





POVERTY IN SAN DIEGO COUNTY

Family and Child Poverty, Deep Poverty, Housing, and Employment

> County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit

> > Prepared October 2023





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October 11, 2023

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Introduction

Poverty as a Social Determinant of Health

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

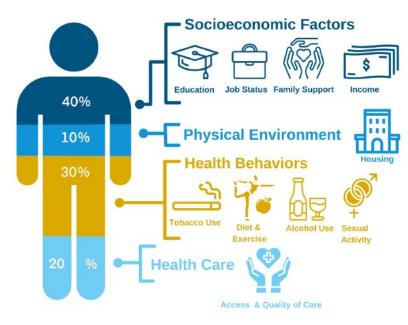


Figure 1: Social Determinants of Health (SDOH), UCLA Health.²

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

Many SDOH influence the prevalence of poverty in individuals and communities, including but not limited to, housing and stable employment. Affordable housing and adequate, stable employment decrease the risk of falling into poverty.^{5,6} Additionally, experiencing poverty in childhood increases the risk of negative health and well-being outcomes in adulthood.⁷ Although San Diego County appears to have a low poverty rate compared to other counties in the nation, there remain areas of severe concentrated poverty throughout the county where communities are struggling to make ends meet. Addressing poverty in San Diego County is crucial to achieving health equity.

To view family and child poverty rates, housing, and unemployment by census tract in San Diego County, visit the Poverty Dashboard Series here: Poverty Dashboard Series | Tableau Public

Family and Child Poverty

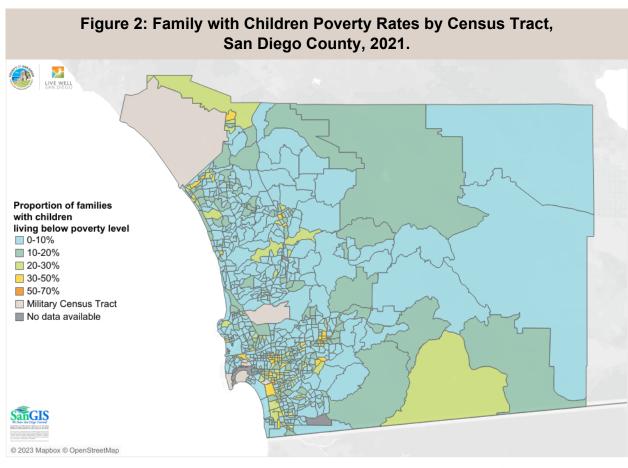
Currently, the federal government's poverty thresholds and guidelines are used to determine poverty rates throughout the United States. Poverty thresholds vary by family size and number of children. The poverty thresholds for 2021 by family and number of related children under 18 years old are shown in *Table 1* below.⁸

Size of family unit						
	Thresholds	None	One	Two	Three	Four
One person (unrelated individual):	13,788					
Under age 65	14,097	14,097				
Aged 65 and older	12,996	12,996				
wo people:	17,529					
Householder under age 65	18,231	18,145	18,677			
Householder aged 65 and older	16,400	16,379	18,606			
hree people	21,559	21,196	21,811	21,831		
our people	27,740	27,949	28,406	27,479	27,575	
ive people	32,865	33,705	34,195	33,148	32,338	31,843
ix people	37,161	38,767	38,921	38,119	37,350	36,207
even people	42,156	44,606	44,885	43,925	43,255	42,009
ight people	47,093	49,888	50,329	49,423	48,629	47,503
line people or more	56,325	60,012	60,303	59,501	58,828	57,722
		Five	Six	Seven	Eight+	
ix people	37,161	35,529				
even people	42,156	40,554	38,958			
ight people	47,093	46,073	44,585	44,207		
line people or more	56,325	56,201	54,826	54,485	52,386	

A family is considered to be living in poverty if their total annual income is less than the poverty threshold established for their family size and composition. When using poverty thresholds to examine poverty, it is important to acknowledge that the federal poverty threshold remains the same across different states, counties, and cities, despite the variability in the cost of living. This frequently leads to an underestimation of the number of families struggling to make ends meet in high-cost areas, including San Diego County. Nonetheless, the poverty thresholds remain the standard by which communities across the United States use to measure poverty and determine eligibility for public federal and state financial assistance programs.

In 2021, 10.5% of families in San Diego County were living in poverty, compared to 13.9% of families in the United States and 12.9% of families in California living in poverty. Although San Diego County appears to have a low family poverty rate compared to other counties in the nation, there remain areas of severe poverty throughout the county where communities are struggling to make ends meet.

The map below shows the percentage of families with children in each census tract living below 100% FPL (Figure 2). Census tracts with a substantial military group quarters population are indicated by a light grey color. The military group quarters population is a special population with unique demographics, needs, and resources.

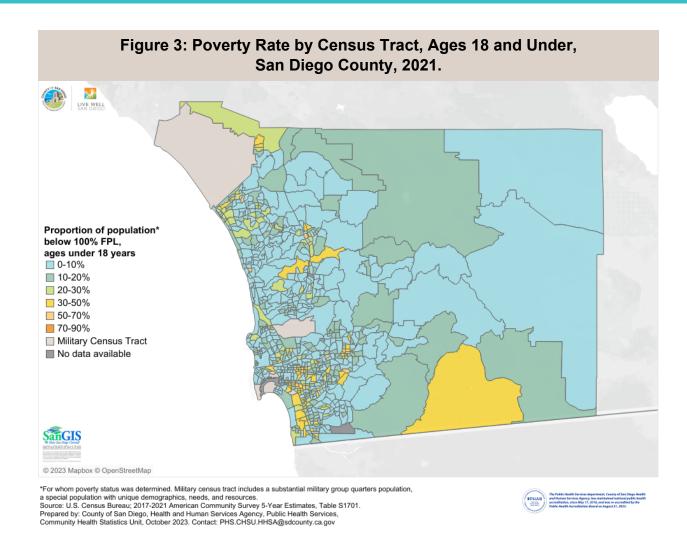


Military census tract includes a substantial military group quarters population, a special population with unique demographics, needs, and resources Source: U.S. Census Bureau; 2017-2021 American Community Survey 5-Year Estimates, Table S1702. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, October 2023. Contact: PHS.CHSU.HHSA@sdcounty.ca.gov



In San Diego County, 118 census tracts had a family poverty rate of 20% or more in 2021.

Across the County, 10.5% of San Diego families were living below 100% of the FPL. However, some geographic areas within San Diego have significantly higher rates of poverty. In 2021, 20% or more of families with children in approximately 16% of San Diego County's census tracts were living below 100% of the FPL (Figure 2). Previous research has indicated that once the poverty rate in a community reaches 20% or greater, the community is more likely to experience significant systemic issues compared to communities with lower poverty rates.¹¹



In San Diego County, 159 census tracts had a child poverty rate of 20% or more in 2021.

In 2021, 20% or more of children aged 18 or younger in approximately 22% of San Diego County's census tracts were living below 100% of the FPL (Figure 3). Previous research has indicated that experiencing poverty during childhood increases the risk of poor health, developmental, and educational outcomes. This can lead to persistent poverty and continue across generations.⁷

In 2021, census tract 3.01 had the highest percentage of families with children living in poverty and the highest child poverty rate.

Across the County, 10.5% of San Diego families and 13.2% of children were living below 100% of the FPL. However, some geographic areas within San Diego have significantly higher rates of poverty, census tract 3.01, where over 60% of families with children were living below 100% FPL, and nearly 81% of children under 18 were living below 100% FPL (Figure 3).

Deep Poverty

poverty.

Deep poverty is defined by the Census Bureau as households living below 50% of the established poverty threshold. Previous research has indicated that deep poverty is more likely to be chronic and continue from generation to generation. Additionally, single mothers and their children and individuals under the age of 25 are more likely to live in deep poverty.⁷

The map below shows the percentage of residents in each census tract living below 50% FPL (Figure 4).

Figure 4: Percentage of Population Living in Deep Poverty by Census Tract, San Diego County, 2021. Proportion of population* with income below 50% poverty level 0-5% **5-10% 10-20%** 20-30% 40-50% ■ Military Census Tract No data available SanGIS © 2023 Mapbox © OpenStreetMap *For whom poverty status was determined. Military census tract includes a substantial military group quarters population, a special population with unique demographics, needs, and resources.
Source: U.S. Census Bureau; 2017-2021 American Community Survey 5-Year Estimates, Table S1701.
Prepared by; County of San Diego, Health and Human Services Agency, Public Health Services,
Community Health Statistics Unit, October 2023. Contact: PHS.CHSU.HHSA@sdcounty.ca.gov

In 2021, 5.1% of the population in San Diego County was living in deep

In San Diego County, 5.1% of the population was living below 50% of the FPL, compared to 5.6% in California and 5.8% in the United States. Overall, the rate of deep poverty appears to be low. However, there are communities within San Diego where 20% or more of the population is living in deep poverty (Figure 4).

In 2021, at least 5% of the population in 277 census tracts in San Diego County were living in deep poverty.

Over 37% of the census tracts in San Diego County had at least 5% of its population living below 50% of the FPL in 2021 (Figure 4).

In 2021, about 169,233 residents were living in deep poverty in San Diego County.

Within the 736 census tracts in San Diego County, 169,233 residents were living below 50% the FPL in 2021. In census tract 29.04, 4,249 residents were living in deep poverty, over 43% of the total census tract population for whom poverty status was determined and the greatest number of residents living in deep poverty in San Diego County (Figure 4).

Healthy People 2030: Economic Stability

Economic stability is a social determinant of health (SDOH) described as the connection between the financial resources people have and their health. Limited access to essential resources increases the risk of adverse health outcomes. Employment, food insecurity, housing instability, and poverty are key issues that affect economic stability in the United States.

Economic stability is included in the Healthy People 2030 objectives. Healthy People 2030 is a federal initiative aiming to improve the health of all Americans. The initiative consists of science-based, 10-year national objectives to identify health improvement priorities nationwide, as well as provide measurable benchmarks for the nation's overall health.¹³ In this brief, two Healthy People 2030 objectives were measured among census tracts in San Diego County, including: reduce the proportion of families that spend more than 30 percent of income on housing, and increase employment in working-age people.

Housing

Adequate and affordable housing is crucial to living healthy lives. When individuals spend a large portion of their income on housing, they may be unable to afford other essentials, including healthy food, healthcare, and transportation.⁵ Housing instability has also been linked to increased stress and mental health problems. Together, these issues may lead to increased risk of poor health and well-being outcomes.

According to the U.S. Department of Housing and Urban development, households should not spend more than 30% of household income on housing. A household becomes cost-burdened when more than 30% of the household income is spent on housing, and severely cost-burdened when more than 50% is spent on housing. Therefore, the Healthy People 2030 objective aims to reduce the proportion of families that spend more than 30 percent of income on housing to 25.5% across the nation.

Figure 5: Proportion of Households Spending 30 Percent or More of Household Income on Housing by Census Tract, San Diego County, 2021.

Proportion of households spending 30 percent or more of household income on housing 0-20% 20-40% 40-60% 60-80% 80-100% Military Census Tract No data available

Military census tract includes a substantial military group quarters population, a special population with unique demographics, needs, and resources. Source: U.S. Census Bureau; 2017-2021 American Community Survey 5-Year Estimates, Table S2503. Prepared by; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, October 2023. Contact: PHS.CHSU.HHSA@sdcounty.ca.gov

© 2023 Mapbox © OpenStreetMap



In San Diego County, 42% of households were cost-burdened in 2021.

More than 2 in 5 households (42%) in San Diego County spent 30 percent or more of their income on housing in 2021, compared to 40% in California and 30% in the United States (Figure 5).

In 2021, the highest proportion of households who were cost-burdened in San Diego County was 84% in Census Tract 187.

More than 80% of households in census tracts 187 and 157.06 spent 30 percent or more of their income on housing (Figure 5).

Figure 6: Proportion of Households Spending 30 Percent or More of Household Income on Housing by Census Tract, San Diego County, 2021.

Met HP2030 Target
Yes
No
Military Census Tract
No data available

HP2030 Target: 25.5%
(Reduce the proportion of households spending more than 30 percent of household income on housing to 25.5%)

2023 Mapbox © OpenStreetMap

In 2021, 94% of census tracts in San Diego County did not meet the Healthy People 2030 objective.

Military census tract includes a substantial military group quarters population, a special population with unique demographics, needs, and resources. Source: U.S. Census Bureau; 2017-2021 American Community Survey 5-Year Estimates, Table S2503.

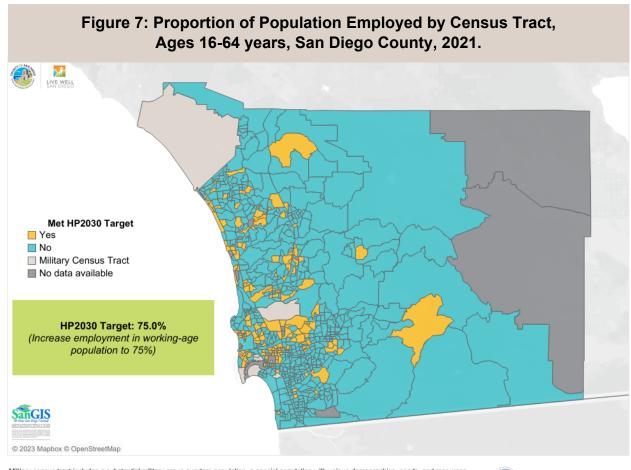
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services,

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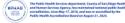
In San Diego County, more than 25.5% of households in 690 census tracts (94%) spent 30 percent or more of their income on housing (Figure 6). As the cost of housing increases across San Diego County, residents must spend a larger portion of their income on housing and are at greater risk of housing instability.⁶

Employment

Participation in the labor force with adequate and stable pay is essential to preventing and reducing poverty.⁵ In the United States, 5% of working Americans aged 18 to 64 experienced poverty in 2020 compared to 28.8% of non-working Americans.¹⁵ Without adequate employment, many Americans face financial challenges that can lead to poor health and well-being outcomes. A study from the National Institute for Occupational Safety and Health (NIOSH) found that healthcare access varies by employment status. Those who were unemployed for less than a year had the greatest issue with healthcare access, and those who were unemployed for a year or more, or were unable to work, had the highest prevalence of adverse health outcomes.¹⁶ The Healthy People 2030 objective aims to increase the percentage of employment among working-age people, ages 16 to 64, to 75% across the nation.⁵



Military census tract includes a substantial military group quarters population, a special population with unique demographics, needs, and resources Source: U.S. Census Bureau; 2017-2021 American Community Survey 5-Year Estimates, Table S2301. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, October 2023. Contact: PHS.CHSU.HHSA@sdcounty.ca.gov



In 2021, San Diego County did not meet the Healthy People 2030 employment goal of 75%.

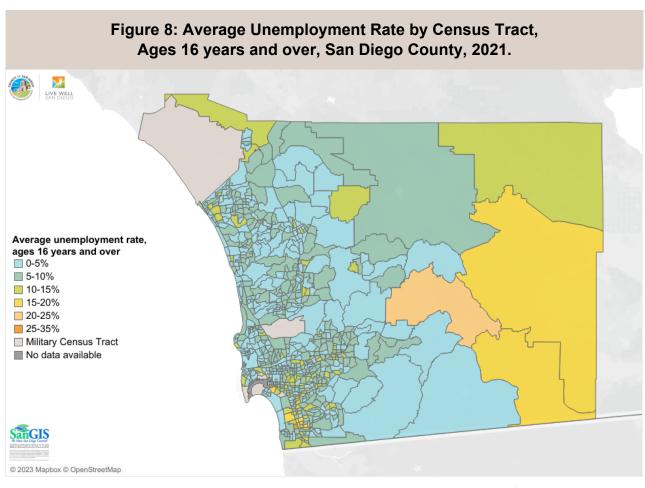
In 2021, 67.8% of residents aged 16 to 64 in San Diego County were employed, compared to 68.3% in California and 70.1% in the United States (Figure 7).

Overall, 166 census tracts in San Diego County met the Healthy People 2030 employment goal of 75%.

In 2021, 22.5% (166) of census tracts in San Diego County had an employment rate of more than 75% among residents aged 16 to 64 (Figure 7).

In 2021, census tract 77.02 had the highest employment rate among residents aged 16 to 64 (91.5%).

Over 9 in 10 residents aged 16 to 64 in census tracts 77.02, 83.69, and 18.01 were employed in 2021 (Figure 7).



Military census tract includes a substantial military group quarters population, a special population with unique demographics, needs, and resources. Source: U.S. Census Bureau; 2017-2021 American Community Survey 5-Year Estimates, Table S2301. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, October 2023. Contact: PHS.CHSU.HHSA@sdcounty.ca.gov



In 2021, census tracts 164.04 and 132.05 had the highest unemployment rates.

Nearly 1 in 3 residents (32.5%) aged 16 years and over were unemployed in census tract 164.04 and over 1 in 4 residents (26.6%) aged 16 years and over were unemployed in census tract 132.05, over 9.2 times and 7.6 times the national unemployment rate of 3.5%, respectively (Figure 8).

Conclusion

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

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