



Mortality in the COVID-19 Era

Frequently Asked Questions

Who created this report? Alameda County Public Health Department (ACPHD) Community Assessment, Planning, and Evaluation (CAPE).

How often is this report released? This is a one-time report on changes in mortality during the first two calendar years of the COVID-19 pandemic.

What time period(s) does this report cover? The report compares mortality in 2020-2021 to mortality in 2018-2019.

Why is this report being released? Understanding how mortality changed in 2020-2021 can inform health and social policy decisions and the allocation of resources to populations disproportionately affected by high mortality. The report also helps us understand which populations are most affected by disasters such as the COVID-19 pandemic.

What were changes in life expectancy for residents in Alameda County between 2018-2019 and 2020-2021? In 2018-2019, the life expectancy at birth was 82.8 years for Alameda County residents. In 2021, it was 81.5 years, a loss of 1.3 years.

How did the COVID-19 pandemic affect Alameda County’s mortality rate? The mortality rate increased from 561.5 to 614.8 per 100,000 people (a 9.5% increase). COVID-19 directly accounted for 72.7% of the increase in mortality and 6.3% of all-cause mortality in 2020-2021.

How did racial and ethnic disparities in mortality change between 2018-2019 and 2020-2021? Already large racial and ethnic disparities in life expectancy grew worse during the first two years of the COVID-19 pandemic. The gap in life expectancy by race and ethnicity in Alameda County grew from 13.2 years in 2018-2019 to 15.9 years in 2020-2021. Declines in life expectancy ranged from 0.7 years for Asian people and 0.8 years among White people to 2.5 years for Hispanic/Latino/a/x people, 3.1 years for African American/Black people, 3.7 years for Native American people, and 4.3 years for Pacific Islander people in Alameda County.

How was poverty associated with mortality rates in Alameda County between 2018 and 2021? The gap in life expectancy between the highest poverty and lowest poverty neighborhoods increased from 5.6 years in 2018-2019 to 8.8 years in 2020-2021. Among people living in neighborhoods with high poverty (30% or more people living in poverty), life expectancy declined by 4.0 years, from 79.3 to 75.3 years. This was more than five times the decline of 0.7 years – from 84.8 years to 84.1 years – in the neighborhoods with low poverty (with less than 5% of people living in poverty).

What were the leading causes of injury mortality in Alameda County between 2020 and 2021? The leading causes of injury mortality in 2020-2021 were unintentional overdose, suicide, and motor vehicle crashes. Poverty was highly correlated with homicide and unintentional overdose. Rates of homicide mortality were 11.6 times higher in neighborhoods with high poverty rates (30% or more people living in poverty) than in neighborhoods with low poverty rates (<5% of people living in poverty). Rates of unintentional overdose mortality were 5.0 times higher in neighborhoods with high poverty rates than in neighborhoods with low poverty rates.

What were the leading causes of death due to chronic diseases in Alameda County in 2020-2021? In 2020-2021, four of the five leading causes of mortality were chronic diseases. The leading causes were (1) cancer, (2) heart disease, (3) stroke, (4) COVID-19, and (5) Alzheimer’s disease. Cancer, heart disease, and stroke mortality rates declined in Alameda County between 2005 and 2021. Mortality rates due to cancer and heart disease were lower in Alameda County than in California and the United States.

How did mortality in Alameda County compare to the United States and California? The age-adjusted mortality rate for all causes in Alameda County was lower than those of California and the United States in 2020-2021. At the same time, only a subset of the Alameda County population benefits from lower mortality rates. African American/Black and Pacific Islander people in Alameda County had a higher mortality rate than people of the same race and ethnicity in California and the United States. Native American people have higher mortality relative to all races in Alameda County, California, and the United States.

How did COVID-19 mortality in Alameda County compare to COVID-19 mortality in the United States and California? Alameda County's age-adjusted COVID-19 mortality rate was 41% that of the United States and 46% that of California in 2020-2021. COVID-19 mortality was lower in Alameda County than in California and the United States for each race and ethnicity.

Why was severe maternal morbidity included in this report rather than maternal mortality? There are large racial and ethnic disparities in maternal mortality in the United States, but maternal mortality is a relatively rare event. Instead, the related maternal morbidity was used as an indicator of risk for maternal mortality. There are large disparities in severe maternal morbidity, with African American/Black mothers having a rate of severe maternal morbidity 1.5 times that of the general population in 2020-2021.

What is the Alameda County Public Health Department doing to address inequitable mortality rates in the county? There are many policies and programs promoted or implemented by the Public Health Department that are designed to reduce structural inequities, which in turn may improve health and reduce disparities. Policies and programs to address specific causes of premature deaths from gun violence, unintentional overdose, motor vehicle traffic fatalities, and chronic disease may help reduce mortality and inequities. Structural approaches include improving economic stability and housing security, as well as reducing racial and ethnic wealth gaps.

Where can I find additional information? <https://acphd.org/data-reports/>