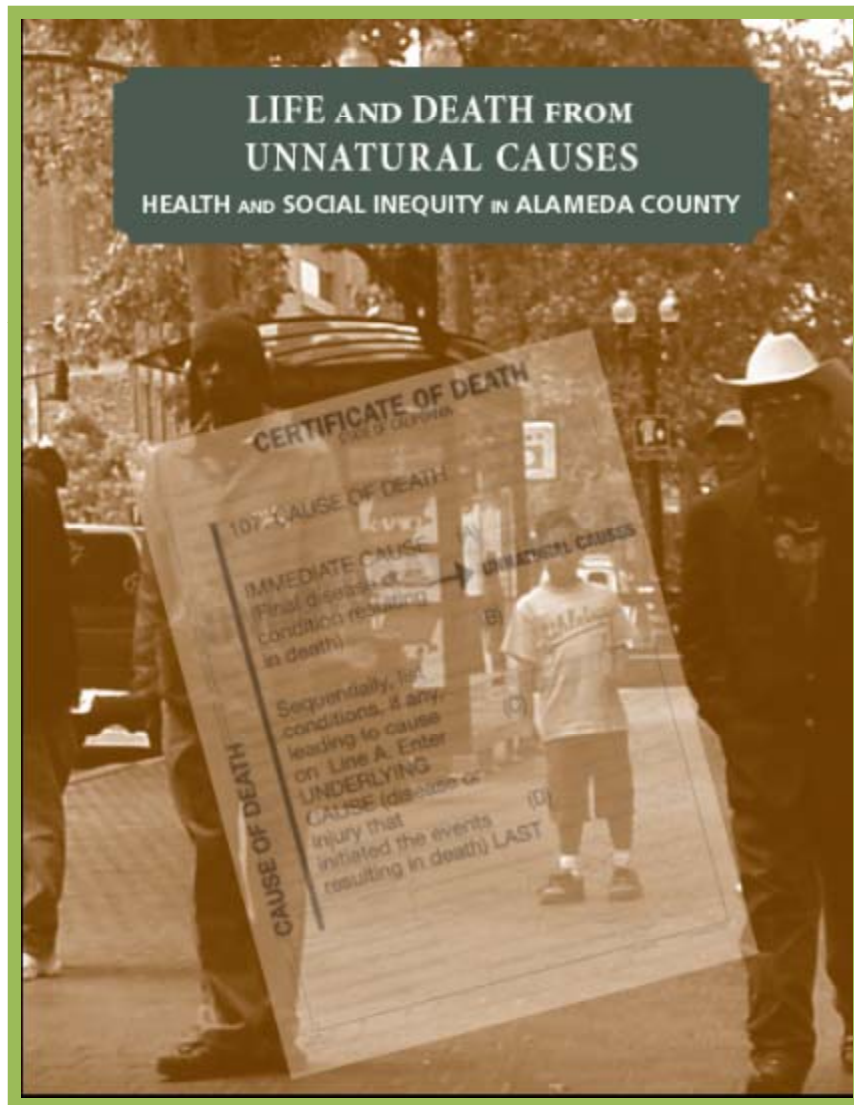


How Place, Racism, and Poverty Matter for Health in Alameda County



**Our local data
on health and social
inequities**

**An update since
our 2008 report
“Life and Death from
Unnatural Causes”**



**The Community Assessment, Planning,
Education, and Evaluation (CAPE) Unit
of the Alameda County Public Health
Department (ACPHD)**

Our Vision of Health Equity



**Everyone in Alameda County –
no matter who you are, where you live,
how much money you make,
or the color of your skin –
has opportunities to lead
a healthy, fulfilling, and productive life.**

Purpose of this Presentation

To walk you through our latest data on health and social inequities in Alameda County and our interpretations of the data so you can:

1. **Increase understanding** of what factors need to be addressed to improve opportunities for health throughout our County
2. **Use the data** in your work to advance health and social equity
3. **Spark critical dialogue** and collective thinking about solutions

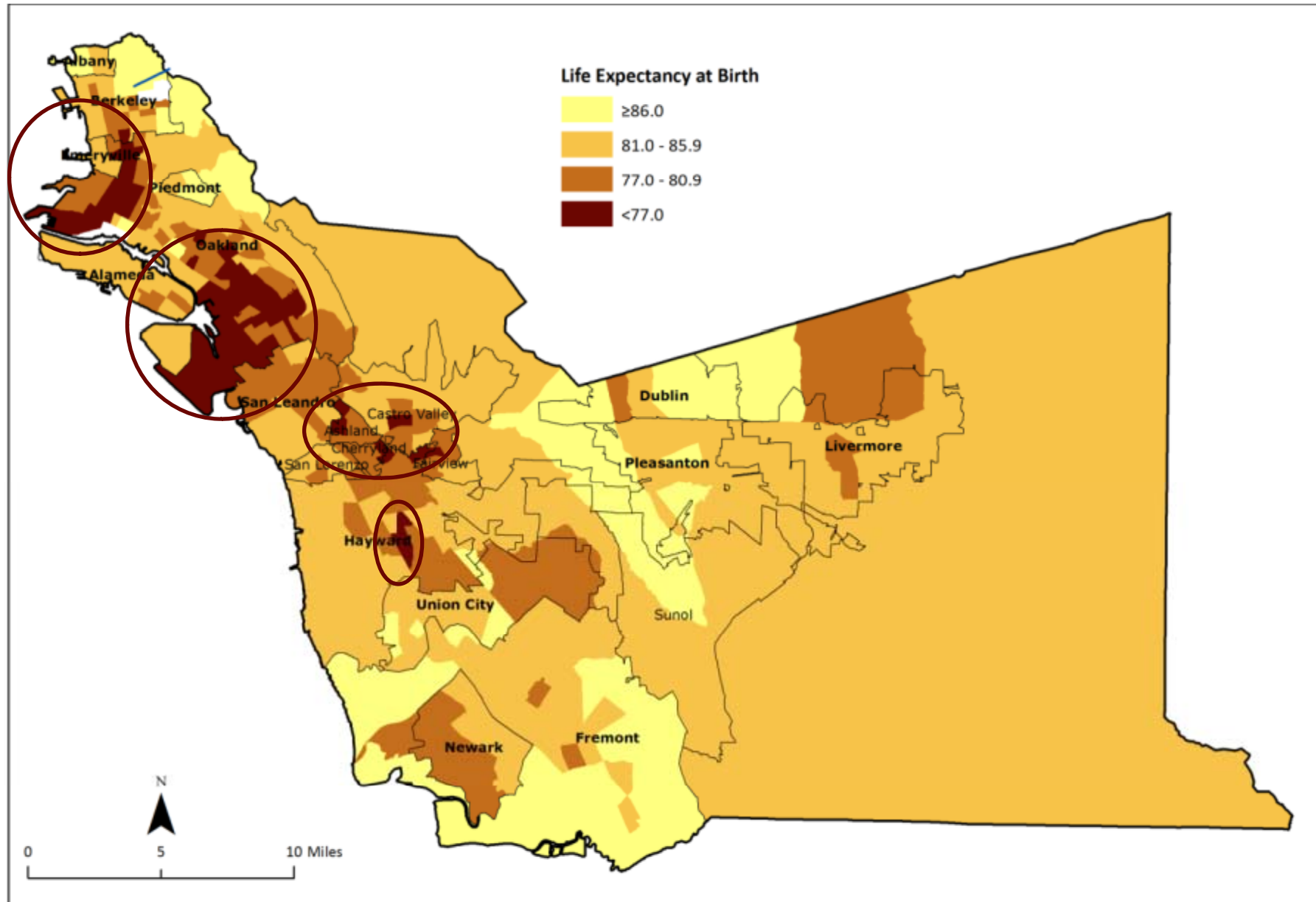
Possible Uses for Data

- ✓ Writing a grant where you must establish need
- ✓ Advocating for change in particular neighborhood conditions
- ✓ Using a health equity lens to frame a social or policy issue
- ✓ Assessing whether your current program or policy work is helping to improve health equity
- ✓ Talking with somebody who doesn't understand how place, racism, and neighborhood poverty matter for health in our County



Health Inequities by Place

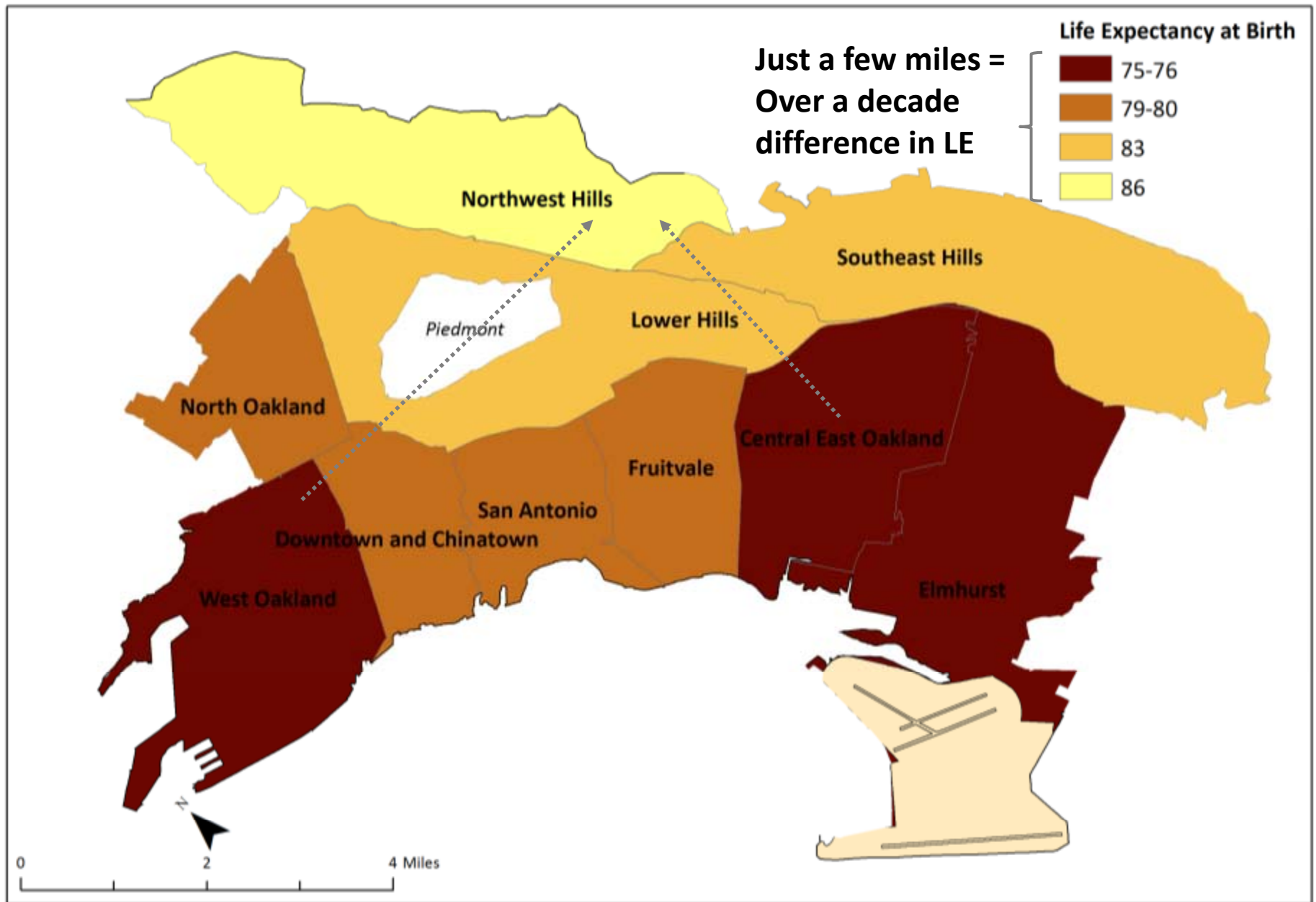
Life Expectancy by Census Tract



Source: CAPE, with data from Alameda County vital statistics files 2006-2010.



Life Expectancy in Oakland by Region



Source: CAPE, with data from Alameda County Vital Statistics, 2008-2010



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*



Why Does Place Matter for Health?



Communities of Opportunity

- Parks
- Safe/Walkable Streets
- Grocery Stores and Healthy Foods
- Good Schools
- Clean Air
- Quality Housing
- Public Transportation
- Good Jobs
- Strong Local Businesses
- Financial Institutions

Good Health Status

Poor Health Status

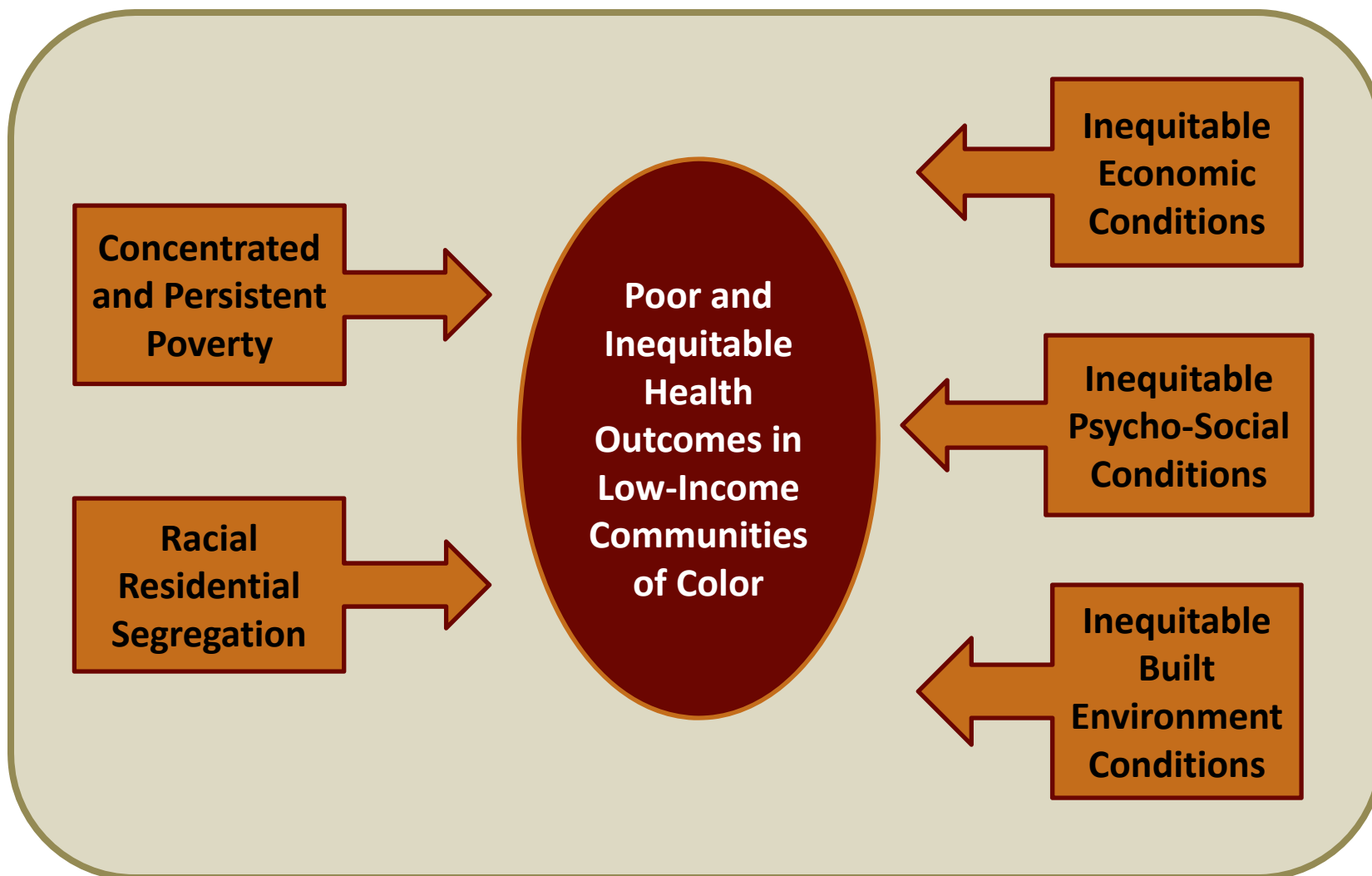
Disinvested Communities

- Limited/Unsafe Parks
- Crime
- Fast Food Restaurants
- Liquor Stores
- Poor Performing Schools
- Pollution and Toxic Exposures
- Transportation Barriers
- Absence of High Quality Financial Institutions
- Predatory Lenders



Key Determinants of Health Inequity

STRUCTURAL RACISM

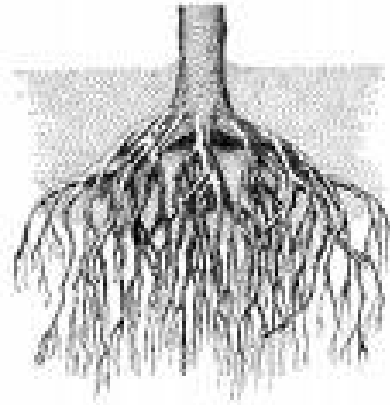


Historical Roots of Racial Residential Segregation and Persistent Poverty

Discriminatory mortgage
underwriting by the
FHA/VA

Redlining practices
by banks and home
insurance agents

Racial steering
and block-busting
practices by
real estate agents



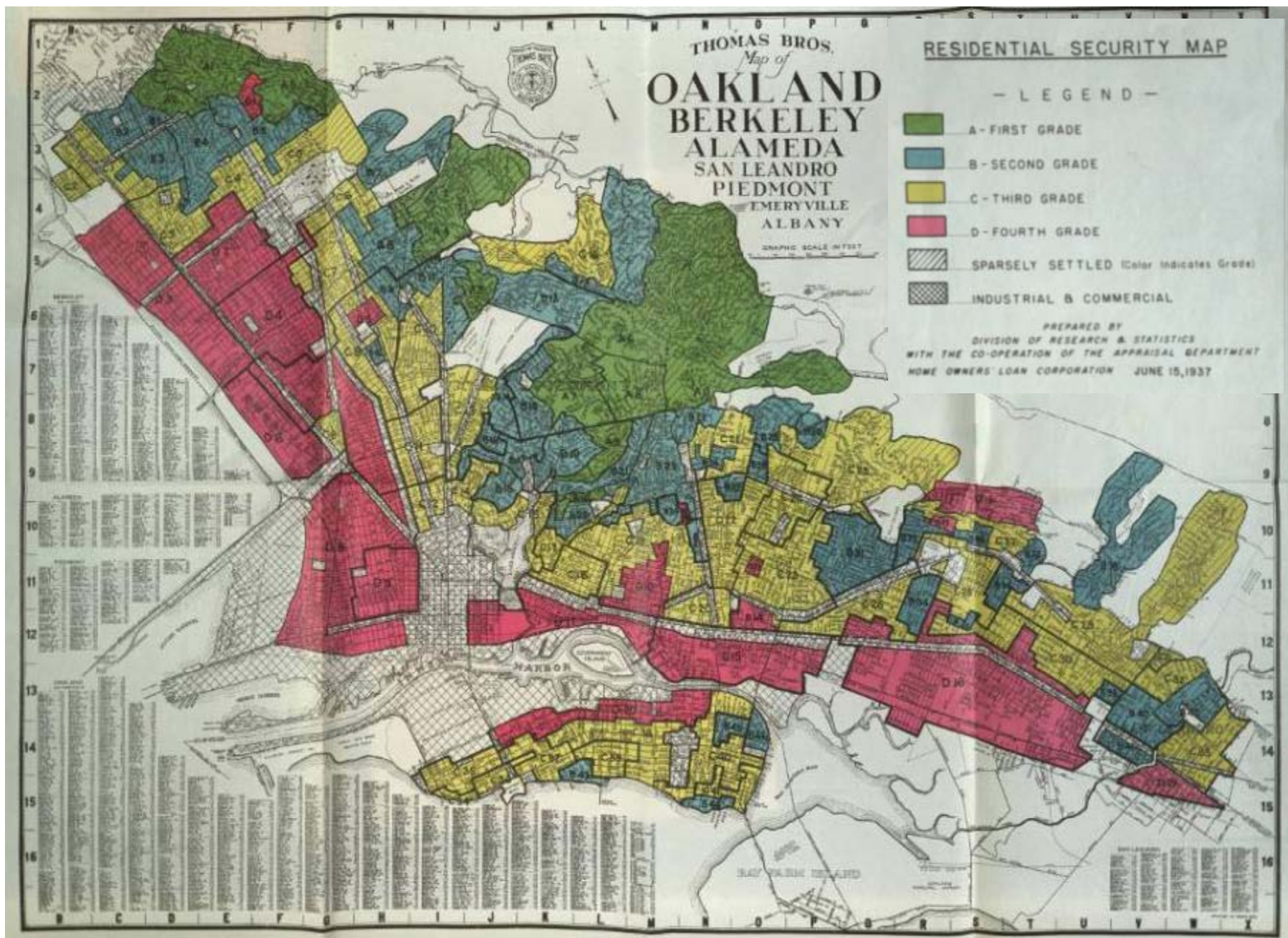
Disinvestment and
concentrated poverty
in urban centers

Middle class and white
flight to the suburbs

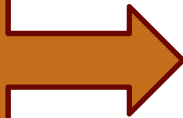
Displacement caused
by federal highway
construction and other
urban renewal projects



Racial Redlining in Alameda County



**Concentrated
and Persistent
Poverty**



**Poor and
Inequitable
Health
Outcomes in
Low-Income
Communities
of Color**

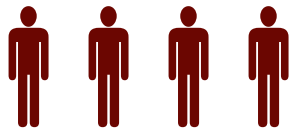


Definitions of Poverty

Individual Poverty, 2013



A single person living alone has a household income of less than \$11,490



A family of four has a household income of less than \$23,550

Neighborhood Poverty

Defined by the percentage of residents living in poverty

Very High Poverty

30%+ are living in poverty

High Poverty

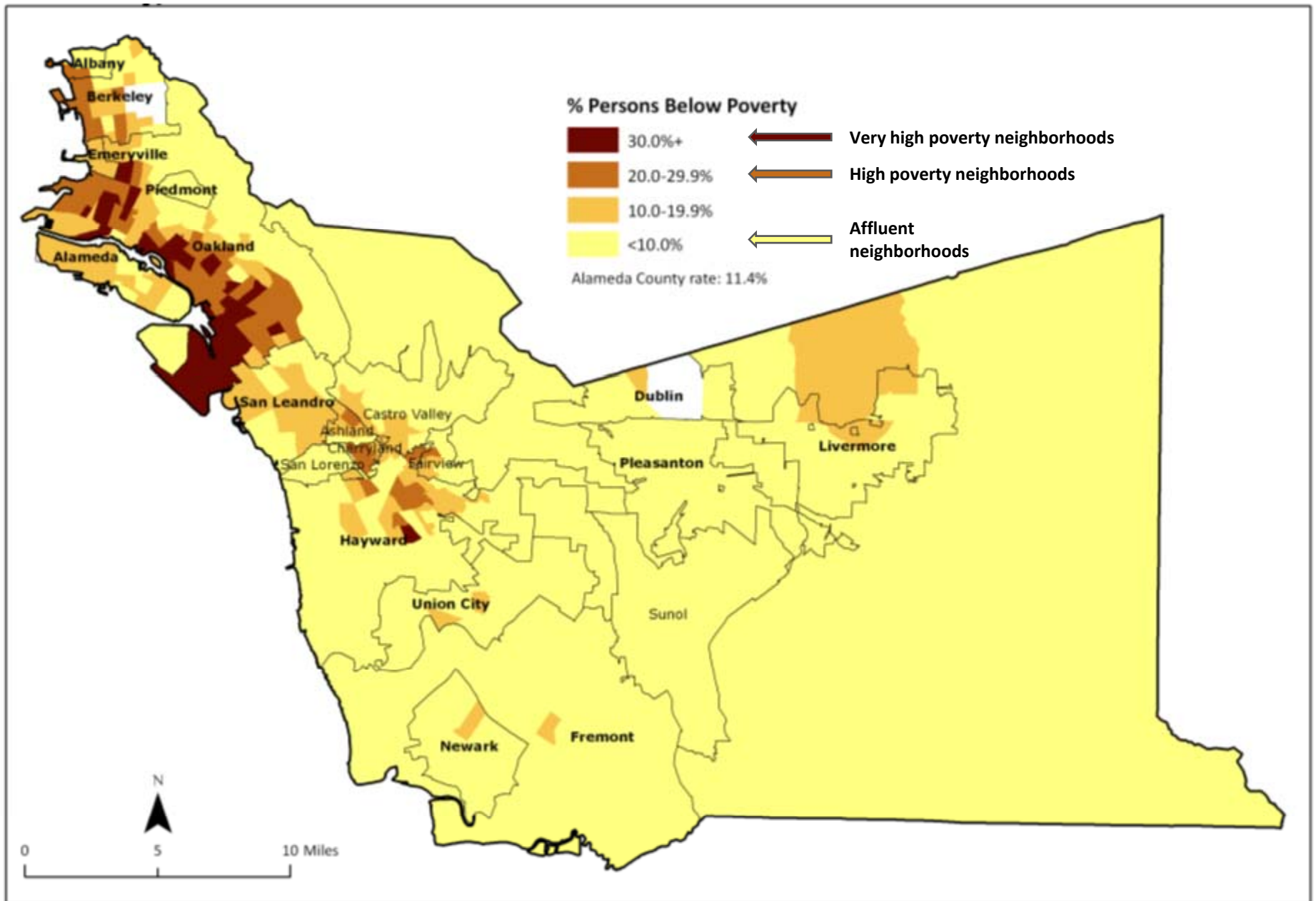
20-29.9% are living in poverty

Affluent

<10% are living in poverty



Neighborhood Poverty Level by Census Tract



Source: CAPE, with data from ACS 2007-2011.



Definitions of Poverty (continued)

Persistent Neighborhood Poverty

Defined by the number of decades of high neighborhood poverty

Persistent High Poverty

Neighborhood with high poverty for 5 decades (1970-2010)

Frequent High Poverty

Neighborhood with high poverty for 3-4 decades

Intermittent High Poverty

Neighborhood with high poverty for 2 decades

Infrequent High Poverty

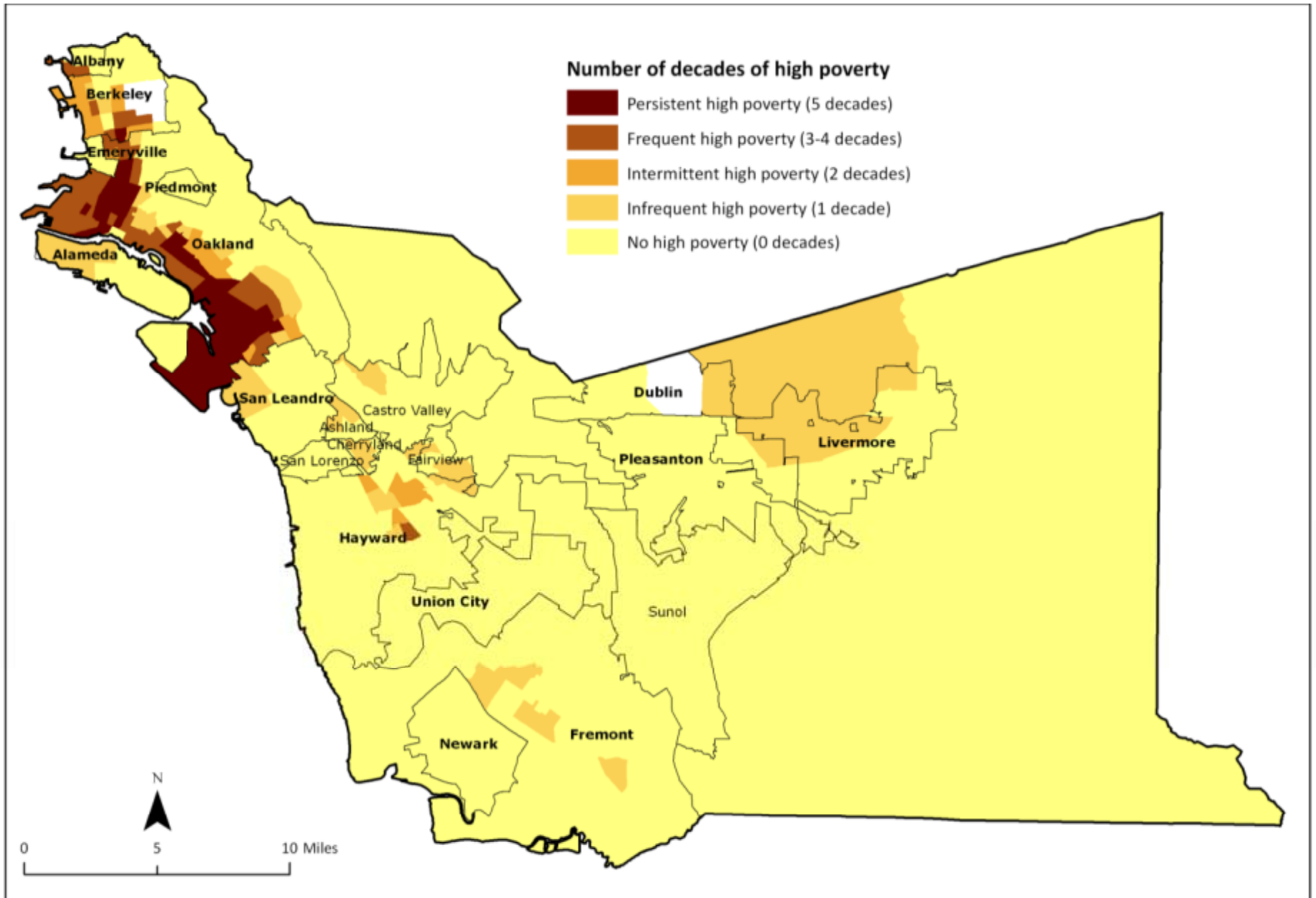
Neighborhood with high poverty for 1 decade

No High Poverty

Neighborhood with high poverty for 0 decades



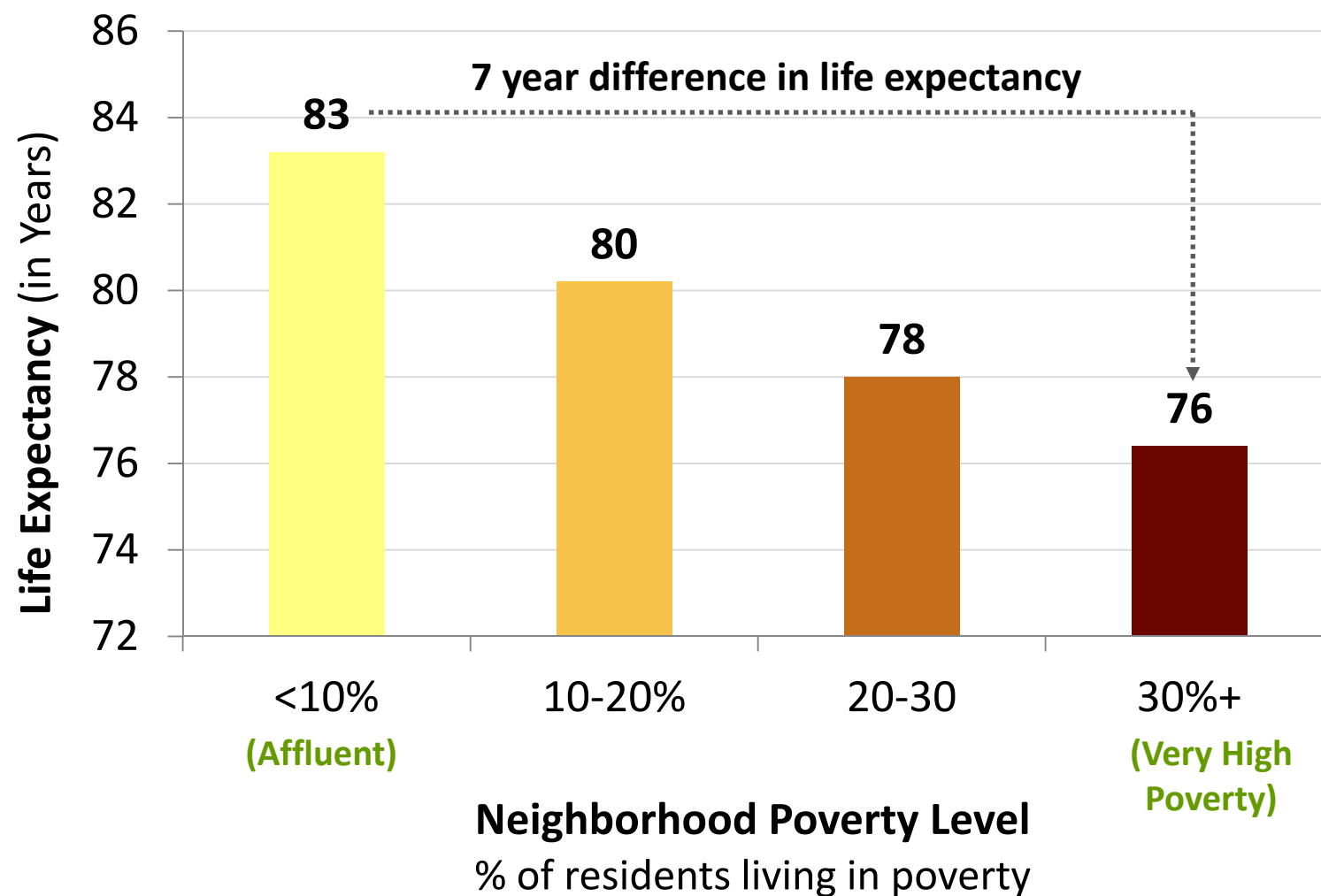
Persistence of Neighborhood Poverty by Census Tract



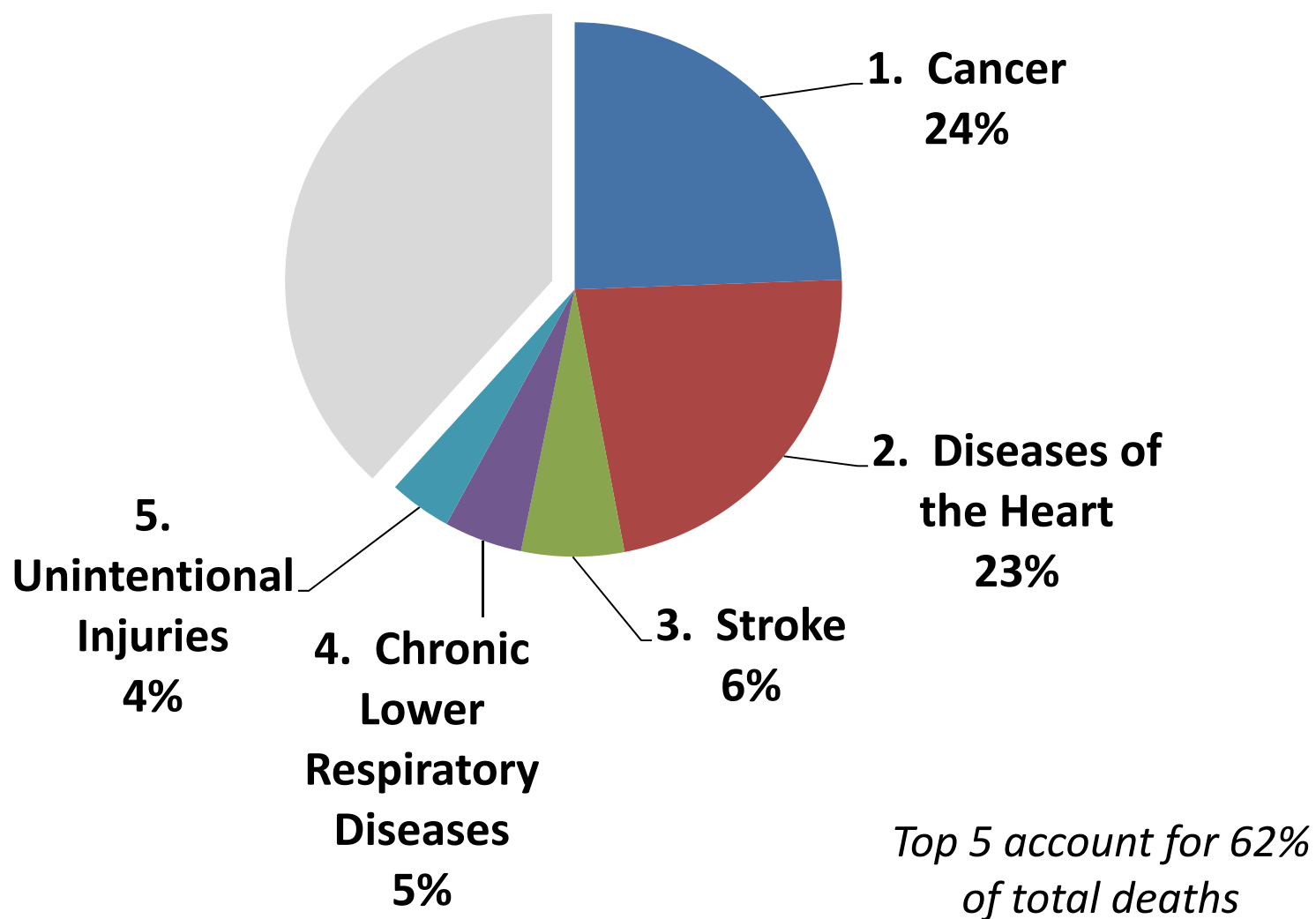
Source: CAPE, with data from Census 1970-2000, ACS 2007-2011.



Life Expectancy by Neighborhood Poverty Level: A Social Gradient in Health



5 Leading Causes of Death in Alameda County, 2008-2010



5 Leading Causes of Death by Neighborhood Poverty Level, 2000-2010

<10% Poverty (Affluent)	
1 Cancer	26%
2 Diseases of Heart	23%
3 Stroke	6%
4 CLRD	5%
5 Alzheimer's Disease	4%

Top 5 account for 63% of deaths

10-20% Poverty	
1 Cancer	24%
2 Diseases of Heart	23%
3 Stroke	6%
4 CLRD	5%
5 Unintentional Injuries	4%

Top 5 account for 62% of deaths

20-30% Poverty	
1 Cancer	21%
2 Diseases of Heart	20%
3 Stroke	7%
4 CLRD	5%
5 Unintentional Injuries	5%

Top 5 account for 58% of deaths

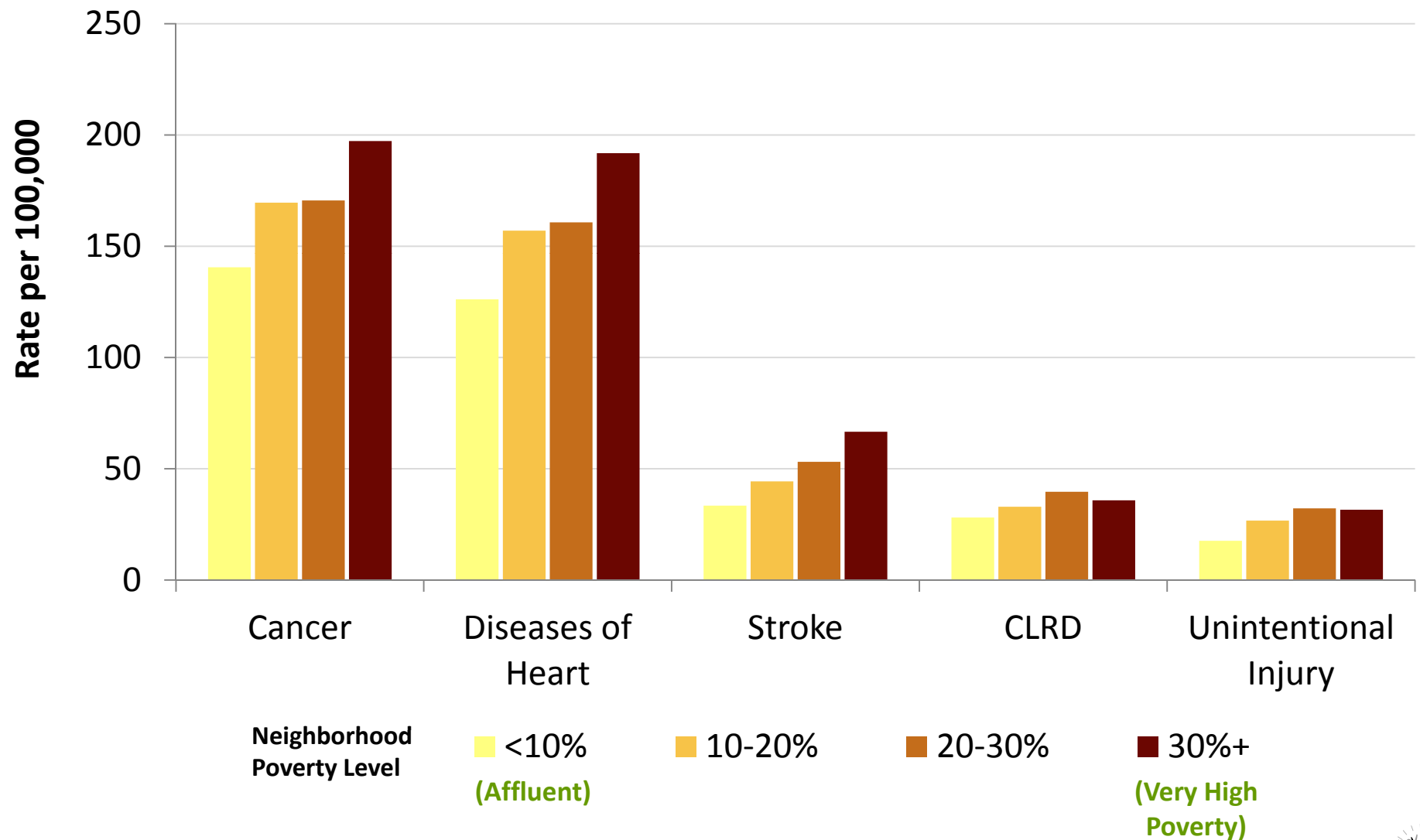
30%+ Poverty (Very High Poverty)	
1 Cancer	22%
2 Diseases of Heart	22%
3 Stroke	7%
4 Homicide	5%
5 Unintentional Injuries	4%

Top 5 account for 61% of deaths



Social Gradients in Mortality

Rates of Death from the Top 5 Leading Causes of Death by Neighborhood Poverty Level

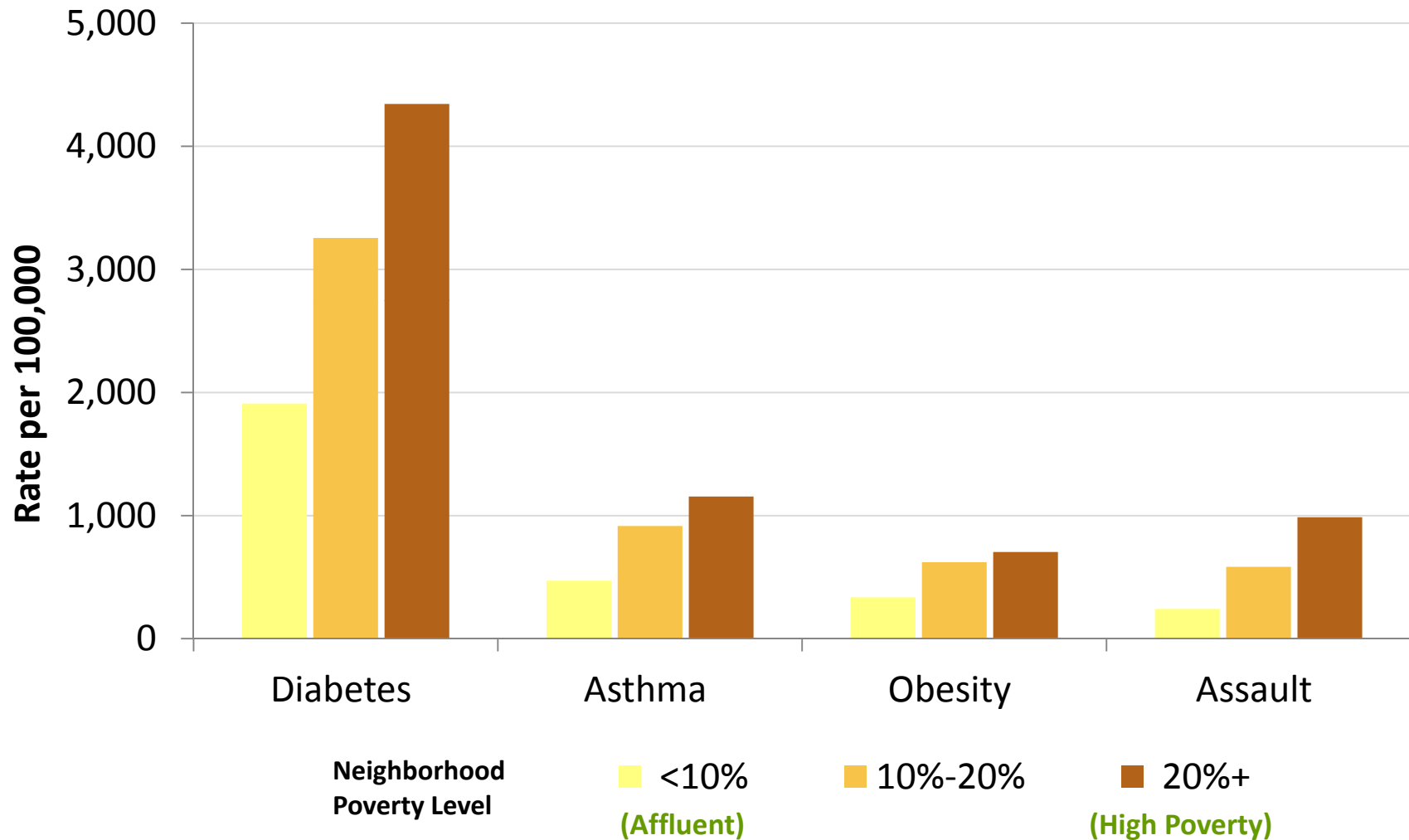


Source: Alameda County Vital Statistics files, 2008-2010



Social Gradients in Morbidity

Rates of Visits to the Emergency Department for Select Conditions by Neighborhood Poverty Level*



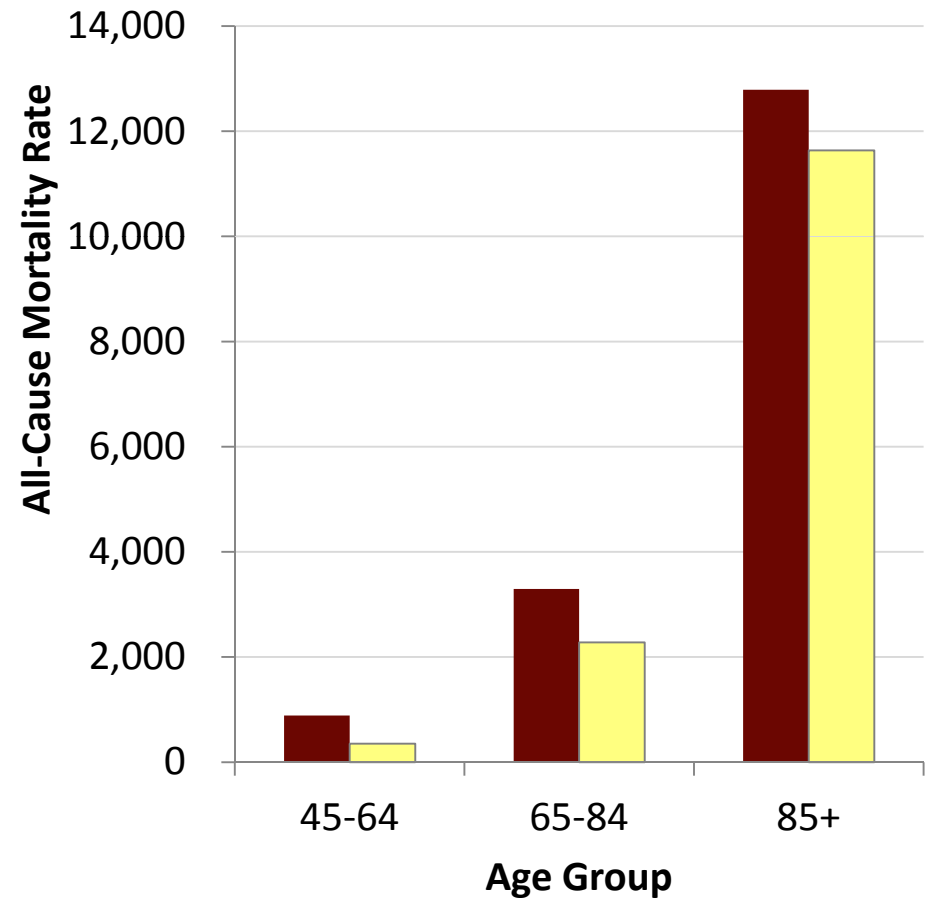
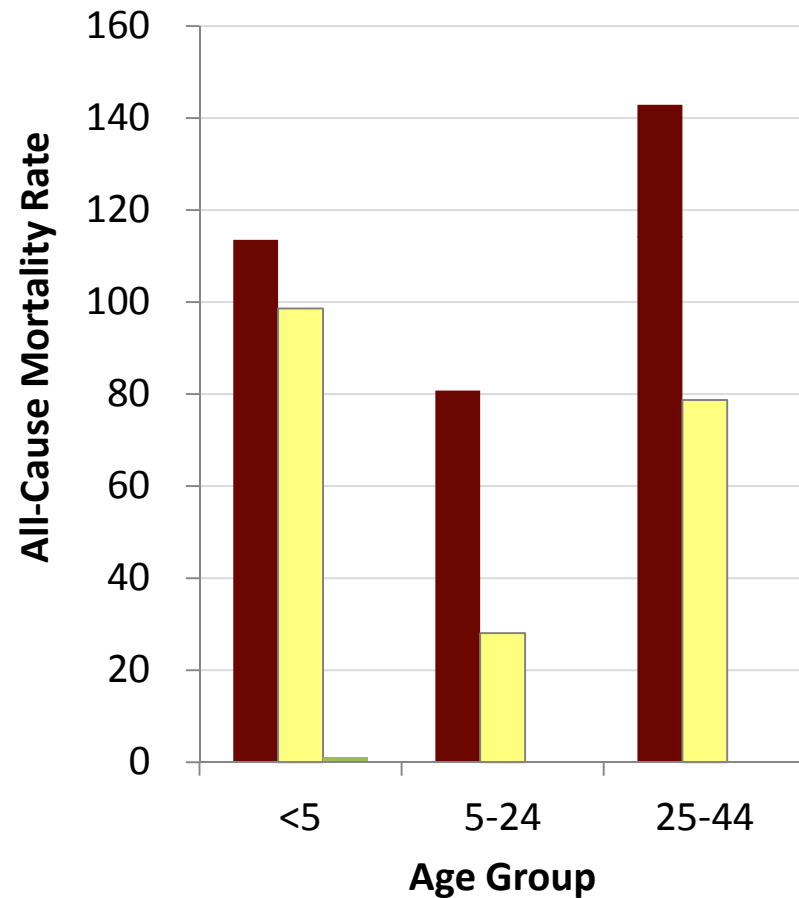
*ED rates and neighborhood poverty are at the zip code level

Source: Alameda County OSHPD files, 2009-2011



Neighborhood Poverty Impacts Health Over the Life Course

■ 30%+ Poverty (Very High Poverty Neighborhoods)
■ <10% Poverty (Affluent Neighborhoods)



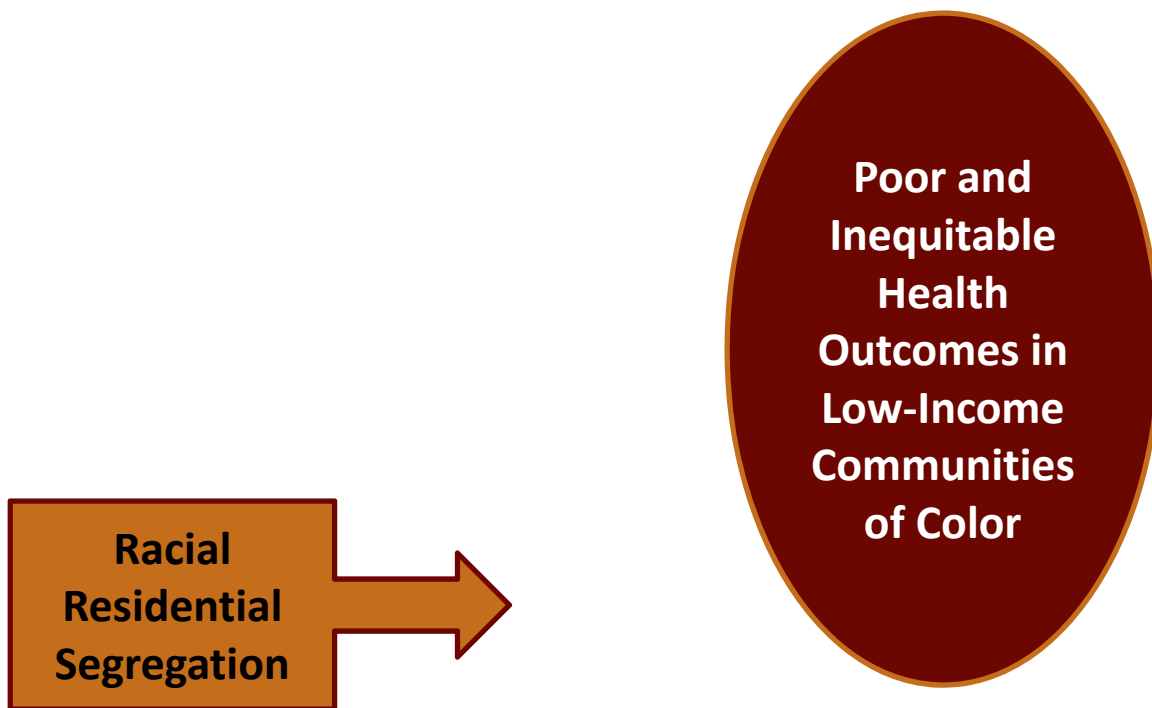
Source: Alameda County Vital Statistics files, 2006-2010



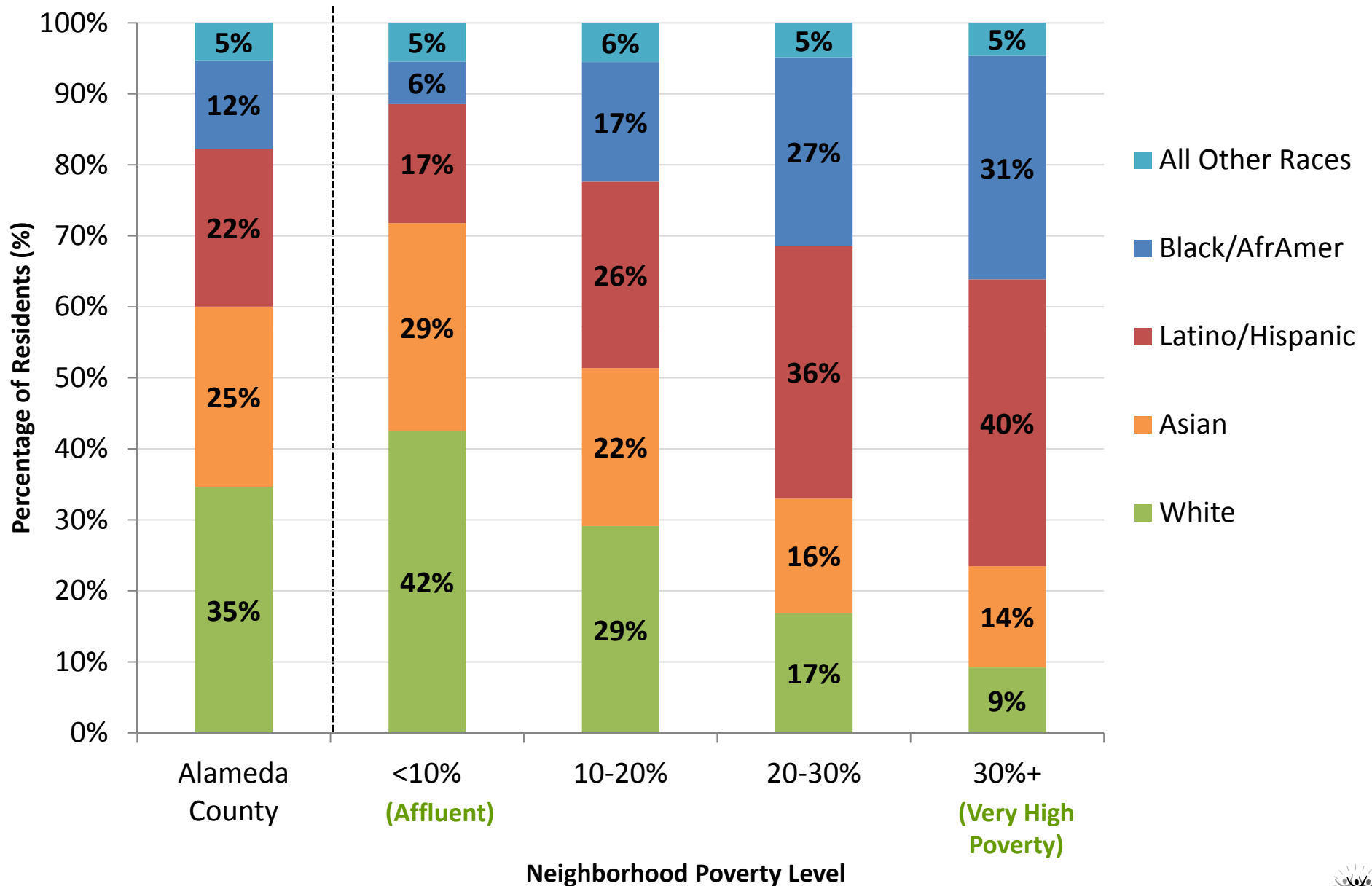
Leading Causes of Death by Age Group in Very High Poverty Neighborhoods

Ages 5-24		% of Deaths	
1. Homicide		59%	} 81% of deaths
2. Unintentional Injuries		22%	
Ages 25-44			
1. Homicide		25%	} 65% of deaths
2. Unintentional Injuries		16%	
3. Cancer		14%	
4. Diseases of Heart		10%	
Ages 45-64			
1. Cancer		24%	} 60% of deaths
2. Diseases of Heart		23%	
3. Unintentional Injuries		7%	
4. Stroke		6%	





Who Lives in Neighborhoods of Varying Poverty Levels by Race/Ethnicity



Source: American Community Survey, 2006-2010 and Census, 2010



Proportion Living in a High Poverty Neighborhood (where $\geq 20\%$ of residents are poor) by Race/Ethnicity

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



1 in 9 Asians



1 in 4 Latinos



1 in 3 Blacks



Proportion of Poor People Living in an Affluent Neighborhood (where <10% of residents are poor) by Race/Ethnicity

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



1 in 3 poor Asians



1 in 6 poor Blacks

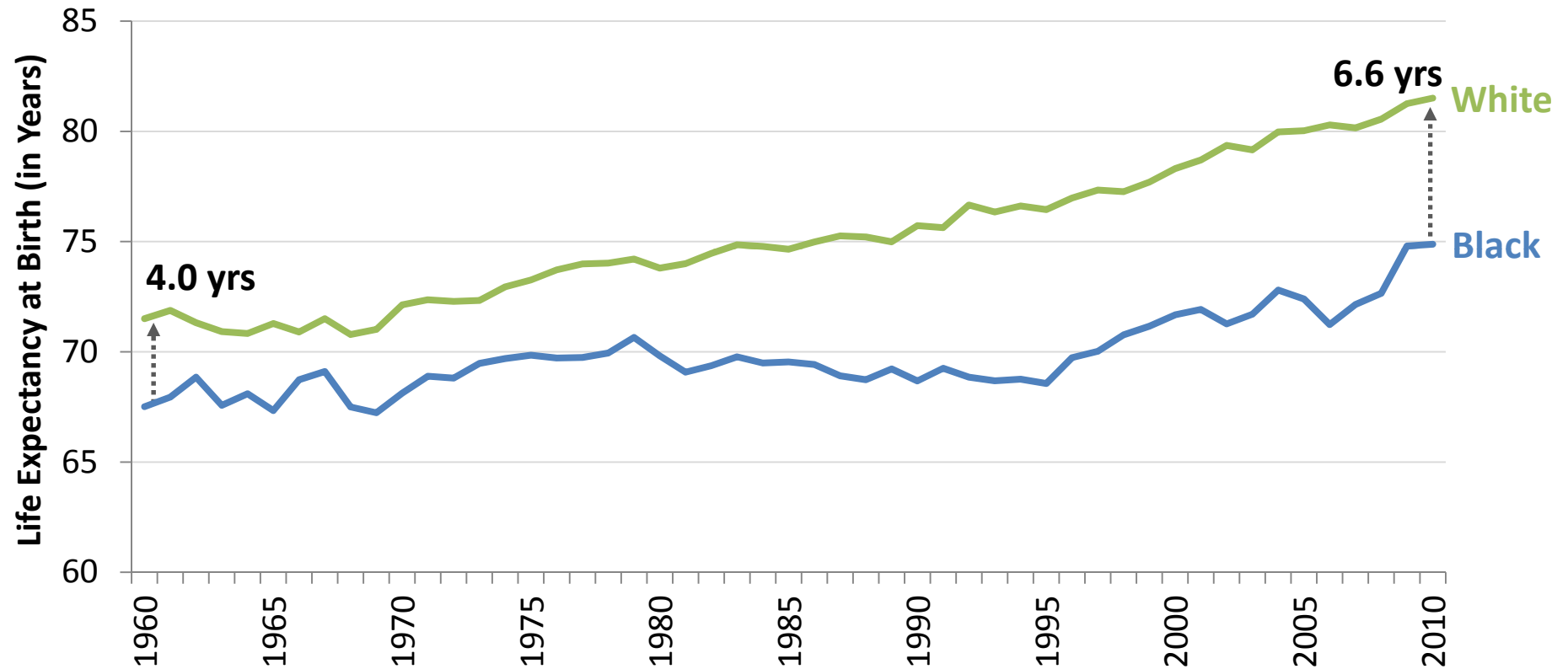


1 in 7 poor Latinos



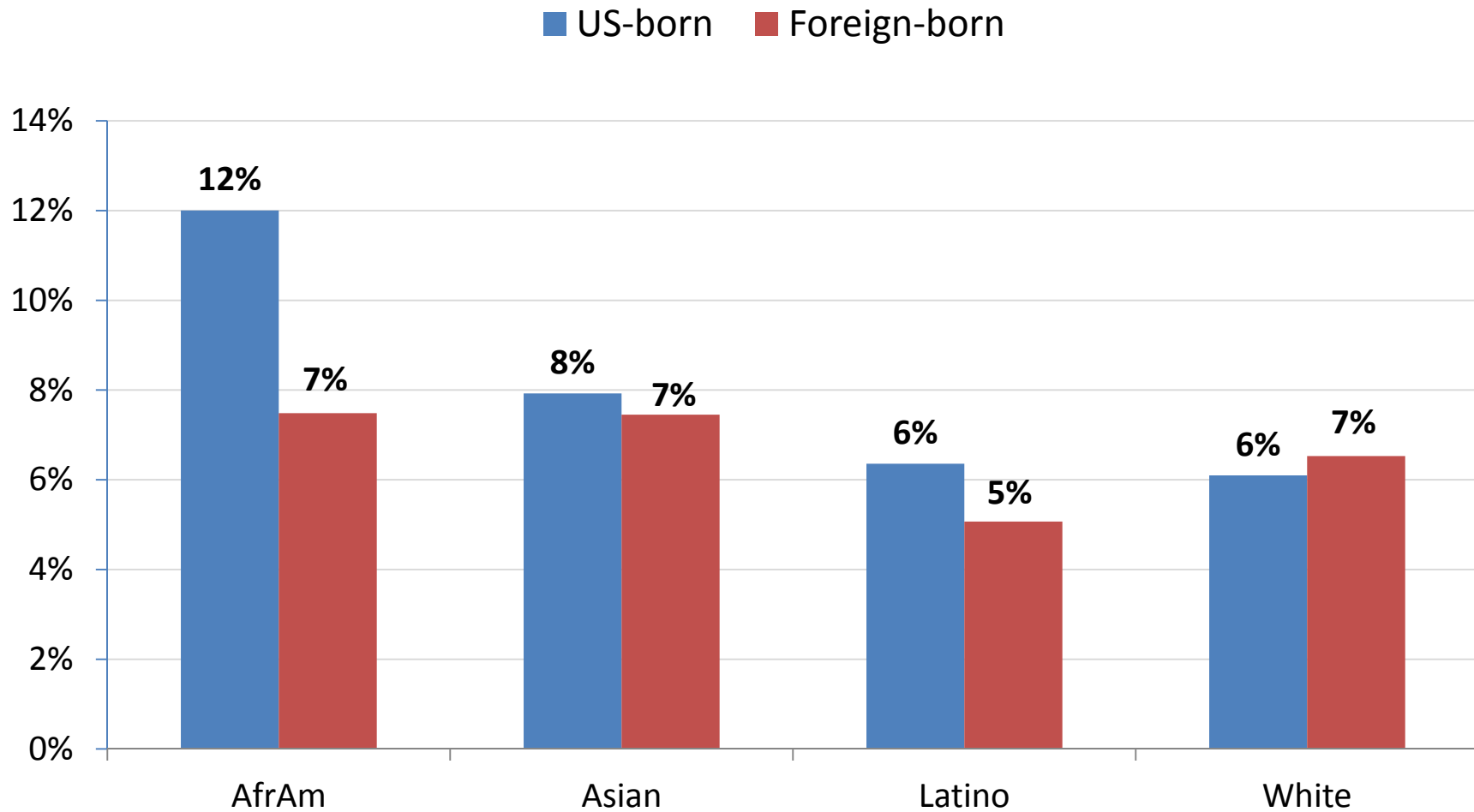
Racial Gaps in Health

Life Expectancy at Birth by Race, 1960-2010



Racism (Not Race) Harms Health

Percentage of Low Birth Weight Babies by Mother's Race/Ethnicity and Place of Birth



Source: Alameda County Vital Statistics files, 2008-2010



**Poor and
Inequitable
Health
Outcomes in
Low-Income
Communities
of Color**

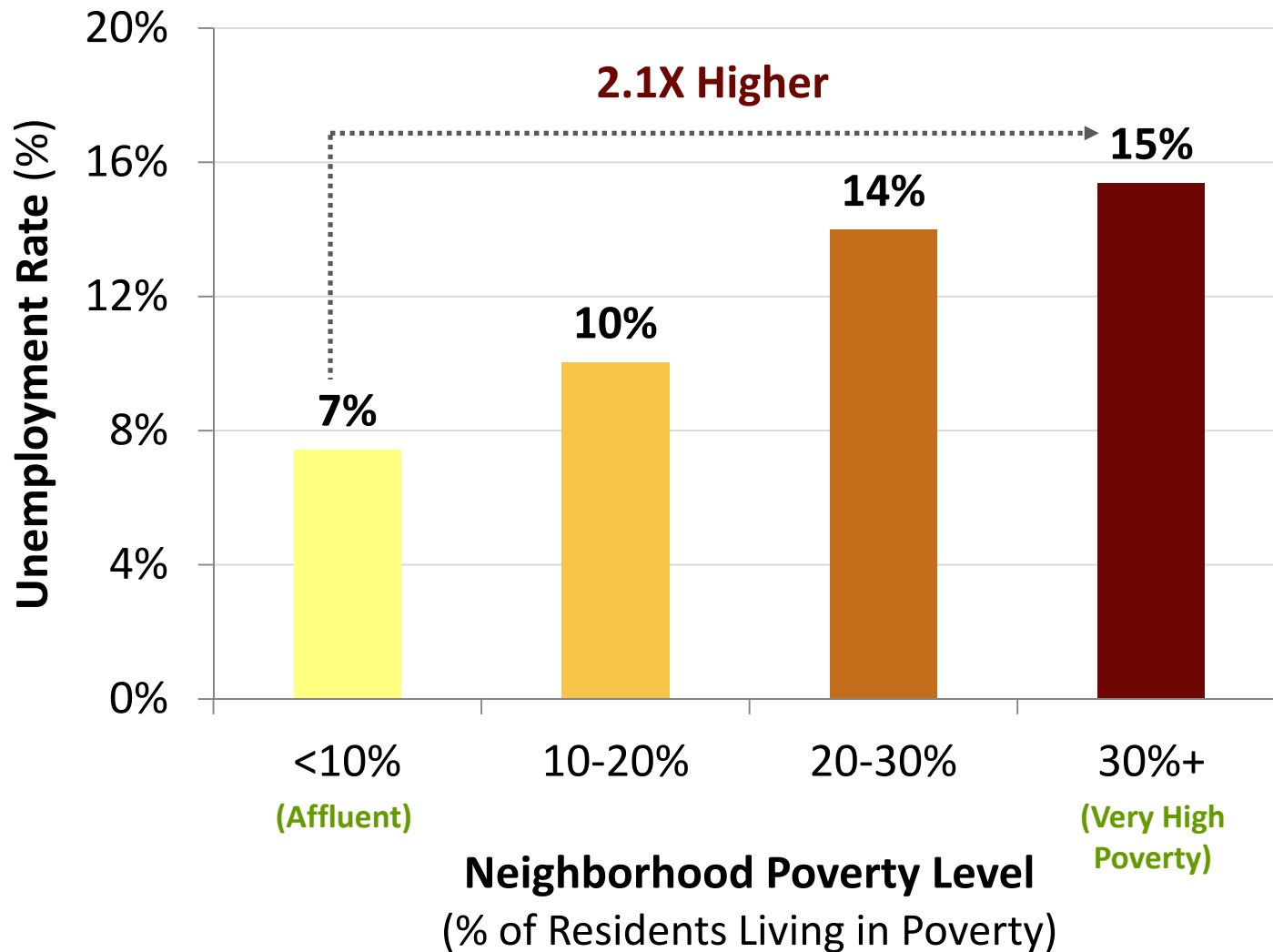
**Inequitable
Economic
Conditions**

- Employment
- Job Wages
- Household Income
- Wealth



Access to Employment:

Unemployment Rate by Neighborhood Poverty Level



Access to Jobs that Pay Adequate Wages: Top 5 Occupations by Neighborhood Poverty Level

<10% Poverty (Affluent)					
Occupation Category	1. Management (14% of civilian employed pop age 16+)	2. Office & Admin Support (13%)	3. Sales & Related (11%)	4. Computer & Math (7%)	5. Business & Financial (7%)
Median Income	\$91,324	\$39,497	\$44,887	\$94,361	\$70,869



**Alameda County Self-Sufficiency Standard
for 1 Adult in 2011 = \$27,456**

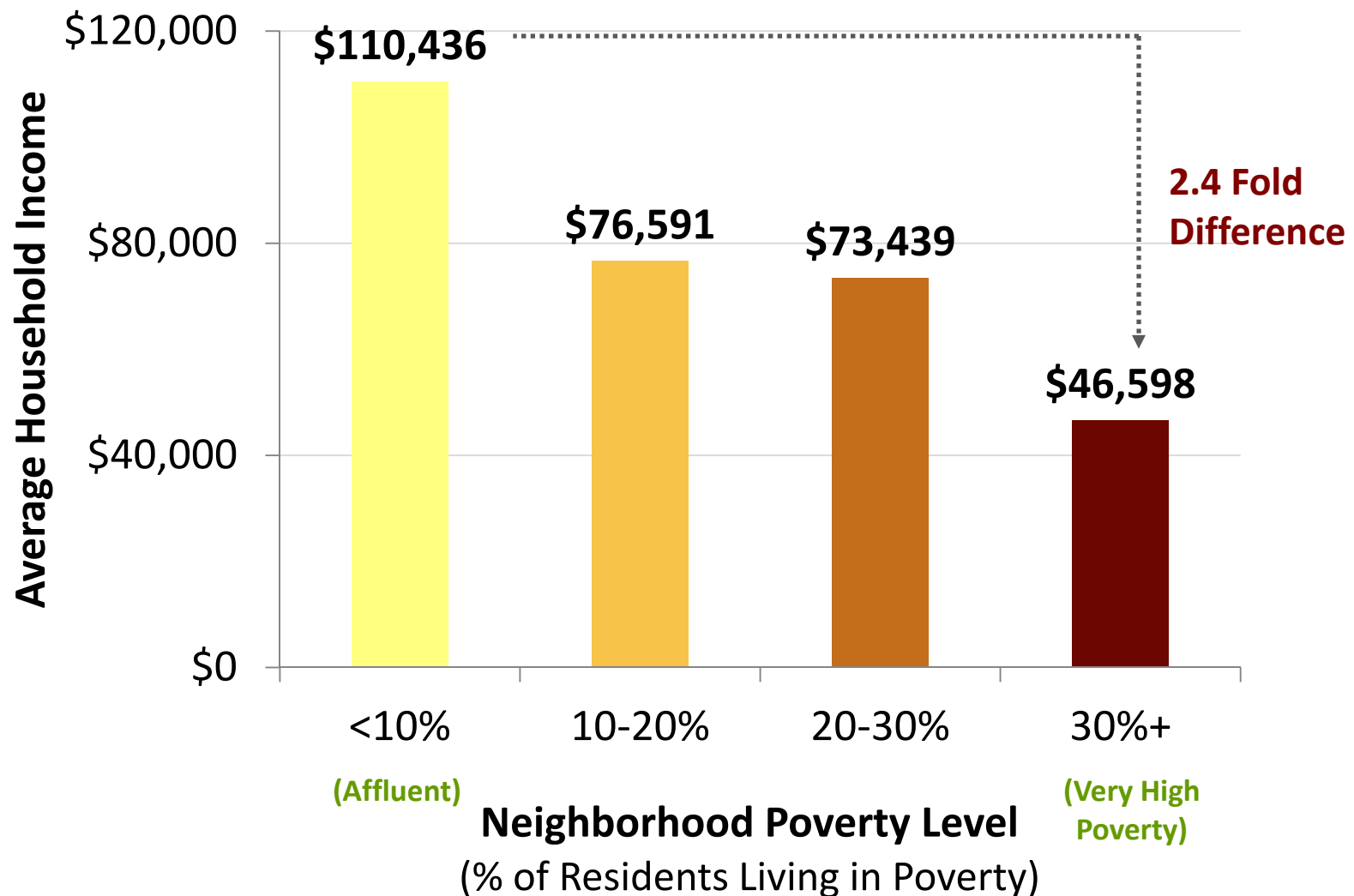


30%+ Poverty (Very High Poverty)					
Occupation Category	1. Office & Admin Support (11%)	2. Food Preparation & Serving (11%)	3. Construction & Extraction (10%)	4. Sales & Related (9%)	5. Building & Maintenance (8%)
Median Income	\$28,920	\$16,135	\$29,495	\$23,877	\$20,967



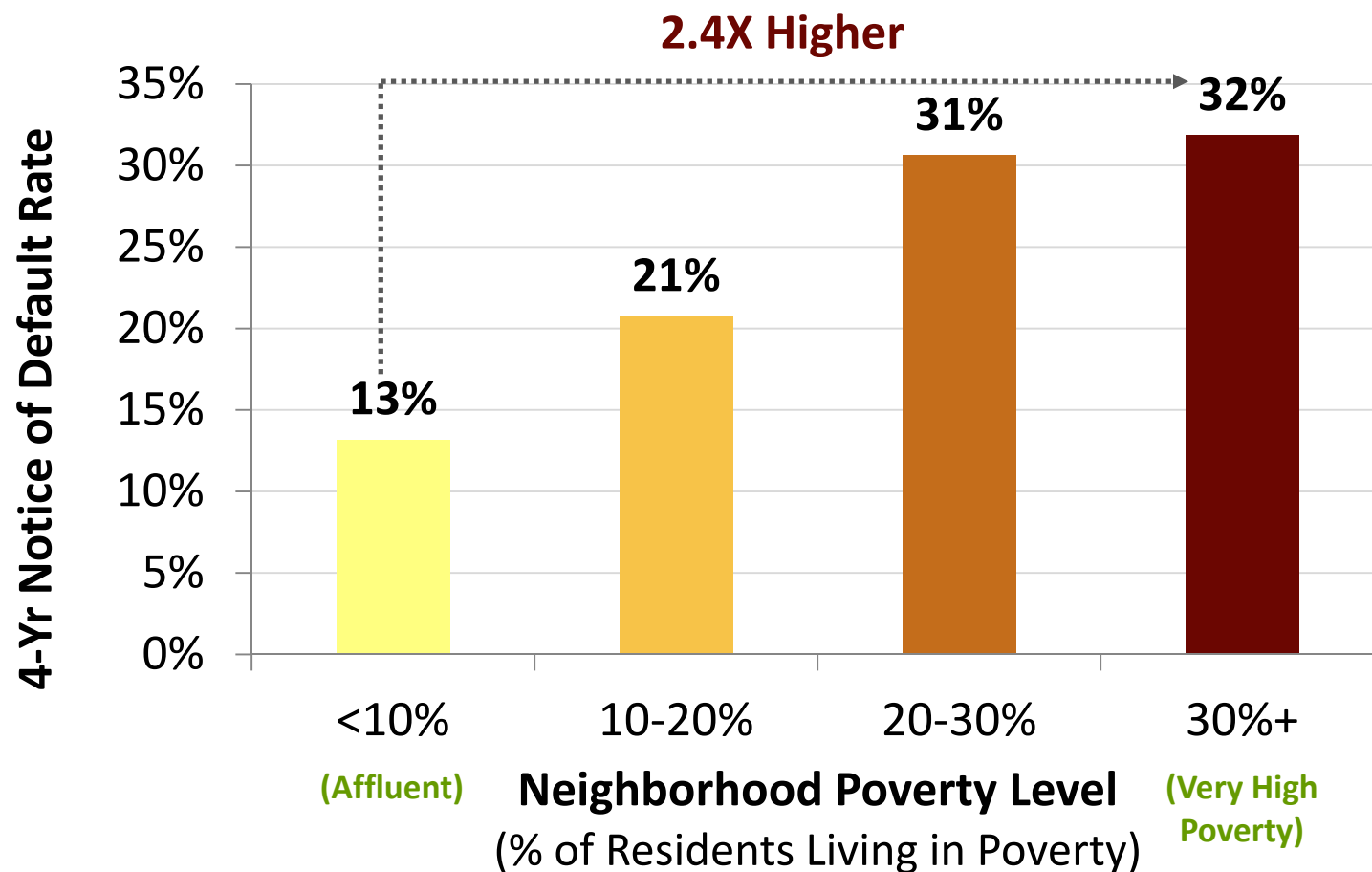
Access to Income:

Average Annual Household Income by Neighborhood Poverty Level



Access to Wealth:

Rates of Foreclosure by Neighborhood Poverty Level



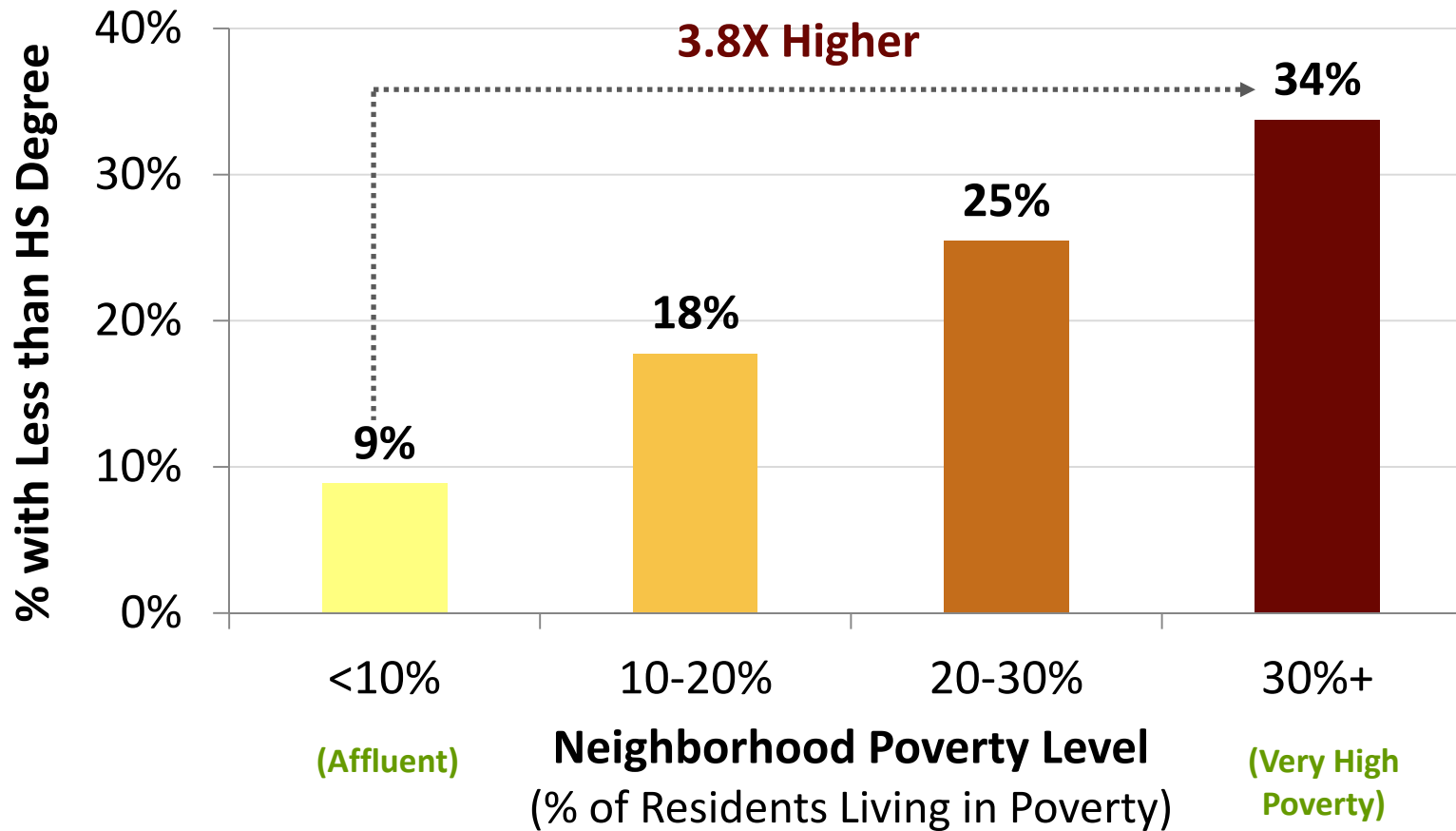
**Poor and
Inequitable
Health
Outcomes in
Low-Income
Communities
of Color**

**Inequitable
Psycho-Social
Conditions**

- Educational Attainment
- School Quality
- School Attendance
- Crime and Violence
- Criminal Justice
- Stress and Mental Health



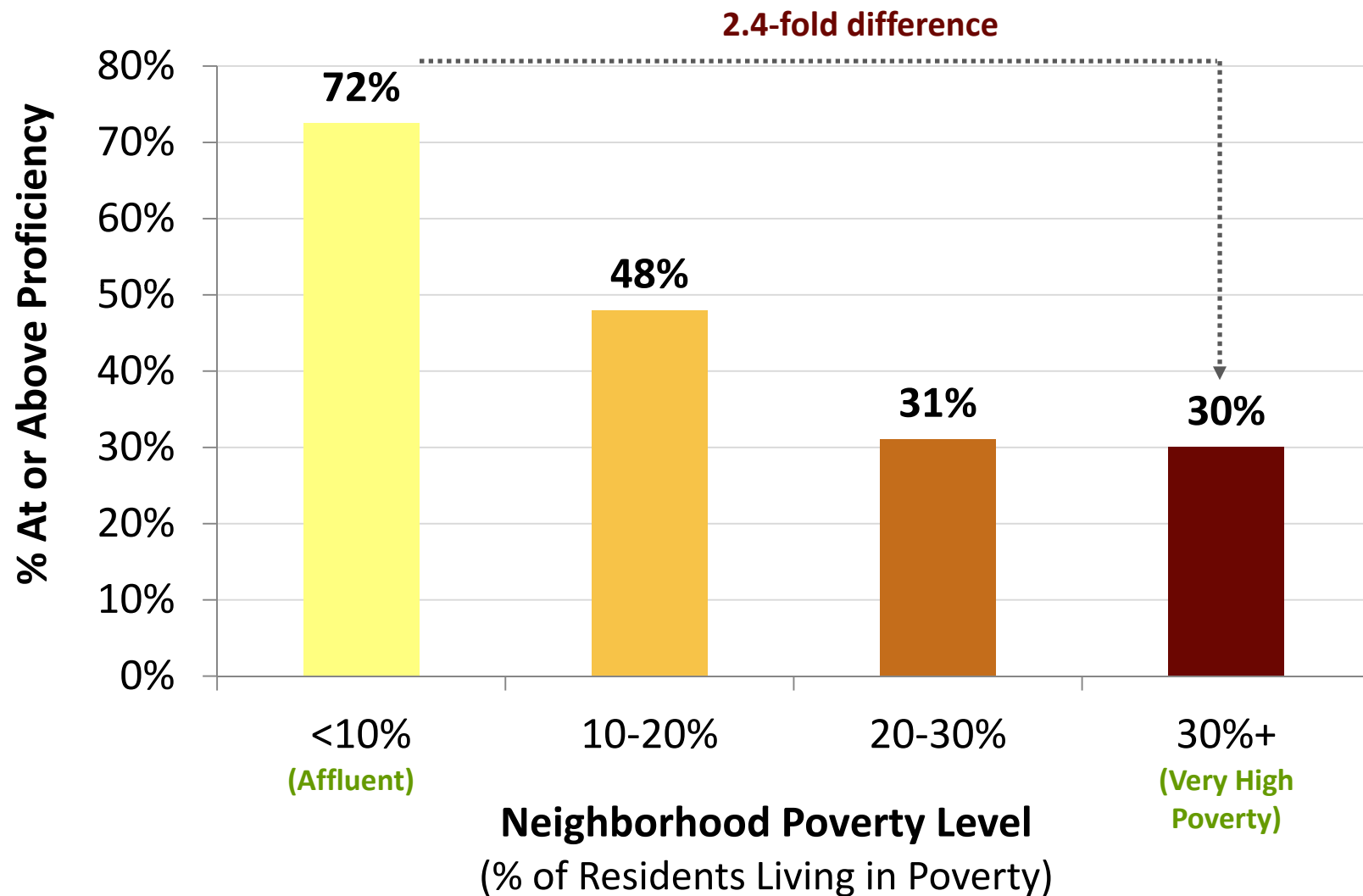
Access to Education and Quality Schools: Educational Attainment by Neighborhood Poverty Level



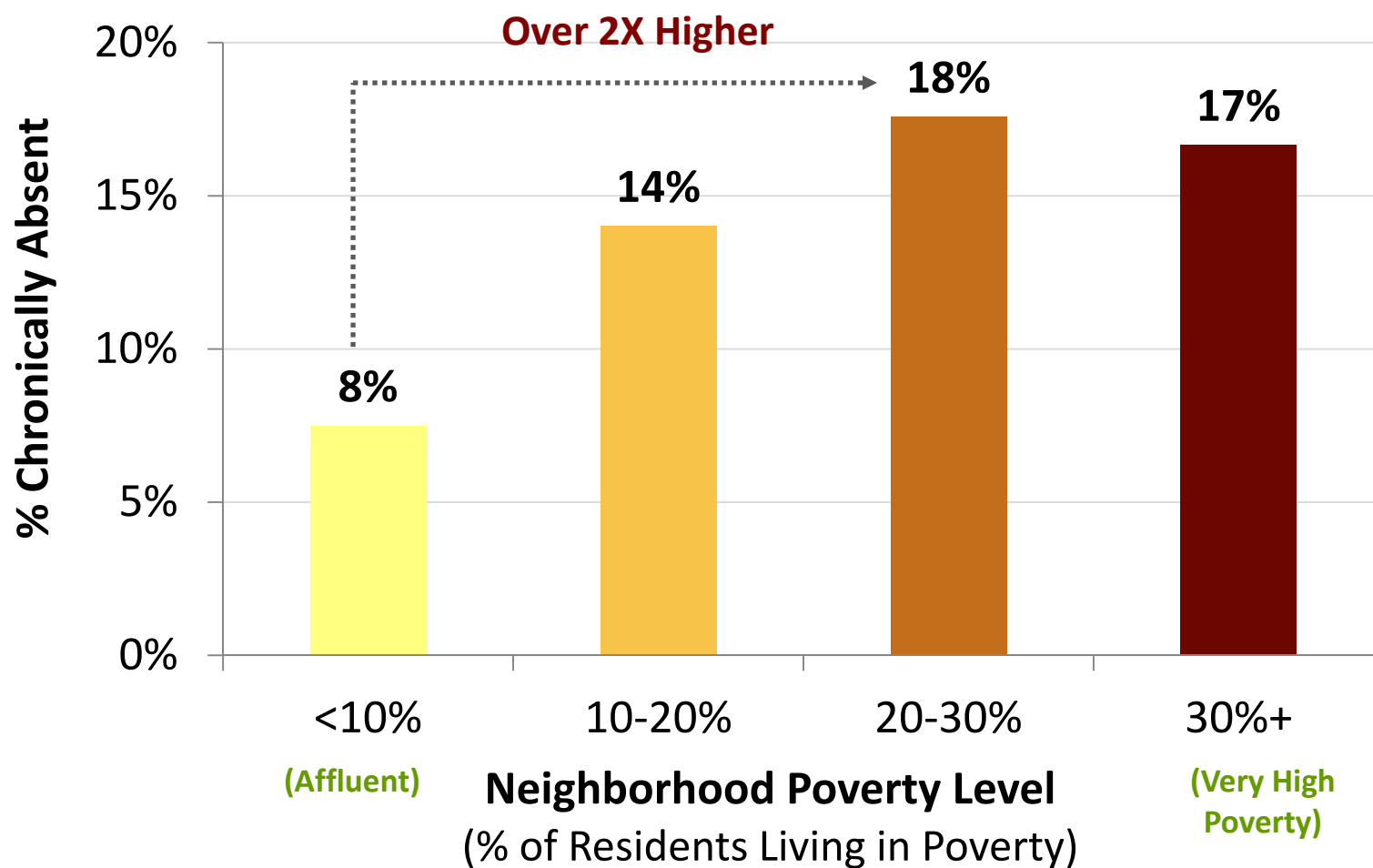
Academic Performance by Neighborhood Poverty Level

Oakland Public School Students

3rd Grade English-Language Arts

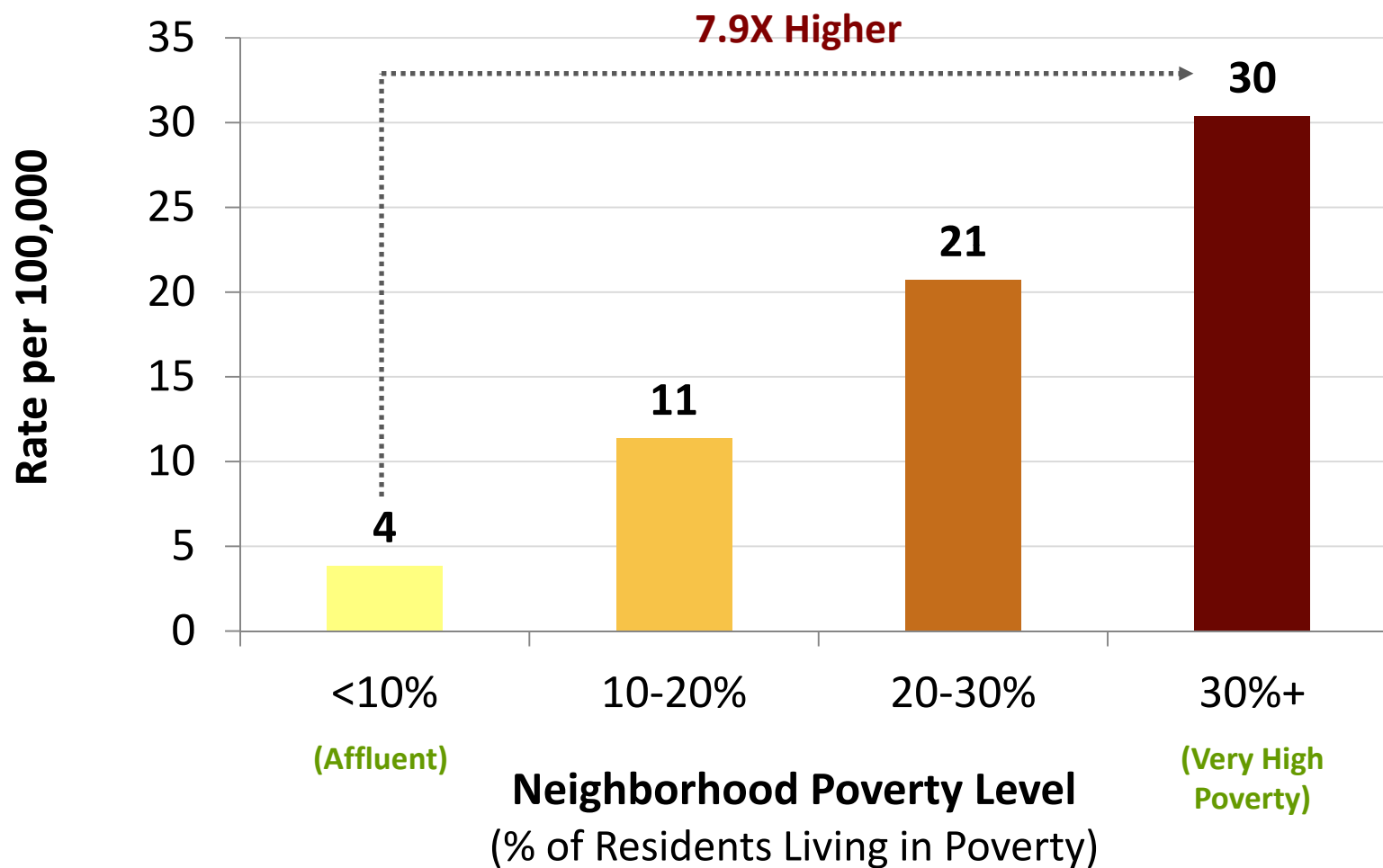


Chronic Absenteeism Rate (% of Students Absent for 10%+ of Enrolled School Days) by Neighborhood Poverty Level



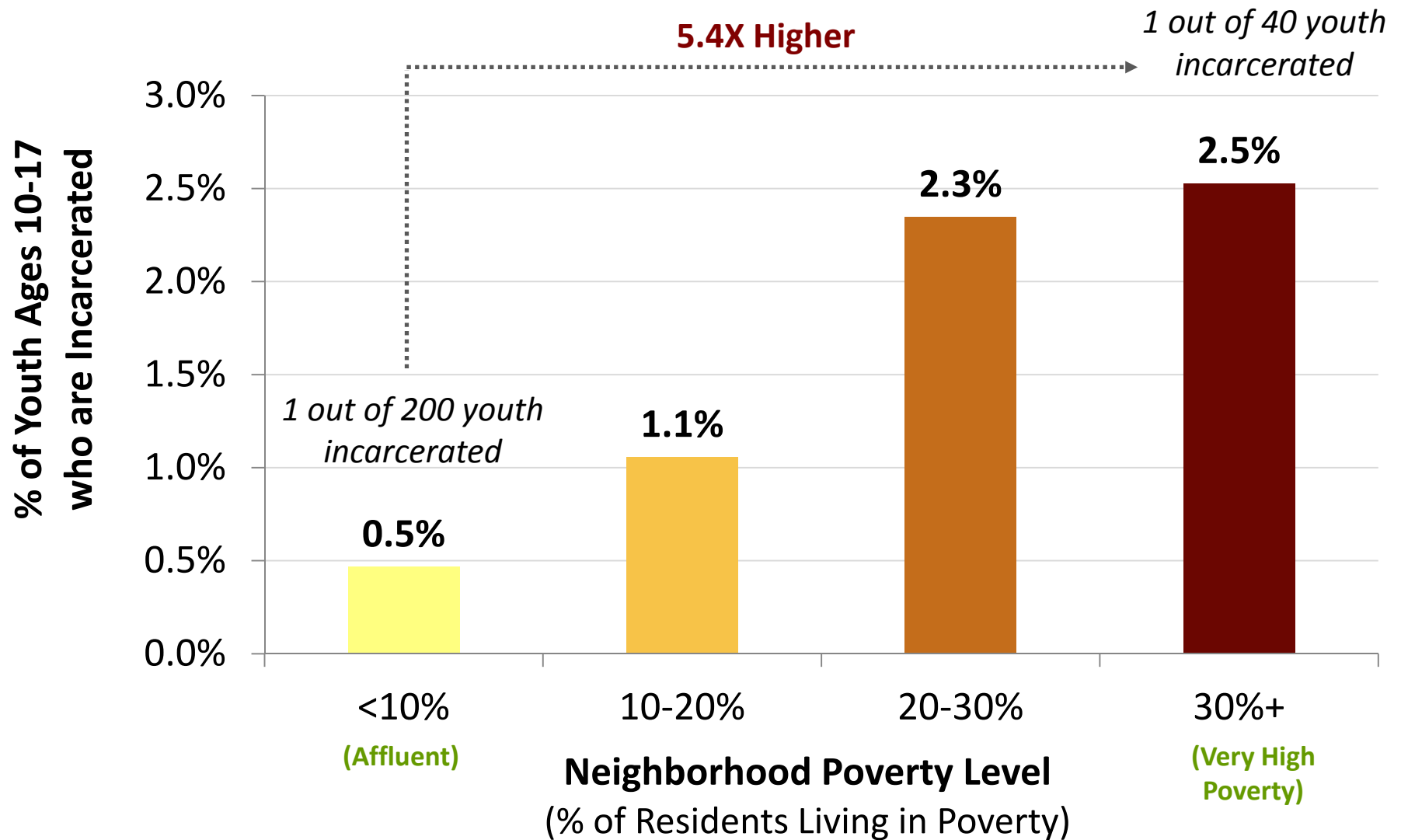
Crime and Violence:

Homicide Death Rate by Neighborhood Poverty Level



Mass Incarceration:

Youth Incarceration Rate by Neighborhood Poverty Level

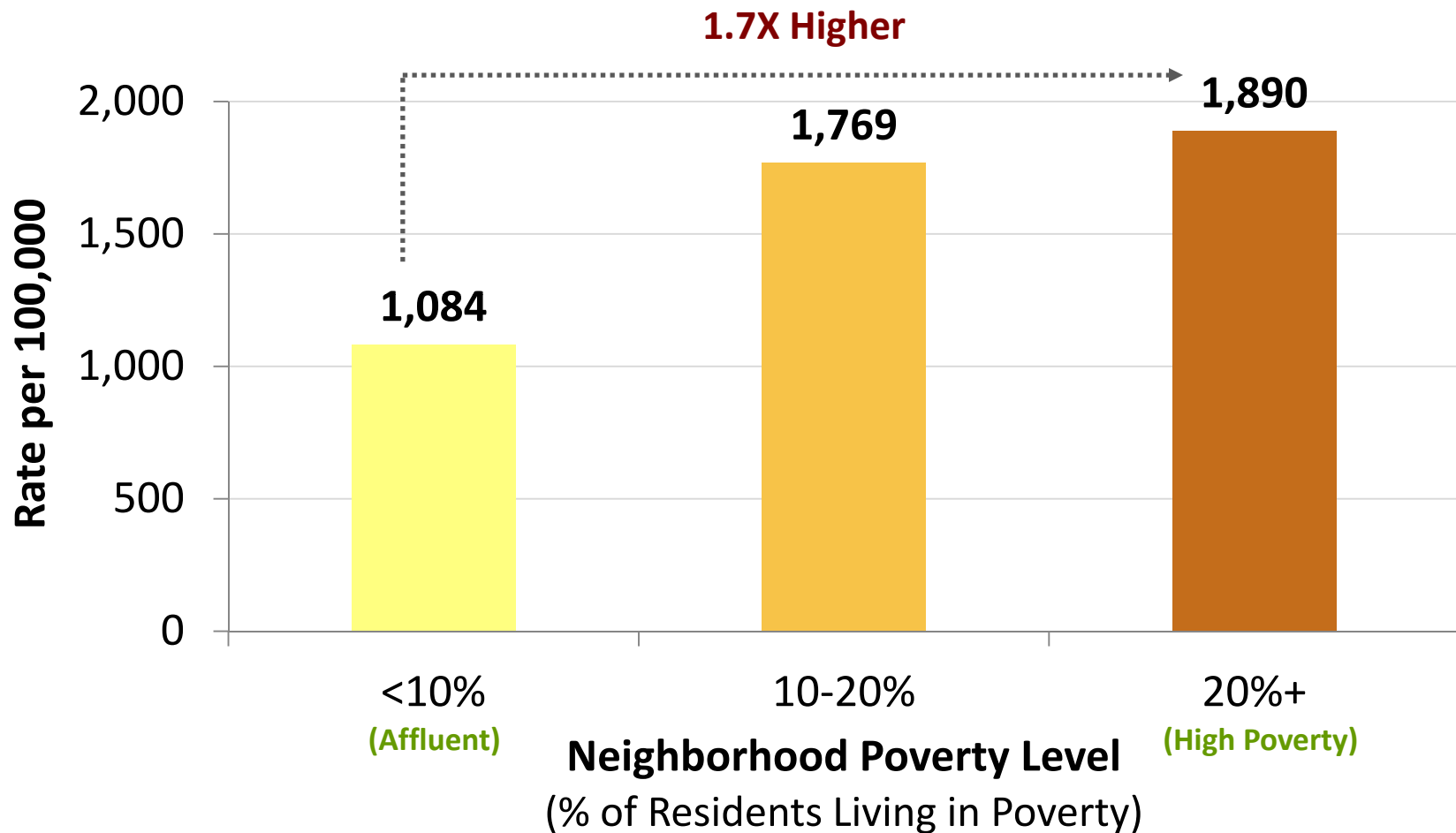


Source: CAPE with data from Urban Strategies Council & the Alameda County Probation Department, 2010 (Aug) -2011 (June)



Hypertension:

Hypertension Hospitalization Rates by Neighborhood Poverty Level*



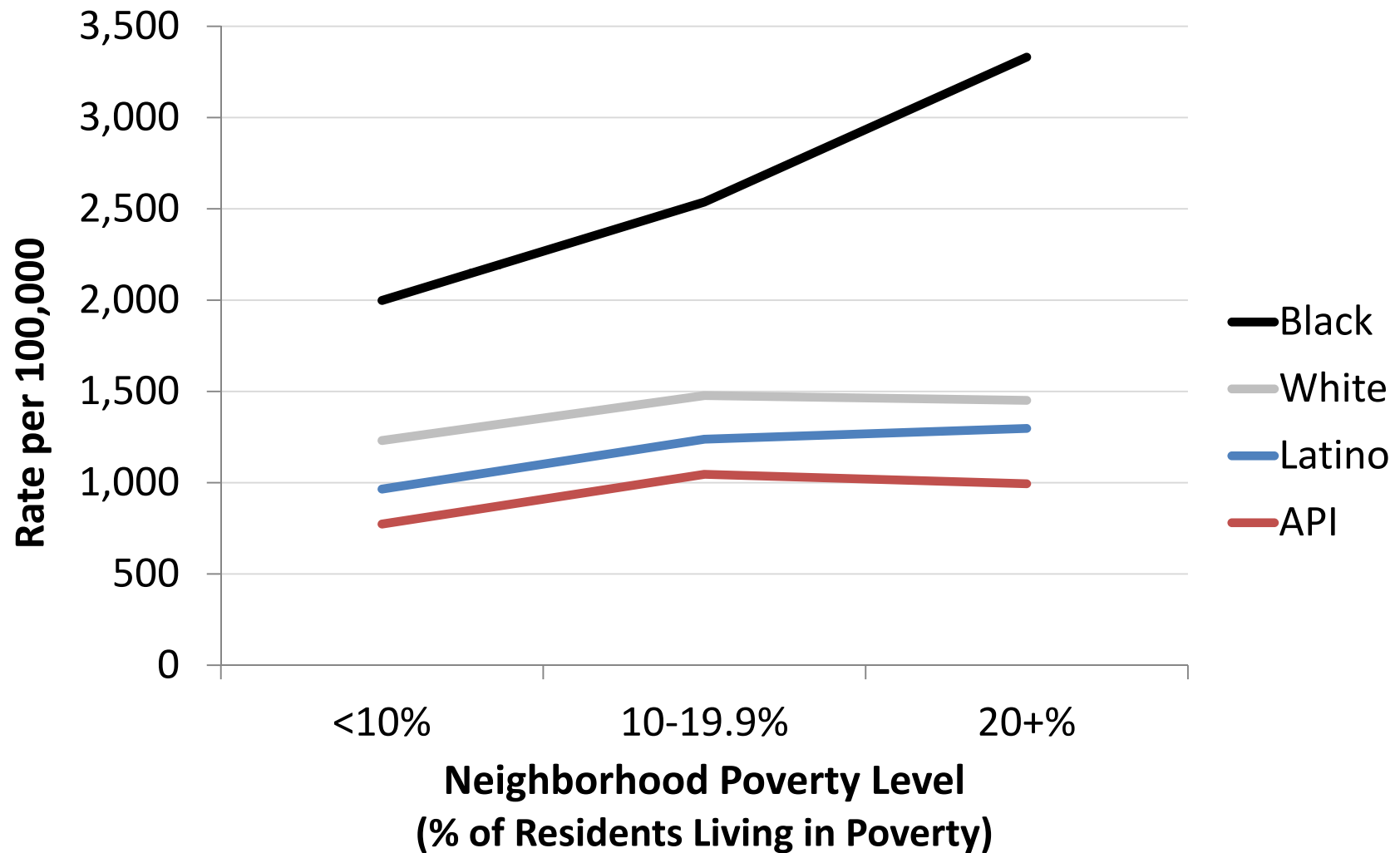
**Includes hospitalizations with hypertension as a primary or top 4 associated diagnosis
Hospitalization rates and neighborhood poverty are at the zip code level*

Source: Alameda County OSHPD files, 2009-2011



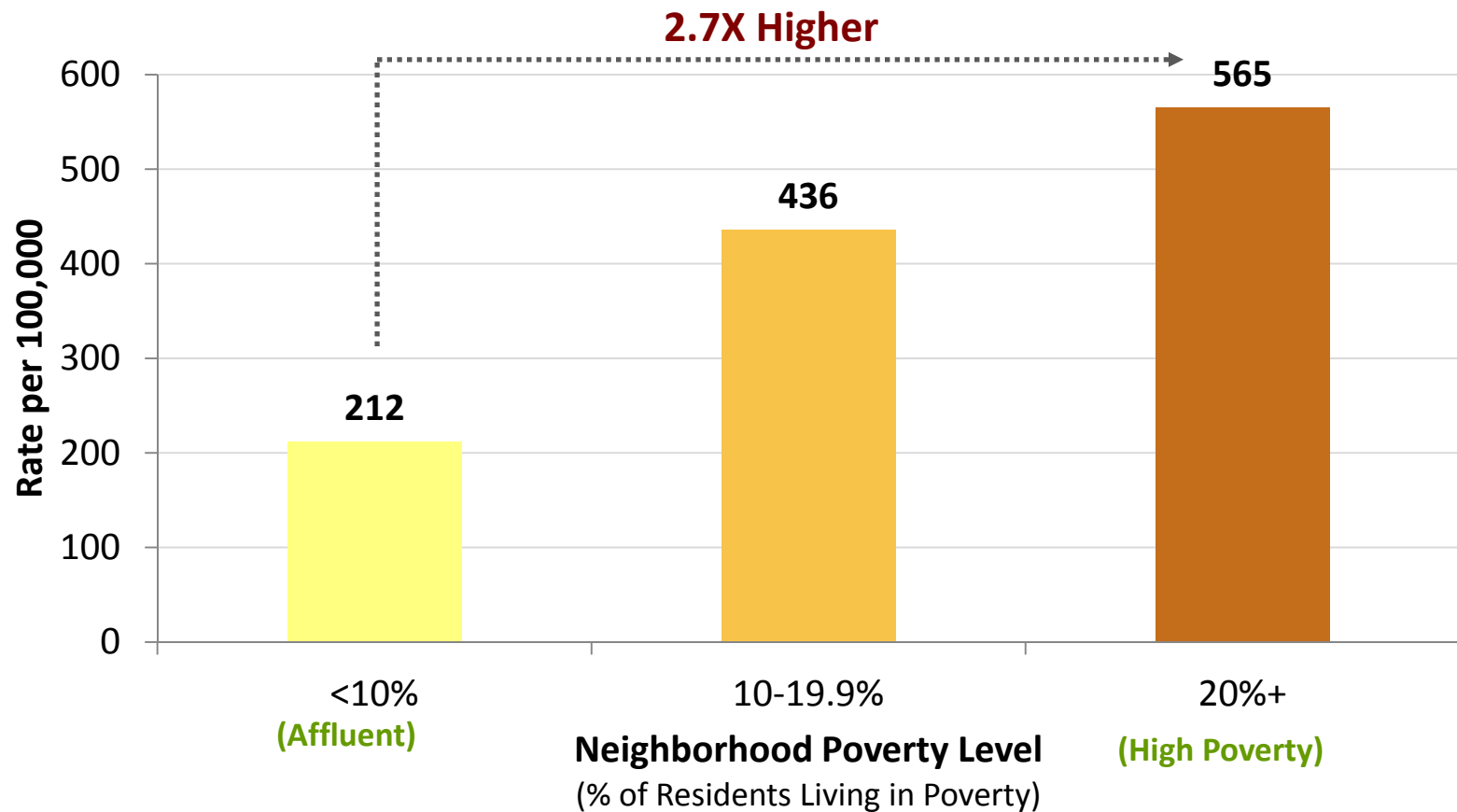
Hypertension:

Hypertension Hospitalization Rates by Race/Ethnicity



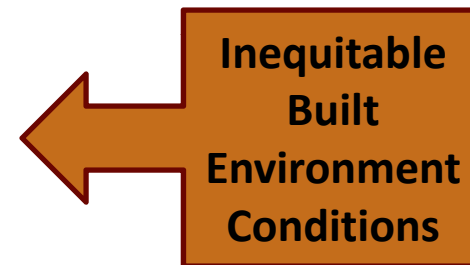
Mental Health:

Rate of Visits to the Emergency Department for Severe Mental Illness*



** Includes ED visits with severe mental disorders as primary or top 4 associated diagnosis
ED rates and neighborhood poverty are at the zip code level*

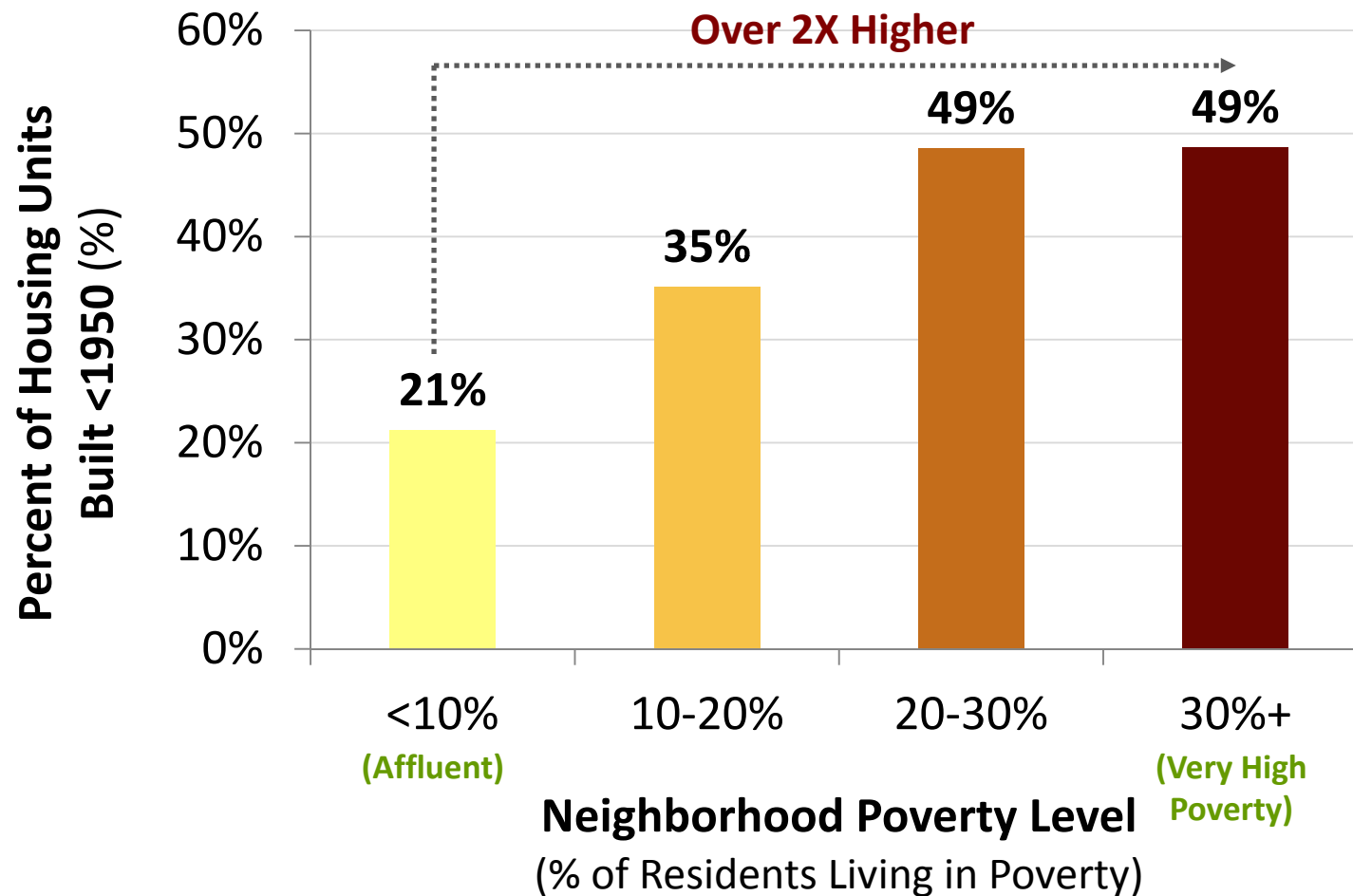




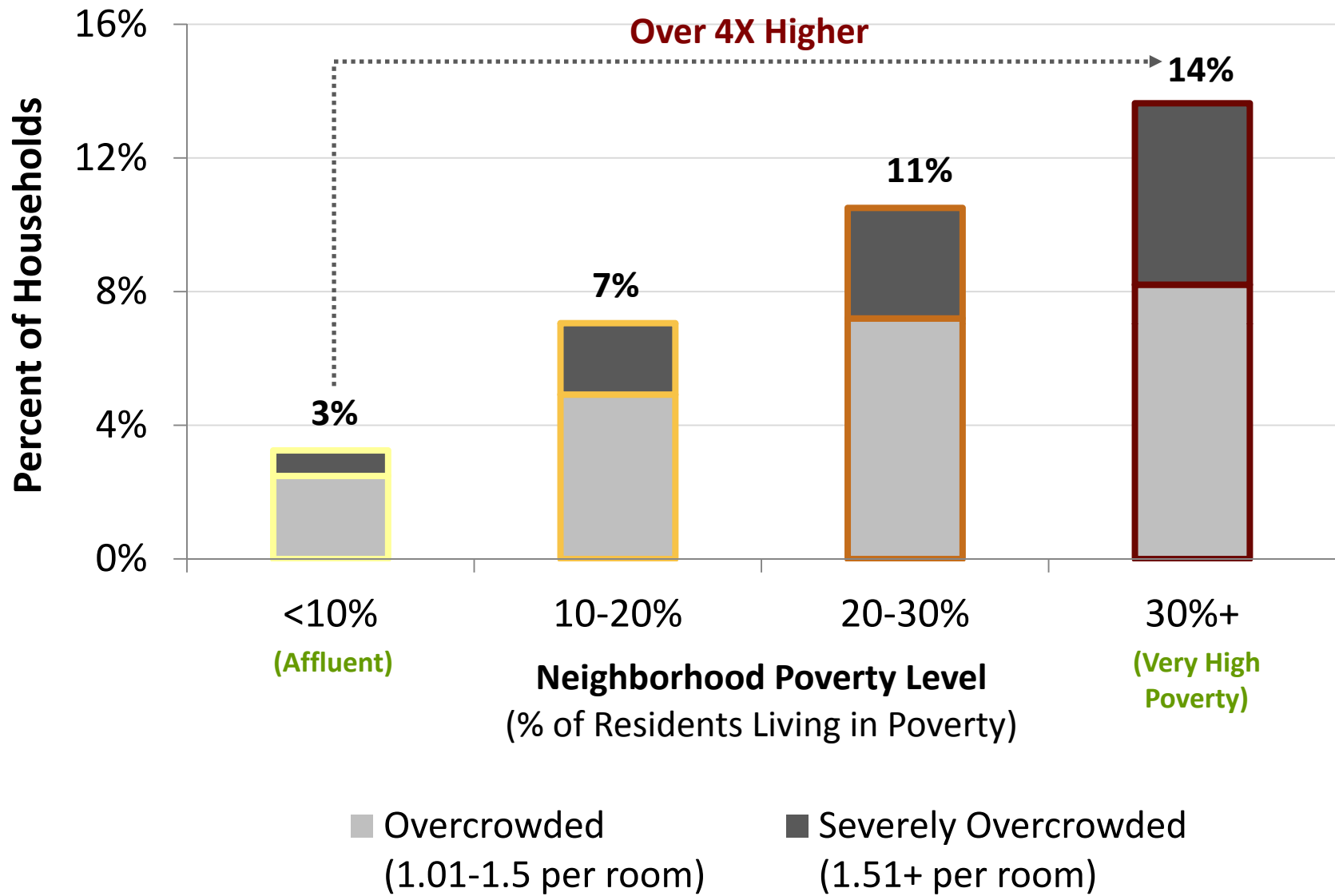
- Housing Quality and Affordability
- Transit Dependence
- Street Safety
- Supermarkets and Healthy Foods
- Clean Air and Water



Access to Quality Housing: Age of Housing by Neighborhood Poverty Level

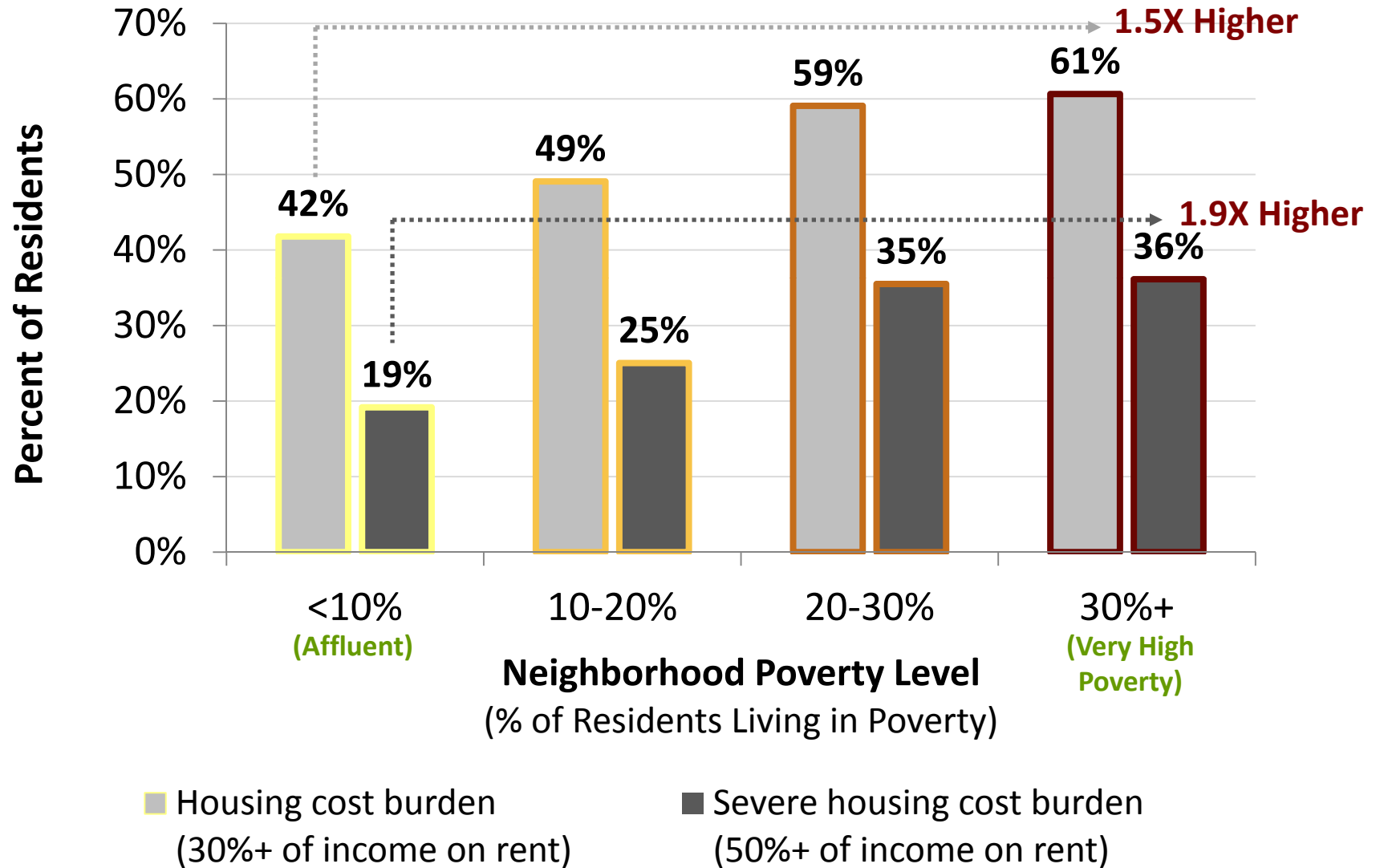


Household Overcrowding by Neighborhood Poverty Level

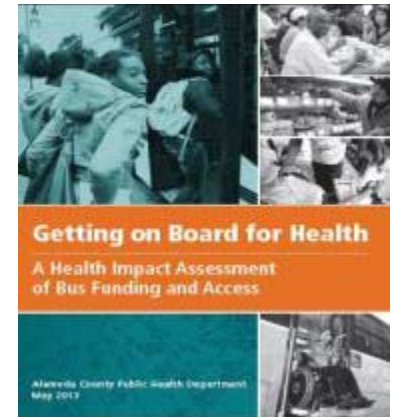
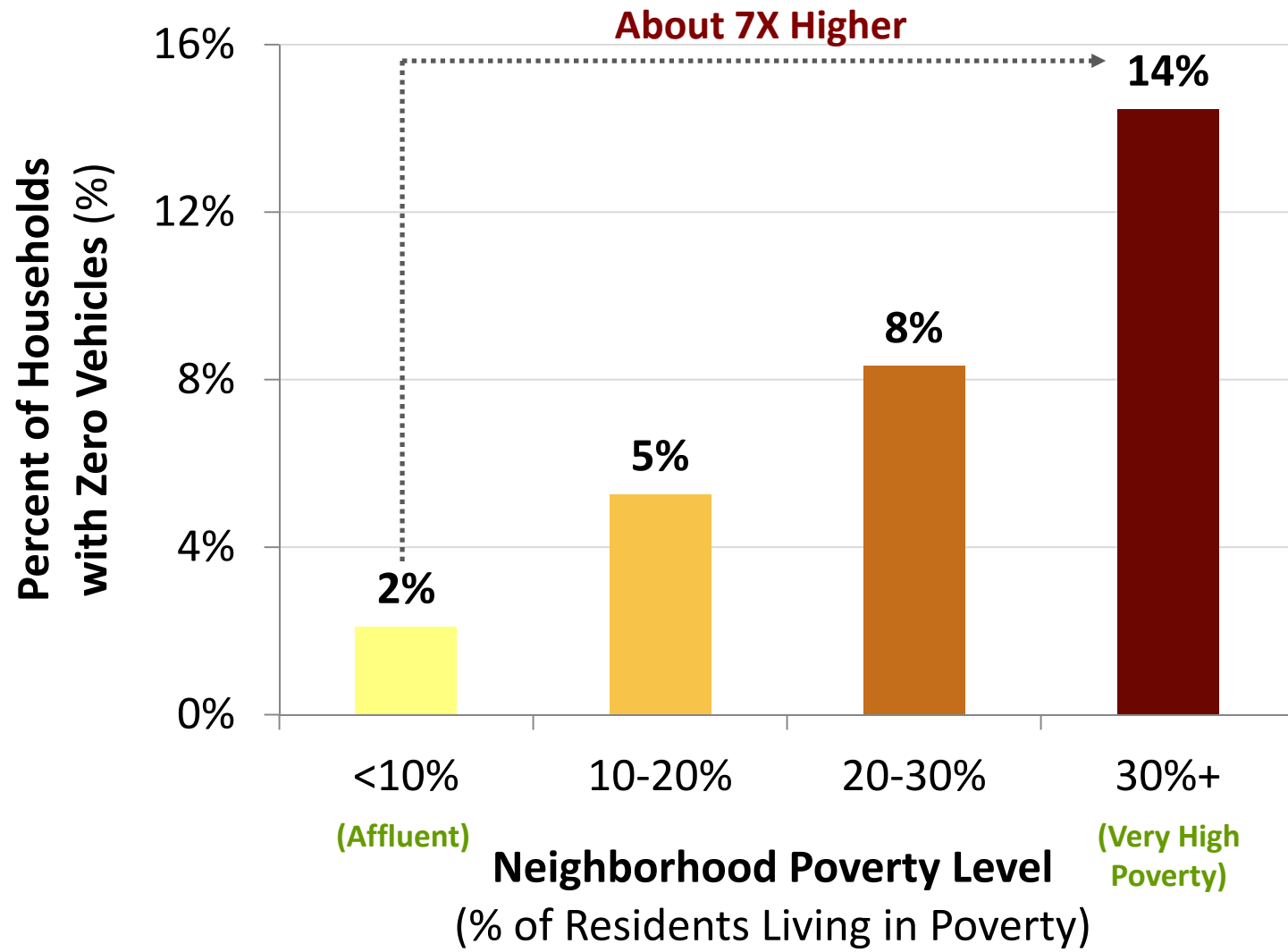


Access to Affordable Housing:

Rental Housing Cost Burden by Neighborhood Poverty Level

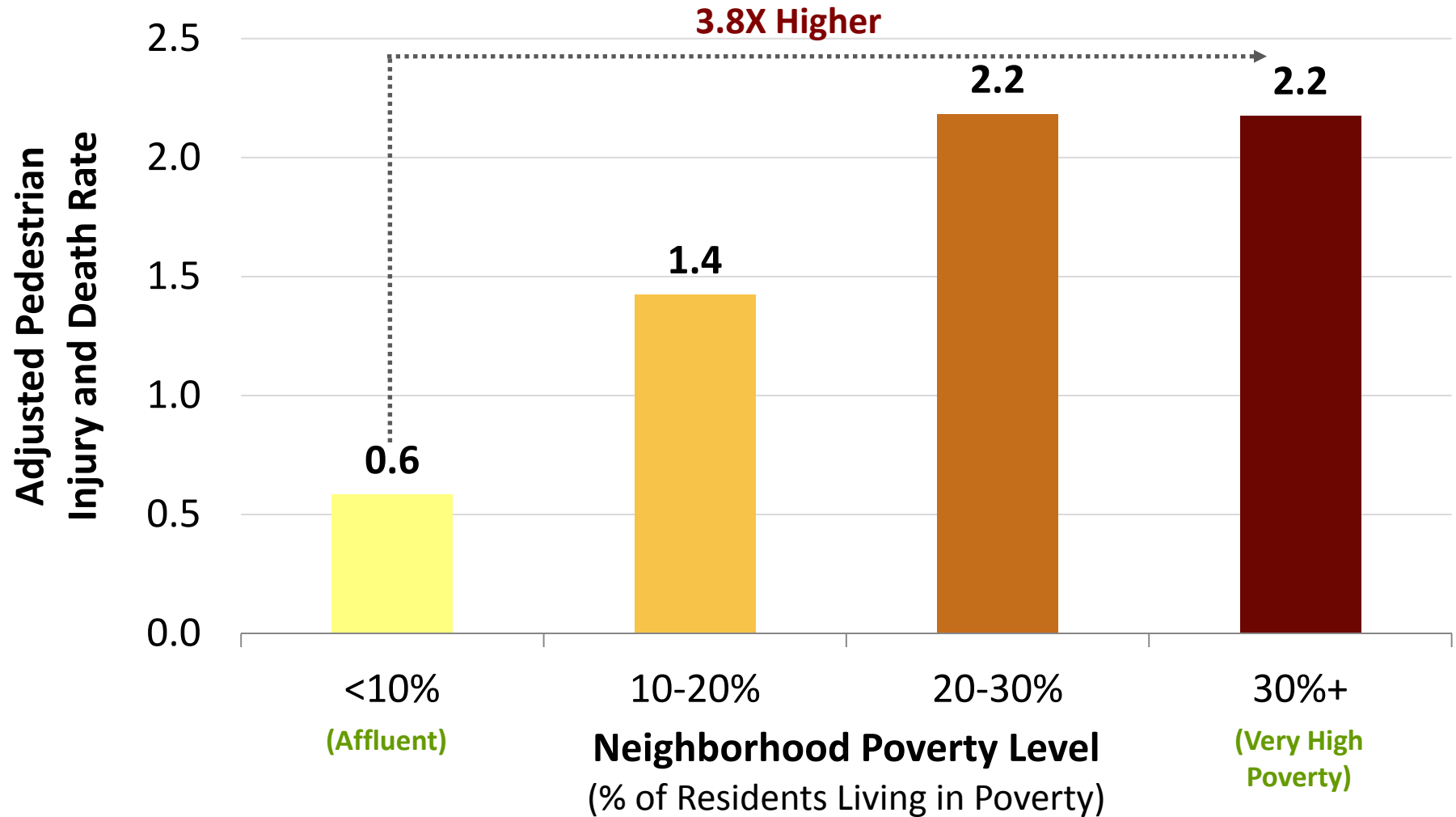


Access to Transportation: Zero Vehicle Households by Neighborhood Poverty Level



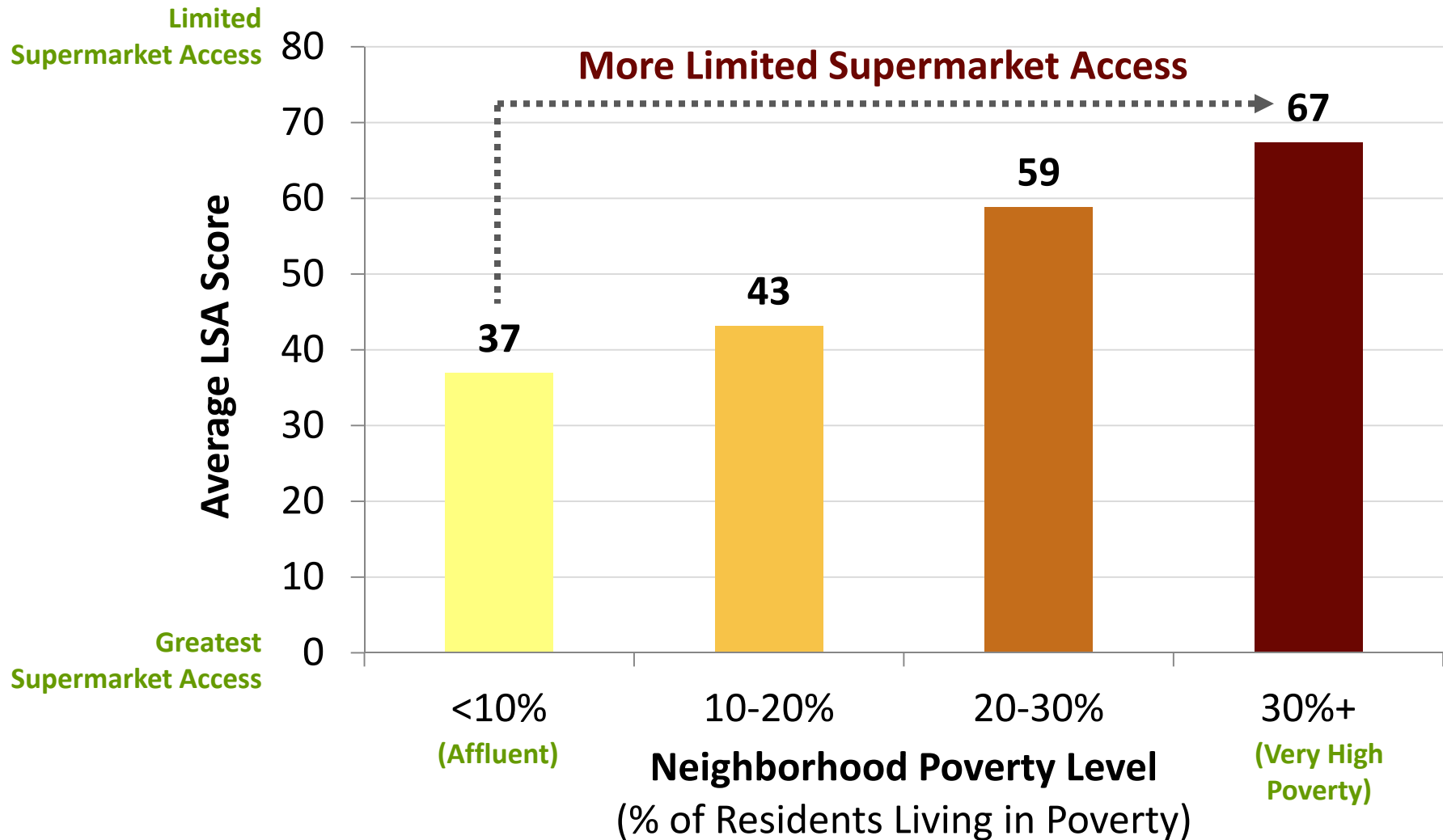
Access to Safe Streets

Adjusted Rate of Pedestrian Injuries & Deaths by Neighborhood Poverty Level



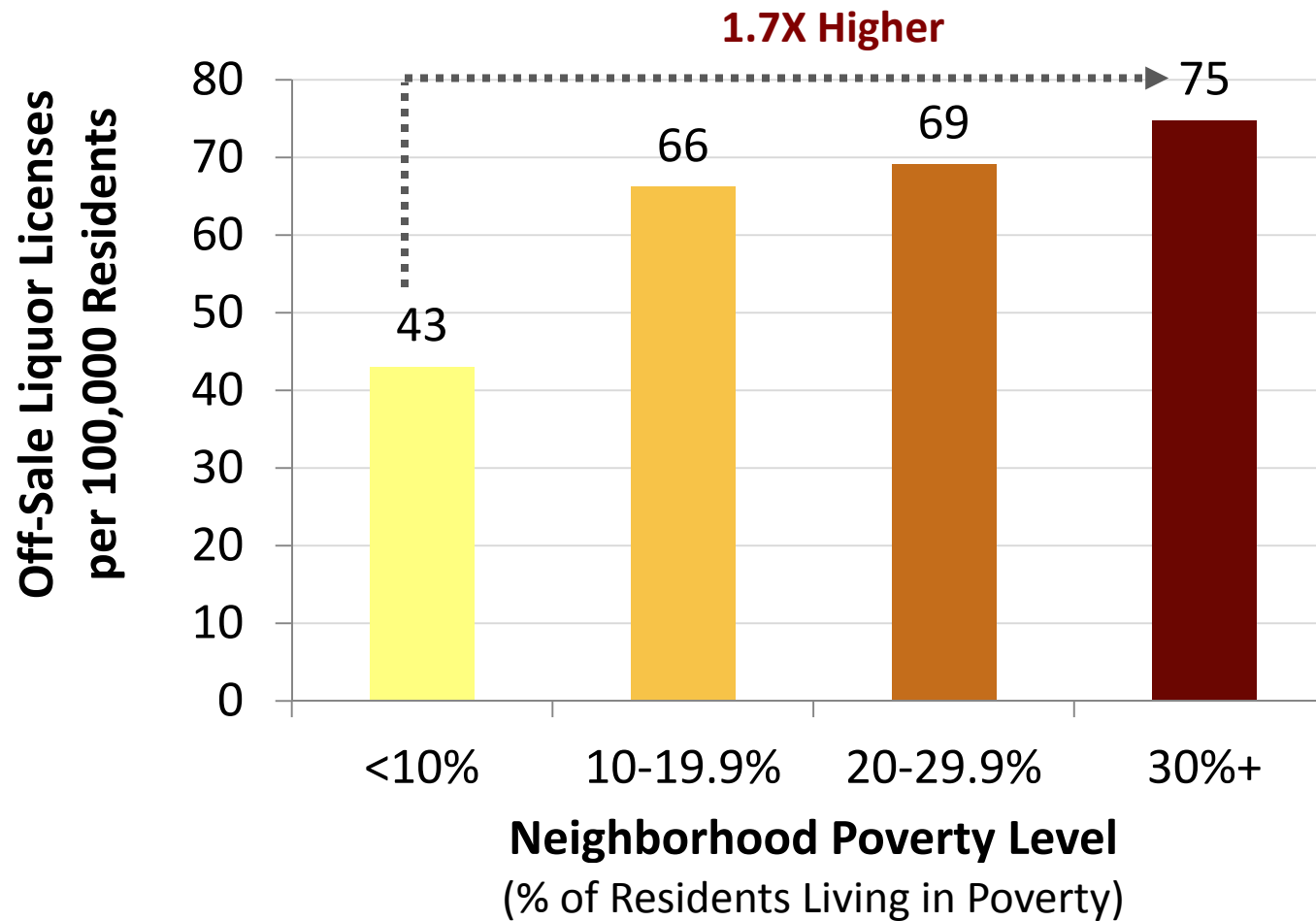
Access to Supermarkets:

Limited Supermarket Access (LSA) score by Neighborhood Poverty Level



Exposure to Liquor Stores:

Off-Sale Liquor Outlet Density by Neighborhood Poverty Level



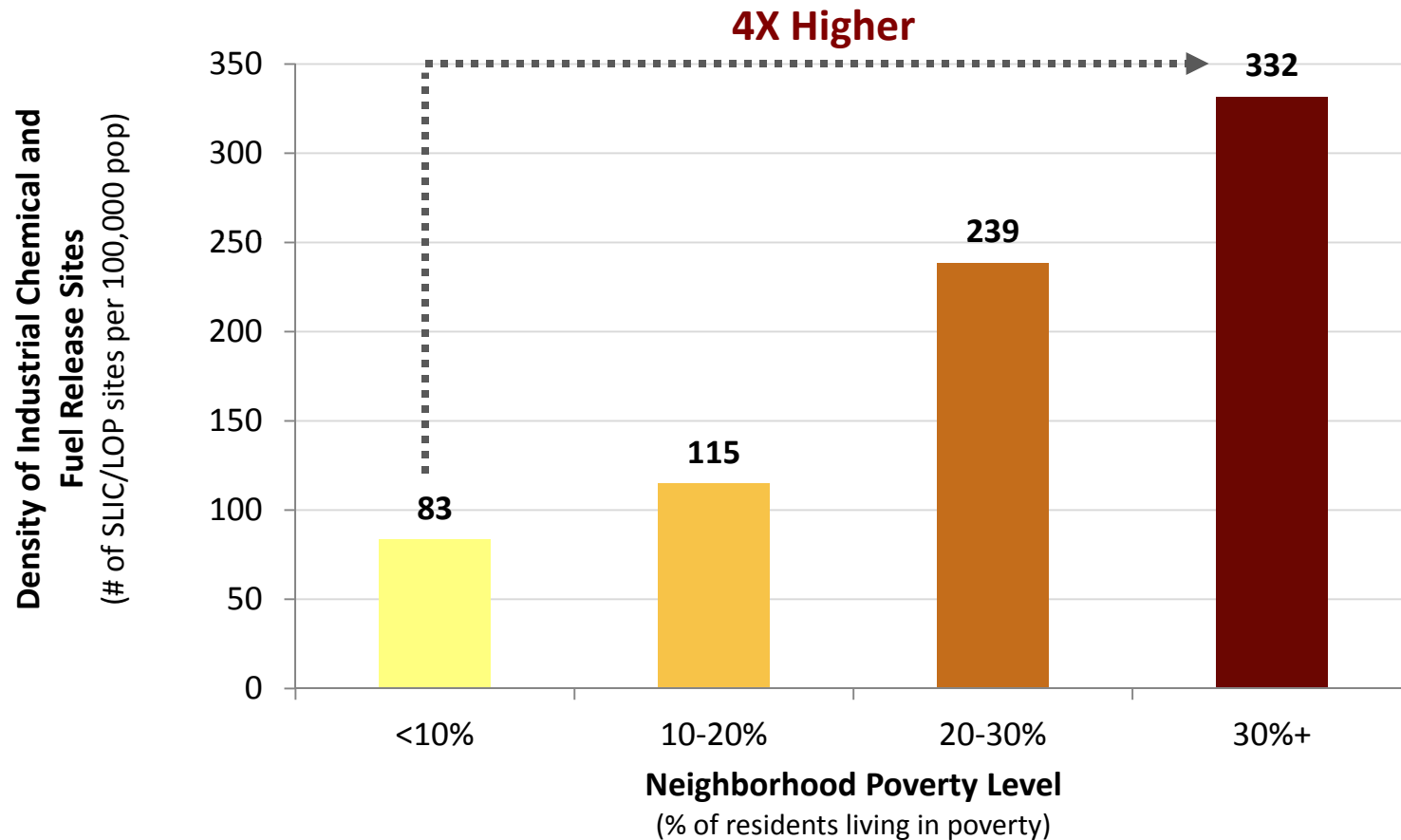
Exposure to Clean Air:

Location of Pollution Sources, including Highways and Port of Oakland



Exposure to Toxic Chemicals and Fuels:

Density of Industrial Chemical (SLIC) and Fuel (LOP) Release Sites

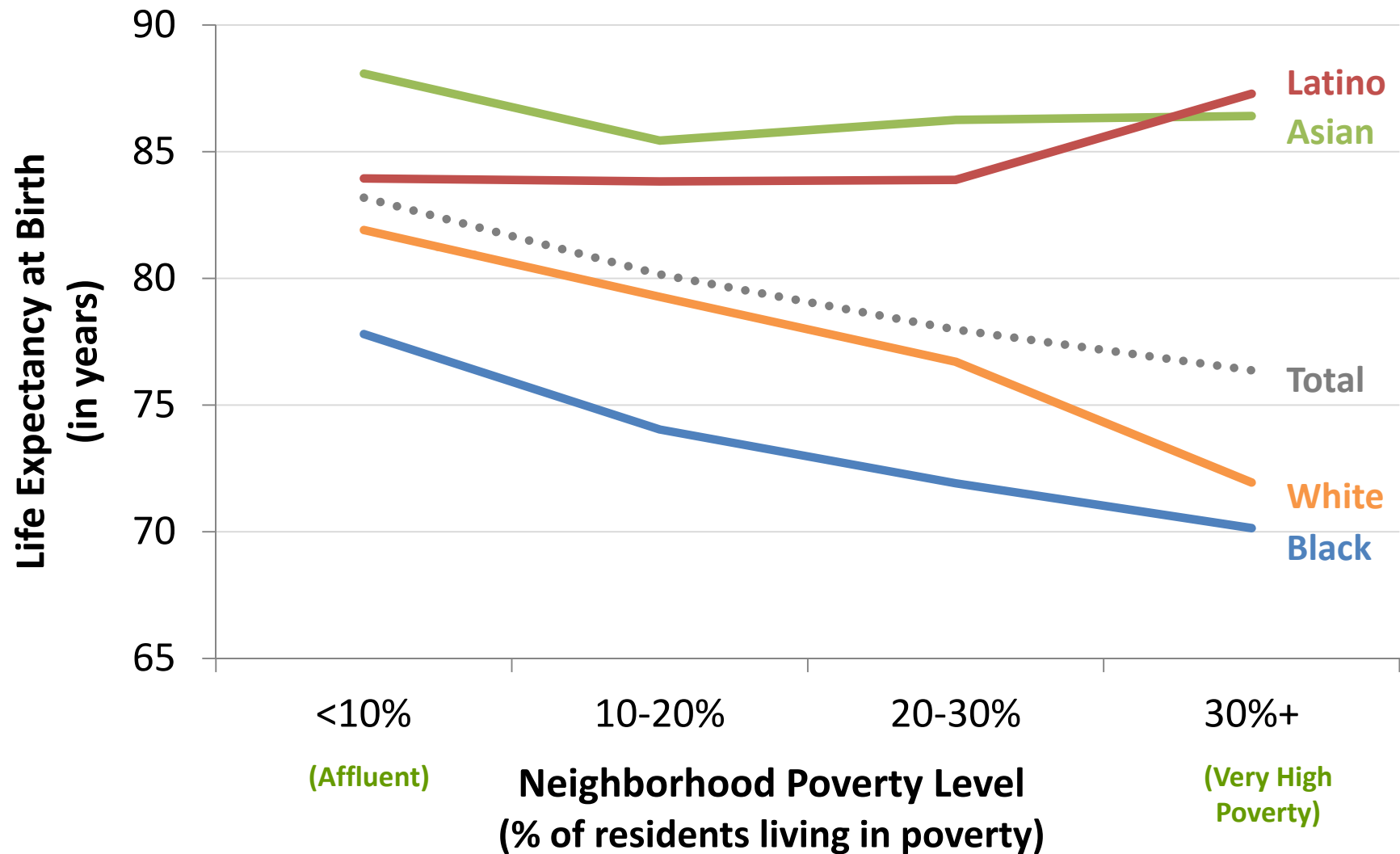


Source: CAPE with data from Alameda County Environmental Health, 2005-2013 (July)



Place, Racism, and Neighborhood Poverty: How do they Interact?

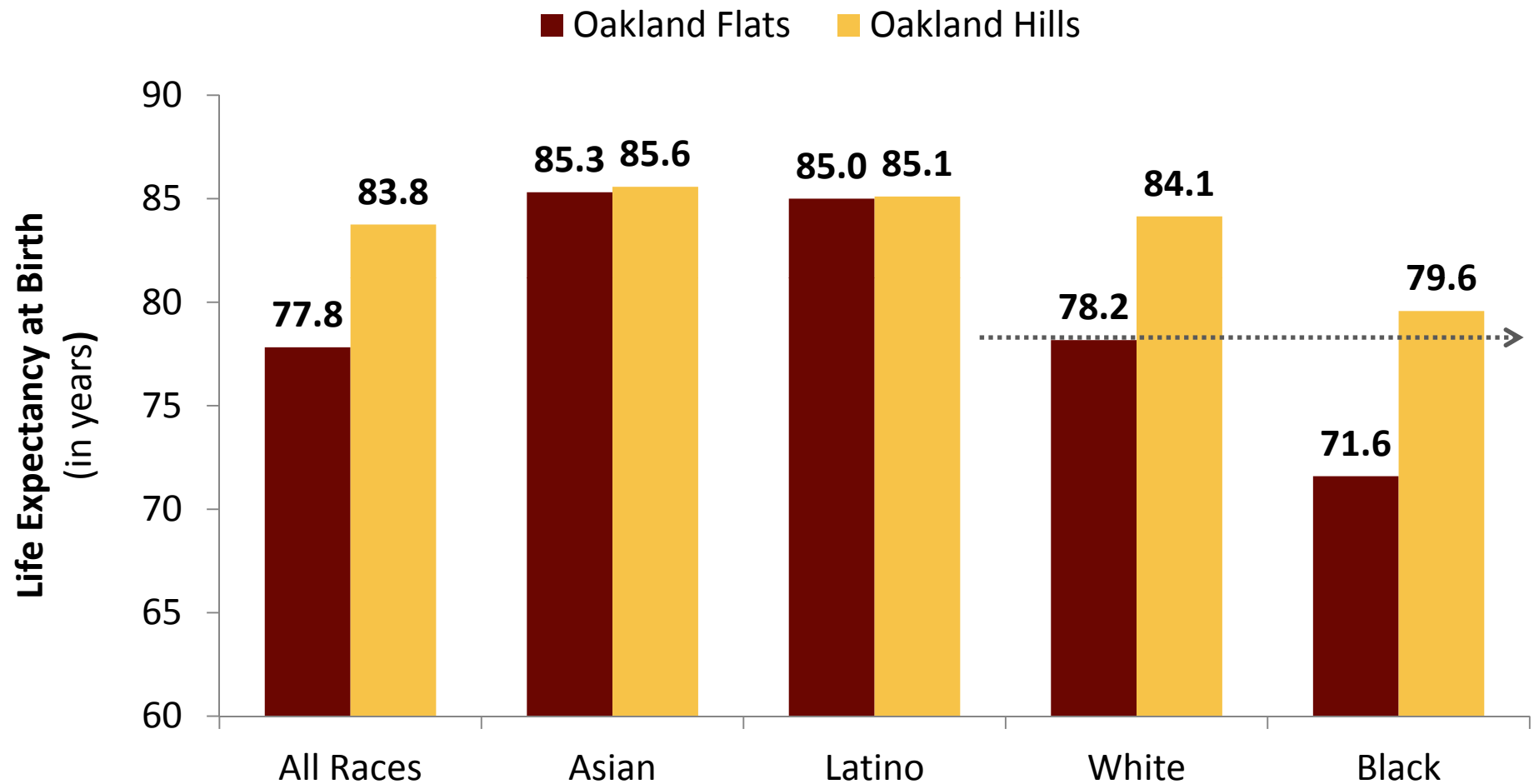
Race and Social Gradients in Health



Source: Alameda County Vital Statistics files, 2006-2010



Life Expectancy at Birth in Oakland Flats vs. Hills



Source: Alameda County Vital Statistics files, 2008-2010



WEST OAKLAND
LIFE EXPECTANCY

71

OAKLAND HILLS
LIFE EXPECTANCY

85

Source: Alameda County Vital Statistics files, 2010-2012

Photo Source: The California Endowment, *Health Happens Here*



Compared to a White child in the affluent Oakland Hills, an African American child born in West Oakland is...

2 times more likely to be born low birth weight

13 times more likely to live in poverty

5 times more likely to be unemployed

12 times less likely to have a mother who graduated from college

4 times less likely to read at grade level

3 times more likely to die of stroke

INFANT

CHILD

ADULT

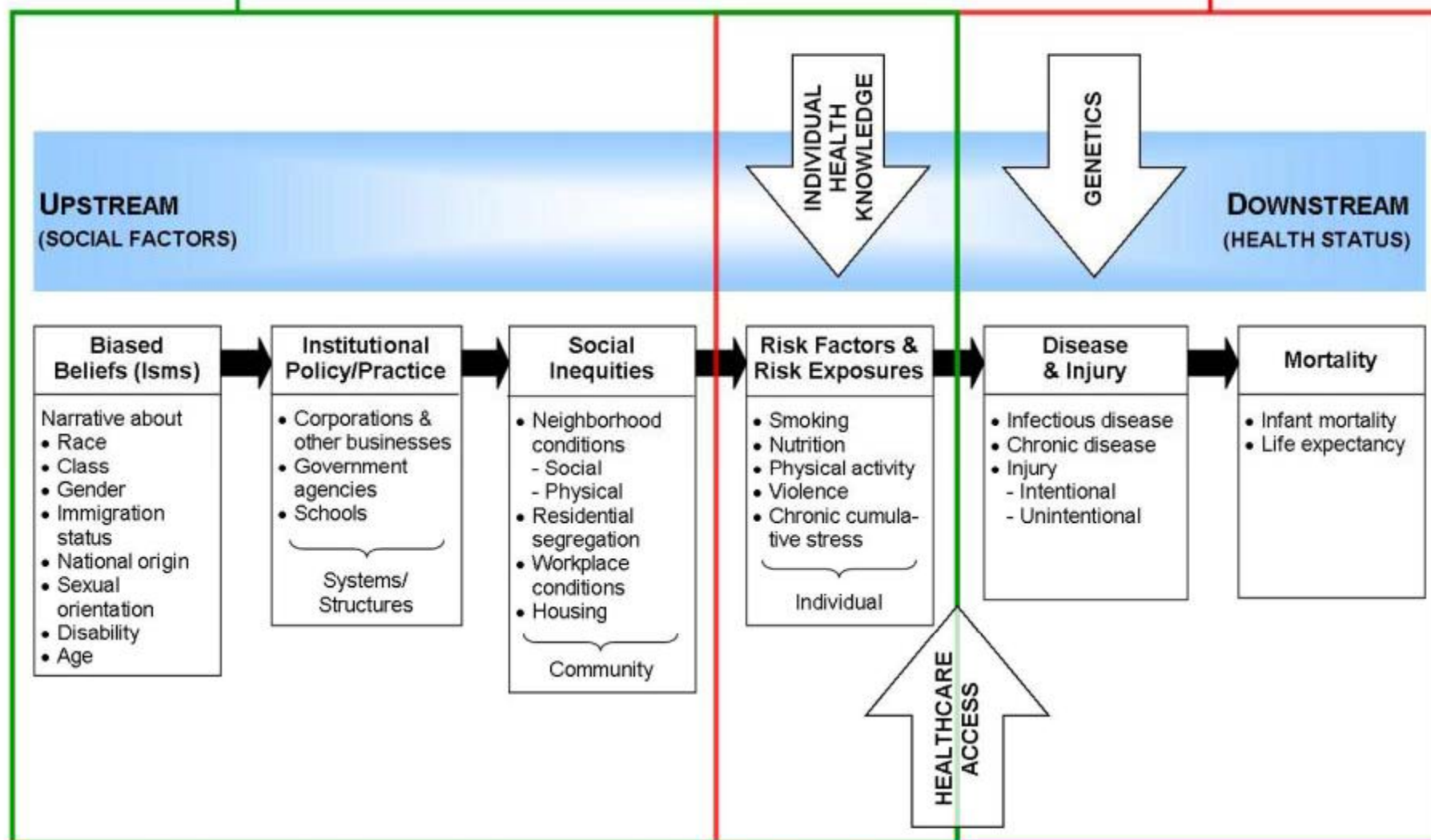
Cumulative impact:
14 year difference in life expectancy



Socio-Ecological Model

A Framework for Health Equity

Medical Model



Increasing Opportunities for Good Health



Communities of Opportunity

- Parks
- Safe/Walkable Streets
- Grocery Stores and Healthy Foods
- Good Schools
- Clean Air
- Quality Housing
- Public Transportation
- Good Jobs
- Strong Local Businesses
- Financial Institutions

Good Health Status

Poor Health Status

Disinvested Communities

- Limited/Unsafe Parks
- Crime
- Fast Food Restaurants
- Liquor Stores
- Poor Performing Schools
- Pollution and Toxic Exposures
- Transportation Barriers
- Absence of High Quality Financial Institutions
- Predatory Lenders



WHAT CAN WE DO
TO MAKE CHANGE
AND BUILD A HEALTHIER
SOCIETY FOR ALL?

HERE ARE A FEW EXAMPLES OF
HOW ACPHD IS PARTNERING IN
NON-TRADITIONAL WAYS TO
ADDRESS UNEQUAL CONDITIONS
THAT MATTER FOR HEALTH

INCREASING ECONOMIC STABILITY & OPPORTUNITY



Increasing Housing Stability & Affordability



3268 San Pablo Avenue
Oakland, CA 94608
(510) 763-5877

Preventing Violence



16335 East 14th Street
San Leandro, CA 94578
(510) 481-4500

Reducing Incarceration & Recidivism



INNOVATIONS
IN REENTRY



1221 Preservation Park Way
Oakland, CA 94612
(510) 891-0427

Acknowledgements:

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ALAMEDA COUNTY
PUBLIC HEALTH
DEPARTMENT