HEALTH BRIEFS
HEALTH BRIEFS

ACCESS TO HEALTH CARE
AGING CONCERNS
ASTHMA
BEHAVIORAL HEALTH
CANCER
CARDIOVASCULAR DISEASE
DIABETES
ECONOMIC SECURITY
HOMELESSNESS AND HOUSING INSTABILITY
UNINTENTIONAL INJURY AND VIOLENCE
Access to Health Care

28.5 million people are without health insurance in the U.S.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.²

Uninsured in the U.S.¹ (2017)

8.8% of people are without health insurance.

By Age

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

- People age 65+ have the highest rates of coverage, with only 1.3% uninsured.
- 5.4% of children under the age of 19 are uninsured (7.8% for children living in poverty).
- Working adults ages 26-34 are more likely to be uninsured than the overall working population (15.6% vs 12.2%).

By Race

Uninsured rates are highest for people who identify as Hispanic (16.1%), followed by Black (10.6%), and Asian (7.3%).

By Educational Attainment

The uninsured rate decreases as education level increases. While only 4.3% of people with a graduate or professional degree are uninsured, 26.3% of people without a high school diploma are uninsured.

By Income

Uninsured rates increase as level of income decreases. The highest uninsured rates are among those who make less than $25,000 annually (13.9%), and the lowest are among those who make more than $125,000 (4.3%).

UNINSURED IN SAN DIEGO COUNTY

In 2017, 10.6% of adults aged 19-64 years were uninsured³ in San Diego County.

- Uninsured rates have decreased across all racial/ethnic groups. Those who identify as Hispanic, however, are disproportionately without health insurance, 13.3% (Hispanic) compared to 4.2% (non-Hispanic White).

Percent Uninsured (Ages 18-64)*, 2013-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>California</th>
<th>San Diego County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>10.1%</td>
<td>10.6%</td>
</tr>
<tr>
<td>2016</td>
<td>10.3%</td>
<td>10.4%</td>
</tr>
<tr>
<td>2015</td>
<td>12.1%</td>
<td>12.1%</td>
</tr>
<tr>
<td>2014</td>
<td>17.3%</td>
<td>16.4%</td>
</tr>
<tr>
<td>2013</td>
<td>24.0%</td>
<td>22.0%</td>
</tr>
</tbody>
</table>

Percent Uninsured (Ages 19-64)*, 2017

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>California</th>
<th>San Diego County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>3.9%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Hispanic*</td>
<td>11.6%</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

*Note: Includes civilian noninstitutionalized population. 2017 data includes 19-64 years olds.
Ongoing Care with a Primary Care Provider in the U.S. (2015)

76.4% of people in the U.S. have a primary care provider (PCP).

By Age
The youngest and oldest age groups have the highest percentages of people with a PCP: 93.2% of those under the age of 5 and 92.4% of those 85 years old and older. More broadly, people less than 18 years old have the highest proportion with a usual PCP (90.0%), followed by those 65 and older (89.4%), and those 45-64 (79.2%). The lowest percentage was among those 18-44 (60.1%).

By Race
The percentage of people with a PCP is highest among Native Hawaiian or Other Pacific Islander individuals (82.3%), followed by people of two or more races (80%), non-Hispanic Whites (79.1%), American Indian or Alaska Natives (74.3%), Asians (74.2%), and Black individuals (72.6%). The percentage was lowest (70.1%) among Hispanics.

By Educational Attainment
The highest proportion of people with a usual PCP is among those with an advanced degree (77.8%), followed by those with a college degree (74.2%). The lowest rate is among those with less than a high school diploma (68.9%).

By Income
The percentage of people with a PCP increases in proportion to income. Among those with income levels 600% or more over the federal poverty level (FPL), 81.7% have a usual PCP, whereas among those with incomes of less than 100% of the FPL, 71.8% have a usual PCP.

The Affordable Care Act (ACA)

The ACA increased access to healthcare. In 2014, a number of changes took effect in California:

- The expansion of Medi-Cal to individuals making less than 138% of the poverty level.
- The establishment of Covered California for individuals who make up to 400% of the poverty level to purchase subsidized health insurance.
- The elimination of the health coverage discrimination due to pre-existing conditions.

Preventive & Primary Care in San Diego County

In 2015, San Diego had fewer hospital discharges for preventable conditions (29.7 per 1,000) than the state average (36.2 per 1,000); however, Black individuals have a far greater number of these events.

In 2015, 71.3% of adults in San Diego County had seen a PCP in the past year, however Medicare beneficiaries have lower rates (68.2%).

Health Impacts

Being uninsured is associated with:

- Poor mental health days
- More heart attack ED visits
- Asthma
- Obesity
- Low birth weight
Sources: Access to Health Care


Aging Concerns

**By 2030, 1 in 5 Americans will be 65 years or older**

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. (2017)**

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.\(^4,5\)

- Approximately 5.7 million people are living with dementia
  - Alzheimer’s disease accounts for about 60-70% of these cases.\(^6\)
- Dementia is the 3\(^{rd}\) leading cause of death in the U.S. when combining all four causes of dementia.\(^*,7\)
- About 262,000 people will die from dementia each year
  - 46.4% of these deaths result from Alzheimer’s disease\(^7\)
- Age-adjusted death rate due to dementia is 66.7 per 100,000.\(^7\)
- Alzheimer’s disease is the 5\(^{th}\) leading cause of death among those over 65 years in the U.S.\(^8\)

**By Sex**

More women than men have Alzheimer’s disease or other dementias:

- Among people 65 years and older (65+), 62.5% of people with Alzheimer’s disease are women\(^5\)

**By Race and Ethnicity**

Blacks and Hispanic individuals are more likely to have Alzheimer’s disease or other dementias than Whites.\(^5\)

**Leading causes of death among persons aged 65 and over**\(^8\)

1. Heart disease (25.1%)
2. Cancer (20.7%)
3. Chronic lower respiratory disease (6.6%)
4. Stroke (6.1%)
5. Alzheimer’s disease (5.8%)

*Includes: unspecified dementia, Alzheimer disease, Vascular dementia, other degenerative disease of nervous system

In San Diego, White residents, followed by Black residents are disproportionately affected by dementia and Alzheimer’s disease.

**Alzheimer’s Disease Death Rate by Race/Ethnicity, 2016**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 100,000 population</th>
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<tbody>
<tr>
<td>White</td>
<td>65.9</td>
</tr>
<tr>
<td>Black</td>
<td>30.9</td>
</tr>
<tr>
<td>API*</td>
<td>13.3</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11.7</td>
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<tr>
<td>Other</td>
<td>5.3</td>
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</table>

**Dementia Death Rate by Race/Ethnicity, 2016**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 100,000 population</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>28.0</td>
</tr>
<tr>
<td>Black</td>
<td>13.4</td>
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<tr>
<td>API*</td>
<td>7.4</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5.7</td>
</tr>
</tbody>
</table>

*Asian & Pacific Islander

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The percentage of San Diego population who have seen a primary care physician in the last year, 71.8%, is slightly lower than the state average of 72.7% (2015).\(^4\)

For Medicare beneficiaries, this gap is larger: only 68.2% of Medicare beneficiaries in San Diego have seen a PCP in the past year, compared to the state average of 72.9% (2015).\(^5\)
Falls in the U.S.

More than 31,000 people 65 years and older died from falls in 2017. In 2017, for every individual 65 years and older who died from falls, 28 were hospitalized, and 62 were treated for fall-related injuries. In 2015, the total cost for falls for those 65 years and older was more than $50 billion. Since the U.S. population is aging, both the number of falls and the cost to treat fall injuries are likely to rise.

Among people 65 years and older (65+) (2017)

- Falls are the leading cause of injury-related mortality, accounting for 55.7% of unintentional fatal injuries in 2017.
- The death rate due to falls was 61.3 per 100,000.
- The nonfatal rate due to falls is 5,841.1 per 100,000 (about 3 million nonfatal fall injuries).

By Sex

- For fatal falls, males who are 65+ are more likely to die than females who are 76+ (75.3 vs 54.8 per 100,000).
- For nonfatal fall-related injuries, females who are 65+ accounted for 64.6%.

By Race and Ethnicity

Non-Hispanic Whites are more impacted by falls:

- Non-Hispanic Whites have the highest death rate (70.6 per 100,000), followed by non-Hispanic Native American (49.3 per 100,000).
- Non-Hispanic Whites have the highest number of nonfatal fall injuries (1,648,923).

In San Diego, thousands of residents 65 years and older visit an emergency department (ED) for fall-related injuries.

In San Diego, male residents and White residents are more likely to die from a fall than any other groups.

- Males are 1.7 times more likely to die than females.
- Whites are at least 2.2 times more likely to die than API, Black, and Hispanic.

Falls Death Rate by Sex and Race/Ethnicity, 2016

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Male Rate per 100,000 Population</th>
<th>Female Rate per 100,000 Population</th>
<th>White Rate per 100,000 Population</th>
<th>API* Rate per 100,000 Population</th>
<th>Black Rate per 100,000 Population</th>
<th>Hispanic Rate per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>11.5</td>
<td>6.6</td>
<td>14.5</td>
<td>6.7</td>
<td>5.7</td>
<td>4.4</td>
</tr>
</tbody>
</table>

*Asian & Pacific Islander
Sources: Aging Concerns


15. The Dartmouth Institute for Health Policy and Clinical Practice. Primary care access and quality measures, 2015. [https://atlasdata.dartmouth.edu/static/general_atlas_rates](https://atlasdata.dartmouth.edu/static/general_atlas_rates)
Asthma

26.5 million Americans suffer from this chronic disease.\(^1\)

Asthma is a chronic lung disease that causes inflammation and narrowing of the airways. Symptoms of asthma attacks include wheezing, tightness or pain in the chest, shortness of breath, and coughing. The severity of attacks range from mild to life threatening.\(^2\)

Asthma has significant impact on the daily lives of the people who suffer,\(^2\) and in California alone, the 2020 projected medical costs are estimated to be $4.9 billion.\(^3\)

Asthma in the U.S. (2016)

In 2016, 8.3% of Americans currently had asthma\(^4\), and 13.6% will be diagnosed with asthma at some point in their lifetime.\(^5\)

By Sex

- Among children, asthma is more common among boys (9.2%) than girls (7.4%), but among adults asthma is more common among women (10.4%) than men (6.2%).\(^6\)

By Age

- 8.3% of children younger than 18 years old have asthma, a decrease from 9.4% in 2010. Rates are higher among those 5-11 years old (9.6%) and 12-17 years old (10.5%) than among children 0-4 years old (3.8%).\(^4,6\)
- The rate is the same among adults 18+ (8.3%).\(^4\)

By Race/Ethnicity

- Puerto Ricans have the highest rates of asthma (14.3%), followed by Non-Hispanic Black (11.6%), Non-Hispanic Whites (8.3%), Other Non-Hispanic (8.0%), and Hispanics (6.6%).\(^4\)

By Income & Housing Quality

- Asthma is most prevalent among the lowest economic groups: 11.8% of those whose income is below 100% of the federal poverty level (FPL) have asthma, compared to 8.9% with incomes 100% to less than 250% of the FPL and 7.4% of those with incomes 250% to less than 450% of the FPL.\(^6\)
- Poor housing quality is independently associated with asthma diagnoses and higher rates of emergency department (ED) discharges for asthma.\(^7\)
Impact of Asthma in the U.S.

Children: School achievement
- Asthma is associated with cognitive deficits, particularly among low-income, minority youth with severe asthma.\(^9\)
- 49.0% of children with asthma miss one or more days of school annually and 13.8 million school days are missed altogether.\(^{10}\) (2013).

Adults: Reports of poor and fair health\(^{11}\) (2015)
- Among adults with asthma, 33.1% report fair or poor health compared to those without asthma (15.9%). In California 29.1% of adults with asthma report fair or poor health compared to 17.0% without asthma.

Mortality\(^{12}\) (2016)
- Approximately 3,500 people die annually from asthma (10 per 1 million).
- Adults are more likely to die from asthma than children – the death rate is highest (29.2 per million) among those 65 years and older.
- Non-Hispanic Blacks are two to three times more likely (22.3 per million) to die from asthma than people from other races/ethnicities.
- Deaths from asthma are largely preventable.

Risk Factors and Triggers for Asthma
Factors that increase the risk of an asthma diagnosis include:\(^{13}\)
- Parental asthma
- Prenatal environmental tobacco smoke
- Premature birth
- Maternal weight gain or obesity during pregnancy
- Maternal stress
- Maternal use of antibiotics or paracetamol
- Birth by caesarean delivery
- Severe respiratory syncytial virus (RSV) in infancy
- Overweight or obesity
- Indoor exposure to mold or fungi
- Outdoor air pollution

Triggers that exacerbate asthma and/or cause attacks include:\(^{14}\)
- Tobacco smoke
- Dust mites
- Outdoor air pollution
- Cockroaches and their droppings
- Pets
- Mold
- Smoke from burning wood or grass
- Certain illnesses
- Bad weather

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**HOSPITAL DISCHARGES IN SAN DIEGO COUNTY\(^8\)**

Inpatient discharge rates (per 100,000) in San Diego County are highest among Black and Hispanic individuals as well as those who identify as “Other”.

**ED Discharge Rates for Asthma by Race/Ethnicity, 2016**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 100,000 population</th>
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<tbody>
<tr>
<td>Black</td>
<td>972</td>
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<tr>
<td>Other</td>
<td>570</td>
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<tr>
<td>Hispanic</td>
<td>313</td>
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<tr>
<td>AI/AN</td>
<td>227</td>
</tr>
<tr>
<td>White</td>
<td>160</td>
</tr>
<tr>
<td>API</td>
<td>149</td>
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**Inpatient Discharge Rates for Asthma by Race/Ethnicity, 2016**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 100,000 population</th>
</tr>
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<tbody>
<tr>
<td>Black</td>
<td>121</td>
</tr>
<tr>
<td>Other</td>
<td>73</td>
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<tr>
<td>Hispanic</td>
<td>45</td>
</tr>
<tr>
<td>White</td>
<td>27</td>
</tr>
<tr>
<td>API</td>
<td>24</td>
</tr>
</tbody>
</table>

**Hospital Discharge Rates by Age (2016)**
- Children 0-14 years old have the highest rate of ED discharges for asthma – 530.9 per 100,000, while people ages 65+ have the lowest rates – 128.7 per 100,000.
- Children also have the highest rates of discharge for asthma from inpatient hospitalizations – 104.0 per 100,000, while people ages 15-24 have the lowest – 12.5 per 100,000.
Sources: Asthma


Behavioral Health

Nearly 1 in 5 U.S. adults live with a mental illness

Behavioral health problems include serious psychological distress, mental and substance use disorders, suicide, and alcohol and drug addiction.\(^1\) 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.\(^2,3,4\)

Mental Illness in the U.S.

Among Adults, 18 years old and older (2017):

- 18.9% of adults 18 and older have a mental illness in this past year\(^5\)
- 7.1% of adults experienced a major depressive episode (MDE) in the past year; 66.8% received treatment\(^5\)

Among Youth and Young Adults (2017):

- 31.5% 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 (63.0%) among gay, lesbian, and bisexual students and are higher among females (41.1%) than males (21.4%).\(^6\)
- 13.3% of youth aged 12 to 17 had an MDE in the past year; only 4.1% received treatment for depression.\(^5\)
- 13.1% of young adults aged 18-25 had an MDE in the past year; only 50.7% received treatment.\(^5\)

Mood Disorder and Anxiety in San Diego County\(^8\)

Mood Disorders

- From 2014-2016, inpatient discharge rates for mood disorders decreased by 2.9%.
- From 2014-2016, rates of emergency department (ED) discharge for mood disorders increased by 5.9%.

Anxiety

- From 2014-2016, inpatient discharge rates for anxiety decreased by 7.9%.
- From 2014-2016, rates of ED discharge for anxiety increased by 4.3%.

The most common mood disorders include depression, bipolar disorder, and seasonal affective disorder.\(^7\)
Suicide in the U.S.

Among Adults, 18 years and older (2017):
- Suicide is the 2nd leading cause of death among 10-34 year olds and the 4th among 35-54 year olds
- 1.4 million people have nonfatal suicide attempts each year
- 10.6 million people (4.3%) think seriously about trying to kill themselves each year

Among Youth and Young Adults (2017):
- Rates of suicide attempts in high school students are higher among females (9.3%) than males (5.1%) and much higher among gay, lesbian, and bisexual students (23.9%) than among heterosexual students (5.4%)
- 17.2% of high school students and 10.5% of young adults seriously considered suicide in the past year

Suicide and Self Inflicted Injury in San Diego County

- In 2016, suicide was the 9th leading cause of death in San Diego County.
- 11.8% of adults in San Diego have seriously considered suicide (2017)
- Rates of suicide decreased 1.3% from 2014-2016 among all San Diegans
  - Rates increased during these same years among those who identified as Asian/Pacific Islander, Black, and “Other,” by 13.3%, 47.2%, and 93% respectively.
  - Rates also increased for two age groups during this period: for those 15-24 years old (by 36.4%) and 25-44 years old (by 10.4%).
- ED discharge rates for self-inflicted injury have decreased slightly (0.1%) from 2014-2016
  - Rates are highest among those 15-24 years old and among people who identify their race/ethnicity as “Other,” American Indian/Alaska Native, and Black.
Substance Misuse in the U.S.\(^5\) (2017)

- 30.5 million people 12 and older have used an illicit drug in the past 30 days – this is equal to 1 in 9 people (11.2%).
- Approximately 19.7 million people ages 12 and older have a substance use disorder:
  - 14.5 million have an alcohol use disorder
  - 7.5 million have an illicit drug use disorder
- Only 4 million people 12 and older received substance use treatment in the past year.
- About 1 in 3 people 12 and older who perceive a need for treatment do not receive it because they do not have health insurance and cannot afford it.
- 8.5 million adults 18 or older (3.4%) have both a mental illness and a substance use disorder.
  - 1 in 3 of these people did not receive care for either condition.

Substance Misuse in San Diego County\(^8\)

- Nearly 20% of adults ages 18 and older self-report excessive alcohol use, exceeding the state and national averages of approximately 18%.\(^11\) (2015)
- *ED discharge rates for chronic substance abuse* grew substantially (by 559%) from 2014-2016.\(^8\)
  - The steepest increase (714%) was for those 65 years old and older, followed by those 27-44 years old (657%).
- *ED discharge rates for acute substance abuse increased* by 51% from 2014-2016.\(^8\)
  - These rates rose the most for 0-17 year olds (61%), followed by 27-44 year olds (59%), and 18-26 olds (57%).
  - Rates increased for all races, but the most substantial increase (177%) was among Black individuals.
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.12

Opioid Deaths in the U.S.13 (2017)

- The rate of opioid overdose deaths rose by 12.0% from 2016-2017.
- Males are twice as likely to die from an opioid overdose than females (20.4 per 100,000 vs 9.4 per 100,000).
- Non-Hispanic White individuals have the highest opioid overdose death rate (19.4 per 100,000), followed by non-Hispanic American Indian/Alaska Native (15.7 per 100,000).
- The highest opioid overdose death rate is among those 25-34 years old (29.1 per 100,000).

Opioids in San Diego County

- Opioids were prescribed 1,701,077 times in San Diego in 2017, an annual age-adjusted rate of 475.5 times per 1,000 residents.14
  - This represents a 17% decrease from 2015.
- Death rates from opioid overdose are highest for individuals who are Native American, followed by White, Black, Latino, and Asian individuals.14 (2017)
- ED discharges for opioid misuse rose 267.2% from 2014-2016.8
  - Rates are highest for those 27-44 years old, but the largest increase (1,734%) was for those 65 years and older.
- ED discharge rates for opioid overdose rose by 18.1% from 2014-2016.8
  - Rates increased for all racial groups, but the largest increase was seen among Black individuals (88.2%).
- Rates of inpatient discharge for opioid overdose decreased overall by 6.3% from 2014-2016.8
  - Rates of those 65 years and older decreased by 11.6%.
Sources: Behavioral Health


8. California Office of Statewide Health Planning and Development. OSHPD Patient Discharge Data, 2013-2016. SpeedTrack©


Cancer

15.5 million Americans have a history of cancer, and in 2019, 606,880 Americans will die from cancer and 1.7 million new cases will be diagnosed.¹

Cancer is a set of diseases in which abnormal cells grow and spread.² In 2017, it was the second leading cause of death in the U.S.² The annual direct medical costs for cancer are over $80 billion in the U.S. (2015).³

Cancer in the U.S.
The Most Common Cancers: Prevalence and Mortality Estimates for 2019⁴
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.

Breast (invasive)
- 271,270 cases will be diagnosed
- 42,260 people will die

Lung
- 228,150 cases will be diagnosed
- 142,670 people will die

Prostate
- 174,650 cases will be diagnosed
- 78,500 men will die

Colorectal
- 145,600 cases will be diagnosed
- 51,020 people will die

Urinary
- 80,470 cases will be diagnosed
- 17,670 people will die

Uterine/Endometrial
- 61,880 cases will be diagnosed
- 12,160 people will die

Pancreatic
- 56,770 cases will be diagnosed
- 45,750 people will die

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CANCER RATES IN SAN DIEGO COUNTY

Incidence Rates (2012-2016)⁵
The age-adjusted cancer (all-sites) incidence rates per 100,000:  
San Diego County | 399.9  
California        | 393.6

Cancer Incidence Rates by Race/Ethnicity

<table>
<thead>
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<th>Rate per 100,000 population</th>
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<td>White</td>
<td>432</td>
</tr>
<tr>
<td>Black</td>
<td>367</td>
</tr>
<tr>
<td>Hispanic</td>
<td>414</td>
</tr>
<tr>
<td>API*</td>
<td>281</td>
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</tbody>
</table>

Mortality Rates (2012-2016)⁶
The age adjusted cancer (all-sites) mortality rates per 100,000:  
San Diego County | 148.3  
California        | 144.6

Cancer Mortality Rates by Race/Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Rate per 100,000 population</th>
</tr>
</thead>
<tbody>
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<td>White</td>
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</tr>
<tr>
<td>Black</td>
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</tr>
<tr>
<td>Hispanic</td>
<td>188</td>
</tr>
<tr>
<td>API*</td>
<td>116</td>
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</table>

*Asian/Pacific Islander
Disparities in the U.S. *

By Socioeconomic Status (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
The overall cancer incidence (2011-2015) and mortality rates (2012-2016) for all race/ethnicities per 100,000 is 44.9 and 161.0 respectively.
- 465.3/165.4 for Non-Hispanic Whites
- 463.9/190.6 for Non-Hispanic Blacks
- 291.7/100.4 for Asian/Pacific Islanders
- 398.5/148.8 for American Indian/Alaska Natives
- 346.6/113.6 for Hispanic/Latinos

Non-Hispanic Blacks
- Collectively, Black people have the highest death rates (2016)
- Black women have 21.5% higher cancer mortality rates than White women (2012-2016).
- Mortality rates from uterine/endometrial cancer for Black women is nearly double that of White women and is 40% higher for breast cancer (2012-2016).
- Mortality rates from prostate cancer for Black men are more than double those of every other group (2012-2016).
- Black men have the highest cancer incidence rates compared to all other racial/ethnic groups (2011-2015).
- Black people have the highest incidence rates of colorectal cancers of any racial/ethnic groups (2011-2015).

Hispanic/Latinos
- Collectively, Hispanics have lower overall cancer incidence (2011-2015) and mortality rates (2012-2016)
- Hispanics have the highest incidence rates for cancers linked to infectious agents, like cervical, liver, and stomach cancer (2011-2015)

Asian/Pacific Islanders (API)
- APIs have the lowest overall cancer incidence (2011-2015) and mortality rates (2012-2016)
- APIs have the highest rate of stomach cancer (2011-2015)

American Indian/Alaska Natives (AI/ANs)
- AI/ANs have lower than average overall cancer incidence (2011-2015) and mortality rates (2012-2016)
- AI/ANs have the highest kidney cancer incidence (2011-2015) and mortality (2012-2016) rate of any population – nearly 3 times the rates among APIs.

---
*Cancer mortality (death) rates are from years 2012-2016 unless otherwise specified. Cancer incidence rates are from years 2011-2015*
San Diego County Disparities

Incidence\(^5\) (2012-2016)

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

- Blacks have the highest rates of prostate, and colorectal cancer (followed closely by Whites).
- Hispanics have the highest rates of liver and intrahepatic bile duct cancer (followed closely by APIs) and pancreatic cancer (followed closely by Whites).

<table>
<thead>
<tr>
<th>Site-Specific Cancer Age-Adjusted Incidence Rates in San Diego County by Race/Ethnicity (per 100,000)</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>API</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>95.5</td>
<td>123.1</td>
<td>94.7</td>
<td>49.2</td>
</tr>
<tr>
<td>Breast</td>
<td>72.3</td>
<td>57.5</td>
<td>56.3</td>
<td>55.8</td>
</tr>
<tr>
<td>Lung</td>
<td>47.2</td>
<td>46.8</td>
<td>27.5</td>
<td>35.9</td>
</tr>
<tr>
<td>Colorectal</td>
<td>36.1</td>
<td>36.9</td>
<td>33.2</td>
<td>28.2</td>
</tr>
<tr>
<td>Urinary</td>
<td>35.3</td>
<td>31.3</td>
<td>29.5</td>
<td>16.8</td>
</tr>
<tr>
<td>Melanoma Skin</td>
<td>37.9</td>
<td>**</td>
<td>5.1</td>
<td>1.5</td>
</tr>
<tr>
<td>Uterine</td>
<td>23.6</td>
<td>15.1</td>
<td>19.9</td>
<td>21.4</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>19.8</td>
<td>13.4</td>
<td>19.3</td>
<td>12.8</td>
</tr>
<tr>
<td>Pancreatic</td>
<td>11.7</td>
<td>10.1</td>
<td>12.2</td>
<td>8.9</td>
</tr>
<tr>
<td>Liver &amp; IBD*</td>
<td>6.8</td>
<td>11.4</td>
<td>15.8</td>
<td>12.2</td>
</tr>
</tbody>
</table>

Mortality\(^6\) (2012-2016)

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 breast, lung, and colorectal cancer.
- Hispanics have the highest mortality rates from liver and intrahepatic bile duct cancers, followed by Asian Pacific Islanders.

<table>
<thead>
<tr>
<th>Site-Specific Cancer Mortality Age-Adjusted Rates in San Diego County by Race/Ethnicity (per 100,000)</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>API</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>34.6</td>
<td>39.3</td>
<td>18.6</td>
<td>26.7</td>
</tr>
<tr>
<td>Prostate</td>
<td>22.2</td>
<td>34.6</td>
<td>20.9</td>
<td>13.2</td>
</tr>
<tr>
<td>Colorectal</td>
<td>13.1</td>
<td>17.6</td>
<td>13.4</td>
<td>10.8</td>
</tr>
<tr>
<td>Breast</td>
<td>11.7</td>
<td>13.7</td>
<td>9.3</td>
<td>7.5</td>
</tr>
<tr>
<td>Pancreatic</td>
<td>10.8</td>
<td>10.1</td>
<td>10.4</td>
<td>8.5</td>
</tr>
<tr>
<td>Urinary</td>
<td>9.1</td>
<td>7.7</td>
<td>6.6</td>
<td>5.0</td>
</tr>
<tr>
<td>Liver &amp; IBD*</td>
<td>5.6</td>
<td>8.3</td>
<td>12.0</td>
<td>10.9</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>5.3</td>
<td>4.9</td>
<td>4.9</td>
<td>4.6</td>
</tr>
<tr>
<td>Melanoma Skin</td>
<td>4</td>
<td>**</td>
<td>1.1</td>
<td>**</td>
</tr>
<tr>
<td>Uterine</td>
<td>1.8</td>
<td>**</td>
<td>2.0</td>
<td>**</td>
</tr>
</tbody>
</table>

*C*Inflammatory Bowel Disease

**Rates are too low to be statistically stable
Sources: Cancer

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.

- 836,000 people die from CVD annually while the annual financial burden from direct and indirect costs was $329.7 billion annually.\(^1\) (2015)
- By 2035, more than 130 million adults, or 45.1%, are projected to have CVD with total costs expected to reach $1.1 trillion.\(^5\)
- 36.6% of adults have been diagnosed with a CVD.\(^1\) (2011-2014)

Heart Disease

- The most common CVD is heart disease, which occurs in 10.6% of adults and is the leading cause of death accounting for more than 647,000 deaths annually.\(^3, 4\) (2017)
  - Coronary artery or coronary heart disease (CHD) is the most common type of heart disease.\(^6\)

Stroke

- Stroke affects 2.9% of the population and is the 5\(^{th}\) leading cause of death, accounting for more than 146,000 deaths annually.\(^3, 4\) (2017)

Reducing the Risk of CVD

Seven health factors and behaviors can reduce the risk of developing and dying from CVD:\(^7\)

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.\(^8\)
- Only 8.8% of Americans meet at least six of these criteria.\(^8\)
CVD Disparities in the U.S. (2017)

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
- Males are more likely to have heart disease (11.8%), coronary heart disease (7.2%), hypertension (26.0%), and stroke (3.3%) compared to females (9.5%, 4.2%, and 2.5% respectively).

By Age
- CVD is more common with age. The prevalence among those 75 and older is highest (35% for heart disease; 23.8% for CHD; 59.8% for hypertension, and 12.0% for stroke), followed by those 65-74 (23.1% for heart disease; 14.0% for CHD; 53.7% for hypertension; and 6.4% for stroke).

By Race
- Compared to stroke and heart disease, racial disparities are largest for hypertension among adults:
  - 32.1% of Black/African Americans
  - 30.6% of American Indians or Alaska Natives
  - 28.2% of individuals of 2 or more races
  - 23.5% of Whites
  - 22.1% of Asians
  - 21.1% of Hispanics

By Educational Levels
- CVD rate 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 again offer the largest comparative difference with 22.7% of people with a bachelor’s degree or more having hypertension compared to 32.3% of people with less than a high school diploma.

By Income
- People who are living below the federal poverty level (FPL) guidelines have higher rates of heart disease (12.6%), CHD (8.0%), hypertension (29.4), and stroke (5.8%) compared to those with an income above the FPL (10.3%, 5.0%, 22.9%, and 2.2% respectively).

By Region
- The largest regional disparities are for hypertension: 26.8% of people living in the South and 25.9% of people living in the Midwest have hypertension, compared to 22.1% of people living in the West, and 21.3% of people living in the Northeast.
Sources: Cardiovascular Disease

9. California Office of Statewide Health Planning and Development. OSHPD Patient Discharge Data, 2013-2016. SpeedTrack©
Diabetes Mellitus

More than 30 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 of diabetes are: **Type 2** (the most common type), **Type 1**, and **gestational** (occurring during pregnancy).

Diabetes has a significant impact on morbidity and mortality\(^1\) and has an economic burden of approximately $245 billion in the United States.\(^2\)

Diabetes in the U.S.
- Approximately 9.7% of adults have a diabetes diagnosis.\(^3\) (2016-2017)
- Among those with diabetes, 91.2% have type 2 diabetes and 5.6% have type 1.\(^3\) (2016-2017)
- 132,000 youth younger than 18 years old have diabetes.\(^3\) (2013-2015)
- Type 2 diabetes is more common among adults 65+, males, those with higher body mass index, Asian-Americans, those with lower family incomes, and lower educational levels.\(^3\) (2016-2017)
- The age adjusted death rate for diabetes in the U.S. is 21.5 per 100,000.\(^5\) (2016)
- Diabetes is the 7\(^{th}\) leading cause of mortality in the U.S., and the 5\(^{th}\) leading cause of death for those 55-64 years old.\(^4\) (2017)
- The number of adults diagnosed with diabetes in the U.S. has more than tripled in the last 20 years.\(^6\) (2017)

Risk Factors
According to the CDC, the following are risk factors for developing diabetes:\(^3\)
- 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

**Mortality**
- In 2017, diabetes was the 7\(^{th}\) leading cause of death in San Diego County.\(^8\)
- The age-adjusted death rate for diabetes was 20.7 per 100,000 population.\(^9\) (2016)
- American Indian and Alaska Natives have the highest diabetes death rate, 63.8 compared to the unadjusted county rate of 22.3 per 100,000.\(^9\) (2016)

**Mortality Rate for Diabetes by Race/Ethnicity, 2016**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>22.7</td>
</tr>
<tr>
<td>Black</td>
<td>37.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>19.6</td>
</tr>
<tr>
<td>API*</td>
<td>24.0</td>
</tr>
<tr>
<td>AIAN*</td>
<td>63.8</td>
</tr>
<tr>
<td>Other</td>
<td>6.6</td>
</tr>
</tbody>
</table>

**Opportunities for Prevention:**\(^11\)
- 97% of the population lives in close proximity to a park or recreational facility, an indicator of strong “exercise opportunities”.
- San Diego receives an 8.3/10 on the “Food Environment Index (2015/2016),” a measure of affordable, close, and nutritious food retailers. This exceeds the national benchmark of 7.4.
Diabetes in San Diego: Disparities and Risk

Disparities in Diabetes

*Emergency department (ED) discharge* rates for diabetes remained fairly stable from 2014-2016, but disparities are apparent:

- ED discharge rates are highest for those 65 and older and for Black individuals
- Increases in discharge rates occurred for those 27-44 years old and for Asian/Pacific Islander and Blacks

*Inpatient discharges for gestational diabetes* are decreasing, but disparities are evident here as well:

- Asian/Pacific Islanders and those who identify their race as “Other” are disproportionally impacted by gestational diabetes

Most San Diegans manage their diabetes well, but disparities are also seen in these data:

- 81.2% of Medicare patients with diabetes have had a hemoglobin A1c blood sugar test by a health care professional in the past year
- This rate is 5.2% lower for Black individuals than for White individuals

Risk Factors for Diabetes in San Diego County

Relative to state averages, San Diego has a lower proportion of people with risk factors for diabetes.

- While 22.5% of adults in San Diego are obese, this is lower than the California rate of 26.4%.
- San Diego children (5-11 years old) have higher rates of at least one hour a day of physical activity, each day of the week (33.6%) than the California average (31.2%).
- Among adults in San Diego, 20.4% have at least 20 minutes of physical activity each day of the week, similar to the state average of 20%.
- Rates of smoking (10.2%) are the same in San Diego and across California.
Sources: Diabetes Mellitus


10. California Office of Statewide Health Planning and Development. OSHPD Patient Discharge Data, 2013-2016. SpeedTrack©


Economic Security

39.7 million people in the U.S. live in poverty (2017)

Federal poverty level (FPL) is a measure of income that varies according to the size of a family and are updated each year. For 2019, the poverty guidelines range up to $12,490 for a 1-person household, to $25,750 for a 4-person household, and up to $43,430 for an 8-person household.

Poverty in the U.S. (2017)
- The U.S. poverty rate in 2017 was 12.3%.

By Age
Poverty rates are highest for the youngest individuals:
- 17.5% for those under 18
- 11.2% for those 18-64
- 9.2% for those 65 and older

By Race
Poverty rates are highest for Black and Hispanic individuals:
- 21.2% for Black individuals
- 18.3% for Hispanic individuals
- 10.7% for White individuals
- 10.0% for Asian individuals

By Region
People in the Southern U.S. have the highest poverty rates:
- 13.6% in the South
- 11.8% in the West
- 11.4% in the Midwest
- 11.4% in the Northeast

By Educational Attainment
Among people 25 years old and older, less education is associated with higher poverty rates:
- 24.5% for those with no high school diploma
- 12.7% for those with a high school diploma, but no college
- 8.8% for those with some college, but no degree
- 4.8% for those with a Bachelor’s degree or higher

POVERTY IN SAN DIEGO COUNTY

In San Diego, residents belonging to minority ethnic groups are disproportionately affected by poverty.3

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Race</td>
</tr>
<tr>
<td>NA/AN***</td>
</tr>
<tr>
<td>Black</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Multiple race</td>
</tr>
<tr>
<td>NH/PI**</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>NH White*</td>
</tr>
</tbody>
</table>

*non-Hispanic White, **Native Hawaiian & Pacific Islander, ***Native American & Alaskan Native

San Diegans are struggling:
- In 2017, 13.3% lived below the federal poverty guidelines, which is a decrease since 2013.3 (5 year estimates compared)
- The per capita income is $34,350.3 (2013-2017)
- 17.1% of all children live below the federal poverty level.7 (2013-2017)
- 33% of working age families can not cover their basic expenses.4 (2015)

Unemployment in San Diego County
In 2018, the overall unemployment rate in San Diego is 3.3%, which is a 4.8% decrease since 2014 (6.4%).5
Food insecurity in the U.S. \(^6\)

40 million Americans do not have enough to eat

Food-insecure households face challenges providing enough food for all members of the household to have an active, healthy life. Households with very low food security are those in which the food intake of at least one member is reduced and normal eating patterns are disrupted due to limited resources.

Food Insecure Households in the U.S. (2017)
- 11.8% of households – nearly 1 in 8 - are food insecure
- 4.5% of households have very low food security

By Household Composition
Food insecurity is highest for households with young children:
- 15.7% of households with children
- 16.4% of household with children less than six years old
- 13.9% of adult women who live alone
- 13.4% of men who live alone
- 8.6% of seniors who live alone
- 7.7% of households with no children and more than one adult

By Race/Ethnicity
Minority households have higher rates of food insecurity:
- 21.8% of Black households
- 18% of Hispanic households
- 9.9% of households who identify as “other”
- 8.8% of White households

By Region
People living in the Southern regions of the US have the highest rates of food insecurity:
- 13.4% of households in the South
- 11.7% of households in the Midwest
- 10.7% of households in the West
- 9.9% of households in the Northeast

ECONOMIC INSECURITY IN SAN DIEGO COUNTY

Housing (2013-2017)
- The median gross rent was $1,467 per month\(^3\)
- 46.7% of San Diegans who rent their homes spend 35% or more of their household income on rent\(^3\)

Childcare (2016)
- The average monthly cost of childcare in San Diego in 2016 was between $620 and $1,293\(^8\)

Food insecurity
- 14% of people experience food insecurity, more than 1 in 7\(^7\) (2016)
- 22% of children are in food insecure households, more than 1 in 5\(^5\) (2016)
- 7.2% of San Diegans receive Supplemental Nutrition Assistance Program (SNAP) Benefits\(^3\) (2013-2017)

Health impacts of food insecurity
Lower incomes are associated with:\(^9\)
- Poor mental health days
- Visits to the ED for heart attacks
- Asthma
- Obesity
- Diabetes
- Stroke
- Cancer
- Smoking
- Pedestrian Injury

Food insecurity is linked to:\(^10\)
- Fair or poor health, anemia, and asthma in children
- Mental health problems, diabetes, hypertension, hyperlipidemia, and oral health problems in adults
- Fair or poor health, depression, and limitations in activities of daily living in seniors
Sources: Economic Security


Homelessness & Housing Instability

553,000 people in the U.S. are homeless, 1.3 million people live in severely inadequate housing, and 8.3 million households have “worst case housing needs”

Homelessness is when a person does not have a fixed, regular, and adequate nighttime residence. 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, severe overcrowding, or a housing cost burden of Health outcomes are strongly influenced by the stability, quality, safety and affordability of housing.

Homelessness in the U.S.* (2018)
From 2010-2018, rates of homelessness fell by 13.2% nationwide.

By Sex
- 60.2% of the nation’s homeless population are male; 39.1% are female; 0.5% are transgender, and 0.2% are gender non-conforming

By Age
- A fifth (20.2%) of the homeless population is comprised of children, while 8.7% are 18-24, and 71.1% are over 24

By Race/Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>48.9%</td>
</tr>
<tr>
<td>Black</td>
<td>39.8%</td>
</tr>
<tr>
<td>Multiple races</td>
<td>5.9%</td>
</tr>
<tr>
<td>Native American</td>
<td>2.8%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>1.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>22.2%</td>
</tr>
</tbody>
</table>

By Sheltered Status
- 65% of people who experience homelessness stay in sheltered locations, while 35% are unsheltered

In California (2018)
- California has the highest rates of unsheltered homeless (68.9% of the homeless population) and the largest number of homeless unaccompanied youth (12,396)

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

8,576 individuals are homeless in San Diego on any given night (2018)
- The number of homeless decreased by 6% between 2017-2018 and 3.4% since 2013

Sheltered and unsheltered (2018)
- 3,586 (41.8%) are sheltered, and 4,990 (58.2%) are unsheltered
- 54.3% of sheltered homeless individuals are sheltered in an emergency shelter; 43.3% are in transitional housing; 1.8% are in a safe haven
- 50% of unsheltered homeless sleep on the street/sidewalk; 18% sleep in a vehicle; 14% sleep in a park; 5% sleep in a hand-built structure or tent

Health conditions among unsheltered
- 43% report having a chronic health condition
- 43% report instances of mental health issues
- 43% report having a physical disability

Length of time among unsheltered
- More than half of those who become homeless remain homeless for longer than one year

Demographics among unsheltered respondents
- 70% have been in jail, prison, or juvenile hall
- 13.3% are veterans
- 13.2% are youth under the age of 24

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.
Severely Inadequate Housing in the U.S.² (2017)

1,348,000 households have severely inadequate housing conditions; an additional 4,648,000 households have moderately inadequate conditions

- 3,267,000 have exposed wiring
- 938,000 have inadequate heating capacity
- 3,602,000 have had water stoppages in the last three months
- 1,391,000 have had sewage disposal breakdowns in the last three months
- 3,775,000 have mold

Worst Case Housing Needs⁴ (2015)

The number of households that have worst case needs has increased by 41% since 2007

- 98.2% of worst case needs renters have severe rent burdens, paying one half or more of their income for rent.

By Race/Ethnicity

Among all renters, the percent who have worse case housing needs:

- 45.5% of non-Hispanic Whites
- 25.3% of Hispanics
- 21.7% of non-Hispanic Blacks
- 7.5% of renters of other races and ethnicities

By Household Composition

Among the households with worst case needs:

- 34.8% are families with children
- 33.2% are single adults with roommates
- 22.3% are elderly households
- 9.7% are “other family” households

Health Impacts⁵

- 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
- Homelessness and residential instability make the proper storage of medications challenging or impossible, impacting 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 infections 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

HOUSING INSTABILITY IN SAN DIEGO COUNTY

Rental and owner-occupied units

- The median gross rent is $1,467 per month⁷ (2013-2017)
- The median value of owner-occupied housing units is $484,900⁷ (2013-2017)
- 52.9% of households are owned, while 47.1% are rented¹ (2011-2015)
- 8.3% of households that are owned have an income of less than 30% of the average median family income, while 33.7% of households that are rented have incomes of that level³ (2011-2015)

Cost burden³ (2011-2015)

- 42.7% of San Diegans have cost burdened housing—spending more than 30% of their income on housing
- 20.0% of San Diegans have severely cost burdened housing—spending more than 50% of their income on housing
- The lowest-income families have the highest rates of severely cost burdened housing—47.4% of families with incomes 30% or less of the median family income in the County are severely cost burdened

Housing problems³ (2011-2015)

- 46.0% of San Diegans have housing problems: their household lacks full kitchen or plumbing facilities, has more than 1 person per room, or is cost burdened
- 25.2% of San Diegans have severe housing problems: their household lacks full kitchen or plumbing facilities, is severely overcrowded (more than 2 people per room), or is severely cost burdened
Sources: Homelessness & Housing Instability


Unintentional Injury and Violence

More than 243,000 people died from injury and violence in 2017.

In the first half of life (44 years), more Americans die from violence and injuries than from any other cause. In addition, for every person who dies from injury or violence, another 13 are hospitalized and 129 are treated in an emergency room. Those who survive may be faced with life-long mental, physical, and financial problems.

Unintentional Injuries in the U.S. (2017)
- Unintentional injury is the third leading cause of death in the U.S. overall and is the first leading cause of death among persons 1-44.
- Unintentional Injury accounts for 93.2% nonfatal injuries and 69.9% fatal injuries.

By Sex:
Unintentional injuries are more common among males:
- Males are 2.1 times more likely to die from an unintentional injury than females (67.7 vs 31.9 per 100,000).
- Males are 1.2 times more likely to be involved in a non-fatal unintentional injury than female.

By Age:
Older people (65+ years) have the highest mortality rate from unintentional injury:
- 374.9 per 100,000 among people 85+
- 152.4 per 100,000 among people 80-84
- 86.6 per 100,000 among people 75-79

Older people also have the highest nonfatal unintentional injury rate:
- 19,833.3 per 100,000 among people 85+
- 12,656.8 per 100,000 among people 80-84
- 10,883.7 per 100,000 among people 20-24

By Race and Ethnicity:
Native Americans have the highest fatality from unintentional injury:
- 86.4 per 100,000 for Non-Hispanic Native American
- 56.1 per 100,000 for Non-Hispanic White
- 47.4 per 100,000 for Non-Hispanic Black

Per the Healthy People 2020, “unintentional injuries and violence-related injuries can be caused by a number of events, such as motor vehicle crashes and physical assault, and can occur virtually anywhere.”

Unintentional injuries include motor vehicle accidents, falls, firearms, fire/flame, drowning, poisoning, machinery, suffocation, etc.
Unintentional Injury in Youth (under 18 years) in the U.S. \(^4\) (2017)

More than 5,700 youth died from an unintentional injury in 2017 (7.7 per 100,000)

By Type of Injury:
- 39.7% are due to motor vehicle
- 22.9% due to suffocation
- 14.2% due to drowning

By Race/Ethnicity
- 16.8 per 100,000 for Non-Hispanic Native American
- 12.5 per 100,000 for Non-Hispanic Blacks
- 7.7 per 100,000 for Non-Hispanic White

Unintentional Injury in San Diego County

By Age:
- Older San Diegans 65 years and older have the highest death and emergency department (ED) discharge rate from unintentional injury (97.1 and 7,698 respectively). \(^6\)
- Youth aged 0–14 are impacted by ED discharges for unintentional injury with a rate of 6,781 per 100,000. \(^6\)
- The leading causes of ED discharge for an unintentional injury in 2018 (1–14 years). \(^8\)
  1. 18,072 falls
  2. 8,029 struck by object
  3. 1,999 natural/environmental
  4. 2,452 motor vehicle
  5. 1,318 cut/pierce

By Race and Ethnicity: \(^6\)

In San Diego, residents belonging to minority groups are disproportionately affected by unintentional injury.
- Those who identify as “Other” have the highest ED discharge rate (12,151 per 100,000) followed by Blacks (8,792 per 100,000) and Whites (5,583 per 100,000).
- Black individuals have the second highest mortality and ED discharge rate compared to all other race/ethnicities (58.6 and 8,792 per 100,000).
- American Indian and Alaska Natives have the highest mortality rates for unintentional injury, however they have the second lowest ED discharge rate (106.3 and 3,705 per 100,000 respectively)
Motor Vehicle Injuries

More than 37,000 people died from motor vehicle injuries in 2017 in the U.S.\(^9\)

The total estimated lifetime medical and work-loss cost associated with motor vehicle injuries in the U.S. is more than $63 billion.\(^\text{12}\)

Motor Vehicle Injuries in the U.S.\(^9\) (2017)

- More than 2.7 million people were seen in the ED due to motor vehicle-related injuries in 2017.
- In 2017, the fatality rate was 11.4 per 100,000, while the injury rate was 843 per 100,000 population.
- Among all fatalities, 29.3% were due to drunk driving (Blood alcohol concentration (BAC) of 0.08 g/dL or higher) while 26.2% were due to speeding.
- More than two-thirds (70.2%) of the pedestrians killed in traffic crashes were males.
- Pedestrians 75 and older have the highest fatality rate (2.7 per 100,000) while pedestrians ages 16-20 have the highest injury rate (37.6 per 100,000).

By Sex

- Males account for 71.1% of all fatalities due to motor vehicle injuries.

By Age

Drivers 15-20 (younger) and 65+ (older) are mostly impacted:

- Although \textit{younger drivers} account for 5.4% of total licensed drivers, they are involved in 8.4% of fatal crashes.
- Among \textit{younger drivers}, the rate of fatal crashes for males was 2.3 times greater than that of female drivers.
- \textit{Younger drivers} were speeding or driving drunk at the time of fatal crashes more than all other age groups.
- Among \textit{older drivers}, the rate of fatal crashes with male drivers was 2.6 times greater than that of female drivers.
- Among \textit{older drivers}, the rate of involvement in fatal crashes increases as age increases.

By Race/Ethnicity

- American Indian/Alaska native (AI/AN) adults are 1.5 times more likely to die in a crash than White or Black adults.

MOTOR VEHICLE INJURIES IN SAN DIEGO COUNTY\(^6\) (2016)

In San Diego, males experience more injuries related to motor vehicles than females:

- **Mortality Rates for Motor Vehicle Injury by Sex, 2016**

  - Female: 4.2
  - Male: 10.0

  Age-adjusted rate per 100,000 population

  - **Motor vehicle injury mortality (death) rate per 100,000 among San Diego residents:**
    - Individuals who identify as \textit{AI/AN} have the highest death rate (35.4), followed by \textit{Black} individuals (11.5).
    - Those \textit{65+} have the highest death rate (12.3), followed by those 15-24 (8.8).

  - **Motor vehicle injury inpatient discharge rate per 100,000 among San Diego residents:**
    - **Blacks** have the highest inpatient discharge rate (132.5), followed by American Indian & Alaska Native (92.1).
    - Those \textit{15-24} have the highest inpatient discharge rate (105.1), followed by those 65+ (99.2)

Mortality Rates for Pedestrian Death Due to Motor Vehicle Injuries by Age, 2016

- **Rate per 100,000 population**
  - 65+: 4.9
  - 45-64: 2.7
  - 25-44: 1.7
  - 15-24: 1.0
Crime in the U.S.

Property crime is currently the biggest criminal issue

In 2017, the estimated number of violent crime offenses was 1,247,321, a decrease of 0.2 percent from the 2016 estimate.  


- Aggravated assault accounted for 65% of reported violent crimes, followed by robbery (25.6%), rape (8.0%), and murder (1.4%).
- Firearms were used in 72.6% of the nation’s murders, 40.6% robberies, and 26.3% of aggravated assaults.

Homicide:

Both murder victims and offenders were more likely to be:

- Black (victims: 53.7%) (offenders: 54.2%)
- Male (victims: 78.6%) (offenders: 88.1%)
- 20-29 years old (victims: 32.6%) (offenders: 39.9%)


- In 2017, the rate of property crime was 2362.2 per 100,000, a 3.6% decrease from 2016.
- Losses were estimated at $15.3 billion in 2017 with only 29.2% of stolen properties recovered.
- Larceny-theft accounted for 71.7% of all property crimes, followed by burglary (18.2%), and motor vehicle theft (10.0%).

VIOLENT CRIMES IN SAN DIEGO COUNTY

In San Diego, crime rates have increased slightly since 2014.

For crimes involving assault:

- Males are 3.2 times more likely to die and 4.9 more likely to be hospitalized than females.
- Blacks have the highest death (17.2 per 100,000), ED discharge (700.3 per 100,000), and inpatient discharge rates (109.0 per 100,000).
- Those 15-24 have the highest death (4.6 per 100,000), and hospital discharge rates (ED: 416.8 per 100,000, inpatient: 47.2 per 100,000).

For crimes involving a firearm:

- Males are 3.5 times more likely to die and 9.3 times more likely to be hospitalized than females.
- Blacks are 16.2 times more likely to die and 26.3 times more likely to be hospitalized than Whites.
- Those 15-24 have the highest death (2.9 per 100,000) and hospital discharge rates (ED: 13.4 per 100,000, inpatient: 10.2 per 100,000).

**Hospital Discharge & Mortality Rates for Firearms by Race/Ethnicity, 2016**

- Mortality: Black 9.6, Hispanic 5.9, White 6.4
- ED Discharge: Black 22.9, Hispanic 7.4, White 14.2
- Inpatient Discharge: Black 36.3, Hispanic 3.4, White 1.4
Sources: Unintentional Injury and Violence
