This slide set was produced by the Alameda County Public Health Department Community Assessment Planning an Evaluation (CAPE) Unit. One way that we work to achieve the ACPHD mission and vision is to monitor the latest data about social and health issues affecting our county. The slide set is intended for anyone interested in several top socioeconomic and health indicators affecting the residents of Alameda County. We hope that this information is useful to policy makers, non-profit organizations, community educators, city planners, local service providers and students.

Maps may be referenced and/or reproduced in reports, presentations and publications with the Alameda County Public Health logo and the recommended citation:

Alameda County Public Health Department. Map Set, September, 2015.
The following 3 slides provide a brief overview of the demographics characteristics of residents of Alameda County. For additional demographic information, please visit the Demographics page of http://www.healthyalamedacounty.org/
The population of Alameda County totaled at 1,579,737. The two figures above show the population of Alameda County by Gender and by age group distribution. Alameda County residents are almost evenly split by gender, 51% are female. Most Alameda County residents are between 25 and 64 years of age.

For additional demographic information, please visit the demographics page of our Healthy Alameda County website at: http://bit.ly/1Gfdg6I
Alameda County is one of the most diverse counties in the country. The figure above displays the distribution by Race/Ethnicity. Whites are the largest group in Alameda County, followed by Asian/Pacific Islanders and Latinos.

For additional demographic information, please visit the demographics page of our Healthy Alameda County website at: [http://bit.ly/1Gfdg6l](http://bit.ly/1Gfdg6l)
Racial/Ethnic Plurality

The race/ethnic plurality is defined as that race/ethnicity that has the highest population in a census tract, which may or may not be the majority. For example, a census tract might be composed of 40% African American, 27% Latino, 18% White and 15% Asian, the plurality would be African American. This map represents the race/ethnic plurality at the census tract level for Alameda County from Esri data from 2015. The blue areas on the map correspond to Asians, pink to African American/Black, green to Hispanic/Latino, and yellow to White.

Asians are the plurality in many parts of the county, particularly in central Oakland and south county. African American/Blacks are the plurality in parts of north, west, and east Oakland. Hispanic/Latino plurality census tracts also span the county, but are particularly concentrated in East Oakland, central county including unincorporated areas and Hayward, and Newark. Whites are the plurality in many areas of the county, including Berkeley, the Oakland hills, Alameda, Castro Valley, and much of east county.
The opportunity to live a long, healthy and productive life is not evenly distributed throughout Alameda County. The following 5 slides provide a socioeconomic snapshot of Alameda County. In Alameda County, neighborhood poverty greatly affects health outcomes and is a good indicator of overall deprivation. Educational attainment, employment and varying levels of health insurance coverage are also closely tied to poverty and impact health outcomes as well. Opportunities for health are greater if you live over the Federal Poverty line, have a high school diploma or equivalent, are employed and have health insurance.
Poverty

The poverty rate is defined by the federal Office of Management and Budget (OMB) by the income and size of the household. For example, the rate in 2013 for a family of four was $23,550 for the 48 contiguous states and DC. If the household is in poverty, then every person in that household is considered to be in poverty. High poverty neighborhoods may have scarcer resources and weaker infrastructure to support good health.

This map represents poverty at the census tract level for Alameda County from American Community Survey 2013 5-year files. The darker colors on the map correspond to higher poverty rates, the lighter colors to lower rates.

Poverty rates are highest in East and West Oakland, as well as near the UC-Berkeley campus, Cherryland, and parts of Hayward.

In 2013 there were 188,501 people in poverty in Alameda County, for an overall rate of 15.7%. The poverty rates among census tracts ranged from a low of 0.4% to a high of 51.5%.
Child Poverty

The poverty rate is defined by the federal Office of Management and Budget (OMB) by the income and size of the household. For example, the rate in 2013 for a family of four was $23,550 for the 48 contiguous states and DC. If the household is in poverty, then every person in that household is considered to be in poverty.

This map represents child poverty at the census tract level for Alameda County, with data from American Community Survey 2013 5-year files. The darker colors on the map correspond to higher child poverty rates, the lighter colors correspond to lower rates.

Child poverty rates are highest in East, West, and North Oakland, as well as West Berkeley, Cherryland, and parts of Hayward.

In 2013 there were 52,695 children in poverty in Alameda County, for an overall rate of 15.7%. Child poverty by census tracts ranged from a low of zero to a high of 100 percent.
Educational Attainment

This map shows the percentage of residents age 25 or older without a high school diploma or its equivalent, called educational attainment. Educational attainment is different from high school graduation rates; high school graduation rates are school based and show the percentage of students who graduate. Educational attainment takes into account high school equivalency exams, and is measured for individuals 25 years or older. This map represents high school or more educational attainment rate at the census tract level for Alameda County, with data from American Community Survey 2013 5-year files.

The darker colors on the map correspond to higher rates of individuals without a high school diploma or equivalent, the lighter colors to lower rates of individuals without a high school diploma or equivalent, and thus higher educational attainment.

Lack of high school graduation or equivalent rates were lowest in parts of East and West Oakland, San Leandro, Ashland, Cherryland, and Hayward.

In 2013, there were about 142,000 people age 25 years or older without a high school education or equivalent in Alameda County, for an overall rate of 13.6%. Educational attainment by census tracts ranged from 0% lacking HS diploma or equivalent to a high of 54.9% without a HS diploma or equivalent.
Unemployment

Employment is defined as any employment at the time of the survey, with those persons who are not at work and looking for work considered unemployed. If not at work and not looking for work, the person is not considered part of the labor force and is not included in the employment rate. Examples of people not counted in the employment rate are students, homemakers or retired individuals.

This map represents the unemployment rate at the census tract level for Alameda County from American Community Survey 2013 5-year files. The darker colors on the map correspond to higher unemployment rates, the lighter to lower rates.

Unemployment is highest in parts of east and west Oakland, near the UC-Berkeley campus, and parts of Hayward and Fairview.

In 2013 there were about 84,000 people unemployed in Alameda County, for an overall unemployment rate of 10.3%. Unemployment rates by census tracts ranged from a low of 0.9% to a high of 39.7%.
Health Insurance Coverage

Health insurance status is determined for individuals. If the individual has one or more sources of insurance coverage, either public or private, they are considered insured.

This map represents a lack of health insurance coverage at the census tract level for Alameda County with data from American Community Survey 2013 5-year files. The darker colors on the map correspond to higher percentages of the population without health insurance.

Lack of health insurance coverage is highest in parts of East and West Oakland, a portion of West Berkeley, Ashland, Cherryland, and parts of Hayward.

In 2013 there were about 191,000 people without health insurance in Alameda County, for an overall uninsured rate of 12.6%. The percentage uninsured across census tracts ranged from a low of 0.5% to a high of 36.6%.
Housing Cost Burden

This map represents the housing cost burden at the census tract level for Alameda County with data from American Community Survey 2013 5-year files. The darker colors on the map correspond to higher percentages of households spending at least half of their income on housing.

Housing cost burden is highest in parts of West Oakland, scattered portions of East Oakland, a portion of Berkeley, Albany, Castro Valley and San Lorenzo.

In 2013 there were about 108,000 households spending 50% or more of their income on housing in Alameda County for an overall rate of 20.2%. The percentage of households paying 50% or more for housing across census tracts with 50 or more households ranged from a low of 4.4% to a high of 51.9%.
Life expectancy in Alameda County has increased for every racial and ethnic group and all cause mortality has declined. The following 7 slides show life expectancy across the county and top 6 leading causes of death with the neighborhoods where the disease burden is greatest. The data for these maps came from the vital statistic files for Alameda County.
Life Expectancy

This map shows life expectancy at birth for census tracts for Alameda County residents from 2011 to 2013. The darker map colors correspond to lower life expectancy; the lighter colors to higher life expectancy.

Life expectancy is lowest in northern portions of Oakland, West Oakland, and East Oakland, as well as pockets of Alameda, Cherryland, Castro Valley, Hayward, and other unincorporated areas. Neighborhood poverty greatly impacts health outcomes in Alameda County. What we observe is a clear social gradient in health – a decline in life expectancy with each level in neighborhood poverty, and those in the most impoverished areas of Alameda County have a lower life expectancy.

From 2011 to 2013 in Alameda County, there were 27,985 deaths, for an overall life expectancy at birth of 81.7 years. For those census tracts with ten or more deaths, the life expectancy rate ranged from a low of 65.7 years to a high of 98.8 years.

For more information about life expectancy, see pages 33-36 in http://www.acphd.org/media/395851/acphd_cha.pdf. For more information about life expectancy as it relates to neighborhood poverty, see “How Place, Racism and Poverty Matter for Health in Alameda County” at http://www.acphd.org/data-reports.aspx.
Cancer Mortality

Cancer is now the leading cause of death among residents in Alameda County, exceeding deaths from heart disease. Lung, breast, prostate and colon cancer make up the majority of cancer deaths. This map shows cancer mortality for census tracts for Alameda County residents from 2011 to 2013. The darker map colors correspond to higher cancer mortality rates; the lighter colors to lower rates.

Cancer mortality rates are highest among residents of East Oakland and West Oakland, as well as areas of North Oakland, San Leandro, Dublin, and Union City.

From 2011 to 2013 in Alameda County, there were 6,695 deaths due to cancer, for an overall age-adjusted rate of 145.6 per 100,000. For those census tracts with ten or more deaths, the rate ranged from a low of 68.0 per 100,000 to a high of 358.0 per 100,000.

For more information about cancer mortality, see page 39 in http://www.acphd.org/media/395851/acphd_cha.pdf.
Heart Disease Mortality

This map shows heart disease mortality for census tracts for Alameda County residents from 2011 to 2013. The darker map colors correspond to higher heart disease mortality rates; the lighter colors to lower rates.

Heart disease mortality rates are highest in areas of North Oakland, West Oakland, East Oakland, Hayward, Union City, and Livermore.

From 2011 to 2013 in Alameda County, there were 6,921 deaths due to heart disease, for an overall age-adjusted rate of 128.2 per 100,000. For those census tracts with ten or more deaths, the rate ranged from a low of 59.3 per 100,000 to a high of 487.6 per 100,000.

For more information about cancer mortality, see page 38 in http://www.acphd.org/media/395851/acphd_cha.pdf.
Stroke Mortality

This map shows mortality due to stroke for zip codes for Alameda County residents from 2011 to 2013. The darker map colors correspond to higher unintentional injury mortality rates; the lighter colors to lower rates.

Stroke mortality rates are highest in zip codes in East and West Oakland and central county including San Leandro, Hayward, Ashland, Cherryland, and other unincorporated areas.

From 2011 to 2013 in Alameda County, there were 1,709 deaths due to stroke, for an overall age-adjusted rate of 37.5 per 100,000. For those zip codes with ten or more deaths, the rate ranged from a low of 15.1 per 100,000 to a high of 60.7 per 100,000.

For more information about stroke mortality, see page 40 in http://www.acphd.org/media/395851/acphd_cha.pdf.
Chronic Lower Respiratory Disease Mortality

This map shows chronic lower respiratory disease (CLRD) mortality for zip codes for Alameda County residents from 2011 to 2013. The darker map colors correspond to higher CLRD mortality rates; the lighter colors to lower rates.

CLRD mortality rates are highest in zip codes in downtown Oakland, East Oakland, San Lorenzo and nearby areas, and northern portions of Livermore, whose zip code also covers a largely unpopulated area of unincorporated east county.

From 2011 to 2013 in Alameda County, there were 1,297 deaths due to CLRD, for an overall age-adjusted rate of 29.1 per 100,000. For those zip codes with ten or more deaths, the rate ranged from a low of 13.7 per 100,000 to a high of 60.0 per 100,000.

For more information about cancer mortality, see page 41 in http://www.acphd.org/media/395851/acphd_cha.pdf.
Unintentional Injury Mortality

This map shows mortality due to unintentional injuries for zip codes for Alameda County residents from 2011 to 2013. The darker map colors correspond to higher unintentional injury mortality rates; the lighter colors to lower rates.

Unintentional injury mortality rates are highest among residents of east and west Oakland and a zip code for San Lorenzo that also crosses into Ashland and Hayward.

From 2011 to 2013 in Alameda County, there were 1,112 deaths due to unintentional injury, for an overall age-adjusted rate of 23.3 per 100,000. For those zip codes with ten or more deaths, the rate ranged from a low of 7.5 per 100,000 to a high of 51.6 per 100,000.

For more information about unintentional injury mortality, see page 43 in http://www.acphd.org/media/395851/acphd_cha.pdf.
Alzheimers Disease Mortality

This map shows mortality due to Alzheimers disease for zip codes for Alameda County residents from 2011 to 2013. The darker map colors correspond to higher Alzheimers disease mortality rates; the lighter colors to lower rates.

Alzheimers disease mortality rates are highest among residents of West Berkeley, East Oakland, Cherryland and other unincorporated areas in central county, Hayward, and the south part of Livermore, whose zip extends into a largely unpopulated unincorporated area of the southeast of the county.

From 2011 to 2013 in Alameda County, there were 1,248 deaths due to Alzheimers disease, for an overall age-adjusted rate of 27.2 per 100,000. For those zip codes with ten or more deaths, the rate ranged from a low of 14.4 per 100,000 to a high of 46.4 per 100,000.

For more information about Alzheimers disease mortality, see page 42 in http://www.acphd.org/media/395851/acphd_cha.pdf.
Rates of Illness in Alameda County

Data for illness among residents of Alameda County comes from the California Office of Statewide Planning and Development (OSHPD), which collects emergency care data from hospital emergency departments and ambulatory surgery data from general acute care hospitals and licensed freestanding ambulatory surgery clinics in California.

Emergency Department (ED) data include encounters from hospitals licensed to provide emergency medical services.
Diabetes Hospitalizations

Diabetes hospitalizations are defined as hospitalizations for which diabetes is coded as the primary through fifth diagnoses, using ICD-9 codes 250.00 through 250.99.

This map represents diabetes hospitalizations at the zip code level for Alameda County residents from 2011-2013. The darker colors on the map correspond to higher diabetes hospitalization rates, the lighter colors correspond to lower rates.

Diabetes hospitalization rates are highest among residents of East Oakland, Cherryland, and parts of Hayward and Fairview.

From 2011-2013 in Alameda County, there were 43,944 diabetes hospitalizations, at an age-adjusted rate of 938.9 hospitalizations per 100,000 population. For those zip codes with ten or more hospitalizations during 2011-2013, the diabetes hospitalization rate ranges from a low of 185.6 hospitalizations per 100,000 population to a high of 2,052.6 hospitalizations per 100,000.

For more information about diabetes hospitalizations, please see pages 65-67 here: http://www.acphd.org/media/395851/acphd_cha.pdf.
Asthma Hospitalizations Among Children ages <5

Asthma hospitalizations are defined as hospitalizations for which asthma is coded as the primary diagnosis, using ICD-9 codes 493.00 through 493.99.

This map represents asthma hospitalizations at the zip code level for Alameda County residents less than five years old from 2011-2013. The darker colors on the map correspond to higher asthma hospitalization rates, the lighter colors correspond to lower rates. Zip codes that do not have sufficient numbers for a stable estimate are shown in white.

Asthma hospitalization rates are highest among residents of East Oakland and West Oakland. Both East and West Oakland are situated along parts of the I-880 Corridor, and West Oakland is adjacent to the Port of Oakland. Both the highway and the port expose residents to higher levels of diesel particles. These areas also have higher poverty rates than much of the county. Unhealthy housing conditions such as mold and allergens can also contribute to asthma.

From 2011-2013 in Alameda County, there were 1,224 asthma hospitalizations among children 0-4 years, at an age-specific rate of 423.0 hospitalizations per 100,000 population. For those zip codes with ten or more hospitalizations during 2011-2013, the asthma hospitalization rate ranges from a low of 146.4 hospitalizations per 100,000 population to a high of 1,151.0 hospitalizations per 100,000.

For more information about asthma hospitalizations, please see pages 77-79, here: http://www.acphd.org/media/395851/acphd_cha.pdf.
Asthma Hospitalizations

Asthma hospitalizations are defined as hospitalizations for which asthma is coded as the primary diagnosis, using ICD-9 codes 493.00 through 493.99.

This map represents asthma hospitalizations at the zip code level for Alameda County residents from 2011-2013. The darker colors on the map correspond to higher asthma hospitalization rates, the lighter colors correspond to lower rates.

Asthma hospitalization rates are highest among residents of East Oakland and a portion of West Oakland. Both East and West Oakland are situated along parts of the I-880 Corridor, and West Oakland is adjacent to the Port of Oakland. Both the highway and the port expose residents to higher levels of diesel particles. These areas also have higher poverty rates than much of the county. Unhealthy housing conditions such as mold, dust and allergens can also contribute to asthma.

From 2011-2013 in Alameda County, there were 5,404 asthma hospitalizations, at an age-adjusted rate of 121.2 hospitalizations per 100,000 population. For those zip codes with ten or more hospitalizations during this time period, the asthma hospitalization rate ranges from a low of 27.3 hospitalizations per 100,000 population to a high of 344.2 hospitalizations per 100,000.

For more information about asthma hospitalizations, please see pages 76-77, here: http://www.acphd.org/media/395851/acphd_cha.pdf.
Asthma Emergency Department Visits

Asthma ED visits are defined by the MediCal Managed Care Division of the California Department of Health Care Services as emergency department visits that could have been more appropriately managed by or referred to a primary care physician in an office or clinical setting. Asthma ED visits excludes ED visits among residents less than 1 year of age. Asthma ED visits are a good measure of lack of access to primary health care or a medical home.

This map represents asthma Emergency Department (ED) visits at the zip code level for Alameda County residents from 2011-2013. Asthma Emergency Department (ED) visits differ from the hospitalizations in that the individual is treated in the Emergency Department and released.

The darker colors on the map correspond to higher asthma ED visit rates, while the lighter colors correspond to lower rates. Asthma ED rates are highest among residents in portions of East and West Oakland, and Emeryville. East and West Oakland, as well as Emeryville are located along the I-880 Corridor, exposing residents to higher levels of diesel particles. West Oakland is also situated adjacent to the Port of Oakland, which also exposes residents to air pollutants.

From 2011-2013 in Alameda County, there were 24,293 asthma ED visits, at an age-adjusted rate of 524.5 visits per 100,000 population. For those zip codes with ten or more asthma ED visits during 2011-2013, the asthma ED visit rate ranges from a low of 124.0 per 100,000 ED visits to a high of 1317.7 per 100,000.

For more information about asthma injury ED visits, please see pages 95-96, here: http://www.acphd.org/media/395851/acphd_cha.pdf
Substance Use Emergency Department Visits

Substance use ED visits are defined as emergency room visits for which individuals are treated for alcohol or drug use and released. These visits are coded as alcohol or drug use as the primary diagnosis.

This map represents substance use related ED visits at the zip code level for Alameda County residents from 2011-2013. The darker colors on the map correspond to higher substance use ED visit rates, the lighter colors correspond to lower rates.

Substance use related ED rates are highest among residents in portions of East and West Oakland and portions of Hayward.

From 2011-2013 in Alameda County, there were 74,167 substance use related ED visits, at an age-adjusted rate of 1507.1 hospitalizations per 100,000 population. For those zip codes with ten or more substance use ED visits during 2011-2013, the substance use ED visit rate ranges from a low of 444.6 per 100,000 ED visits to a high of 4748.3 per 100,000.
Severe Mental Illness Emergency Department Visits

Severe mental illness ED visits are defined as emergency room visits for which an individual is treated for a severe mental illness and released. These visits are coded as the primary diagnosis, and may include personality, schizophrenia, anxiety or mood disorders.

This map represents severe mental illness ED visits at the zip code level for Alameda County residents from 2011-2013. The darker colors on the map correspond to higher severe mental illness ED visit rates, the lighter colors correspond to lower rates.

Severe mental illness ED rates are highest among residents in portions of Berkeley, East and West Oakland, as well as portions of Hayward, Cherryland and Fairview. Some of these areas have higher poverty rates than much of the county.

From 2011-2013 in Alameda County, there were 19,996 severe mental illness related ED visits due to severe mental illness, at an age-adjusted rate of 410.1 hospitalizations per 100,000 population. For those zip codes with ten or more severe mental illness ED visits during 2011-2013, the severe mental illness ED visit rate ranges from a low of 121.9 per 100,000 to a high of 1405.5 per 100,000 ED visits.

For more information about severe mental illness ED visits, please see pages 70-71, here: http://www.acphd.org/media/395851/acphd_cha.pdf.
The following maps depict the rates of ED visits due to injury for 4 injury indicators; motor vehicle accidents, unintentional injury, self-inflicted harm and assault. The rates include those who were treated and released from the emergency department as well as those admitted as inpatient stays through the ER.
Motor Vehicle Accident (MVA) Emergency Department Visits

MVA related ED visits are defined as emergency room visits for which motor vehicle accidents are coded using ICD-9 codes 810.0 through 825.9.

This map represents motor vehicle accident Emergency Department (ED) visits of those who were treated and released as well as those individuals admitted through the ED at the facility. The data is presented at the zip code level for Alameda County residents from 2011-2013. The darker colors on the map correspond to higher MVA related ED visit rates, while the lighter colors correspond to lower rates. Motor vehicle accident rates are highest among residents in portions of East and West Oakland.

From 2011-2013 in Alameda County, there were 37,368 MVA related ED visits, at an age-adjusted rate of 784.5 visits per 100,000 population. For those zip codes with ten or more MVA related ED visits during 2011-2013, the MVA related ED visit rate ranges from a low of 317.2 per 100,000 ED visits to a high of 1708.2.
Unintentional Injury Emergency Department Visits

Unintentional injury ED visits are defined as emergency room visits for which unintentional injuries – physical injury that is largely unintended, and not purposely inflicted, such as falls, drownings and poisonings - are coded using ICD-9 codes 960.0 through 969.9 and 979.0 through 979.9.

This map represents unintentional injury Emergency Department (ED) visits of those who were treated and released as well as those individuals admitted through the ED at the facility. The data is presented at the zip code level for Alameda County residents from 2011-2013. The darker colors on the map correspond to higher unintentional injury ED visit rates, while the lighter colors correspond to lower rates.

Unintentional injury ED rates are highest among residents in portions of East and West Oakland, Cherryland, Fairview, as well as portions of Hayward. Several of these areas also have higher poverty rates than much of the county.

From 2011-2013 in Alameda County, there were 310,441 unintentional injury ED visits, at an age-adjusted rate of 6685.6 visits per 100,000 population. For those zip codes with ten or more unintentional injury ED visits during 2011-2013, the rate ranges from a low of 3549.0 per 100,000 ED visits to a high of 10,424.4 per 100,000.

For more information about unintentional injury ED visits, please see pages 87-88, here: http://www.acphd.org/media/395851/acphd_cha.pdf.
Self-inflicted injury or self-harm Emergency Department (ED) visits

Self-inflicted injury ED visits are defined as emergency room visits for injury which is purposely inflicted upon oneself, such as attempted suicide or trauma, and coded using ICD-9 codes 950.0 through 959.9.

This map represents self-inflicted injury Emergency Department (ED) visits of those who were treated and released including those admitted as inpatients through the ED. The data is presented at the zip code level for Alameda County residents from 2011-2013. The darker colors on the map correspond to higher self-inflicted injury ED visit rates, while the lighter colors correspond to lower rates.

Self inflicted injury ED rates were highest among portions of East and West Oakland, and a portion of Hayward.

From 2011-2013 in Alameda County, there were 4,841 self-inflicted injury ED visits, at an age-adjusted rate of 103.2 visits per 100,000 population. For those zip codes with ten or more self-inflicted injury ED visits during 2011-2013, the rate ranged from a low of 34.8 per 100,000 ED visits to a high of 202.4 per 100,000.

For more information about self-inflicted injury ED visits, please see pages 88-89, here: http://www.acphd.org/media/395851/acphd_cha.pdf.
Assault-related Injury Emergency Department (ED) Visits

Assault-related ED visits are defined as emergency room visits for intentionally inflicted injury to another person that may or may not involve intent to kill using ICD-9 codes 960.0 through 969.9 and 979.0 through 979.9.

This map represents assault-related injury Emergency Department (ED) visits of those who were treated and released including those admitted as inpatients through the ED. The data is presented at the zip code level for Alameda County residents from 2011-2013. The darker colors on the map correspond to higher assault-related injury ED visit rates, while the lighter colors correspond to lower rates.

Assault ED rates were highest among residents of East and West Oakland. From 2011-2013 in Alameda County, there were 20,130 assault-related injury ED visits, at an age-adjusted rate of 420.9 visits per 100,000 population. For those zip codes with ten or more assault-related injury ED visits during 2011-2013, the rate ranged from a low of 74.2 per 100,000 ED visits to a high of 1383.1 per 100,000.

For more information about assault-related injury ED visits, please see pages 81-86, here: http://www.acphd.org/media/395851/acphd_cha.pdf.

Assault-related ED visits are defined as emergency room visits for intentionally inflicted injury to another person that may or may not involve intent to kill using ICD-9 codes 960.0 through 969.9 and 979.0 through 979.9.
The core maternal, child and adolescent health (MCAH) indicators are covered in the following 3 maps. Alameda County performs well in most of the MCAH indicators. Infant mortality and teen birth rates are lower than the state rates. While the county does meet the Healthy People 2020 objective for low birth weight, the county has a higher percentage than the state.
Teen Births

Teen birth rate is defined as the number of births to teens ages 15-19 per 1,000 of females ages 15-19 in the population.

This map represents teen births at the zip code level for Alameda County residents from 2011-2013. The darker colors on the map correspond to higher teen birth rates, the lighter colors correspond to lower rates.

Teen birth rates are highest among residents of East Oakland and West Oakland. Teen births track very closely to high poverty areas.

From 2011-2013 in Alameda County, there were just under 800 teen births (exact number is 794) at rate of 16.4 teen births per 1,000 females ages 15-19. For those zip codes with ten or more hospitalizations during 2011-2013, the teen birth rate ranges from a low of 2.4 per 1,000 females ages 15-19 to a high of 58.9.

For more information about teen births, please see pages 50-51, here: http://www.acphd.org/media/395851/acphd_cha.pdf.
Low Birth Weight

Low birth weight is defined as a baby born alive at a weight of less than 2,500 grams (5.5 lbs).

This map represents the distribution of low birth weight babies at the zip code level for Alameda County residents from 2011-2013. The darker colors on the map correspond to higher asthma hospitalization rates, the lighter colors correspond to lower rates.

Low birth weight rates are highest among residents of East Oakland, Bay Farm, as well as in portions of Hayward and Dublin. Because the reasons for low birth weight are multifactoral, the pattern is not as clear as it is for other indicators. That is, it does not track as closely to poverty rates.

From 2011-2013 in Alameda County, an average of about 1500 low birth weight babies were born per year, at a rate 7.5%. (The exact average is 1443 LBW births per year). For those zip codes with ten or more low birth weight babies during 2011-2013, the low birth weight rate ranges from a low of 4.4% to a high of 9.8%.

For more information about teen births, please see pages 47-48, here: http://www.acphd.org/media/395851/acphd_cha.pdf.
Infant Mortality

Infant mortality is defined as the number of babies who die before their first birthday per 1,000 live births.

This map represents infant deaths at the zip code level for Alameda County residents from 2009-2013. The darker colors on the map correspond to higher infant mortality rates, the lighter colors correspond to lower rates.

Infant mortality rates are the highest in a portion of East Oakland. Compared to other indicators, infant mortality is relatively rare. Five years of data are shown instead of three years in order to increase the stability of the rates. Despite using five years of data, many rates by zip codes are too unstable to present. Overall, infant mortality is in neighborhoods with high poverty rates.

From 2009-2013 in Alameda County, there was an average of 101 infant deaths per year, a rate of 5.2 infant deaths per 1,000 births. For those zip codes with ten or more infant deaths during 2009-2013, the lowest was 3.5 per 1,000 live births and the highest infant mortality rate was 13.9.

For more information about infant deaths, please see pages 76-77, here: http://www.acphd.org/media/395851/acphd_cha.pdf.
The following 3 slides show the impact of avoidable emergency department (ED) visits and hospitalizations that could have been avoided had high-quality primary and preventative outpatient care been received earlier. Preventable hospitalizations and avoidable ED visits are good measures of lack of access to primary health care or a medical home. Preventable hospitalizations are measured by Prevention Quality Indicators (PQIs), which are a standardized set of measures developed to evaluate preventable hospitalizations at the local level.

To find additional information on Prevention Quality Indicators in Alameda County, please go to http://www.acphd.org/media/367609/pqi.pdf
Prevention Quality Indicator (PQI) #92: Chronic Composite Preventable Hospitalizations, Ages 18+

The chronic composite is basically a summary measure for chronic disease preventable hospitalizations, and includes diabetes-related, respiratory-related, and circulatory-related preventable hospitalizations.

Specifically, a patient with a Chronic Composite preventable hospitalization (PQI #92) has one or more hospitalizations indicated by one or more of the following prevention quality indicators (PQIs): diabetes short-term complications, diabetes long-term complications, chronic obstructive pulmonary disease (COPD) or asthma in older adults, hypertension, congestive heart failure (CHF), angina without procedure, uncontrolled diabetes, asthma in younger adults, and lower-extremity amputation among patients with diabetes.

This map represents PQI #92, or Chronic Composite preventable hospitalizations at the zip code level for Alameda County residents ages 18 and over from 2011-2013. The darker colors on the map correspond to higher chronic composite preventable hospitalization rates, the lighter colors correspond to lower rates.

Chronic composite preventable hospitalization rates are highest among residents of East and West Oakland, Emeryville, Cherryland, and much of Hayward and Fairview. Other parts of Oakland (Southeast Hills and North Oakland) also have high rates.

From 2011-2013 in Alameda County, there were 24,455 chronic composite preventable hospitalizations, at an age-adjusted rate of 701.5 hospitalizations per 100,000 population. For those zip codes with ten or more hospitalizations during 2011-2013, the asthma hospitalization rate ranges from a low of 195.9 hospitalizations per 100,000 population to a high of 1,926.4 hospitalizations per 100,000.

For more information about Chronic Composite preventable hospitalizations (PQI #92), please see: [http://www.acphd.org/media/367609/pqi.pdf](http://www.acphd.org/media/367609/pqi.pdf) and [http://www.qualityindicators.ahrq.gov/Modules/pqi_resources.aspx](http://www.qualityindicators.ahrq.gov/Modules/pqi_resources.aspx).

A patient with a Chronic Composite preventable hospitalization (PQI #92) has one or more hospitalizations indicated by one or more of the following PQIs: diabetes short-term complications (PQI #1); diabetes long-term complications (PQI #3); chronic obstructive pulmonary disease (COPD) or asthma in older adults (PQI #5); hypertension (PQI #7); congestive heart failure (CHF) (PQI #8); angina without procedure (PQI #13); uncontrolled diabetes (PQI #14); asthma in younger adults (PQI #15); and lower-extremity amputation among patients with diabetes (PQI #16). For technical specifications about the ICD-9 codes used for each of these as well as inclusion and exclusion criteria, please go to “Version 4.4, March 2012” of “Technical Specifications” here: [http://www.qualityindicators.ahrq.gov/Archive/default.aspx#pqi](http://www.qualityindicators.ahrq.gov/Archive/default.aspx#pqi).
Avoidable Emergency Department Visits

Avoidable ED visits are defined by the MediCal Managed Care Division of the California Department of Health Care Services as emergency department visits that could have been more appropriately managed by or referred to a primary care physician in an office or clinical setting. Avoidable ED visits exclude ED visits among residents less than 1 year of age. Avoidable ED visits are a good measure of lack of access to primary health care or a medical home.

This map represents avoidable ED visits at the zip code level for Alameda County residents from 2011-2013. The darker colors on the map correspond to higher avoidable ED visit rates, while the lighter colors correspond to lower rates.

Avoidable ED rates are highest among residents in portions of East and West Oakland, portions of Hayward, Cherryland and Fairview.

From 2011-2013 in Alameda County, there were 170,730 avoidable ED visits, at an age-adjusted rate of 3676.9 visits per 100,000 population. For those zip codes with ten or more unintentional injury ED visits during 2011-2013, the unintentional injury ED visit rate ranges from a high of 8283.7 per 100,000 ED visits to a low of 915.4 per 100,000.

For more information about avoidable injury ED visits, please see pages 92-94, here: http://www.acphd.org/media/395851/acphd_cha.pdf
Comments and questions can be directed to:
Community Assessment, Planning &
Evaluation (CAPE) Unit
Alameda County Public Health Department
Health Care Services Agency
1000 Broadway, Suite 500
Oakland, CA 94607
(510) 267-8020

For additional summary information of the health status of the residents of Alameda County, please see the Alameda County Health Data Profile, 2014 at