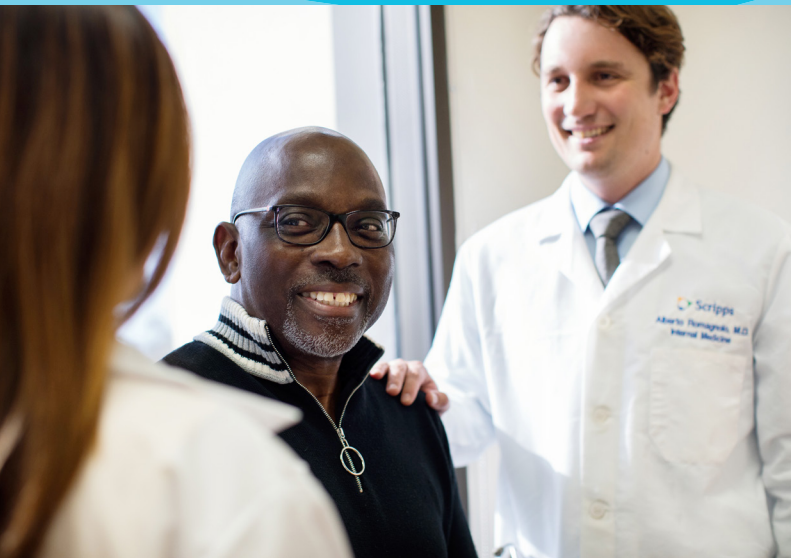# Scripps Health
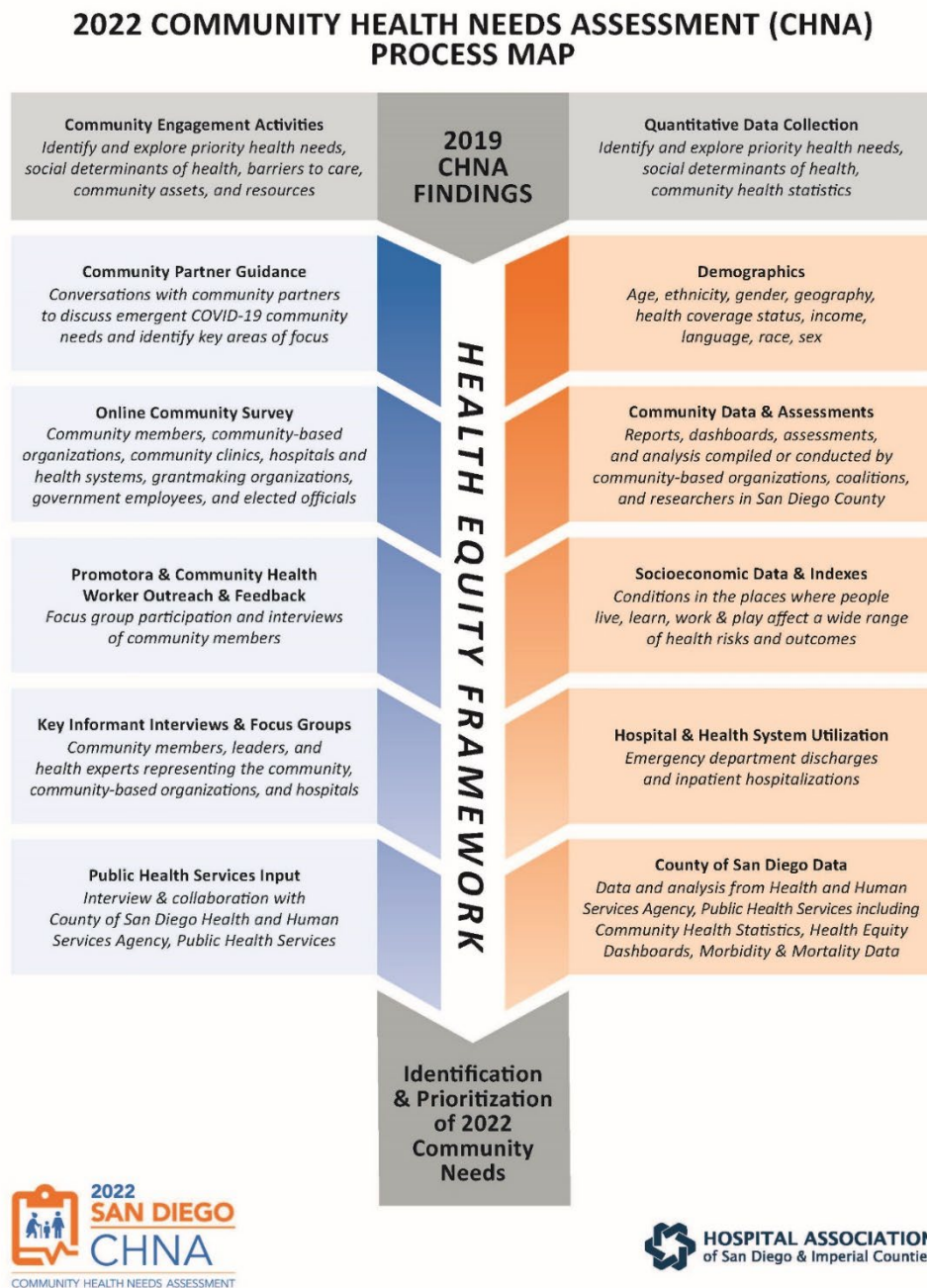# 2022 Community Health
Needs Assessment
Health Briefs

September 2022

Health Briefs Purpose

The health briefs are an additional resource to the 2022 Community Health Needs Assessment (CHNA). They consist of **quantitative data** and **analyses** conducted on publicly available data to provide an overarching view of critical health issues in San Diego County.

For more information on the quantitative data collection used in the **2022 Community Health Needs Assessment (CHNA) Process Map,** please see the figure below.

2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS MAP

Community Engagement Activities
Identify and explore priority health needs, social determinants of health, barriers to care, community assets, and resources

2019 CHNA FINDINGS

Quantitative Data Collection
Identify and explore priority health needs, social determinants of health, community health statistics

Community Partner Guidance
Conversations with community partners to discuss emergent COVID-19 community needs and identify key areas of focus

Demographics
Age, ethnicity, gender, geography, health coverage status, income, language, race, sex

Online Community Survey
Community members, community-based organizations, community clinics, hospitals and health systems, grantmaking organizations, government employees, and elected officials

Community Data & Assessments
Reports, dashboards, assessments, and analysis compiled or conducted by community-based organizations, coalitions, and researchers in San Diego County

Promotora & Community Health Worker Outreach & Feedback
Focus group participation and interviews of community members

Socioeconomic Data & Indexes
Conditions in the places where people live, learn, work & play affect a wide range of health risks and outcomes

Key Informant Interviews & Focus Groups
Community members, leaders, and health experts representing the community, community-based organizations, and hospitals

Hospital & Health System Utilization
Emergency department discharges and inpatient hospitalizations

Public Health Services Input
Interview & collaboration with County of San Diego Health and Human Services Agency, Public Health Services

County of San Diego Data
Data and analysis from Health and Human Services Agency, Public Health Services including Community Health Statistics, Health Equity Dashboards, Morbidity & Mortality Data

HEALTH EQUITY FRAMEWORK

Identification & Prioritization of 2022 Community Needs

2022 SAN DIEGO CHNA
COMMUNITY HEALTH NEEDS ASSESSMENT

HOSPITAL ASSOCIATION
of San Diego & Imperial Counties

Data from various local, state, and national sources are included in the health briefs. Data on hospitalization discharges from 2017 to 2019 are presented at the inpatient and ED (emergency department) levels. These data are intended to be updated periodically.

For the 2022 CHNA, *quantitative data collection* and *analysis of quantitative data* were used for three primary purposes:

1. Describe the San Diego County community

2. Plan and design the community engagement process

3. Facilitate the "prioritization process" — identify the most serious community health needs of San Diego County communities

Please see the **methodology** section of the **2022 CHNA** for more in-depth information on our research method and approach.

Special Thank You

Thank you to our partners at the County of San Diego Health & Human Services Agency for generously sharing their research and expertise. We are especially grateful to the Behavioral Health Services, Population Health Unit for their invaluable assistance with our Behavioral Health Brief - Overdose Deaths research.

Health Briefs Table of Contents

Health Briefs Figures

Access to Health Care

In the U.S., 28 million people are without health insurance.[1]

Access to high-quality, comprehensive care is vital for preserving good health, preventing, and managing disease, decreasing disability, averting premature death, and achieving health equity for all.[2]

To access care, people need health insurance coverage and a consistent source of care that provides evidence-based, culturally competent preventive and emergency medical services in a timely manner.[3]

Uninsured in the U.S.[4] (2019)

In the U.S., 8.6% of people are without health insurance.

By Age[5]

Seniors and children are the least likely to be uninsured, while a large percentage of working adults have no coverage:

- People ages 65 and over have the highest rates of coverage, with only 1% uninsured.
- Of children under the age of 19, 5.6% are uninsured (7.8% for children living in poverty).
- Adults ages 19-25 have the highest uninsured rate among the working-age population (14.4%).

By Race[6]

- Uninsured rates are highest for people who identify as Hispanic (18.3%), followed by Black (10.4%), and Asian (5.9%).

By Educational Attainment[7]

- The uninsured rate decreases as the education level increases. While only 3.5% of people with a graduate or professional degree are uninsured, 31.9% of people without a high school diploma are uninsured.

By Income[8]

- Uninsured rates increase as the income-to-poverty ratio decreases. The highest uninsured rates are among those below 100% of the federal poverty level (17.2%). The lowest are among those at or above 400% of the federal poverty level (3.4%).

Ongoing Care with a Primary Care Provider in the U.S.[9] (2017)

In 2017, 76% of people in the U.S. had a usual primary care provider (PCP). That number slightly decreased, compared to 2016 (76.4%).

Uninsured in San Diego County

In 2019, 8% of adults ages 19-64 years were uninsured[10] in San Diego County.

- Uninsured rates have decreased across all racial/ethnic groups. Those who identify as Hispanic, however, are disproportionately without health insurance, 14.3% compared to 4.3% (non-Hispanic white).

Figure 1. Percentage of Population without Health Insurance in San Diego County and California, Ages 19-64*, 2015-19
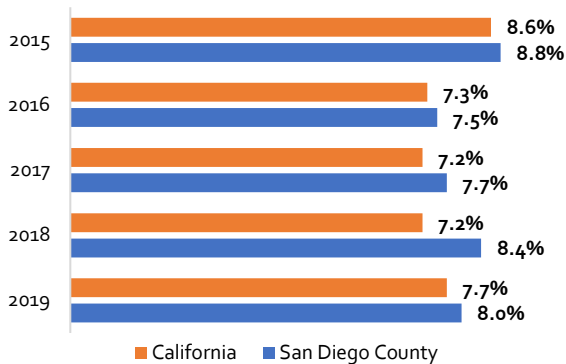
Figure 2. Percentage of Population without Health Insurance in San Diego County and California, Ages 19-64 by Ethnicity, 2019
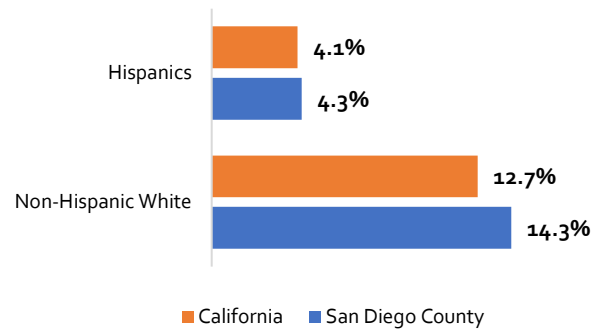
*Note: Includes civilian noninstitutionalized population. 2015-2016 data includes 18-64 years old.

Preventive & Primary Care in San Diego County

In 2019, San Diego had fewer hospital discharges for preventable conditions (27.7 per 1,000) than the state average (30.7 per 1,000); however, Black individuals have a far greater number of these events (51.9 per 1,000).[11]

Figure 3. Preventable Hospital Events for Medicare Beneficiaries, 2019[12]
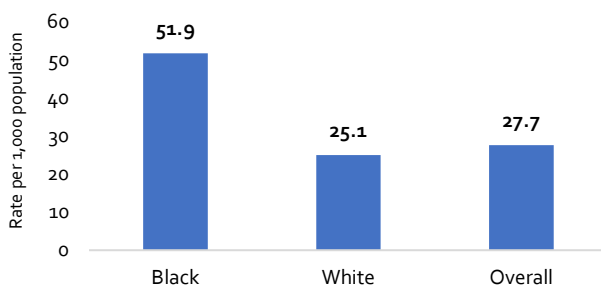
Figure 4. Medicare Beneficiaries who Have Seen a PCP Within Past Year, 2019[13]
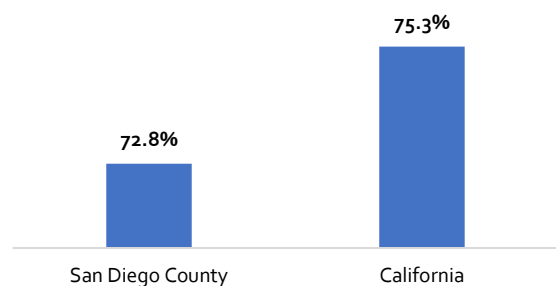
In 2019, 72.8% of Medicare beneficiaries in San Diego County had seen a PCP in the past year; however, Black Medicare beneficiaries had lower rates (62.1%).[14]

Health Impacts

Being uninsured is associated with: [15, 16, 17]

- Poor mental health
- Asthma
- Obesity

- Low birth weight
- Smoking
- Lower usage of preventive services for

chronic health conditions such as diabetes, cancer, and cardiovascular disease

SOURCES

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[5] Keisler-Starkey K, Bunch L. Health Insurance Coverage in the United States: 2019, U.S. https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf. Published September 2020. Accessed February 27, 2021.

[6] Keisler-Starkey K, Bunch L. Health Insurance Coverage in the United States: 2019, U.S. https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf. Published September 2020. Accessed February 27, 2021.

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[9] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Health Care Access and Quality: Increase the proportion of people with a usual primary care provider – AHS-07. HealthyPeople 2030 Web site. https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/increase-proportion-people-usual-primary-care-provider-ahs-07

[10] U.S. Census Bureau. American Community Survey, 2019, 1-Year Estimates.

[11] The Dartmouth Institute for Health Policy and Clinical Practice. Primary care access and quality measures, 2019. https://atlasdata.dartmouth.edu/static/general_atlas_rates

[12] The Dartmouth Institute for Health Policy and Clinical Practice. Primary care access and quality measures, 2019. https://atlasdata.dartmouth.edu/static/general_atlas_rates

[13] UCLA Center for Health Policy Research. California Health Interview Survey, 2019.

Access to Health Care

Early Enrollment Trends After Implementation of the Affordable Care Act (ACA)[1, 2]

Figure 1. Uninsured Rate Among Civilian Noninstitutionalized Population Aged Less Than 65 Years by Census Tract, San Diego County, 2013
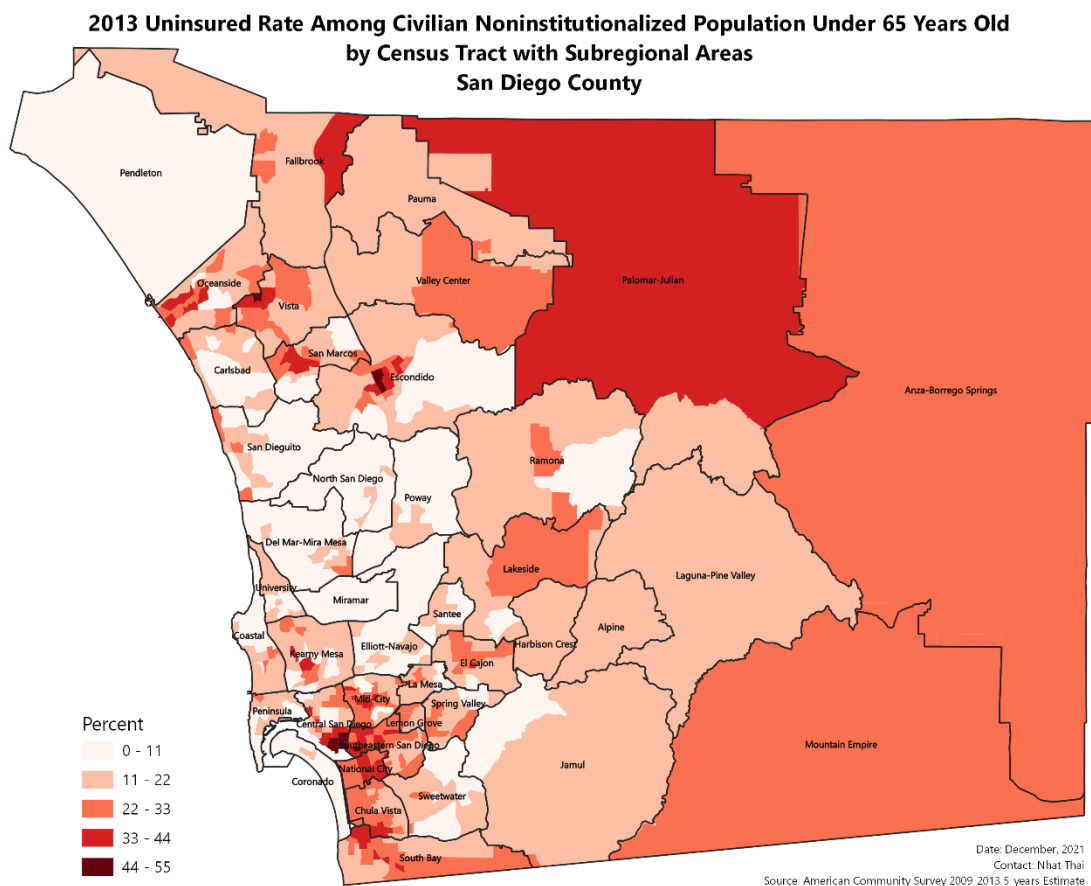
The ACA and Uninsured Rate in San Diego County

According to the five-year estimates from the 2009-13 American Community Survey, the 2013 uninsured rate among the civilian noninstitutionalized population under age 65 ranged from 0% to 54.6% in various census tracts within San Diego County. After the implementation of the ACA, the 2019 uninsured rate among the civilian noninstitutionalized population under age 65 in San Diego County ranged from 0% to 30.7%, resulting in an average decrease of 10%.

Census tracts with the highest uninsured rate in 2013 were mostly found in the following sub-regional areas: Vista, Oceanside, Palomar-Julian, Central San Diego, Mid City, National City, Southeastern San Diego, Chula Vista, South Bay, Fallbrook, Escondido, Mountain Empire, Anza-Borrego Springs, and San Marcos (Figure 1).

Figure 2. Uninsured Rate Among Civilian Noninstitutionalized Population Aged Less Than 65 Years by Census Tract, San Diego County, 2019

2019 Uninsured Rate Among Civilian Noninstitutionalized Population Under 65 Years Old by Census Tract with Subregional Areas San Diego County

Percent
- 0 - 11
- 11 - 22
- 22 - 33
- 33 - 44
- 44 - 55

Date: December, 2021
Contact: Nhat Thai
Source: American Community Survey 2015-2019 5-years Estimate
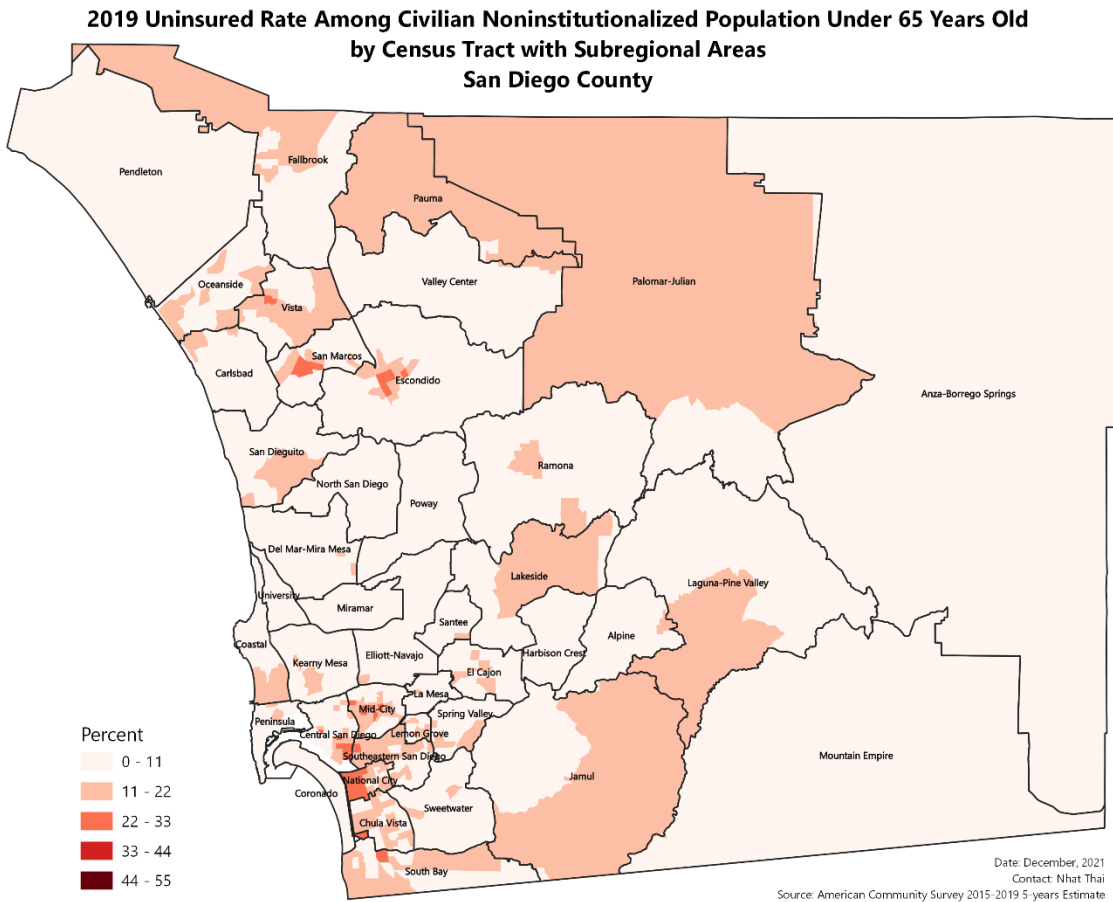
Compared to 2013, the highest uninsured rates in 2019 were only observed in Vista, San Marcos, Escondido, Mid-City, Central San Diego, Southeastern San Diego, National City, Chula Vista, and South Bay (Figure 2).

Figure 3. Change In The Uninsured Rate Among Civilian Noninstitutionalized Population Aged Less Than 65 Years by Census Tract, San Diego County, 2013-19

Reduction in Uninsured Rate Among Civilian Noninstitutionalized Population Under 65 Years Old by Census Tract with Subregional Areas
San Diego County, 2013-2019
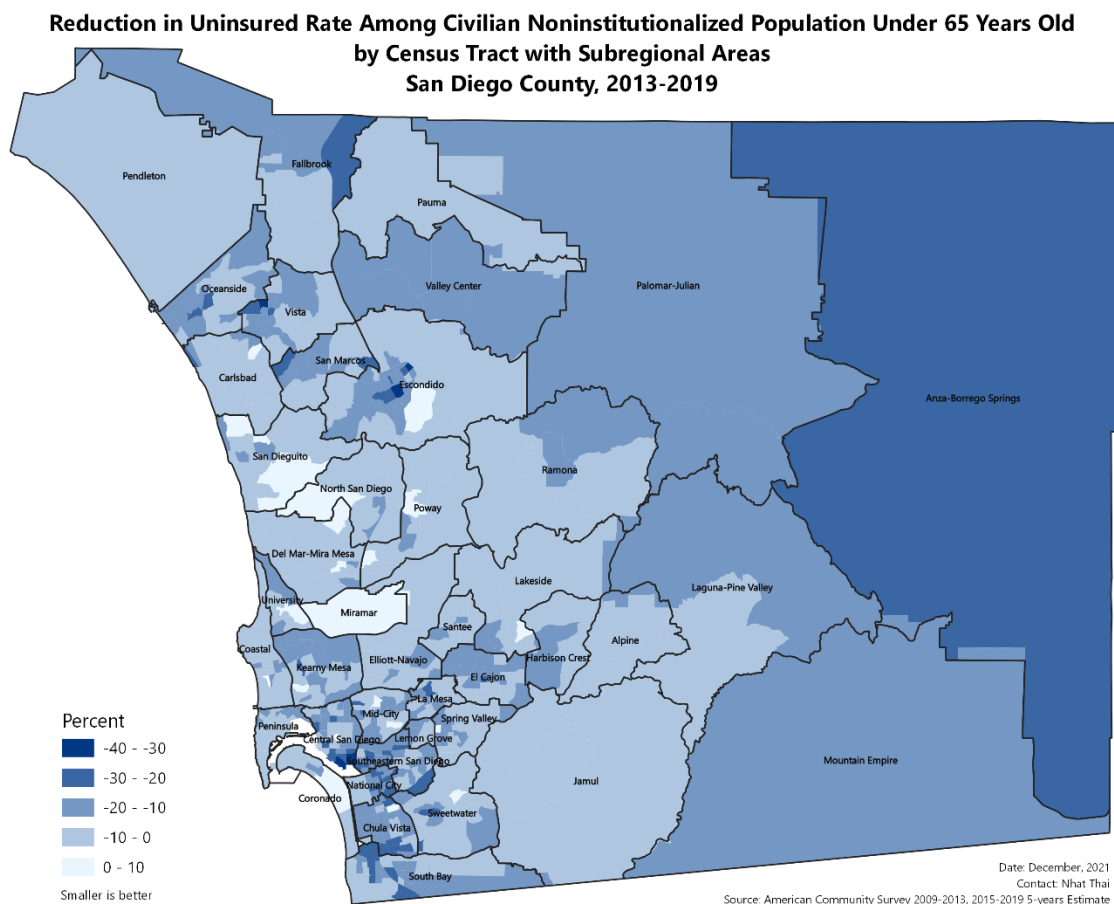
After the implementation of the ACA, the uninsured rate mostly decreased throughout San Diego County — with the following exceptions: Miramar, some tracts within Escondido, Carlsbad, San Dieguito, North San Diego, Poway, Del Mar-Mira Mesa, and University (Figure 3). Overall, the ACA substantially and significantly reduced the uninsured rate for the following groups in San Diego County: persons over 25 with a high school education or more, individuals below the federal poverty level, and unemployed individuals over age 16.

SOURCES

_____

[1] Spatial Analysis of Uninsured Rate Before and After the Implementation of Affordable Care Act in San Diego County, 2013-2019. Analyzed from original sources. U.S. Census Bureau. 2009-2013 American Community Survey 5-year Estimates. Retrieved from https://data.census.gov/cedsci/table?q=S2701&g=0500000US06073&tid=ACSST5Y2013.S2701

[2] County of San Diego Health and Human Services Agency. Demographic Profiles 2019 San Diego County. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/demographics/2019%20SRA%20Demographic%20Profiles.pdf

Aging Care & Support

By 2060, 1 in 4 Americans will be 65 years or older.[1]

Older adults are at greater risk of having multiple chronic conditions, including dementia, and of suffering injury and death from falls.[2,3]

Dementia in the U.S. (2019)

- Dementia is a general term used to describe symptoms indicative of cognitive decline, like memory loss or confusion. The most common cause of dementia is Alzheimer's disease. [4,5]
- There are approximately 6.2 million people living with dementia; that number is projected to reach 12.7 million by 2050.
- Alzheimer's disease accounts for about 60%-80% of these cases.[6]
- Dementia is the third-leading cause of death in the U.S. when combining all four causes of dementia: unspecified dementia, Alzheimer's disease, vascular dementia, other degenerative disease of nervous system.[7]
- About 262,000 people will die from dementia each year.
- 46.4% of these deaths result from Alzheimer's disease.[8]
- The age-adjusted death rate due to dementia is 66.7 per 100,000.[9]
- Alzheimer's disease is the fifth leading cause of death among those over age 65 in the U.S.[10]

By Sex

- More women than men have Alzheimer's disease or other dementias.
- Among people age 65 and older, approximately 66% of people with Alzheimer's disease are women.[11]

By Race and Ethnicity

- Black and Hispanic individuals are more likely to have Alzheimer's disease or other dementias than white people.[12]

Figure 1. Leading Causes of Death Among Persons 65 and Over (2018-20)[13]

Ranking	Causes of Death (2018)	Causes of Death (2019)	Causes of Death (2020)
1	Heart disease (25.1%)	Heart disease (25.1%)	Heart disease (22.2%)
2	Cancer (20.5%)	Cancer (20.6%)	Cancer (17.6%)
3	Chronic lower respiratory disease (6.5%)	Chronic lower respiratory disease (6.3%)	COVID-19 (11.3%)
4	Stroke (6.1%)	Stroke (6.1%)	Stroke (5.5%)
5	Alzheimer's disease (5.7%)	Alzheimer's disease (5.7%)	Alzheimer's disease (5.3%)

Dementia And Alzheimer's Disease in San Diego County[14, 15] (2019)

San Diego County data show that inpatient discharges have increased from 2017-19 for Alzheimer's disease. For Alzheimer's disease, the emergency department (ED) discharge rate increased by 0.1%, and the inpatient discharge rate increased by 11.9%.[16]

In addition, Alzheimer's disease was the fourth-leading cause of death and Parkinson's disease was the 10th-leading cause of death in San Diego County in 2019.[17]

Figure 2. ED Discharge Rates for Alzheimer's Disease in San Diego County, 2017-19
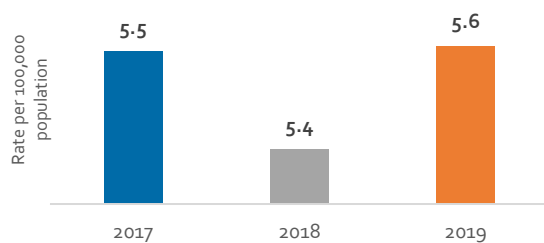
Figure 3. Inpatient Discharge Rates for Alzheimer's Disease in San Diego County, 2017-19
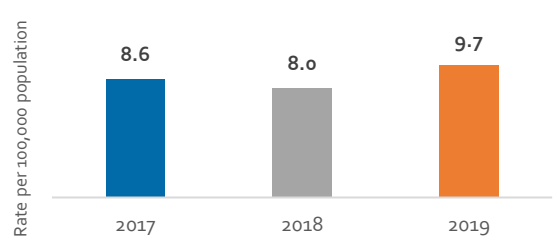
Figure 4. Death Rates for Alzheimer's Disease in San Diego County by Race/Ethnicity, 2019

*Asian/Pacific Islander
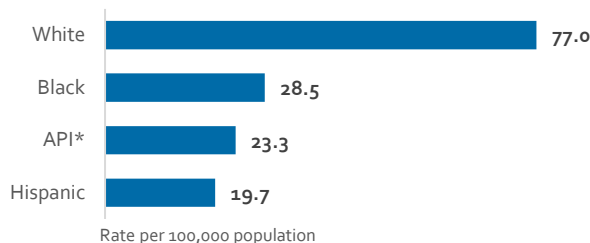
Figure 5. Death Rates for Dementia in San Diego County by Race/Ethnicity, 2019
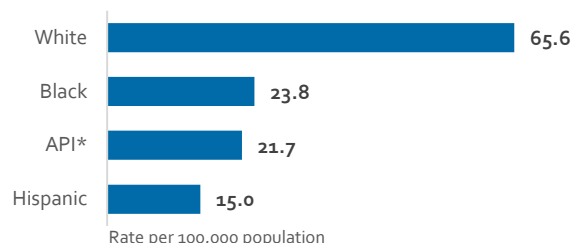
In San Diego, white residents, followed by Black residents, are disproportionately affected by dementia and Alzheimer's disease.

Falls in San Diego County[18,19] (2019)

San Diego County data show that falls disproportionally affect those over age 65.

Figure 6. ED Discharge Rates for Falls in San Diego County, Ages 65+, 2017-19

Figure 7. Hospital Discharge and Death Rates for Falls in San Diego County, Ages 65+, 2019

Figure 8. Death Rates for Falls in San Diego County, Ages 65+, 2017-19
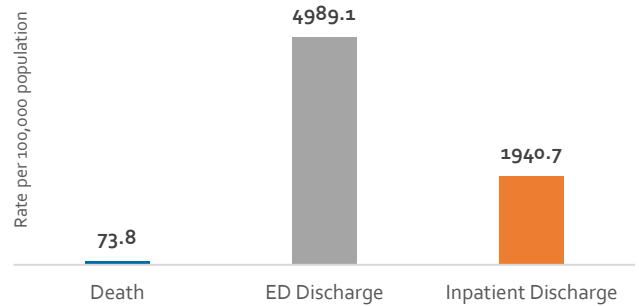
Figure 9. Death Rates for Falls in San Diego County by Sex and Race/Ethnicity, 2019
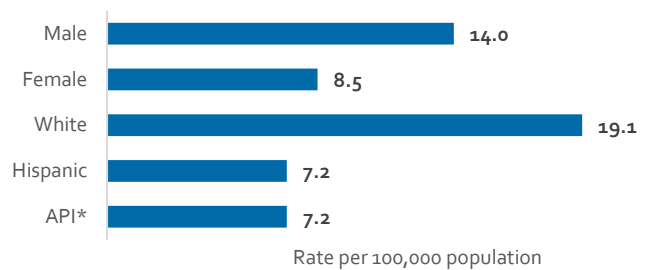
In San Diego County, thousands of residents 65 and older visit an ED for fall-related injuries.

Figure 10. ED Discharge Rates for Falls in San Diego County by Age Group, 2019
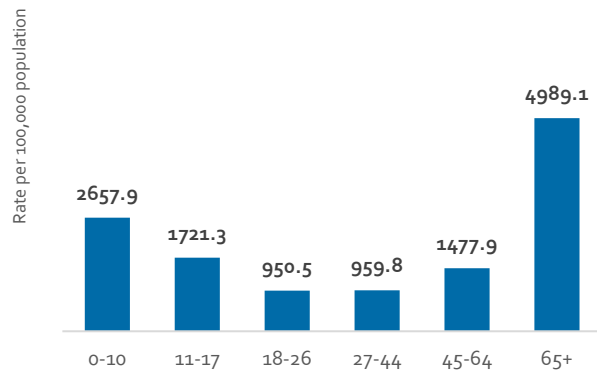
Rate per 100,000 population

0-10	2657.9
11-17	1721.3
18-26	950.5
27-44	959.8
45-64	1477.9
65+	4989.1

Figure 11. Inpatient Discharge Rates for Falls in San Diego County by Age Group, 2019

Rate per 100,000 population

0-10	77.1
11-17	55.1
18-26	54.7
27-44	90.3
45-64	287.1
65+	1940.7
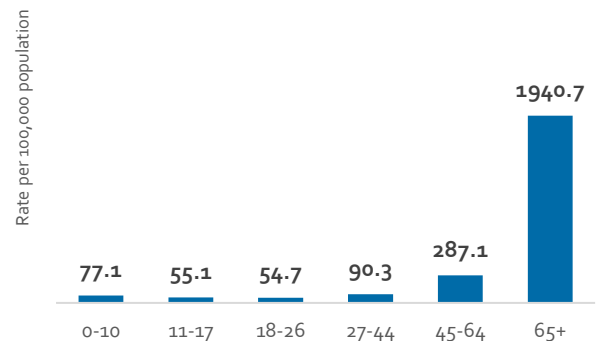
From 2017 to 2019, ED discharges for seniors (65+) increased by 5.2%, while the mortality rate for falls increased by 17.6% in the same time period.[20]

In San Diego County, male residents and white residents are more likely to die from a fall than any other group.

- Males are 1.6 times more likely to die than females.
- Whites are at least 2.7 times more likely to die than Asian and Pacific Islander and Hispanic.

SOURCES

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[6] Alzheimer's Association. Special Report Race, Ethnicity and Alzheimer's in America. https://www.alz.org/media/Documents/alzheimers-facts-and-figures-special-report.pdf

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[9] Kramarow EA, Tejada-Vera, B. Dementia mortality in the United States, 200-2017. March 14. 2019. National Vital Statistics Report, 68(2). https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_02-508.pdf.

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[15] California's Department of Health Care Access and Information (HCAI) limited data sets, 2017-2019. SpeedTrack©

[16] California's Department of Health Care Access and Information (HCAI) limited data sets, 2017-2019. SpeedTrack©

[17] County of San Diego Health & Human Services Agency. San Diego Community Profiles, Health Data by Year. Injuries. HHSA website: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_health_statistics/regional-community-data.html

[18] County of San Diego Health and Human Services Agency Public Health Services, Regional & Community Data. https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_health_statistics/regional-community-data.html

[19] California's Department of Health Care Access and Information (HCAI) limited data sets, 2017-2019. SpeedTrack©

[20] California's Department of Health Care Access and Information (HCAI) limited data sets, 2017-2019. SpeedTrack©

Behavioral Health

Nearly one in every five adults in the U.S. lives with a mental illness, estimated at 52.9 million in 2020.[1]

Behavioral health problems include serious psychological distress, mental and substance use disorders, suicide, and alcohol and drug addiction.[2] If left untreated, these issues can have a devastating impact. They are a leading cause of disability, are associated with chronic disease, and may lead to premature mortality (death).[3, 4,5]

Mental Illness in the U.S.

Among Adults, 18 years old and older (2019)

- 20.6% of adults 18 and older have a mental illness in this past year[6]
- 7.8% of adults experienced a major depressive episode (MDE) in the past year; 66.3% received treatment[7]

Among Youth and Young Adults (2019)

- 36.7% of high school students are so sad or hopeless every day for 2 or more weeks in a row that they stop doing some usual activities. Rates are particularly high (66.3%) among gay, lesbian, and bisexual students and are higher among females (46.6%) than males (26.8%).[8, 9]
- 15.9% of youth aged 12 to 17 had an MDE in the past year; only 43.3% received treatment for depression.[10]
- 15.2% of young adults aged 18-25 had an MDE in the past year; only 50.9% received treatment.[11]

Mood Disorders* and Anxiety in San Diego County[12]

The most common mood disorders include depression, bipolar disorder, and seasonal affective disorder.[13]

- From 2017-2019, rates of emergency department (ED) discharge for mood disorders decreased by 16.7%.
- From 2017-2019, rates of ED discharge for anxiety decreased by 9.0%.

*Mood disorders include Depressive disorders, Bipolar and related Disorders, and Other specified and unspecified mood disorders
**Depression includes depressive disorders
***Substance Use includes Opioid-related disorders, Cannabis-related disorders, Sedative-related disorders, Stimulant-related disorders, Hallucinogen-related disorders, Inhalant-related disorders, and Other specified substance-related disorders

ED Discharge Rates for Mood Disorders in San Diego County

Figure 1. ED Discharge Rates for Mood Disorders in San Diego County, 2017-19
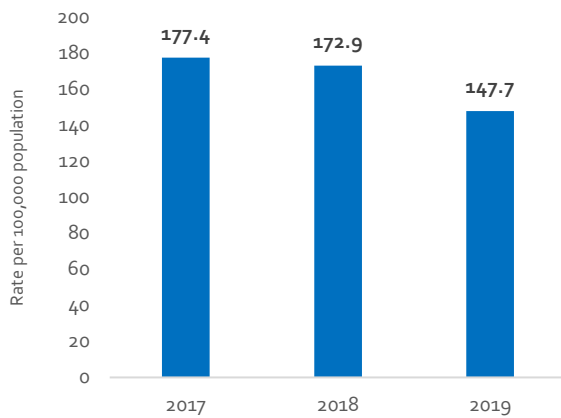
Figure 2. ED Discharge Rates for Mood Disorders in San Diego County by Age Group, 2017-19

Figure 3. ED Discharge Rates for Mood Disorders in San Diego County by Race/Ethnicity, 2017-19

ED Discharge Rates for Anxiety in San Diego County

Figure 4. ED Discharge Rates for Anxiety in San Diego County, 2017-19
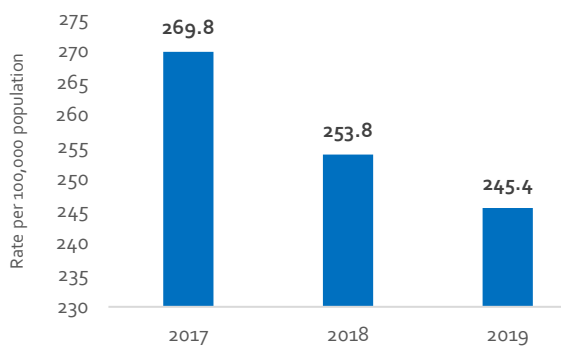
Figure 5. ED Discharge Rates for Anxiety in San Diego County by Age Group, 2017-19

Figure 6. ED Discharge Rates for Anxiety in San Diego County by Race/Ethnicity, 2017-19

AI/AN: American Indian/Alaska Native
API: Asian/Pacific Islander
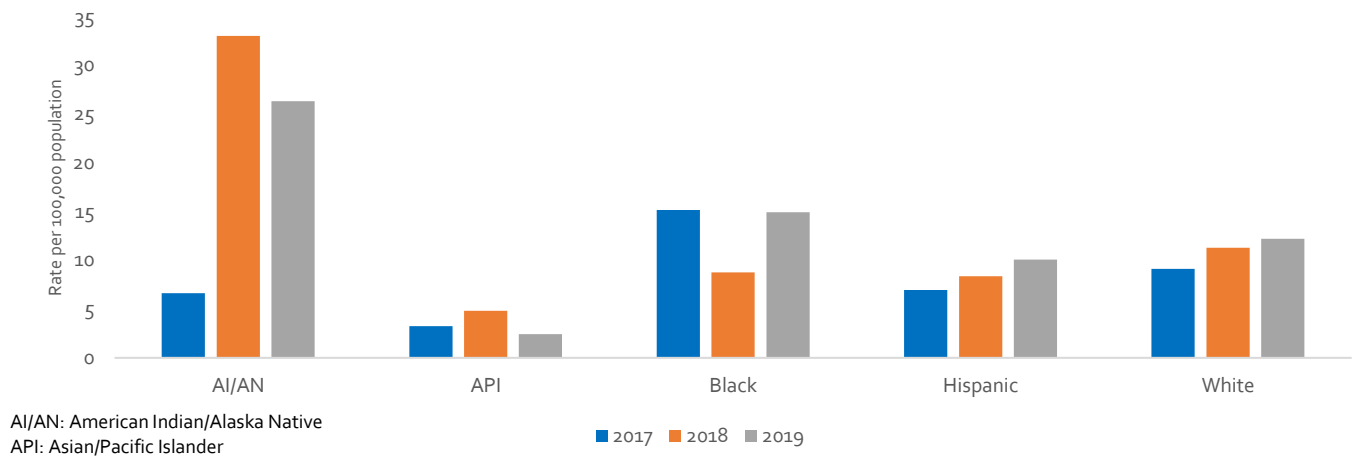
ED Discharge Rates for Depression in San Diego County

Figure 7. ED Discharge Rates for Depression in San Diego County, 2017-19
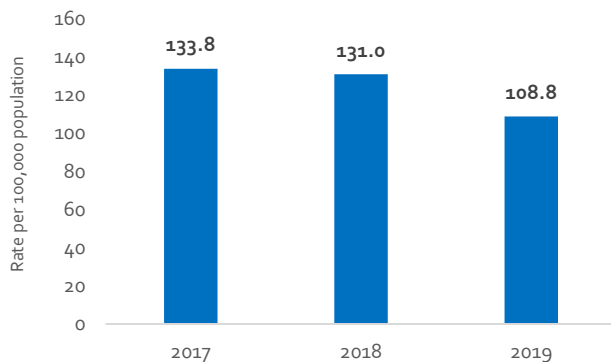
Figure 8. ED Discharge Rates for Depression in San Diego County by Age Group, 2017-19
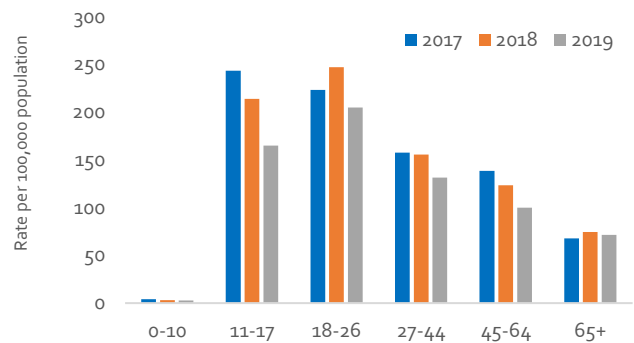
Figure 9. ED Discharge Rates for Depression in San Diego County by Race/Ethnicity, 2017-19

Mood disorders include Depressive disorders, Bipolar and related Disorders, and Other specified and unspecified mood disorders
**Depression includes depressive disorders*
***Substance Use includes Opioid-related disorders, Cannabis-related disorders, Sedative-related disorders, Stimulant-related disorders, Hallucinogen-related disorders, Inhalant-related disorders, and Other specified substance-related disorders*

Suicide in the U.S.

Among Adults, 18 years and older (2019)

- Suicide is the **2nd** leading cause of death among 10-34-year-olds and the **3rd** leading cause of death among those who are 35–44-year-old[14]
- **1.4 million** people made nonfatal suicide attempts each year[15]
- **12 million** people (4.8%) think seriously about trying to kill themselves each year[16]

Among Youth and Young Adults (2019)

- Rates of suicide attempts in high school students are higher among females (11.0%) than males (6.6%) and much higher among gay, lesbian, and bisexual students (23.4%) than among heterosexual students (6.4%)[17]
- 18.8% of high school students[18] and 11.8% of young adults seriously considered suicide in the past year[19]

Suicide in San Diego County

- In 2019, suicide was the 9th leading cause of death in San Diego County.[20]
- 15.1% of adults in San Diego have seriously considered suicide.[21] (2019)
- Rates of suicide (rate of persons that died by suicide) was 12.4 per 100,000 among all San Diegans.[22] (2019)
  - Rates of suicide are highest for non-Hispanic White (18.4) and non-Hispanic Black (11.9) individuals.[23] (2019)
  - Rates of suicide are highest for two age groups: for those 65+ years old (17.3%) and 45-64 years old (17.2%).[24] (2019)
- ED discharge rates for suicide (self-Inflicted injury/poisoning) among all San Diegans was 201.6 per 100,000.[25] (2019)
  - Rates are highest among those 15-24 years old (449.7) and among people who identify their race/ethnicity as "non-Hispanic Other," (525.0), non-Hispanic Black (335.4), and non-Hispanic White (208.8). [26] (2019)

Substance Misuse in the U.S.[27] (2019)

- 35.8 million people (13.0 percent) 12 and older have used an illicit drug in the past 30 days.
- Approximately 20.4 million people ages 12 and older have a substance use disorder:
  - 14.5 million have an alcohol use disorder
  - 8.3 million have an illicit drug use disorder
- Only 4.2 million people 12 and older received substance use treatment in the past year.
- 9.5 million adults 18 or older (3.8%) have both a mental illness and a substance use disorder.

Substance-Related Disorders in San Diego County[28] (2019)

- The ED discharge rate for San Diego County was 114.2 per 100,000. (2019)
- The ED discharge rate was highest for non-Hispanic Black individuals (242.8 per 100,000) followed by those who identify as non-Hispanic Other race (217.1 per 100,000). (2019)
- The ED discharge rate are highest for two age groups: those age 15-44 years old and those age 15-24 years old. (2019)

ED Discharge Rates for Alcohol-Related Disorders in San Diego County

Figure 10. ED Discharge Rates for Alcohol-Related Disorders in San Diego County, 2017-19

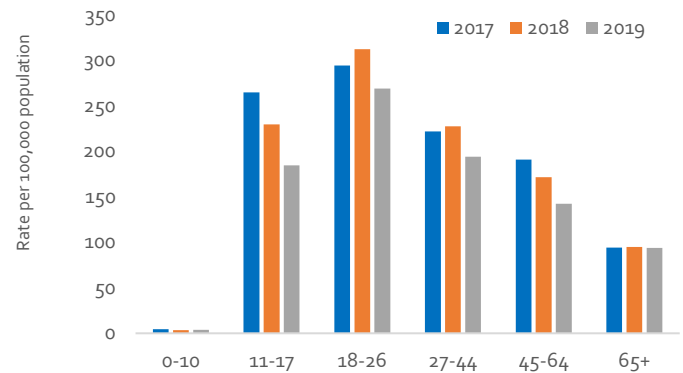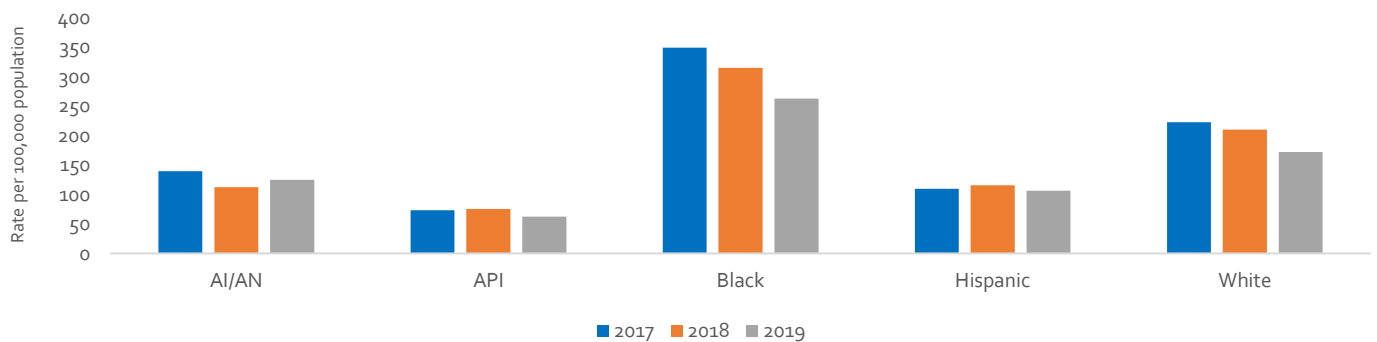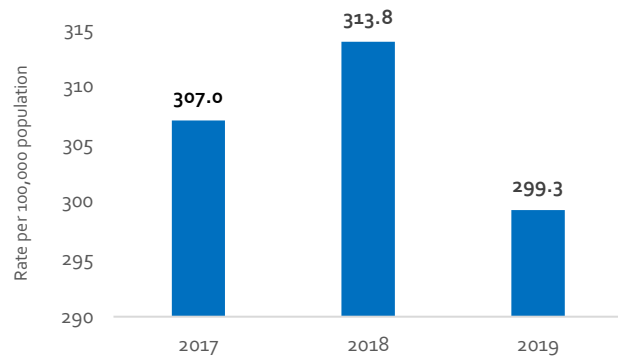**Figure 11.** ED Discharge Rates for Alcohol-Related Disorders in San Diego County by Age Group, 2017-19
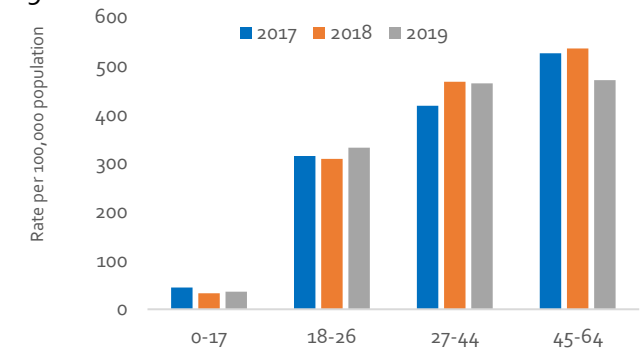
Figure 12. ED Discharge Rates for Alcohol-Related Disorders in San Diego County by Race/Ethnicity, 2017-19
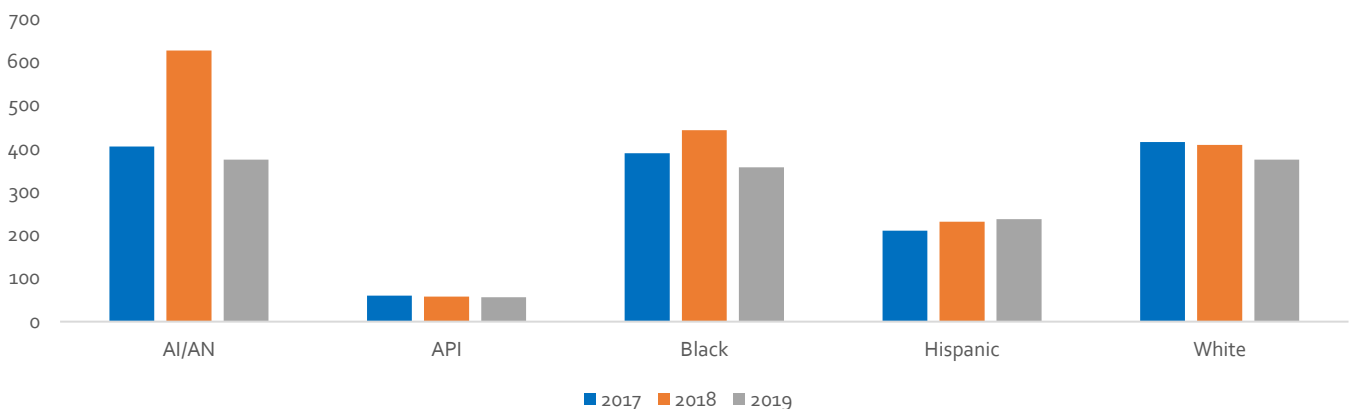
Opioid Misuse in the U.S.

Opioid misuse is defined as the use of opioids without a prescription or in a manner other than as directed by a doctor, which can result in an overdose.[29]

Opioid Deaths in the U.S.[30] (2018)

- The rate of opioid overdose deaths decreased by 2.0% from 2017-2018.
- Males are twice as likely to die from an opioid overdose than females (20.1 per 100,000 vs 9.0 per 100,000).
- Non-Hispanic White individuals have the highest opioid overdose death rate (18.6 per 100,000), followed by non-Hispanic American Indian/Alaska Native (14.2 per 100,000).
- The highest opioid overdose death rate is among those 25-34 years old (28.1 per 100,000).

Opioids in San Diego County

- Opioids were prescribed 1,519,978 times in San Diego County in 2018, an annual age-adjusted rate of 419.6 times per 1,000 residents. And in 2019, opioids were prescribed 1,342,904 times in San Diego County at an annual age-adjusted rate of 366.2 per 1,000 residents.[31]
  - This represents a 12.7% decrease in rates from 2018 to 2019.
- Death rates from opioid *overdose* are highest for individuals who are Native American, followed by Black, White, Latino, and Asian individuals.[32] (2018)
- ED discharges for opioid *misuse* rose 22.1% from 2017-2019.[33]
  - ED discharge rates increased the most for those 27-44 years old (44.3% increase) from 2017-2019.
- ED discharge rates for opioid overdose rose by 16.8% from 2017-2019.[34]

Opioid Misuse and Overdose in San Diego County[35]

Figure 13. ED Discharge Rates for Opioid *Misuse* in San Diego County by Age Group, 2017-19
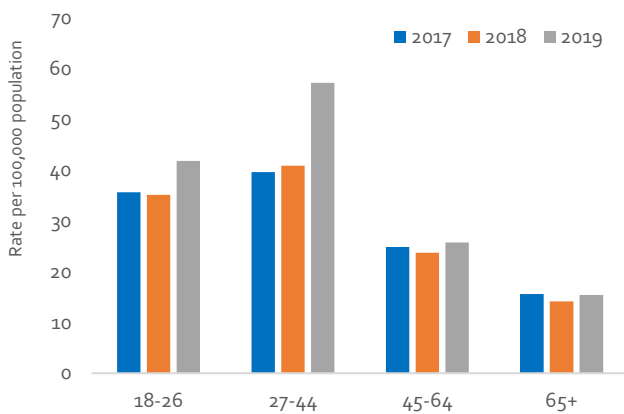
Figure 14. ED Discharge Rates for Opioid *Overdose* in San Diego County by Age Group, 2017-19
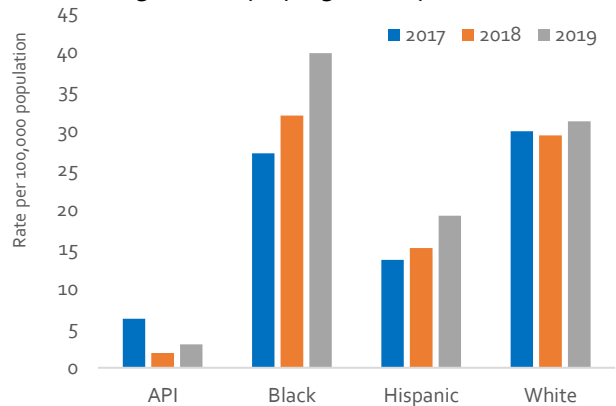
Note: Data, including rates, are suppressed for counts that are less than 5

Figure 15. ED Discharge Rates for Opioid *Overdose* in San Diego County by Race/Ethnicity, 2017-19
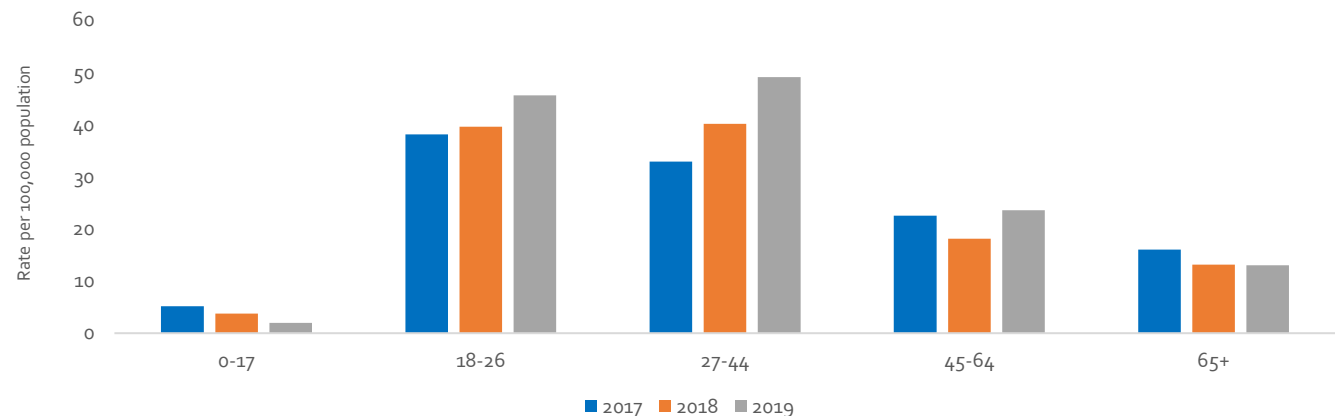
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[33] California's Department of Health Care Access and Information (HCAI) limited data sets, 2017-2019. SpeedTrack©

[34] California's Department of Health Care Access and Information (HCAI) limited data sets, 2017-2019. SpeedTrack©

[35] California's Department of Health Care Access and Information (HCAI) limited data sets, 2017-2019. SpeedTrack©

Drug Overdose Deaths in San Diego County, 2017-2020

Data Prepared by: County of San Diego, Health & Human Services Agency, Behavioral Health Services, Population Health Unit

Rates of Accidental Drug Overdose Deaths Among San Diego County Residents by Region, 2017-2020[1]

By Region

- From 2017-2019, the most significant rate increase (38.4%) was for North Inland region, followed by North Central region increased rate by 13.5%.
- From 2019-2020, every region in San Diego county had an increase in the rate of accidental drug overdose deaths. The rate of accidental drug overdose deaths in Central region (increase of 88.4%) and East region (increase of 64.5%) were the highest from 2019-2020.

Rates of Accidental Drug Overdose Deaths Among San Diego County Residents, 2017-2020
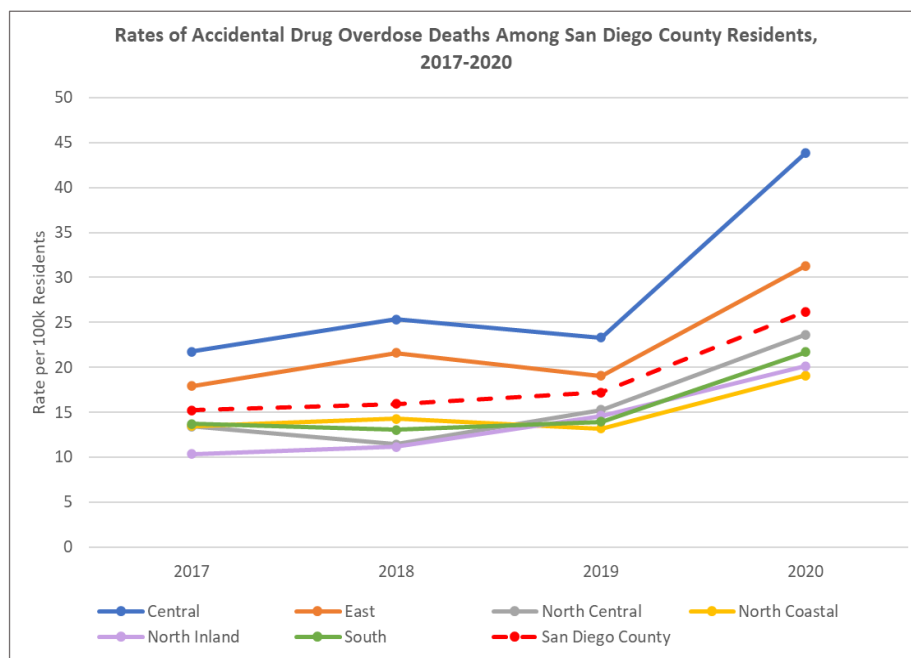
Rates of Accidental Drug Overdose Deaths Among San Diego County Residents, 2017-2020				
HHSA Region	**2017**	**2018**	**2019**	**2020**
Central	21.75	25.32	23.29	43.87
East	17.90	21.62	19.03	31.30
North Central	13.44	11.43	15.25	23.62
North Coastal	13.46	14.26	13.20	19.09
North Inland	10.35	11.14	14.62	20.14
South	13.68	13.06	13.93	21.69
San Diego County	15.23	15.93	17.18	26.20

*Rates are calculated for deaths among San Diego County residents only. Does not include deaths among out of county residents.

Rates of Accidental Drug Overdose Deaths Among San Diego County Residents by Age Group, 2017-2020[2]

By Age Group

- From 2017-2019, the most significant rate increase (19.2%) was for those who were 16-25 years old, followed by those who were 26-59 years old; rates increased rate by 15.0%.
- From 2019-2020, every age group with non-suppressed data (counts higher than 5), had an increase in rates of accidental drug overdose deaths. The highest rate increases were for those aged 16-25 years old (increase by 131.4%) and those aged 60+ (increase by 75.0%).
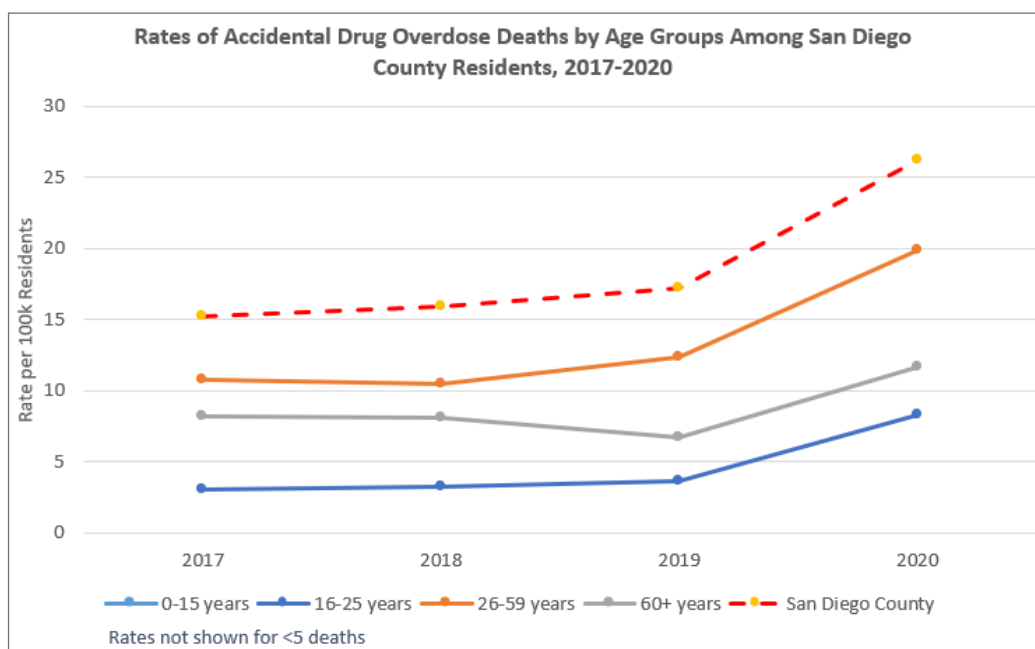
Rates of Accidental Drug Overdose Deaths by Age Groups Among San Diego County Residents, 2017-2020

Rates of Accidental Drug Overdose Deaths by Age Groups Among San Diego County Residents, 2017-2020				
Age Groups	**2017**	**2018**	**2019**	**2020**
0-15 years	<5	<5	<5	<5
16-25 years	3.02	3.20	3.60	8.33
26-59 years	10.72	10.45	12.33	19.88
60+ years	8.18	8.10	6.67	11.67
San Diego County	15.23	15.93	17.18	26.20

*Rates are calculated for deaths among San Diego County residents only. Does not include deaths among out of county residents.
Rates not calculated for fewer than 5 deaths.

Rates of Accidental Drug Overdose Deaths Among San Diego County Residents by Race/Ethnicity, 2017-2020[3]

By Race/Ethnicity

- From 2017-2019, the most significant rate of accidental drug overdose death increase (49.4%) was for Hispanic individuals followed by Black individuals where rates increased rate by 10.0%.
- From 2019-2020, every race/ethnic group with non-suppressed data (counts higher than 5), had an increase in accidental drug overdose deaths. The highest increases were for Hispanic individuals (increase by 102.3%) and Black individuals (increase by 82.4%).

Rates of Accidental Drug Overdose Deaths by Race/Ethnicity Among San Diego County Residents, 2017-2020
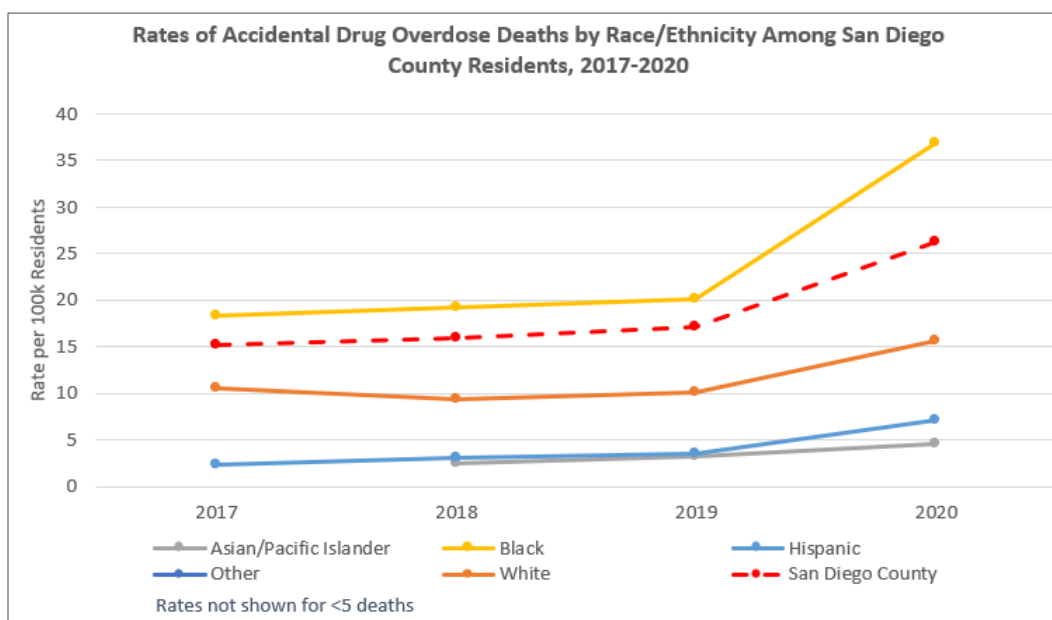
Rates of Accidental Drug Overdose Deaths by Race/Ethnicity Among San Diego County Residents, 2017-2020				
Race/Ethnicity	2017	2018	2019	2020
Asian/Pacific Islander	<5	2.55	3.17	4.53
Black	18.34	19.22	20.18	36.81
Hispanic	2.33	3.14	3.48	7.04
Native American	<5	<5	<5	<5
Other	<5	<5	<5	0.91
White	10.59	9.30	10.06	15.63
San Diego County	15.23	15.93	17.18	26.20

*Rates are calculated for deaths among San Diego County residents only. Does not include deaths among out of county residents.

Rates not calculated for fewer than 5 deaths.

SOURCES

[1] County of San Diego, Department of the Medical Examiner, Data as of 6/2022
Prepared by: County of San Diego, Behavioral Health Services, Population Health Unit, Date: 7/7/2022

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Prepared by: County of San Diego, Behavioral Health Services, Population Health Unit, Date: 7/7/2022

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Prepared by: County of San Diego, Behavioral Health Services, Population Health Unit, Date: 7/7/2022

Cancer

There are 16.9 million Americans with a history of cancer and 608,570 Americans would die from cancer and 1.9 million new cases will be diagnosed.[1](2021)

Cancer is a set of diseases in which abnormal cells grow and spread.[2] It is the second leading cause of death in the U.S.[3] The annual direct medical costs for cancer are over $140 billion in the U.S. (2019); this is an increase from $80 billion in 2015.[4]

Cancer in the U.S.

The Most Common Cancers: Prevalence and Mortality Estimates for 2021[5]

The most common types of cancer among women are breast, lung, colorectal, and uterine. Among men, they are prostate, lung, colorectal, and urinary. Mortality rates for women are highest for lung, breast, colorectal, and pancreatic, and for men are highest for lung, prostate, colorectal, and pancreatic cancer.

The **American Cancer Society Cancer Facts & Figures for 2021 Report** estimates the following new cancer cases (cases that will be diagnosed) and deaths (mortality) based on their model for cancer projections:[6]

Breast (invasive)
- 284,200 cases will be diagnosed
- 44,130 people will die

Lung
- 235,760 cases will be diagnosed
- 131,880 people will die

Prostate
- 248,530 cases will be diagnosed
- 34,130 men will die

Colorectal
- 149,500 cases will be diagnosed
- 52,980 people will die

Urinary
- 83,730 cases will be diagnosed
- 17,200 people will die

Uterine/Cervical
- 66,570 cases will be diagnosed
- 12,940 people will die

Pancreatic
- 60,430 cases will be diagnosed
- 48,220 people will die

Please note: The projected numbers of new cancer cases and deaths in 2021 should not be compared with previous years to track cancer trends because they are model-based and vary from year to year for reasons other than changes in cancer occurrence. Age-standardized incidence and death rates should be used to measure cancer trends.

* Cancer **mortality (death) rates** are from years 2013-17 and cancer **incidence rates** are from years 2014-18 unless otherwise stated.

Disparities in the U.S.*

Disparities related to cancer in the U.S. across socioeconomic status and race/ethnicity from the **American Cancer Society's Cancer Facts & Figures 2021 and Cancer Facts & Figures for African American/Black People 2022-2024** projections are presented below:[7, 8]

By Socioeconomic Status[9] (SES)
- Individuals with lower SES have higher cancer *mortality* rates than people with higher SES, regardless of factors such as race/ethnicity.

By Race/Ethnicity[10]
- The overall cancer *incidence* (2013-17) and *mortality* rates (2014-18) for all race/ethnicities per 100,000 is 449.0 and 155.5 respectively.
- 465.6/160.2 for Non-Hispanic white individuals
- 457.6/182.5 for Non-Hispanic Black individuals
- 291.0/97.2 for Asian/Pacific Islander individuals
- 379.8/141.1 per American Indian/Alaska Native individuals
- 346.9/110.8 for Hispanic/Latino individuals

Non-Hispanic Black Individuals[11, 12]
- Collectively, Black people have the highest death rates (2014-18).
- Black women have nearly 11% higher cancer mortality rates than white women (2015-19).
- Mortality rates from uterine cancer for Black women are nearly double that of white women and 28.9% higher for breast cancer (2015-19).
- Mortality rates from prostate cancer for Black men are more than double those of every other group (2014-18).
- Black men have the highest cancer incidence rates compared to all other racial/ethnic groups (2013-17).
- Black people have the highest incidence rates of colorectal cancers of any racial/ethnic groups (2013-17).

Hispanic/Latino Individuals[13]
- Collectively, Hispanics have lower overall cancer incidence (2013-17) and mortality rates (2014-18).
- Hispanics have the highest incidence rates for cancers linked to infectious agents such as cervical cancer (2013-17).

Asian/Pacific Islander (API) Individuals[14]
- APIs have the lowest overall cancer incidence (2013-17) and mortality rates (2014-18).
- APIs have the one of the highest rates of stomach cancer compared to other races/ethnic groups (2013-17).

American Indian/Alaska Native (AI/AN) Individuals[15]
- AI/ANs have lower than average overall cancer incidence (2013-17) and mortality rates (2014-18).
- AI/ANs have the highest kidney cancer incidence (2013-17) and mortality (2014-18) rate of any population – nearly three times the rates among APIs.

San Diego County Disparities

The **California Cancer Registry (CCR)** statistics show the following for San Diego County disparities in terms of site-specific cancer incidence rates and cancer mortality rates across race/ethnicity.

Incidence[16] (2019)

- The following table shows age-adjusted incidence rates per 100,000 for the top cancers in San Diego County, by race. Of note:
- Black individuals have the highest rates of prostate cancer (150.9) and kidney and renal pelvis cancer (25.8).
- White individuals have the highest rates of female breast cancer (146.2), lung and bronchus cancer (45.9), and non-Hodgkin's lymphoma (21.3). (2019)
- Hispanic individuals have the highest rates of colorectal and liver and intrahepatic bile duct (IBD) cancer (16.2). (2019)
- API individuals have the second-highest rates of colorectal cancer (34.9) and liver and IBD cancer (13.2). (2019)

Figure 1. Age-Adjusted Incidence Rates for Site-Specific Cancer in San Diego County by Race/Ethnicity (per 100,000)

	White	Black	Hispanic	API
Female Breast	146.2	125.1	117.7	108.9
Prostate	115.0	150.9	110.6	67.7
Lung and Bronchus	45.9	44.7	23.6	36.5
Colorectal	32.4	33.8	35.4	34.9
Non-Hodgkin's Lymphoma	21.3	12.2	19.0	14.5
Kidney and Renal Pelvis	15.3	25.8	23.9	8.2
Leukemia	14.6	**	13.1	8.8
Pancreatic	13.4	13.4	10.9	9.7
Thyroid	12.0	**	13.0	15.9
Ovarian	10.2	**	12.3	5.4
Brain and Other Nervous System	8.4	**	6.7	4.5
Liver and Intrahepatic Bile Duct	8.0	10.8	16.2	13.2
Cervix Uteri	6.5	**	9.7	7.7
Stomach	4.7	**	10.0	7.3

**Rates are too low to be statistically stable

Mortality[17] (2019)

The following table shows age adjusted *mortality* rates per 100,000 for the top cancers in San Diego County by race. Of note:

- Black individuals have the highest mortality rates from lung and bronchus cancer (25.9), and colorectal cancer (12.2). (2019)
- White individuals and Hispanic individuals have the highest mortality (death) rates from pancreatic cancer (10.7).
- API individuals have the second-highest mortality (death) rate from colorectal cancer (11.7). (2019)

Figure 2. Age-Adjusted Death Rates for Site-Specific Cancer in San Diego County by Race/Ethnicity (per 100,000)

	White	Black	Hispanic	API
Lung and Bronchus	24.4	25.9	13.1	22.6
Prostate	22.0	35.2	26.3	9.4
Female Breast	20.5	**	13.0	17.5
Colorectal	11.5	12.2	8.5	11.7
Pancreatic	10.7	9.0	10.7	8.1
Ovarian	7.2	**	6.1	**
Liver and Intrahepatic Bile Duct	6.4	**	12.9	9.2
Leukemia	5.8	**	4.4	**
Brain and Other Nervous System	5.7	**	4.9	**
Non-Hodgkin's Lymphoma	5.1	**	3.9	5.0
Kidney and Renal Pelvis	2.7	**	4.1	**
Stomach	1.7	**	5.6	3.5
Cervix Uteri	1.5	**	3.4	**
Thyroid	**	**	**	**

**Rates are too low to be statistically stable

Cancer Rates in San Diego County

The **California Cancer Registry (CCR)** statistics show the following San Diego County to California comparisons for incidence rates and mortality rates across race/ethnicity.

Incidence Rates[18] (2019)

The age-adjusted cancer (all-sites) incidence rates per 100,000:

San Diego County	436.2
California	402.8

Figure 3. Incidence Rates for Cancer, California Compared to San Diego County by Race/Ethnicity, 2019
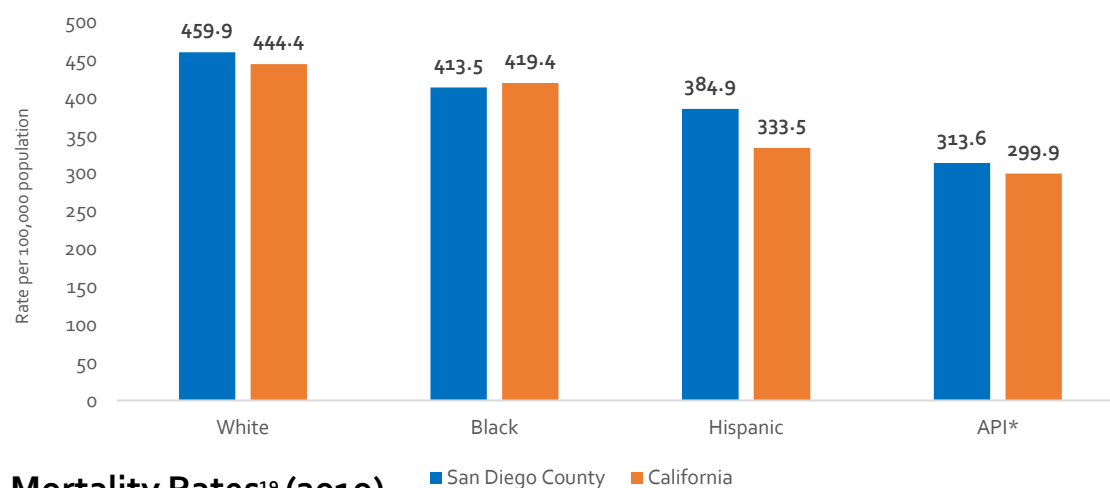
Mortality Rates[19] (2019)

The age adjusted cancer (all-sites) mortality rates per 100,000:

San Diego County	132.9
California	130.7

Figure 4. Death Rates for Cancer, California Compared to San Diego County by Race/Ethnicity, 2019
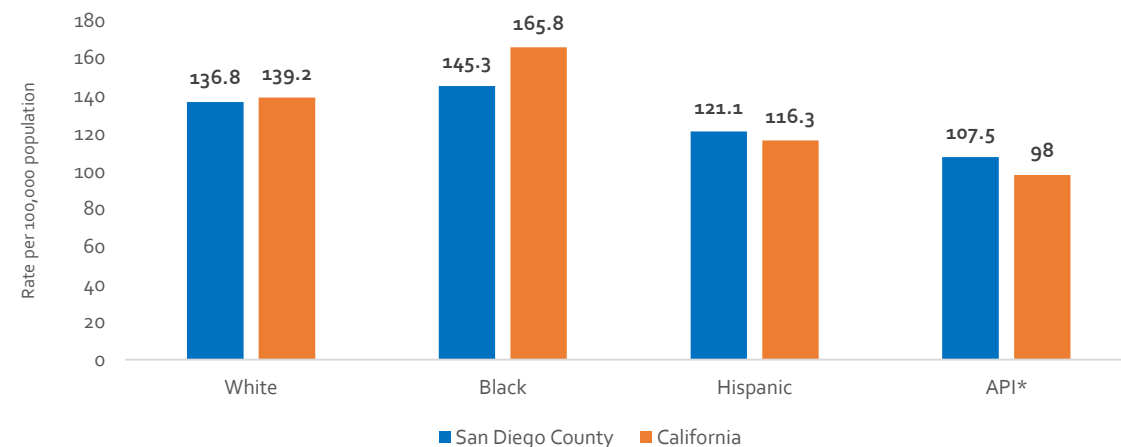
Top Cancers in San Diego County

Data related to the top cancers in San Diego County by incidence rate and mortality across race/ethnicity are presented below. These data come from **California Cancer Registry (CCR)** statistics.

Figure 5. Incidence Rates for Cancer in San Diego County by Site, 2019[20]
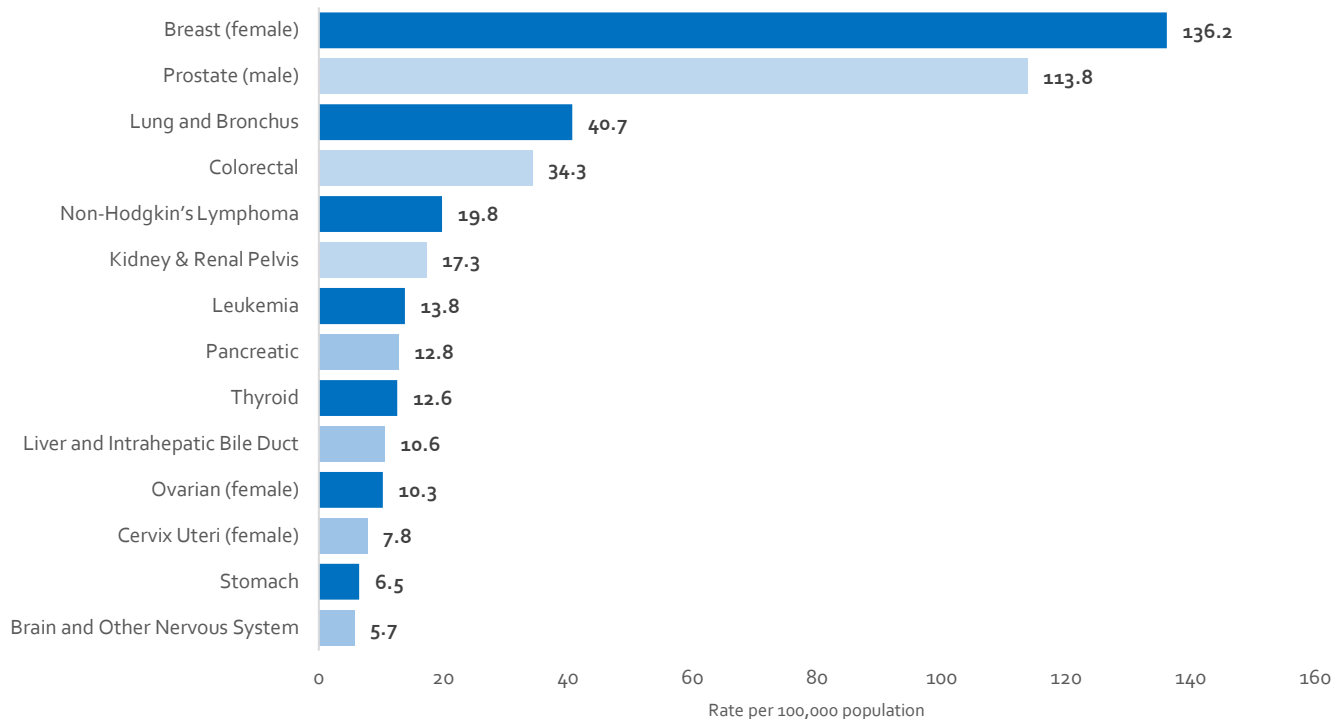
Figure 6. Death Rates for Cancer in San Diego County by Site, 2019[21]
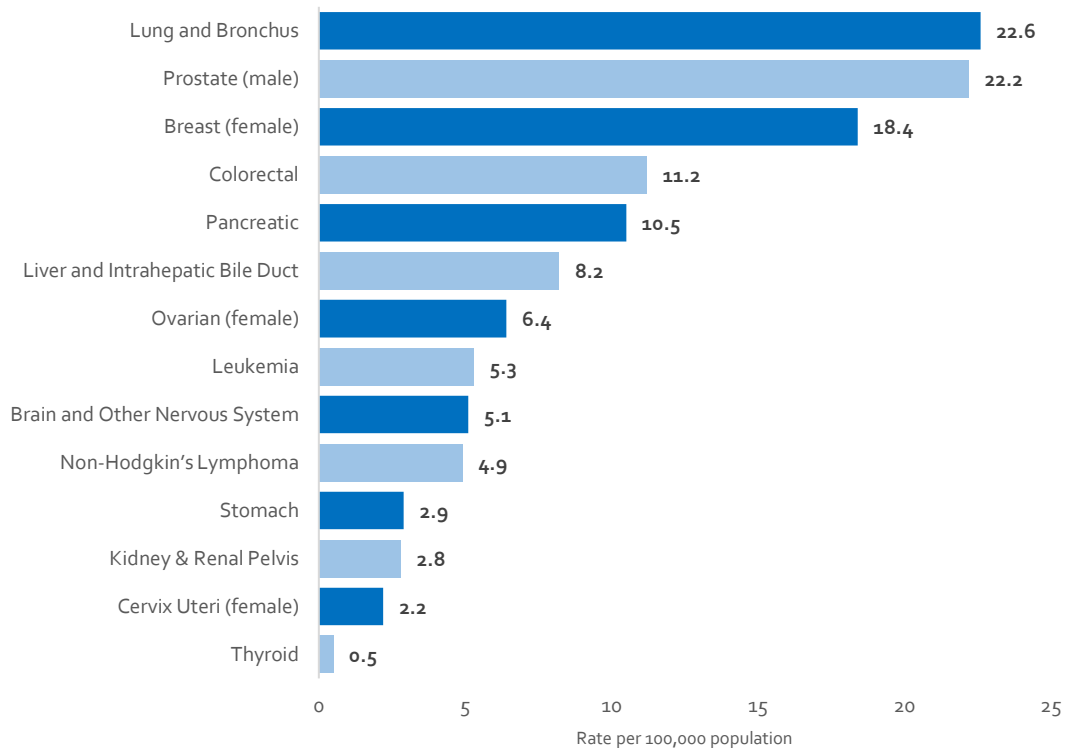
Cancer Mortality by Region in San Diego County (Per 100,000 Population)

Cancer is the leading cause of death in San Diego County and represents 22.9% of all underlying causes of death in 2019.[22]

Cancer mortality rates by region in San Diego County were found through County of San Diego Health and Human Services Agency Public Health Services Regional & Community Data's Community Profiles for Non-Communicable (Chronic) Diseases Workbook 2019. The top five areas for the highest and lowest age-adjusted mortality rates are presented below.

Breast[23] (2019)
Age-adjusted female mortality rates were highest in Lakeside (32.3), Spring Valley (25.6), National City (24.9), Ramona (24.6), and South Bay (24.1) and lowest in Peninsula (10.8), North San Diego (12.2), Central San Diego (13.4), Escondido (15.0), Carlsbad (15.0).

Lung[24] (2019)
Age-adjusted mortality rates were highest in Palomar-Julian (42.2), Jamul (36.4), Lemon Grove (36.2), National City (35.6), and Harbison Crest (34.0) and lowest in Ramona (12.8), Central (13.0), Poway (14.3), Elliott-Navajo (15.2), and La Mesa (15.6).

Colorectal[25] (2019)
Age-adjusted morality rates were highest in National City (22.0), Chula Vista (21.2), Santee (19.1), Ramona (17.2), and Mid-City (15.9) and lowest in Elliott-Navajo (4.5), Spring Valley (5.5), Coastal (6.1), University (7.5), and Central San Diego (8.0).

Liver[26] (2019)
Age-adjusted mortality rates were highest in South Bay (17.2), Ramona (16.1), Fallbrook (16.1), Southeastern San Diego (15.2), and National City (14.2) and lowest in Vista (5.2), North San Diego (5.4), Del Mar-Mira Mesa (5.6), Poway (5.6), and Carlsbad (6.0).

Prostate[27] (2019)
Age-adjusted male mortality rates were highest in South Bay (37.3), Carlsbad (34.1), Vista (31.4), National City (29.0), and Oceanside (28.5) and lowest in Del Mar-Mira Mesa (13.9), Mid-City (14.3), Fallbrook (14.7), Poway (15.0), and North San Diego (15.2)

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Cardiovascular Disease

More than one-third of the U.S. adult population has cardiovascular disease (CVD)[1]

Cardiovascular disease refers to a set of conditions related to the heart and blood vessels, including: heart disease, heart attack, stroke, heart failure, arrhythmia, and heart valve problems.[2]

Cardiovascular Disease in the U.S.

- More than 870,000 people die from CVD annually while the annual financial burden from direct and indirect costs was $378.0 billion annually.[3] (2019)
- By 2035, more than 130 million adults, or 45.1%, are projected to have CVD with total costs expected to reach $1.1 trillion.[4]
- 49.2% of adults have been diagnosed with a CVD.[5] (2015-2018)

Heart Disease

- The most common CVD is **heart disease,** which occurs in 11.2% of adults and is the leading cause of death accounting for more than 659,000 deaths annually.[6,7] (2019)
  - **Coronary artery or coronary heart disease (CHD)** is the most common type of heart disease.[8]

Stroke

- **Stroke** affects 2.8% of the population.[9] (2019)

Reducing the Risk of CVD

Seven health factors and behaviors can reduce the risk of developing and dying from CVD:[10]

1. Not smoking
2. Being physically active
3. Having normal blood pressure
4. Maintaining normal blood glucose levels
5. Having low total cholesterol levels
6. Maintaining a healthy weight
7. Eating a healthy diet

Adults who meet at least six of these criteria reduce their risk of death from CVD by 76% compared to those who meet none.[11] Only 8.8% of Americans meet at least six of these criteria.[12]

Coronary Heart Disease & Stroke In San Diego County[13]

Coronary Heart Disease (CHD)

Emergency department (ED) discharge rates for CHD stabilized from 2017-2019. Inpatient discharge rates decreased slightly (by 1%) from 2017-2019.

Figure 1. ED Discharge Rates for Coronary Heart Disease in San Diego County, 2017-19

Figure 2. ED Discharge Rates for Coronary Heart Disease in San Diego County by Age Group, 2017-19

Figure 3. ED Discharge Rates for Coronary Heart Disease in San Diego County by Race/Ethnicity, 2017-19

Figure 4. Inpatient Discharge Rates for Coronary Heart Disease in San Diego County, 2017-19

Please note: AI/IN: American Indian/Alaska Native API: Asian/Pacific Islander

The steepest increases were for ages 27-44 (13.1%) and Asian/Pacific Islanders (9%).
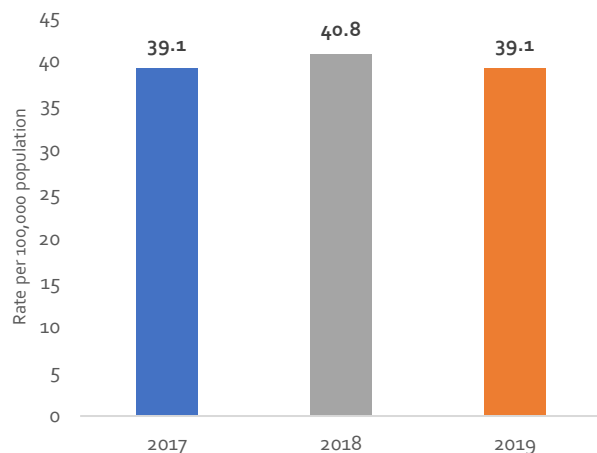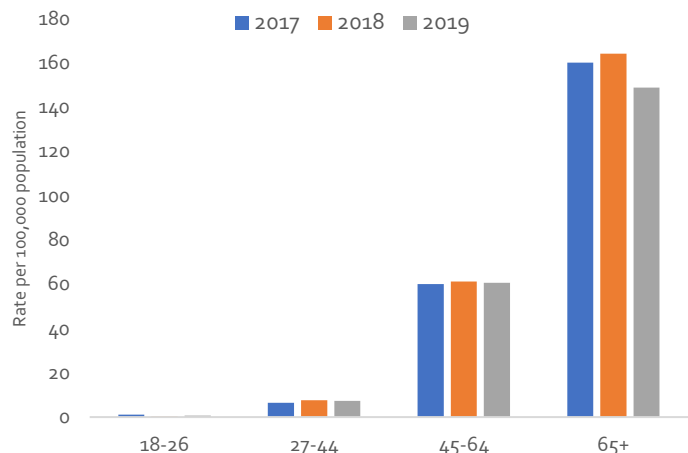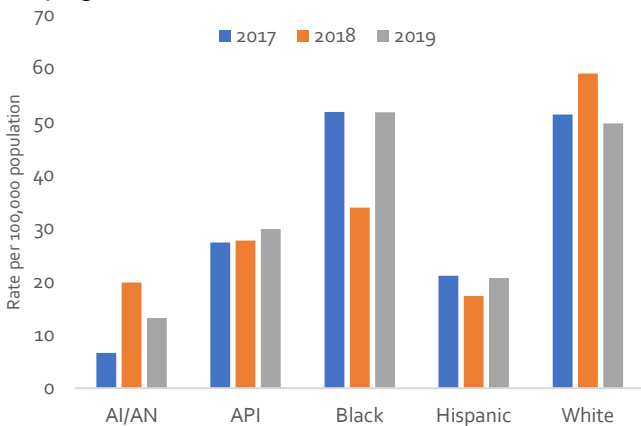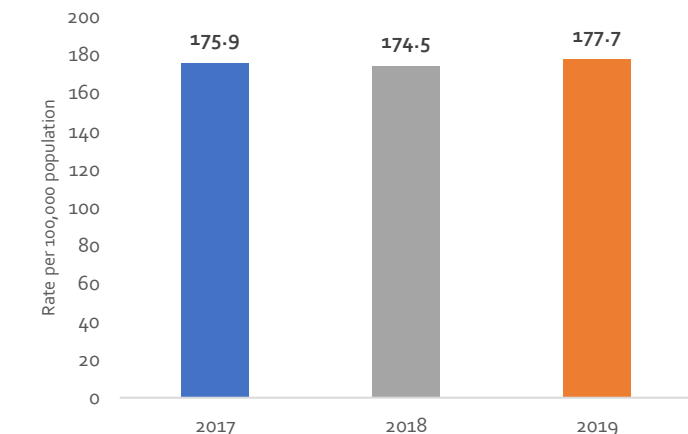
Figure 5. Inpatient Discharge Rates for Coronary Heart Disease in San Diego County by Age Group, 2017-19
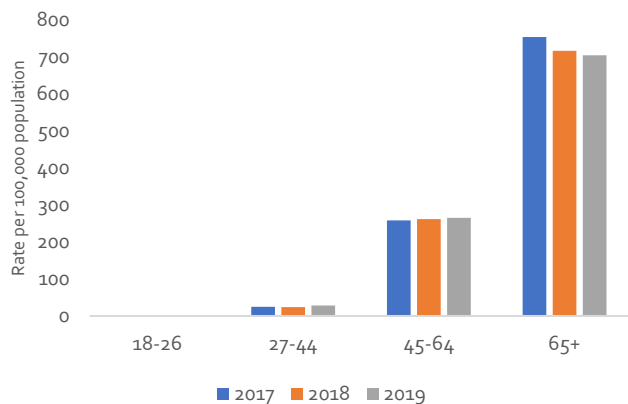
Figure 6. Inpatient Discharge Rates for Coronary Heart Disease in San Diego County by Race/Ethnicity, 2017-19
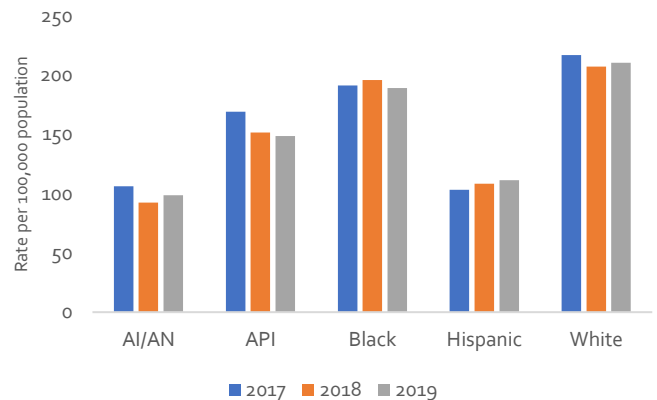
Stroke[14]

Rates of ED discharge for *stroke* increased slightly by 1.1% from 2017-19. Rates of inpatient discharge for stroke decreased by 7% for that same time period.

Figure 7. ED Discharge Rates for Stroke in San Diego County, 2017-19

Figure 8. ED Discharge Rates for Stroke in San Diego County by Age Group, 2017-19

Figure 9. ED Discharge Rates for Stroke in San Diego County by Race/Ethnicity, 2017-19

Figure 10. Inpatient Discharge Rates for Stroke in San Diego County, 2017-19
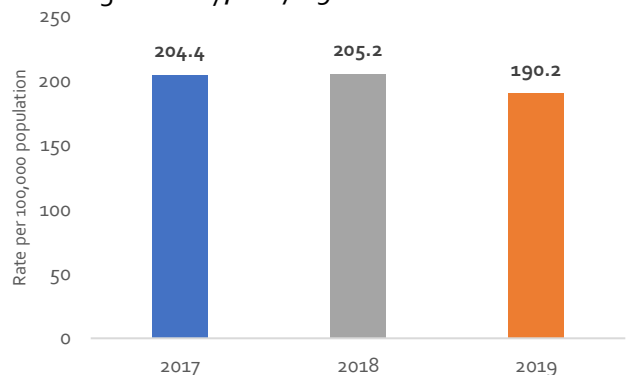
The steepest increases were for ages 45-64 (5.4%) and for people who identify their race/ethnicity as Asian/Pacific Islander (8.6%).

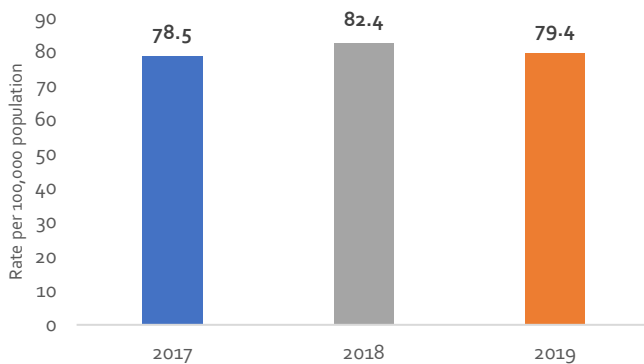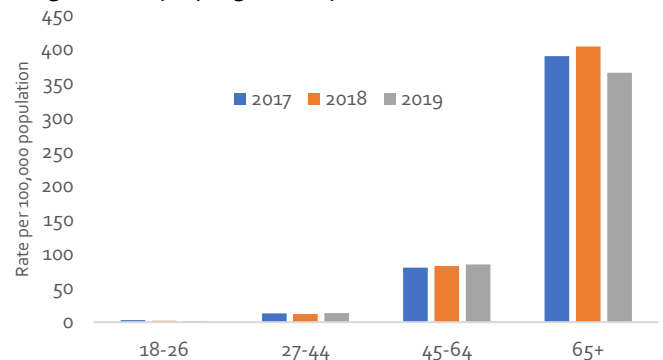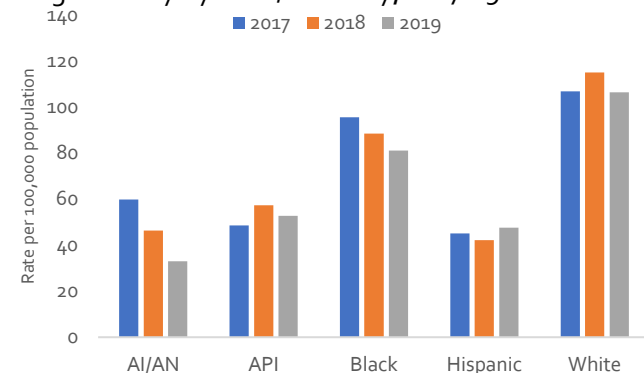**Figure 11.** Inpatient Discharge Rates for Stroke in San Diego County by Age Group, 2017-19
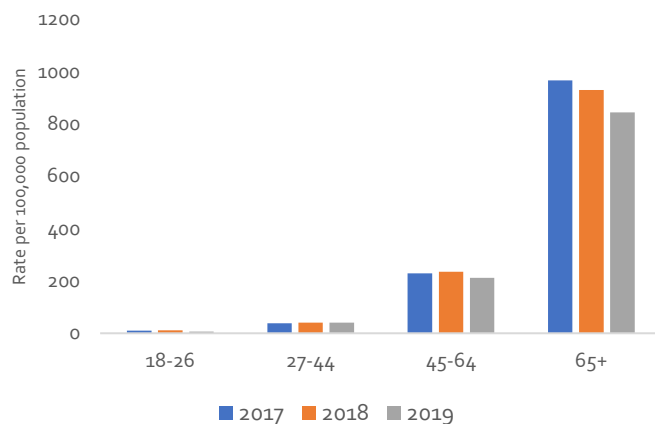
Figure 12. Inpatient Discharge Rates in San Diego County for Stroke by Race/Ethnicity, 2017-19
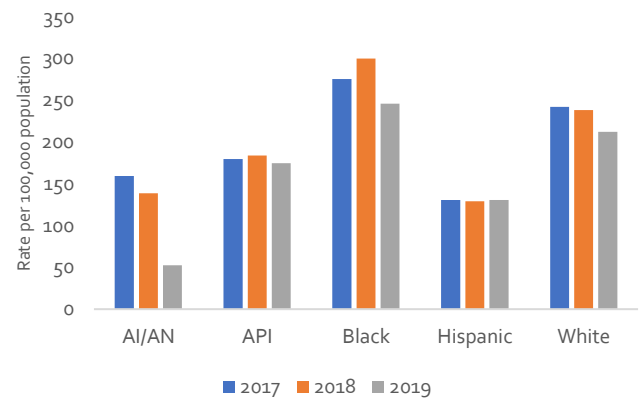
CVD Disparities in the U.S. (2018)[15]

CVD is more common among males, older adults, some minorities, people with lower educational and income levels, and people living in the Midwest and the South.

By Sex[16]
Males are more likely to have heart disease (12.6%), coronary heart disease (7.4%), hypertension (26.1%), and stroke (3.1%)

Compared to males, females are less likely to have heart disease (10.1% vs 12.6%for males), coronary heart disease (4.1% vs 7.4% for males), hypertension (23.5% vs 26.1% for males) and stroke (2.6% vs 3.1% for males).

By Age[17]
- CVD is more common with age. The prevalence among those 75 and older is highest (37.3% for heart disease; 23.9% for coronary heart disease; 61.1% for hypertension, and 11.8% for stroke)
- This is followed by those 65-74 (23.6% for heart disease; 15.5% for coronary heart disease; 54.4% for hypertension; and 6.9% for stroke).

By Race[18]
Compared to stroke and heart disease, racial disparities are largest for hypertension among adults:
- 32.2% of Black/African Americans
- 27.2% of American Indians or Alaska Natives
- 26.2% of individuals of two or more races
- 23.9% of whites
- 21.9% of Asians
- 23.7% of Hispanics

By Education[19]

- The rate of CVD is lower among people with a bachelor's degree or higher compared to people with some college, a high school diploma or GED, or less than a high school diploma.
- Hypertension rates offer the largest comparative difference with 22.7% of people with a bachelor's degree or higher having hypertension compared to 32.1% of people with less than a high school diploma.

By Income[20]

- People who are living below the federal poverty level (FPL) have higher rates of heart disease (13.5%), coronary heart disease (7.8%), hypertension (30.5%), and stroke (5.6%).
- Compared to those living below the FPL, those with an income above the FPL have lower rates of heart disease (10.9%), coronary heart disease (5.1%), hypertension (23.3%), and stroke (2.3%).

By Region[21]

- The largest regional disparities are for hypertension: 27.9% of people living in the South and 24.4% of people living in the Midwest have hypertension, compared to 21.9% of people living in the West, and 22.6% of people living in the Northeast.

Coronary Heart Disease & Stroke Mortality in San Diego County[22,23]

Mortality Rates for CHD

Heart disease was the second-leading cause of death in San Diego County in 2019.[24] The overall death rate from coronary heart disease decreased by 13.5% from 2017-19.

Figure 13. Death Rates for Coronary Heart Disease in San Diego County, 2017-19
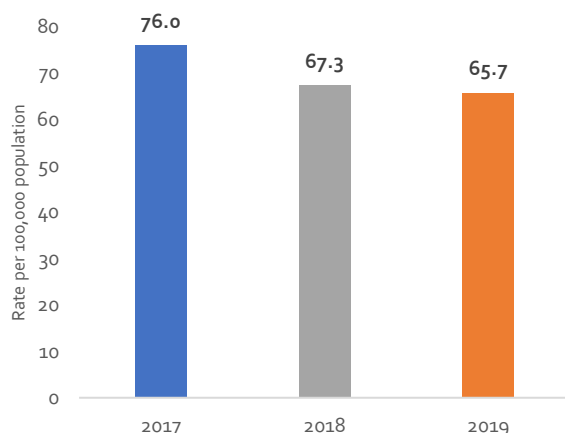
Figure 14. Death Rates for Coronary Heart Disease in San Diego County by Race/Ethnicity, 2017-19
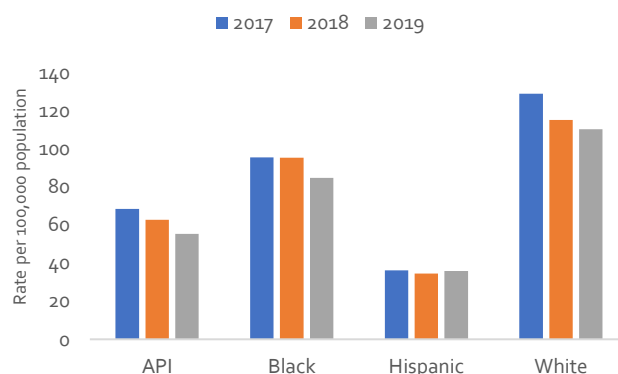
Mortality (death) rates for coronary heart disease in 2019 were higher for males (93.5 per 100,000) compared to females (42.9), and for people 65 and older (429) compared to ages 45-64 (54.9).

The overall death rate from coronary heart disease decreased by 13.5% from 2017-19 and reflected in some of the following decreases: Asian/Pacific Islander (decrease of 19.2%) and white (decrease of 14.4%) individuals experienced a decrease in mortality rates over the same time period.

Mortality Rates for Stroke[25]

Strokes were the third-leading cause of death overall in 2019 for San Diego County.[26] Death rates for stroke increased by 14.6% from 2017-19. Mortality rates for stroke in 2019 were slightly higher for males (43.2 per 100,000) compared to females (41.2 per 100,000) and for people ages 65 or older (311.0 per 100,000).

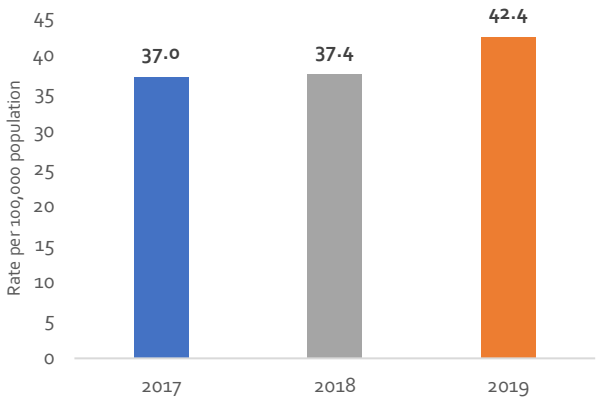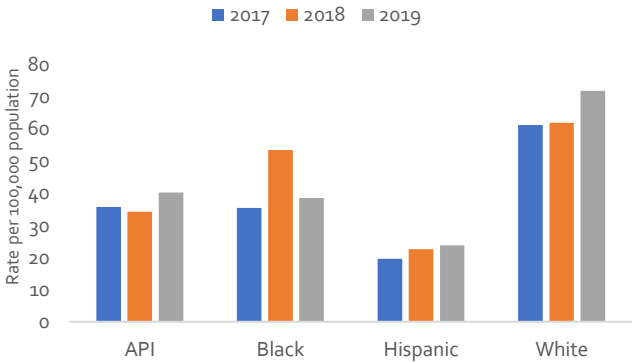**Figure 15.** Death Rates for Stroke in San Diego County, 2017-19

Figure 16. Death Rates for Stroke in San Diego County by Race/Ethnicity, 2017-19

The overall death rate from stroke increased by 14.6% from 2017-19 and is reflected in some of the following increases in mortality rates: Hispanic (21.1%), white (14.4%), Asian/Pacific Islander (12.7%) over the same time period. [27]

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Diabetes Mellitus

More than 37 million Americans suffer from this chronic disease.[1]

Diabetes is a set of diseases that affect the way the body metabolizes sugar (glucose). The three primary types Type 2 (the most common type), Type 1, and gestational (occurring during pregnancy).[2]

Diabetes has a significant impact on morbidity and mortality[3] and has an estimated economic burden of approximately $327 billion (2017) in the U.S., a 26% ($82 billion) increase from 2012 estimates of $245 billion.[4]

Diabetes in the U.S.

- Approximately 28.7 million adults have a diabetes diagnosis.[5] (2019)
- Among adults (those aged 20 or older) with diabetes, approximately 90% to 95% have Type 2 diabetes with the remaining cases being Type 1.[6] (2018)
- There are 210,000 children and adolescents under the age of 20 who have been diagnosed with diabetes, including 187, 000 having Type 1 diabetes.[7] (2018)
- Type 2 diabetes is more common among adults 45 and older, males, those with higher body mass index (BMI), those who are African American, Hispanic or Latino, American Indian, or Alaska Native, Pacific Islander, or Asian American, those with lower family incomes, family history of Type 2 diabetes, and lower educational levels.[8, 9]
- The age-adjusted death rate for diabetes in the U.S. is 21.5 per 100,000. [10] (2017)
- Diabetes is the eight-leading cause of mortality in the U.S., and the sixth-leading cause of death for those aged 55-64. [11] (2020)
- The number of adults diagnosed with diabetes has more than doubled in the last two decades.[12] (2018)

Risk Factors

According to the Centers for Disease Control and Prevention, the following are risk factors for developing diabetes:[13]

- Being overweight or obese
- Smoking
- Having a parent, brother, or sister with diabetes
- Having high blood pressure (measuring 140/90 or higher), high cholesterol, and high blood glucose
- Being physically inactive -- exercising fewer than three times a week

Diabetes in San Diego County

In San Diego County, 7.3% of adults have diabetes; this is lower than the California state rate of 10.9%.[14] (2020)

Mortality (Death)

- Diabetes was the seventh-leading cause of death in San Diego County in 2019.[15]
- The age-adjusted death rate for diabetes was 20.6 per 100,000 population.[16] (2019)
- Black individuals have the highest diabetes death rate, 38 per 100,000, compared to the unadjusted county rate of 22.7 per 100,000.[17] (2019)

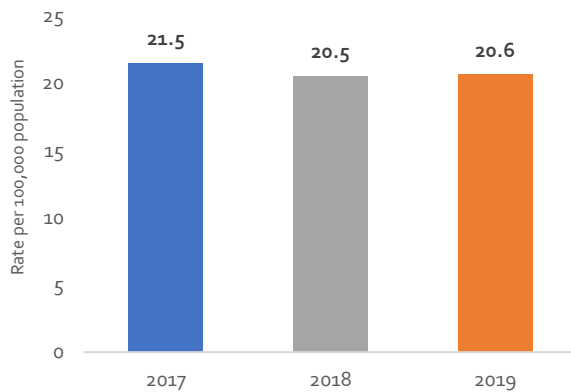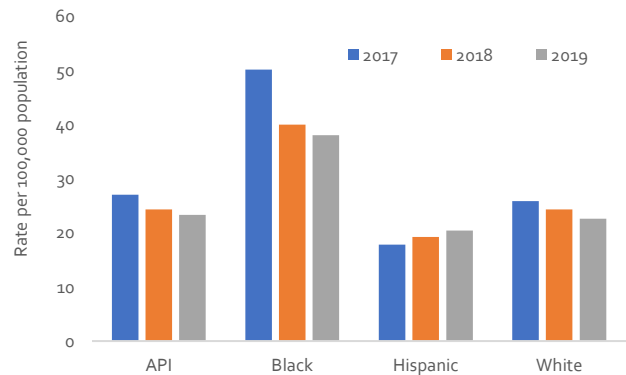**Figure 1.** Death Rates for Diabetes in San Diego County, 2017-19[18]

Figure 2. Death Rates for Diabetes in San Diego County by Race/Ethnicity, 2017-19[19]

Diabetes in San Diego: Disparities and Risk

Disparities in Diabetes

Emergency department (ED) discharge rates for diabetes increased slightly from 2017-19 and the disparities are apparent:[20]

- *ED discharge* rates were highest in 2019 for males, ages 65 and older, and for Black individuals. (2019)
- Increases in discharge rates occurred for those 11-17 years old and for Asian/Pacific Islanders and Hispanic individuals (2017-19)

Inpatient discharges for gestational diabetes decreased from 2017 to 2019, but disparities are evident here as well:[21]

- Asian/Pacific Islanders and Hispanics are disproportionally impacted by gestational diabetes.

Most San Diegans manage their diabetes well, but disparities are also seen in these data:[22] (2019)

- Of the Medicare patients with diabetes, 83.9% have had a hemoglobin A1c blood sugar test by a health care professional in the past year.
- This rate is 9.3% lower for Black individuals than for white individuals.

Risk Factors for Diabetes in San Diego County

Relative to state averages, San Diego County has a lower proportion of people with risk factors for diabetes. [23] (2018)

- While 26.3% of adults in San Diego are **obese** (BMI of 30 or higher), this is lower than the California rate of 27.1%.
- Among adults in San Diego, 32.1% have at least 20 minutes of **physical activity** each day of the week, more than the state average of 30.1%.
- Rates of **smoking** (11%) are slightly **lower** in San Diego than in California (11.2%).

*Hospitalization rates for diabetes include diabetes mellitus without complication, with complication, Type 1, Type 2, due to underlying condition, drug or chemical induced, or other specified type.

Hospital Discharges for Diabetes in San Diego County[24]

Figure 3. ED Discharge Rates for Diabetes in San Diego County, 2017-19
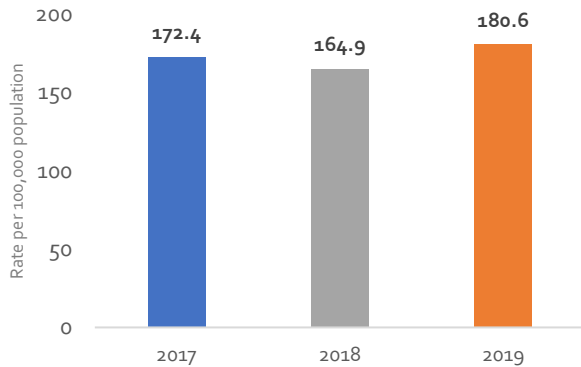
ED discharges for diabetes increased 4.7% from 2017-19.

Figure 4. ED Discharge Rates for Diabetes in San Diego County by Age Group, 2017-19
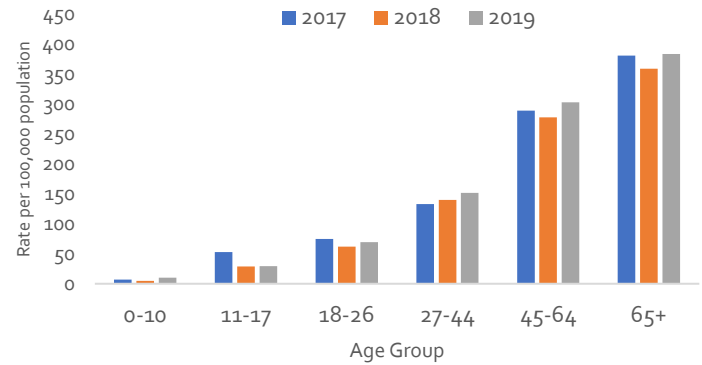
Figure 5. ED Discharge Rates for Diabetes in San Diego County by Race/Ethnicity, 2017-19
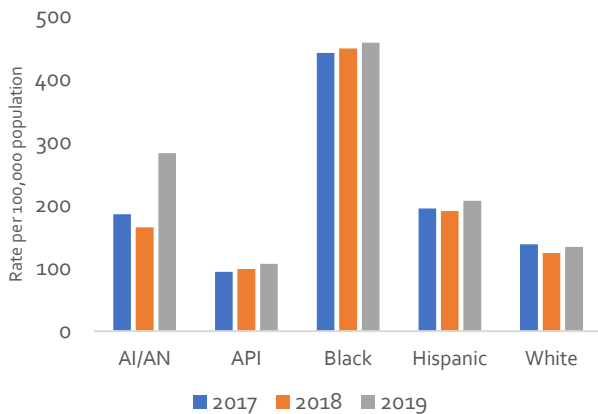
Figure 6. Inpatient Discharge Rates for Diabetes in San Diego County, 2017-19
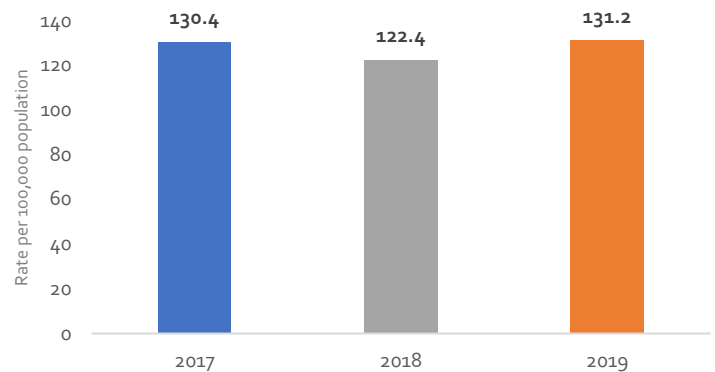
Figure 7. Inpatient Discharge Rates for Diabetes in San Diego County by Age Group, 2017-19
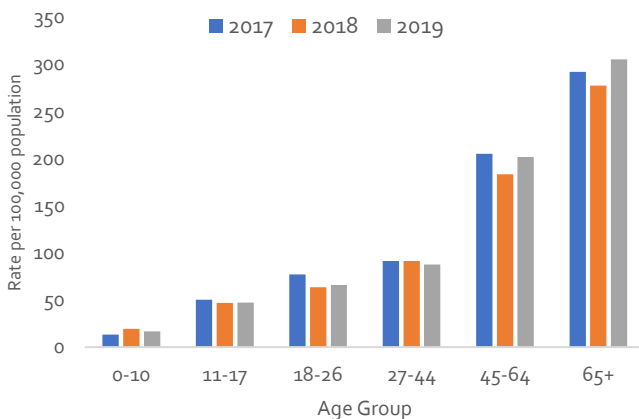
Figure 8. Inpatient Discharge Rates for Diabetes in San Diego County by Race/Ethnicity, 2017-19

Figure 9. Inpatient Discharge Rates for Gestational Diabetes in San Diego County, 2017-19

Figure 10. Inpatient Discharge Rates for Gestational Diabetes in San Diego County by Race/Ethnicity, 2017-19
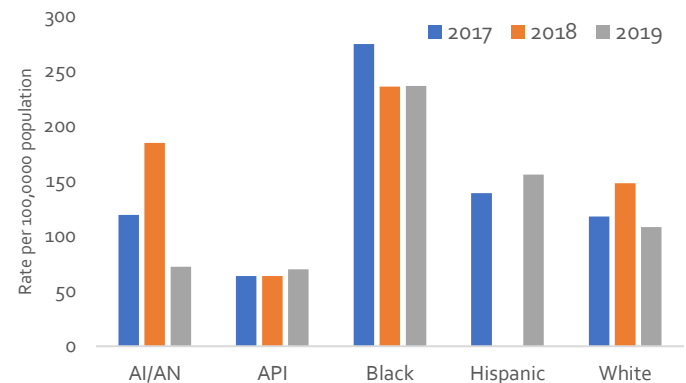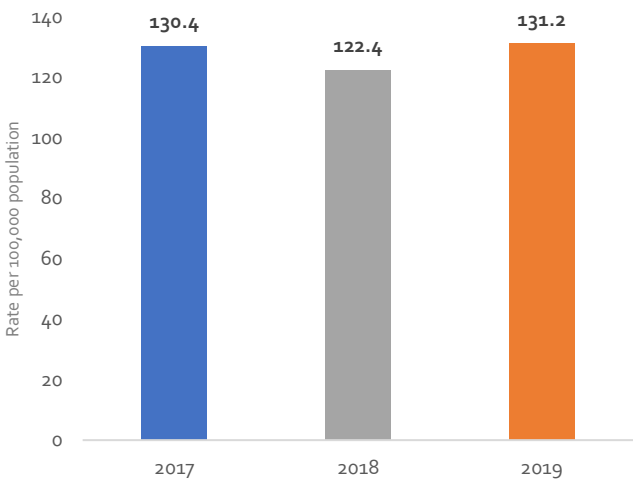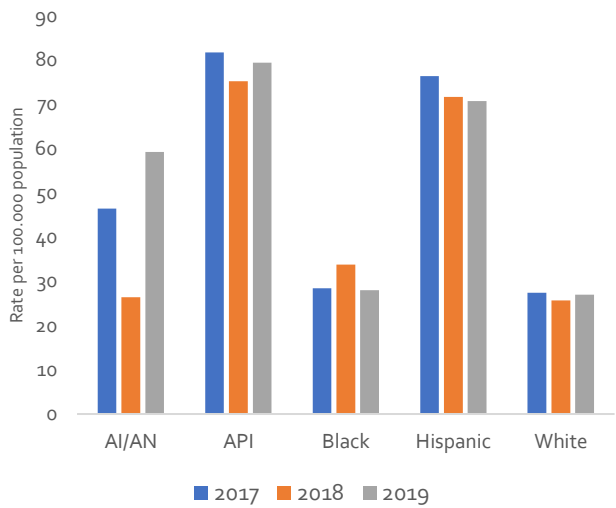

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Housing Conditions, Experiencing Homelessness, and Health

In the U.S., there are 580,466 people are who are experiencing homelessness[1], 1.3 million people live in severely inadequate housing[2], and 8.3 million households have "worst case housing needs."[3]

Homelessness is when a person does not have a fixed, regular, and adequate nighttime residence.[4]

Housing problems include a lack of full kitchen or plumbing facilities, a household comprised of more than one person per room, or a housing cost burden of more than 30% of the household income.

Severe housing problems include a lack of full kitchen or plumbing facilities, or severe overcrowding.[5] Health outcomes are strongly influenced by the stability, quality, safety and affordability of housing.[6]

The American Hospital Association describes **housing instability** as an umbrella term for the continuum between homelessness and completely stable, secure housing.

Housing instability takes on many forms: physical conditions like poor sanitation, heating, and cooling; compromised structural integrity; exposure to allergens or pests; homelessness; and unstable access to housing or severe rent burden.[7]

Homelessness in the U.S.[8]*

*Please note: Data is from the national Point-in-Time Count that takes place one morning in late January where volunteers and outreach workers engage and survey those experiencing homelessness.

From 2016-20, rates of those who were experiencing homelessness (both sheltered and unsheltered) increased by 5.6% nationwide. [9]

By Sex

- In the U.S., 60.7% of those experiencing homelessness (sheltered and unsheltered) are male; 38.5% are female; 0.5% are transgender, and 0.3% are gender non-conforming.[10] (2020)

By Age

- While 18.3% of those experiencing homelessness (sheltered and unsheltered) are children, 7.8% are aged 18-24, and 73.9% are over age 24.[11] (2020)

By Race/Ethnicity (2020)

Race	%
White	48.3
Black	39.4
Multiple races	1.3
Native American	3.3
Pacific Islander	1.5
Asian	6.1

Ethnicity	%
Hispanic/Latino	22.5

In California

- In 2020, California had the highest rates of unsheltered homeless (70.4% of the homeless population) and the largest number of homeless unaccompanied youth (12,172).[12]

By Sheltered Status[**]

**Due to pandemic-related disruptions in unsheltered homeless counts in January 2021, the Point-In-Time Count findings for 2021 focus on people experiencing *sheltered* homelessness and do not include counts of those experiencing unsheltered homelessness.

- Nationally, 61.1% of people who experience homelessness stayed in sheltered locations, while 38.9% were unsheltered.[13] (2020)

By Sex

- In the U.S., 67.7% of those experiencing sheltered homelessness are male; 31.4% are female; 0.7% are transgender, and 0.2% are gender non-conforming.[14] (2021)

By Age

- While 0.8% of those experiencing sheltered homelessness are children, 8.2% are aged 18-24, and 91.1% are over age 24.[15] (2021)

In California

- On a single night in January 2021, California had 16% (51,429) of all people experiencing sheltered homelessness. (2021)

Housing Needs and Conditions
Severely Inadequate Housing in the U.S.[16] (2019)

There are 1,458,000 households that have *severely inadequate housing* conditions; an additional 4,500,000 households live in *moderately inadequate* conditions.

Conditions include:

- Exposed wiring — 3,378,000
- Inadequate heating capacity — 858,000
- Water stoppages in the last three months — 3,366,000
- Sewage disposal breakdowns in the last three months — 1,467,000
- Mold — 3,664,000

Worst-Case Housing Needs[17] (2019)

The estimated number of households with worst case needs increased by a statistically insignificant 50,000 cases (0.6%) from 2017-19.

- Of the **worst-case needs** renters, 95.2% have severe rent burdens, which means they are spending one-half or more of their income on rent.

By Race/Ethnicity[18]

Among all renters, the percent who have worst-case housing needs are:
- Non-Hispanic whites — 46.7%
- Hispanics — 24.7%
- Non-Hispanic Blacks — 20.4%
- Other races and ethnicities — 8.2%

By Household Composition[19]

Among the households with **worst-case needs:**
- are Single adults with roommates — 32.6%
- Families with children — 29.2%
- Elderly households — 28.9%
- "Other family" households — 9.3%

Health Impacts[20]

- People who are **chronically homeless** have higher rates of physical and mental health problems, higher health care expenditures, and higher rates of premature mortality.
- People who are **unstably housed** (who move frequently, fall behind on rent, and/or "couch surf") are more likely to experience poor health. Among youth, **housing instability** is associated with a higher risk of teen pregnancy, substance abuse, and depression.
- **Experiencing homelessness and residential instability** make the proper storage of medications challenging or impossible and impact the management of illness and chronic disease.
- **Substandard housing conditions** are linked to poor health outcomes, including asthma and cardiovascular events.
- **Crowded housing** is associated with infectious disease and psychological distress.
- **Cost-burdened households** are less likely to have a primary care provider and to postpone needed medical treatment.
- **Cost-burdened households** are also more likely to face food insecurity.

Homelessness in San Diego County*

Point-In-Time Count[21]

In San Diego, 8,427 individuals are experiencing homelessness on any given night. (2022)

- The number of people experiencing homelessness increased by 10% from 2020-22 in San Diego County
- Among 4,106 unsheltered homeless individuals, 25% are female, 25% are aged 55 years and older, 8% are youth, 15% are chronically homeless, and 9% are veterans.

*Please note: Data is from the San Diego Point-in-Time Count that takes place one morning in late January where volunteers and outreach workers engage and survey those experiencing homelessness.

Hospital Discharges[22]

Note on Hospital Discharge Data: Additional discharges of the same individual were removed from the total.

Emergency Department (ED) Discharges[23] (2019)

Figure 1. ED Discharges for Patients Experiencing Homelessness in San Diego County by Age Group, 2019
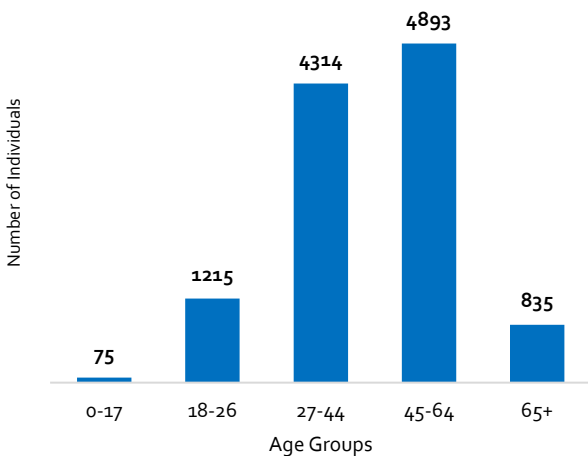

Figure 2. ED Discharges for Patients Experiencing Homelessness in San Diego County by Age Group and Gender, 2019
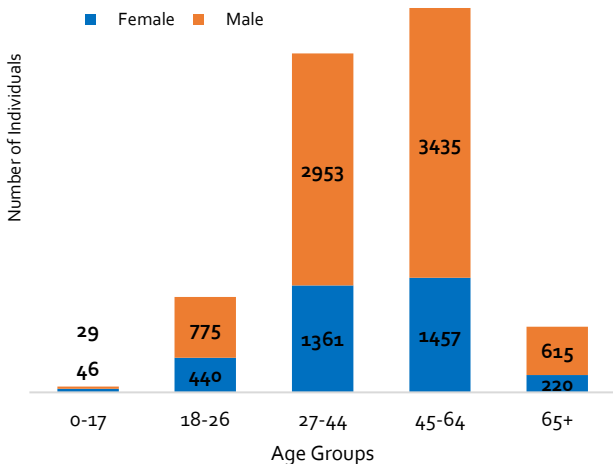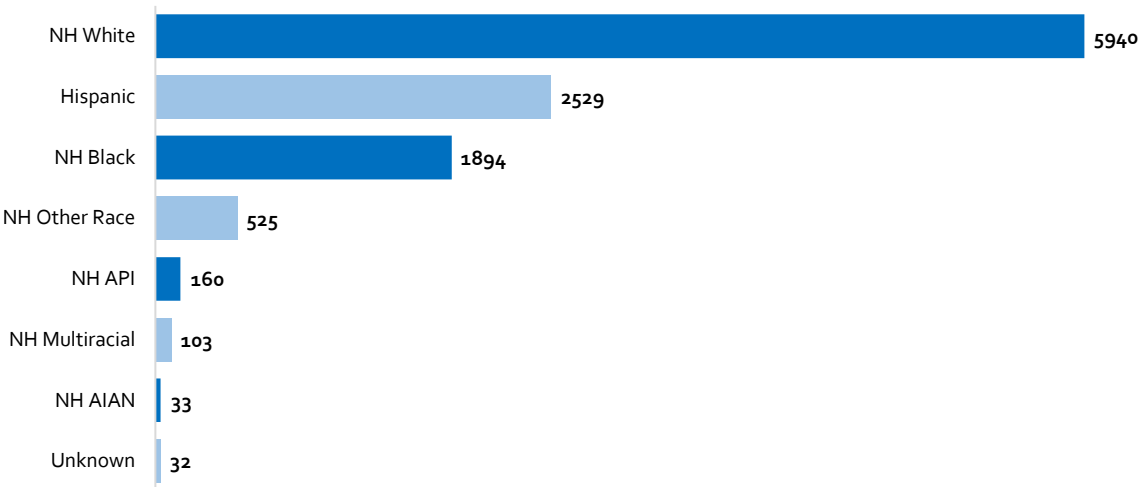

Figure 3. ED Discharges for Patients Experiencing Homelessness in San Diego County by Race/Ethnicity, 2019

Emergency Department (ED) Visits and Primary Diagnoses (2019)

- San Diegans experiencing homelessness had an average of 2.9 emergency department (ED) visits per person
- Top 3 primary diagnoses for emergency department visits among San Diegans experiencing homelessness were skin infections, alcohol-related disorders, and schizophrenia
- Five out of the ten primary diagnoses for discharges from the ED were related to behavioral health.

Figure 4. Top ED Discharges for Patients Experiencing Homelessness in San Diego County (2019)[24]

Primary Diagnosis, ED
1. Skin and subcutaneous tissue infections
2. Alcohol-related disorders
3. Schizophrenia spectrum and other psychotic disorders
4. Superficial injury; contusion initial encounter
5. Musculoskeletal pain, not low back pain
6. Nonspecific chest pain
7. Suicidal ideation/attempt/intentional self-harm
8. Abdominal pain and other digestive/abdomen signs and symptoms
9. Depressive disorders
10. Stimulant-related disorders

Inpatient Discharges[25] (2019)

Figure 5. Inpatient Discharges for Patients Experiencing Homelessness in San Diego County by Age Group, 2019
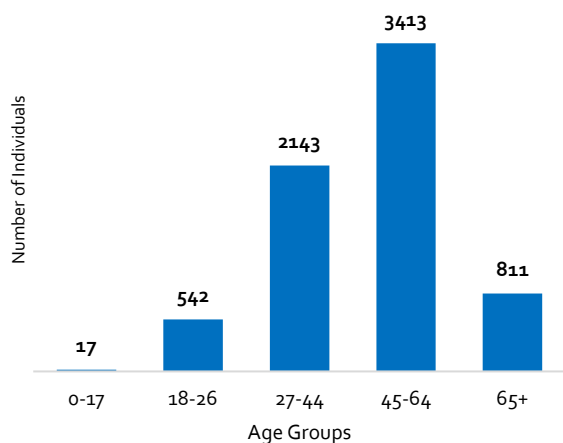

Figure 6. Inpatient Discharges for Patients Experiencing Homelessness in San Diego County by Age Group and Gender, 2019
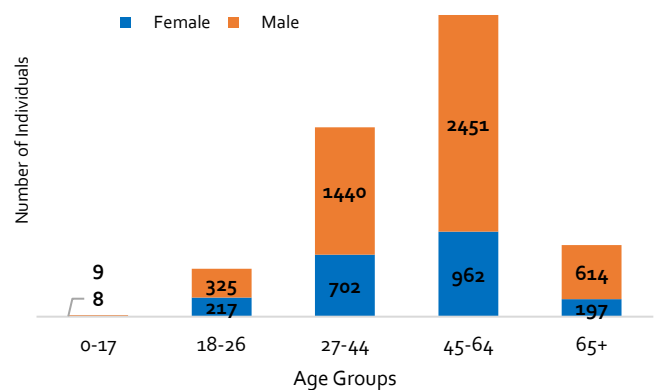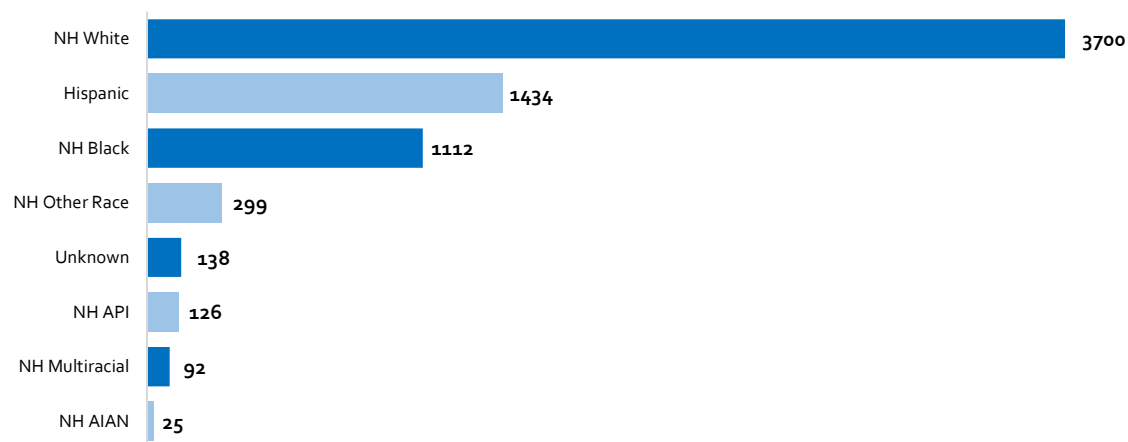
Figure 7. Inpatient Discharges for Patients Experiencing Homelessness in San Diego County by Race/Ethnicity, 2019

Race/Ethnicity	Count
NH White	3700
Hispanic	1434
NH Black	1112
NH Other Race	299
Unknown	138
NH API	126
NH Multiracial	92
NH AIAN	25

NH: Non-Hispanic   API: Asian/Pacific Islander   AI/AN: American Indian/Alaska Native

Inpatient Discharges and Primary Diagnoses (2019)

- San Diegans experiencing homelessness had an average of 1.7 inpatient discharges per person.
- Top 3 primary diagnoses for inpatient visits among San Diegans experiencing homelessness were schizophrenia, septicemia, and skin infections.
- Five of the top 10 primary diagnoses for discharges from inpatients were related to behavioral health.

Figure 8. Top Inpatient Discharges for Patients Experiencing Homelessness in San Diego County (2019)[26]

Primary Diagnosis, Inpatient
1. Schizophrenia spectrum and other psychotic disorders
2. Septicemia
3. Skin and subcutaneous tissue infections
4. Depressive disorders
5. Alcohol-related disorders
6. Bipolar and related disorders
7. Heart failure
8. Diabetes mellitus with complication
9. Poisoning by drugs initial encounter
10. Fracture of the lower limb (except hip)

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