

City of Berkeley

Health Status

SUMMARY

Report

2018

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INTRODUCTION

The City of Berkeley is a prosperous, innovative, and thriving community. Our city has considerable wealth, high levels of educational attainment, and a rich culture that all contribute to a healthy community. Despite overall good health, Berkeley is not a city where all people are living long and healthy lives and are achieving the highest possible level of health. In Berkeley, African Americans and other people of color die prematurely and are more likely than White people to experience a wide variety of adverse health conditions throughout their lives.

Achieving optimal health for all requires that everyone has access to resources and environments that support health and wellness. Higher incidence of disease is linked to neighborhoods that have been historically under-resourced and overexposed to unhealthy conditions. These neighborhoods have more people living in poverty and more people of color than surrounding neighborhoods. A truly healthy Berkeley depends on achieving and maintaining optimal health and wellness for all people regardless of an individual's or group's position in society. Health inequities among racial and ethnic groups are striking and extend across a number of indicators. These health inequities are neither new nor unique to Berkeley—nevertheless, they are unjust and unacceptable. The conditions in which we are born, grow, live, work and age, broadly known as the social determinants of health, greatly influence how well and how long we live. To aggressively address the health disparities we see in this report requires that we also address the underlying social, economic, and environmental inequities that perpetuate them.

Berkeley is well positioned to realize greater health equity. Our community is known for its political and social activism. Our residents are passionate about creating healthier communities. Our leaders have a long standing commitment to achieving health equity and have been at the forefront of innovative health programs and policies. We are one of three cities in the state of California that has its own Public Health Jurisdiction. This distinction enables public health services to be focused on and dedicated to a discreet population. While the challenges we face should not be underestimated, through strategic collaboration, a unified vision, and broad community engagement we can achieve our mission of optimal health and wellness for all.

The Health Status Report is written by the Public Health Division of the Department of Health, Housing and Community Services and is released periodically to provide a picture of the health status of people who live in Berkeley. The report has three key objectives:

- Monitor health concerns impacting the City with a focus on health disparities and social determinants of health;
- Show trends and changes in health over time;
- Guide our Public Health work and support community partners in shaping and responding to policy and other factors influencing Berkeley's health and quality of life.

This report will help the Public Health Division define goals and objectives for improving Berkeley's health. It is also designed to spark community conversations, spur collaboration and inform decision making throughout Berkeley.

DEPARTMENT OF HEALTH, HOUSING, & COMMUNITY SERVICES MISSION AND VISION

Vision: *A vibrant and healthy Berkeley for all*

Mission: The Department of Health, Housing, & Community Services' mission is to enhance community life and support health and wellness for all. We are committed to social and environmental justice and to promoting equity in health, housing, and economic opportunity. We collaborate with community partners to build a vibrant and healthy Berkeley.

PUBLIC HEALTH VISION AND MISSION

Vision: *Healthy people in healthy communities.*

Mission: To achieve and maintain optimal health and well-being for all people in Berkeley. We do this by working in partnership with our diverse communities to: promote healthy behaviors and environments, prevent illness and injury, protect against disease and other emerging health threats, eliminate health inequities, and advocate for social and environmental justice.

SOCIAL DETERMINANTS OF HEALTH

Addressing the social determinants of health continues to be a key objective of the Public Health Division. Research has shown that health is dependent largely on conditions that are not related to medical care. In fact, about 80% of our health is influenced by the environments around us which include social, economic factors, and every day behaviors. Conditions such as poverty, homelessness, shifting federal and local policies, changing City demographics, gentrification, and the subsequent rise in the cost of housing all have profound impacts on community health. In many of these areas, the Public Health Division works collaboratively with other departments, and with divisions in the City of Berkeley's Department of Health, Housing and Community Services. For example, Public Health staff are working on a multi-departmental group formulating the regulatory environment for newly legal adult use marijuana, which has serious public health impacts.

An important, continuing trend seen in the 2018 Health Status Report is the steady and significant shift in the City's demographics. Compared to the 2010 Census, the African American population has decreased from approximately 10% to 7% of the population, while other racial/ethnic groups have remained relatively stable. The phenomenon is not unique to Berkeley, but is a regional trend that is evidence of displacement caused by gentrification. Displacement disrupts access to education, employment, health care, and healthy neighborhood resources. Residents forced to move may face longer commutes to work or school, leading to increased stress, loss of income, job loss or greater school dropout rates. Displaced residents may have trouble obtaining medical records, prescriptions, and affordable health care services. Displacement can also mean relocation to neighborhoods with fewer health-promoting resources, such as high quality jobs, healthy food options, accessible public transit, and safe and walkable streets.

Socioeconomic status is one of the most powerful predictors of disease, injury, and mortality. In Berkeley, African Americans have lower income than any other ethnic/racial group. For every dollar a white family earns, an African American family earns 28 cents. This income inequality paired with unemployment or under employment can increase stress levels, make it difficult to find safe and affordable housing, and lower educational prospects. Research demonstrates that poverty is the single greatest threat to children's well-being. Children living in poverty are at significantly higher risk for poor health and development. In Berkeley, 10% of all children under the age of 18 live in poverty. Notably, 29% of African American children live in poverty, which is seven times the poverty rate for white children, and two to three times the rate of any other racial group.

Additionally, homelessness impacts the health of the entire community. Berkeley has the second highest number of homeless people among all Alameda County cities, second only to Oakland. Berkeley's homeless population accounts for 17% of the homeless people in Alameda County. Given that Berkeley makes up only 7% of the population of Alameda County, it is home to a disproportionate number of people experiencing homelessness. Poor health conditions among people who are homeless are frequently co-occurring with a mix of psychiatric, substance use, and social challenges. Exposure to high stress, unhealthy or dangerous environments, and food insecurity worsens overall health and often results in visits to emergency rooms and hospitalization. Nationally, individuals experiencing homelessness are three to four times more likely to die prematurely than their housed counterparts, and experience an average life expectancy as low as 41 years. Far too often, those experiencing homelessness are people of color. African Americans make up less than 8% of Berkeley's general population, but are 50% of the homeless population.





Nancy Rubin, BerkeleySide



BerkeleySide



Nancy Rubin, BerkeleySide

KEY THEMES IN 2018 HEALTH STATUS REPORT

Three key themes can be found in the Health Status Report and will continue to guide the work of the Public Health Division:

- Inequities in Health.*** Since 1999, the Berkeley Public Health Division has been at the forefront of breaking down data to uncover hidden inequities in health. It is only through examining data by characteristics such as race, ethnicity, gender, age, income, neighborhood, immigration status and other qualities that we can see a true and full picture of health. The Berkeley Public Health Division is committed to monitoring health indicators by relevant, available demographic characteristics and investigating the status of health equity in our community. We will be thoughtful, intentional, and strategic in the development of programing to address these inequalities.
- Importance of Prevention.*** Prevention is a continuum and extends from deterring diseases and behaviors that foster disease to slowing the onset and severity of illness when it does arise. A focus on prevention includes focusing on upstream factors those that are largely outside of an individual's control and promoting conditions that support good health.
- Emerging Health Threats.*** The health landscape in Berkeley is not static but evolves, and new threats can emerge on both a global and local scale. Infectious disease such as tuberculosis, sexually transmitted infections, and diseases once considered under control such as pertussis, continue to be a significant source of illness in Berkeley. These threats require constant monitoring and a responsive public health system. New health threats can emerge from a variety of directions: from the rise in antibiotic resistant bacteria, to new risks from climate change and global connectedness, to the health impacts caused by changing federal and local policies. Additionally, public health systems across the country are responding in various ways to the complex and inter-related social, economic and environmental inequities that are connected to poor health.



Berkeley Unified School District

HEALTH INEQUITIES IN BERKELEY

Chapter 1: Sociodemographic Characteristics & Social Determinants of Health	Chapter 2: Pregnancy & Birth	Chapter 3: Child & Adolescent Health	Chapter 4: Adult Health	Chapter 5: Life Expectancy & Mortality
Families headed by a White householder earn 3.4 times more than African American families, 1.9 times more than Latino families, and 1.4 times more than Asian families.	The risk of an African American mother having a LBW baby is 2.5 times higher than the risk for White mothers.	African American children (under 18) are 7 times more likely, Latino children are 5 times more likely, and Asian children are 2 times more likely than White children to live in poverty.	African Americans are 3 times more likely than Whites to be hospitalized due to coronary heart disease.	African Americans are 2.3 times more likely to die in a given year from any condition compared to Whites.
The proportion of families living in poverty is 8 times higher among African American families, 5 times higher among Latino families and 3 times higher among Asian families, compared to White families.	The risk of an African American mother having a premature baby is 2 times higher than the risk for White mothers.	African American high school students are 1.4 times more likely than White students to drop out of high school.	African Americans are 34 times more likely than Whites to be hospitalized due to hypertension.	African Americans are 2.0 times more likely than Whites to die of cardiovascular disease.
African Americans are 2.8 times less likely, Latinos are 1.6 times less likely and Asian children are 1.1 times less likely than Whites to have a bachelor's degree or higher.	The teen birth rate among African Americans is 9 times higher, and among Latinas is 3 times higher than the rate among White teens.	The asthma hospitalization rates for children under 5 for African American children is 10 times higher, and for Latino children is 2.8 times higher than the rate among White children.	African American women are 1.5 times more likely than Whites to be diagnosed with breast cancer.	African Americans are 1.8 times more likely than Whites to die of cancer.



HOW TO READ THIS REPORT

ORGANIZATION: This report is organized along the life course, from conception through death. Health throughout the stages of life is influenced by an individual's social and physical environment, health and experience in the prior stage. The report begins with a description of Berkeley's population. Subsequent chapters give information about health in Berkeley during the major life stages which include pregnancy and birth, childhood and adolescence, adulthood, and finally the end of life. Each chapter starts with a description of the significance of that life stage, a list of key findings, the importance of the health indicator and its current status in Berkeley.

COMPARISONS: One way to evaluate the health of our City is to compare ourselves to others. Each time Berkeley meets one of the Healthy People 2020 (HP2020) goals, that goal is reported. By doing this, it allows us to compare the data on how Berkeley is doing relative to national health benchmarks. We also compare Berkeley with Alameda County and the State. We report how different groups of Berkeley residents compare with each other: by age, gender, income, race/ethnicity, education, and place of residence. Finally, we show how health indicators in Berkeley have changed over time. Such comparisons allow us to assess how Berkeley is faring relative to national goals, our past, and our neighbors.

PROGRAM HIGHLIGHTS: The City's Public Health Division works with partners to improve health in Berkeley. Each chapter contains program highlights, describing how the City is addressing issues raised by the data in that chapter. More information about these programs is available on the City's website: https://www.cityofberkeley.info/Health_Human_Services/Public_Health/A_to_Z_Public_Health_Services.aspx

FROM THE COMMUNITY: This report contains quotes and summaries from a series of community engagement events. These events were held in 2014 and were organized in order to hear from Berkeley residents and community members about what they see as priority areas for reducing health inequities.

DATA: This report contains quantitative data about the health of the Berkeley community. The data is as objective as possible — there may be biases related to reporting errors, incompleteness or limited by small samples. In our effort to understand what the data tell us about health in Berkeley, we look at correlations; what characteristics go along with better health or worse health? Public health programs and interventions are designed to address the likely “causal pathways” of adverse health outcomes, and are based on available evidence and best practices.

We use the latest year of data available at the time of analysis. For hospitalization and emergency department visit data, changes in the coding system were implemented in the last quarter of 2015 which made the previous years not comparable with current data. The last full year of data under the prior coding system was 2014, thus data on hospitalization and emergency department visits are only presented through 2014.

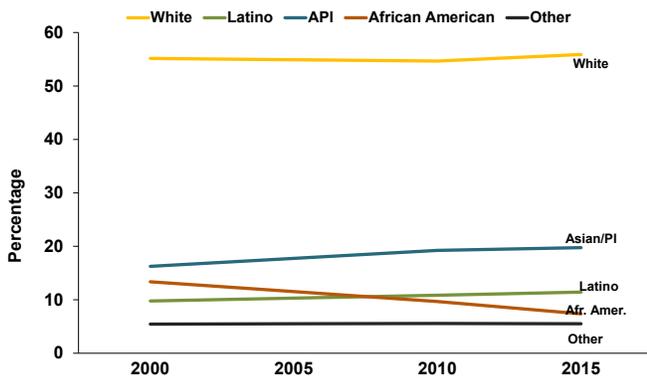
TECHNICAL NOTES: Data Sources and Definition of Key Terms: this information is provided at the end of the report. Those interested in additional technical details are invited to contact the Public Health Division Epidemiology and Vital Statistics Unit at publichealth@cityofberkeley.info.

1 CHAPTER 1: SOCIODEMOGRAPHIC CHARACTERISTICS AND SOCIAL DETERMINANTS OF HEALTH

The social and physical environments in which we live, work and play greatly influence our overall health. Experts agree that health is in part determined by access to social and economic opportunities; the cleanliness of our water, food and air; availability of preventative health care and wellness programs; the nature of our social interactions and relationships; and the resources and supports available in our schools, homes and neighborhoods. These conditions are broadly known as the social determinants of health, which this chapter explores in detail.

According to the 2011–2015 American Community Survey, the city’s residents are 56% White, 20% Asian, 10% Latino and 7% African American. Compared to the 2010 census, the African American population has decreased from approximately 10% to 7%, while other racial/ethnic groups have remained relatively stable.

Figure 1.1 POPULATION DISTRIBUTION BY RACE/ETHNICITY Berkeley, 2000–2015

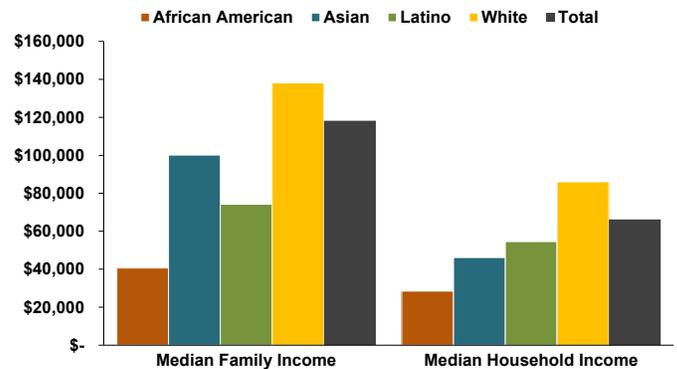


Source: City of Berkeley Public Health Division, Office of Epidemiology and Vital Statistics, U.S. Census Bureau, 2000–2015

In Berkeley the median family income is \$118,190. The median household income is \$66,237, which is influenced by the large population of low-income university students living in Berkeley. Families with a White head of household are more likely to be higher income while those headed by

non-White households are more likely to be low income. All families and households have experienced an increase in median income during the last decade, except for African Americans who experienced a slight decrease.

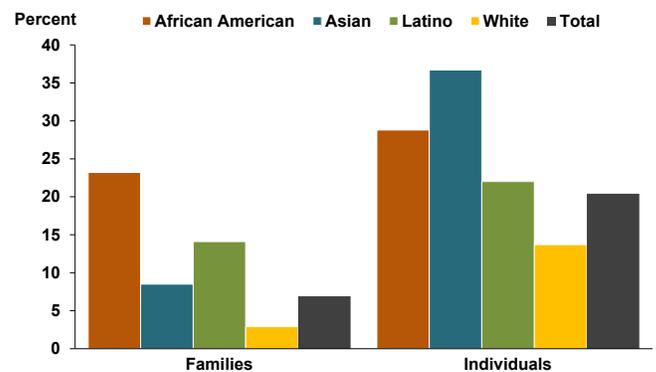
Figure 1.2 MEDIAN FAMILY AND HOUSEHOLD INCOME IN PAST 12 MONTHS (IN 2015 INFLATION-ADJUSTED DOLLARS) BY RACE/ETHNICITY IN BERKELEY 2011–2015



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; U.S. Census, ACS 2011–2015

Approximately 7% of Berkeley families live below the federal poverty level. Poverty rates vary drastically by race/ ethnicity. Compared to White families, the proportion of families living in poverty is 8 times higher among African American families, 5 times higher among Latino families and 3 times higher among Asian families. At the individual level, about 20% of all Berkeley residents live below the federal poverty level, which is strongly influenced by the large university student population in Berkeley.

Figure 1.3 PERCENT OF FAMILIES AND INDIVIDUALS BELOW FEDERAL POVERTY LEVEL IN THE PAST 12 MONTHS BY RACE/ETHNICITY IN BERKELEY 2011–2015



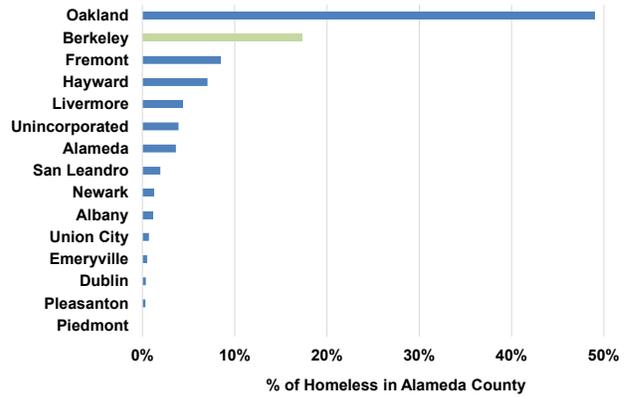
Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; U.S. Census, ACS 2011–2015



Berkeley Unified School District

Berkeley has the second highest number of homeless among all Alameda County cities, second only to Oakland. Berkeley’s homeless population accounts for 17% of the 5,629 homeless people in Alameda County. Given Berkeley makes up only 7% of the population of Alameda County, it is home to a disproportionate number of homeless.

Figure 1.4 ALAMEDA COUNTY HOMELESS POPULATION PERCENT BY CITY, 2017



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Alameda County 2017 Homeless Point-In-Time Count

FROM THE COMMUNITY

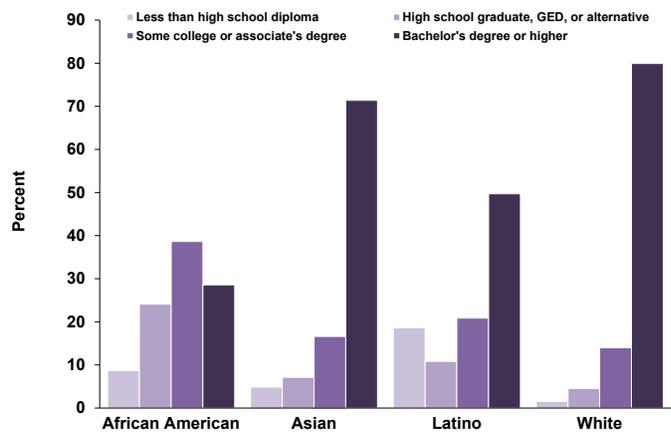
African American respondents noted that African American communities and families are being displaced because of a lack of jobs, housing and community investments. Others noted that health inequities are rooted in poverty, racism, inadequate access to culturally relevant and high quality health services, and a lack of community and economic development in their communities.

Approximately 84% of Berkeley residents ages 25 and over attended at least some college. Over 70% of residents have a bachelor, graduate, or professional degree, compared with 43% in Alameda County and 31% in California. Berkeley’s levels of education attainment are not evenly distributed. Whites and Asians have the highest rates of higher education. Latinos are the least likely to graduate from high school, and African Americans have the lowest rate of college and professional degrees.



Natalie Orenstein, Berkeleyside

Figure 1.5 EDUCATIONAL ATTAINMENT OF POPULATION AGED 25 AND OLDER BY RACE/ETHNICITY Berkeley, 2011–2015



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; U.S. Census, ACS 2011–2015

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CHAPTER 2: PREGNANCY AND BIRTH

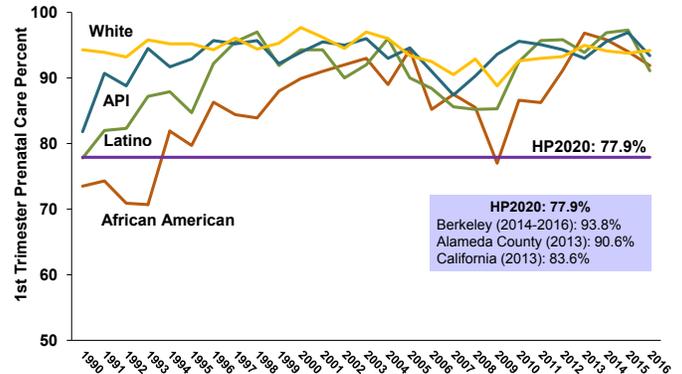
Pregnancy and childbirth mark the beginning of an individual's journey along the life course. The health conditions of pregnancy, birth, and early infancy have a profound impact on health and well-being throughout life. It is important to pay particular attention to this critical life stage when assessing the overall health status of a community.

Berkeley has excellent overall health indicators related to pregnancy and birth, and meets most HP2020 goals in these areas. There have been substantial improvements in health outcomes related to pregnancy and birth, including low birth weight (LBW), prenatal care, and teen birth. Almost 94% of pregnant Berkeley mothers of all racial/ethnic groups receive prenatal care in the first trimester, which is higher than Alameda County and California. Berkeley meets the HP2020 goal and there is no racial disparity in this indicator.

Robin Kempster



Figure 2.1 PERCENT OF PREGNANT MOTHERS RECEIVING PRENATAL CARE IN 1ST TRIMESTER Berkeley, 1990–2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Birth Records 1990–2016

African American babies, for the first time ever recorded, met the HP2020 objective for LBW in 2008–2010 and for prematurity in 2014–2016. However, a disparity still persists as African American babies are 2.5 times more likely to be LBW as compared to Whites, Latino, or Asian babies.

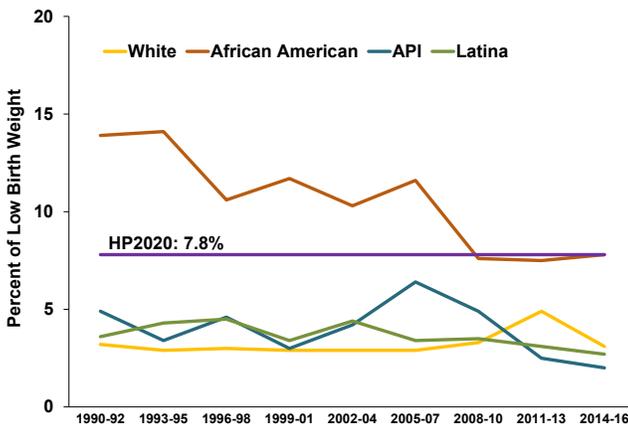
BERKELEY BLACK INFANT HEALTH (BBIH) PROGRAM

Berkeley's BIH program aims to improve birth outcomes and reduce health disparities affecting African American women and their babies. Through culturally affirming group education and complementary case management, the program works to empower African-American mothers and their families. BBIH helps to build social support, develop parenting and life skills, learn stress management tools, promote healthy behaviors and relationships, and support a healthy pregnancy. In addition, BBIH provides resource linkages to assist participants in connecting with the community, social, and health services to meet their needs.

FROM THE COMMUNITY

“I was born and raised in Berkeley. [Berkeley Black Infant Health] has been a big impact in a lot of our lives, helping us navigate our lives.”

Figure 2.2 LOW BIRTH WEIGHT BY RACE/ETHNICITY (EXCLUDES MULTIPLE BIRTHS) Berkeley, 1990–2016 (3-year-intervals)



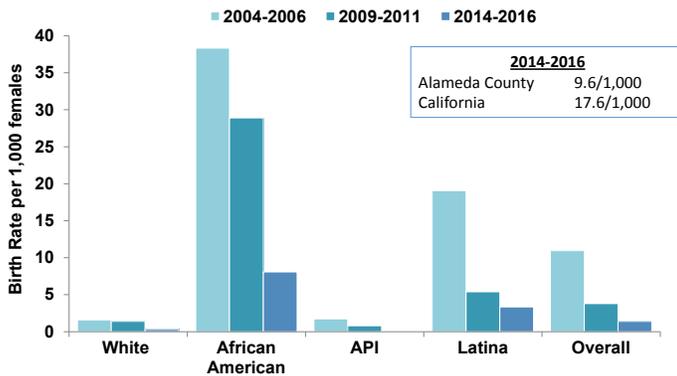
Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics, Birth Records 1990–2016



Robin Kempster

Berkeley’s teen birth rate has been decreasing in all racial/ethnic groups over the past decade and it is at its lowest ever recorded. Berkeley has the lowest teen birth rate of any health jurisdiction in the state. From 2004–2006 to 2014–2016, the overall teen birth rate decreased by 82%. For African Americans, the rate decreased by 76% during the same time period. In spite of this decrease, the birth rate among African American young women is higher than all other racial/ethnic groups.

Figure 2.3 BIRTH RATES IN FEMALES 15 TO 19 YEARS OLD BY RACE/ETHNICITY Berkeley, 2004–2006, 2009–2011, 2014–2016 (3-year intervals)



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics, Birth Records 1990–2016



Annie Burke



Robin Kempster

FROM THE COMMUNITY

“All around, we need to care about the health and safety for the moms in the family and especially single moms. Single moms sometimes are down and out; they need more care. They are caring for a whole community. You take care of her, then you are reaching a lot of people. If she doesn’t feel safe, then a whole family will fall down.”

Nancy Rubin, Berkeleyside



PUBLIC HEALTH NURSING FIELD SERVICES

Public Health Nurses (PHNs) provide quality, confidential, community-based case management services for families and individuals, primarily during home visits. The focus of the program is on Berkeley residents at highest risk for poor health outcomes, often those with special needs or limited access to care. These include pregnant women, new parents and their infants, school-aged mothers, children, elders, disabled, and people who are homeless.

Case management services include nursing assessments of health status and need for medical care and other services; counseling on diverse health related topics and supporting healthy lifestyle choices; advocating for better use of health care systems while linking families to other health and social services; assisting with enrollment in low cost medical and dental plans; and helping families support children’s growth and development.

3

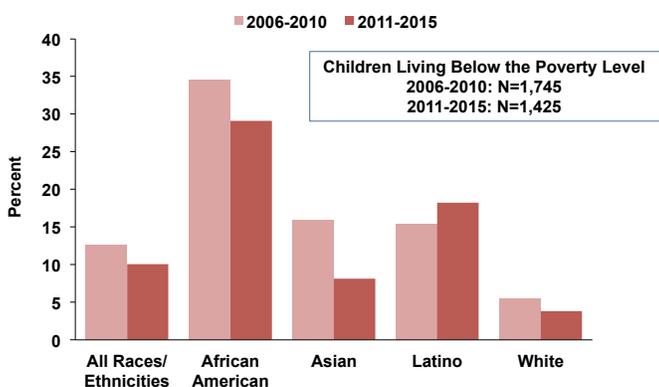
CHAPTER 3: CHILD AND ADOLESCENT HEALTH

Childhood and adolescence are important developmental periods in the life course and health in early life is the basis for continued health over the life span. Educational foundations are established during this time, influencing future learning and employment opportunities. Personal habits of physical activity, diet, and social connections are also formed. This chapter summarizes the state of health of children and adolescents in Berkeley: practices and behaviors, use of alcohol, tobacco and other drugs, overweight and obesity, childhood immunizations, and specific health outcomes including mental health, asthma hospitalizations, injuries, and sexually transmitted diseases.

Half of the children in Berkeley belong to non-White racial and ethnic groups; the largest proportion of these is Latino. In the last decade, the percentage of children living below the poverty level has decreased for the overall Berkeley population and every racial/ethnic group except Latinos. Children in poverty are concentrated in South and West Berkeley.

The Berkeley Unified School District (BUSD) four-year high school dropout rate fell from 15.5% in the 2010–2011 school year to 10.7% for the 2015–2016 school year. Despite a decrease from 18.8% to 13.5% since 2010–2011, African Americans still have the highest drop-out rate in Berkeley.

Figure 3.1 PERCENT OF CHILDREN 17 YEARS AND YOUNGER LIVING BELOW THE POVERTY LEVEL BY RACE/ETHNICITY Berkeley, 2006–2015

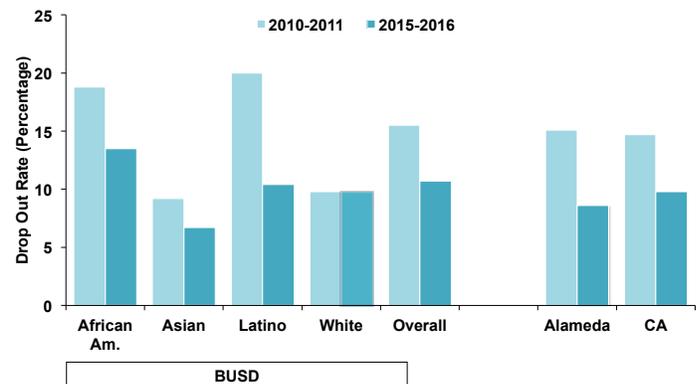


Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; U.S. Census, ACS 2006–2015

FROM THE COMMUNITY

“It’s been an amazing experience to be born and raised here in Berkeley, grow up in Berkeley Unified School District, and to be able to work with the people that I’ve grown up with. We’ve had children together, been pregnant together.”

Figure 3.2 DROPOUT RATES, OVERALL AND BY RACE/ETHNICITY Berkeley Unified School District, Alameda County, and California, 2010–2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; California Department of Education

2020 VISION

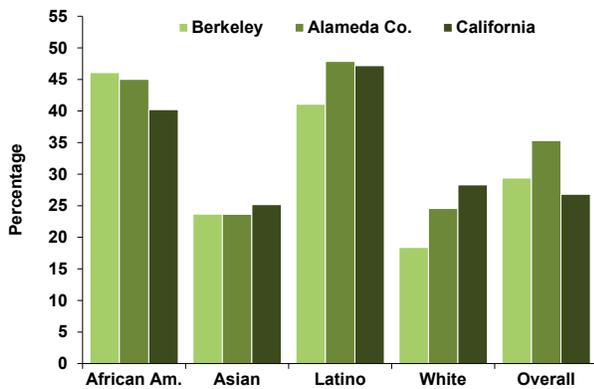
Berkeley’s 2020 Vision is a city-wide collective impact effort to achieve equity in education for all Berkeley children from “cradle to career”. The Berkeley community collaborates on six areas of systemic focus to end racial disparities in education, especially for Berkeley’s African American and Latino children. Berkeley’s 2020 Vision strives to “move the needle” on the following key indicators of educational equity: Kindergarten Readiness, Third Grade Reading Proficiency, Ninth Grade Math Proficiency, Attendance, College and Career Readiness, and Community Engagement. Berkeley’s 2020 Vision also includes the Berkeley Promise, a college scholarship initiative.

FROM THE COMMUNITY

“It’s really hard for kids of color (Latinas); you know, this is a predominantly white school—the white kids, they have all kinds of privilege; their parents have been paying for tutoring for years; they have been reading to them for years; they have so much more to start with. I don’t understand my homework, I can’t go to my parents for help. My mom didn’t graduate from high school; that is why it is really frustrating when it comes to going to college, getting ahead.”

Over a quarter of Berkeley’s 5th and 7th grade students are overweight or obese. Berkeley has a lower proportion of 5th and 7th grade children who are overweight and obese (29.4%) compared to children in Alameda County (35.3%) but has a higher proportion compared to California (26.8%). A higher proportion of African American children are overweight and obese in Berkeley compared to in Alameda County and California.

Figure 3.3 PERCENTAGE OF OVERWEIGHT AND OBESE CHILDREN IN 5TH AND 7TH GRADES BY RACE/ETHNICITY BUSD, Alameda County, and California School Districts, 2015–2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; California Department of Education, FITNESSGRAM 2015–2016

FROM THE COMMUNITY

“One day your kid gets bigger and you worry. Is my child healthy or is she obese?”



Berkeley Unified School District

HEALTHY BERKELEY PROGRAM

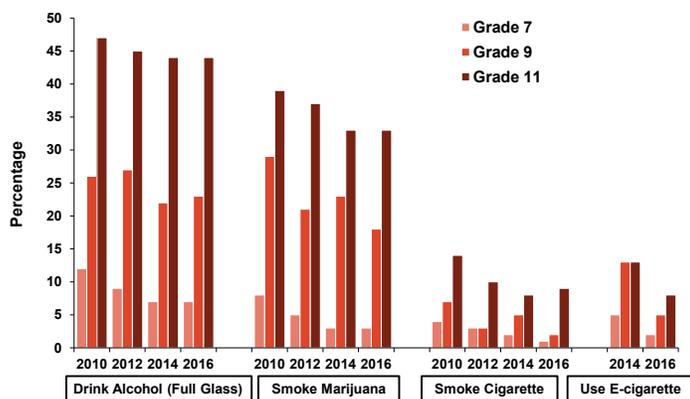
Initiated in 2015, this program stemmed from Berkeley’s historic passing of an excise tax (1 cent/oz.) on the distribution of sugar-sweetened beverages (SSB). The program goal is to reduce the consumption of SSB as a pathway for decreasing the rates of Type 2 diabetes, obesity, and tooth decay in Berkeley. The Healthy Berkeley program offers multi-year community agency grants for programs designed to reduce SSB consumption and promote healthy beverages such as tap water in low-income communities, particularly children and youth targeted by the beverage industry; the Sugar-Sweetened Beverage Product Panel of Experts (SSBPPE) Commission makes agency funding recommendations to the City Council. The Healthy Berkeley program collaborates with the Bay Area Nutrition and Physical Activity Collaborative (BANPAC), Healthy Food America, University of California in Berkeley, and the Public Health Institute.

TOBACCO PREVENTION PROGRAM

The Tobacco Prevention Program provides community-based tobacco education programs and services to the community. Berkeley community members receive education about federal, state, and local tobacco control laws including ordinances relating to City of Berkeley's tobacco control related ordinances such as Smoke-Free Multi-Unit Housing, 600 ft. flavored tobacco buffer zone near schools K-12, tobacco free pharmacies and commercial zones ordinances. The Smoke-Free Multi-Unit Housing ordinance prohibits smoking in 100% of multi-unit housing with two or more units (i.e. apartments, co-ops, condominiums, common interest developments, etc.) and common areas. Free cessation classes are available to anyone interested in planning and sustaining a smoke-free lifestyle. Tobacco program staff also collaborate with Berkeley Tobacco Prevention Coalition members in the community, retailers, and policy makers in the City to develop policy aimed at reducing community members' exposure to tobacco smoke and tobacco products — including electronic nicotine delivery systems.

Alcohol is the most commonly used substance among BUSD students, followed by marijuana. The use of alcohol and marijuana have remained relatively unchanged among 11th graders. Cigarette smoking, already at comparatively low levels, has continued to drop for 7th and 9th graders but fluctuated for 11th graders. There has been a drop in e-cigarette use for students at all grade levels. The percentage of BUSD students who have been drunk or high on school property has steadily decreased for all grade levels over the past six years.

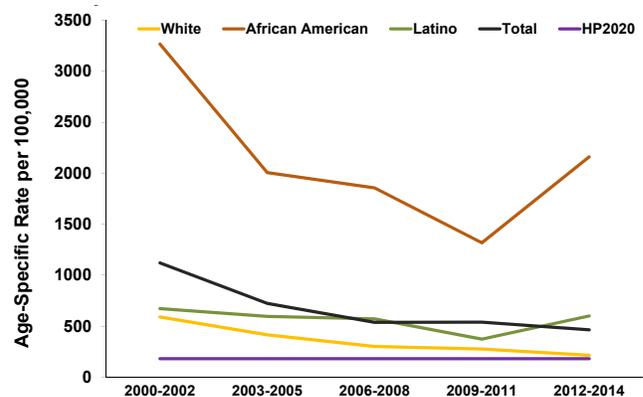
Figure 3.4 ALCOHOL, TOBACCO, AND MARIJUANA USE IN PAST 30 DAYS: 7TH, 9TH, AND 11TH GRADERS Berkeley Unified School District (BUSD), 2010–2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; California Healthy Kids Survey (CHKS) 2010–2016

The asthma hospitalization rates for children under 5 in all racial/ethnic groups have declined. Compared to the HP2020 goal, the rate for African American children is 12 times higher, for Latino children is 3.3 times higher and for White children is 1.2 times higher. The number of hospitalizations among Asian children under 5 are too small to calculate a reliable rate and are therefore not presented.

Figure 3.5 AGE-SPECIFIC ASTHMA HOSPITALIZATION RATE OF CHILDREN UNDER 5 YEARS OF AGE BY RACE/ETHNICITY Berkeley, 2000–2014



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Office of Statewide Health Planning and Development, 2000–2014



Berkeley Unified School District

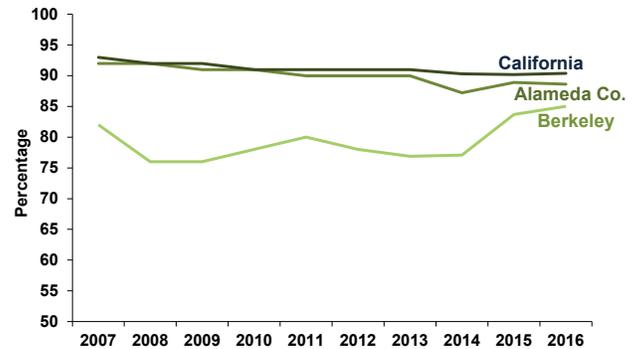
BREATHMOBILE

The Breathmobile, a project of the Prescott-Joseph Center for Community Excellence (PJCCE), is partnering with Berkeley Unified School District and the City of Berkeley Public Health Division to bring asthma care to BUSD students. This free mobile asthma clinic provides diagnosis, education, and treatment for children with asthma. For the first year of this partnership, two BUSD elementary schools (Malcolm X and Rosa Parks) and one preschool (King Child Development Center) were selected based on the high asthma prevalence at these sites. In its fourth year (2016–2017) of partnership, the Breathmobile has expanded services to include all three BUSD preschools. PJCCE and school staff work closely with the City of Berkeley Public Health Division to identify students with asthma who could benefit from this community resource. The partnership is an example of community agencies working together to address health inequities and the achievement gap. Improving childhood asthma management improves health and improves educational success.



Berkeley Unified School District

Figure 3.6 PERCENT OF KINDERGARTEN CHILDREN WITH ALL REQUIRED IMMUNIZATIONS Berkeley, Alameda County, and California, 2007–2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; California Department of Public Health, Immunization Branch

For the past decade, the proportion of Kindergarten children immunized against the nine diseases for which childhood immunizations are required has been consistently lower in Berkeley compared to both Alameda County and California. Berkeley's immunization rate has also experienced some fluctuations with a recent peak of an 85% immunization rate in 2016, the highest percentage ever recorded. Required immunizations include polio, measles, mumps, rubella, diphtheria, tetanus, pertussis, hepatitis B, and varicella vaccines.

IMMUNIZATION PROGRAM

The Public Health Immunization Program works to increase immunization rates for all Berkeley residents across the life span. Special efforts are targeted at African American and Latino children less than two years of age by collaborating with WIC; public and private preschools; licensed family childcare homes; medical providers; and through community outreach, education and encouraging participation in the immunization registry among medical providers. Immunization services are provided to the community in several venues including at the Public Health Clinic. The program also focuses on pertussis vaccination for teens and adults and seasonal influenza vaccine for all ages. In addition, the Public Health Clinic expands its service by providing varicella vaccines to adults who are uninsured or underinsured.

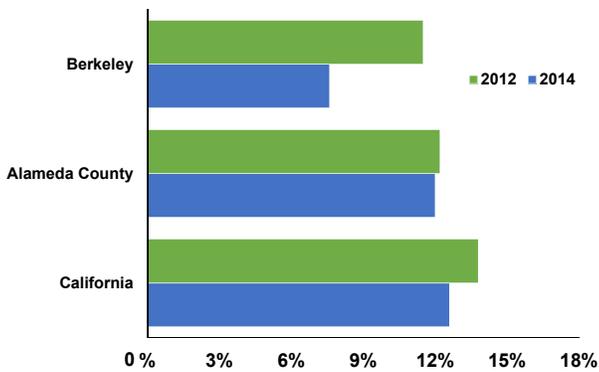
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CHAPTER 4: ADULT HEALTH

This is the stage of life when chronic diseases, including cancer, are most likely to develop and affect adults' well-being. Mental health conditions, injuries, and communicable diseases continue to have major roles as well. This is the period of life in which one is most likely to work, accumulate wealth, have partners, and hold responsibilities for other family members.

Approximately 7.6% of Berkeley residents were smokers in 2014, which was a substantial decrease from 11.5% in 2012.

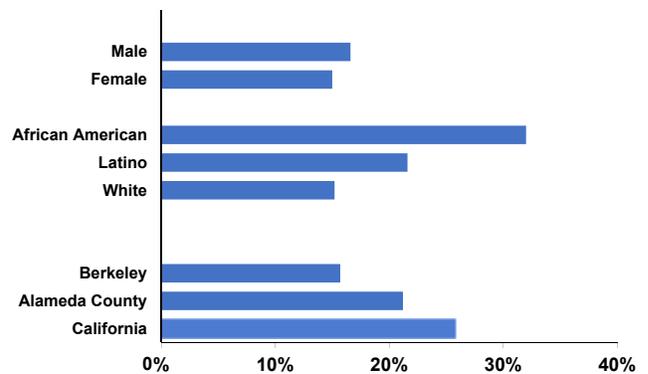
Figure 4.1 ADULTS WHO ARE CURRENT SMOKERS
Berkeley, Alameda County, CA, 2012, 2014



Source: City of Berkeley Public Health Division, Epidemiology and Vital Statistics, California Health Interview Survey (CHIS), 2012, 2014

The proportion of Berkeley adults categorized as obese based on BMI increased from 13.1% in 2012 to 15.7% in 2014. In Berkeley, African Americans and Latinos are more likely to be obese.

Figure 4.2 OBESITY IN ADULTS BASED ON BODY MASS INDEX (BMI)
OF 30 AND GREATER Berkeley, Alameda County, CA, 2014



Source: City of Berkeley Public Health Division, Epidemiology and Vital Statistics, California Health Interview Survey (CHIS), 2014

FROM THE COMMUNITY

“It’s really overwhelming when you go to a store, and even when you think it’s healthy, you don’t know how much sugar there is in it. Juice has sugar and you don’t realize it.”



Nancy Rubin, Berkeley/side



Annie Burke

HEART-2-HEART & BERKELEY HYPERTENSION PREVENTION

Heart 2 Heart (H2H) uses a holistic, community-based approach to addressing health inequities in Berkeley. The program focuses on preventing high blood pressure and heart disease in South Berkeley; additionally, healthy eating and physical activity are also encouraged. The program provides increased access to hypertension screening and treatment, and trains Community Health Advocates in a program focused on outreach, education, and intensive counseling and support. H2H serves to bridge community, programs, resources, and services that are necessary to address the needs of community members.

A highlight of the program is the weekly drop-in Hypertension Clinic that provides free blood pressure screenings and education for anyone, and provides treatment for uninsured residents with hypertension. Attendance at the drop-in Hypertension Clinic is correlated with lowered blood pressure in residents who attend the clinic consistently.

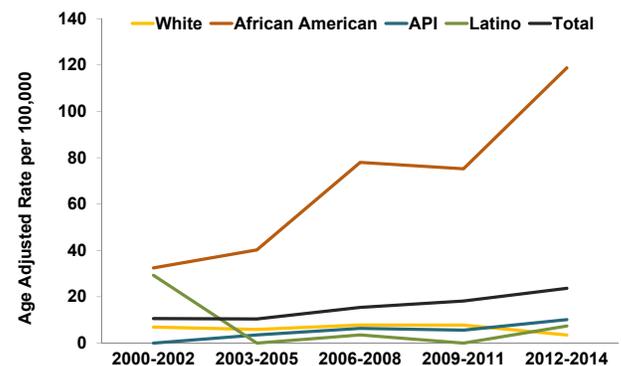


Berkeley's adult African American population experiences inequitably high rates of hospitalization due to both uncontrolled diabetes and long-term complications, such as kidney, eye, neurological and circulatory complications. However, the hospitalization rate among African Americans for lower-extremity amputation has substantially decreased between 2006 and 2014. For Latinos, hospitalizations for lower-extremity amputations dropped dramatically from 29.3 per 100,000 in 2000–2002 to 5.9 per 100,000 in 2003–2005. The Latino rate has continued downward with no reported amputations in 2012–2014.

The rate of hospitalization due to hypertension among Berkeley's African American population has sharply increased, and is now over five times that of the total population.

However, hypertensive heart disease hospitalizations, a severe complication from hypertension, have decreased among all racial/ethnic groups over the past decade. The most dramatic decrease was among African Americans—from 170 per 100,000 in 2000–2002 to 51 per 100,000 in 2012–2014.

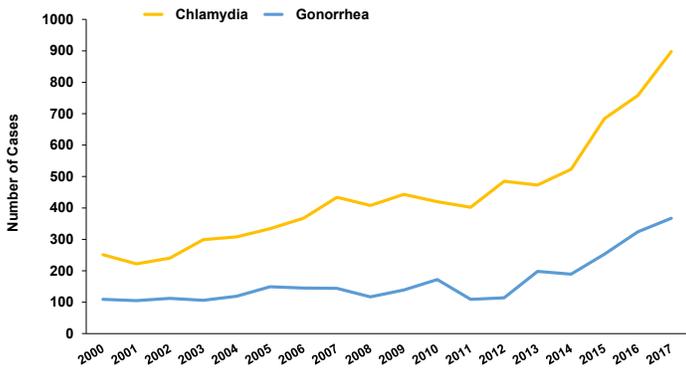
Figure 4.3 HOSPITALIZATION RATES DUE TO HYPERTENSION BY RACE/ETHNICITY AND YEAR OF HOSPITALIZATION Berkeley, 2000–2014



Source: City of Berkeley Public Health Division, Epidemiology and Vital Statistics, Office of Statewide Health Planning and Development, 2000–2014

The annual number of cases and rates of chlamydia, gonorrhea, and syphilis in Berkeley adults has increased in the last decade. These changes in rates may reflect either changes in Sexually Transmitted Infections screening or reporting, as well as actual changes in higher disease incidence. The most dramatic rise has been in chlamydia as the number of cases more than doubled from 420 in 2010 to 898 in 2017.

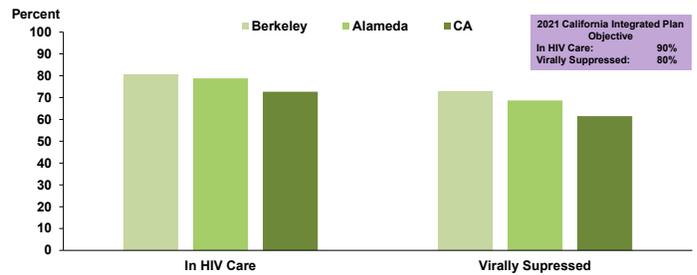
Figure 4.4 CHLAMYDIA AND GONORRHEA INFECTIONS BY YEAR OF REPORT Berkeley, 2000–2017



Source: City of Berkeley Public Health Division, Epidemiology and Vital Statistics, California Department of Public Health, STD Control Branch, 2000–2017

Due to better treatment, people with HIV are living longer, and the overall number of people living with HIV is increasing. Berkeley has a higher rate of persons living with HIV than Alameda County and California. African Americans and Latinos experience disproportionately high rates of HIV/AIDS. The proportion of persons living with HIV who are in care and who are virally suppressed is higher in Berkeley than both Alameda County and California. Berkeley does not yet meet the 2021 California Integrated Plan Objectives of 90% in care and 80% virally suppressed.

Figure 4.5 CONTINUUM OF HIV CARE FOR PERSONS LIVING WITH DIAGNOSED HIV INFECTION Berkeley, Alameda County, CA, 2016



Source: City of Berkeley Public Health Division, Epidemiology and Vital Statistics, CDPH, Office of AIDS, 2016

PUBLIC HEALTH CLINIC’S REPRODUCTIVE AND SEXUAL HEALTH SERVICES:

Berkeley’s Public Health Clinic offers confidential testing, diagnosis, treatment, and prevention education to residents who think they may have a sexually transmitted infection, including HIV. Clinic staff follows up with clients who have sexually transmitted infection to ensure that they and their partners receive appropriate treatment. The program also provides free condoms and lubricant to both clients and non-clients on a drop-in basis. The Clinic offers comprehensive family planning services including nearly all types of birth control, reproductive life counseling, Pap smears (cervical cancer prevention), Hepatitis A, B and HPV vaccines, and referrals to local and low-cost breast screening/mammography services. Assistance is offered to survivors of intimate partner violence. The Clinic offers reproductive and sexual health services to people of all genders. The Public Health Clinic accepts Medi-Cal and FPACT (state funded payment programs). Others may qualify for reduced rates based on income. Some clients may even qualify for free services. No one is turned away because of inability to pay. Clinic clients are linked to a wide range of community and health services. Community outreach and presentations are provided on family planning methods, clinic services, sexually transmitted illnesses, HIV and sexually transmitted illnesses/HIV prevention. In 2012 over 2,300 individuals were seen at the clinic, many for more than one visit.

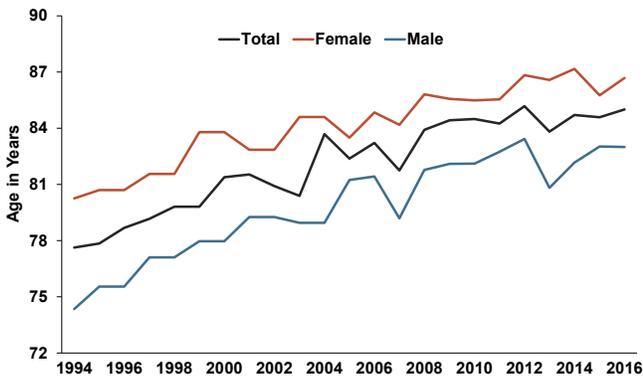
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CHAPTER 5: LIFE EXPECTANCY AND MORTALITY

The number of years a person is expected to live, and the leading causes of death in Berkeley are important indicators of population health and guide Public Health Division program priorities.

In the last decade, the mortality rate in Berkeley has decreased steadily and life expectancy has increased for both men and women. Life expectancy in Berkeley is 86.7 years for women and 83 years for men in 2016. Mortality rates in Berkeley are lower than those of surrounding Alameda County and California—reflecting the city’s long life expectancy.

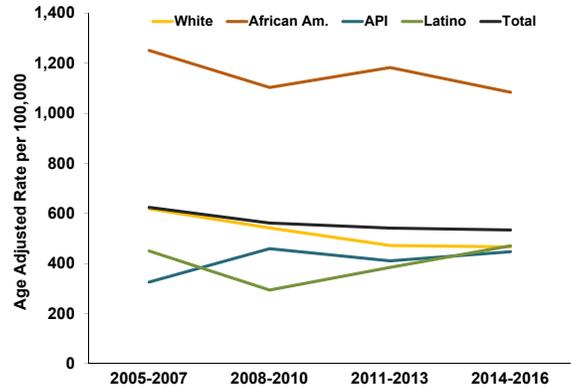
Figure 5.1 LIFE EXPECTANCY AT BIRTH BY GENDER Berkeley, 1994–2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Death Certificates 1994–2016, US Census Bureau

The overall age-adjusted mortality rate in Berkeley has decreased steadily throughout the last decade. The mortality rate for African Americans has reached the lowest ever reported. In spite of this marked decrease, the age-adjusted mortality rate for African Americans is twice as high as the mortality rate of Whites and is higher than the population overall. This disparity has remained unchanged throughout these years.

Figure 5.2 MORTALITY RATES BY RACE/ETHNICITY AND YEAR OF DEATH Berkeley, 2005–2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Death Certificates 2005–2016

Mortality rates from cardiovascular disease and cancer have decreased for all groups over the last decade. Cancer is the leading cause of death in the population as a whole, followed by heart disease. However, among African Americans in Berkeley, heart disease is the leading cause of death, followed by cancer. Breast and lung cancer are the top leading causes of cancer death for women, while lung and pancreatic cancer are the top leading causes of cancer death for men. Women who are Latina, Asian, or Pacific Islander have the lowest mortality rates from breast cancer in Berkeley. Only African American women do not meet the HP2020 goal for breast cancer deaths.

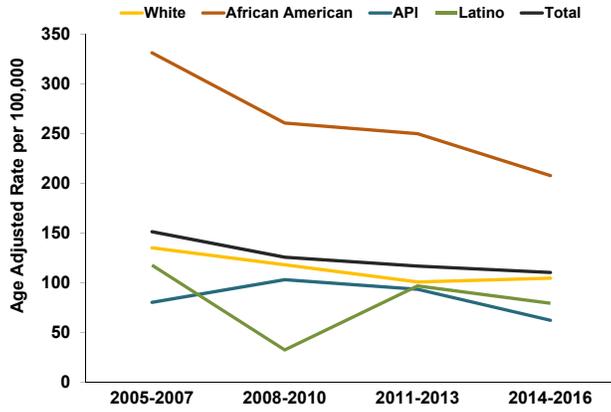
Figure 5.3 TOP 10 CAUSES OF DEATH BY RACE/ETHNICITY Berkeley, 2014–2016

Rank	White	Black	Latino	Asian/Pacific Islander
1	Cancer	Heart Disease	Cancer	Cancer
2	Heart Disease	Cancer	Heart Disease	Heart Disease
3	Stroke	Alzheimer's	Stroke	Stroke
4	Alzheimer's	Stroke	Unintentional Injury	Alzheimer's
5	Chronic Lower Respiratory Disease	Organic Dementia	Alzheimer's	Organic Dementia
6	Unintentional Injury	Chronic Lower Respiratory Disease	Organic Dementia	Diabetes
7	Organic Dementia	Diabetes	Diabetes	Pneumonia & Influenza
8	Intentional Injury	Nephritis & Nephrotic Syndrome	Pneumonia & Influenza	Parkinson's
9	Parkinson's	Unintentional Injury	Intentional Injury	Intentional Injury
10	Metabolic Disorders	Pneumonia & Influenza	Chronic Liver Disease & Cirrhosis	Chronic Liver Disease & Cirrhosis

NOTE: Color boxes denote causes of death that are leading in all racial/ethnic groups

Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Death Certificates 2014–2016

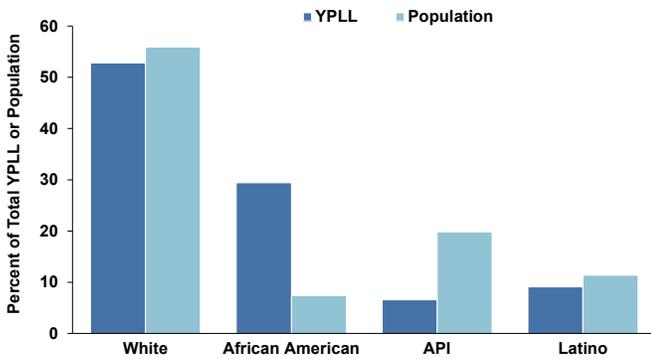
Figure 5.4 ALL CARDIOVASCULAR DISEASE MORTALITY RATES BY RACE/ETHNICITY Berkeley, 2005-2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Death Certificates 2005-2016

Even though the Berkeley population as a whole is living longer healthy lives, there are racial/ethnic variations and disparities in causes of death, mortality rates, and years of potential life lost, as there are differences in health status throughout the life course. Shortened lives and premature mortality are the cumulative results of health inequities that span the life course from conception to old age.

Figure 5.5 YEARS OF POTENTIAL LIFE LOST (YPLL) BY RACE/ETHNICITY Berkeley, 2014-2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Death Certificates 2014-2016

CITY OF BERKELEY VITAL STATISTICS OFFICE

The City's Vital Statistics unit registers every birth and death in Berkeley, and receives information about births and deaths of Berkeley residents outside of the City. The Vital Records Office plays an important role in the analysis of birth and death records. The California State Office of Vital Records has acknowledged the excellence of Berkeley's Vital Statistics performance with annual awards since 2005.



Annie Burke

SUMMARY

This report presents a snapshot of the health of the Berkeley community. It describes how health changes over time, how we compare to our County, the State, and to the National Healthy People 2020 goals. It also shows how groups within Berkeley compare with each other and geographically.

KEY AREAS

Based on the 2018 Berkeley Health Status Report, the Public Health Division has identified four key areas that are important to monitor and develop interventions for:

- **Obesity in both children and adults.** Since While the overall childhood obesity rate in Berkeley is lower than in Alameda and California, the proportion of African American children who are overweight and obese in Berkeley is higher than Alameda County and California. In 2014, 16% of Berkeley adults were categorized as obese based on Body Mass Index (BMI), which is an increase from 2012. Additionally, among children and adults, African Americans and Latinos experience higher rates of obesity than Whites and Asians.
- **Hypertension is increasing in all people in Berkeley.** Hospitalization rates due to high blood pressure for the overall population is 20/100,000, the highest in a decade. The hospitalization rate for African Americans has sharply increased and is 120/100,000, over five times that of the total population.
- **Sexually transmitted disease rates are at epidemic levels.** Historically, chlamydia rates in Berkeley were lower than the State, but in 2015, Berkeley's rate increased substantially, surpassing both Alameda County and California. From 2011 to 2017, Berkeley's chlamydia rate has increased from 349.7 per 100,000 to 738.2 per 100,000. Gonorrhea rates in Berkeley are also consistently higher than those of Alameda County and California. From 2011 to 2017, Berkeley's gonorrhea rate has increased from 94.8 per 100,000 to 301.7 per 100,000.
- **African Americans are more likely to die prematurely than any other racial/ethnic group in Berkeley.** Years of Potential Life Lost (YPLL), a measure of premature death, demonstrates the significance. Although African Americans comprise 8% of the population; they account for almost 30% of the YPLL.

An additional emerging key area of interest that we will be monitoring is in demographic shifts in breast cancer incidence. For the first time, African American women have surpassed White women in the rate of breast cancer diagnosis. As we monitor this notable change, we will also seek to understand what is driving this trend.

Berkeley's health is characterized by an overall excellent health status with striking health inequities. These patterns of health inequities are neither new nor unique to Berkeley nevertheless, they are unjust and unacceptable. The underlying causes and their solutions lie in the environments and neighborhoods in which people are born, grow, live, work, and age. Truly addressing the root causes of health inequities requires focused, consistent, comprehensive, and sustained effort on many fronts. Through strategic collaboration, a unified vision, and broad community engagement we can achieve our mission of optimal health and wellness for all.



Annie Burke

HOW BERKELEY PROVIDES THE 10 ESSENTIAL SERVICES OF PUBLIC HEALTH

Berkeley's Public Health Division is responsible for fulfilling the 10 Essential Services of Public Health as defined by the Centers for Disease Control and Prevention (CDC). The examples below demonstrate how Berkeley's public health activities address these essential services. This is not a comprehensive account of Public Health activities.

Essential Service	Berkeley Examples
1. Monitor health status to identify and solve community health problems.	<ul style="list-style-type: none"> • Communicable Disease surveillance (including TB, STIs, HIV/AIDS) • Registration of births and deaths (Vital Statistics)
2. Diagnose and investigate health problems and health hazards in the community	<ul style="list-style-type: none"> • Communicable disease outbreaks • Health inequities in cardiovascular disease, low birth weight, diabetes, and asthma
3. Inform, educate and empower people about health issues	<ul style="list-style-type: none"> • Berkeley High School Health Center and Berkeley Technology Academy Clinic • School Linked Health Services
4. Mobilize community partnerships and action to identify and solve health problems	<ul style="list-style-type: none"> • Berkeley Healthcare Preparedness Coalition/Hub • Comprehensive Perinatal Services Provider Roundtables
5. Develop policies and plans that support individual and community health efforts	<ul style="list-style-type: none"> • Tobacco ordinances • Sugar Sweetened Beverage Tax and Healthy Berkeley Program
6. Enforce laws and regulations that protect health and ensure safety	<ul style="list-style-type: none"> • Immunization requirements for school entry • Public Health Emergency Preparedness Program
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable	<ul style="list-style-type: none"> • Nursing Targeted Case Management (TCM) • Partnerships with LifeLong Medical Care and Alameda County Public Health
8. Assure a competent public and personal health care workforce	<ul style="list-style-type: none"> • YouthWorks and AmeriCorps Programs • Training site for students interested in health (high school, college, graduate, and clinical)
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services	<ul style="list-style-type: none"> • Member of the local Fetal and Infant Mortality Review Board • Participation in Alta Bates Hospital Infection Control Committee
10. Research for new insights and innovative solutions to health problems	<ul style="list-style-type: none"> • Contribute our experience to the scientific literature and to professional and academic venues • Evaluation of impact of Sugar Sweetened Beverage Tax

LOOKING AHEAD

The City of Berkeley Health Status Report 2018 is the groundwork from which the Public Health Division, the Department of Health, Housing and Community Services, the City, and the Berkeley community will identify priorities, develop a strategic plan, and implement tailored interventions to improve community health. This path to better health is not one we can take alone. It is the charge of the entire community to create a healthy Berkeley. As a community member, you make choices that impact not only your own personal health, but the health of your families and neighbors. Community leaders in our City government, community based organizations, faith institutions, and local businesses, in addition to providers and residents all have a role to play in creating a healthier community. Collectively, we can achieve a better quality of life for all who live in Berkeley. We look forward to working with you.

