

# NON-HISPANIC NATIVE HAWAIIAN/PACIFIC ISLANDER BRIEF

Health Outcomes Among the non-Hispanic Native Hawaiian/Pacific Islander Population in San Diego County



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

Prepared October 2023



## Non-Hispanic Native Hawaiian/Pacific Islander Brief: Health Outcomes Among the non-Hispanic Native Hawaiian/Pacific Islander (nH NHPI) Population in San Diego County

October 18, 2023

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This document was developed under the Community Health Statistics Unit of the County of San Diego Public Health Services Department and is in support of Live Well San Diego. Data presented in this brief is the most recent data available.

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

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## Introduction

This brief presents information about the demographics (2017-2021) and health outcomes (2019-2021) of non-Hispanic Native Hawaiian/Pacific Islander (nH NHPI) residents in San Diego County. The information presented include demographic data from the U.S. Census American Community Survey and medical encounter, death, and maternal and child health data from the California Department of Public Health.

## Methodology

Medical encounter data was obtained from the California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database and included discharge from an acute care facility (hospitalization), discharge from an in-patient chemical or psychiatric facility (in-patient treatment), and/or discharge from an emergency department (ED). Discharges were not unduplicated patients; therefore, the same individual may have been discharged more than once and/or from multiple facilities. Death data came from the California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vitals Records Business Intelligence System (VRBIS).

Medical encounter and death rates were calculated as the average rate for 2019 to 2021. Crude rates were calculated per 100,000 residents of San Diego County treated at a state-licensed facility in San Diego County. Population estimates from 2019 to 2021 were derived from San Diego Association of Governments (SANDAG).

Health indicators selected were based on the San Diego County Community Profiles, which contain medical encounter and death rates for approximately 70 conditions. The 3-year aggregated rates for these health indicators were de-identified for fewer than 11 events and are only at the county-level of geography to protect patient privacy and allow for more stable rate calculations.

Maternal and child health data come from the State of California, Department of Public Health, Center for Health Statistics and Informatics, Birth and Fetal Death Statistical Master Files, Birth Public Use Files, and California Comprehensive Birth Files. Numbers were censored and rates were not calculated when the number of events were fewer than 5. Average numbers and rates were calculated to obtain 3-year aggregated estimates.

Demographic indicators were derived from the U.S. Census American Community Survey (ACS). Data from ACS were 5-year aggregated estimates from the years 2017 to 2021.

Some limitations of this data:

- Medical encounter and death data only include and apply to non-Hispanic Native Hawaiian/Pacific Islander (nH NHPI) residents in San Diego County. Counts and rates may be different for NHPI residents, regardless of Hispanic ethnicity.
- Native Hawaiian/Pacific Islander (NHPI) data is not disaggregated, or separated out by subgroups, and therefore the differences are unreported. Some NHPI subgroups may experience higher rates of poor health outcomes.
- Medical encounter data represents discharges, or visits, instead of the number of individual patients when the counts and rates are produced. Therefore, a person may be discharged multiple times in a year or from more than one facility.

For more information regarding data and methodology, visit the [2020 Community Profiles Data Guide and Data Dictionary Dashboard](#) and [2021 Community Profiles Data Guide and Dashboard](#).

## Dashboard

Data from this brief can also be accessed and viewed on the non-Hispanic Native Hawaiian/Pacific Islander (nH NHPI) Dashboard. This dashboard is an interactive tool that displays demographic indicators, conditions by health outcome, leading causes of health outcomes, and maternal and child health indicators. To access the non-Hispanic Native Hawaiian/Pacific Islander (nH NHPI) Dashboard, please click [here](#).

## Demographics

From 2019 to 2021, there were an average of 14,522 non-Hispanic Native Hawaiian/Pacific Islanders (nH NHPIs) in San Diego County. The nH NHPI population represented 0.44% of San Diego County's total population.

From 2017 to 2021, the majority of nH NHPI residents in San Diego County were adults ages 18 to 64 years (70.8%). The nH NHPI population had a higher proportion of females (51.2%) than males (48.8%). Among nH NHPI residents ages 15 years and older, 41.4% were married, 34.8% were never married, and 23.7% were separated, widowed, divorced, or had another marital status. Among nH NHPI residents ages 30 years and older, almost 5% (4.8%) were grandparents living with their own grandchildren under 18 years and 2.7% were grandparents living with and responsible for their own grandchildren under 18 years. Most nH NHPI residents were U.S. citizens either by naturalization (6.8%), or by being born in the United States, Puerto Rico, U.S. Island Areas, or abroad of American parents (89.2%).

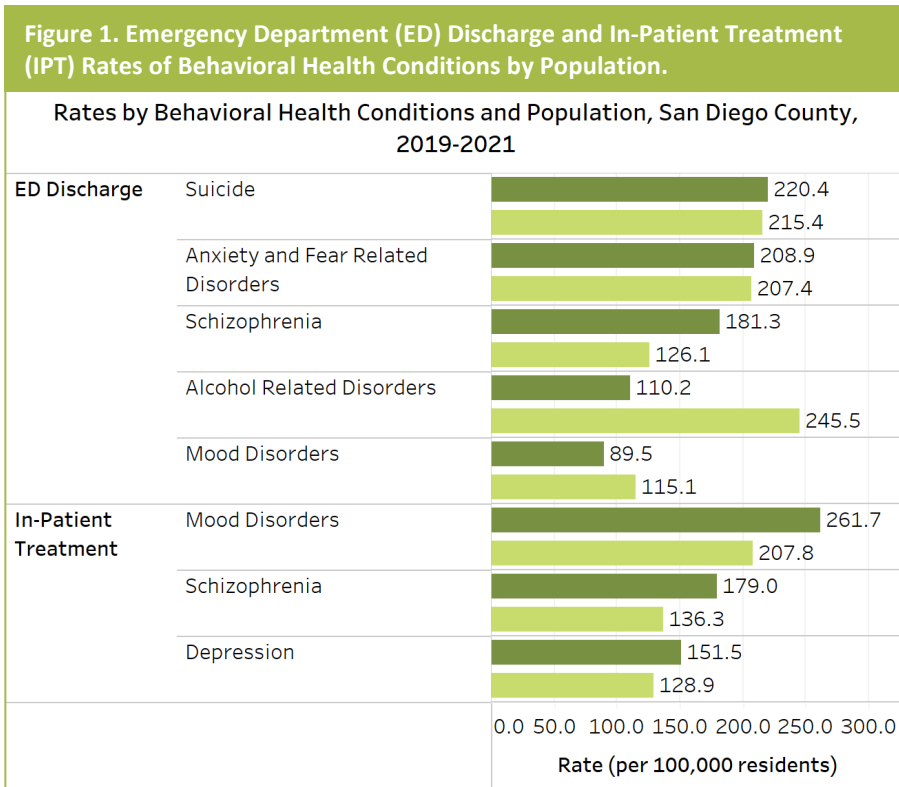
Regarding educational levels, nH NHPI residents ages 25 years and older had higher proportion of no schooling or high school or less (43.5%) compared to the overall county population ages 25 years and older (29.9%) from 2017 to 2021. Exactly 65.0% of the nH NHPI population ages 16 years and older were employed in civilian labor force (62.7%) or in the Armed Forces (2.3%), while 62.2% of the overall county population ages 16 years and older were employed in civilian labor force (59.1%) or in the Armed Forces (3.1%).

Among all occupied housing units, only 33.2% were owned among nH NHPI residents, which was over 20% less than the overall county population (54.1%). nH NHPI residents in San Diego County were more likely to have an income below poverty level in the past 12 months (14.1%) compared to the overall county population (10.7%). Almost 15% (14.5%) of nH NHPI households received food stamps/SNAP in the past 12 months and 25.4% of nH NHPI households received social security income (SSI) in the past 12 months.

Among the nH NHPI civilian noninstitutionalized population, the majority had health insurance coverage (94.1%), while 5.9% did not have health insurance coverage from 2017 to 2021. Similar to the overall county civilian noninstitutionalized population (10.0%), 9.6% of the nH NHPI civilian noninstitutionalized population reported having one or more of the following disabilities: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. When broken down by age groups, the nH NHPI civilian noninstitutionalized population ages 18-64 years reported a higher proportion of having one or more disabilities (6.3%) compared to the overall county civilian noninstitutionalized population ages 18-64 years (4.7%).

# Health Outcomes

## Behavioral Health



■ Non-Hispanic Native Hawaiian/Pacific Islander (nH NHPI) Rate  
 ■ Total Rate

Rates are only shown for counts > 11.

Sources: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database and Patient Discharge Database, 2019-2021. San Diego Association of Governments (SANDAG) Population Estimates, 2019 (v05/2020), 2020 (v09/2022), and 2021 (v09/2022). Population estimates for 2020 and 2021 were derived using the 2010 Census and data should be considered preliminary. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, October 2023.

### EMERGENCY DEPARTMENT DISCHARGE

From 2019 to 2021, suicide attempt/ideation accounted for the highest rate of emergency department (ED) discharge due to any behavioral health conditions among non-Hispanic Native Hawaiian/Pacific Islander (nH NHPIs) residents in San Diego County (220.4 per 100,000), followed by anxiety and fear related disorders (208.9 per 100,000), schizophrenia (181.3 per 100,000), alcohol related disorders (110.2 per 100,000), and mood disorders (89.5 per 100,000). NH NHPI residents had higher rates of ED discharge due to suicide attempt/ideation, anxiety and fear related disorders, and schizophrenia than the overall county population.

### IN-PATIENT TREATMENT

From 2019 to 2021, in-patient treatment (IPT) rates were generally higher among nH NHPI residents than the overall county population. Mood disorders accounted for the highest rate of IPT among nH NHPIs (261.7 per

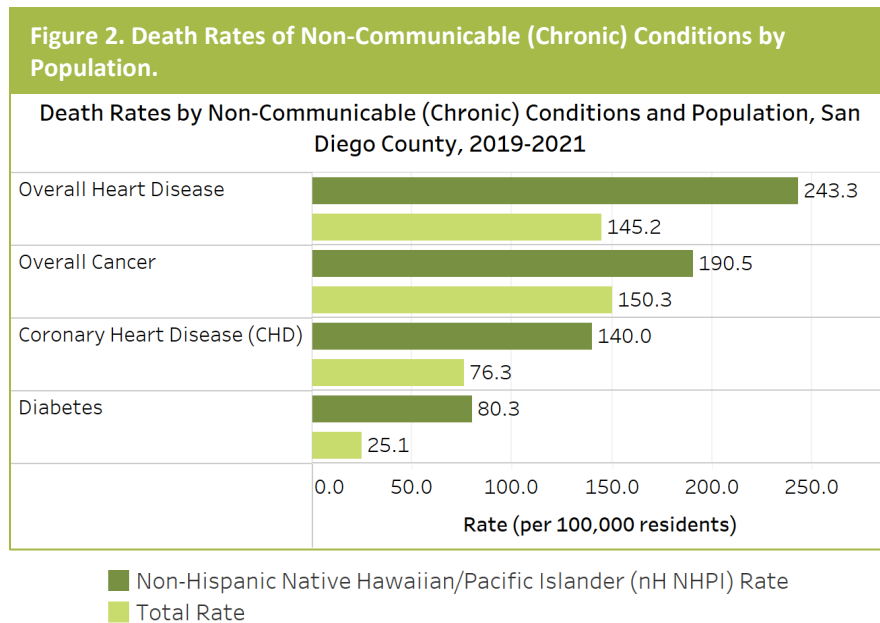
100,000). Among mood disorders, depression accounted for the highest rate of IPT among nH NHPI residents (151.5 per 100,000). The IPT rate due to schizophrenia among nH NHPI residents was 179.0 per 100,000 residents from 2019 to 2021.

## Non-Communicable (Chronic) Diseases

### DEATH

The highest rate of death due to any non-communicable (chronic) diseases among non-Hispanic Native Hawaiian/Pacific Islander (nH NHPI) residents in San Diego County, from 2019 to 2021, was due to overall heart disease (243.3 per 100,000), followed by overall cancer (190.5 per 100,000). Coronary heart disease (CHD) accounted for the highest rate of death due to any heart disease (140.0 per 100,000) among nH NHPI residents in San Diego County from 2019 to 2021.

NH NHPI residents had rates of death due to non-communicable (chronic) diseases that were 1.3 to 3.2 times higher than the overall county population from 2019 to 2021. The largest disparity was the rate of death due to diabetes among nH NHPI residents, which was 3.2 times higher than the rate of death due to diabetes among the overall San Diego County population.



Rates are only shown for counts > 11.

Sources: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2019-2021. *The COVID-19 pandemic was associated with increases in all-cause mortality. COVID-19 deaths have affected the patterns of mortality.* San Diego Association of Governments (SANDAG) Population Estimates, 2019 (v05/2020), 2020 (v09/2022), and 2021 (v09/2022). *Population estimates for 2020 and 2021 were derived using the 2010 Census and data should be considered preliminary.* Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, October 2023.

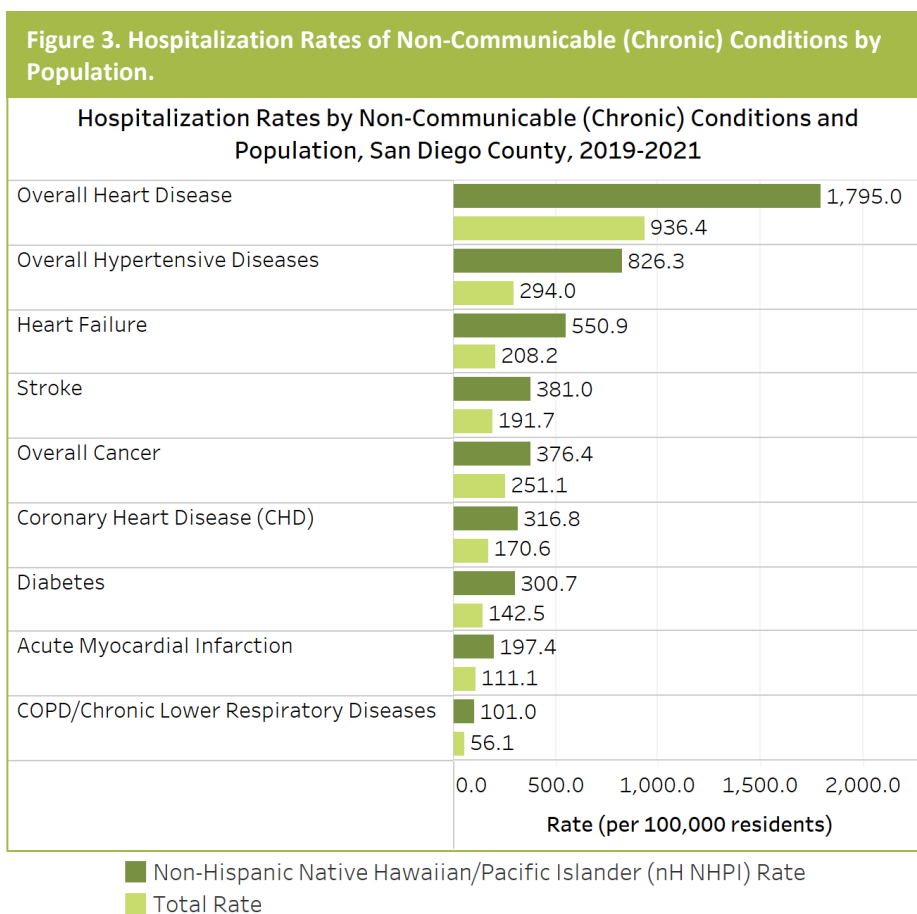
### HOSPITALIZATION

From 2019 to 2021, the highest rate of hospitalization due to any non-communicable (chronic) diseases among nH NHPI residents in San Diego County was due to overall heart disease (1,795.0 per 100,000). Overall hypertensive disease accounted for the highest rate of hospitalization due to any heart disease among nH NHPI residents (826.3 per 100,000), followed by heart failure (550.9 per 100,000).



The hospitalization rate due to stroke among nH NHPI residents was 381.0 per 100,000 residents, which was 2 times higher than the hospitalization rate among the overall county population from 2019 to 2021 (191.7 per 100,000). Among nH NHPI residents in San Diego County, the hospitalization rate due to overall cancer was 376.4 per 100,000 residents, which was 1.5 times higher than the hospitalization rate among the overall county population (251.1 per 100,000).

NH NHPI residents had hospitalization rates due to non-communicable (chronic) diseases that were at least 1.5 times higher than the overall county population from 2019 to 2021. The rate of hospitalization due to overall hypertensive diseases among nH NHPI residents was 2.8 times higher than the rate of hospitalization among the overall county population (294.0 per 100,000 versus 826.3 per 100,000).



Rates are only shown for counts > 11.

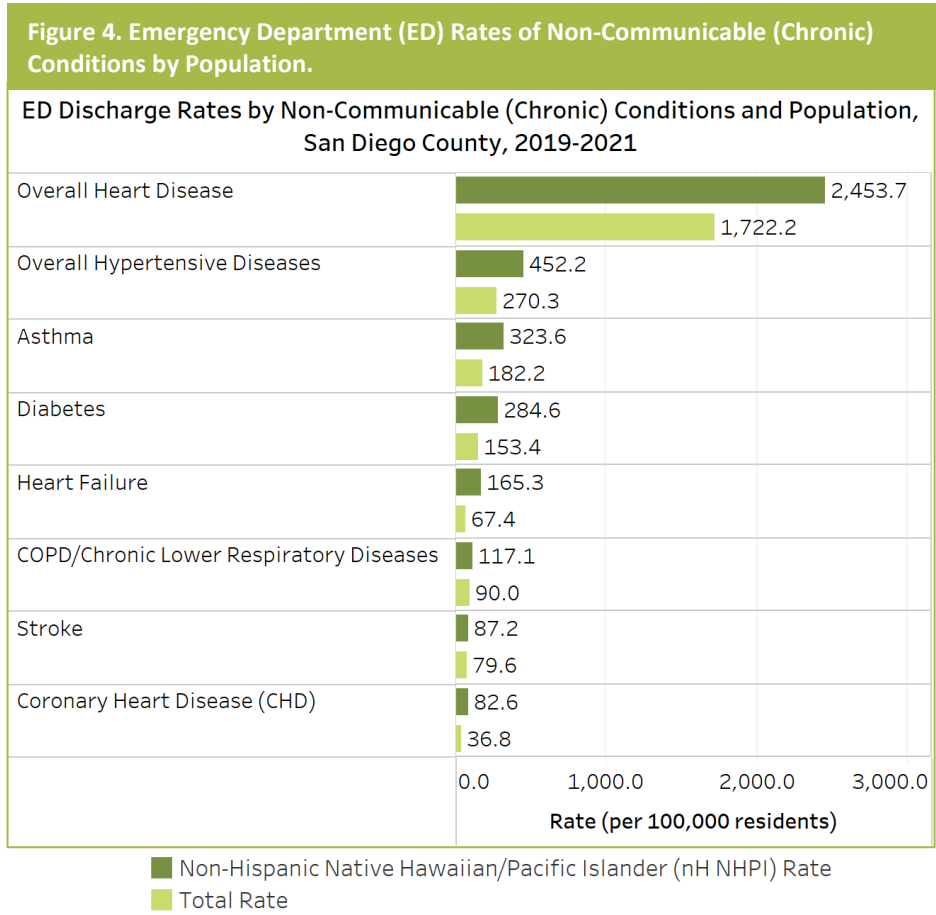
Sources: California Department of Health Care Access and Information (HCAI), Patient Discharge Database, 2019-2021. San Diego Association of Governments (SANDAG) Population Estimates, 2019 (v05/2020), 2020 (v09/2022), and 2021 (v09/2022). Population estimates for 2020 and 2021 were derived using the 2010 Census and data should be considered preliminary. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, October 2023.

### EMERGENCY DEPARTMENT DISCHARGE

From 2019 to 2021, the highest rates of emergency department (ED) discharge due to non-communicable (chronic) diseases among nH NHPI residents in San Diego County were due to overall heart disease (2,453.7 per 100,000). Overall hypertensive diseases accounted for the highest rate of ED discharge due to any heart diseases

among nH NHPI residents in San Diego County (452.2 per 100,000). The ED discharge due to asthma among nH NHPI residents in San Diego County was 323.6 per 100,000 residents from 2019 to 2021.

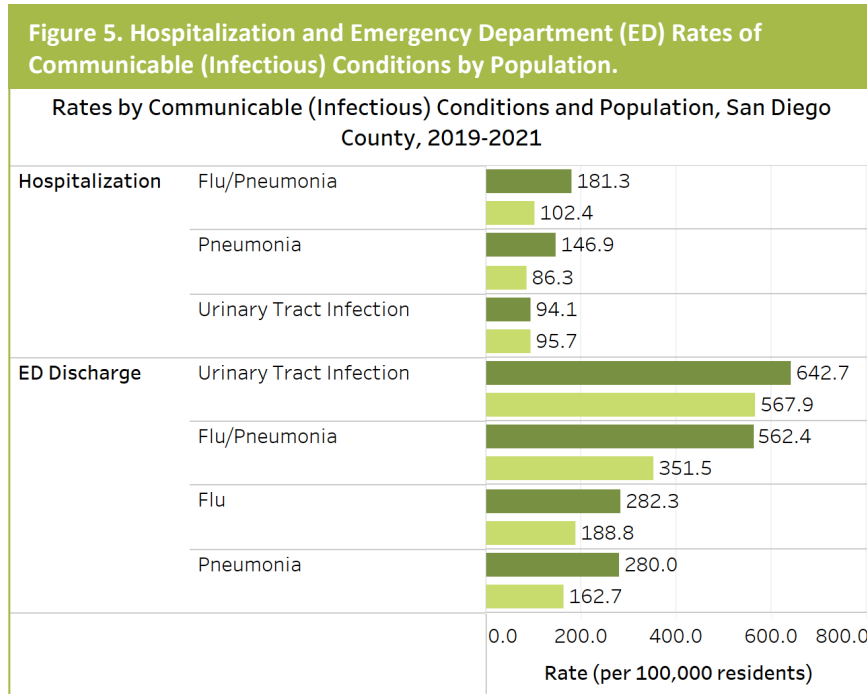
Overall, ED discharge rates due to non-communicable (chronic) diseases were higher among nH NHPI residents than the overall county population from 2019 to 2021. NH NHPI residents had rates of ED discharge due to chronic diseases that were 1.1 to 2.5 times higher than the rates of ED discharges due to chronic diseases among the overall county population. Among chronic diseases, the largest disparity in ED discharge rates was due to heart failure among nH NHPI residents, which was 2.5 times higher than the ED discharge rate due to heart failure among the overall county population (165.3 per 100,000 versus 67.4 per 100,000).



Rates are only shown for counts > 11.

Sources: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database, 2019-2021. San Diego Association of Governments (SANDAG) Population Estimates, 2019 (v05/2020), 2020 (v09/2022), and 2021 (v09/2022). *Population estimates for 2020 and 2021 were derived using the 2010 Census and data should be considered preliminary.* Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, October 2023.

## Communicable (Infectious) Diseases



■ Non-Hispanic Native Hawaiian/Pacific Islander (nH NHPI) Rate  
 ■ Total Rate

Rates are only shown for counts > 11.

Sources: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database and Patient Discharge Database, 2019-2021. San Diego Association of Governments (SANDAG) Population Estimates, 2019 (v05/2020), 2020 (v09/2022), and 2021 (v09/2022). Population estimates for 2020 and 2021 were derived using the 2010 Census and data should be considered preliminary. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, October 2023.

### HOSPITALIZATION

Influenza (flu)/pneumonia accounted for the highest rate of hospitalization due to any communicable (infectious) diseases among non-Hispanic Native Hawaiian/Pacific Islander (nH NHPI) residents in San Diego County from 2019 to 2021 (181.3 per 100,000), which was higher than hospitalization rate among the overall county population (86.3 per 100,000). For pneumonia specifically, the hospitalization rate among nH NHPI residents was 146.9 per 100,000 residents, which was 1.7 times higher than the hospitalization rate among the overall county population (86.3 per 100,000).

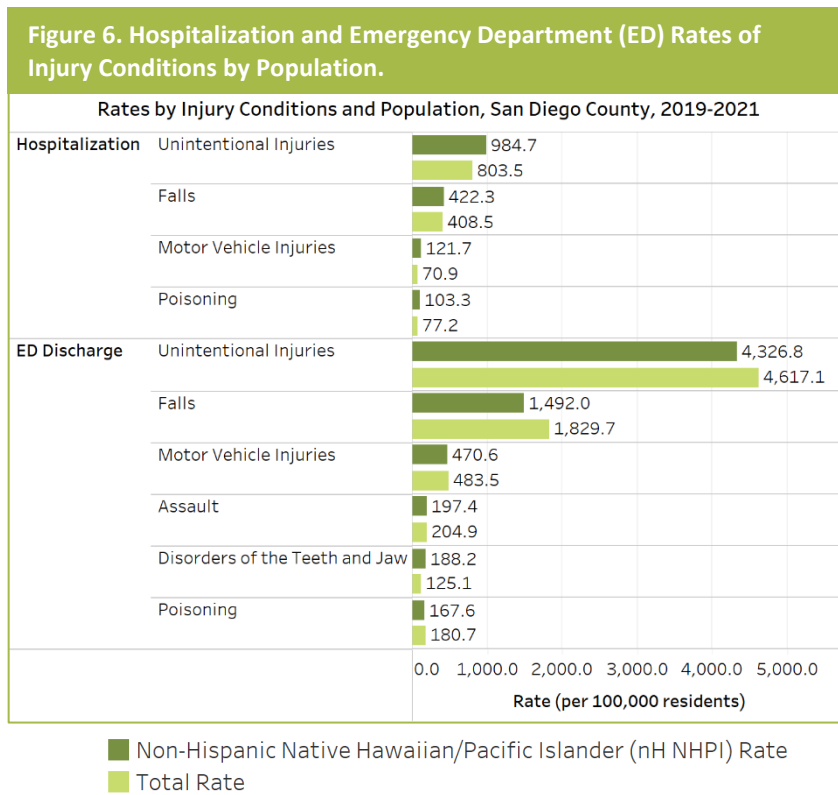
From 2019 to 2021, the rate of hospitalization due to urinary tract infections among nH NHPI residents was lower than the rate of hospitalization among the overall county population from 2019 to 2021 (94.1 per 100,000 versus 95.7 per 100,000).

## EMERGENCY DEPARTMENT DISCHARGE

NH NHPI residents in San Diego County had higher rates of emergency department (ED) discharge due to communicable (infectious) diseases from 2019 to 2021. The ED discharge rate due to urinary tract infections among nH NHPI residents was 642.7 per 100,000 residents.

From 2019 to 2021, 562.4 per 100,000 nH NHPI residents were discharged from the ED due to influenza (flu)/pneumonia. The ED discharge rate due to influenza (flu) among nH NHPI residents was 282.3 per 100,000 residents, while the ED discharge rate due to pneumonia among nH NHPI residents was 280.0 per 100,000 residents.

## Injury



Rates are only shown for counts > 11.

Sources: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database and Patient Discharge Database, 2019-2021. San Diego Association of Governments (SANDAG) Population Estimates, 2019 (v05/2020), 2020 (v09/2022), and 2021 (v09/2022). *Population estimates for 2020 and 2021 were derived using the 2010 Census and data should be considered preliminary.* Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, October 2023.

## HOSPITALIZATION

From 2019 to 2021, the rate of hospitalization due to unintentional injuries among non-Hispanic Native Hawaiian/Pacific Islander (nH NHPI) residents in San Diego County was 984.7 per 100,000 residents. Falls accounted for the highest rate of hospitalization due to any unintentional injury among nH NHPI residents in San Diego County (422.3 per 100,000), followed by motor vehicle injuries (121.7 per 100,000), and poisoning (103.3

per 100,000). NH NHPI residents had higher rates of hospitalization due to unintentional injuries than the overall county population.

### EMERGENCY DEPARTMENT DISCHARGE

Unintentional injuries accounted for the highest rate of emergency department (ED) discharge due to any injuries among San Diego County from 2019 to 2021 (4,326.8 per 100,000). Falls accounted for the highest ED discharge due to any unintentional injuries among nH NHPI residents (1,492.0 per 100,000), followed by motor vehicle injuries (470.6 per 100,000). The ED discharge due to assault among nH NHPI residents was 197.4 per 100,000 residents. NH NHPI residents generally had lower rates of ED discharges due to injuries, except for disorders of the teeth and jaw, which had an ED discharge rate that was 1.5 times higher than the ED discharge rate among the overall county population (188.2 per 100,000 versus 125.1 per 100,000).

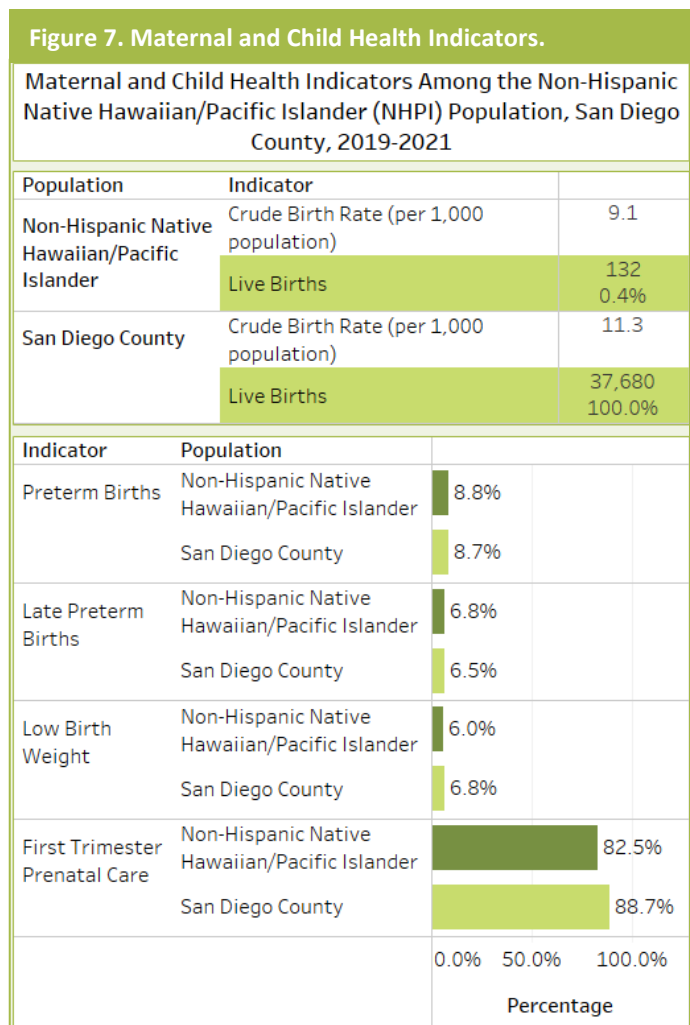
### Maternal and Child Health

There were 132 total live births among non-Hispanic Native Hawaiian/Pacific Islander (nH NHPI) residents from 2019 to 2021, which accounted for 0.4% of the total live births within San Diego County (37,680). Almost 9% (8.8%) of the live births among nH NHPI residents in San Diego County were preterm births (prior to 37 weeks of gestation), 6.8% of which were late preterm births (34 to 36 weeks of gestation).

Exactly 6% of the live births among nH NHPIs were low weight births at weights less than 2,500 grams from 2019 to 2021. NH NHPI residents had a lower proportion of low weight births compared to the overall county population (6.8%).

Among births with known prenatal care information, 82.5% of nH NHPI mothers received early (first trimester) prenatal care, which was lower than the proportion of mothers in San Diego County overall who received early prenatal care (88.7%).

From 2019 to 2021, the hospitalization rate due to congenital anomalies (birth defects) among nH NHPIs was 84.9 per 100,000 residents, which was 2.3 times higher than the hospitalization rate among the overall county population (37.6 per 100,000).



Numbers, percentages, and rates are only shown for counts > 5.  
Sources: State of California, Department of Public Health, Center for Health Statistics and Informatics, Birth and Fetal Death Statistical Master Files, Birth Public Use Files, California Comprehensive Birth Files, 2019-2021. County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child and Family Health Services. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, October 2023.

## Conclusion

San Diego County is home to over 14,500 non-Hispanic Native Hawaiian/Pacific Islander (nH NHPI) residents, which makes up over 0.44% of the county's total population from 2019 to 2021. The data presented in this brief provide insight into the demographics from 2017 to 2021 and health outcomes from 2019 to 2021 of nH NHPI residents in San Diego County. This brief is an effort to provide a comprehensive health assessment of the nH NHPI population residing in San Diego County for targeted outreach, interventions, and programs.

### KEY FINDINGS OF THIS BRIEF:

- Non-Hispanic Native Hawaiian/Pacific Islander residents reported a **higher proportion of no educational attainment or high school or less and a higher proportion of income below poverty level**, compared to the overall San Diego County population.
- **Non-Hispanic Native Hawaiian/Pacific Islander households were more likely to receive food stamps/SNAP**, than the households of the overall county population. Effective outreach and efforts to increase awareness of public benefits, their eligibility requirements, and access may improve utilization of these programs and services.
- **A higher proportion of the non-Hispanic Native Hawaiian/Pacific Islander civilian noninstitutionalized population ages 18-64 reported having one or more disabilities**, compared to the overall county civilian noninstitutionalized population.
- **In terms of behavioral health, non-Hispanic Native Hawaiian/Pacific Islander residents had higher rates of in-patient treatment** than the overall county population. Decreasing barriers, including financial cost, low availability of resources and awareness, lack of health insurance coverage, and the cultural stigma associated with mental health, may encourage increased utilization of mental health services.
- **Rates of death due to chronic diseases, including overall heart disease, overall cancer, coronary heart disease, and diabetes, were higher among non-Hispanic Native Hawaiian/Pacific Islander residents** than among the overall county population. This indicates a need for increased disease prevention measures, including improved screening for cancer and diabetes and increased management and monitoring of blood sugar, blood pressure, and cholesterol.
- **Non-Hispanic Native Hawaiian/Pacific Islander residents had higher rates of hospitalization and ED discharge due to communicable (infectious) diseases, including influenza, pneumonia, and urinary tract infections**, compared to the overall county population. Increased education and awareness of vaccination programs may help to prevent the spread of these diseases and avoid serious illnesses or complications that may cause them to be hospitalized or admitted into the emergency room.
- Among all conditions, **unintentional injuries accounted for the one of the highest rates of hospitalization and ED discharge among Native Hawaiian/Pacific Islander residents** in San Diego County. The non-Hispanic Native Hawaiian/Pacific Islander population may benefit from increased harm reduction programs such as improvement of home, work, and road/transportation safety, increased overdose education and awareness, fall prevention, and more.

## Data Sources

**American Community Survey (ACS) Data:** U.S. Census Bureau, 2017-2021 American Community Survey (ACS) 5-Year Estimates, Tables B01001, B05001, B10050, B12001, B15002, B17001, B18101, B19055, B22001, B23025, B25003, B27001.

**Death Data:** California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2019-2021. *The COVID-19 pandemic was associated with increases in all-cause mortality. COVID-19 deaths have affected the patterns of mortality.*

**Maternal and Child Health Data:** State of California, Department of Public Health, Center for Health Statistics and Informatics, Birth and Fetal Death Statistical Master Files, Birth Public Use Files, California Comprehensive Birth Files, 2019-2021. County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child and Family Health Services.

**Morbidity (Hospitalization, Emergency Department Discharge, and In-Patient Treatment) Data:** California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database and Patient Discharge Database, 2019-2021.

**SANDAG Population Estimates:** San Diego Association of Governments (SANDAG) Population Estimates, 2019 (v05/2020), 2020 (v09/2022), and 2021 (v09/2022). *Population estimates for 2020 and 2021 were derived using the 2010 Census and data should be considered preliminary.*



LIVE WELL  
SAN DIEGO



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