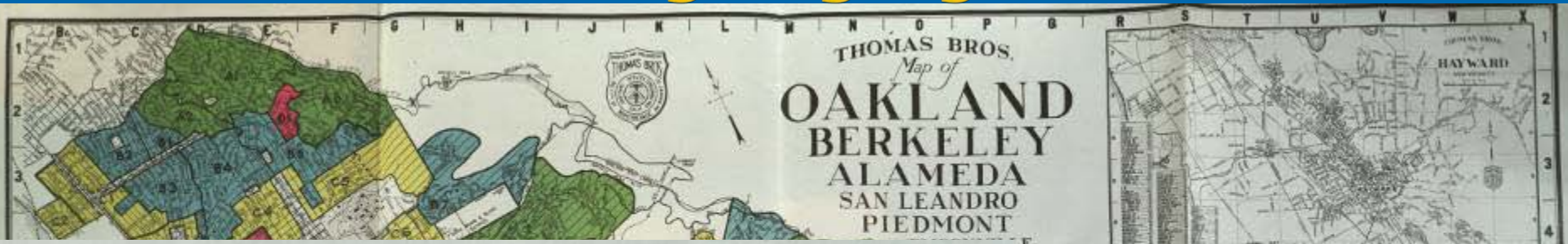


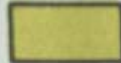





Housing Segregation

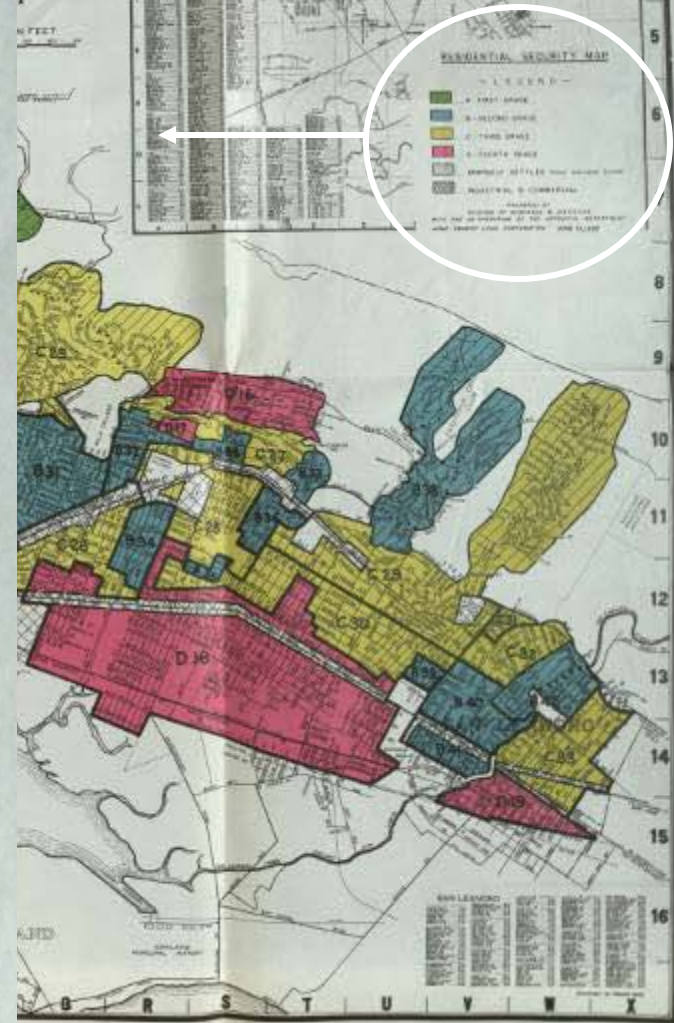


RESIDENTIAL SECURITY MAP

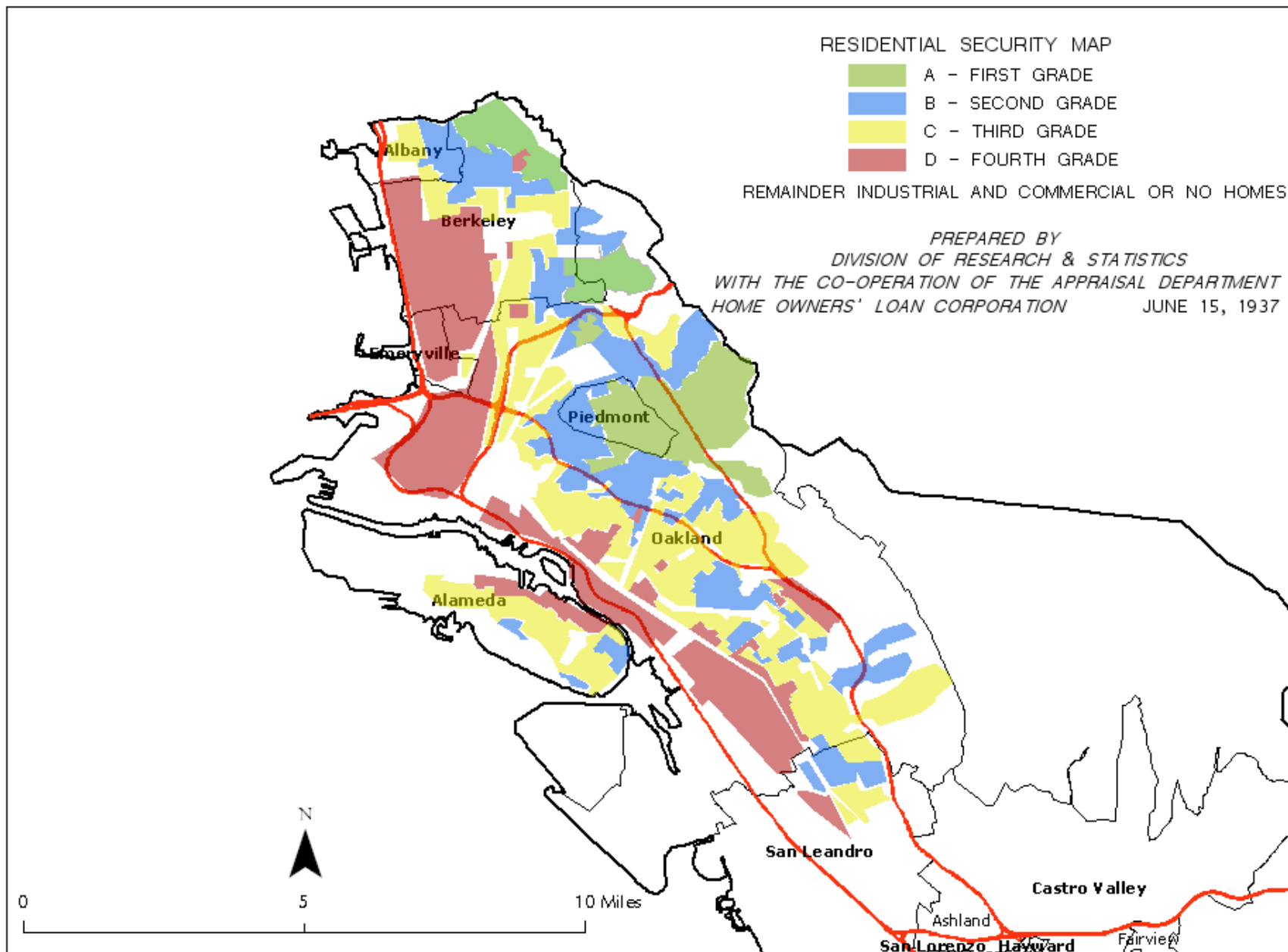
— L E G E N D —

-  A - FIRST GRADE
-  B - SECOND GRADE
-  C - THIRD GRADE
-  D - FOURTH GRADE
-  SPARSELY SETTLED (Color Indicates Grade)
-  INDUSTRIAL & COMMERCIAL

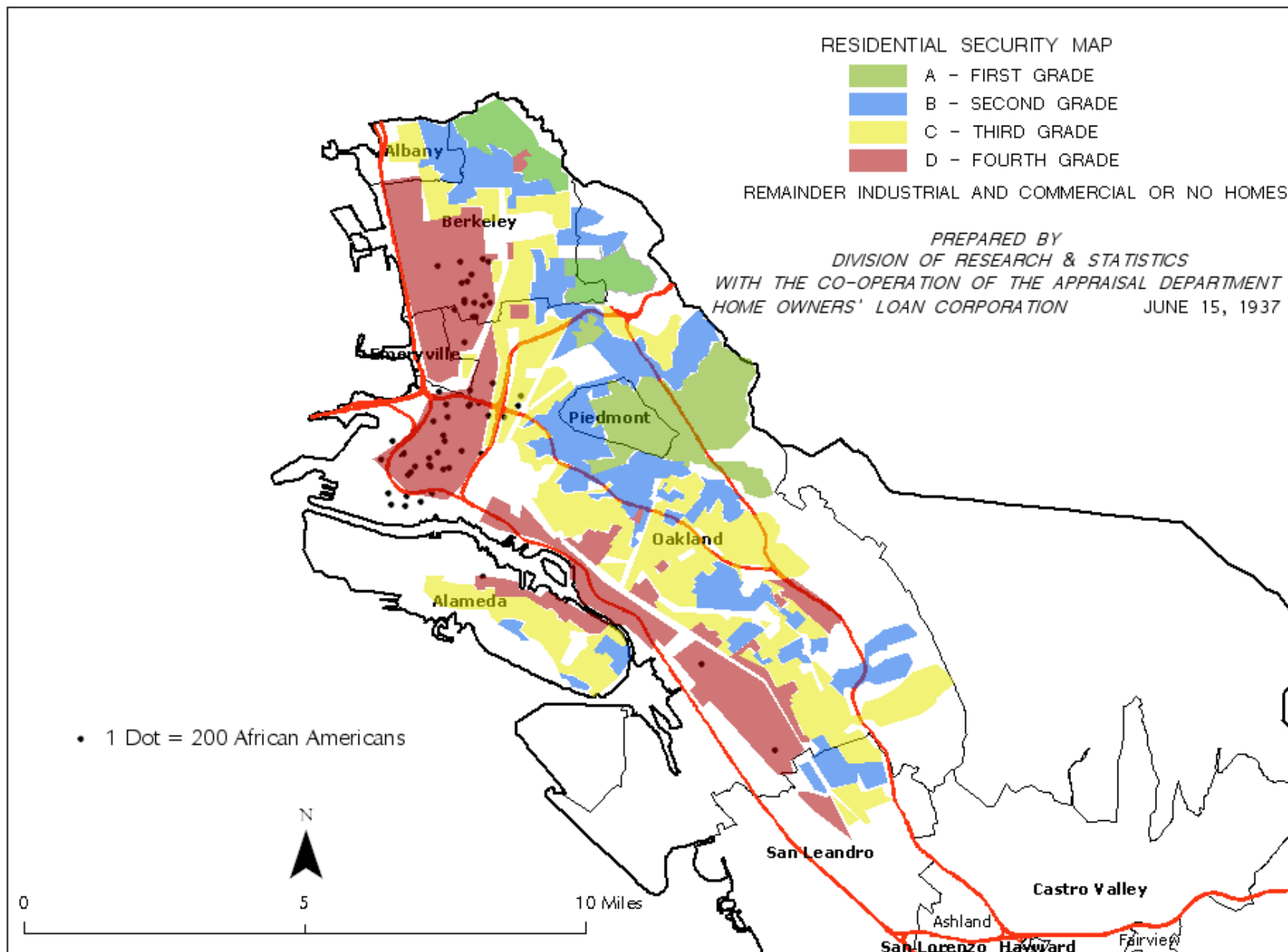
PREPARED BY
DIVISION OF RESEARCH & STATISTICS
WITH THE CO-OPERATION OF THE APPRAISAL DEPARTMENT
HOME OWNERS' LOAN CORPORATION JUNE 15, 1937



Oakland and Surrounding Alameda County

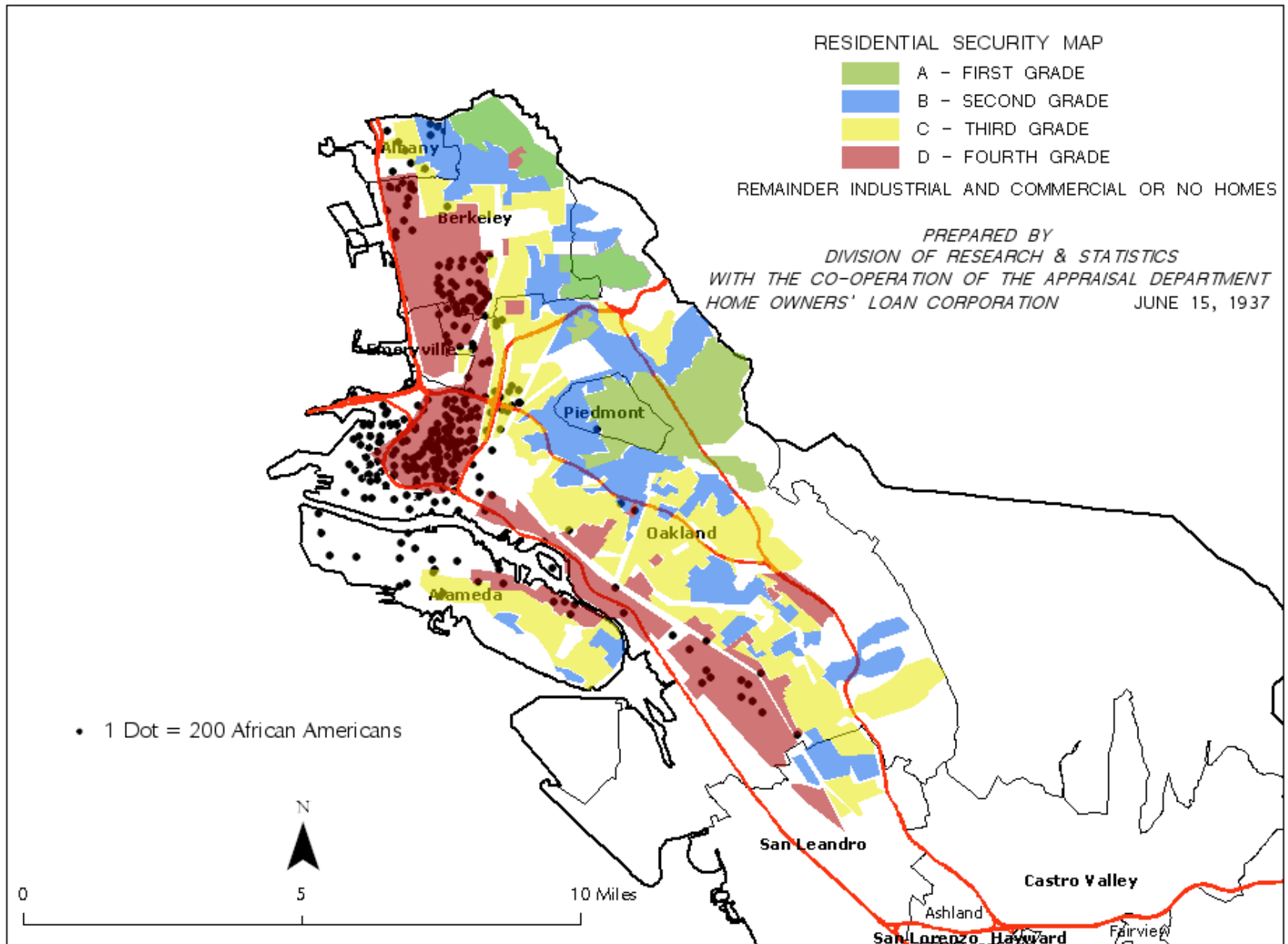


African Americans in 1940



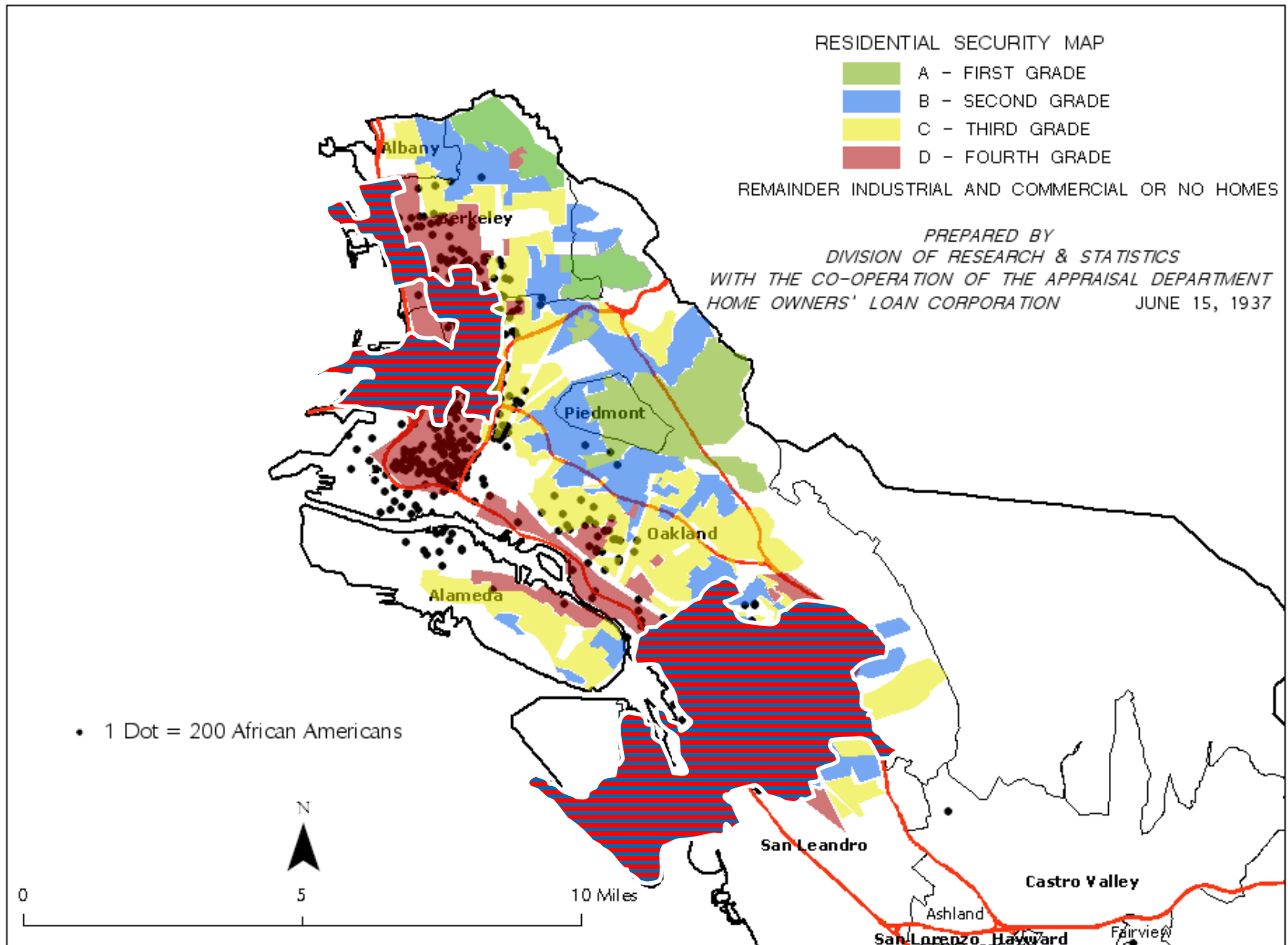
Source: CAPE, with data from Census 1940.

African Americans in 1950



Source: CAPE, with data from Census 1950.

African Americans in 1960



Source: CAPE, with data from Census 1960.

How Segregation Can Affect Health

1. Segregation determines quality of education and employment opportunities.
2. Segregation can create pathogenic neighborhood and housing conditions.
3. Conditions linked to segregation can constrain the practice of health behaviors and encourage unhealthy ones.
4. Segregation can adversely affect access to high-quality medical care.

Residential Segregation and SES

A study of the effects of segregation on young African American adults found that the elimination of segregation would erase black-white differences in

- Earnings
- High School Graduation Rate
- Unemployment

And reduce racial differences in single motherhood by two-thirds

The Consequences

Often Shorter, Sicker Lives



CERTIFICATE OF DEATH

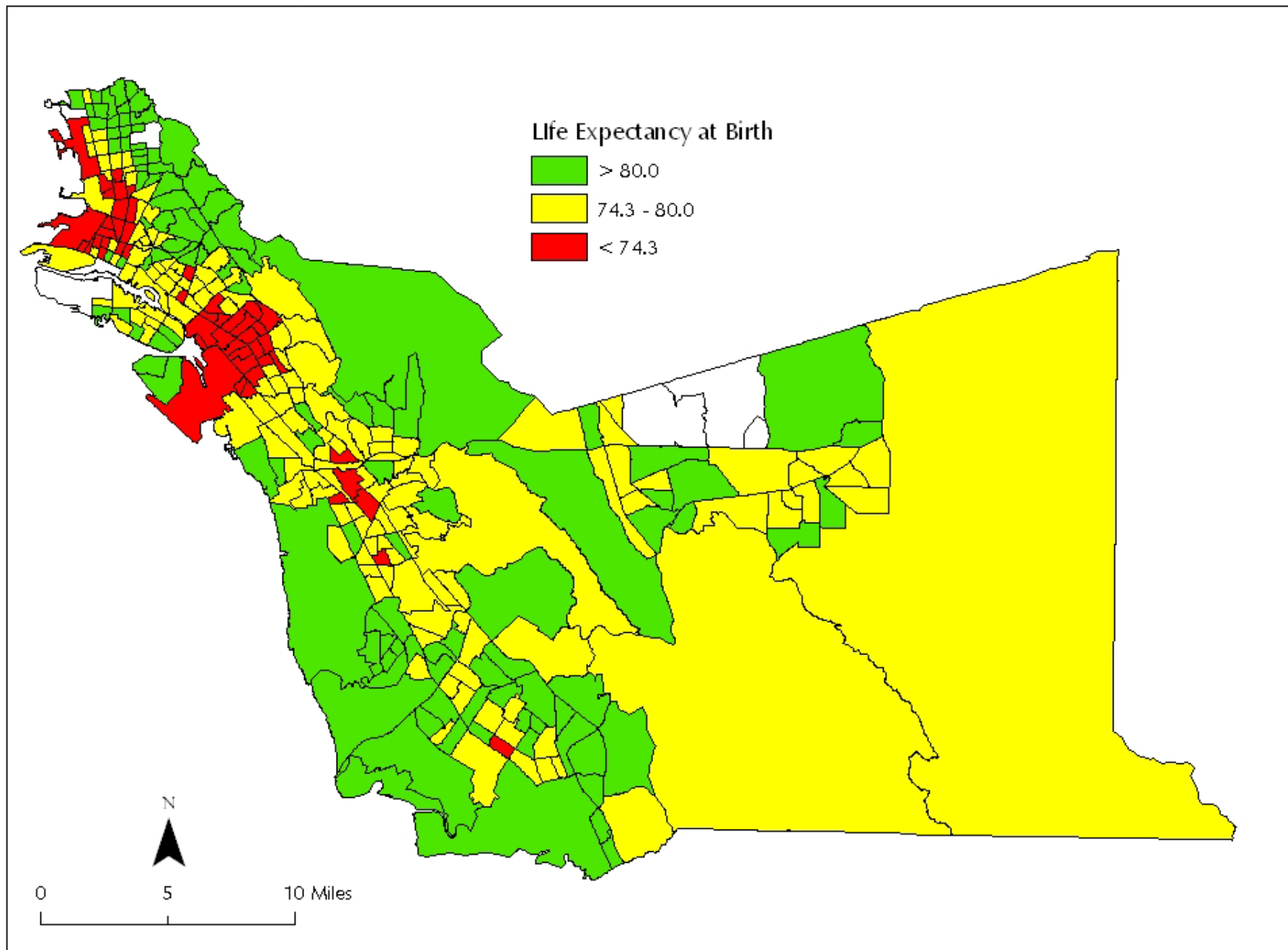
STATE OF CALIFORNIA
USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV. 1/04)

3200701000029

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) DONALD		3. LAST (Family) DUCK	
2. MIDDLE H.		4. DATE OF BIRTH mm/dd/yyyy 02/14/1937	
5. AGE Yrs. 69		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY FINLAND		10. SOCIAL SECURITY NUMBER 243-65-9974	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at time of death) NEVER MARRIED	
13. EDUCATION -- Highest Level/Degree (see worksheet on back) 06		7. DATE OF DEATH mm/dd/yyyy 01/16/2007	
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. HOUR (24 Hours) 0034	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION	
19. YEARS IN OCCUPATION 4		20. DECEDENT'S RESIDENCE (Street and number or location) 348 8TH AVE	
21. CITY ALAMEDA		22. COUNTY/PROVINCE ALAMEDA	
23. ZIP CODE 94501		24. YEARS IN COUNTY 3	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S RELATIONSHIP SUE -, MOUSE	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 345 HIGH ST, OAKLAND, CA 94601		28. NAME OF SURVIVING SPOUSE -- FIRST -	
29. MIDDLE -		30. LAST (Maiden Name) -	
31. NAME OF FATHER -- FIRST THOMAS		32. MIDDLE -	
33. LAST DUCK		34. BIRTH STATE CA	
35. NAME OF MOTHER -- FIRST MINNIE		36. MIDDLE -	
37. LAST (Maiden) UNKNOWN		38. BIRTH STATE UNKNOWN	
39. DISPOSITION DATE mm/dd/yyyy 01/22/2007		40. PLACE OF FINAL DISPOSITION RES 345 HIGH ST, OAKLAND, CA 94601	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER MANUEL FLORES	
43. LICENSE NUMBER EMB6370		44. NAME OF FUNERAL ESTABLISHMENT CLARENCE N COOPER MORTUARY INC	
45. LICENSE NUMBER FD381		46. SIGNATURE OF LOCAL REGISTRAR ANTHONY ITON, M.D.	
47. DATE mm/dd/yyyy 01/18/2007		101. PLACE OF DEATH EDEN MEDICAL CENTER	
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/ICP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2103 LAKE CHABOT RD	
106. CITY CASTRO VALLEY		107. CAUSE OF DEATH Chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) PNEUMONIA	
108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REPLY NUMBER 0		109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DEMENTIA		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) NO	
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy 02/03/2006	
115. SIGNATURE AND TITLE OF CERTIFIER GARY WINSETT BROWN M.D.		116. LICENSE NUMBER A38965	
117. DATE mm/dd/yyyy 01/10/2007		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MICHAEL ANDREW HOGARTH M.D. 2315 STOCKTON BLVD, SACRAMENTO, CA 95817	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR	A	B	C
	D	E	
FAX AUTH. #		CENSUS TRACT	



Life Expectancy by Tract

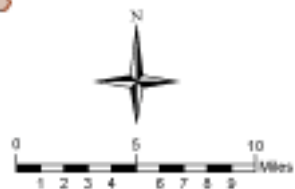
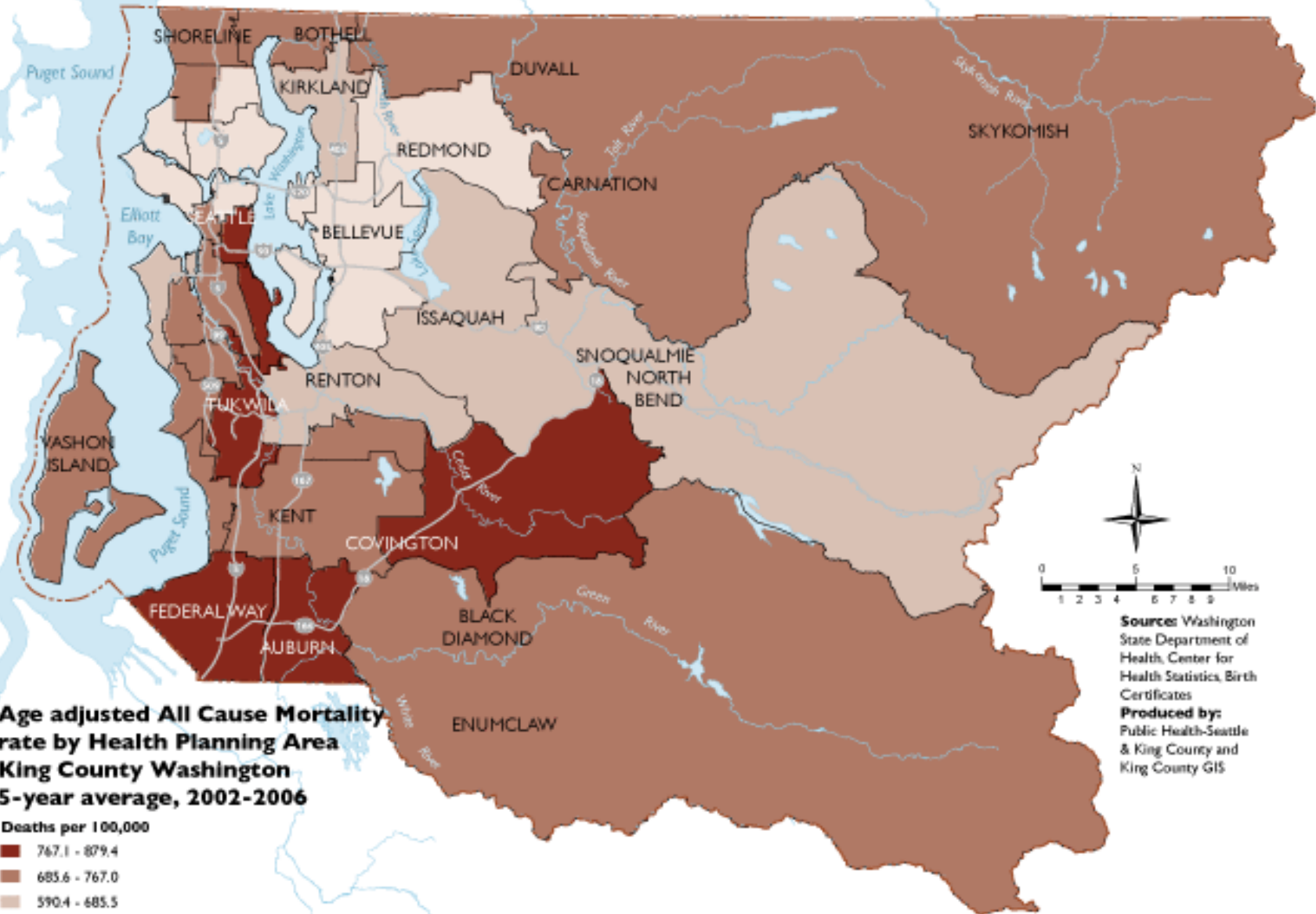


**Age adjusted All Cause Mortality rate by Health Planning Area
King County Washington
5-year average, 2002-2006**

Deaths per 100,000

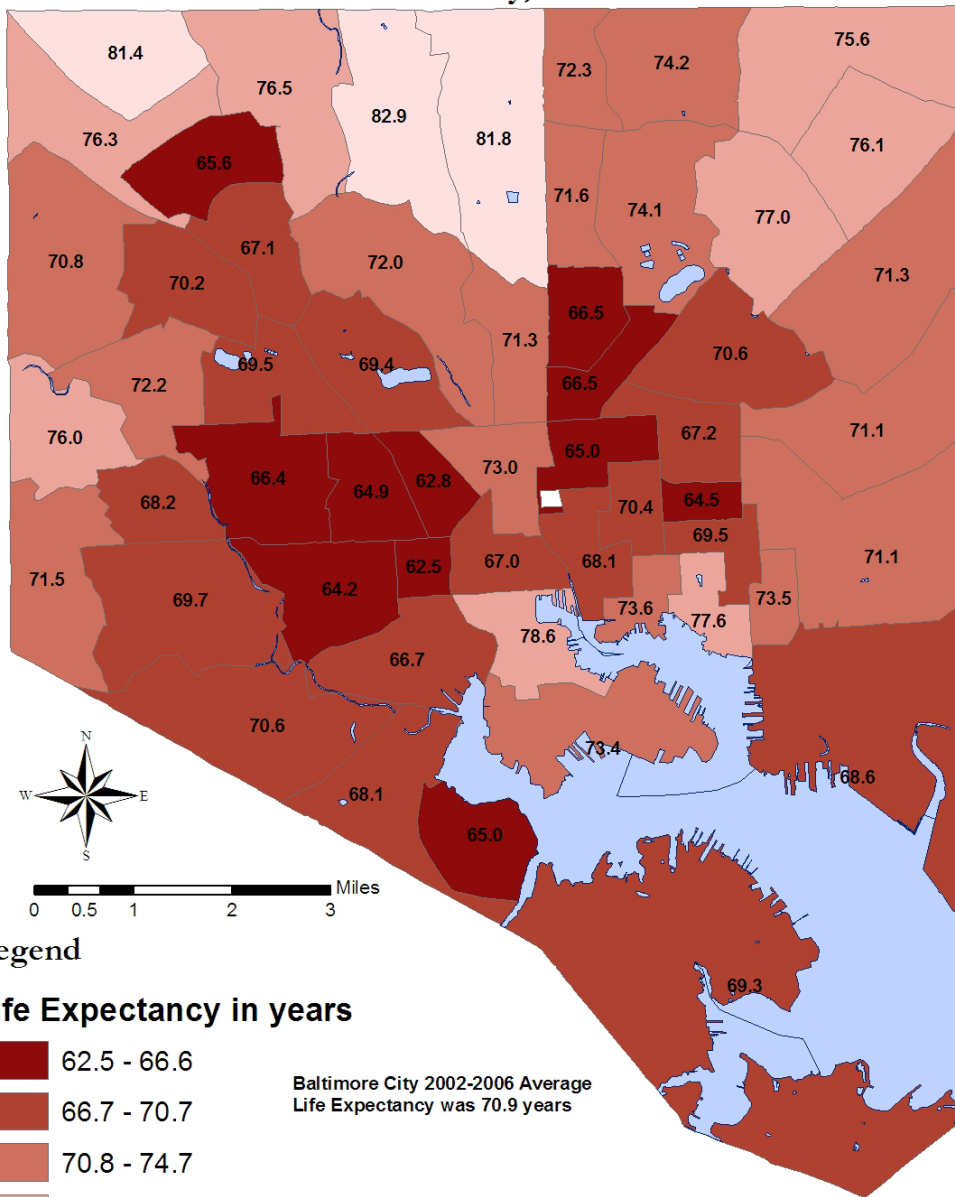
- 767.1 - 879.4
- 685.6 - 767.0
- 590.4 - 685.5
- 469.5 - 590.3

— Health Planning Area
— King County boundary

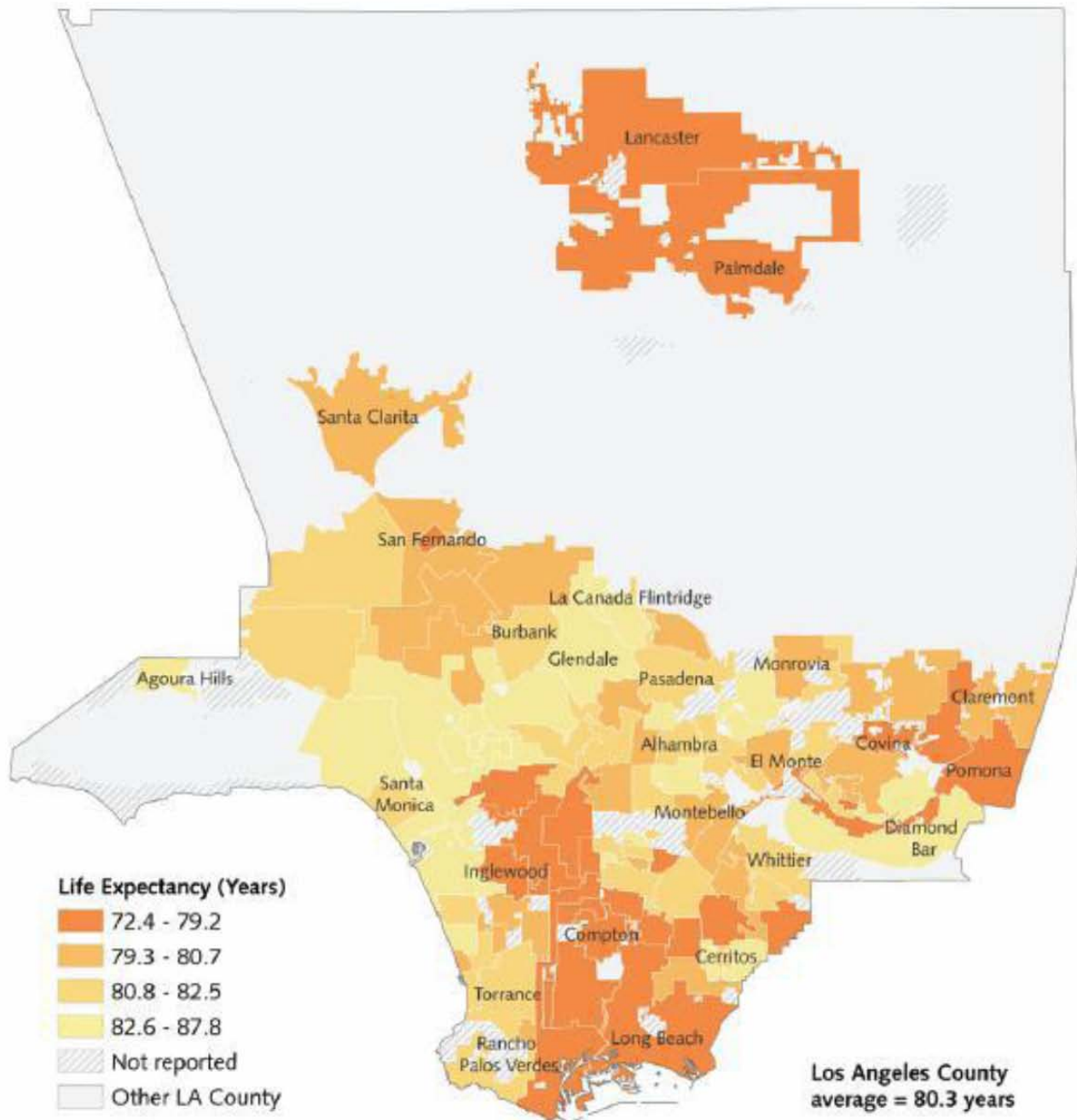


Sources: Washington State Department of Health, Center for Health Statistics, Birth Certificates
Produced by: Public Health-Seattle & King County and King County GIS

Life Expectancy in Years by Community Statistical Area, Baltimore City, 2002-2006



Baltimore City Health Department analysis using data from the Maryland Department of Health and Mental Hygiene's Vital Statistics Administration. Community Statistical Areas (CSAs) - Clusters of Baltimore neighborhoods that were created along census tract boundaries to form 55 CSA's.



Cuyahoga County: Life Expectancy

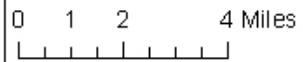
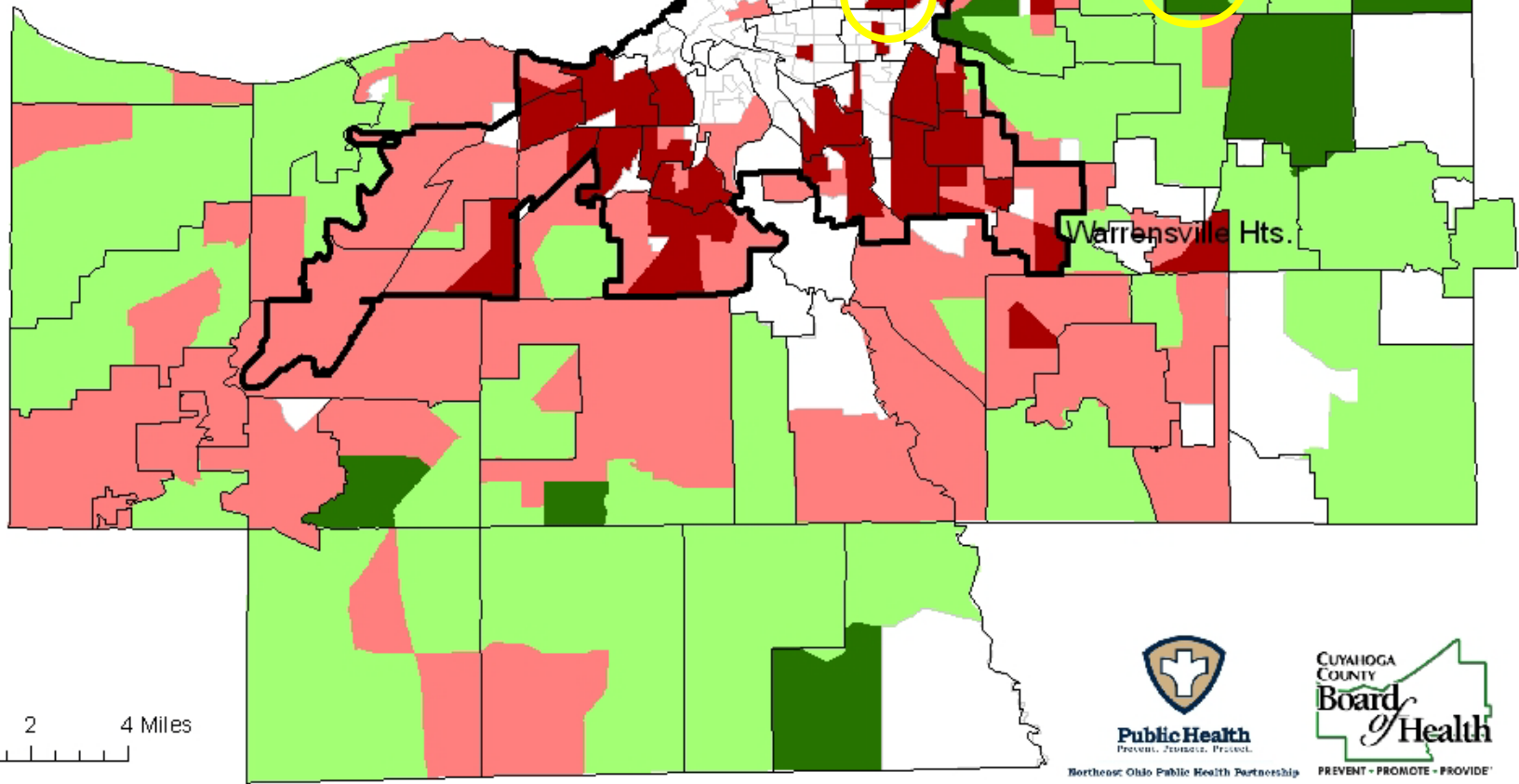
Lyndhurst 88.5

Hough 64.0

Life Expectancy (years)

- <=72.7
- 72.8 - 78.6
- 78.7 - 82.7
- 82.8
- Insufficient Data

- Cleveland
- Municipality



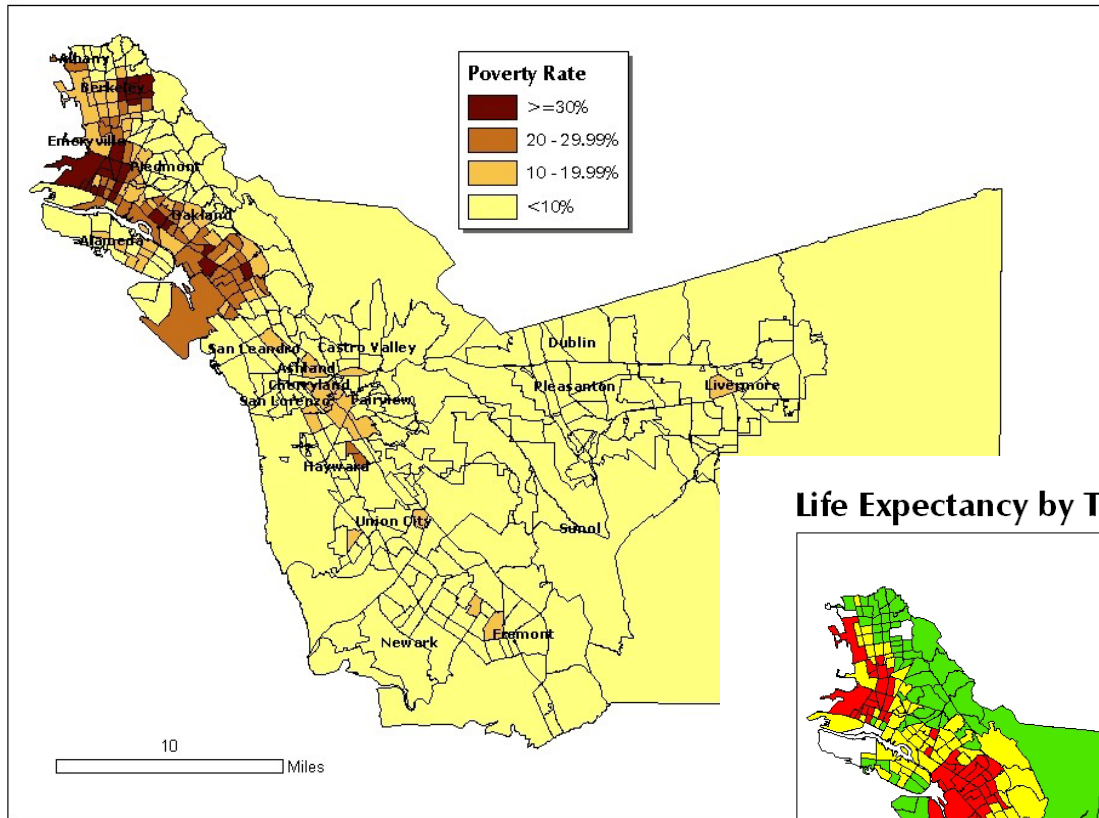
Public Health
Prevent. Promote. Protect.

Northeast Ohio Public Health Partnership

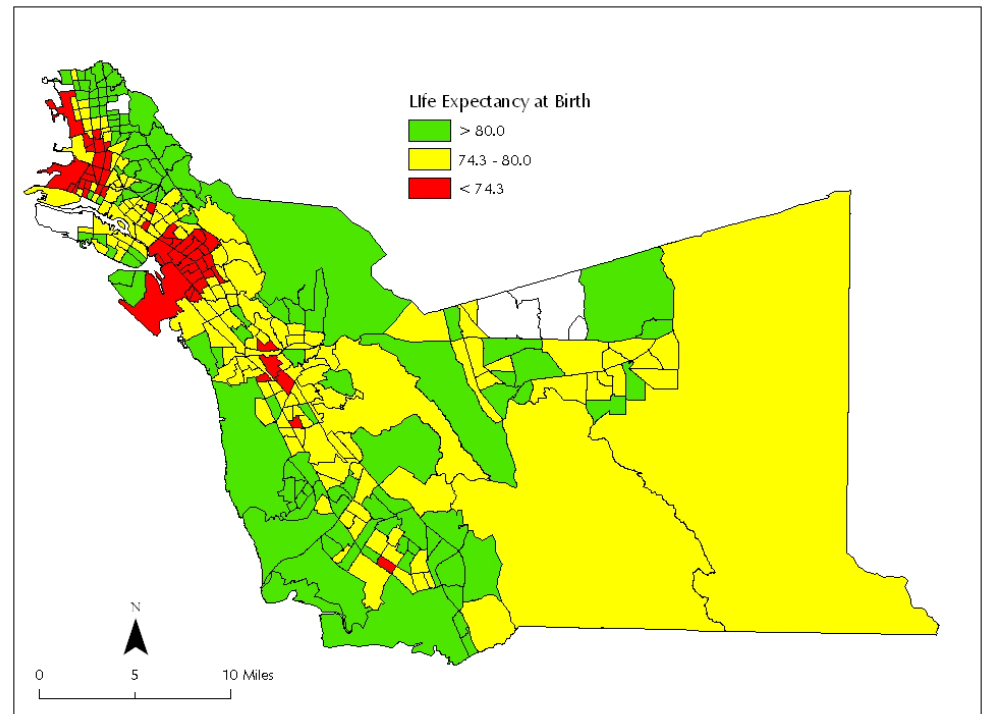


PREVENT - PROMOTE - PROVIDE

Alameda County Poverty

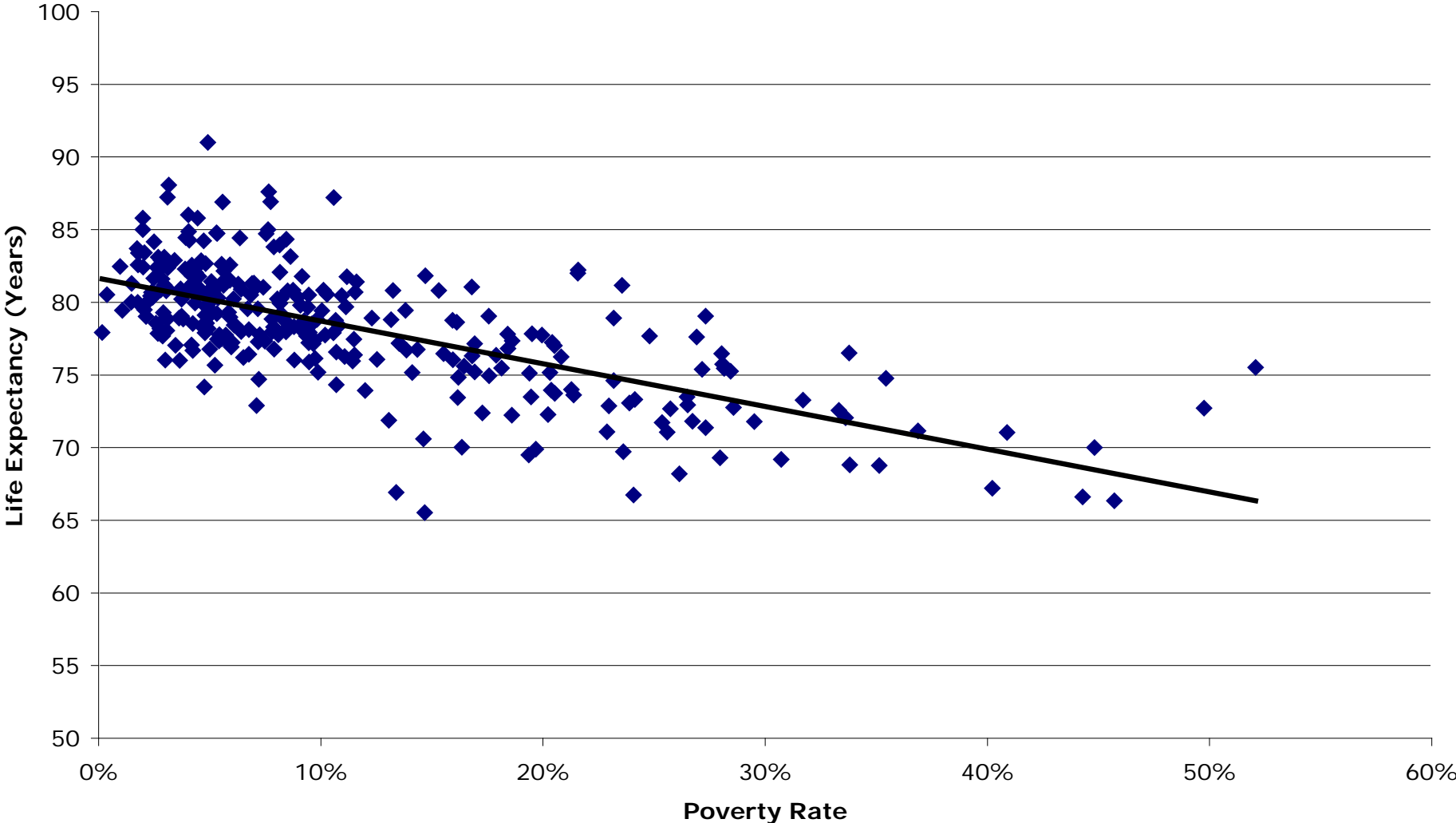


Life Expectancy by Tract



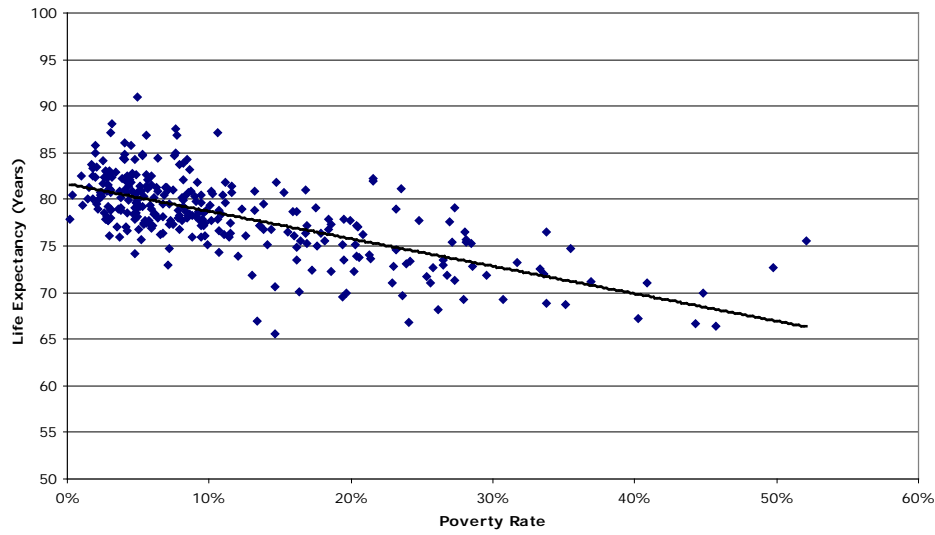
Life Expectancy by Poverty Group 2000-2003

Alameda County

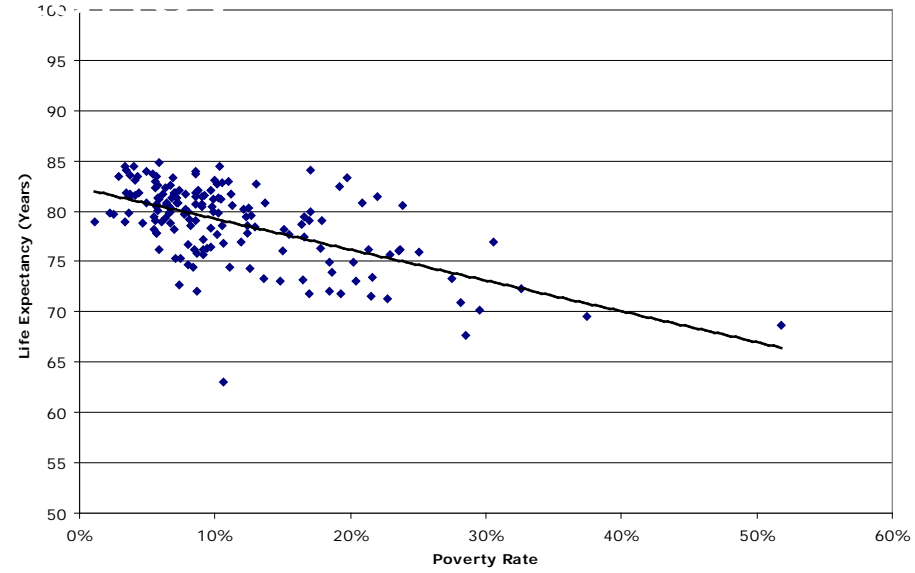


Tract Poverty vs. Life Expectancy

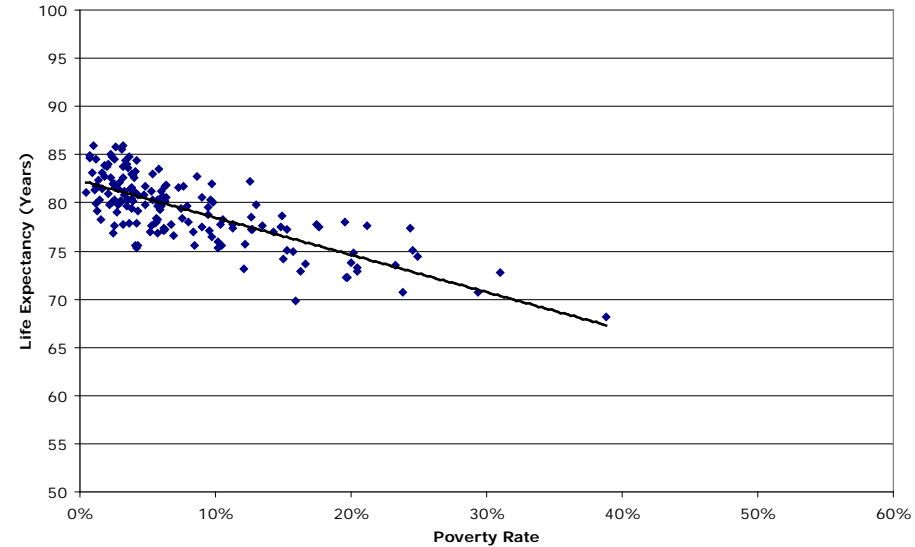
Alameda County



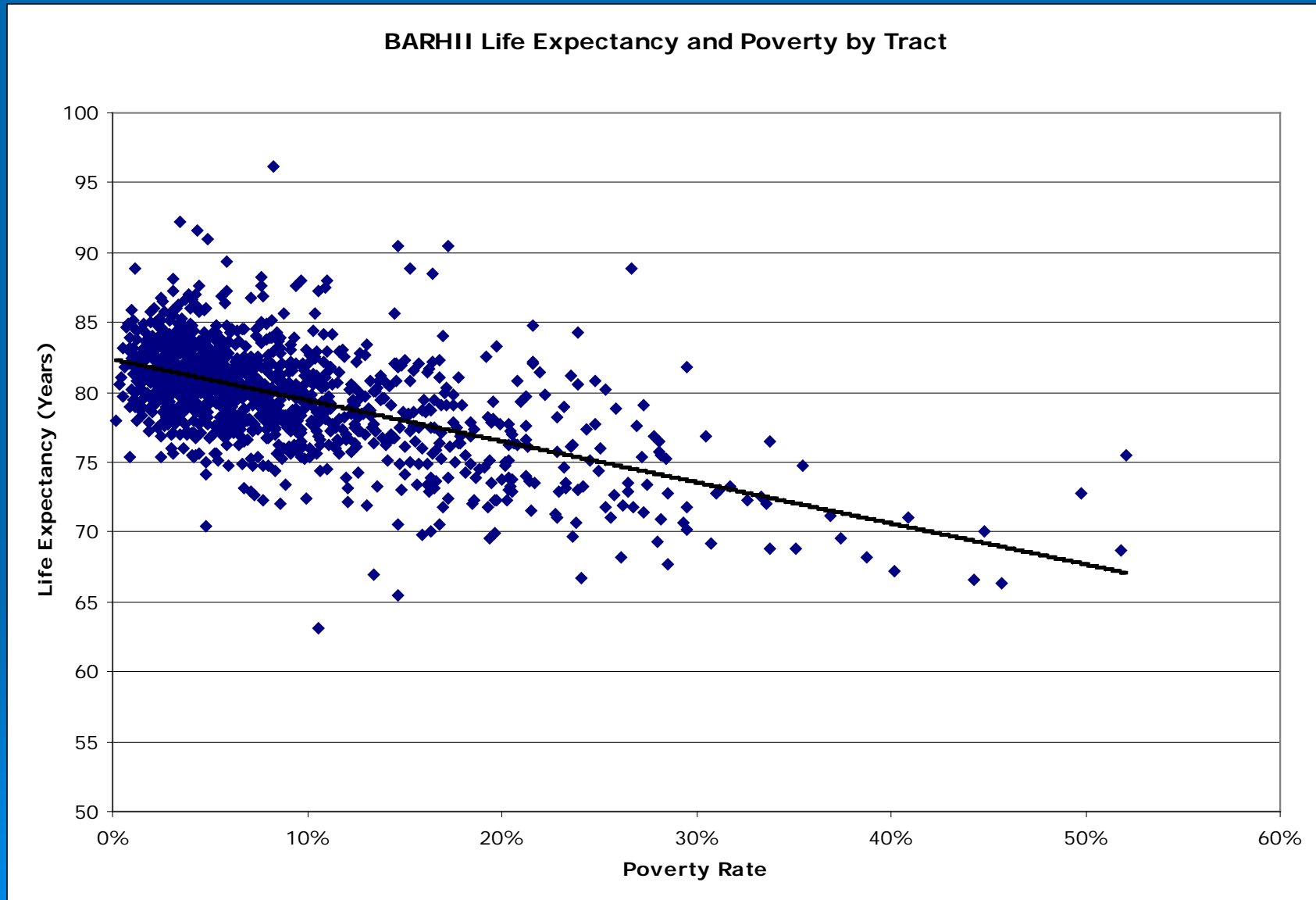
San Francisco County



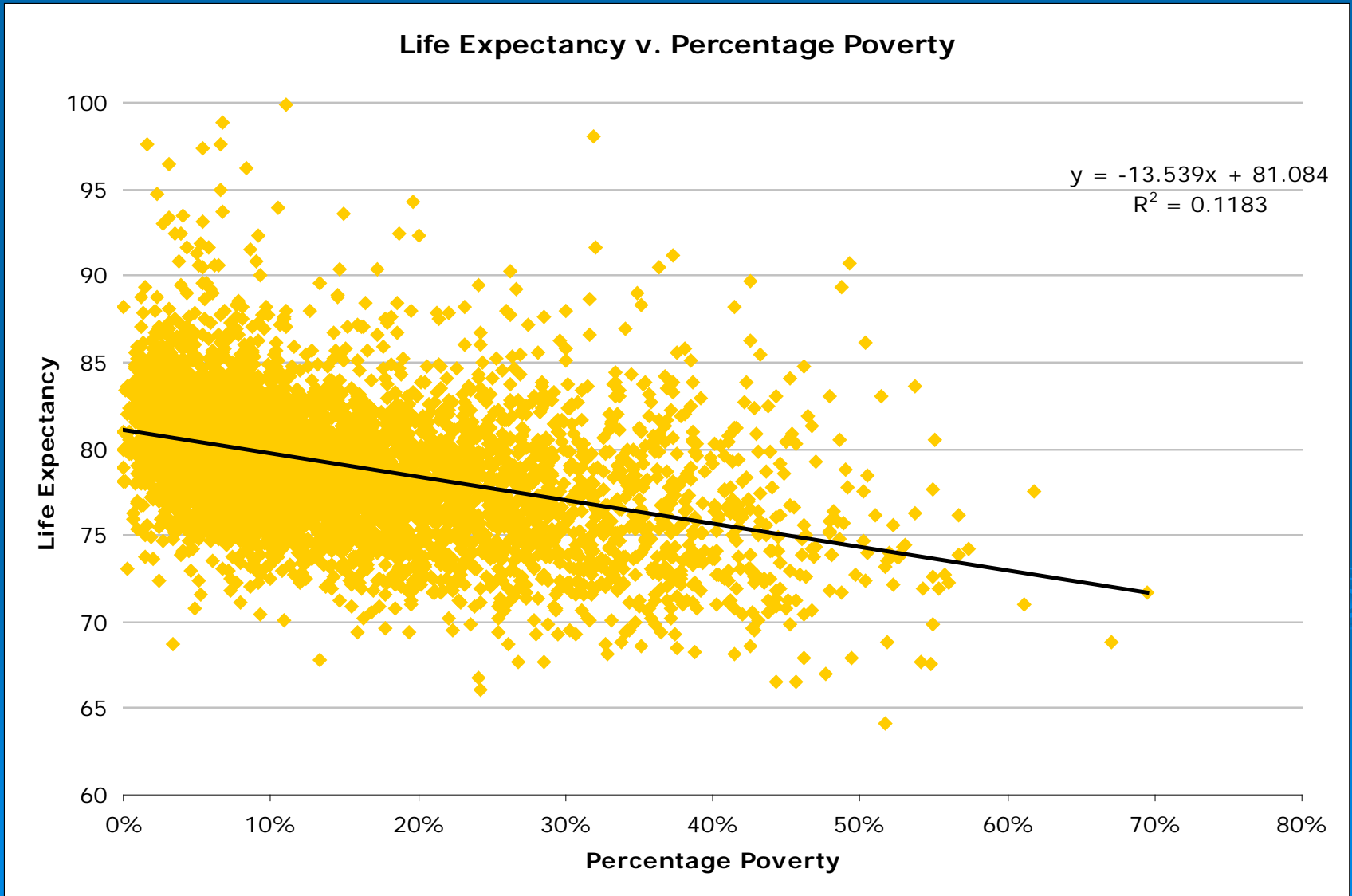
Contra Costa County



Bay Area Poverty vs. Life Expectancy



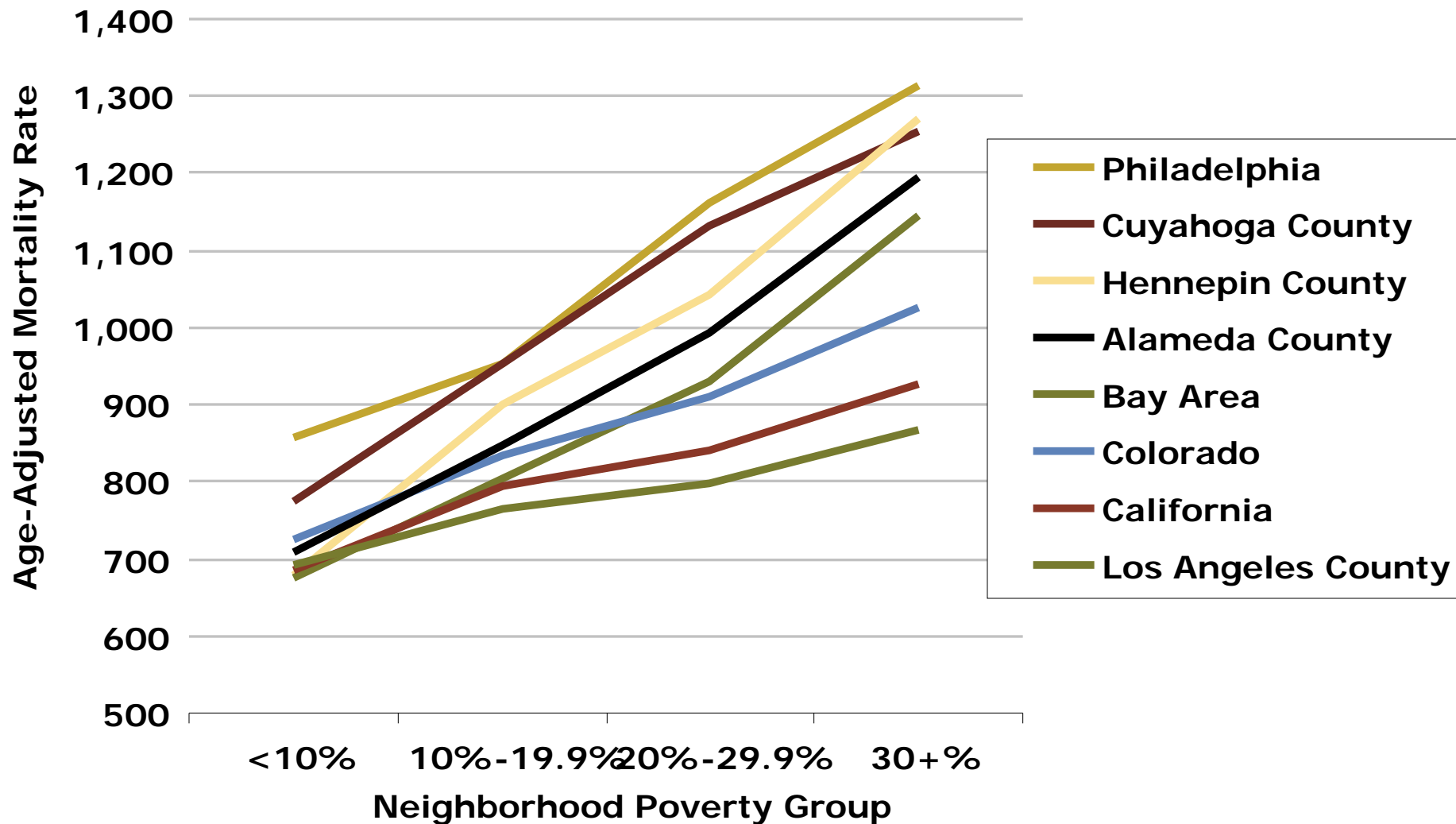
California Poverty vs. Life Expectancy



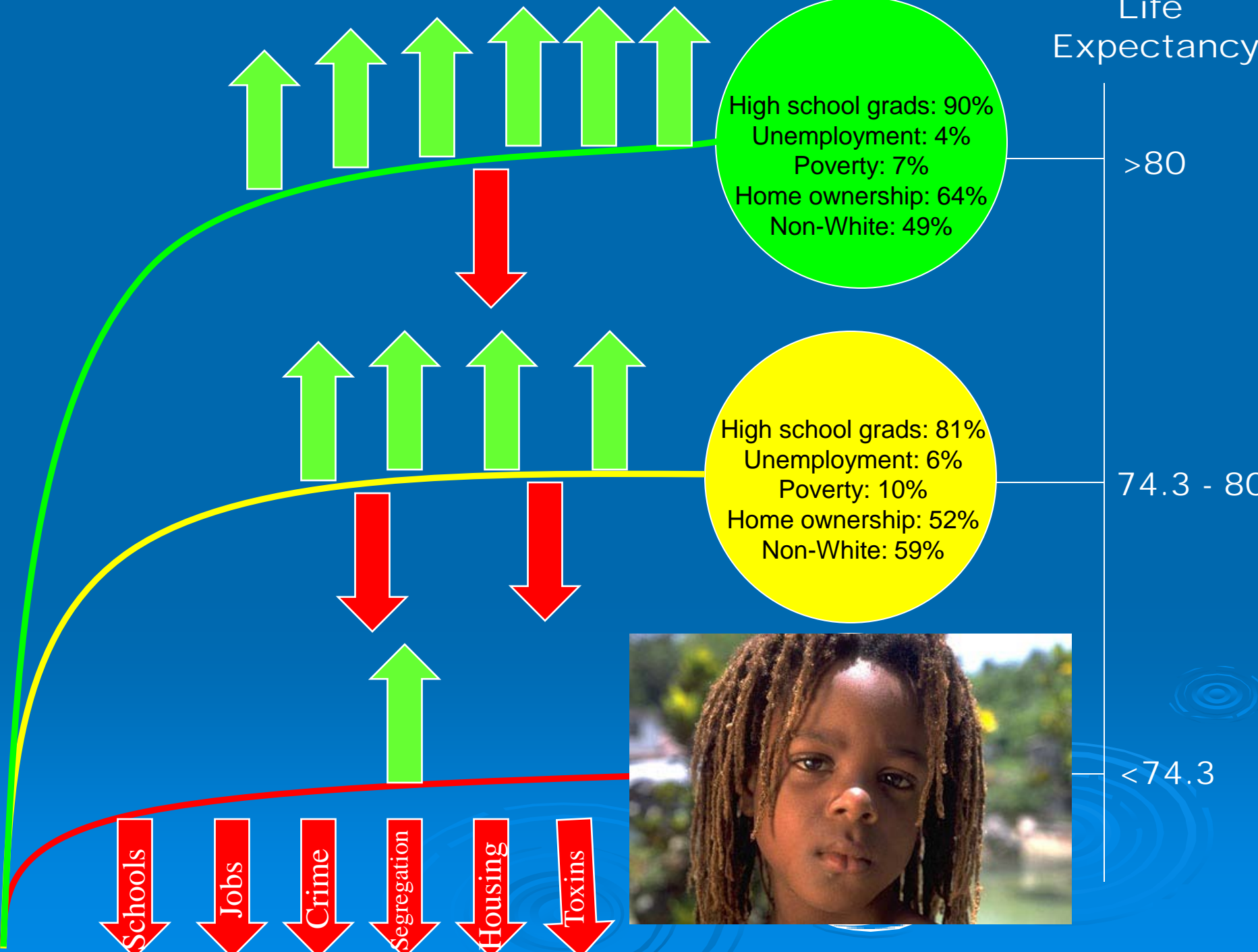
Cost of Poverty in San Francisco Bay Area

- *Every additional \$12,500 in household income buys one year of life expectancy*
- *(Benefit appears to plateau at household incomes above \$150,000)*
- *Similar gradients in Baltimore, NYC, Philadelphia, Hennepin County (Minneapolis-St. Paul), Colorado, California, AND Cuyahoga County (\$6304/year of life)*

Social Gradients Various Jurisdictions



Life Expectancy



High school grads: 90%
Unemployment: 4%
Poverty: 7%
Home ownership: 64%
Non-White: 49%

High school grads: 81%
Unemployment: 6%
Poverty: 10%
Home ownership: 52%
Non-White: 59%

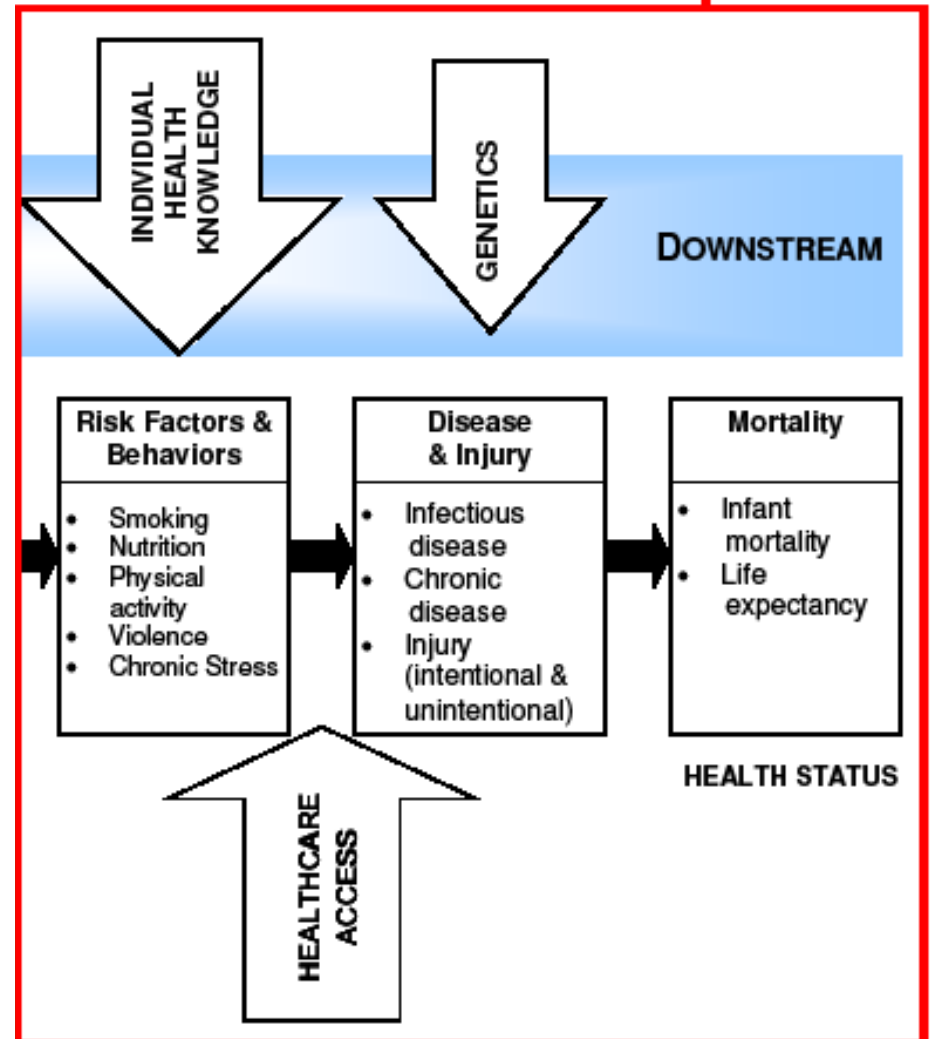
>80

74.3 - 80

<74.3

A Framework for Health Equity

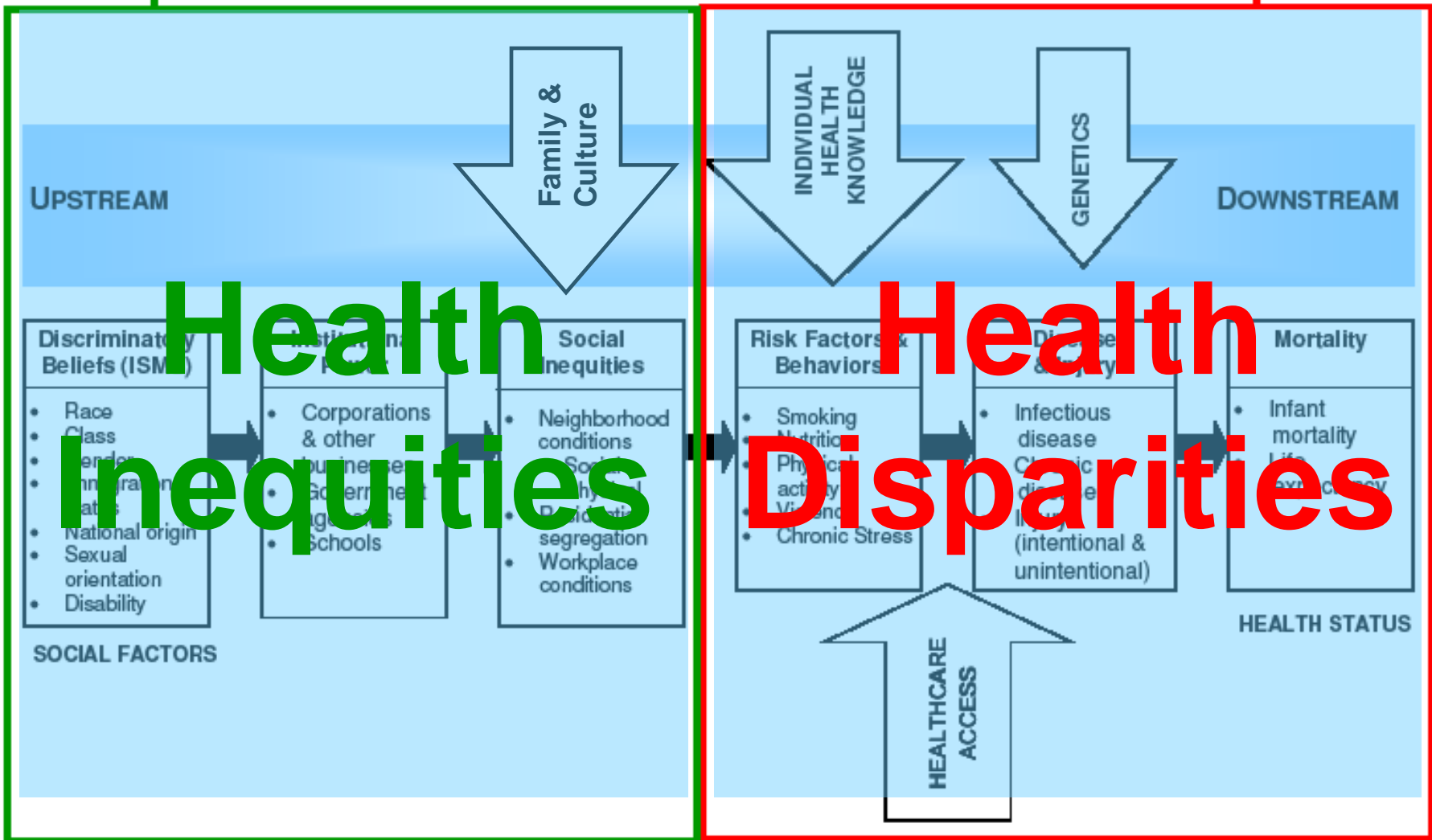
Medical Model



A Framework for Health Equity

Socio-Ecological

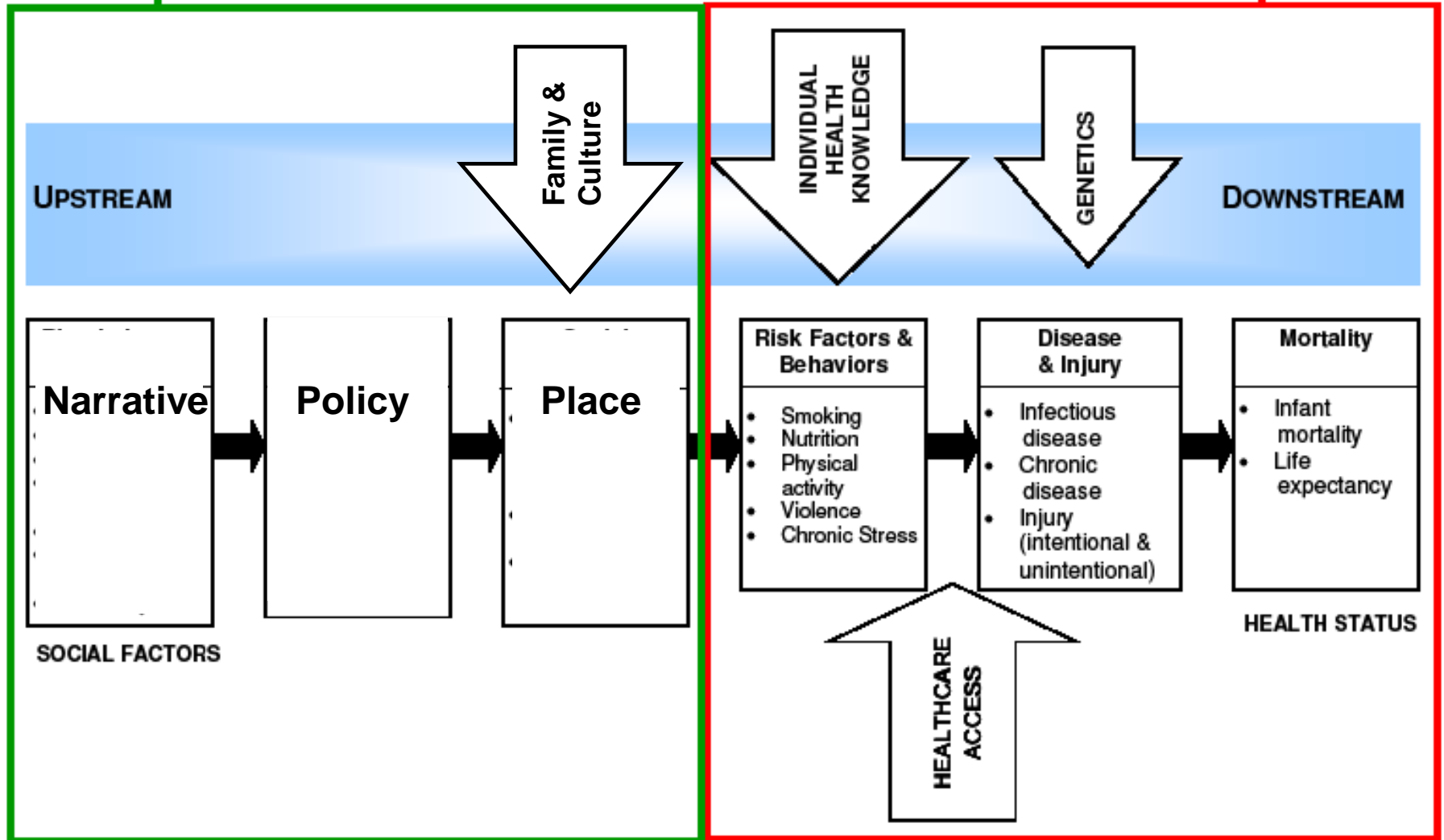
Medical Model



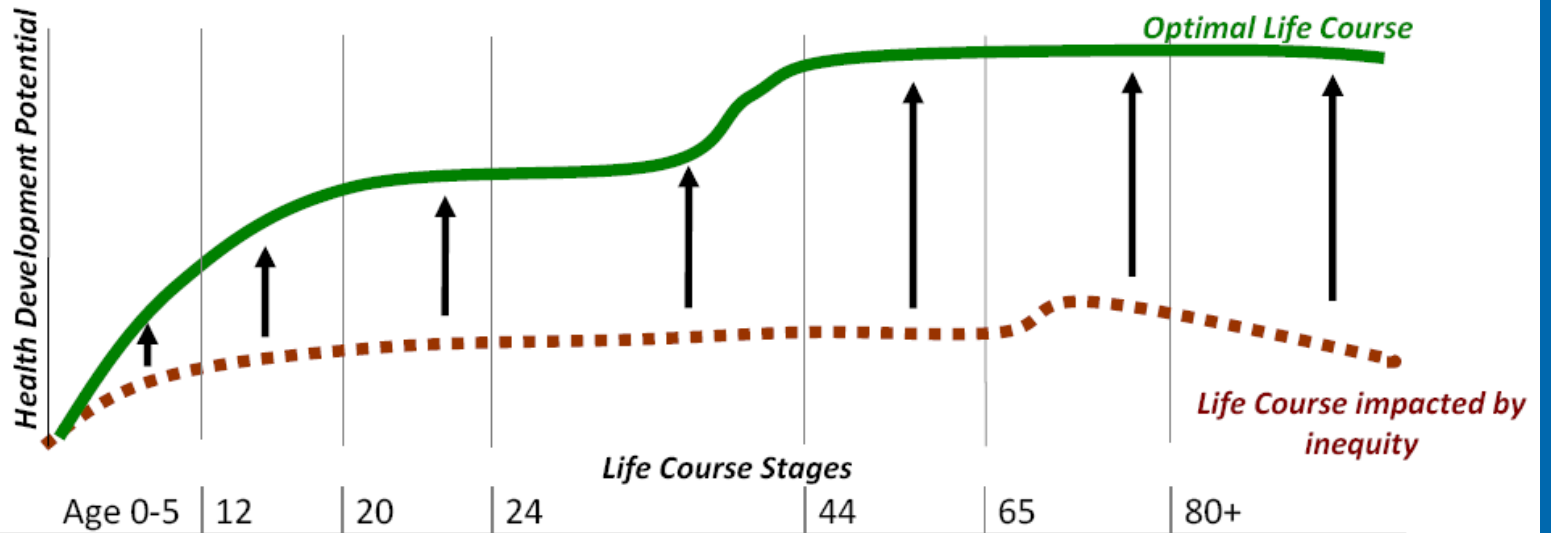
A Framework for Health Equity

Socio-Ecological

Medical Model



Interventions for Health Equity Across the Life Course



		Age 0-5	12	20	24	44	65	80+
Socio-Ecological	Discriminatory Beliefs							
	Institutional Power							
	Social Inequities							
Medical Model	Risk Factors & Behaviors							
	Disease & Injury							
	Mortality							

US White Infant Mortality

= 5.7 per 1000 live births (NCHS)

➤ Worse Than:

Canada, Cuba, Croatia,
Estonia, U.K., Australia, New
Zealand

➤ Substantially Worse
Than:

Austria, Belgium, Czech
Republic, Denmark, Finland,
France, Germany, Greece,
Iceland, Ireland, Israel, Italy,
Netherlands, Norway,
Portugal, Spain, Sweden,
Switzerland, Japan, Singapore