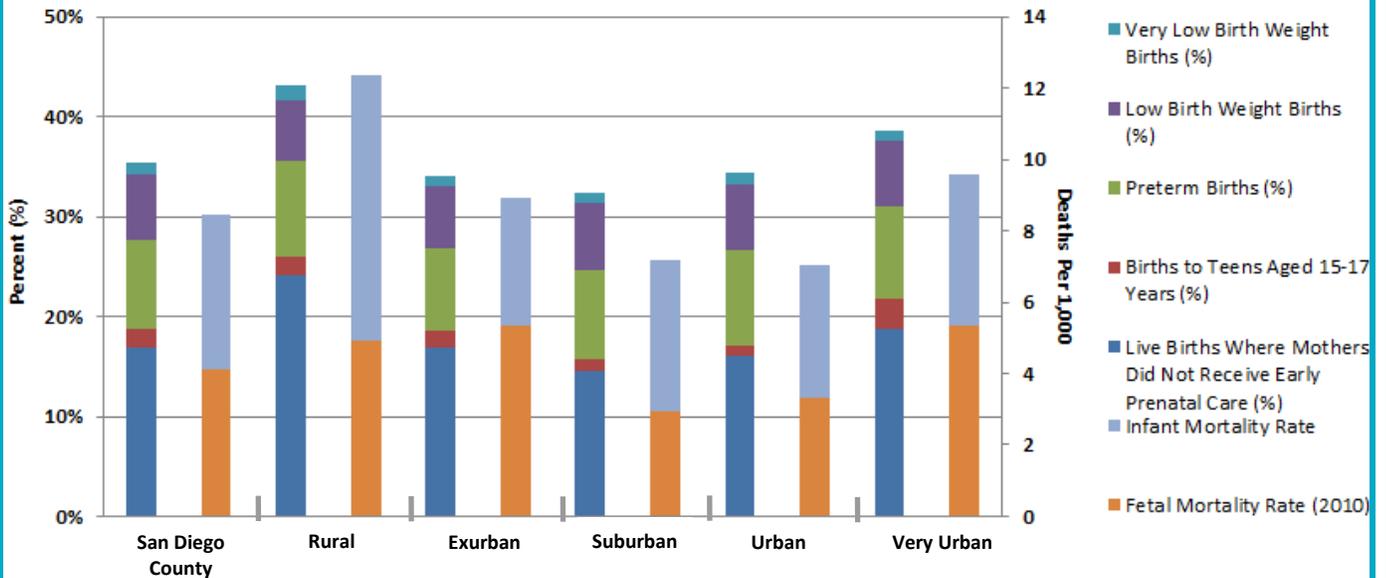
To decrease the burden of communicable diseases, more time and energy has been placed on prevention measures. Investing in quality laboratories, increasing surveillance and monitoring, treatment of those infected, and early investigation of close contacts are some of the key methods being used to address and manage these diseases.¹⁴

Decreasing the number of new cases of communicable diseases has the potential to decrease morbidity and early death. Increased awareness, prevention measures, and early treatment are critical ways to decrease the burden of communicable disease.¹⁴

Maternal and Child Health Among Suburban Residents

Figure 17

Overall Burden* of Maternal & Child Health Outcomes in San Diego County by Geography of Mother, 2011



*Overall burden includes percentages and rates.

Top Maternal & Child Health Outcome Health Disparities Among San Diego County Suburban Community Residents:

- The percentage of low birth weight births was slightly higher than the county overall.
- The rate of hospitalizations due to maternal complications was slightly higher than the county overall.

Suburban

Prevent Geographic Health Disparities

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



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Maternal and Child Health

Overall, maternal and child health rates in the suburban areas were similar to, or better than, that of the county. However, there are some differences in maternal and child health among the suburban communities. Particularly, there are substantial differences in infant mortality and low birth weight births.

Infant Mortality

Oceanside and Vista had the highest rates of infant mortality among the suburban communities in 2011. These rates were also higher than the county overall.

Low Birth Weight Births

Within the suburban communities, Sweetwater had the highest percentage of low birth weight births (defined as less than 2,500 grams at birth), followed closely by North San Diego in 2011.

In 2011, Oceanside and Vista had the highest rates of infant mortality among the suburban communities.

Risk Factors and Prevention Strategies

The health of mothers, infants, and children are key indicators of the health of the community overall. Their health outcomes often reflect the health of future generations as well as emerging public health concerns.¹⁴ Therefore, decreasing poor health outcomes associated with maternal and child health has the potential to positively impact the health of the county overall.

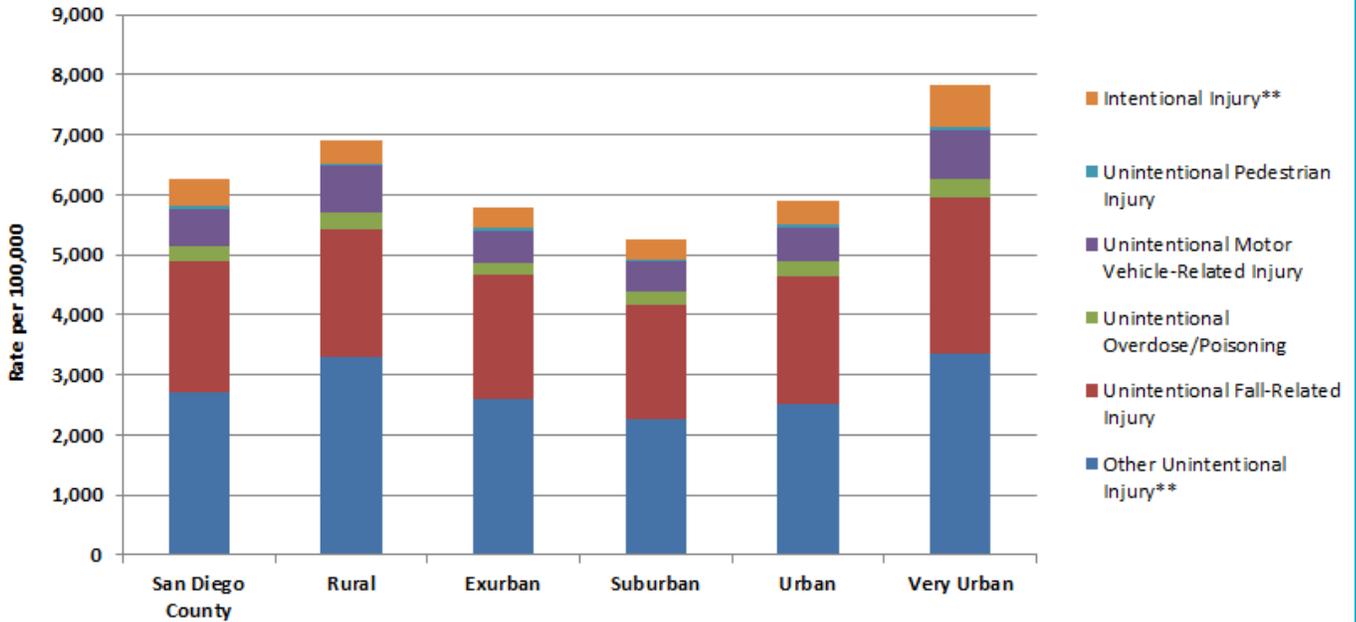
Prevention measures such as increased nutrition, early prenatal care, and cessation of smoking, alcohol consumption, and illicit drug use are all key ways to improve maternal and child health among county residents.¹⁴



Injury Among Suburban Residents

Figure 18

Overall Burden* of Injury in San Diego County by Geography, 2011



*Overall burden includes death, hospitalization, and emergency department (ED) discharge.

**Intentional injury includes homicide, assault, suicide, and self-inflicted injury. Other unintentional injury include cut/pierce injury, struck by an object injury, suffocation, drowning, overexertion injury, fire-related/burn injury, and sport/recreational injury.

Top Injury Health Disparities Among San Diego County Suburban Community Residents:

- The rate of death due to unintentional fall-related injury was 1.1 times higher than the county overall.
- The rate of emergency department discharges due to hip fracture was 1.2 times higher than the county overall.

Suburban

Prevent Geographic Health Disparities

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



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Injury

Hip fracture and unintentional fall-related injury among suburban community residents were slightly higher than the county overall. However, within the suburban area, a few communities had higher rates of specific types of injury, such as assault and motor vehicle-related injury.

Assault

In 2011, the highest rates of hospitalization and emergency department discharge due to an assault among the suburban communities were seen in South Bay.

Hip Fracture

The rate of emergency department discharge due to hip fracture was 1.2 times higher in suburban communities than the county overall.

- North San Diego had the highest rate of hospitalization due to hip fracture among the suburban communities, followed closely by Coastal.

Unintentional Fall-Related Injury

In 2011, death due to unintentional fall-related injury was 1.1 times higher in the suburban community compared to the county.

- North San Diego and Coastal had the highest rates of death and hospitalization due to unintentional fall-related injury among the suburban communities.

Unintentional Motor Vehicle-Related Injury

In 2011, unintentional motor vehicle-related injury deaths were highest in Vista among all suburban communities. South Bay had the highest rate of pedestrians hospitalized due to a motor vehicle crash compared to other suburban communities.

Risk Factors and Prevention Strategies

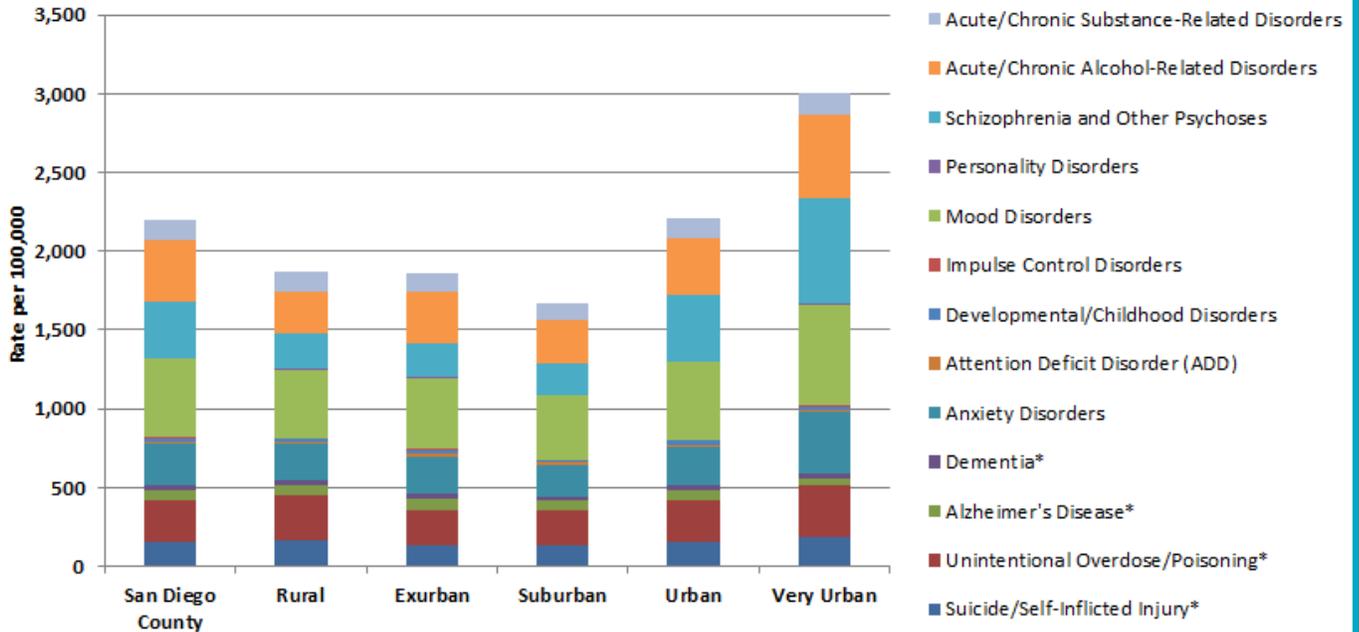
Of the major causes of disability and death, injuries are among the most preventable. Increased treatment for behavioral health and substance dependence, as well as prevention strategies to decrease violence, are key ways to reduce the burden of injury among San Diego County residents.¹⁵



Behavioral Health Among Suburban Residents

Figure 19

Overall Burden* of Behavioral Health in San Diego County by Geography, 2011



*Overall burden (except for suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia) includes hospitalization, and emergency department (ED) discharge. Suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia include death, hospitalization, and ED discharge.

Top Behavioral Health Disparities Among San Diego County Suburban Community Residents:

- The rate of emergency department discharges due to dementia was 2.1 times higher than the county overall.

Suburban

Prevent Geographic Health Disparities

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



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Behavioral Health

Generally, the suburban communities have some of the lowest rates of behavioral health disorders. However, dementia is a behavioral health disorder that is more common among suburban communities. Other behavioral health disorders, such as Alzheimer's disease, chronic alcohol abuse, and mood disorder rates were higher among some suburban communities.

Alzheimer's Disease

In 2011, Vista had the highest rate of death due to Alzheimer's disease compared to the other suburban communities. Emergency department discharge rates due to Alzheimer's disease were highest in Vista, Oceanside, and San Marcos, among the suburban communities.

Vista had the highest rate of death due to Alzheimer's disease compared to the other suburban communities in 2011.

Chronic Alcohol-Related Disorders

In 2011, the highest rate of emergency department discharge due to chronic alcohol-related disorders among the suburban communities was seen in Coastal. The rate of hospitalization due to chronic alcohol-related disorders was also highest in Coastal, followed closely by North San Diego.

Dementia

The rate of emergency department (ED) discharge due to dementia was 2.1 times higher among suburban communities compared to the county overall.

- Oceanside had the highest rate of ED discharge due to dementia among the suburban communities in 2011.
- The rates of death due to dementia were highest in Coastal and North San Diego in 2011, among the suburban communities.

Mood Disorders

In 2011, residents in Oceanside and Vista had the highest emergency department discharge rates due to mood disorders compared to other suburban communities.

Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include genetics, stress, experiencing a traumatic event, and social isolation.¹⁶

Seeking help for an emotional/behavioral health or alcohol/drug problem, exercising to reduce stress, and avoiding social isolation are major prevention strategies that can help reduce poor behavioral health outcomes.¹⁶



Urban

The urban communities of San Diego County include El Cajon, Kearny Mesa, La Mesa, Peninsula, Spring Valley, and University. Although at first glance these communities may not seem to fit the general idea of an urban area, these areas have a high number of residents per square mile, as well as several commercial and residential features fitting of an urban area.¹¹

In 2011, over 548,000 resided in these urban communities, accounting for more than one-sixth of the county's population.¹¹

Over half a million San Diego County residents resided in urban communities in 2011.¹¹

In 2011:

- On average, about 12% of the population of the urban area was 65 years and older.¹²
- 43% of residents considered themselves a race or ethnicity other than white.¹²

After the exurban area, residents in the urban communities were more likely to have obtained post-secondary education compared to all of the communities within the county.¹²

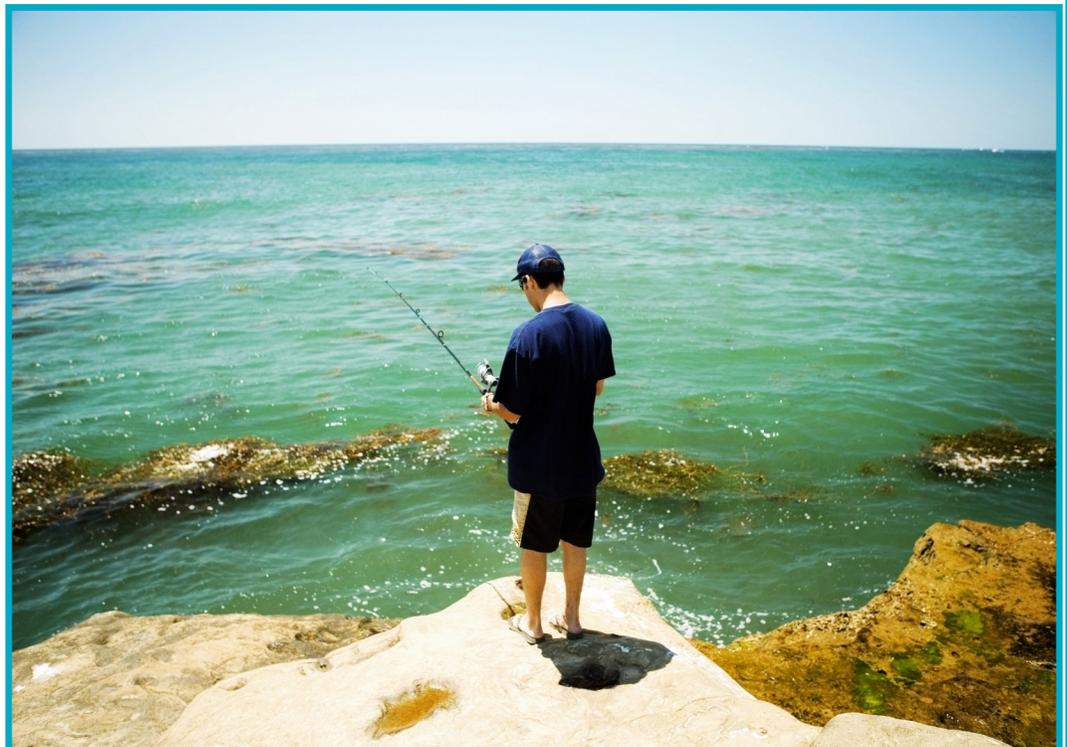
Despite higher levels of education, the urban communities had high unemployment rates, with El Cajon having an unemployment rate of 11.7%.¹²

Further, the urban communities had one of the lowest median incomes compared to the other areas of the county.¹²

- About one in seven residents in the urban area lived below the federal poverty level.¹²
- Among the urban communities, University had the highest percent of residents living below the federal poverty rate at 24%.¹²

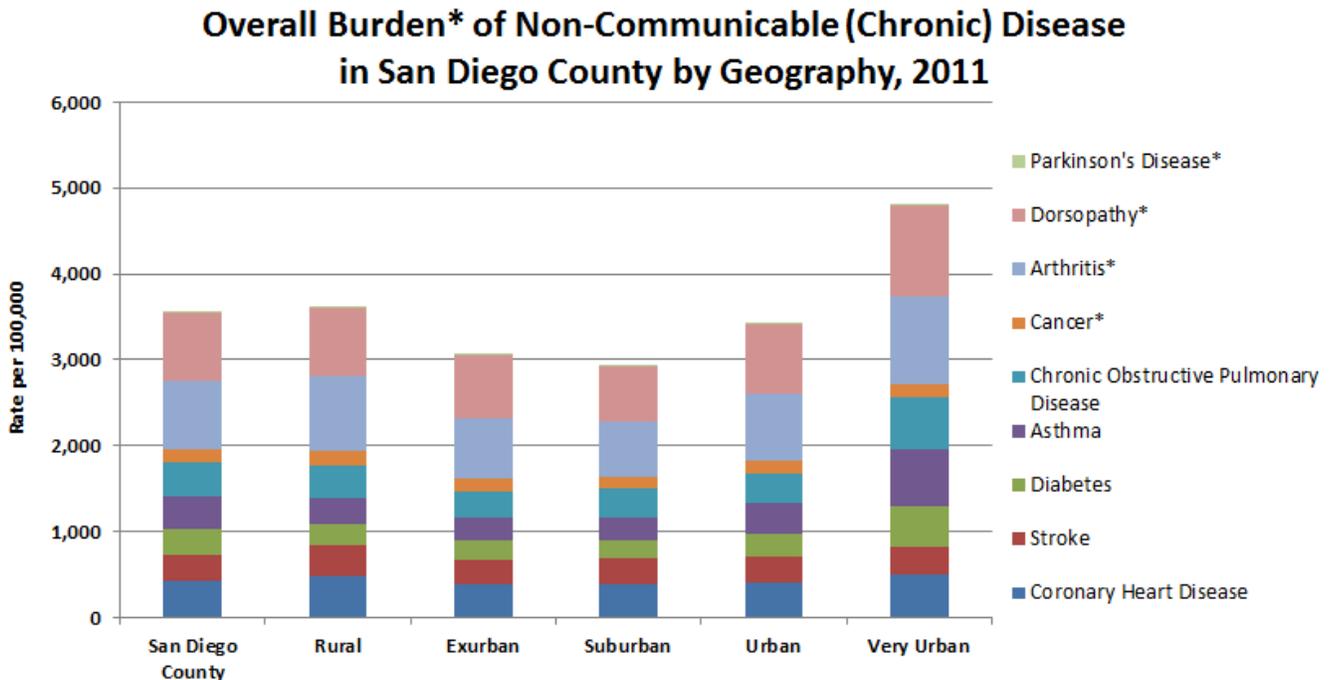
Compared to the rest of the county, urban communities as a whole were not disproportionately affected by chronic disease, communicable diseases, poor maternal and child health outcomes, and injury.

However, there are some clear differences in the burden of these health outcomes within the urban areas. A series of health indicators and related health behaviors are discussed in the following sections, which aim to describe some of the most important health concerns facing the urban communities in San Diego County.



Non-Communicable (Chronic) Disease Among Urban Residents

Figure 20



*Overall burden (except for cancer, arthritis, dorsopathy, and Parkinson's disease) includes death, hospitalization and emergency department (ED) discharge. Cancer includes death only. Arthritis, dorsopathy, and Parkinson's disease include hospitalization and ED discharge only.

Urban

Top Non-Communicable (Chronic) Disease Health Disparities Among San Diego County Urban Community Residents:

- The rate of death due to asthma was 1.5 times higher compared to the county overall.
- The rate of death due to coronary heart disease was 1.2 times higher compared to the county overall.
- The rate of hospitalization due to Parkinson's disease was 1.3 times higher compared to the county overall.

Prevent Geographic Health Disparities

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 and appealing parks and recreational facilities
- Increase the availability and affordability of fresh produce
- Adopt walkable communities



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Non-Communicable (Chronic) Disease

Compared to the county overall, the urban communities had higher rates of certain non-communicable (chronic) diseases. These diseases include asthma, coronary heart disease (CHD), and Parkinson's disease. Within the urban area, there were a few communities with noticeably higher rates of these diseases, as well as others.

Asthma

In 2011, the rate of death due to asthma among urban communities was 1.5 times higher compared to the county overall.

- La Mesa had the highest rate of hospitalization due to asthma while Spring Valley had the highest rate of asthma emergency department discharges compared to the other urban communities.

Cancer

In 2011, the rate of overall cancer death was highest among La Mesa and Kearny Mesa residents, when compared to the other urban areas.

Coronary Heart Disease (CHD)

The rate of death due to CHD was 1.2 times higher among urban communities compared to the county overall.

- In 2011, among the urban communities, the highest rates of death, hospitalization, and emergency department discharge due to CHD all occurred in La Mesa.

Dorsopathy

Similarly, La Mesa and Kearny Mesa residents also had the highest rates of emergency department discharge due to dorsopathy among the urban communities.

In 2011, the rate of death due to coronary heart disease was highest in La Mesa among all urban communities.

Stroke

In 2011, as with CHD, the rates of death, hospitalization, and emergency department discharge due to stroke were all higher in La Mesa compared to the rest of the urban communities.

Risk Factors and Prevention Strategies

Among the urban communities, La Mesa had the highest percent of its population age 65 years and older, followed by Kearny Mesa.¹¹ Age is a major risk factor for developing a non-communicable (chronic) disease, which helps to explain the higher rates of medical encounters for these conditions among these communities.¹³

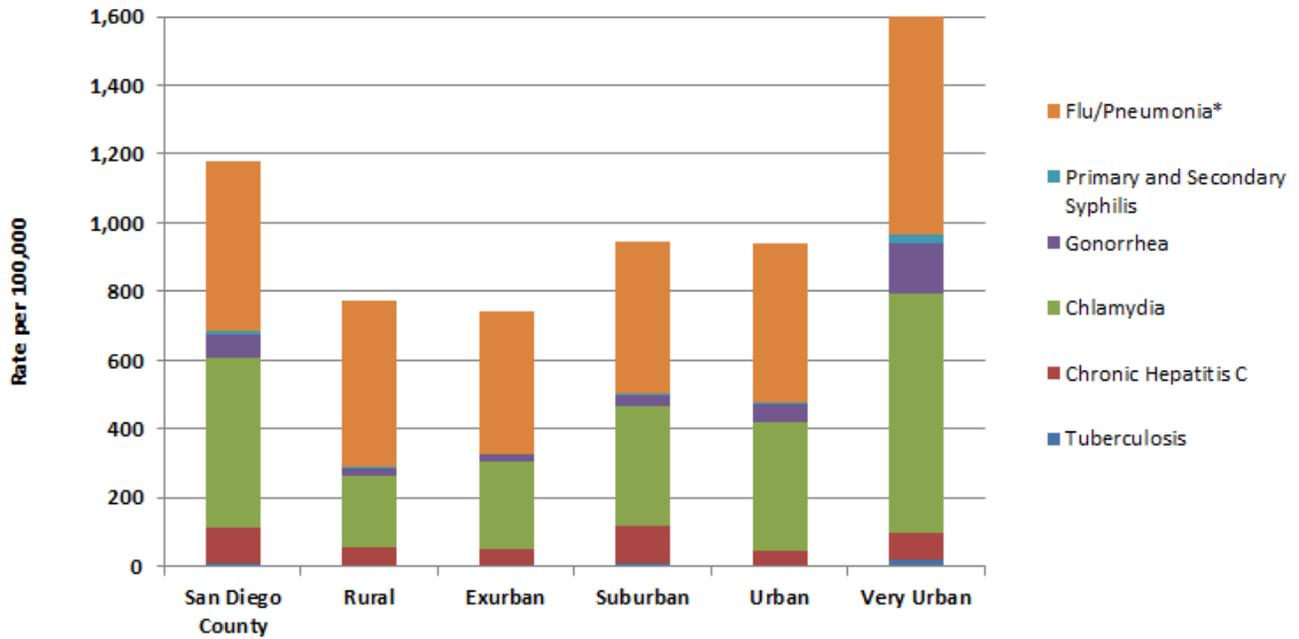
In addition to age, tobacco use, lack of physical activity, poor diet, and alcohol abuse are risk factors for the development of chronic diseases. Changes in these health-related behaviors, as well as increased access to and utilization of medical services, are key ways to reduce the burden of chronic disease among urban area residents.¹³



Communicable Disease Among Urban Residents

Figure 21

Overall Burden* of Communicable Disease in San Diego County by Geography, 2011



*Overall burden (except for flu/pneumonia) includes incidence only. Flu/pneumonia includes death, hospitalization, and emergency department discharge.

Top Communicable Disease Health Disparities Among San Diego County Urban Community Residents:

- The rate of death due to flu pneumonia was 1.2 times higher than the county overall.
- The rate of hospitalization due to pneumonia was 1.1 times higher than the county overall.

Urban

Prevent Geographic Health Disparities

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



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Communicable Disease

Compared to other areas of the county, the urban areas were not as affected by communicable disease. However, within these communities, there are clear differences in the rates of certain communicable diseases. Specifically, rates of influenza (flu) and pneumonia, gonorrhea, and syphilis were noticeably higher among certain urban communities when compared to others.

Flu and Pneumonia

In 2011, the rate of death due to flu/pneumonia among urban communities was 1.2 times higher than the county overall. The rate of hospitalization due to pneumonia was 1.1 times higher than the county overall.

- Among the urban communities, La Mesa and Kearny Mesa had the highest rates of death due to flu pneumonia in 2011. Similarly, La Mesa and Kearny Mesa residents also had the highest rates of flu hospitalization and pneumonia hospitalization in 2011.

Gonorrhea

In 2011, the rate of newly reported gonorrhea cases was highest in La Mesa and Kearny Mesa compared to the other urban communities. However, rates in both areas were comparable to that of the county overall.

Syphilis

Among the urban communities, Kearny Mesa and Peninsula had higher rates of syphilis in 2011.

Risk Factors and Prevention Strategies

To decrease the burden of communicable diseases, more time and energy has been placed on prevention measures. Investing in quality laboratories, increasing surveillance and monitoring, treatment of those infected, and early investigation of close contacts are some of the key methods being used to address and manage these diseases.¹⁴

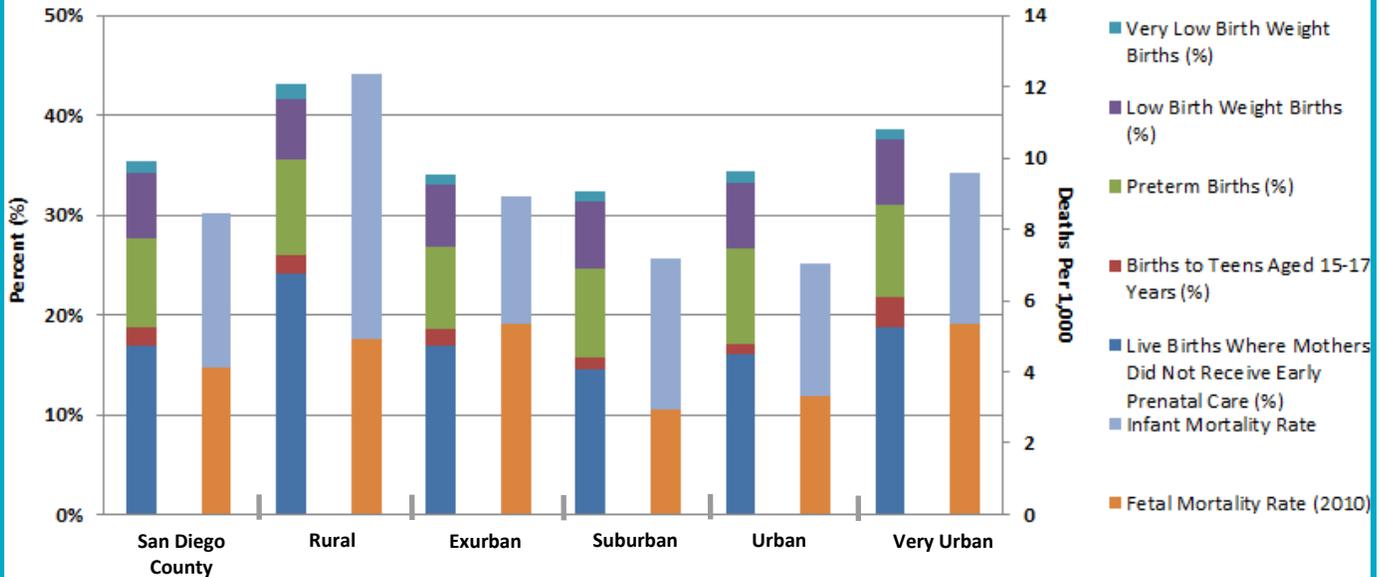
Decreasing the number of new cases of communicable diseases has the potential to decrease morbidity and early death. Increased awareness, prevention measures, and early treatment are critical ways to decrease the burden of communicable disease.¹⁴



Maternal and Child Health Among Urban Residents

Figure 22

Overall Burden* of Maternal & Child Health Outcomes in San Diego County by Geography of Mother, 2011



*Overall burden includes percentages and rates.

Top Maternal & Child Health Outcome Health Disparities Among San Diego County Urban Community Residents:

- The percent of preterm births was 1.1 times higher compared to the county overall.

Urban

Prevent Geographic Health Disparities

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



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Maternal and Child Health

The urban areas generally have favorable health outcomes related to maternal and child health when compared to the other areas of San Diego County. Urban areas had a slightly higher percent of preterm births than the county overall. There were also some notable differences in several maternal and child health outcomes between the urban areas of the county. Particularly, early prenatal care, fetal mortality, and infant mortality, as well as low birth weight birth, affect some urban communities more than others.

Early Prenatal Care

Compared to other urban communities, a smaller proportion of mothers in Spring Valley and El Cajon received early prenatal care (defined as care that starts during the first trimester).

Fetal Mortality and Infant Mortality

Another major difference among the urban communities was the rate of fetal and infant mortality. In 2010*, El Cajon had the highest rate of fetal mortality. In 2011, University had the highest rate of infant mortality.

Low Birth Weight Birth

Among urban communities, the proportion of low birth weight births was highest among Spring Valley and University mothers in 2011.

Preterm Births

In 2011, the percent of preterm births was 1.1 times higher among urban communities compared to the county overall. Spring Valley and Kearny Mesa had the highest proportion of preterm births among the urban communities.

Compared to other urban communities, a smaller proportion of mothers in Spring Valley and El Cajon received early prenatal care in 2011.



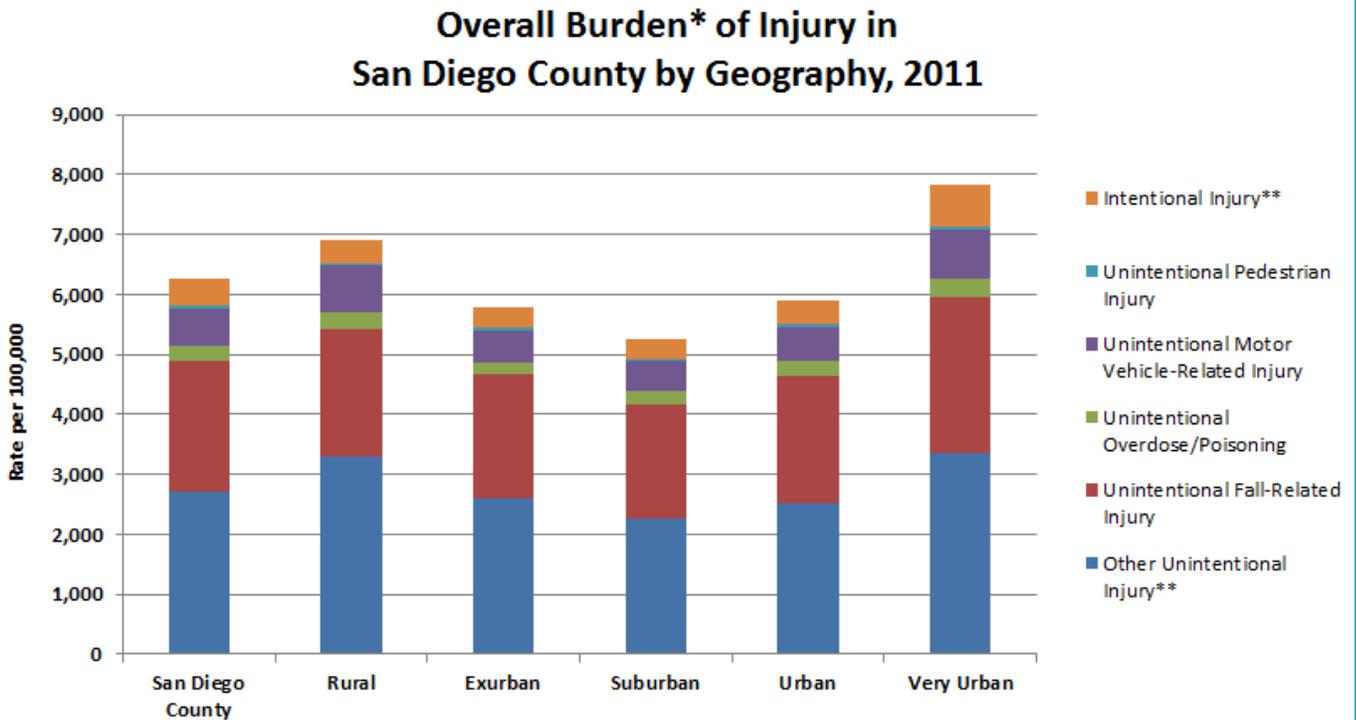
Risk Factors and Prevention Strategies

The health of mothers, infants, and children are key indicators of the health of the community overall. Their health outcomes often reflect the health of future generations as well as emerging public health concerns.¹⁴ Therefore, decreasing poor health outcomes associated with maternal and child health has the potential to positively impact the health of the County overall.

Prevention measures such as increased nutrition, early prenatal care, and cessation of smoking, alcohol consumption, and illicit drug use are all key ways to improve maternal and child health among County residents.¹⁴

Injury Among Urban Residents

Figure 23



*Overall burden includes death, hospitalization, and emergency department (ED) discharge.

**Intentional injury includes homicide, assault, suicide, and self-inflicted injury. Other unintentional injury include cut/pierce injury, struck by an object injury, suffocation, drowning, overexertion injury, fire-related/burn injury, and sport/recreational injury.

Top Injury Health Disparities Among San Diego County Urban Community Residents:

- The rate of deaths to pedestrians due to a motor vehicle crash was 1.6 times higher than the county overall.
- The rate of death due to a firearm-related injury was 1.2 times higher than the county overall.

Urban

Prevent Geographic Health Disparities

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



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Injury

Urban communities had higher rates of firearm-related injury and pedestrians injured during a motor vehicle crash compared to the county overall. Some communities within the urban areas of the county were substantially affected by unintentional fall-related injury and hip fractures.

Unintentional Fall-Related Injury & Hip Fractures

In 2011, the rates of hospitalization and emergency department (ED) discharge due to a fall-related injury in La Mesa were the highest among the urban communities. La Mesa also had the highest rate of hip fracture hospitalizations and ED discharge.

Firearm-Related Injury

In 2011, the rate of death due to a firearm among the urban communities was 1.2 times higher than the county overall.

- In 2011, La Mesa residents had the highest rate of death due to a firearm compared to the other urban communities.

Pedestrian Injury

In 2011, the rate of deaths to pedestrians because of a motor vehicle crash was 1.6 times higher than the county overall.

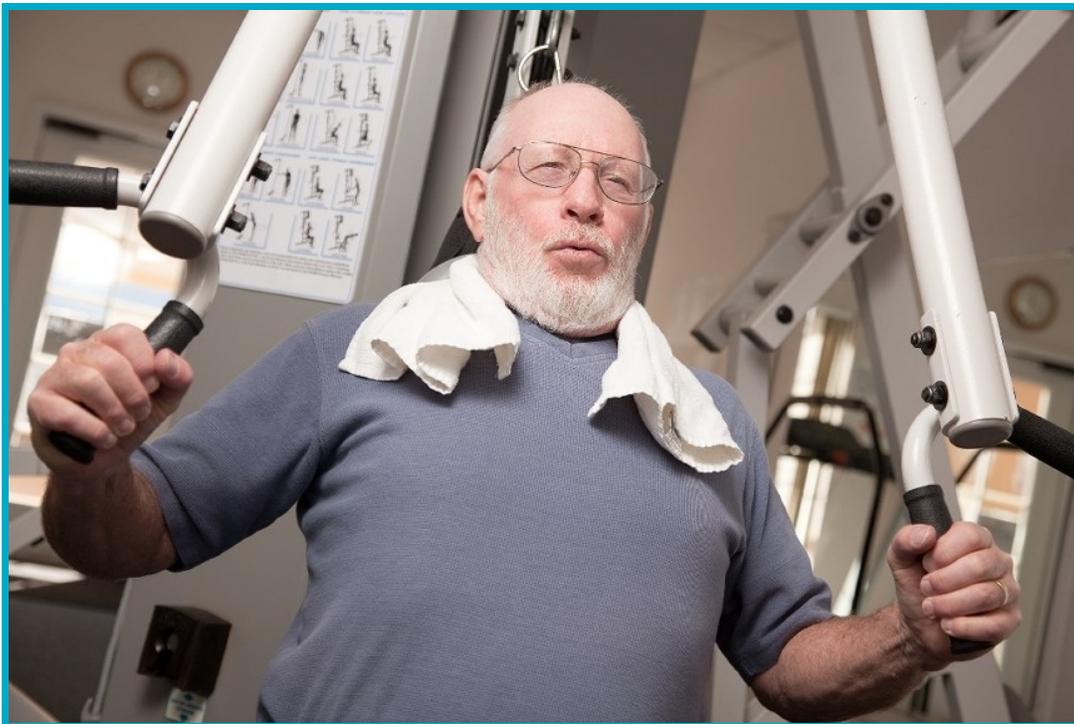
- La Mesa had the highest rates of hospitalization and emergency department discharge due to pedestrian injury in 2011, compared to other urban communities.

Risk Factors and Prevention Strategies

Failure to use protective equipment and active restraints, mismanagement of medication, and not being aware of safety hazards increase the risk of an injury.¹⁵

Additionally, older adults are at greatest risk of suffering from an injury due to a fall, and hospitalization due to a fall may indicate that a severe injury resulted from the fall.¹⁵ In La Mesa, over 20% of the population was 65 years old and older.¹¹ This may explain the higher rate of falls seen in this community.

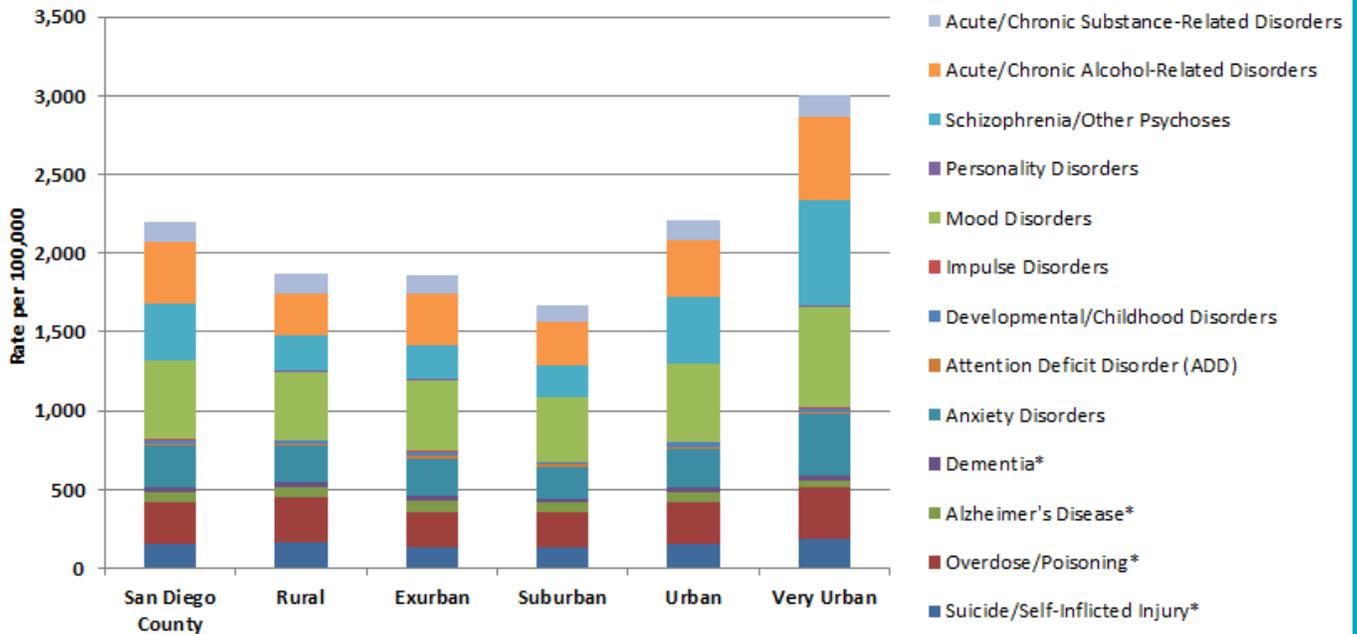
Often, modifiable behaviors such as the use of protective equipment and active restraints, the management of medication, as well as awareness, reduce the likelihood of injury among urban community residents in San Diego County.¹⁵



Behavioral Health Among Urban Residents

Figure 24

Overall Burden* of Behavioral Health in San Diego County by Geography, 2011



*Overall burden (except for suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia) includes hospitalization, and emergency department (ED) discharge. Suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia include death, hospitalization, and ED discharge.

Top Behavioral Health Disparities Among San Diego County Urban Community Residents:

- The rate of hospitalization due to Alzheimer's disease was 1.3 times higher than the county overall.
- The rate of hospitalization due to a personality disorder was 1.8 times higher than the county overall.
- The rate of hospitalization due to acute alcohol-related disorders was 1.3 times higher than the county overall.

Urban

Prevent Geographic Health Disparities

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



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Behavioral Health

Urban communities were affected by acute alcohol-related disorders, Alzheimer's disease, and personality disorders more so than the county overall. Particular communities within the urban areas of the county are also substantially affected by chronic alcohol abuse and schizophrenia.

Acute and Chronic Alcohol-Related Disorders

Among urban communities, the rate of hospitalization due to acute alcohol-related disorder was 1.3 times higher than the county overall in 2011.

- In 2011, La Mesa had the highest rates of hospitalization and emergency department (ED) discharge due to acute alcohol-related disorder compared to the other urban communities.
- The same year, La Mesa residents also had the highest rates of hospitalization and ED discharge due to chronic alcohol-related disorder compared to all other urban communities in San Diego County.

Alzheimer's Disease

In 2011, the urban communities' rate of hospitalization due to Alzheimer's disease was 1.3 times higher than the county overall.

- Among the urban communities in 2011, La Mesa had the highest rate of death due to Alzheimer's disease. Rates of hospitalization due to Alzheimer's disease were highest among residents of Kearny Mesa and La Mesa, compared to the other urban areas.

Personality Disorders

In 2011, the rate of hospitalization due to a personality disorder was 1.8 times higher among urban communities compared to the county overall.

- Among emergency department discharge due to a personality disorder, El Cajon had the highest rate compared to the other urban communities in 2011.

In 2011, El Cajon had the highest rate of hospitalization due to schizophrenia compared to the other urban communities.

Schizophrenia

In 2011, the rate of hospitalization due to schizophrenia was 1.2 times higher among urban communities compared to the county overall.

- In 2011, El Cajon had the highest rate of hospitalization due to schizophrenia compared to the other urban communities.
- Spring Valley had the highest rate of emergency department discharge due to schizophrenia among the urban communities.

Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include genetics, stress, experiencing a traumatic event, and social isolation.¹⁶

Seeking help for an emotional/behavioral health or alcohol/drug problem, exercising to reduce stress, and avoiding social isolation are major prevention strategies that can help reduce poor behavioral health outcomes.¹⁶



Very Urban

The very urban areas of San Diego County include National City, Central San Diego, Chula Vista, Lemon Grove, Southeastern San Diego, and Mid City. Compared to others, these communities had the highest number of residents per square mile in the county.¹¹

Over one-fifth of San Diego County residents lived in very urban communities in 2011.¹¹

In 2011, the population of these areas was nearly 690,000 - about 22% of the county's population.¹¹

Compared to the rest of the county, the very urban areas are the most diverse - nearly three fourths of its residents identify themselves as a race or ethnicity other than white.¹¹

In 2011:

- The very urban areas had the lowest median income and the lowest median home values compared to the other areas of the county.¹²
- These areas also had the highest percentage of unemployed residents, along with the highest percent of residents living below the federal poverty level.¹²
- These areas also had the highest percent of the population with a high school education or less.¹²
- Compared to other areas in the county, the very urban areas had the youngest population with only 10% of the population 65 years and older.¹²

The very urban area had the youngest population in San Diego County in 2011.¹¹

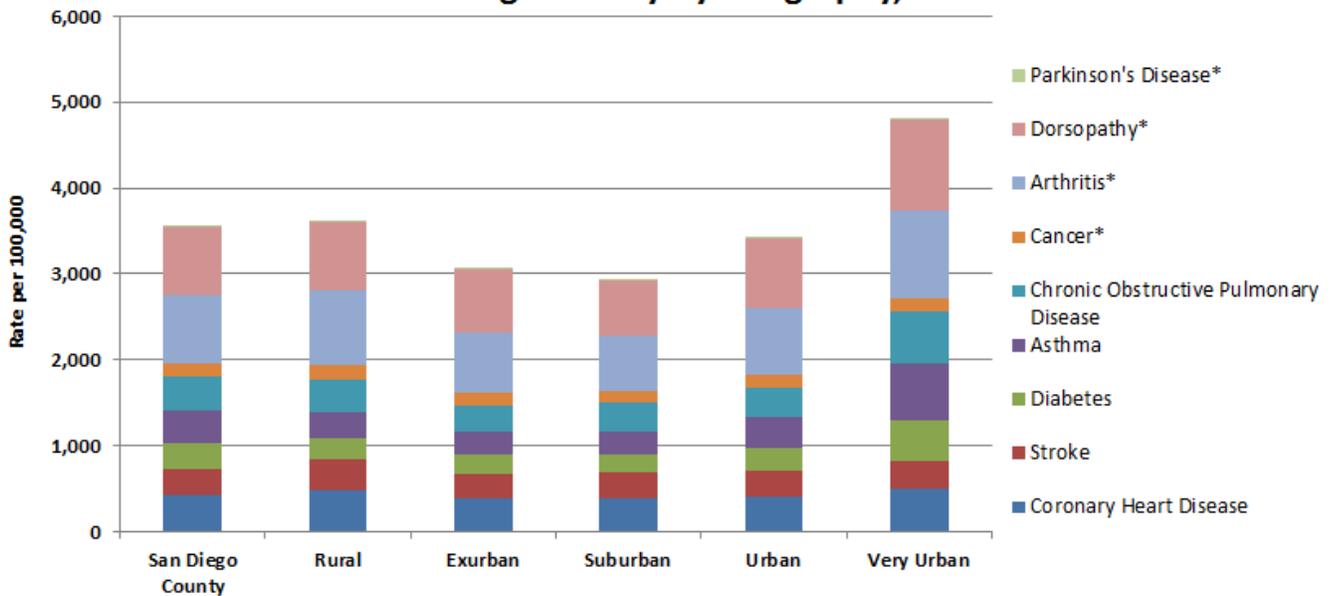
Overall, rates of non-communicable (chronic) disease, communicable disease, poor maternal and child health outcomes, injury, and poor behavioral health outcomes were all higher for very urban community residents compared to the county overall. In addition, there were notable differences among residents by Region. A series of health indicators and related health behaviors are presented, which aim to describe the most important health concerns facing the very urban community resident population of San Diego County.



Non-Communicable (Chronic) Disease Among Very Urban Residents

Figure 25

Overall Burden* of Non-Communicable (Chronic) Disease in San Diego County by Geography, 2011



*Overall burden (except for cancer, arthritis, dorsopathy, and Parkinson's disease) includes death, hospitalization and emergency department (ED) discharge. Cancer includes death only. Arthritis, dorsopathy, and Parkinson's disease include hospitalization and ED discharge only.

Top Non-Communicable (Chronic) Disease Health Disparities Among San Diego County Very Urban Community Residents:

- The rate of death due to asthma was 2.0 times higher than the county overall.
- The rate of emergency department discharge due to diabetes was 1.7 times higher than the county overall.
- The rate of emergency department discharge due to arthritis was 1.6 times higher than the county overall.

Very Urban

Prevent Geographic Health Disparities

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 and appealing parks and recreational facilities
- Increase the availability and affordability of fresh produce
- Adopt walkable communities



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Non-Communicable (Chronic) Disease

The very urban areas of San Diego County suffer from the highest rates of most non-communicable (chronic) diseases, compared to the county overall. Particularly high rates of arthritis, asthma, chronic obstructive pulmonary disease (COPD), and diabetes affected these areas more than others.

Arthritis

In 2011, the arthritis emergency department (ED) discharge rate among the very urban communities was 1.6 times higher than the county overall.

- Chula Vista, followed by Central San Diego, had the highest rates of ED discharge due to arthritis in 2011.

Asthma

In 2011, the very urban area's rate of death due to asthma was twice as high as the county overall, and the rate of ED discharge due to asthma was 1.8 times higher than the county overall.

- In 2011, both the hospitalization discharge rate and the ED discharge rate due to asthma were highest in Southeastern San Diego, compared to the other very urban communities.

Chronic Obstructive Pulmonary Disease (COPD)

In 2011, the rates of hospitalization and ED discharge due to COPD were 1.3 and 1.7 times higher than the county, respectively.

Diabetes

In 2011, the rate of ED discharge due to diabetes in the very urban communities was 1.7 times higher than the county overall. Similarly, the rate of hospitalization due to diabetes was 1.6 times higher than the county overall.

Among very urban communities, the rate of hospitalization due to diabetes was 1.6 times higher than the county overall in 2011.

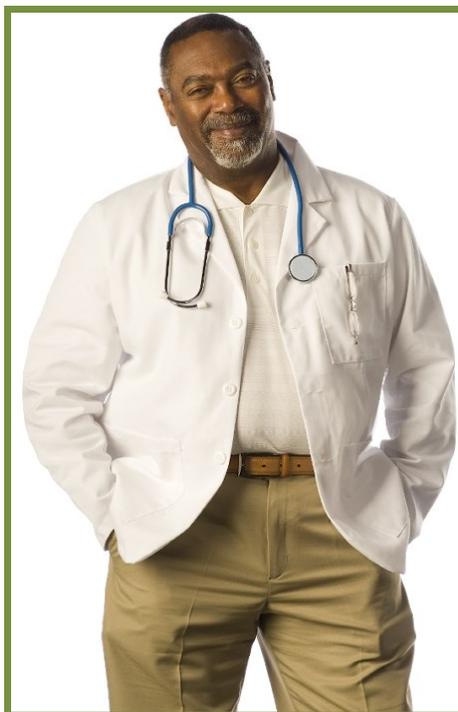
Risk Factors and Prevention Strategies

Tobacco use, lack of physical activity, poor diet and abuse of alcohol are all leading risk factors for the development of several chronic diseases including diabetes, asthma, and chronic obstructive pulmonary disease.¹³

Generally, older adults are at a greater risk of chronic disease. Although the very urban communities had a younger population, the burden of chronic disease in these areas can be partially explained by Chula Vista's high proportion of older adults.

The lack of personal resources can greatly affect one's ability to seek proper preventive treatments and health-related education about disease.¹³ This may help explain why these areas had much higher rates of diabetes, asthma, and chronic obstructive pulmonary disease than other areas of the County.

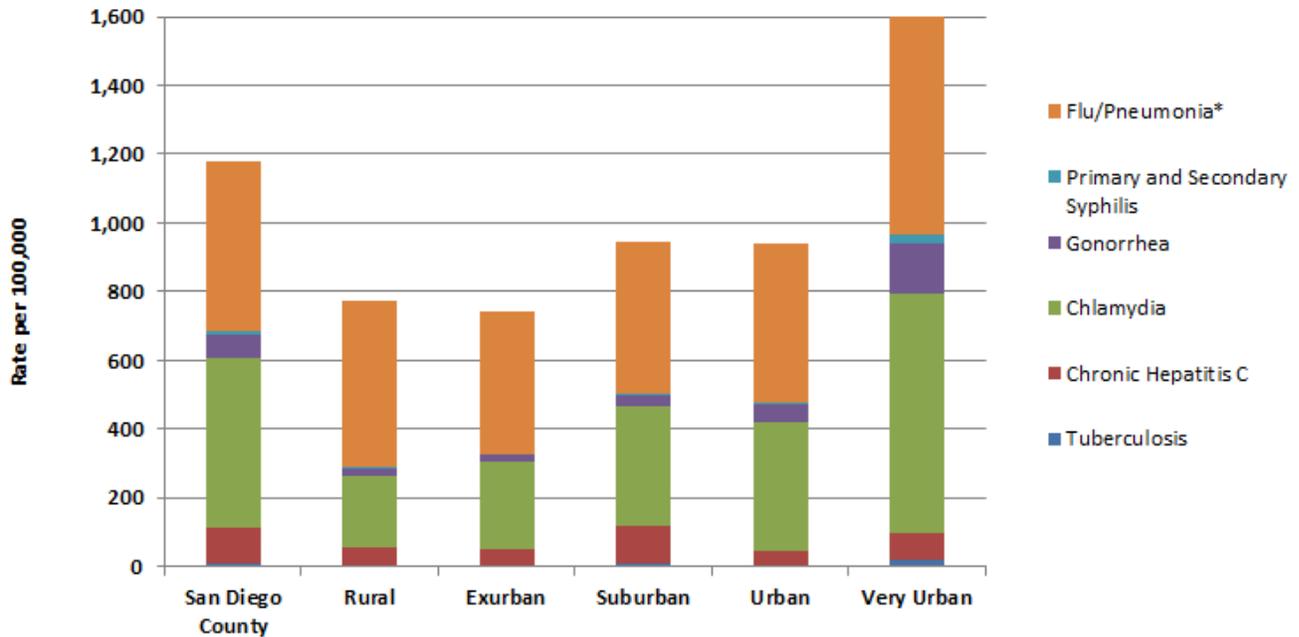
Changes in health-related behaviors such as tobacco use, lack of physical activity, poor diet, and alcohol abuse, as well as increased access to and utilization of medical services, are key ways to reduce the burden of chronic disease among residents living in the very urban areas of San Diego County.¹³



Communicable Disease Among Very Urban Residents

Figure 26

Overall Burden* of Communicable Disease in San Diego County by Geography, 2011



*Overall burden (except for flu/pneumonia) includes incidence only. Flu/pneumonia includes death, hospitalization, and emergency department discharge.

Top Communicable Disease Health Disparities Among San Diego County Very Urban Community Residents:

- The rate of new cases of gonorrhea was 2.1 times higher than the county overall.
- The rate of new cases of syphilis was 3.0 times higher than the county overall.
- The rate of new cases of tuberculosis was 2.0 times higher than the county overall.

Very Urban

Prevent Geographic Health Disparities

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



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Communicable Disease

The very urban areas of San Diego County had high rates of communicable disease. In particular, rates of reported gonorrhea, syphilis, and tuberculosis were noticeably higher in the very urban communities than other areas of the County.

Gonorrhea

In 2011, the very urban areas had a rate of new cases of gonorrhea 2.1 times higher than the county overall.

- Central San Diego had the highest rate of new cases of gonorrhea among the very urban communities in 2011.

Syphilis

The rate of new cases of syphilis in the very urban communities was three times higher than the county overall.

- Among the very urban communities, Central San Diego had the highest rate of new cases of syphilis in 2011.

Tuberculosis

In 2011, the very urban communities had the highest rates of new tuberculosis cases out of all the San Diego County communities. The rate of new tuberculosis cases was two times higher than the county overall.

- Among the very urban communities, National City had the highest rate of new tuberculosis cases in 2011.

Risk Factors and Prevention Strategies

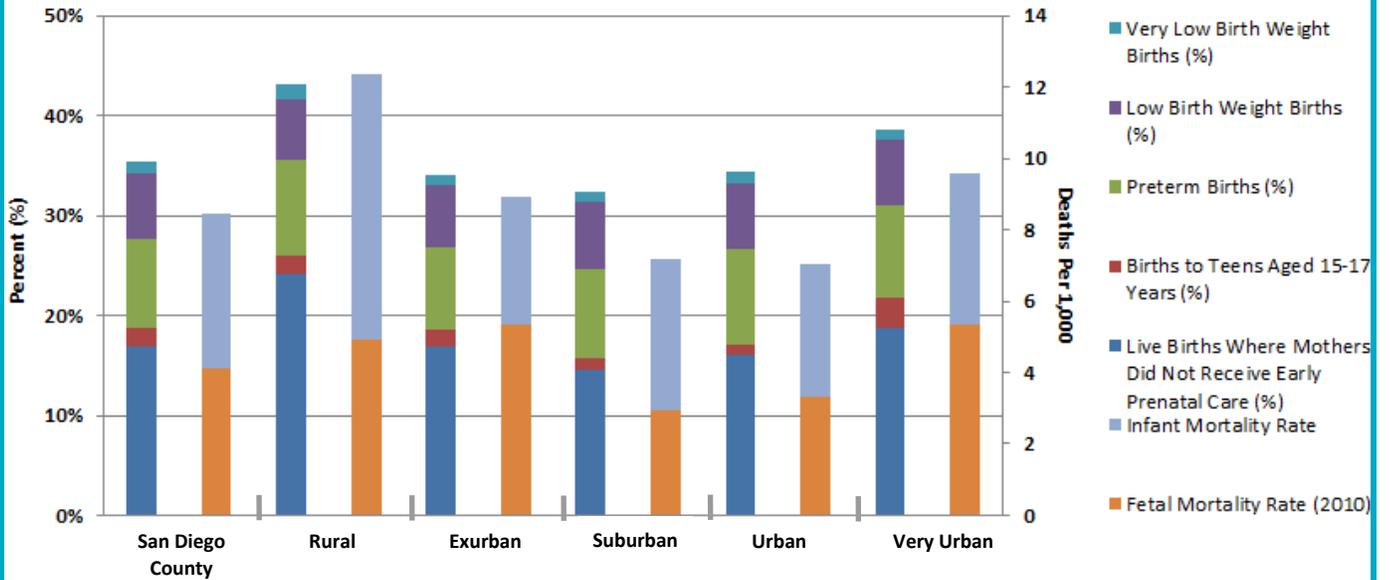
Prevention measures against communicable diseases, such as increased condom usage, frequent testing, seeking early treatment, completing treatment regimens, and staying current with recommended vaccinations are key ways to reduce the burden of communicable disease among San Diego County very urban community residents.¹⁴

The rate of new syphilis cases in Central San Diego was 7.1 times higher than the county overall in 2011.

Maternal and Child Health Among Very Urban Residents

Figure 27

Overall Burden* of Maternal & Child Health Outcomes in San Diego County by Geography of Mother, 2011



*Overall burden includes percentages and rates.

Top Maternal & Child Health Outcome Health Disparities Among San Diego County Very Urban Community Residents:

- The percent of births to teenage mothers between the age of 15-17 years old was 1.7 times higher compared to the county overall.
- The rate of emergency department discharges due to maternal complications was 1.4 times higher than the county overall.

Very Urban

Prevent Geographic Health Disparities

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



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Maternal and Child Health

Teen births, fetal mortality, and maternal complications were disproportionately higher among mothers residing in the very urban area of the county. Also, there was a noticeable lack of early prenatal care among mothers in the very urban area. Among the very urban communities, there were also particular communities experiencing considerably higher poor maternal and child health outcomes.

Fetal Mortality

Overall, the very urban communities had a fetal mortality rate 1.3 times higher compared to the county in 2010.

- Among the very urban communities, the rate of fetal mortality was highest in Central San Diego.

Maternal Complications

In 2011, the rate of hospitalization and emergency department (ED) discharge due to maternal complications were 1.3 and 1.4 times higher than the county, respectively.

- In 2011, mothers in Chula Vista had the highest hospitalization and ED discharge rates due to maternal complications compared to other very urban communities.

Teen Births

In 2011, the percent of births to teenage mothers was 1.7 times higher in very urban areas compared to the county overall.

- In 2011, among the very urban communities, National City had the highest proportion of teen births.



Risk Factors and Prevention Strategies

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.¹⁴

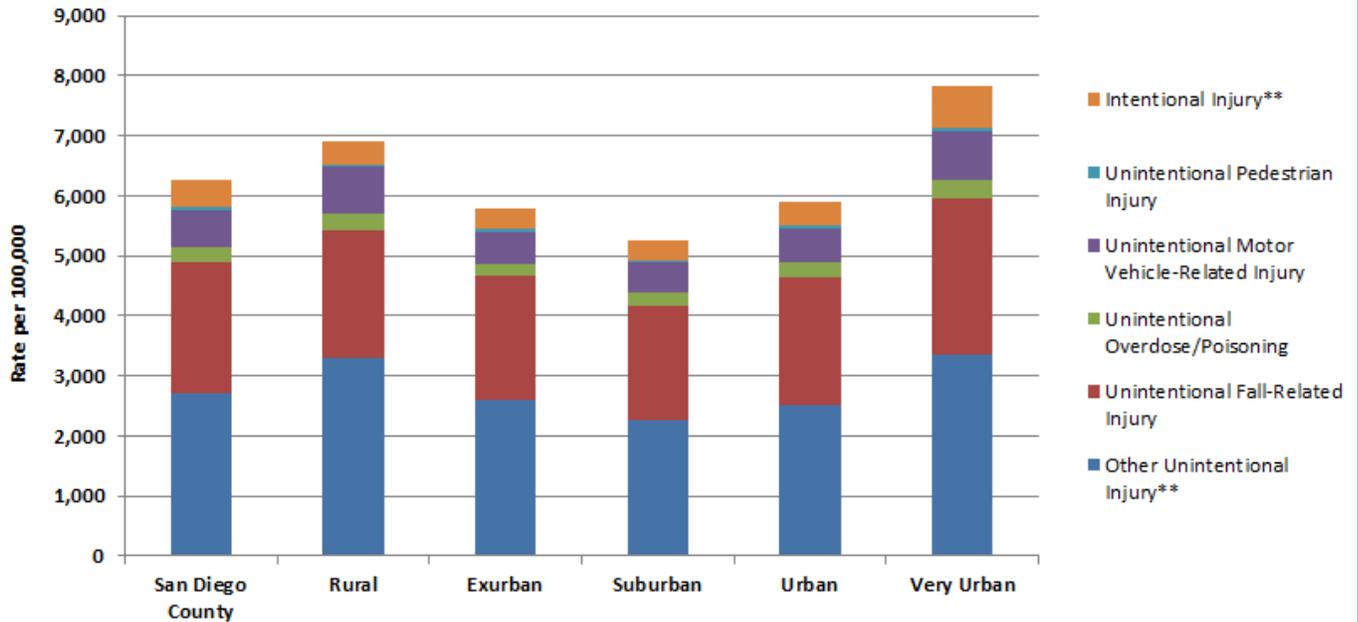
The health of mothers, infants, and children are key indicators of the health of a community overall. Their health outcomes often reflect the health of future generations, as well as emerging public health concerns. Therefore, engaging in healthy behaviors associated with favorable maternal and child health outcomes has the potential to positively impact the health of the county overall.¹⁴

In 2011, mothers in Chula Vista had the highest hospitalization and emergency department discharge rates due to maternal complications compared to other very urban communities.

Injury Among Very Urban Residents

Figure 28

Overall Burden* of Injury in San Diego County by Geography, 2011



*Overall burden includes death, hospitalization, and emergency department (ED) discharge.

**Intentional injury includes homicide, assault, suicide, and self-inflicted injury. Other unintentional injury include cut/pierce injury, struck by an object injury, suffocation, drowning, overexertion injury, fire-related/burn injury, and sport/recreational injury.

Top Injury Health Disparities Among San Diego County Very Urban Community Residents:

- The rate of hospitalization due to a firearm injury was 2.3 times higher than the county overall.
- The rate of hospitalization due to assault was 2.2 times higher than the county overall.
- The rate of hospitalization due to pedestrian injury during a motor vehicle crash was 1.9 times higher than the county overall.

Very Urban

Prevent Geographic Health Disparities

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



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Injury

Injuries due to assault, injuries due to a firearm, and unintentional pedestrian injuries affect the very urban areas substantially more than other areas of the county. Importantly, certain very urban communities had noticeably higher rates of injury than the County overall.

Assault

In 2011, the rate of hospitalization due to assault was 2.2 times higher in the very urban area compared to the county overall.

- The rates of hospitalization and emergency department discharge due to assault were highest in Central San Diego, compared to other very urban areas.

Firearm-Related Injury

In 2011, the rate of hospitalization due to a firearm was 2.3 times higher in the very urban area, compared to the county overall.

- The rate of death due to a firearm-related injury was highest in Mid-City, whereas the rate of hospitalization was highest in Southeastern San Diego. The rate of emergency department discharge was highest in National City.

Unintentional Pedestrian Injury

The rate of hospitalization due to pedestrian injury during a motor vehicle crash in the very urban areas was 1.9 times higher than the county overall in 2011.

- In 2011, Central San Diego had the highest emergency department discharge and hospitalization rates due to pedestrian injury, compared to the other very urban communities.

Risk Factors and Prevention Strategies

Failure to use protective equipment and active restraints, mismanagement of medication, and not being aware of safety hazards increase the risk of an injury.¹⁵

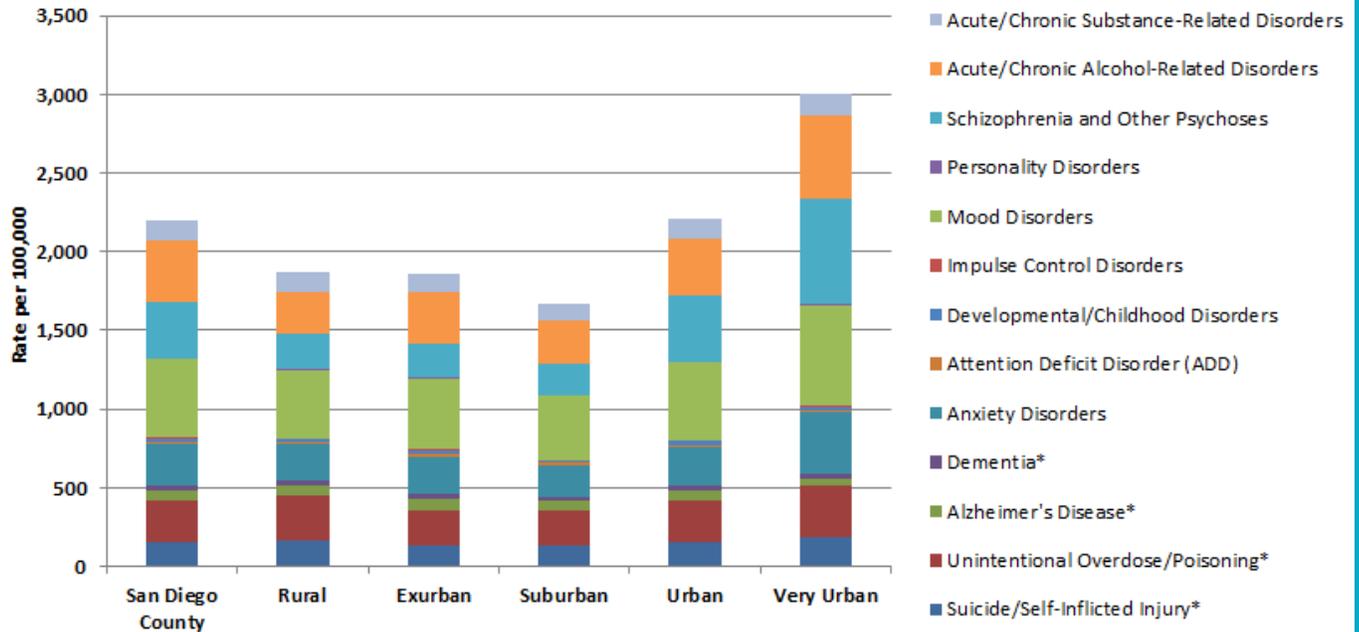
Often, modifiable behaviors such as the use of protective equipment and active restraints, the management of medication, as well as awareness, reduce the likelihood of injury among very urban community residents in San Diego County.¹⁵



Behavioral Health Among Very Urban Residents

Figure 29

Overall Burden* of Behavioral Health in San Diego County by Geography, 2011



*Overall burden (except for suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's Disease, and dementia) includes hospitalization, and emergency department (ED) discharge. Suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's Disease, and dementia include death, hospitalization, and ED discharge.

Top Behavioral Health Disparities Among San Diego County Very Urban Community Residents:

- The rate of emergency department discharges due to chronic alcohol-related disorder was 1.5 times higher than the county overall.
- The rate of hospitalization due to schizophrenia was 2.0 times higher than the county overall.

Very Urban

Prevent Geographic Health Disparities

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



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Behavioral Health

The very urban communities have some of the highest rates of behavioral health disorders. Acute alcohol-related disorder, chronic alcohol-related disorder, schizophrenia, and self-inflicted injury affect the very urban areas substantially more than other areas of the county.

Acute Alcohol-Related Disorders

In 2011, the rate of emergency department (ED) discharge due to acute alcohol-related disorder in very urban communities was 2.1 times higher than the county overall.

- Compared to other very urban communities, Central San Diego had the highest rates of hospitalization and ED discharge for acute alcohol-related disorder.

Chronic Alcohol-Related Disorders

In 2011, the rate of ED discharge due to chronic alcohol-related disorder in very urban communities was 6.0 times higher than the county overall.

- In 2011, Central San Diego had the highest rates of hospitalization and ED discharge for chronic alcohol-related disorder among the very urban communities.

Schizophrenia and Other Psychoses

In 2011, very urban areas had a rate of schizophrenia and other psychoses hospitalization 3.4 times higher than the county overall. The rate of ED discharge due to schizophrenia was 2.2 times higher than the county overall.

- In 2011, Central San Diego had the highest rate of hospitalization due to schizophrenia and other psychoses compared to the other very urban communities. However, Lemon Grove had the highest rate of ED discharge due to schizophrenia and other psychoses.

In 2011, the rate of emergency department discharges due to chronic alcohol-related disorder in very urban communities was 1.5 times higher than the county

Self-Inflicted Injury

The rate of self-inflicted injury hospitalization in the very urban communities was 1.4 times higher than the county overall.

- In 2011, Lemon Grove had the highest rate of suicide among the very urban communities. The highest rates of hospitalization and ED discharge due to a self-inflicted injury occurred in Central San Diego.

Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include genetics, stress, experiencing a traumatic event, and social isolation.¹⁶

Seeking help for an emotional/behavioral health or alcohol/drug problem, exercising to reduce stress, and avoiding social isolation are major prevention strategies that can help reduce poor behavioral health outcomes.¹⁶

Geographic Health Disparities Summary

San Diego County has an area of over 4,200 square miles and over 70 miles of coastline.¹⁰ Together, there are 18 incorporated cities and towns, as well as several unincorporated communities.¹⁰

In this report geography was discussed using the 41 subregional areas (SRAs) defined by the San Diego Association of Governments. Based on population density, these areas were then divided into five major community types – rural, exurban, suburban, urban, and very urban. The communities included in these groupings, and the demographics of each group, are shown on Table 1 on page 8.

Substantial differences in health indicators and health-related behaviors exist in the different areas of the county.

Compared to the county overall, rural residents had higher rates of poor maternal and child health outcomes and injury. Residents living in very urban communities had higher rates of non-communicable (chronic) diseases, communicable diseases, poor maternal and child health outcomes, injury, and poor behavioral health outcomes. Exurban, suburban, and urban residents had comparable or lower rates in the five health indicators presented.

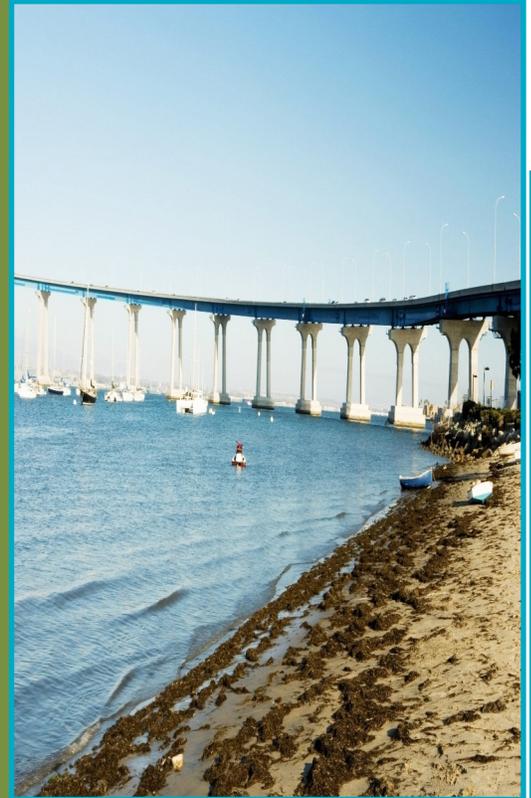
In 2011:

Rural

- Compared to the county overall, the percentage of mothers receiving early prenatal care was lowest (75.9%), and infant mortality was 73% higher, among rural community mothers in 2011.
- In 2011, the rate of emergency department discharge due to a firearm-related injury was 1.8 times higher in the rural area compared to the county overall.
- Among rural communities, Mountain Empire residents were almost six times more likely to be hospitalized due to chronic substance abuse compared to the county in 2011.

Very Urban

- Among very urban communities, the rate of hospitalization due to diabetes was 1.6 times higher than the county overall in 2011.
- The rate of new syphilis cases in Central San Diego was 7.1 times higher than the county overall in 2011.
- In 2011, mothers in Chula Vista had the highest hospitalization and emergency department discharge rates due to maternal complications compared to other very urban communities.
- In 2011, the rate of emergency department discharges due to chronic alcohol-related disorder in very urban communities was 1.5 times higher than the county overall.



Actions to *Live Well San Diego*

Creating an environment that encourages 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.¹⁴

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.¹⁷

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.⁷ Prevention measures such as increased nutrition, early prenatal care, as well as cessation of smoking, alcohol consumption, as well as illicit drug use, are all key ways to improve maternal and child health.¹⁷

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.¹⁶

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.¹⁷

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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