



# Racial Equity: Framework & Outcomes Brief

**County of San Diego | Health and Human Services Agency**  
**Public Health Services | Community Health Statistics Unit**

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## Background

*Live Well San Diego* is a vision for a region that is Building Better Health, Living Safely, and Thriving. It aligns the efforts of individuals, organizations, and government to help all 3.3 million San Diego County residents live well. The Top 10 *Live Well San Diego* Indicators define what it means to live well in San Diego. The Indicators are divided under five Areas of Influence that are essential for overall well-being: Health, Knowledge, Standard of Living, Community, and Social.<sup>1</sup> The elements of the *Live Well San Diego* framework (**Figure 1**) relate to the concept of social determinants of health (SDOH). SDOH impact many aspects of a person’s life and often predict population health outcomes.

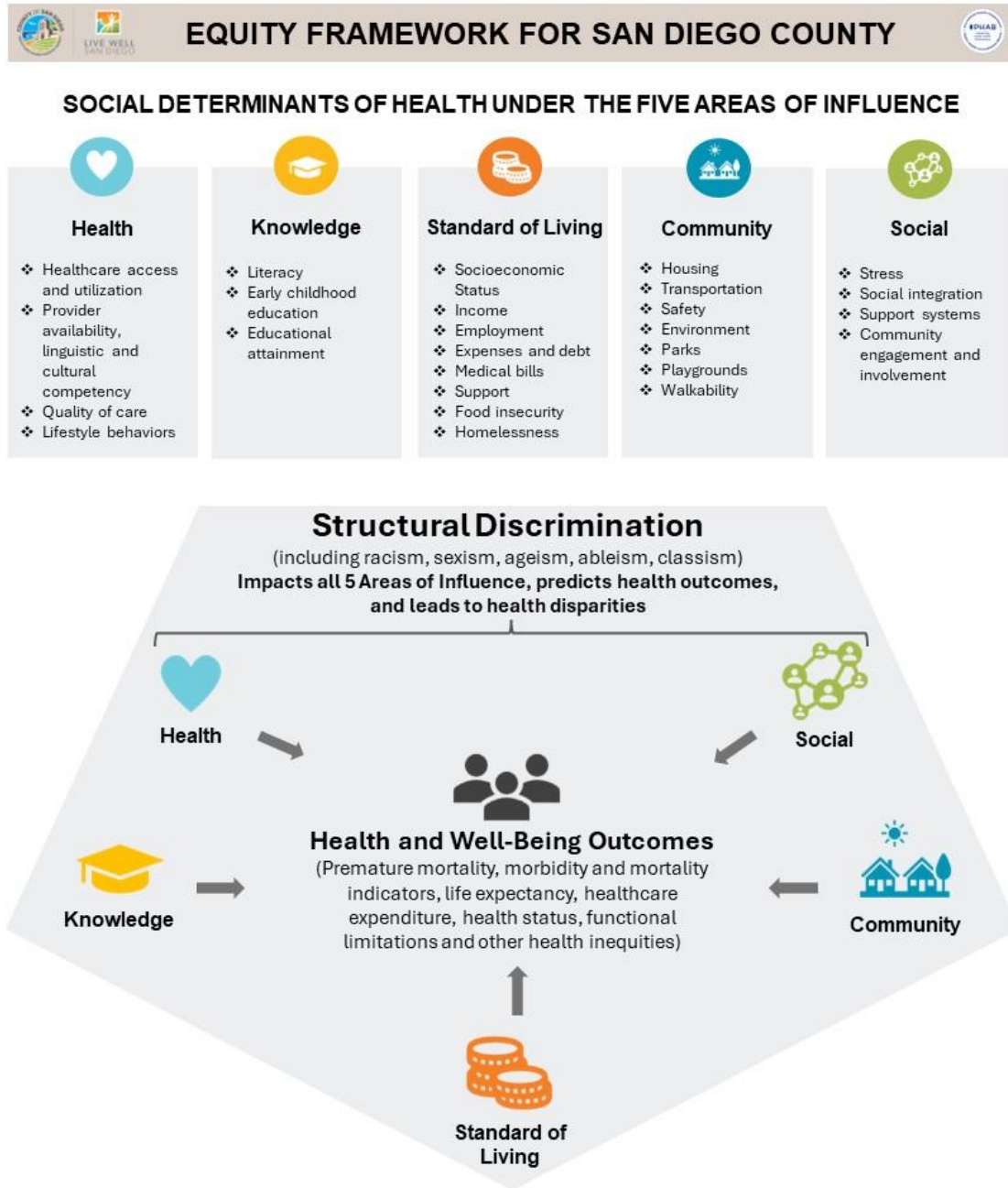
Figure 1. Live Well San Diego Framework.



<sup>1</sup> County of San Diego Health and Human Services. Top Ten Live Well San Diego Indicators. [Online] n.d. [Cited: September 5, 2024.] <https://www.livewellsd.org/i-want-to/learn-more/data-indicators>

The Equity Framework below (**Figure 2**) includes the five Areas of Influence of the *Live Well San Diego* framework but is expanded by including additional measures of SDOH. When SDOH are examined by lenses of health equity, such as by race/ethnicity, disparities become apparent. This framework can also be applied to other vulnerable populations, such as those with disabilities, the young and the elderly, and those of low socioeconomic status. The inclusion of more measures in the Equity Framework helps to better understand the root of health inequities so that actions may be taken to ensure health for all San Diego County residents.

**Figure 2. Equity Framework.**



## Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into five domains that are similar to the five Areas of Influence: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context (Figure 3).<sup>2</sup>

Figure 3. Social Determinants of Health.



For each of the five domains, some of the determinants include:

- **Economic stability** – poverty, employment, food security, and housing stability
- **Education access and quality** – graduating from high school, enrollment in higher education, educational attainment, language and literacy, and early childhood education and development
- **Health care access and quality** – access to healthcare, access to primary care, health insurance coverage, and health literacy
- **Neighborhood and built environment** – quality of housing, access to transportation, availability of health foods, air and water quality, and neighborhood crime and violence
- **Social and community context** – cohesion with a community, civic participation, discrimination, conditions in the workplace, and incarceration

More positive outcomes among SDOH are predictors of better health in general, however SDOH are typically shaped by money, power, resources, and systems.<sup>3</sup> By addressing inequities among groups in these various conditions and environments, population health outcomes can be influenced for the better.

## Racial Equity

According to the Centers for Disease Control and Prevention (CDC), health equity is defined as the state in which everyone has a fair and just opportunity to attain their highest level of health.<sup>4</sup> Notably, it is the *social* factors, not biological or genetic factors, that lead to disparities in health equity. When this idea is applied to the health and well-being of individuals of different race and ethnicities, the issue is racial equity.

As the lack of racial equity, racial *inequity* stems from the definition of structural racism, defined as being “the way key areas (education, employment, healthcare, housing, and law enforcement) are structured

<sup>2</sup> Office of Disease Prevention and Health Promotion. Social Determinants of Health. *Healthy People 2030*. [Online] n.d. [Cited: September 5, 2024.] <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

<sup>3</sup> Centers for Disease Control and Prevention (CDC). Social Determinants of Health (SDOH). [Online] January 17, 2024. [Cited: September 5, 2024.] <https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html>

<sup>4</sup> Centers for Disease Control and Prevention (CDC). What is Health Equity? [Online] June 11, 2024. [Cited: September 5, 2024.] <https://www.cdc.gov/health-equity/what-is/index.html>

to advantage the group in power and disadvantage racial and ethnic minorities.”<sup>5</sup> Though there are several types of racism – including internalized racism, interpersonal racism, institutional racism, and structural racism – the latter, structural racism, is the type of discrimination that is most able to be quantified through population and community data that are used to measure SDOH. Such racial inequity can cause racial health disparities, which can be seen as gaps or major differences in the health and well-being outcomes of the Equity Framework.

Some barriers to racial equity include:

- Lack of access to health insurance and the inability to receive preventive care for chronic conditions, immunizations, or early diagnosis and treatment
- Lack of quality health care that is safe, effective, patient-centered, timely, efficient, and equitable
- The inability to receive a full education and unfair suspension rate differences
- Poverty
- Lower family income and the lack of economic mobility
- Food insecurity
- Housing insecurity/instability
- Linguistic isolation (those who speak another language, other than English, and speak English less than “very well”)
- Incarceration

## Major Findings

### Areas of Influence

After collecting and reviewing the population and community data related to the five Areas of Influence and examining each indicator by race/ethnicity and race or ethnicity\*, explained in greater detail in **Appendix A**, major differences were seen between residents of San Diego County. **Appendix B** explains which findings are available by race/ethnicity and which are by race or ethnicity.

### Health

- When examining health by race, American Indian/Alaska Native (AIAN) residents, residents who identify as other race, and Hispanic residents had the lowest health insurance status in San Diego County in 2022. Among AIAN and other race residents, 85.7% have health insurance, and among Hispanic residents, 87.3% have health insurance.<sup>6</sup>
- In San Diego County in 2022, 13.5% of Black residents reported having a disability, the highest proportion of any race or ethnicity.<sup>7</sup>
- On average, between 2018-2022, 17.7% of Hispanic residents and 13.2% of Non-Hispanic Asian residents in San Diego County did not have a usual place to go when sick or in need of health advice.<sup>8</sup>

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\*Race regardless of ethnicity includes Hispanic and race/ethnicity incorporates Hispanic as a race.

<sup>5</sup> Structural Racism and Health Disparities: Reconfiguring the Social Determinants of Health Framework to Include the Root Cause. Yearby, Ruqaiyah. September 2020, 48 J. of L. Med. & Ethics, pp. 518-526.

<sup>6</sup> U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables C27001A-G,I.

<sup>7</sup> U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Table S1810.

<sup>8</sup> UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2018-2022. Available at <http://ask.chis.ucla.edu>.

## Knowledge

- When examining inequities in educational attainment in 2022, residents who identify as other race, of any ethnicity, had the lowest proportion of those who have at least a high school diploma in San Diego County (28.9%), followed by Hispanic residents (25.7%).<sup>9</sup>
- In 2022, over half of Asian residents (53.9%) had a bachelor's degree or higher, followed by 45.2% of White residents.<sup>9</sup>
- In San Diego County, during school year 2020-2021, 48.6% of the matched foster students^ were Hispanic.<sup>10</sup>

## Standard of Living

- In San Diego County, in 2022, the race experiencing the highest proportion of people below the federal poverty level (0-99% FPL) were Black residents of any ethnicity, with 18.9% living below the poverty level. Black residents were over two times more likely to be below the poverty level compared to Asian residents of any ethnicity, who had the lowest proportion of poverty (9.0%).<sup>11</sup>
- In 2022, 19.5% of Native Hawaiian or Pacific Islander residents received Supplemental Nutrition Assistance Program (SNAP), or food stamps, in the past 12 months.<sup>12</sup>
- In 2023, Black San Diego County residents had the lowest median household income, compared to all other residents of any race and ethnicity, with an average median household annual income of \$65,957.<sup>13</sup>

## Community

- In 2022, the proportion of owner-occupied housing units in San Diego County was the lowest among Black residents of any ethnicity (30.4%).<sup>14</sup>
- In 2024, the greatest proportion of unsheltered homeless individuals in San Diego County were White (43%).<sup>15</sup>

## Social

- In San Diego County, between 2021-2023, over 1 in 4 (26.9%) non-Hispanic Black students in grades 7, 9, 11, or non-traditional programs were bullied or harassed one or more times at school in the past year based on their race/ethnicity or national origin.<sup>16</sup>
- In 2021, during a single point in time, the San Diego County incarcerated adult population was 44.5% Hispanic, 30.7% non-Hispanic White, 20% non-Hispanic Black, 2.5% non-Hispanic Asian, 0.5% non-Hispanic AIAN, and 0.4% non-Hispanic NHPI.<sup>17</sup>

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<sup>9</sup> U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables C15002B-I.

<sup>^</sup>Foster Match: The California Department of Education (CDE) matches student enrollment data maintained in the California Longitudinal Pupil Achievement Data System (CALPADS) with foster child/youth data maintained in the Child Welfare System/Case Management System (CWS/CMS) which is administered by the California Department of Social Services (CDSS). The CDSS provides all foster children/youth ages 4-21 who are foster youth as defined by the Local Control Funding Formula (LCFF) statute (Education Code section EC Section 42238.01(b)). A match is conducted based on name, date of birth, and school enrollment (one overlapping enrollment over the past three years is required for a positive match). For more information refer to <http://www.cde.ca.gov/fg/aa/lc/lcfaq.asp#FOSTER>. (Accessed on: <https://dq.cde.ca.gov/dataquest/foster/FsGlossary.aspx>)

<sup>10</sup> California Department of Education (2020-2021).

<sup>11</sup> U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables B17001A-G, I.

<sup>12</sup> U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables B22005A-G, I.

<sup>13</sup> Esri Community Analyst, 2023.

<sup>14</sup> U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables B25003A-G, I.

<sup>15</sup> 2024 Point-in-Time Data, San Diego Regional Task Force on Homelessness.

<sup>16</sup> WestEd for the California Department of Education, California School Climate, Health, and Learning Surveys (CaSCHLS), California Healthy Kids Survey, 2021-2023.

<sup>17</sup> US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Annual Survey of Jails, 2021.

## Health and Well-Being Outcomes

Compared to the population and community data related to SDOH, groups who experience racial inequity tend to experience measurable disparities in health and well-being outcomes.

Many of which may be inter-related, those of race/ethnicities most effected by racial inequity are more likely to experience:

- Fair or poor health status
- Higher proportions of negative psychological impact, in terms of stress, depression, anxiety, self-inflicted injuries, and suicidal ideation
- Higher proportions of substance use
- Higher assault rates
- Higher rates of high blood pressure/hypertension, diabetes, and cardiovascular diseases
- Disability
- Lower life expectancy
- Premature mortality

For example, stress can be an outcome of inequities in the social determinants of health, such as income, access to healthcare, and neighborhood safety. When stress is high, individuals look for coping mechanisms, whether they are positive or negative. Negative coping mechanisms often make stress worse, because they wear you down over time or are temporary distractions.<sup>18</sup> Examples of negative coping mechanisms include alcohol/drug use, tobacco use, risky behaviors, and becoming aggressive. Further, stress can lead to increases in depression, which can lead to increases in self-inflicted injuries and attempted suicides. Stress not only effects adults, but influences youth, as well. As seen in the California Healthy Kids Survey data, among students in grades 7, 9, 11, or non-traditional programs in San Diego County in 2021-2023, 36.5% of Hispanic students and 36.2% of non-Hispanic multiple race students reported feeling so sad or hopeless almost every day in the last 12 months, compared to 28.8% of non-Hispanic American Indian or Alaska Native students and 30% of non-Hispanic White students.<sup>19</sup>

Differing from stress, which is often triggered by external factors, anxiety is described as “persistent excessive worries that don’t go away even in the absence of a stressor.”<sup>20</sup> Persistent or lifetime exposure to anxiety can cause continual release of stress hormones in the body, which can trigger conditions like high blood pressure, diabetes, and cardiovascular diseases. In San Diego County in 2022, the rate of emergency department discharge due to anxiety and fear-related disorders was 1.8 times higher among non-Hispanic Black residents compared to non-Hispanic White residents. Further, compared to non-Hispanic White residents, non-Hispanic Black residents were 2.8 times more likely to be discharged from the ED due to overall hypertensive diseases, 3.2 times more likely to be discharged from the ED due to diabetes, and 2.7 times more likely to be discharged from the ED due to heart failure.<sup>21</sup>

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<sup>18</sup> HealthLink BC. Common Coping Responses for Stress. [Online] November 14, 2022. [Cited: September 10, 2024.] <https://www.healthlinkbc.ca/health-topics/common-coping-responses-stress>

<sup>19</sup> WestEd for the California Department of Education, California School Climate, Health, and Learning Surveys (CaSCHLS), California Healthy Kids Survey, 2021-2023.

<sup>20</sup> American Psychological Association. What’s the difference between stress and anxiety? [Online] February 14, 2022. [Cited: September 10, 2024.] <https://www.apa.org/topics/stress/anxiety-difference>.

<sup>21</sup> California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS). California Department of Health Care Access and Information (HCAI), Emergency Department (ED) Discharge Database and Patient Discharge Database, 2022. SANDAG Population Estimates, 2022 (vintage: 11/2023). Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, September 2024.





## Conclusion

While only a glimpse at the true problem, the Equity Framework captures racial inequities within each domain of the Areas of Influence and identified that disparities exist in the health and well-being outcomes stratified by race/ethnicity across San Diego County. While most types of racism cannot be specifically measured through existing data, it is possible to assess the measures of social determinants of health (SDOH) that are available to determine disparities and address structural racism barriers.

Moving forward, the County of San Diego plans to continue work looking at racial disparities and addressing how to close those gaps. Based on the *Live Well San Diego* vision, the next steps include continuing to locate, collect, extract, and organize data by race/ethnicity or race and ethnicity to fill any potential gaps in the framework; identifying racial disparities utilizing the *Live Well San Diego* and Equity Frameworks; and informing community partners, including internal and external stakeholders, to turn knowledge into action.



## Appendix A: DATA GUIDE

Data are increasingly available disaggregated by race and ethnicity. To collect this information, individuals are usually asked two questions, one about their ethnicity and another about their race. Common ethnicity categories are Hispanic and Non-Hispanic. Common race categories include White, Black, Asian, Native Hawaiian or Pacific Islander, other, and multiple (two or more) races. Collecting information in this way allows for data to be broken out by race/ethnicity, or by race and ethnicity.

### Race/Ethnicity

In California and other western parts of the United States, data are often broken out in such a way that individuals who mark Hispanic are removed from whatever race category they marked and counted as part of the broader “Hispanic” group.

Data in the race/ethnicity dashboards are presented as Hispanic (of any race) and non-Hispanic race. Individuals included in the Hispanic category may be of any race. Individuals in non-Hispanic race categories do not identify as Hispanic. Categories of non-Hispanic (NH) race include NH White, NH Black, NH Asian, NH Native Hawaiian or Pacific Islander (NHPI), NH American Indian or Alaska Native (AIAN), and NH multiple race.

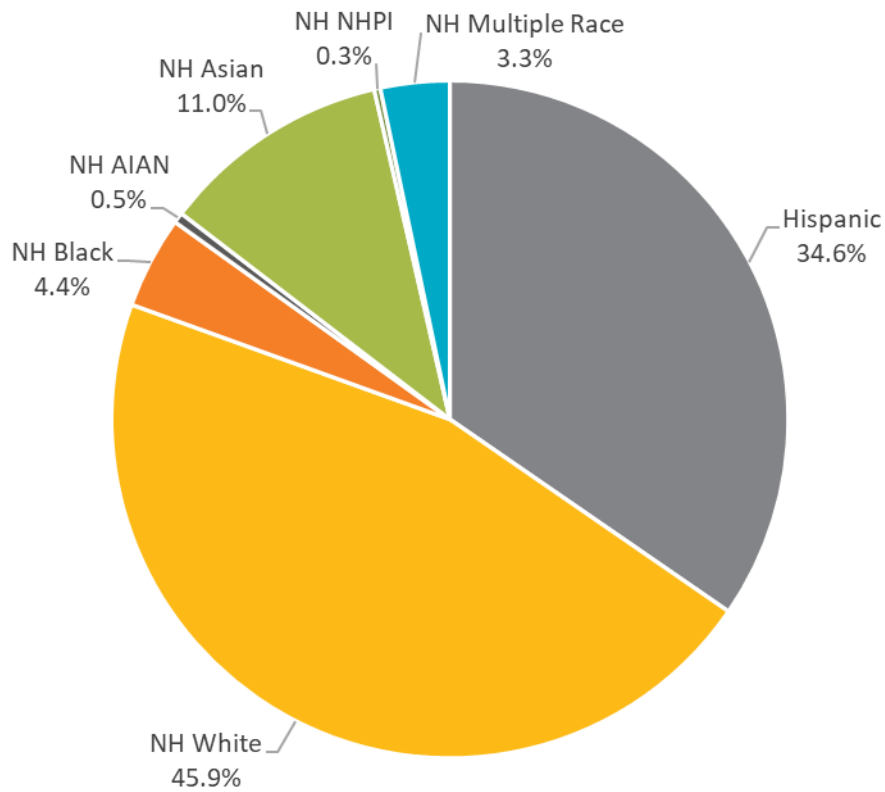
In **Table 1** and **Figure 1**, the data are broken out by race/ethnicity. In this form, the percentages of each category add to 100%. Individuals who identify as Hispanic are included in the Hispanic category irrespective of race and are not included in any other race categories. Further, individuals who do not identify as Hispanic are counted within the chosen non-Hispanic race category. The percentages in the Hispanic category and the non-Hispanic race categories add to 100%.

**Table 1. Population by Race/Ethnicity, San Diego County, 2018-2022.**

Race/Ethnicity	Hispanic	NH White	NH Black	NH AIAN	NH Asian	NH NHPI	NH Multiple Race	Total
Percent of Population	34.6%	45.9%	4.4%	0.5%	11.0%	0.3%	3.3%	100.0%

NH indicates non-Hispanic. AIAN: American Indian and Alaska Native. NHPI: Native Hawaiian and Pacific Islander. Source: UCLA Center for Health Policy Research. 2018-2022 California Health Interview Survey. Accessed 8/28/24.

Figure 1. Population by Race/Ethnicity, San Diego County, 2018-2022.



NH indicates non-Hispanic. AIAN: American Indian and Alaska Native. NHPI: Native Hawaiian and Pacific Islander. Source: UCLA Center for Health Policy Research. 2018-2022 California Health Interview Survey. Accessed 8/28/24.

### **Race and Ethnicity**

When disaggregating data by race, some sources do not remove individuals who identify as Hispanic from the race category which they also marked. The data are presented by race, and by ethnicity, separately.

Data in the race and ethnicity dashboards are presented with an overall Hispanic category, and then under separate race categories. There is overlap between the Hispanic category and the race categories – that is, an individual who identifies as Hispanic will be counted in the Hispanic category and counted again under the race category that they also identified (White, Black, Asian, etc.).

In **Table 2**, the data are broken out by ethnicity alone. In **Table 3**, the data are broken out by race alone. Individuals who identify as Hispanic are included in the Hispanic category and further included within one of the race categories based on the race selection. Hence, there is overlap between the Hispanic category and one of the race categories for those individuals. The percentage within the Hispanic category

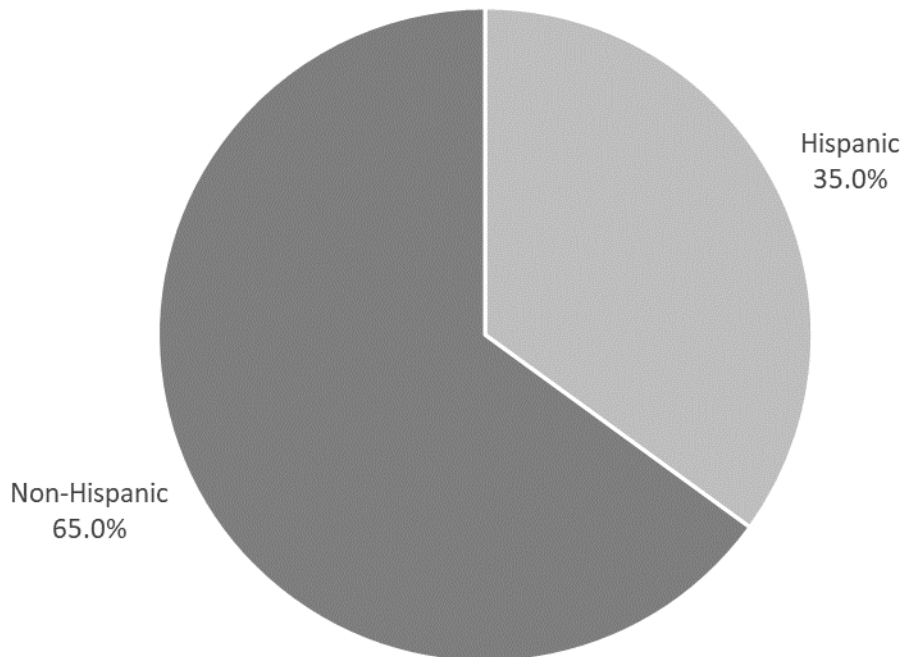
represents the proportion of individuals who identify as Hispanic, regardless of race, and the percentages in the race categories add to 100%, regardless of ethnicity.

**Table 2. Population by Hispanic or Latino Origin (of Any Race), San Diego County, 2022.**

<b>Ethnicity</b>	<b>Hispanic</b>	<b>Non-Hispanic</b>	<b>Total</b>
<b>Percent of Population</b>	35.0%	65.0%	100.0%

Source: U.S. Census Bureau; 2022 American Community Survey 1-Year Estimate, Table S0103.

**Figure 2. Population by Hispanic or Latino Origin (of Any Race), San Diego County, 2022.**



Source: U.S. Census Bureau; 2022 American Community Survey 1-Year Estimate, Table S0103.

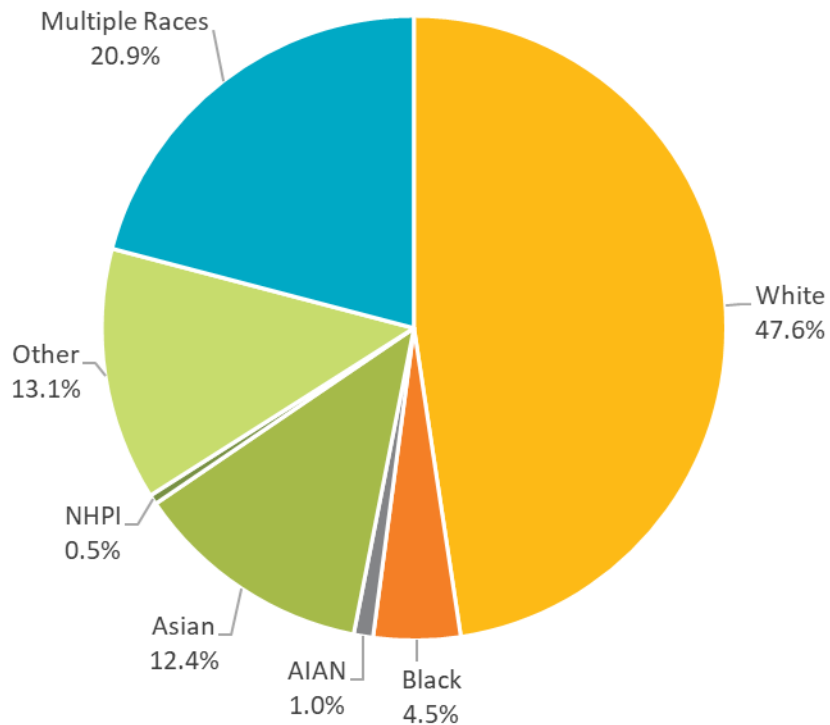
**Table 3. Population by Race, San Diego County, 2022.**

Race	White	Black	AIAN	Asian	NHPI	Other	Multiple Races	Total
Percent of Population	47.6%	4.5%	1.0%	12.4%	0.5%	13.1%	20.9%	100.0%

AIAN: American Indian and Alaska Native. NHPI: Native Hawaiian and Pacific Islander.

Source: U.S. Census Bureau; 2022 American Community Survey 1-Year Estimate, Table S0103.

**Figure 3. Population by Race, San Diego County, 2022.**



AIAN: American Indian and Alaska Native. NHPI: Native Hawaiian and Pacific Islander.

Source: U.S. Census Bureau; 2022 American Community Survey 1-Year Estimate, Table S0103.

## Appendix B: DATA SOURCES

### 1. Disaggregated by Race/Ethnicity:

DEMOGRAPHIC DATA	
Indicator	Source
Population distribution by race/ethnicity.	U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Table B03002.
HEALTH DOMAIN	
Indicator	Source
Usual source of care	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2018-2022. Available at <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a> .
Finding primary care	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2018-2022. Available at <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a> .
Life expectancy	California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS). SANDAG Population Estimates, 2022 (vintage: 11/2023).
KNOWLEDGE DOMAIN	
Indicator	Source
School enrollment	California Department of Education (2023-2024).
School enrollment among matched foster students	California Department of Education (2020-2021).
Dropout rate	California Department of Education (2016-2017).
STANDARD OF LIVING DOMAIN	
Indicator	Source
Food insecurity	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2018-2022. Available at <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a> .
Forgone needed medical care	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2018-2022. Available at <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a> .
Problems paying for self or household's family medical bills	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2018-2022. Available at <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a> .

<b>COMMUNITY DOMAIN</b>	
<b>Indicator</b>	<b>Source</b>
Feel safe in their neighborhood	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2018-2022. Available at <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a> .
Feel that people in their neighborhood can be trusted	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2018-2022. Available at <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a> .
Home loan mortgage denials	FFIEC, PolicyMap, 2022.
Home purchase loan denials	FFIEC, PolicyMap, 2022.
Subsidized housing	HUD, PolicyMap, 2022.
<b>SOCIAL DOMAIN</b>	
<b>Indicator</b>	<b>Source</b>
Community volunteering	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2019-2022. Available at <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a> .
Voter engagement	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2020-2022. Available at <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a> .
Serious psychological distress among adults	UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2018-2022. Available at <a href="http://ask.chis.ucla.edu">http://ask.chis.ucla.edu</a> .
Jail incarceration	U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Annual Survey of Jails, 2021.
Student indicators: Alcohol, drug, cigarette, vape, marijuana, bullying/harassment/safety at school, and depression-related feelings among students in grades 7, 9, 11, and non-traditional programs	WestEd for the California Department of Education, California School Climate, Health, and Learning Surveys (CalSCHLS), California Healthy Kids Survey, 2021-2023.
<b>HEALTH OUTCOMES</b>	
<b>Indicator</b>	<b>Source</b>
Health outcomes (rates of death, hospitalization, emergency department discharge, and in-patient treatment) by condition and geography.	California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS). California Department of Health Care Access and Information (HCAI), Emergency Department (ED) Discharge Database and Patient Discharge Database, 2022. SANDAG Population Estimates, 2022 (vintage: 11/2023).

## 2. Disaggregated by Race and Ethnicity:

DEMOGRAPHIC DATA	
Indicator	Source
Population distribution by age, sex at birth, geography, and race and ethnicity.	U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables B01001A-G, I.
Marital status by geography, race and ethnicity.	U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Table S1201.
HEALTH DOMAIN	
Indicator	Source
Disability	U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Table S1810.
Health insurance status	U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables C27001A-G, I.
KNOWLEDGE DOMAIN	
Indicator	Source
School enrollment (ages 3 years and older)	U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables B14007A-G, I.
Educational attainment (ages 25 years and older)	U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables C15002A-G, I.
Field of bachelor's degree for first major (ages 25 years and older)	U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables C15010A-G, I.
STANDARD OF LIVING DOMAIN	
Indicator	Source
Employment status	U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables C23002A-G, I.
Household income	U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables B19001A-G, I.
Poverty status	U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables B17001A-G, I.
Supplemental Nutritional Assistance Program (SNAP)	U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables B22005A-G, I.
Average median household income	Esri Community Analyst, 2023.



<b>COMMUNITY DOMAIN</b>	
<b>Indicator</b>	<b>Source</b>
Means of transportation to work	U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables B08105A-G, I.
Tenure	U.S. Census Bureau; 2018-2022 American Community Survey 5-Year Estimates, Tables B25003A-G, I.
Homelessness	2024 Point-in-Time Data, San Diego Regional Task Force on Homelessness.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, September 2024.