

# Alameda County

## *Examining the Increase in Mortality from 2018-2019 to 2020-2021*

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# Introduction

- CAPE
  - Centering equity
  - Connecting with community
  - Data to action
  - Continuous improvement – we welcome feedback
- Data reflect historical and present-day injustices and stark inequities in mortality
  - We aim for data to inform policies and programs to improve health and reduce disparities
  - We aim for data to empower community

## Table of contents

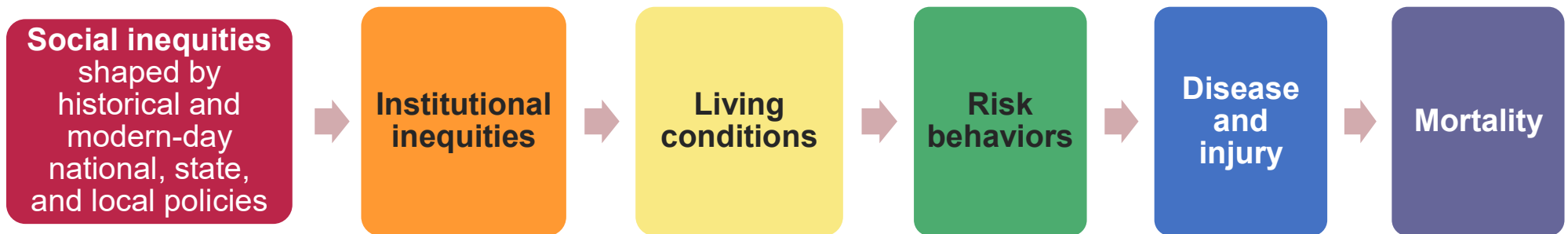
- Key points
- Structural drivers of health
- Growing disparities in life expectancy
- The unequal toll of COVID-19 and other communicable diseases
- Non-communicable diseases as a leading cause of mortality and rising deaths due to external causes
- Persistent disparities for mothers, pregnant people, and infants
- Summary

## Key points

- Disparities in mortality are driven by historical and present-day national, state, and local public policy choices and institutional practices that shape inequities in the conditions in which people live, work, learn, and play in Alameda County. Disparities in mortality are not primarily the result of individual choices or behaviors.
- Decline in life expectancy
- Lower COVID-19 mortality in Alameda County
- Increased deaths at young ages
- Chronic diseases remain the leading causes of death

# Structural drivers of health

# Bay Area Health Inequities Initiative (BARHII) Framework



Disparities in mortality are driven by historical and present-day public policy choices and institutional practices that shape inequities in the conditions in which people live, work, learn, and play. Disparities in mortality are not primarily the result of individual choices or behaviors.

Source: BARHII Framework. Available at: <https://barhii.org/framework/>

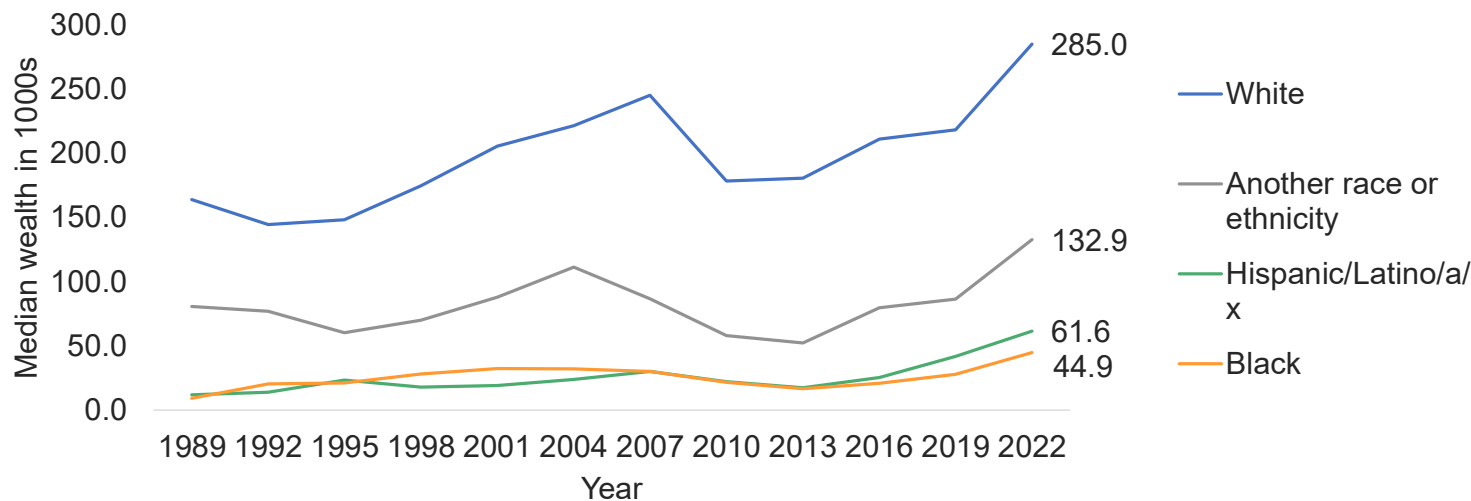
# Historical and present-day injustices

- Slavery
- Redlining
- Home zoning policies
- Regressive tax policies

# Growing wealth inequities in the US

Historical policies and practices have shaped large racial and ethnic disparities in wealth, poverty, and health in the United States and in Alameda County. These disparities shape where people live, work, learn, and play, as well as vulnerability to disasters such as the COVID-19 pandemic.

Median wealth by race and ethnicity in the United States, 1989 to 2022



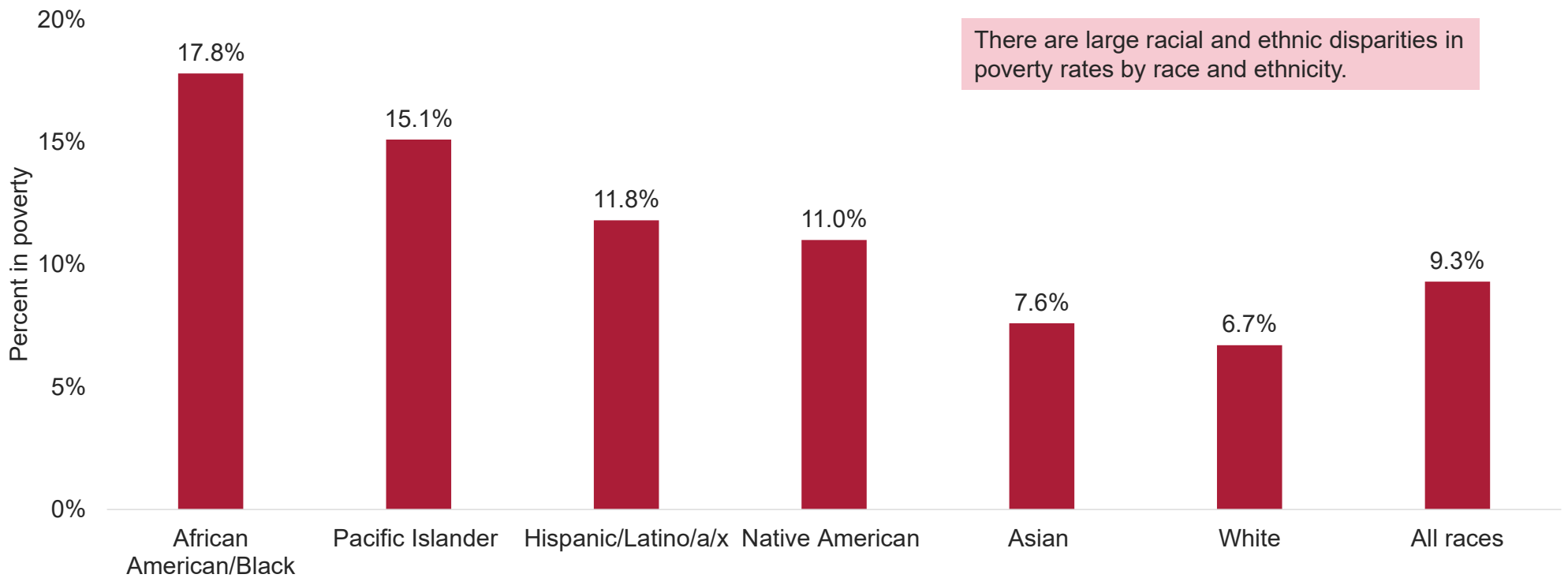
Racial and ethnic disparities in wealth in the United States are large and grew in absolute magnitude from 2019 to 2022

Source: Board of Governors of the Federal Reserve System. (2023). Greater Wealth, Greater Uncertainty: Changes in Racial Inequality in the Survey of Consumer Finances, Accessible Data. <https://www.federalreserve.gov/econres/notes/feds-notes/greater-wealth-greater-uncertainty-changes-in-racial-inequality-in-the-survey-of-consumer-finances-accessible-20231018.htm#fig1>  
**Note:** Other races and ethnicities were not reported in the analysis.



# Racial and ethnic inequities in poverty

2021 Alameda County poverty rate by race and ethnicity

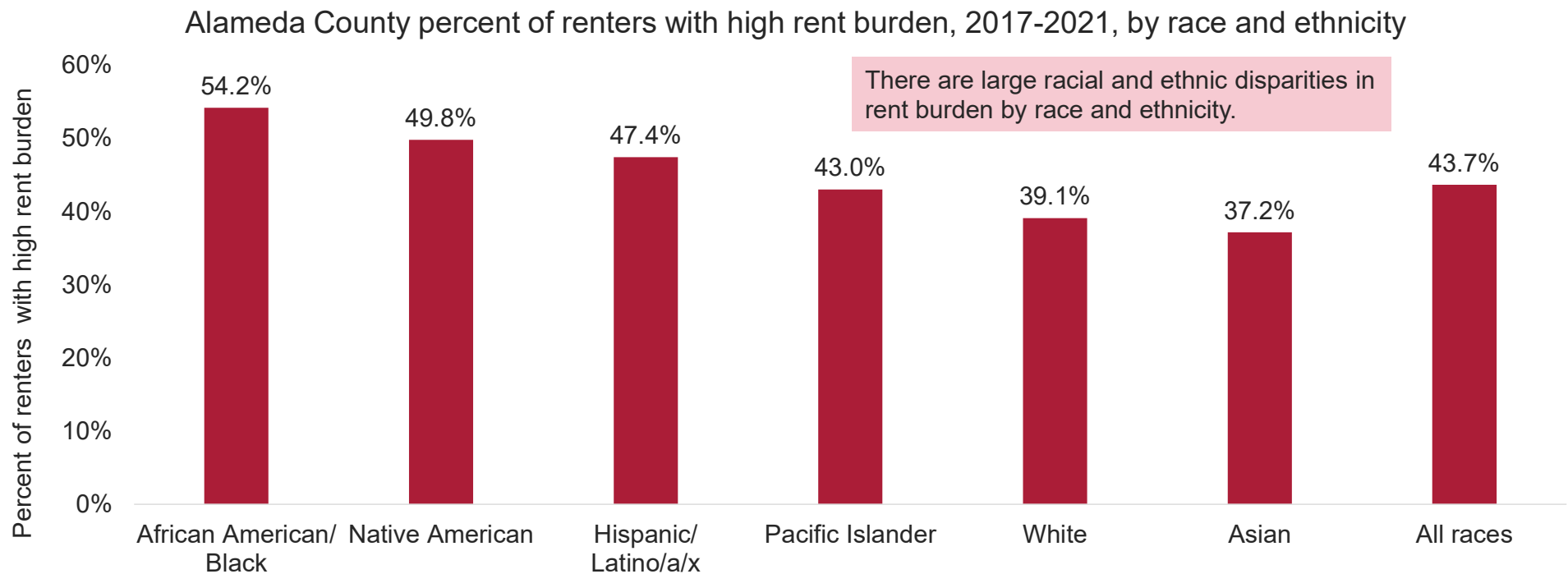


There are large racial and ethnic disparities in poverty rates by race and ethnicity.

Source: American Community Survey (ACS)

Notes: The ACS does not break out the races mutually exclusive of Hispanic/Latino/a/x except for White.

# Racial and ethnic inequities in rent burden

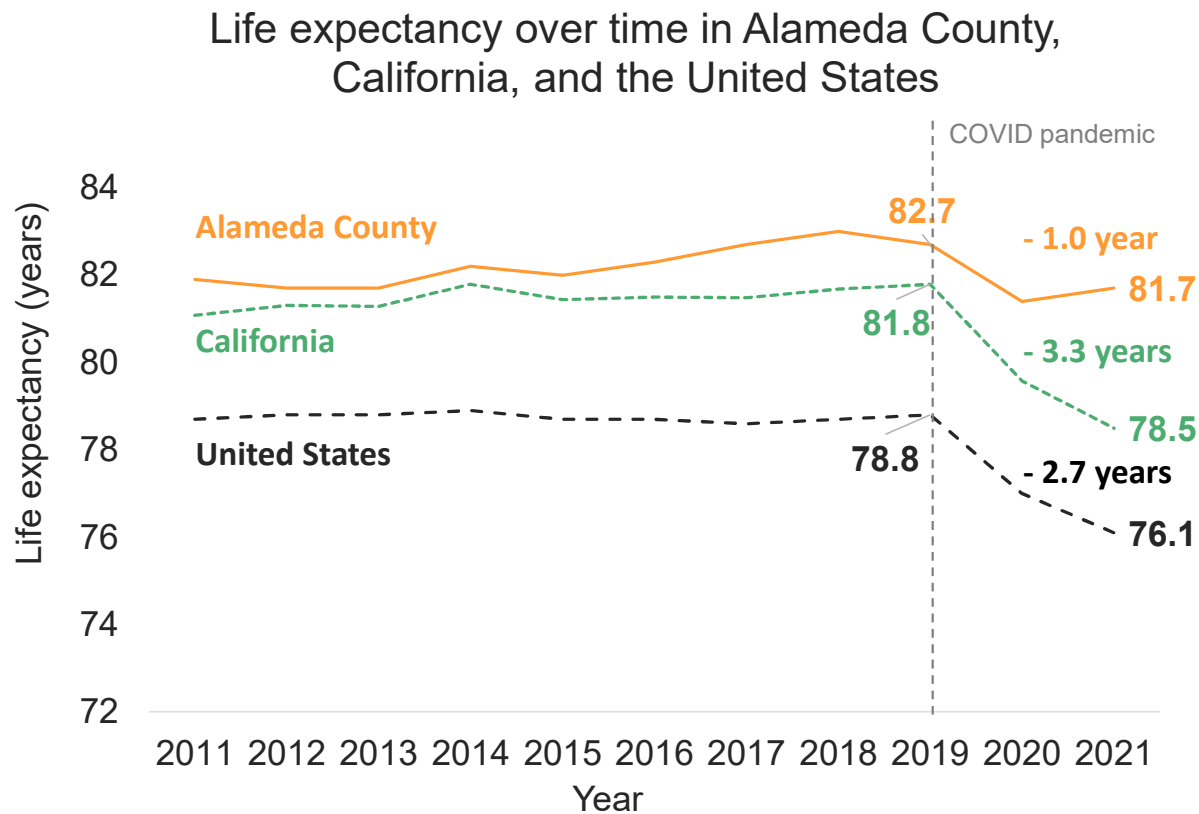


## Structural inequities drive health inequities

- In an inequitable structural context, disasters often exacerbate disparities. Purposefully designed policies and programs can counteract inequities.
- Learning about how mortality changed during the first two years of the COVID-19 pandemic can inform work to improve health and reduce health disparities in times of crisis and in all times.
- As the 2022-2025 Alameda County Health Improvement Plan highlights, there is a need to improve economic security and opportunities, access to care, and community safety to improve health and well-being and reduce mortality.

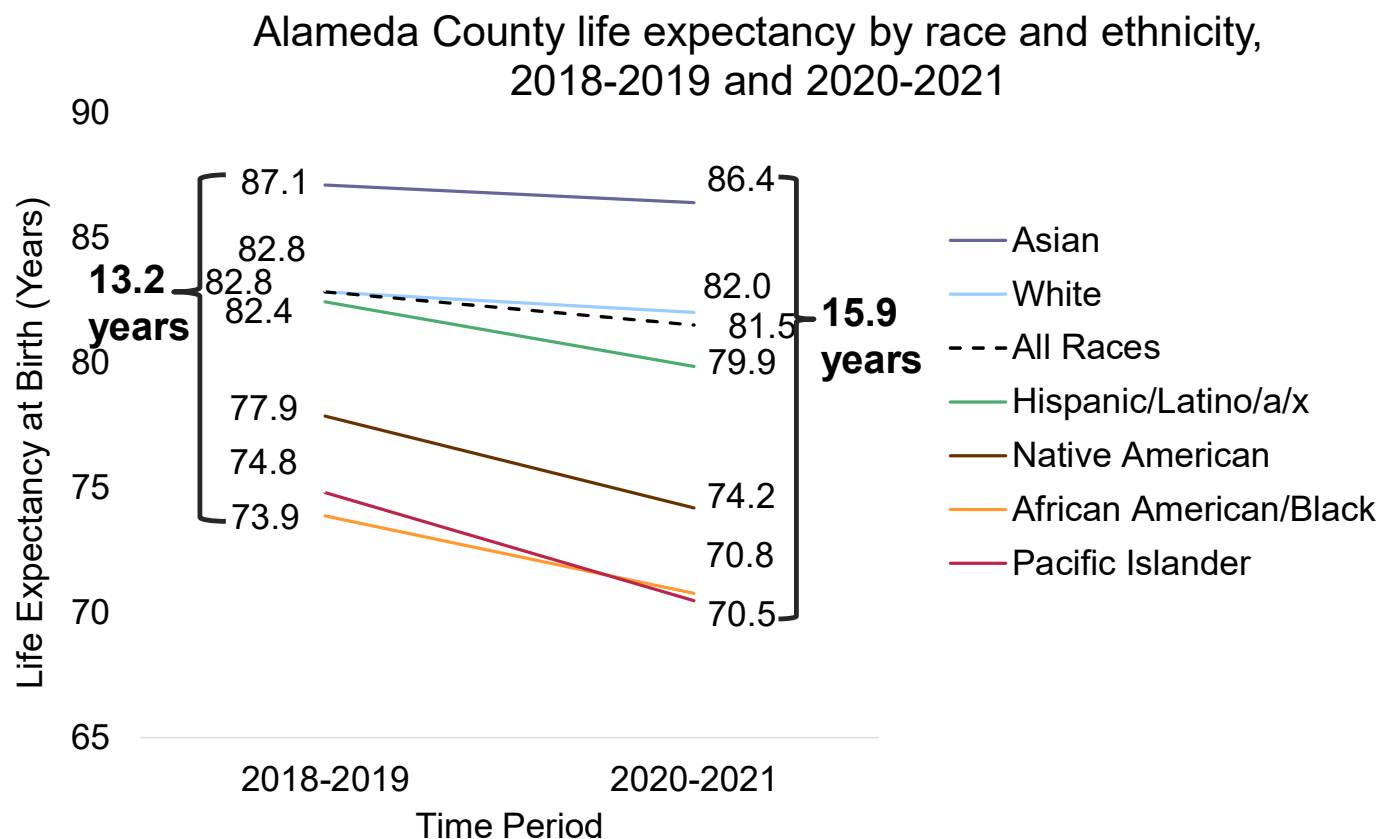
# Growing disparities in life expectancy

# Alameda County has a higher life expectancy relative to the United States, and experienced less of a decline in 2020-2021



Life expectancy in Alameda County was longer than life expectancy in California and the United States prior to the COVID-19 pandemic. In 2020, there was less of a decline in life expectancy in Alameda County than in California and the United States. While life expectancy continued to decline in 2021 in California and the United States, life expectancy began to recover in Alameda County.

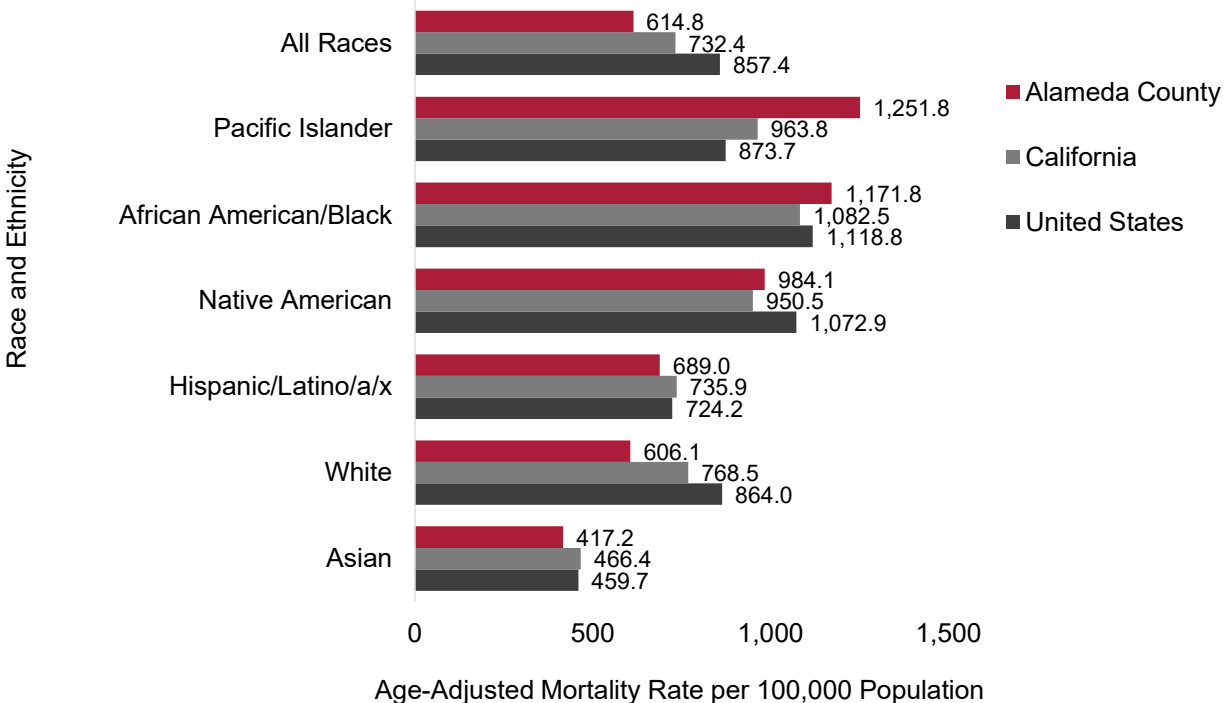
# Already large racial and ethnic disparities in life expectancy in Alameda County grew worse in 2020-2021



The already-large gap in life expectancy by race and ethnicity grew from 13.2 years in 2018-2019 to 15.9 years in 2020-2021

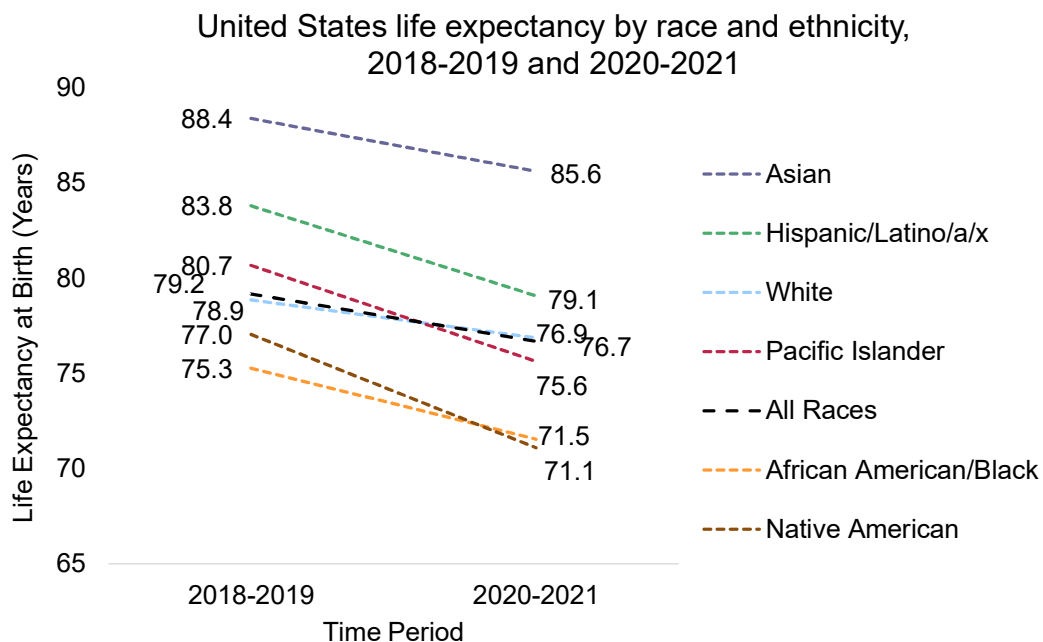
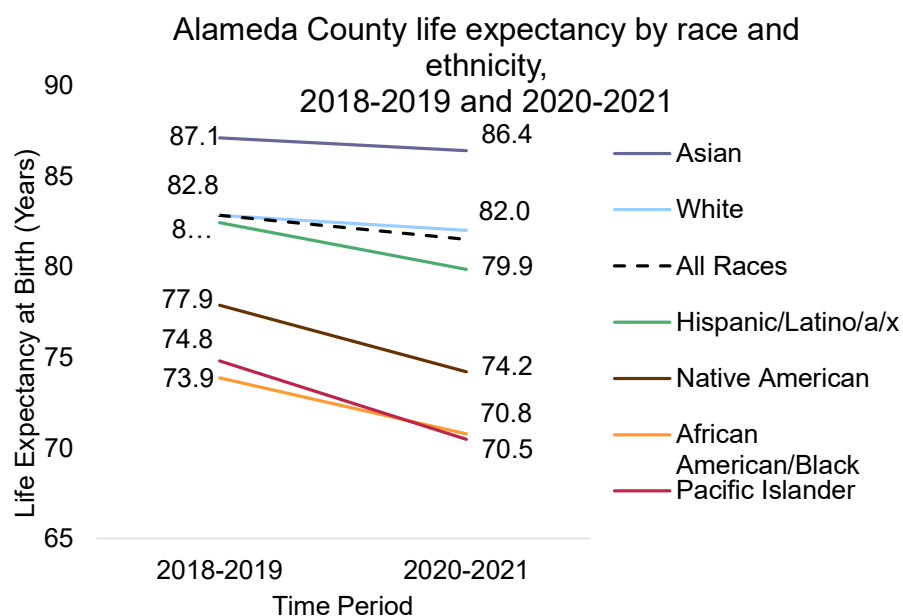
# Racial and ethnic disparities in Alameda County relative to California and the United States

All-Cause Mortality Rates in Alameda County, California, and the United States, by Race and Ethnicity, 2020-2021



While overall mortality in Alameda County is lower than in the United States and California, mortality for African American/Black and Pacific Islander people in Alameda County was higher than for African American/Black and Pacific Islander people in California and the United States

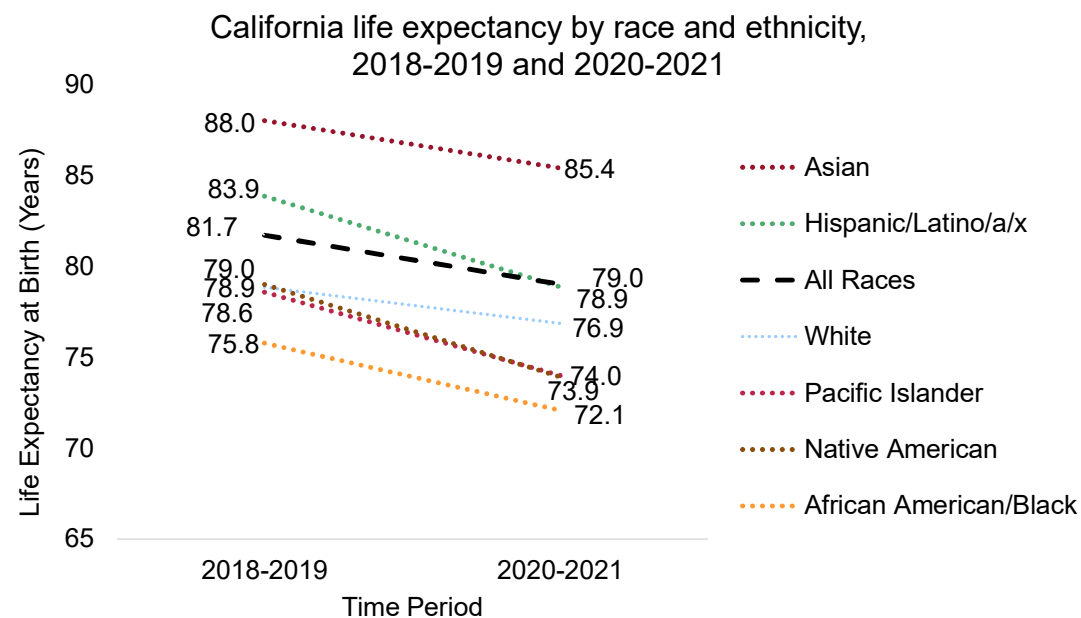
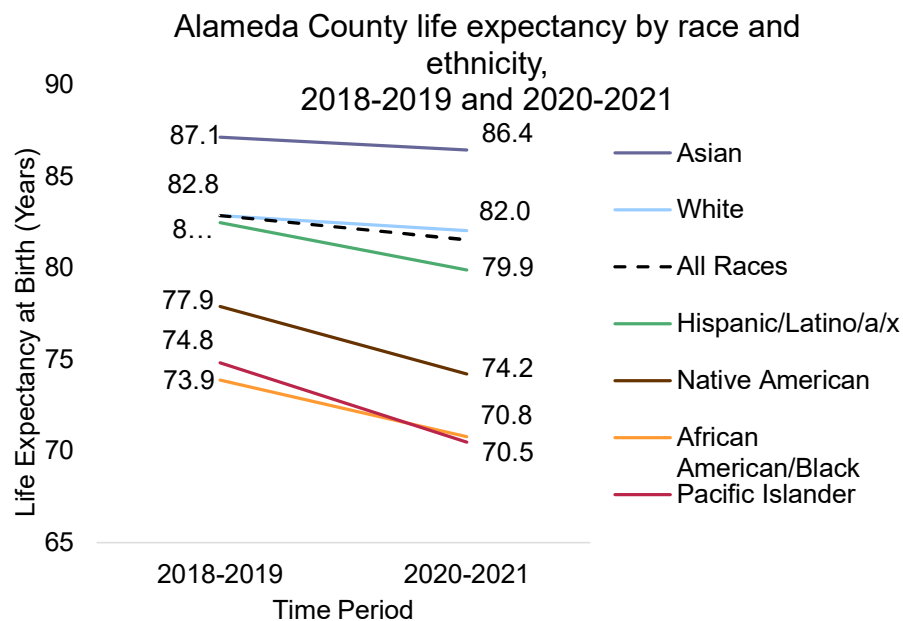
# Life expectancy disparities in Alameda County relative to the United States



While overall life expectancy in Alameda County is higher than in the United States, the life expectancy for African American/Black and Pacific Islander people in Alameda County was lower than for African American/Black and Pacific Islander people in the United States



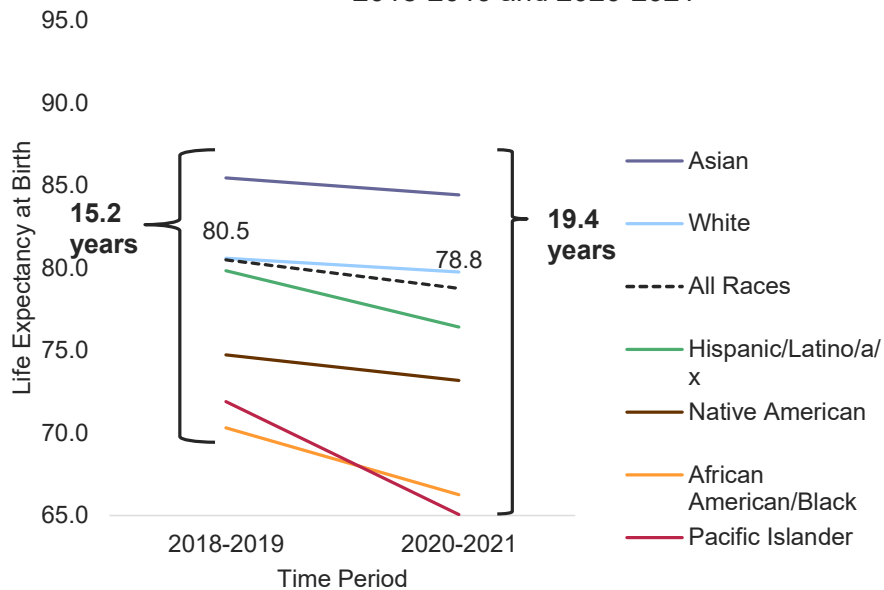
# Life expectancy disparities in Alameda County relative to California



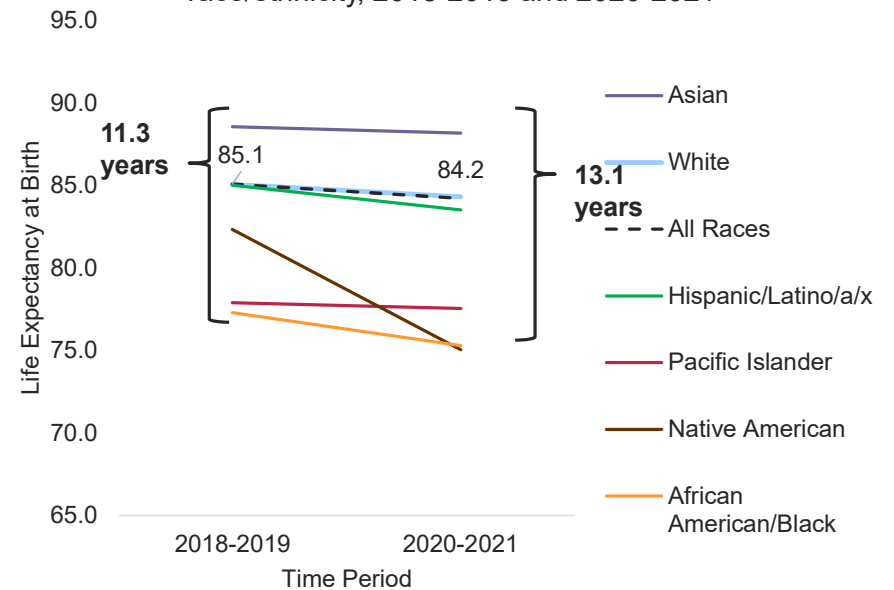
While overall life expectancy in Alameda County is higher than in California, the life expectancy for African American/Black and Pacific Islander people in Alameda County was lower than for African American/Black and Pacific Islander people in California

# Life expectancy by sex: Racial and ethnic disparities in life expectancy were larger and grew further for males in 2020-2021

Alameda County male life expectancy by race/ethnicity, 2018-2019 and 2020-2021

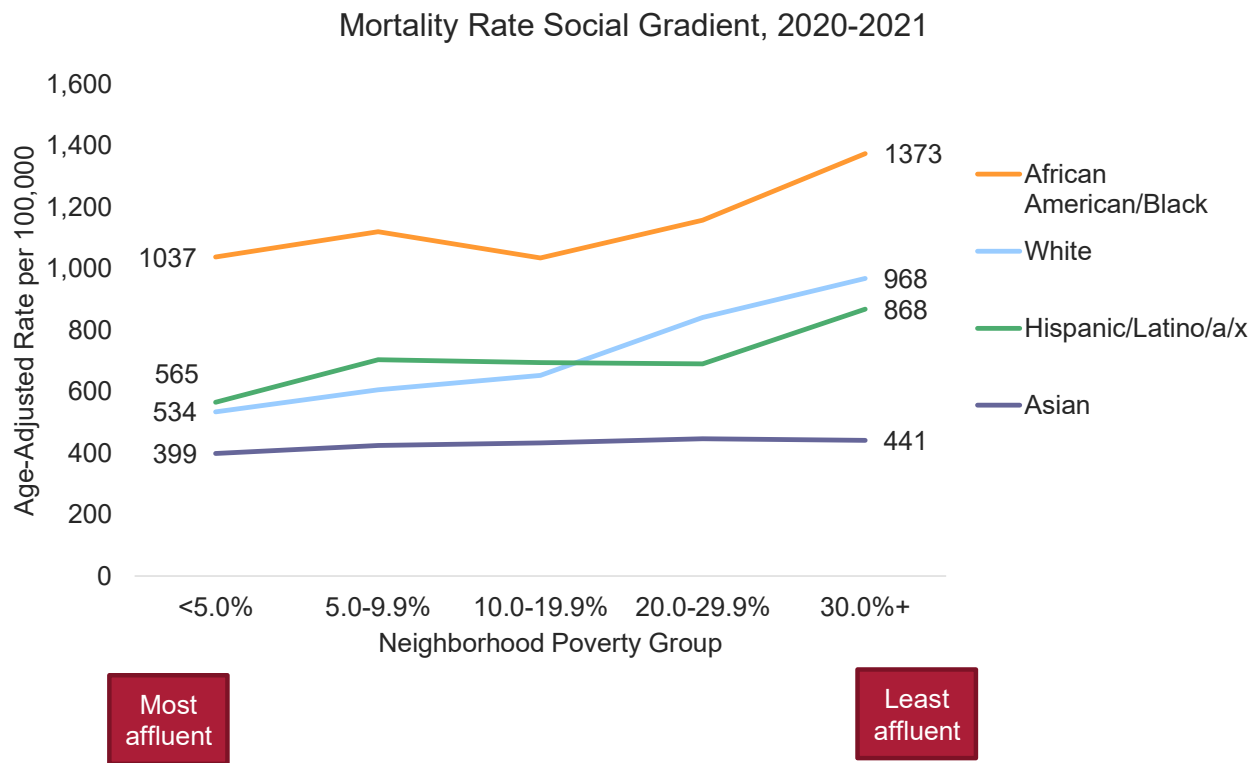


Alameda County female life expectancy by race/ethnicity, 2018-2019 and 2020-2021



Life expectancy is longer for females than males in Alameda County. Racial and ethnic disparities in life expectancy are especially large for males in Alameda County.

# Racial and ethnic disparities persisted across neighborhood poverty level

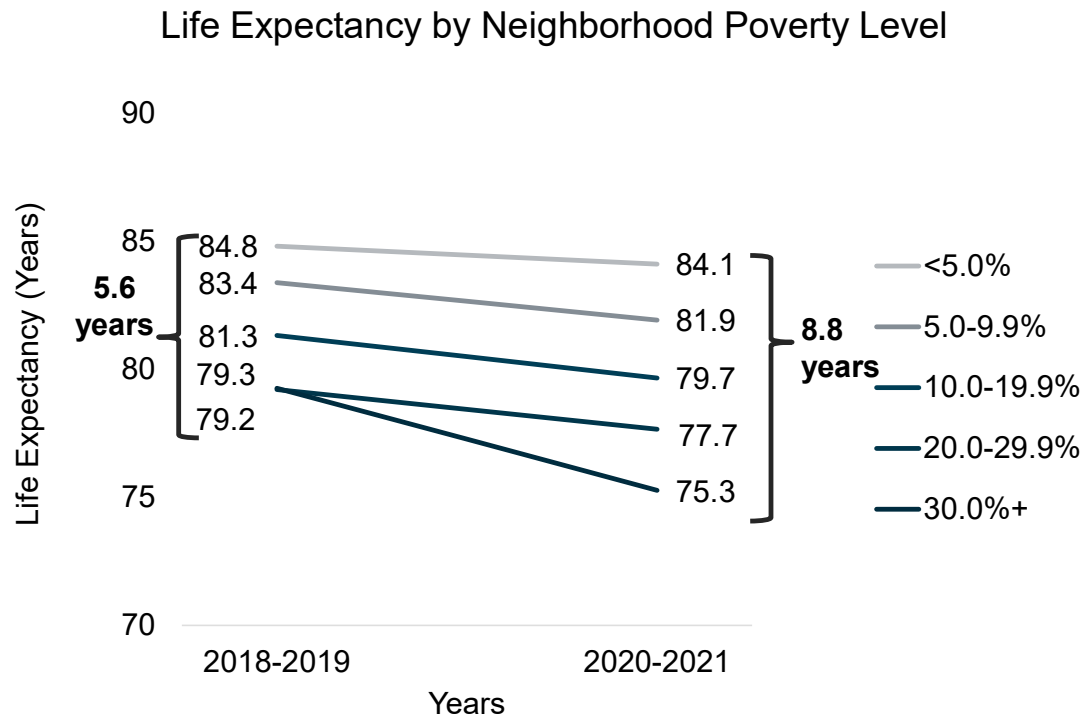


	Mortality Rate
Pacific Islander	1,251.8
African American/Black	1,171.8
Native American	984.1
Hispanic/Latino	689.0
White	606.1
Asian	417.2

African American/Black people in neighborhoods with high poverty rates experience the worst mortality, but African American /Black people in the lowest-poverty neighborhoods still experience worse mortality than people of other races and ethnicities, even in high-poverty neighborhoods.

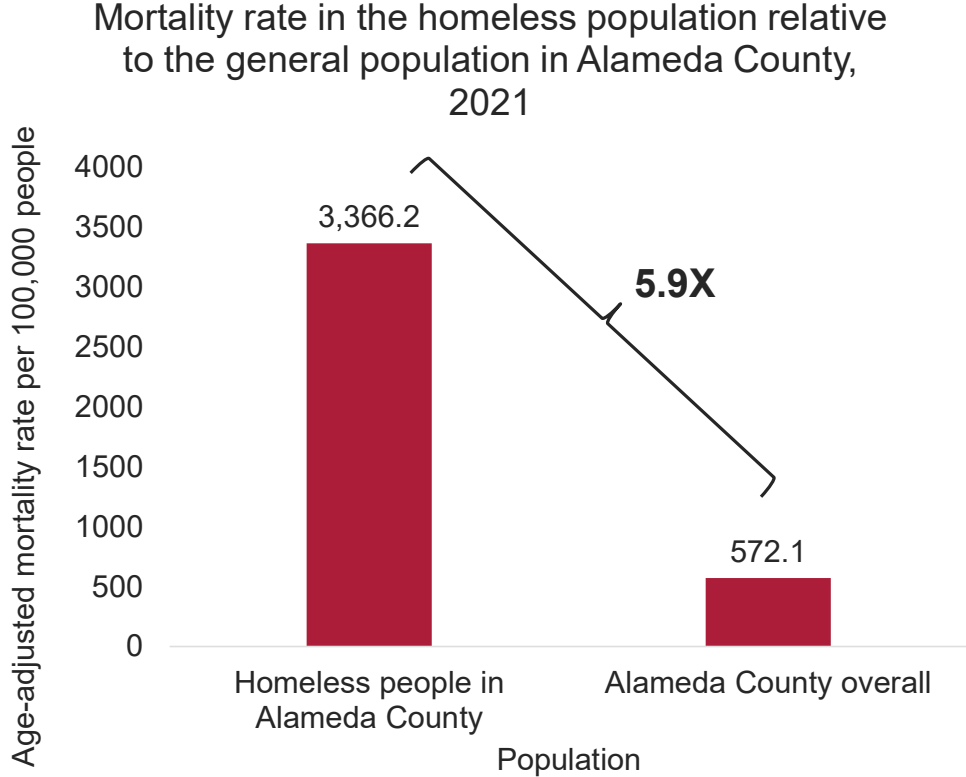
Neighborhood poverty is the percent of individuals in poverty by census tract. Native American and Pacific Islander averages are depicted in the table rather than the figure by neighborhood poverty due to small population size.

# Disparities in life expectancy by neighborhood poverty increased in 2020-2021



The gap in life expectancy in the highest and lowest poverty neighborhoods grew from 5.6 years in 2018-2019 to 8.8 years in 2020-2021

# The mortality rate for homeless people in Alameda County is nearly 6 times that of the general population

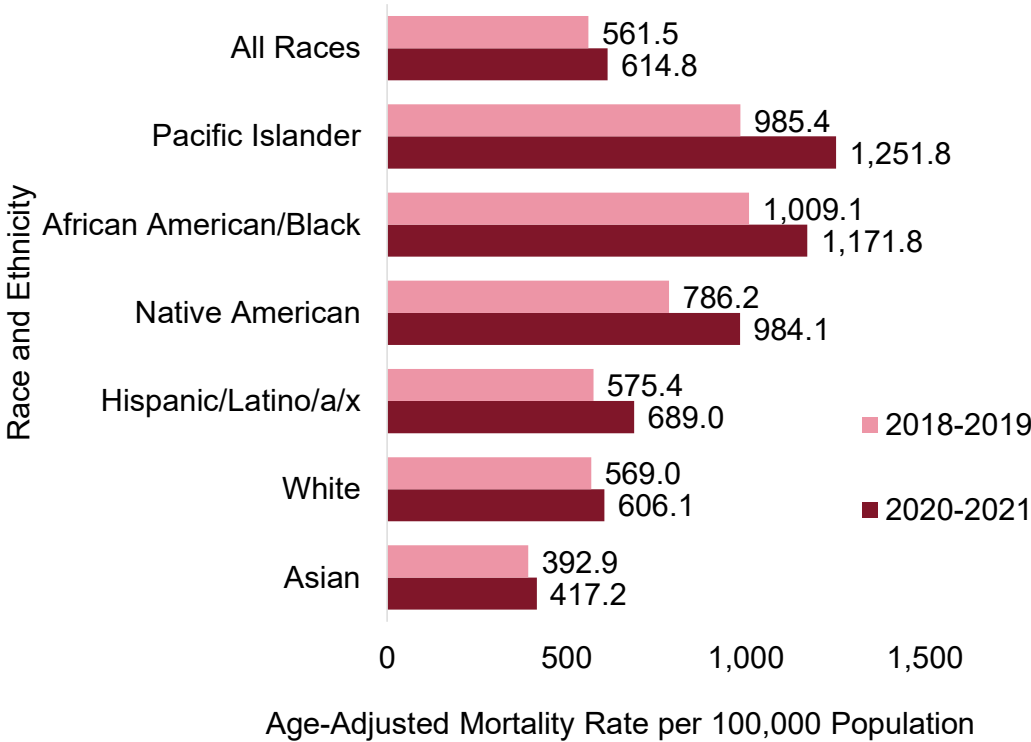


Rising homelessness is a threat to population health

Source: Alameda County 2021 Homeless Mortality Report  
[Alameda County Homeless Mortality 2021](#)

# Mortality increased in 2020-2021, exacerbating racial/ethnic disparities

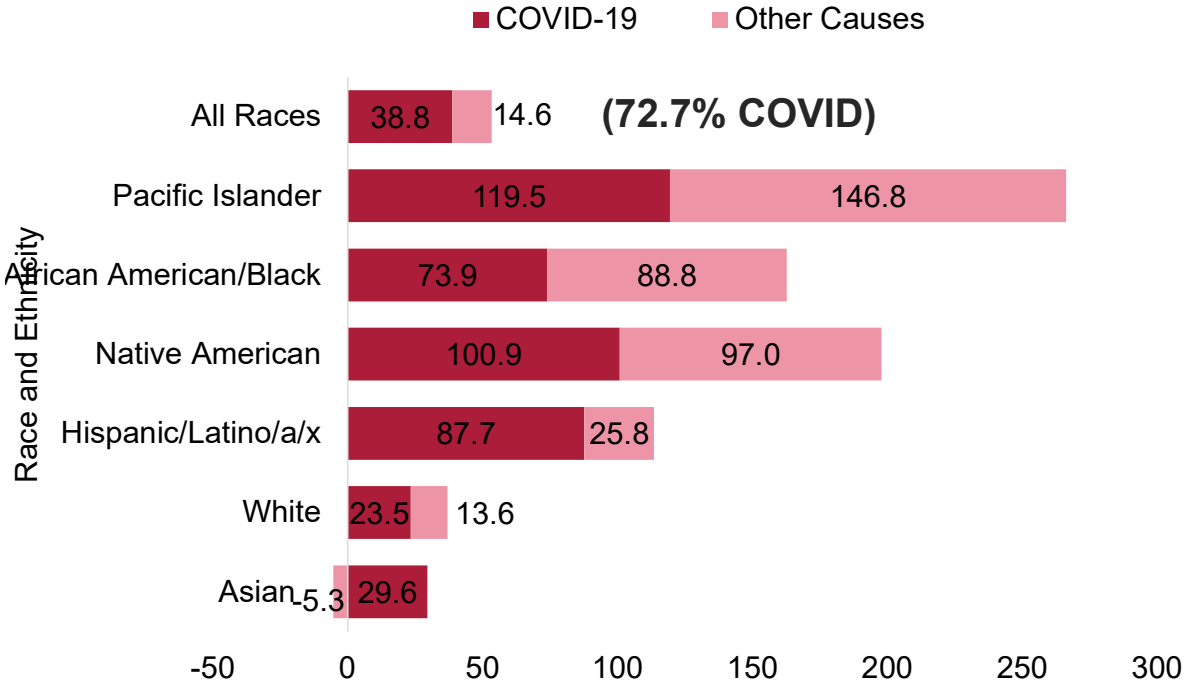
All-Cause Mortality Rate by Race and Ethnicity in Alameda County, 2018-2019 and 2020-2021



Mortality increased, and racial and ethnic disparities in mortality increased

# Mortality increased in 2020-2021, exacerbating racial/ethnic disparities

Change in Mortality Rates due to COVID-19 vs Other Causes by Race and Ethnicity, 2018-2019 to 2020-2021



Most (73%) of the overall increase in the death rate in Alameda County was due to COVID-19. Pacific Islander, African American/Black, and Native American people had large increases in mortality due to COVID-19 and due to other causes.

## Change in Mortality Rate for Leading Causes and Statistically Significant Changes, 2018-2019 to 2020-2021

		Age-Adjusted Mortality Rate per 100,000 Population		
		2018-2019	2020-2021	Change
<b>Five leading causes</b>	Cancer	124.0	121.4	-2.1%
	Heart disease	113.0	113.1	0.0%
	Stroke	39.6	42.8	8.2%
	COVID-19*	NA	38.8	NA
	Alzheimer's disease	35.0	31.7	-9.4%
<b>Statistically significant change in rate</b>	All causes	561.5	614.8	9.5%
	COVID-19*	NA	38.8	NA
	Unintentional overdose	11.6	19.3	65.6%
	Chronic liver disease and cirrhosis	8.9	11.2	25.5%
	Homicide	5.1	9.2	80.4%

\* The percentage increase could not be calculated for COVID-19 because there were no COVID-19 deaths in the 2018-2019 period.



# Alameda County leading causes of death by age group

Leading causes of death and average number of deaths in Alameda County in 2020-2021

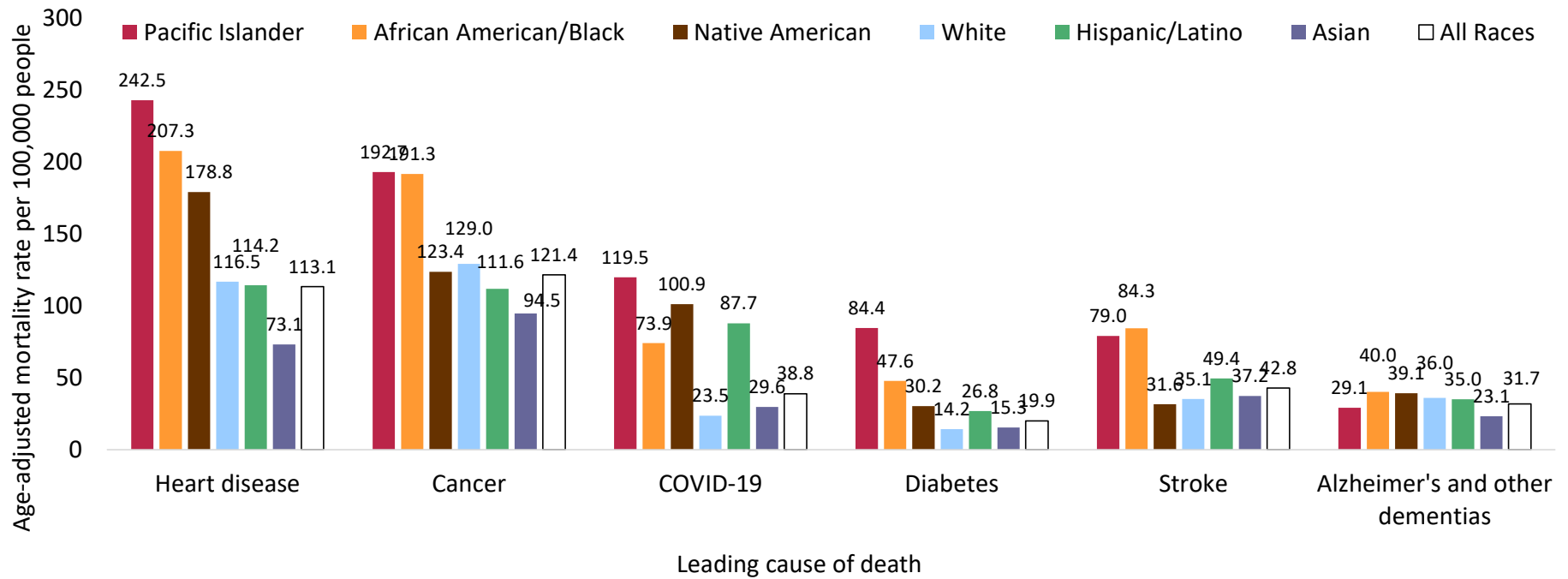
Rank	<18	18-34	35-44	45-54	55-64	65-74	75-84	85+	All Ages
1	Perinatal complications	Unintentional overdose	Unintentional overdose	Cancer	Cancer	Cancer	Cancer	Heart disease	Cancer
	30	101	70	148	358	621	622	828	2,277
2	Congenital conditions	Homicide	Cancer	Heart disease	Heart disease	Heart disease	Heart disease	Cancer	Heart disease
	15	70	41	102	252	392	479	458	2,111
3	Abnormal clinical findings <sup>a</sup>	Motor vehicle crash	Heart disease	Unintentional overdose	COVID-19	COVID-19	Stroke	Alzheimer's disease	Stroke
	11	48	36	68	99	152	196	429	786
4	Homicide	Suicide	Homicide	COVID-19	Unintentional overdose	Stroke	COVID-19	Stroke	COVID-19
	<10	38	36	47	75	111	164	378	725
5	Cancer	Other injury <sup>b</sup>	Suicide	Chronic liver disease & cirrhosis	Diabetes	Diabetes	Alzheimer's disease	COVID-19	Alzheimer's disease
	<10	24	28	39	74	88	121	236	578

a. Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)

b. Injury other than homicide, suicide, unintentional motor vehicle crash, and unintentional overdose

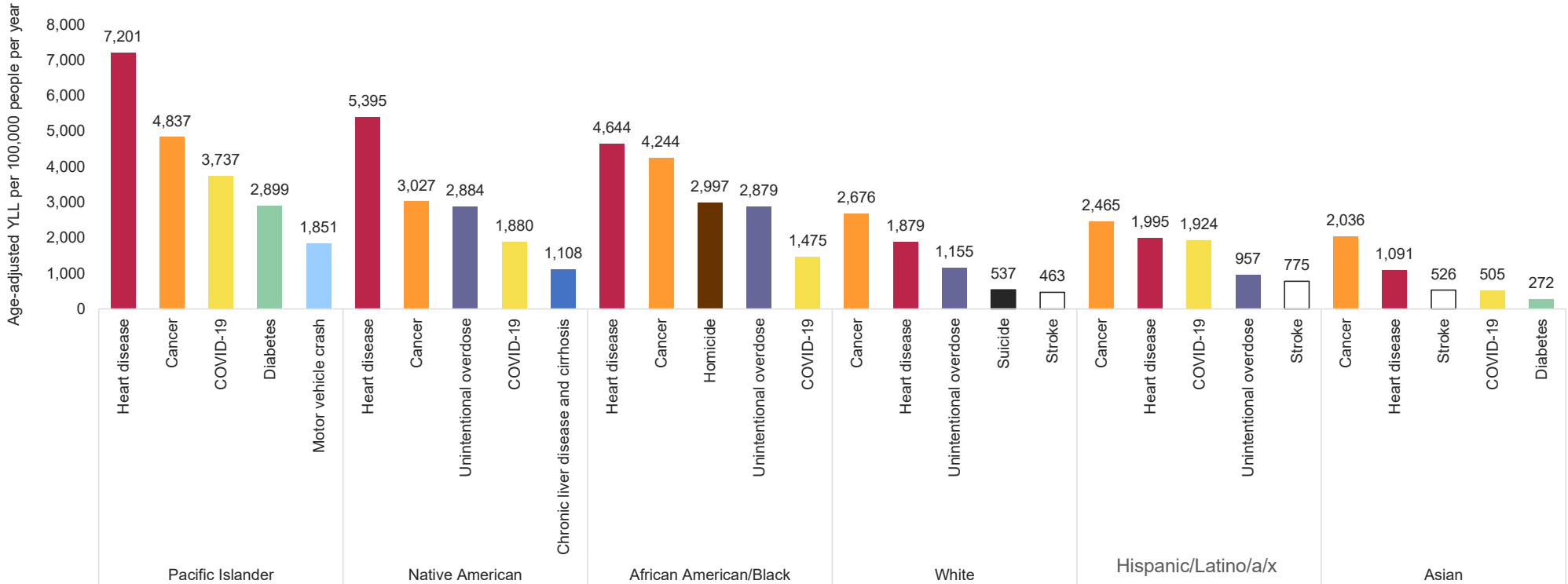
# There are large racial and ethnic disparities across leading causes of death

Age-adjusted mortality rate for leading causes of death in 2020-2021, overall and by race and ethnicity



# There were large racial and ethnic disparities in premature mortality for leading causes of death, 2020-2021

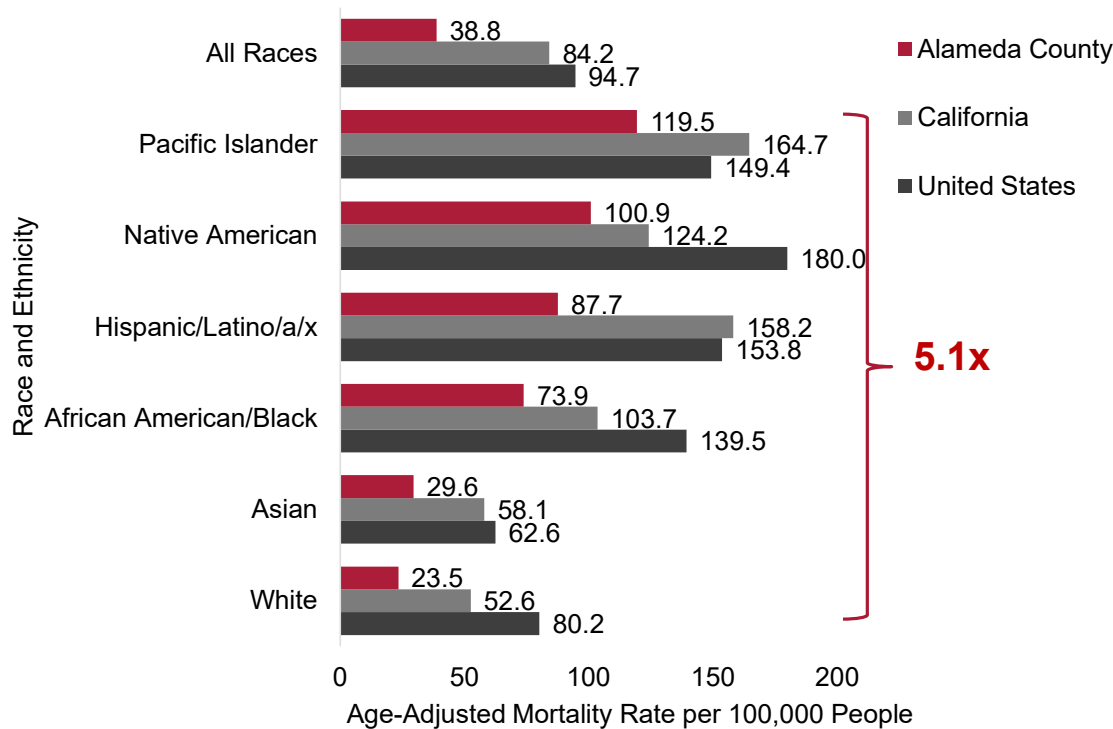
Alameda County age-adjusted years of life lost per 100,000 people per year, by race and ethnicity



## 2. The unequal toll of COVID-19 and other communicable diseases

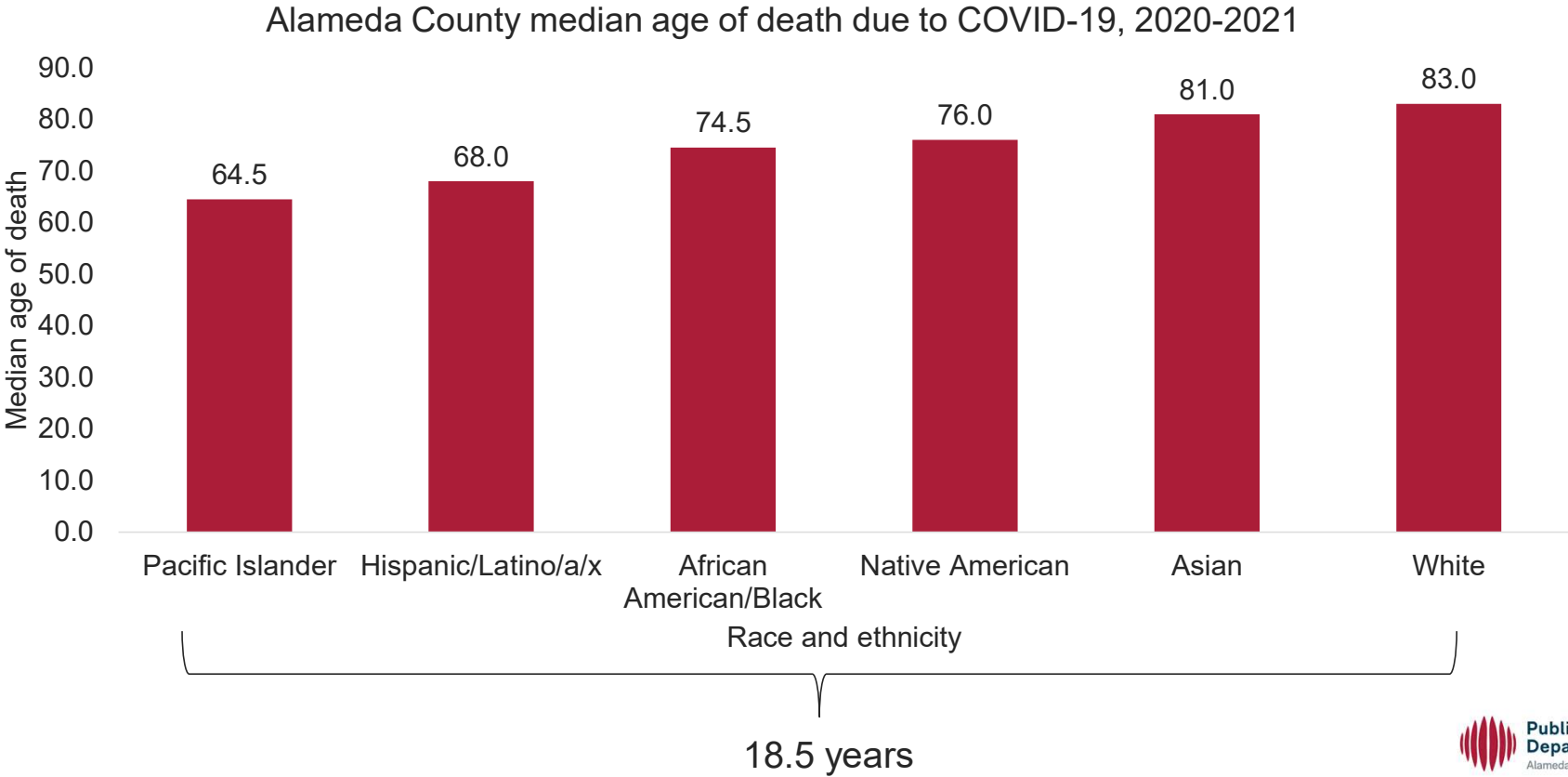
# Alameda County had a lower rate of COVID-19 mortality relative to the US, overall and for each race and ethnicity

COVID-19 Mortality Rates in Alameda County, California, and the United States, by Race and Ethnicity



Alameda County had an age-adjusted COVID-19 death rate that was 41% the age-adjusted COVID-19 death rate in the United States and 46% the age-adjusted COVID-19 death rate in California. The age-adjusted COVID-19 death rate was lower in Alameda County than in California and the United States for each race and ethnicity.

# There was an 18 year gap in the median age of death due to COVID-19 by race and ethnicity



## COVID was a top 5 cause of death in 2020-2021 for age groups 45 and older in Alameda County

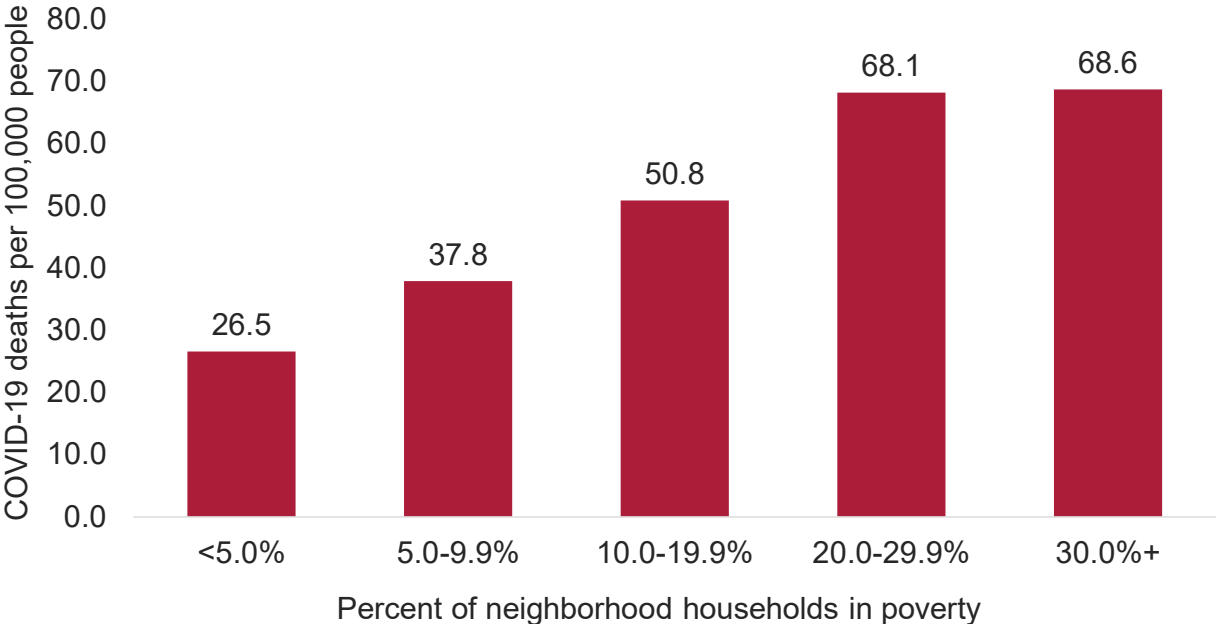
Rank	<18	18-34	35-44	45-54	55-64	65-74	75-84	85+	All Ages
1	Perinatal complications	Unintentional overdose	Unintentional overdose	Cancer	Cancer	Cancer	Cancer	Heart disease	Cancer
	30	101	70	148	358	621	622	828	2,277
2	Congenital conditions	Homicide	Cancer	Heart disease	Heart disease	Heart disease	Heart disease	Cancer	Heart disease
	15	70	41	102	252	392	479	458	2,111
3	Abnormal clinical findings <sup>a</sup>	Motor vehicle crash	Heart disease	Unintentional overdose	COVID-19	COVID-19	Stroke	Alzheimer's disease	Stroke
	11	48	36	68	99	152	196	429	786
4	Homicide	Suicide	Homicide	COVID-19	Unintentional overdose	Stroke	COVID-19	Stroke	COVID-19
	<10	38	36	47	75	111	164	378	725
5	Cancer	Other injury <sup>b</sup>	Suicide	Chronic liver disease & cirrhosis	Diabetes	Diabetes	Alzheimer's disease	COVID-19	Alzheimer's disease
	<10	24	28	39	74	88	121	236	578

a. Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)

b. Injury other than homicide, suicide, unintentional motor vehicle crash, and unintentional overdose

# COVID-19 mortality was higher in neighborhoods with more poverty

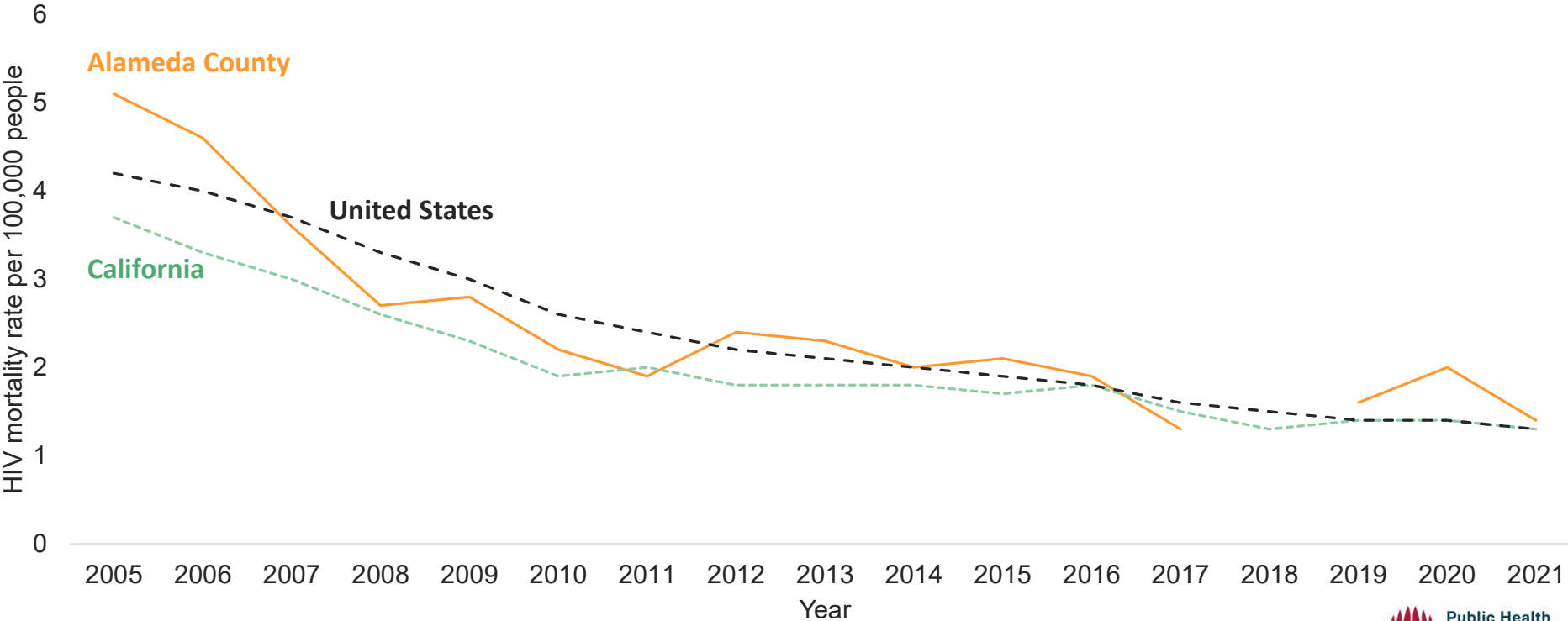
Alameda County 2020-2021 COVID-19 death rates by neighborhood poverty





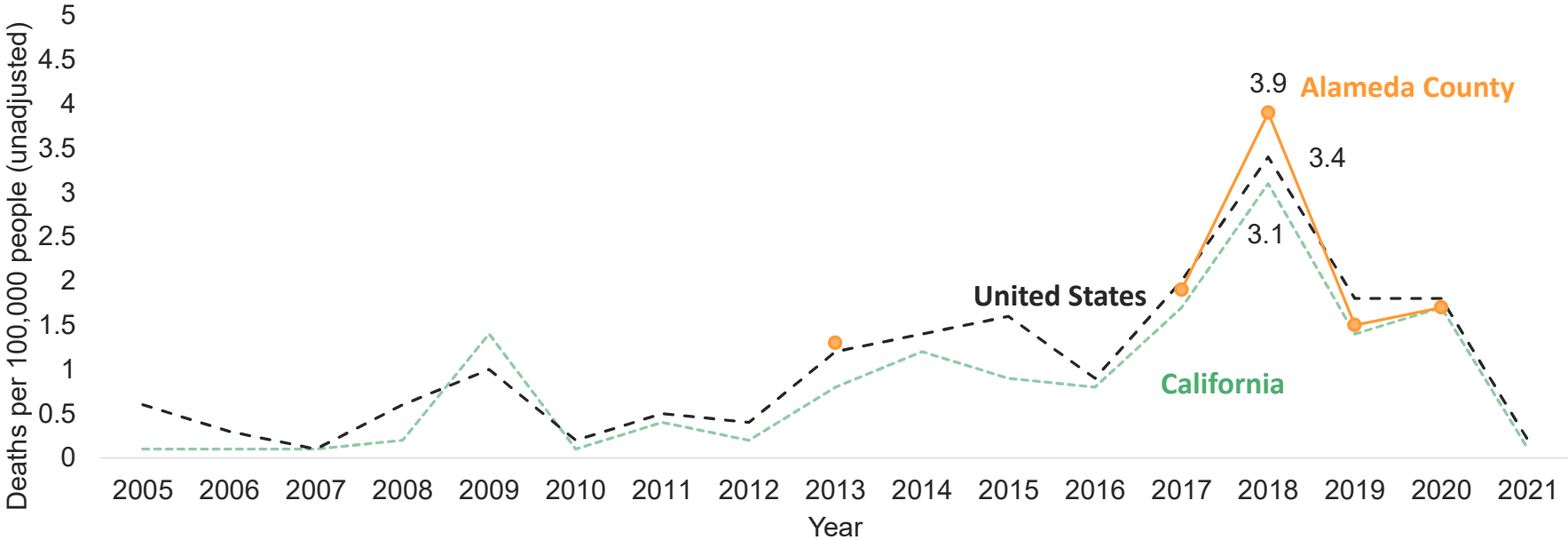
# HIV mortality has declined over time in Alameda County, California, and the United States

Age Adjusted Mortality Rate due to HIV in Alameda County, California and USA



# Death rates due to influenza vary by year in Alameda County, California, and the United States

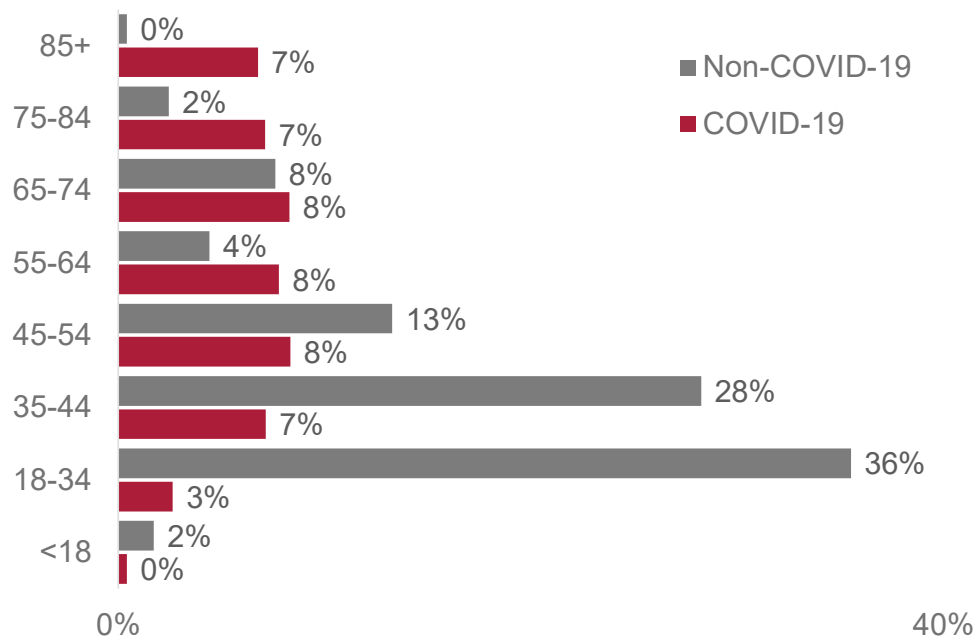
Influenza deaths per 100,000 people in Alameda County, California, and the United States



# Rising deaths due to external causes

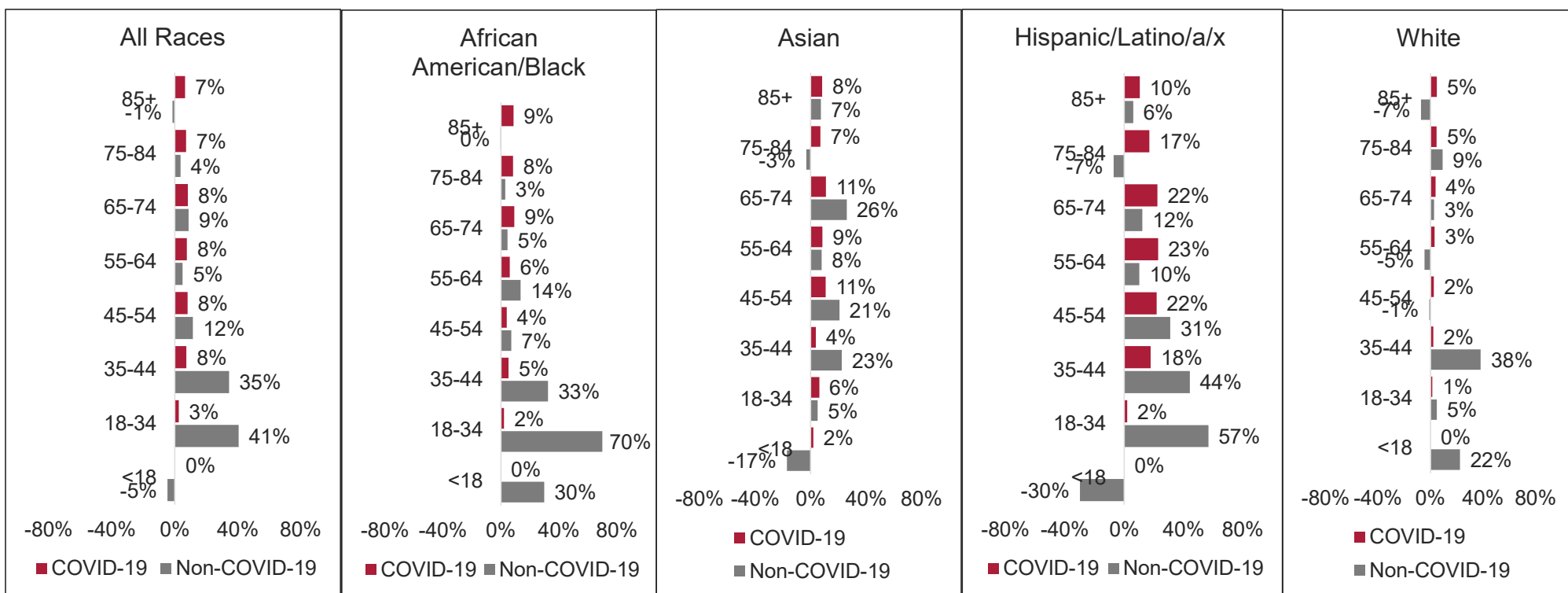
# There were large relative increases in death rates at young ages 2018-2019 to 2020-2021 in Alameda County, primarily due to non-COVID causes

Percent change in deaths due to COVID-19 and due to other causes from 2018-2019 to 2020-2021, by age group



Relative increases in mortality rates due to COVID-19 were consistent across all age groups over 35. There were large relative increases in mortality in younger age groups due to non-COVID causes, primarily overdose and homicide (following national trend)

# The largest relative increases in mortality 2018-2019 to 2020-2021 were among Black/African American and Hispanic/Latino/a/x young people in Alameda County



Note: The number of deaths for Pacific Islander and Native American people were too low to include.

## Overdose, homicide, and motor vehicle crashes were leading causes of death at young ages in Alameda County in 2020-2021 (& increased relative to 2018-2019)

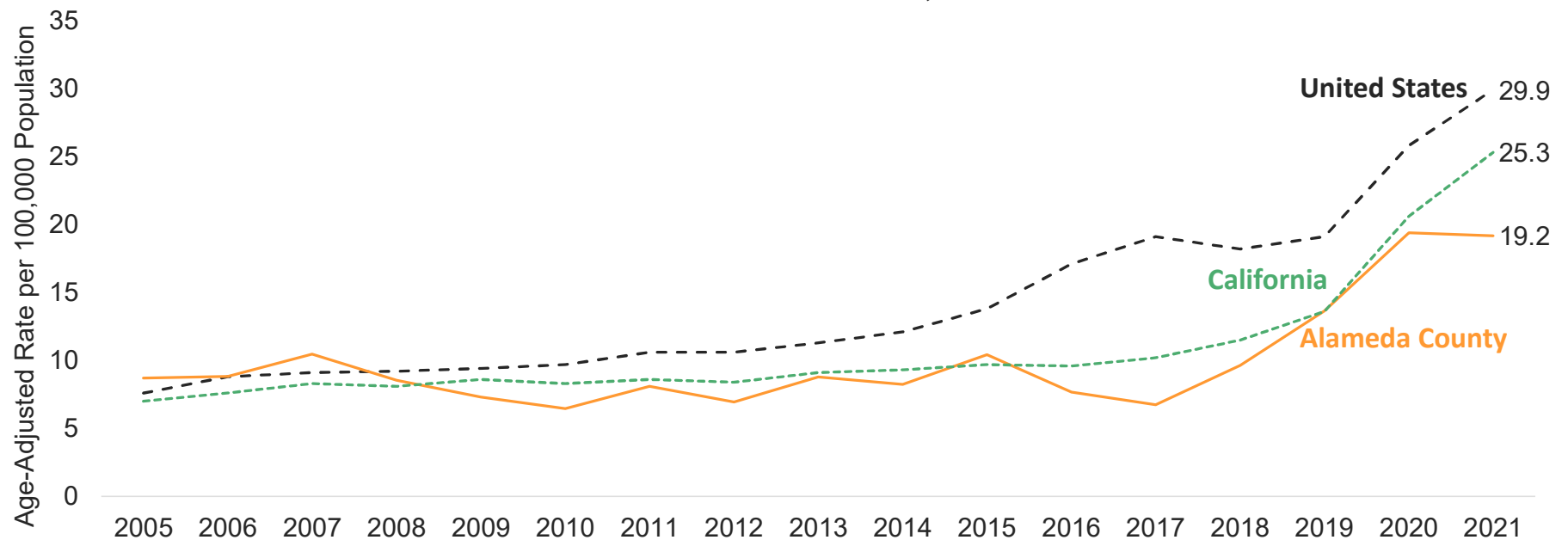
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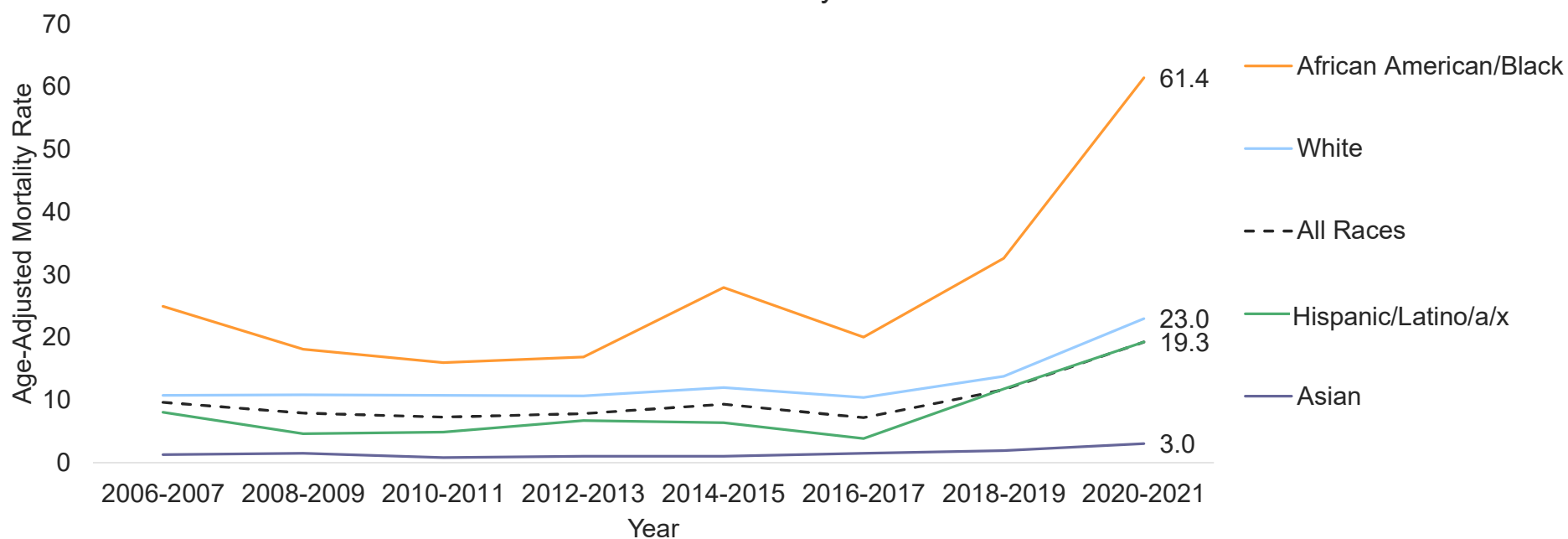
# Overdose increased in Alameda County in 2020-2021, following state and national trends

Unintentional overdose mortality in Alameda County, California, and the United States, 2005-2021



# There are large and increasing racial and ethnic disparities in unintentional overdose mortality in Alameda County

Temporal trends in unintentional overdose mortality rates by race and ethnicity in Alameda County

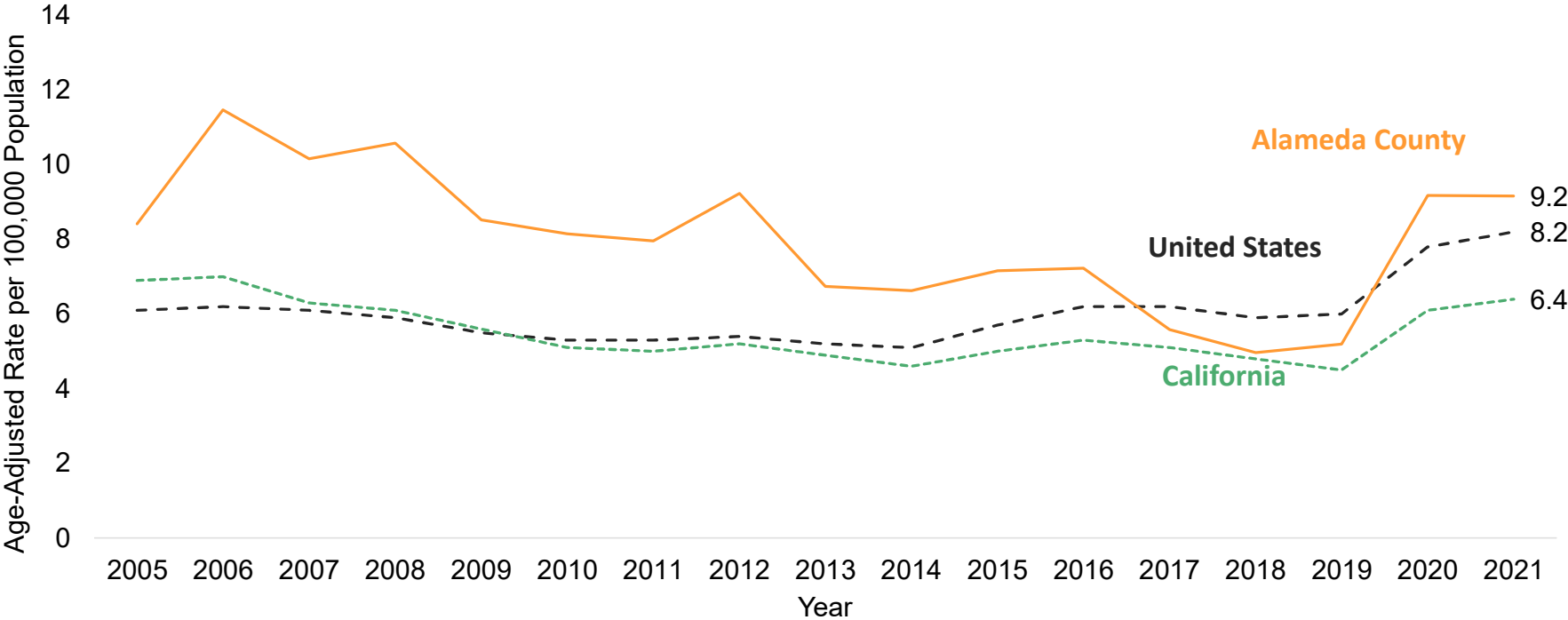


\* Since there are few unintentional overdose deaths among Native Americans and Pacific Islanders, we had to aggregate eight years of data for each. For 2014-2021, the Native American rate was 28.5/100,000 and the Pacific Islander rate was 12.4/100,000.



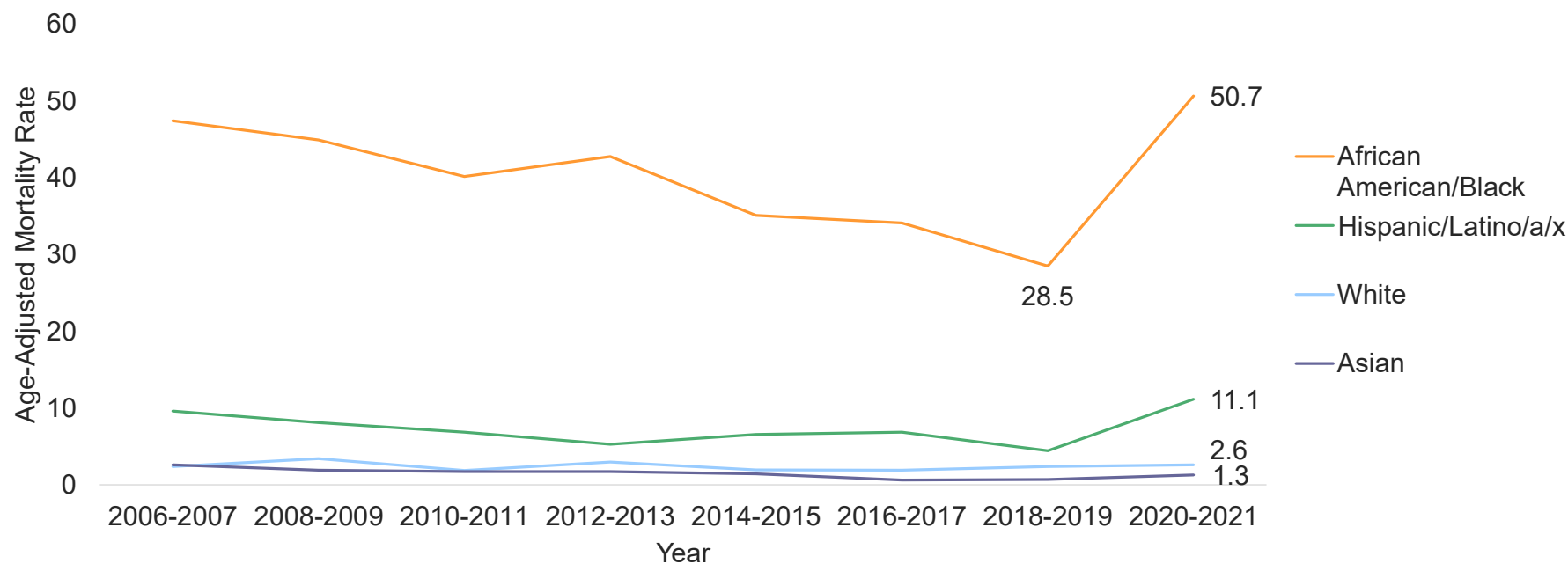
# Homicide increased in Alameda County in 2020-2021, exceeding a national trend

Homicide mortality in Alameda County, California, and the United States, 2005-2021



# There are large racial and ethnic disparities in the homicide rate in Alameda County

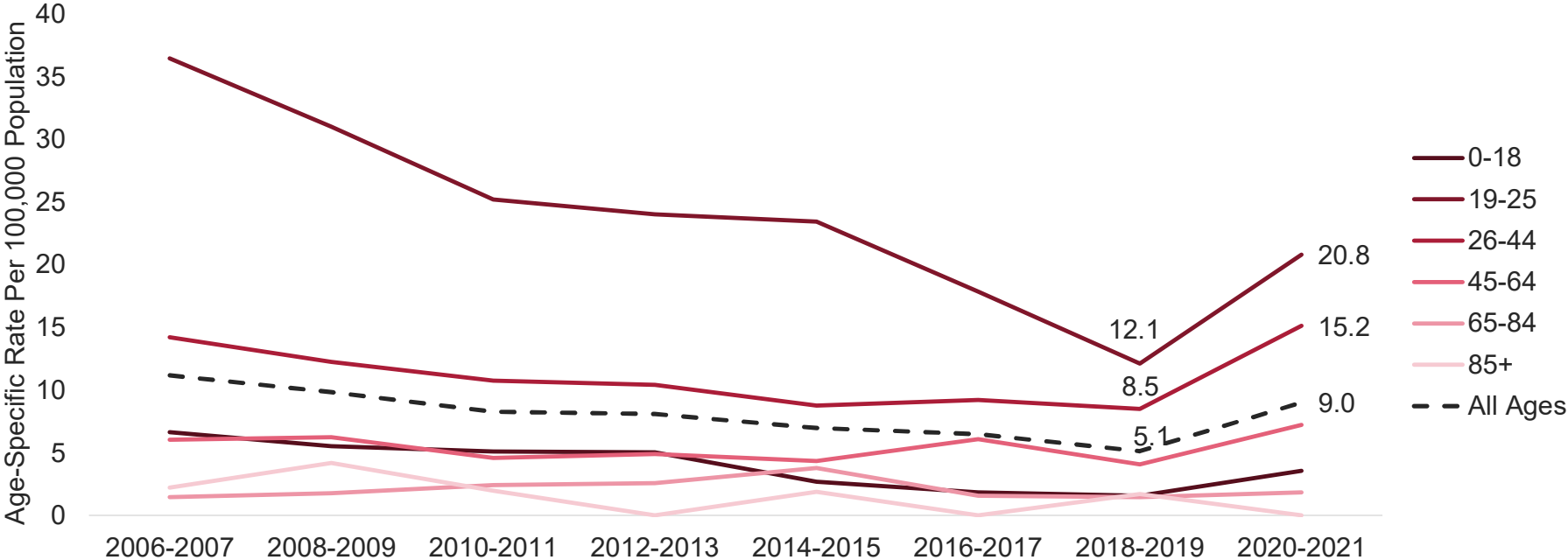
Temporal trends in homicide mortality rates by race and ethnicity in Alameda County



Note: The number of homicide deaths for Pacific Islander and Native American people were too low to include.

# Increase in homicide at young ages in Alameda County in 2020-2021

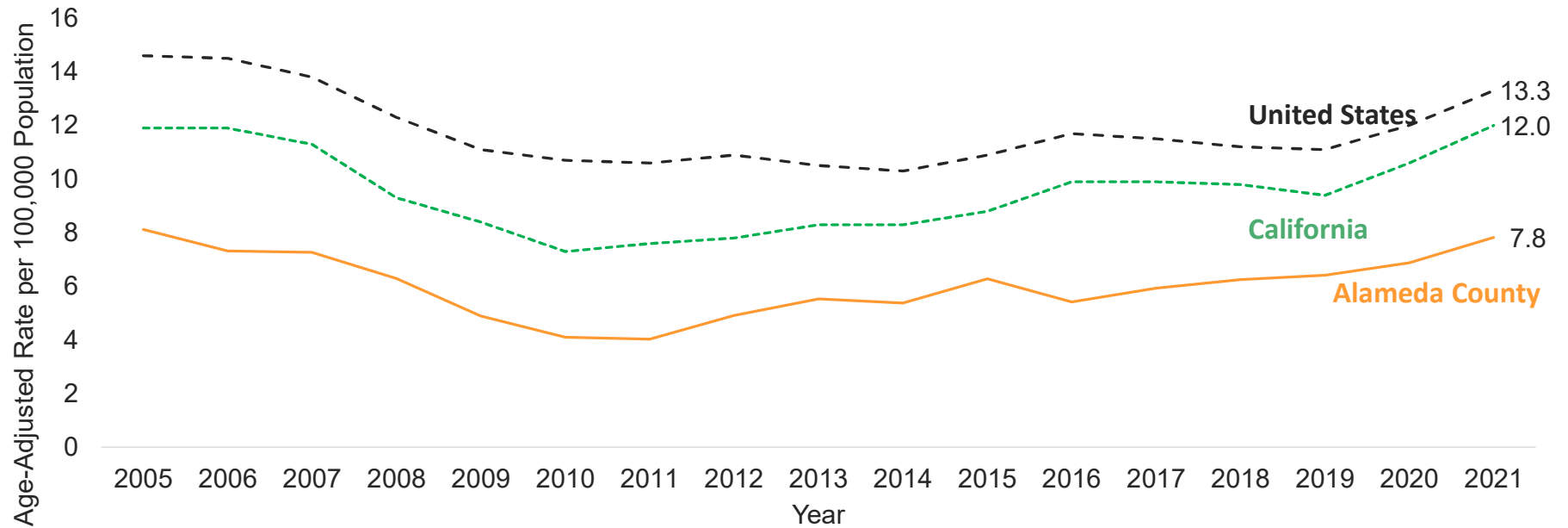
Homicide Rate by Age Group in Alameda County  
2006-2021



Source: CAPE. Mortality data.

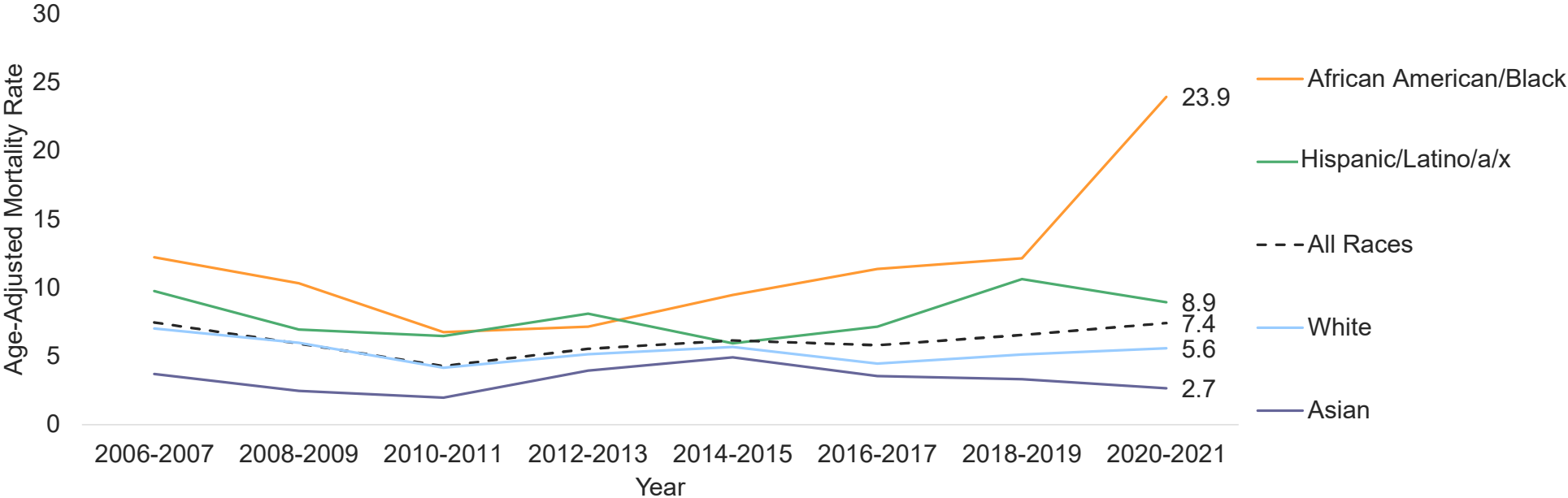
# Motor vehicle fatalities were lower in Alameda County than in California and the United States and increasing across settings

Motor vehicle traffic mortality rate in Alameda County, California, and the United States, 2005-2021



# There are large and increasing racial and ethnic disparities in motor vehicle crash mortality in Alameda County

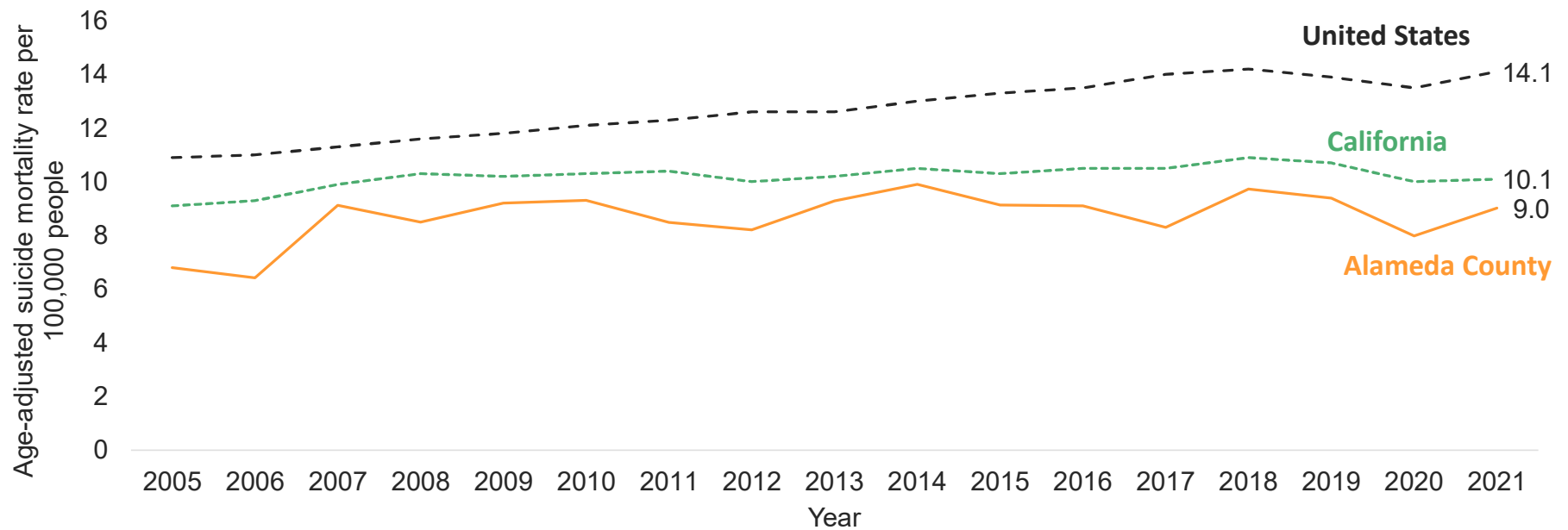
Temporal trends in motor vehicle crash mortality rates by race and ethnicity in Alameda County



\* Since there are few motor vehicle crash deaths among Pacific Islanders, we had to aggregate eight years of data. For 2014-2021, the Pacific Islander rate was 18.4/100,000. There were too few deaths among Native American people to include in the figure.

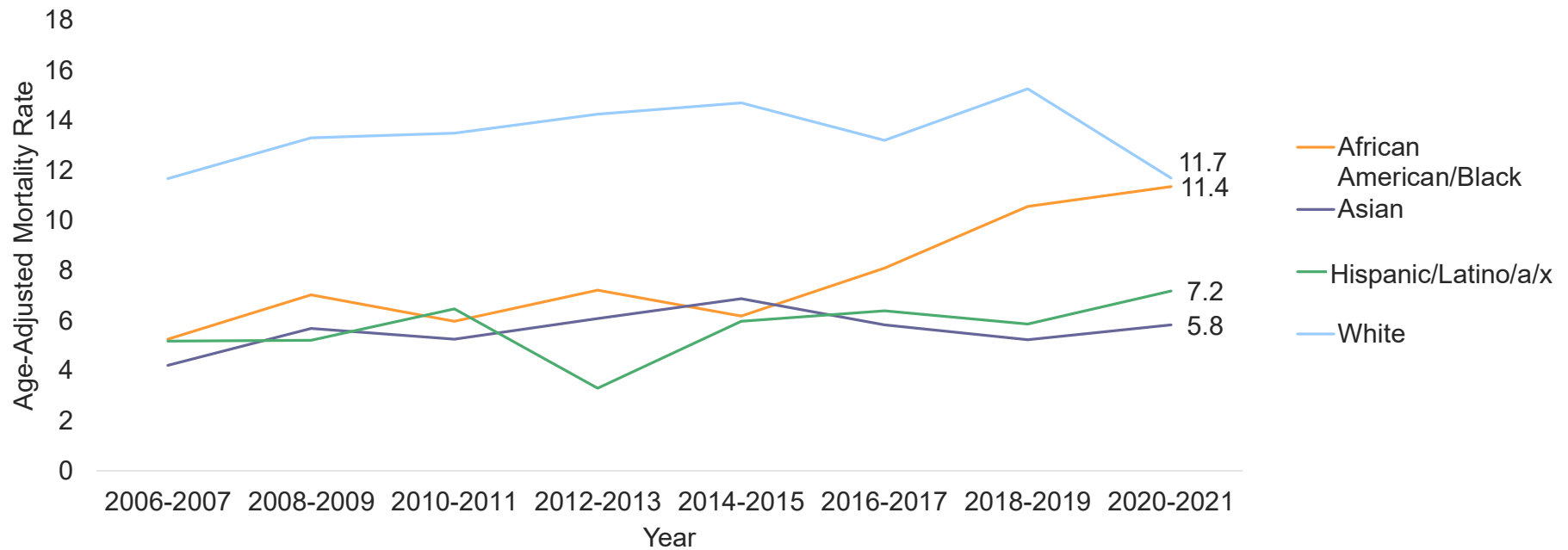
# The suicide mortality rate is lower in Alameda County than in California and the United States and has remained relatively constant over time

Temporal trends in suicide mortality rate in Alameda County, California, and the United States, 2005-2021



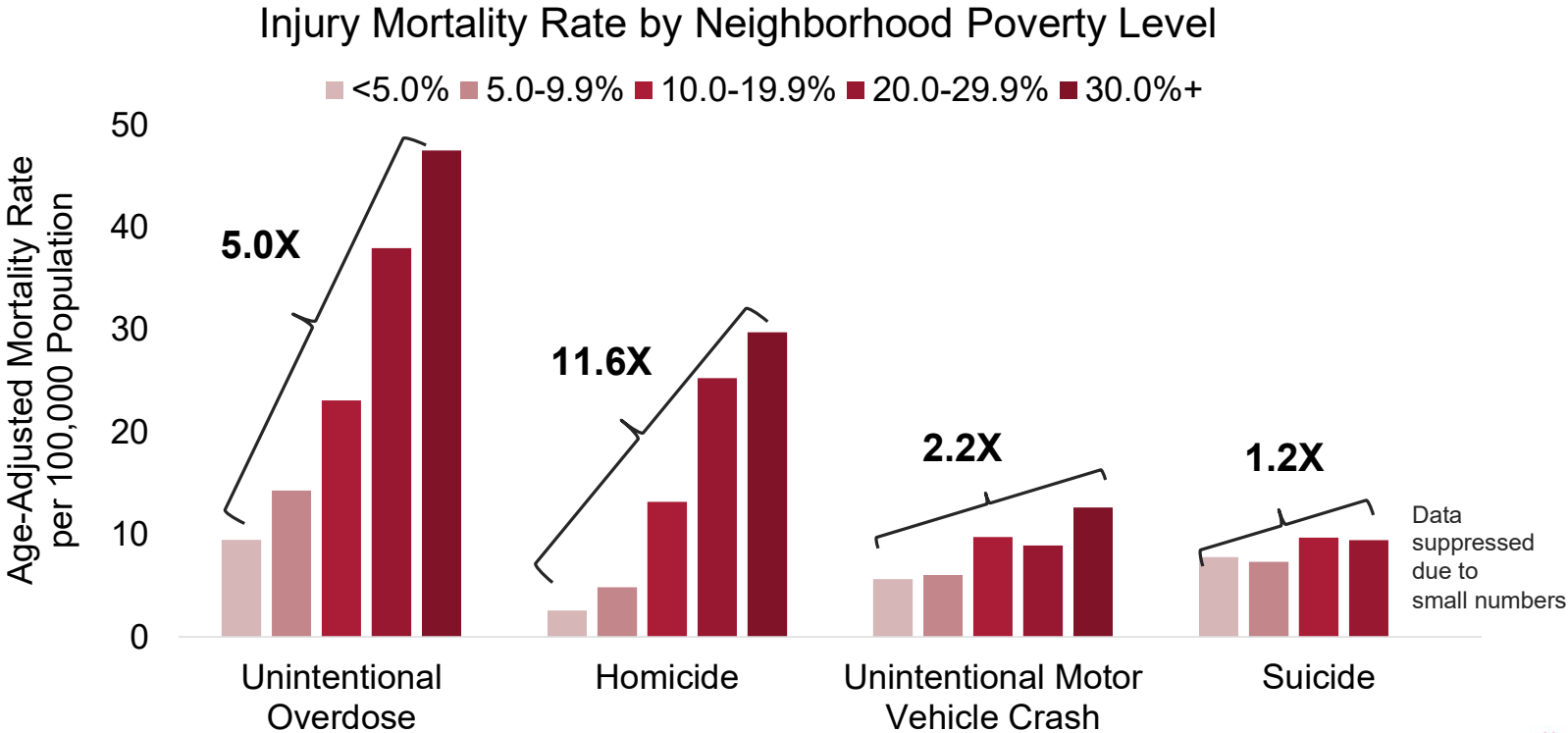
# There are racial and ethnic disparities in suicide mortality in Alameda County

Temporal trends in suicide mortality rates by race and ethnicity in Alameda County



Note: The number of suicide deaths for Pacific Islander and Native American people were too low to include.

# Neighborhood poverty is associated with mortality rates due to external causes





Chronic diseases remain  
leading causes of death  
in middle and older age

## Chronic diseases remain leading causes of death in middle and older age in Alameda County

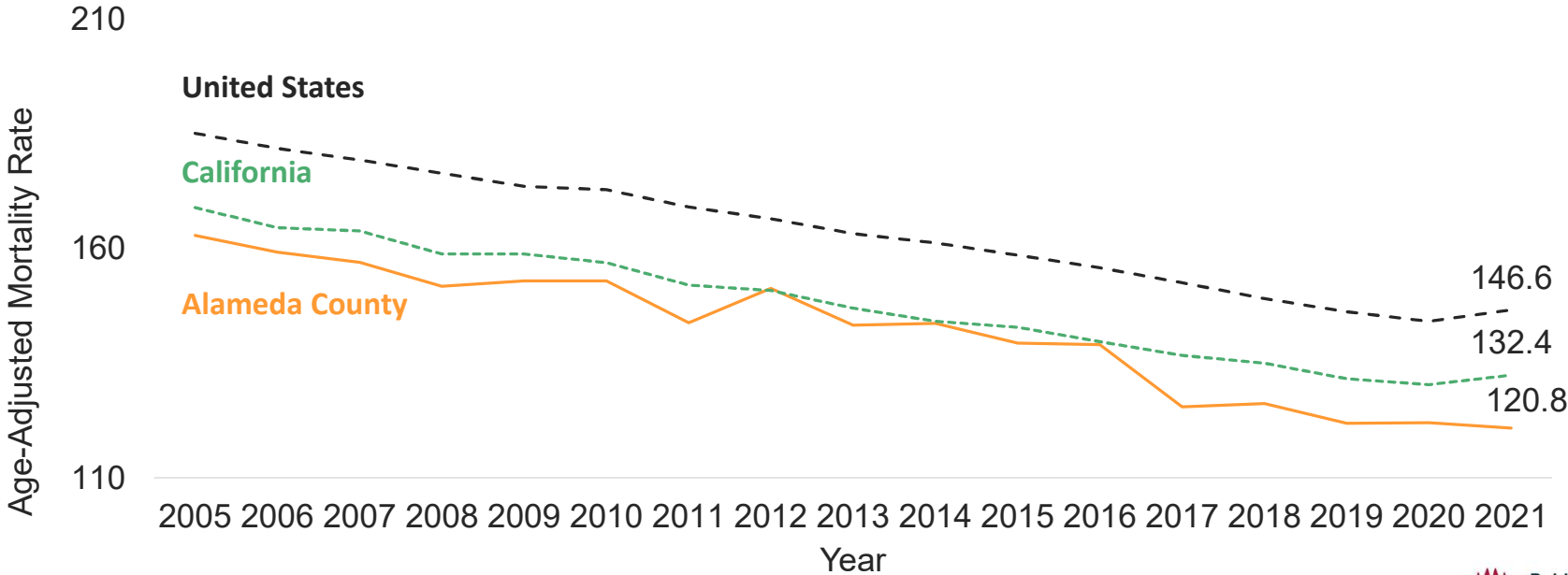
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	11	48	36	68	99	152	196	429	786
4	Homicide	Suicide	Homicide	COVID-19	Unintentional overdose	Stroke	COVID-19	Stroke	COVID-19
	<10	38	36	47	75	111	164	378	725
5	Cancer	Other injury <sup>b</sup>	Suicide	Chronic liver disease & cirrhosis	Diabetes	Diabetes	Alzheimer's disease	COVID-19	Alzheimer's disease
	<10	24	28	39	74	88	121	236	578

a. Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)

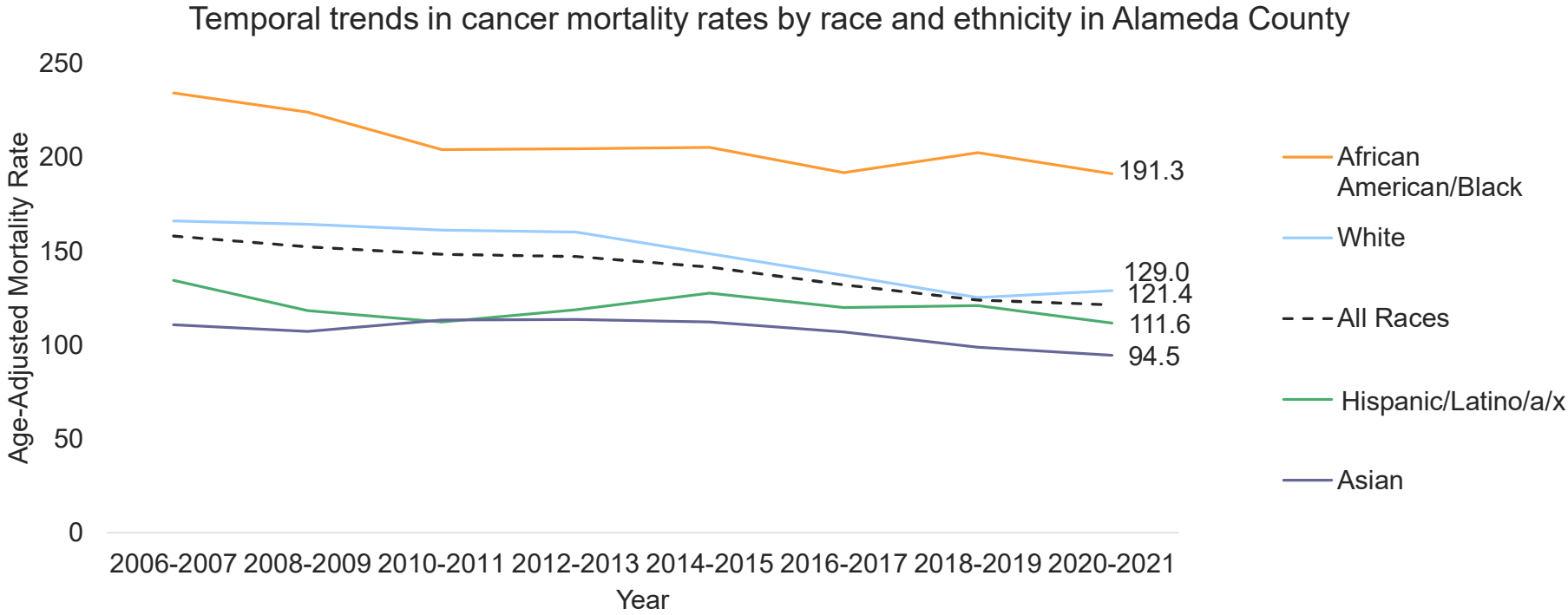
b. Injury other than homicide, suicide, unintentional motor vehicle crash, and unintentional overdose

# Cancer mortality is lower in Alameda County than in California and the United States and is declining across settings

Temporal trends in age-adjusted cancer mortality rates in Alameda County, California and the United States, 2005-2021

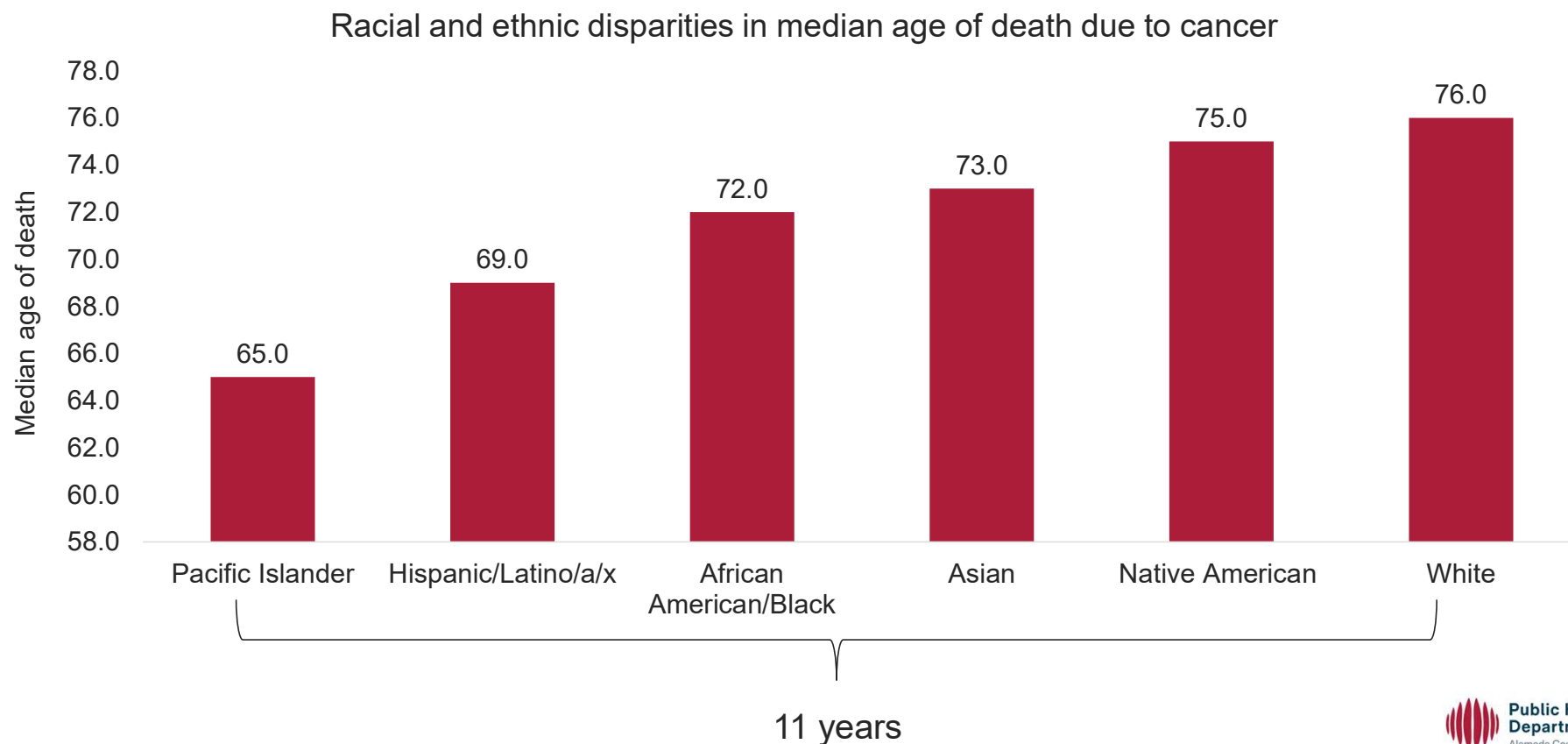


# While cancer mortality is declining over time in Alameda County, racial and ethnic disparities in cancer mortality persist



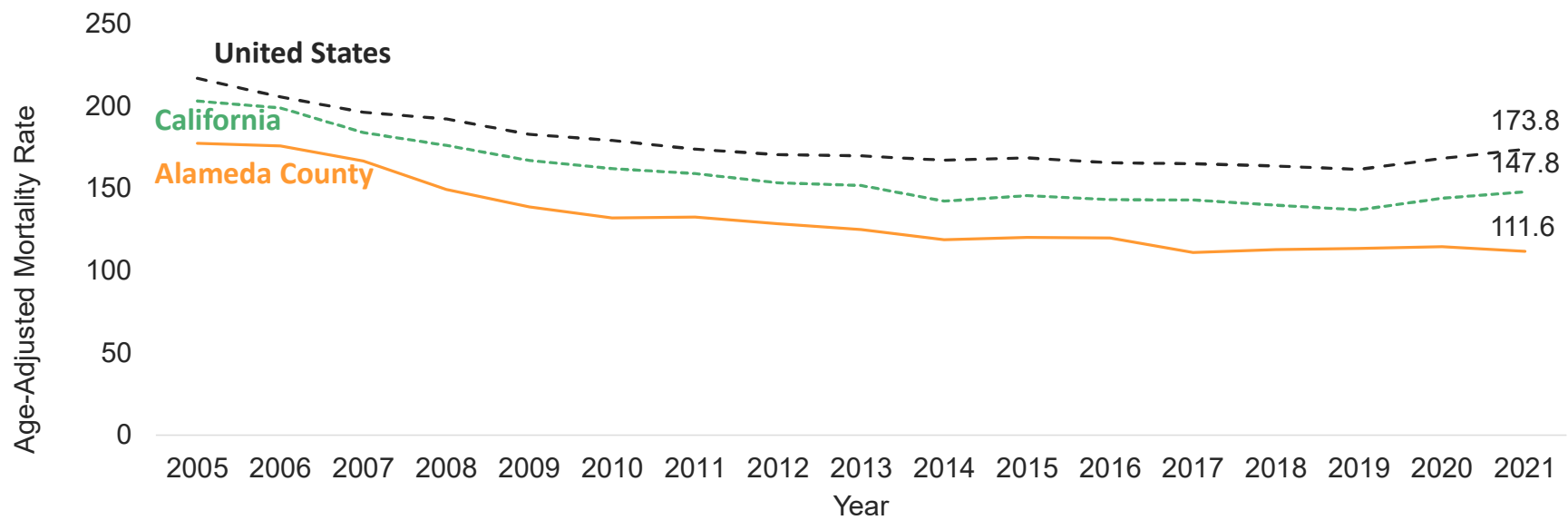
\* Since there are few cancer deaths among Native Americans and Pacific Islanders, we had to aggregate eight years of data for each. For 2014-2021, the Native American rate was 123.4/100,000 and the Pacific Islander rate was 191.3/100,000.

# There are racial and ethnic disparities in the median age of death due to cancer

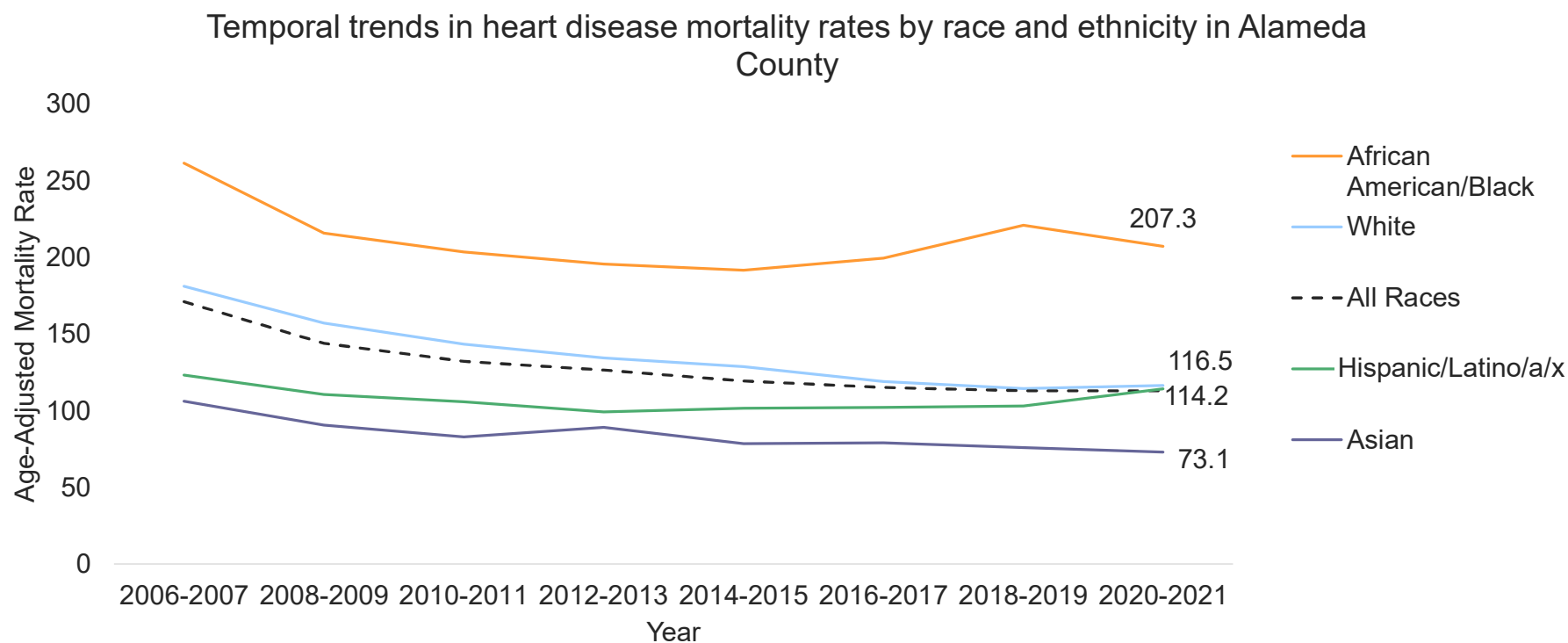


# Heart disease mortality is lower in Alameda County than in California and the United States and stable over time in Alameda County

Temporal trends in age-adjusted heart disease mortality in Alameda County, California and the United States, 2005-2021

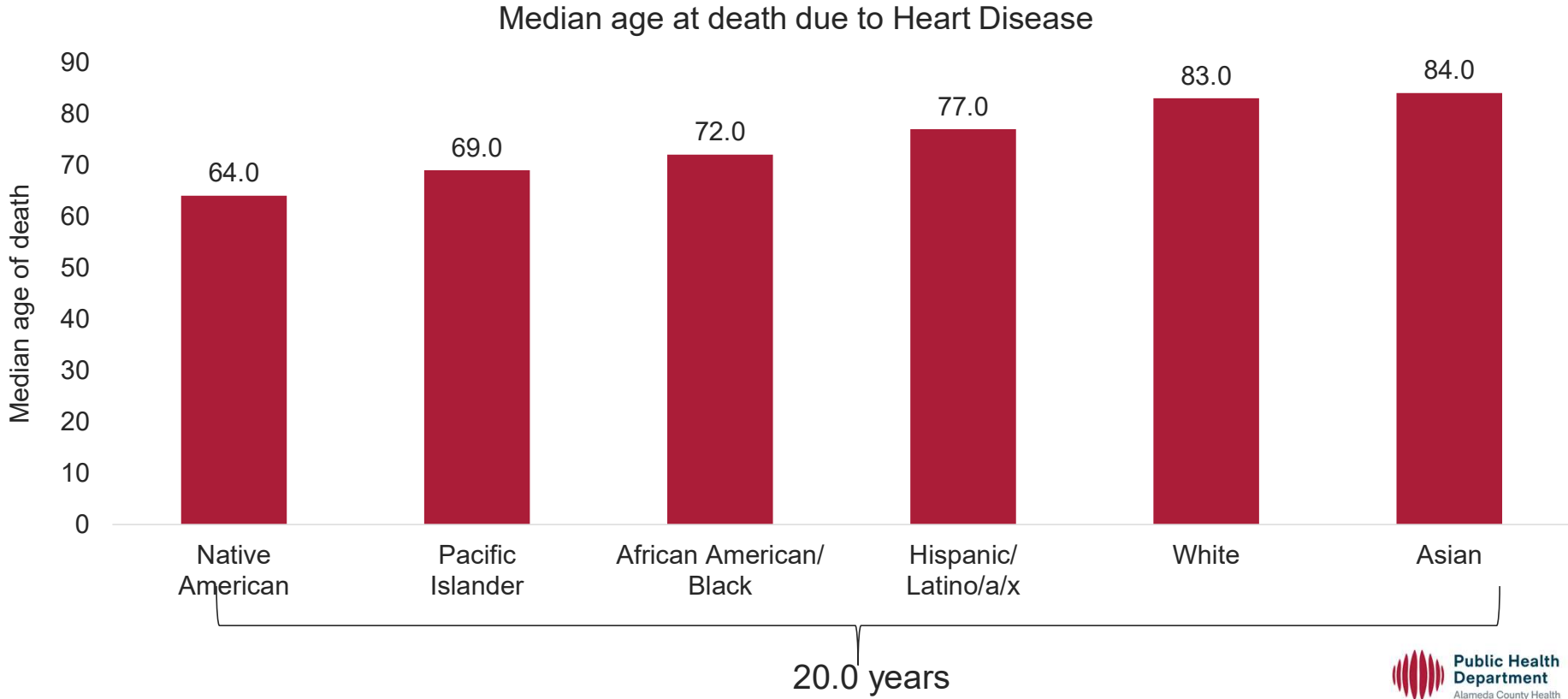


# While heart disease mortality is declining over time in Alameda County, racial and ethnic disparities in heart disease mortality persist



\* Since there are few heart disease deaths among Native Americans and Pacific Islanders, we had to aggregate eight years of data for each. For 2014-2021, the Native American rate was 178.8/100,000 and the Pacific Islander rate was 242.5/100,000.

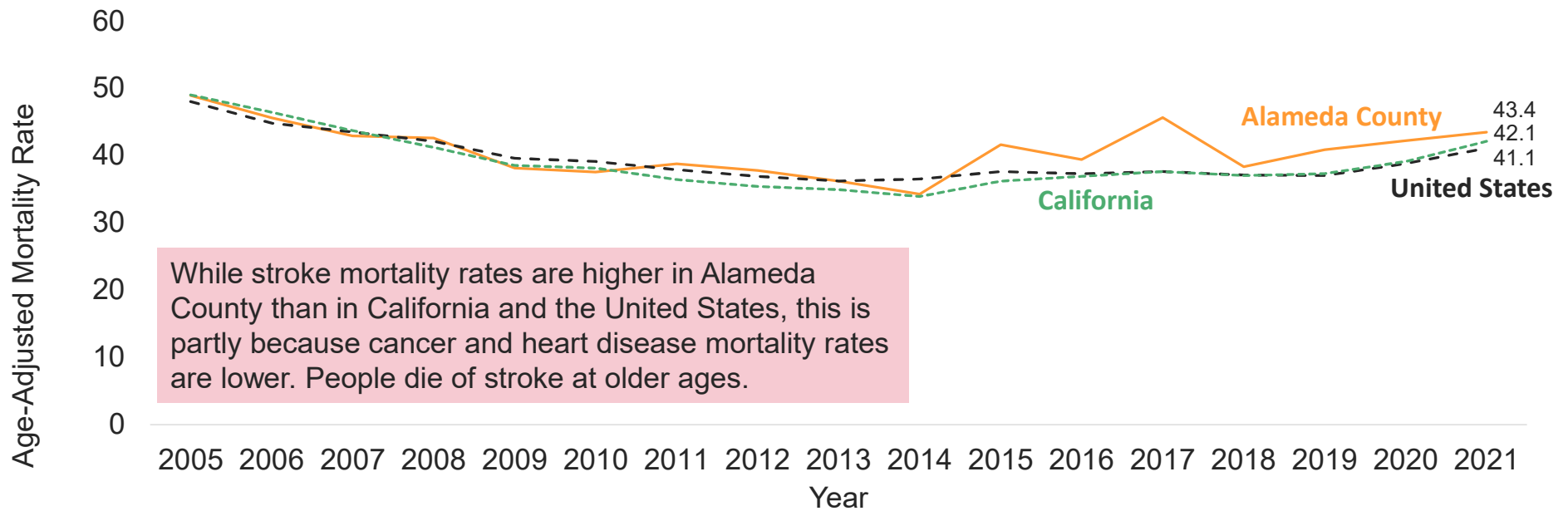
# There are racial and ethnic disparities in the median age of death due to heart disease





# Stroke mortality in Alameda County is similar to California and the United States, and increasing across settings

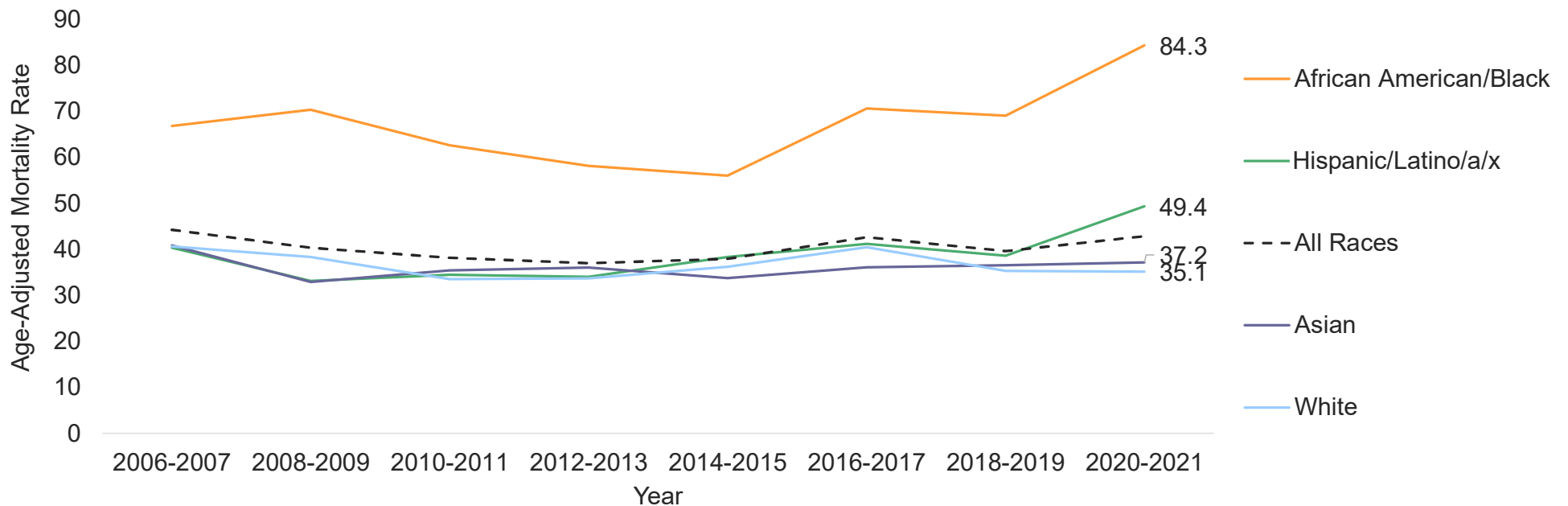
Temporal trends in stroke mortality in Alameda County, California, and the United States, 2005-2021



While stroke mortality rates are higher in Alameda County than in California and the United States, this is partly because cancer and heart disease mortality rates are lower. People die of stroke at older ages.

# While stroke mortality is consistent over time in Alameda County, racial and ethnic disparities in stroke mortality persist and African American/Black stroke mortality is increasing

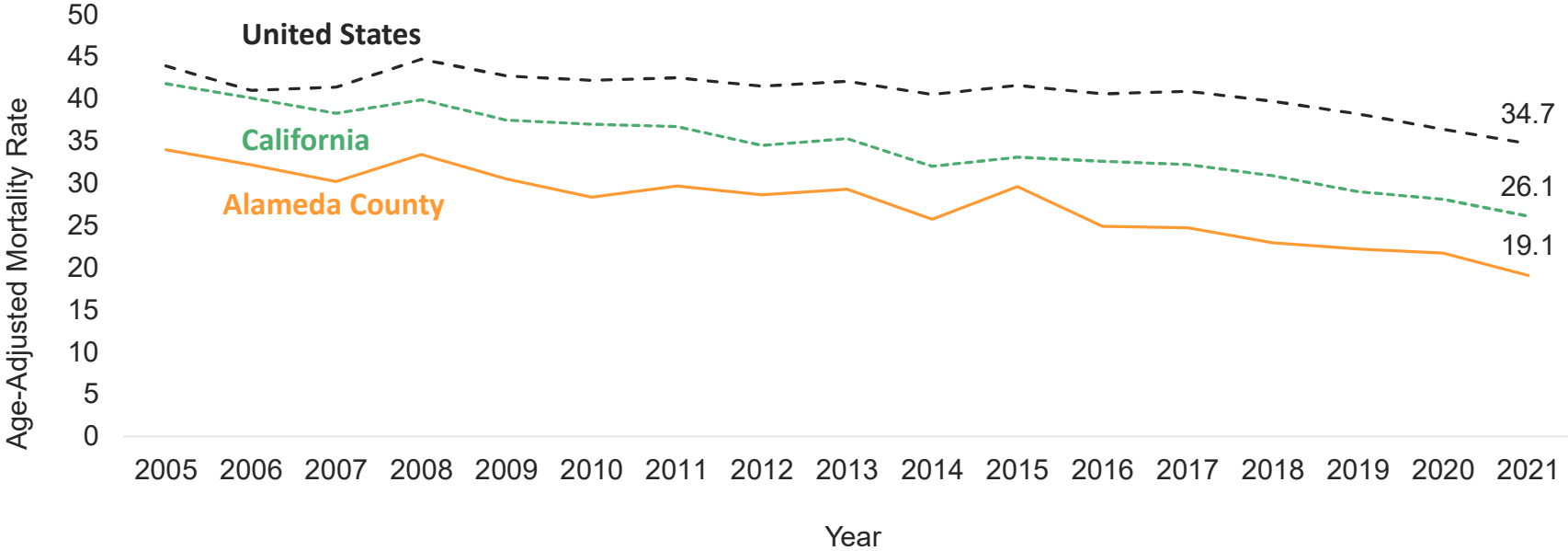
Temporal trends in stroke mortality rates by race and ethnicity in Alameda County



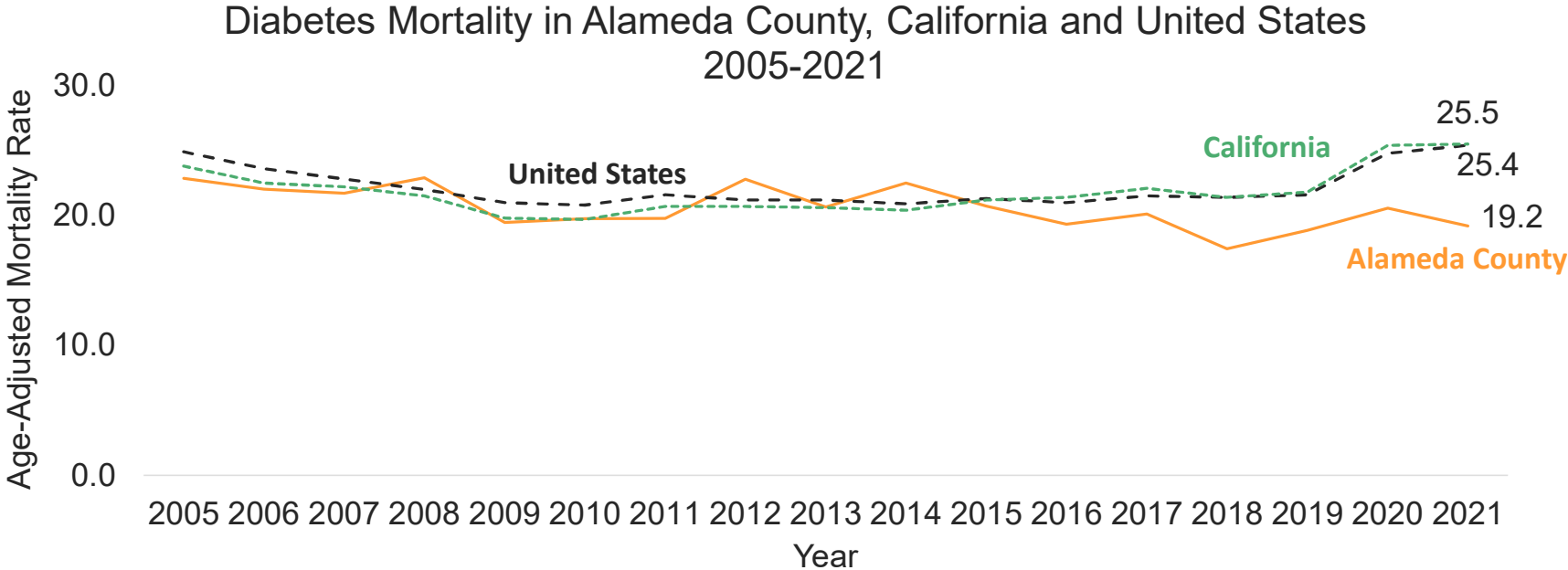
\* Since there are few stroke deaths among Native Americans and Pacific Islanders, we had to aggregate eight years of data for each. For 2014-2021, the Native American rate was 31.6/100,000 and the Pacific Islander rate was 79.0/100,000.

# Chronic lower respiratory disease mortality is lower in Alameda County than in California and the United States, and declining across settings

Temporal trends in age-adjusted chronic lower respiratory disease mortality in Alameda County, California and the United States, 2005-2021

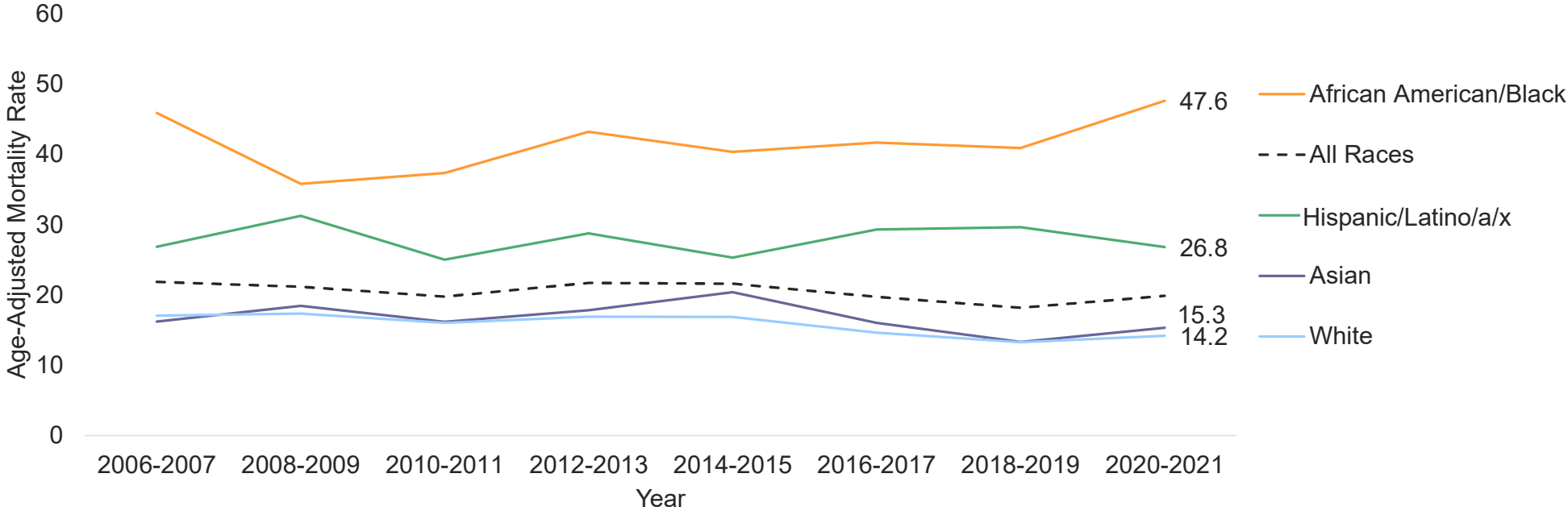


# Diabetes mortality is lower in Alameda County than in California and the United States



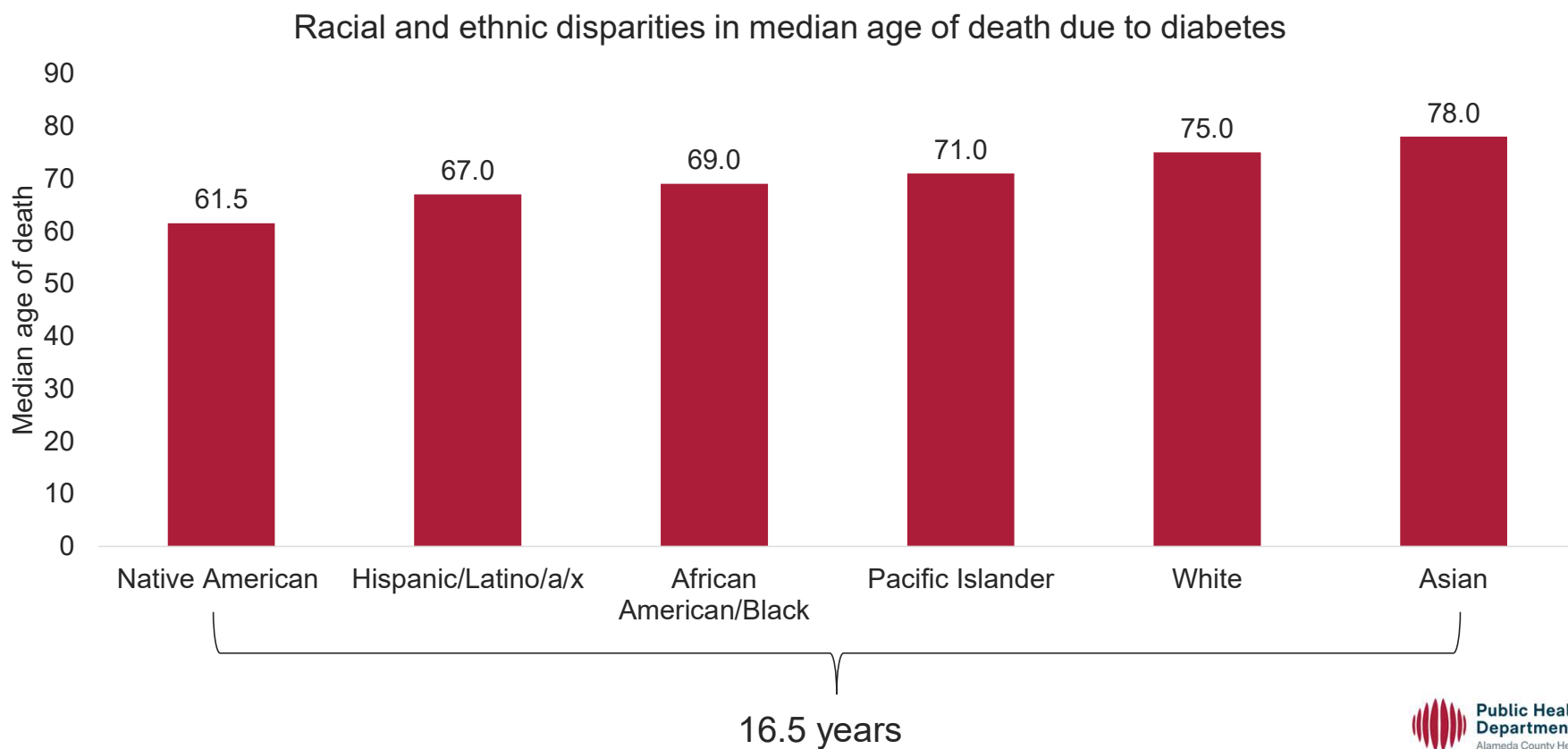
# While diabetes mortality is consistent over time in Alameda County, racial and ethnic disparities in diabetes mortality persist

Temporal trends in diabetes mortality rates by race and ethnicity in Alameda County

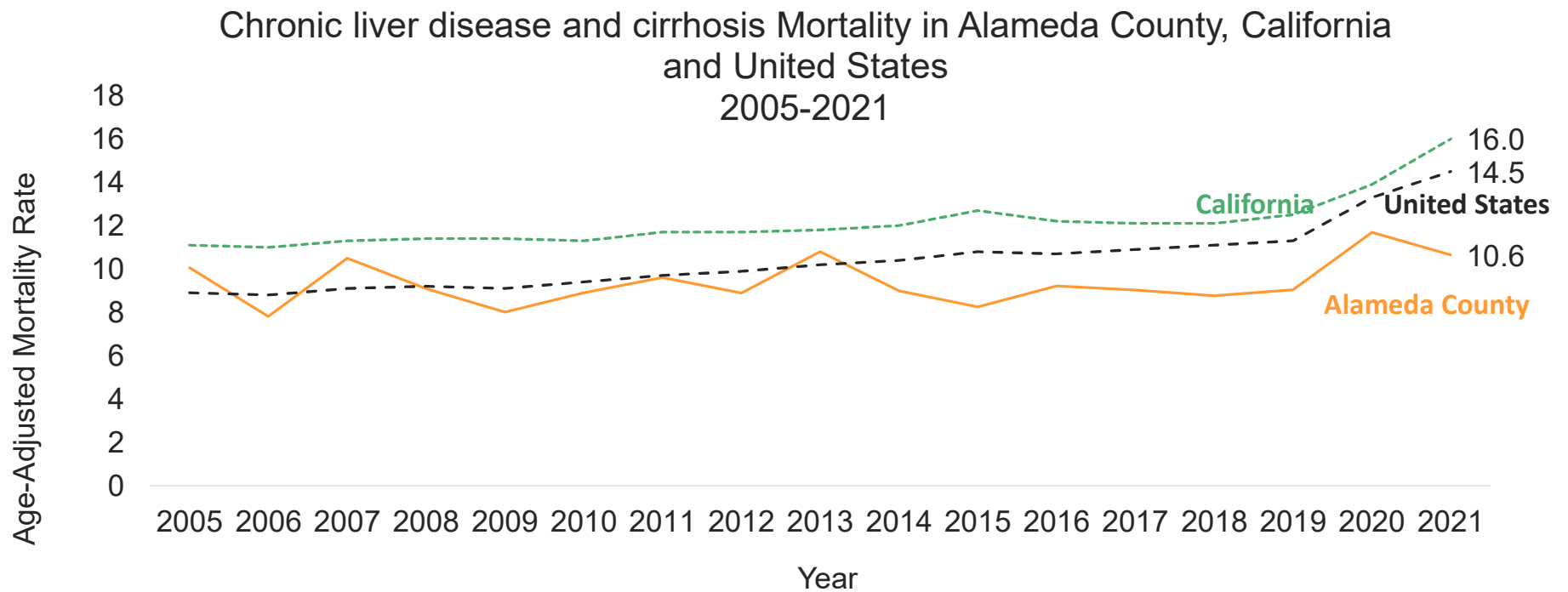


\* Since there are few diabetes deaths among Native Americans and Pacific Islanders, we had to aggregate eight years of data for each. For 2014-2021, the Native American rate was 30.2/100,000 and the Pacific Islander rate was 84.4/100,000.

# There are large racial and ethnic disparities in the median age of death due to diabetes

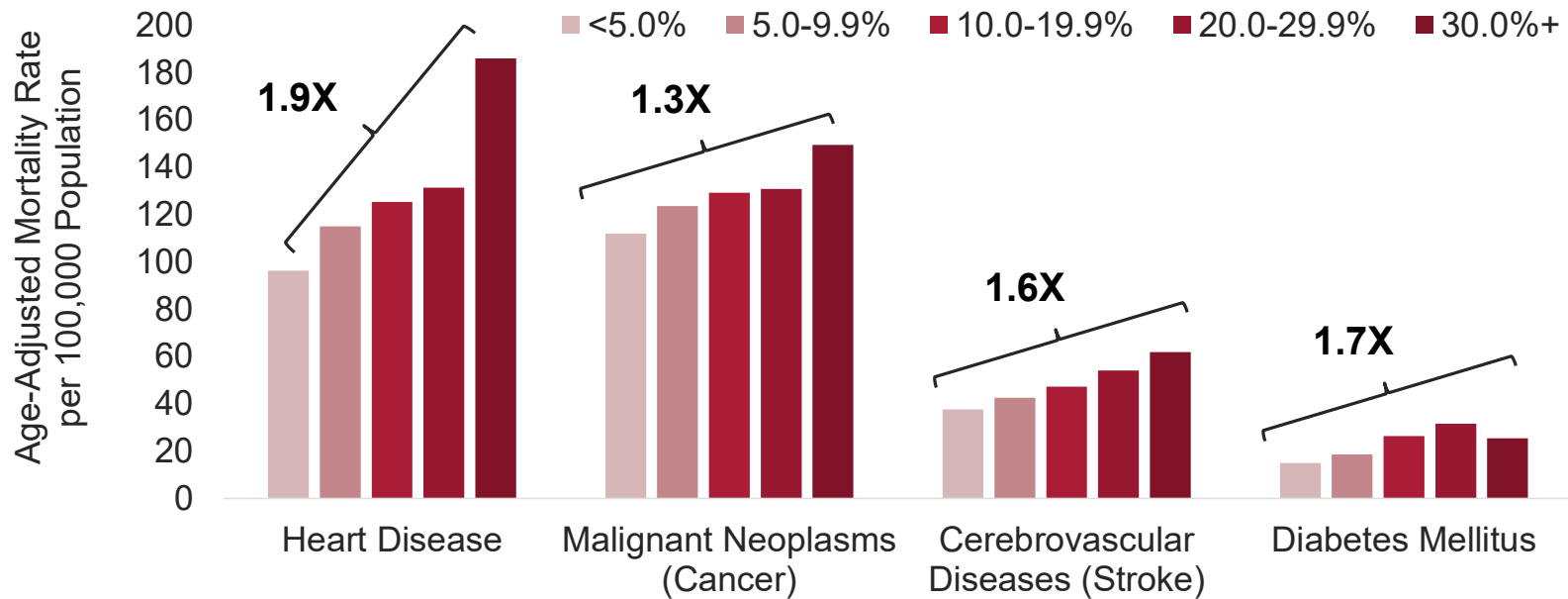


# Chronic liver disease mortality is lower in Alameda County than in California and the United States and increasing across settings



# Neighborhood poverty is associated with chronic disease deaths

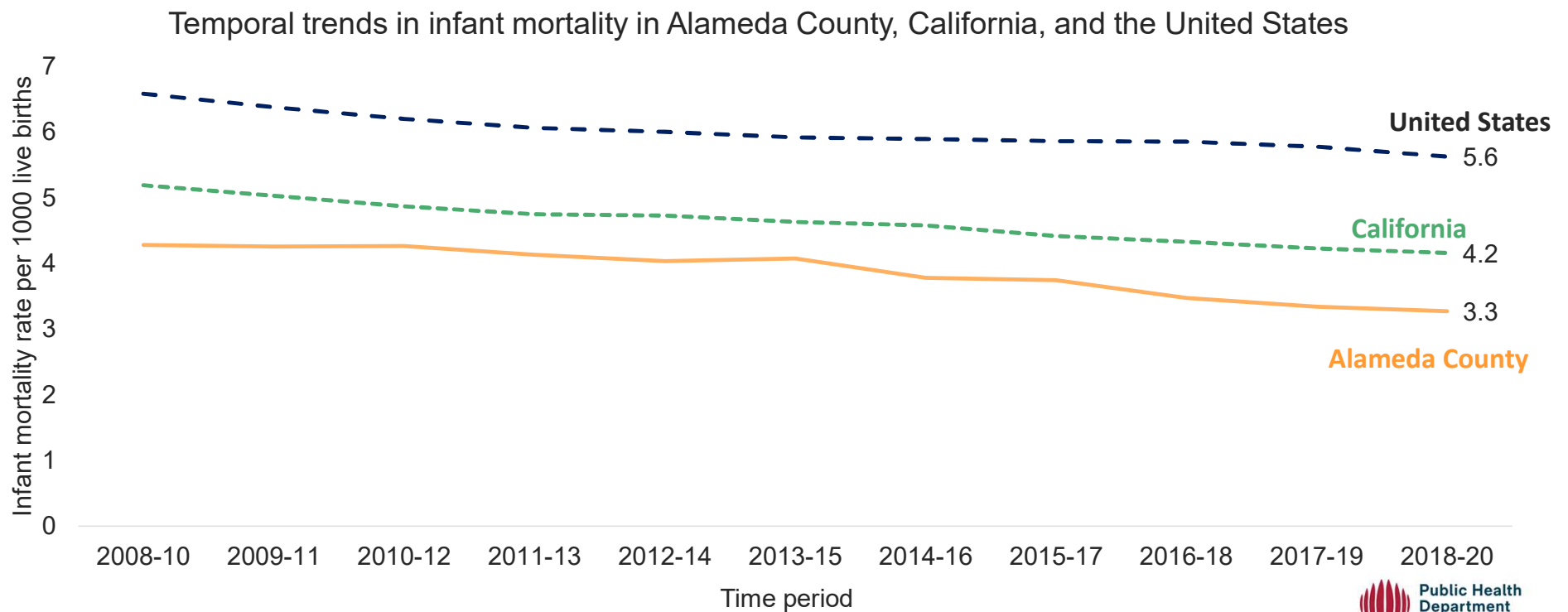
Chronic Disease Mortality Rate by Neighborhood Poverty Level





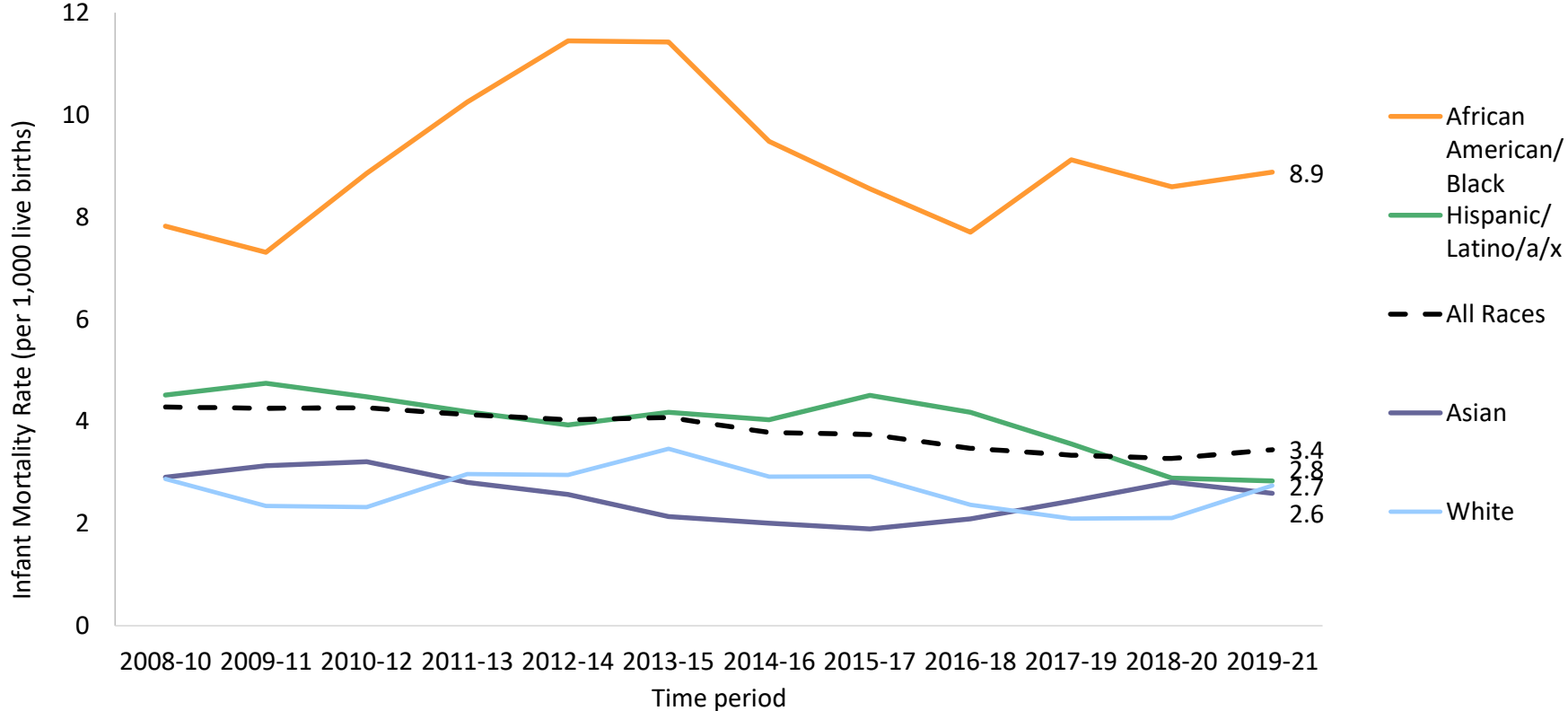
# Persistent disparities for mothers, pregnant people, and infants

# The infant mortality rate is lower in Alameda County than in California and the United States, and declining across settings



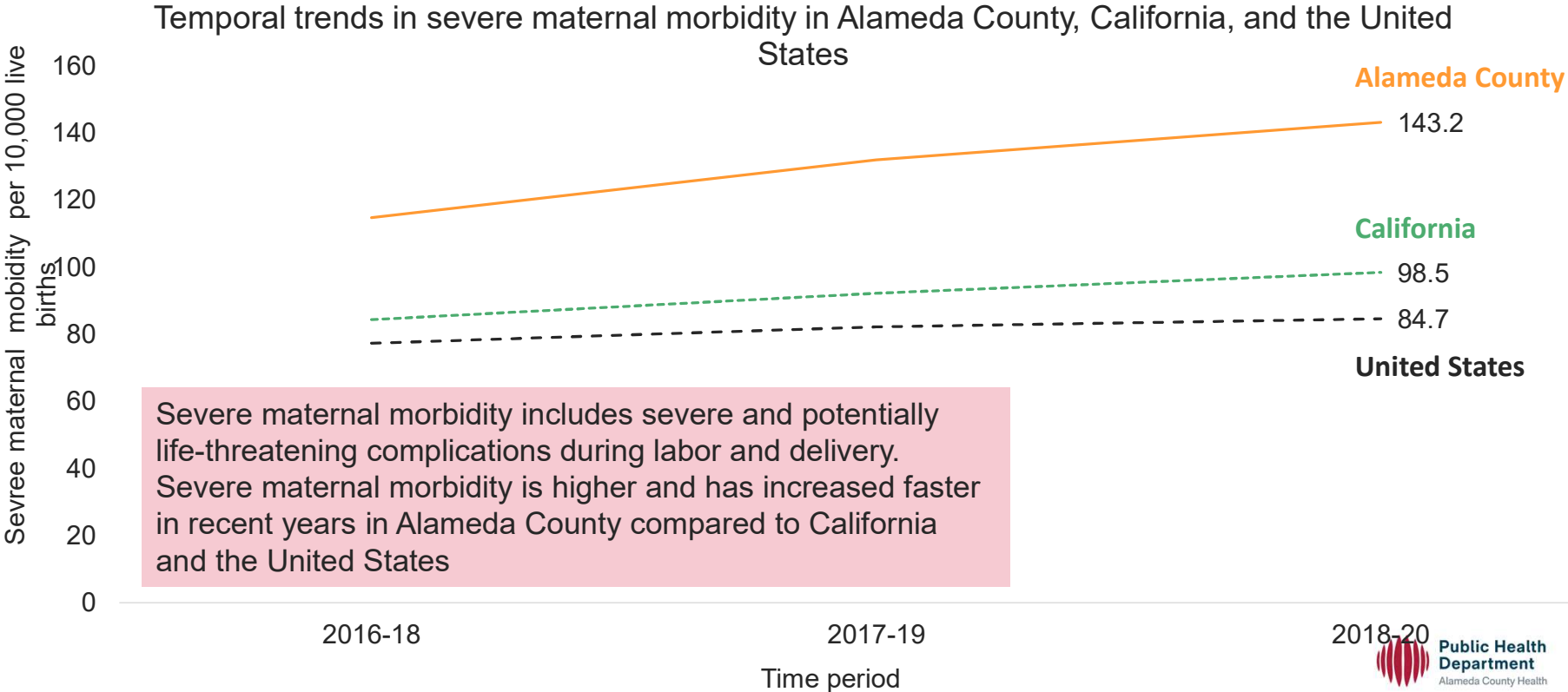
# Persistent racial disparities in infant mortality in Alameda County

Alameda County temporal trends in infant mortality rate, by race and ethnicity



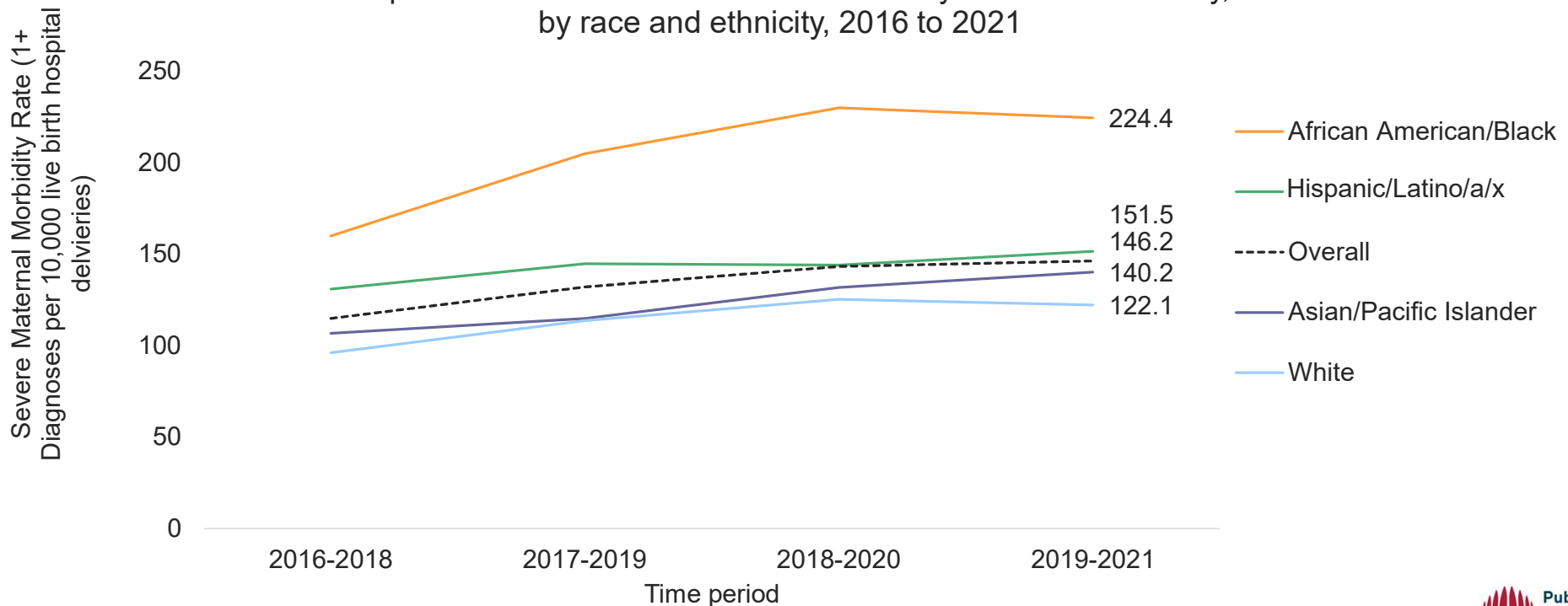
Note: Rates could not be reported for Native American and Pacific Islander populations to maintain confidentiality with low numbers.

# Severe maternal morbidity rate is higher in Alameda County than in California and the United States, and increasing across settings



# Alameda County racial and ethnic disparities in severe maternal morbidity

Temporal trends in severe maternal morbidity in Alameda County, by race and ethnicity, 2016 to 2021



Note: Estimates are provided by the California Department of Public Health for overlapping 3-year periods. Data begin in 2016, when new International Classification of Disease (ICD) codes were introduced (ICD-10). Rates were not available for Native American and Pacific Islander populations due to data suppression.

## Summary

- Alameda County residents benefit from higher life expectancy and lower mortality relative to residents of California and the United States.
- Historical and present-day structural inequities and injustices drive substantial racial and ethnic inequities in life expectancy and mortality that worsened during the COVID-19 pandemic
- There are also inequities in mortality by neighborhood poverty level, especially for leading causes of death at young ages
- Alameda County has identified economic security, access to health care, and communities free from violence as priorities for improving health

## Mortality during the COVID-19 pandemic

- Alameda County experienced less of an increase in mortality from 2018-2019 to 2020-2021 than the United States and California. At the same time, there are large racial and ethnic disparities in mortality rates within Alameda County.
- Alameda County also had lower rates of COVID-19 mortality relative to the United States and California. At the same time, there were large racial and ethnic disparities in COVID-19 deaths within Alameda County.
- Evidence indicates that high vaccination coverage, mask policies, and equitable prevention and treatment approaches were associated with reduced COVID-19 deaths
- Alameda County prioritized equity through hyperlocal community engagement with African American/Black and Hispanic/Latino/a/x communities disproportionately affected by COVID-19, working to improve access to COVID-19 testing, vaccination, and treatment in these communities.
- Continuing to deliver up to date COVID-19 vaccinations and other vaccinations with a focus on equity remains important for reducing mortality and mortality inequities in the years ahead.

# Alameda County Public Health Department (ACPHD) Programs

**Targeted universalism:** Everyone in the county is served and there are additional services provided for populations disproportionately affected by morbidity and mortality. ACPHD is focused on reducing gaps in health and services.

## Examples

- Comprehensive Perinatal Services Programs with 22 clinics: Pregnant people who are eligible for Medi-Cal can enroll in health education, nutrition education, and support for issues like jobs, emotions, relationships, and housing.
- The BElovedBIRTH Black Centering is group prenatal care created by and for Black people, who are affected by worse pregnancy outcomes in Alameda County. BElovedBIRTH Black Centering patients are also offered doulas, lactation consultants, mental health supports, and nutritional supports.
- Women, Infants, and Children (WIC) program supporting nutritious food for low-income residents
- Healthy Living for Life program serving mainly CalFresh-eligible residents
- Healthy Retail Program supports more than 20 retail stores throughout the county in stocking healthy foods in areas that may otherwise be food deserts
- Asthma Program: Social workers assess homes for asthma triggers and provide remediation supplies (like HEPA air filters and mattress covers) and support minor home repairs that improve indoor air quality.



# Policies can reduce structural inequities

In addition to ACPHD programs, broader policies and actions that impact the structural drivers of health are critical interventions for decreasing premature death and health inequities

## Potential examples

- Engage and partner with communities that are most affected by inequities and center their experience and ideas in the formation of solutions
- Reparations
- Restore land rights
- Baby bonds
- Expanded child tax credits
- Universal basic income
- Using restorative justice to work toward instilling trust in public systems
- Policies and programs to increase the supply of affordable housing
- Improve education and skills development
- Reduce pollution and exposure to environmental hazards
- Improve immigration policy
- Support access to culturally affirming health care that is accessible in language, provider type, cost, and time, and that supports both physical and psychosocial needs

## ACPHD is committed to using these data to inform improved population health and health equity

We encourage you to use the data and to reach out to us if we can provide support:

- See the report and other data at <https://acphd.org/data-reports/>
- General questions about this report and the work of the Alameda County Public Health Department: [HCSA-PIO@acgov.org](mailto:HCSA-PIO@acgov.org)
- Data questions: [CAPE-Epidemiology@acgov.org](mailto:CAPE-Epidemiology@acgov.org)
- We are committed to continuous improvement and appreciate feedback

# Thank you

Thank you for your contributions to public health  
and health equity in Alameda County

