MEMORANDUM

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ELED OFFICE OF THE CITY CLERK

TO: CHAIRPERSON CHANG, AND MEMBERS OF THE LIFE ENRICHMENT COMMITTEE

FROM: COUNCILMEMBER NANCY NADEL, DISTRICT THREE

SUBJECT: PRESENTATION OF OAKLAND HEALTH PROFILE, 2004

DATE: JANUARY, 11, 2005

We have coordinated with the Alameda County Public Health Department to bring this important presentation of "Oakland Health Profile 2004" to the Life Enrichment Committee. This is a comprehensive report including both a demographic and social profile of Oakland, and discussions of the key public health issues facing the city including chronic disease, maternal, child and adolescent health, injury, and communicable diseases.

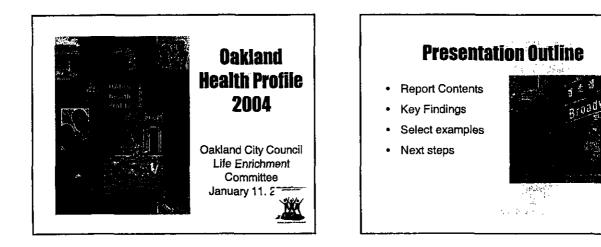
The report also provides background information and the opportunity to begin a policy discussion about how to better collaborate with the Public Health department to address some of the most urgent health related issues that are negatively affecting our constituents. The "demographic and Social Profile" gives us an important basis for understanding where areas of concern exist, and what health disparities exist by levels of poverty and race/ethnicity.

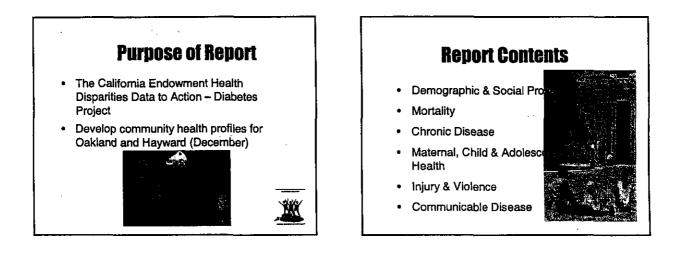
Confirming an ongoing trend, this study shows that Oakland's asthma rates are higher than other parts of the county among all groups, and African-American and Latino adults and children suffer from asthma at a much greater rate than other populations even within the City. This information can be used by the city to focus educational and other resources on the elimination of asthma triggers such as diesel emissions, wood smoke and dust.

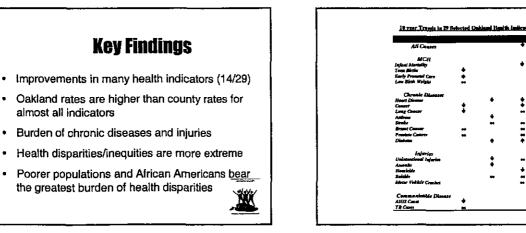
Another area of concern highlighted in this report is the growing problem of obesity and diabetes in Oakland. Unlike other chronic disease areas where Oakland has shown improvement, the rates of diabetes are going up at an alarming rate, especially among children. This information can help us as we prioritize spending on after-school programs, recreation programs for adults and children and other youth related activity to emphasize regular exercise for health. Also, we can work to assure that adequate healthful food stores are located in all neighborhoods.

These are just two examples of the ways this report can inform our policy discussion. In future reports, I have requested that the Public Health department work with Behavioral Health to address substance abuse and mental health problems as well. I look forward to continuing to collaborate with each of you and the Public Health Department as we tackle these urgent problems facing our constituents.

Nancy J. Nadel





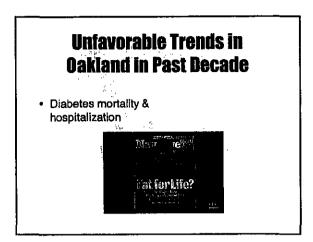


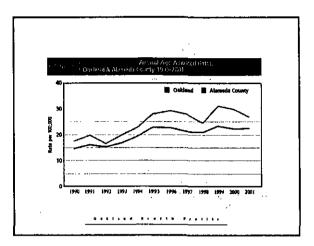
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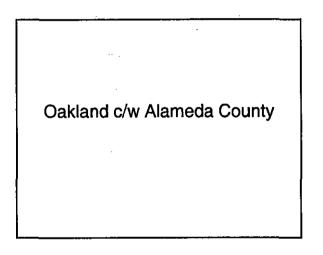
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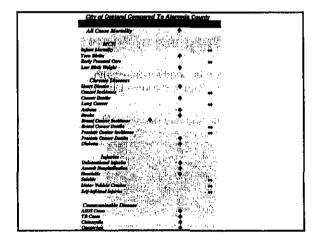
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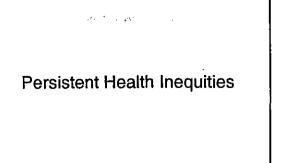
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Health Disparities

Native Hawalians/Other Pacific Islanders

- lowest rate of early prenatal care
- Latinos
- highest teen birth rate
- Asians
- highest tuberculosis incidence rate Whites
- -highest all cancer and breast cancer incidence rate -same high rate of hospitalizations due to suicide attempts as African Americans

African Americans -**Highest Rates**

Morbidity and mortality for: • AIDS All cause mortality

- Stroke
- Diabetes
- · Coronary heart disease
- Lung cancer
- Prostate cancer
- Infant mortality
- · Low birth weight

- Unintentional injury
- Motor vehicle
- crashes
- Homicide
- Assault
- Asthma

Magnitude of Health Disparities by Race/ethnicity •Difference in disparity is more extreme in

Oakland than in the county

+Lung cancer incidence •Breast cancer incidence All cancer mortality



· For each race/ethnic group the rates are higher in Oakland than in the county- for most indicators

Social and Demographic Characteristics



- · Lower proportion of HS grads
- · Diverse, no group a majority
- · Higher proportion of African Americans, Latinos
- 66% speak English 20% Spanish
 - 14% Asian language
- · More linguistically-isolated households in non-English speaking households than same groups in the county

Social and Demographic Characteristics

- Poverty: 11 in 5 living in poverty; 1 in 3 entisteen s vis elde moderfalleherthan IF FUINIY
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