

HSR EXECUTIVE SUMMARY

Introduction

This City of Berkeley Health Status Report 2007 provides a wealth of information about risk factors, behaviors, illness, and death in our community. Since our last comprehensive Health Status Report in 1999, we have seen many improvements in health in Berkeley. Overall, people in Berkeley are very healthy, living longer lives with more years of good health than ever before. But health inequities persist; low-income and non-White residents of Berkeley have poorer health outcomes in many areas, just as they do throughout the Bay Area and the United States. We present data on health outcomes and on the larger social and economic factors that influence health status.

Improvements in Health

Since the 1999 Health Status Report we note many improvements in health. Overall life expectancy for Berkeley residents has increased from 77 to 83 years. The percent of pregnant women receiving prenatal care has increased, and the gap between White and African American women receiving prenatal care has disappeared. The teen birth rate in Berkeley continues to be one of the lowest in the nation, as is tobacco use among youth – which has declined since 1998. Domestic violence reports have decreased. New AIDS cases and deaths continue to drop, and are lower in Berkeley than in Alameda County. Many of these improvements are the result of years of coordinated public health initiatives.

Health Challenges Persist

Some members of our community – especially low-income people and those in racial and ethnic minority groups – suffer poorer health by many measures, and these inequities have changed little since prior Reports. Berkeley is no different than other communities in the County, State, or nation in this respect. These health inequities are the result of multiple factors in our social, economic, and physical environment that impact health directly and promote health risk behaviors. The Berkeley community and the City of Berkeley have made a serious commitment to address these inequities that result from social and economic forces (such as inequalities in income, educational attainment and structural racism) that are long-standing, and difficult to address at a local level alone. Special sidebars throughout the report address these factors in more detail.

We have seen alarming increases in obesity – especially in African Americans, Latinos, and low-income individuals. This epidemic of obesity represents a huge risk for future chronic disease such as diabetes. African Americans who have higher rates of smoking, sedentary lifestyle, and low fruit and vegetable intake are at even greater risk from this epidemic. Moreover, African Americans have far higher rates of illness and deaths from hypertension, heart disease, and stroke, compared to White residents of Berkeley. The elevated rate of low birth weight in African Americans persists, despite a temporary decrease in the late 1990's.



What Do We Need To Do?

We hope to use this report as a launching pad for action with every sector of the Berkeley community - residents, schools, City agencies, community organizations, policymakers, and other stakeholders - to address health inequities and improve the health and environment of all Berkeley residents. Berkeley has demonstrated a commitment to improving health and well-being for all. To improve and maintain health overall, larger social and economic changes that improve well-being and economic stability are necessary. We know that it takes years to impact health risk factors and outcomes. For example, many programs in the public health department, the schools, and the community have contributed to successfully lowering Berkeley's low teen birth rate, but it took a coordinated effort over many years, and required changes in the social environment as well as individual services. Another example is the coordinated effort over 3 decades to reduce tobacco use among Berkeley youth and adults through outreach and education, individual smoking cessation counseling, media interventions, environmental and policy changes. These successes can serve as a model for continued investment in coordinated efforts by multiple City agencies on health outcomes of concern in this Report.

We propose four key priority areas for action:



❖ **A healthy start for every child:** Early childhood is a critical stage in the life course; low-income children are especially vulnerable to conditions in the very early years that can have a lasting impact on social-emotional development and educational and health outcomes. We need to ensure that we identify all young children at risk, and provide the support and services for families and children that promote healthy development and school readiness. This will require coordinated action among public health, mental health, schools, childcare providers, and existing coalitions such as the Berkeley Integrated Resources Initiative.



❖ **Positive youth development:** Adolescence represents another critical time in the lifecycle in which youth are developing attitudes and behaviors that have a significant impact on their health and well-being throughout adult life. We see disturbing trends in our young people – consistent with Alameda County, California and U.S. trends – such as increases in sedentary activity, overweight, smoking and alcohol and other drug use, and unsafe sexual activity. Again, we need coordinated action uniting public health and many other sectors to help adolescents build on their strengths to develop healthy lifestyles and healthy relationships, and to enjoy opportunities for healthy transition to adulthood.



❖ **Chronic illness prevention:** The epidemic of obesity threatens to undermine our recent progress in increasing life expectancy – today’s children may be the first generation to have a shorter lifespan than their parents. Chronic illnesses are also the biggest contributor to health inequities. Prevention of chronic illness relies on individual health behaviors and environmental and social supports that promote healthy choices and well-being. We need to increase our efforts to ensure that every person in Berkeley has access to healthy neighborhoods, healthy food, safe places to play and exercise, social support for healthy behaviors and stress reduction, and access to high quality preventive health services.



❖ **Public health preparedness:** The report demonstrates public health’s success in limiting the impact of communicable diseases on health. We need to continue our activities to protect our community against infectious diseases including pandemic influenza, and other emerging health threats such as global warming, and to make sure that we are prepared for any natural, biological, or environmental disasters that may threaten our well-being.

Join Us!

We invite you to join us to discuss the findings in this report, and to participate in our strategies for action to improve the health of the Berkeley community. You can find information about town hall forums and community meetings on our website, at <http://www.ci.berkeley.ca.us/publichealth/reports/reports.html>, or you can email us at publichealth@ci.berkeley.ca.us.



Berkeley Health Facts

The following list provides a snapshot of many different social and health outcomes and risk factors, based on the most recent available data. It is a way to begin understanding the numbers of people affected by various social and health conditions, presented as an aid for discussions about how to set priorities for future work to protect the health and well-being of our community.

Berkeley Health Facts	Annual Number
Overweight and Obese Adults	27,797
Adults Who Needed Help With Emotional Problems in Past Year	21,325
People Living Below the Poverty Line	20,869
Years of Potential Life Lost	14,047
Adults Reporting Diagnosed Hypertension	13,458
Adults Reporting Diagnosed Asthma	13,453
Adults Who Smoke	11,448
Adults Who Are Uninsured	8,724
Children Living Below the Poverty Line	2,217
Births	895
Psychosis Hospitalizations (All Ages)	753
Traffic Injuries Reported to Police	706
Deaths (All Causes)	629
New Cases of Cancer	456
Adult Coronary Heart Disease Hospitalizations (e.g., heart attacks)	377
Domestic Violence Incidents Reported to Police	363
Hospitalizations in Adults due to Prescription Drug Reactions	340
Hospitalizations in Adults due to Falls	317
Reported Cases of Chlamydia	316
Hospitalization in Adults With Stroke	307
Cancer Deaths	150
Reported Cases of Gonorrhea	147
Coronary Heart Disease Deaths	123
Deaths Attributable to Tobacco	117
Traffic Injuries Reported to Police Involving Pedestrians	107
Hospitalization in Adults With Diabetes	104
Deaths Attributable to Poor Diet and Physical Inactivity	92
Traffic Injuries Reported to Police Involving Bicyclists	87
Life Expectancy	84
New Cases of Prostate Cancer	80
Low Birth Weight Infants	80
Hospitalization In Adults With Asthma	71
New Cases of Breast Cancer	70
Childhood Asthma Hospitalizations (0-14 Years)	63
Foodborne Illnesses Reported	61
Hospitalizations in Adults due to Motor Vehicle Collisions	57
New Cases of Lung Cancer	45
New Cases of Colorectal Cancer	37
Berkeley Health Facts (continued)	



Hospitalizations of Children 0-14 Years for Injuries	36
Hospitalization in Adults due to Suicide Attempts	36
Lung Cancer Deaths	29
Deaths Attributable to Alcohol	26
Deaths Attributable to Toxic Agents	25
Hospitalizations of Youth 15-24 Years for Suicide Attempts	23
Deaths Attributable to Microbial Agents	20
Diabetes Deaths	20
Breast Cancer Deaths	17
Prostate Cancer Deaths	13
Children With Blood Lead Level of 10 μ g/dL or Greater	12
Deaths Attributable to Illicit Use of Drugs	11
Suicides	9
Deaths due to Motor Vehicle Collisions	8
New AIDS Cases	7
New TB Cases	7
Deaths Attributable to Firearms	5
Deaths Attributable to Sexual Behavior	4
AIDS Deaths	4

