## City of Berkeley Health and Human Services Department Division of Public Health



## Health Status Report 1998

### City of Berkeley Health and Human Services Department Division of Public Health Vital Statistics Unit

### **Health Status Report 1998**

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### City of Berkeley Health and Human Services Department

On behalf of the City of Berkeley, I am pleased to present this *Health Data Summary - 1998*, a focused assessment of health status of the City of Berkeley.

This data is a snapshot of important health indicators presented in comparison, where possible, with data from Alameda County as a whole, the State of California, and Healthy People 2000 objectives. I am able to present this vital information because Berkeley is unusual in maintaining a Division of Public Health as a division of the Health and Human Services Department. A core public health responsibility is to assess and monitor the health of the public and it is because we have a Division of Public Health that we collect and analyze this data. I hope this document has widespread application to inform and educate the community about our state of health today.

In this document, Berkeley emerges as a remarkably healthy community. To quote Thomas Jefferson, "There is no higher purpose in government than to bring health to its citizenry." By maintaining its status as a local health jurisdiction, the City of Berkeley provides its residents an extraordinary level of service to prevent disease and promote health.

This document is one of a series of summaries and reports which are done on a continuing basis such that the community may assess trends and forecast future developments and join in the effort to improve the quality of life in Berkeley and the region. I would like to recognize the work of the Division of Public Health's Epidemiologist Dr. José Ducós and Health Officer Dr. Poki Stewart Namkung in the creation of this useful document.

Please use this data as a resource and reference and share it with any others who could benefit from this information.

James Keene,

City Manage

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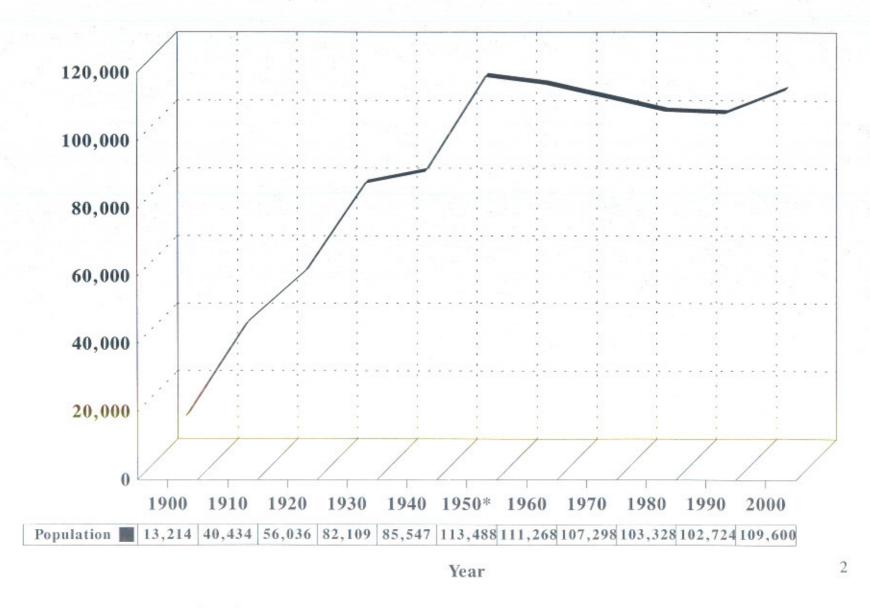
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### **Demographic Profile**

- □ For 1997, the estimated population of the city of Berkeley was 105,900, approximately 8% of the total population of Alameda County.
- ☐ The population of the city of Berkeley increased exponentially since 1900 (13,214) through 1950 (113,488). From 1960 to 1990 the population size has remained relatively stable, with a slight tendency to increase since 1990.
- ☐ Berkeley ranked number four among the largest cities in the county of Alameda in 1997.
- Approximately 4.5% of Berkeley population are under 5 years of age, as compared with 7.5% for Alameda County and 8% for California. For persons 20 to 64 years of age, Berkeley has the highest proportion (74% of total population) as compared with Alameda County (63%) and California (60.5%).

There are three major determinants of population size: births (fertility), deaths (mortality), and migration. The equilibrium among these factors determines whether a population decreases, remains stationary, or increases in number. Data on fertility and mortality rates are presented in the following sections of this report.



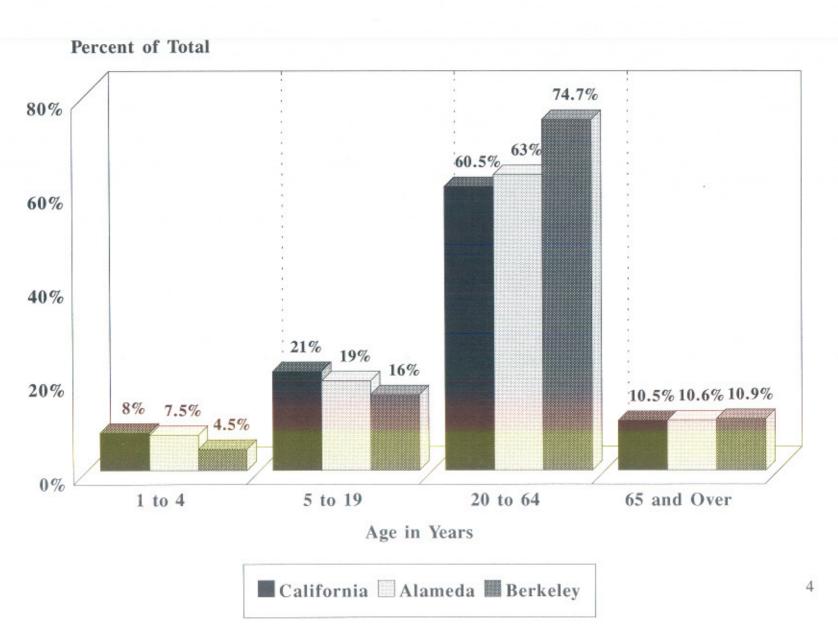
Source: City of Berkeley Health and Human Services Department, Division of Public Health, Vital Statistics Unit; Association of Bay Area Governments (ABAG).

<sup>\*</sup> First time that college students were considered residents of the communities where they were residing.

### Alameda County Cities Population Estimates for 1997

City	Population	% of Total
Oakland	388,100	28.2
Fremont	192,200	14.0
Hayward	123,900	9.0
Berkeley	105,900	7.7
Alameda	76,300	5.5
San Leandro	72,600	5.3
Livermore	67,800	4.9
Pleasanton	59,800	4.3
Union City	59,700	4.2
Newark	40,450	2.9
Dublin	26,750	2.0
Albany	17,300	1.3
Piedmont	11,300	0.8
Emeryville	6,525	0.5
Unincorporated Area	127,300	9.3
<b>Total Alameda County</b>	1,375,900	100.00

### California, Alameda County and Berkeley Population Distribution by Age 1990 Census



### Adolescent And Child Health

### Maternal, Child and Adolescent Health

- ☐ The number of live births in the city of Berkeley has remained stable since 1996 with an average of 945 live births per year.
- ☐ Of the 952 live births of 1997, 617 (65%) corresponded to mothers 20 to 34 years of age. White mothers accounted for 43% of all live births in 1997.
- ☐ The general fertility rate among women 15 to 44 years of age has remained stable in Berkeley since 1993 through 1997 with an average of 30 live births per 1,000 females 15 to 44 years old.
- ☐ Of all live births in 1997, 18 (1.9%) were among adolescents under 18 years of age, similar to those adolescent births of 1996: 20 (2%).
- ☐ The 1997 birth rate among adolescent females 15 to 17 years of age (15.9/1,000) decreased by 28% since 1995 (22.3/1,000).
- ☐ The city of Berkeley as a health jurisdiction has the lowest birth rate among adolescent females 15 to 19 years of age since 1994 in the State of California, and these rates have been markedly decreasing since then:

1994 16/1,000 1995 13.9/1,000 1996 11.9/1,000 1997 8.9/1,000

### Maternal, Child and Adolescent Health

- The percentage of low birth-weight among new born in the city of Berkeley increased by 20% in 1997 (7.7% of total infants) as compared with 1996 (6.4% of total births). This is the first increase in low birth-weight since 1994 (6.7% of total number of births). Low birth-weight is a predictor of neonatal mortality and future morbidity. These low birth-weight infants are 40 times more likely to die in the first month of life than a normal birth-weight infant.
- The 1994-1996 low birth-weight average for the city of Berkeley (6.6%) is slightly lower than that of Alameda County (7.1%) and slightly higher than that of California (6.1%) and the Year 2000 National Objective (5%). However, when low birth-weight is analyzed by race/ethnicity, Blacks had an average of 16.6% for 1993-1996, the third highest among cities with a population between 100,000 and 250,000 inhabitants.
- □ Asians/Pacific Islanders have the lowest proportion of low birth-weight (4.1%), followed by Whites (5.8%) and Hispanics (6.9%). Among Blacks the percentage of low birth-weight is two times higher than that of all races combined (7.7%) for 1997.
- Approximately 94% of all resident mothers of the city of Berkeley received prenatal care in their first trimester of pregnancy in 1997.

### Maternal, Child and Adolescent Health

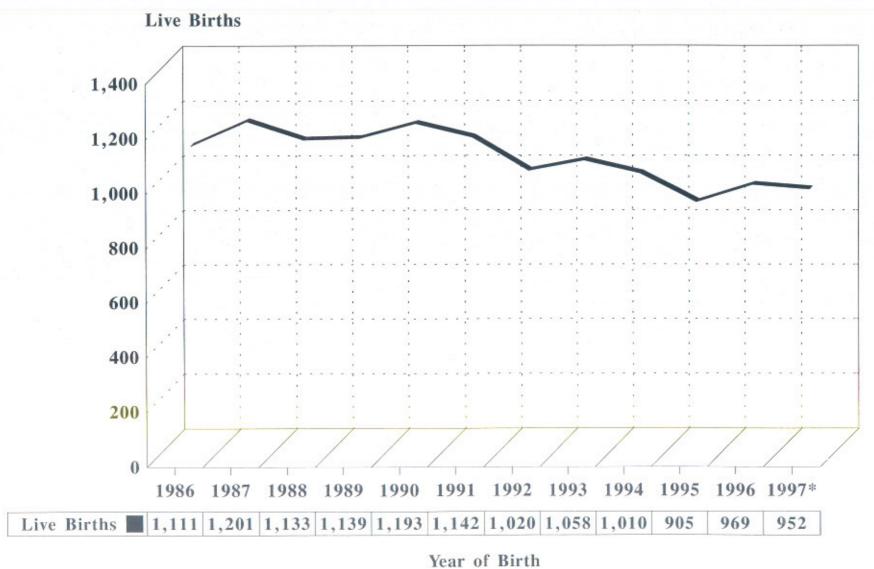
☐ The percentages of late prenatal care is ethnically disproportionate among mothers in the city of Berkeley:

Black	6.7%
Asian/Pacific Islander	1.7%
Hispanic	1.5%

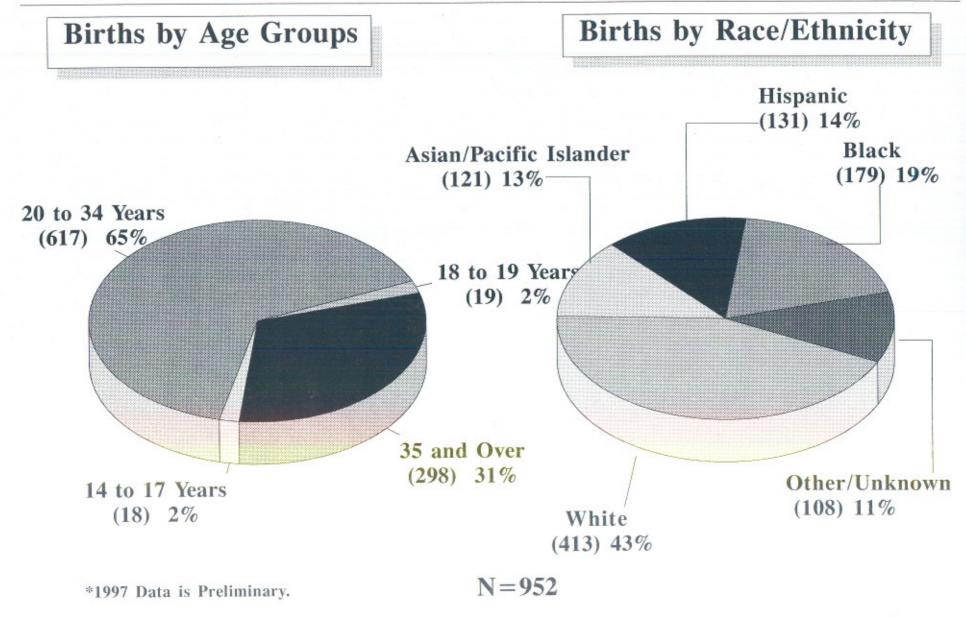
However, these proportions are still lower than that of the Year 2000 National Objective (Late prenatal care of no more than 10%)

☐ The 1994-1996 average infant mortality rate for the city of Berkeley (4.9/1,000 live births) is 27% lower than that of Alameda County (6.7/1,000 live births) and is significantly below the Year 2000 National Objective.

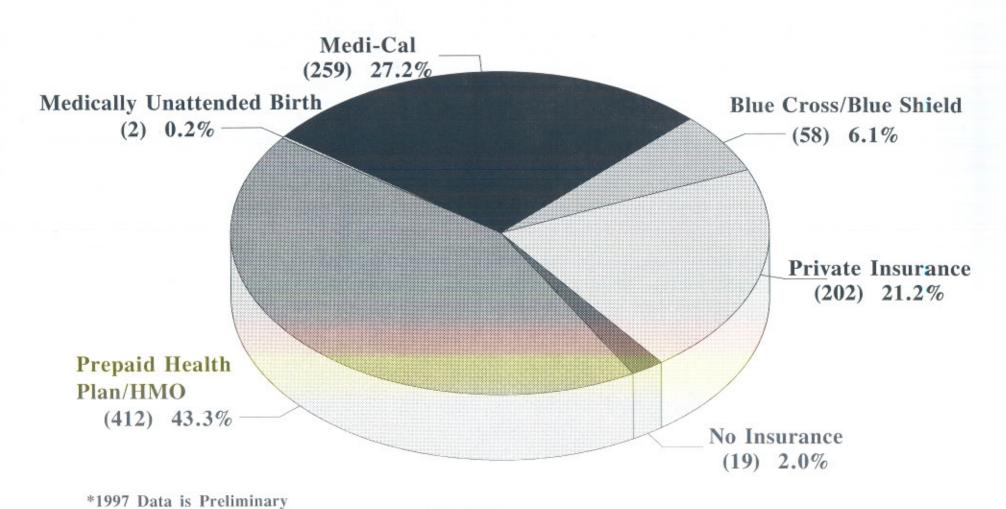
### Total Number of Live Births City of Berkeley, 1986 - 1997



### Number of Births By Mothers Age and Race/Ethnicity City of Berkeley, 1997

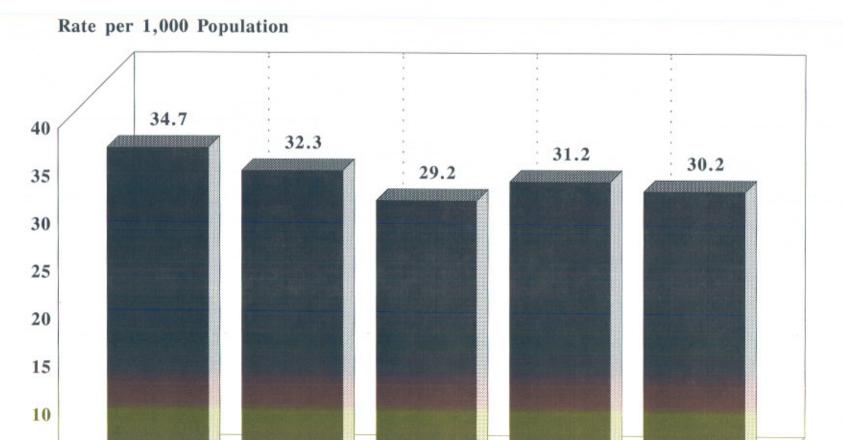


### Principal Source of Payment for Delivery City of Berkeley, 1997



N=952

### General Fertility Rate, Females 15 to 44 Years of Age City of Berkeley, 1993 - 1997



1995

Year of Birth

1996

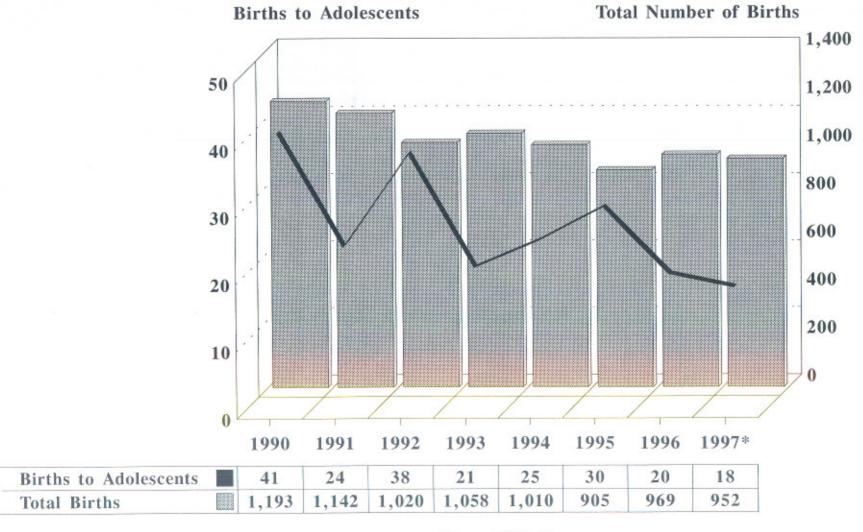
\* 1997 data is preliminary.

1997

1994

5

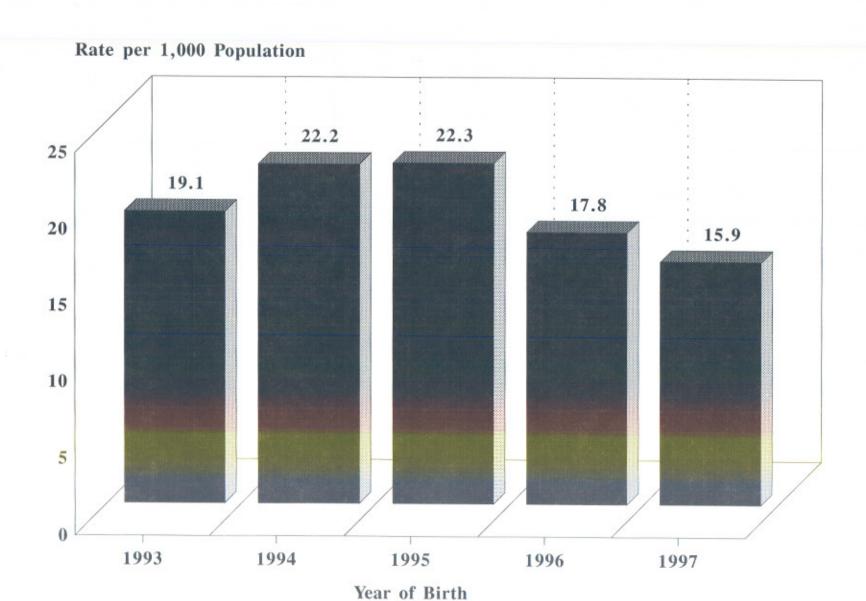
### Total Number of Births and Births to Adolescents Under 18 Years of Age City of Berkeley, 1990 - 1997



Year of Birth

<sup>\*1997</sup> data is preliminary

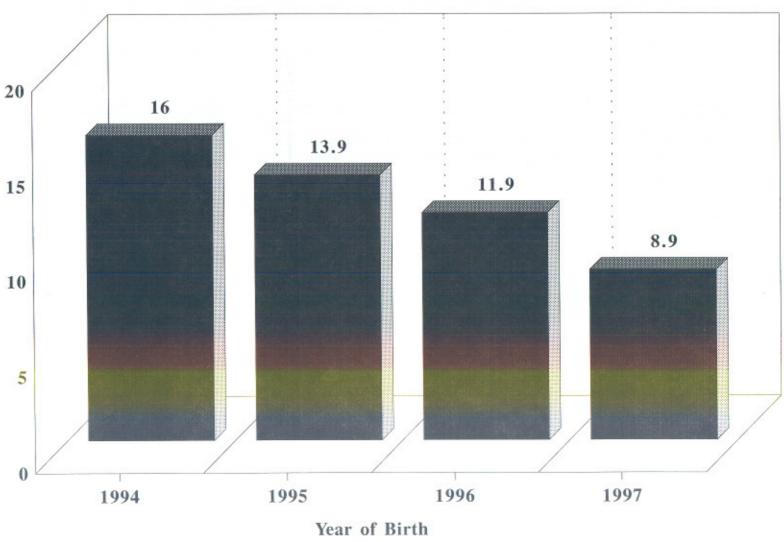
### Birth Rate in Adolescents 15 to 17 Years of Age City of Berkeley, 1993 - 1997



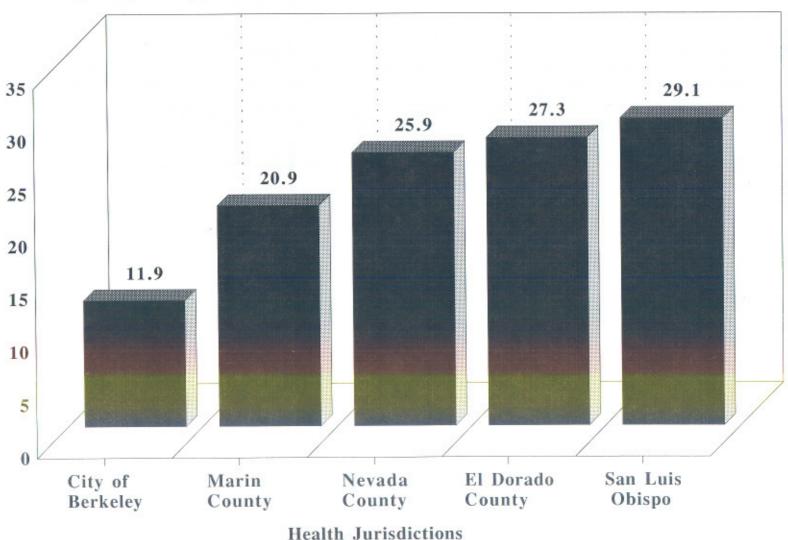
\* 1997 data is preliminary.

### Birth Rate in Adolescents 15 to 19 Years of Age City of Berkeley, 1994 - 1997



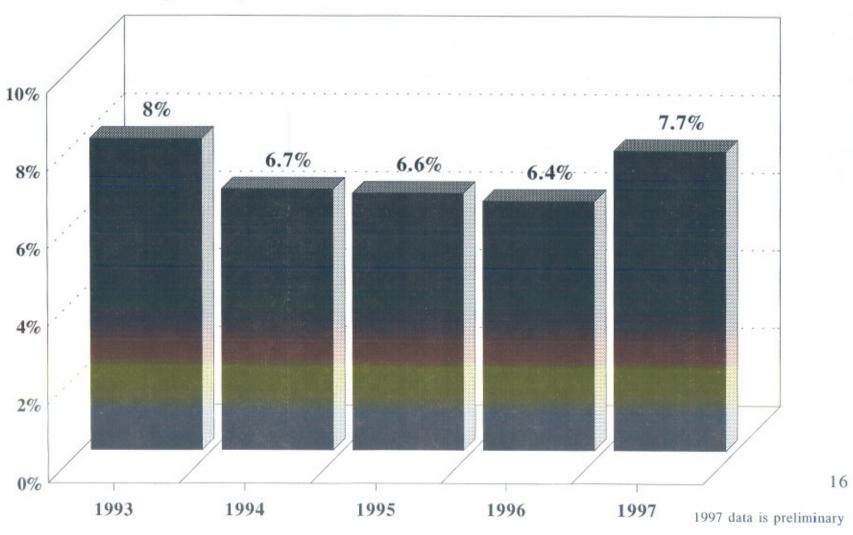






### Low Birthweight Infants City of Berkeley, 1993-1997

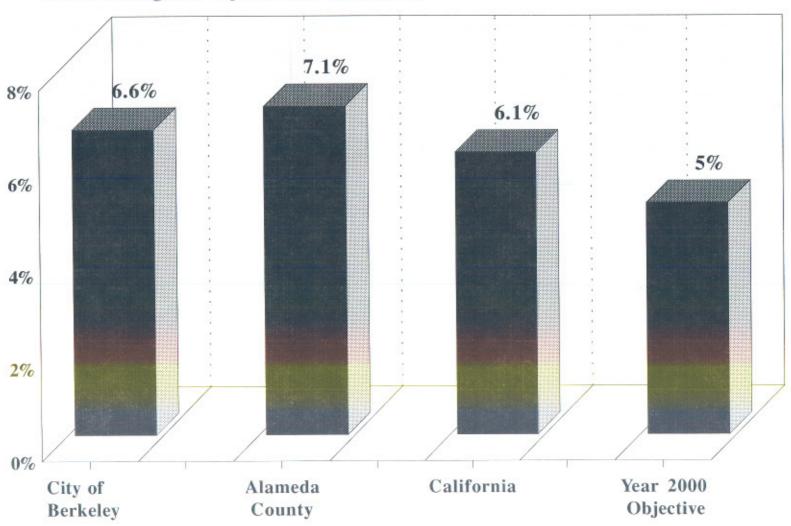
### Low Birthweight as a percent of Total Births



Source: City of Berkeley Health and Human Services Department, Division of Public Health, Vital Statistics Unit; Birth Records 1993-97. Low birthweight is defined as less than 2,500 grams (about 5.5 pounds).

### Low Birthweight Infants, 1994-1996 Average City of Berkeley, Alameda County, State of California, and Healthy People 2000 Objectives

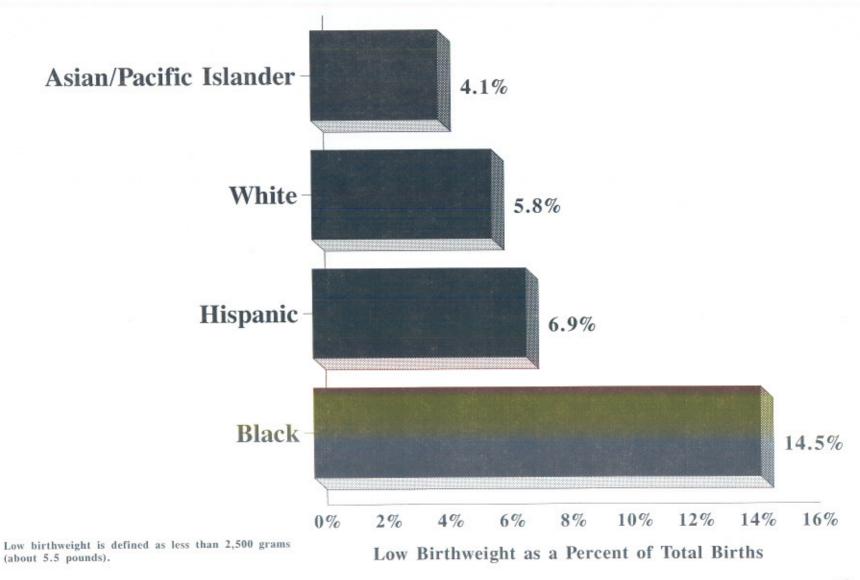


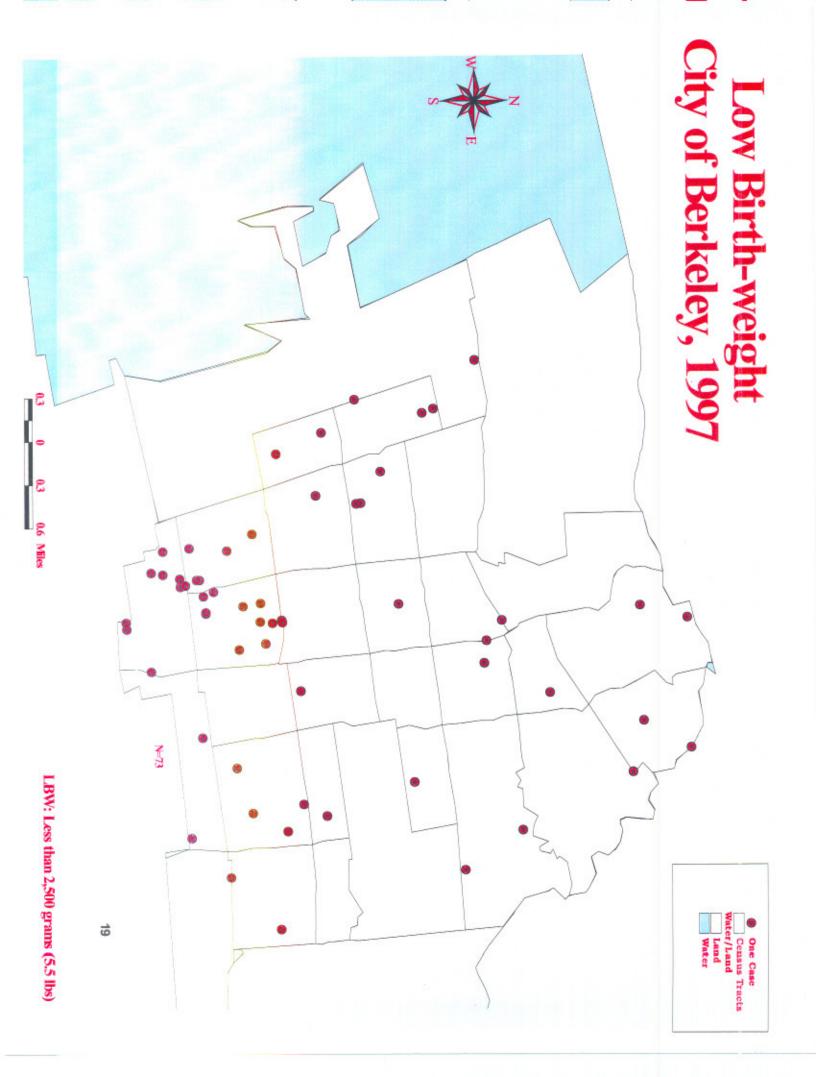


Source: City of Berkeley Health and Human Services Department, Division of Public Health, Vital Statistics Unit; Birth Records 1994-1996.

Low birthweight is defined as less than 2,500 grams (about 5.5 pounds).

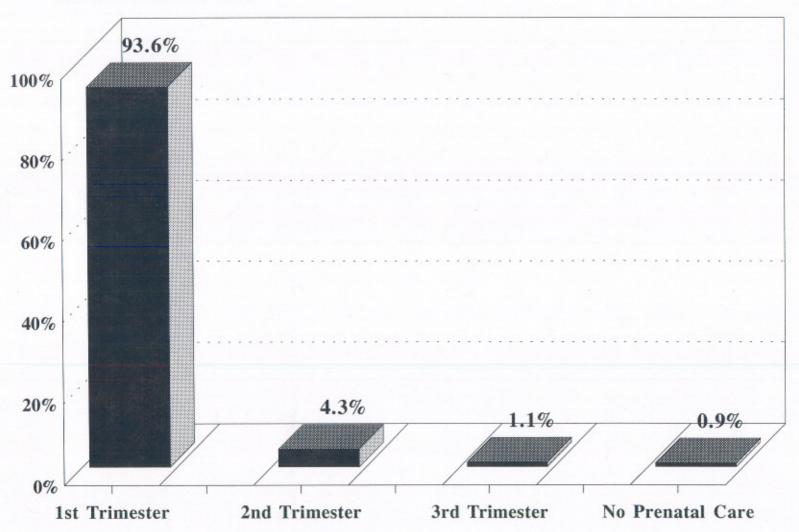
### Low Birthweight by Race/Ethnicity City of Berkeley, 1997



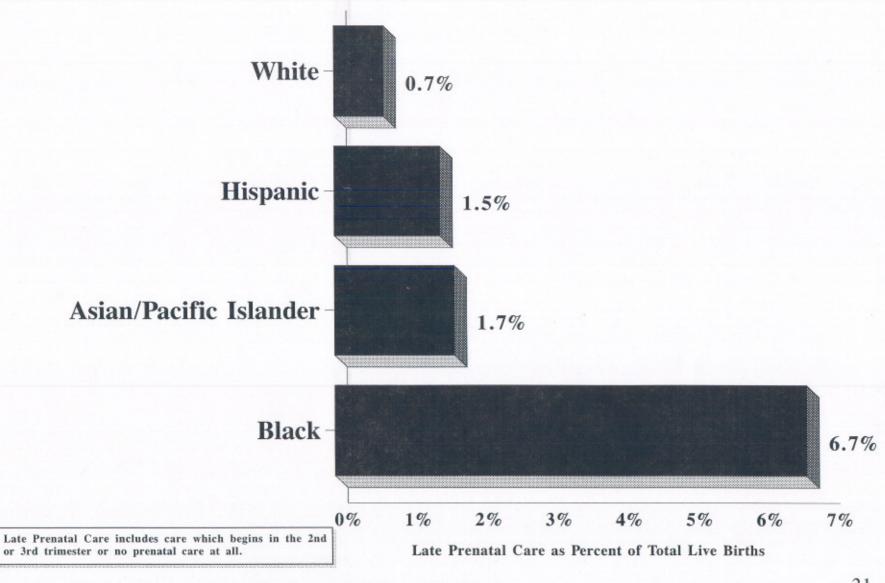


### Trimester Prenatal Care Began City of Berkeley, 1997

### Percent Prenatal Care

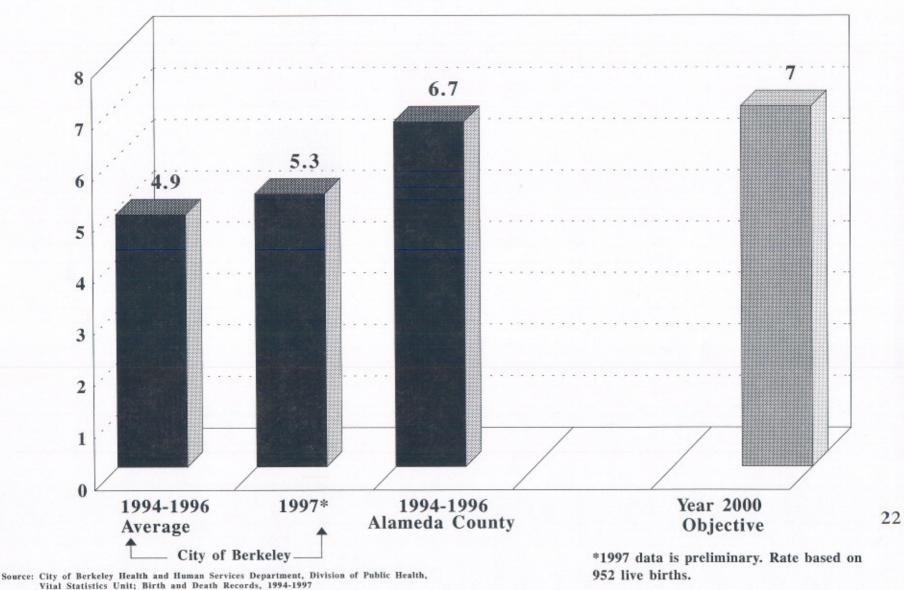


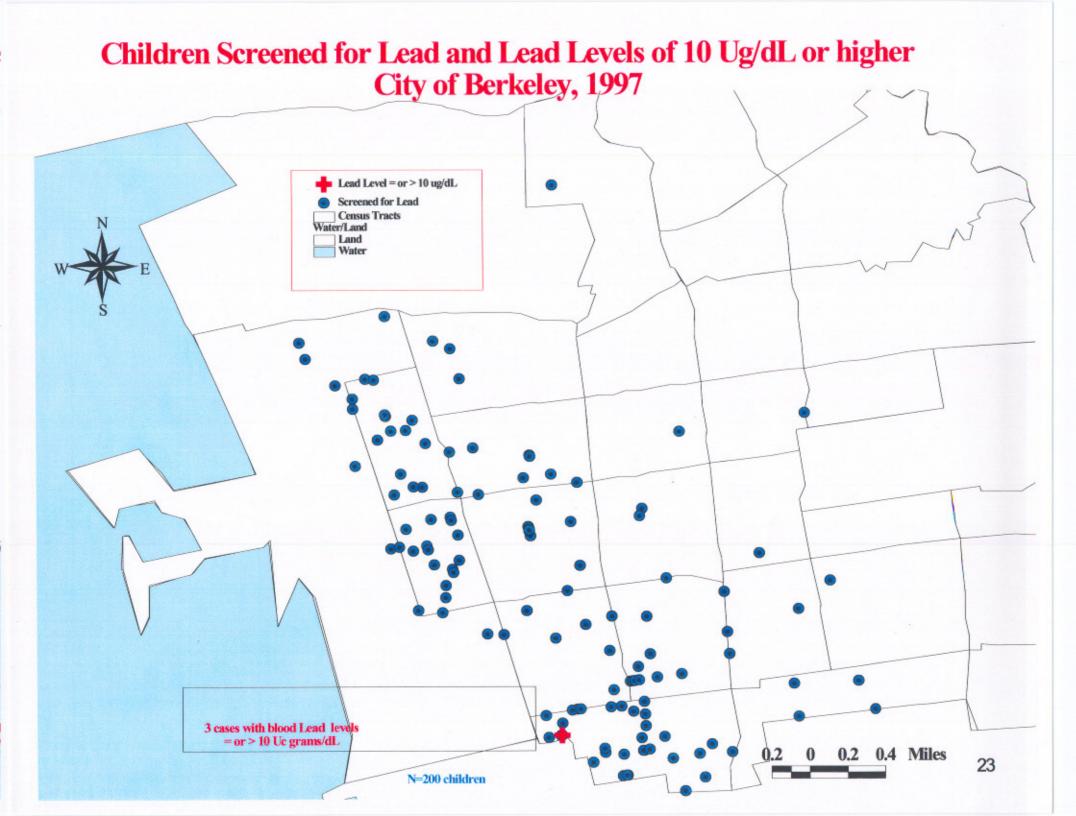
### Late Prenatal Care by Race/Ethnicity City of Berkeley, 1997



### Infant Mortality Rate 1994-1996 Average and 1997 Preliminary Data City of Berkeley, 1997

### Infant Mortality Rates per 1,000 Live Births

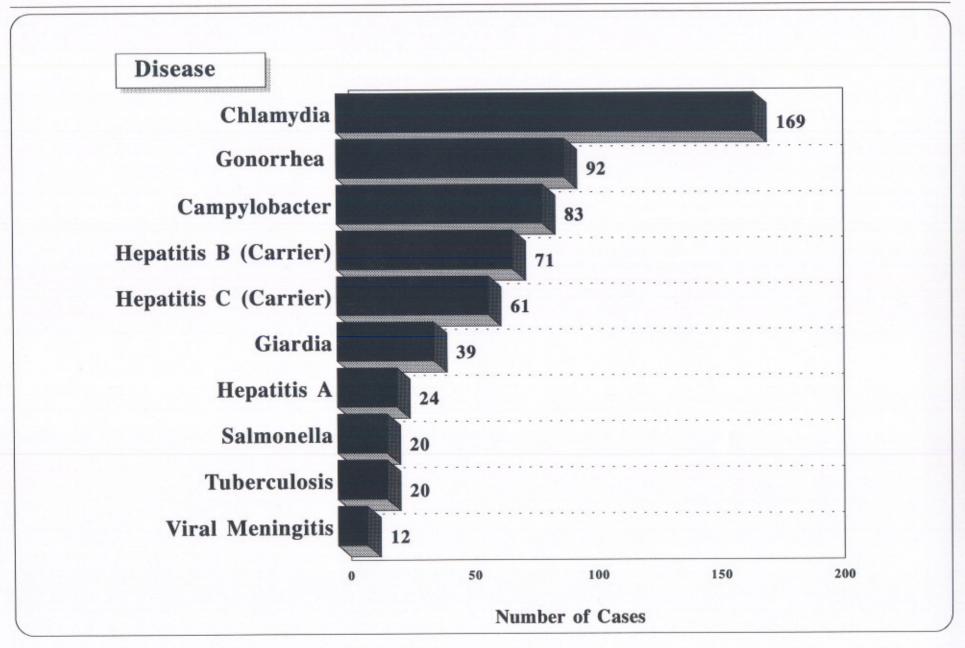




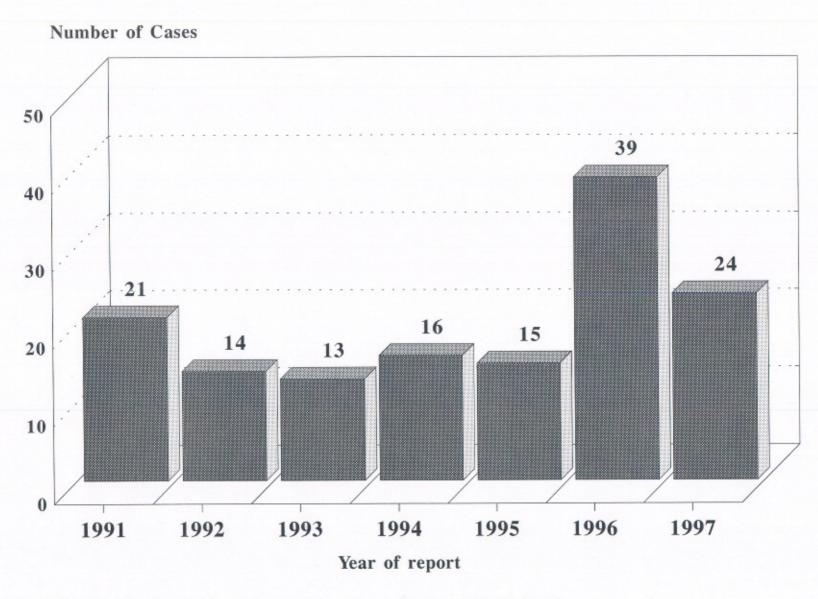
### **Communicable Diseases**

- ☐ Of all communicable diseases reported to the City of Berkeley Public Health Department in 1997, 280 (42%) were sexually transmitted diseases (chlamydia, gonorrhea or non-gonococcal urethritis).
- ☐ In 1996, there were 39 cases of hepatitis A reported. In 1997, the number of cases reported dropped to 24.
- ☐ The number of cases of acute hepatitis B has decreased from 1995 (6 cases) to 1997 (2 cases).
- □ Salmonella cases decreased by 33% from 33 cases in 1996 to 23 cases in 1997.

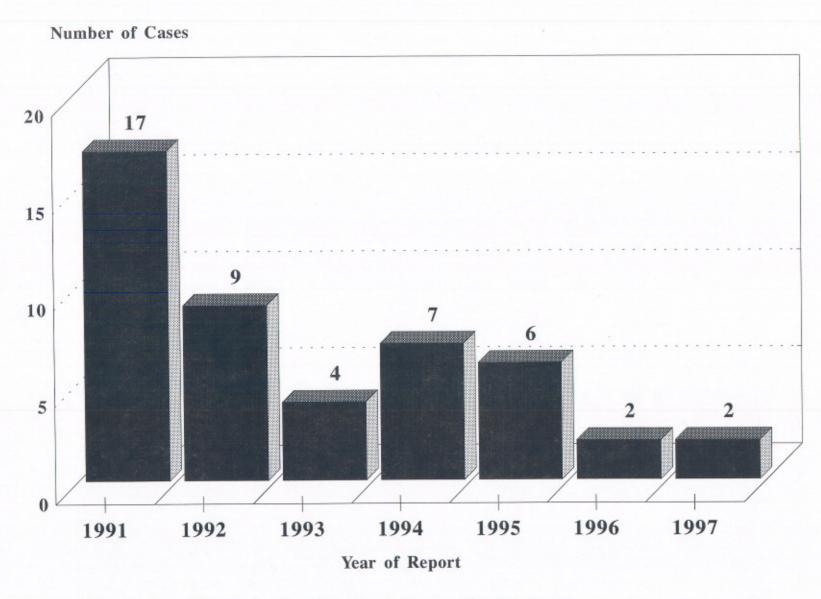
### Top Ten Communicable Diseases Reported City of Berkeley, 1997



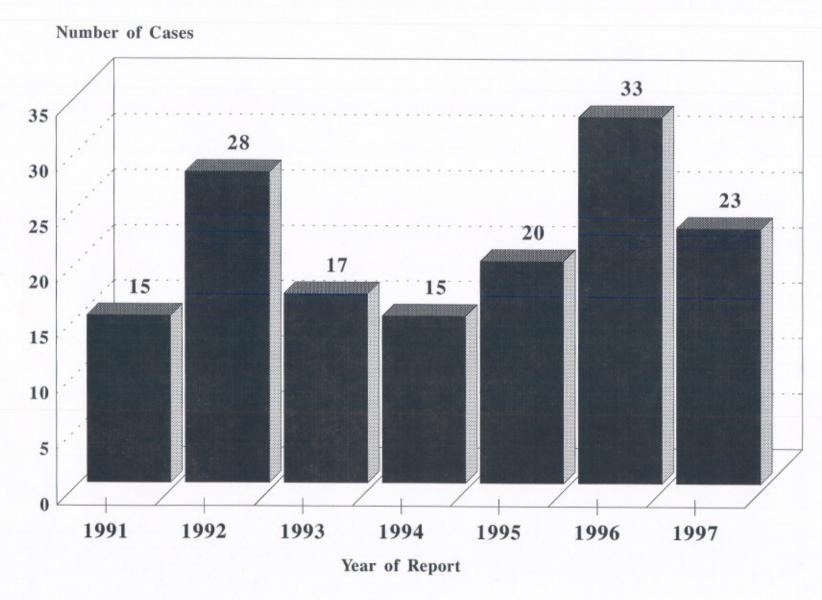
## Hepatitis A Cases by Year of Report City of Berkeley, 1991-1997



# Acute Hepatitis B Cases by Year of Report City of Berkeley, 1991-1997



# Salmonella Cases by Year of Report City of Berkeley, 1991-1997



Source: City of Berkeley Health and Human Services Department, Division of Public Health, Vital Statistics Division; Morbidity Records 1991-97.

# Tuberculosis

# **Tuberculosis**

- ☐ For 1997, the city of Berkeley reported 20 cases of tuberculosis (TB), yielding a TB case rate of 18.9/100,000 population, the highest rate since 1989 (22.6/100,000).
- ☐ The 1997 TB case rate for the city of Berkeley (18.9/100,000) is 60% higher than that of the State of California (11.8/100,000) and it is the first time since 1992 that this rate is higher than that of the State.
- □ For previous years (1994-1996 average) the TB case rate for the city of Berkeley was 60% below the Alameda County rate (17.6/100,000) and 31% below the state rate (14.4/100,000), but still over the Year 2000 National Objective (3.5/100,000).
- □ Of all TB cases reported in the city of Berkeley since 1993 through 1997 (67 cases), 38 (57%) were diagnosed among males and 29 (43%) among females.
- ☐ The number of TB cases reported in Berkeley among foreign born in 1997 (12 cases) increased three times in comparison with 1996 (4 cases). Traditionally TB cases in Berkeley have been predominantly US born.
- ☐ The race/ethnic distribution of TB cases for 1997 is as follows:

Asian/Pacific Islander	11	(55%)
Black	7	(35%)
Hispanic	2	(10%)

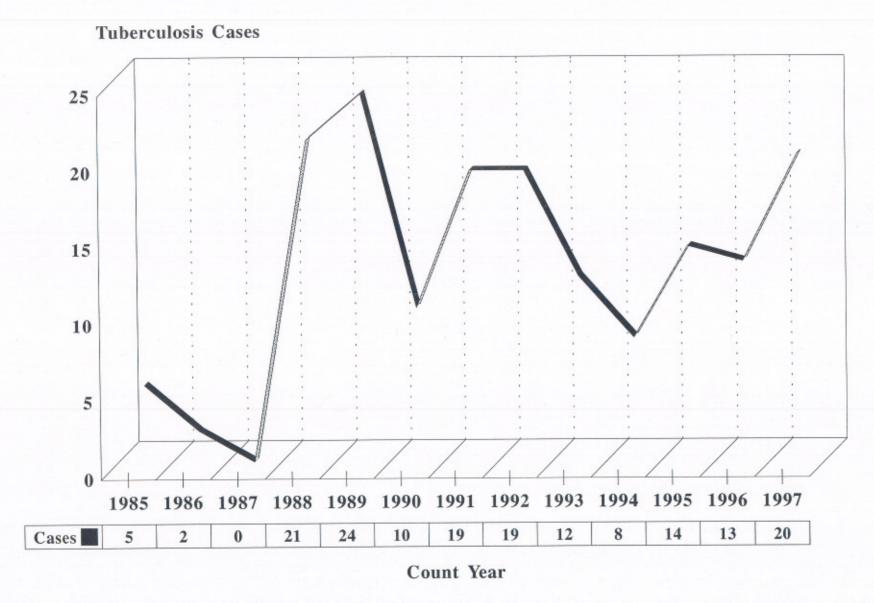
□ Asian/Pacific Islanders represented 55% of all TB cases diagnosed in 1997. In 1996 Asian/Pacific Islanders accounted only for 31% of all TB cases.

# **Tuberculosis**

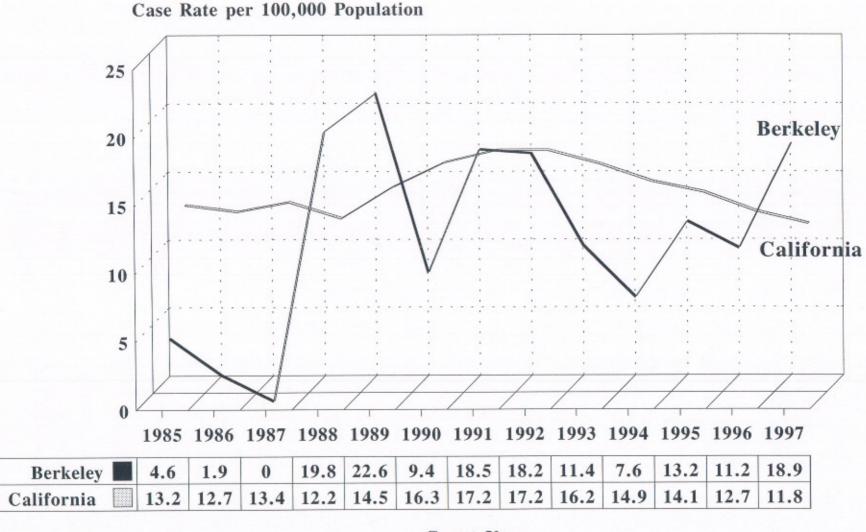
- ☐ The age groups most affected for TB in 1997 were children 5 to 19 years old (20%), adults 20 to 39 years (30%), and seniors 65 years and older (30%). This pattern is different from that of 1996 when the most affected were adults 40 to 54 years of age with 38% of cases.
- ☐ The number of TB cases among homeless has increased since 1993 (1 case) to 1996 (4 cases) and 1997 (5 cases).
- ☐ Approximately 29% of all TB cases diagnosed since 1993 to 1997 in the city of Berkeley are geographically concentrated in zip code 94704.

The four pediatric TB cases diagnosed in Berkeley in 1997 represent children of one household who moved into our health jurisdiction already infected with the disease. Thus, these cases can not be considered a measure of the efficacy of our TB Control Program.

## Tuberculosis Cases by Year City of Berkeley, 1985 - 1997

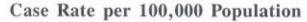


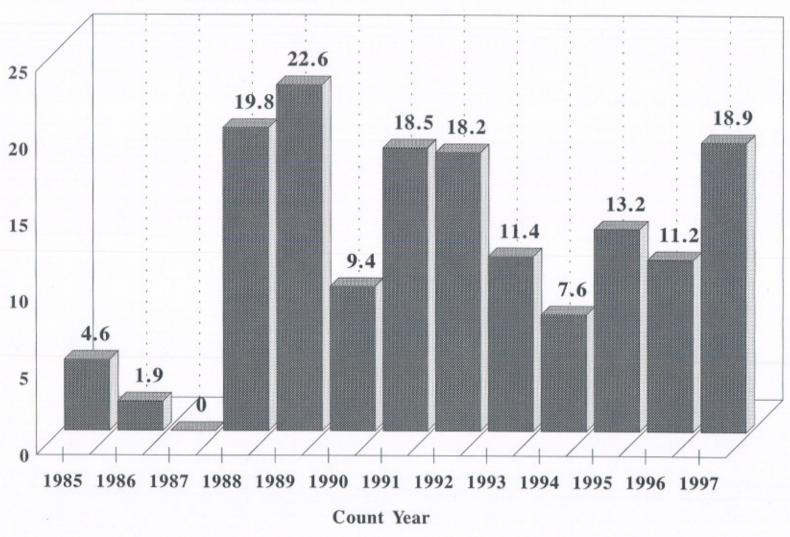
# Tuberculosis Case Rate by Count Year City of Berkeley and California, 1985 - 1997



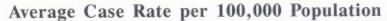
Count Year

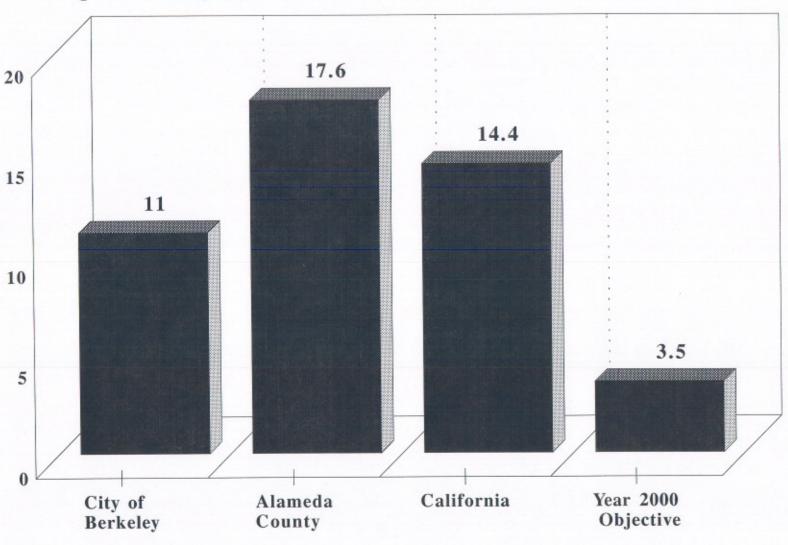
# Tuberculosis Case Rates City of Berkeley, 1985 - 1997



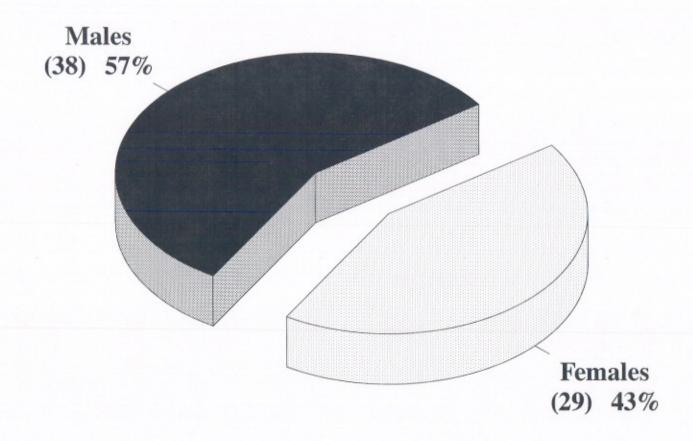


Source: City of Berkeley Health and Human Services Department, Division of Public Health, Vital Statistics Unit; TB Registry.

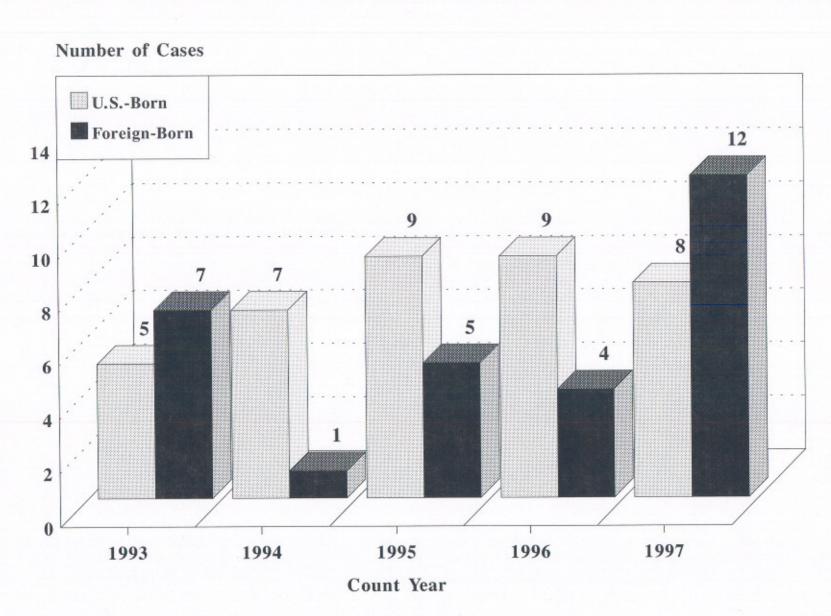




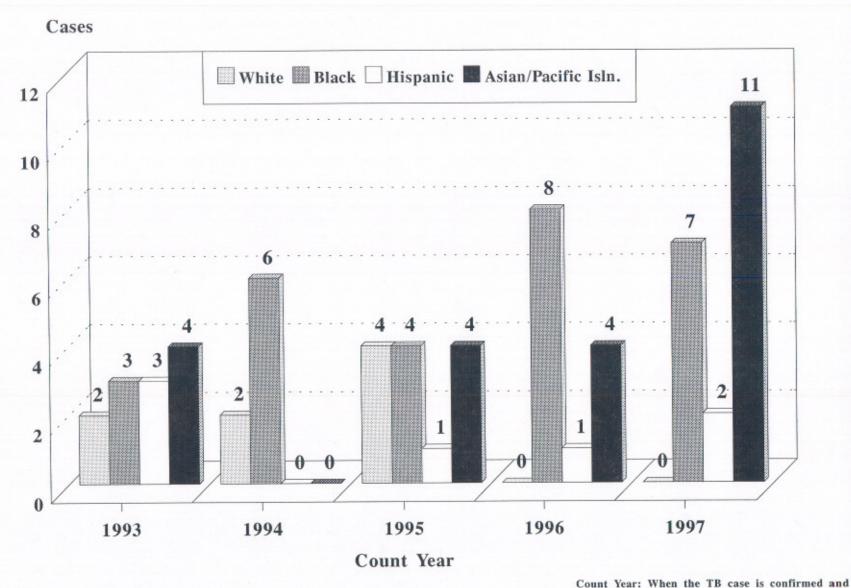
# Cumulative Tuberculosis Cases by Gender City of Berkeley, 1993 - 1997



# Tuberculosis Cases by Origin of Birth City of Berkeley, 1993 - 1997

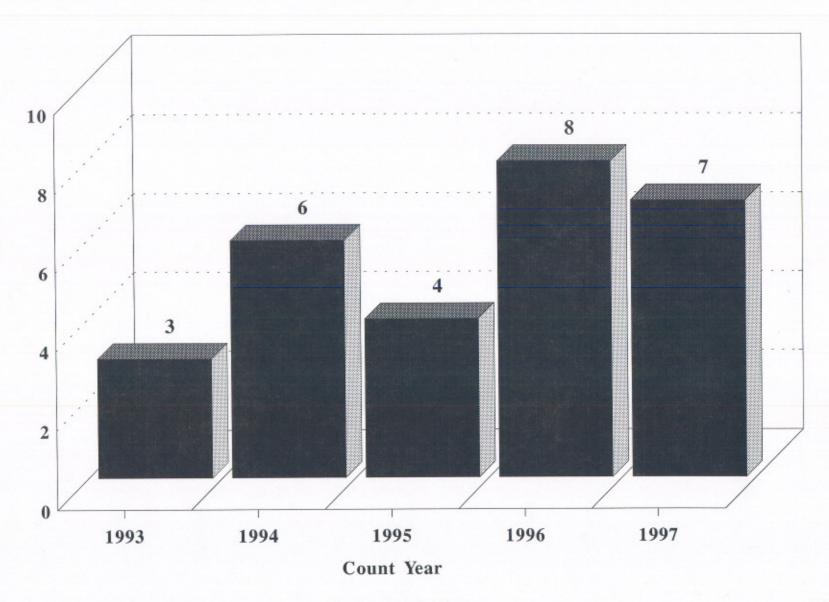


# Tuberculosis Cases by Race/Ethnicity and Count Year City of Berkeley, 1993 - 1997

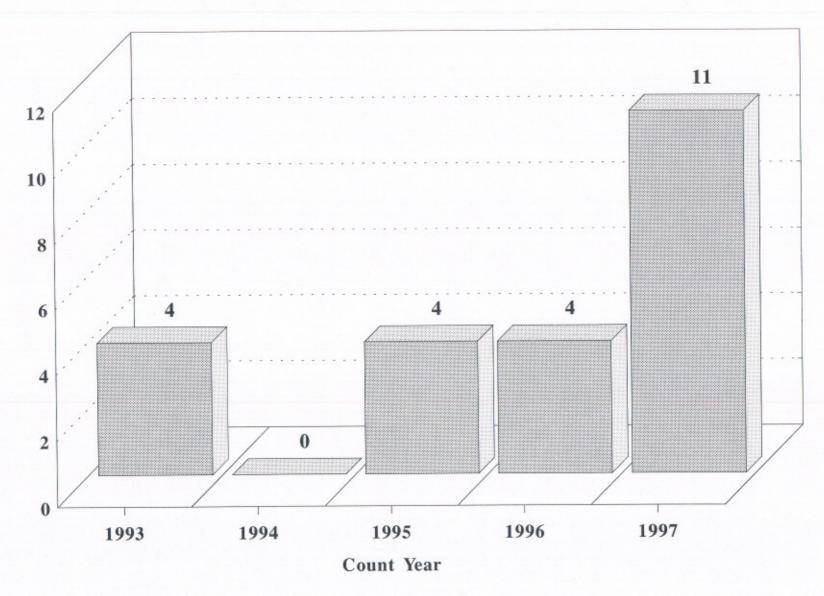


reported to the State.

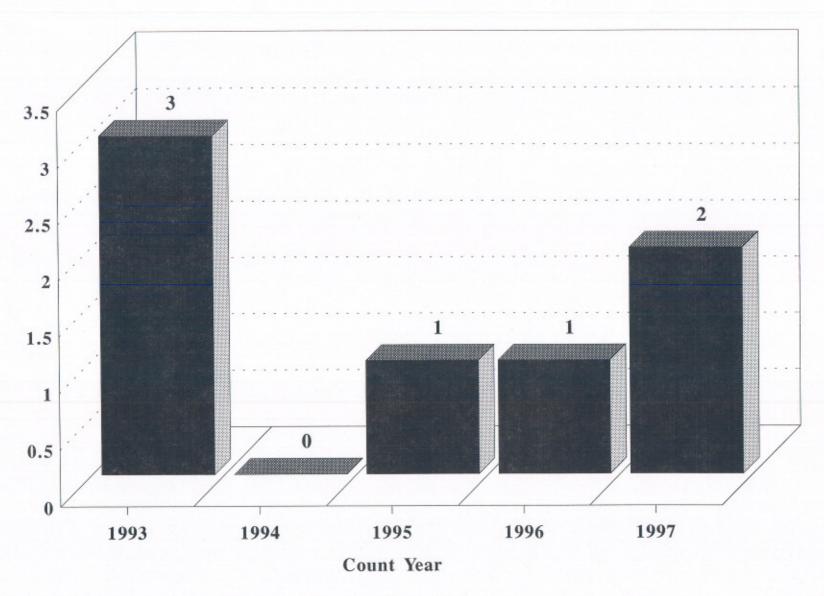
# Tuberculosis Cases Among Blacks by Year City of Berkeley, 1993 - 1997



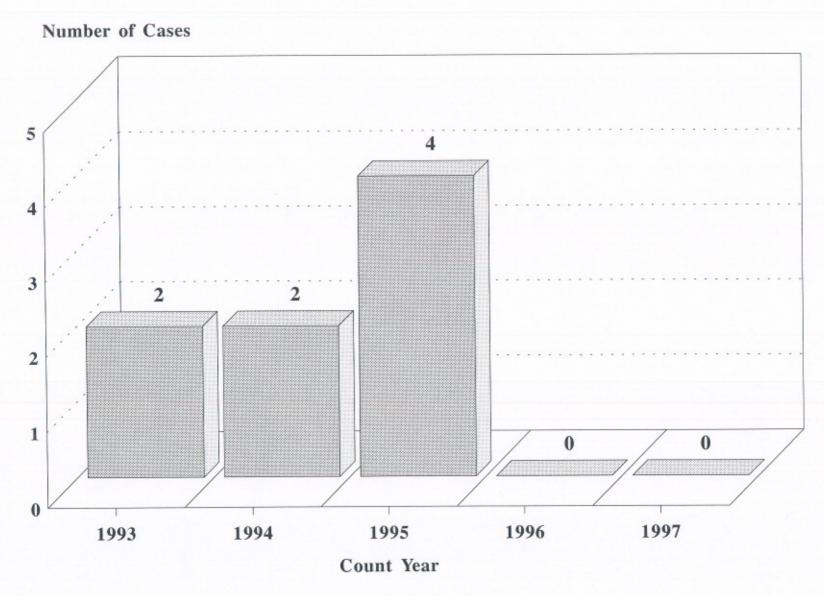
# Tuberculosis Cases Among Asians/Pacific Islanders City of Berkeley, 1993 - 1997



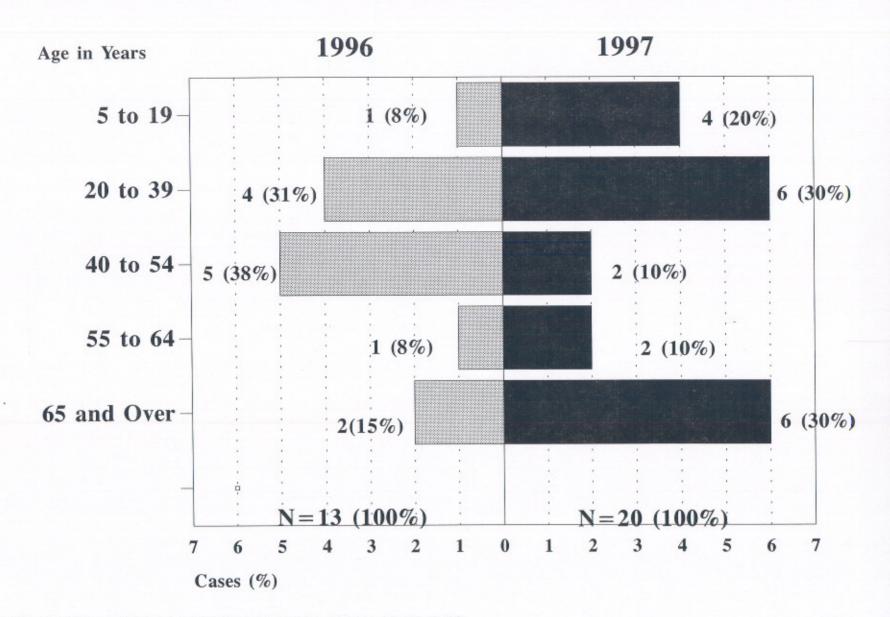
# Tuberculosis Cases Among Hispanics by Year City of Berkeley, 1993 - 1997



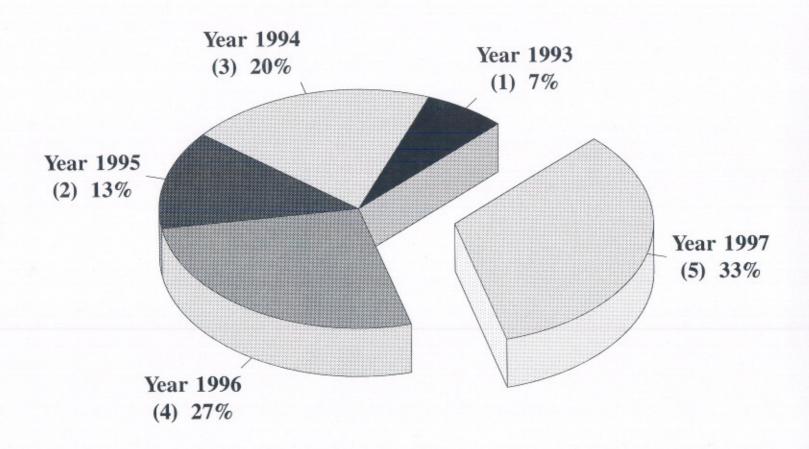
# Tuberculosis Cases Among Whites by Year City of Berkeley, 1993 - 1997



## Tuberculosis Cases by Age Groups City of Berkeley, 1996 - 1997



# Tuberculosis Cases Homeless at Time of Diagnosis City of Berkeley, 1993 - 1997



N = 15

# 

# **HIV and AIDS**

As of December 31,	1997,	there have	been a	total	of 495	AIDS	cases	reported	to th	e City	of I	Berkeley	Public
Health Department.	Of thes	se cases, 33	0 (67%	6) have	e died.								

- ☐ The number of AIDS cases reported in 1997 (20 cases) decreased by 31% with respect to 1996 (29 cases), and the number of AIDS related deaths decreased by 55% during the same time period.
- Males accounted for 92% (455 cases) of all reported AIDS cases in the city of Berkeley and the principal modes of exposure were:

Men who have sex with men/Bisexual men	350	(77.0%)
Injection drug users (IDU)	47	(10.3%)
Men who have sex with men/IDU	34	(7.4%)

☐ Females accounted for 8% (40 cases) of all reported AIDS cases in the city of Berkeley, and the principal modes of exposure were:

Injection drug users	19	(47.5%)
Heterosexual contact	17	(42.5%)

□ Whites represent 60% of all AIDS cases, Blacks 30% and Hispanics 8%. However when these AIDS cases are compared with the population distribution of Berkeley, Blacks are the only group over represented in the number of AIDS cases (30% of AIDS cases are Blacks/18% of Berkeley population is Black).

# **HIV and AIDS**

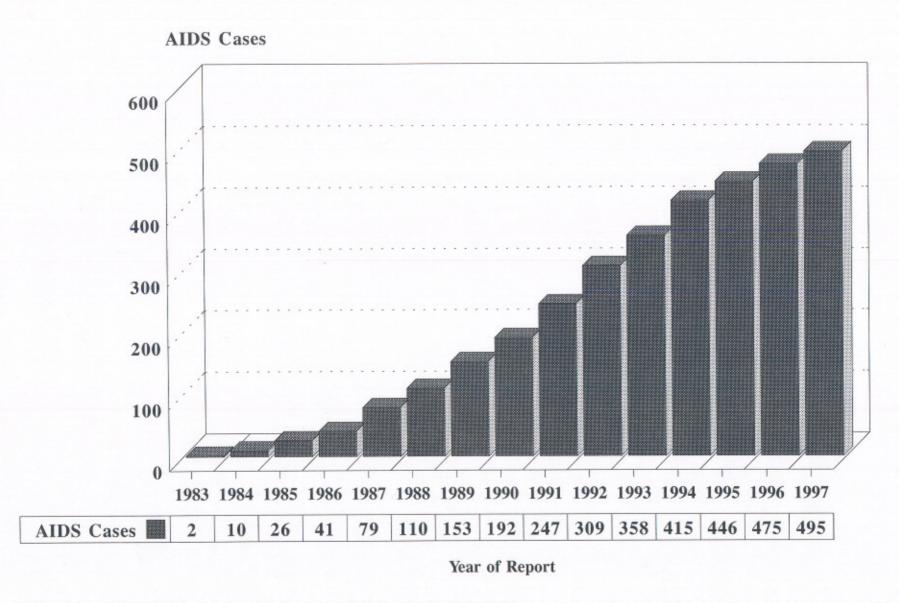
- ☐ An analysis of a three year cumulative trend showed that the number of AIDS cases among males declined during the period 1995-1997 (64 cases) whereas female AIDS cases increased by 19%.
- □ For men who have sex with men and for injection drug users, the number of AIDS cases decreased markedly during the period 1992-1994 (107 cases) to 1995-1997 (47 cases). For heterosexual males and females the AIDS cases remained low but constant during this time period (10 cases during 1992-1994 and 9 cases during 1995-1997).
- ☐ For whites and Blacks AIDS cases have declined considerably during the past three years; however, this decrease was more pronounced among Whites. For Hispanics and Asian/Pacific Islanders AIDS cases have remained low but steady.
- The age group with the highest number of cases since the beginning of the epidemic was 30 to 39 years. During the period 1989-1991 there was a switch to the age group 40 to 49 years. During the past three years the number of AIDS cases decreased in all age groups, but again with the highest number among people 30 to 39 years of age.
- ☐ The proportion of AIDS cases with a diagnosis of Pneumocystis carinii pneumonia or Kaposi's sarcoma has decreased considerably since the period 1989-1991. Pneumocystis carinii pneumonia is still the leading opportunistic disease in the city of Berkeley AIDS cases.

# **HIV and AIDS**

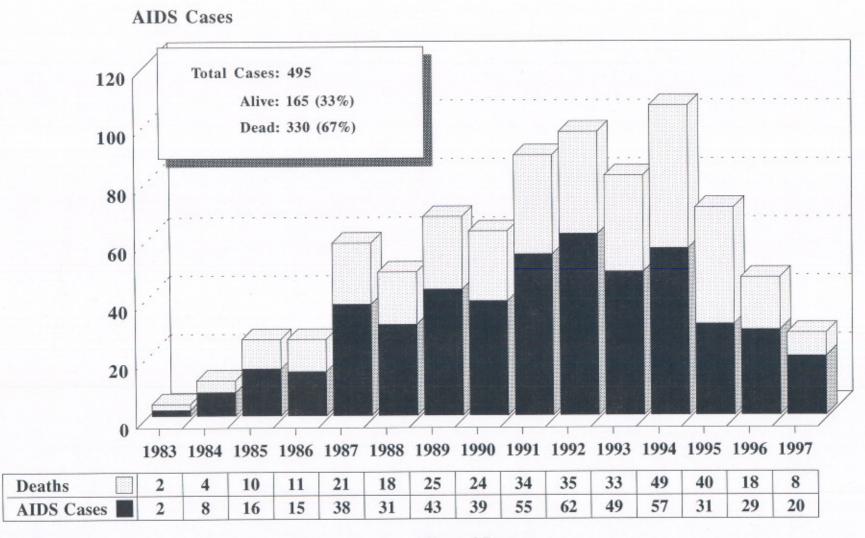
- ☐ The 1994-1996 average incidence rate for AIDS in the city of Berkeley (37.3/100,000), is higher than that of Alameda County (32.7/100,000) and the State of California (27.4/100,000).
- ☐ The city of Berkeley Public Health Department offers an average of 4,280 anonymous and confidential HIV tests. Of those HIV tests, an average of 24 are positive each year, for a prevalence of 0.6%.
- ☐ For HIV infection among people requesting an anonymous or confidential HIV test in 1996, the principal mode of exposure to the virus was:

Sex with known HIV positive partner	6.4%
Bisexual man	3.0%
Men who have sex with men/IDU	2.3%
Men who have sex with men	1.1%

# Cumulative AIDS Cases City of Berkeley, 1983 - 1997



# AIDS Cases by Vital Status City of Berkeley, 1983 - 1997

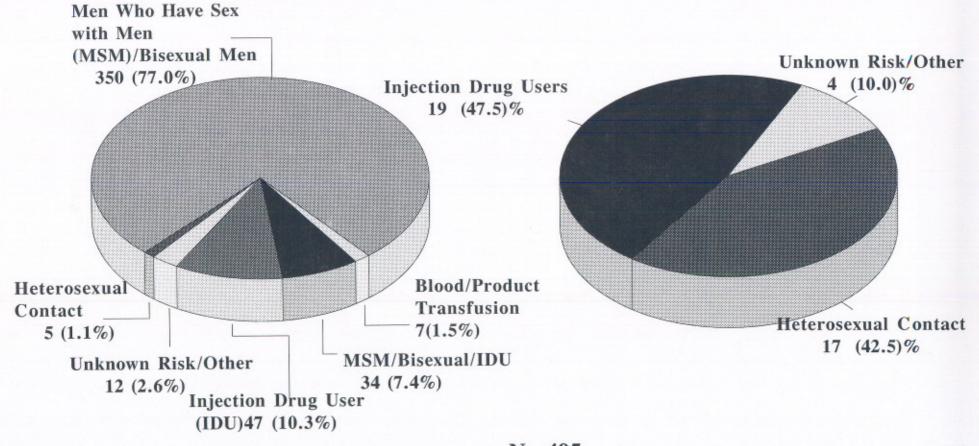


Year of Report

# AIDS Cases by Reported Mode of Exposure City of Berkeley, 1983-1997

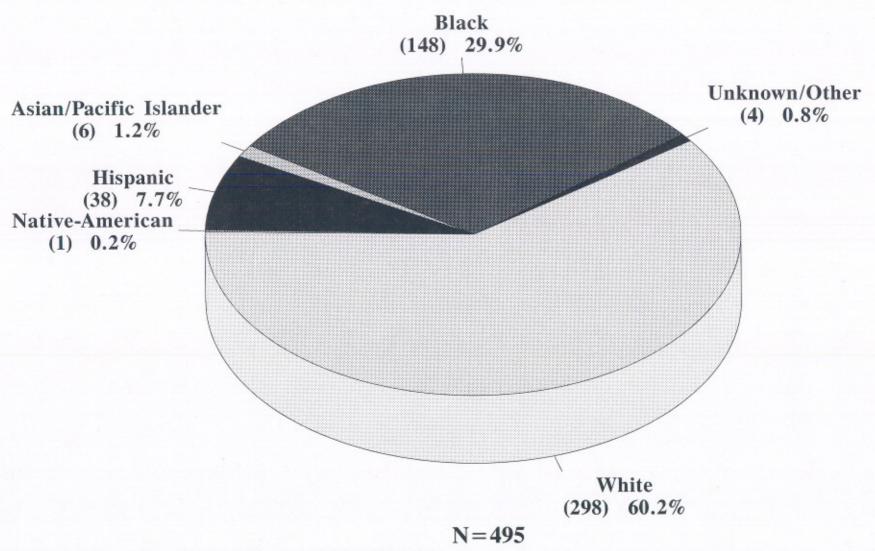
Males (N=455)

Females (N=40)

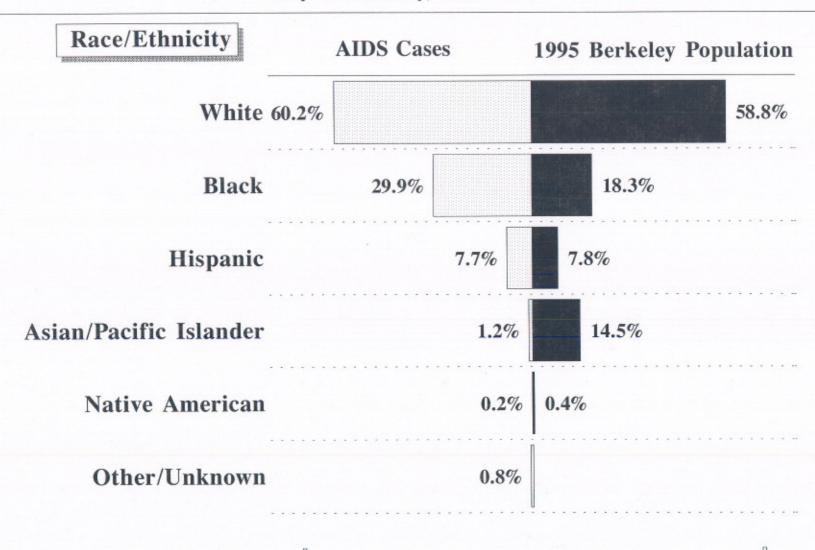


N = 495

# Cumulative AIDS Cases by Race/Ethnicity City of Berkeley, 1983-1997

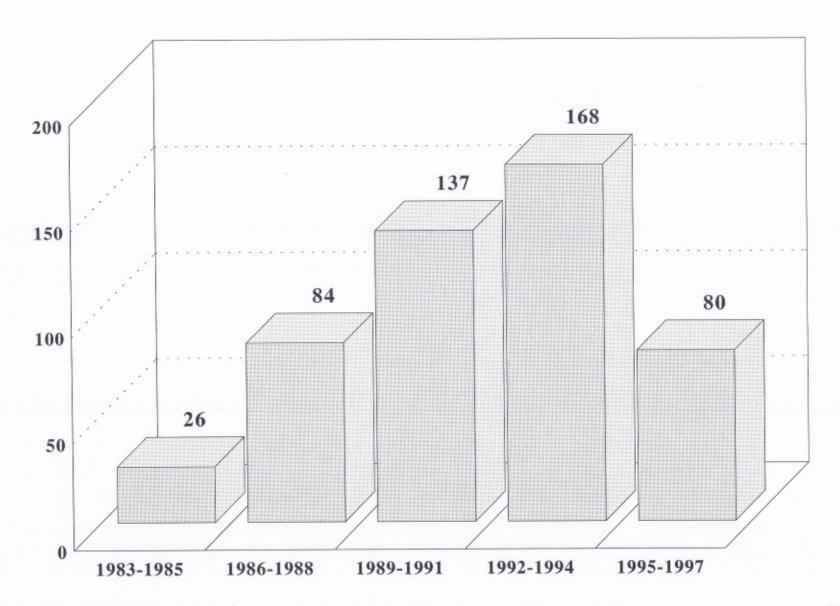


# AIDS Cases by Race\Ethnicity as Compared with 1995 Berkeley General Population City of Berkeley, 1983 - 1997

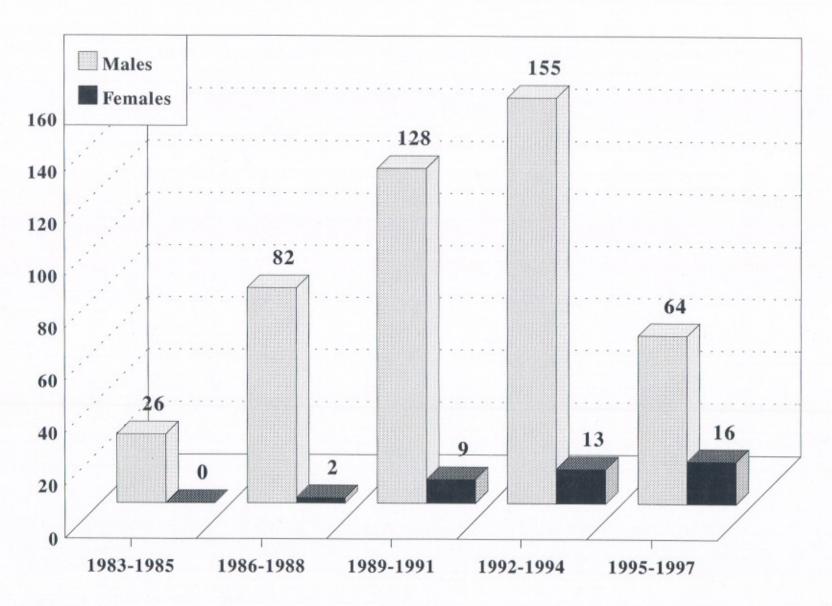


80% 70% 60% 50% 40% 30% 20% 10% 0% 10% 20% 30% 40% 50% 60% 70% 80%

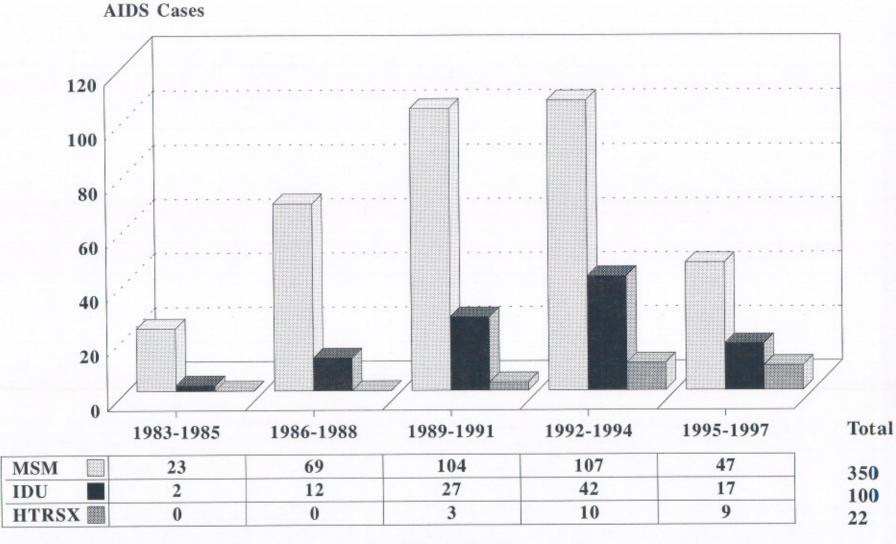
# AIDS Cases by Three Cumulative Years City of Berkeley, 1983-1997



# AIDS Cases by Three Cumulative Years and Gender City of Berkeley, 1983-1997

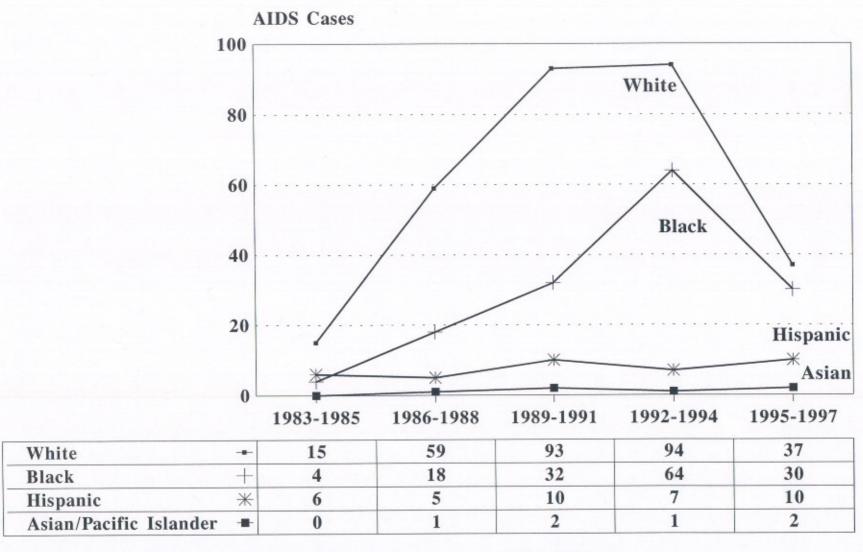


# AIDS Cases Among Men Who Have Sex With Men (MSM), Injection Drug Users (IDU) and Heterosexual Contact (HTRSX), City of Berkeley, 1983 - 1997



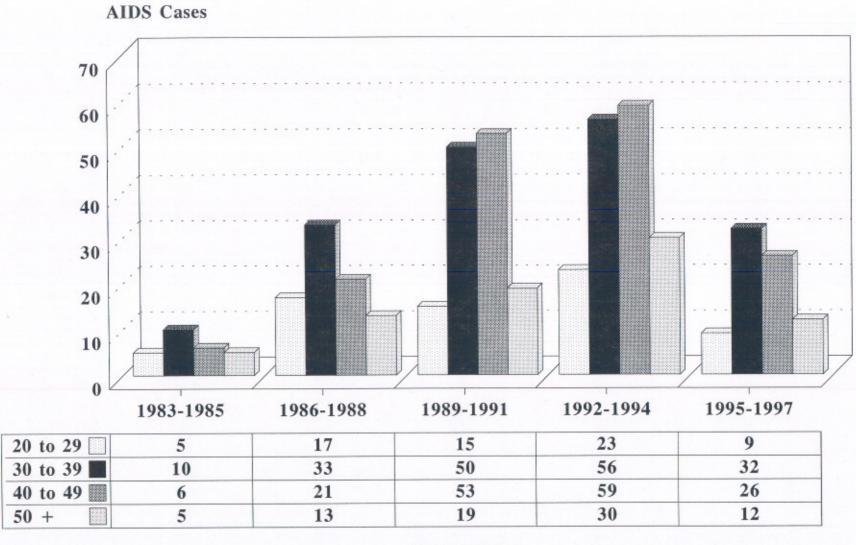
Year of Report

## AIDS Cases By Race/Ethnicity City of Berkeley, 1983 - 1997



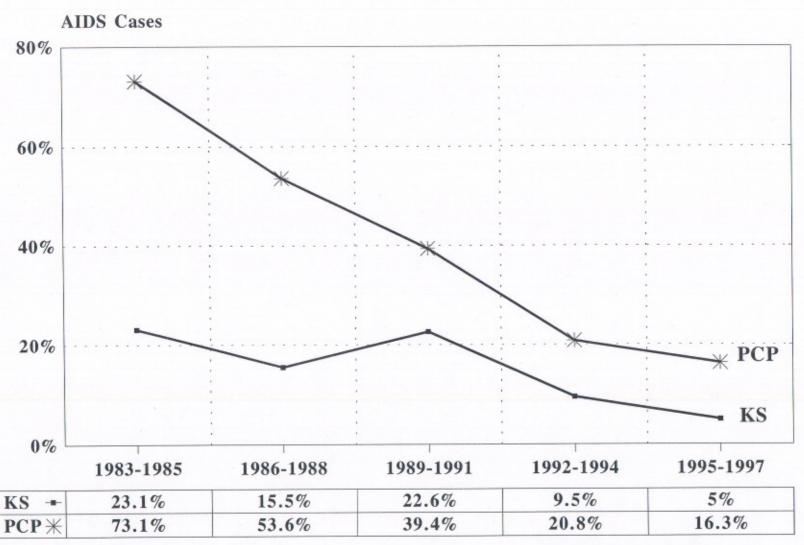
Year of Report

#### AIDS Cases by Age Groups City of Berkeley, 1983 - 1997



Year of Report

#### Proportion of AIDS Cases With Opportunistic Diseases City of Berkeley, 1983 - 1997



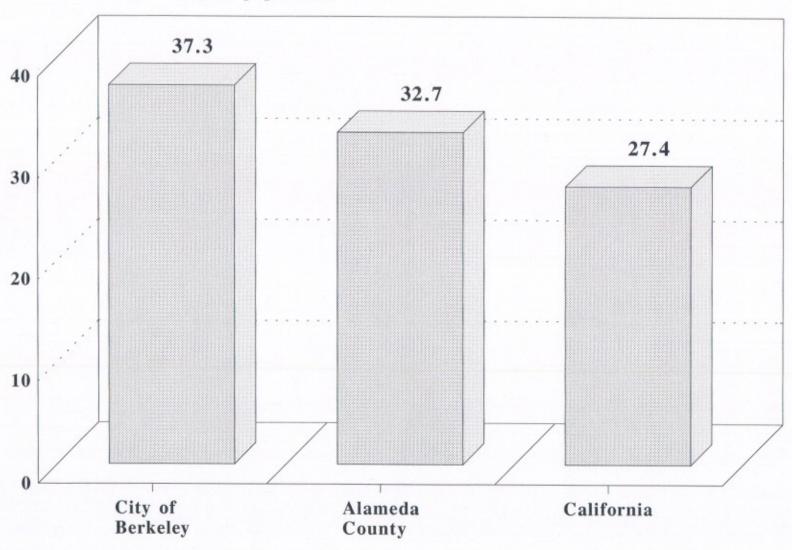
Year of Report

KS: Kaposi's sarcoma

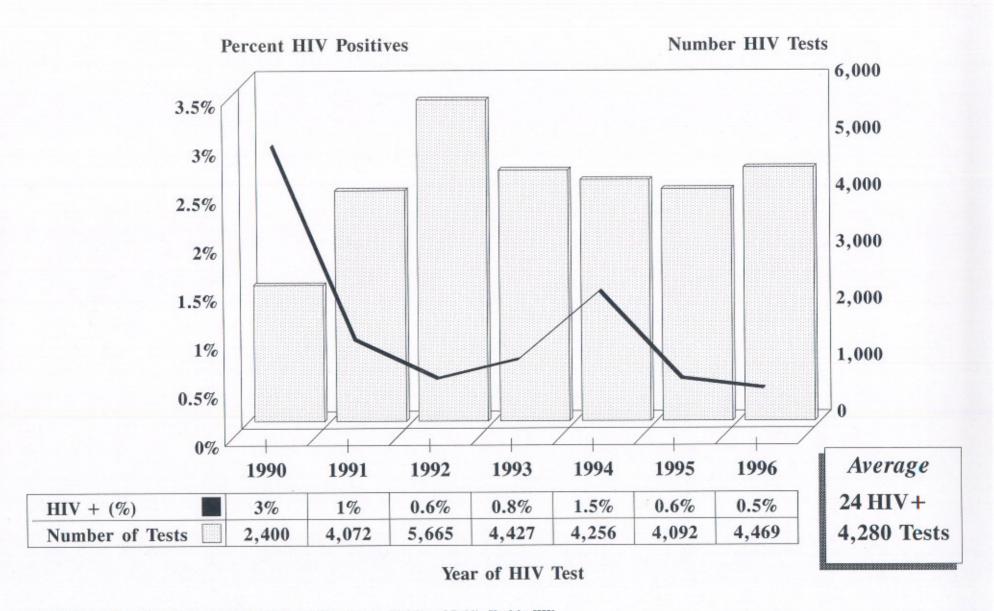
PCP: Peumocystis carinii pneumonia

# Average Crude Incidence Rate of Reported AIDS Cases City of Berkeley, 1994-1996 Average

#### Case Rate per 100,000 population



## Anonymous and Confidential HIV Testing City of Berkeley, 1990 - 1996



# Prevalence of HIV Infection by Mode of Exposure Confidential and Anonymous HIV Testing City of Berkeley, 1996

Mode of Exposure	Number Tested	HIV+	% Positives	95% CI*
Partner HIV+	47	3	6.4	(1.3, 17.5)
Bisexual Men	366	11	3.0	(1.5, 5.3)
Men Sex with Men/IDU	43	1	2.3	(0.06, 12.3)
Men Sex with Men	263	3	1.1	(0.2, 3.3)
Prostitute	285	2	0.7	(0.1, 2.5)
Heterosexual Multiple Partners	1,600	1	0.1	(0.006, 0.3)
Partner Had Multiple Partners	934	1	0.1	(0.006, 0.6)

<sup>\*</sup>Confidence Intervals calculated by the Binomial Exact Method.

Sexually Transmitted
Diseases

# **Sexually Transmitted Diseases**

- □ Sexually transmitted diseases (STD) are the leading communicable diseases reported every year to the city of Berkeley Public Health Department.
- ☐ In 1997, the number of chlamydia cases reported increased by 35% with respect to 1996. Gonorrhea cases also increased by 30% during the same time period.
- ☐ The risk of infection for chlamydia in 1997 was one for every 624 residents of the city of Berkeley (case rate: 159.6/100,000).
- ☐ Of the 169 chlamydia cases reported in 1997, 87 (51%) were among females and 82 (49%) among males. Approximately 41% of chlamydia cases among females were in adolescents 15 to 19 years old.
- The chlamydia case rate is significantly higher among females than males. The highest rates of chlamydia were observed among females 15 to 19 years of age (324.8/100,000 in 1997), and among males 20 to 29 years of age (279.4 in 1997). Chlamydia is the leading cause of preventable infertility in the United States and a major cause of pelvic inflammatory disease (PID), ectopic pregnancy, and pelvic pain.

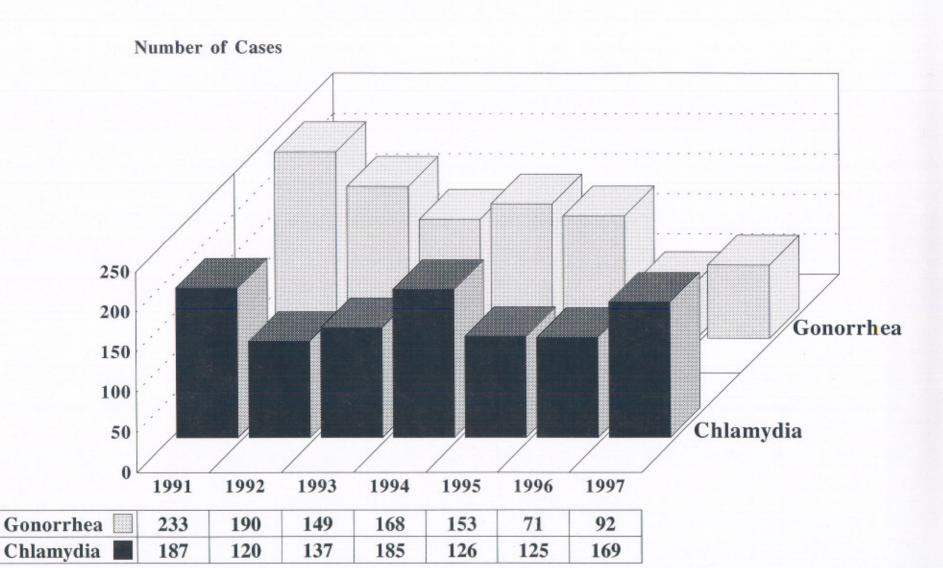
# **Sexually Transmitted Diseases**

- ☐ The gonorrhea case rate was almost two times higher among males (106/100,000) than among females (66.7/100,000) in 1997. However this rate is 2.5 higher among adolescent females 15 to 19 years old (384.8/100,000) than males of the same age group (151.6/100,000).
- ☐ The 1997 case rate for gonorrhea is 15% below the Year 2000 National Objective of 100 cases per 100,000 population.
- ☐ The number of reported cases of infectious syphilis (primary and secondary syphilis) has remained low since 1994; only 2 cases were reported in 1997.

#### Interpretation of Data

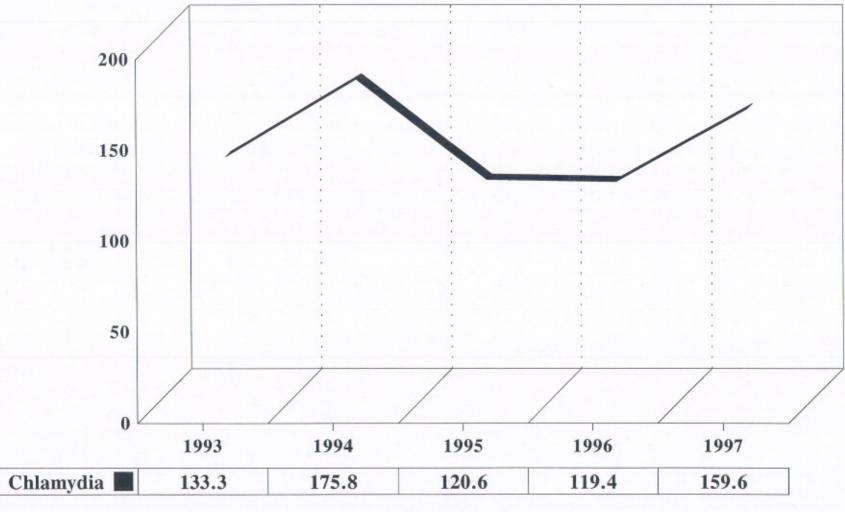
The data presented in this section are useful for analyzing and monitoring disease trends in the population. However, these data must be interpreted taking into consideration under reporting of diseases, changes in testing and diagnostic techniques, changes in case definitions, and the source of report, which might add artifacts to the results.

# Chlamydia and Gonorrhea Cases by Year of Report City of Berkeley, 1991 - 1997



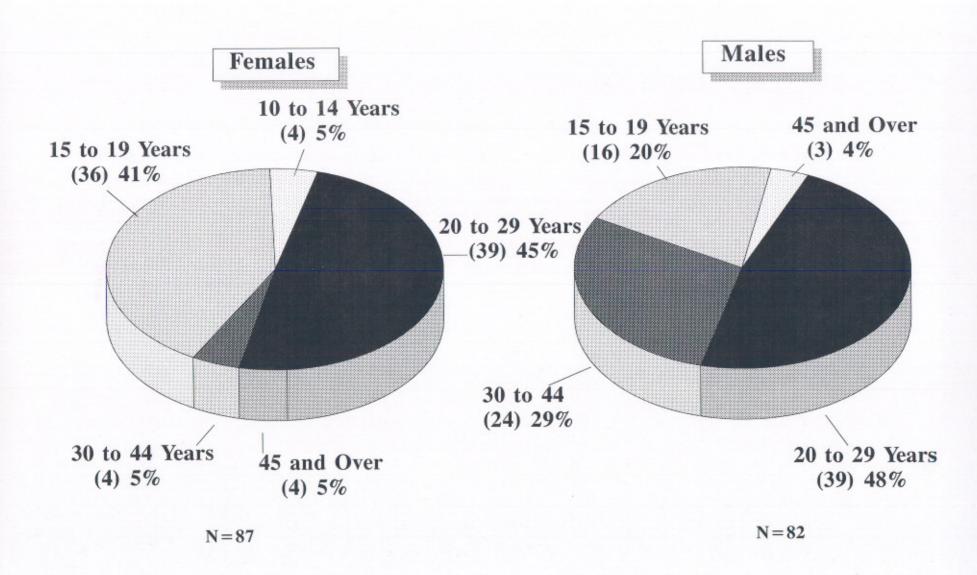
Year of Report

# Chlamydia Case Rates City of Berkeley, 1993 - 1997



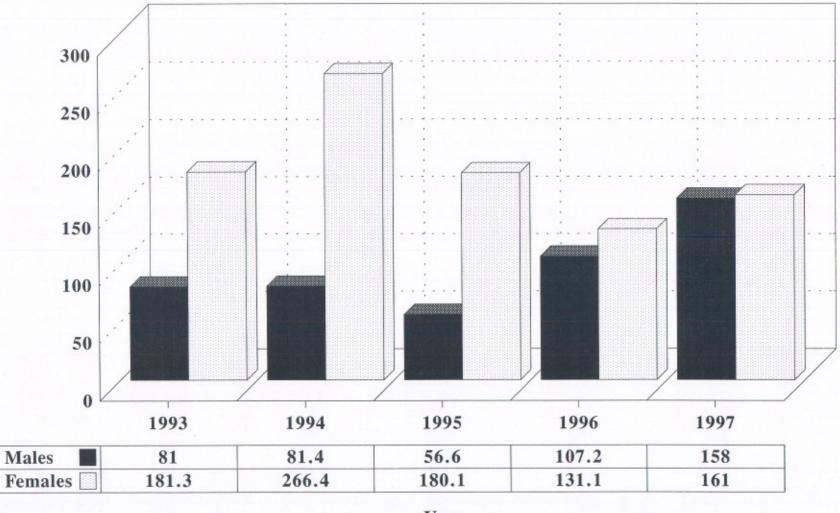
Year of Report

# Chlamydia Cases by Gender and Age Groups City of Berkeley, 1997



# Chlamydia Case Rate by Gender City of Berkeley, 1993 - 1997

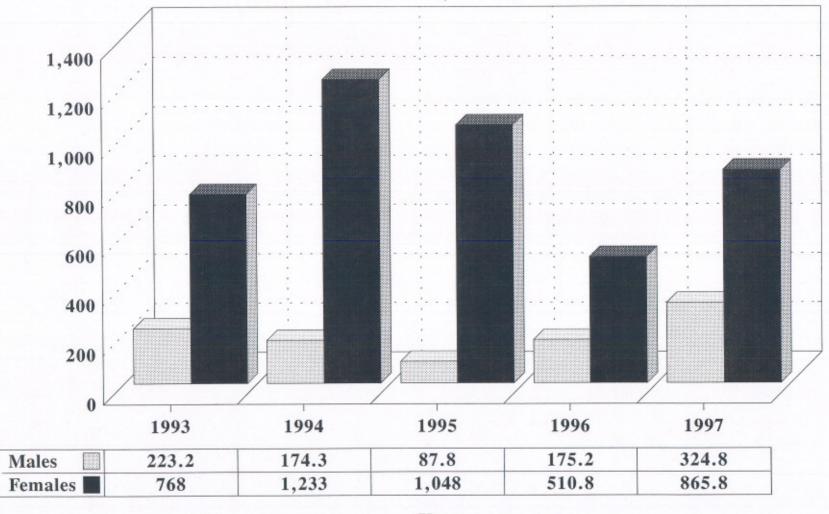
#### Case Rate per 100,000 Population



Year

## Chlamydia Case Rate Among Adolescents 15 to 19 Years of Age by Gender City of Berkeley, 1993 - 1997

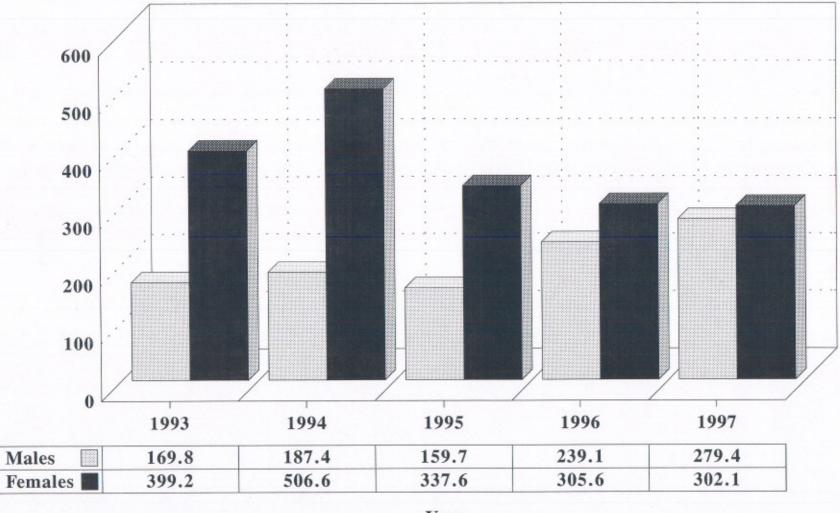
#### Case Rate per 100,000 Population



Year

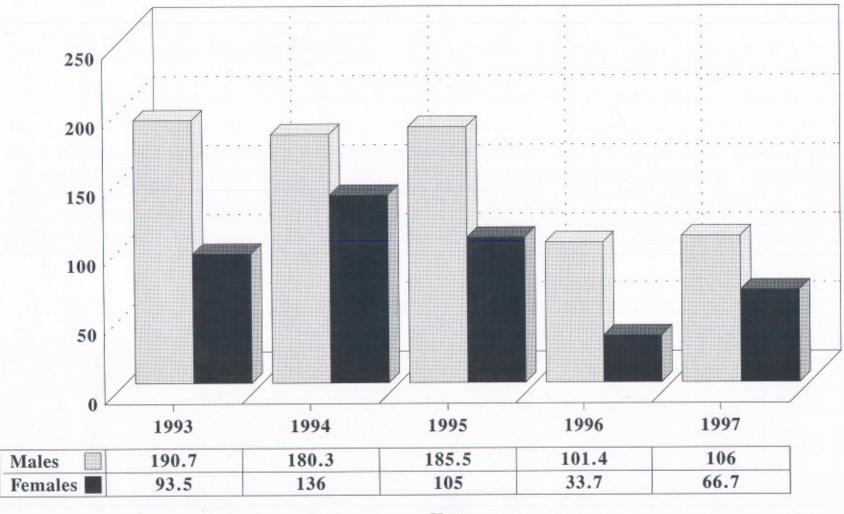
67

# Chlamydia Case Rate Among Young Adults 20 to 29 Years of Age by Gender City of Berkeley, 1993 - 1997



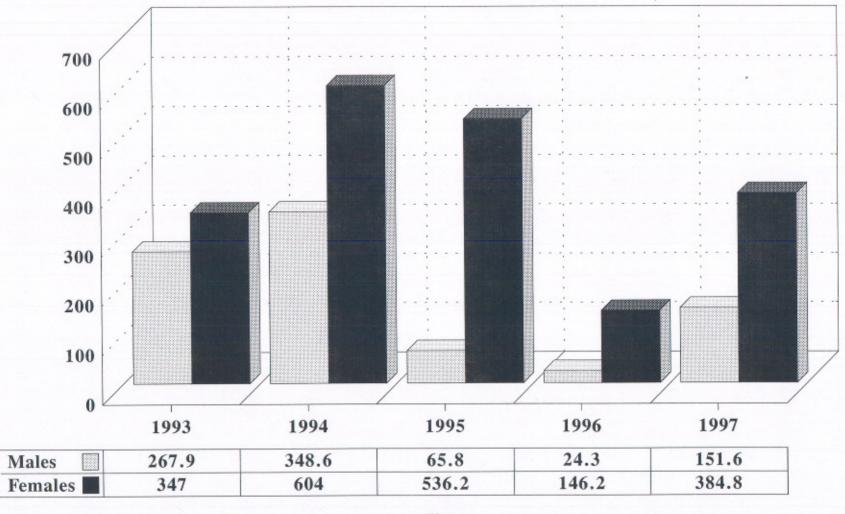
Year

# Gonorrhea Case Rate by Gender City of Berkeley, 1993 - 1997



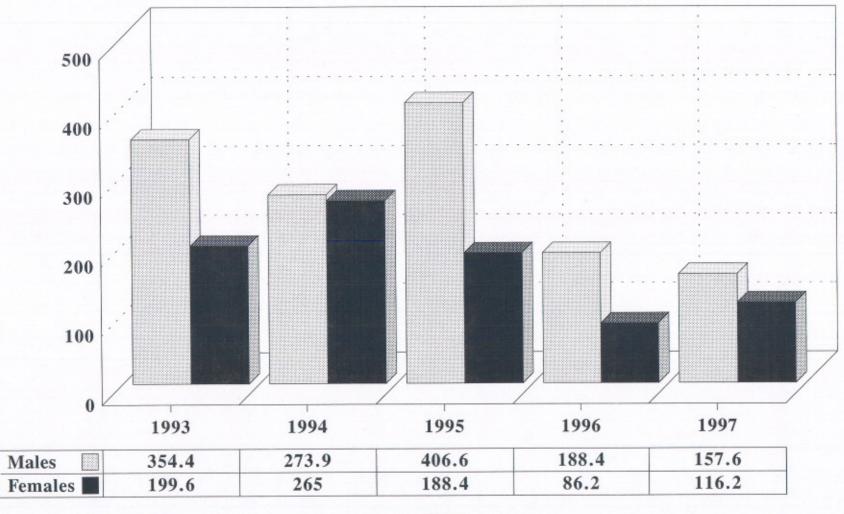
Year

## Gonorrhea Case Rate Among Adolescents 15 to 19 Years of Age by Gender City of Berkeley, 1993 - 1997



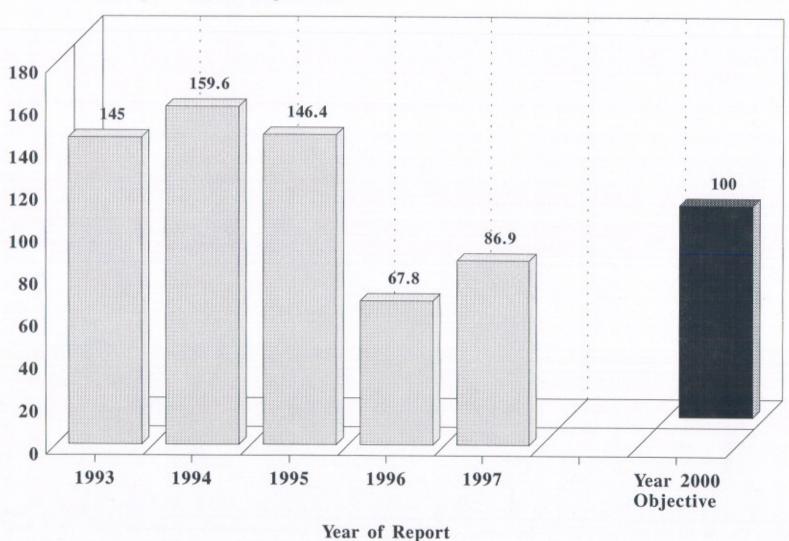
Year

# Gonorrhea Case Rate Among Young Adults 20 to 29 Years of Age by Gender City of Berkeley, 1993 - 1997



Year

# Gonorrhea Case Rates and Healthy People 2000 Objective City of Berkeley, 1993 - 1997



Source: City of Berkeley Health and Human Services Department, Division of Public Health, Vital Statistics Unit; Morbidity Records.

# Cases of Infectious Syphilis by Year of Report City of Berkeley, 1991-1997

\* Infectious Syphilis includes primary and secondary syphilis.

# Number of Cases 20 16 15 10 7 2

1994

Year of Report

1995

1996

Source: City of Berkeley Health and Human Services Department, Division of Public Health, Vital Statistics Unit; Morbidity Records.

1993

1992

0

1991

1997

Sensitive Conditions

# **Ambulatory Care Sensitive Conditions**

Ambulatory Care Sensitive Conditions are a defined group of medical illnesses which hospitalization can be prevented through timely and adequate primary care services. It is therefore a measure of access to primary care.

- ☐ In 1994, 282 children 0 to 19 years of age were hospitalized for at least one ambulatory care sensitive condition (ACS) in the city of Berkeley.
- ☐ Of all ACS hospitalizations among children in Berkeley, 100 (35.4%) corresponded to asthma, 44 (15.6%) to severe ear, nose, throat infection and 39 (13.8%) to pneumonia.
- ☐ For asthma, children under 5 years of age had the highest rate of hospitalization (100.9/10,000) followed by children 5 to 9 years old (64.7/100,000). Blacks accounted for 60% of all asthma hospitalizations in Berkeley among children 0 to 19 years of age, followed by Whites with 2.1%.
- ☐ For pneumonia, the highest rates of hospitalization were found among children under 5 years of age (51.5/10,000) and children 10 to 14 years (15.7/10,000). The proportion of pneumonia hospitalizations by race/ethnicity is as follows:

Black	46.2%
White	25.6
Asian/Pacific Islander	12.8%
Hispanic	10.3%

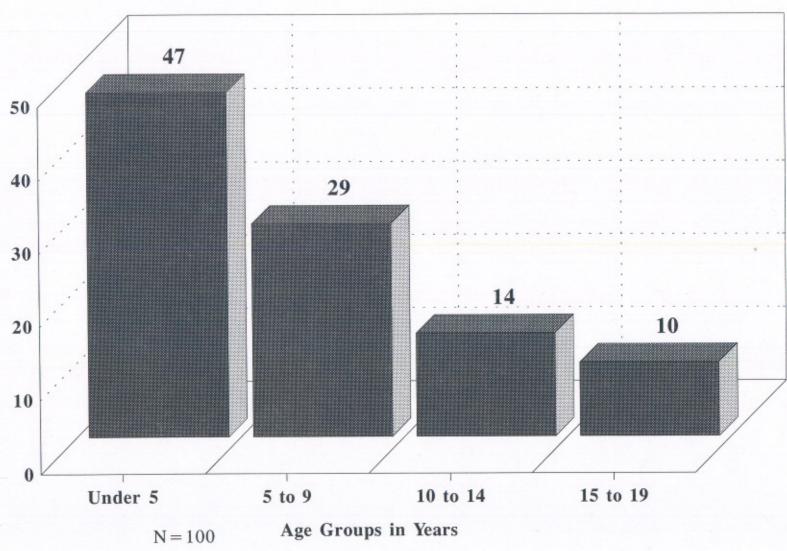
Source: City of Berkeley Health and Human Services Department, Division of Public Health, Vital Statistics Unit.

Ambulatory Care Sensitive Condition (ACS) Hospitalizations Among Children 0 to 19 Years Old City of Berkeley, 1994

ACS CONDITIONS	Number of Cases	Percent of Total
Asthma	100	35.4
Severe Ear, Nose, Throat Infection	44	15.6
Pneumonia	39	13.8
Dehydration	26	9.2
Diabetes	17	6.0
<b>Urinary Tract Infection</b>	16	5.7
Gastroenteritis Non Infectious	15	5.3
Convulsions	8	2.8
<b>Epileptic Convulsions</b>	8	2.8
<b>Pelvic Inflammatory Disease</b>	5	1.8
Failure To Thrive	2	0.7
Congenital Syphilis	1	0.4
Hypertension	1	0.4
TOTAL	282	100.00

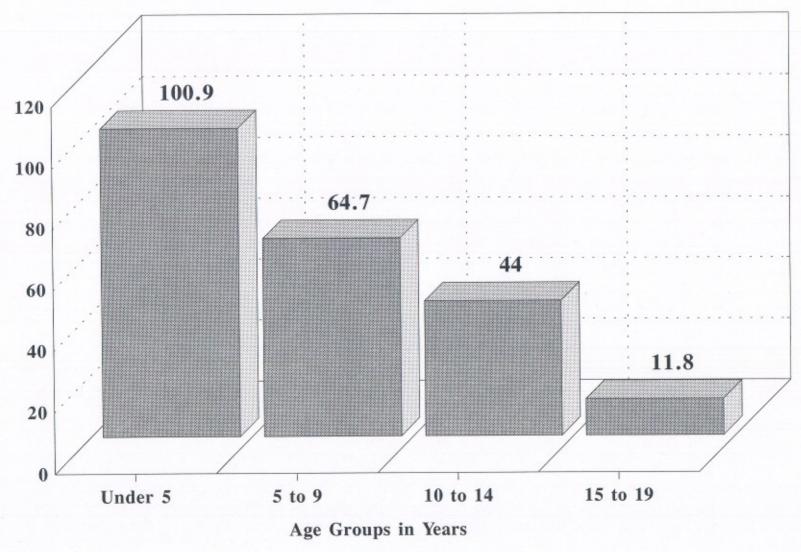
# Asthma Hospitalizations by Age Among Children 0 to 19 Years Old City of Berkeley, 1994

## Number of Hospitalizations

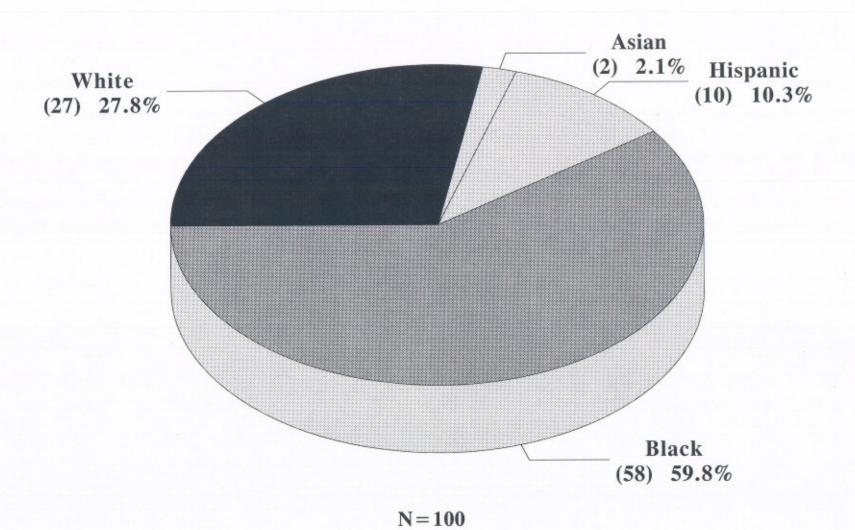


# Asthma Hospitalization Rates by Age Among Children 0 to 19 Years Old City of Berkeley, 1994

## Hospitalization Rates per 10,000 population



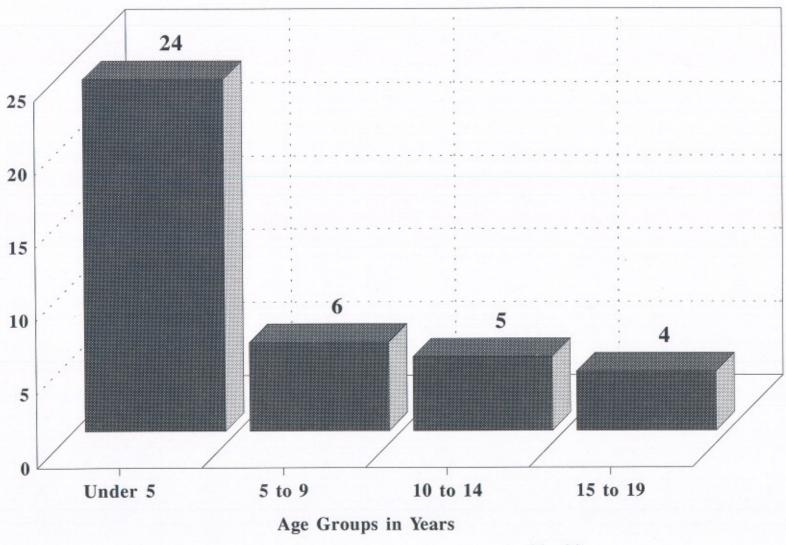
# Asthma Hospitalizations by Race Ethnicity Among Children 0 to 19 Years Old City of Berkeley, 1994



Source: City of Berkeley Health and Human Services Department, Division of Public Health, Vital Statistics Unit; Hospital Discharge Data.

# Pneumonia Hospitalizations by Age Among Children 0 to 19 Years Old City of Berkeley, 1994

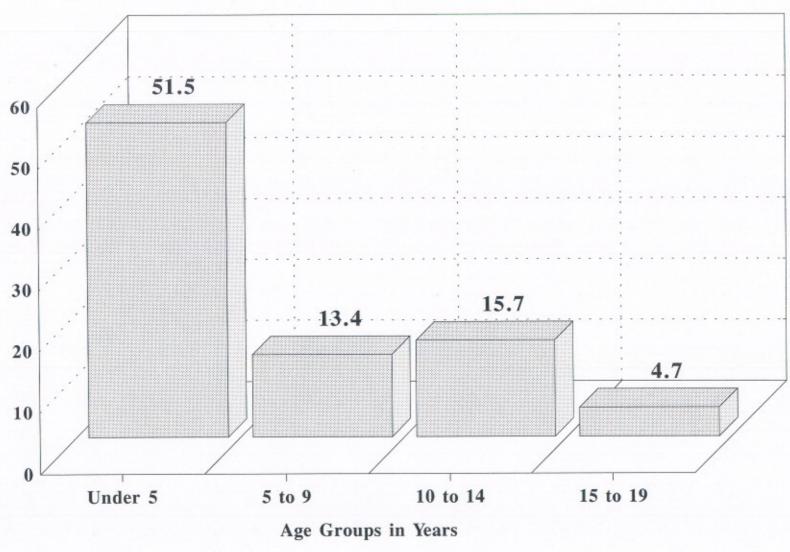
## Number of Hospitalizations



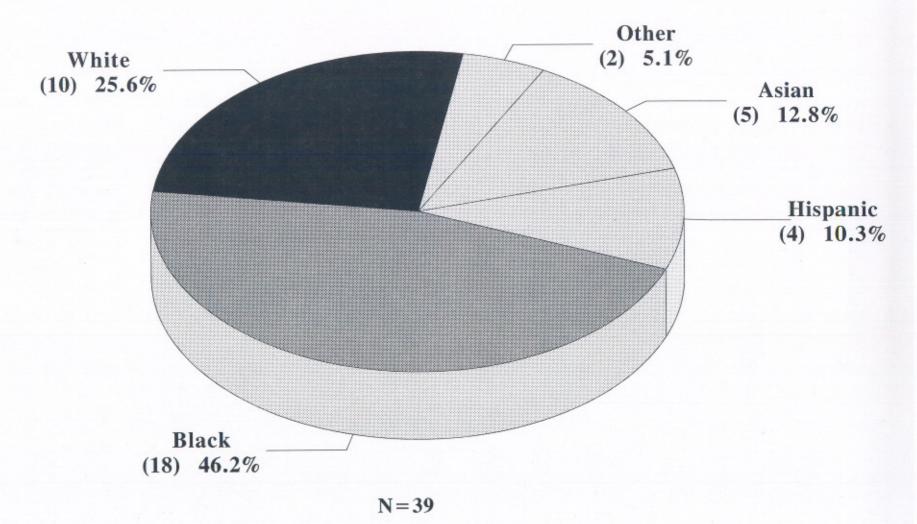
N = 39

# Pneumonia Hospitalization Rates by Age Among Children 0 to 19 Years Old City of Berkeley, 1994

## Hospitalization Rates per 10,000 population



# Pneumonia Hospitalizations by Race Ethnicity Among Children 0 to 19 Years Old City of Berkeley, 1994



Source: City of Berkeley Health and Human Services Department, Division of Public Health, Vital Statistics Unit; Hospital Discharge Data.

Domestic Violence

# **Domestic Violence**

Domestic Violence is defined as "abuse committed against an adult or fully emancipated minor who is a spouse, former spouse, cohabitant, former cohabitant, or person with whom the suspect or aggressor has had a child or is having or has had a dating or engagement relationship".

- ☐ In 1997, 870 cases of domestic violence were reported to the city of Berkeley Police Department. Women were reported as victims in approximately 90% of the cases.
- ☐ For the victims of domestic violence the age groups with the highest report rates were:

20 to 30 years 297 (34%) 31 to 40 years 297 (34%)

☐ For the aggressors, the age groups more prevalent involved in domestic violence were:

20 to 30 years 280 (32%) 31 to 40 years 351 (40%)

☐ The type of relationships more commonly reported between aggressor and victim were:

Cohabitant 193 (22%) Spouse 184 (21%) Former Dating 181 (21%)

# **Domestic Violence**

□ Drugs or alcohol were involved in 23% of the domestic violence cases reported in the following proportion:

Alcohol	187	(92%)
Crack, Cocaine or Heroine	5	(2%)
Other Drugs	11	(5%)

☐ The use of a weapon or means of physical aggression was reported in 57% of the total number of cases. The most frequent weapons reported were:

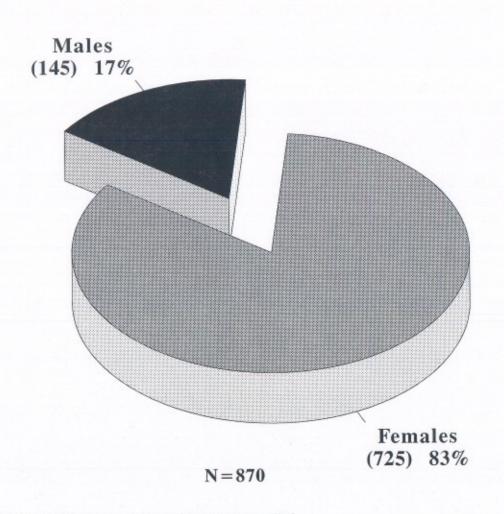
Hands or Feet	392	(45%
Knife or Cutting Object	18	(2%)
Firearm	8	(1%)
Other Dangerous Weapon	40	(5%)

☐ Of the 145 men (17%) reported as victims of domestic violence, 13 (9%) were battered by their male partner and 132 (91%) by a female partner. Of all females victim of domestic violence, 17 (2.3%) were battered by a female partner and 708 (97.7%) by their male partners.

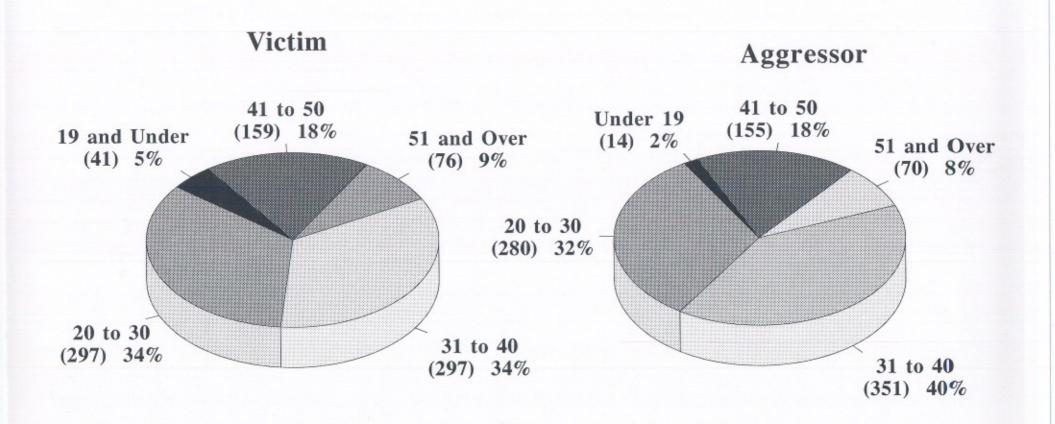
#### This section created with the collaboration of:

Deborah Arthur, city of Berkeley Division of Public Health, Domestic Violence Program Officer Monica Dunkin, city of Berkeley Police Department Lieutenant Robert Maloney, city of Berkeley Police Department

# Domestic Violence by Gender of Victim City of Berkeley, 1997

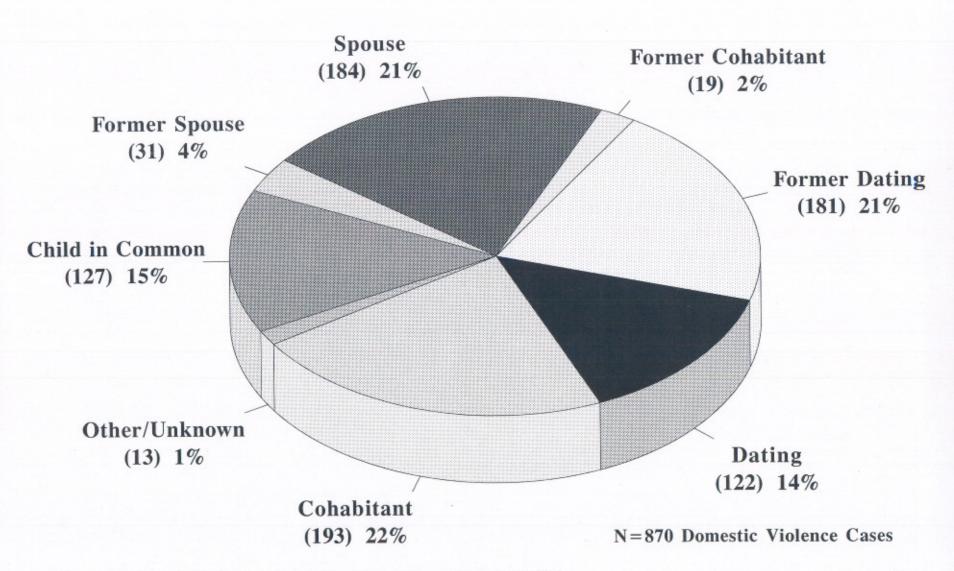


# Domestic Violence by Age of Victim and Aggressor City of Berkeley, 1997

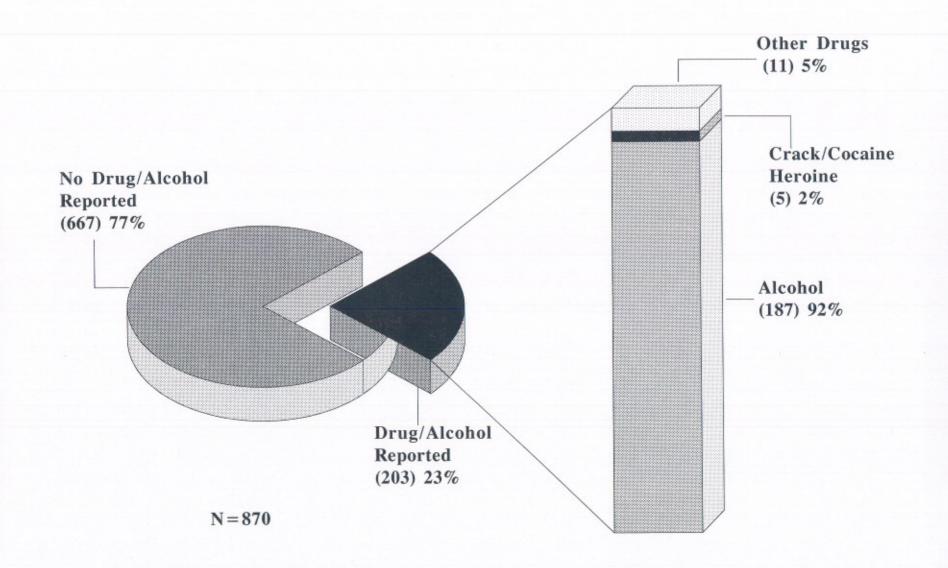


N=870 Domestic Violence Cases

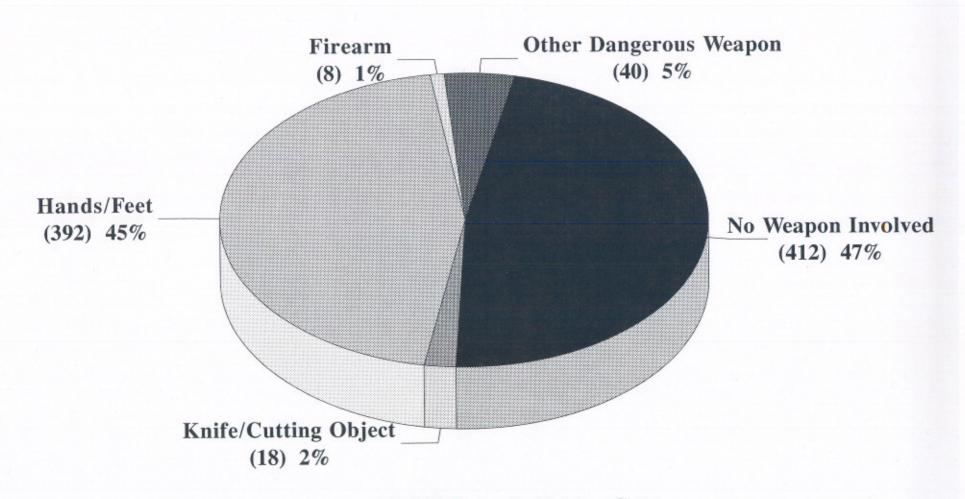
# Domestic Violence by Relationship of Victim and Aggressor City of Berkeley, 1997



# Drugs/Alcohol Used in Domestic Violence City of Berkeley, 1997

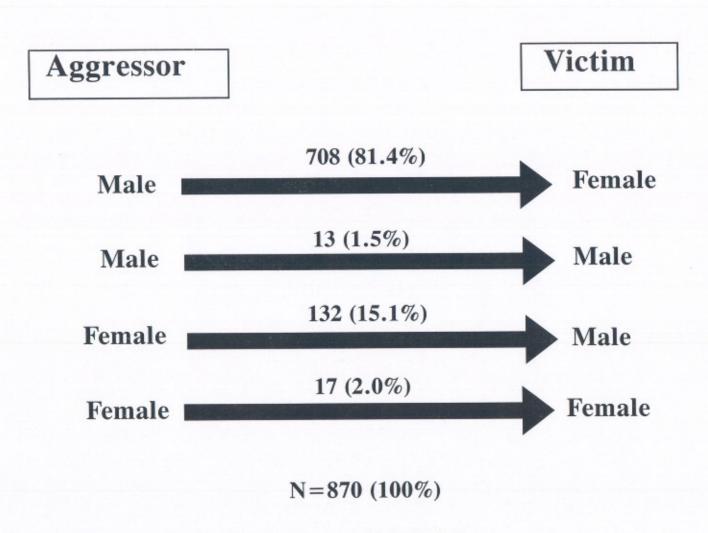


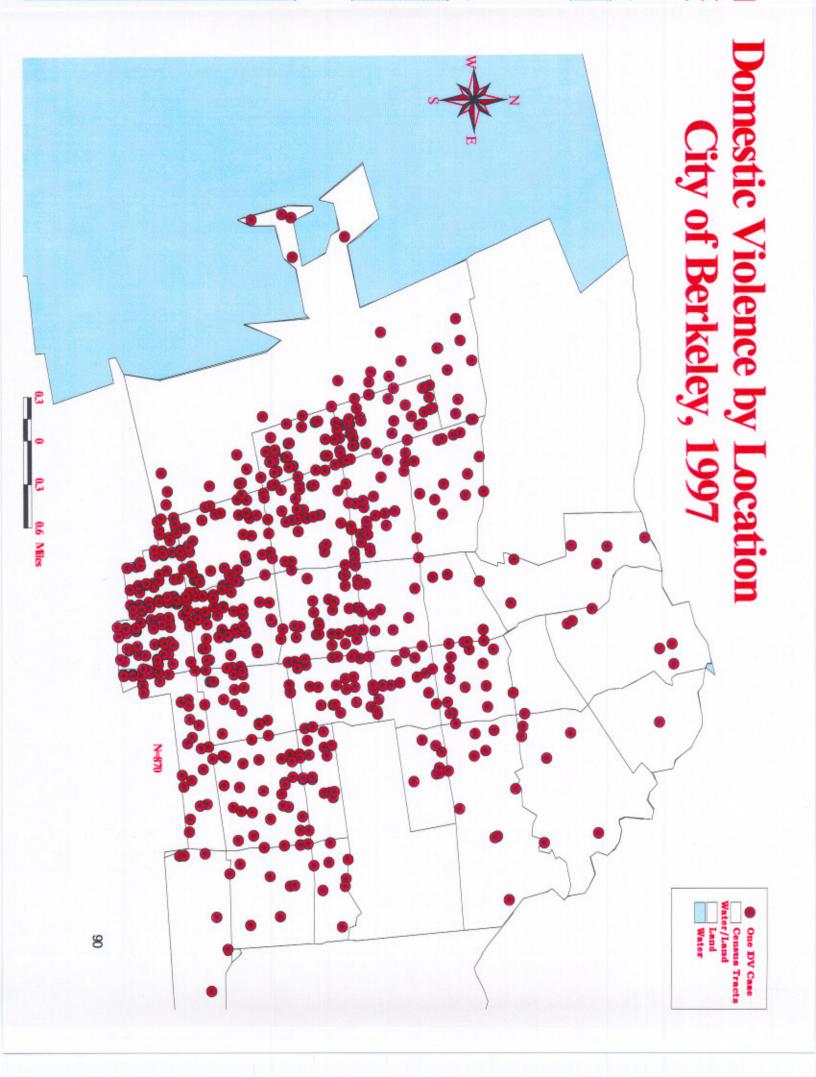
# Type of Weapon Used in Domestic Violence City of Berkeley, 1997



N=870 Domestic Violence Cases

# Aggresor and Victim in Domestic Violence by Gender City of Berkeley, 1997





# **Mortality**

☐ The 1995-1997 average death rate in the city of Berkeley is 636 per 100,000 population, approximately one death for every 157 persons in one year. ☐ The age adjusted mortality rate due to all causes for the city of Berkeley (418/100,000), is 12% lower than that of Alameda County (472.7/100,000) and 9% lower than that of the State of California (454.2/100,000). ☐ The risk of dying of any cause among males 0 to 20 years of age (350/100,000) is almost 9 times higher than that of females of the same age group (40/100,000). With increasing age, this risk of dying increases however, the male to female ratio decreases to approximately 1.5 to 1. ☐ Among the ten leading causes of death in the city of Berkeley for 1995 and 1996, chronic diseases (diseases of the heart, cancer, and cerebrovascular disease) are the top three. Acquired Immunodeficiency Syndrome (AIDS) was the fourth leading cause of death in 1995. Because mortality from AIDS decreased by 55% in 1996, AIDS ranked number 8 among the ten leading causes of death in the city of Berkeley. □ Suicide and homicide occupied the positions number 9 and 10 respectively among the ten leading causes of death in 1996 in the city of Berkeley. ☐ The age adjusted coronary heart disease mortality rate in the city of Berkeley (96.7/100,000) is similar to that of Alameda County (95.9/100,000) and slightly lower than that of California (100.6/100,000) and the Year 2000 National Objective (100/100,000).

# Mortality

☐ The cerebrovascular mortality rate in the city of Berkeley (33/100,000) is 39% above the Year 2000 National Objective. This indicator is also higher than that of Alameda County (29.8/100,000) and the State of California (26.3/100,000). ☐ In 1996, there were 21 deaths due to unintentional injuries and 19 deaths due to intentional injuries in the city of Berkeley. Approximately 48% of unintentional injuries were falls and 68% of intentional injuries were suicide. ☐ Malignant neoplasm (cancer) is the second leading cause of death in the city of Berkeley. However, the age adjusted mortality rate for all cancers (101/100,000) is 29% below the Year 2000 National Objective and is also lower than that of Alameda County (120.9/100,000) and the State of California (115.9/1000,000). ☐ The absolute number of deaths due to cancers, has decreased since 1986 (195 deaths) to 1995 (178 deaths) and 1996 (152 deaths). ☐ Among the five leading causes of deaths due to cancer, lung cancer is number one with an average of 34 deaths per year, followed by female breast cancer with 20 deaths per year. ☐ The age adjusted mortality rate for lung cancer in the city of Berkeley (26.1/100,000) is 38% lower than that of the Year 2000 National Objective and 24% below that of Alameda County and the State of California. ☐ For female breast cancer, the age adjusted mortality rate (27.2/100,000) is higher than that of Alameda County (18.8/100,000), the State of California (19.7/100,000) and the Year 2000 National Objective

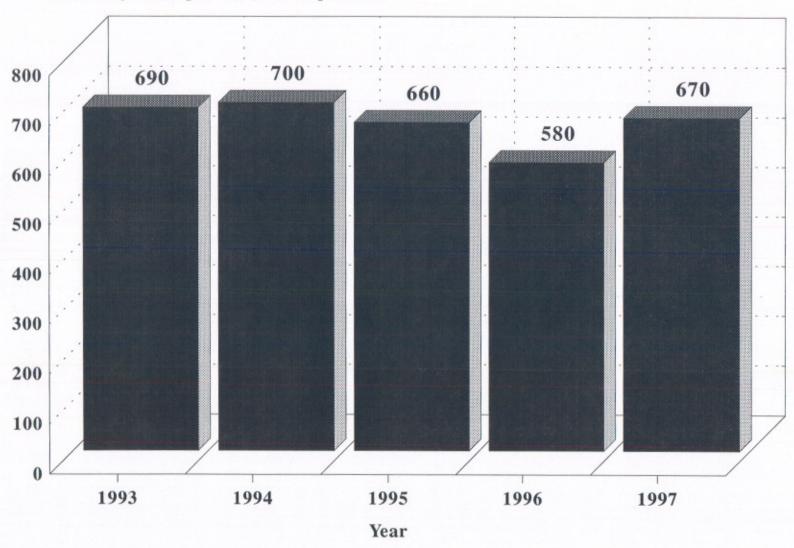
(20.6/100,000).

# **Mortality**

- ☐ Malignant neoplasms, intentional and unintentional injuries and AIDS are the major causes of premature mortality in the city of Berkeley, as estimated by the Years of Potential Life Lost before age 65.
- □ Whereas unintentional injuries are the leading cause of premature mortality in California, malignant neoplasm is the number one in the city of Berkeley.

Years of Potential Life Lost (YPLL) measures the impact of premature mortality on a population. It is a public health measure to reflect the impact of deaths occurring before the age of 65, the younger the decedent, the greater the measured impact.

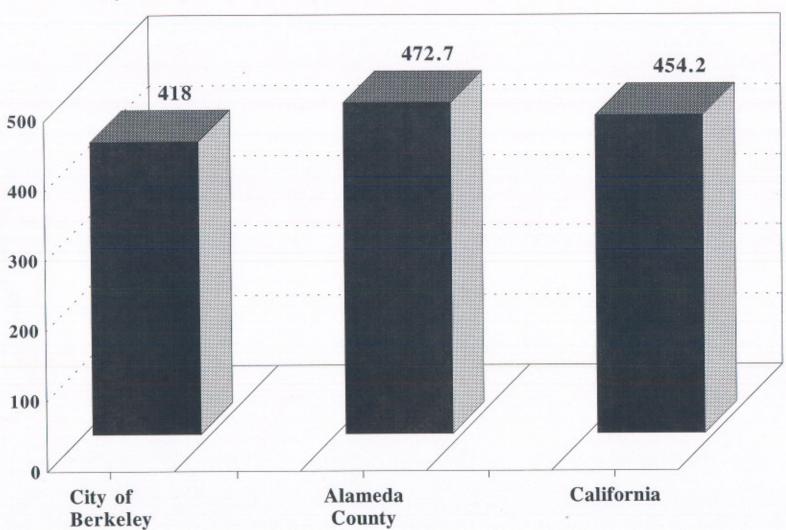
## Mortality Rate per 100,000 Population



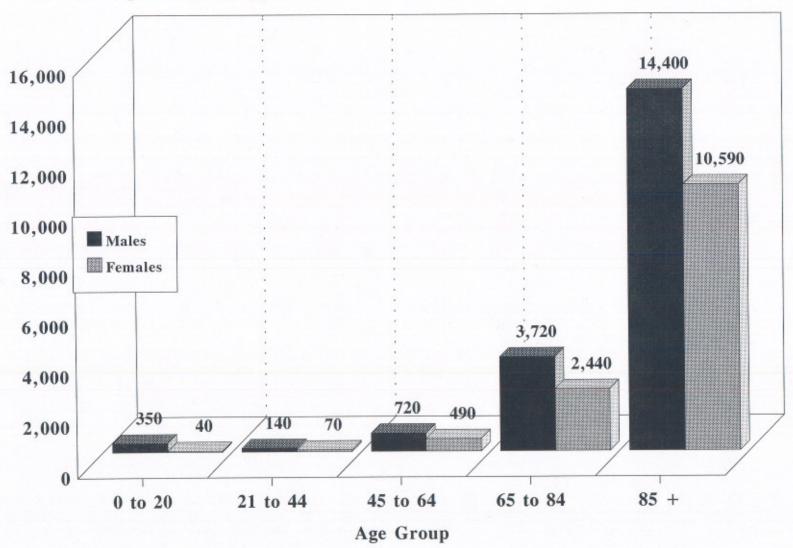
# Age-Adjusted Mortality Rate (Deaths Due to All Causes) City of Berkeley, 1994 - 1996 Average

Rates are age-adjusted using the 1940 US standard population.

## Mortality Rate per 100,000 Population



## Rates per 100,000 Population



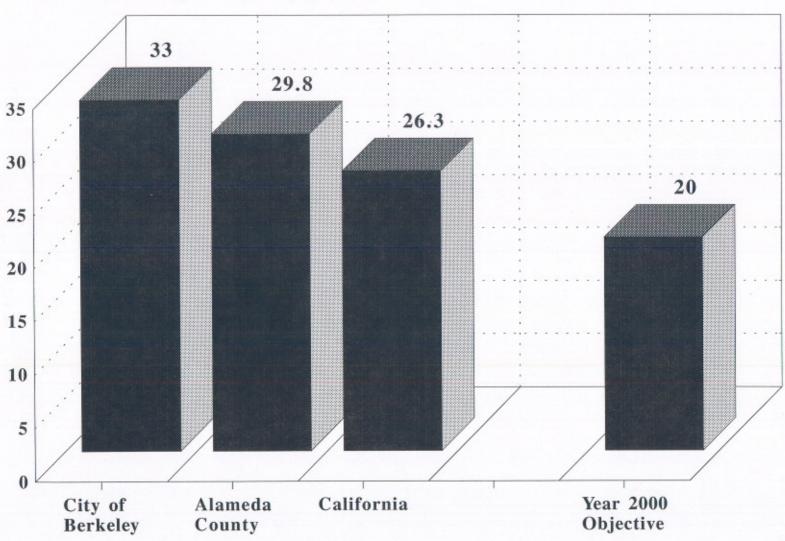
# Ranking of the Ten Leading Causes of Death City of Berkeley, 1995-1996

Cause of Death	1995	Rank	1996	Rank
Diseases of the Heart	194	1	197	1
Malignant Neoplasms	178	2	152	2
Cerebrovascular disease	59	3	68	3
AIDS	34	4	14	8
Chronic Obstructive Pulmonary Disease	27	5	20	6
Unintentional Injuries	26	6	21	5
Pneumonia and Influenza	23	7	27	4
Suicide	18	8	13	9
Homicide	16	9	6	10
Diabetes	15	10	18	7
All Other Causes	132		148	
TOTAL	722		684	

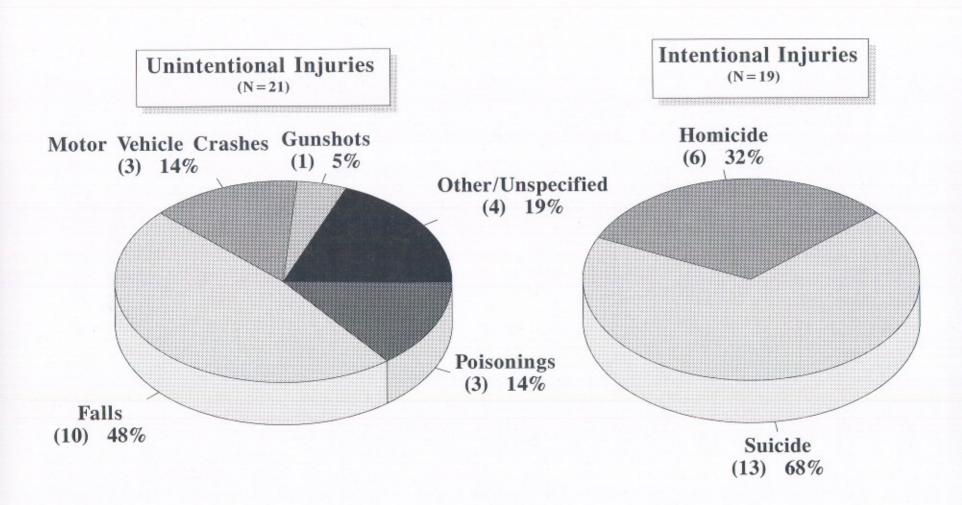
# Cerebrovascular Disease Mortality Rate City of Berkeley, 1994-1996 Average

Rates are age-adjusted using the 1940 US standard population.

## Mortality Rates per 100,000 population



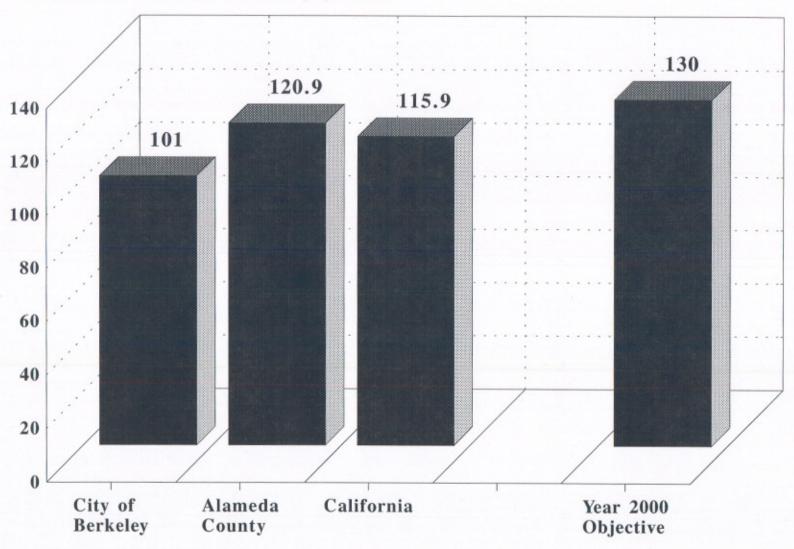
# Intentional and Unintentional Injury Deaths by Cause City of Berkeley, 1996



# Age Adjusted Cancer Mortality Rate (Deaths Due to All Cancers) City of Berkeley, 1994-1996 Average

Rates are age-adjusted using the 1940 US standard population.

## Mortality Rates per 100,000 population



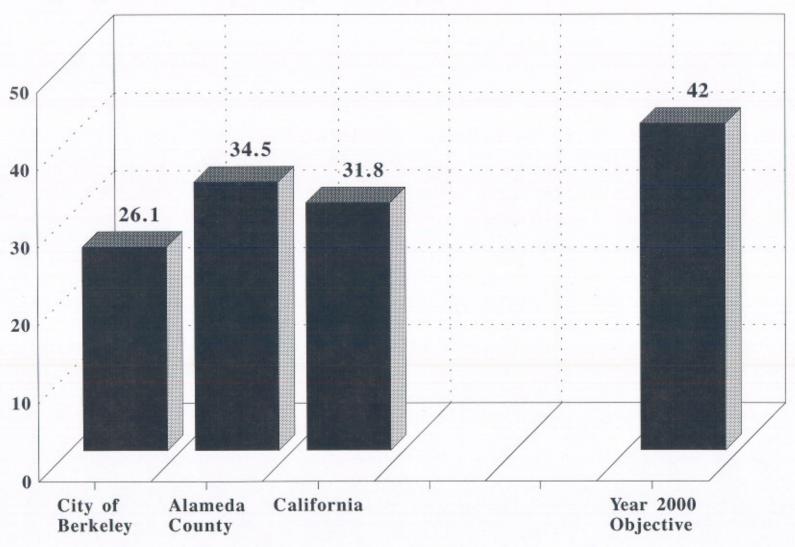
# Ranking of the Five Leading Cancer Deaths City of Berkeley, 1986 and 1995-1996

Cause of Death	1986	Rank	1995	Rank	1996	Rank
Lung Cancer	46	1	31	1	36	1
Breast Cancer	21	2	22	2	19	2
Colorectal Cancer	18	3	15	4	17	3
Prostate Cancer	16	4	16	3	15	4
Stomach Cancer	9	5	9	5	3	5
All Other Cancers	85	85 85		62		
Total Cancer Deaths	195		178		152	

## Age Adjusted Lung Cancer Mortality Rate City of Berkeley, 1994-1996 Average

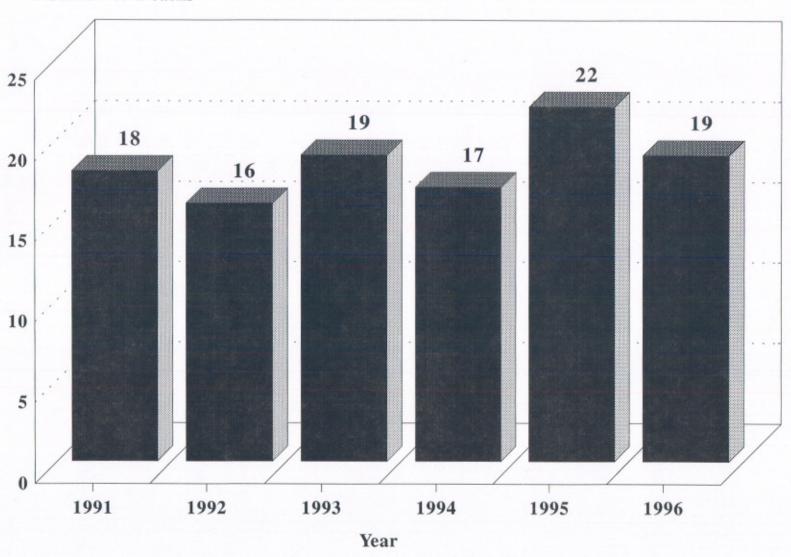
Rates are age-adjusted using the 1940 US standard population.

## Age Adjusted Mortality Rates per 100,000 population



# Female Breast Cancer Deaths by Year City of Berkeley, 1991-1996

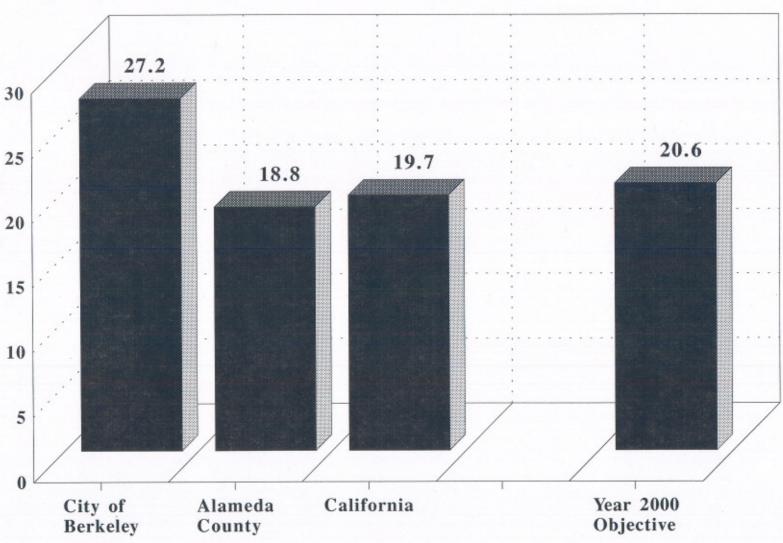
#### Number of Deaths



## Age Adjusted Female Breast Cancer Mortality Rate City of Berkeley, 1994-1996 Average

Rates are age-adjusted using the 1940 US standard population.

## Age Adjusted Mortality Rates per 100,000 population



# Years of Potential Life Lost (YPLL) Before Age 65 City of Berkeley and California, 1996

Years of Potential Life Lost (YPLL) measures the impact of premature mortality on a population.

Cause of Death	YPLL 1996	Rank Berkeley	Rank California
Malignant Neoplasms	560	1	3
Unintentional Injuries	340	2	1
Suicide/Homicide	315	3	2
AIDS	300	4	4
Diseases of the Heart	260	5	5
Cerebrovascular disease	70	6	8
Diabetes	65	7	12
Pneumonia and Influenza	65	8	11
Chronic Obstructive Pulmonary Disease	35	9	13

Technical Notes

#### TECHNICAL NOTES

#### DATA SOURCES

The numbers and rates presented in this report were obtained from a variety of databases and registries, the majority of them collected by the City of Berkeley Public Health Division:

#### Vital Statistics:

Birth and death indicators were calculated using birth and death records for residents of the City of Berkeley only, regardless of the place of birth or death.

#### AIDS\HIV Registry:

The statistics presented in the AIDS and HIV section were obtained using the AIDS cases reported to the city of Berkeley Public Health Division as part of the AIDS Surveillance System. HIV databases were obtained from the anonymous and confidential HIV testing sites of the Public Health Clinic and the HIV seroprevalence surveys at the sexually transmitted disease clinic.

#### TB Registry:

TB rates were calculated using the TB cases diagnosed and reported by the city of Berkeley Public Health Division. Cases and rates are presented by *count year*, which is the date when the TB case is verified and reported to the State Health Department.

#### Communicable Diseases:

Communicable disease data compiled by the city of Berkeley Public Health Division through the confidential morbidity reports.

Population estimates and projections were used in this report as denominators to calculate rates and proportions and for the Demographic Profile of this report.

#### Domestic Violence:

These data are collected by the city of Berkeley Police Department, Domestic Violence Prevention Unit, and are based on domestic violence cases or domestic incidence reported to the Police. It is estimated nationwide that only 1 of every 19 domestic violence physical incidents is ever reported to local law enforcement; the high rate of under-reporting is an issue to be taken into consideration in interpreting this data.

#### **Hospital Discharge Database:**

This database contains information for every hospital discharge in the state. Data on patient's records are abstracted and can be obtained by patients' place of residence regardless of place of hospitalization.

#### **DEFINITIONS:**

Rates: The number of events divided by the population at risk.

**Adolescent Birth Rate**: The number of live births among adolescents divided by the estimated female population in the same age group per 1,000 population.

Ambulatory Care Sensitive Conditions: are a defined group of medical illnesses in which hospitalization can be prevented through timely and adequate primary care services.

Crude Mortality Rate: the number of all deaths in one year divided by the mid-year estimated population per 100,000 population.

**Domestic Violence**: abuse committed against an adult or fully emancipated minor who is a spouse, former spouse, cohabitant, former cohabitant, or person with whom the suspect or aggressor has had a child or is having or has had a dating or engagement relationship.

**Infant Mortality Rate**: the number of deaths under 1 year of age divided by the number of live births occurring in the same year per 1,000.

Late or no Prenatal Care: Care which begins in the 2nd or 3rd trimester of pregnancy or no prenatal care at all.

Low Birth-weight: Live birth weighing less than 2,500 grams or 5.5 pounds.

Injuries: Physical infliction induced by an external cause. In this report we use two classifications of injuries:
Intentional: Includes those injuries caused by a person with the intention to kill or injure (homicides and suicides).
Unintentional: Includes those injuries or deaths caused by an unanticipated event (motor vehicle crashes, falls, etc.).

#### RACE/ETHNICITY

The following race/ethnic groups and their definitions are used in this report:

Asian/Pacific Islander: Includes Chinese, Japanese, Vietnamese, Cambodian, Thai, Laotian, Asian Indian, Filipino, Asian

Unspecified, Hawaiian, Guamanian, Samoan, and other Pacific Islander.

African-American: Includes Blacks, non-Hispanics.

Hispanic: Includes Mexican/Mexican-American/Chicano, Puerto Rican, Cuban, Central/South American, other

Spanish/Hispanic (born outside U.S.), other Spanish/Hispanic (born in the U.S).

Native-American: Includes American Indian, Eskimo, and Aleut.

White: Includes Whites, non-Hispanics.

Other/Unknown: Includes unspecified or unknown race/ethnicity.

#### For Leadisses of Death

f the ten leauses of death, we use the standard diagnostic categories of the International Classification of vision (ICD

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cer	7
	<b>Q</b> .9
ease	4
sease	4
	4
shes	B25
ies	D49
	D69
	D59
sease	4-414, 429.2
luenza	4
	2
	1
	1

