



Alameda County Public Health Department

Chronic Disease Prevention: *A Community Vision*

EXECUTIVE SUMMARY

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ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT

Message from the Director

Alameda County is one of the most diverse counties in the country and faces tremendous challenges and opportunities in ensuring health, social and racial equity for our communities. Our residents are passionate and have creative ideas for how to create healthier communities. Our leaders have on-the-ground knowledge and years of experience in advocating for a just and equitable society where all people can thrive and be healthy. We share a commitment to improve conditions for all residents, especially in neighborhoods historically under-resourced and overexposed to unhealthy conditions. It is against this backdrop that I share with you the *Alameda County Chronic Disease Prevention: A Community Vision Report*.

Chronic disease is the most frequent cause of death in Alameda County—with cancer, heart disease and stroke accounting for more than half of all mortality. While disease rates are declining, significant disparities persist and are concentrated in certain communities. Local data shows that people are more likely to suffer from almost any disease if they live in conditions of poverty. We see disturbing differences in life expectancy based on race, with African Americans dying, on average, 12 years earlier than Asians, 9.5 years earlier than Latinos, and 6.5 years earlier than Whites. Violence is one of the starkest indicators of inequity—African Americans have a homicide rate more than 20 times higher than Asians and Whites. Among children, the rates of those diagnosed with asthma are highest among Hispanics and African Americans (30% each). Stroke mortality is highest among Pacific Islanders (75.2), over twice the Hispanic rate of 33.6.

This report is a call to action. We must aggressively address health disparities and the social, economic, and racial inequities that perpetuate them. No one should be condemned to a shorter, more unhealthy life due to skin color, neighborhood of residence or income. Chronic diseases are preventable, as are the social, economic, and environmental conditions that lead to them. We must ensure that all our communities have the conditions, opportunities, and support that they need to be healthy.

Congratulations to all the residents, organizations, and agencies who contributed to this report and ensured that it reflects the community's experiences. I am proud to see that it highlights the principles of *primary prevention, health equity, and social and racial justice*. Our community reminds us that we must address the root causes of health inequities and advance policies and institutions that reverse these legacies of discrimination.

We cannot do this work alone. We must actively engage with partners—elected officials and other public agencies, private organizations, medical providers, and clinics, and with community residents. Many of the strategies described in this report are inspired by the good work that is already happening. Together, we will ensure that everyone in our County can live a life that is not only free of disease but full of prosperity, opportunity, and fulfillment. Thank you for your ongoing partnership and support in building a healthier Alameda County for all.

Yours in health,

Dr. Muntu Davis, MD, MPH
Public Health Director and County Health Officer

Executive Summary

PURPOSE OF COMMUNITY INPUT PROCESS

This report summarizes the effort undertaken in 2012-13 to gather input from a broad range of community stakeholders on how Alameda County Public Health Department should approach chronic disease prevention and achieve health equity for all. Many organizations and a diverse group of residents were engaged to share their community health concerns, desires, and possible solutions.

SCOPE OF THE PROBLEM: CHRONIC DISEASE IN ALAMEDA COUNTY

Chronic diseases are those “non-communicable illnesses that are prolonged in duration, do not resolve spontaneously and are rarely cured completely.” More than half (52.4%) of all deaths in Alameda County result from just three chronic diseases—cancer, heart disease, and stroke. While life expectancy has increased for every group and all-cause mortality has declined, low income and people of color continue to experience a persistently higher burden of chronic disease and premature death. Local data shows that people are more likely to suffer from almost any disease if they live in a poor neighborhood. Certain ethnic groups are more likely to develop chronic diseases, regardless of the neighborhood they live in. Pacific Islanders have the highest rate of heart disease and death due to stroke of all ethnic and racial groups. Thirty-six percent of the county’s American Indians have diabetes, more than three times the rate for African Americans, the second most impacted ethnic group. Among children, the rates of those diagnosed with asthma are highest among Hispanics and African Americans (30% each). African American residents are particularly hard hit: they live an average of

9 years less than Latinos, and 7 years less than Whites; die from cancer, stroke, and diabetes at a rate *twice* that of Asians; and are hospitalized for hypertension at a rate *more than three times* that of Asian/Pacific Islanders. These stark disparities in health outcomes are the result of preventable differences in exposure, access to resources, and life conditions related to the social determinants of health.

REPORT THEMES

The report emphasizes the connections between poverty, lack of education, exposure to violence and stress, and the development of disease. It highlights the community’s concern that the long-term impacts of discrimination and racism still play a prominent role in determining all aspects of health and well-being. It describes the impact of unhealthy conditions and chronic disease on Alameda County residents. The report aligns the participants’ input on what constitutes a healthy community with five broad public health frameworks that can help shift the social, economic, educational, and institutional environments that increase the risk of chronic disease and poor health.

In responding to these complex and inter-related community factors, our community members strongly advocated for a prevention approach that explicitly addresses the important social and community inequities that lead to such different health outcomes for low income and communities of color. The report prioritizes efforts to change the larger systems, policies and institutional practices that lead to poor health and chronic disease.

PRIORITY AREAS OF FOCUS AND RECOMMENDED STRATEGIES

Building on the vision of a healthy, productive and fulfilling life for all, the report outlines four priority areas to focus on to effectively reducing chronic disease and health inequities. Using the Public Health Department's results-based accountability framework, each area is defined in terms of the result that will indicate improved community health:

- #1 All residents have access to healthy food that is readily available, and reduced access to unhealthy food and products**
- #2 All residents have healthy, safe, accessible places to live**
- #3 All residents live in safe, caring, and strong communities**
- #4 Educational and economic success is achieved for all residents**

Samples of strategies to achieve each result through policies, systems, institutional and environmental change approaches are outlined, along with community and health indicators to measure both short and long term success.

ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT ROLE IN SUPPORTING COMMUNITY RECOMMENDATIONS

The legacy of racism is a key factor influencing health across every issue in Alameda County. Institutional policies and practices play a critical role in creating and perpetuating conditions and patterns of opportunity and resource access that

can ultimately lead to racial inequities in social and health outcomes. The Public Health Department is working to ensure that its decision-making processes analyze potential equity impacts to prioritize efforts most likely to reverse this trend. We are investing in improving the systems, institutions and practices that have perpetuated inequities by championing the effort to embed an "Equity in All Policies" approach within all county level decision making processes. The report also describes key Public Health Department roles in supporting community-driven efforts, and gives examples of how that work is currently being carried out. It explains how the community feedback informed our long-range planning and is being incorporated into our Community Health Improvement Plan (CHIP) that will ultimately result in optimal health and well-being for all.

CONCLUSION

Strategic partnerships between public agencies, institutions, elected officials, and community based organizations are essential to move this comprehensive prevention initiative forward. The Health Department will continue to help convene and actively engage multiple cross-sector partners and systems to raise awareness, and to support and help mobilize resources to achieve this broad vision of a healthy, equitable Alameda County. We will continue to support our community's interest in achieving health and social equity by using public health and other data to illustrate the links between policy issues and health.



For more information or to access the full report:

Alameda County Public Health Department

1000 Broadway, Suite 500, Oakland, California 94607

(510) 267-8000

www.acphd.org/data-reports