

# HEALTH DISPARITIES IN CONTRA COSTA

## A Brief Overview of the Issue and Ongoing Efforts

### What are health disparities?

Health disparities are differences in health outcomes (illness, injury and death) in different groups of people. For example, the significant difference in cancer death rates between African American women compared to White women is considered a health disparity. Sometimes those differences are striking. Residents of Bay Point can expect on average to die<sup>1</sup> 11 years sooner than those living in Orinda. Health disparities in the United States are often described using race/ethnicity (for example comparing African American men to White men), but there are also important differences in health outcomes by socioeconomic status (SES). Common measures of SES are years of education, level of income or wealth, and occupation. Extensive research, including that presented in the recent PBS series *Unnatural Causes: Is Inequality Making Us Sick?*, has shown that there are major differences in health outcomes by both SES and race/ethnicity.

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### What are health disparities in Contra Costa County?

Contra Costa communities with the highest percentage of low-income and non-White residents — San Pablo, Richmond, North Richmond and Pittsburg/Bay Point — experience higher death and disease rates than the county overall for many chronic and communicable diseases, injury, and maternal and child health issues. African Americans have a higher age-adjusted death rate from all causes combined than county residents overall and than Whites, Latinos and Asians.

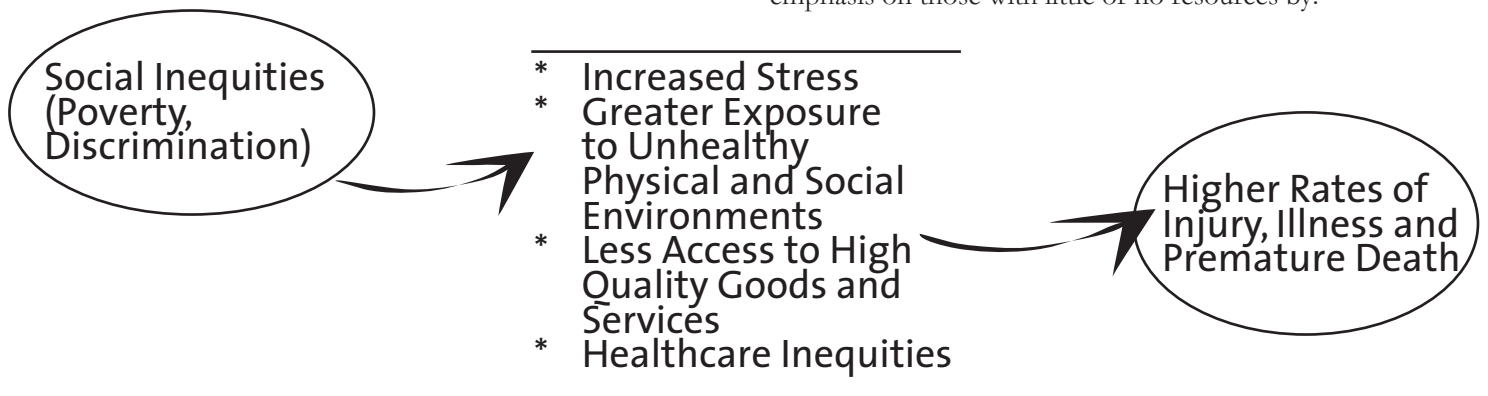
Here is some data collected in recent years that highlights local health disparities.<sup>1</sup>

- In Contra Costa, the hospitalization rate for asthma for African American children (63/10,000) is almost five times that of White children (13/10,000).
- Latinas have a rate of births to teens (54.1/1000) more than twice that of the county overall (23.8/1000).
- Most of the homicide deaths in Contra Costa occurred among African Americans (107), followed by Whites (37), Hispanic/Latinos (19), Asians (14), and other (6).
- People living in San Pablo, Oakley, Richmond, Antioch, Brentwood and Pittsburg, as well as African Americans and men overall, are more likely to die from heart disease compared to the county overall.
- African Americans and Latinos, as well as people living in San Pablo, Richmond and Pittsburg, are more likely to die from diabetes compared to the county overall.

These selected statistics illustrate a stark reality: On average, African Americans experience disability earlier in life and die sooner than others in our society. African Americans are generally poorer, have less education, and are employed in lower status occupations than European Americans. Long-term discriminatory practices in housing, education, employment and health care contribute to these patterns. More troubling, though, is that even when at the same level or higher on the socioeconomic ladder as other groups, African Americans have relatively worse health outcomes. This suggests that there is an added burden of race due in part to the stresses of encountering everyday discrimination.

## What causes health disparities?

The answer to what causes health disparities is complex. The root causes of most health disparities are the broader, long-term inequalities that are in our society including poverty and discrimination. Health disparities are often called health inequities, because they result from these broader inequities in our society. Poverty and discrimination lead to stress, greater exposure to unhealthy physical and social environments and less access to high quality goods and services including education, health services, transportation, food and recreation. Health studies have shown that these “environmental factors” are strongly related to higher rates of injury, illness and premature death.



## What should be done about health disparities?

Public health professionals and advocates have long known that sustainable changes in health outcomes require addressing the health care needs of the groups at greatest risk and, more importantly, working to change the social and environmental conditions which lead to poor health outcomes in the first place. The public health tradition of advocating for needed changes in housing, water quality and sanitation has led to successful reduction of many infectious diseases throughout the United States. Now chronic diseases like asthma, heart disease, and diabetes have become the leading causes of death and disability, disproportionately impacting low-income and minority communities. These diseases are affected by environmental factors such as air pollution, poor housing, lack of education, stress, tobacco advertising, and high-fat fast food. Public health programs and other partners in the community must continue the difficult struggle to improve the broader social and physical environments in which people live as a way to improve health.

## What is the role of the local health department?

Local health departments have several key roles in reducing health disparities. Contra Costa Health Services (CCHS) through its Reducing Health Disparities efforts has been working both to improve its service delivery system to address health disparities and to partner with community and public agencies to address the physical and social environmental factors that underlie health inequities in the county.

A comprehensive agency like Contra Costa Health Services (CCHS) is an important part of the broader social safety net, which is vital to reducing health disparities. CCHS is committed to supporting the safety net services in California and to improving our own operations to better address health disparities directly. We seek to provide high quality, culturally and linguistically appropriate health care services for all, with an emphasis on those with little or no resources by:

- *Improving* the experience of consumers/clients/patients/customers who utilize CCHS services
- *Increasing* respect, responsiveness and cultural sensitivity in all internal and external staff interactions
- *Developing* systems that support and promote culturally and linguistically appropriate access and respectful delivery of services

We also work with partners in other sectors—education, housing, transportation, community development, land use planning, community agencies etc—to identify the relationship between their activities and health. For example, decisions made in a city’s general plan about sidewalks impact whether people in that community walk, run and get the other physical activity they need to stay healthy. Quality education and the availability of affordable housing also have major impacts on the health of communities. CCHS uses a spectrum of strategies from promoting policy to changing organizational practices to mobilizing neighborhoods and communities in order to change the environment to improve health.

## Can health departments really reduce health disparities?

Yes they can. Many of the policies and actions required to eliminate the root causes of health disparities are clearly beyond what health departments can do alone. However, there are many opportunities for health departments to address health disparities effectively, through their own actions and in partnership with others. Some examples of what Contra Costa has done include:

- **The Life Course Initiative** is a 15-year effort launched in 2005 by the Family Maternal and Child Health Programs of Contra Costa Health Services. It is designed to 1) reduce disparities in birth outcomes for all ethnic/racial groups, 2) improve reproductive potential in our highest risk communities, 3) bring about a paradigm shift in the planning, delivery, and evaluation of MCH services at the local level, and ultimately, 4) improve the health of future generations. The Life Course Perspective suggests that health disparities are the result of differences in protective and risk factors between groups of people over the course of their lives. Since its inception, the initiative has educated 200 FMCH staff, as well as many CCHS staff, local policy makers, community partners and others about the Life Course perspective. In addition, we have launched BEST (Building Economic Security Today), a financial education project designed to engage our clients in financial asset development activities to give them the skills necessary to increase their financial stability and security, a key protective factor leading to improved health outcomes.
- **Contra Costa's Breast Cancer Partnership** was a coalition of the health department, cancer organizations, community medical providers, women's groups, the faith community, survivors, and others brought together to reduce the barriers for treatment of breast cancer. This coalition was formed in 1997 to address the low rates of early diagnosis of breast cancer among African American women compared to their White counterparts. By 2002, African American women in Contra Costa were getting early diagnosis of breast cancer at the same rate as White women, and new legislation provided breast and cervical cancer treatment for all women in California.
- **County planners and health professionals** are working to promote health through land use and transportation planning. Under the direction of the County Board of Supervisors, the county's Community Development, Health Services, and Public Works Departments formed a Planning Integration Team for Community Health (PITCH). PITCH's purpose is to identify and coordinate land use and transportation planning efforts to improve community health in Contra Costa's unincorporated communities, where there are disproportionately high rates of injury and chronic disease. CCHS is working with two local city governments to include a Health Element in the city general plans, and with residents and businesses to incorporate pedestrian safety and "walkability" into local Redevelopment Plans.
- **Contra Costa Health Services' Healthy Neighborhoods Project's Latina Action Team** residents identified drinking water quality as a community concern in 2006. Through their research and with assistance from the Hazardous Materials Ombudsman, they discovered their water was not fluoridated and had a higher concentration of trihalomethanes (which, at high levels can increase the risk of getting certain cancers) than any other East County community. At the same time, the private water company serving the community proposed a major hike in the water rates. CCHS staff worked with residents, water regulators and community organizations including helping residents understand the complex data they had received. As a result the Public Utilities Commission delayed the rate increase.
- **Healthy and Active Before 5** was created to address the epidemic of childhood obesity by the CCHS Pediatrics Department and Public Health Division in partnership with a group of agencies, including Kaiser Permanente. That group, including leaders from many Contra Costa organizations and agencies, developed a comprehensive action plan with input from families. The plan was rolled out at a summit that gave more than 100 participants a chance to explore how to build a healthier environment for children.



- **The CCHS Homeless Program**, in partnership with non-profit homeless service providers, government programs, faith-based coalitions, elected officials, and the general public is implementing a 10-year plan to eliminate homelessness. More than 2500 formerly homeless individuals and families, with approximately 50% having been chronic homeless, have moved into permanent supportive housing. Once housed, the CCHS Mental Health, Substance Abuse and Health Care for the Homeless programs along with community partners provide mental health, substance abuse, health care and other life skills services in order to continue their stabilization. The overall goal is to assist these individuals to remain housed and be linked to mainstream services, resulting in greater self-sufficiency and improved health. After two years, a follow up study shows a decrease in emergency room visits, increase in the number of individuals connected to a primary care doctor for their healthcare and longer periods of sobriety.

## Where do we go from here?

The causes of health disparities are deeply embedded in our society and environments. The challenge of reducing health disparities will require sustained commitment both from health agencies and also a wide array of community partners in education, employment, transportation, social services, housing and from the public at large. Collectively, these and other partners must be willing to look beyond their traditional roles and explore new and innovative programs and policies to improve the social and environmental conditions that have led to health disparities. Using the recent PBS series *Unnatural Causes: Is Inequality Making Us Sick?* as a springboard, CCHS has encouraged a dialogue among its staff and throughout the community. It will require continued commitment by all partners to sustain this dialogue and ensure that the discussions lead to further long-term, coordinated action.

*For more information on CCHS' Reducing Health Disparities efforts, contact RHD Manager Concepcion James at [cjames@bsd.cccounty.us](mailto:cjames@bsd.cccounty.us) or 925-957-5421.*

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<sup>1</sup> Community Health Indicators for Contra Costa County, 2007. Prepared by the Community Health Assessment, Planning and Evaluation Group (CHAPE), Public Health Division, Contra Costa Health Services.

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