Poverty Brief

Brief #3 in the Poverty Brief Series

Poverty in San Diego County: Poverty and Health

County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit
Prepared August 2025

Summary

Poverty is a social determinant of health (SDOH) that can contribute to inequitable access to resources and opportunities and increase the risk of adverse health outcomes. Communities of lower socioeconomic status (SES) have higher rates of morbidity and mortality. These health inequities increase as poverty rates increase.

- Low-Income areas tend to have higher rates of health conditions, such as high blood pressure (HBP) and high cholesterol.
- Among conditions most frequently associated with poverty, the majority of the highest age-adjusted medical encounter rates in 2023 were among Subregional Areas (SRAs) within the moderately low, low, and lowest socioeconomic status SES categories.

Key Message

To achieve health equity in San Diego County, poverty must be addressed at the community level by first identifying communities living in poverty and struggling to make ends meet. Prevention and reduction of poverty within San Diego County communities can reduce negative health and well-being outcomes in adulthood and prevent the cycle of poverty from continuing. Additionally, identifying communities with high rates of other SDOH that may increase the risk of falling into poverty can inform policy makers of communities in need of targeted resources and interventions.

Pathway of Poverty to Poor Health Outcomes

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

Poverty in San Diego County:

Poverty and Health

August 2025

This publication of Poverty in San Diego County: Poverty and Health utilizes estimated data that is current up through 2025 or the most current year available at the time this publication was in development. This document was developed under the Community Health Statistics Unit of the County of San Diego and is in support of Live Well San Diego.

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The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

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Introduction

Poverty as a Social Determinant of Health

In the United States, it is estimated that medical care accounts for only 10-20 percent of the modifiable contributors to healthy outcomes in a population. The other 80-90 percent are health behaviors and "the conditions in which people are born, grow, live, work and age, and the systems put in place to deal with illness," known as social determinants of health (SDOH).[1] This means that a large proportion of disease burden within a community is shaped by SDOH, such as distribution of income, poverty, and access to healthcare and healthy food.

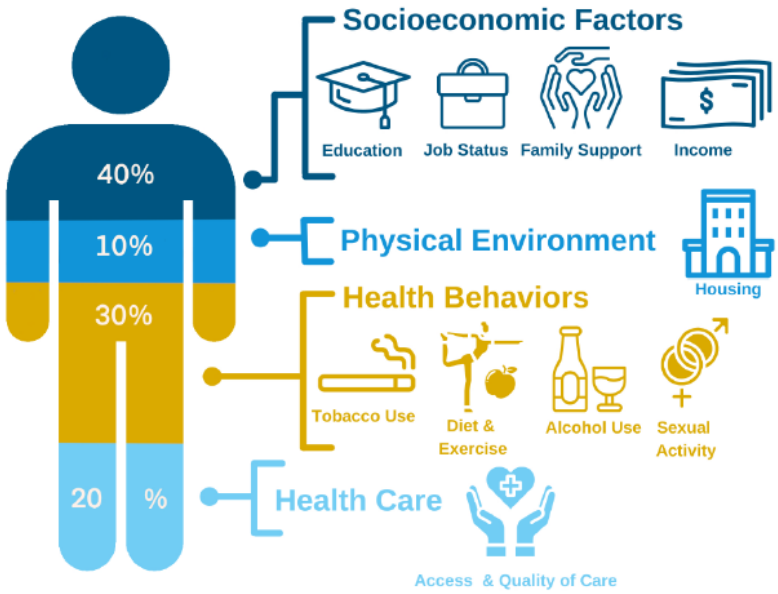


Figure 1: Social Determinants of Health (SDOH), UCLA Health[2]

Poverty is an important SDOH because it frequently interacts with various other SDOH which, together, influence health behaviors and outcomes. The distribution of income within a community is often a significant contribution to disproportionate burden of disease among low- and high-income groups. Additionally, individuals experiencing poverty are more likely to live in the same geographic areas rather than living spread out evenly across the Nation.[3] Areas of concentrated poverty tend to have less access to positive resources, such as healthy food, education, safe neighborhoods, freedom from discrimination, and adequate housing. As a result, communities of lower socioeconomic status (SES), particularly those with high rates of poverty, have higher rates of morbidity and mortality. [4] These health inequities increase as poverty rates increase.

Although San Diego County appears to have a low poverty rate compared to other counties in the nation, there remains areas of severe concentrated poverty throughout the county where communities are struggling to make ends meet. Addressing poverty in San Diego County is crucial to achieving health equity.

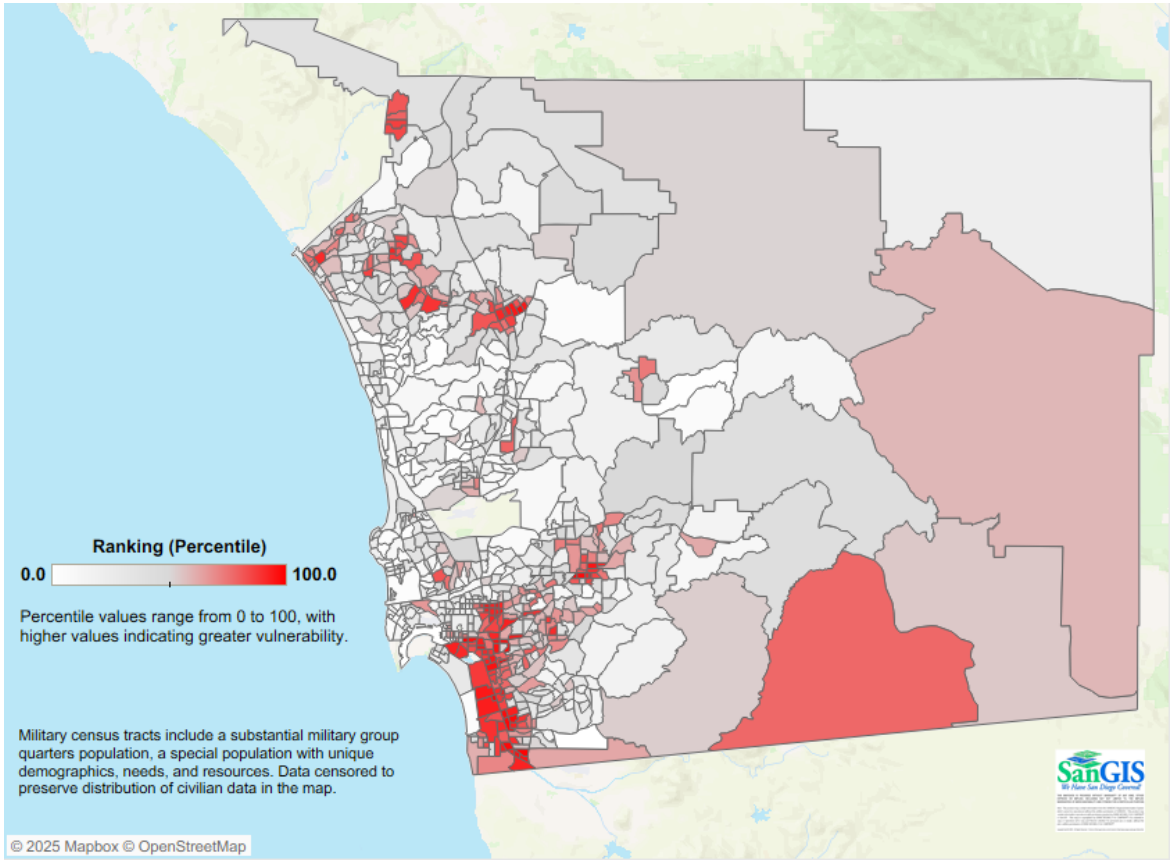
To view poverty and health statistics in San Diego County, visit the Poverty Dashboard #3 here: Poverty Dashboard #3 | Tableau Public

Social Vulnerability Index

Social vulnerability is the degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, which may affect the community's ability to prevent human suffering and financial loss in the event of a natural disaster or disease outbreak.[5] The Social Vulnerability Index (SVI) provides the relative community vulnerability by Census Tract. The ranking is based on 16 social factors, including factors such as unemployment, race and ethnicity, and disability, and further groups them into four related themes. The SVI is meant to inform and prepare communities to respond to emergency events, including natural disasters and disease outbreaks.

The map below shows the Overall Social Vulnerability Rankings by Census Tract in 2022.

Figure 2: Overall Social Vulnerability Rankings (Percentile) by Census Tract, San Diego County, 2022



Source: CDC/ATSDR Social Vulnerability Index 2022 Database California[5]. *Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.*

Census Tract 100.05 was the most vulnerable Census Tract in San Diego County.

In 2022, Census Tract 100.5 in South Bay SRA and South Region was more vulnerable than 99.5% of other census tracts in California. Clusters of census tracts throughout San Diego County in each of the HHSA regions were ranked as at least 95% more vulnerable than other census tracts in California. Identification of these communities may help to improve preparation for emergency events.

Health Conditions in Low-Income Areas

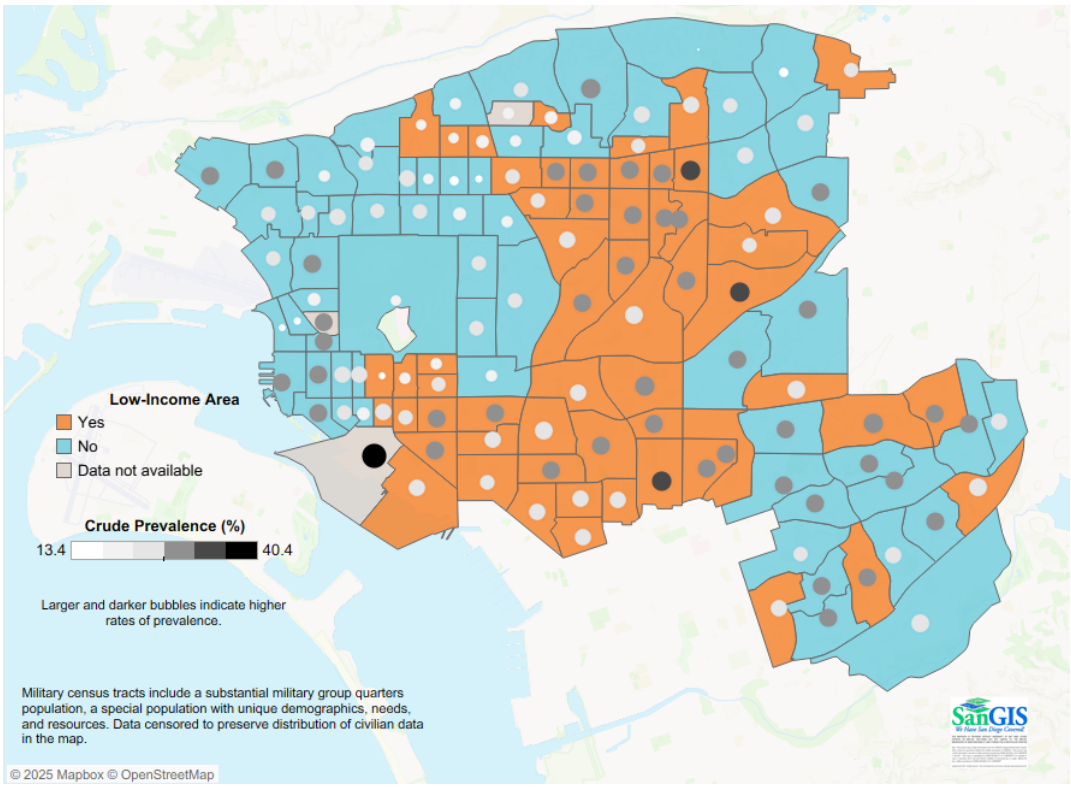
Socioeconomic status has a significant impact on health outcomes. Residents living in communities of high poverty have higher rates of morbidity and mortality across the lifespan. Impoverished communities tend to have less access to positive resources, such as healthy food, education, safe neighborhoods, freedom from discrimination, and adequate housing. Each of these SDOH influence health behaviors and healthcare access and lead to worse health outcomes for individuals of lower socioeconomic status.

The findings in this section outline the census tracts with the highest crude prevalence of health conditions included in the 2024 release of the Centers for Disease Control and Prevention (CDC) PLACES[6], excluding obesity, by Health and Human Services Agency (HHSA) Region and low-income area status. A census tract was considered a low-income area if the tract median income was at or below 80% of the applicable area median income (AMI).[7]

Central Region

In 2022, 57 of 123 census tracts (46%) in Central Region were low-income areas. The highest prevalence rates in Central Region were generally due to high blood pressure (HBP). The map below shows HBP crude prevalence by census tract and low-income area.

Figure 3: Crude Prevalence (%) of High Blood Pressure (among adults aged 18 or older) by Census Tract, Central Region, 2021



Sources: CDC PLACES[6], Federal Housing Finance Agency (FHFA) Low-Income Area[7]. *Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.*

In Central Region, the highest prevalence rate of high blood pressure (HBP) among census tracts with income data was in Census Tract 33.05.

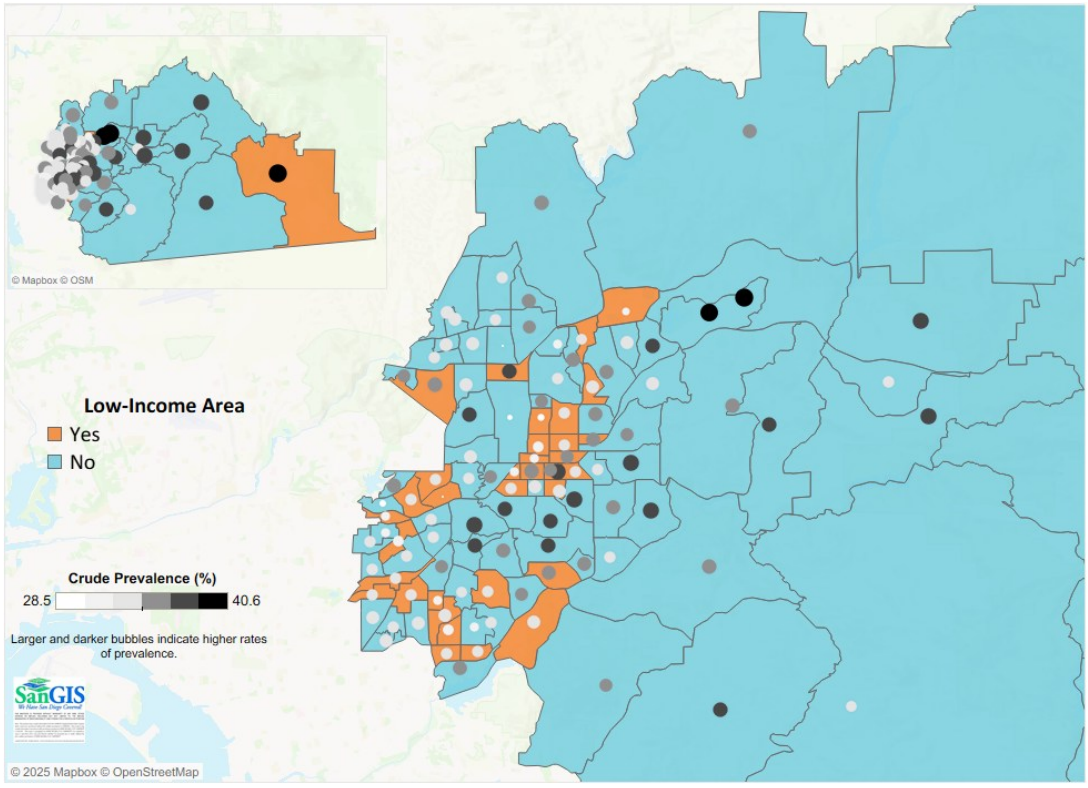
In 2021, 31.6% of residents in Census Tract 33.05 in Southeastern San Diego SRA had ever been told by a doctor that they had HBP. Census Tract 33.05 was also a low-income area.

In Central Region, 7 out of 10 census tracts with the highest overall crude prevalence of HBP were low-income areas.

East Region

In 2022, 36 of 111 census tracts (32%) in East Region were low-income areas. The highest prevalence rates in East Region were generally due to high cholesterol. The map below shows the crude prevalence of high cholesterol by census tract and low-income area.

Figure 4: Crude Prevalence (%) of High Cholesterol (among adults who have ever been screened) by Census Tract, East Region, 2021



Sources: CDC PLACES[6], Federal Housing Finance Agency (FHFA) Low-Income Area[7]. *Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.*

In East Region, the highest prevalence rate of high cholesterol was in Census Tract 168.12.

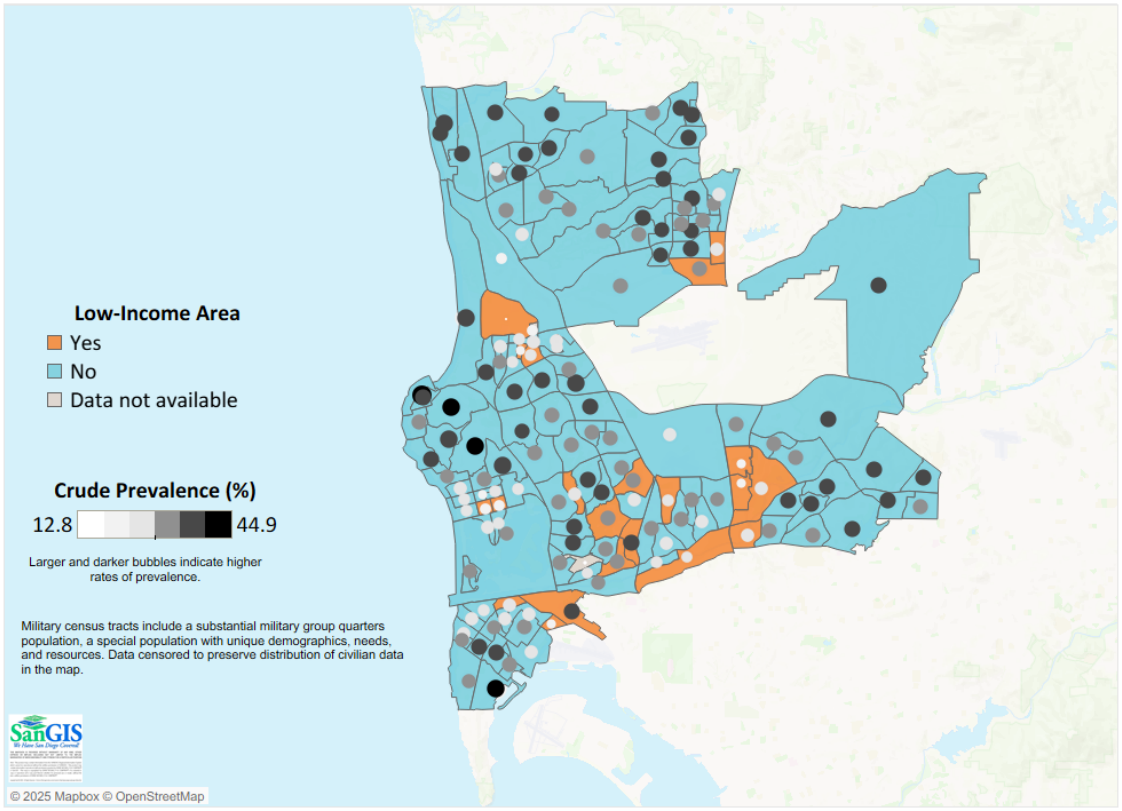
In 2021, 40.6% of residents in Census Tract 168.12 in Harbison-Crest SRA had ever been told by a doctor that they had high cholesterol. Census Tract 168.12 was not a low-income area.

In East Region, 2 out of 10 census tracts with the highest overall crude prevalence of high cholesterol were low-income areas.

North Central Region

In 2022, just 22 of 151 (15%) census tracts were low-income areas in North Central Region, the smallest percentage among HHSA regions. The highest prevalence rates in North Central Region were generally due to high cholesterol. The map below shows the crude prevalence of high cholesterol by census tract and low-income area.

Figure 5: Crude Prevalence (%) of High Cholesterol (among adults who have ever been screened) by Census Tract, North Central Region, 2021



Sources: CDC PLACES[6], Federal Housing Finance Agency (FHFA) Low-Income Area[7]. *Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.*

In North Central Region, the highest prevalence rate of high cholesterol was in Census Tract 82.02.

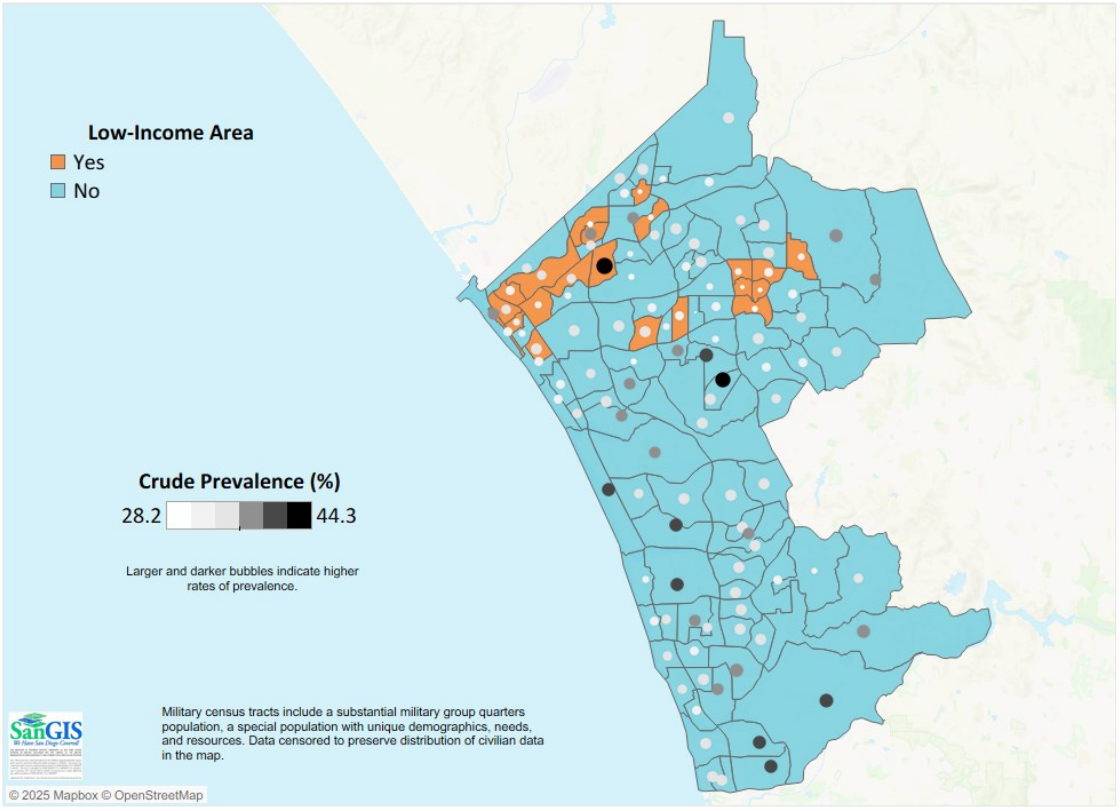
In 2021, 44.9% of residents in Census Tract 82.02 in Coastal SRA had ever been told by a doctor that they had high cholesterol. Census Tract 82.02 was not a low-income area.

In North Central Region, 1 of the 10 census tracts with the highest overall crude prevalence of high cholesterol were low-income areas.

North Coastal Region

In 2022, 22 of 113 (19%) of census tracts were low-income in North Coastal Region. The highest prevalence rates in North Coastal Region were generally due to high cholesterol. The map below shows the crude prevalence of high cholesterol by census tract and low-income area.

Figure 6: Crude Prevalence (%) of High Cholesterol (among adults who have ever been screened) by Census Tract, North Coastal Region, 2021



Sources: CDC PLACES[6], Federal Housing Finance Agency (FHFA) Low-Income Area[7]. *Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.*

In North Coastal Region, the highest prevalence rate of high cholesterol was in Census Tract 185.12.

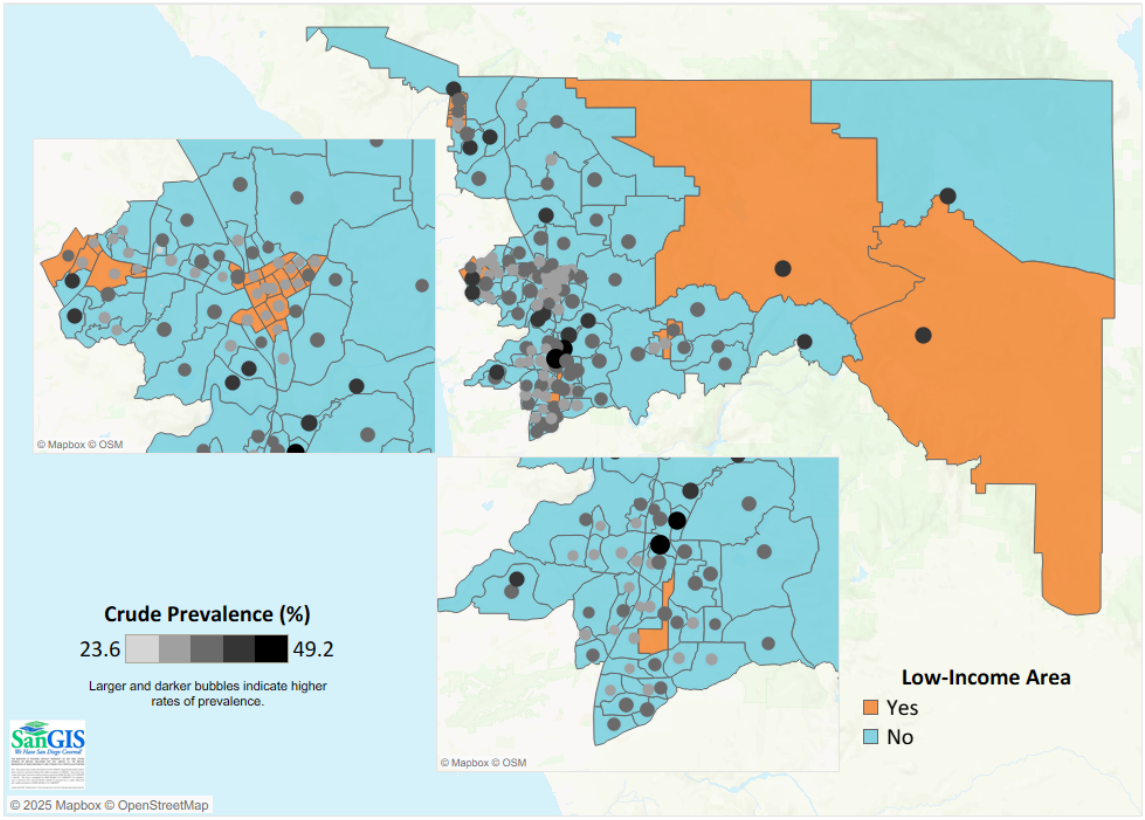
In 2021, 44.3% of residents in Census Tract 185.12 in Oceanside SRA had ever been told by a doctor that they had high cholesterol. Census Tract 185.12 was also a low-income area.

In North Coastal Region, 1 out of 10 census tracts with the highest overall crude prevalence of high cholesterol were low-income areas.

North Inland Region

In 2022, 29 of 131 (22%) of census tracts were low-income in North Inland Region. The highest prevalence rates in North Inland Region were generally due to high cholesterol. The map below shows the crude prevalence of high cholesterol by census tract and low-income area.

Figure 7: Crude Prevalence (%) of High Cholesterol (among adults who have ever been screened) by Census Tract, North Inland Region, 2021



Sources: CDC PLACES[6], Federal Housing Finance Agency (FHFA) Low-Income Area[7]. *Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.*

In North Inland Region, the highest prevalence rate of high cholesterol was in Census Tract 170.14.

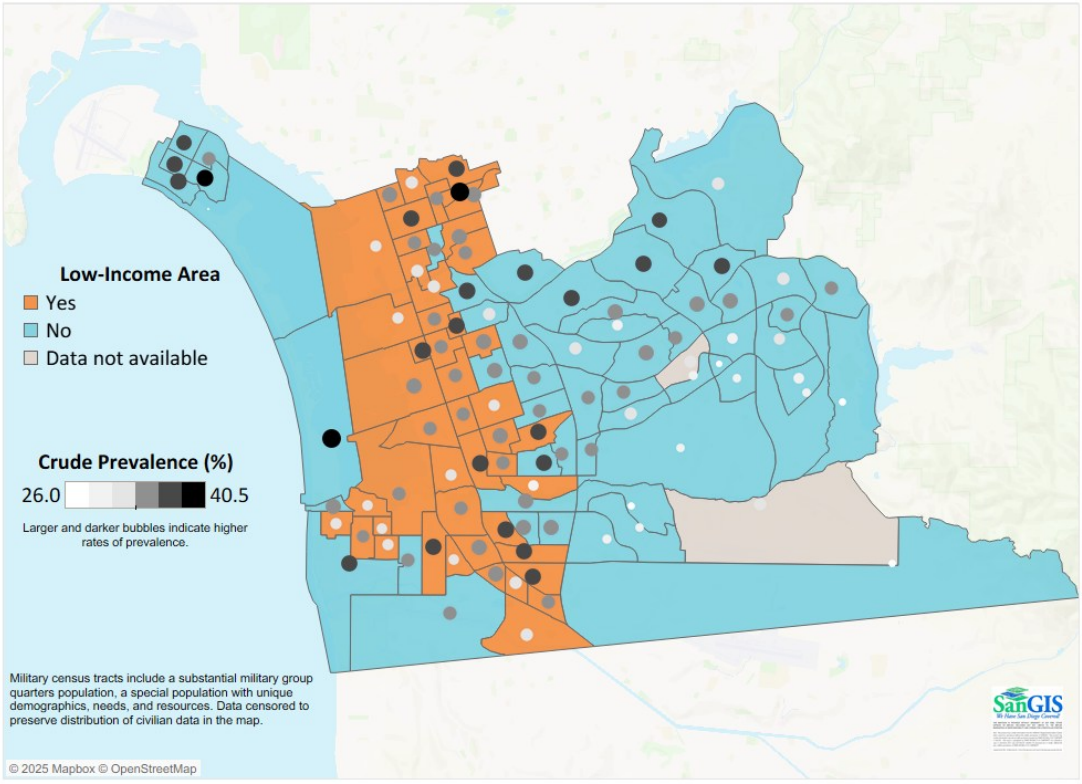
In 2021, 49.2% of residents in Census Tract 170.14 in North San Diego SRA had ever been told by a doctor that they had high cholesterol. This was the highest crude prevalence of high cholesterol in San Diego County. Census Tract 170.14 was not a low-income area.

In North Inland Region, 2 out of 10 census tracts with the highest overall crude prevalence of high cholesterol were low-income areas.

South Region

In 2022, 47 of 106 (44%) of census tracts were low-income in South Region. The highest prevalence rates in South Region were generally due to high cholesterol. The map below shows the crude prevalence of high cholesterol by census tract and low-income area.

Figure 8: Crude Prevalence (%) of High Cholesterol (among adults who have ever been screened) by Census Tract, South Region, 2021



Sources: CDC PLACES[6], Federal Housing Finance Agency (FHFA) Low-Income Area[7]. *Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.*

In South Region, the highest prevalence rate of high cholesterol was in Census Tract 120.02.

In 2021, 40.5% of residents in Census Tract 120.02 in National City SRA had ever been told by a doctor that they had high cholesterol. Census Tract 120.02 was also a low-income area.

In South Region, 5 out of 10 census tracts with the highest overall crude prevalence of high cholesterol were low-income areas.

Health Outcomes and Socioeconomic Status

The findings in this section outline the Health and Human Services Agency (HHSA) Subregional Areas (SRAs) with the highest age-adjusted rates of medical encounters for health conditions most frequently associated with poverty.[8] This includes asthma, cancer, diabetes, heart disease, stroke, depression, flu/pneumonia, and assault. The socioeconomic status (SES) category of each SRA is included. Socioeconomic status categories were created with median household income in dollars by SRA (ESRI Community Analyst, 2023), classified into six categories, using the optimal binning procedure.

Behavioral Health Conditions

Table 1: Highest Age-Adjusted Medical Encounter Rates due to Depression by Subregional Area (SRA), 2023

	Subregional Area	Region	Rate (per 100,000)	Socioeconomic Status
Hospitalization				
1.	Central San Diego	Central	10.1	Moderately Low
Emergency Department Discharge				
1.	Central San Diego	Central	90.0	Moderately Low
2.	Santee	East	86.9	Moderately High
3.	National City	South	86.1	Lowest
4.	Southeastern San Diego	Central	75.0	Low
5.	Lakeside	East	71.2	Moderately Low

Rates are suppressed for SRAs with counts <20. Hence, there are no SRAs with a death rate due to depression and one SRA with a hospitalization rate due to depression. Sources: California Department of Health Care Access and Information (HCAI)[8]. *Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.*

Communicable Conditions

Table 2: Highest Age-Adjusted Medical Encounter Rates due to Flu/Pneumonia by Subregional Area (SRA), 2023

	Subregional Area	Region	Rate (per 100,000)	Socioeconomic Status
Death				
1.	Escondido	North Inland	12.9	Moderately Low
Hospitalization				
1.	South Bay	South	158.6	Low
2.	Lemon Grove	East	149.5	Low
3.	Escondido	North Inland	148.1	Moderately Low
4.	Valley Center	North Inland	142.3	High
5.	Southeastern San Diego	Central	140.0	Low
Emergency Department Discharge				
1.	National City	South	694.6	Lowest
2.	South Bay	South	581.5	Low
3.	Chula Vista	South	568.3	Low
4.	El Cajon	East	555.1	Low
5.	Southeastern San Diego	Central	549.9	Low

Rates are suppressed for SRAs with counts <20. Hence, there is one SRA with a death rate due to flu/pneumonia. Sources: CDPH Vital Records Business Intelligence System (VRBIS), California Department of Health Care Access and Information (HCAI)[8]. *Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.*

Injury Conditions

Table 3: Highest Age-Adjusted Medical Encounter Rates due to Assault by Subregional Area (SRA), 2023

	Subregional Area	Region	Rate (per 100,000)	Socioeconomic Status
Hospitalization				
1.	Central San Diego	Central	85.3	Moderately Low
2.	Southeastern San Diego	Central	57.5	Low
3.	South Bay	South	50.8	Low
4.	National City	South	50.2	Lowest
5.	Spring Valley	East	47.7	Moderately Low
Emergency Department Discharge				
1.	Central San Diego	Central	560.8	Moderately Low
2.	Lemon Grove	East	465.7	Low
3.	Southeastern San Diego	Central	459.1	Low
4.	South Bay	South	415.0	Low
5.	National City	South	387.9	Lowest

Rates are suppressed for SRAs with counts <20. Hence, there are no SRAs with a death rate due to assault. Sources: California Department of Health Care Access and Information (HCAI)[8]. *Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.*

Non-Communicable (Chronic) Conditions

Table 4: Highest Age-Adjusted Medical Encounter Rates due to Asthma by Subregional Area (SRA), 2023

	Subregional Area	Region	Rate (per 100,000)	Socioeconomic Status
Hospitalization				
1.	Lemon Grove	East	101.9	Low
2.	Southeastern San Diego	Central	93.3	Low
3.	Spring Valley	East	80.7	Moderately Low
4.	South Bay	South	78.3	Low
5.	Chula Vista	South	76.6	Low
Emergency Department Discharge				
1.	Mountain Empire	East	515.0	Lowest
2.	Southeastern San Diego	Central	504.9	Low
3.	National City	South	498.7	Lowest
4.	Lemon Grove	East	491.4	Low
5.	El Cajon	East	390.7	Low

Rates are suppressed for SRAs with counts <20. Hence, there are no SRAs with a death rate due to asthma. Sources: California Department of Health Care Access and Information (HCAI)[8]. *Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.*

Table 5: Highest Age-Adjusted Death and Medical Encounter Rates due to Cancer by Subregional Area (SRA), 2023

	Subregional Area	Region	Rate (per 100,000)	Socioeconomic Status
Death				
1.	South Bay	South	155.8	Low
2.	Palomar-Julian	North Inland	149.9	Low
3.	Oceanside	North Coastal	146.5	Moderately Low
4.	Lemon Grove	East	144.3	Low
5.	San Marcos	North Inland	141.5	Moderately High
Hospitalization				
1.	National City	South	304.4	Lowest
2.	South Bay	South	300.4	Low
3.	Palomar-Julian	North Inland	291.9	Low
4.	Lemon Grove	East	286.0	Low
5.	Mountain Empire	East	283.4	Lowest
Emergency Department Discharge				
1.	Valley Center	North Inland	72.6	High
2.	San Marcos	North Inland	55.3	Moderately High
3.	South Bay	South	52.1	Low
4.	Chula Vista	South	50.1	Low
5.	Southeastern San Diego	Central	47.7	Low

Sources: CDPH Vital Records Business Intelligence System (VRBIS), California Department of Health Care Access and Information (HCAI)[8]. *Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.*

Table 6: Highest Age-Adjusted Death and Medical Encounter Rates due to Diabetes by Subregional Area (SRA), 2023

	Subregional Area	Region	Rate	Socioeconomic Status
Death				
1.	National City	South	46.5	Lowest
2.	Chula Vista	South	44.8	Low
3.	South Bay	South	37.2	Low
4.	Southeastern San Diego	Central	36.2	Low
5.	El Cajon	East	33.9	Low
Hospitalization				
1.	Southeastern San Diego	Central	318.7	Low
2.	Mountain Empire	East	305.7	Lowest
3.	South Bay	South	298.4	Low
4.	Lemon Grove	East	281.2	Low
5.	National City	South	268.0	Lowest
Emergency Department Discharge				
1.	Southeastern San Diego	Central	265.5	Low
2.	Lemon Grove	East	263.8	Low
3.	National City	South	262.1	Lowest
4.	South Bay	South	254.6	Low
5.	Mid-City	Central	227.6	Lowest

Sources: CDPH Vital Records Business Intelligence System (VRBIS), California Department of Health Care Access and Information (HCAI)[8]. *Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.*

Table 7: Highest Age-Adjusted Death and Medical Encounter Rates due to Overall Heart Disease by Subregional Area (SRA), 2023

	Subregional Area	Region	Rate (per 100,000)	Socioeconomic Status
Death				
1.	Palomar-Julian	North Inland	241.3	Low
2.	Lemon Grove	East	166.4	Low
3.	Southeastern San Diego	Central	142.1	Low
4.	Vista	North Coastal	139.3	Moderately Low
5.	South Bay	South	135.1	Low
Hospitalization				
1.	Mountain Empire	East	1,610.0	Lowest
2.	Lemon Grove	East	1,456.8	Low
3.	South Bay	South	1,279.4	Low
4.	National City	South	1,228.2	Lowest
5.	Southeastern San Diego	Central	1,212.8	Low
Emergency Department Discharge				
1.	Lemon Grove	East	2,682.2	Low
2.	South Bay	South	2,538.5	Low
3.	Harbison-Crest	East	2,535.0	Moderately High
4.	El Cajon	East	2,525.7	Low
5.	Southeastern San Diego	Central	2,506.8	Low

Sources: CDPH Vital Records Business Intelligence System (VRBIS), California Department of Health Care Access and Information (HCAI)[8]. *Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.*

Table 8: Highest Age-Adjusted Death and Medical Encounter Rates due to Stroke by Subregional Area (SRA), 2023

	Subregional Area	Region	Rate (per 100,000)	Socioeconomic Status
Death				
1.	Spring Valley	East	54.0	Moderately Low
2.	Ramona	North Inland	52.2	High
3.	Chula Vista	South	52.1	Low
4.	Poway	North Inland	47.6	Highest
5.	Fallbrook	North Inland	46.2	Moderately Low
Hospitalization				
1.	Mountain Empire	East	374.5	Lowest
2.	National City	South	270.5	Lowest
3.	South Bay	South	265.3	Low
4.	Southeastern San Diego	Central	256.7	Low
5.	Chula Vista	South	250.9	Low
Emergency Department Discharge				
1.	Lemon Grove	East	103.3	Low
2.	Alpine	East	98.1	High
3.	Ramona	North Inland	92.9	High
4.	Valley Center	North Inland	89.3	High
5.	Chula Vista	South	87.9	Low

Sources: CDPH Vital Records Business Intelligence System (VRBIS), California Department of Health Care Access and Information (HCAI)[8]. *Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, August 2025.*

Key Findings

Among conditions most frequently associated with poverty, the majority of the highest age-adjusted medical encounter rates in 2023 were among Subregional Areas (SRAs) within the moderately low, low, and lowest socioeconomic status (SES) categories.

DEPRESSION

The highest hospitalization and emergency department (ED) discharge rates due to depression were in Central San Diego SRA, an SRA within the moderately low SES category, with an age-adjusted rate of 10.1 per 100,000 residents and 90.0 per 100,000 residents, respectively (Table 1).

FLU/PNEUMONIA

The highest age-adjusted death rate due to flu/pneumonia was in Escondido SRA (12.9 per 100,000 residents), an SRA within the moderately low SES category. The highest hospitalization rate due to flu/pneumonia was in South Bay SRA (158.6 per 100,000 residents), an SRA within the low SES category, and the highest age-adjusted ED discharge rate due to flu/pneumonia was in National City SRA (694.6 per 100,000 residents), an SRA within the lowest SES category (Table 2).

ASSAULT

The highest age-adjusted hospitalization and ED discharge rates due to assault were in Central San Diego SRA, an SRA within the moderately low SES category, with age adjusted rates of 85.3 per 100,000 residents and 560.8 per 100,000 residents, respectively (Table 3).

ASTHMA

The highest age-adjusted hospitalization rate due to asthma was in Lemon Grove SRA (101.9 per 100,000 residents), an SRA within the low SES category, and the highest age-adjusted ED discharge rate due to asthma was in Mountain Empire SRA (515.0 per 100,000 residents), an SRA within the lowest SES category (Table 4).

CANCER

The highest age-adjusted rate of death due to cancer was in South Bay SRA, an SRA within the low SES category, with a rate of 155.8 per 100,000 residents. The highest age-adjusted rate of hospitalization due to cancer was in National City SRA, an SRA within the lowest SES category, with a rate of 304.4 per 100,000 residents. The five highest age-adjusted death and medical encounter rates due to cancer were among the moderately low, low, and lowest SES categories, with the exception of Valley Center SRA, an SRA within the high SES category, and San Marcos SRA, an SRA within the moderately high SES category. Valley Center SRA had the highest age-adjusted ED discharge rate due to cancer (72.6 per 100,000 residents), and San Marcos SRA had the fifth highest death rate (141.5 per 100,000 residents) and the second highest age-adjusted ED discharge rate due to cancer (55.3 per 100,000 residents) (Table 5).

DIABETES

The highest age-adjusted rate of death due to diabetes was in National City SRA, an SRA within the lowest SES category, with a rate of 46.5 per 100,000 residents. The highest age-adjusted rates of hospitalization and ED discharge due to diabetes were in Southeastern San Diego, an

SRA within the low SES category, with rates of 318.7 per 100,000 residents and 265.5 per 100,000 residents, respectively (Table 6).

OVERALL HEART DISEASE

The highest age-adjusted rate of death due to overall heart disease was in Palomar-Julian SRA (241.3 per 100,000 residents), an SRA within the low SES category. The highest age-adjusted rate of hospitalization due to overall heart disease was in Mountain Empire SRA (1,610.0 per 100,000 residents), an SRA within the lowest SES category, and the highest age-adjusted rate of ED discharge due to overall heart disease was in Lemon Grove SRA (2,682.2 per 100,000 residents), an SRA within the low SES category. The five highest age-adjusted death and medical encounter rates due to overall heart disease were among the moderately low, low, and lowest SES categories, except for Harbison Crest SRA (moderately high SES), which had the third highest age-adjusted ED discharge rate (Table 7).

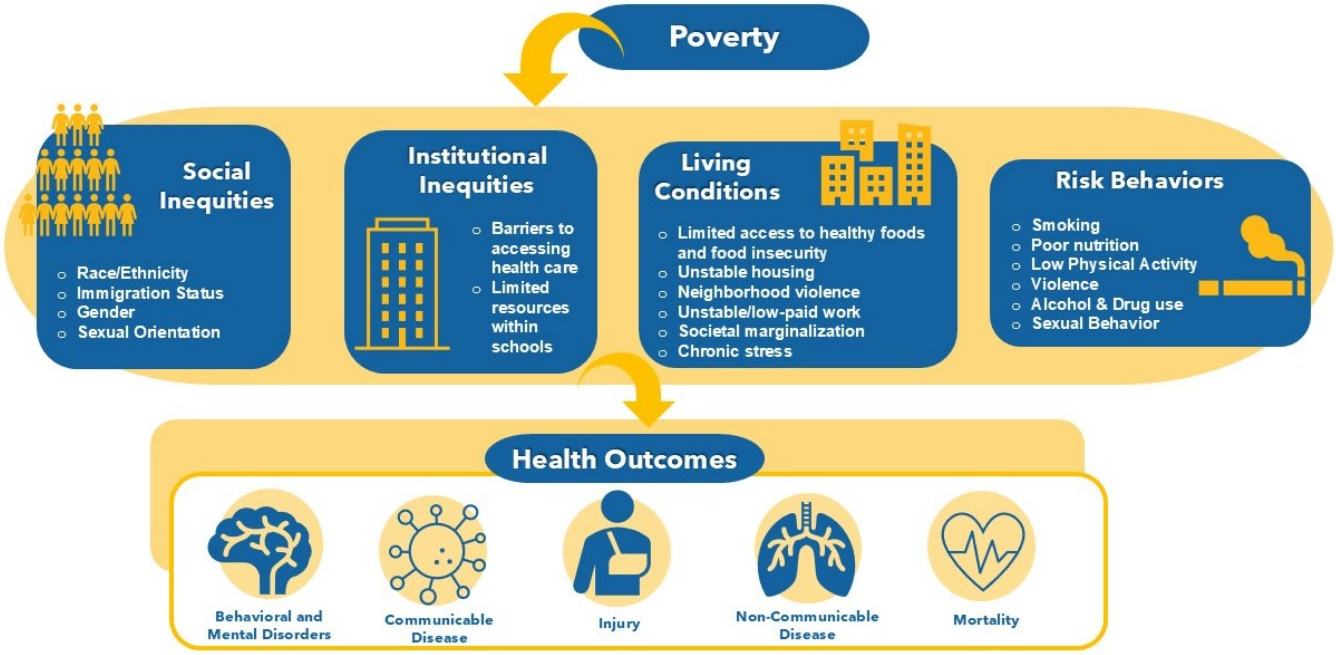
STROKE

The highest age-adjusted rate of death due to stroke was in Spring Valley SRA (54.0 per 100,000 residents), an SRA within the moderately low SES category. The highest age-adjusted rate of hospitalization due to stroke was in Mountain Empire SRA (374.5 per 100,000 residents), an SRA within the lowest SES category. The highest age-adjusted ED discharge rate was in Lemon Grove SRA, an SRA within the low SES category, with a rate of 103.3 per 100,000 residents. However, communities within the high SES category also had high ED discharge rates due to stroke (Table 8).

Conclusion

The findings in this brief reflect the current literature regarding poverty and poor health outcomes. Poverty is a social determinant of health (SDOH) that can contribute to inequitable access to resources and opportunities and increase the risk of adverse health outcomes. Some groups of people are at higher risk of experiencing poverty, including racial/ethnic minorities and women. Communities living in poverty face institutional inequities, including barriers to accessing health care and limited educational resources. Living conditions are also significantly impacted by poverty. This includes limited access to healthy foods or food insecurity, unstable housing, neighborhood violence, and chronic stress. Individuals experiencing poverty may also be more likely to smoke and use substances, experience violence, and engage in low levels of physical activity. Together, these social determinants of health (SDOH) result in higher levels of morbidity and mortality.

Figure 10: Pathway of Poverty to Poor Health Outcomes



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To achieve health equity in San Diego County, poverty must be addressed at the community level by first identifying communities living in poverty and struggling to make ends meet. Prevention and reduction of poverty within San Diego communities can reduce negative health and well-being outcomes in adulthood and prevent the cycle of poverty from continuing. Additionally, identifying communities with high rates of other SDOH that may increase the risk of falling into poverty can inform policy makers of communities in need of targeted resources and interventions. Although San Diego County appears to have low poverty rates compared to other counties across the country, there are communities throughout the county that are experiencing disproportionate levels of poverty and poor health outcomes.

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