

HISPANIC/LATINE SAN DIEGANS COMMUNITY SNAPSHOT

COMMUNITY OUTREACH & ENGAGEMENT
MOORES CANCER CENTER AT UC SAN DIEGO HEALTH



POPULATION

In 2022, San Diego County had a total population of 3.3 million, with Hispanic/Latine (H/L) individuals making up 34.5% of the county's total population. This makes H/L individuals the second largest race/ethnicity group in San Diego County. The South Region has the largest H/L population at 62.1% (Chula Vista, National City, Coronado, Sweetwater, South Bay) [1].

POVERTY AND UNEMPLOYMENT

11.2% of H/L individuals in San Diego County were experiencing poverty, compared to the overall H/L poverty rate of 16.6% in the United States (US) [5]. The unemployment rate of H/L individuals in San Diego County was 5.3%, closely mirroring the national H/L unemployment rate of 5.2% [6].

EDUCATION

In 2023, 75% of H/L individuals in San Diego County had at least a high school degree or higher, and 23.1% held a bachelor's degree or higher [8].

INCOME

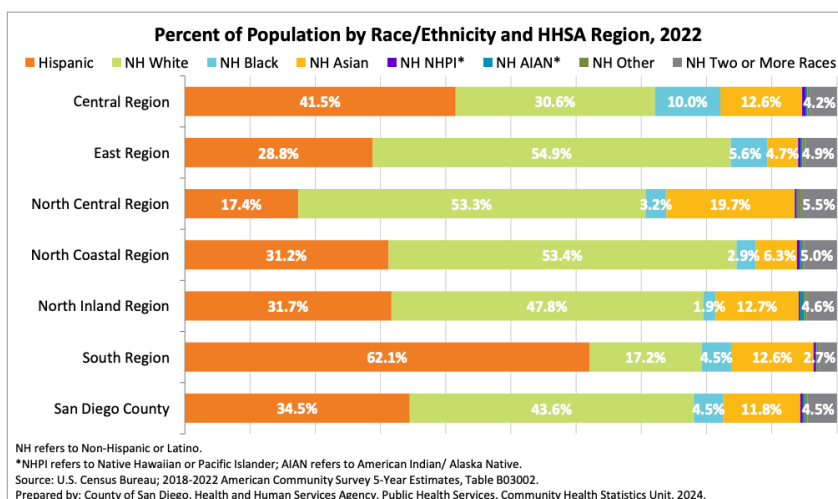
In 2023, the per capita income among H/L individuals in San Diego County was \$32,177 [2]. The median household income for H/L individuals in San Diego County in 2021 was \$69,724, which is significantly lower compared to the overall median household income for the county of \$92,914 [3].

HEALTH INSURANCE

In 2023, 89.7% of H/L individuals in San Diego County were insured, with 39.8% relying on public coverage. On the other hand, 10.3% of H/L individuals were uninsured. This is lower than the national figure, where an estimated 16.6% of H/L individuals lack insurance coverage [4].

OCCUPATION

According to the U.S. Bureau of Labor of Statistics in 2023, 23.6% of H/L individuals worked in service occupations. Additionally, among employed men, H/L individuals were more likely to work in the construction industry (19.4%) than were non-Hispanic Whites (10.6%), non-Hispanic Blacks (5.7%), or non-Hispanic Asians (1.8%) [7].

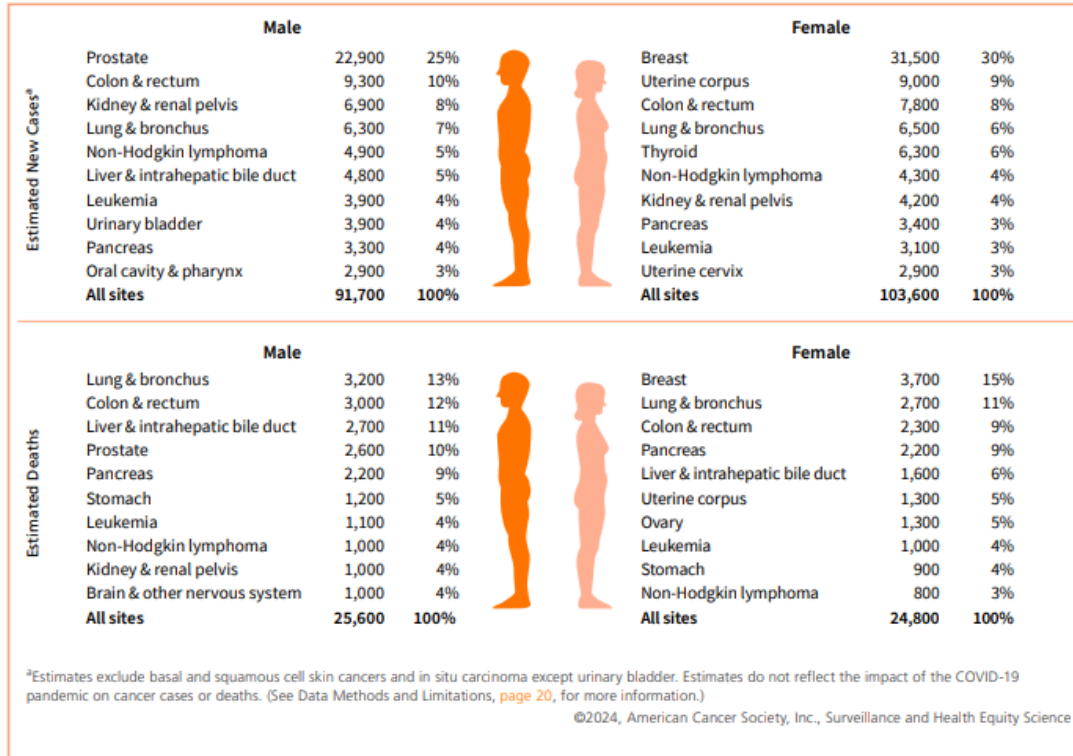


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CANCER TRENDS IN HISPANIC/LATINE INDIVIDUALS

H/L individuals have lower rates of the most common cancers and cancer deaths. However, they have much higher rates of certain infection-related cancers, such as stomach, liver, and cervical cancers, which are largely preventable with vaccines, screening, and healthy lifestyle changes. H/L adults are less likely to receive screening for cervical, breast, and colorectal cancers than White adults, and therefore are less likely to be diagnosed with an early-stage cancer. Factors like lower education levels and poverty can be linked to higher cancer death rates in H/L individuals by affecting their exposure to risks, access to preventive care, early detection, and quality treatment [10, 11].



Leading Sites of New Cancer Cases and Deaths in Hispanic People, US, 2024
 American Cancer Society. *Cancer Facts & Figures for Hispanic/Latino People 2024-2026* Atlanta: American Cancer Society, Inc. 2024

BREAST

Breast cancer death rates for all females in San Diego County (per 100,000) were highest in Lakeside (32.2), Spring Valley (25.6), National City (24.9), Ramona (24.6), and South Bay (24.1). The lowest rates were in Peninsula (10.8), North San Diego (12.2), Central San Diego (13.4), Escondido (15.0), and Carlsbad (15.0) [9].

H/L women are less likely than White women to be diagnosed with breast cancer at a localized stage (60% vs. 68%), likely because of lower mammography utilization and delayed follow-up after an abnormal mammogram. H/L women have about 30% lower rates of breast cancer cases and deaths compared to White women. This difference is likely due to protective factors like having more children and breastfeeding for longer periods [11].

LUNG

In lung cancer, the age-adjusted death rates in San Diego County (per 100,000 population) for lung cancer were highest in Palomar-Julian (42.2), Jamul (36.4), Lemon Grove (36.2), National City (35.6), and Harbison Crest (34.0) and lowest in Ramona (12.8), Central (13.0), Poway (14.3), Elliott-Navajo (15.2), and La Mesa (15.6) [9].

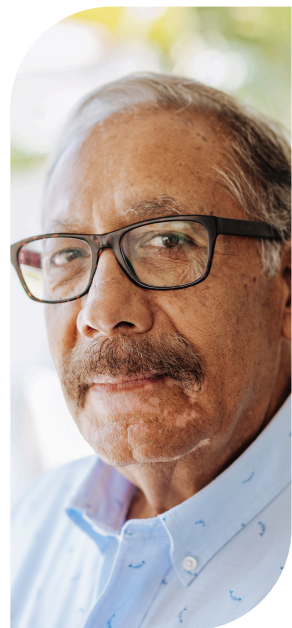
Among H/L individuals, lung cancer is the leading cause of cancer death in men and the second leading cause in women. However, compared to White individuals, H/L people have 50% lower rates of lung cancer cases and deaths. This difference is mainly due to historically lower smoking rates among H/L individuals [11].

Cancer Sites with Higher Rates for the H/L Population

- Acute Lymphocytic Leukemia
- Gallbladder
- Liver and Intrahepatic Bile Duct
- Stomach (gastric)
- Uterine cervix



Dig into more data
moores.healthdat.org



PROSTATE

Male death rates for prostate cancer (per 100,000) were highest in South Bay (37.3), Carlsbad (34.1), Vista (31.4), National City (29.0), and Oceanside (28.5) and lowest in Del Mar-Mira Mesa (13.9), Mid-City (14.3), Fallbrook (14.7), Poway (15.0), and North San Diego (15.2) [9].

H/L men experience about 19% fewer prostate cancer cases and 15% fewer deaths from prostate cancer compared to White men. Prostate cancer among Puerto Rican men was 51% higher than other US H/L men and 23% higher than White men between 2017-2021 [11].

LIVER

The age-adjusted death rates (per 100,000) were highest in South Bay (17.2), Ramona (16.1), Fallbrook (16.1), Southeastern San Diego (15.2), and National City (14.2) and lowest in Vista (5.2), North San Diego (5.4), Del Mar-Mira Mesa (5.6), Poway (5.6), and Carlsbad (6.0) for liver cancer in San Diego County [9].

H/L men have 92% more liver cancer cases than White men (2017-2021), with a death rate that is 50% higher. H/L women are 2.2 times more likely to develop liver cancer than White women and have a 60% higher death rate from the disease. Moreover, the risk of liver cancer in US-born H/L men is double that in foreign-born men. These disparities may be driven by higher rates of hepatitis C virus infection, obesity, and type 2 diabetes [10, 11].

COLORECTAL

Overall age-adjusted colorectal cancer (CRC) death rates (per 100,000) were highest in National City (22.0), Chula Vista (21.2), Santee (19.1), Ramona (17.2), and Mid-City (15.9) and lowest in Elliott-Navajo (4.5), Spring Valley (5.5), Coastal (6.1), University (7.5), and Central San Diego (8.0) [9].

H/L individuals have lower rates of CRC compared to White individuals. Hispanic men experience about 5% fewer cases and 12% fewer deaths, while H/L women have about 10% fewer cases and 22% fewer deaths. However, the rates vary substantially between H/L groups and may be similar to or higher than those in non-Hispanic Whites among some US-born H/L individuals [10, 11].

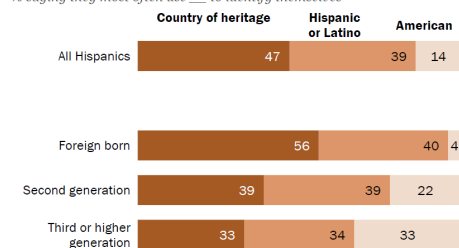
CERVICAL

H/L women have among the highest incidence of cervical cancer in the US compared with other major racial/ethnic groups, with rates 36% higher than those of White women. Variation in rates between H/L groups may in part reflect differences in background rates in immigrant countries of origin, as well as differences in access to and uptake of cervical cancer screening [10, 11].

HISPANIC, LATINE, LATINO OR AMERICAN

The terms Latinos use to describe their identity differ across immigrant generations

% saying they most often use ___ to identify themselves



Note: Foreign born includes those born in Puerto Rico. Second generation refers to those born in the 50 states or District of Columbia to at least one foreign-born parent. Third generation refers to those born in the 50 states or D.C. to parents who are also U.S. born. No answer responses not shown. Source: National Survey of Latinos conducted Dec. 3-23, 2019.

About half (47%) of H/L adults say they most often describe themselves by their family's country of origin or heritage, using terms such as Mexican, Puerto Rican, or Salvadoran, while another 39% use "Hispanic" or "Latino." 56% of foreign-born H/L individuals use their origin country versus 33% among third- or higher-generation. Those who use the term "American" rise from 4% among immigrant Hispanic/Latine individuals to 33% among third- or higher-generations. Only 3% of Hispanic adults use the term Latinx -- the more traditional terms Hispanic or Latino are preferred over Latinx [12].



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