




## **BLACK LIVES MATTER IN ALAMEDA COUNTY:** A DATA-BASED CALL TO ACTION

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- Black lives, in particular, matter in Alameda County.
- In this presentation, we'll:
  - Think deeply and based on local data about the state of African American health in Alameda County;
  - Identify key barriers to health and health equity; and
  - Discuss why and how we must take action to improve African American life chances.
- We know data is not always what moves people toward action. But using local data and insights, we aim for this presentation to be a data-based call to action.
- Our hope is to leave you with some food for thought, data that can be put to use, and a few ideas about action you - or we – must take.



“The most difficult social problem in the matter of Negro health is the peculiar attitude of the nation toward the well-being of the race. There have been few other cases in the history of civilized peoples where human suffering has been viewed with such peculiar indifference.”

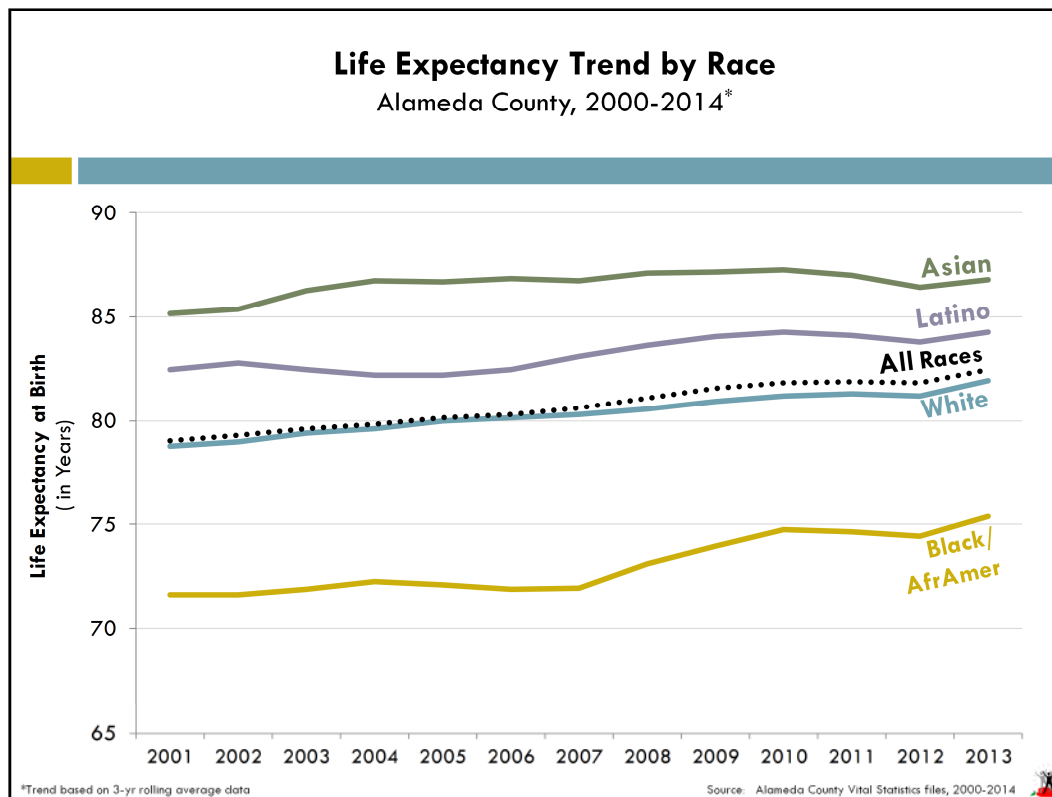
W.E.B. DuBois, *The Philadelphia Negro*, 1899



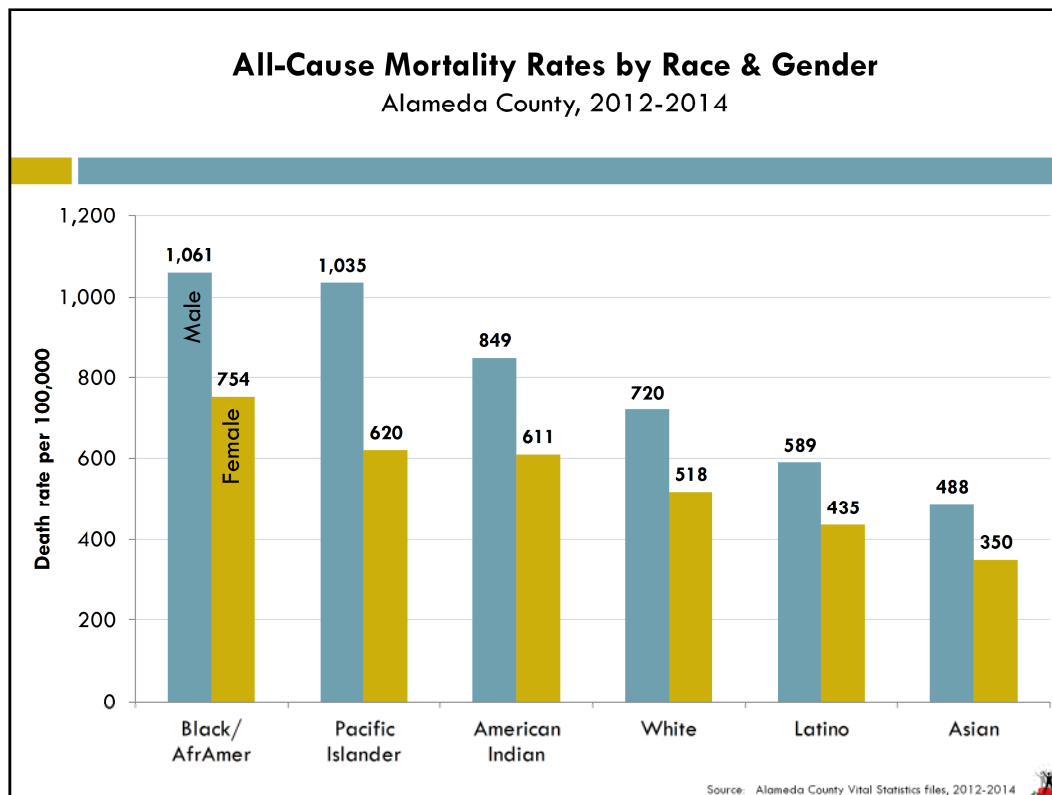
- We'll begin by invoking the powerful words of W.E.B. DuBois in his analysis of the health of the Philadelphia Negro in 1899.
- The peculiar indifference he describes continues to be a major and intractable barrier to improving African American health.
- This peculiar indifference is a reason why we have to keep raising consciousness about how Black lives in particular matter and pushing to move people from indifference toward action.

## STATE OF AFRICAN AMERICAN HEALTH & HEALTH INEQUITIES

- As a baseline and starting point, let's look at recent data on the state of African American health in Alameda County.



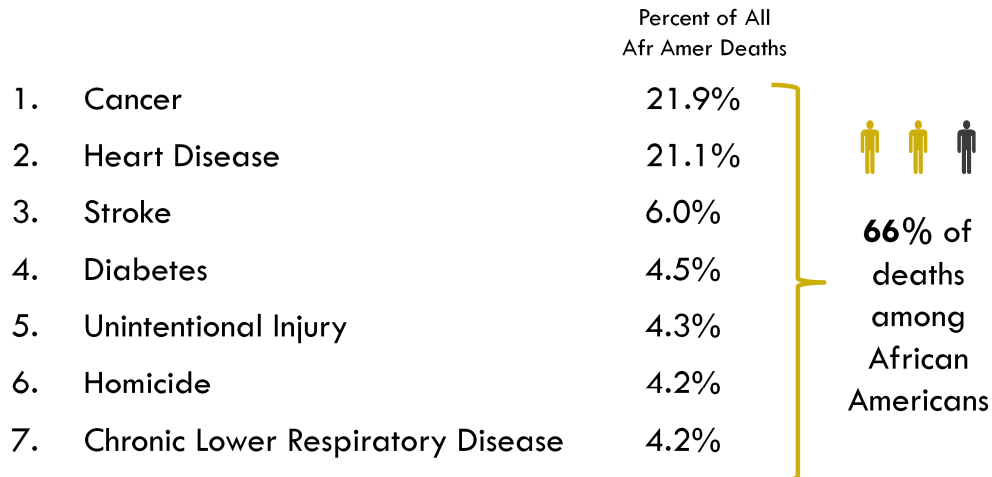
- This graph contains good and bad news.
- Thanks to medical, social, and environmental advances, the overall health outlook in Alameda County has improved over the past few decades.
- You can see how global health, as measured by life expectancy, has been increasing for all races combined and across major racial groups.
- In yellow, you see the upward trend in life expectancy for African Americans.
- In spite of overall health progress, people of all races in Alameda County do not have equal opportunities for good health. African Americans continue to live shorter and sicker lives than other races - as shown by the relatively lower yellow trend.



- Here you see current all-cause mortality rates by race. Both African American males and females experience the highest rates of death, with especially high mortality among African American males.
- Since race is a social rather than biological construct, racial differences in health reflect racism and the social context of race.
- In this presentation, we'll explore why and how racism uniquely and powerfully harms African American health.

## Leading Causes of Death among African Americans

Alameda County, 2012-2014

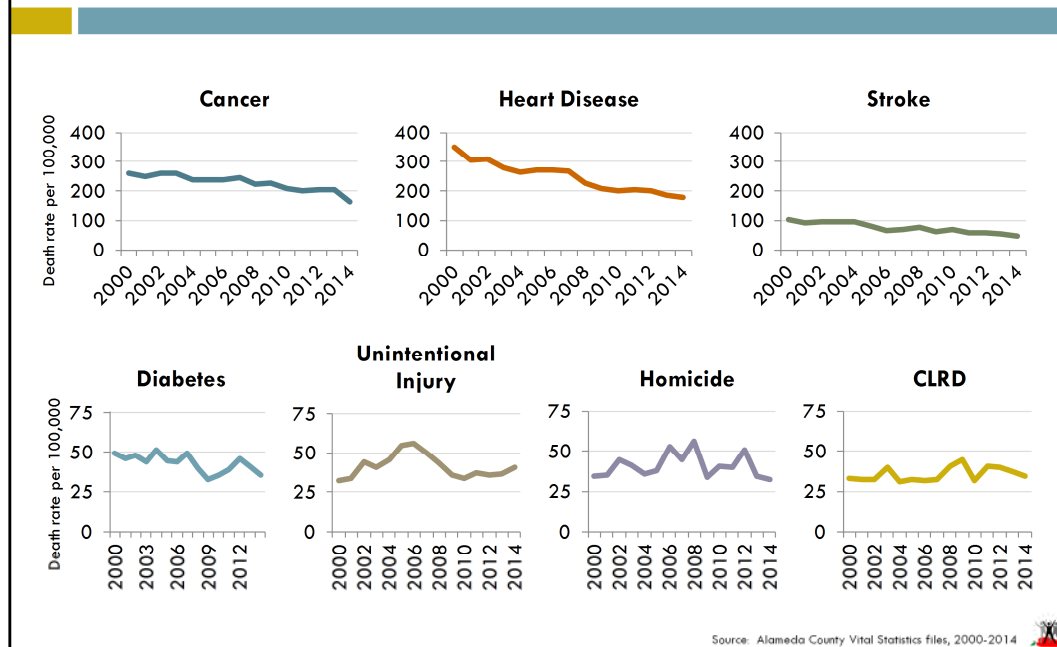


Source: Alameda County Vital Statistics files, 2012-2014

- To increase life expectancy among African Americans, it's important to know the leading causes of death. What are leading causes in Alameda County?
- Cancer and heart disease are the biggest killers, accounting for over 40% of deaths.
- Next is stroke, followed by diabetes, unintentional injuries (which most commonly include drug poisoning deaths, followed by motor vehicle crashes for African Americans), homicide, and chronic lower respiratory disease (which commonly includes chronic obstructive pulmonary disease or chronic bronchitis and emphysema).
- Together, these 7 conditions account for 2 out of 3 deaths (66% of deaths) among African Americans. So if we want to ensure that African Americans live longer and healthier, these are main conditions we have to address.

## Trends in Leading Causes of Death among African Americans

Alameda County, 2000-2014



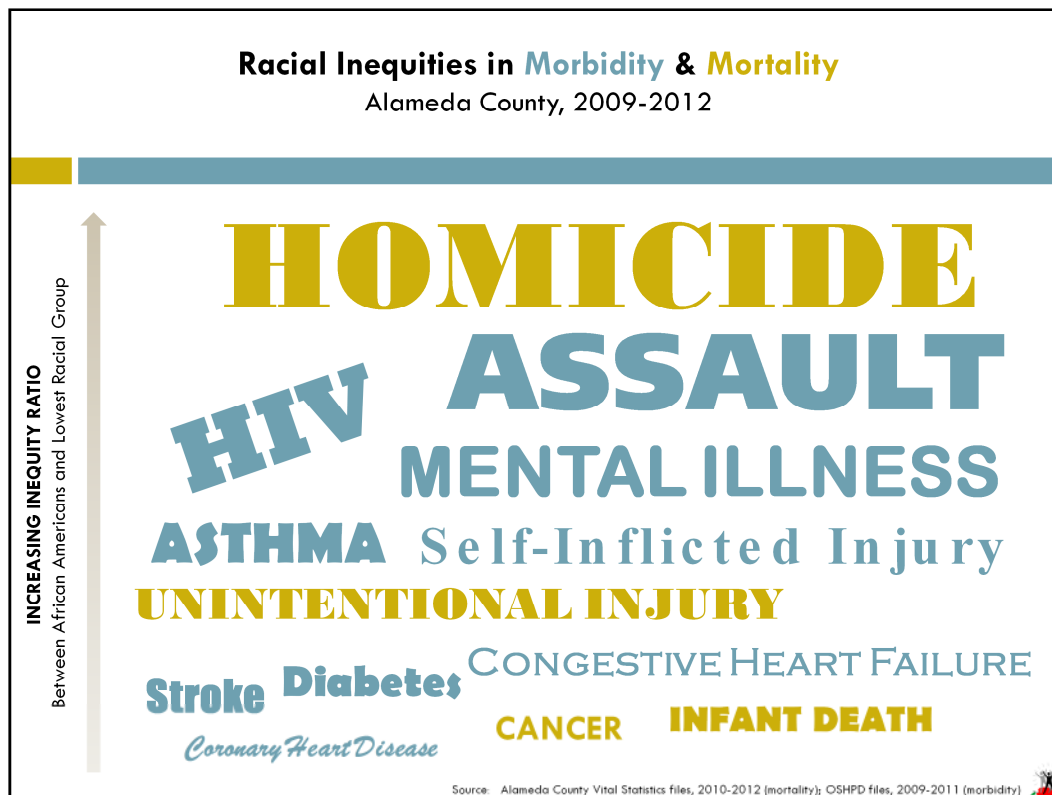
- If we look at trends in leading causes of death among African Americans, we can see that rates of death due to cancer, heart disease, and stroke have clearly declined – and contributed to the increasing trend in life expectancy we saw a few slides ago. Diabetes also seems to be heading downward.
- But in terms of relative health outcomes, African Americans continue to die from these leading causes of death at higher rates and earlier ages than other races – with just a few exceptions where Pacific Islanders or American Indians are more impacted.

<b>Age-Specific All-Cause Mortality Rates by Race</b> Alameda County, 2012-2014			
Age (in yrs)	Black All-Cause Mortality Rate	White All-Cause Mortality Rate	Black vs. White Rate Ratio
<1	971	327	3.0
1-4	42	17	2.5
5-14	16	7	2.3
15-24	166	46	3.6
25-34	194	60	3.2
35-44	272	113	2.4
45-54	534	260	2.1
55-64	1,356	627	2.2
65-74	2,363	1,530	1.5
75-84	5,273	3,971	1.3
85+	12,421	12,954	1.0

Source: Alameda County Vital Statistics files, 2012-2014

- If we compare all-cause mortality rates for Blacks versus Whites over the life span (with a rate ratio of 1 meaning black and white death rates are equal), we see that African Americans experience higher rates of death over the whole life course, from birth through age 84.
- This data suggests: to close racial gaps in health, we can intervene at critical life stages – like enhancing perinatal services for African American women to improve birth outcomes or reducing homicide rates among African American adolescents.
- To have even greater impact, we'll need to intervene on major risk factors like poverty and powerful protective factors like strong families and communities that affect health over the entire life course.

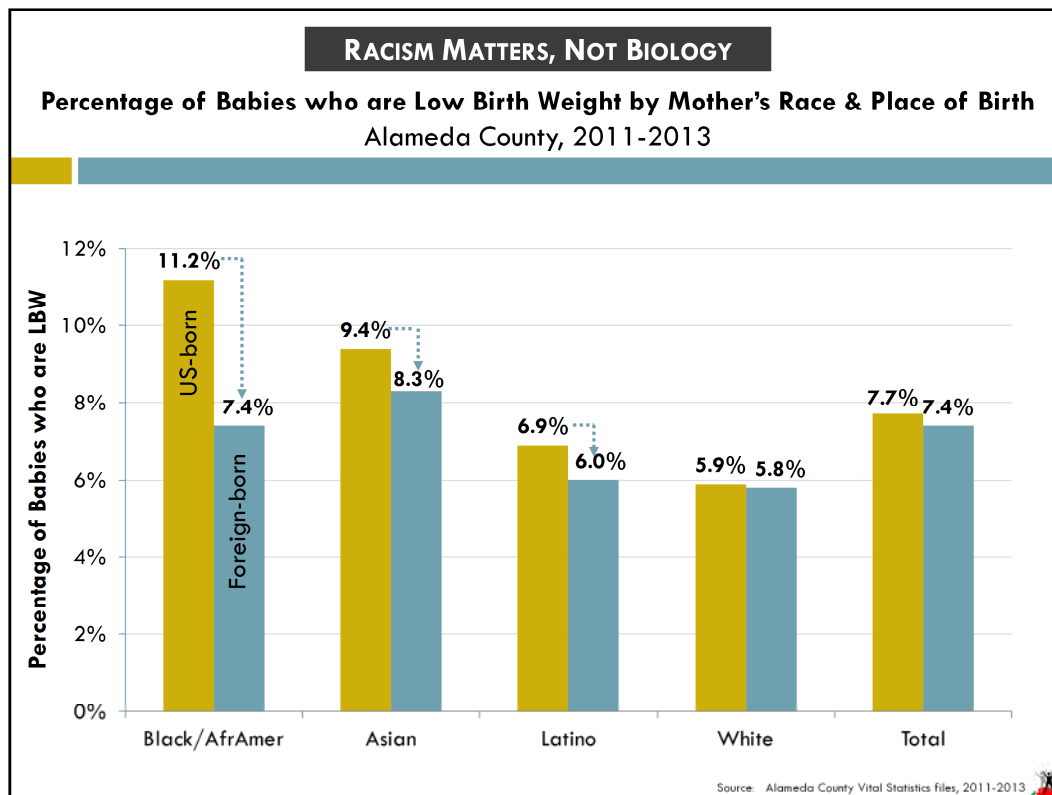




- Across many different health indicators, African Americans experience the highest burden of disease and death.
- Here are some of the main conditions that are affecting African Americans' length and quality of life at the highest rates compared to other races in Alameda County.
- As you move up, the magnitude of the racial inequity increases. For example, African Americans have just over 2 times higher rates of infant death than Asians compared to 23 times higher rates of homicide.
- In seeking to reduce African American health inequities, we need to especially address those conditions that rise to the top.

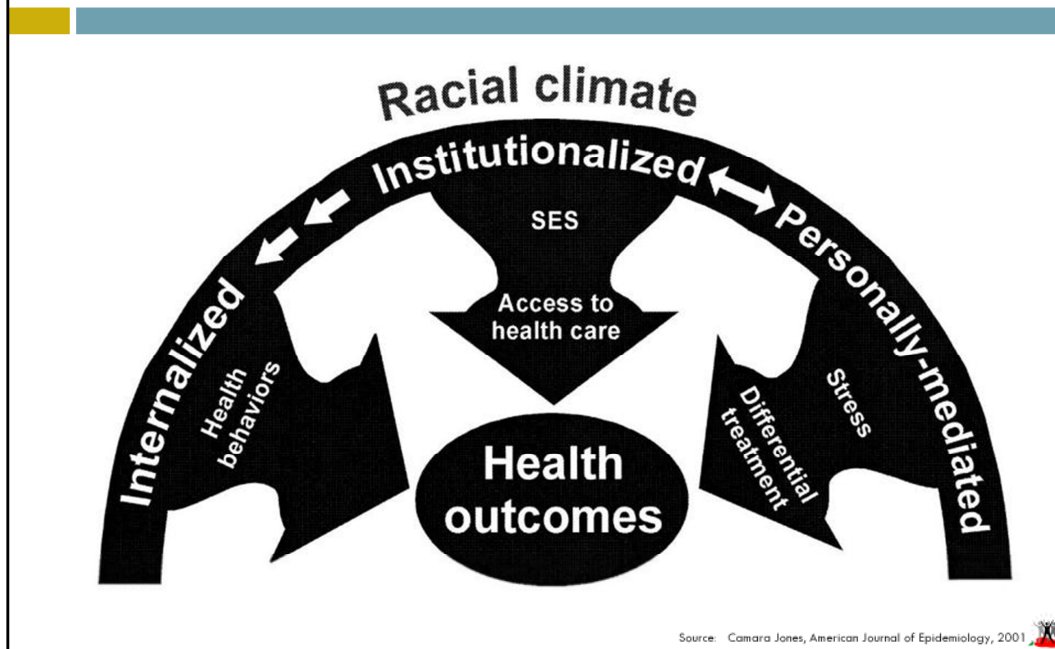
## WHAT CAUSES ILL HEALTH & HEALTH INEQUITIES FOR AFRICAN AMERICANS?

- Now the important question of what causes poorer health for African Americans? We'll explore some of the key factors at work in Alameda County.



- When we see differences in health outcomes by race, it's not something biological we're measuring. It's a measure of how racism is functioning in society.
- Here's one illustrative piece of local data.
- If we look at low birth weight outcomes by race and place of birth in Alameda County, Blacks and to some extent Asians and Latinos fare better if they were born in a foreign country compared to if they were born in the US. You do not see this pattern among Whites.
- This suggests that beyond biology, there's something about being born in the US and experiences of racism in this country that increase risk of low birth weight among non-White groups and African Americans in particular.

## Impacts of Racism on Health

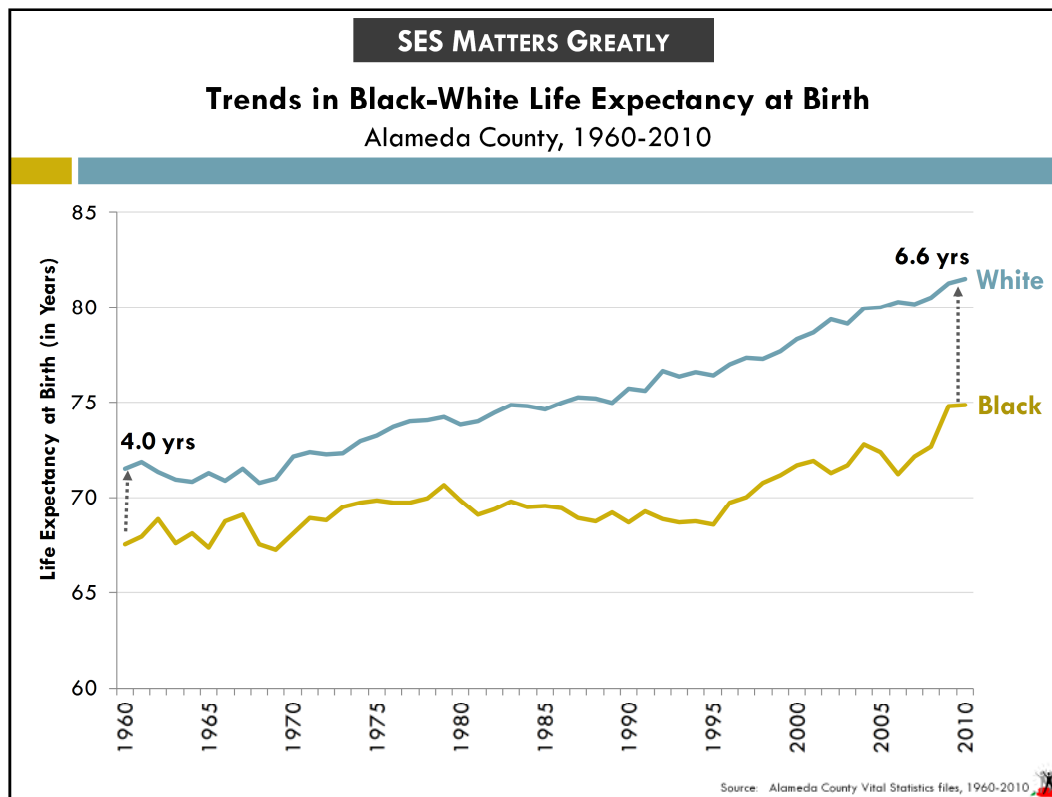


- Racism happens at multiple levels in our society.
- Whether internalized, personally-mediated, or institutionalized, all these forms of racism can profoundly impact health through multiple pathways – some of which are illustrated here.

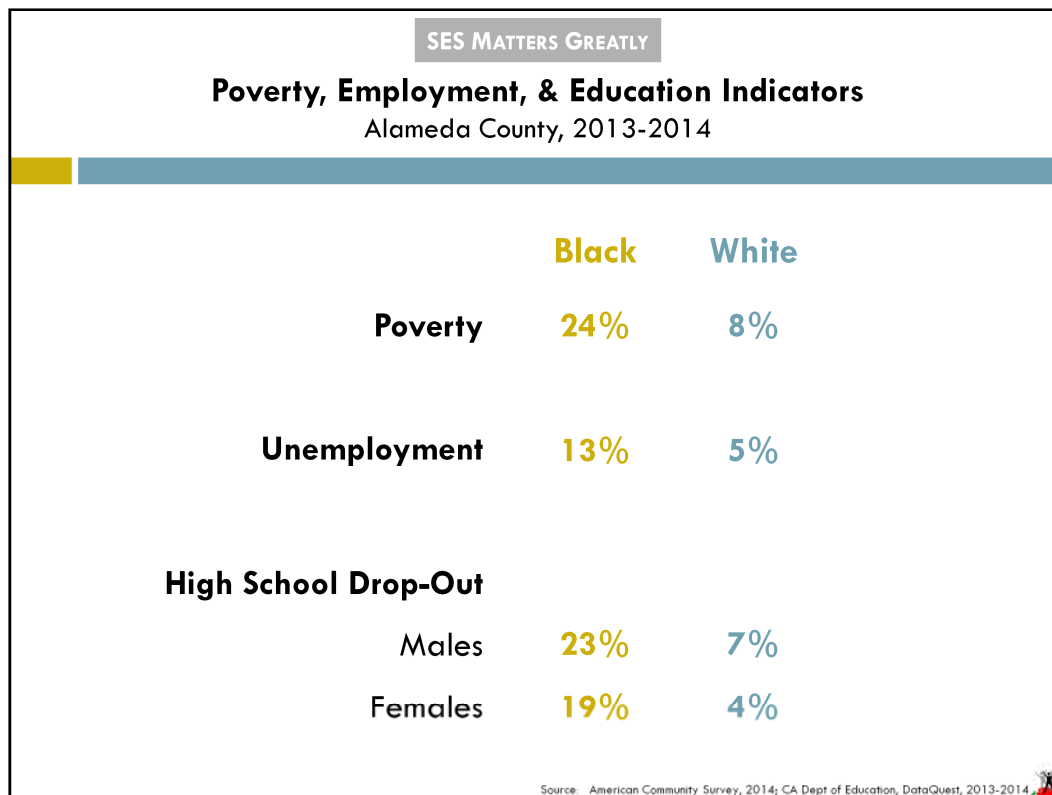
## Institutional Racism & Differential Access to Resources that Support Health



- To close racial gaps in health, we need to intervene on racism at multiple levels.
- But it's especially important to address institutional racism, which results in race-based differential access to a broad range of resources that enable good health, like quality health care, excellent schools, and good jobs.



- Socioeconomic status – whether measured by income, occupation status, or education level – is one of the most powerful determinants of health.
- Here you see Black-White life expectancy over the past 5 decades in Alameda County and you'll notice the B-W life expectancy gap has widened over time.
- While socio-economic policies and outcomes do not wholly explain changes in B-W life expectancy, a strong relationship between health and wealth is suggested.
- You can see how the gap in B-W life expectancy may have narrowed in the late 60s and early 70s in the face of socio-economic gains from the Civil Rights movement, widened in the context of Reagan's regressive economic policies in the 80s and 90s, and jumped up in recent years during the foreclosure crisis and Great Recession.



- The health of African Americans is greatly impacted by barriers to income, employment, and higher education.
- African Americans continue to have the highest rates of poverty, unemployment, and high school drop-out in Alameda County – all of which are fundamental causes of poor health.





CONCENTRATED POVERTY AND SEGREGATION MATTER

**Proportion Living in a High Poverty Neighborhood  
(where >20% of residents are poor) by Race**

1 in 15 White residents live in **high-poverty neighborhoods**, compared to:



1 in 9 Asians



1 in 4 Latinos



1 in 3 Blacks



Source: American Community Survey, 2006-2010 and Census, 2010

- Who lives in high poverty neighborhoods with barriers to good health?
- In Alameda County, 1 in 15 White residents live in high-poverty neighborhoods compared to 1 in 9 Asians, 1 in 4 Latinos, and 1 in 3 Blacks.
- So Blacks have the highest odds of living in high-poverty neighborhoods.
- Can these racial residential patterns be explained by differences in access to income?

CONCENTRATED POVERTY AND SEGREGATION MATTER

**Proportion of Poor People Living in an Affluent Neighborhood  
(where <10% of residents are poor) by Race**

1 in 2 poor White residents live in **affluent neighborhoods**, compared to:



1 in 3 poor Asians



1 in 6 poor Blacks



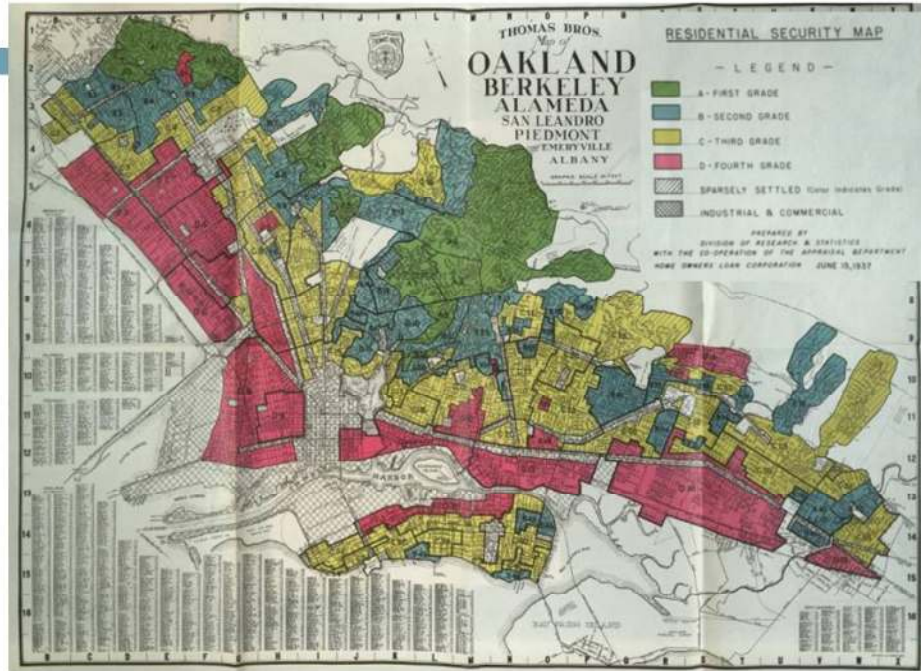
1 in 7 poor Latinos



Source: American Community Survey, 2006-2010 and Census, 2010

- If we look among poor people – all of whom have low access to income – poor Whites are much more likely to live in affluent neighborhoods than poor Blacks and poor Latinos.
- So beyond how much money one makes, racism and white privilege are at work in determining who gets to live in what quality environments.

## Racial Redlining in Alameda County



- Historical policies like racial redlining and ongoing institutional racism have shaped these racial residential patterns.
- Here you see a “residential security” or racial redlining map for Alameda County that was created by the Federal Home Owners Loan Corporation in 1937.
- Racially homogenous white neighborhoods were colored in green and deemed to be the most secure for mortgage lending, while neighborhoods of color were lined in red and deemed to be the least secure.
- You might be able to see that large parts of North, West, and East Oakland and West Berkeley were redlined as being the riskiest places for investment.
- These redlined areas are places that suffer to this day from ongoing disinvestment, concentrated poverty, and ill health.

## Unequal Neighborhood Conditions

Compared to people living in **affluent neighborhoods** of Alameda County, residents of **very high poverty neighborhoods** are:



**2X** more likely to **lack**  
**access to employment**



Over **4X** more likely to be  
living in **overcrowded**  
**households**



Facing nearly **8X**  
higher rates of  
**homicide**



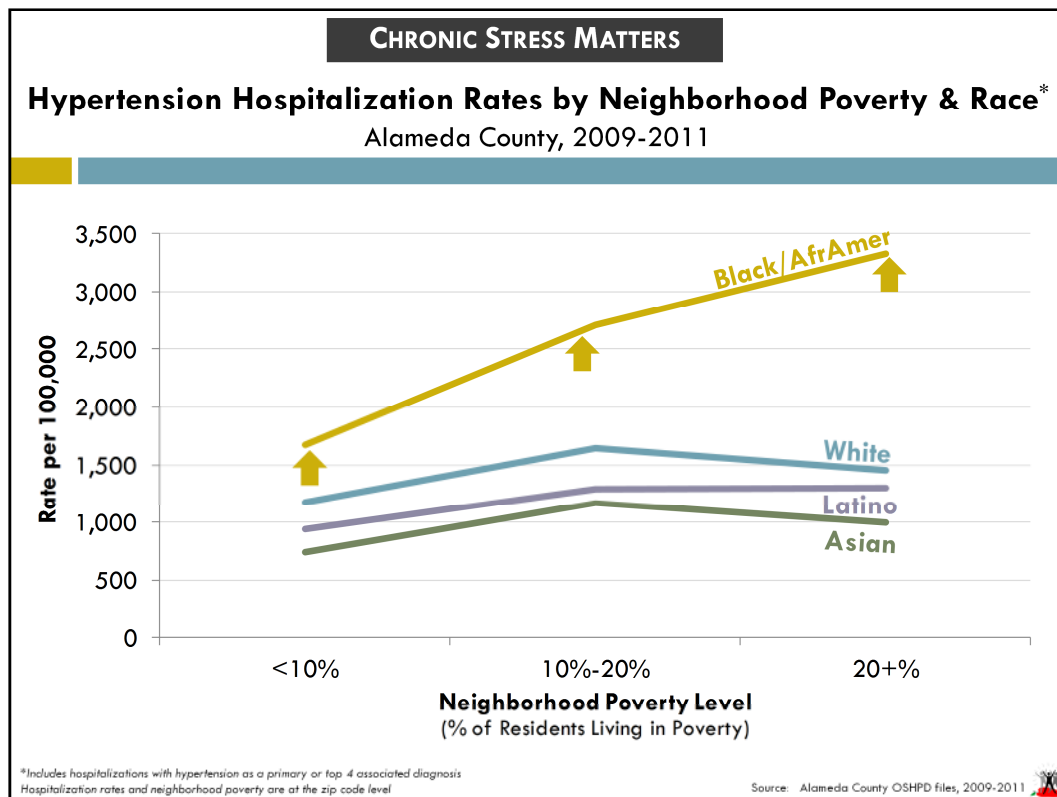
**5X** more likely to be **locked up**  
**as a youth** for overwhelmingly  
nonviolent offenses



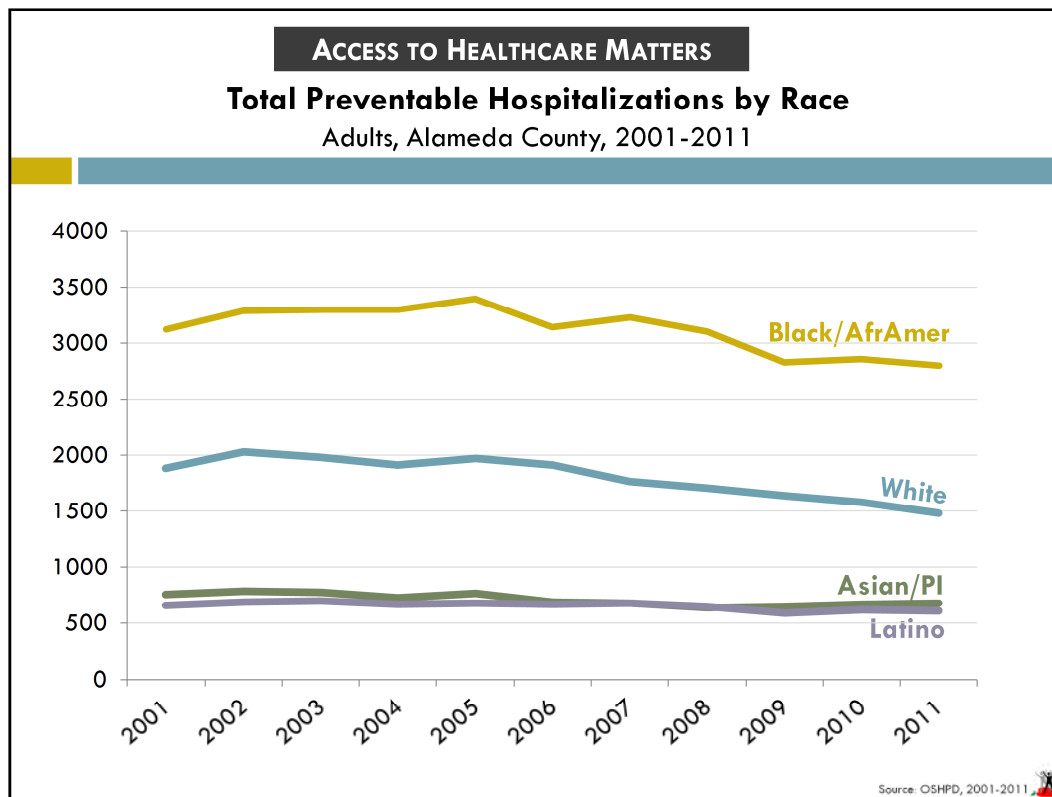
Burdened by a **4X** higher density of  
**industrial chemical and fuel release**  
sites that pollute water and soil



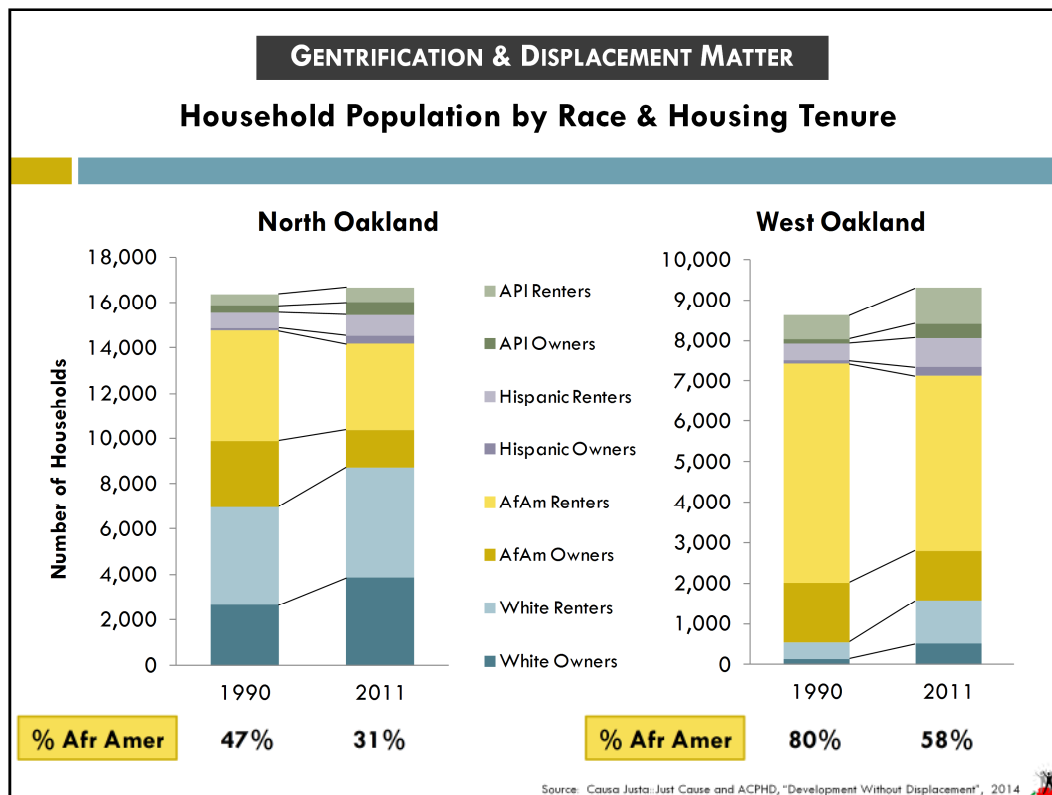
- High poverty neighborhoods impact health because they often have fewer resources to support good health and greater exposure to health risks.
- Here are some examples of inequities that residents come up against in very high poverty neighborhoods of Alameda County related to employment, housing, public safety, criminal justice, and the environment – all of which have serious impacts on health.



- Confronted with multiple stressors, African Americans in high poverty neighborhoods experience especially high levels of chronic stress.
- But regardless of where African Americans live, they experience high levels of stress due to racism.
- The hypertension data you see here illustrates that African Americans are at particular risk of elevated stress and high blood pressure.
- Long-term activation of the stress response creates wear and tear on the body – or allostatic load – that increases risk of numerous health problems.



- While health is not just about healthcare, access to quality healthcare impacts health outcomes.
- Here you see data on preventable hospitalizations, or inpatient hospital stays that could have been avoided with improved access to and quality of outpatient care.
- African Americans continue to have the highest rates of preventable hospitalizations by race in Alameda County, suggesting that better access to quality health care can make a difference.



- The final determinant of African American health we'd like to lift up is gentrification.
- The movement of private developers and higher-income – often white – residents into historically disinvested communities of color has had several impacts, including rising housing costs and displacement of long-time residents.
- Gentrification has greatly affected African Americans in Oakland, who have been substantially and disproportionately displaced.
- Here you can see in yellow how the population of African American renters and homeowners has substantially declined in gentrified North Oakland and gentrifying West Oakland.
- Gentrification and displacement impact African American health through multiple pathways, including financial distress, ruptured community networks, unstable substandard housing conditions, and increased health/social inequities.

Compared to a White child born  
in the affluent Oakland Hills...



- In summary, multiple factors come into play to impact African American health and health inequities in Alameda County – including place, racism, and poverty.
- Compared to a White child born in the affluent Oakland Hills, an African American child born in East Oakland can expect to live 15 fewer years.
- We cannot accept this and together we must change this.



## WHAT CAN WE DO TO IMPROVE AFRICAN AMERICAN HEALTH & HEALTH INEQUITIES?

- So what can we do to advance African American health and health equity?



## Our Vision of Health Equity



EVERYONE in Alameda County –  
no matter who you are,  
where you live,  
how much money you make,  
or the color of your skin –  
can lead a healthy,  
fulfilling and productive life.



- As a Health Department, our work is guided by a vision of an Alameda County where everyone – no matter who you are, where you live, how much money you make, or the color of your skin – can lead a healthy, fulfilling, and productive life.

## The Population Results We Should See

### Healthy People

Have the knowledge, habits, & support necessary to be healthy and live well



### Healthy Places

Protect and support health, safety and well-being



### Healthy Policies and Systems

Support healthy places, healthy people and a just, fair, and inclusive society

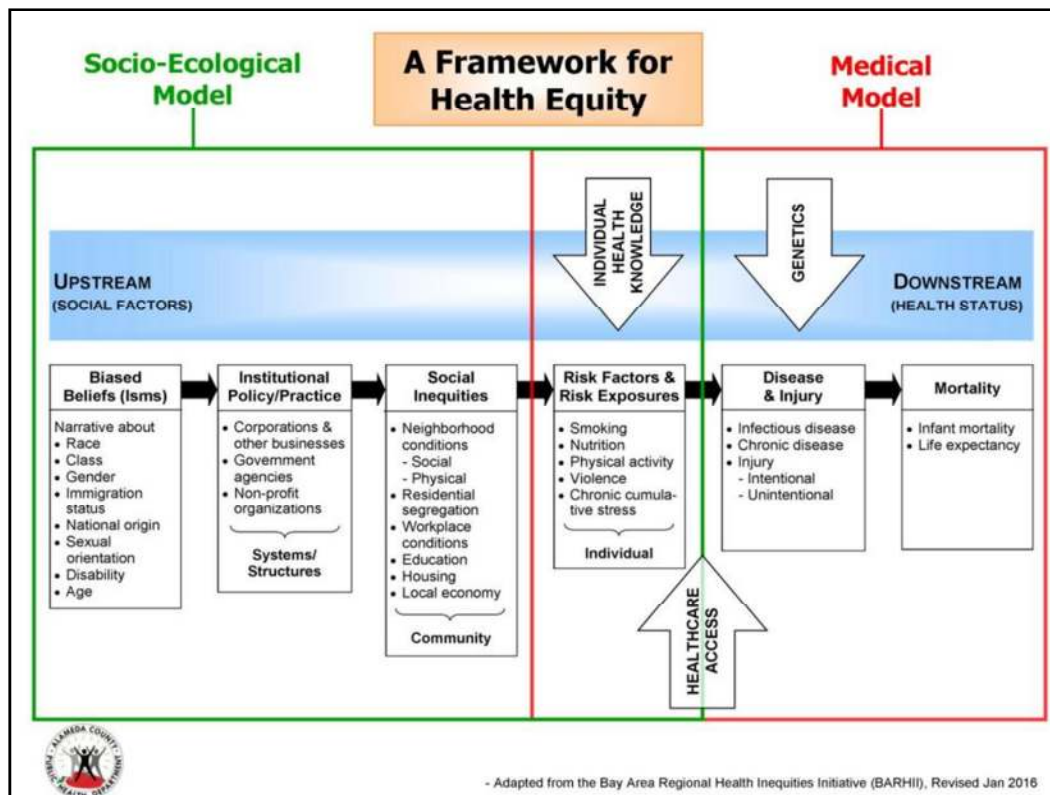


- To actualize this vision, we need to work toward health at multiple levels – including healthy people, healthy places, and healthy policies and systems.

## Achieving Equity means...

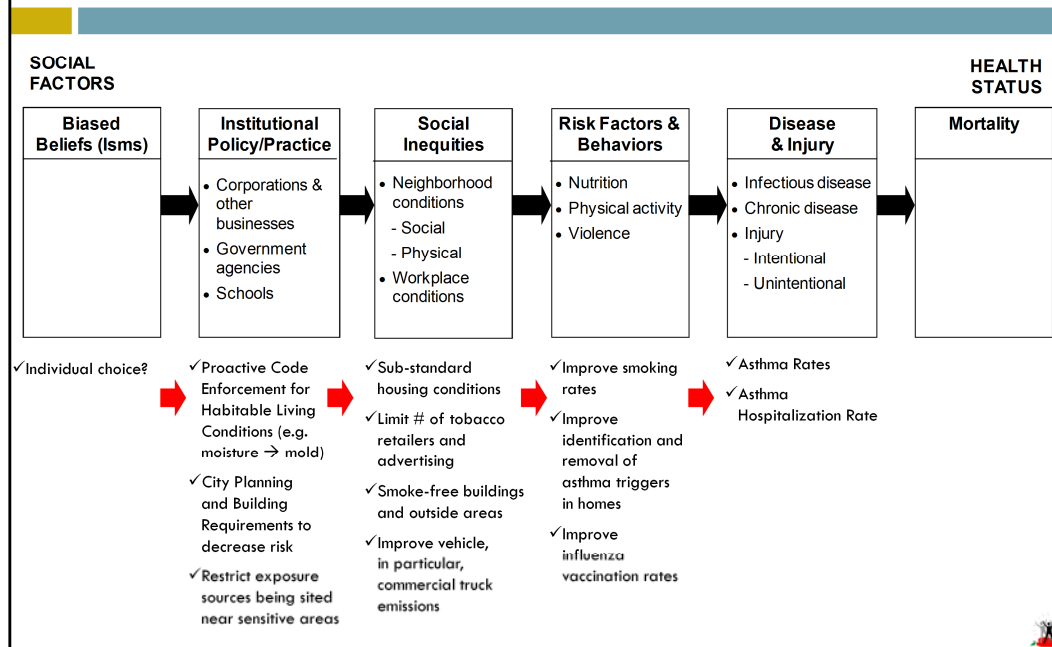
- “Closing the gaps”, while also improving outcomes for all
- To do so, have to:
  - ▣ Target strategies to close the gaps
  - ▣ Focus on changing policies/practices, institutions and structures to improve conditions, in addition to providing services

- Achieving equity means closing health gaps, and creating a healthier society for all.
- To do this, we need targeted services and strategies – as well as changes in policies and institutions.

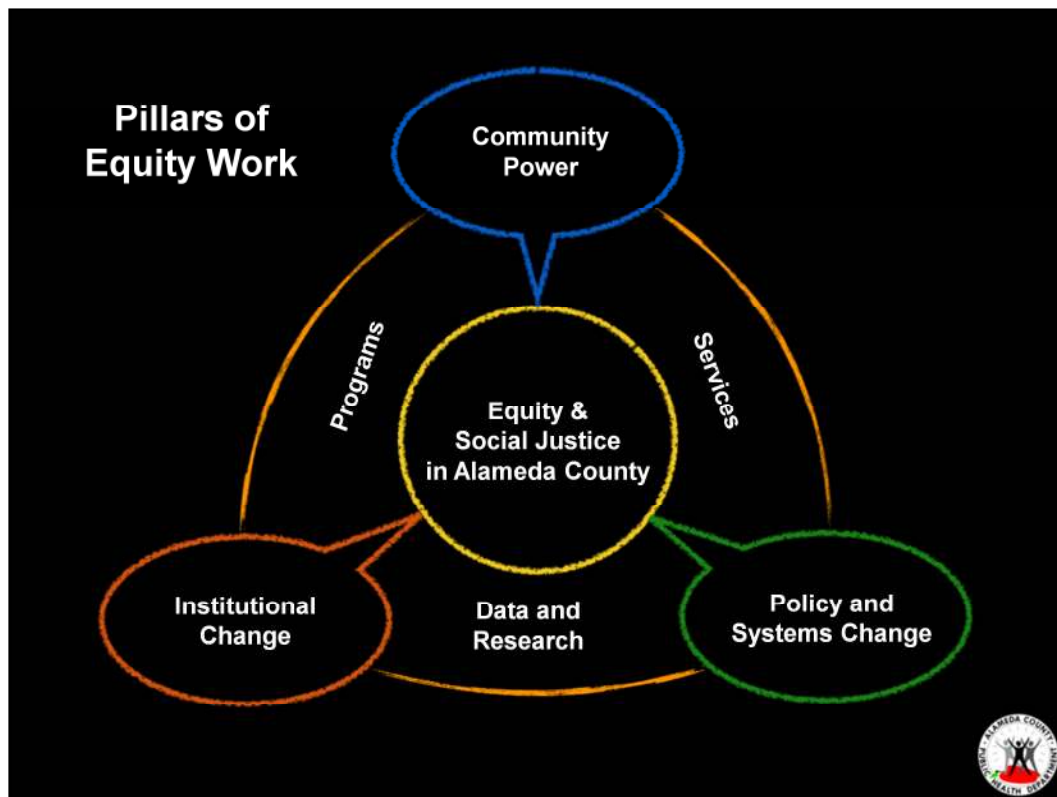


- In medicine and public health, we've often focused on a bio-medical model where we aim to reduce disease and death by providing medical care to the sick and health education so people change risk behaviors, like smoking or lack of exercise.
- But these will only take us so far when it comes to reducing large and persistent racial gaps in health.
- We have to move beyond individual risk factors and address upstream social conditions that put people at risk of health risks – like racial segregation and concentrated poverty.
- And how do these social inequities arise? Based on policy decisions and practices of powerful institutions, like government and corporations.
- And what drives the decisions of these institutions? The biased beliefs that structure our society into groups with more or less social advantage and consequently more or less power.

## Asthma Analysis: From precursors to impacts



- Let's look at asthma as an example. Blacks have much higher rates of asthma disease, hospitalization, and emergency room visits than other residents of Alameda County. What can we do about this?
- We could improve access to asthma medications and treat the sick.
- Or prevent asthma by addressing individual risk factors, like reducing smoking or cleaning up mold in homes.
- But whole groups of people will continue to be affected by asthma if we don't address the broader social and neighborhood conditions that are putting them at increased risk of asthma risks – like substandard housing and overexposure to air pollution.
- These risks can only be systematically eliminated if there are policy and institutional changes, like proactive code enforcement and health-protective city planning and land use policies.
- And systemic change only happens with the realization that asthma is not a matter of individual choice, but rather caused by institutional decisions that have been made based on who has or lacks power in society due to factors like race. So we must name and address institutional racism as a root cause of disease, and seek to engage socially disadvantaged groups who are often excluded from institutional decision-making processes that have downstream impacts on asthma health outcomes.



- As a health department, we work to advance health and social equity by leveraging our programs, services, and data and focusing on three main pillars of work: building power in disadvantaged communities, advocating for healthier policies and systems, and looking internally at how we can improve our own institution in ways that support health equity and social justice.

Institutional  
Change

## Supporting Father Involvement and MCH

### Case Example: Fathers Corps



- Here's another example of institutional change. Public health departments are traditionally focused on MCH or Maternal and Child Health and provide health education to address risk factors like diet and exercise.
- Alameda County Public Health Department recognizes the importance of paternal health and sees father involvement as a key contributor to maternal/child health and well-being.
- Alameda County Fathers Corps provides non-traditional training and education to help fathers and father figures be meaningfully engaged with their children and families.
- It also offers training and advocates for family service providers to provide father-friendly services and to assist fathers in strengthening parenting skills.



## Building Power in Impacted Communities

*Case Example: City-County Neighborhood Initiative*



- To advance health equity, it's critical to engage and build power in impacted communities so they can demand positive changes in the conditions where they live, work, learn, and play.
- The City-County Neighborhood Initiative is a partnership between the Alameda County Public Health Department, City of Oakland, neighborhood resident groups, community-based organizations, and local institutions.
- Focused on place-based community capacity-building and street-level outreach, CCNI aims to build the capacity of residents in Sobranite Park of East Oakland and Hoover Historic District of West Oakland to address violence and other health inequities in their neighborhoods.



## Empowering Community with Data/Tools

*Case Examples: Health/Social Inequities,  
Foreclosures, and Gentrification*

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- Another main approach ACPHD uses to empower communities is providing data and research tools that can be used to document and press for change in inequities.
- ACPHD routinely monitors health inequities that exist in Alameda County based on place (where you live), race, and income. ACPHD also investigates and produces data on root causes of health inequities – including racism, segregation, concentrated poverty, and inequities in social determinants of health like education, housing, and transportation.
- In addition, ACPHD partners with residents and community groups to conduct on-the-ground research on current pressing issues impacting health of communities, such as foreclosures and gentrification. Research findings are used to push for changes in public policies and institutional practices.




Policy and  
Systems Change


## Promoting Healthy Local Policies

*Case Example: Place Matters Initiative*


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- **Criminal Justice**
  - ✓ Innovations in Re-Entry Mini-Grants
- **Economics**
  - ✓ Healthy Credit Initiative
- **Education**
  - ✓ Implementation of Linked Learning
- **Housing**
  - ✓ Code Enforcement
- **Land Use & Transportation**
  - ✓ Healthy Development Guidelines for Oakland
  - ✓ Health Impact Assessments of Bus Funding



**Getting on Board for Health**  
A Health Impact Assessment  
of Bus Funding and Access



**Health and Housing in Oakland:**  
The need for comprehensive solutions to the housing crisis

Dr. Murtzu Davis  
Alameda County Health Officer  
Special Hearing to Discuss the State of Housing in the City of Oakland  
September 30<sup>th</sup> 2015

- While public policy historically created and deepened inequities in our neighborhoods, public policies shaped by strong community engagement have the power to undo those inequities.
- This belief guides the work of the Alameda County Place Matters Initiative, which was jointly established by ACPHD and Board of Supervisor Keith Carson's office.
- Place Matters focuses on local policy changes in six key social determinants of health, including criminal justice, economics, education, housing, land use, and transportation.



Policy and  
Systems Change

## Transforming Local Systems

*Case Examples: Castlemont Community Market & Oakland Proactive Rental Inspections*



- We need to transform our local systems and institutions to make sure they effectively serve the health and social needs of communities and operate in ways that are accessible, transparent, and democratic.
- For instance, if the local economy does not align with workers' skill and education levels, we need to create alternative income/job opportunities and offer training/education to workers so they can meet labor demands. For example, as part of the Best Babies Zone project, ACPHD has worked with community partners to establish a monthly community market where members of the Castlemont community in East Oakland can buy and sell products made in their neighborhood.
- If practices or procedures of local institutions are contributing to rather than alleviating inequities, they need to be reformed. For example, ACPHD, the City of Oakland, and several community groups have partnered to develop a system of proactive (rather than complaint-based) Code Enforcement that encourages preventative maintenance of properties and addresses housing conditions before they become hazardous to residents.

## Diversifying Health Workforce & Building Capacity to Improve Health Equity

Case Example: EMS Corps



- The health workforce in Alameda County fails to reflect the diversity of the population it serves. We must diversify our workforce so we can increase our health system capacity to effectively meet needs of low-income communities of color most impacted by health/social inequities.
- Alameda County EMS Corps is an example of a health pipeline program that is providing training, life coaching, mentorship, and stipends to young men of color to increase the number of under-represented emergency medical technicians. EMS Corps provides young men from disadvantaged backgrounds with a powerful new outlook on what they can do in life and for their neighborhoods.





- Health inequities were not created overnight, and it will take time and deliberate, diligent efforts across multiple sectors and in partnership with communities to eliminate them.
- We each have a role in achieving health equity .

**“Do not go gentle into that good night.  
Rage, rage against the dying of the light.”**

Dylan Thomas, *Poet*

**BLACK LIVES MATTER  
IN ALAMEDA COUNTY**

- Our intent has been for this presentation to be a call to action.
- We cannot sit back and wait for change to happen while African Americans continue to live shorter and sicker lives than all others in Alameda County.
- In the words of Poet Dylan Thomas, do not go gentle into that good night. Rage, rage against the dying of the light.
- Black Lives, in particular, matter in Alameda County.

QUESTIONS OR COMMENTS?



## For More Information

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