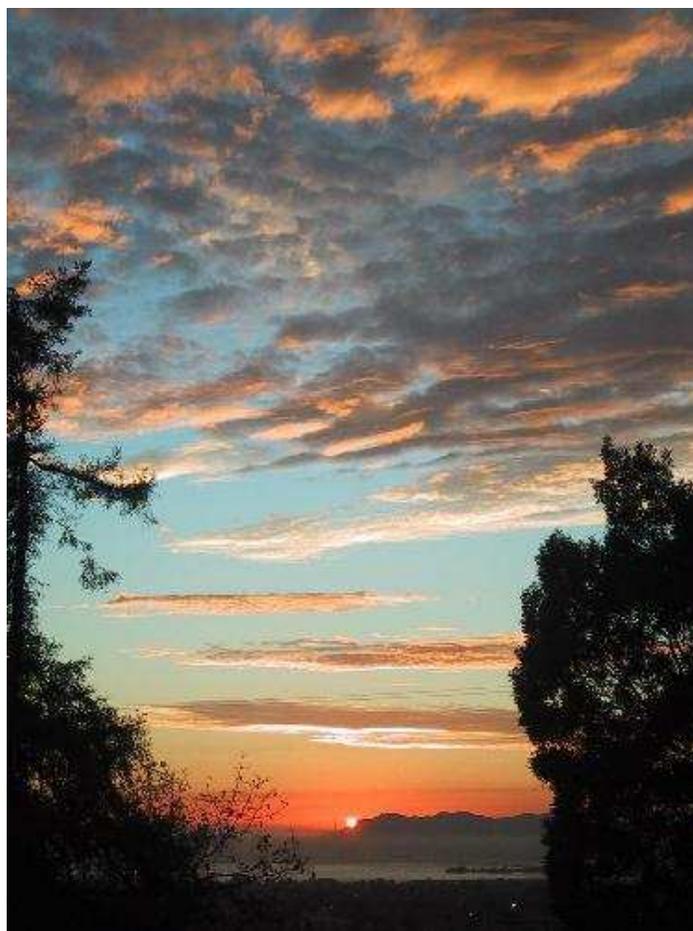




City of Berkeley

Health Status Report, 2007



May 2007
(Updated 10/15/2007)



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



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FOREWORD

May 2007

Dear City of Berkeley Residents,

The Public Health Division and the Health & Human Services Department are pleased to provide you with the *City of Berkeley Health Status Report 2007*. This report presents a comprehensive assessment of Berkeley's health status and community health needs.

The numbers tell an important story that is simultaneously encouraging and distressing. Overall, Berkeley residents are living longer, healthier lives. Life expectancy has increased over the last 10 years from 77-83 years. Berkeley has the lowest teen birth rate in the state, due in part to the Public Health Division's 16-year partnership with the Berkeley Unified School District in operating the Berkeley High School Health Center. This comprehensive approach provides reproductive health services and pregnancy/STD prevention, among other services, to Berkeley teens. During this time, Berkeley has reduced the teen birth rate by 50%. Another marked improvement is in our access to prenatal care. More than 90% of pregnant mothers in Berkeley get prenatal care in the first trimester of pregnancy. In our 1999 Health Status Report, there were alarming disparities between racial and ethnic groups in Berkeley in access in prenatal care; these disparities have now been eliminated.

Despite these gains in health outcomes and program effectiveness, we continue to see persistent disparities in many health outcomes based on income, race/ethnicity, neighborhood, education, and other social determinants of health. Berkeley is a relatively small community in a large, very mobile, urban area. We have seen a great deal of middle-class flight in the last several years that changes the health dynamic considerably. There is still a lot of work that needs to be done, particularly in regard to understanding and eliminating these social inequities that contribute to poor health among some Berkeley residents.

Although it takes years to impact health risk factors and outcomes, it can be done. We propose to address health inequities in four priority areas for action that are detailed in the report:

- A healthy start for every child
- Positive youth development
- Chronic illness prevention
- Public health preparedness

This is work that cannot be done by the Public Health Division alone. We will continue to work with the community, to collaborate regionally, and to work in partnership with other City agencies. The City of Berkeley has long valued our quality of life, and health is certainly an important factor. Whether we are expanding park and recreation programs, planning transit corridors, or improving our clean water and sewer systems, we are improving the health of Berkeley residents. Health is how we do business.



Public involvement is an important part of this report, and we invite you to join us to talk about the report's findings and strategies for improving the health in our communities. You can find information about our community meetings by calling (510) 981-5300, visiting our website (www.ci.berkeley.ca.us/publichealth/reports/reports.html), or emailing publichealth@ci.berkeley.ca.us.

Ralph Waldo Emerson said, "The first wealth is health." I hope this report will be helpful in understanding our health concerns so that we can invest wisely to improve the health and lives of our community and its residents.

Best of health,

A handwritten signature in black ink, appearing to read 'LR', with a long horizontal flourish extending to the right.

Linda Rudolph, M.D., M.P.H.
City of Berkeley Health Officer



Acknowledgements

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INTRODUCTION

City of Berkeley Public Health Division

Our Vision: ***Healthy people in healthy communities.***

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

Our Guiding Principles: We believe that we can best achieve our goals if our work reflects these values:

Justice: The achievement of optimal health requires that we work with partners to advocate for social and environmental justice; address key social determinants of health such as poverty, racism, and all forms of discrimination; and work with our community to attain access for all to quality education, housing, economic opportunity, sustainable communities, and health care.

Equality: We strive to eliminate health inequities in all of our work. We value diversity and are committed to treating every individual – in our workplace and community – with respect and human dignity.

Community Engagement: We believe that residents know their needs and communities best, and that we cannot create a healthy city without engaging in a true partnership with community members. We need to build on community assets and strengthen community capacity.

Collaboration: Public health works best if we partner across programs within our Division, with other agencies in the City and State, with educational institutions, and with the many community based organizations and community groups that share our goals.

Prevention: Primary prevention offers the best opportunity for optimizing the health of our community. While we act across the spectrum of prevention, our focus is on primary prevention. Healthy people live in healthy communities and healthy environments. We seek to support and implement social, environmental, and policy changes that improve the health of neighborhood, community, and environment.

Accountability: We recognize our responsibility to make efficient and productive use of public resources. We base our actions on the best available evidence about interventions that are effective. We measure our performance and evaluate our programs. We strive for transparency in decision-making and information sharing.



HOW TO READ THIS REPORT

This report reflects Berkeley's health status and what determines it. We use an adapted framework from the Institutes of Medicine to represent our understanding of how social and environmental factors affect health, and to identify opportunities for prevention and intervention.

Social Determinants of Health and Health Inequities

The Social Determinants of Health and Health Inequities section is presented first, because we believe that social and environmental factors are the greatest contributors to health outcomes. In this section, we provide basic social, economic, and demographic information to give the reader a context for the subsequent health data.

Organized by Life Course

The next sections of the report follow the sequence from birth to adulthood to death. Health risks, needs, and concerns change over the life course. What happens in early childhood affects that life course, and people continue to develop from conception through adulthood into old age.

Risk Factors and Outcomes

Within each section, we first present data on risk factors (traits and lifestyle habits that increase the risk of disease), followed by health outcomes data. We understand that a small number of risk factors (for example, tobacco use and low physical activity levels) account for a large proportion of illnesses and deaths. Social and environmental factors (e.g., social and familial relationships, financial and social supports, environmental exposures, community characteristics, social and economic forces) also impact health risk behaviors. Where possible, we show the connections between economic status, race/ethnicity, and both risk factors and health outcomes.

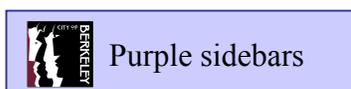
Topics of Interest

Sidebars are used throughout the report to provide further information about topics of interest:



Gray sidebars

further explain the relationship between a particular social determinant and health.



Purple sidebars

contain short descriptions of HHS programs that work on the health issue of concern.



are longer descriptions of 4 Public Health Division priority areas.

Comparisons and Benchmarks

Throughout the report whenever possible, we compare Berkeley to Alameda County and/or California, and use benchmarks set by Healthy People 2010 goals.

In bar charts we underline Berkeley's numeric value when Berkeley's findings are statistically different from Alameda County or California. This means that differences are not likely to be chance or year-to-year fluctuations, and are therefore “statistically significant.” Lack of an underline means that the differences can be explained by year-to-year fluctuations alone. Statistical tests were used to help understand whether health outcomes in Berkeley have changed over time. In graphs that show a trend over time, we underline the name of the population group to indicate that their trends are not likely to be chance year-to-year fluctuations. Further details are in the Technical Notes.

Data Limitations

Some risk factors and health outcomes occur infrequently or occur in small population groups. This creates situations in which there are too few observations to be statistically reliable and/or ensure individuals' confidentiality. In each figure, results based on fewer than 10 health outcomes are not presented. When possible, we have aggregated data over several years for Latinos, Asians, African Americans and other population groups so that we can present reliable information that is still timely.

We have used the most recently available data for each risk factor or outcome of interest. This means that the years represented in each graph are not always the same. For example, data from the California Health Interview Survey is only available from 2001, and each graph using that data indicates the year 2001.

Appendix

The Appendix includes a Health & Human Services Department Resource Directory, Data Sources and Technical Notes (including more on data limitations), a List of Maps and Figures appearing in the report, and a list of references.

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