Making the Invisible Visible

Bay Area Regional Health Inequities Initiative

Melissa Jones, Executive Director
WE START WITH A RIDDLE....

What is the Worst Subject to Study in School?
Bay Area Regional Health Inequities Initiative

It is our mission to transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.
MISSION STATEMENT

To transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.
Leadership That Shapes History

Early Founders

Bob Prentice, Former Director
Public Health Division, San Francisco Health Department

Arnold Perkins, Former Director
Alameda County Public Health Department

Wendel Brunner, Public Health Director
Contra Costa County Health Services

Art Chen, Former Health Officer
Alameda County Public Health Department

Source:
Bay Area Life Expectancy by Census Tract

Source: CA Death Statistical Master Files, 2009-2011
How’s the water?

What’s water?
What Reduced Child Death Rates?

- Zoning
- Sanitation
- Child labor laws
- Worker safety
- Penicillin
- Immunizations
Adaptive Leadership For Health Equity

- Tackling tough challenges and thriving
  - Noticing when changes in the external environment create new opportunities
  - Identifying changes in the landscape
The BARHII Framework: Strength In Numbers
Public Health and Community Organizations are the EARLY WARNING SYSTEMS FOR SDOH.

Institutional Energy For Many Flowers to Bloom ..... Providing training and capacity for as much diverse leadership as possible.

Eco System of Partnerships that have enough power to create health.

Source:
Shifting Moments – Creating Momentum
OUR APPROACH

“What leadership creates enough momentum to close life expectancy and quality of life gaps?”

COALITION  PROJECTS  POLICY
What We Know: 2 Trends Shaping Our Region

Housing Affordability and Health

<table>
<thead>
<tr>
<th>HOUSEHOLD INCOME</th>
<th>% RENT BURDENED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $35,000</td>
<td>89%</td>
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<tr>
<td>$35-50,000</td>
<td>72%</td>
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<tr>
<td>$50-75,000</td>
<td>39%</td>
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Hour Glass Economy

The Hourglass Economy

- Economic Prosperity Strategy:
  - 1,100,000 million low-wage workers in Bay Area
  - 31,000 middle-wage job openings per year
  - $31,000 ÷ $1,100,000 = 2.8%

- People of color make up 71% of low-wage workers in the core Bay Area.
Finding from Two Issue Briefs

• Housing Affordability and Health

• Housing Affordability’s Impact on Families
Displacement in the Bay Area

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>UNDERGOING &amp; ADVANCED</th>
<th>AT RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda</td>
<td>24%</td>
<td>32%</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>17%</td>
<td>18%</td>
</tr>
<tr>
<td>Marin</td>
<td>18%</td>
<td>11%</td>
</tr>
<tr>
<td>Napa</td>
<td>15%</td>
<td>25%</td>
</tr>
<tr>
<td>San Francisco</td>
<td>25%</td>
<td>64%</td>
</tr>
<tr>
<td>San Mateo</td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>24%</td>
<td>12%</td>
</tr>
<tr>
<td>Solano</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>Sonoma</td>
<td>11%</td>
<td>26%</td>
</tr>
<tr>
<td><strong>Region</strong></td>
<td><strong>22%</strong></td>
<td><strong>27%</strong></td>
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Source: UC Berkeley REWS
TABLE 2: Percent of Households Rent Burdened by Income

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Source: UC Berkeley REWS
### TABLE 1. PERCENTAGE OF FAMILIES WITH CHILDREN UNDER FIVE PAYING MORE THAN 30% OF THEIR INCOME ON HOUSING, BY COUNTY.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>TOTAL</th>
<th>WHITE</th>
<th>AFRICAN AMERICAN</th>
<th>ASIAN</th>
<th>HISPANIC/LATINX</th>
<th>ALL OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda</td>
<td>34%</td>
<td>27%</td>
<td>50%</td>
<td>20%</td>
<td>52%</td>
<td>47%</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>38%</td>
<td>30%</td>
<td>61%</td>
<td>30%</td>
<td>45%</td>
<td>38%</td>
</tr>
<tr>
<td>Marin</td>
<td>34%</td>
<td>21%</td>
<td>78%</td>
<td>64%</td>
<td>51%</td>
<td>*</td>
</tr>
<tr>
<td>Napa</td>
<td>46%</td>
<td>21%</td>
<td>*</td>
<td>47%</td>
<td>74%</td>
<td>*</td>
</tr>
<tr>
<td>San Francisco</td>
<td>26%</td>
<td>11%</td>
<td>70%</td>
<td>30%</td>
<td>58%</td>
<td>20%</td>
</tr>
<tr>
<td>San Mateo</td>
<td>30%</td>
<td>22%</td>
<td>*</td>
<td>27%</td>
<td>50%</td>
<td>18%</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>33%</td>
<td>20%</td>
<td>39%</td>
<td>29%</td>
<td>52%</td>
<td>28%</td>
</tr>
<tr>
<td>Solano</td>
<td>37%</td>
<td>25%</td>
<td>75%</td>
<td>41%</td>
<td>40%</td>
<td>24%</td>
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<tr>
<td>Sonoma</td>
<td>36%</td>
<td>27%</td>
<td>67%</td>
<td>32%</td>
<td>47%</td>
<td>54%</td>
</tr>
<tr>
<td><strong>BAY AREA TOTAL</strong></td>
<td><strong>34%</strong></td>
<td><strong>23%</strong></td>
<td><strong>57%</strong></td>
<td><strong>27%</strong></td>
<td><strong>50%</strong></td>
<td><strong>35%</strong></td>
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[Source: BARHII/Alameda County Analysis of 2016 PUMS data. * indicates insufficient data]
Housing Affordability Impacts Spending on Healthcare and Food

Low-Income Households that can comfortably afford housing are able to spend:

- 1/3rd more on Healthy Food
- 5x as much on Healthcare

Image Credit: Housing Cost by Arthur Shlain from the Noun Project; Healthy Food by Adrien Coquet from the Noun Project; Arrow by Adrien Coquet from the Noun Project; Medicine by UNiCORN from the Noun Project;
Housing Affordability Impacts on Families

- 2x more likely to be evicted
- 2x more likely to be in poor health

Image Credit: The Concord Pavilion
Affordability and Health Briefs and Trainings

COMMUNITY HEALTH IMPROVEMENT PLAN
PRORITIZING POLICY OR COMMUNITY CAMPAIGNS
-Policy Uses

COMMUNITY HEALTH IMPROVEMENT PLAN
PRIORITIZING PROJECTS
Sample project Uses- Getting More Housing Upgraded, Preserved or Built

Narrative Shift/Building the Will To Act: Awareness and Training

Integrating policy solutions into regional, city or countywide planning

Convening your heath care partners to collaborate
“Prescription for a healthy Bay Area? Homes for all”

Open Forum: Taking a regional approach to homelessness presents the best path forward
By Keith Carson and Muntu Davis

The Curb Cut Effect
Health Equity Kitchen Cabinet - Solutions That Prioritize Public Health

**Protection:**
**Goal:** Protect more than 450,000 low-income renter households
**How:** $400 million/year and adoption of incentives and requirements.

**Preservation:**
**Goal:** Take 25,550 homes occupied by and affordable to low-income renters off the speculative market, and preserve and improve 11,110 expiring deed-restricted units.
**How:** $500 million/year for 10 years and adoption of incentives and requirements

**Production:**
**Goal:** Meet the region’s need for 13,000 new affordable homes/year
**How:** $1.4 billion/year and adoption of incentives and requirements
Health Equity Kitchen Cabinet - Bills to Watch

- **Protection**
  - **Tenant protection package includes:** AB 1482 (Chiu) Rent Cap or Anti-Rent Gouging, AB 1481 (Bonta) Just Cause Eviction, AB 36 (Bloom) Affordable housing and amends certain provision of Costa-Hawkins

- **SB 329 (Mitchel) Source of Income Discrimination** - clarifies that housing vouchers are included within California's prohibition on discrimination based on source of income.

- **Production**
  - **AB 10 (Chiu) State Low Income Housing Credit** - increases the aggregate housing credit dollar amount that may be allocated among low-income housing projects with specific allocations for farmworker housing.

  - **SB 50 (Weiner) Planning and zoning: Housing Development** – increases maximum building heights around transit and in jobs rich areas.

  - **ACA 1 (Aguiar-Curry) Constitutional Amendment** - reduces the voter threshold for affordable taxes (sales, parcel, or transactions taxes) from 66 to 55%
Rapid Response Survey: Health Impacts of Federal Immigration Policy

Meileen Acosta, Epidemiologist. Solano County Public Health
Program Types

Clinical
- Clinics/FQHCs
- Pediatrics
- Medi-Cal

Public Health
- Mental Health
- Lead
- Drug and Alcohol
- Epidemiology
- Family Health/Maternal Health
- Immunizations
- Needle Exchange
- STD/HIV
- Rape Crises

Social Services
- WIC
- CALWorks and Employment
- CALFresh
- CPS
- Homelessness

Community Partners

Methodology

N=157

N=50
“Have you witnessed or heard from clients that they have been impacted by the new immigration and refugee policy, enforcement and public discussion since November 2016 in the following ways:”

- Afraid to continue or sign up for public programs, services, and/or…: 58%
- Increased fear, stress, or other mental and emotional health impacts: 55%
- Family members at risk of detention and deportation: 43%
- Drops in program utilization or participation: 30%
- Afraid to travel (by car, transit, or plane): 31%
- Afraid to leave the house or neighborhood: 33%
- At risk of losing housing: 14%
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- At risk of losing jobs/wages: 26%
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### Health Department/System Actions

- Welcoming communications to immigrant communities
- Sanctuary health systems
- Know your rights training or materials distribution
- Staff training/guidance on how to respond to ICE raids
- Hosting events for immigrant communities and/or county leadership
- Creating partnership with Immigration justice organizations
- Helping create and distribute guidance for health systems
- Data Analysis/Reports and Immigration and Health
- State Policy Action for Immigrant Defense

### City/County Actions

- Defense Funds (CA, Alameda, SF, Santa Clara)
- Sanctuary Cities/Counties (San Jose, Oakland, SF, Hayward, Alameda County, Santa Cruz County, Fremont, San Pablo, Martinez, Richmond, El Cerrito, Albany, Berkeley, Emeryville, Alameda, Menlo Park, San Carlos, East Palo Alto)
BARHII outcomes responding to changes in immigration policy

Conducted rapid response survey and interviews on health impacts due to changes in federal policies.

Developed an Interrupting Hate and Bias Training for health services workforce.

BARHII members requested support on developing welcoming communications for immigrant clients (DACA, public charge). Partnered with Berkley Media Studies Group.

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Key stakeholders in model policy development for SB54 – guidance on information sharing to keep public facilities safe.
How Today’s Climate Impacts Strain Health –

Heat, Fires, Flooding, and Human Health Vulnerabilities
Heat

• Future heat extremes expected to begin as early as June and extend through September

• Heat waves
  • CA 2006– estimated excess of 655 deaths, 16,000 hospital admissions (CDPH)
Figure 6: Heat Related Emergency Department Visits In Contra Costa County, 2006 & 2009–2011

Source: California Statewide Office of Planning Health and Development
The BARHII Framework: Strength In Numbers
Early Momentum - Spotting Great Projects –
Blending Coalition, Investment, and Policy

FAIRMONT COORIDOR - Boston

Oakland Community Land Trust - Oakland
Appreciations

For more information:

WWW.BARHII.ORG
Intractability
Climate Change IS Exacerbates Existing Health Inequities NOW

**Climate Impacts**
- Extreme Heat
- Air Pollution
- Wildfire
- Severe Weather/Storms
- Drought
- Agricultural Disruptions

**Health Impacts**
- Death
- Cardiovascular Stress and Failure
- Disease
- Hunger; malnutrition
- Increased cost of water, food and energy
- Illnesses such as Heat Stroke, Heat Exhaustion
- Mental health disorders

**Groups Most Impacted**
- Elderly
- Children
- Farm/Outdoor Workers
- Diabetics
- Low-Income Urban Residents
- People with Respiratory Diseases
How Today’s Climate Impacts Strain Health – Heat, Fires, Flooding, and Human Health Vulnerabilities
2015

Climate Change Vulnerability in Contra Costa County: A Focus on Heat
Heat

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Other impacts...

Projected future increase in number and intensity of winter storms*
- Displaced populations
- Injuries and drowning
- Exposure to toxins
- Food and water contamination and shortages

• Climate change and air quality are linked
  - Higher surface temperatures lead to formation of ground level ozone;
  - Adverse effects on heart and lung function (e.g., ↑ risk of asthma attacks in exercising children)
  - Longer growing seasons and increase in some pollens and molds

Changing patterns—yields of crops & pests & weed species resulting in:
  increased food costs and possible increased use of pesticides.

Effects on local economy and workers — displaced jobs and unemployment
Floods, Extreme Storms and Wildfire

Projected future increase in number and intensity of winter storms*

- Displaced populations
- Injuries and drowning
- Exposure to toxins
- Food and water contamination and shortages

Building Resilience Before the Storm ➔

- Identify vulnerable clients, support strong neighborhoods to build social cohesion and informal systems of support and formal strategies for check ins during flooding, storms and fires.
  - Pregnant women
  - Elderly
  - People with small children
  - People who live in households without access to a vehicle

- Identify areas of the community at risk for flooding and address vulnerabilities in housing stock, report to public works (damaged sewer drains, standing water, etc...)

Micro

- Assist clients with emergency preparedness (to-go kit with lists of medications, flash lights, food water, etc...)
- Encourage clients in areas at risk for fire to clear brush
Climate Change Quick Guides

Taking Action on Climate Change for Health

Climate Change: What’s Public Health Got to Do With It?

- The Impact of Climate Change on Public Health
- Strategies for Public Health Professionals to Address Climate Change

How Public Health Can Address Climate Change

Climate change is a global issue that affects everyone, including public health professionals. By taking action now, we can mitigate the worst effects of climate change and protect public health.

Getting Involved in Climate Change Action Planning

- Building Capacity for Climate Change Action Planning
- Engaging with Community Groups and Organizations

www.barhii.org
ART Partnership
Co-Benefits of Climate Change Efforts

Reduce vehicle miles traveled
• Increase physical activity
• Reduce chronic disease
• Improve mental health

Reduce emissions through land use changes
• Increase local access to essential services
• Enhance safety

Reduce residential building energy use
• Reduce household energy costs
• Promote healthy homes
• Create local green jobs

Urban greening
• Reduce temperature and urban heat island health effects
• Reduce air pollution and noise

More sustainable local food systems
• Increase access to healthy, fresh foods
• Reduce cardiovascular disease
• Increase local social cohesion
• Increase resilience

Source: Climate Action for Health: Integrating Public Health into Climate Action Planning. California Dept of Public Health, 02/2012
A Deeper Look At Opportunity Zones
Bay Area Opportunity Zones
By census tract
Bay Area Opportunity Zones

Source: Enterprise Opportunity Zones 360 Tool
Displacement in the Bay Area

Displacement Typologies

Lower income (LI) tracts
1. Not losing LI households
2. At risk of gentrification and displacement
3. Ongoing Gentrification/Displacement

Moderate to high income (MHI) tracts
1. Advanced gentrification
2. Not losing LI households
3. At risk of exclusion
4. Ongoing Exclusion/Displacement
5. Advanced exclusion

BAY AREA BELT FOR HOUSING PRESERVATION

- Addressing health disparities
  - Cities economically disconnected from urban core
  - Increasing poverty and racial segregation
  - Vulnerable to displacement in the next economic cycle
  - Low community capacity

- Addressing vulnerable communities needs:
  - Low-income neighborhoods along earthquake faults and in flooding areas
  - 70K units at risk for the next major earthquake

- Timely investments
  - Lower housing cost than core
  - Retaining skilled work force
  - Retrofit would be ¼ cost of reconstruction

[Map showing Bay Area with regions marked: High Protection, Production and Participation (PDAS), Moderate Protection and Preservation (Displacement Risk Outside of PDAS), Preservation and Wealth Building Strategies (Middle Class Neighborhoods)]
BAY AREA HEALTH INDEX BY NEIGHBORHOODS

Source: The California Healthy Places Index (HPI)  
Public Health Alliance of Southern California

ADD LIFE EXPECTANCY
Suburbanization of Poverty

Housing Market Trends
2018 Trulia
Implementing a Health Equity Agenda Regionally

Changing the Narrative About The Problems and Solutions

Building New Capacities & Hiring New Expertise

Forming Regional Communities of Practice to Support New Staff and Ways of Working To Create Ongoing learning for Impact
A Deeper Look At Opportunity Zones
Rapid Response Survey: Health Impacts of Federal Immigration Policy

October, 2017

Meileen Acosta, Epidemiologist. Solano County Public Health
Two coalitions of local health departments responsible for 80% of the state’s population
Program Types

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- Pediatrics
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- At risk of losing jobs/wages
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- At risk of losing other necessities

- 58%
- 55%
- 43%
- 33%
- 31%
- 30%
- 26%
- 19%
- 14%
- 12%
- 0%
“A patient told me she was afraid of going back to county clinic. Not only has she stopped seeing our clinic, her specialist, but also she is reluctant to take her daughter to the Pediatrics department for the same reason. Her daughter who is only 3 has had a history of abnormal blood work, was set up to see a specialist for possible leukemia and is recently fainting.”

“I saw a patient recently at an evening clinic at a local school who was suffering from headaches. As we explored sources of stress for her, she revealed that neither she nor her husband are documented but their only child was born in this country and is, therefore, a citizen. Should they be deported, she has no idea how she will deal with finding care for her child who is 8 years old.”

“One outreach client that was actively interested in engaging in Mental Heath Services prior to the election, who is now so afraid to leave their house that they have cut off all contact with government agencies for fear of being thought of as illegal because they are "brown," and are married to someone who is in fact illegal.”

“I have an undocumented patient who has a diagnosis that's high risk to public health. He's a day laborer and, sometimes, due to fear he'll be caught and deported, he'll forgo going to work. Lost wages renders him unable to support himself and his spouse. And, with the lack of basic need such as income to support their living, it has become a domino effect that, ultimately, impacts the public negatively.”
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Key stakeholders in model policy development for SB54 – guidance on information sharing to keep public facilities safe
Data Into Action through 2018: Health Depts and Systems

- RFP developed for $3.7 M in contracts to fill the gap in services (Alameda)
- $3.5 M allocated for legal services and deportation defense (Santa Clara)
- Welcoming outreach and messaging (Napa)
- Funds for organizations for deportation defense and support (Solano)
- Dedicate Office of Diversity and Equity to leave overall efforts, communication, outreach (San Mateo)
- Training for staff on how to communicate about immigration, race, racism (Marin)
- Training for staff on how to provide resources/info to clients like KYR. Mental wellness and self-care support (Santa Clara)
Data Into Action: Next Phases

- Building Mental Health Capacity
- Interrupting Hate and Bias (Bystander Intervention, Workforce Bias Training)
- Public Statements and Advocacy (DACA and other policies)
Data Into Action: Next Phases

• Building Mental Health Capacity
• Interrupting Hate and Bias (Bystander Intervention, Workforce Bias Training)
• Public Statements and Advocacy (DACA and other policies)
Institutionalizing Health Equity

• Training & Development
  • Health Equity 101
  • Adaptive Leadership Series
  • Anti Bias Series: Bystander Intervention, Bias in Workplace

• Policy Solutions
  • Integrating health equity into local legislative policy platforms
  • Providing data and information on health/health equity impacts
  • Serving as a resource, naming policies that can have broad scale health impacts
ALTHOUGH DEATH RATES IN CALIFORNIA HAVE DECLINED, DISPARITIES PERSIST WITH AFRICAN AMERICANS HAVING HIGHER DEATH RATES THAN THOSE OF OTHER RACIAL/ETHNIC GROUPS

**FIGURE 2:** Death rates, by race/ethnicity, California, 2002 to 2010.

*Source: California Department of Public Health, Death Records; and California Department of Finance, Race and Ethnic Population with Age and Sex Detail, 2000-2010. Sacramento, California, July 2011.*

*Note: Age-adjusted rates are calculated using year 2000 U.S. standard population.*
Appreciations

For more information:

WWW.BARHII.ORG