BLACK LIVES MATTER IN ALAMEDA COUNTY:
A DATA-BASED CALL TO ACTION

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Alameda County Public Health Department
“The most difficult social problem in the matter of Negro health is the peculiar attitude of the nation toward the well-being of the race. There have been few other cases in the history of civilized peoples where human suffering has been viewed with such peculiar indifference.”

STATE OF AFRICAN AMERICAN HEALTH & HEALTH INEQUITIES
Life Expectancy Trend by Race
Alameda County, 2000-2014*

Trend based on 3-yr rolling average data

Source: Alameda County Vital Statistics files, 2000-2014
All-Cause Mortality Rates by Race & Gender
Alameda County, 2012-2014

Death rate per 100,000

- Black/AfrAmer
  - Male: 1,061
  - Female: 754

- Pacific Islander
  - Male: 1,035
  - Female: 620

- American Indian
  - Male: 849
  - Female: 611

- White
  - Male: 720
  - Female: 518

- Latino
  - Male: 589
  - Female: 435

- Asian
  - Male: 488
  - Female: 350

Source: Alameda County Vital Statistics files, 2012-2014
## Leading Causes of Death among African Americans

**Alameda County, 2012-2014**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent of All Afr Amer Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cancer</td>
<td>21.9%</td>
</tr>
<tr>
<td>2. Heart Disease</td>
<td>21.1%</td>
</tr>
<tr>
<td>3. Stroke</td>
<td>6.0%</td>
</tr>
<tr>
<td>4. Diabetes</td>
<td>4.5%</td>
</tr>
<tr>
<td>5. Unintentional Injury</td>
<td>4.3%</td>
</tr>
<tr>
<td>6. Homicide</td>
<td>4.2%</td>
</tr>
<tr>
<td>7. Chronic Lower Respiratory Disease</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

66% of deaths among African Americans

Source: Alameda County Vital Statistics files, 2012-2014
Trends in Leading Causes of Death among African Americans
Alameda County, 2000-2014

Source: Alameda County Vital Statistics files, 2000-2014
### Age-Specific All-Cause Mortality Rates by Race

**Alameda County, 2012-2014**

<table>
<thead>
<tr>
<th>Age (in yrs)</th>
<th>Black All-Cause Mortality Rate</th>
<th>White All-Cause Mortality Rate</th>
<th>Black vs. White Rate Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>971</td>
<td>327</td>
<td>3.0</td>
</tr>
<tr>
<td>1-4</td>
<td>42</td>
<td>17</td>
<td>2.5</td>
</tr>
<tr>
<td>5-14</td>
<td>16</td>
<td>7</td>
<td>2.3</td>
</tr>
<tr>
<td>15-24</td>
<td>166</td>
<td>46</td>
<td>3.6</td>
</tr>
<tr>
<td>25-34</td>
<td>194</td>
<td>60</td>
<td>3.2</td>
</tr>
<tr>
<td>35-44</td>
<td>272</td>
<td>113</td>
<td>2.4</td>
</tr>
<tr>
<td>45-54</td>
<td>534</td>
<td>260</td>
<td>2.1</td>
</tr>
<tr>
<td>55-64</td>
<td>1,356</td>
<td>627</td>
<td>2.2</td>
</tr>
<tr>
<td>65-74</td>
<td>2,363</td>
<td>1,530</td>
<td>1.5</td>
</tr>
<tr>
<td>75-84</td>
<td>5,273</td>
<td>3,971</td>
<td>1.3</td>
</tr>
<tr>
<td>85+</td>
<td>12,421</td>
<td>12,954</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Source: Alameda County Vital Statistics files, 2012-2014
Racial Inequities in Morbidity & Mortality
Alameda County, 2009-2012

INCREASING INEQUITY RATIO Between African Americans and Lowest Racial Group

HOMICIDE
ASSAULT
HIV
MENTAL ILLNESS
ASTHMA
Self-Inflicted Injury
UNINTENTIONAL INJURY
STROKE
Diabetes
Congestive Heart Failure
CANCER
INFANT DEATH

Source: Alameda County Vital Statistics files, 2010-2012 (mortality); OSHPD files, 2009-2011 (morbidity)
WHAT CAUSES ILL HEALTH & HEALTH INEQUITIES FOR AFRICAN AMERICANS?
Percentage of Babies who are Low Birth Weight by Mother’s Race & Place of Birth
Alameda County, 2011-2013

Source: Alameda County Vital Statistics files, 2011-2013
Impacts of Racism on Health

Racial climate

Internalized
Health behaviors

Institutionalized

Personally-mediated

SES

Access to health care

Differential treatment

Stress

Health outcomes

Source: Camara Jones, American Journal of Epidemiology, 2001
Institutional Racism & Differential Access to Resources that Support Health

RACISM MATTERS, NOT BIOLOGY

Income, good jobs, & wealth

Affordable, quality healthcare

Education & good schools

Freedom from violence & incarceration

Healthy foods

Friends, family, & social support

Freedom from stress & mental ills

Dependable transportation & safe streets

Affordable, healthy housing

Clean air & water
Trends in Black-White Life Expectancy at Birth
Alameda County, 1960-2010

Source: Alameda County Vital Statistics files, 1960-2010
### SES Matters Greatly

**Poverty, Employment, & Education Indicators**  
Alameda County, 2013-2014

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Black</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>24%</td>
<td>8%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>13%</td>
<td>5%</td>
</tr>
<tr>
<td>High School Drop-Out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>23%</td>
<td>7%</td>
</tr>
<tr>
<td>Females</td>
<td>19%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: American Community Survey, 2014; CA Dept of Education, DataQuest, 2013-2014
CONCENTRATED POVERTY AND SEGREGATION MATTER

Life Expectancy by Census Tract

Source: Alameda County Vital Statistics files, 2010-2012
Proportion Living in a High Poverty Neighborhood (where >20% of residents are poor) by Race

1 in 15 White residents live in high-poverty neighborhoods, compared to:

- 1 in 9 Asians
- 1 in 4 Latinos
- 1 in 3 Blacks

Source: American Community Survey, 2006-2010 and Census, 2010
Proportion of Poor People Living in an Affluent Neighborhood (where <10% of residents are poor) by Race

1 in 2 poor White residents live in affluent neighborhoods, compared to:

1 in 3 poor Asians

1 in 6 poor Blacks

1 in 7 poor Latinos

Source: American Community Survey, 2006-2010 and Census, 2010
Racial Redlining in Alameda County
Unequal Neighborhood Conditions

Compared to people living in affluent neighborhoods of Alameda County, residents of very high poverty neighborhoods are:

- **2X** more likely to lack access to employment
- Over **4X** more likely to be living in overcrowded households
- Facing nearly **8X** higher rates of homicide
- **5X** more likely to be locked up as a youth for overwhelmingly nonviolent offenses
- Burdened by a **4X** higher density of industrial chemical and fuel release sites that pollute water and soil
Hypertension Hospitalization Rates by Neighborhood Poverty & Race*

Alameda County, 2009-2011

*Includes hospitalizations with hypertension as a primary or top 4 associated diagnosis.
Hospitalization rates and neighborhood poverty are at the zip code level.

Source: Alameda County OSHPD files, 2009-2011
Total Preventable Hospitalizations by Race
Adults, Alameda County, 2001-2011

Source: OSHPD, 2001-2011
Household Population by Race & Housing Tenure

**North Oakland**

- **1990**
  - API Renters: 8,000
  - API Owners: 10,000
  - Hispanic Renters: 8,000
  - Hispanic Owners: 6,000
  - AfAm Renters: 4,000
  - AfAm Owners: 3,000
  - White Renters: 2,000
  - White Owners: 1,000

- **2011**
  - API Renters: 9,000
  - API Owners: 9,000
  - Hispanic Renters: 9,000
  - Hispanic Owners: 7,000
  - AfAm Renters: 5,000
  - AfAm Owners: 5,000
  - White Renters: 2,000
  - White Owners: 1,000

**West Oakland**

- **1990**
  - API Renters: 5,000
  - API Owners: 8,000
  - Hispanic Renters: 6,000
  - Hispanic Owners: 5,000
  - AfAm Renters: 3,000
  - AfAm Owners: 3,000
  - White Renters: 1,000
  - White Owners: 1,000

- **2011**
  - API Renters: 7,000
  - API Owners: 9,000
  - Hispanic Renters: 8,000
  - Hispanic Owners: 6,000
  - AfAm Renters: 4,000
  - AfAm Owners: 4,000
  - White Renters: 2,000
  - White Owners: 2,000

**% Afr Amer**

- **North Oakland**
  - 1990: 47%
  - 2011: 31%

- **West Oakland**
  - 1990: 80%
  - 2011: 58%

Source: Causa Justa: Just Cause and ACPHD, “Development Without Displacement”, 2014
Compared to a White child born in the affluent Oakland Hills...

...an African American child born in East Oakland can expect to live 15 fewer years.

Source: Alameda County Vital Statistics files, 2010-2012
Photo Source: The California Endowment, *Health Happens Here*
WHAT CAN WE DO TO IMPROVE AFRICAN AMERICAN HEALTH & HEALTH INEQUITIES?
EVERYONE in Alameda County – no matter who you are, where you live, how much money you make, or the color of your skin – can lead a healthy, fulfilling and productive life.
The Population Results We Should See

**Healthy People**

Have the knowledge, habits, & support necessary to be healthy and live well

**Healthy Places**

Protect and support health, safety and well-being

**Healthy Policies and Systems**

Support healthy places, healthy people and a just, fair, and inclusive society
Achieving Equity means...

- “Closing the gaps”, while also improving outcomes for all

- To do so, have to:
  - Target strategies to close the gaps
  - Focus on changing policies/practices, institutions and structures to improve conditions, in addition to providing services
A Framework for Health Equity

**Socio-Ecological Model**

**Upstream (Social Factors)**
- Biased Beliefs (Isms)
  - Narrative about Race, Class, Gender, Immigration status, National origin, Sexual orientation, Disability, Age
- Institutional Policy/Practice
  - Corporations & other businesses, Government agencies, Non-profit organizations
  - Systems/Structures
- Social Inequities
  - Neighborhood conditions
    - Social, Physical, Residential segregation, Workplace conditions, Education, Housing, Local economy
  - Community
- Risk Factors & Risk Exposures
  - Smoking, Nutrition, Physical activity, Violence, Chronic cumulative stress
  - Individual

**Downstream (Health Status)**
- Disease & Injury
  - Infectious disease, Chronic disease, Injury
    - Intentional, Unintentional
- Mortality
  - Infant mortality, Life expectancy

**Medical Model**

- Individual Health Knowledge
- Genetics
- Healthcare Access

- Adapted from the Bay Area Regional Health Inequities Initiative (BARHII), Revised Jan 2016
Asthma Analysis: From precursors to impacts

SOCIAL FACTORS

Biased Beliefs (Isms)

- Corporations & other businesses
- Government agencies
- Schools

Institutional Policy/Practice

- Neighboring conditions
  - Social
  - Physical
- Workplace conditions

Social Inequities

- Neighborhood conditions
- Limit # of tobacco retailers and advertising
- Smoking-free buildings and outside areas
- Improve vehicle, in particular, commercial truck emissions

Risk Factors & Behaviors

- Nutrition
- Physical activity
- Violence

Disease & Injury

- Infectious disease
- Chronic disease
- Injury
  - Intentional
  - Unintentional

Mortality

- Asthma Rates
- Asthma Hospitalization Rate

HEALTH STATUS

Individual choice?

Proactive Code Enforcement for Habitable Living Conditions (e.g., moisture → mold)

City Planning and Building Requirements to decrease risk

Restrict exposure sources being sited near sensitive areas

Biased Beliefs (Isms)
Pillars of Equity Work

Community Power

Equity & Social Justice in Alameda County

Institutional Change

Data and Research

Policy and Systems Change
Supporting Father Involvement and MCH

Case Example: Fathers Corps
Building Power in Impacted Communities

Case Example: City-County Neighborhood Initiative

Sobrante Park
Resident Action Council (RAC)

West Oakland
Mini-Grant Committee
Empowering Community with Data/Tools
Case Examples: Health/Social Inequities, Foreclosures, and Gentrification

Go to acphd.org

Go to YouTube
Promoting Healthy Local Policies
Case Example: Place Matters Initiative

- Criminal Justice
  - Innovations in Re-Entry Mini-Grants
- Economics
  - Healthy Credit Initiative
- Education
  - Implementation of Linked Learning
- Housing
  - Code Enforcement
- Land Use & Transportation
  - Healthy Development Guidelines for Oakland
  - Health Impact Assessments of Bus Funding
Transforming Local Systems
Case Examples: Castlemont Community Market & Oakland Proactive Rental Inspections
Diversifying Health Workforce &
Building Capacity to Improve Health Equity

Case Example: EMS Corps
We each have a role in achieving health equity.
“Do not go gentle into that good night. 
Rage, rage against the dying of the light.”

Dylan Thomas, Poet

BLACK LIVES MATTER
IN ALAMEDA COUNTY
QUESTIONS OR COMMENTS?
For More Information

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