IV. ADULT HEALTH

Quality of life is of prime concern at this stage in the life course. These are the family-focused and working years in which added responsibilities can create stress. Health behaviors such as smoking, inactivity, and poor diet can increase the risk for poor health and chronic illness. Also important considerations at this stage in the lifespan are injuries, communicable disease including HIV and other sexually transmitted infections, mental illness, alcohol and other drug use, and chronic diseases.

Highlights

- Healthy behaviors are more common in Berkeley adults than in their County and State counterparts
- Within Berkeley's adult population there are inequities in health behaviors and in health outcomes, most often impacting African Americans.
- Berkeley's adults have a lower risk of lung cancer and a higher risk of breast cancer and prostate cancer than Alameda County or California adults.
- Falls and prescription drug reactions are leading causes of hospitalization, particularly in older adults.
- Risks of injury in Berkeley pedestrians and bicyclists are low compared to other cities in California

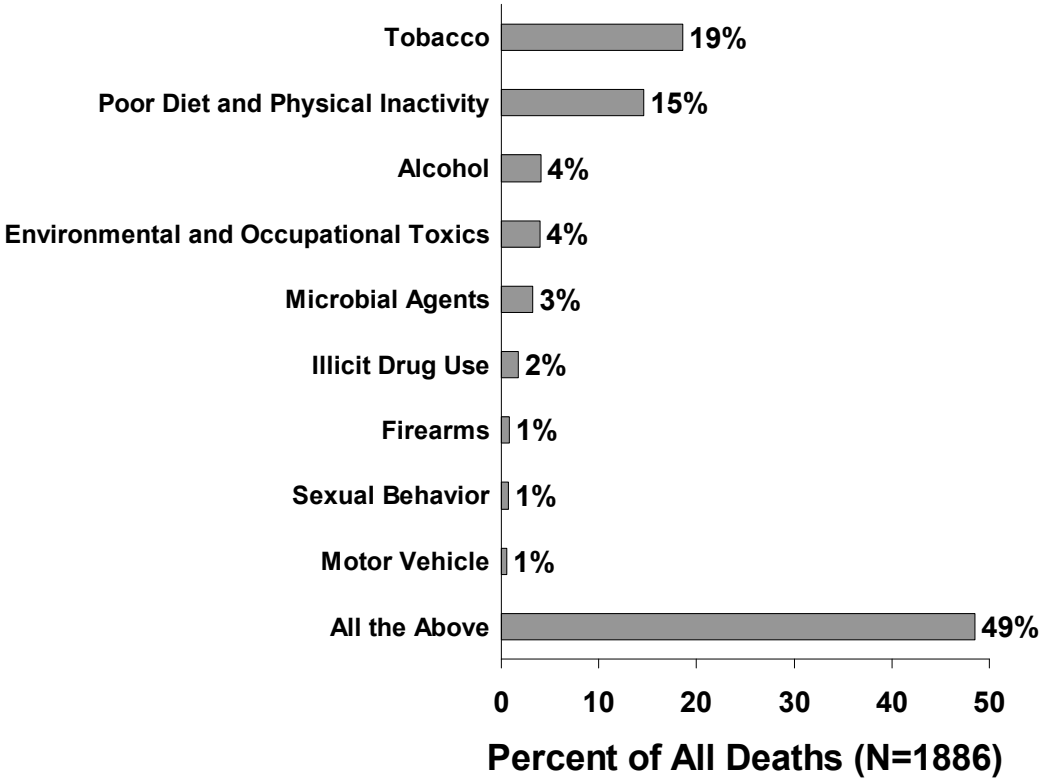
Impact of Health Risk Behaviors on Health Outcomes

Replicating a landmark study by McGinnis and Foege in the early 1990s, government researchers found that a large percentage of deaths in the United States were attributable to (actually caused by) preventable health risk behaviors such as smoking, poor diet, lack of exercise, alcohol abuse, and illicit drug use.[118, 119] They concluded that lifestyle changes such as never smoking or quitting smoking, eating healthier, and exercising more could prevent many of these deaths.[119]

Several social determinants of health such as poverty, race, and education level influence health risk behaviors and thereby contribute to poor health outcomes. In particular, low-income people and people of color experience adverse neighborhood and community level conditions that do not support healthy behaviors, eventually resulting in poor health.[120, 51, 121]

Lack of physical activity, unhealthy diet, use of tobacco, alcohol and other drugs, violence, and unsafe sex are estimated to be a cause for nearly 1/2 of all deaths in Berkeley.

Figure 4.1 – Leading Causes of Death by Behavioral Risk Factor, Berkeley, 2002-2004



Source: Berkeley Public Health Division Death Certificates, McGinnis JM, Foege WH. Actual causes of death in the United States. JAMA 1993;270:2207-2212.

Tobacco, Alcohol, and Other Drugs

Why Is This Important?

Tobacco, alcohol, and other drug use remains a pervasive public health problem in the U.S. Although rates of cigarette smoking are on the decline in the nation, in California and in Berkeley,[90, 106] its harmful health effects still account for nearly 440,000 deaths, or 1 of every 5 deaths in the U.S. every year.[93] There are more Americans who die every year from tobacco-related deaths than from HIV/AIDS, illegal drug use, alcohol use, motor vehicle injuries, suicides and murders combined.[119] Smoking is associated with poor general health and many conditions including cancer, cardiovascular disease, respiratory disease, and reproductive problems, among other diseases.[92, 90] Secondhand smoke exposure is a growing national priority and is a trigger for asthma and asthmatic episodes.[122]

Alcohol misuse is now the leading risk factor for serious injury in the United States, and the third leading cause of preventable death.[123-125] Alcohol abuse harms more than just the user; it has disastrous effects on those close to the individual, and leads to increases in crime.[126,127] In addition to the self-induced harm of substance abuse, people with alcohol or other drug disorders face public and private policies that limit their access to appropriate health care, housing, employment, and public benefits. The over-concentration of alcohol outlets in poor neighborhoods has been linked to increased crime and costly emergency and public health services.[127,126]

Illicit drug use (misuse of illegal or controlled drugs) includes marijuana, cocaine, hallucinogens, inhalants, heroin, or nonmedical use of sedatives, tranquilizers, stimulants, or analgesics. In a national household survey on drug abuse by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2004, 7.9% of people over 12 years of age used any illicit drug, 6.1% used marijuana, and 2.5% used a psychotherapeutic drug (non-medical use) in the past month.[128]

Program Highlight: <u>Tobacco Prevention Program – Prevention & Cessation</u>

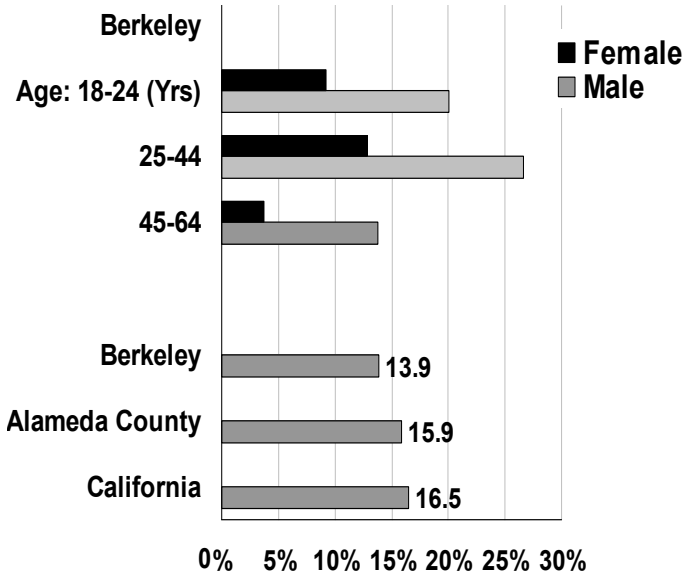
The program offers free, multi-session 'Freedom From Tobacco' classes to Bay Area smokers, each offering either acupuncture or hypnosis. Special cessation services and outreach interventions are delivered to pregnant and parenting families and to clinic staff who work with them. Clinicians receive continuing medical education in brief cessation interventions. Regular complaints about drifting smoke in multi-unit housing from people suffering significant consequences have prioritized the refinement and expansion of strategies to promote the Tobacco Prevention Program's 'Take it Outside' campaign in partnership with key stakeholders such as the Community Health Commission, City Attorney and others. The Berkeley Tobacco Prevention Coalition, working with City staff have advocated for amendments to the Berkeley Municipal Code to expand smokefree locations such as indoor and outdoor worksites, doorways, bus stops, and tot lots.

Tobacco Use in Berkeley

An estimated 11,000 Berkeley adults are current smokers. Young males have the highest smoking rates.

Berkeley's overall smoking prevalence is lower than Alameda County and the California average.

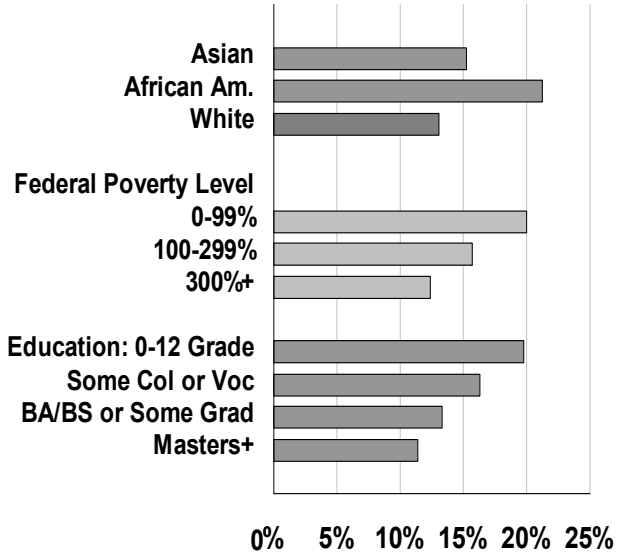
Figure 4.2 – Adults (18 Years and Older) Who Smoke Cigarettes Every Day or Some Days, Berkeley, Alameda County, California, 2001



Source: California Health Interview Survey (CHIS), 2001, Berkeley

African American adults smoke 1.6 times more than Whites. Poor people and those with a high school education or less are also more likely to smoke.

Figure 4.3 – Adults (18 Years and Older) Who Smoke Cigarettes Every Day and Some Days by Race/Ethnicity, Poverty Level, and Education, Berkeley, 2001



Source: California Health Interview Survey (CHIS), 2001, Berkeley

Tobacco Enforcement

Tobacco inspections by the Environmental Health Division review the facility permits of tobacco retailers to make sure they are in compliance with the Berkeley Tobacco Retail Licensure Ordinance.

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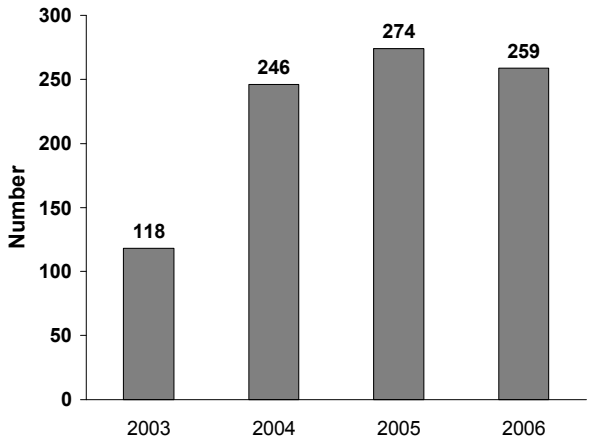
Figure 4.4 – Tobacco Inspections, Berkeley, 2003-2006



Source: Environmental Health Division, City of Berkeley

Program Highlight: Tobacco Policy Advocacy

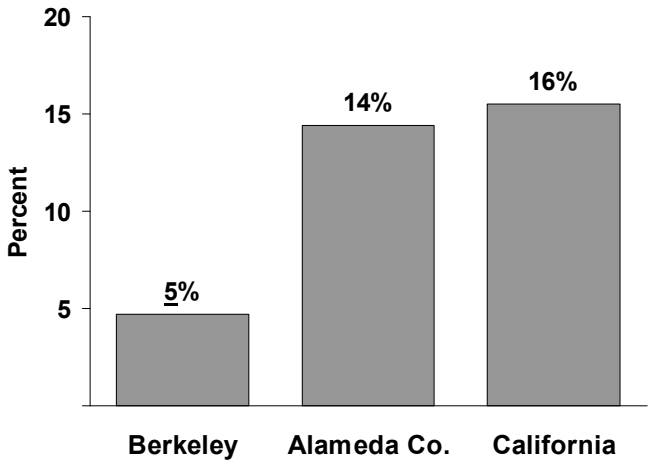
The Tobacco Prevention Program worked with youth to conduct survey research that led to local policy change. Surveys of youth tobacco purchases were conducted in 1996, 1998 and 2002, and it was found that 36-38% of Berkeley tobacco merchants sold tobacco to minors. Following passage of the Berkeley Tobacco Retail Licensure Law in Fall 2002, the rate fell to 14% in 2004 and 5.6% in 2006. This law implements an annual fee and is combined with penalties that prohibit merchants from selling tobacco following a violation.

Alcohol Use in Berkeley

An estimated 4,000 Berkeley adults drank 5 or more alcoholic beverages at a single sitting in the past month. Most of these "binge" drinkers are male and young adults.

The proportion of estimated Berkeley adults that report binge drinking is 3 times lower than the Alameda County or California average.

Figure 4.5 – Adults (18 Years and Older) Who Have More than 5 Drinks at a Time in the Previous Month, Berkeley, Alameda County, California, 2001



Source: California Health Interview Survey (CHIS), 2001, Berkeley

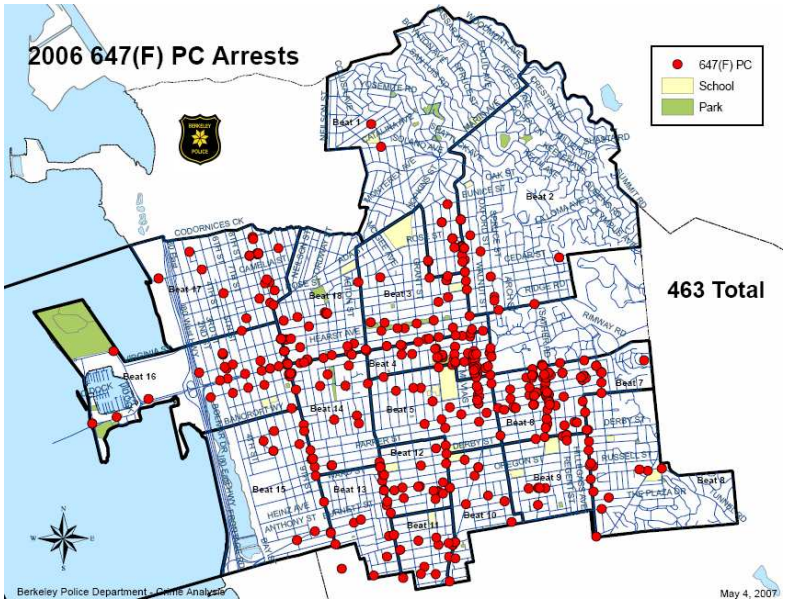
Program Highlight: Alcohol and Other Drugs (AOD) Program

This Program established the AOD Policy Council (collaboration between the Mental Health Division, local AOD providers and community members), implements standardized screening and assessment to improve substance abuse treatment and referrals for people with co-occurring disorders or dual diagnoses, and coordinates with others to address binge drinking and underage alcohol sales.

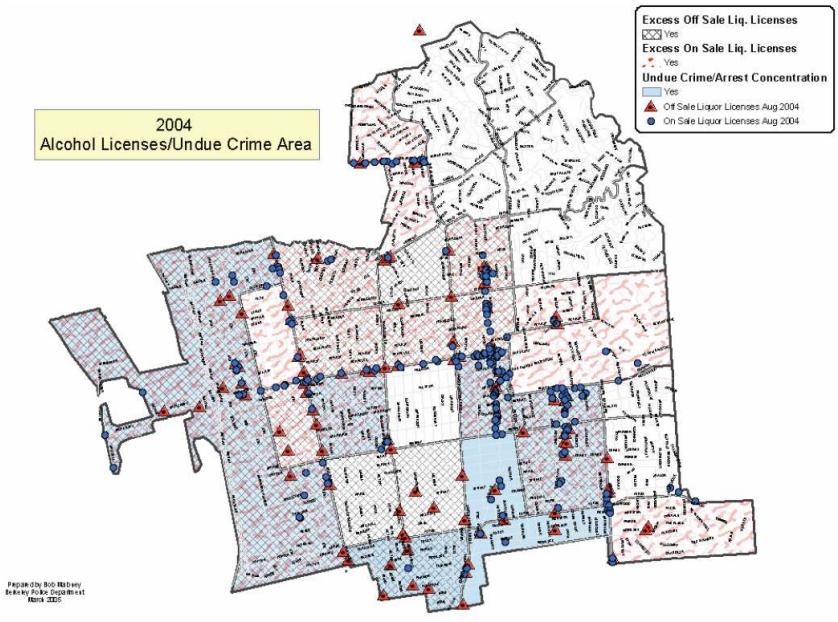
Impacts of Alcohol and Its Availability in Berkeley

Incidents of public drunkenness cluster along the western and southern borders of the campus of the University of California and along University and San Pablo Avenues. The locations of retail establishments that sell alcohol follow a similar pattern.

Map 4.1 – Arrests for Public Drunkenness, Berkeley Police Department, 2006



Map 4.2 – Alcohol-Selling Establishments, Berkeley, 2004



Source: Berkeley Police Department

Physical Activity, Nutrition and Overweight/Obesity

Why Is This Important?

Physically active people outlive inactive people.[129,130] Numerous large-scale studies in both the U.S. and around the world have demonstrated that physical activity can reduce the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure. Physical activity is especially important in preventing coronary heart disease (CHD, the leading cause of death and disability in the United States). Regular physical activity also helps to maintain functional independence of older adults and enhances the quality of life for people of all ages.[131]

In U.S. adults, rates of overweight and obesity have reached epidemic proportions.[132] As the rapid pace of daily life increasingly constrains time, we have put a strong value on the convenience, portability, and greater accessibility of food throughout the entire day.[84] Large portion sizes at relatively low cost, and more meals in restaurants and fast food establishments have increased the average calorie intake.[133,134] Meanwhile, caloric expenditure has decreased with more and more jobs involving sedentary activities and technology engineering physical activity out of our daily lives. We use TV remote controls instead of getting off the couch, leaf blowers instead of raking, power windows in our cars instead of hand cranks, elevators instead of stairs, being driven to school instead of walking – all of these small reductions in energy expenditure are cumulative.

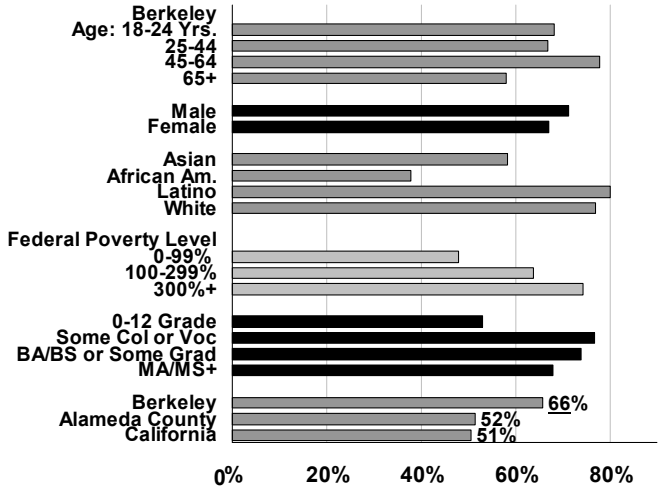
Overweight and obesity increase the risk for high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some types of cancer.

Eating Fruits and Vegetables

Two-thirds of surveyed adults in Berkeley reported eating 5 or more servings of fruits and vegetables daily. African Americans, those living below the poverty level, and those with only a high school education are least likely to eat enough fruits and vegetables.

On average, Berkeley's adults eat more fruits and vegetables in their diets than adults in Alameda County or California.

Figure 4.6 – Adults (18 Years and Older) Who Ate 5 or More Servings of Fruits and Vegetables Daily, Berkeley, Alameda County, California, 2001

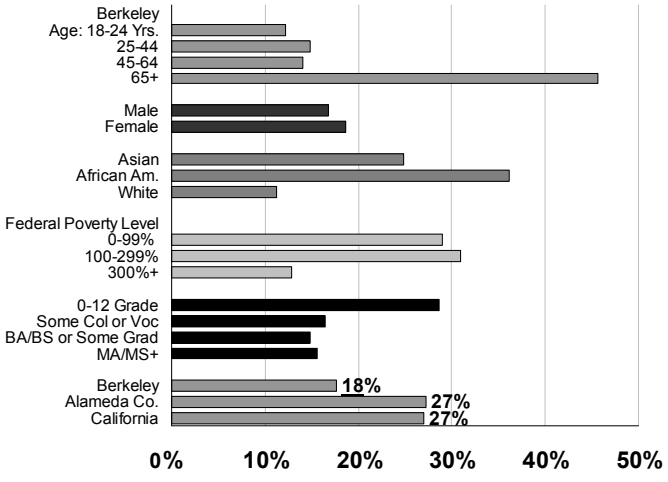


Source: California Health Interview Survey (CHIS), 2001, Berkeley

Physical Activity and Exercise in Berkeley

18% of surveyed adults in Berkeley reported that they did not have exercise in the past 30 days at a level that produced at least a light sweat or moderate increase in breathing or heart rate. Seniors, African Americans, low-income residents, and those with a grade school education were least likely to exercise, with almost half of older adults reporting no such exercise.

Figure 4.7 – Adults (18 Years and Older) Who Have No Moderate or Vigorous Exercise in Last 30 Days, Berkeley, Alameda County, California, 2001



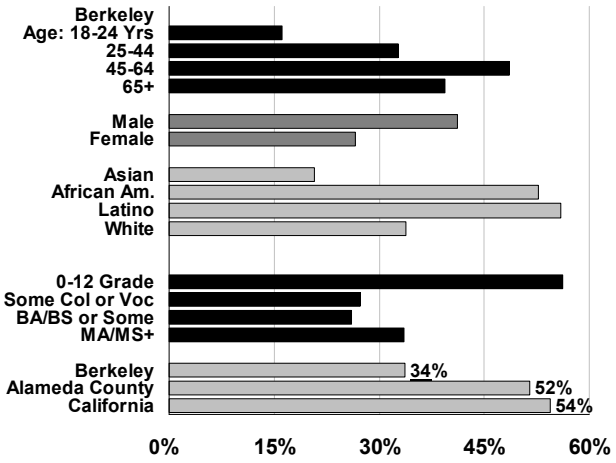
Source: California Health Interview Survey (CHIS), 2001, Berkeley

Overweight & Obesity in Berkeley

About 34% of surveyed adults in Berkeley are overweight or obese. 53% of African Americans and 56% of Latinos are overweight or obese. Rates are higher in older people and those with less education.

Berkeley has lower rates of overweight and obesity than Alameda County or California.

Figure 4.8 – Overweight and Obese Adults (18 Years and Older) Based on Body Mass Index (BMI) of 25 and Greater, Berkeley, 2001



Source: California Health Interview Survey (CHIS), 2001, Berkeley

Program Highlight: Nutrition & Physical Activity Promotion

The Program continues to conduct activities to implement the City of Berkeley Food and Nutrition Policy that was passed by Council in 2001. The Program collaborated with the Senior Programs Division to offer fresh salad bars at the senior centers, and is working with the school district, the Department of Parks, Recreation and Waterfront and the Division on Aging to provide more physical activity promotion and fitness tests for adults at senior centers and recreation centers. It also supports and collaborates with Spiral Gardens, a community food security project and the Ecology Center's Farm Fresh Choice Program to provide nutrition education and increase fresh produce availability for low-income residents through backyard containers and produce stands. With funding from Kaiser's Healthy Eating Active Living (HEAL) program, the program is working with local restaurants to improve the food/nutrition environment in Berkeley. Similar to the Green Business program, the goal is to establish a set of criteria that participating restaurant would adhere to in order to be identified as a Healthy Neighbor restaurant and interested restaurants would receive assistance from the city to meet the criteria and become part of promotional campaigns.

Injuries

Why Is This Important?

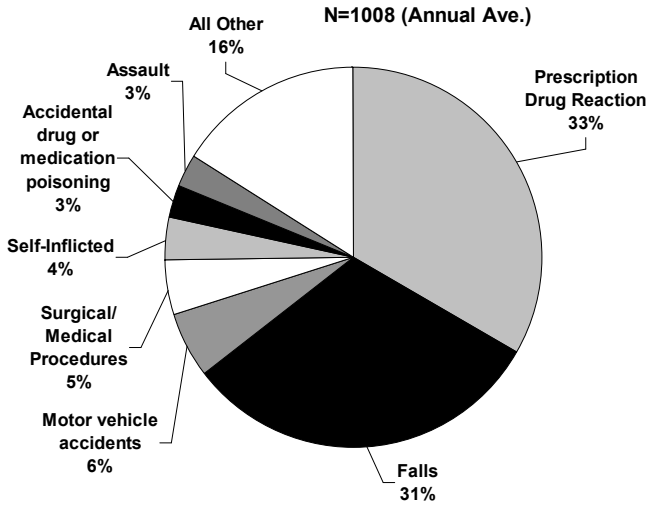
Injury is a leading cause of death in the U.S., and millions of Americans are injured or disabled each year by injuries. Most people have a serious injury at some time in their life. 6% of all deaths are from injuries. Of these fatal injuries, 63 percent are unintentional and 34 percent are intentional. Motor vehicle crashes cause about ½ of deaths from unintentional injury. Like diseases, injuries are preventable - they do not occur at random. Alcohol is an important contributing factor in many injuries.[135]

Over the last 30 years, laws requiring the use of seat belts, infant car seats, motorcycle and bicycle helmets, and improved car design all greatly reduced death rates from car and motorcycle crashes. Highway and road design can similarly reduce pedestrian and auto injuries, and home design such as grab bars in bathtubs can reduce fall injuries.[136]

Injuries in Berkeley's Adults

There were more than 1,000 hospitalizations due to injuries each year from 2000 to 2005. Two thirds of adults had either adverse reactions to prescription medications or fell. Seven percent of hospitalizations involved self-harm or assault. Motor vehicle collisions were the cause in 6% of hospitalizations.

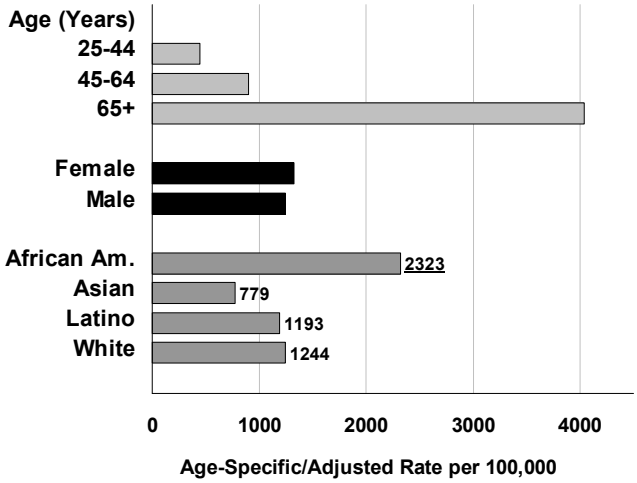
Figure 4.9 – Leading Causes of Injury Hospitalization of Adults 25 Years of Age and Older, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development

Injury rates in adults increase steeply after age 64. Injury rates in African Americans were 1.9 times greater than that of Whites.

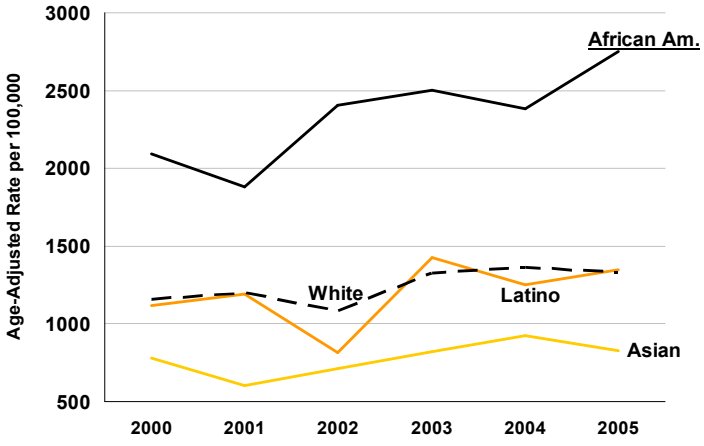
Figure 4.10 – Injury Hospitalization Rates in Adults 25 Years and Older by Age, Sex, and Race/Ethnicity, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S.Census, 2000

Hospitalizations for injuries increased for African American adults over the last 6 years and occur at twice the rate as in other racial/ethnic groups.

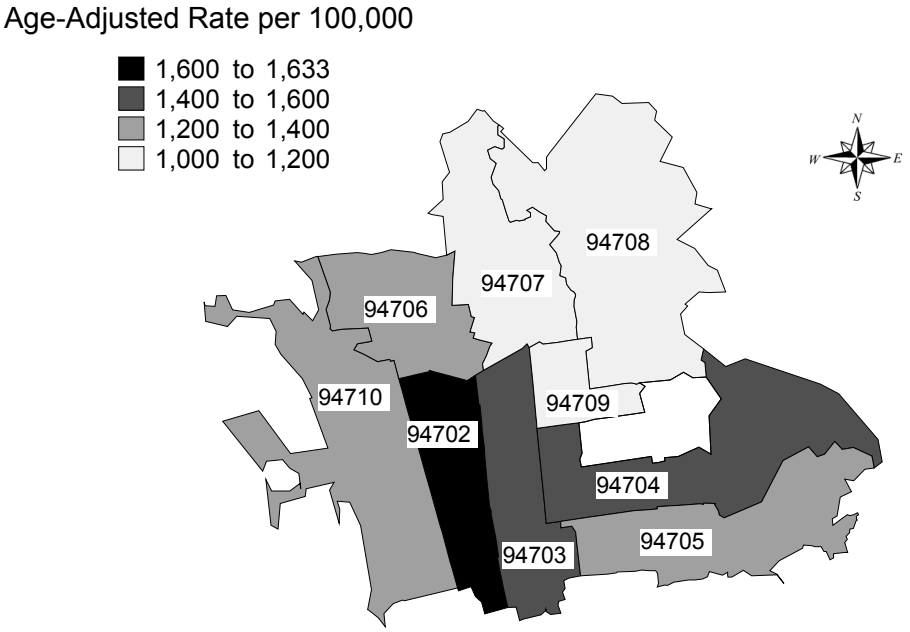
Figure 4.11 – Injury Hospitalization Rate in Adults 25 Years and Older by Race/Ethnicity and Year of Injury, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S.Census, 2000

The highest injury rates are found in southwest Berkeley.

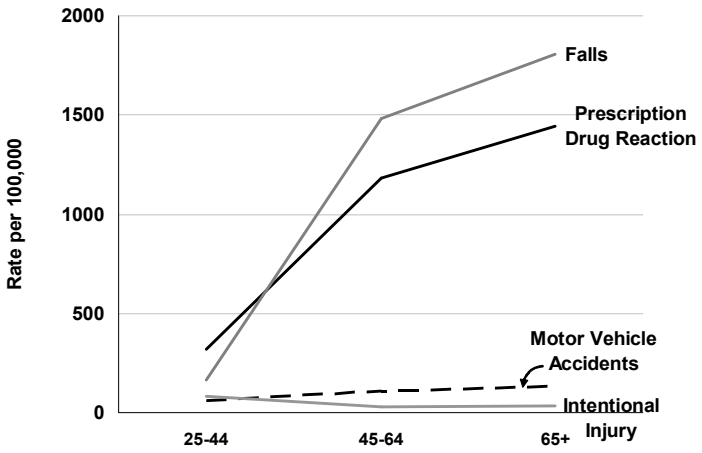
Map 4.3 – Injury Hospitalization Rate in Adults 25 Years and Older by Zip Code, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census, 2000

The rate of fall injuries and prescription drug reactions increases in middle and older ages. The rate of intentional injuries decreases with age, while motor vehicle accidents increase.

Figure 4.12 – Injury Hospitalization Rate by Age and Cause, Berkeley, 2000-2005



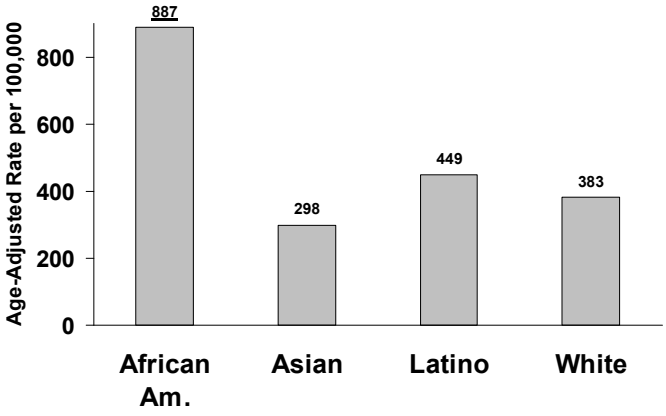
Source: Office of Statewide Health Planning and Development, U.S.Census, 2000

Hospitalizations due to prescription drug reactions occurred more than twice as frequently in African Americans than in Whites.

The highest rate of hospitalization from prescription drug reactions was in southwest Berkeley.

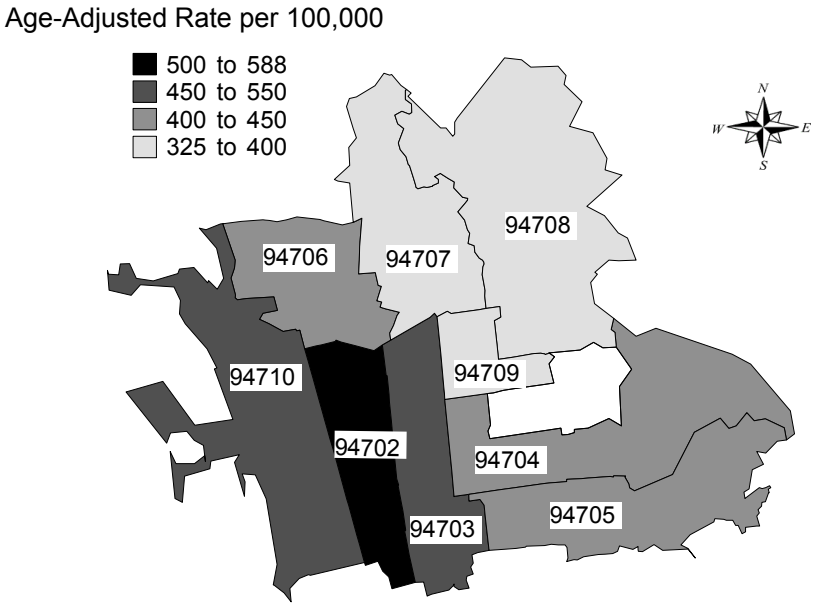
A large proportion of prescription drug reactions were due to medications used in treating heart disease (23%), pain (17%), diabetes (12%), and cancer (12%).

Figure 4.13 – Prescription Drug Reaction Hospitalization Rate in Adults 25 Years and Older by Race/Ethnicity, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S.Census, 2000

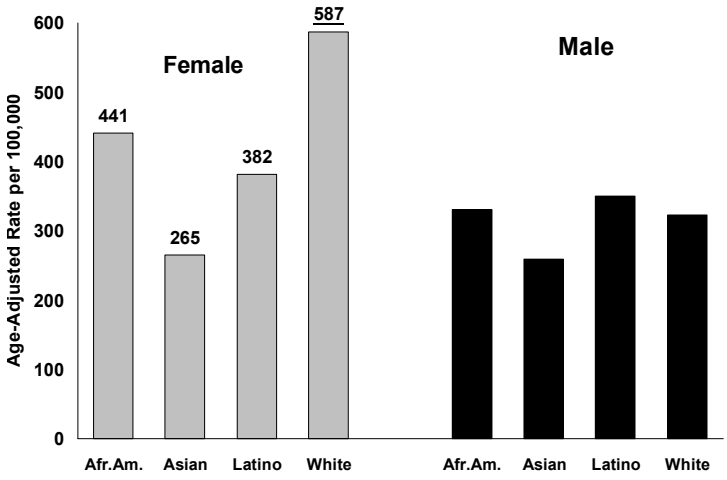
Map 4.4 – Rate of Hospitalization Due to Prescription Drug Reactions in Adults 25 Years and Older by Zip Code, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census, 2000

Women had higher rates of hospitalization for falls than men; White women had twice the rate of Asian women.

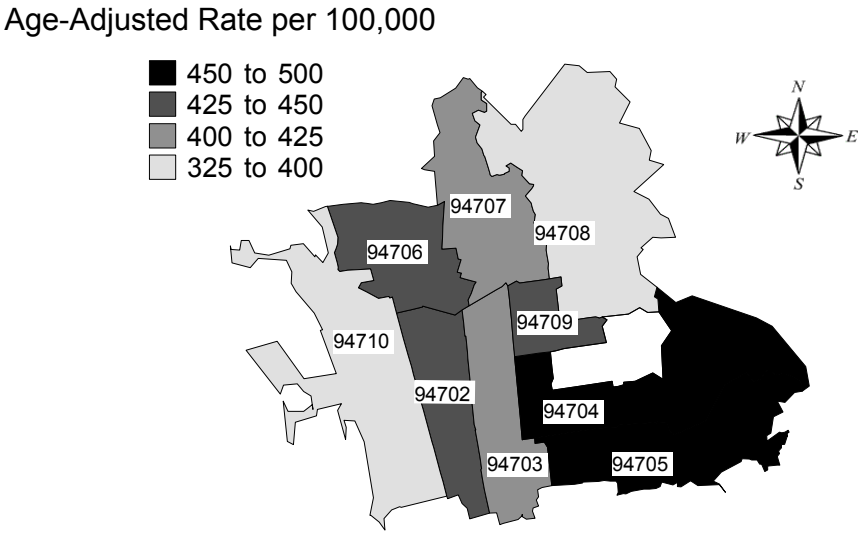
Figure 4.14 – Fall Injury Hospitalization Rate in Adults 25 Years and Older by Sex and Race/Ethnicity, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S.Census, 2000

The highest rate of hospitalization from falls was in southeast Berkeley.

Map 4.5 – Rate of Hospitalization Due to Falls in Adults 25 Years and Older by Zip Code, Berkeley, 2000-2005

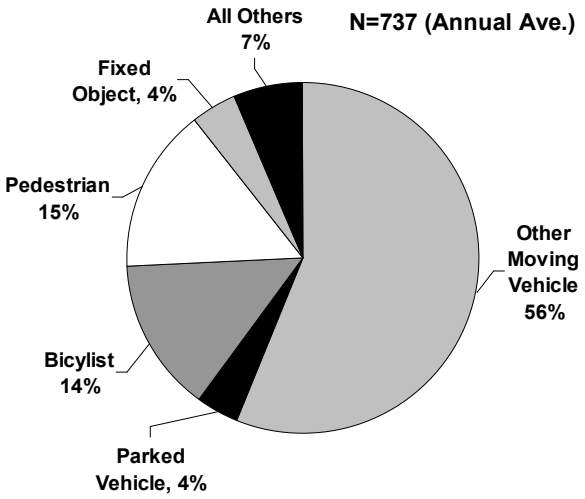


Source: Office of Statewide Health Planning and Development, U.S. Census, 2000

Motor Vehicle Traffic Injuries

Over 730 adults are injured and 2 Berkeley residents die each year in traffic collisions (as reported to the Berkeley Police Department).

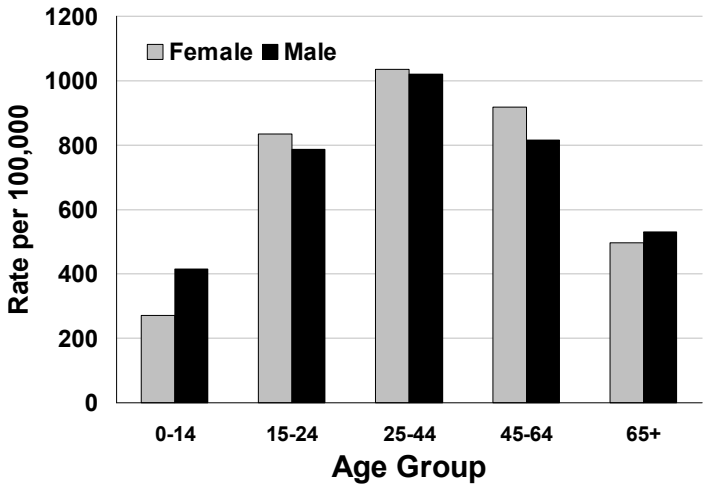
Figure 4.15 – Traffic Injuries Involving a Collision Between a Moving Vehicle and Other Vehicles, Bicyclists, and Pedestrians, Berkeley, 2003-2005



Source: Statewide Incident Traffic Reporting System (SWITRS)

In Berkeley, traffic injury rates peak in adults aged 25 to 44 years of age. At ages less than 15 and over 64 years, males have higher rates than females.

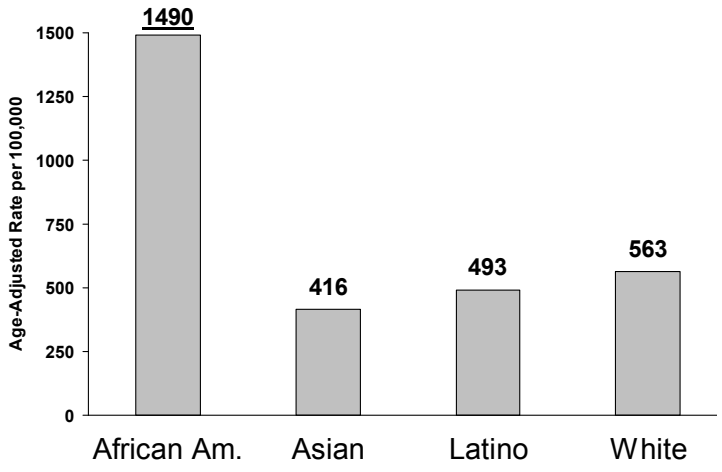
Figure 4.16 – Traffic Injury Incidence Rates by Age and Sex, Berkeley, 1998-2002



Source: Statewide Incident Traffic Reporting System (SWITRS), U.S. Census 2000

African Americans are more than twice as likely as other racial and ethnic groups to be injured in a traffic collision.

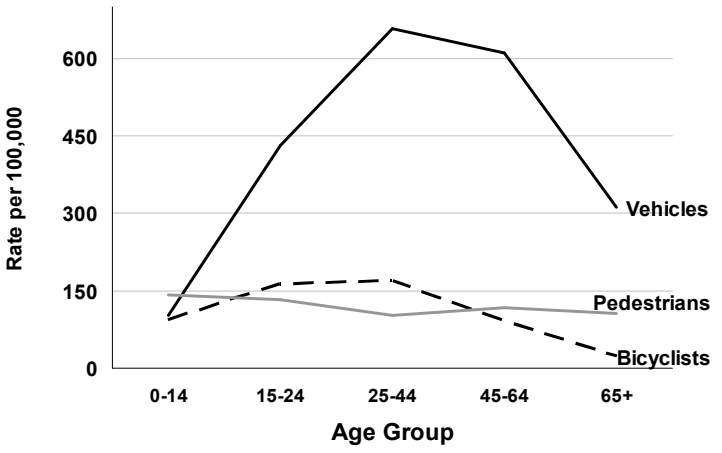
Figure 4.17 – Traffic Injury Incidence by Race/Ethnicity, Berkeley, 2002-2005



Source: Statewide Incident Traffic Reporting System (SWITRS), U.S. Census 2000

Pedestrian injury rates are relatively constant across age groups. Bicycle injuries are highest in children and young adults and decline after age 45. Motor vehicle injuries steadily climb from the youngest ages, peak in young adults, and then decline after age 45.

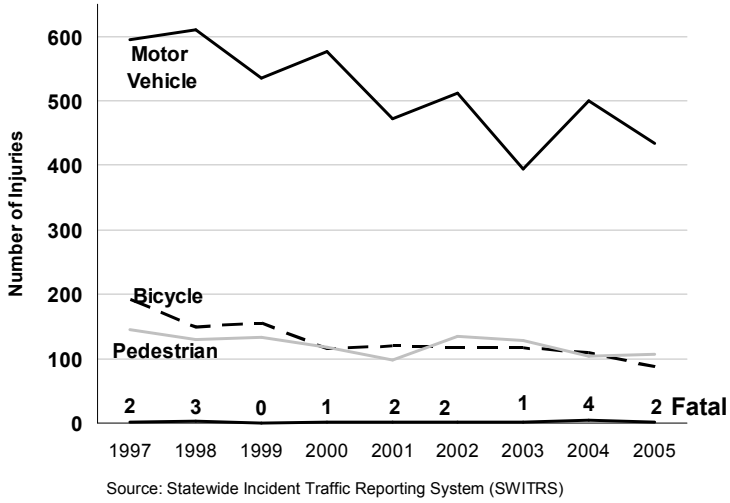
Figure 4.18 – Traffic Injury Incidence by Age and Type, Berkeley, 2002-2005



Source: Statewide Incident Traffic Reporting System (SWITRS), U.S. Census 2000

The annual number of traffic injuries occurring in Berkeley has been declining since 1997. The number of deaths due to collisions fluctuates randomly.

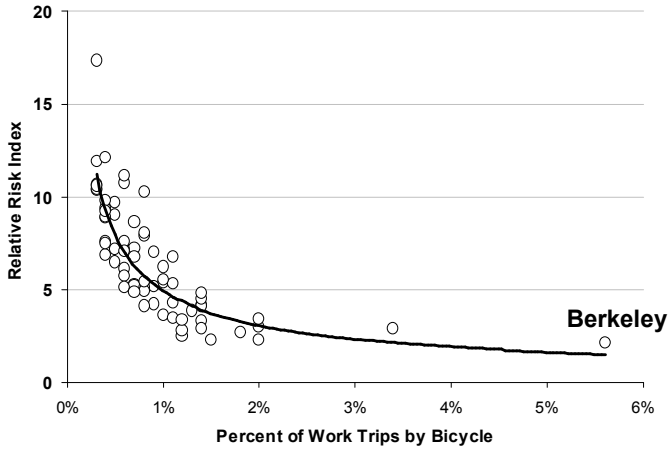
Figure 4.19 – Traffic Injuries by Type and Year, Berkeley, 1997-2005



Source: Statewide Incident Traffic Reporting System (SWITRS)

Compared to other major California cities, bicyclists that commute to work in Berkeley have a low risk of injury. This appears to be related to relatively high bicycle use.

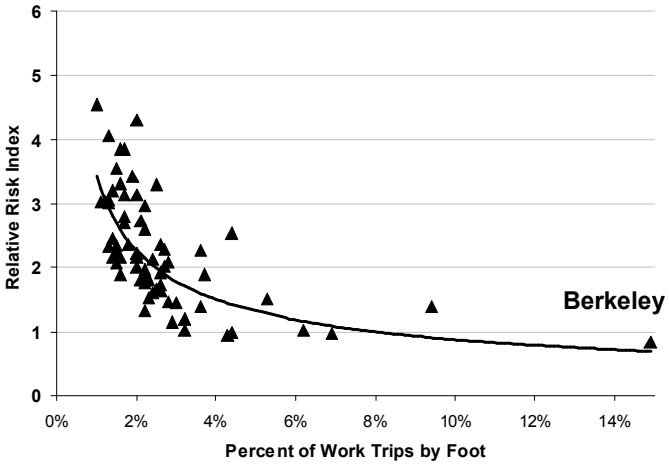
Figure 4.20 – Risk of Injury Bicycling to Work in 68 California Cities, 2000



Source: Jacobsen PL. Injury Prevention 2003;9:205. SWITRS, U.S. Census

Compared to other major California cities, Berkeley pedestrians walking to work have a low risk of injury. This appears to be related to high pedestrian volume.

Figure 4.21 – Risk of Injury Walking to Work in 68 California Cities, 2000



Source: Jacobsen PL. Injury Prevention 2003;9:205. SWITRS, U.S. Census

Domestic Violence

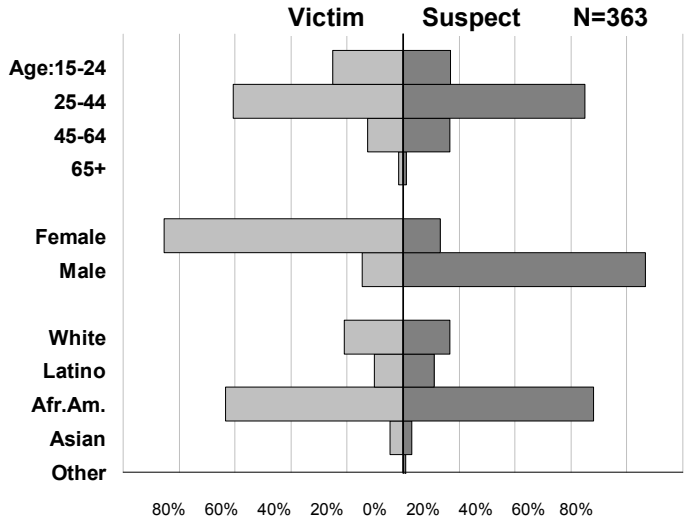
Why Is This Important?

Domestic Violence/ Intimate Partner Violence (IPV) is a serious, preventable public health problem affecting more than 32 million Americans [137]. The term "intimate partner violence" describes physical, sexual, or psychological harm by a current or former partner or spouse. Most incidents of IPV are not reported to the police. IPV results in nearly 2 million injuries and 1,300 deaths nationwide every year [138]. Among the ethnic groups most at risk are American Indian/Alaskan Native women and men, African American women, and Hispanic women [139]. Young women and those below the poverty line are disproportionately victims of IPV [139]. Frequent mental distress is common among women experiencing IPV and more than half of them want help, but few seek treatment for their mental health problems [140].

Domestic Violence in Berkeley

There were 363 domestic violence incidents in residents 15 years and older reported to the Berkeley Police Department in 2000. African Americans accounted for 64% of victims and 68% of suspects. Approximately 4% involved same-sex victims and suspects.

Figure 4.22 –Victims 15 Years of Age and Older and Suspects in Domestic Violence Incidents Reported to the Berkeley Police Department, 2000



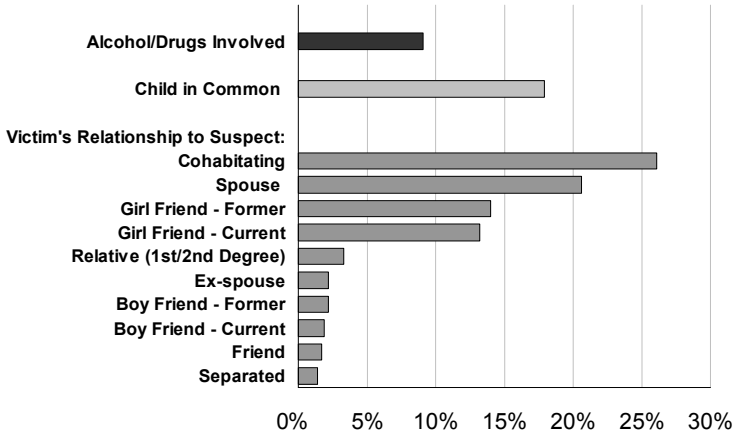
Source: Berkeley Police Department, 2000

Program Highlight: Domestic Violence Program

This program aims to coordinate activities with the school district, police department, the high school health center, the County, and community-based organizations to promote healthy relationships among Berkeley youth and their families. The program utilizes a youth-led model that is working to incorporate youth voice in identifying risk factors, coping mechanisms for stopping the cycle of abuse and developing outreach curriculum to promote change within peer and near-peer groups.

Alcohol and/or drugs were known to be involved in 9% of the incidents. In 18% of incidents, the victim and suspect were parents to a child who was present. Most incidents involved intimate partners who were currently living together.

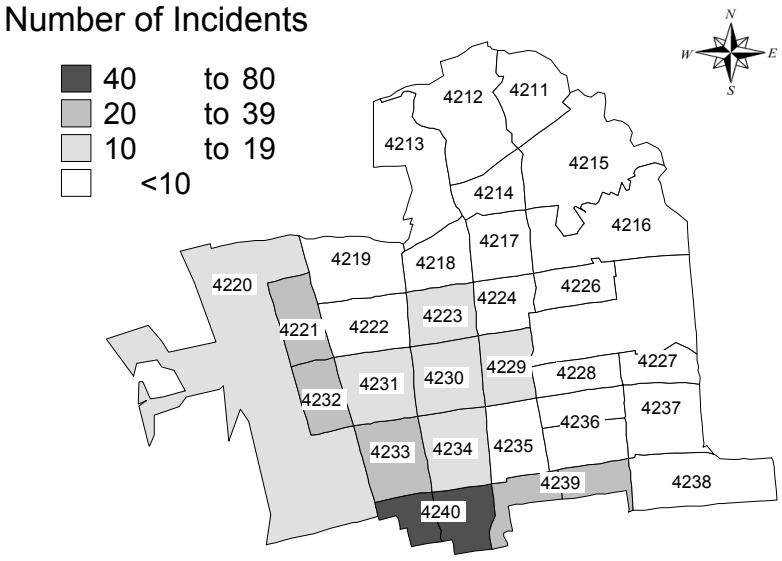
Figure 4.23 –Victims 15 Years of Age and Older and Suspects in Domestic Violence Incidents Reported to the Berkeley Police Department, 2000



Source: Berkeley Police Department, 2000

The number of domestic violence incidents reported to Berkeley's Police Department is highest in southwest Berkeley census tracts.

Map 4.6 – Incidents of Domestic Violence (Ages 15 and Older) Reported to the Berkeley Police Department by Census Tract, Berkeley, 2000



Source: Berkeley Police Department, U.S. Census, 2000

Communicable Disease

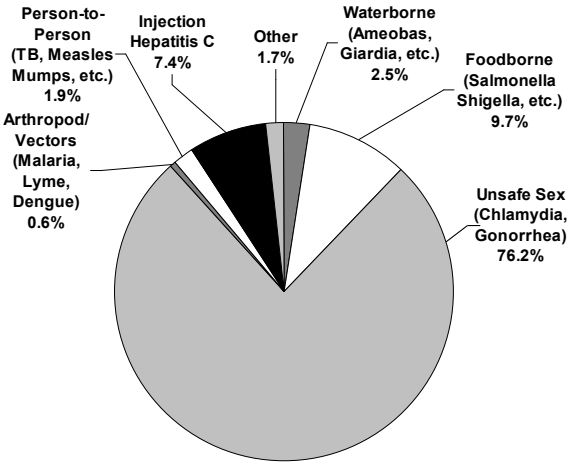
Why Is This Important?

While the 20th century brought vaccinations and antibiotics to prevent and cure infectious diseases, these diseases remain important causes of illness and death. New infectious agents and diseases are being detected, and some diseases considered under control – such as pertussis – have reemerged in recent years. Resistance to antibiotics is rapidly emerging as a difficult problem in a variety of hospital- and community-acquired infections. These trends suggest that many challenges still exist in the prevention and control of infectious diseases.

Communicable Diseases in Berkeley

Approximately 630 new cases of communicable diseases are reported each year in Berkeley. Three quarters of new cases were sexually transmitted infections.

Figure 4.24 – Communicable Disease Incidence Rates by Usual Mode of Transmission, Berkeley, 2000-2005



Source: Berkeley Public Health Division

Program Highlight: Communicable Disease Control Program

This program investigates cases of reported disease and works in partnership with the Environmental Health Division and with community partners, including University Health Services (Tang Center) to control and prevent the occurrence and spread of communicable diseases through prevention, surveillance and outbreak control. Outbreak investigations are conducted for any reported food-borne illness by working with doctors to identify and isolate the cause and to intervene to prevent the spread to others. Also, several large gastro-intestinal outbreaks occur in skilled nursing facilities each year that require intervention by public health nurses.

Communicable Disease: Acquired Immunodeficiency Syndrome (AIDS)

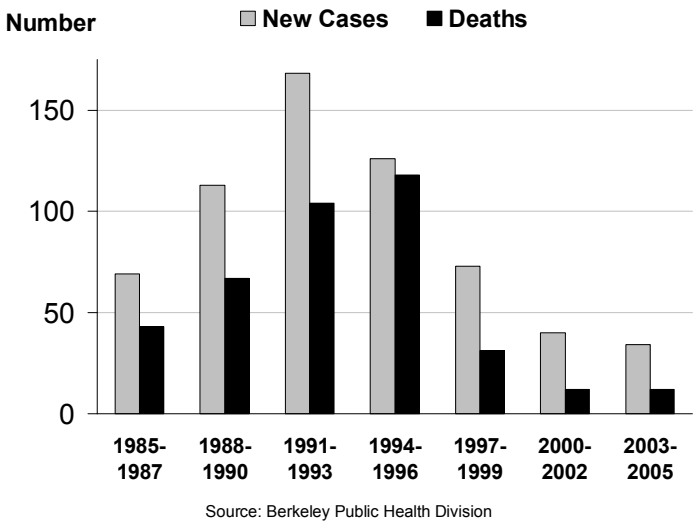
Why Is This Important?

AIDS is caused by HIV (human immunodeficiency virus). By killing or damaging cells of the body's immune system, HIV progressively destroys the body's ability to fight infections and certain cancers. Today, there are approximately 1.2 million people living with HIV/AIDS in the U.S, including more than 500,000 who are African American.[141] The HIV/AIDS epidemic is taking an increasing toll on minorities in the United States, especially among African Americans.[142] The epidemic has also had a disproportionate impact on African American men, women, youth, Latinos, and men who have sex with men, and its impact varies across the country.[143] The local epidemic has affected primarily men who have sex with men and intravenous drug users.

AIDS in Berkeley

The number of new AIDS cases and AIDS deaths has dropped substantially over time.

Figure 4.25 – New AIDS Cases and AIDS Deaths, Berkeley, 1985-2005



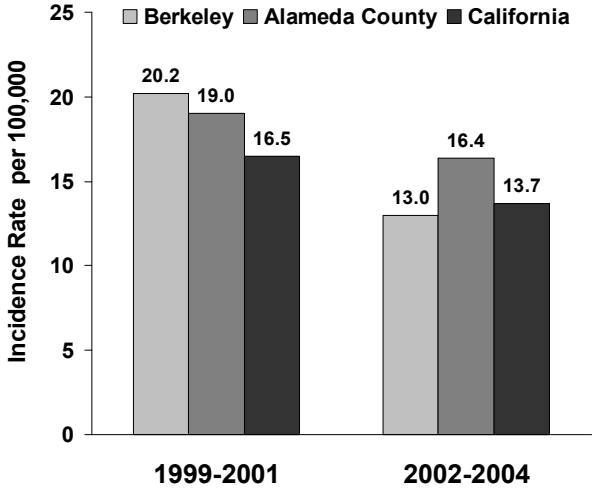
Source: Berkeley Public Health Division

Program Highlight: HIV and AIDS Programs

This program offers free and anonymous HIV/AIDS testing, community education and prevention workshops and outreach, assistance accessing approved drug treatment for individuals with HIV and AIDS with prescriptions and income eligibility, and public health nursing follow-up and case management. The program distributes 500,000 condoms annually, about 5 for every Berkeley resident. Innovative prevention activities include street outreach linked to HIV and STI testing, and the needle exchange harm reduction project (see picture of needle exchange van below). Assessment data of special populations at high-risk for HIV infection (including African American men who have sex with men, sex workers, and youth) is used to guide program planning for the Office of AIDS.

The incidence of AIDS has decreased over time for all populations in Berkeley and is lower in Berkeley than in Alameda County.

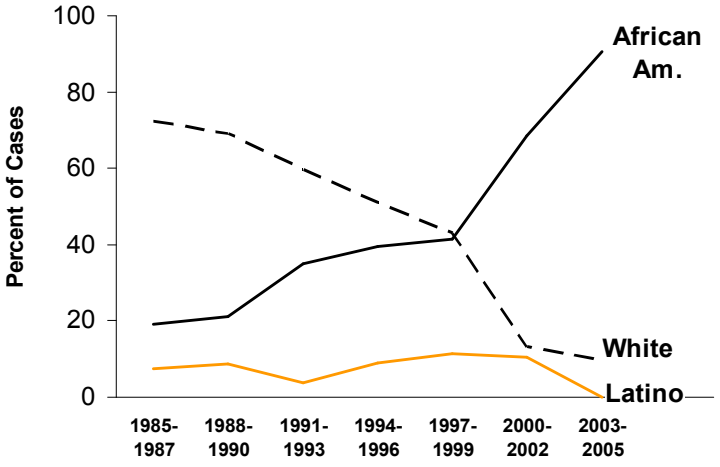
Figure 4.26 – Reported Incidence of AIDS Cases (Aged 13 Years and Over), Berkeley, Alameda County, California, 1999-2001 and 2002-2004 Average



Source: Berkeley Public Health Division

Over 90% of the new AIDS cases reported since 2003 are in African Americans.

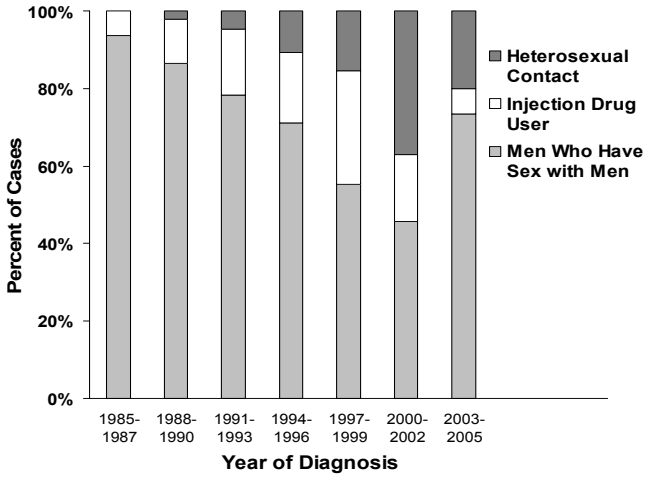
Figure 4.27 – Proportion of AIDS Cases by Race/Ethnicity, Berkeley, 1985-2005



Source: Berkeley Public Health Division

In 2003-2005, sex between men was the primary mode of transmission of AIDS.

Figure 4.28 – Proportion of AIDS Cases by Three Major Modes of Exposure, Berkeley, 1985-2005



Source: City of Berkeley Public Health Division

Communicable Disease: Sexually Transmitted Infections

Why Is This Important?

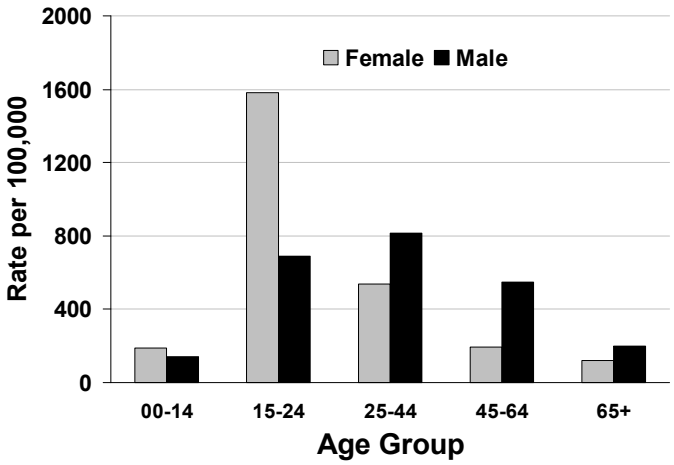
Sexually Transmitted Infections (STIs) cause many harmful, often irreversible, and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. STIs are also part of a causal chain of events in the sexual transmission of HIV infection.[144] Chlamydia infections – though often without symptoms – can cause infertility, and affect 3 times more women than men.[99] Gonorrhea infection increases the risk for pelvic inflammatory disease, infertility, ectopic pregnancy, and acquisition and transmission of human immunodeficiency virus (HIV).[145] The rate of gonorrhea is increasing and it is resistant to many drugs used to treat it.[146] Syphilis rates increased from 2001 to 2005, primarily among men who have sex with men, and those with high rates of HIV co-infection and high-risk sexual behavior.[147]

Sexually Transmitted Infections in Berkeley

The peak incidence of STIs in females is between ages 16 and 24. For males the peak incidence was between 25 and 44 years of age.

Race/ethnicity information was not reliably reported.

Figure 4.29 – Communicable Disease Incidence Rates by Age and Sex, Berkeley, 2000-2005



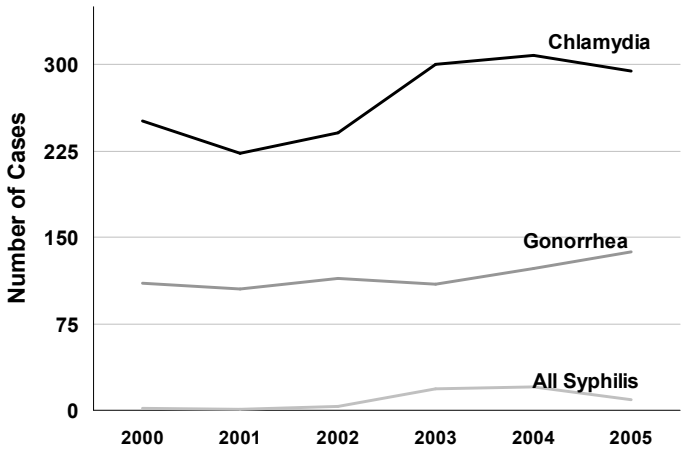
Source: City of Berkeley Public Health Division, U.S. Census 2000

Program Highlight: Sexually Transmitted Infections (STIs)

This program offers confidential testing, diagnosis, treatment and prevention education (see picture of counseling session below) to residents who think they may have a sexually transmitted infection (also called STD or VD). The program also provides free condoms and lubricants, and links to other program services (birth control, HIV/AIDS).

The rates of Chlamydia and gonorrhea are rising. Higher rates may be explained by increases in screening high-risk populations.

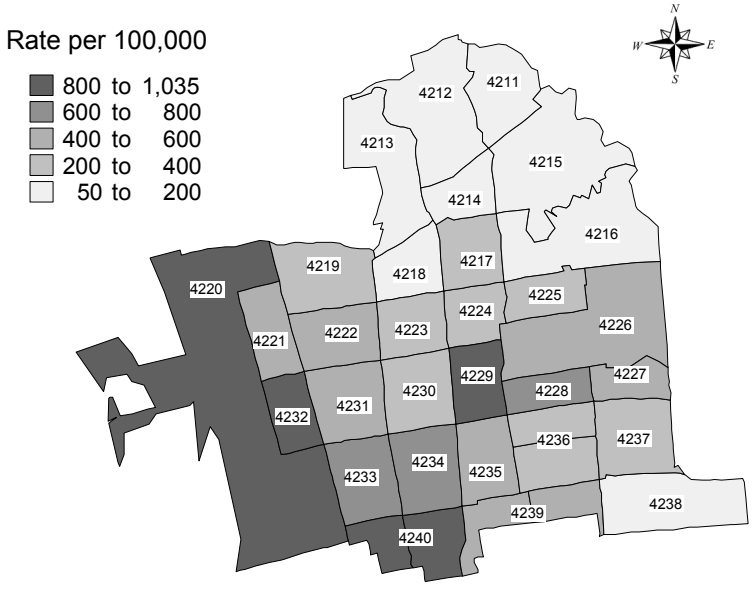
Figure 4.30 – Cases of Chlamydia, Gonorrhea, and Syphilis by Year of Report, Berkeley, 2000-2005



Source: Berkeley Public Health Division

Incidence rates of reported sexually transmitted infections were highest in west and southwest Berkeley and in census tracts southwest of the campus of the University of California.

Map 4.7 – Incidence Rate of Sexually Transmitted Infections by Census Tract, Berkeley, 2000-2005



Source: Berkeley Public Health Division, U.S. Census 2000

Other Communicable Diseases: Hepatitis C, Foodborne illness and Tuberculosis

Why Is This Important?

Hepatitis C virus (HCV) is the most common chronic blood borne viral infection in the United States. The most common source of transmission is through sharing of equipment between injection drug users, and most new cases are young adults aged 20 to 39 years. Tuberculosis is a very infectious disease that most often affects the lungs. While the number of new TB cases is declining, highly drug resistant forms of TB have emerged that are very difficult to treat. Immigrants (especially from Southeast Asia) and people with AIDS are at high risk of TB.

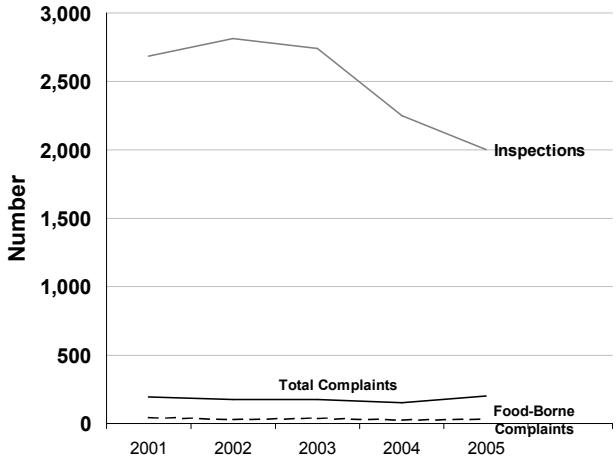
Each year, it is estimated that 76 million people experience foodborne illness. The major causes of foodborne illnesses are improper food preparation, storage, and distribution practices; poor hand hygiene among food handlers, and an increasingly global food supply. Recent outbreaks such as the E. Coli from spinach have brought more attention to these rather common illnesses, and are a reminder that our food supply must be monitored. Restaurants serving safe food, free of disease-causing pathogens, are essential for a healthy and sustainable Berkeley community.

Food Safety

Each year, over 2000 routine restaurant inspections are conducted by the Environmental Health Division, which receives an annual average of 180 complaints from restaurant patrons. About 19% of complaints are related to suspected foodborne illness.

Complaints of suspected foodborne illness receive priority response and are usually investigated within 24 hours.

Figure 4.31 – Restaurant Inspections and Complaints, Berkeley, 2001-2005



Source: Environmental Health Division, City of Berkeley

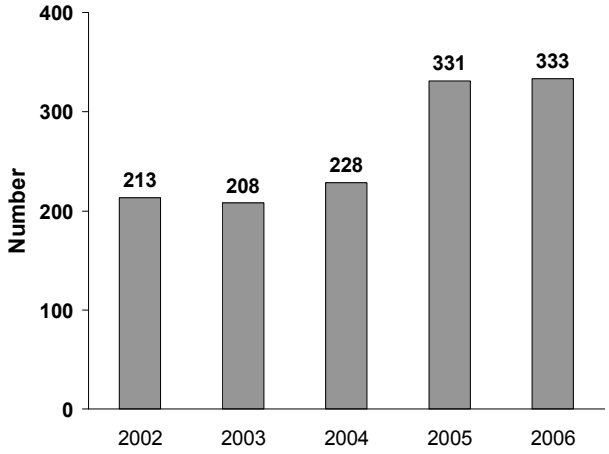
Program Highlight: Environmental Health Division

The Division administers several local programs to protect the public against environmental health hazards. This is achieved through community education efforts and by enforcement of state and local laws to ensure safe supplies of food, water and a clean environment, to monitor the proper management of wastes, to control human disease vectors, to investigate environmental health-related causes of illness and to abate hazardous environmental health conditions. Local programs include food safety, public pools and spas, noise control, smoking control, tobacco licensing, demolition inspections, abandoned vehicles, vector control, waste tire management, water quality monitoring, Berkeley Municipal Code Enforcement, and public health emergency response.

Rodent Requests for Service

The City's Vector Control Program concentrates on the monitoring and control of the rodent population to suppress populations of Norway rats, roof rats, and house mice. Staff responds to public nuisance complaints that may be potential rodent nests such as accumulations of garbage, rubbish, overgrowth of vegetation, abandoned or inoperable vehicles, and animal waste. Service requests have increased over the last 5 years.

Figure 4.32 – Rodent Service Requests, Berkeley, 2002-2006



Source: Environmental Health Division, City of Berkeley

Program Highlight: Tuberculosis (TB) Control

Contact investigation is a fundamental strategy for the control and prevention of tuberculosis. Berkeley has had 28 cases of active TB disease since 2003. Each case generates anywhere from 3 to 100 contacts to follow up for examination, evaluation and possibly treatment. Each newly diagnosed case of tuberculosis requires a public health nurse to assist and observe a patient taking their medication each day so that the entire course of medication is taken in the correct dose, at the correct time and for the complete period of therapy often 6-9 months, but sometimes up to 24 months. Lapses in the regimen can lead to spread to other individuals and drug resistance.

The Public Health Clinic offers TB skin testing and reading. Berkeley residents without a medical provider or health insurance are eligible for the Health Department's twice monthly TB Diagnostic Clinic, where a chest x-ray, medical examination and medicine may be provided.

Chronic Disease

Why Is This Important?

Sixty percent of all deaths in the world are due to chronic diseases.[148] Chronic diseases are diseases that are long-lasting or reoccurring and typically result from lifestyle behaviors, such as smoking, diet and level of physical activity, and environmental factors like pollution. Examples of chronic diseases include diabetes, hypertension (or high blood pressure), heart disease, asthma and cancer. Chronic diseases can be controlled and managed, but rarely cured completely. In many cases, chronic disease can be prevented, its onset delayed or with proper management, the number and severity of complications can be reduced. Improved nutrition, increased physical activity, and not smoking are primary lifestyle behaviors that can prevent chronic disease.

Cancer

Why Is This Important?

Cancer is a term for diseases in which abnormal cells divide without control; it results from changes in the genes that control normal cell growth and death that may be inherited or be caused by smoking or other environmental or lifestyle factors.[149] Over half of all cancers are preventable.

Lung cancer is responsible for more deaths than any other cancer. Cigarette smoking is the most important risk factor for lung cancer, accounting for 68 to 78 percent of lung cancer deaths among females and 88 to 91 percent of lung cancer deaths among males.[93]

Breast cancer is the most common cancer among women in the United States. Death from breast cancer can be greatly reduced if the tumor is discovered at an early stage, especially through the use of mammography. Most breast cancer risk factors (family history, age, reproductive history, race and ethnicity) are not amenable to intervention; but overweight and hormone use are important risk factors for breast cancer in post-menopausal women, and can be addressed.[150] White women have the highest rates of breast cancer nationally but African American women with breast cancer were more likely to die of it than other racial/ethnic groups, due in part to delayed diagnosis and treatment.[151]

Cervical cancer is the 10th most common cancer in women. Almost all cervical cancer deaths could be avoided if all women got recommended routine screening with Pap smears and follow-up. The new Human Papilloma Virus (HPV) vaccine may soon decrease the risk of cervical cancer even further.

The most common form of cancer (other than skin cancer) among men is prostate cancer; prostate cancer most often occurs in men aged 65 and older. African American men die of prostate cancer more frequently than men in other groups.[152]

Screening for colorectal cancer can reduce mortality through early detection.

Program Highlight: Preventive Services at Public Health Clinic

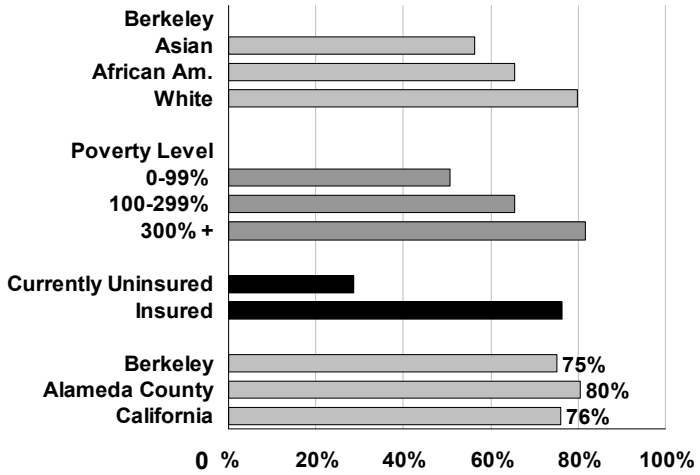
The Public Health Clinic offers preventive health services including pap smears (cervical cancer prevention), and local and low-cost referrals to breast screening/mammography services.

Mammogram to Screen for Breast Cancer

In 2001, 75% of Berkeley women over 40 years old surveyed reported having had a mammogram in the past 2 years. White women reported higher rates of having a mammogram than either African American or Asian women.

Alameda County has a higher percentage of women reporting having had a mammogram than Berkeley.

Figure 4.33 – Mammogram in Past 24 Months in Women Aged 40 Years and Older, Berkeley, 2001



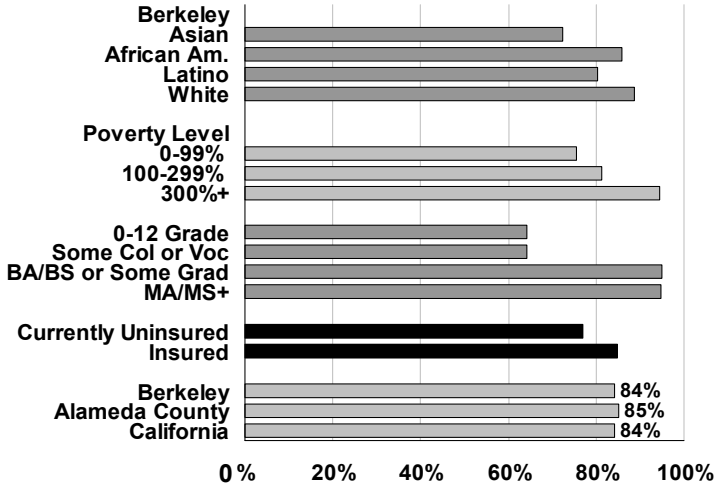
Source: California Health Interview Survey, Berkeley, 2001

Screening for Cervical Cancer

In 2001, 84% of surveyed Berkeley women over 18 years old reported having had a Pap test within 3 years.

An average of 4 Berkeley women are diagnosed with invasive cervical cancer each year.

Figure 4.34 – Pap Test in the Last 3 Years in Women Aged 18 Years and Older by Race/Ethnicity, Berkeley, California, 2001

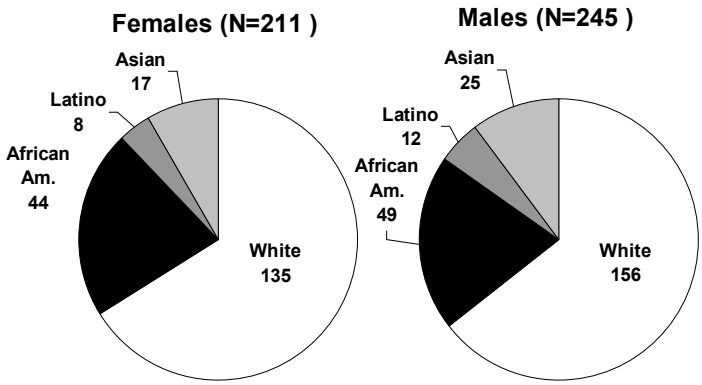


Source: California Health Interview Survey, Berkeley, 2001

Cancer in Berkeley

Each year there are 456 newly diagnosed cancer cases among Berkeley residents.

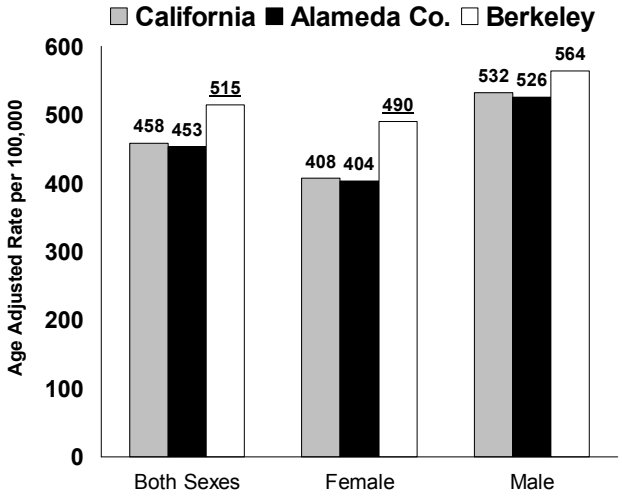
Figure 4.35 – Average Annual Number of Newly Diagnosed Cancer Cases by Sex and Race/Ethnicity, Berkeley, 1998-2002



Source: Greater Bay Area Cancer Registry

Berkeley women have a higher cancer rate than women in Alameda County or California.

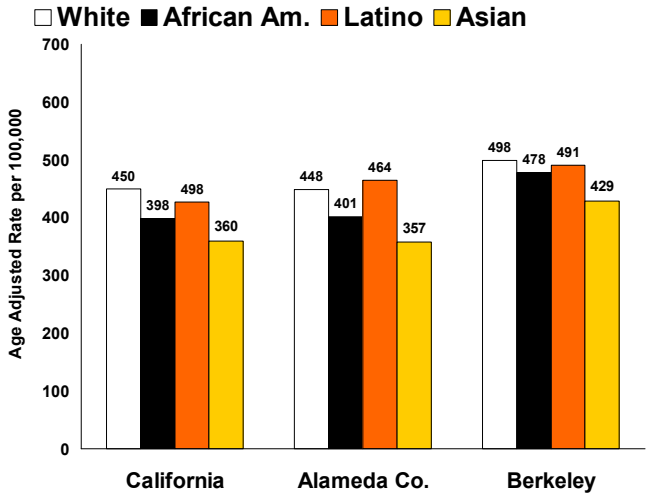
Figure 4.36 – Cancer Incidence by Sex, Berkeley, Alameda County, California, 1998-2002



Source: Greater Bay Area Cancer Registry

Berkeley women of different race/ethnic groups do not have disparities in their cancer incidence rates.

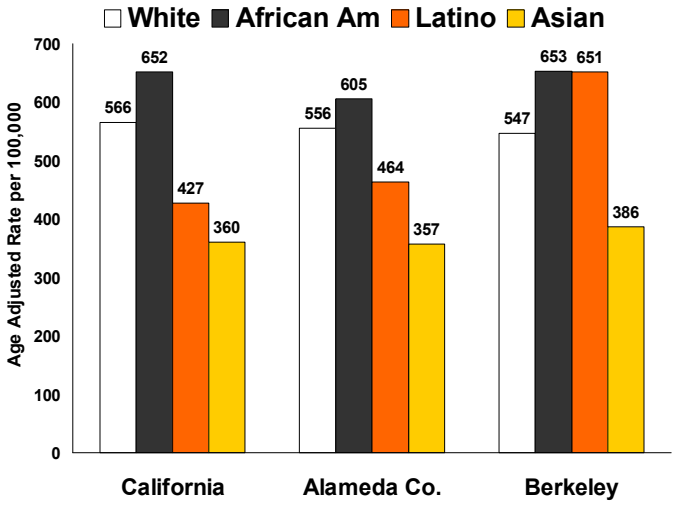
Figure 4.1 – Cancer Incidence In Females by Race/Ethnicity, Berkeley, Alameda County, California, 1998-2002



Source: Greater Bay Area Cancer Registry

In Berkeley, Asian males have significantly lower cancer rates than African Americans and Whites.

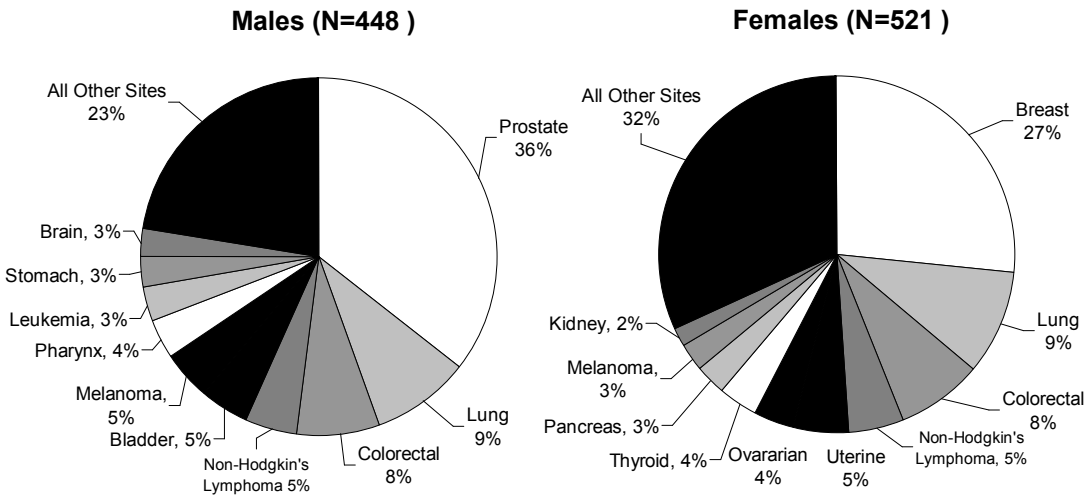
Figure 4.2 – Cancer Incidence In Males by Race/Ethnicity, Berkeley, Alameda County, California, 1998-2002



Source: Greater Bay Area Cancer Registry

The cancer site with the most frequent diagnoses was breast for females and prostate for males. For both sexes, lung cancer, colorectal cancer, and non-Hodgkin's lymphoma were the next most frequent sites.

Figure 4.39 – Leading Cancer Sites by Sex, Berkeley, 2003-2004



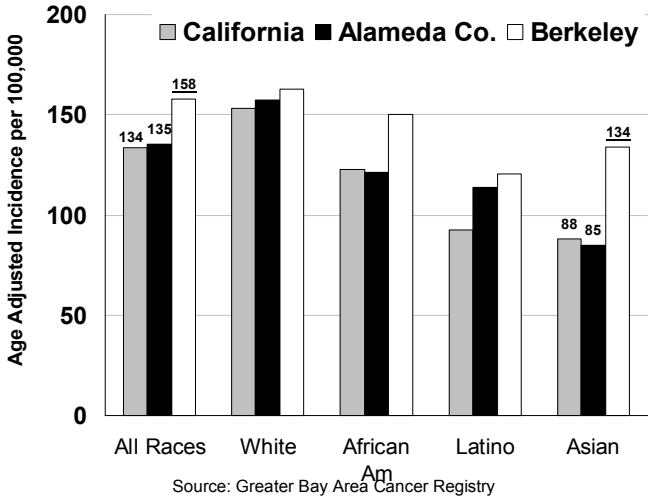
Source: Greater Bay Area Cancer Registry

Breast Cancer

There was an annual average of 70 new cases of breast cancer diagnosed in Berkeley women in 2002-2003. Incidence rates were highest for White women and lowest for Latinas.

Berkeley has higher rates of new breast cancer cases for all ethnicities than Alameda County.

Figure 4.40 – Age-Adjusted Breast Cancer Incidence, Berkeley, Alameda County, California, 1998-2002

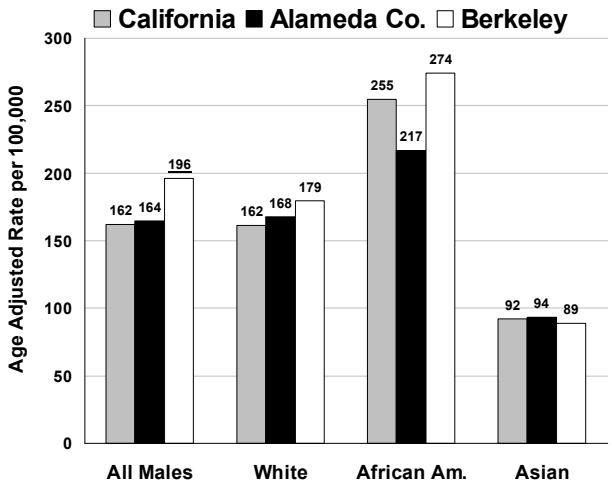


Source: Greater Bay Area Cancer Registry

Prostate Cancer

The rate of prostate cancer in Berkeley men is higher than the rate in Alameda County or California.

Figure 4.41 – Prostate Cancer Incidence by Race/Ethnicity, Berkeley, 1998-2002

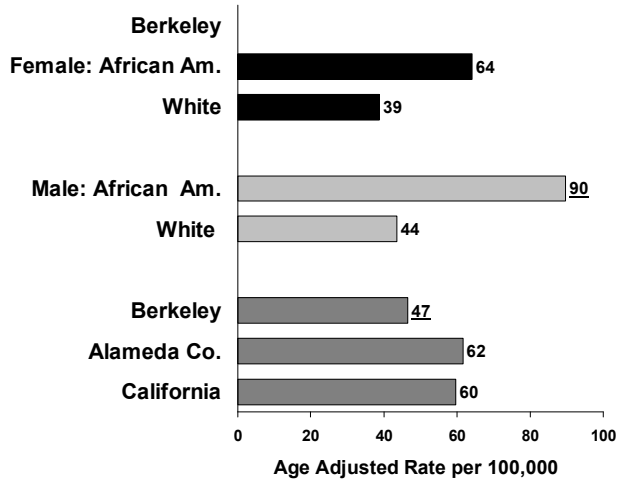


Source: Greater Bay Area Cancer Registry

Lung Cancer

Berkeley's rate of lung cancer is lower than the rate of Alameda County or California. However, the lung cancer incidence in Berkeley's African American males is two times higher than that of White males.

Figure 4.42 – Lung Cancer Incidence by Sex and Race/Ethnicity, Berkeley, 1998-2002

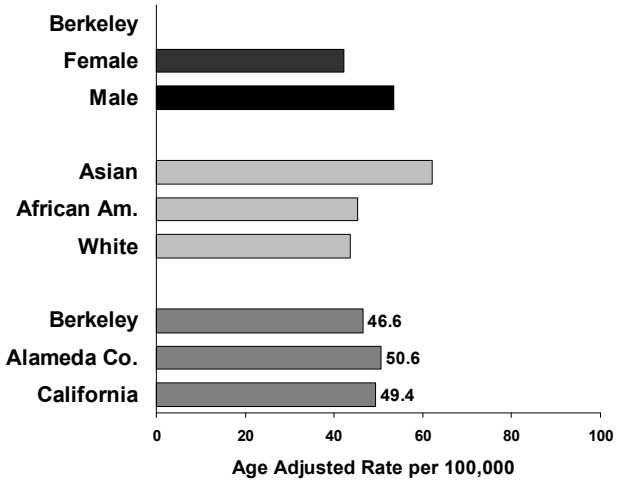


Source: Greater Bay Area Cancer Registry

Colorectal Cancer

Berkeley's rate of colorectal cancer is similar to that of Alameda County and California.

Figure 4.43 – Colorectal Cancer Incidence by Sex and Race/Ethnicity, Berkeley, 1998-2002



Source: Greater Bay Area Cancer Registry

High Blood Pressure, Heart Disease, and Stroke

Why Is This Important?

Heart disease is the leading cause of death for all people in the U.S., accounting for nearly 1/3 of all deaths. Stroke is the third leading cause of death. Heart disease and stroke continue to be major causes of disability and significant contributors to increases in U.S. health care costs.

It is estimated that nearly one third of American adults have high blood pressure, or hypertension. Blood pressure is a measure of how hard your heart has to work to circulate blood throughout the body and when the pressure is too high, it adds to the workload for your heart, increasing the wear and tear on the heart and blood vessels.

Uncontrolled high blood pressure can lead to serious health problems like heart attacks, stroke, heart failure or heart disease. High blood pressure is the number one modifiable risk factor for stroke. High blood pressure is often called the “silent killer” because there are no symptoms and a person can have high blood pressure for years without even knowing it. The only way to know if you have it is to get it measured regularly.

Factors that make a person more likely to develop high blood pressure include age, race/ethnicity, family history, excess weight, physical inactivity, tobacco use, excessive alcohol consumption, high sodium intake and too much stress. Although we cannot control our age, race or family history, there is still a lot we can do to prevent or manage high blood pressure, like eating healthier, not smoking, being more active, reducing the amount of sodium we eat, and reducing our stress levels.

By lowering blood pressure to acceptable levels:

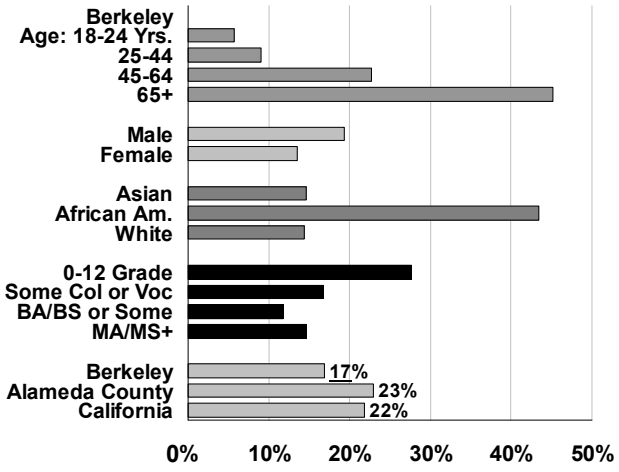
- Stroke incidence can be reduced by an average of 35–40%.
- Heart attack incidence can be reduced by an average of 20–25%.
- Heart failure incidence can be reduced by an average of more than 50%.

High Blood Pressure

In 2001, 17% of Berkeley adults surveyed reported they were told by a physician that they had high blood pressure. Over 40% of African Americans report high blood pressure – 3 times the percentage of Whites.

Berkeley has a smaller percentage of adults reporting hypertension than Alameda County or California.

Figure 4.44 – Berkeley Adults (18 Years and Older) Who Were Ever Told by a Doctor They Have High Blood Pressure, Berkeley, 2001



Source: California Health Interview Survey (CHIS), 2001, Berkeley

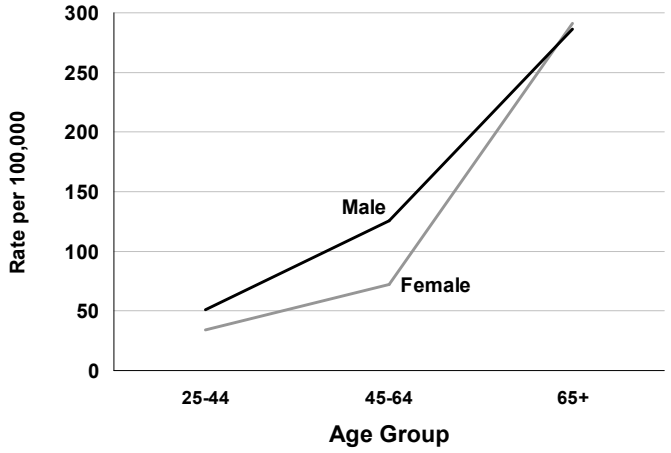
Program Highlight: Berkeley Hypertension Program

In partnership with Lifelong Medical Center, this program focuses on community-based health promotion and environmental changes to 1) encourage healthy eating and physical activity; 2) increase access to hypertension screening and treatment; 3) implement the Chronic Care Model to improve the quality of care for hypertension patients, and, 4) train Community Health Workers in a program focused on outreach, education, and intensive counseling and support. A highlight of the program is the weekly drop-in Hypertension Clinic that provides free blood pressure screenings and education to everyone, and provides treatment to uninsured residents with hypertension.

Hypertensive Heart Disease

Each year, there is an average of 85 hospitalizations of Berkeley adults due to hypertensive heart disease. The rate of hospitalization is higher for males and increases rapidly after 64 years of age.

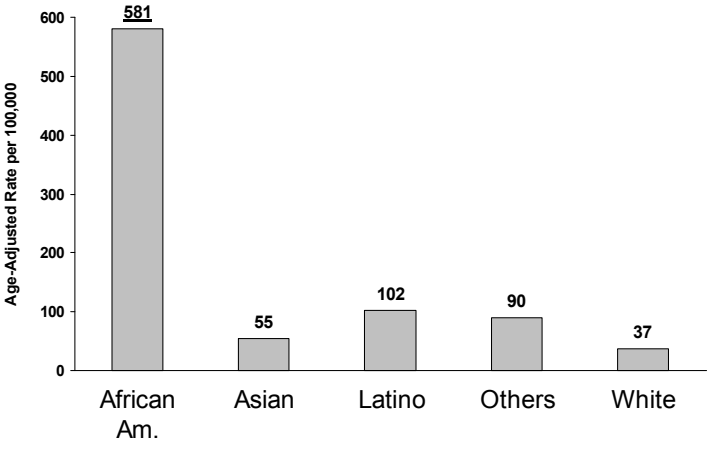
Figure 4.45 – Hypertensive Heart Disease Hospitalization Rates in Adults (25 Years and Older) by Age and Sex, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

African Americans have 10-times greater rate of hospitalizations due to hypertensive heart disease than Asians, and a 15-times higher rate than Whites.

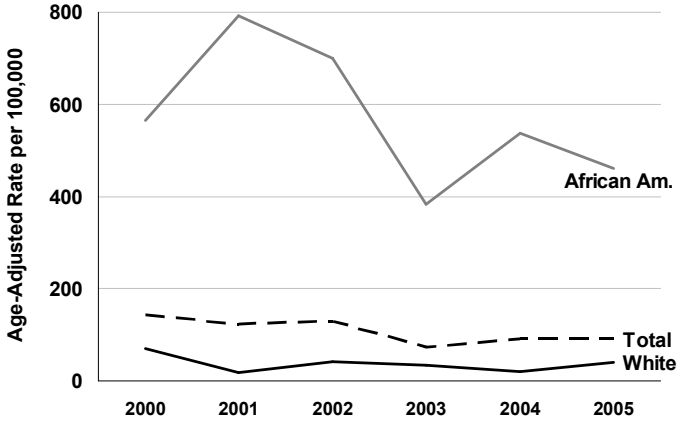
Figure 4.46 – Hypertensive Heart Disease Hospitalization Rates in Adults (25 Years and Older) by Race/Ethnicity, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Rates of hypertensive heart disease hospitalization in African Americans have not declined (with statistical certainty) over the last several years.

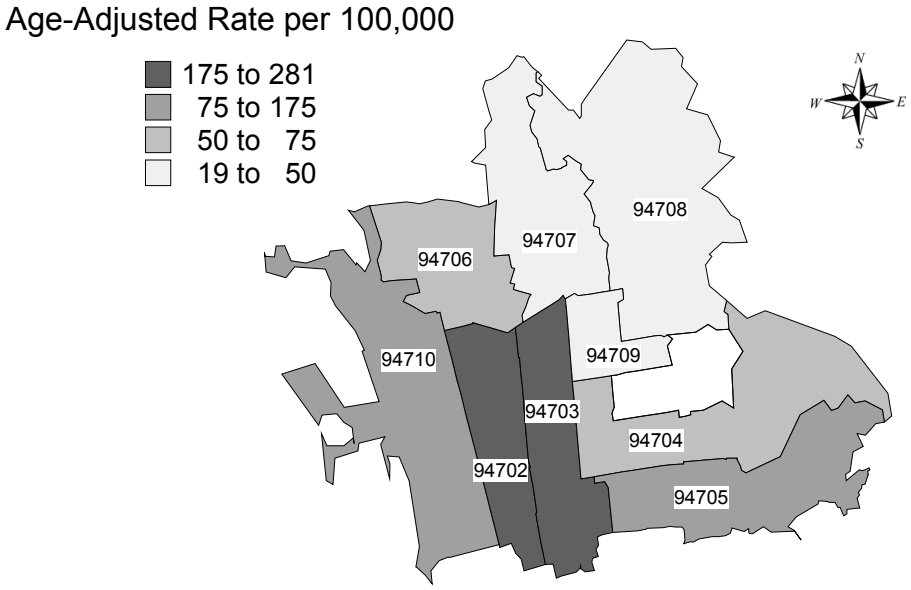
Figure 4.47 – Hypertensive Heart Disease Hospitalization Rates in Adults (25 Years and Older) by Race/Ethnicity and Year of Hospitalization, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Hospitalization rates for hypertensive heart disease are highest in southwest Berkeley.

Map 4.8 – Hypertensive Heart Disease Hospitalization Rates in Adults (25 Years and Older) by Zip Code, Berkeley, 2000-2005



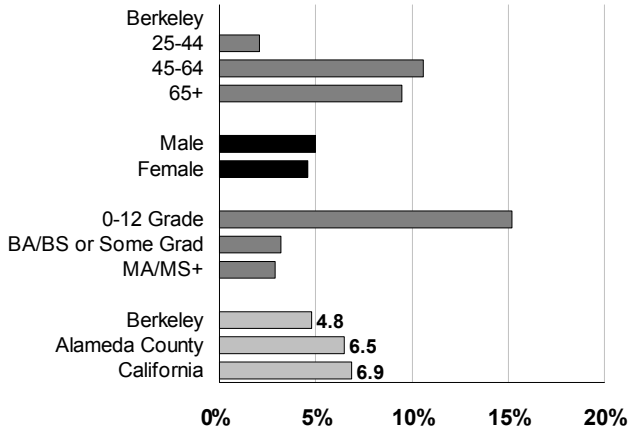
Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Heart Disease in Berkeley

An estimated 4,000 Berkeley adults – 5% of the adult population – report that they have been told by a physician that they have heart disease. It is more commonly reported among those with lower levels of education.

The percentage of Berkeley adults reporting physician-diagnosed heart disease is lower than that of Alameda County or California.

Figure 4.48 – Adults (18 Years and Older) Who Were Ever Told by a Doctor They Have Heart Disease, Berkeley, 2001

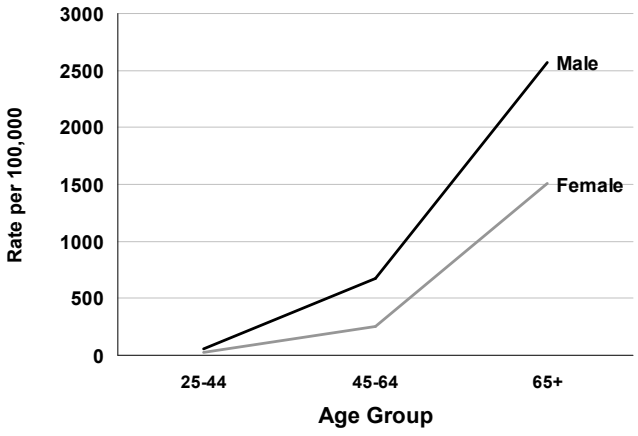


Source: California Health Interview Survey (CHIS), 2001, Berkeley

Coronary Heart Disease in Berkeley

Each year, over 400 hospitalizations due to coronary heart disease occur in Berkeley adults. The rate of hospitalization is higher for males and increases rapidly after 64 years of age.

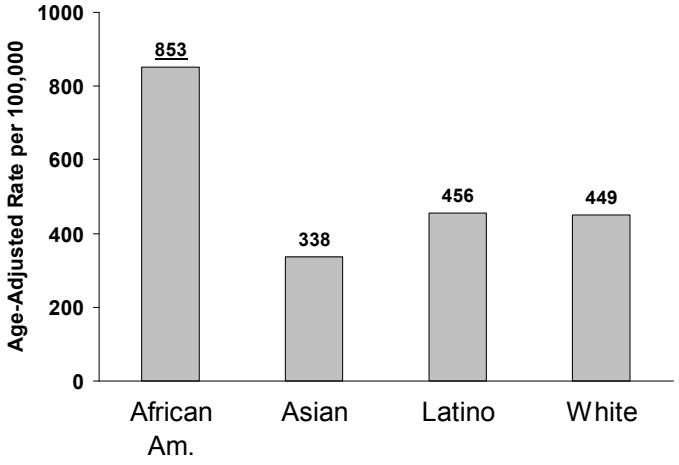
Figure 4.49 – Coronary Heart Disease Hospitalization Rates in Adults (25 Years and Older) by Age and Sex, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Hospitalizations due to coronary heart disease occur more frequently in African Americans than in other race/ethnic groups.

Figure 4.50 – Coronary Heart Disease Hospitalization Rates in Adults (25 Years and Older) by Race/Ethnicity, Berkeley, 2000-2005

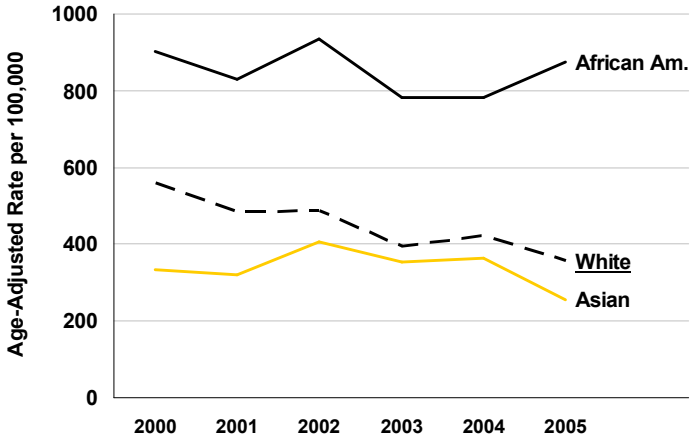


Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Coronary heart disease hospitalization rates for Whites and Asians have decreased over the last 6 years, while rates for African Americans have remained stable.

The disparity between African American rates and others has increased.

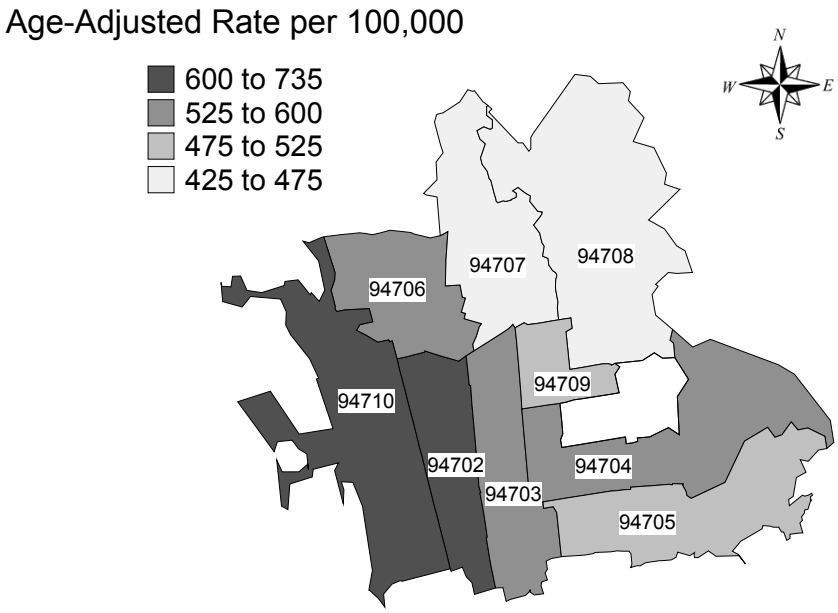
Figure 4.51 – Coronary Heart Disease Hospitalization Rates in Adults (25 Years and Older) by Race/Ethnicity and Year of Hospitalization, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Hospitalization rates for coronary heart disease are highest in southwest Berkeley.

Map 4.9 – Coronary Heart Disease Hospitalization Rates in Adults (25 Years and Older) by Zip Code, Berkeley, 2000-2005

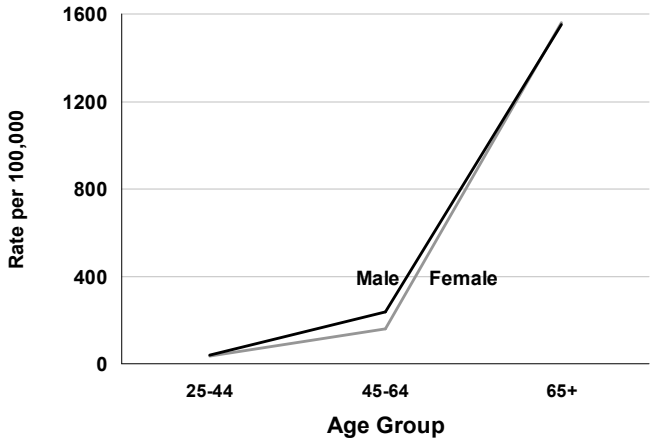


Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Stroke

Each year, there is an average of 289 hospitalizations of Berkeley adults due to stroke. The rate of hospitalization is higher for males and increases rapidly at 65 years of age and older.

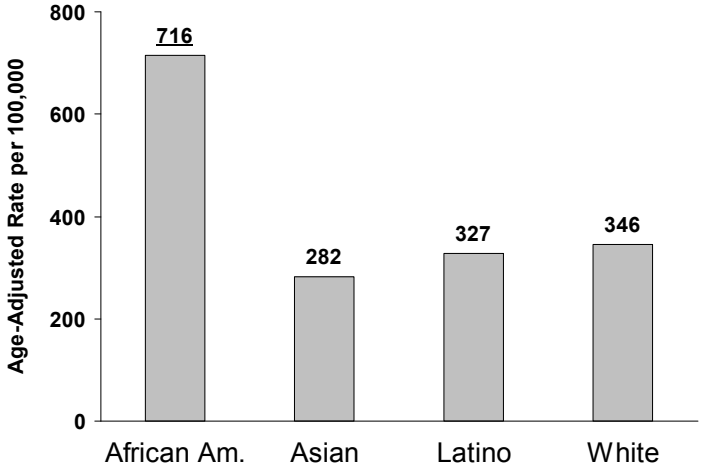
Figure 4.52 – Stroke Hospitalization Rates in Adults (25 Years and Older) by Age and Sex, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

African Americans have a stroke hospitalization rate about twice as high as other race/ethnicity groups.

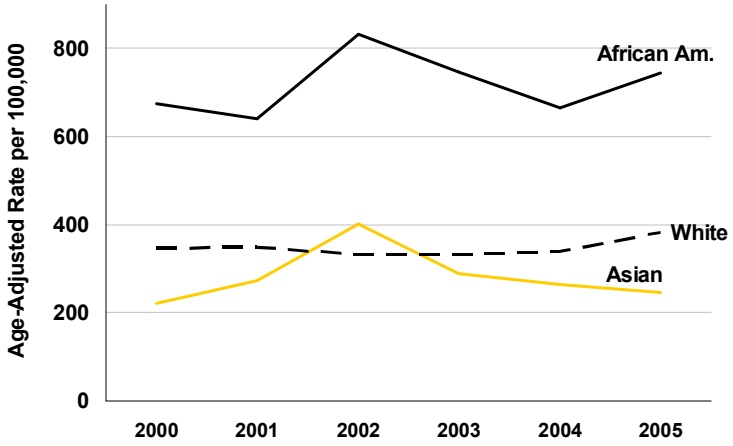
Figure 4.53 – Stroke Hospitalization Rates in Adults (25 Years and Older) by Race/Ethnicity, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Stroke hospitalization rates and the difference between African American and White stroke hospitalization rates are unchanged over time.

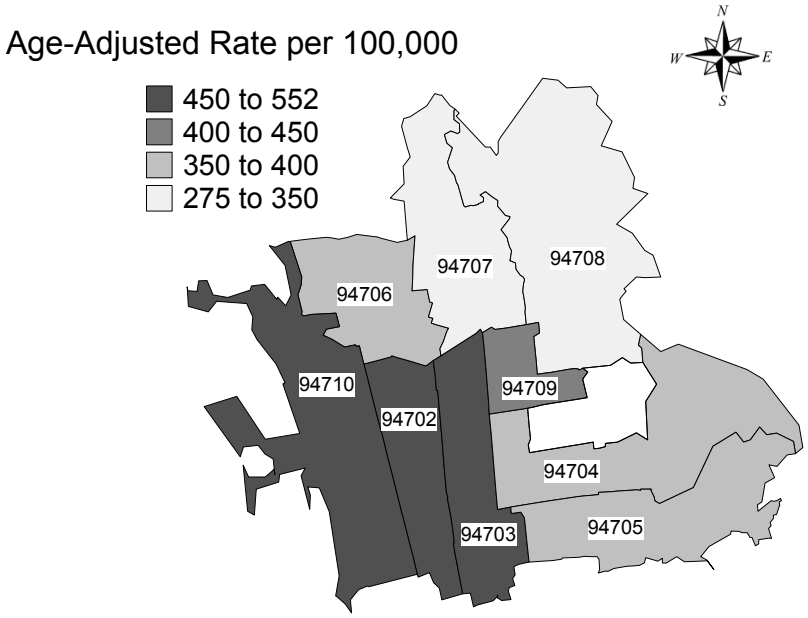
Figure 4.54 – Stroke Hospitalization Rates in Adults (25 Years and Older) by Race/Ethnicity and Year of Hospitalization, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Hospitalization rates for stroke are highest in southwest Berkeley.

Map 4.10 – Stroke Hospitalization Rates in Adults (25 Years and Older) by Zip Code, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Diabetes

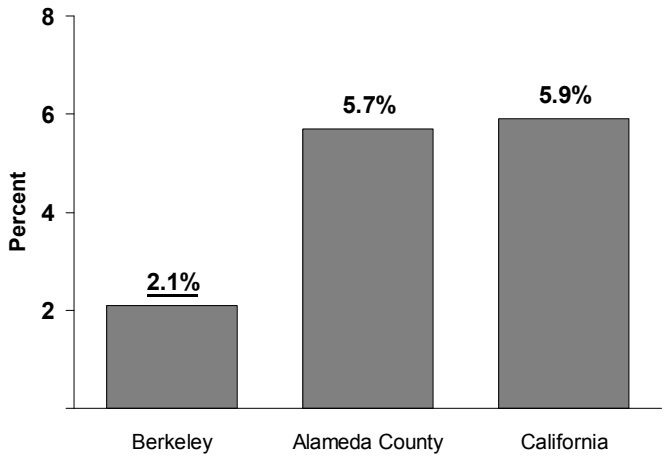
Why Is This Important?

Diabetes is a serious disease in which the level of glucose or sugar in the blood is too high. Over time, diabetes can lead to serious complications such as blindness, kidney damage, and lower-limb amputations. In addition, diabetes negatively impacts quality of life due to the challenge of constantly monitoring blood sugar levels, dietary changes, and numerous physical problems that lead to serious complications. Across the nation, 20.8 million people (7% of the population) have diabetes; many people with diabetes do not know it because they do not have a lot of symptoms.[153] The occurrence of diabetes is increasing rapidly, especially among African Americans and Latinos, and lower income people. Overweight/obesity, unhealthy diets and low physical activity rates all contribute to this chronic disease.[154]

Diabetes in Berkeley

An estimated 1,750 Berkeley adults – 2% of the adult population – have been told by a physician that they have diabetes. Berkeley's rate is lower than that of Alameda County or California.

Figure 4.55 – Adults (18 Years and Older) Who Were Ever Told by a Doctor They Have Diabetes, Berkeley, 2001



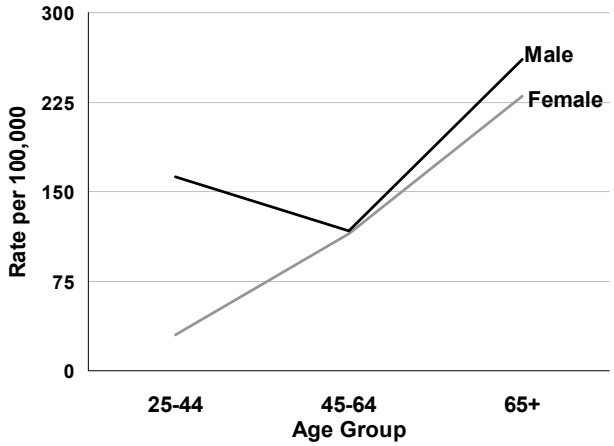
Source: California Health Interview Survey (CHIS), 2001, Berkeley

Program Highlight: Live Well, Be Well

The goal of Live Well Be Well is to prevent or delay the onset of diabetes in adults that are at highest risk for the disease. This program is a joint project of the Public Health Division and the University of California, San Francisco Center of Healthy and Active Aging funded by the National Institutes of Health. The program provides free diabetes screening and education, a series of workshops and regular, phone-based counseling to residents who are identified as pre-diabetic to support healthy eating and increased physical activity. The focus is on African American, Latino and South Asian adults over 25. In-depth evaluation of the efficacy of the program is being conducted by UCSF.

Each year, there is an average of 107 hospitalizations of Berkeley adults due to diabetes. The rate of hospitalization is higher for males and increases with age.

Figure 4.56 – Diabetes Hospitalization Rates in Adults (25 Years and Older) by Age and Sex, Berkeley, 2000-2005

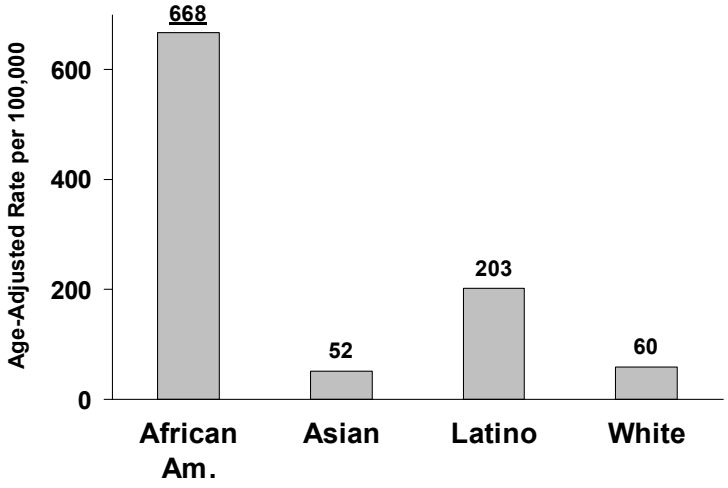


Source: Office of Statewide Health Planning and Development, U.S. Census 2000

African Americans have a diabetes hospitalization rate over 10 times higher than Whites. Latinos also have an elevated hospitalization rate compared to Whites and Asians.

High rates of diabetes hospitalizations may be due to both a higher rate of diabetes and less success in managing diabetes as a result of less access to high quality health care and risk behaviors such as diet and lack of exercise.

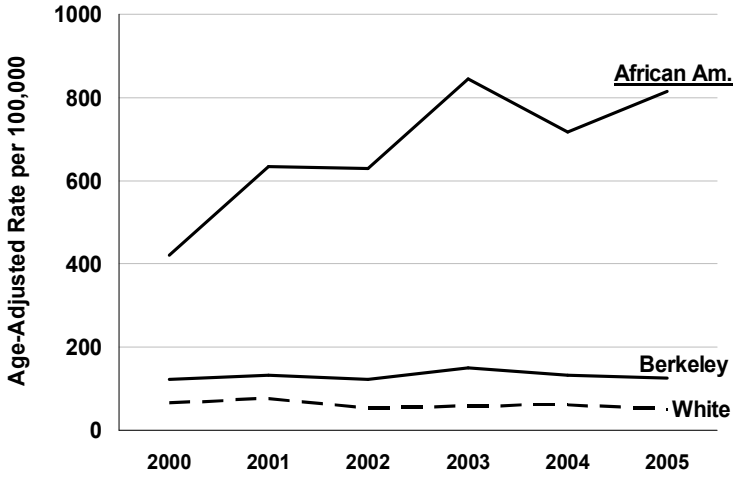
Figure 4.57 – Diabetes Hospitalization Rates in Adults (25 Years and Older) by Race/Ethnicity, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Over the last several years, rates of diabetes hospitalization have increased in African Americans.

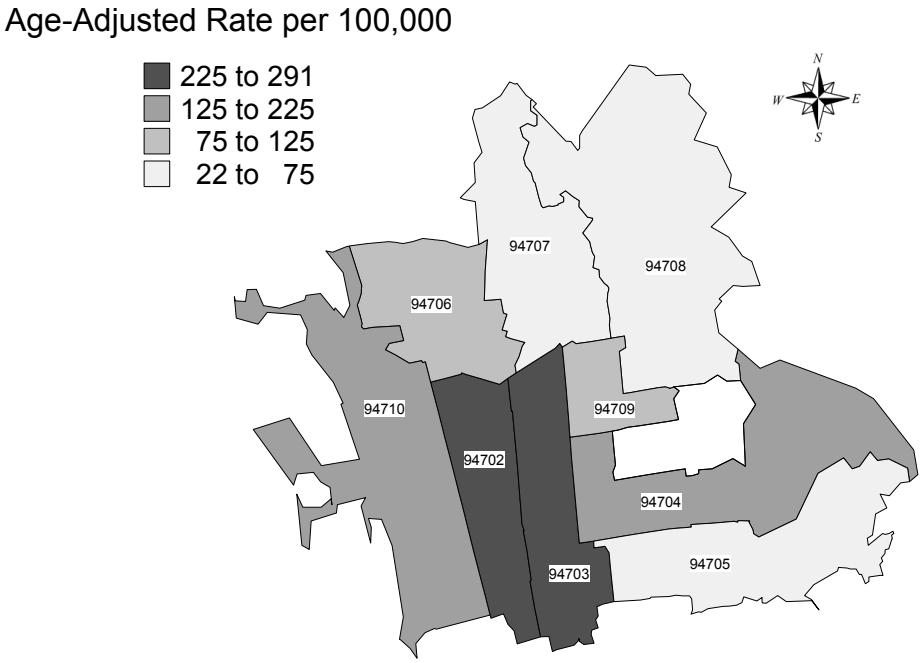
Figure 4.58 – Diabetes Hospitalization Rates in Adults (25 Years and Older) by Race/Ethnicity and Year of Hospitalization, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Hospitalization rates for diabetes are highest in southwest Berkeley.

Map 4.11 – Diabetes Hospitalization Rates in Adults (25 Years and Older) by Zip Code, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Asthma

Why Is This Important?

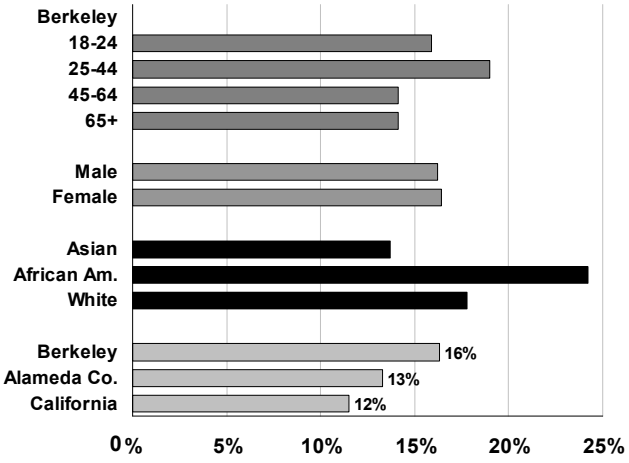
Asthma is a chronic lung condition that causes swelling, excess mucus, and narrowing of the airways, and is responsible for about 500,000 hospitalizations, 5,000 deaths, and 134 million days of restricted activity a year in the U.S.[155,156] Asthma is triggered by cigarette smoke, air pollution, allergens, cockroaches, and other environmental factors. Controlling exposure to factors that trigger asthma episodes, adequately managing asthma with medicine, monitoring lung function, and helping asthma patients to become partners in their own care can reduce the burden of the disease.

In California, asthma prevalence has increased for all groups,[106] but hospitalization rates due to asthma are highest among African Americans regardless of income. At both the state and national levels, rates among African Americans are at least three times higher than those of non-Hispanic Whites. [157]

Asthma in Berkeley

In 2001, 16% of the Berkeley adult population surveyed report they were told by a physician that they had asthma. African Americans have a prevalence of asthma that is higher than that of Whites or Asians.

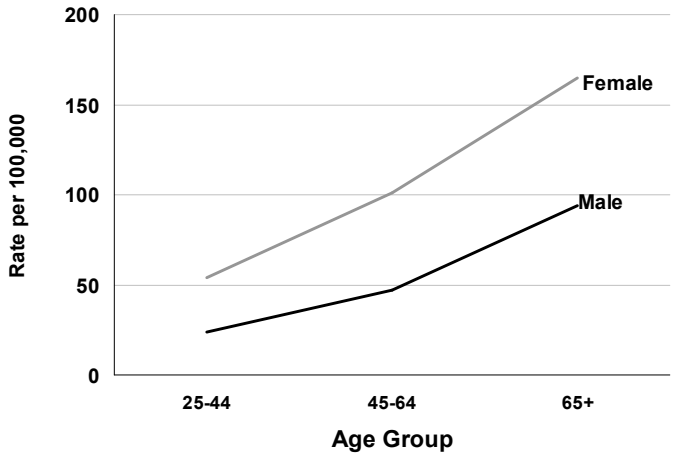
Figure 4.59 – Adults (18 Years and Older) Who Were Ever Told by a Doctor They Have Asthma and Experienced Symptoms in the Past Year, Berkeley, 2001



Source: California Health Interview Survey (CHIS), 2001, Berkeley

Each year, over 400 hospitalizations due to asthma occur in Berkeley adults. The rate of hospitalization is higher for women and increases with age.

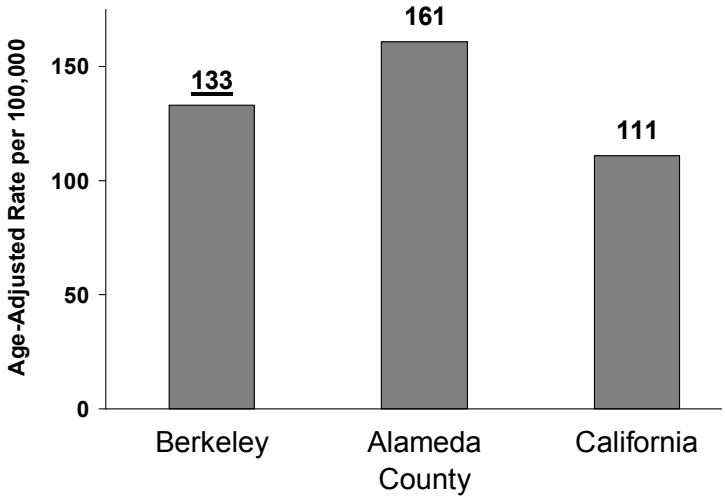
Figure 4.60 – Asthma Hospitalization Rates in Adults (25 Years and Older) by Age and Sex, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

The asthma hospitalization rate in Berkeley is higher than the California average but lower than the Alameda County average.

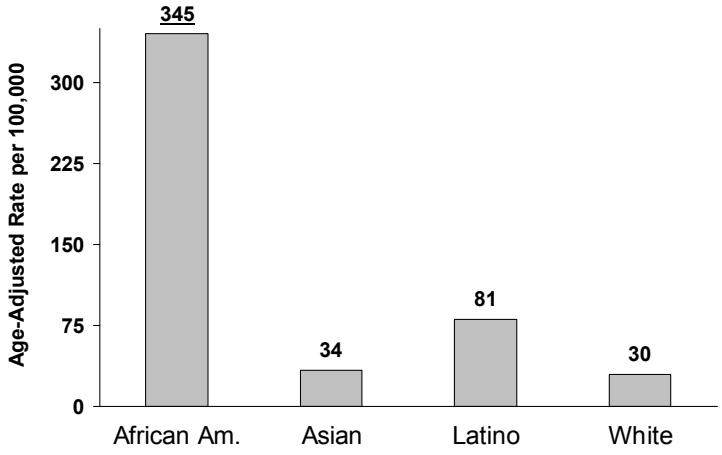
Figure 4.61 – Asthma Hospitalization Rate (All Ages), Berkeley, Alameda County, and California, 2001-2003



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

African Americans are hospitalized for asthma 10 times more often than Whites and Asians. Latinos are hospitalized nearly 3 times more than those groups.

Figure 4.62 – Asthma Hospitalization Rates in Adults (25 Years and Older) by Race/Ethnicity, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Environmental Inequities & Asthma

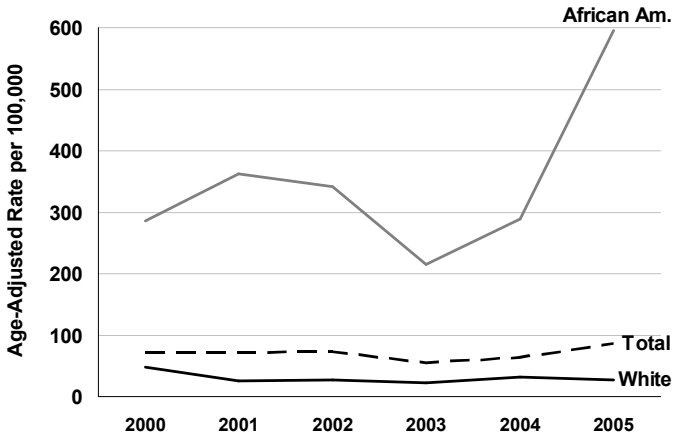
Poor and minority residents of the San Francisco Bay Area are more heavily exposed to air pollution and environmental hazards that are known asthma triggers.[158] Areas of West Berkeley are more heavily impacted by industry that releases a multitude of pollutants into the air, they experience the heaviest traffic flow in our cities along the I-80 corridor—especially diesel truck traffic, which releases more irritants than other vehicle emissions—and they are predominantly populated by people of color.[108]

Several community groups in Berkeley are working to combat environmental inequities:

1) The City's Community Environmental Advisory Commission (CEAC) plans and makes recommendations for environmental protection, hazardous materials and reduction, with outreach to and education of the public, small businesses and industry.
2) The Oakland-Berkeley Asthma Coalition (OBAC) meets with the aim to reduce the burden of asthma in the communities of Oakland and Berkeley.
3) The West Berkeley Alliance for Clean Air and Safe Jobs is a network allied to preserve safe jobs while preventing pollution.
4) The Regional Asthma Management and Prevention Initiative (RAMP) has workgroups on schools, clinical issues in asthma, and the environment – including the Ditching Dirty Diesel Collaborative.

In African Americans, rates of asthma hospitalization were higher in 2005 than in 2000.

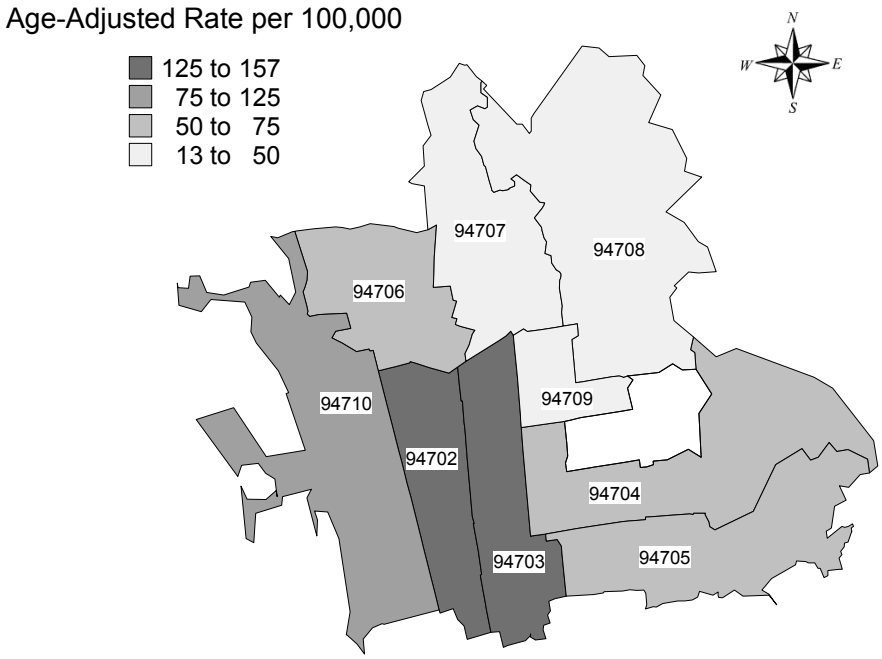
Figure 4.63 – Asthma Hospitalization Rates in Adults by Race/Ethnicity and Year of Hospitalization, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Hospitalization rates for asthma are highest in southwest Berkeley.

Map 4.12 – Asthma Hospitalization Rates in Adults by Zip Code, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Disability

Why Is This Important?

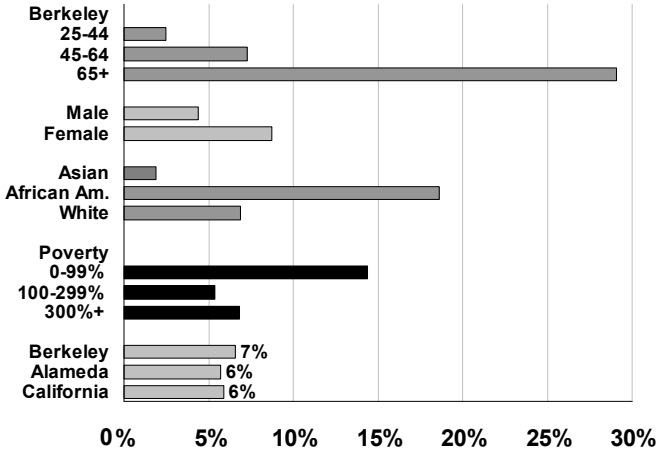
About 50 million people in the U.S. have a disability, such as hearing loss, mental disability, physical limitation, or vision loss.[159] People have many types of disabilities. Some disabilities are easy to see, such as when a person uses a wheelchair or when someone has lost an arm. Other disabilities, like intellectual disability (mental retardation) or a chronic condition like arthritis, may not be as easy to see. Statewide, African Americans are more likely than other ethnic groups to have a disability.[159] Berkeley recently won an award from the National Organization on Disability in recognition of its focus on disability issues and design of successful programs, services, and facilities for people with disabilities.

Disability in Berkeley

In 2001, 7% of Berkeley adults surveyed reported they had a health problem that required special equipment such as a cane, wheel chair, or special telephone. Nearly 30% of seniors have these types of health problems.

African Americans are twice as likely as Whites to have a disability requiring special equipment. Berkeley's rate is minimally higher than that of Alameda County or California.

Figure 4.64 – Adults (18 Years and Older) Who Have a Health Problem Requiring Special Equipment, Berkeley, 2001



Source: California Health Interview Survey (CHIS), 2001, Berkeley

Program Highlight:

Achieving Health for Berkeley's Senior Population

Safe Living - In collaboration with the City of Berkeley Fire Department, the Division of Aging offers a program focused on fall prevention and home safety.

Health-Promoting Services - The Division of Aging offers resources and services at three multi-service community-based senior centers that enhance the lives and promote the physical, emotional, spiritual and financial health and well-being of community elders. Services include case management, transportation, information, assistance, counseling and referrals on a variety of topics, health screenings, health and wellness programs, group dining and Meals on Wheels, learning opportunities through adult school classes, seminars, and workshops, arts and cultural events, opportunities to socialize, and trips and excursions. The Senior Caregiver Program provides education, training, assessment and respite for family caregivers.

Hearing Senior Voices - The Division of Aging offers opportunities for seniors to hold decision-making positions in City and State governance, and promotes volunteer and employment positions.

Mental Health

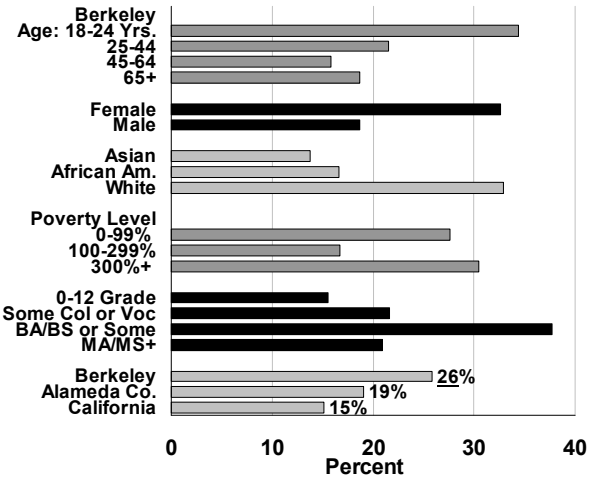
Why Is This Important?

Mental disorders are common in the United States and internationally, and are a leading cause of disability in the U.S. for people ages 15-44.[160] An estimated 26% of Americans ages 18 and older suffer from a diagnosable mental disorder in a given year.[161] About 6 percent, or 1 in 17, suffer from a serious mental illness.[161] Nationally, African Americans are more likely than Whites to suffer severe, untreated and disabling depression and underutilize treatment services.[162] Transition-aged youth (16-25), and older adults are the most underserved age groups in the mental health system.

Mental Health in Berkeley

About one quarter of Berkeley adults surveyed reported needing help for an emotional or mental health problem in the past year. Women, Whites and persons of multiracial backgrounds reported needing help at a greater frequency than other groups.

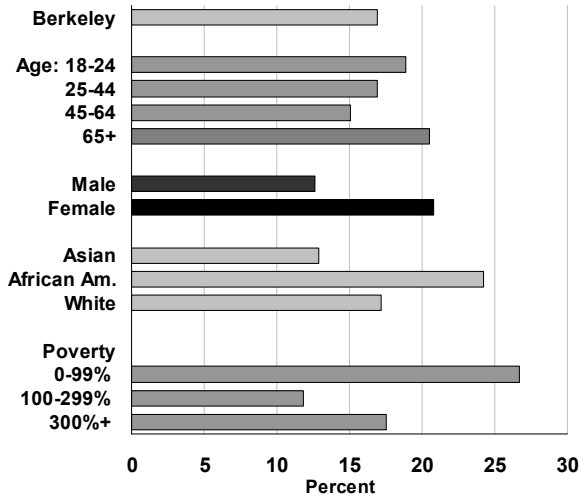
Figure 4.65 – Adults (18 Years and Older) Who Needed Help for an Emotional/Mental Health Problem in Past Year, Berkeley, 2001



Source: California Health Interview Survey (CHIS), 2001, Berkeley

In 2001, 17.3% of surveyed Berkeley adults reported that emotional problems limited their usual activities or work. The percentage experiencing limitations was higher in African Americans than in other groups.

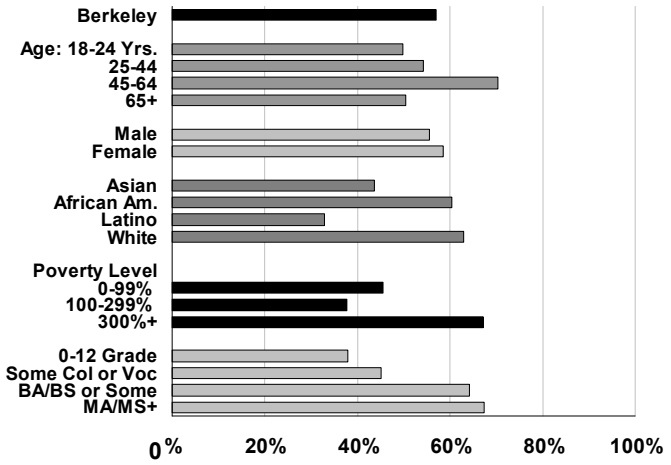
Figure 4.66 – Adults (18 Years and Older) Limited in Usual Activities or Work Due to an Emotional Problem in Past 4 Weeks, Berkeley, 2001



Source: California Health Interview Survey (CHIS), 2001, Berkeley

Over 40% of Berkeley adults surveyed report they do not have health insurance that covers mental health. Young adults and Latinos are least likely to have mental health insurance.

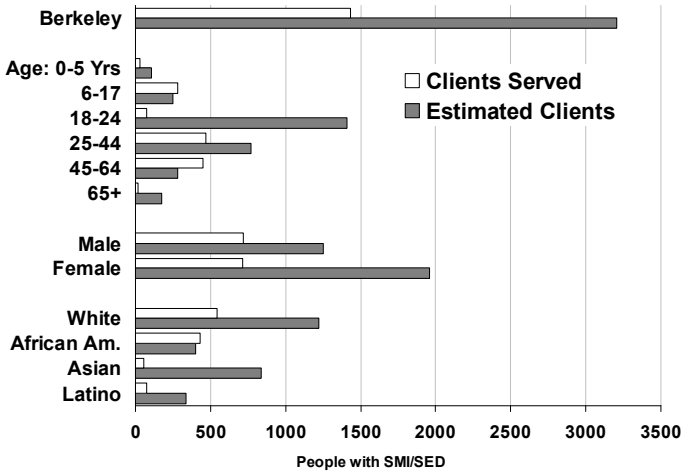
Figure 4.67 – Adults (18 Years and Older) with Mental Health Insurance Coverage, Berkeley, 2001



Source: California Health Interview Survey (CHIS), 2001, Berkeley

The California Department of Mental Health estimates that over 3200 residents of Berkeley/Albany have a serious mental illness or serious emotional disorder, and that many are not receiving mental health services. It appears that Asians and Latinos are seriously underserved.

Figure 4.68 – Prevalence of Serious Mental Illness/Serious Emotional Disorder and Mental Health Division Clients by Age, Sex, and Race, Berkeley, 2005



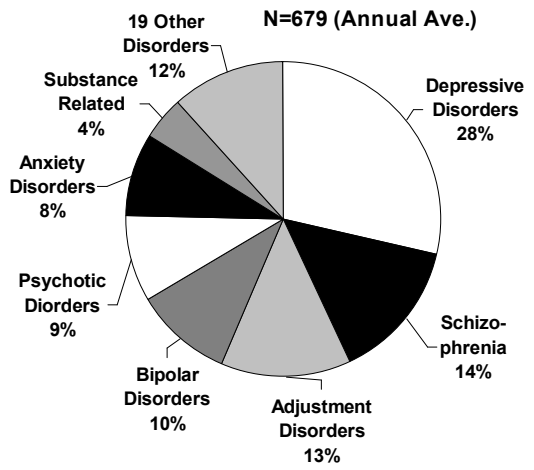
Source: Alameda County Behavioral Health Services, California Department of Mental Health

Program Highlight: Multicultural Mental Health Services

This program reaches out to Berkeley's growing multicultural communities to expand cross-cultural understanding of mental health issues and reduce stigma and discrimination, following Mental Health Services Act recommendations. Innovative outreach strategies (see picture above of Latino mental health outreach presentation) are utilized to educate both staff and community members, and to identify families impacted by severe mental illness and emotional disturbances.

The Berkeley Mental Health Division serves an annual average of 679 adults, 85% of whom have depressive disorders, schizophrenia, adjustment disorders, or bipolar disorders.

Figure 4.69 – Adult Clients (Aged 20 Years and Older) by Diagnosis of the Mental Health Division, Berkeley, 2000-2006



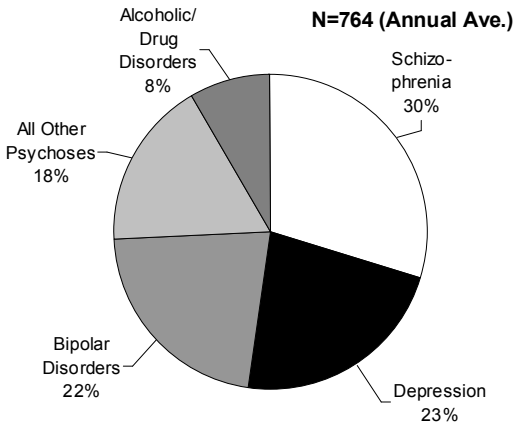
Source: Alameda County Behavioral Health Services

Program Highlight: Community-Based Mental Health Services

The Mental Health Division provides a range of services to Berkeley and Albany residents, and helps people in crisis, children, teens, and families experiencing emotional difficulties, people with serious mental illnesses and disabilities, and others who are in need of mental health or related social services. Specific activities include: working with Senior Programs Division to provide consultation and case finding at the Berkeley senior centers; and designing and delivering public education workshops and community building events in the Spanish-speaking community to reach this underserved and growing population.

Each year from 2000 to 2005, there were an average of 764 hospitalizations of Berkeley residents for serious mental health problems.

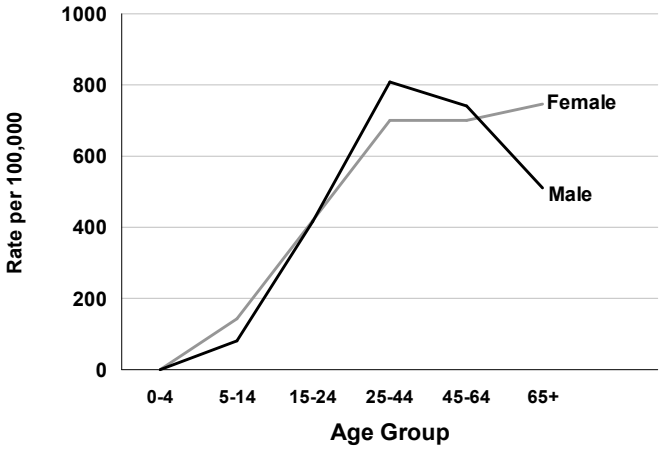
Figure 4.70 – Psychosis Hospitalizations by Diagnosis, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

For men, psychosis hospitalization has a pronounced rise and fall with a peak at 25-44 years. In women, psychosis hospitalization steadily increases and plateaus after the age of 45 years.

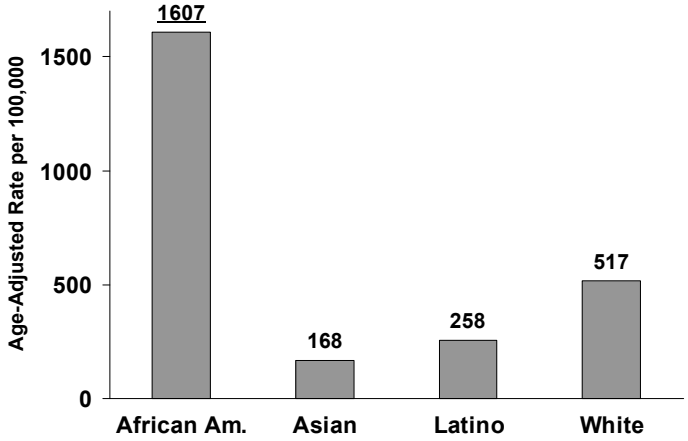
Figure 4.71 – Psychosis Hospitalization Rate by Age and Sex, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

African Americans have nearly 3 times the rate of hospitalization for psychoses than Whites. Latinos have half the rate of Whites and Asians have a third of the rate of Whites.

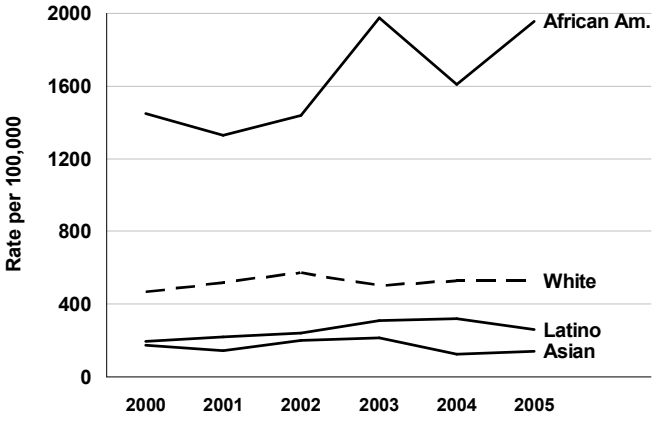
Figure 4.72 – Psychosis Hospitalization Rate by Race/Ethnicity and Sex, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

The rate of psychosis hospitalization is increasing for African Americans.

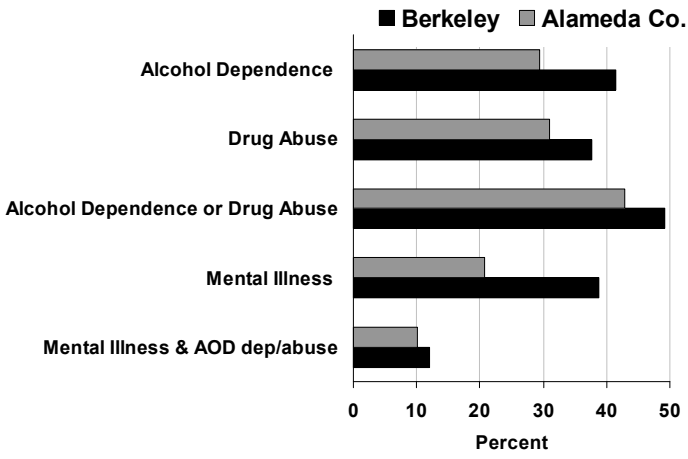
Figure 4.73 –Psychosis Hospitalization Rate by Race/Ethnicity and Year of Hospitalization, Berkeley, 2000-2005



Source: Office of Statewide Health Planning and Development, U.S. Census 2000

Berkeley's homeless population experiences high levels of alcohol and other drug abuse and mental illness. The prevalence of alcohol and drug abuse in Berkeley's homeless is higher than the Alameda County average.

Figure 4.74 – Alcohol and Drug Problems and Mental Illness in Homeless (Community Definition), Berkeley and Alameda County, 2003 (N=1083)



Source: Alameda Countywide Shelter and Services Survey, 2004

Program Highlight: Improving Mental Health in Berkeley

Efforts over the past year to provide more resources to transitional age and older age groups are beginning to happen, with increased enrollments in the AB2034 program providing housing and supports to homeless people with severe mental illnesses. Collaboration with Lifelong Medical and other primary care providers is expected to improve access to mental health care for older adults.

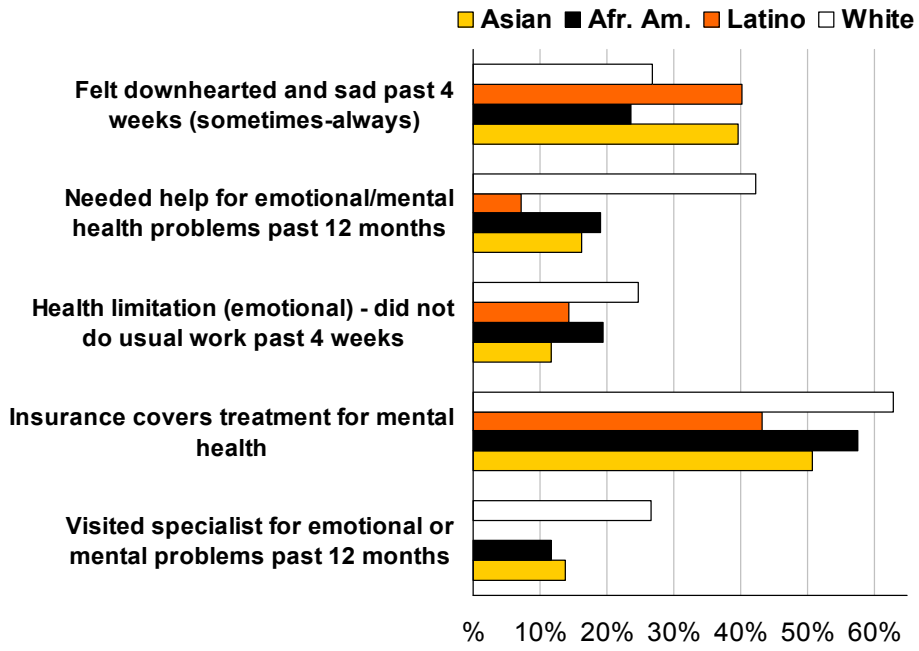
Depression Among Women

Why Is This Important?

Depression is the most common of mental illnesses, a leading cause of disability, and the cause of more than 2/3 of all suicides.[163] Women experience depression at roughly twice the rate of men.[164,165] Researchers continue to explore how special issues unique to women—biological, life cycle, and psycho-social- may be associated with women's higher rate of depression. The prevalence rate of depression in African American and Hispanic women remains about twice that of men of the same race/ethnic group.[166]

In 2001, 31% of Berkeley adult women surveyed reported sadness and depressive symptoms sometimes, most of the time, or always in the prior month. Twenty percent reported that emotional problems limited their work or usual activities. During the prior 12 months, 31% reported needing professional help, and 20% reported seeing a professional for a mental health problem. Latinas were most likely to self-report feeling sad, and were least likely to have mental health insurance or seek care.

Figure 4.75 – Prevalence of Self-Reported Depressive Feelings, Emotional Problems, and Mental Health Service Use in Berkeley Adult Women (18 Years and Older), by Race/Ethnicity, 2001



Source: California Health Interview Survey, Berkeley, 2001

PUBLIC HEALTH PRIORITY

PUBLIC HEALTH PREPAREDNESS

The Public Health Division has been actively engaged in preparedness planning since 2002. Our goal is to strengthen our community's preparedness for and response to public health threats: threats that include natural disasters such as earthquakes, and infectious disease outbreaks such as pandemic influenza, as well as bioterrorism.

Public Health Preparedness planning is an integral part of citywide disaster preparedness planning. We address specific health-related needs of the community and plan for efficient and effective response, while facilitating personal preparedness efforts in the community. Public Health Preparedness planning requires coordination with local and regional partners. Thus we work with partner agencies in the City, UC Berkeley, the Berkeley Unified School District, private sector businesses, health care organizations and providers, and community based organizations. We collaborate with Alameda County, neighboring Bay Area Counties, and State and Federal entities.

Preparedness means more than planning: it means practicing, training, and educating. The Public Health Division participates in preparedness exercises in the City and in the Region, and coordinates community outreach activities. The City's Fall 2007 annual preparedness exercise will be a Public Health Division-led exercise simulating pandemic flu. Training and educational activities for Public Health staff, city staff, and the community currently focus on the threat of pandemic flu.

As Hurricane Katrina taught us, disasters exacerbate health inequities: the most vulnerable are the hardest hit. Public Health Preparedness means working to develop disaster-resilient communities in which all members' needs are identified, planned for, and addressed. By frequent exercising of our plans, review and revision of those plans based on our experiences, on-going education and training, and collaboration with our many partners, we are making progress toward that goal.