

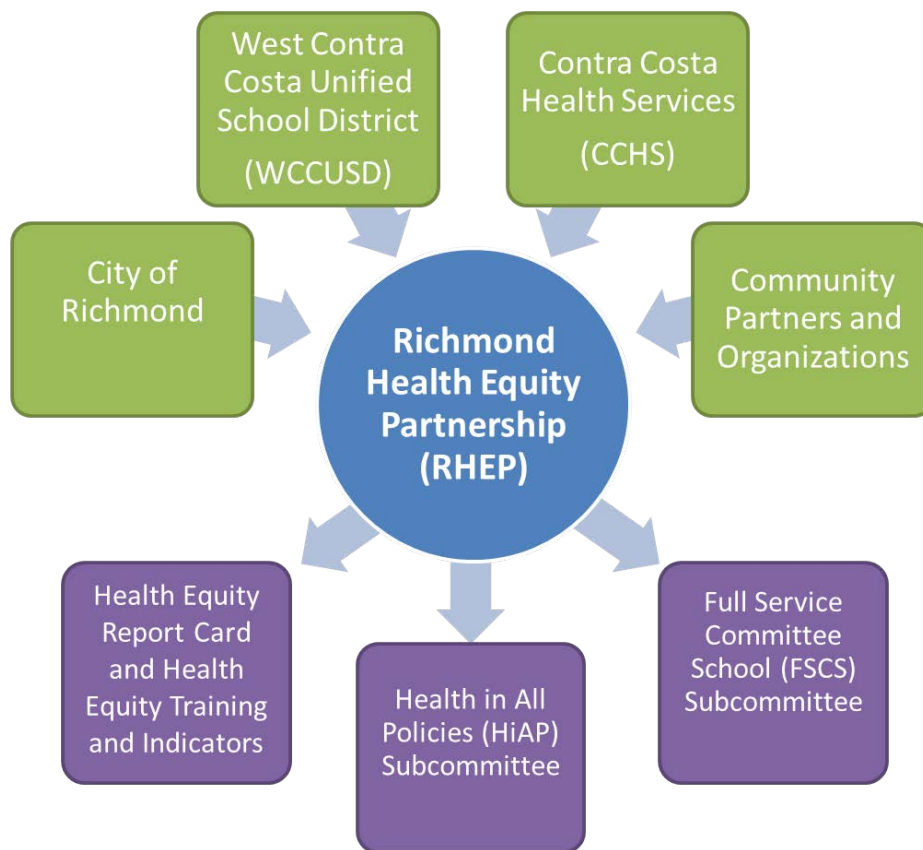
The Richmond Health Equity Report Card



Prepared for The Richmond Health Equity Partnership by Contra Costa Health Services
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The Richmond Health Equity Partnership was created to bring together various stakeholders and agencies committed to improving the health of the people of Richmond. This included the City of Richmond, the West County Unified School District, and Contra Costa Health Services. An alignment of efforts across agencies with a unified goal of eliminating health inequities can improve the wellbeing, quality of life, and life expectancy for those who live and work in the city of Richmond. The purpose of this report is to present indicators relevant to health and health outcomes to inform programs and policies in Richmond.



The health of a community is driven by many factors, including the health behaviors of individuals, access to healthcare, but also the environment and social structure of the community. Health equity is defined as differences in health outcomes that are driven by social injustice. Health differences can be driven by many factors, including genetics, but when we state that a health difference is an inequity, we are defining that difference as a result of social injustice and that equitable treatment of the affected community should eliminate that difference. Health equity issues are broader than just the business of health and are driven by economic opportunity, quality education, community environment, and systemic racism and social prejudice.

The Health Equity Report Card was created with an attention to the systems and environment that lead to health inequities. In this report we identify populations of concern and key indicators which can be used to measure progress toward health equity in the City. The report is divided into seven sections. Each section contains data from a variety of sources and that data is broken down into racial/ethnic categories or income categories when available. We are limited by the data available, but have provided the most detailed analysis possible for the chosen indicators. When local data is not available, Contra Costa or Bay Area data is presented. Racial and ethnic breakdowns are provided as a means of illustrating the effect of social prejudice and racism on health indicators, these breakdowns are not representative of biological or genetically relevant distinctions. It is both the difference in opportunity and fair treatment, but also the stress of institutional racism that drives worse health outcomes in marginalized populations.

Key Findings

Economic Security and Education

- Female headed households suffer disproportionately from poverty.
- Hispanic/Latino families have the highest poverty rate in Richmond and that rate has been increasing.
- Less educated residents are more likely to live in poverty.
- African American residents are less likely to participate in the labor force.
- The median earnings in Richmond are inadequate to support families with one adult and multiple children.
- Hispanics/Latinos have the lower educational attainment than other residents.
- Graduation rates are similar across ethnic groups, but post-secondary enrollment is lowest among Hispanic/Latino and socioeconomically disadvantaged graduates.

Full Service and Safe Communities

- Violent crime rates and perceptions of violence are decreasing among residents.
- Lower income communities in Richmond have lower voter turnout than higher income communities.
- White residents report having greater contact with their neighbors than residents of other race/ethnic groups.
- White students report feeling more safe in school while Asian students report bullying due to race.
- High poverty households are less prepared for disasters.

Residential and Built Environment

- Many communities in Richmond lack access to stores with fresh fruits and vegetables.
- Half of Richmond stores that sell tobacco are within 1,000 feet of a school.
- Most Richmond residents live within a quarter mile of a park.

- Some low income communities in Richmond have lower rates of vehicle ownership and less access to public transit.
- People in lower income communities are more likely to have moved within the past year.
- Racial isolation has increased for Hispanics/Latinos in Richmond in recent years.
- Concentrated poverty has increased in recent years.
- Lower income home owners in Richmond are less likely to be housing cost burdened than lower income renters.

Environmental Health and Justice

- Diesel particular matter emissions are higher in Richmond than in other neighboring cities in West Contra Costa County.
- Lower income communities experience a greater burden of hazardous materials contaminated clean-up sites, hazardous waste facilities and generators, and chemical releases from facility emissions.

Quality and Accessible Health and Social Services

- More than half of households receiving public assistance are female headed households with children and no male present.
- More than half of households living in poverty are female headed households with children and no male present.
- The central and southeast regions of West Contra Costa have less access to primary care physicians, dentists, and psychiatrists than the northeast region of West Contra Costa.
- African Americans are more likely to have avoidable hospitalizations than other race/ethnic groups in Richmond.
- Hispanics and the unemployed have the lowest access to health insurance.
- Most childcare centers in Richmond have high immunization rates.
- Higher poverty individuals are less likely to have recommended cancer screenings.

Health Behaviors

- African American youth are more likely to be exposed to adults who smoke and African American are more likely to be smokers.
- Hispanic and African American youth are more likely to consume sugar sweetened beverages
- Children in lower income households are less likely to consume a diet high in fruits and vegetables.
- Breakfast is a concern for children attending schools in Richmond, as almost a quarter of students surveyed reported not eating anything before school.
- Food insecurity is a greater concern in African American and Latino/Hispanic populations.
- Over a third of students surveyed in Richmond schools do not walk or bike to school.
- Hispanic/Latino students in Richmond schools are at an increased risk for alcohol use.
- African American students in Richmond schools are at an increased risk for marijuana use.
- African American students are at an increased risk for unprotected sex.

Health Outcomes

- Asian and Hispanic/Latino residents have the longest life expectancy in Richmond.
- African Americans have the highest mortality rate in both the younger and older populations.
- Heart disease, cancer, and stroke are the leading causes of death in Richmond.
- Heart disease, cancer, and homicide are responsible for the greatest years life lost for Richmond males.
- African American males are at a higher risk for cancer incidence.
- African American and Hispanic/Latino residents experience a greater risk of diabetes diagnosis but African Americans have the greatest risk of death due to diabetes.
- African Americans are more likely to be diagnosed with hypertension and have the highest death rates due to hypertension, heart disease, and stroke.
- Richmond has more emergency room and hospitalizations due to asthma than Contra Costa.
- African Americans are more likely to have been diagnosed with asthma and are much more likely to visit an emergency room or be hospitalized due to asthma.
- Young people and African American residents have the highest rates of gonorrhea and chlamydia infections.
- African Americans in Richmond experience a greater risk of HIV infection than other groups
- Although male sexual contact is the most common mode of transmission in Richmond, transmission by infection drug use or adult heterosexual contact are more common in Richmond than in Contra Costa.
- The population of people living with HIV in Richmond is more likely to be older than 40 years old than in Contra Costa.
- There is no longer a difference in preterm or low birthweight births in Richmond compared to Contra Costa.
- Teen births occur more frequently in Richmond than in Contra Costa, but the teen birth rate in Richmond has been declining.
- Hospitalizations due to alcohol or drug use are most common among White and African American residents in Richmond.
- Hispanic/Latino students in Richmond experience a greater risk of depression and suicidal thoughts.
- White adults experience a greater risk of suicidal thoughts and death due to suicide.
- Low income, Hispanic/Latino, and African American adults experience a greater risk of psychological distress.
- Rates for hospital and emergency visits due to unintentional injury, any intentional injury, and injury due to a gun are higher for African American residents than other groups in Richmond.

Richmond Health Equity Report Card

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Chapter 1 Economic Security and Education



Education and economic security are key components to health equity. Unequal wealth distribution and access to quality education drive many of the health inequities apparent for people later in life. Life expectancy directly correlates with both educational status and income. Furthermore, the impact of income and educational status on life expectancy differs across race and ethnic groups (BARHII, 2008).

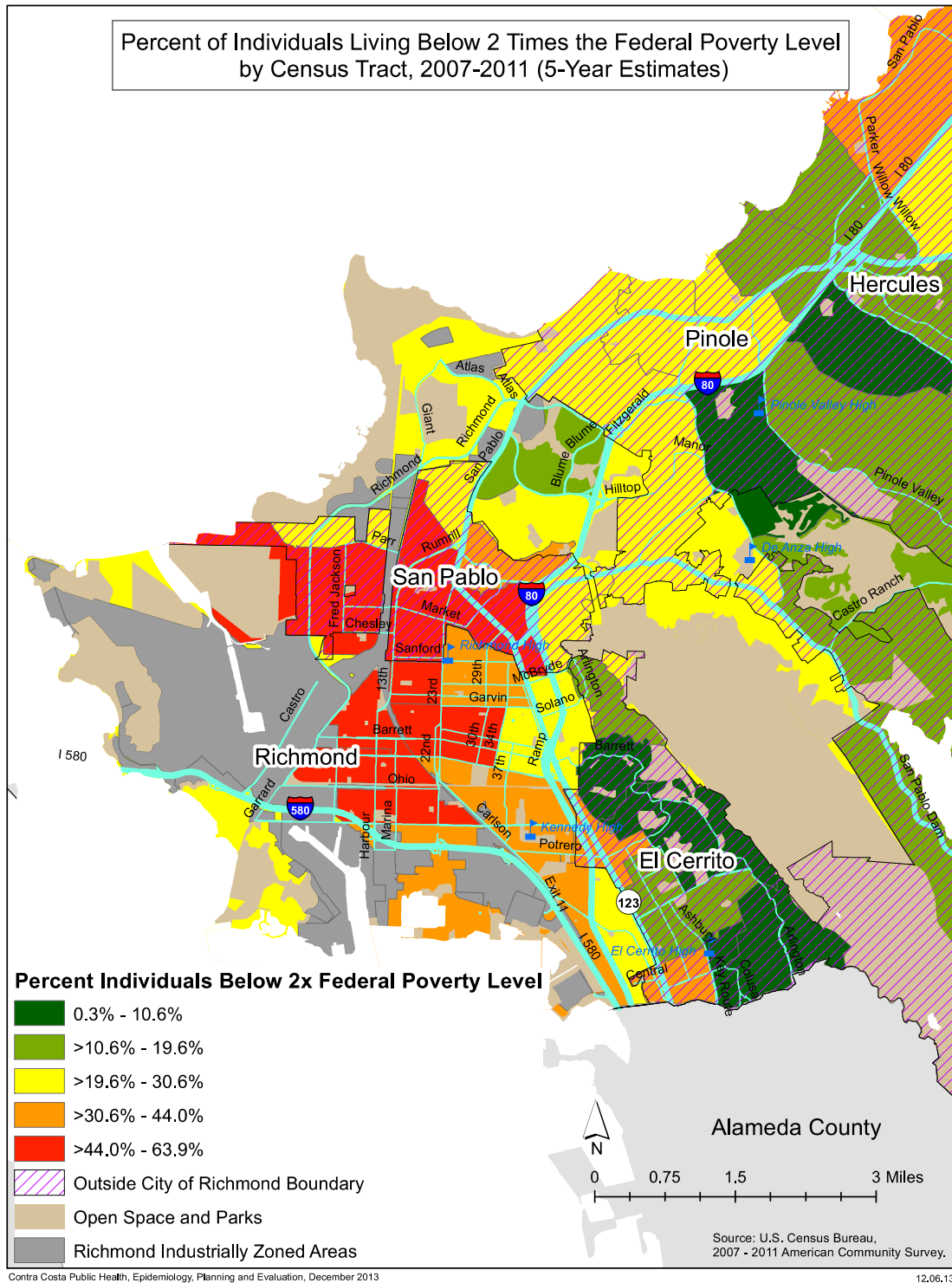
A thorough analysis of economic and education indicators for Richmond is revealing of several trends. Overall, economic security and educational attainment is lower in Richmond than in Contra Costa County. Within Richmond, particular attention should be paid to economic security in female headed households with children, especially among Hispanics. Job class and opportunity has a significant impact on the earning potential of individuals and families. Current high school graduation data indicate positive trends compared to high school equivalency among those aged 25 and above. Although the cohort high school among youth in Richmond does not differ by race/ethnicity, high school exit exam results differ by race/ethnicity economic status and gender and are lower than the county overall. Furthermore post-secondary education enrollment and attainment remains lower than the County and is particularly of concern among Hispanic youth.



RichmondBUILD Academy Students,

Economic Stability

MAP 1 PERCENT OF INDIVIDUALS LIVING BELOW 2x FPL



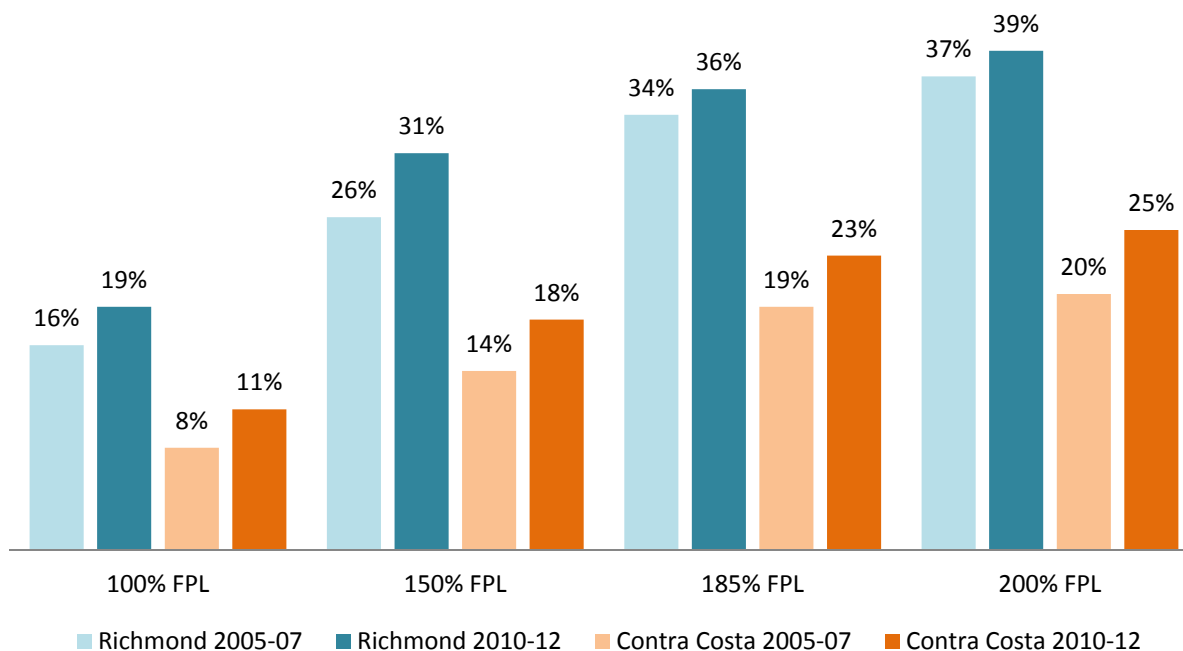
Persons Living in Poverty

More than one-third (39%) of Richmond residents lived below 200% of the Federal Poverty Level (FPL) in 2010-12. The poverty threshold is determined in the census based on individual or household income and household size. Simplified versions of the poverty threshold (or poverty guidelines) are used by various assistance programs to determine eligibility. In 2012 the federal poverty level was \$11,170 for an individual and \$23,050 for a family of four. The percentage of federal poverty used to determine eligibility differs by program. A greater percent of Richmond residents lived below 200% FPL, and each level of poverty listed in Chart 1, than the county overall in 2010-12 and 2005-07. (Chart 1) High poverty areas in West County in 2007-11 (i.e., census tracts with at least 44% of residents living below 200% FPL) include parts of San Pablo and the following Richmond neighborhoods: Atchison Village, Belding Woods, City Center, Coronado, Forest Park, Iron Triangle, parts of North East, Santa Fe and Shields-Reid. (Map 1).

The following programs use the poverty guidelines or multiples of them:

100% - Head Start; Early Head Start
 130% - National School Lunch Program (Free - at or below 130%);
 145% - Child Care Subsidy
 150% - Low Income Home Energy Assistance Program (LiHEAP); Weatherization
 185% - WIC; National School Lunch Program (cut off for Reduced fees)
 185% and below for various Medi-Cal programs
 200% - ECI Low-Income Preschool Tuition Assistance;

CHART 1 PERCENT OF POPULATION LIVING BELOW 100% TO 200% FEDERAL POVERTY LEVEL (FPL) IN PAST 12 MONTHS



Source: U.S. Census Bureau, 2005-07 & 2010-12 American Community Survey 3-Year Estimates; S1701.

RACE/ETHNICITY, AGE & GENDER

Many Hispanics/Latinos and Blacks/African Americans in Richmond live in poverty. The poverty rate did not change for Blacks/African Americans but grew among Hispanics/Latinos in recent years. The percent of Hispanics living in poverty in Richmond increased from 15% to 25% between 2005-07 and 2010-12 and the number more than doubled from 4,869 to 10,218. Although such increases also occurred county-wide, Hispanics in Richmond were more likely to live in poverty than Hispanics county-wide in 2010-12. Poverty also remained high among African Americans in Richmond -- 24% in 2010-12 compared to 27% in 2005-07. (Table 1)

Young people (under 18 years) were most likely, and residents 65 years and older were least likely, to live in poverty (i.e., below 100% FPL) in Richmond in both 2010-12 and 2005-07.

Poverty increased among men from 2005-07 and 2010-12 in Richmond but was similar among men and women in 2010-12. Richmond residents under 65 years of age and both men and women were more likely to live in poverty than these populations county-wide in 2010-12 and 2005-07. (Table 1)

EDUCATION & EMPLOYMENT

Less educated residents (25 years and older) were more likely to live in poverty than their more educated peers in Richmond. Richmond residents with less than a high school degree (22.3%) and those with a high school degree/equivalence (20.7%) had higher poverty compared to those with some college (10.8%) and a bachelor's degree or higher education (4.9%) in 2010-12. This pattern existed across time periods in Richmond and county-wide. (Table 2).

Unemployed residents (16 years and older in the civilian labor force) were more likely to live below poverty than employed residents in Richmond and county-wide yet more than half of those living in poverty were employed. In Richmond, 36% of unemployed versus 8% of employed, and countywide, 23% of unemployed versus 5% of employed, lived in poverty in 2010. More than half of those living in poverty in Richmond (59.4%) and Contra Costa (62.7%) were employed.

Full-time, year-round workers fared better, with lower poverty rates, than part-time or part-year workers: Richmond (3% and 18%, respectively) and Contra Costa (2% and 12%, respectively) in 2010-12. This pattern carried over from 2005-07. Poverty rates were higher in Richmond than Contra Costa for each of these groups in 2010-12. (Table 2 & Chart 2)

TABLE 1 POVERTY IN PAST 12 MONTHS BY AGE, SEX & RACE/ETHNICITY

Below Poverty (i.e., Below 100% Federal Poverty Level (FPL))	RICHMOND				CONTRA COSTA			
	2005-07		2010-12		2005-07		2010-12	
	# below poverty	% below poverty	# below poverty	% below poverty	# below poverty	% below poverty	# below poverty	% below poverty
TOTAL	15,445	16%	19,742	19%	83,430	8%	114,373	11%
AGE								
Under 18 years	5,351	22%	7,368	28%*	27,493	11%*	36,613	14%*
18 to 64 years	9,253	15%	11,590	17%	49,933	8%	68,877	10%
65 years & older	841	9%**	784	8%**	6,004	5%**	8,883	7%**
SEX								
Male	5,895	13%	8,550	17%	36,015	7%**	51,757	10%
Female	9,550	19%	11,192	21%	47,415	9%*	62,616	12%
RACE/ ETHNICITY								
Black or African American	7,634	27%*	5,948	24%	16,946	19%*	19,222	20%*
Asian	1,436	10%**	1,611	11%**	7,917	6%**	11,565	8%**
Hispanic/Latino	4,869	15%	10,218	25%	28,104	13%*	46,780	18%*
Non-Hispanic white	1,294	7%**	1,583	9%**	27,403	5%**	30,769	6%**

Source: U.S. Census Bureau, 2005-07& 2010-12 American Community Survey 3-Year Estimates; S1701.

(*) Significantly higher than jurisdiction total; (**) Significantly lower than jurisdiction total. Note: The race/ethnic groups listed above are not mutually exclusive. Data for Blacks/African Americans and Asians include Hispanic and Non-Hispanic residents. Therefore, data for Hispanics should not be compared with data for Blacks/African Americans and Asians.

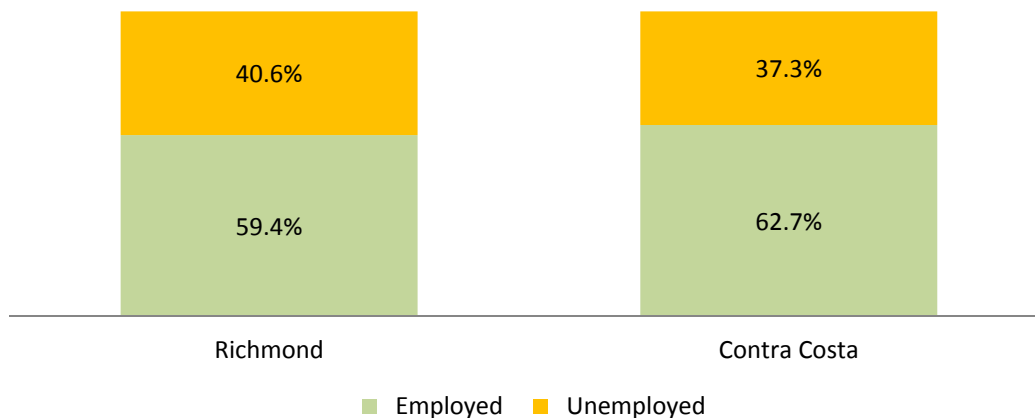
TABLE 2 POVERTY IN PAST 12 MONTHS BY EDUCATION & EMPLOYMENT, 2010-12

Below Poverty (i.e., Below 100% Federal Poverty Level (FPL))	RICHMOND		CONTRA COSTA	
	# below poverty	% below poverty	# below poverty	% below poverty
EDUCATIONAL ATTAINMENT				
Population 25 years and over	9,495	14%	61,470	9%
Less than high school graduate	3,434	22%*	18,912	23%*
High school graduate (includes equivalency)	2,972	21%*	15,658	12%*
Some college, associate's degree	2,240	11%	16,989	8%
Bachelor's degree or higher	849	5%**	9,911	4%**
EMPLOYMENT STATUS				
Civilian labor force 16 years and over	6,102	12%	37,078	7%
Employed	3,625	8%**	23,243	5%**
Unemployed	2,477	36%*	13,835	23%*
WORK EXPERIENCE				
Population 16 years and over	12,909	16%	81,852	10%
Worked full-time, year-round (past 12 months)	888	3%**	4,969	2%**
Worked part-time or part-year (past 12 months)	3,968	18%	25,990	12%*

Source: U.S. Census Bureau, 2010-2012 American Community Survey 3-Year Estimates; S1701.

(*) Significantly higher than jurisdiction total; (**) Significantly lower than jurisdiction total.

CHART 2 EMPLOYMENT STATUS OF CIVILIAN LABOR FORCE 16 YEARS+ LIVING BELOW POVERTY IN PAST 12 MONTHS



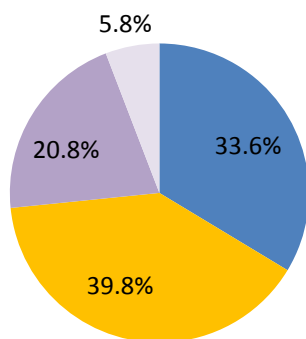
Source: U.S. Census Bureau, 2010-2012 American Community Survey 3-Year Estimates; S1701

Family Poverty

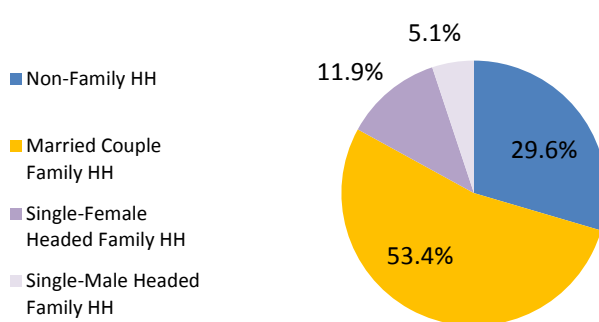
Richmond families are more likely to be headed by a single female and less likely to be married couples than families county-wide. Approximately two-thirds (66.4%) of Richmond households were families in 2010-12; relatively fewer than in Contra Costa (70.4%). Richmond had a higher percentage of single female-headed family households (20.8%) than the county overall (11.9%) and fewer married couple family households (39.8%) than county-wide (53.4%). (Chart 3).

CHART 3 RICHMOND AND CONTRA COSTA HOUSEHOLDS BY HOUSEHOLD TYPE

Richmond Households (HH)



Contra Costa Households (HH),



Source: U.S. Census Bureau, 2010-12 American Community Survey 3-Year Estimates, 2010-12; S1101.

DEFINITIONS OF FAMILY & NONFAMILY HOUSEHOLDS

Family Households: A family consists of a householder and one or more other people living in the same household who are related to the householder by birth, marriage or adoption. Family households and married-couple families do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples.. All people in a household who are related to the householder are regarded as members of his or her family. A family household may contain people not related to the householder, but those people are not included as part of the householder's family in tabulations. A household can contain only one family for purposes of tabulation. Families are classified by type as either a "married couple family" or "other family" according to the sex of the householder and presence of relatives – Male householder, no wife present (i.e., single-male headed); Female households, no husband present (i.e., single-female headed). Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption

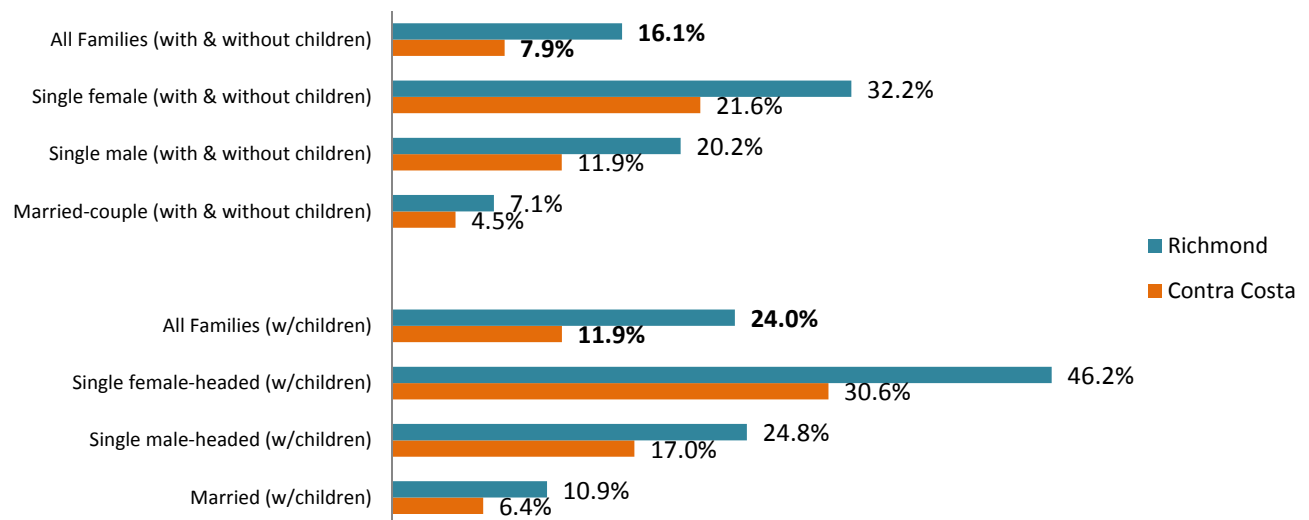
Nonfamily Households: Not all households contain families since a household may be comprised on a group of unrelated people or of one person living alone – these are called nonfamily households.

Related child: Any children under 18 years old who is related to the householder by birth, marriage or adoption, who may or may not be married, but do not maintain households and are not spouses or unmarried partners of householders.

Source: American Community Survey 2012 Subject Definitions

Richmond had higher family poverty than the county as a whole. Single-female headed families (both overall and with related children under 18 years old) and families with related children under 18 years old overall experience higher poverty than Richmond families as a whole. Single-male headed families in Richmond experienced increased poverty between 2005-07 and 2010-12. A greater percent of families lived in poverty in Richmond (16.1%) than county-wide (7.9%). Single female-headed family households (32.2%) and all families with related children under 18 years old (24.0%) experienced higher poverty than families in Richmond overall (16.1%). This pattern existed county-wide. Single female-headed family households with related children under 18 years old had the highest percent poverty in both Richmond (46.2%) and Contra Costa (30.6%).. Married couple families had lower poverty (7.1) than Richmond overall. (Chart 4) Single-male headed families experienced increased in poverty from 6.6% (2005-07) to 20.2% (2010-12).

CHART 4 PERCENT OF FAMILIES IN POVERTY IN PAST 12 MONTHS (INCLUDING FAMILIES WITH RELATED CHILDREN <18 YRS)

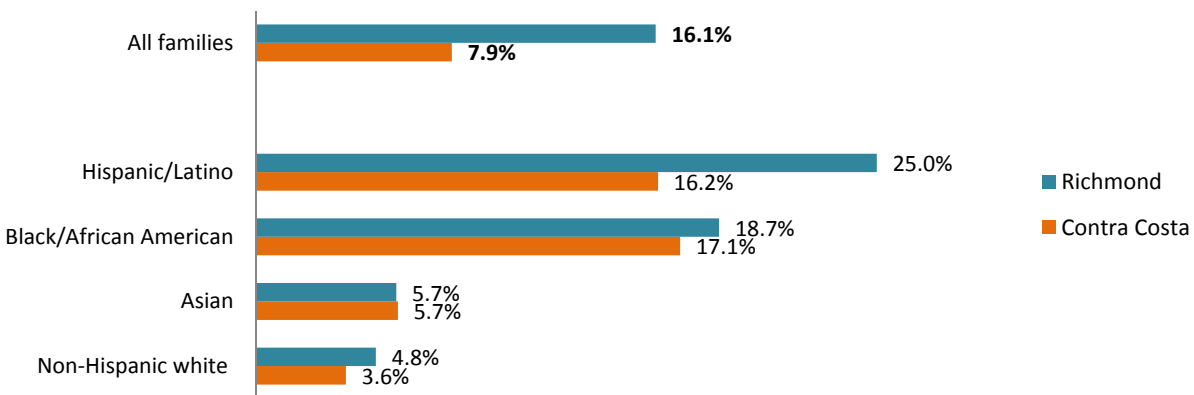


NOTE: "Children" refers to related children under 18 years old.

Source: U.S. Census Bureau, 2010-12 American Community Survey 3-Year Estimates, 2010-12; C17010.

Hispanic/Latino families had a higher poverty rate than Richmond families overall. Poverty among Hispanic/Latino families increased between 2005-07 and 2010-12. Poverty among Hispanic/Latino families in Richmond (25.0%) was higher than Richmond families overall (16.1%) and Hispanic/Latino families county-wide (16.2%). Asian and Non-Hispanic white families were less likely to live in poverty than Richmond families as a whole. (Chart 5) Poverty among Hispanic families increased from 14.1% (2005-07) to 25.0% (2010-12). *[Note: Throughout this document, unless indicated as "non-Hispanic", race/ethnic groups include both Hispanics and non-Hispanics. The data for these race/ethnic groups are therefore not mutually exclusive of data for Hispanics and should not be compared.]*

CHART 5 PERCENT POVERTY IN PAST 12 MONTHS BY FAMILY RACE/ETHNICITY



Source: U.S. Census Bureau, 2010-12 American Community Survey 3-Year Estimates, 2010-12; S1702

Note: The race/ethnic groups listed above are not mutually exclusive. Data for Blacks/African Americans and Asians include Hispanic and Non-Hispanic residents. Therefore, data for Hispanics should not be compared with data for Blacks/African Americans and Asians.

Unemployment

Labor force participation and unemployment were similar in Richmond and Contra Costa overall for those 16 years and older. Two-thirds of residents 16 years and older were in the labor force in both Richmond (65.8%) and Contra Costa (65.5%) in 2010-12. The unemployment rates in Richmond and Contra Costa were similar --12.8% and 11.0%, respectively. (Chart 6; Table 3)

POVERTY

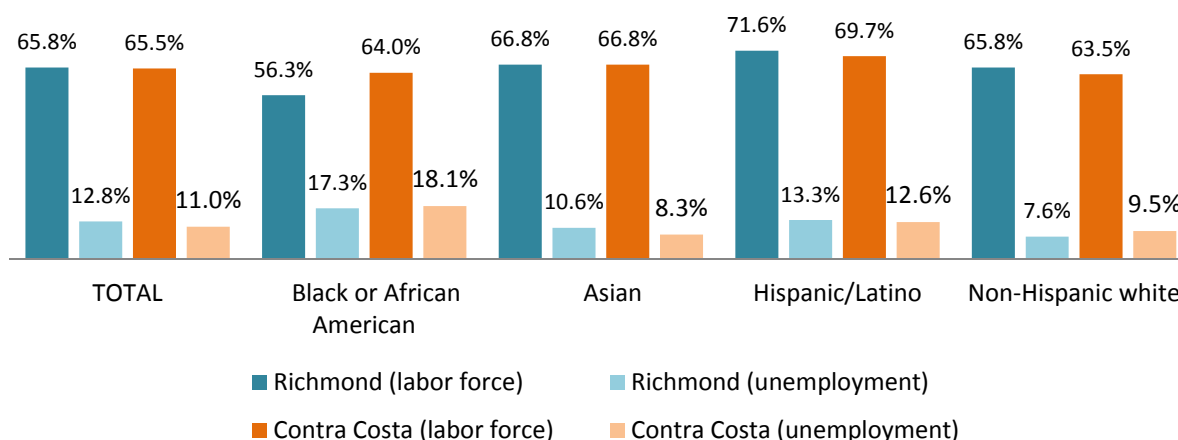
Residents living below poverty were less likely to be in the labor force and more likely to be unemployed than residents overall in both Richmond and Contra Costa. Labor force participation and unemployment among Richmond residents living below poverty was 53.4% and 39.7% compared to 76.0% and 12.3% for Richmond residents ages 20 to 64 years overall.

RACE/ETHNICITY

African Americans were less likely and Hispanics more likely to participate in the labor force than Richmond residents overall; non-Hispanic whites were less likely to be unemployed. Relatively fewer African American (56.3%) and more Hispanic (71.6%) residents 16 years and older were in the labor force in Richmond compared to Richmond residents of this age overall (65.8%) in 2010-12. A smaller percentage of African Americans in Richmond (56.3%) were in the labor force compared to African Americans county-wide (64.0%). The unemployment rate among Non-Hispanic whites (7.6%) was lower than Richmond overall (12.8%). (Chart 6; Table 3)

Most Richmond City Survey respondents indicated they felt there were “fair or poor” job opportunities in Richmond in both 2007 (90%) and 2013 (91%). There were no differences in these perceptions by race/ethnicity.

CHART 6 PERCENT IN LABOR FORCE & UNEMPLOYMENT RATE BY RACE/ETHNICITY (16 YEARS & OLDER)



Source: U.S. Census Bureau, 2010-12 American Community Survey 3-Year Estimates; S2301

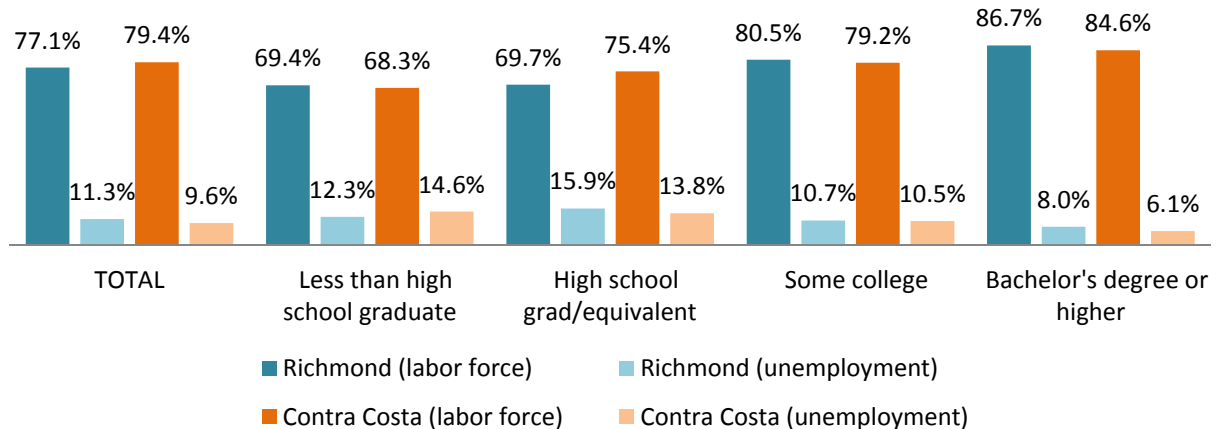
Note: The race/ethnic groups listed above are not mutually exclusive. Data for Blacks/African Americans and Asians include Hispanic and Non-Hispanic residents. Therefore, data for Hispanics should not be compared with data for Blacks/African Americans and Asians.

EDUCATION

Residents 25-64 years of age with lower education were less likely, and those with the highest education were more likely, to be in the labor force compared to Richmond residents overall. Labor force participation was lower in Richmond than county-wide for this age group. Relatively fewer Richmond residents with less than a high school degree (69.4%) and a high school degree (or equivalency) (69.7%) compared to those with at least some college (80.5%) and a least bachelor's degree (86.7%) or higher education. this was the case in Contra Costa as well. Labor force participation was lower in Richmond (77.1%) than Contra Costa's (79.4%) in 2010-12 for this age group.

Those with lower education (i.e., high school degree or equivalency) had a higher unemployment rate than those with the highest education (i.e., bachelor's degree or higher) in Richmond in 2010-12: 15.9% and 8%, respectively (Chart 7).

CHART 7 PERCENT IN LABOR FORCE & UNEMPLOYMENT RATE BY EDUCATION (25-64 YEARS)



Source: U.S. Census Bureau, 2010-12 American Community Survey 3-Year Estimates; S2301.

TABLE 3 LABOR PARTICIPATION BY RACE/ETHNICITY AND EDUCATIONAL ATTAINMENT

	Richmond			Contra Costa		
	Total Population	In Labor Force	Unemployment Rate	Total Population	In Labor Force	Unemployment Rate
RACE/ETHNICITY						
Population 16 years and over	81,067	65.8%	12.8%	836,774	65.5%	11.0%
Black or African American	21,138	56.3%**	17.3%	76,047	64.0%	18.1%*
Asian	12,774	66.8%	10.6%	124,921	66.8%	8.3%**
Hispanic/ Latino	27,818	71.6%*	13.3%	183,303	69.7%*	12.6%*
Non-Hispanic white	17,183	65.8%	7.6%**	423,041	63.5%**	9.5%**
EDUCATION						
Population 25 to 64 years	58,078	77.1%	11.3%	578,794	79.4%	9.6%
Less than high school grad	13,237	69.4%**	12.3%	63,997	68.3%**	14.6%*
High school grad (includes equivalency)	12,671	69.7%**	15.9%	106,056	75.4%**	13.8%*
Some college or associate's degree	18,065	80.5%	10.7%	180,313	79.2%	10.5%
Bachelor's degree or higher	14,105	86.7%*	8.0%	228,428	84.6%*	6.1%**

Source: U.S. Census Bureau, 2010-12 American Community Survey 3-Year Estimates; S2301.

(*) Significantly higher than jurisdiction total; (**) Significantly lower than jurisdiction total.

Note: The race/ethnic groups listed above are not mutually exclusive. Data for Blacks/African Americans and Asians include Hispanic and Non-Hispanic residents. Therefore, data for Hispanics should not be compared with data for Blacks/African Americans and Asians.

OCCUPATIONAL CLASS

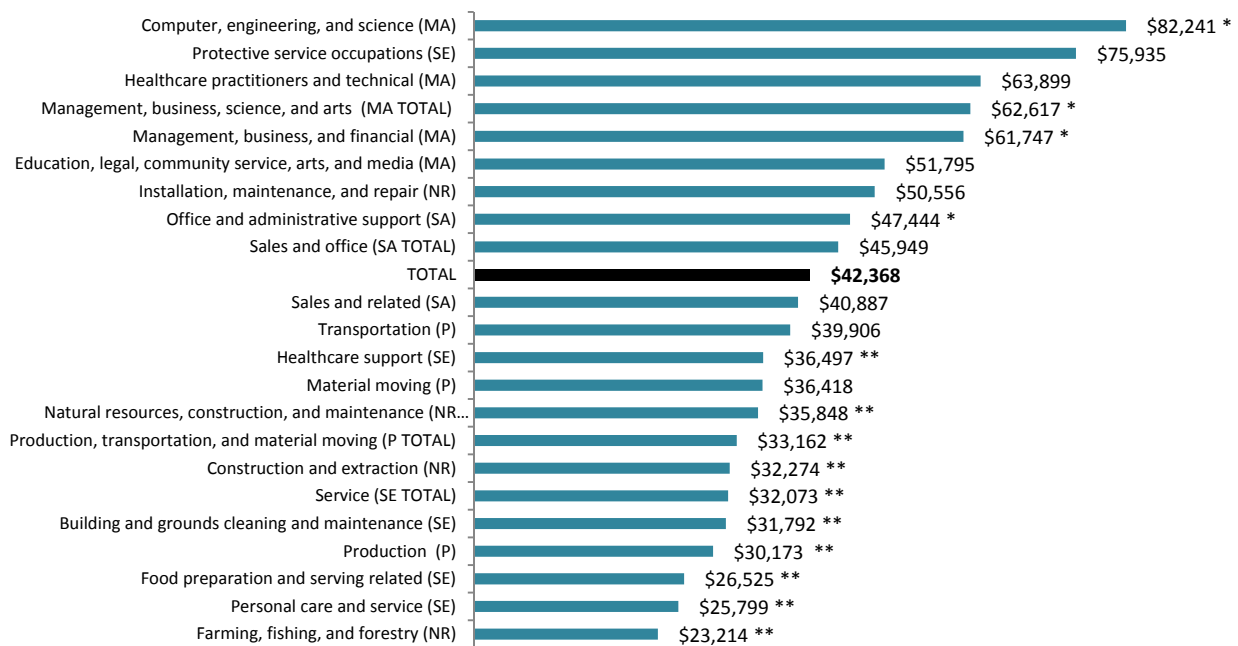
Median earnings were lower in Richmond than the county-wide. People working in the Management, business, science and arts occupational category (MA) had the highest median earnings and those working in computer, engineering, science jobs, management, business, and financial jobs and office and administrative support jobs had higher median earnings than Richmond workers overall.

Median earnings for fulltime, year-round employment were lower in Richmond (\$42,368) than county-wide (\$61,366) in 2010-12 overall and for specific occupational categories, including Management, business, sciences and arts; Natural Resources, construction and maintenance; and Production, transportation and material moving. The highest median earnings in both Richmond and Contra Costa were in the Management, business, science and arts occupational category (MA).

Median earnings were *higher than* overall median earnings in Richmond for the following types of jobs: Management, business, science and arts jobs overall (MA) and specifically Computer, engineering and science; Management, business and financial; and Office and administrative support jobs (Chart 8).

Median earnings were *lower than* overall median earnings in Richmond for the following types of jobs: Natural Resources, construction, and maintenance jobs overall (NR); Production, transportation and material moving jobs overall (P); Service jobs overall (SE) and specifically Healthcare support; Construction and extraction; Building and grounds cleaning and maintenance; Production; Food preparation and serving related; Personal care and service; and Farming, fishing and forestry jobs.

CHART 8 MEDIAN EARNINGS FOR FULLTIME, YEAR-ROUND CIVILIAN EMPLOYMENT BY OCCUPATION RICHMOND



Source: U.S. Census Bureau, 2010-12 American Community Survey 3-Year Estimates; B24021

(*) Significantly higher than jurisdiction total; (**) Significantly lower than jurisdiction total.

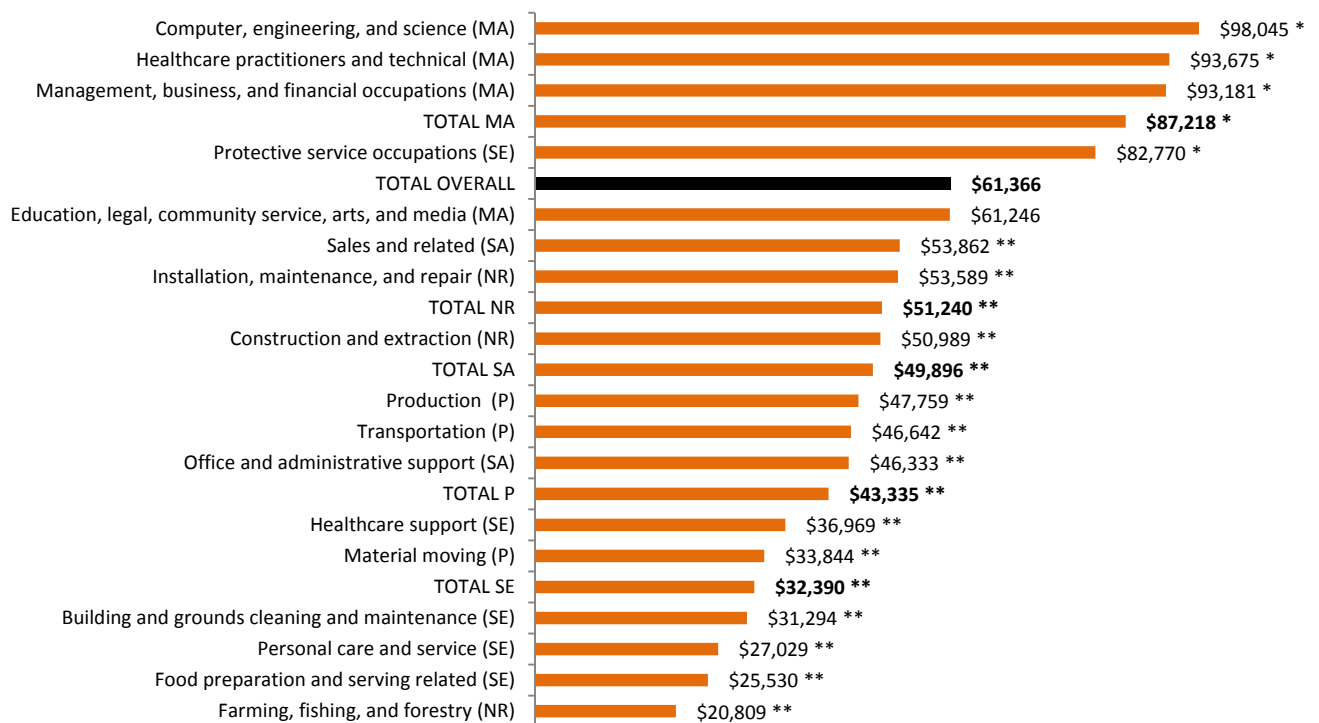
MA: Management, business, science, & arts; NR: Natural resources, construction & maintenance; P: Production, transportation and materials moving

SA: Office & administrative support; and SE: Service. (NOTE: Retail Sales Workers fall within the category of “Sales and related”, along with Supervisors of Sales Workers, Sales Representatives for Services. Sales Representatives for Wholesale and Manufacturing, and Other Sales related workers. For more information about specific classifications, see the Standard Occupational Classification Manual, <http://www.bks.gov/soc/>, which is used for coding Occupational data from the US Census.)

County-wide, median earnings were *higher than* overall median earnings for the following types of jobs: Management, business, science and arts jobs overall (MA) and specifically Computer, engineering and science; Healthcare practitioners and technical; Management, business and financial; and Protective service jobs (Chart 8).

Median earnings were *lower than* overall median earnings county-wide for all other jobs listed below except Education, legal, community service, arts and media, which had similar median earnings to the county total. (Chart 9)

CHART 9 MEDIAN EARNINGS FOR FULLTIME, YEAR-ROUND CIVILIAN EMPLOYMENT BY OCCUPATION CONTRA COSTA



Source: U.S. Census Bureau, 2010-12 American Community Survey 3-Year Estimates; B24021

(*) Significantly higher than jurisdiction total; (**) Significantly lower than jurisdiction total.

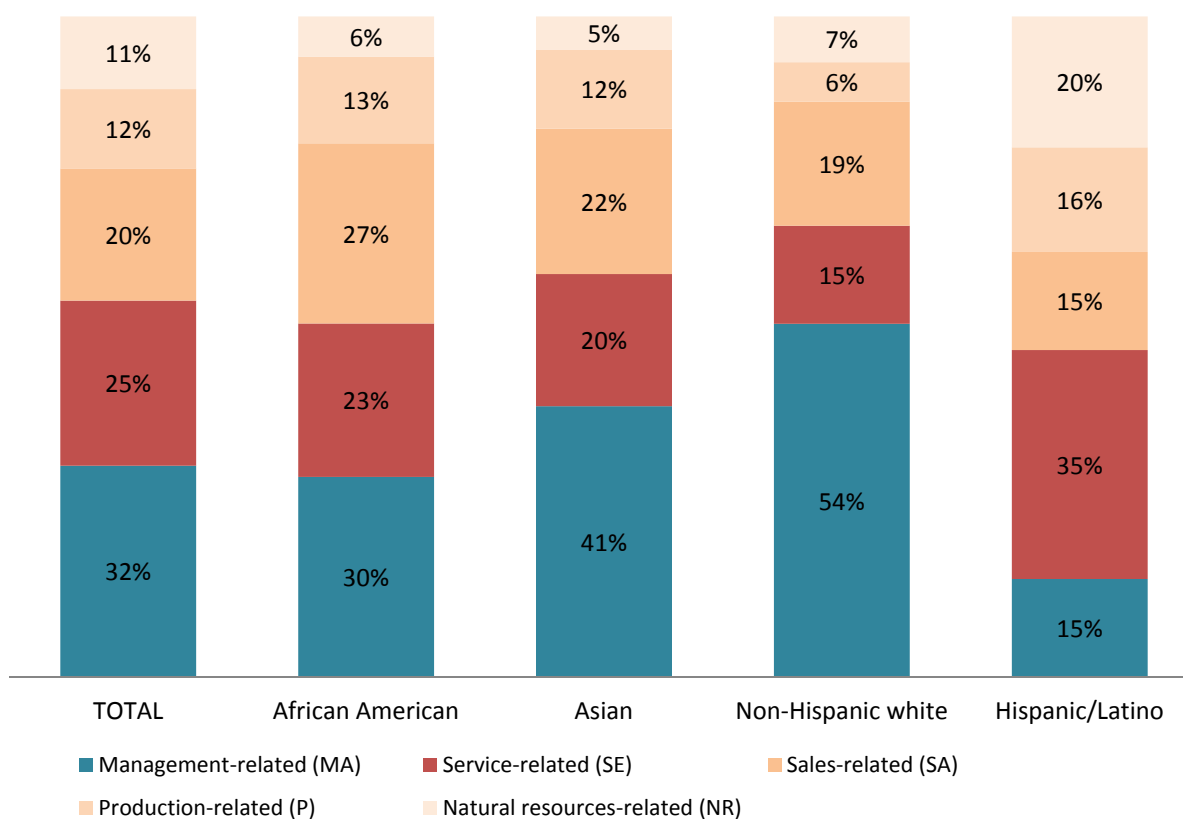
MA: Management, business, science, & arts; NR: Natural resources, construction & maintenance; P: Production, transportation and materials moving

SA: Office & administrative support; and SE: Service. (NOTE: Retail Sales Workers fall within the category of "Sales and related", along with Supervisors of Sales Workers, Sales Representatives for Services. Sales Representatives for Wholesale and Manufacturing, and Other Sales related workers. For more information about specific classifications, see the Standard Occupational Classification Manual, <http://www.bks.gov/soc/>, which is used for coding Occupational data from the US Census.)

Richmond residents were less likely to be employed in Management, business, science, and arts, the occupational category with the highest median earnings, compared to county residents. Hispanics were less likely and Non-Hispanics whites and Asians were more likely to work in Management-related jobs than Richmond residents overall. Approximately one-third of Richmond residents (32%) were employed in the Management, business, science and arts occupational category in 2010-12; less than countywide (43%). Hispanics (15%) were less likely, and Non-Hispanic whites (54%) and Asians (41%) were more likely, to work in this Management-related occupational category than Richmond residents overall (32%). Hispanics and Asians were less likely do this kind of work in Richmond than county-wide (Chart 10).

Median earnings for the population 16 years and over with earnings in the past 12 months (but not necessarily fulltime, year round employment) was lower for Hispanics and higher for None-Hispanic whites and Asians than Richmond overall.

CHART 10 PERCENT OF EMPLOYED CIVILIANS 16 YEARS & OLDER BY RACE/ETHNICITY & OCCUPATION, RICHMOND



Source: U.S. Census Bureau, 2010-12 American Community Survey 3-Year Estimates; C24010B,D,H,I S2401

Note: The race/ethnic groups listed above are not mutually exclusive. Data for Blacks/African Americans and Asians include Hispanic and Non-Hispanic residents. Therefore, data for Hispanics should not be compared with data for Blacks/African Americans and Asians.

Self-sufficiency

Families with 1 adult and 2 or 3 children making median earnings in Richmond are unable to meet basic needs. Only jobs with the highest median earnings - Management, business, science and arts - enable Richmond families with 1-adult and 2 school children to make ends meet.

The Family Economic Self-Sufficiency Standard for California was developed by The Insight Center for Economic Development to provide a more accurate picture of economic insufficiency than the Federal Poverty Level, which is often used to determine eligibility for public support programs yet grossly underestimates economic need particularly in places like the Bay Area where cost of living is much higher than the national average. The Self-Sufficiency Standard “measures the minimum income needed

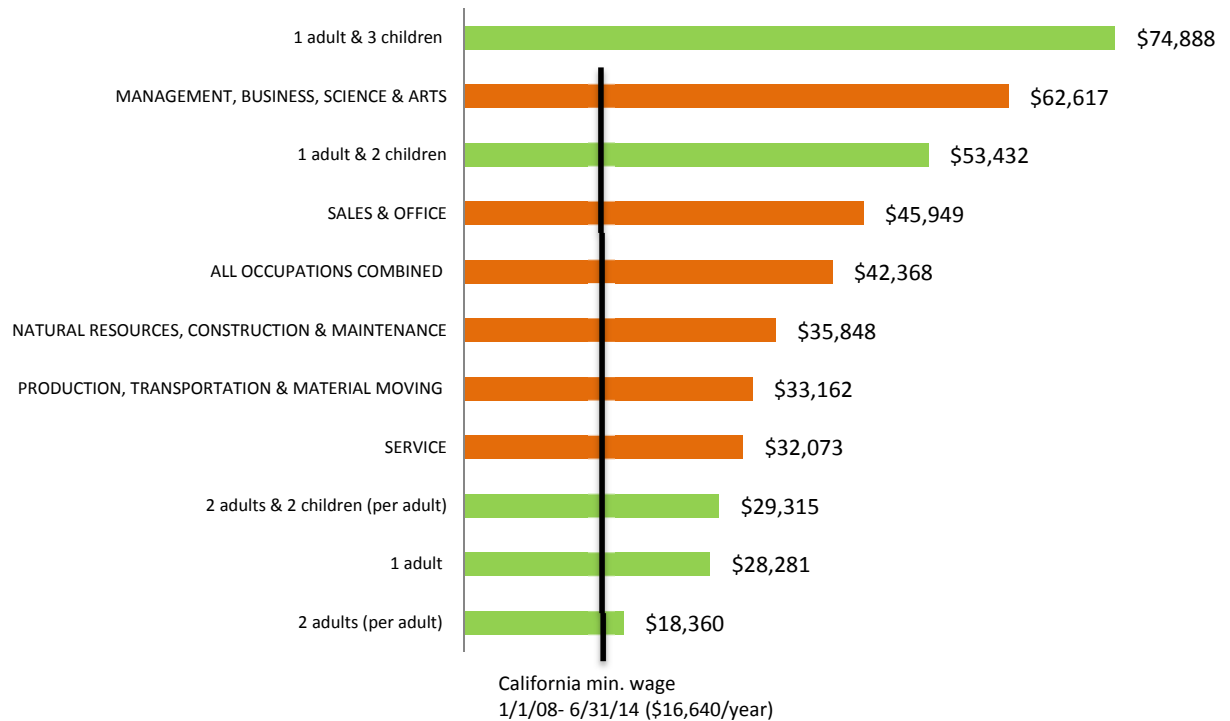
to cover all of a non-elderly (under 65 years old) individual or family 's basic expenses – housing, food, child care, health care, transportation and taxes - without public or private assistance.)”¹ Self-sufficiency standards are available for 156 family types and vary based on number of adults and number and age of children. Self-sufficiency standards are not calculated at the city level. However, Contra Costa’s Self-Sufficiency Standard provides a relatively local measure to use in assessing the income needed by Richmond residents to cover basic family costs.

Contra Costa’s 2011 Self-Sufficiency Standard for five common family types were: 2 adults (\$18,360 per adult); 1 adult (\$28,281); 2 adults and 2 school-age children (\$29,315 per adult); 1 adult with 2 school-age children (\$53,432) and 1 adult with 3 school-age children (\$74,888). One way to address poverty and support self-sufficiency is to ensure that wages meet or exceed self-sufficiency standards. The median earnings for Richmond’s civilian population 16 years and older employed fulltime year-round in 2010-12 were \$42,368; lower than the self-sufficiency standard for 1 adult with 2 or 3 school-age children (\$53,432 and \$74,888 respectively). In fact, none of the median earnings for any of the occupational categories in Richmond in 2010-12 met the self-sufficiency standards for 1-adult families with 3 school-age children and only the median earnings for the Management, business, science and arts occupational category met this standard for families with 1-adult and 2 school-age children.

Residents earning minimum wage during 2010-12, which was \$8 per hour in California (and Richmond) from 1/1/08 to 6/31/14 equating to less than \$17,000 for full-time year-round work, did not meet Contra Costa’s self-sufficiency standard for any of the family types listed in Chart 12. California’s minimum wage increased to \$9 per hour (\$19,008 annually) on 7/1/14 and will rise to \$10.00 per hour (\$21,120 annually) on 1/1/16 but even these increases would only meet Contra Costa’s 2011 self-sufficiency standard for one of the family types mentioned earlier -- 2-adult household without children (\$18,360 per adult). (Chart 11)

¹Insight Center for Community Economic Development. (www.insightcced.org)

CHART 11 SELF SUFFICIENCY STANDARDS BY FAMILY SIZE (2011) COMPARED TO MEDIAN WAGES BY OCCUPATION



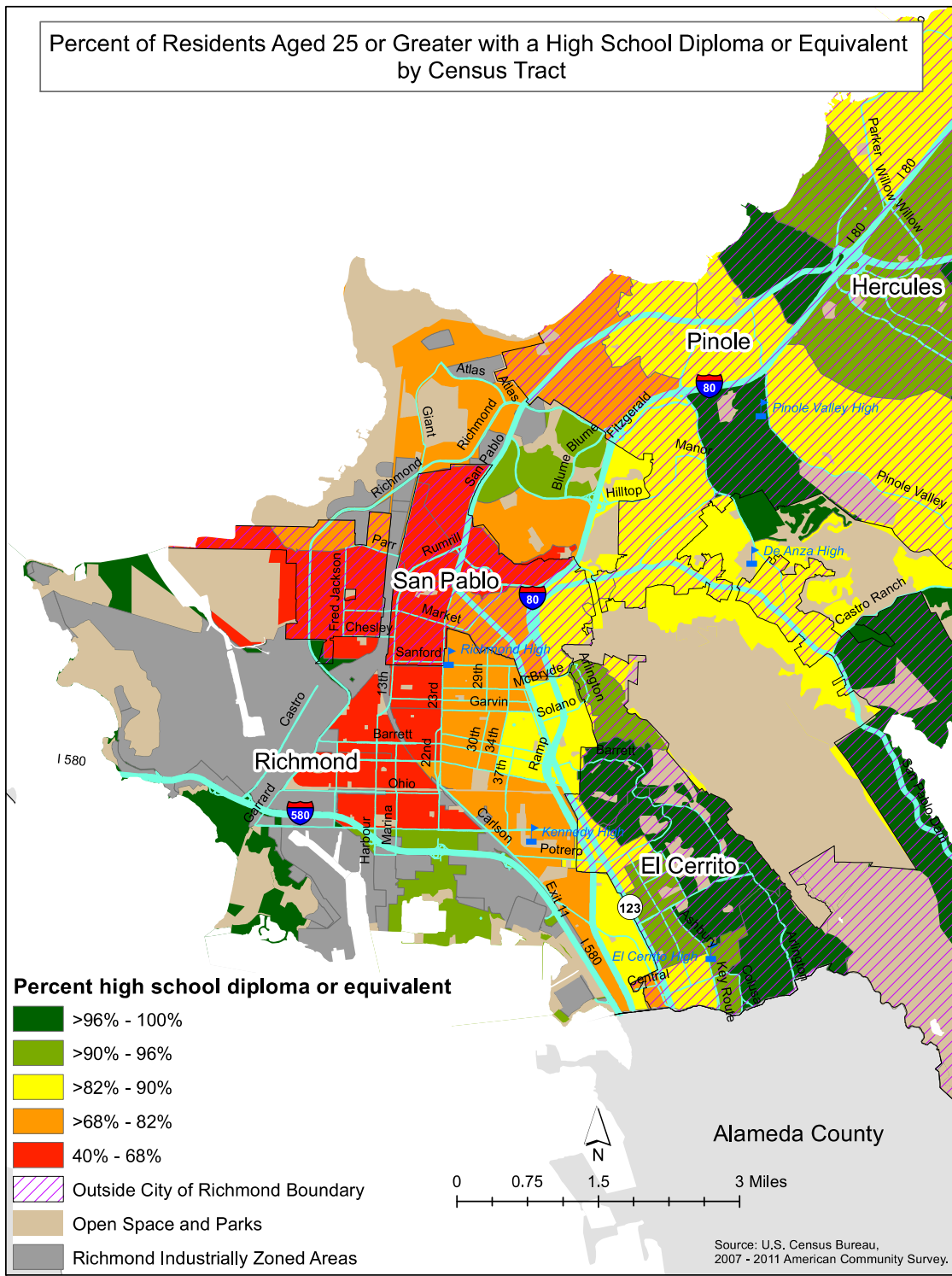
Sources: U.S. Census Bureau, 2010-2012 American Community Survey 3-Year Estimates: B24021; California Department of Industrial Relations (www.dir.ca.gov/dlse/faq_minimumwage.htm); and Insight Center for Community Economic Development.

Note: The California minimum wage presented here was in effect until July 1, 2014, at which time it increased to \$9.00/hr or \$18,720/year. Richmond's minimum wage will increase to \$9.60/hr or \$19,968 on January 1, 2015.

Median earnings estimates are based on 2012 inflation -adjusted dollars for the full-time, year-round civilian employed population 16 years & over.

Educational Outcomes

MAP 2 PERCENT OF RESIDENTS AGED 25 OR GREATER WITH HIGH SCHOOL DIPLOMA OR EQUIVALENT



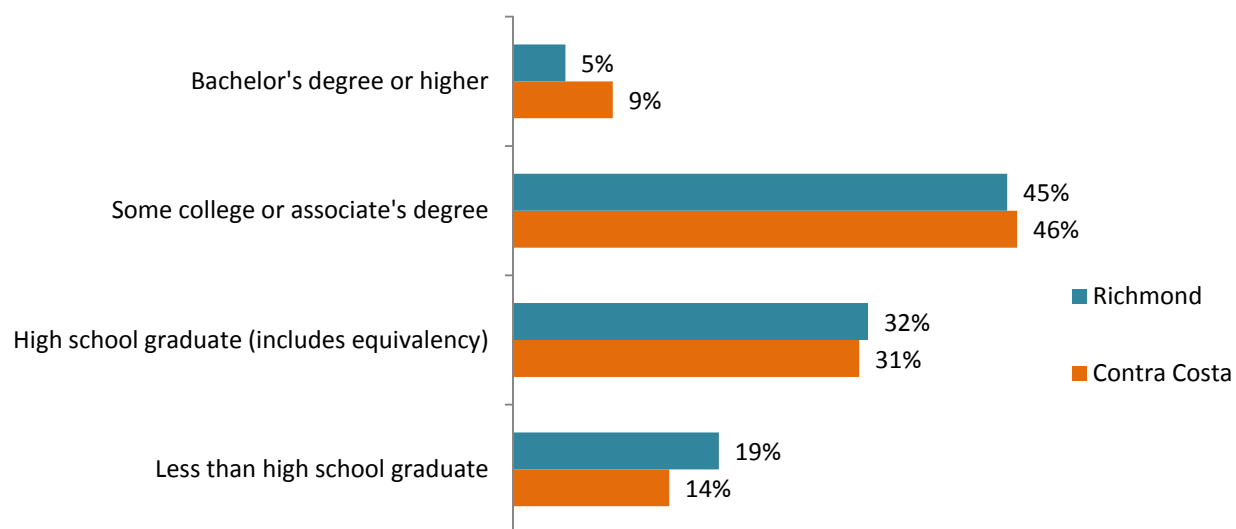
Contra Costa Public Health, Epidemiology, Planning and Evaluation, November 2013

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Educational Attainment

Overall, educational attainment is similar in Richmond and Contra Costa among youth aged 18-24, only a lower percentage of individuals had completed a bachelor's degree in Richmond than in Contra Costa. The percentage of youth completing a bachelor's degree was almost double in Contra Costa than in Richmond (9% in Contra Costa, compared to 5% in Richmond). Although the percentage of youth with less than a high school graduation or equivalent was higher in Richmond (19% compared to 14% in Contra Costa), this difference was not significant. (Chart 12)

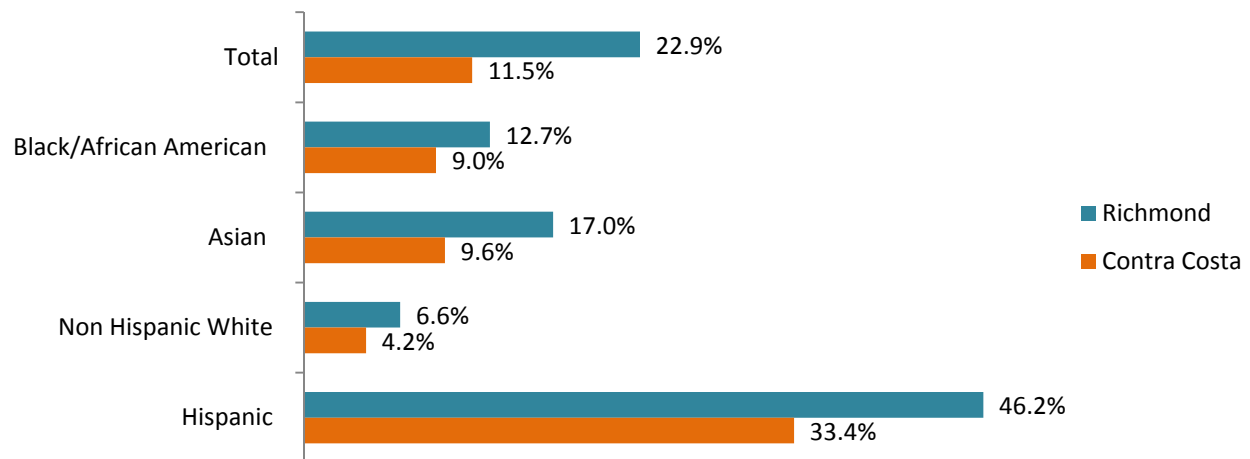
CHART 12 EDUCATIONAL ATTAINMENT AMONG AGED 18-24



Source: U.S. Census Bureau, 2010-2012 American Community Survey 3-Year Estimates; Table S1501

Among those 25 and older, there is lower educational attainment in Richmond than in Contra Costa for people of color and within Richmond, the lowest educational attainment is among Hispanics. In Richmond, 77.1% did not receive a high school diploma or equivalent compared to 88.5% in Contra Costa (Table 4, Chart 13). Educational attainment is lower among Blacks/African Americans, Asians, and Hispanics/Latinos in Richmond compared to their counterparts in Contra Costa. There were no differences in educational attainment by gender between Richmond to Contra Costa overall or within race or ethnic groups.

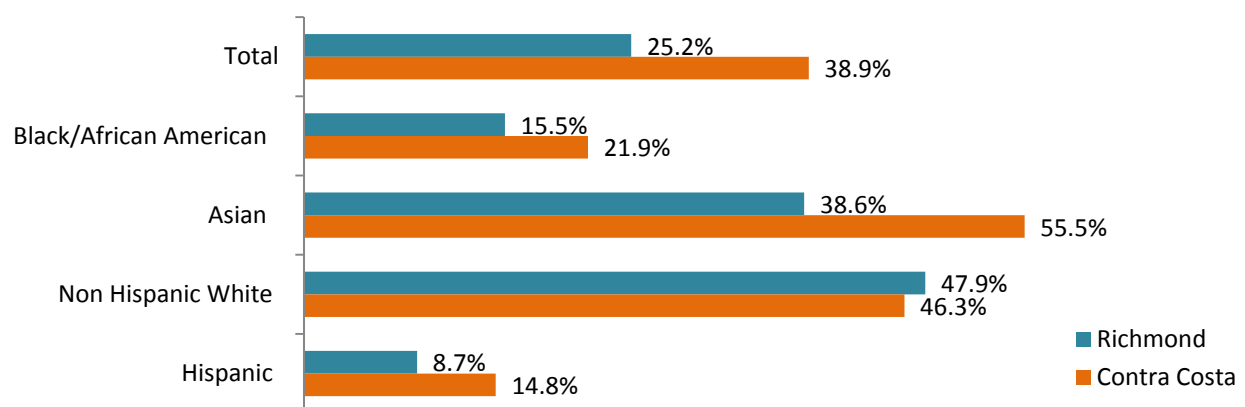
CHART 13 PERCENT OF POPULATION 25 YEARS & OLDER WITH LOW EDUCATION (LESS THAN HIGH SCHOOL)



Source: U.S. Census Bureau, 2010-2012 American Community Survey 3-Year Estimates; Tables B15002, b,d,h,i Note: The race/ethnic groups listed above are not mutually exclusive because data for African Americans/Blacks and Asians include Hispanic and Non-Hispanic residents. Therefore, data for Hispanics should not be compared with data for African Americans/Blacks and Asians.

Blacks/African Americans in Richmond were more likely to graduate from High School and more likely to complete some college or an associate's degree, but less likely to complete a bachelor's or above ((Table 4, Chart 14). Asians in Richmond were more likely to complete a Bachelor's or above (38.6%) than Richmond residents 25 and older overall (25.2%). Whites in Richmond were more likely to graduate from High School and more likely to complete a Bachelor's degree than Richmond residents overall. Hispanics were more likely to have not completed a High School degree or equivalent and also less likely to have some college or a bachelor's degree than Richmond residents 25 and older overall.

CHART 14 PERCENT OF POPULATION 25 YEARS & OLDER WITH HIGH EDUCATION (BACHELOR'S OR ABOVE)



Source: U.S. Census Bureau, 2010-2012 American Community Survey 3-Year Estimates; Tables B15002, b,d, h,i Note: The race/ethnic groups listed above are not mutually exclusive. Data for Blacks/African Americans and Asians include Hispanic and Non-Hispanic residents. Therefore, data for Hispanics should not be compared with data for Blacks/African Americans and Asians.

TABLE 4 EDUCATIONAL ATTAINMENT FOR POPULATION 25 YEARS & OLDER BY RACE ETHNICITY, 2010-2012

	Richmond				Contra Costa			
	Less than HS	HS or Equivalent	Some College or Associates	Bachelor's or Above	Less than HS	HS or Equivalent	Some College or Associates	Bachelor's or Above
All Races	22.9%	21.3%	30.6%	25.2%	11.5%	19.1%	30.5%	38.9%
Female	20.6%	19.8%	32.3%	27.3%	10.9%	19.3%	31.9%	38.0%
Male	25.4%	22.9%	28.7%	22.9%	12.1%	18.9%	29.1%	39.9%
Black/African American	12.7%	27.5%	44.4%	15.5%	9.0%	23.1%	46.0%	21.9%
Female	10.9%	25.8%	47.1%	16.2%	8.3%	21.3%	47.2%	23.2%
Male	15.0%	29.7%	40.7%	14.6%	9.9%	25.4%	44.4%	20.3%
Asian	17.0%	17.3%	27.2%	38.6%	9.6%	12.1%	22.7%	55.5%
Female	20.3%	14.3%	28.0%	37.4%	11.0%	11.8%	23.1%	54.1%
Male	13.1%	20.7%	26.2%	39.9%	7.9%	12.5%	22.3%	57.3%
Non-Hispanic White	6.6%	13.7%	31.9%	47.9%	4.2%	18.1%	31.4%	46.3%
Female	6.3%	11.2%	29.7%	52.7%	4.1%	19.4%	32.7%	43.8%
Male	6.9%	16.6%	34.3%	42.3%	4.4%	16.6%	30.0%	49.0%
Hispanic or Latino	46.2%	25.3%	19.8%	8.7%	33.4%	25.1%	26.8%	14.8%
Female	43.1%	25.1%	21.2%	10.6%	30.9%	24.1%	29.1%	16.0%
Male	49.0%	25.4%	18.5%	7.1%	35.9%	26.1%	24.5%	13.6%

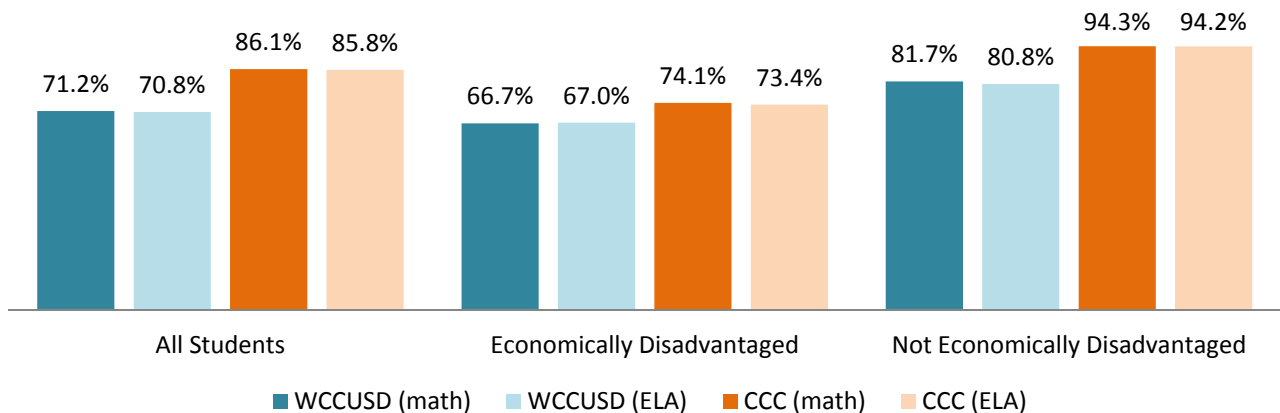
U.S. Census Bureau, 2010-2012 American Community Survey 3-Year Estimates; Tables B15002, b,d,,h,i

Note: The race/ethnic groups listed above are not mutually exclusive. Data for Blacks/African Americans and Asians include Hispanic and Non-Hispanic residents. Therefore, data for Hispanics should not be compared with data for Blacks/African Americans and Asians.

Richmond high student exit exam, graduation, and postsecondary enrollment

The percent of 10th graders who passed the high school exit exam was lower in West Contra Costa Unified School District (WCCUSD) than in the county overall. There were also differences by socioeconomic status within the district and countywide. Students from “economically disadvantaged” households were also less likely to pass these tests than those from “not economically disadvantaged” homes.

CHART 15 PERCENT OF 10TH GRADERS PASSED CALIFORNIA HIGH SCHOOL EXIT EXAM (CAHSEE) BY SOCIO-ECONOMIC STATUS, 2014 (COMBINED)

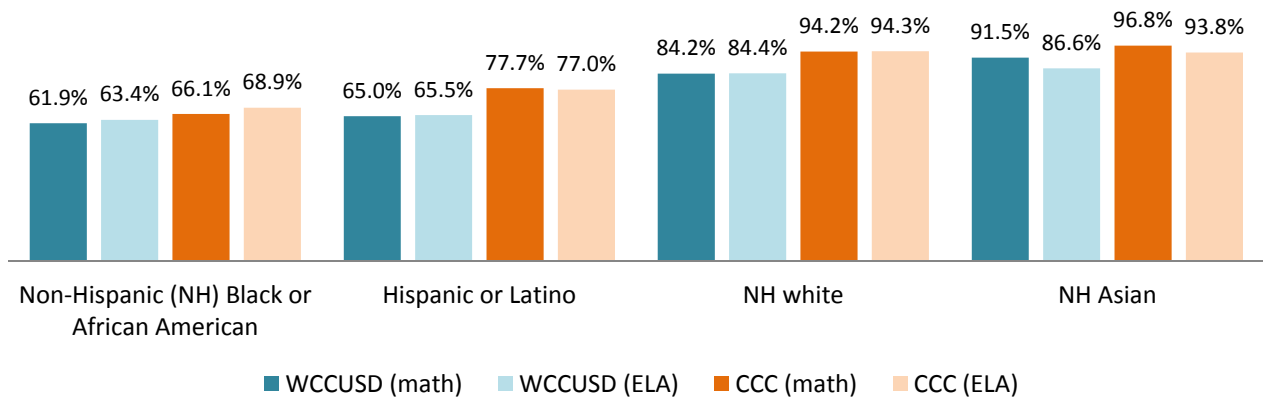


Source: California Department of Education. Accessed 1/22/15 from <http://cahsee.cde.ca.gov>.

NOTE: Economically disadvantaged is defined as eligible to participate in free or reduced-price lunch, or the parent education level was coded as “not high school graduate.”

Differences in passage rates for high school exit exams also exist by race/ethnicity. Higher percentages of Non-Hispanic (NH) Asian and NH white 10th graders passed these tests than Hispanic/Latino and NH Black/African American students. This occurred both locally and county-wide. NH Asian, NH white and Hispanic/Latinos 10th graders from WCCUSD worse were also less likely to pass these tests than students in these race/ethnic groups countywide. No such differences were detected between NH Black/African American 10th graders from WCCUSD and those county-wide.

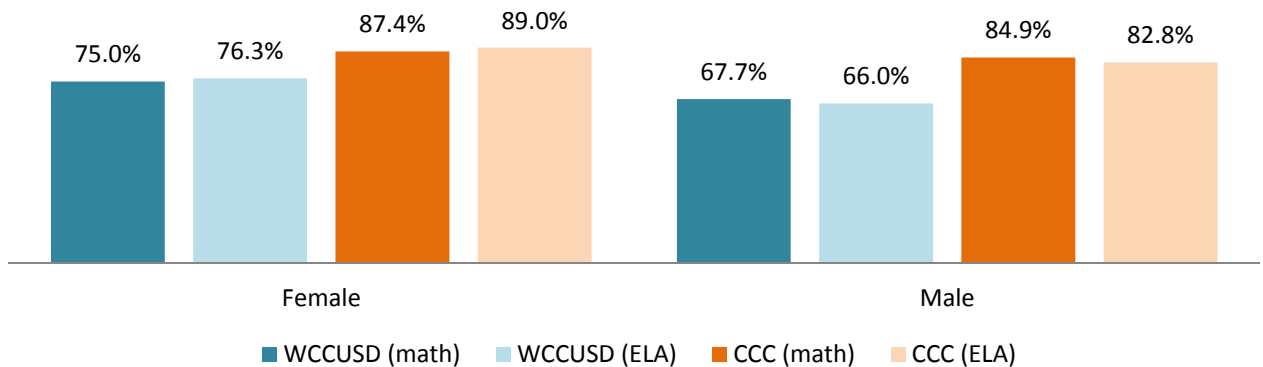
CHART 16 PERCENT OF 10TH GRADERS PASSED CAHSEE BY RACE/ETHNICITY, 2014 (COMBINED)



Source: California Department of Education. Accessed 1/22/15 from <http://cahsee.cde.ca.gov>.

Females were more likely than males to pass these high school exit exams, both locally and county wide. The percent of 10th graders who passed these tests was higher for both genders county wide compared to WCCUSD.

CHART 17 PERCENT OF 10TH GRADERS PASSED CAHSEE BY GENDER, 2014 (COMBINED)



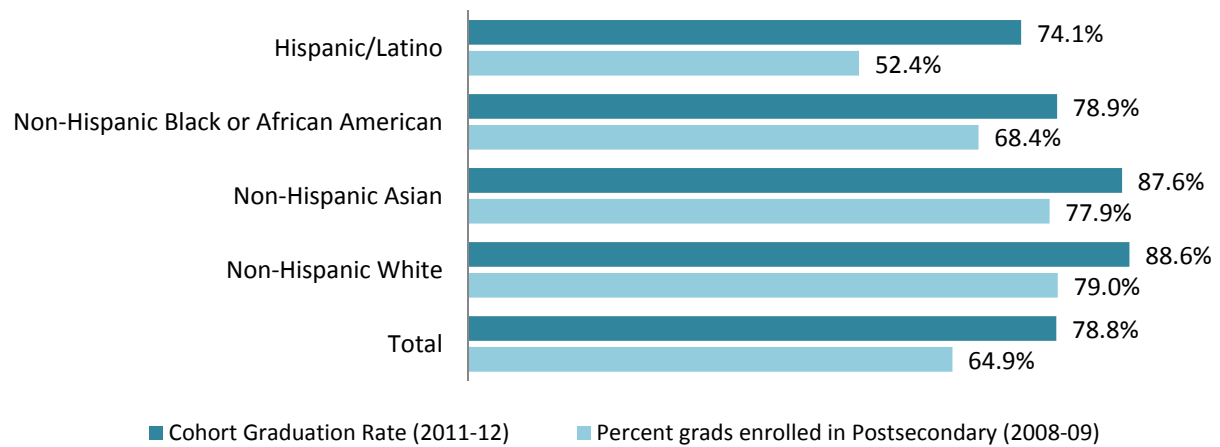
Source: California Department of Education. Accessed 1/22/15 from <http://cahsee.cde.ca.gov>.

Cohort graduation rates are similar across race/ethnic groups, but post-secondary education enrollment is lowest among Hispanic or Latinos and the socioeconomic disadvantaged.

Percent enrollment in higher education among graduates was lower than graduation rates overall, but this was particularly pronounced for Hispanics and socioeconomic disadvantaged students – 52.4% and 59.4% of these graduates, respectively, enrolled in post-secondary education in 2008-09. (Chart 18).

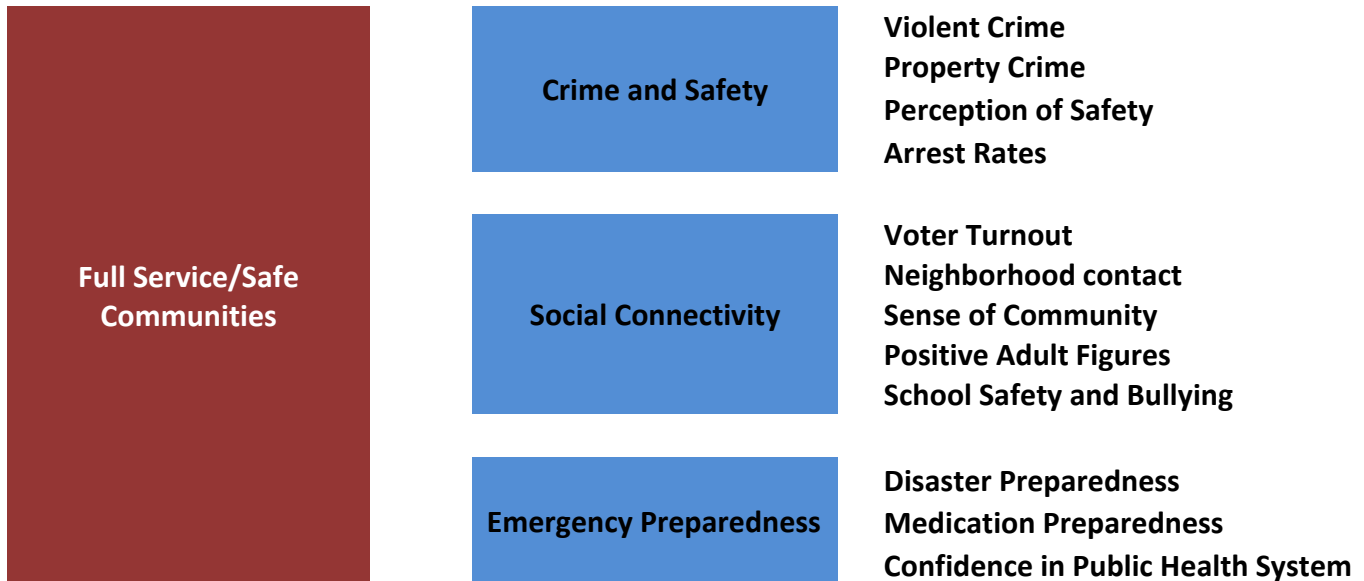
Areas of West County with low percentages of residents who have at least a high school diploma or equivalent education (i.e., census tracts with no more than 68% of residents with at least this level of education) in 2007-11 include parts of San Pablo and Richmond neighborhoods. (Map 2)

CHART 18 RICHMOND GRADUATION RATE AND GRADUATE ENROLLMENT IN POST-SECONDARY EDUCATION



NOTE: Combined estimates include Richmond, Kennedy, Pinole, and DeAnza High Schools. Source: California Dept of Education
Cohort graduation rate doesn't include students who received a high school equivalency exam.

Chapter 2 Full Service and Safe Communities



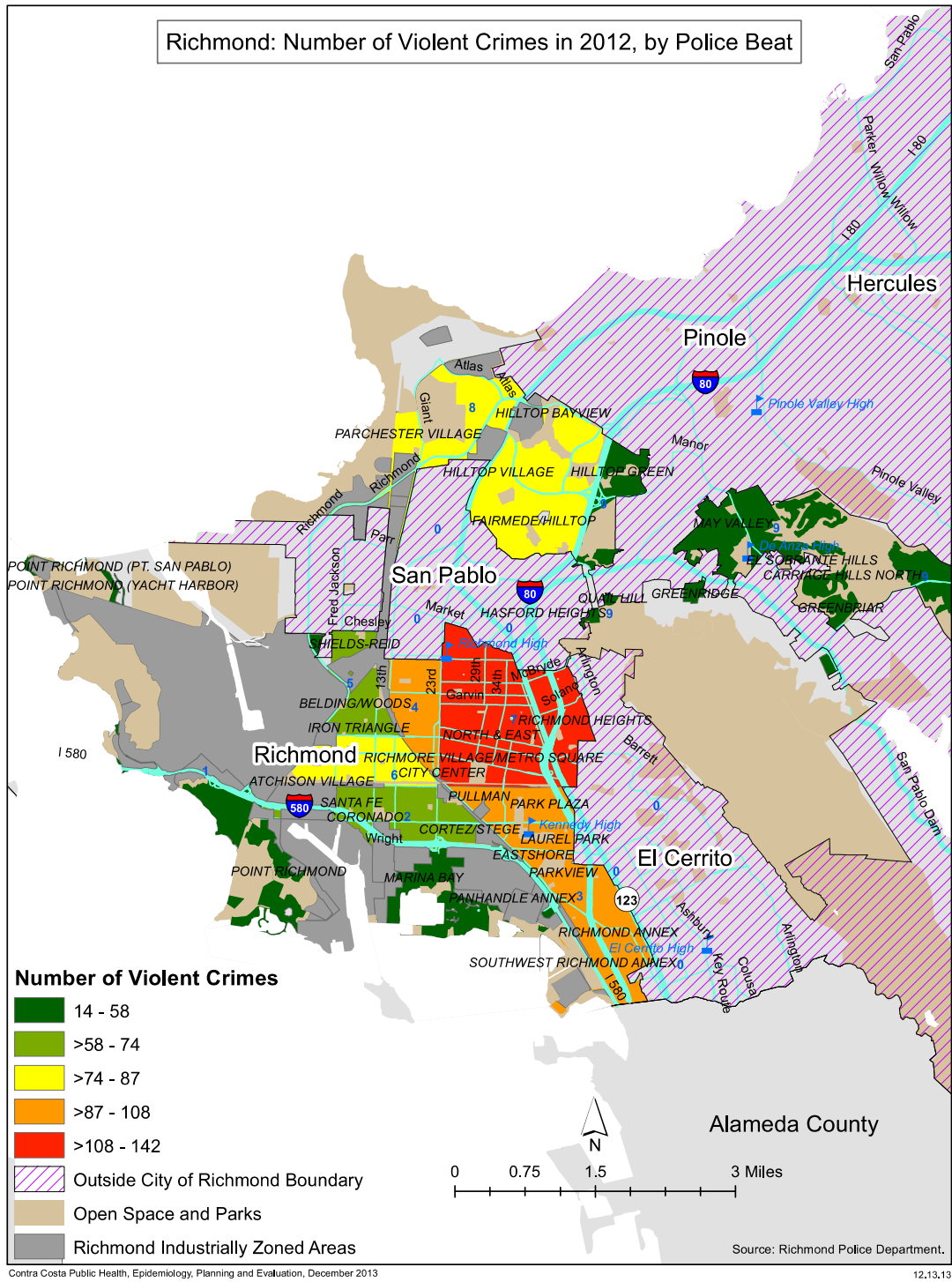
The safety and security in communities is key to maintaining a healthy environment in which residents can thrive. Safety is influenced by the crime rate, but also by perceptions of safety and by social connectivity of residents. The ability for a community to withstand a disaster is linked strongly to social cohesion and to the preparation of residents. The role of institutions, such as city government, schools and public health, helps residents maintain a sense of security and be resilient.

Violent crime rates have been declining and homicide counts are down. The sense of security for Richmond residents is improving as residents feel more secure in their neighborhoods. Social cohesion and connectivity are a key metrics, but are difficult to measure. Civic participation through voter turnout, and reported perceptions of the community are proxies for the overall cohesion of the community. For youth, the school setting is essential to their perceptions of safety, and Richmond students overall feel safe in their schools and report bullying in low numbers. Disaster preparedness is key for resilience and we expect that lower income residents are less prepared for a disaster and have lower confidence in the public health system in the event of a disaster.



Crime and Safety

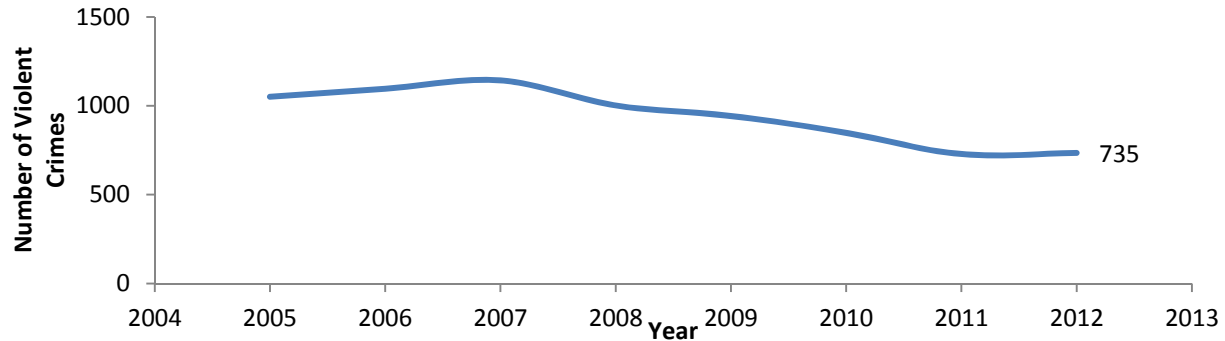
MAP 1. NUMBER OF VIOLENT CRIMES BY POLICE BEAT



Violent Crime

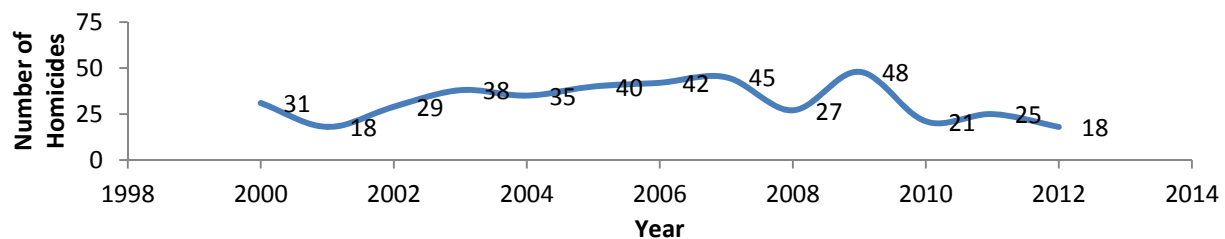
Violent crime has decreased by 49% between 2005 and 2012 (Chart 1). As homicide counts are much lower, it is difficult to ascertain a statistically significant difference over time. However, homicide counts appear to be declining in Richmond, especially in light of the overall decline of violent crime (Chart 2). The highest number of violent crimes remain in the downtown area of Richmond (Map 1).

CHART 1. RICHMOND: NUMBER OF VIOLENT CRIMES (2005-2012)



Source: Richmond City Police Department

CHART 2. RICHMOND: NUMBER OF HOMICIDES (2000-2012)

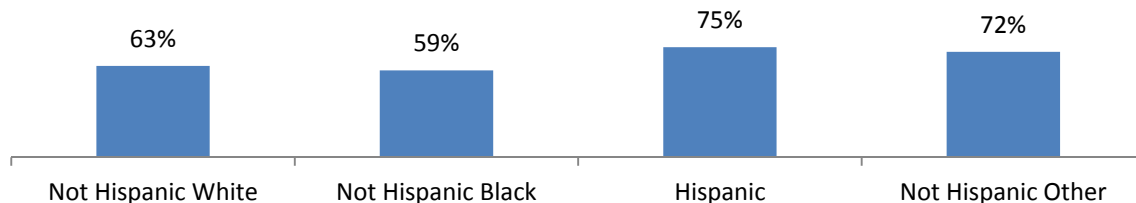


Source: Richmond City Police Department

Perceptions of Violent Crime

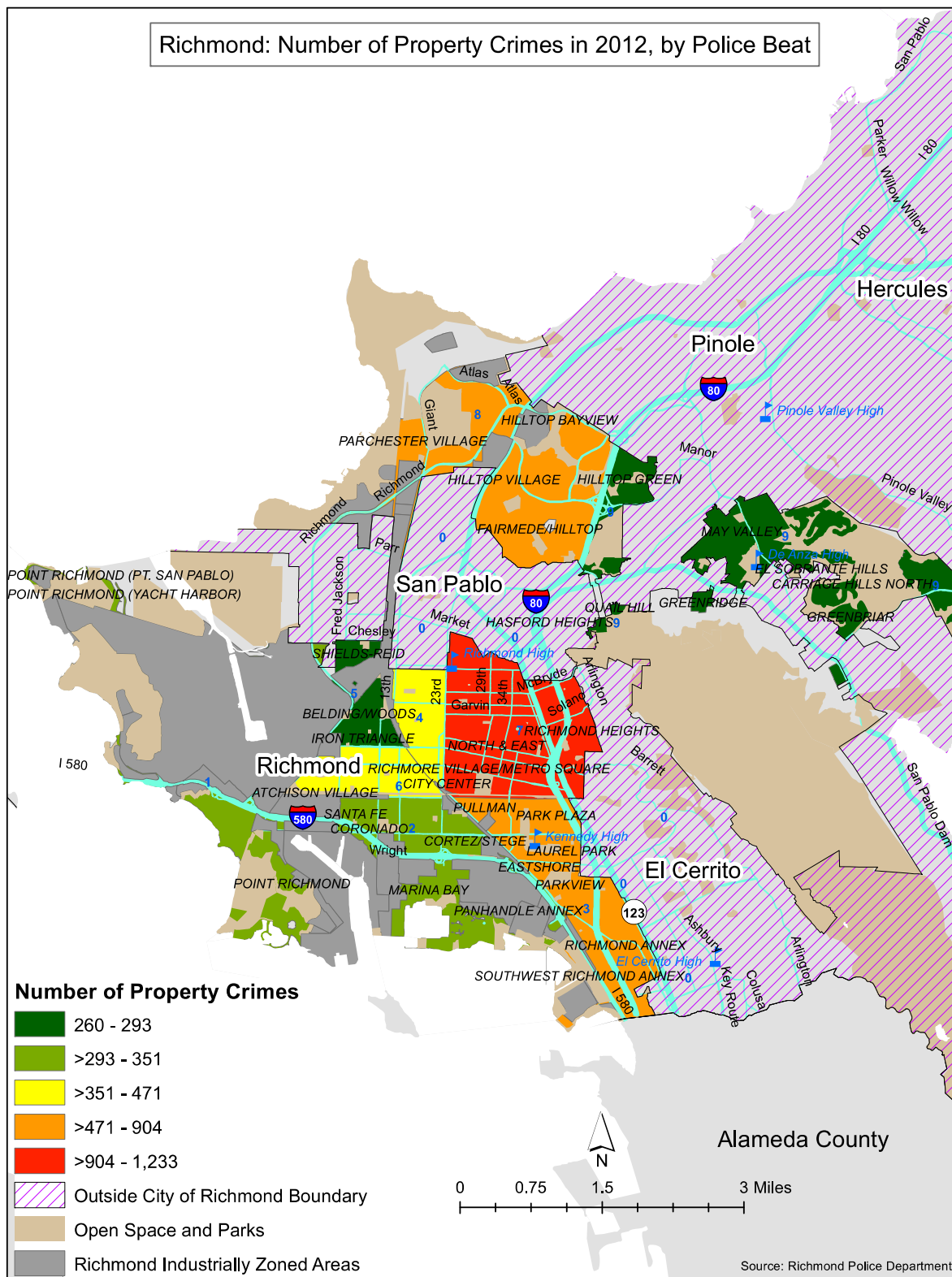
Richmond residents report improving perceptions about violent crime safety in the city. In 2013 61% of respondents reported that they felt somewhat or very unsafe, compared to 75% in 2007. These results differed by race/ethnic group. White and Black residents reported improved perception of safety from violent crime, compared to Hispanic and Other groups. (Chart 3)

CHART 3. PERCENT OF RICHMOND RESIDENTS WHO REPORT FEELING SOMEWHAT OR VERY UNSAFE DUE TO VIOLENT CRIME (E.G. RAPE, ASSAULT, ROBBERY)



Source: Richmond City Survey, Combined years 2009, 2011, 2013

MAP 2. RICHMOND PROPERTY CRIMES BY POLICE BEAT



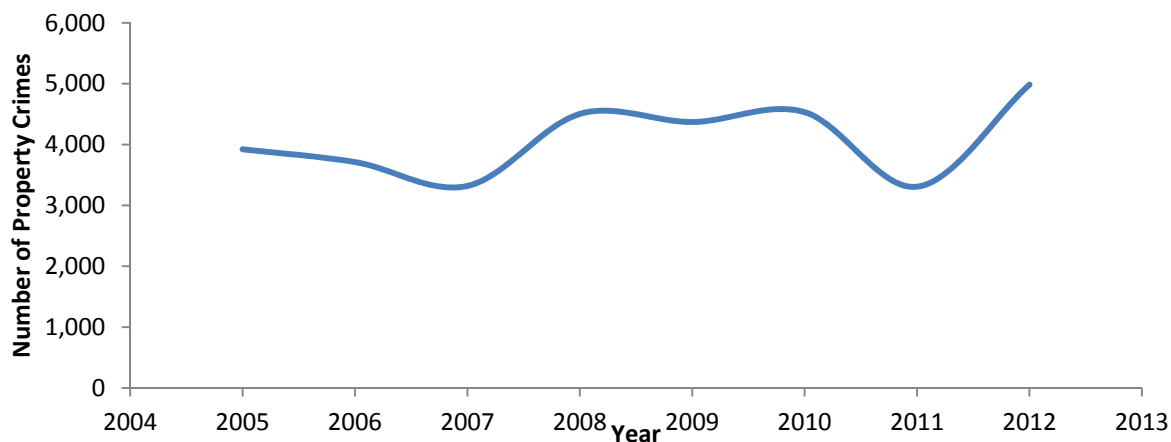
Contra Costa Public Health, Epidemiology, Planning and Evaluation, December 2013

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Property Crime

Over the period analyzed for this report, there was no detectable decline in property crime in the city of Richmond (Chart 4). The highest number of property crimes occurred in the downtown area of Richmond (Map 2).

CHART 4. RICHMOND: NUMBER OF PROPERTY CRIMES (2004-2012)

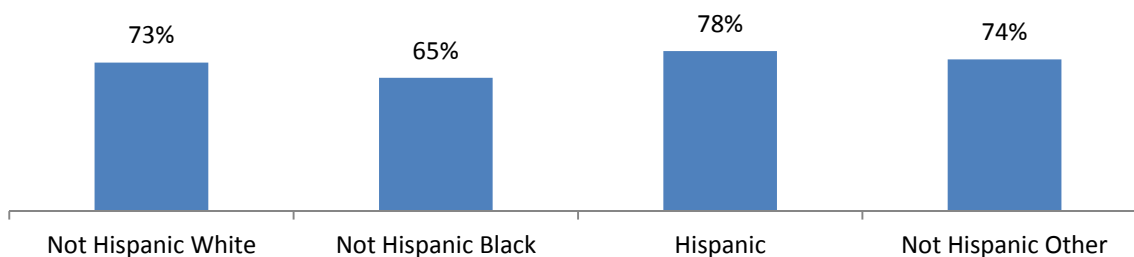


Source: Richmond City Police Department

Perceptions of Property Crime

Richmond residents report their perception of safety due to property crimes (e.g. burglary and theft). In 2013, 71% of residents reported feeling somewhat or very unsafe. This was lower, but not significantly lower than the percent in 2007, when 79% of residents reported feeling somewhat or very unsafe. Results differed by race ethnicity, with fewer Blacks reporting that they felt somewhat or very unsafe compared to the other race/ethnic groups.

CHART 5. PERCENT OF RICHMOND RESIDENTS WHO REPORT FEELING SOMEWHAT OR VERY UNSAFE DUE TO PROPERTY CRIME (E.G. BURGLARY, THEFT)

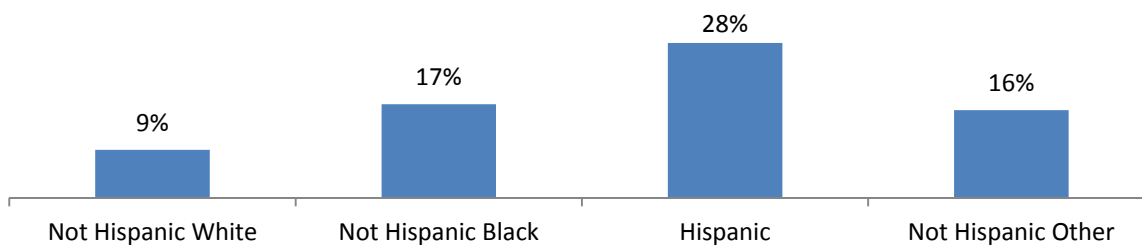


Source: Richmond City Survey, Combined years 2009, 2011, 2013

Perceptions of neighborhood safety

Richmond residents report their perceptions of their neighborhood during the day. Responses to this question were unchanged from 2007 to 2013. In 2013, 17% of residents reported that they felt somewhat or very unsafe during the day. The response to this question differed by race/ethnic group, with Hispanic residents reporting a higher level of unsafety (28%) and White residents reporting a lower level of unsafety (9% (Chart 6).

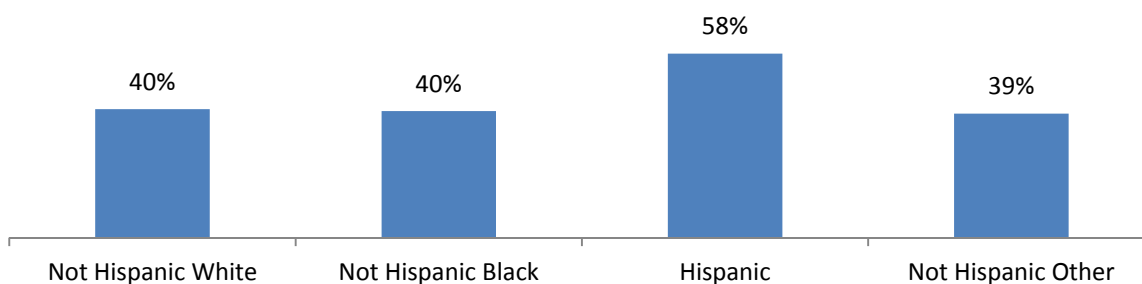
CHART 6. PERCENT OF RICHMOND RESIDENTS WHO REPORT FEELING THEIR NEIGHBORHOOD IS SOMEWHAT OR VERY SAFE DURING THE DAY



Source: Richmond City Survey, Combined years 2009, 2011, 2013

Richmond residents report their perceptions of their neighborhood at night. Responses to this question were unchanged from 2007 to 2013. In 2013, 44% of residents reported that they felt somewhat or very unsafe during the day. The response to this question differed by race/ethnic group, with Hispanic residents reporting a higher level of unsafety (58%) than other residents (Chart 7).

CHART 7. PERCENT OF RICHMOND RESIDENTS WHO REPORT FEELING THEIR NEIGHBORHOOD IS SOMEWHAT OR VERY SAFE AFTER DARK

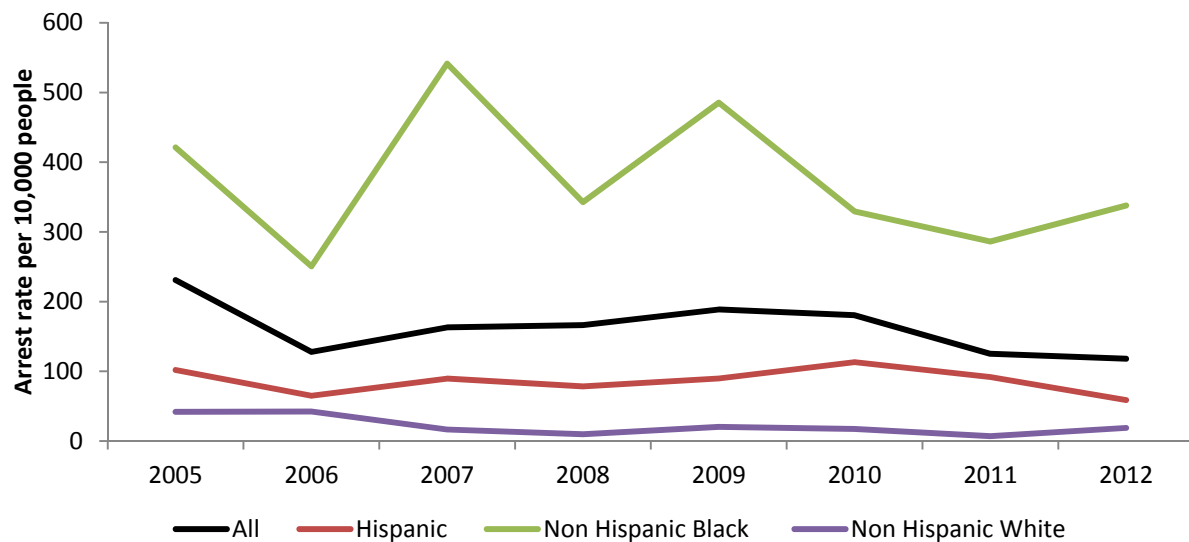


Source: Richmond City Survey, Combined years 2009, 2011, 2013

Arrest rates for City of Richmond

The rate of arrest for the City of Richmond was analyzed for Juveniles by race/ethnicity. The rate takes into account the number of juvenile arrests compared to the population of juveniles in that age group (aged 10-17) in the City of Richmond. The rate has seen little decline between 2005 and 2012. The rate was highest for Non-Hispanic Blacks, and it varied for Non-Hispanic Blacks over these years (Chart 8).

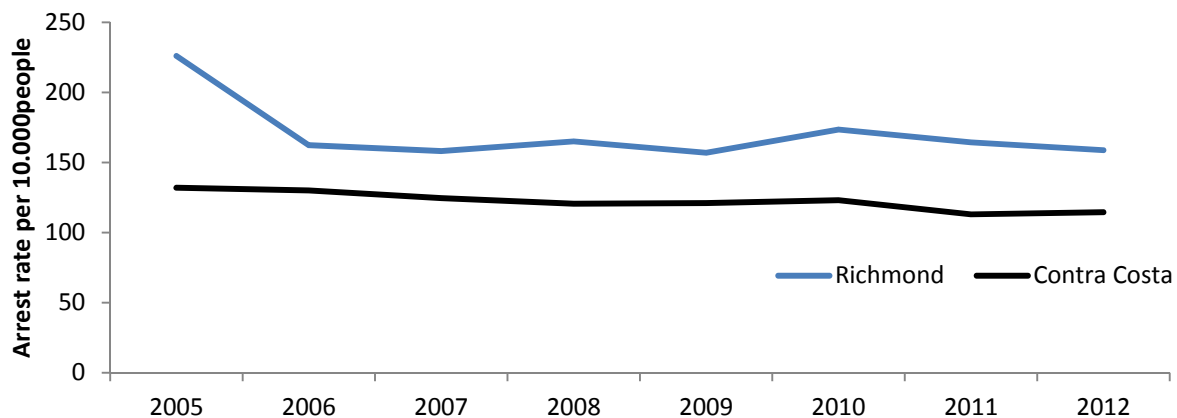
CHART 8. JUVENILE FELONY ARREST RATE CITY OF RICHMOND, PER 10,000 PEOPLE AGED 10-17



Source: <http://oag.ca.gov/crime/cjsc/stats/arrests>

The arrest rate for adult felonies was analyzed for the City of Richmond from 2005-2012. The rate accounts for the number of adult felony arrest compared to the population 18 and older residing in Richmond. Felony arrests have been steady in Richmond and Contra Costa over this time period. The arrest rate in Richmond remains above that for the County overall (Chart 9).

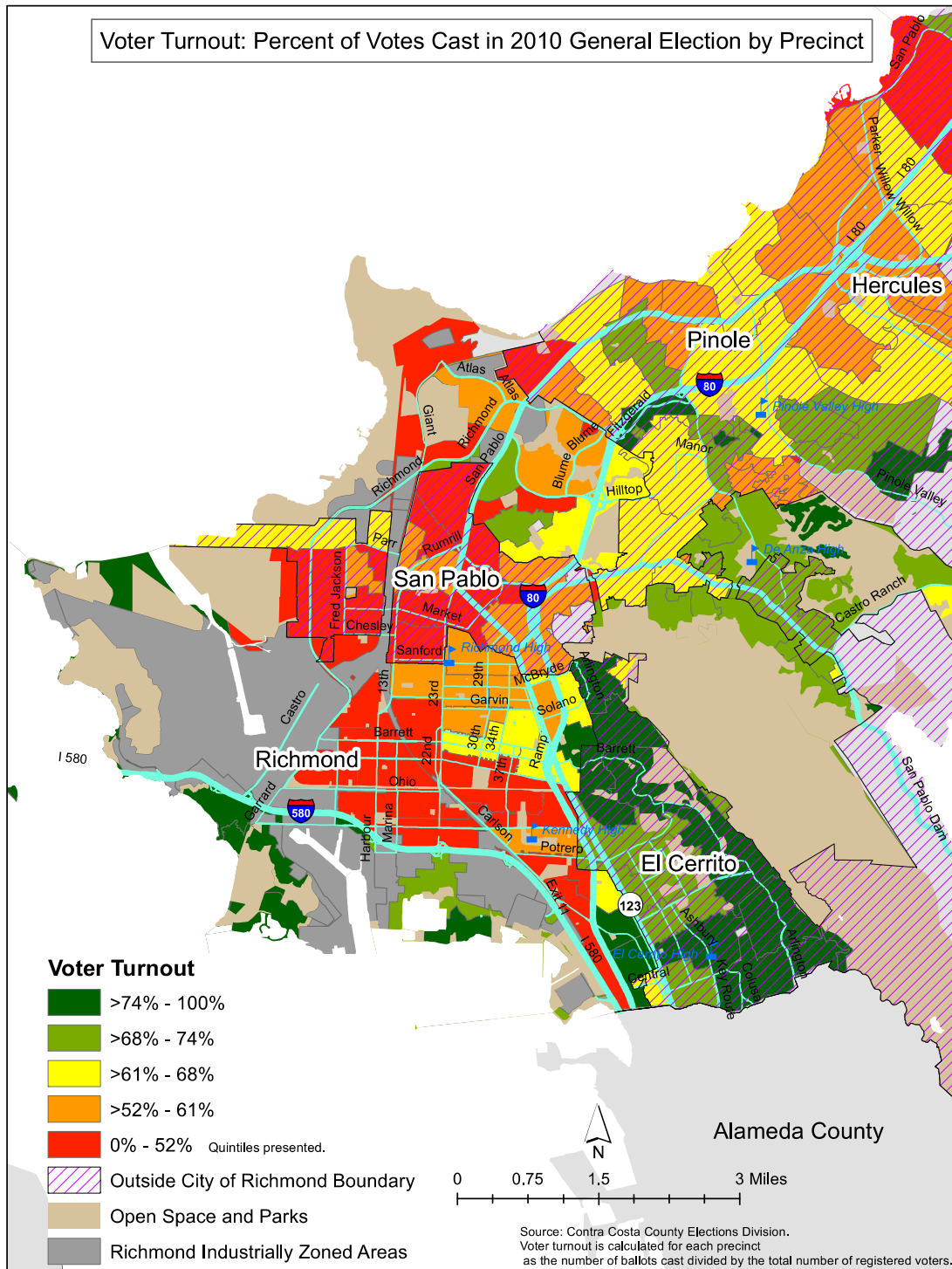
CHART 9. RATE OF ADULT FELONY ARREST PER 10,000 PEOPLE OVER 18 AND OLDER



Source: <http://oag.ca.gov/crime/cjsc/stats/arrests>

Social Connectivity

MAP 3. VOTER TURNOUT, NUMBER OF VOTES CAST PER REGISTERED VOTE



Contra Costa Public Health, Epidemiology, Planning and Evaluation, December 2013

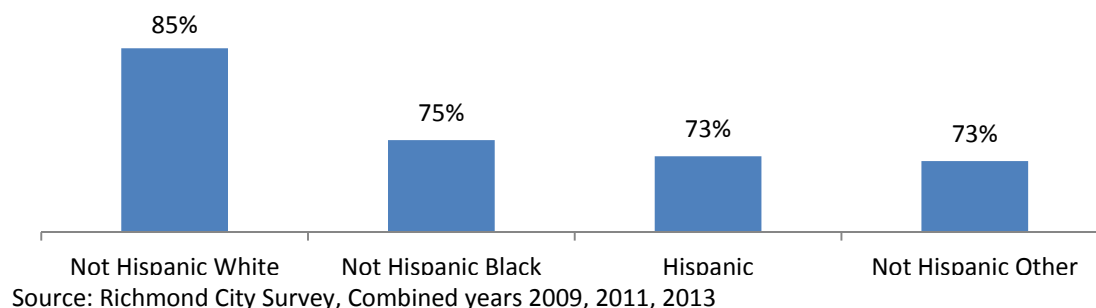
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Social Connectivity

Social connectivity is an important indicator of community health, but it is difficult to measure and is often excluded from health surveys. Often civic participation is used as a metric of social connectivity and engagement. Voter turnout in Richmond differs by precinct. Fewer votes were cast by registered voters in the Iron Triangle neighborhood compared to downtown and the Marina neighborhoods (Map 3).

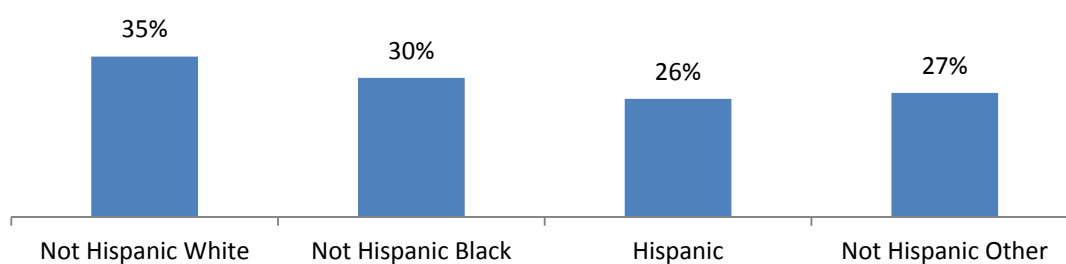
The Richmond City Survey asks residents multiple questions which reflect neighborhood cohesion. For instance residents were asked how frequently they speak with their neighbors.¹ In 2013, 68% of respondents reported that they spoke to their neighbors daily or several times per month. The response to this question differed by race/ethnic group, with Non Hispanic Whites reporting a higher frequency of communication with neighbors (85% report daily or several times per month) (Chart 10).

CHART 10 NEIGHBORHOOD COHESION, PERCENT REPORTING FREQUENT CONTACT WITH NEIGHBORS



Residents were also asked about their sense of community. Responses improved between 2007 and 2013, with 17% of respondents reporting that their sense of community was excellent in 2007, which improved to 27% from 2009-2013. The responses differed by race/ethnic group, with Non-Hispanic Whites with 35% responding excellent or good, comparing to 30% among Non-Hispanic Blacks and 26% among Hispanics (Chart 11).

CHART 11. COMMUNITY, PERCENT REPORTING EXCELLENT OR GOOD SENSE OF COMMUNITY

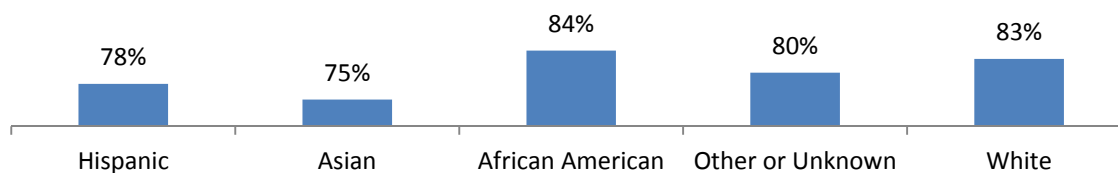


¹ About how often, if at all, do you talk to or visit with your immediate neighbors (people who live in the 10 or 20 households that are closest to you)?

Positive Adult Figures

A greater percentage of African American and White students report that they feel that an adult outside of school and home cares about them, as compared to Hispanic and Asian students in Richmond schools (Chart 12).

CHART 12 PERCENT OF STUDENTS REPORTING THAT AN ADULT OUTSIDE OF SCHOOL AND HOME CARES ABOUT THEM

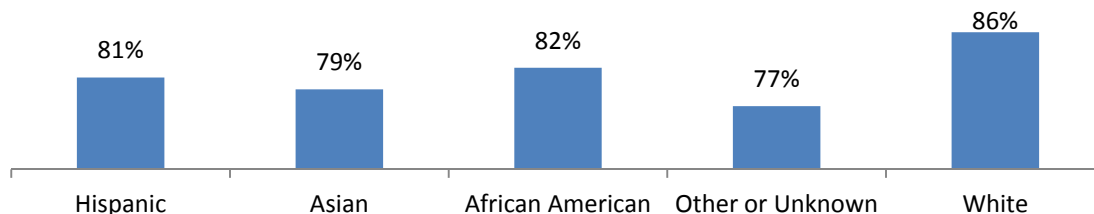


Source: 2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

School Safety and Bullying

When asked about their feeling of safety in the school setting, White students in Richmond schools report feeling a higher level of safety in school than other Richmond students (Chart 13).

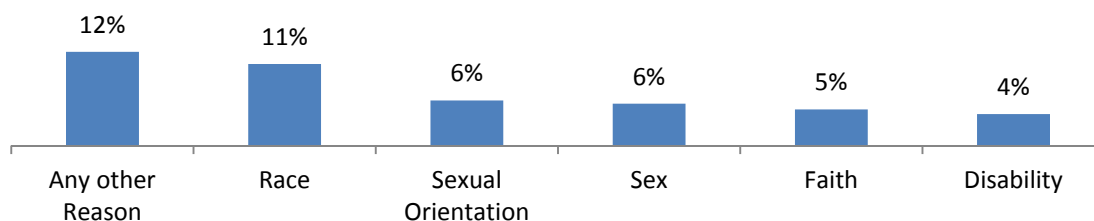
CHART 13 PERCENT OF STUDENTS REPORTING THEY FEEL NEUTRAL, SAFE, OR VERY SAFE AT SCHOOL



Source: 2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

Richmond students reported bullying due to various causes. There were few detectable difference in the experience of bullying by race/ethnic group for Richmond students. Asian students reported a higher percentage of bullying due to their race and faith, while students who identified as Other were more likely to report bullying due to sexual orientation and any other reason (Chart 14).

CHART 14. PERCENT OF STUDENTS REPORTING THEY EXPERIENCED BULLYING IN THE PAST 12 MONTHS BY CAUSE



Source: 2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

Emergency Preparedness

Overall Disaster Preparedness²

An estimated one-fifth (19.9%) of Contra Costa adults reported feeling unprepared for a major disaster in 2009; similar to Bay Area adults (22.6%).

Adults from high poverty households in the county and Bay Area Hispanics and Asians are more likely to report feeling "not prepared" for a major disaster. Adults in the county from high poverty households (<200%FPL) were more likely (40.3%) to report feeling “not prepared” compared to those from lower poverty households (14.4%). Although local data were unstable by race/ethnicity, Bay Area estimates indicate that Hispanics (31.0%) and Asians (29.5%) are more likely to report feeling "not prepared" for a major disaster than NH whites (17.1%) and NH African Americans (15.8%).

Prepared with Enough Medication³

When asked about disaster preparedness related to medication, an estimated 10.7% of Contra Costa adults reported in 2009 that they felt they did not have enough medication; similar to Bay Area adults (9.3%).

California adults from high poverty households were LESS likely to report being unprepared with enough medication for an emergency and

NH whites in the Bay Area are more likely to report feeling like they do not have enough medication .

No differences were detected by poverty level locally or regionally but California adults from high poverty households (<200%FPL) were LESS likely (8.9%) to report being unprepared than those from lower poverty households (10.8%). Although local data were unstable by race/ethnicity, Bay Area estimates indicate that NH whites (12.9%) were more likely than Hispanics (5.2%) and NH Asians (3.7%) to report being not prepared with enough medication for an emergency. NH Blacks/African Americans (12.9%) were also more likely to report being unprepared compared to NH Asians (3.7%).

Number of days can remain homebound before shopping for more supplies⁴

Estimates indicate that most Contra Costa adults (80.8%) reported in 2009 the ability to remain homebound for more than 3 days in an emergency before shopping for supplies; similar to Bay Area adults (77.8%).

² California Health Interview Survey respondents were asked a series of questions regarding the number of days to stay in home without additional supplies and medicine supply. Prepared respondents have 4+ days of additional supply and 2 week medication supply, if necessary.

³ California Health Interview Survey respondents were asked: "Do you have at least an extra two week supply of all the prescription drugs you take every day?" and "Could you get an extra two week supply of all your prescription drugs?"

⁴ California Health Interview Survey respondents were asked: "Think about what you have in your home right now. For how many days would you be able to stay in your home, without anyone shopping for additional supplies – 1 to 3 days, 4 to 6 days, 7 to 9 days, or 10 days or more?" **This variable is not asked of everyone:** Asked of all adults, not including proxy respondents.

Contra Costa adults from high poverty households and Bay Area Hispanics and NH Asians are less likely to report being able to remain homebound for more than 3 days. Contra Costa adults from high poverty households (<200% FPL) are less likely (60.0%) than those from lower poverty household (86.3%) to report being able to stay home form more than 3 days. Although local data were unstable by race/ethnicity, Bay Area estimates indicate that Hispanics (69.0%) and NH Asians (70.8%) are less likely than NH whites (83.3%) and NH Blacks/African Americans (84.9%) to report being able to remain homebound for more than 3 days in an emergency.

Confidence in County Public Health System to Respond to Major Disasters⁵

Estimates indicate that approximately one-third (31.6%) of Contra Costa adults reported feeling “not at all confident” or “not very confident” about how the public health system responds to major disasters in 2009; similar to Bay Area adults (28.5%).

Reported confidence in the system varies by poverty level in the county and by race/ethnicity in the region. Contra Costa adults from higher poverty households (<300% FPL) were more likely (44.1%) to report this lack of confidence than those from lower poverty households (25.1%). Although local data were unstable by race/ethnicity, Bay Area estimates indicate that Hispanics (22.5%) are more likely to report feeling “very confident” about the system’s response to disasters compared to NH whites (15.1%).

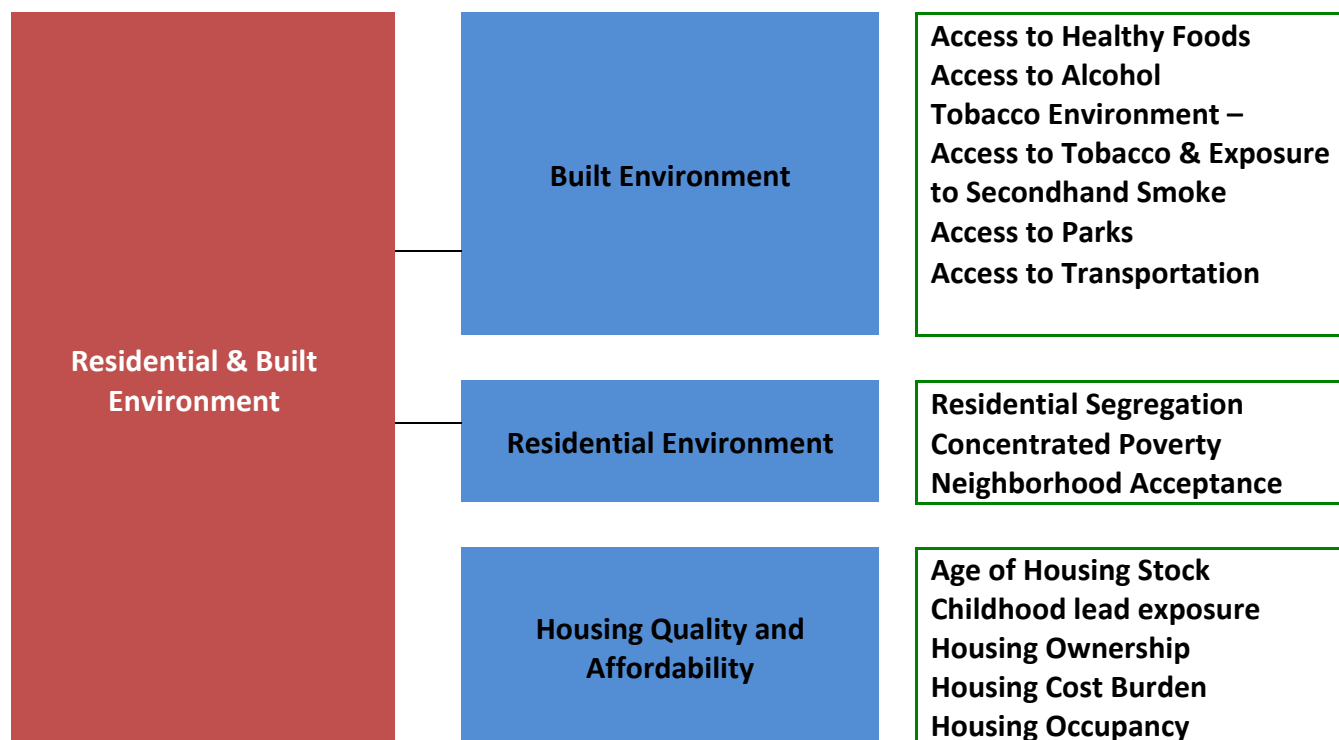
When asked about whether the county public health system responds fairly to their needs, fewer adults indicated lack of confidence in 2009.⁶ An estimated 18.9% of adults in Contra Costa and 19.2% in the Bay Area reported feeling “not at all confident” or “not very confident” that the county public health system responds fairly.

Confidence in a fair response by the county public health system was also lower among poorer people. Sentiments about fairness varied by race/ethnicity but somewhat differently than confidence about the system’s response overall. Contra Costa adults from high poverty households (<200% FPL) are more likely (31.9%) to be “not too confident” or “not at all confident” than those from lower poverty households (15.4%). Although local data were unstable by race/ethnicity, Bay Area estimates indicate that Hispanics (27.1%), NH Black/African Americans (17.7%) and NH Asians (29.4%) are less likely to report feeling “very confident” that the county public health system responds fairly than NH whites (37.7%). And Hispanics (27.5%) are more likely than NH whites (14.9%) to report feeling “not too confident” or “not at all confident” about this issue.

⁵ California Health Interview Survey respondents were asked: “How confident are you that your county’s public health system can respond in a way to protect the health of your family and neighbors – very confident, somewhat confident, not too confident or not at all confident?”

⁶ California Health Interview Survey respondents were asked: “How confident are you that the County’s public health system will respond fairly to your health needs, regardless of your race, ethnicity, income or other personal characteristics – very confident, somewhat confident, not too confident or not at all confident?”

Chapter 3 Residential and Built Environment



The Residential and Built Environment is considered a major determinant for the health of residents. The transportation and retail infrastructure ensures that residents have access to healthy foods and activities as well as jobs and education. Lower income neighborhoods tend to have less access to healthy retail environments and a less healthy environment correlates with an increase in rates of chronic diseases and premature deaths. Policy, planning, and infrastructure development has a positive impact on the lives of residents and their long term health outcomes.



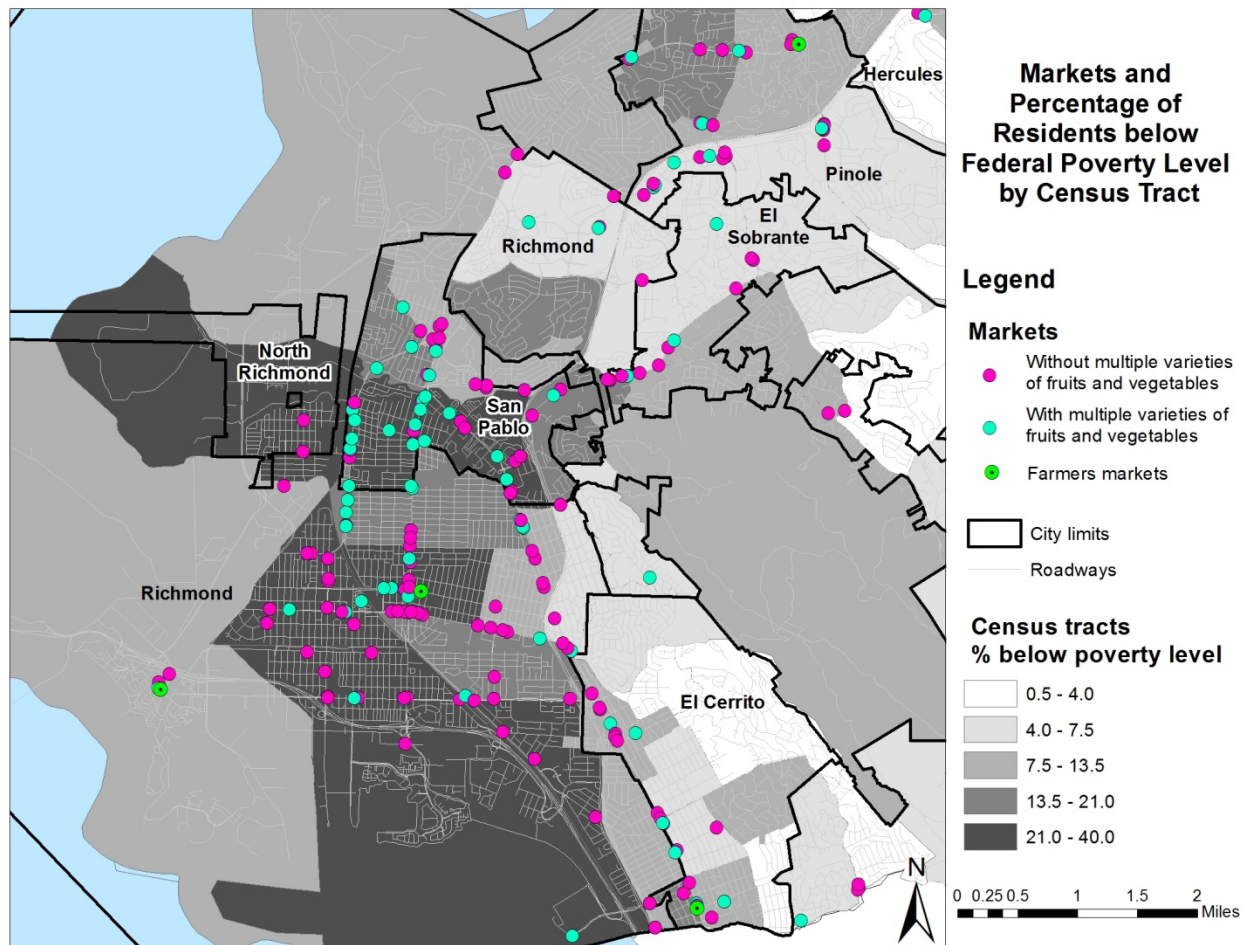
The retail environment in Richmond demonstrates that lower income neighborhoods have a disproportionate number of retailers selling unhealthy items, such as alcohol, tobacco, and unhealthy foods. Residents of these neighborhoods are also less likely to own a car and therefore are more reliant on their local retail environment than are higher income residents. Residential mobility and gentrification is a problem for low income residents and trends have shown an increase in concentrated

Built Environment

Access to Healthy Foods

The built environment has a strong impact on the ability of residents to eat healthy and have active lives. Using data collected by the Contra Costa Health Services Environmental Health Division, we examined the relationship between poverty and access to healthy foods in retail stores and farmers markets. Stores without fruits or vegetables prevail in low income census tracts (Map 1).

MAP 1 MARKETS AVAILABLE TO LOW-INCOME RICHMOND RESIDENTS



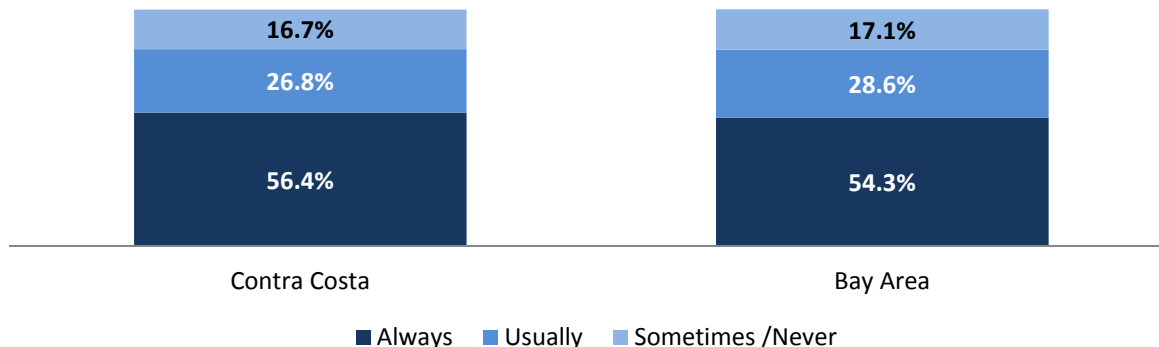
Source: American Community Survey 2008-2012; Contra Costa Health Services Environmental Health Data

Access to Healthy Foods

Respondents to the Richmond City Survey report poor access to quality food. In 2013, 64% of Richmond residents reported that access to quality food was fair or poor. This response did not differ significantly by racial/ethnic group and did not change from the results in the 2007 city survey.

Estimates indicate that most adults in Contra Costa (79.9%) and the Bay Area overall (80.5%) report that they “always” have access to fresh fruits and vegetable in their neighborhoods. Yet approximately half of adults surveyed in Contra Costa (56.4%) and the Bay Area (54.3%) report such access to affordable fresh produce.¹ (Chart 1)

CHART 1 PERCENT OF ADULTS REPORT NEIGHBORHOOD ACCESS TO AFFORDABLE FRESH PRODUCE, BAY AREA



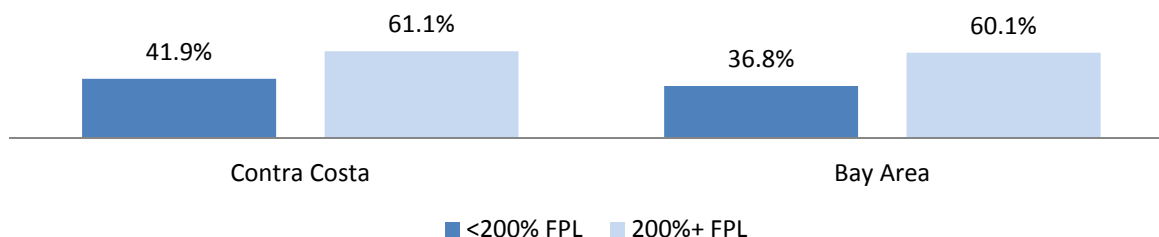
Source: 2011-12 California Health Interview Survey

Lower income adults were less likely to have consistent access to *affordable fresh* produce in their neighborhood in Contra Costa and the Bay Area overall.

Only 41.9% of adults from households with income less than 200% Federal Poverty Level (FPL) reported they were ALWAYS able to get *affordable fresh* produce in their neighborhood compared to 61.1% of higher income adults in Contra Costa. This pattern existed for Bay Area adults overall as well. (Chart 2)

¹ This variable is not asked of everyone. Adults who eat and have access to fresh fruits/vegetables in neighborhood were asked: "How often are they affordable?"

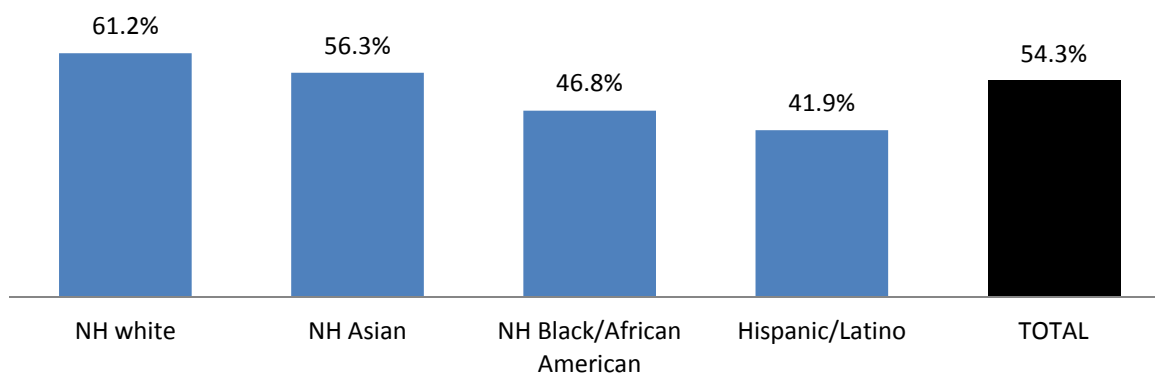
CHART 2 PERCENT OF ADULTS REPORT ALWAYS NEIGHBORHOOD ACCESS TO AFFORDABLE FRESH PRODUCE BY POVERTY



Source: 2011-12 California Health Interview Survey

There were no differences in reports of consistent access to *affordable fresh* produce by race/ethnicity in Contra Costa. In the Bay Area, a larger percentage of Non-Hispanic whites (61.2%) reported ALWAYS having access to *affordable fresh* produce compared to NH African Americans (46.8%), Hispanics/Latinos (41.9%), and adults overall (54.3%). Hispanics/Latinos were less likely to report such access compared to NH whites, Asians and adults overall. (Chart 3)

CHART 3 PERCENT OF ADULTS REPORT ALWAYS HAVE NEIGHBORHOOD ACCESS TO AFFORDABLE FRESH FRUIT & VEGETABLES, BAY AREA

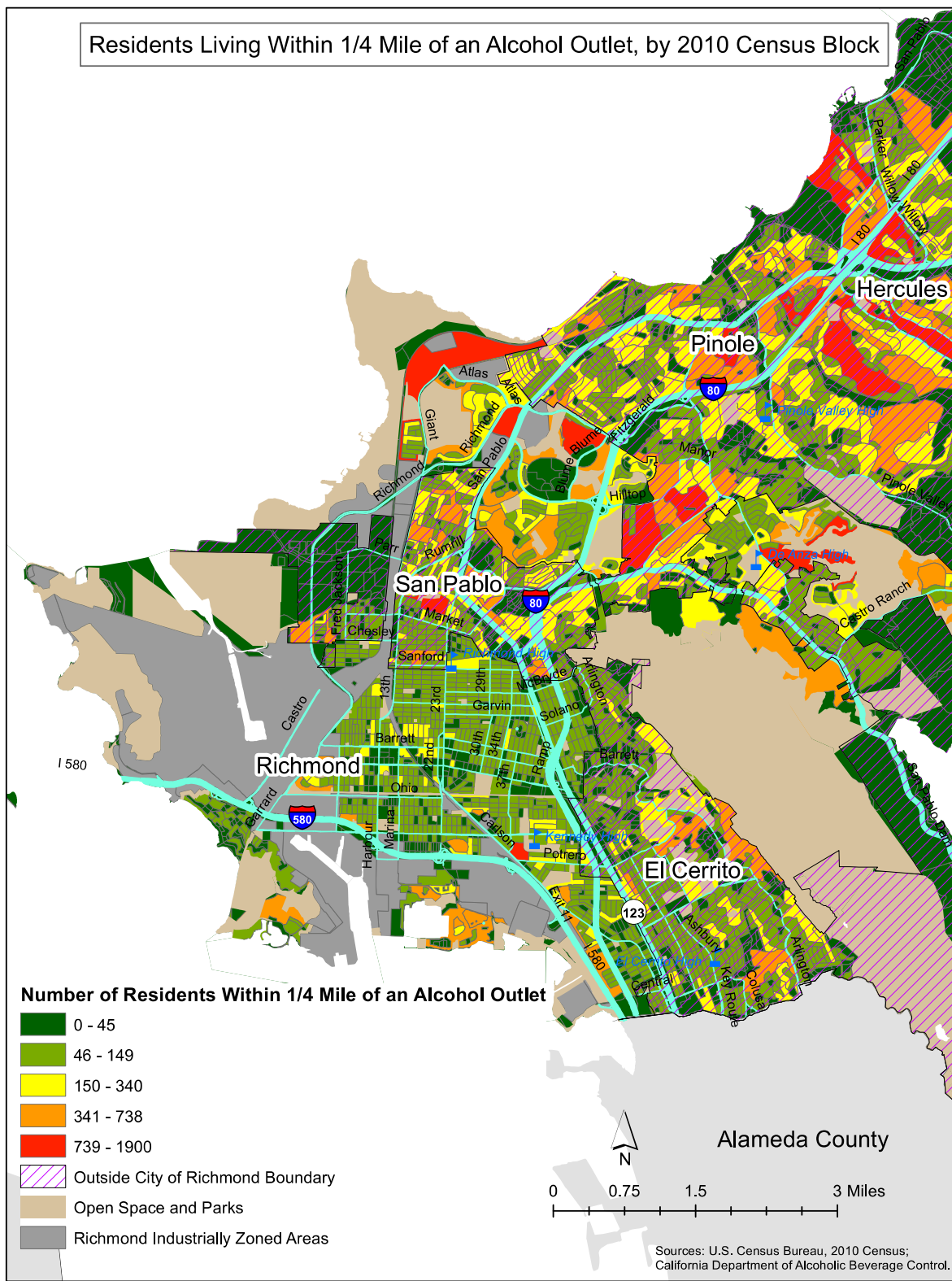


Source: 2011-12 California Health Interview Survey

Access to Unhealthy Items

The access to healthy foods can drive healthier eating habits, and conversely, access to unhealthy items can influence individual behaviors as well. Many Richmond residents live in close proximity to unhealthy retail, including alcohol and tobacco outlets. Residents in heavy retail areas (such as Hilltop) experience a greater density with alcohol outlets. (Map 2)

MAP 2. RESIDENTS LIVING WITHIN A QUARTER MILE OF AN ALCOHOL OUTLET

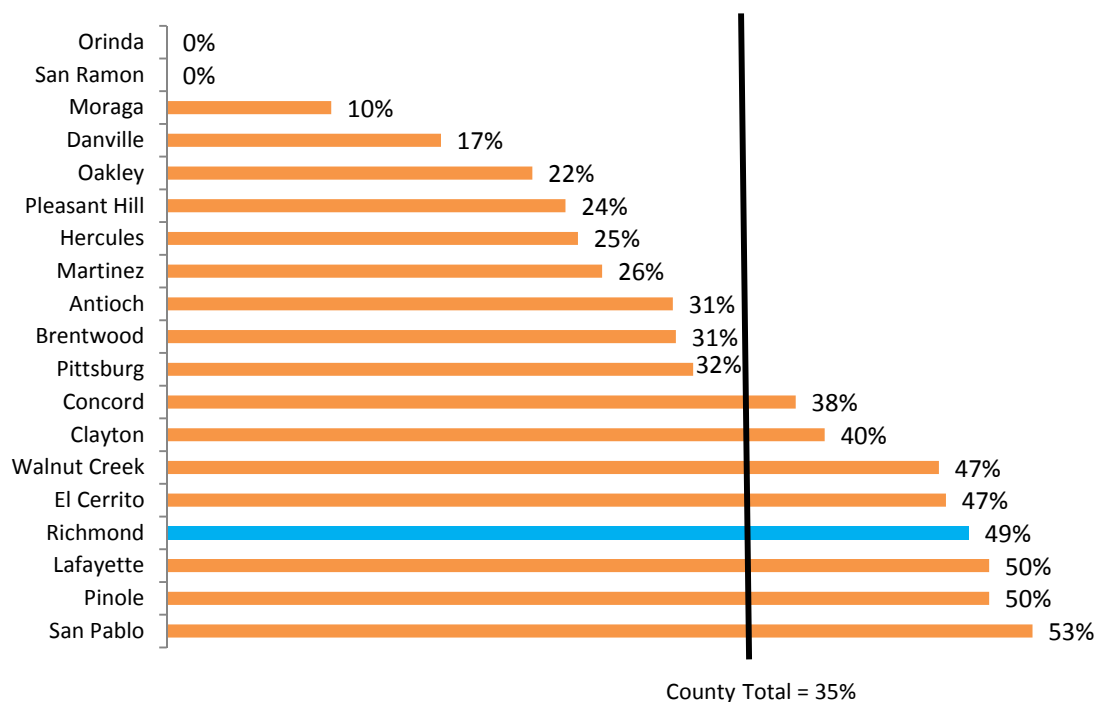


TOBACCO ENVIRONMENT

Access to Tobacco

Richmond accounts for 10% percent of all stores and 15% of those near schools in the county that sell tobacco. Almost half (49%) of the 82 stores that sell tobacco in Richmond are located within 1,000 feet of a school – potentially exposing young people to unhealthy products and marketing. (Chart 4)

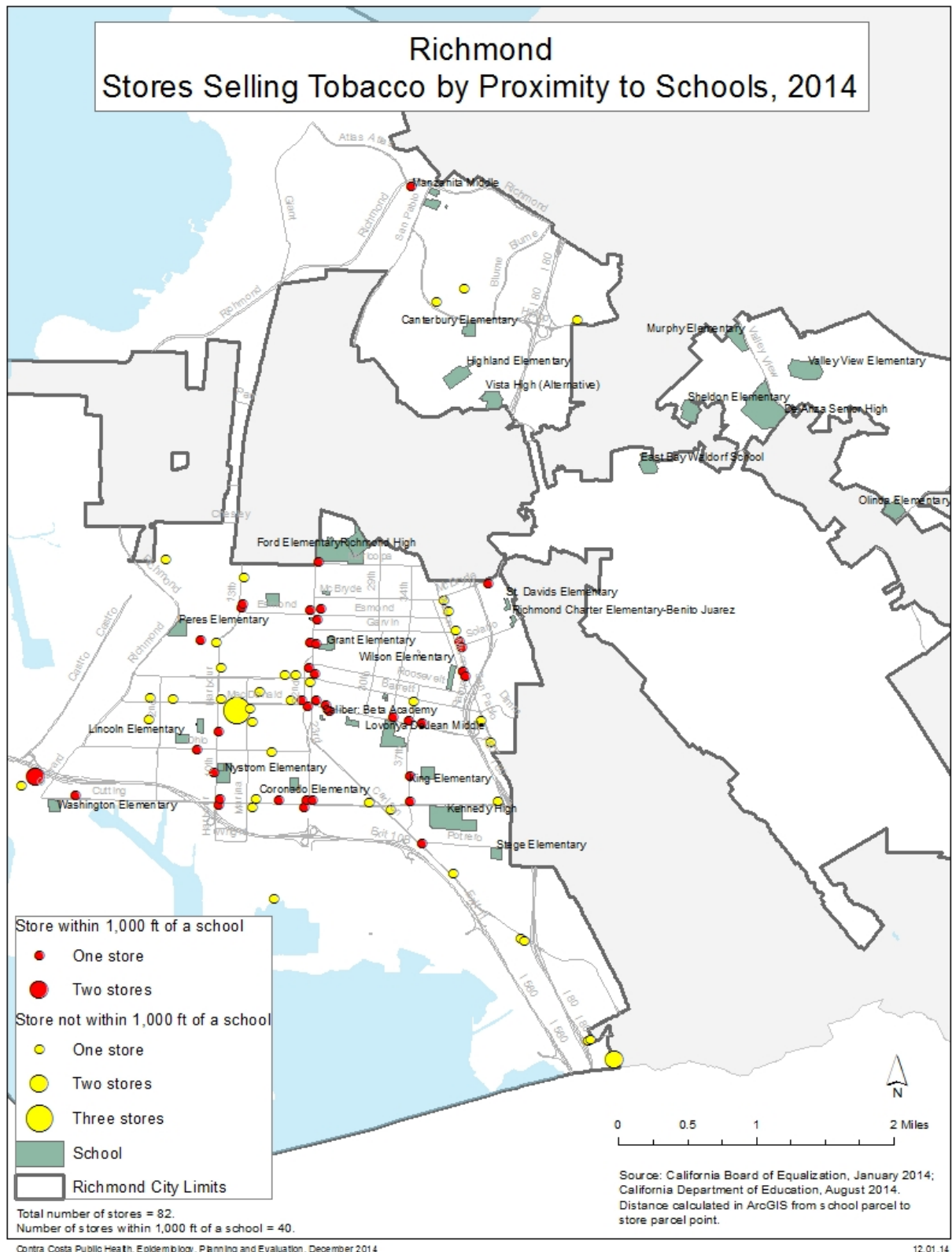
CHART 4. PERCENT OF STORES SELLING TOBACCO NEAR SCHOOLS BY JURISDICTION , 2014



Source: Store data from California Board of Equalization, January 2014; School data from California Department of Education, August 2014. NOTE: Distances between stores and schools calculated by Contra Costa Health Services, Epidemiology, Planning and Evaluation Unit. (See separate methods document for more information about distance calculations.)

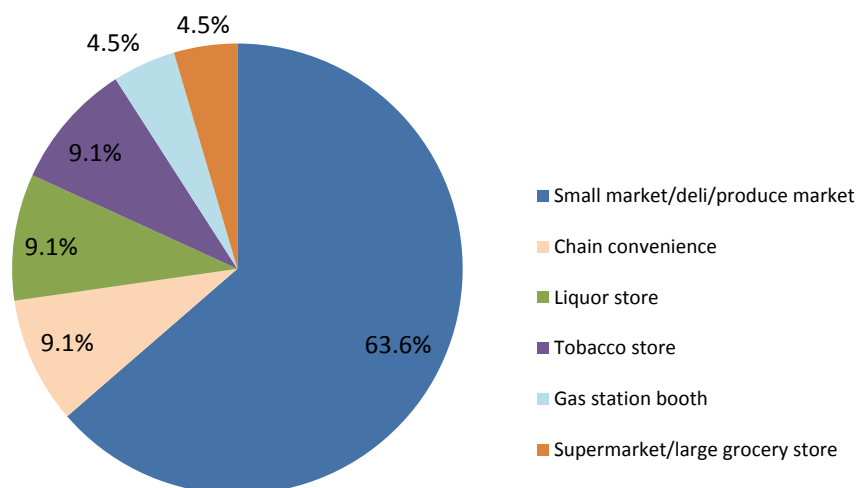
Most stores selling tobacco near schools in Richmond are within the central part of the city – on or near Macdonald Ave, 23rd Street, and Cutting Blvd. (Map 3)

MAP 3 STORES SELLING TOBACCO CLOSE TO SCHOOLS



As part of a 2013 state-wide study to assess access to healthy and unhealthy products and advertising in the retail environment observational surveys were conducted with stores selling tobacco in a sample of Contra Costa zip codes, including Richmond zip code 94801. Almost all stores (85%) selling tobacco in this zip code were surveyed. **Approximately two-thirds (63.6%) of these stores that sell tobacco were small markets, produce markets and/or delis -- where residents buy food and beverages for their households and families.** (Chart 5)

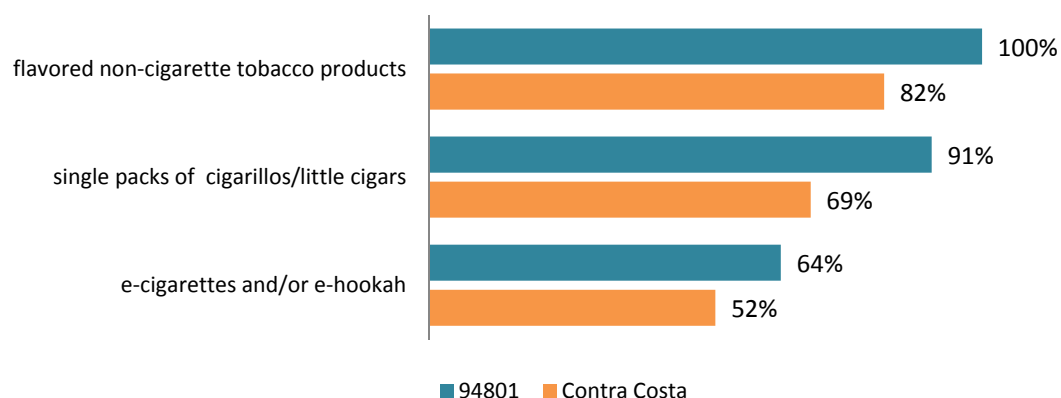
CHART 5 PERCENT OF STORES SURVEYED SELLING TOBACCO IN RICHMOND ZIP CODE 94801 BY STORE TYPE (N=22), 2013



Source: 2013 Healthy Stores for a Healthy Community Survey, California Department of Public Health.

Most stores surveyed in Richmond zip code 94801 sold youth-friendly tobacco products including flavored non-cigarette tobacco products, such as cigarillos and little cigars, single packs of these products, and/or e-cigarettes and/or e-hookah. (Chart 6)

CHART 6 PERCENT OF STORES SELLING TOBACCO WITH YOUTH-FRIENDLY TOBACCO PRODUCTS, 2013

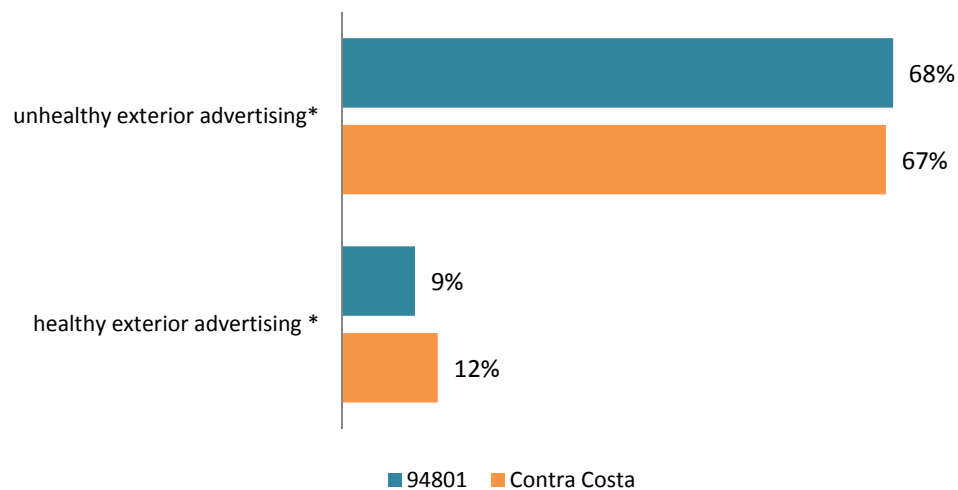


Source: 2013 Healthy Stores for a Healthy Community Survey, California Department of Public Health.

Approximately half (55%) of stores surveyed in Richmond zip code 94801 that sell tobacco also sell alcohol and 44% of them have more storefront advertising and other signage than. Is allowed by the State. This signage exposes community members, including children, to product advertising, most of which is focused on unhealthy products. (Chart 7) [*The Lee Law, enacted in 1994, requires off-sale alcohol retailers such as liquor stores and grocery stores to abide by a set of public health and safety standards to protect surrounding neighborhoods and communities from problems associated with alcohol sales. One provision of the law is that no more than 33% of window space can be covered with advertising or signs.*]²

Only 9% of stores surveyed in Richmond (zip code 94801) that sell tobacco have exterior advertising for *healthy* products (e.g., fruits, vegetables, and non-fat/low-fat milk) compared to 68% of stores with exterior ads for *unhealthy* products (e.g., tobacco, alcohol and sugary drinks.) (Chart 7)

CHART 7 PERCENT OF STORES THAT SELL TOBACCO BY TYPE OF EXTERIOR ADS, 2013



Source: 2013 Healthy Stores for a Healthy Community Survey, California Department of Public Health.

*NOTE: Exterior advertising includes advertising on windows and glass doors only. Unhealthy ads include tobacco, alcoholic beverages and/or sugary drinks. Health ads include fruit, vegetables, and/or healthy beverages (e.g., water, 100% juice, low or non-fat milk).

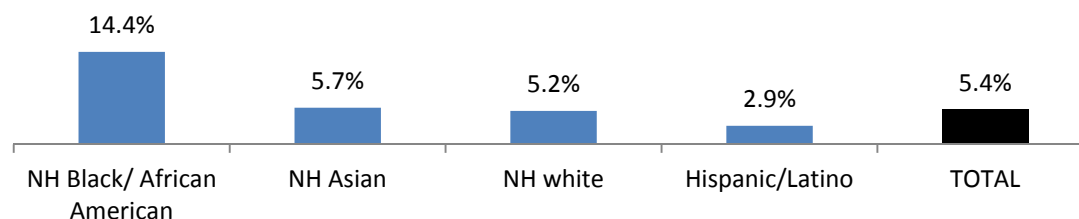
² Using the Lee Law to Reduce Youth Exposure to Alcohol Retail Outlet Advertising, July 2013.

Secondhand Smoke Exposure

One indicator of secondhand smoke exposure (SHS) is the presence of smoking inside the home.³ The estimated percent of residents (all ages) who reported this kind of SHS exposure was similar in Contra Costa (6.2%) and the Bay Area (5.4%) in 2011-12.

Reported SHS exposure inside the home varies by race/ethnicity in the Bay Area. Estimates indicate a higher percent of Non-Hispanic (NH) African Americans (14.4%) reported this type exposure than residents overall (5.4%) and NH Asians (5.7%), NH whites (5.2%), Hispanics/Latinos (2.9%), and Bay Area residents in 2011-12. Estimates suggest that Hispanics/Latinos were also less likely to report this exposure than NH whites and Bay Area residents overall. (Chart 8)⁴

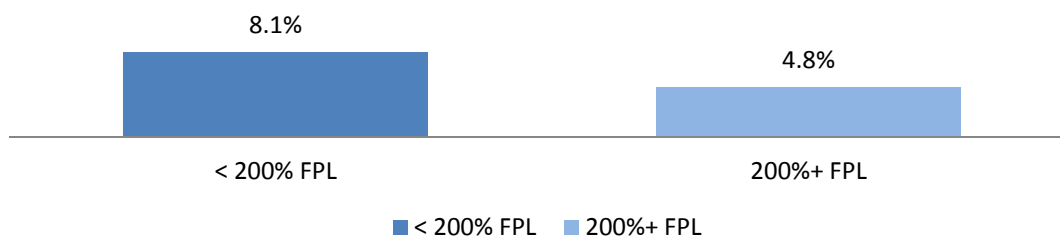
CHART 8 PERCENT REPORTED SECONDHAND SMOKE (SHS) EXPOSURE AT HOME, BAY AREA



Source: 2011-12 California Health Interview Survey

Reported SHS exposure inside the home was more commonly among lower income populations in the Bay Area. The estimated percent of people in households with income less than 200% FPL who reported this exposure (8.1%) was higher than among those with household incomes of at least 200% FPL (4.8%) in the Bay Area in 2009 and 2011-12 combined (Chart 9).⁵ Although it was not possible to detect a difference in response for Bay Area respondents, 2011-12 CA data indicates that households with income less than 200% FPL (7.9%) report higher SHS exposure than those from households with income of 200% FPL (6.2%) or above.

CHART 9 PERCENT REPORTED SHS EXPOSURE AT HOME BY FEDERAL POVERTY LEVEL (FPL) - BAY AREA



Source: 2009 & 2011-12 California Health Interview Survey; pooled data

³ Adult respondents to the 2011-12 California Health Interview Survey were asked about the presence of smoking inside their home. This household data is extrapolated to children and teen respondents.

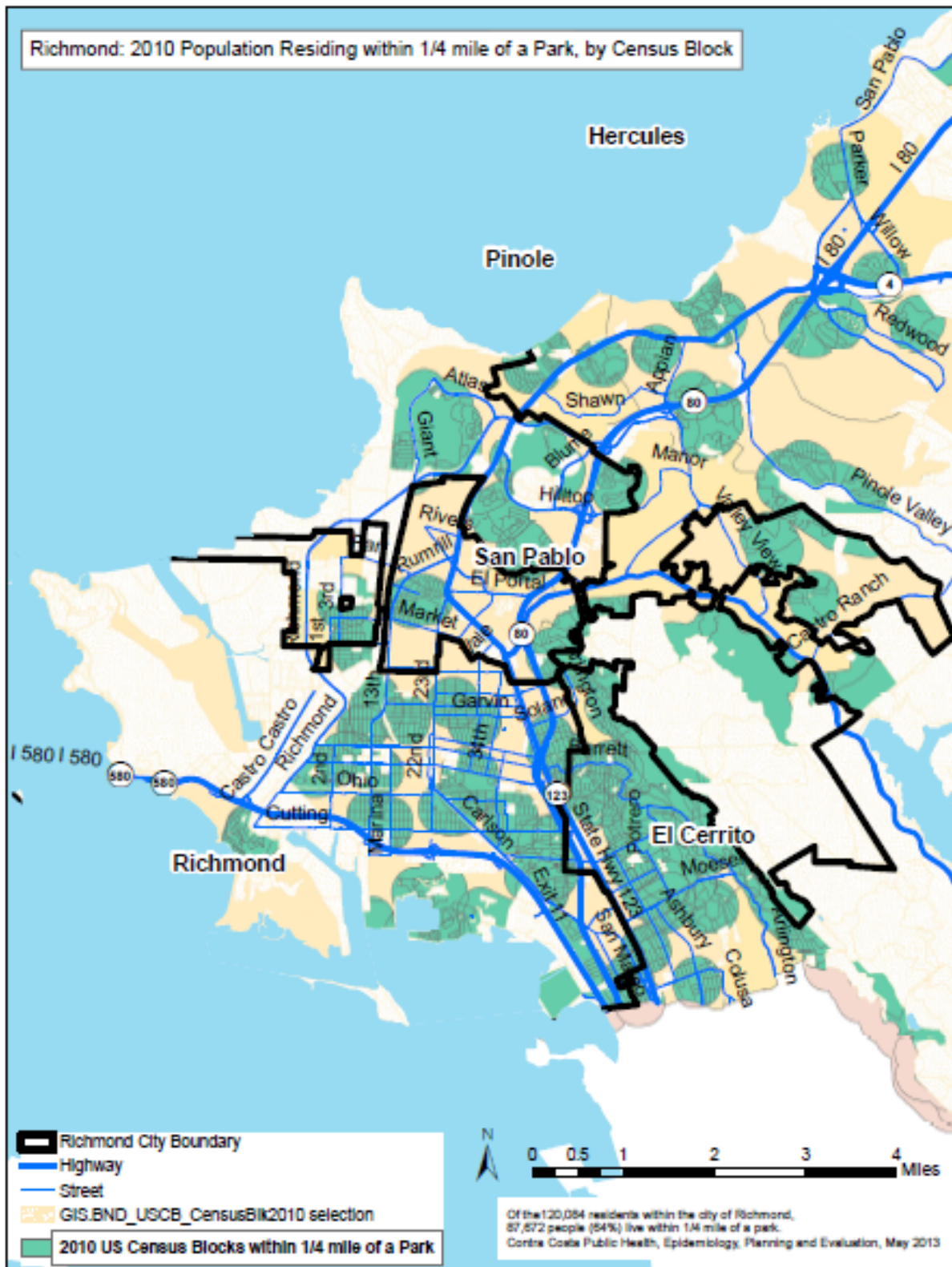
⁴ Note: Where stable data was not available at the Contra Costa level, Bay Area or California data was used.

⁵ Note: Where stable data was not available at the Contra Costa level, Bay Area or California data was used.

Access to Physical Activity

Access to physical activity is driven by many factors, but can be influenced by proximity to areas for recreation, including parks and open spaces. By comparing the density of populations in census blocks to the location of parks and open spaces, we estimate that more than 60% of Richmond residents live near parks (these residents live within census blocks that are within a quarter miles of a park). (Map 4)

MAP 4 PROXIMITY OF PARKS TO RICHMOND RESIDENTS

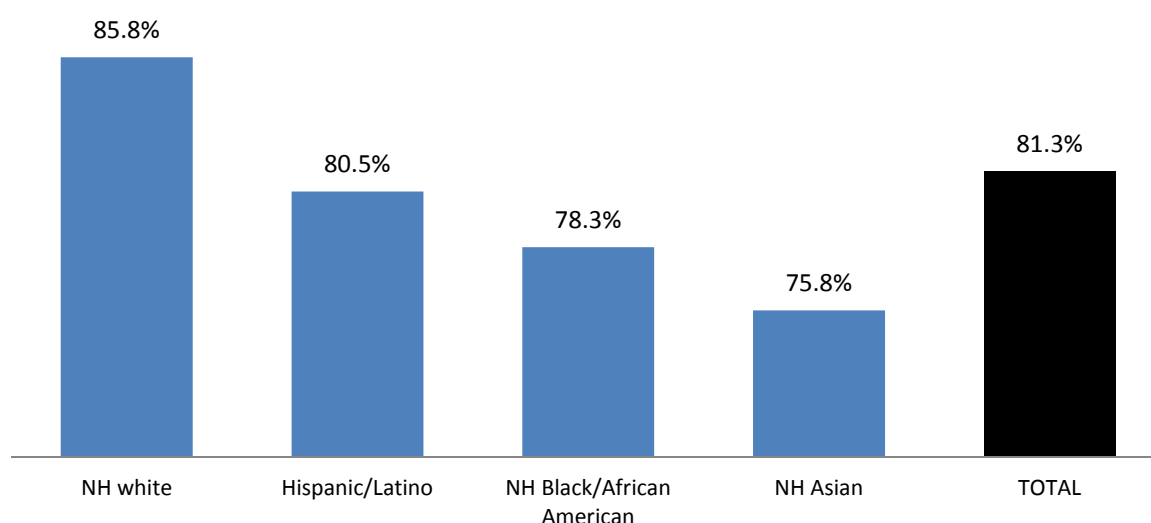


An estimated 80.4% of Contra Costa young people (1-17 years old) reported visiting a park, playground or open space in the past month in 2011-12; similar to Bay Area youth (86.3%).⁶

There were no differences in reported access to these outdoor areas by poverty level in the Bay Area or California.⁷

Differences in reported access varied by race/ethnicity among young people in California.⁸ A higher percentage of NH white children and youth (85.8%) people reported visiting a park, playground or open space in the past month compared to Hispanics/Latinos (80.5%), NH Asians (75.8%) and young people overall (81.3%) in California in 2011-12. (Chart 10)

CHART 10 PERCENT OF YOUTH (1-17 YRS) REPORT VISITING PARK, PLAYGROUND OR OPEN SPACE IN PAST MONTH - CA



Source: California Health Interview Survey, 2011-12.

An estimated 19.6% of young people (ages 1 to 17 years old) in Contra Costa reported they did not visit a park, playground or open space in the past 30 days in 2011-12; similar to Bay Area (13.7%) and California (18.7%) youth.

There were no differences in reported access to these outdoor areas by poverty level in the Bay Area or California.⁹

Differences in reported access varied by race/ethnicity among young people in California. Estimates indicate that a higher percentage of Non-Hispanic (NH) white (14.2%) children and youth (ages 1-17 years) reported they did not visit a park, playground or open space in the past 30 days than Hispanic/Latino (19.5%) and NH Asian (24.2%) young people and young people overall (18.7%). (Chart 11).

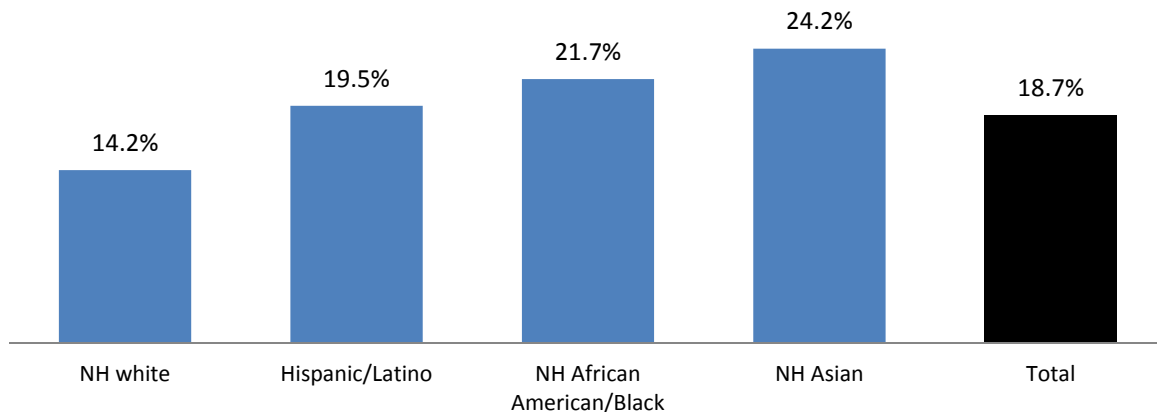
⁶ Respondents to the 2011-12 California Health Interview Survey were asked: "In the past 30 days, did you go to a park, playground or open space?"; Only asked of respondents ages 1-17 years old.

⁷ NOTE: Where stable data was not available at the Contra Costa level, Bay Area or California data were used.

⁸ NOTE: Where stable data was not available at the Contra Costa level, Bay Area or California data were used.

⁹ NOTE: Where stable data was not available at the Contra Costa level, Bay Area or California data were used.

CHART 11 PERCENT OF YOUNG PEOPLE (1-17 YRS) REPORT NO VISIT TO PARK, PLAYGROUND OR OPEN SPACE IN PAST 30 DAYS - CA



Source: California Health Interview Survey, 2011-12.

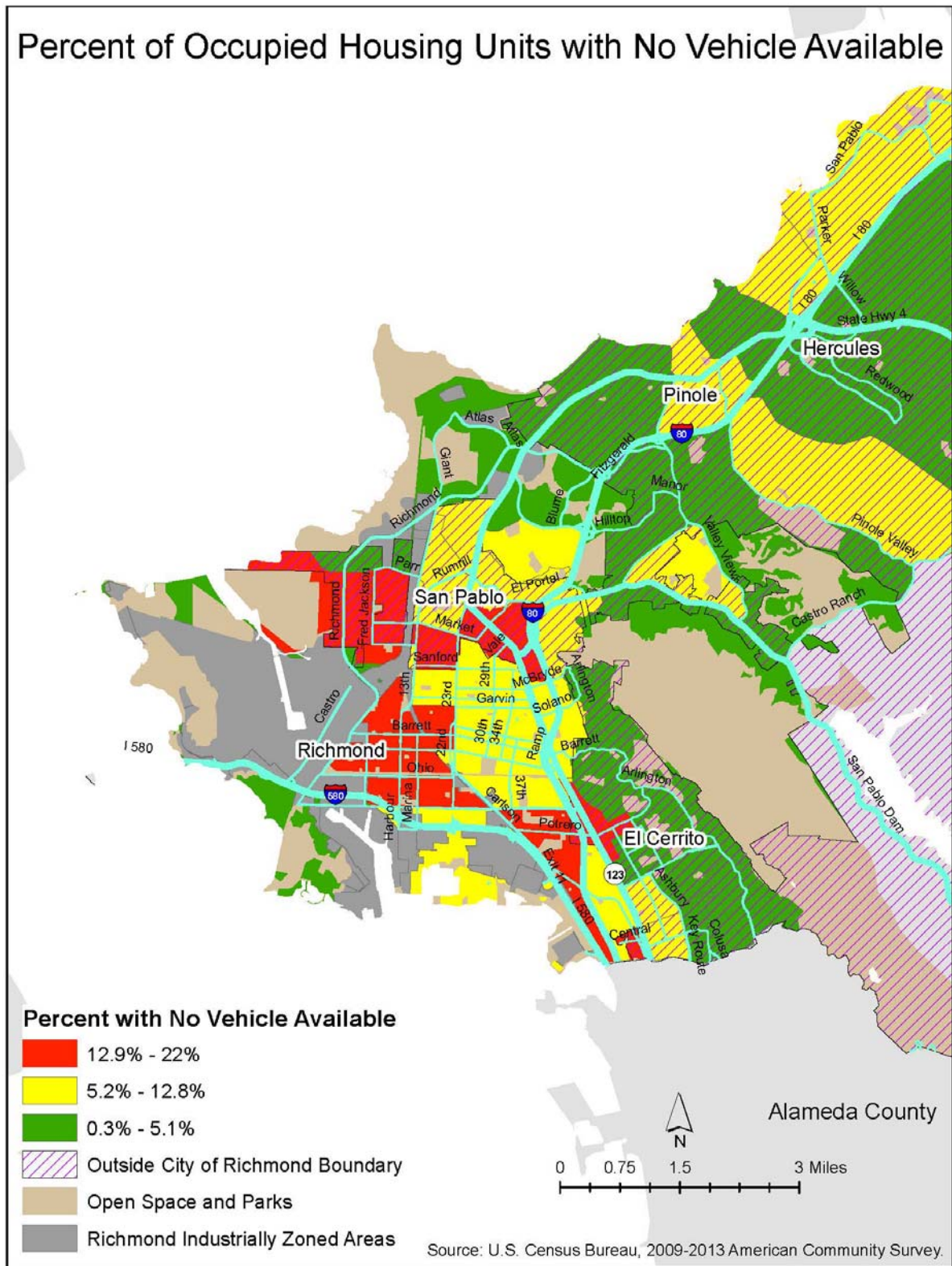
Access to transportation

Access to public transit is a known indicator of physical activity, as individuals who use transit are more likely to be active than those who do not. The Richmond City Survey asks respondents about their access to public transit. 58% of respondents in 2013 stated that ease of bus travel was fair or poor in Richmond and 56% of respondents reported that ease of subway or rail travel was fair or poor.

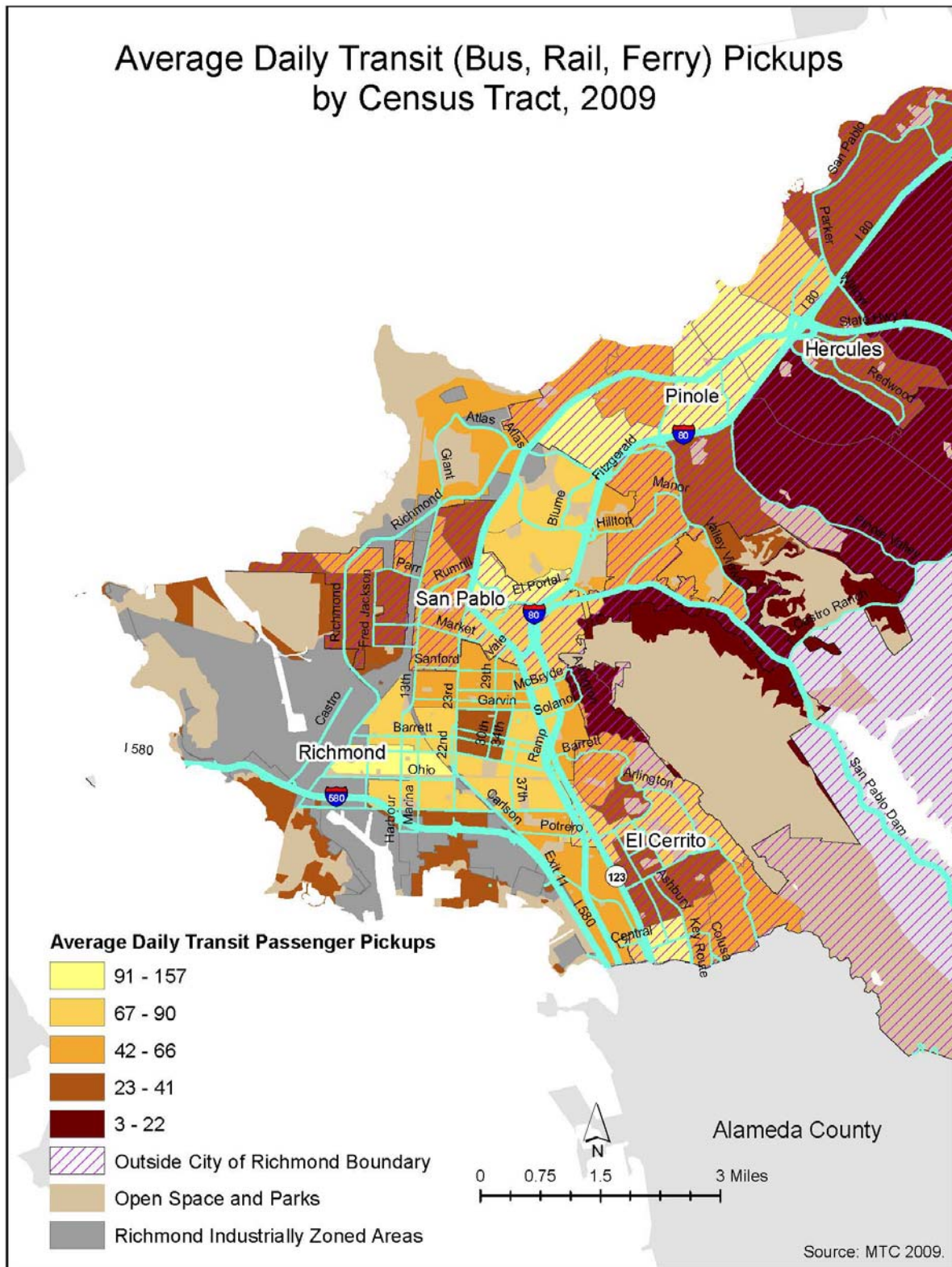
When considering active transit, Richmond residents reported a lack of ease of walking and biking. In 2013, 70% of Richmond residents reported that ease of biking was fair or poor and 68% of residents reported that ease of walking was fair or poor. The reported ease of walking improved from the 2007 survey (80% reported fair or poor). Differences were detected comparing racial and ethnic groups combining results from the 2007 survey with Hispanics and Non Hispanic Other reporting the least ease biking (78% fair or poor) and least ease walking (Hispanic, 69% fair or poor; Non-Hispanic Other 74% fair or poor).

Access to both transit and vehicles is important for transportation needs. We examine here census tracts with high percentages of households without a vehicle (Map 5). Households in low income neighborhoods are less likely to have vehicles. We also look at the average daily transit pickups (Map 6). Some low income communities have both low vehicle access and fewer transit pickups.

MAP 5 TRANSPORTATION LANDSCAPE, HOUSEHOLDS WITHOUT VEHICLES AND TRANSIT ROUTES.



MAP 6 AVERAGE DAILY TRANSIT PICKUPS



Contra Costa Public Health, Epidemiology, Planning and Evaluation, June 2015

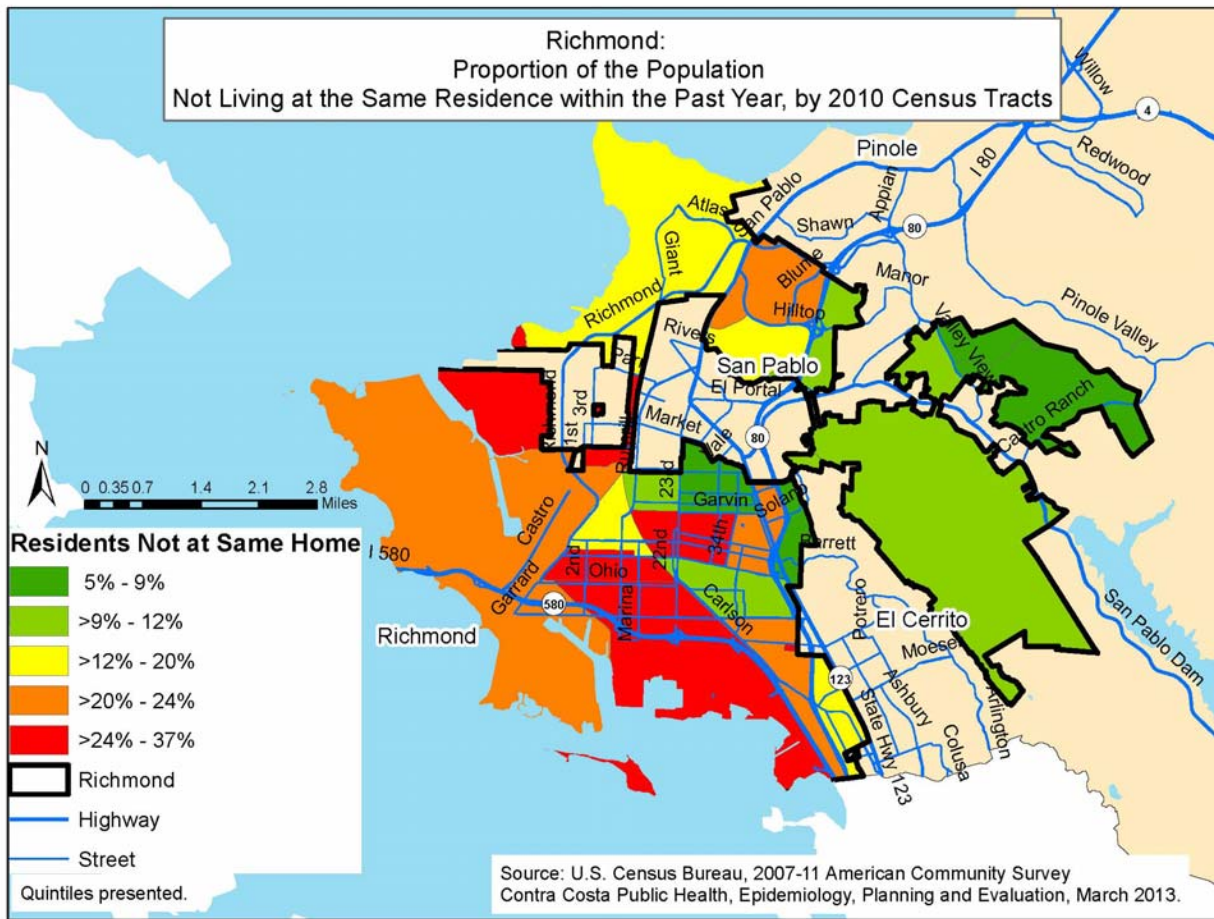
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Residential Environment

Residential Mobility and Displacement

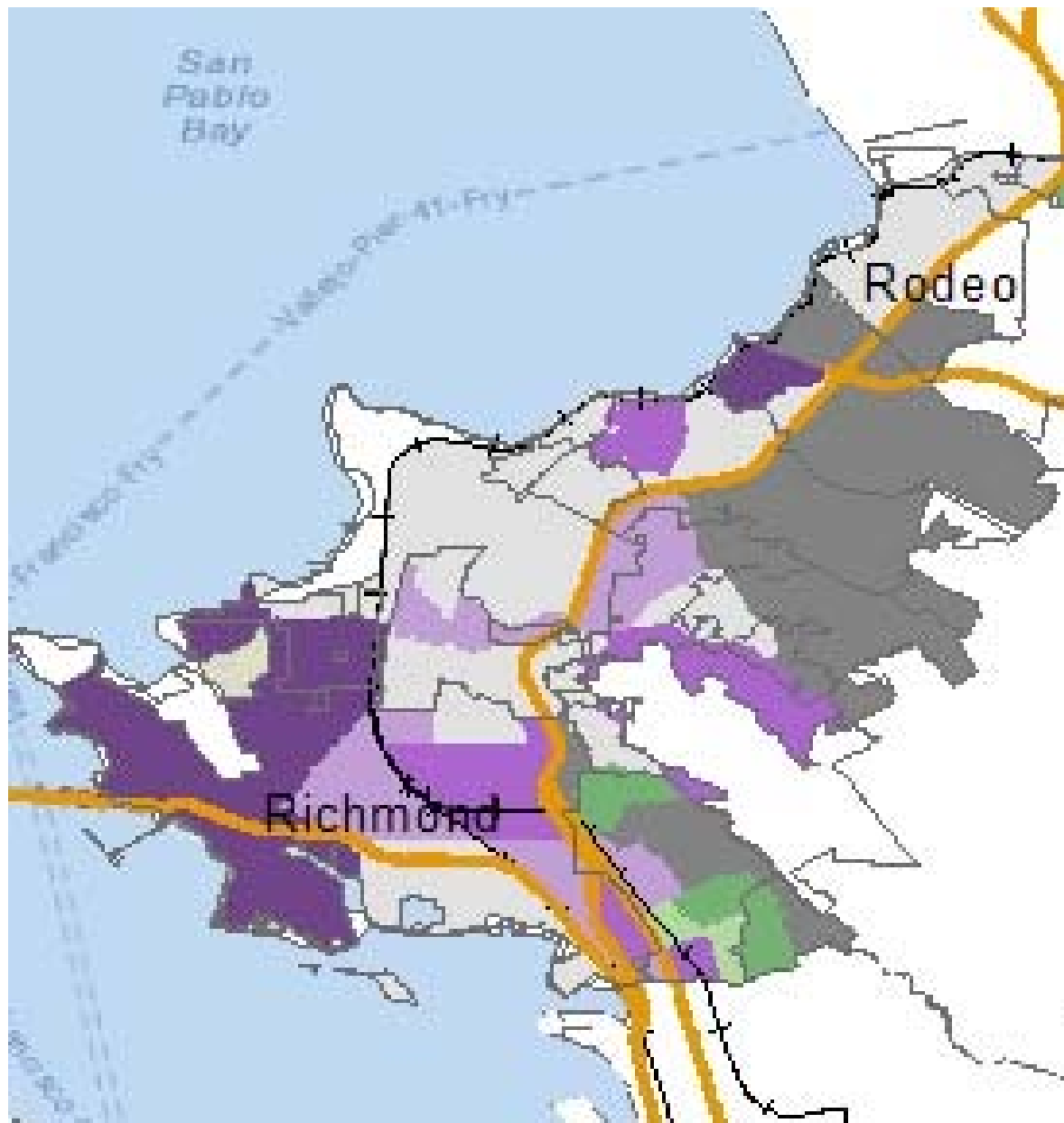
Residential mobility is described by residents who report that they did not live at that same residence in the prior year. Residents of Lower income neighborhoods in Richmond are more likely to experience high residential mobility than residents of higher income neighborhoods. (Map 7)

MAP 7 RESIDENTIAL MOBILITY IN RICHMOND, PROPORTION OF THE POPULATION NOT LIVING AT THE SAME RESIDENCE IN THE PRIOR YEAR.



Residential mobility can be caused by high housing cost burden and economic instability. In addition, gentrification and displacement in the Bay Area due to housing cost increases may affect low-income Richmond residents. Models of gentrification predict that Richmond neighborhoods are currently in the stages of gentrification, with some neighborhoods already experiencing displacement and others at risk for displacement in the future. (Map 8).

MAP 8 STAGES OF GENTRIFICATION FOR WEST CONTRA COSTA COUNTY

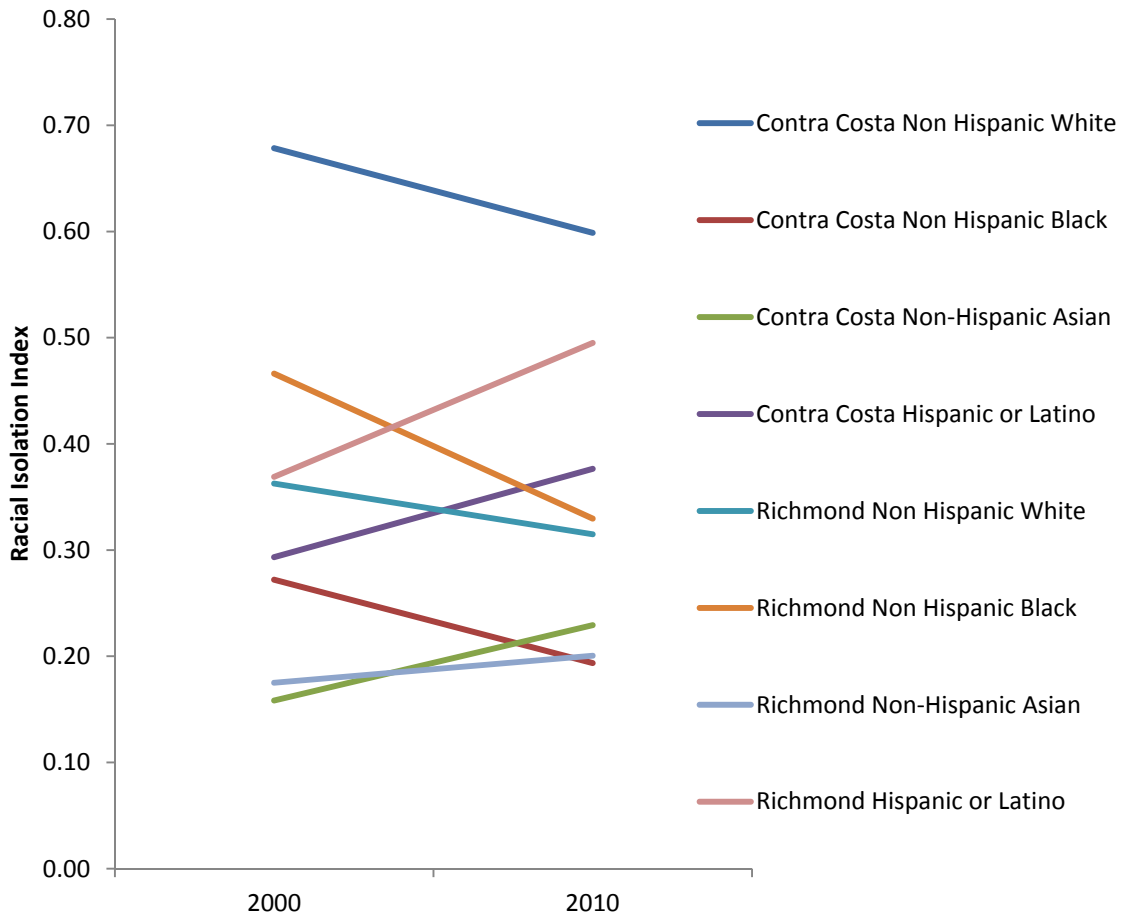


Source: UC Berkeley; Note: Darkest purple areas are undergoing gentrification, light purple areas are in danger of undergoing gentrification.

Residential Segregation and Isolation

Racial isolation is measured by the likelihood that an individual will live in a neighborhood with a predominance of individuals of their same race. The greater the proportion of a particular demographic in the population, the more likely that group will be racially isolated. We compared racial isolation by race/ethnic group over time and between Richmond and Contra Costa County. Racial isolation has increased among Hispanics in Richmond and in Contra Costa, however the racial isolation among Richmond Hispanics is much higher than for Hispanics overall in Contra Costa. (Chart 12).

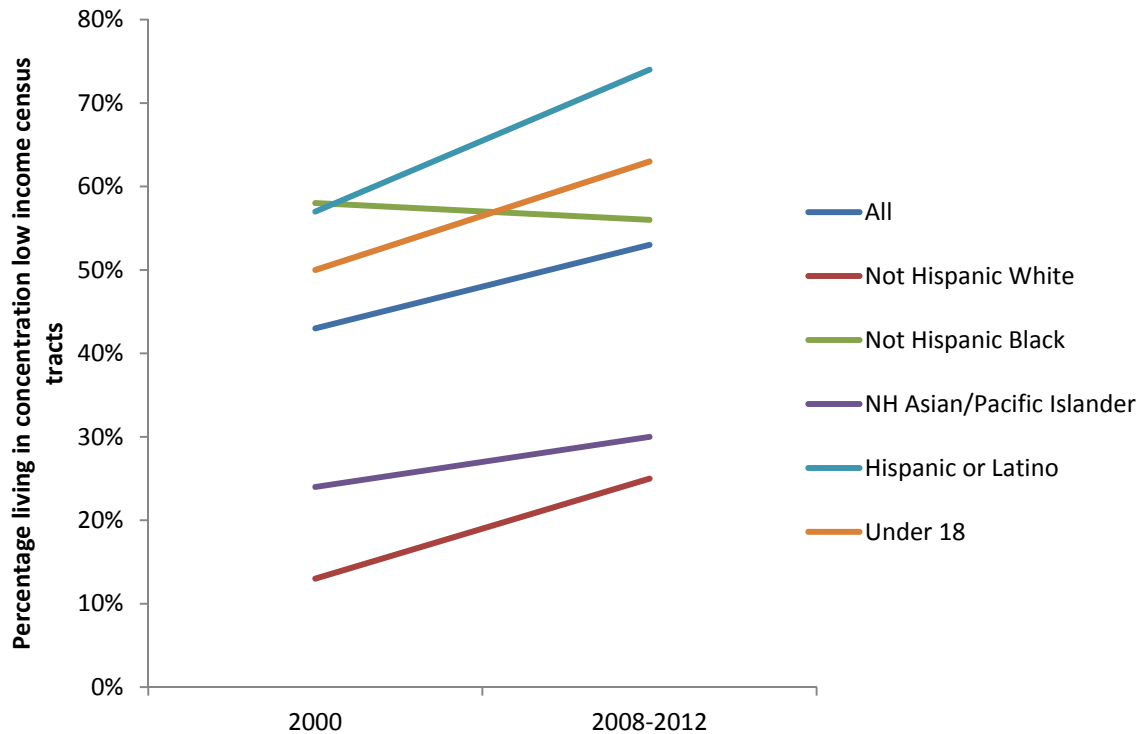
CHART 12 RACIAL ISOLATION INDEX FOR RICHMOND AND CONTRA COSTA COUNTY



Source: 2000 and 2010 Decennial Census

As poverty has increased, so has concentration of poverty for many residents. Concentration of poverty is defined by the percent of a particular group who lives in a low income census tract (a census tract in which 40% or more of residents live below the federal poverty level). All groups in Richmond demonstrate a greater likelihood of living in a low income census tract than in 2000, except for African Americans. Hispanics experience the greatest likelihood of living in a low income census tract. In addition, those aged under 18 experience a high likelihood of living in a low income census tract. (Chart 13)

CHART 13 CONCENTRATION OF POVERTY FOR RICHMOND RESIDENTS BY RACE/ETHNICITY AND FOR YOUTH



Source: 2000 Decennial Census; American Community Survey, 2008-2012

Note: Low income communities defined by 40% or more of the population living below 200% FPL

Neighborhood Acceptance

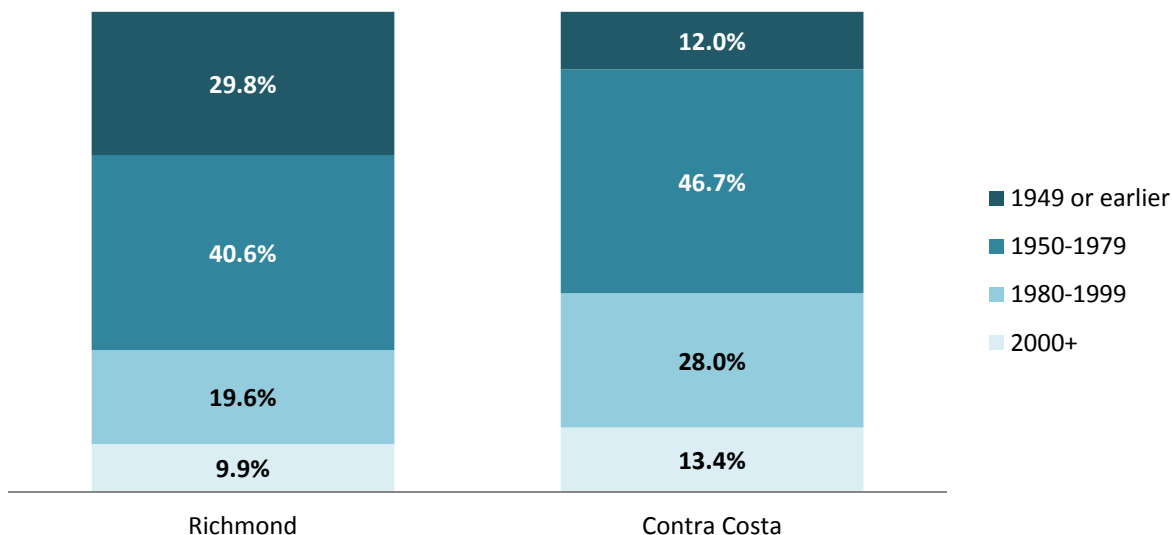
The Richmond City Survey asks residents whether they feel that their community has openness and acceptance towards people of diverse outcomes. There was not a detectable difference in responses to this question between 2007 and 2013. In 2013, 47% of respondents reported that the community acceptance was either “excellent or good”. Responses to this question differed by race/ethnic group. Whites reported a higher rate of “excellent or good” acceptance (55%) and Hispanics reported a lower rate of “excellent or good” acceptance (36%).

Housing Quality and Affordability

Housing Quality

Housing quality is often absent from community based surveys and the census. The quality of housing is linked to many health indicators including asthma and chronic diseases. An indicator of housing quality is the age of housing stock. Older homes (which have not been upgraded) are more likely to lack weatherization and may contain lead paint. A concentration of older homes in low-income areas may be an indicator for poor quality housing stock in that neighborhood. Richmond has an older housing stock than Contra Costa, with the majority of homes built before 1980 (71%) and almost 30% of homes built before 1949. (Chart 14)

CHART 14 AGE OF HOUSING STOCK



Source: American Community Survey, 2010-2012

A consequence of older and poor housing stock is lead exposure in children. High lead levels are reported to the California Department of Public Health and are intervened upon locally to ensure the health of the child. The number of children under the age of 6 with a blood lead level 9.5 mcg/dl or greater between 2009 to 2011 was disproportionately higher in Richmond, with 13 cases reported in Richmond zipcodes and 53 cases in the county overall. (Chart 15)

CHART 15 LEAD EXPOSURE IN CHILDREN UNDER 6 YEARS OLD



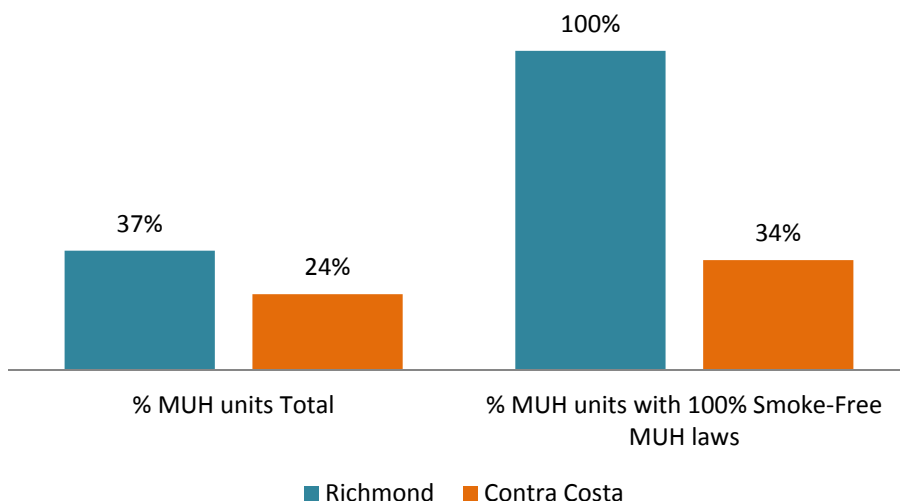
Source: California Department of Public Health; Note high lead is considered a blood lead above 9.5 mcg/dl for children under 6, 2009-2011 3 year rate.

Smoke-free Multi-Unit Housing

Residents living in multi-unit housing in Richmond have strong legal protections against exposure to secondhand smoke (SHS) at home. More than one-third (37%) of housing units in Richmond are in multi-unit housing (i.e. buildings with at least 2 units) compared to 24% county-wide. All residents living in MUH in Richmond are protected from SHS exposure at home by a smoke-free housing law in Richmond, which prohibits smoking inside Richmond's multi-unit residences, including the private areas of those residences (including balconies, patios, and decks) and in the common areas of multi-unit housing.

Smoke-free housing laws with 100% smoke-free MUH exist in two other Contra Costa jurisdictions - El Cerrito and Walnut Creek. These laws in these 3 cities protect all MUH units (and MUH residents at home), covering a total of 34% of all MUH units in the county. (Note: This assumes these laws are being fully implemented in the 3 jurisdictions.) (CHART 16)

CHART 16 SECONDHAND SMOKE PROTECTIONS IN MULTI-UNIT HOUSING



Source: State of California, Department of Finance, E-5 Population and Housing Estimates for Cities, Counties and the State - January 1, 2011-2014. Sacramento, California, May 2014.

Housing Affordability

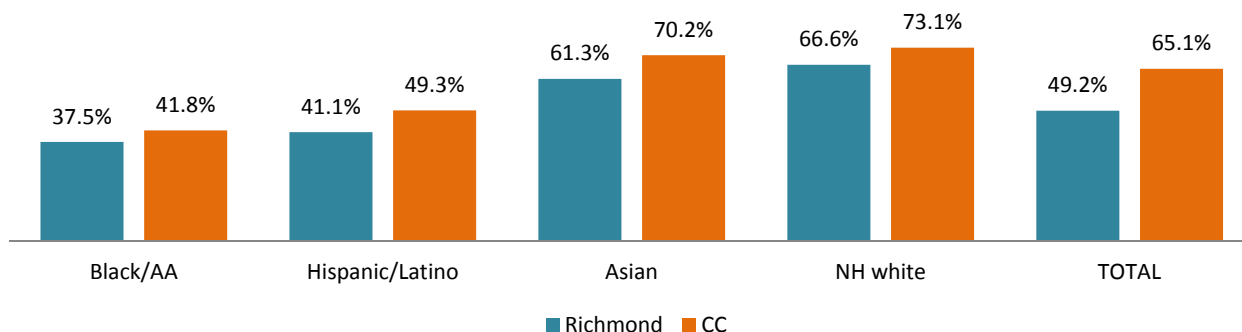
HOME OWNERSHIP

RICHMOND RESIDENTS WERE LESS LIKELY TO BE HOMEOWNERS THAN COUNTY RESIDENTS OVERALL. HOME OWNERSHIP WAS LOWER IN RICHMOND THAN COUNTY-WIDE IN 2010-12 (49.2% VERSUS 65.1%, RESPECTIVELY) AND IN 2000 (53.3% VERSUS 69.3%, RESPECTIVELY). THE PERCENT OF OWNED HOMES DECREASED BETWEEN 2000 AND 2010-12 IN RICHMOND (FROM 53.3% TO 49.3%) AND COUNTYWIDE (FROM 69.3% TO 65.1%). (CHART 17CHART 18)

African Americans and Hispanics were less likely and non-Hispanic whites and Asians were more likely to own homes than Richmond residents overall. Home ownership was lower among African Americans (37.5%) and Hispanics (41.1%) and higher among non-Hispanic whites (66.6%) and Asians (61.3%) compared to residents overall in Richmond in 2010-12. These patterns also existed in Richmond in 2000 and county-wide in both time periods as well.

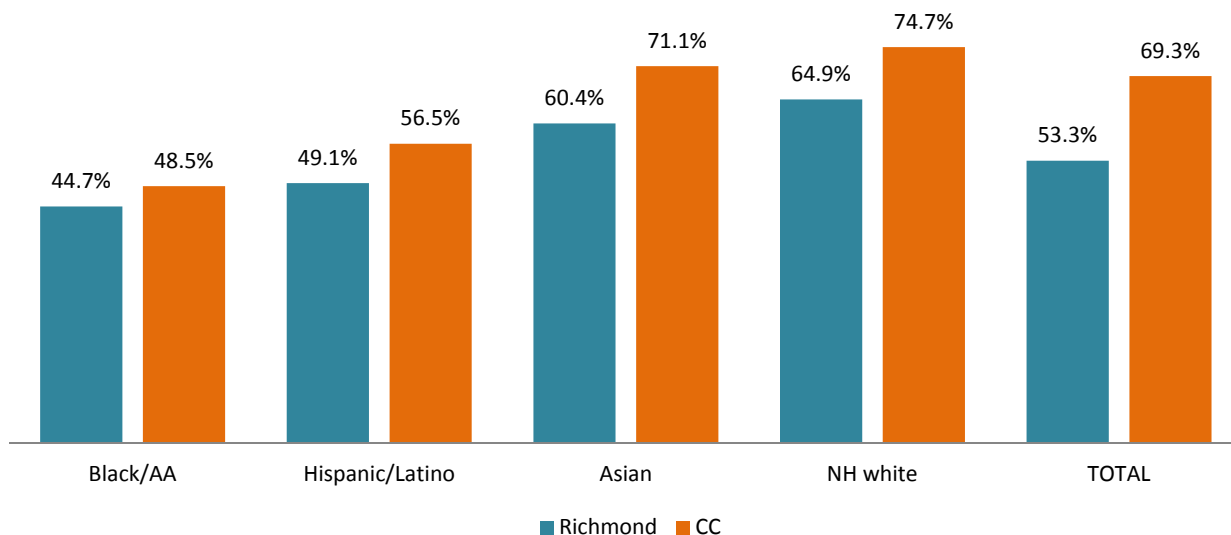
Hispanic/Latino, Asian, and NH white residents had lower home ownership in Richmond than Contra Costa overall in 2010-12. And in 2000, these groups as well as Black/African Americans had lower home ownership locally versus county-wide. (Chart 17Chart 18)

CHART 17 PERCENT OWNER OCCUPIED HOUSING UNITS WITHIN HOUSEHOLDER RACE/ETHNIC GROUPS



Source: U.S. Census Bureau, 2010-12 American Community Survey, 3-year estimates; B25003 b,d,h,i; 2000 Census; H016 a,b,h,i and DP-1.

CHART 18 PERCENT OWNER OCCUPIED HOUSING UNITS WITHIN HOUSEHOLDER RACE/ETHNIC GROUPS



Source: U.S. Census Bureau, 2010-12 American Community Survey, 3-year estimates; B25003 b,d,h,i; 2000 Census; H016 a,b,h,i and DP-1. Note: The race/ethnic groups listed above are not mutually exclusive. Data for Blacks/African Americans and Asians include Hispanic and Non-Hispanic residents. Therefore, data for Hispanics should not be compared with data for Blacks/African Americans and Asians.

RENTAL AFFORDABILITY

Renters were more likely than owners to be lower-income and to be housing cost burdened.

Relatively more renter-occupied than owner-occupied households were lower income (i.e., income under \$50,000 and therefore less than the Richmond median of \$51,885) in Richmond in 2010-12: 63.9% of renter-occupied households; 31.6% of owner-occupied households (Charts 13). The percent of household income spent on housing is a measure of housing affordability; households that spend 30% or more of income on housing costs are considered “housing cost burdened.”^{10 11} Relatively more renter-occupied households (59.9%) than owner-occupied households (41.9%) were “housing cost burdened” in Richmond in 2010-12.

Most “housing cost-burdened” renter households (90.2%) and about half of “housing cost-burdened” owner households (49.6%) in Richmond were lower income (i.e., earned less than \$50,000). (Chart 19Chart 20). These same patterns existed county-wide.

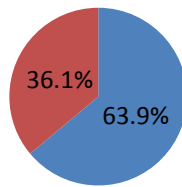
CHART 19 RENTER AND OWNER OCCUPIED INCOME LEVELS

¹⁰ *America's Rental Housing—Evolving Markets and Needs*. Joint Center for Housing Studies of Harvard University. President and Fellows of Harvard University, 2013.

http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs_americas_rental_housing_2013_1_0.pdf

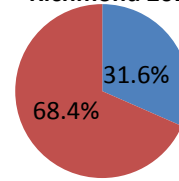
¹¹ Sturtevant, L. A. *Update from the American Community Survey - Housing Affordability in the Washington DC Metropolitan Area*, Center for Regional Analysis. April 2013. http://cra.gmu.edu/pdfs/CRA_census_report_series/CRA_Census_Series_Housing_Affordability.pdf

**RENTER Occupied Housing by Income
Richmond 2010-12**



■ Lower income (< \$50,000) ■ Higher income (\$50,000 +)

**OWNER Occupied Housing by Income
Richmond 2010-12**

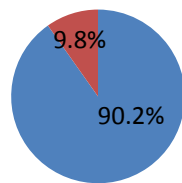


■ Lower income (< \$50,000) ■ Higher income (\$50,000 +)

Source: U.S. Census Bureau, 2010-2012 American Community Survey 3-Year Estimates: B25003; C25074; C25095

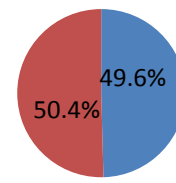
CHART 20 RENTER AND OWNER OCCUPIED HOUSING COST BURDENED HOUSEHOLDS BY INCOME LEVEL

**RENTER "Housing Cost Burdened" Households
by Income, Richmond 2010-12**



■ Lower income (< \$50,000) ■ Higher income (\$50,000 +)

**OWNER "Housing Cost Burdened" Households
by Income, Richmond 2010-12**



■ Lower income (< \$50,000) ■ Higher income (\$50,000 +)

Source: U.S. Census Bureau, 2010-2012 American Community Survey 3-Year Estimates: B25003; C25074; C25095

NOTES: **Gross rent** is the contract rent plus the estimated average monthly cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else). **Selected monthly owner costs** are the sum of payments for mortgages, deeds of trust, contracts to purchase, or similar debts on the property (including payments for the first mortgage, second mortgages, home equity loans, and other junior mortgages); real estate taxes; fire, hazard, and flood insurance on the property; utilities (electricity, gas, and water and sewer); and fuels (oil, coal, kerosene, wood, etc.). It also includes, where appropriate, the monthly condominium fee for condominiums and mobile home costs (installment loan payments, personal property taxes, site rent, registration fees, and license fees).

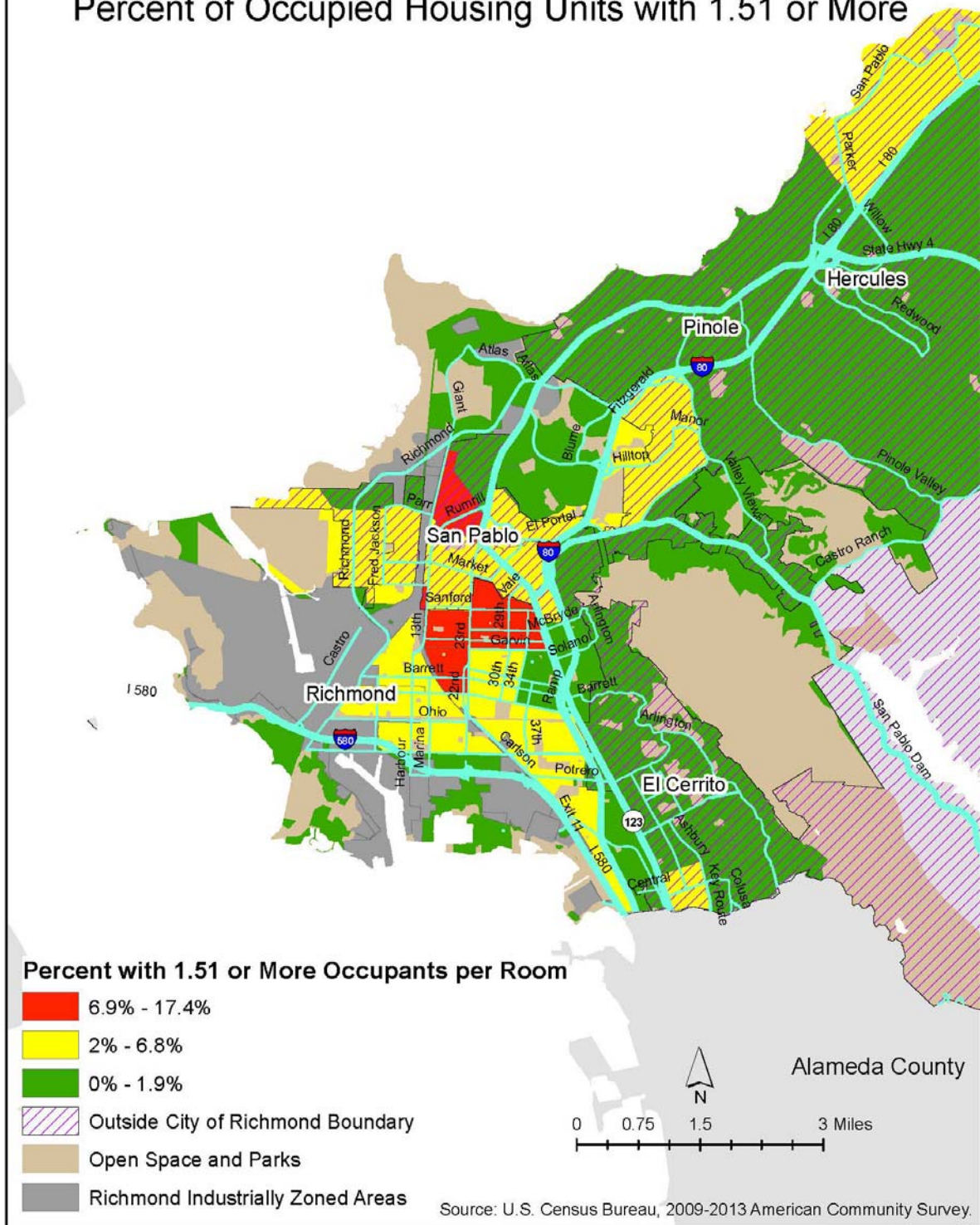
Housing Overcrowding

HIGH HOUSING COST BURDEN CAN FORCE HIGHER OCCUPANCY IN THE EXISTING HOUSING STOCK. WE EXAMINED THE PERCENT OF CENSUS TRACTS WITH MORE THAN 1.51 OCCUPANTS PER ROOM. LOWER INCOME AREAS IN RICHMOND TEND TO HAVE GREATER HOUSING OCCUPANCY. (

)

MAP 9 OVERCROWDING-PERCENT OF HOUSING UNITS WITH >1.51 OCCUPANTS PER ROOM

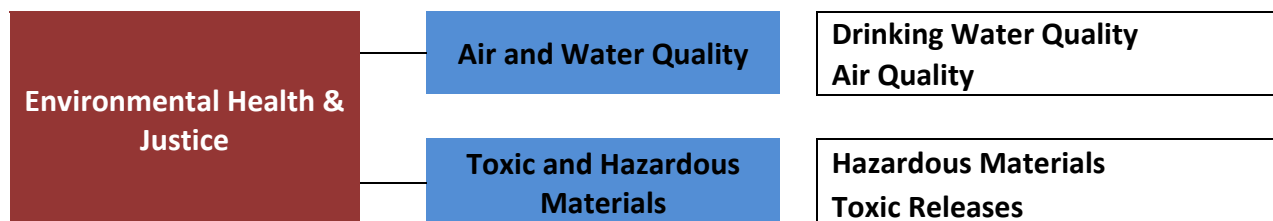
Occupants per Room: Percent of Occupied Housing Units with 1.51 or More



Contra Costa Public Health, Epidemiology, Planning and Evaluation, June 2015

06.26.15

Chapter 4 Environmental Health and Justice



The presence of major highways and industrial sites is a concern for the health of the people of Richmond. Pollutants affect both the outdoor and indoor air quality, increasing risk for chronic diseases. Improvements in state regulation of vehicle emissions and in the regulation of industrial emissions have a large impact on the quality of life and risk of Richmond residents. However, the historical presence of industrial sites with hazardous materials has led to land use restrictions in the city and continued clean-up processes.



The danger of hazardous and toxic materials and the air and water quality is assessed and monitored on a regular basis. With the passage of SB 535, a detailed assessment of risk by census tract is conducted by the California Office of Environmental Health Hazard Assessment (OEHHA). OEHHA carries out an assessment of vulnerability to environmental hazards using a tool called EnviroScreen¹. In this tool, environmental hazards are modeled at the census tract level to determine the pollution burden, combined with population factors, and assigned a cumulative score to identify vulnerable census tracts in the state of California. For the purposes of this report, we examined select environmental indicators for the City of Richmond and West Contra Costa County.

¹ California Communities Environmental Health Screening Tool Report (CalEnviroScreen 2.0, updated October 2014)

Air Quality

Drinking Water Quality

East Bay Municipal Utility District (EBMUD) serves the City of Richmond. EBMUD sources its water from the Mokelumne River watershed in the Sierra Nevada, but may pull from local watersheds and the Sacramento River during times of high water demand. Due to the drought, EBMUD used water supplies from the Sacramento River for the first time. The water that comes to Richmond is treated in the Orinda and Sbrante Treatment Plants. Water quality is rigorously and routinely tested. In the 2014 water quality report, the metrics tested surpassed every requirement set by the State Water Resources Control Board, Division of Drinking Water, and the US Environmental Protection Agency.²

Outdoor air pollutants

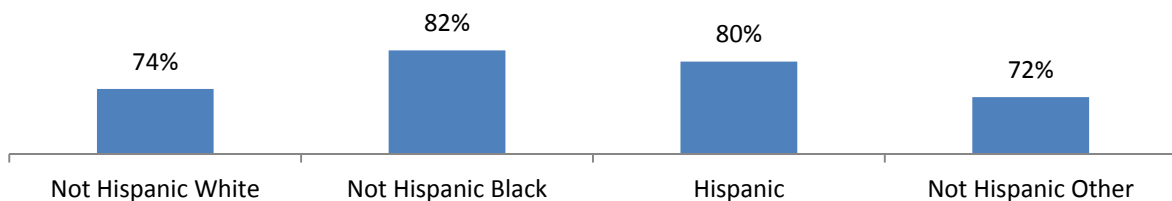
Diesel particulate matter (diesel PM) is generated by vehicle emissions and diesel fuel sources. The major sources are trucks, buses, cars, ships, trains, and heavy duty equipment. CalEnviroScreen uses California Air Resources Board (CARB) models diesel PM emissions from on road sources and forecasts off road sources using an emissions inventory forecasting system. The combined results were estimated at the census tract level (Map 1). Diesel PM sources in Richmond include the downtown area and many low income census tracts.

Traffic is a major source of air pollution in urban areas. Auto exhaust contains multiple pollutants, including toxic chemicals, nitrogen oxide, carbon monoxide and benzene. Residents who live near major roadways suffer health effects due to traffic density. CalEnviroScreen uses the traffic volume linkage tool and the Highway Performance Monitoring (HPMS) to measure model density within 500 feet of a census tract and then adjusts by road length to provide a traffic density metric (Map 2). As shown in the map, the major sources of traffic are centered on the Highway 80 corridor.

Perceptions of Air Quality

Richmond city residents were asked how they would rate their air quality. In 2013 76% of Richmond residents reported that the air quality was fair or poor, this was not significantly different from the percent reporting fair or poor in 2007, 80%. The results did differ by race/ethnicity, with African Americans reporting the least confidence in air quality (82% fair or poor) and Whites reporting higher confidence (74% fair or poor) (Chart 1)

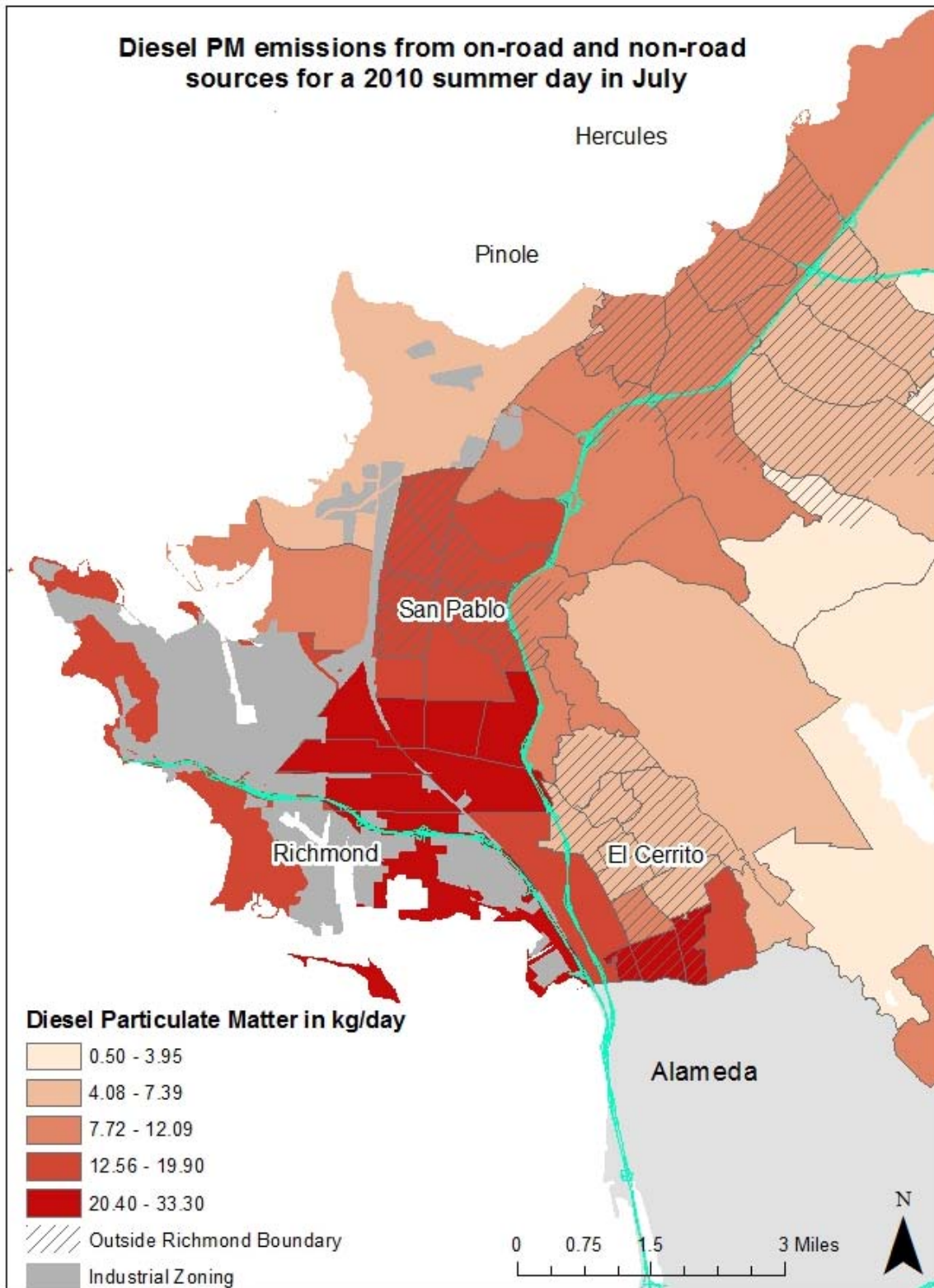
CHART 1. PERCENT OF RICHMOND RESIDENTS REPORTING FAIR OR POOR AIR QUALITY BY RACE/ETHNICITY



Source: Richmond City Survey, Combined years 2009, 2011, 2013

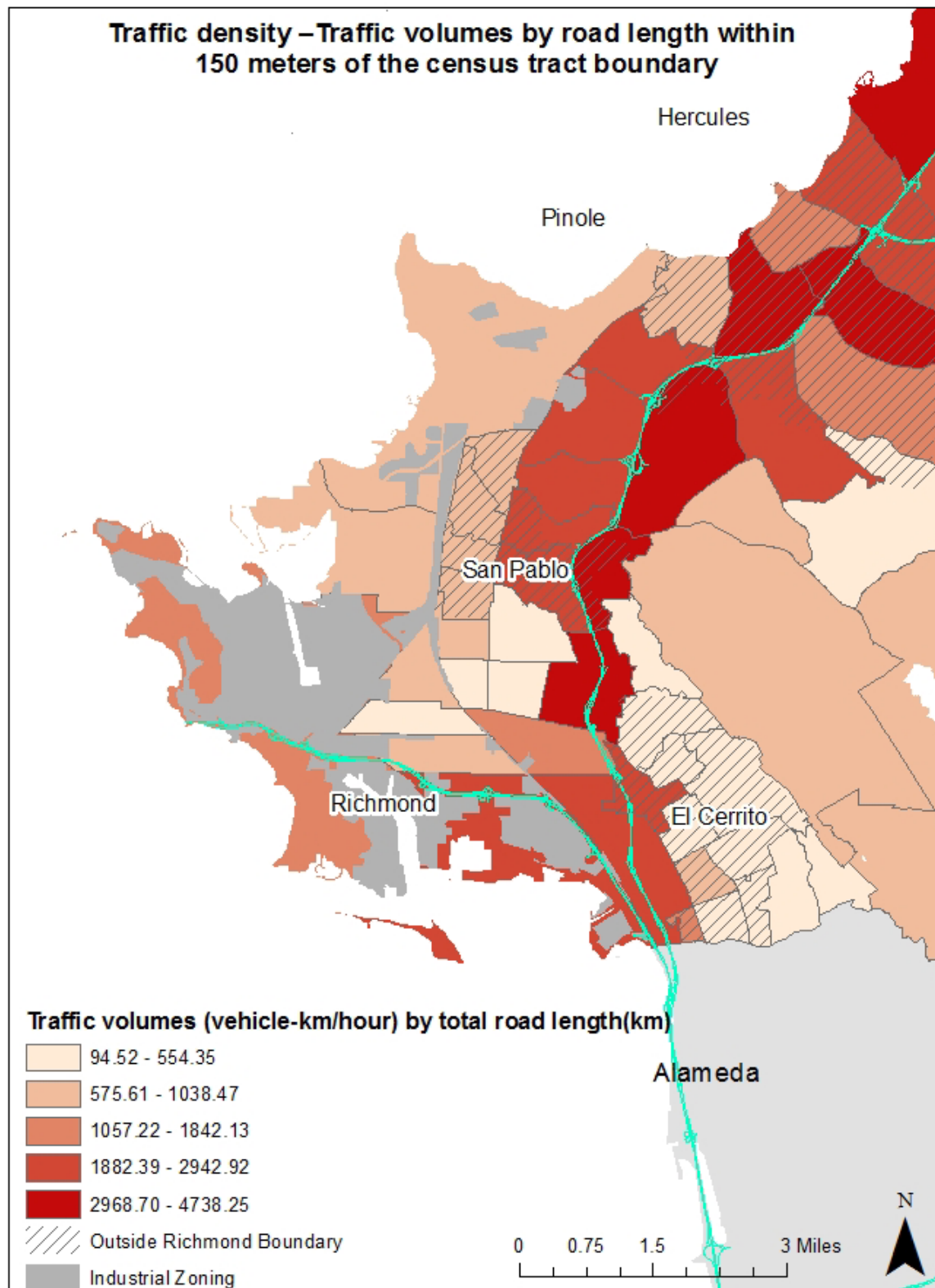
² EBMUD 2014 Annual Water Quality Report, <https://www.ebmud.com/customers/water-quality/>

MAP 1. DIESEL PARTICULATE MATTER EMISSIONS FROM ON-ROAD AND NON-ROAD SOURCES



Source: CalEnviroScreen 2.0; <http://www.oehha.ca.gov/ej>

MAP 2. TRAFFIC DENSITY-TRAFFIC VOLUMES BY ROAD LENGTH WITHIN 150 METERS OF CENSUS TRACT BOUNDARY



Source: CalEnviroScreen 2.0; <http://www.oehha.ca.gov/ej>

Hazardous and Toxic Materials

Exposure to Hazardous Materials and Toxic Sites

THERE ARE MULTIPLE INDICATORS TO ASSESS THE VULNERABILITY TO TOXIC SITES. HAZARDOUS MATERIAL CLEAN-UP SITES ARE SITES REQUIRED TO UNDERGO CLEAN-UP ACTIONS, AS THESE SITES HAVE SUFFERED ENVIRONMENTAL DEGRADATION DUE TO THE PRESENCE OF HAZARDOUS MATERIALS (

Map 3). There are often land use restrictions for these “brownfield sites”. Data is collected for these sites by the CA Department of Toxic Substances Control (DTSC) and can be found in the EnviroStor Cleanup Sites Database. This includes Superfund Sites, under regulation by the US Environmental Protection Agency. The indicator analyzed here takes into account the magnitude of the threat and burden posed by hazardous substance, creating a weighted measure which is adjusted based on the proximity of the site to populated census blocks. The shoreline of Richmond demonstrates a higher threat due to the presence of nearby cleanup sites.

Hazardous waste facilities and generators are captured in the CalEnviroScreen tool, using data collected and maintained by EnviroStor and DTSC (Map 4). The sites included here are permitted facilities involved in the treatment, storage, disposal of hazardous waste as well as hazardous waste generators (sites were included if they produced over 1,000 kg of waste per month for one of three years or produced waste types under federal regulation)³. Facilities are scored and weighted based on the type and permit status of the facility and weights are adjusted based on their proximity to populated census blocks. Many facilities exist in the City of Richmond and those areas with the most potential exposure to hazardous waste facilities and generators are at the shoreline and in low income census tracts.

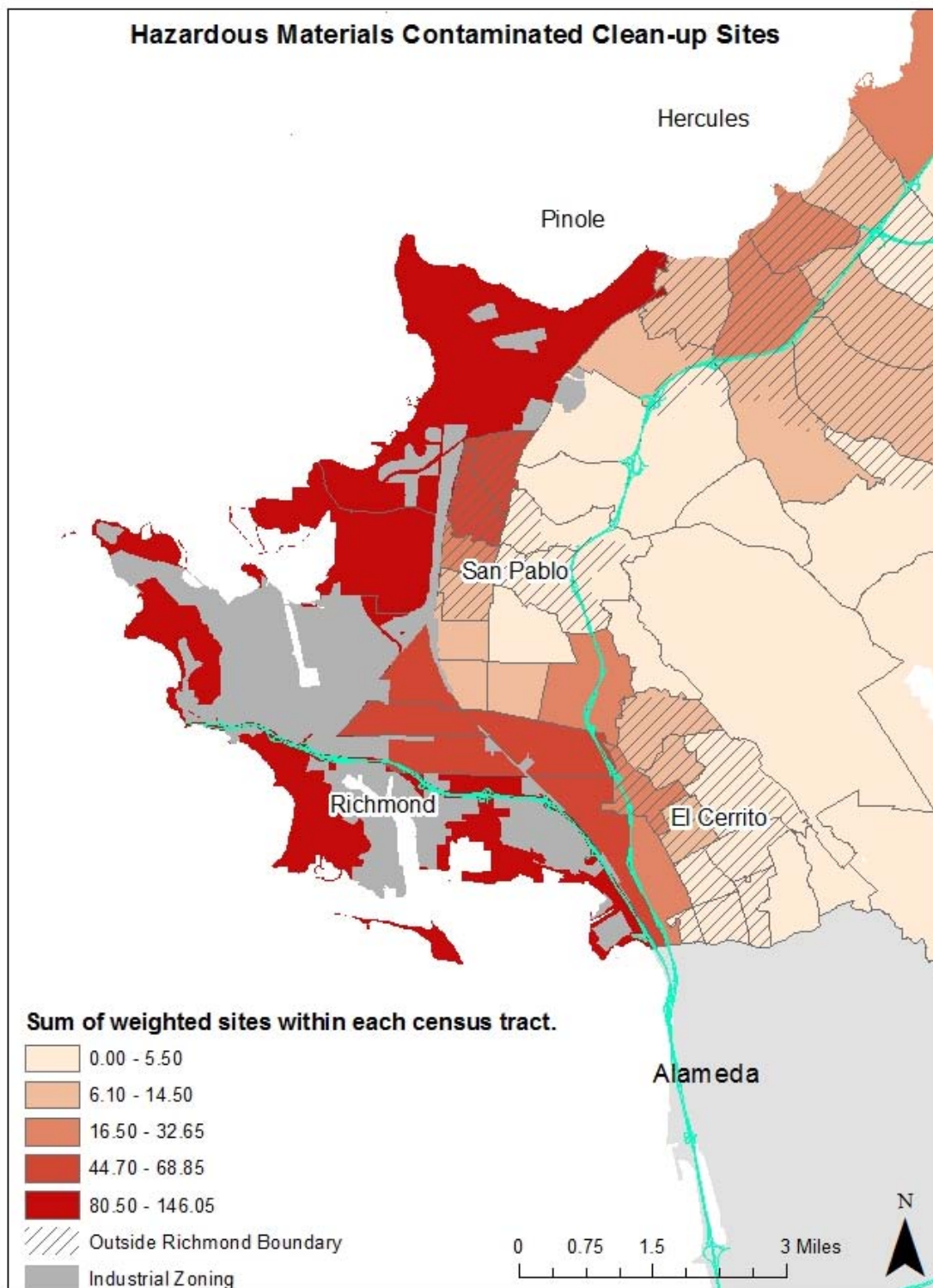
Toxic releases are of particular concern in areas with industrial activity. The US EPA analyzes toxic releases and models potential exposures using a tool called the Risk Screening Environmental Indicators (RSEI). In the CalEnviroScreen tool, toxic air releases were modeled by RSEI and weighted based on potential toxicity concentrations in air (Map 5). Areas of particular concern include the shoreline area and low income census tracts.

Perceptions about Environmental Safety

Richmond city residents were asked how safe they felt about environmental hazards, including toxic waste. In 2013, 59% of Richmond residents reported they felt somewhat or very unsafe. We could not detect a difference from the response to the same question in 2007, where 61% of respondents reported feeling somewhat or very unsafe. The response to this question did not differ by race/ethnic group.

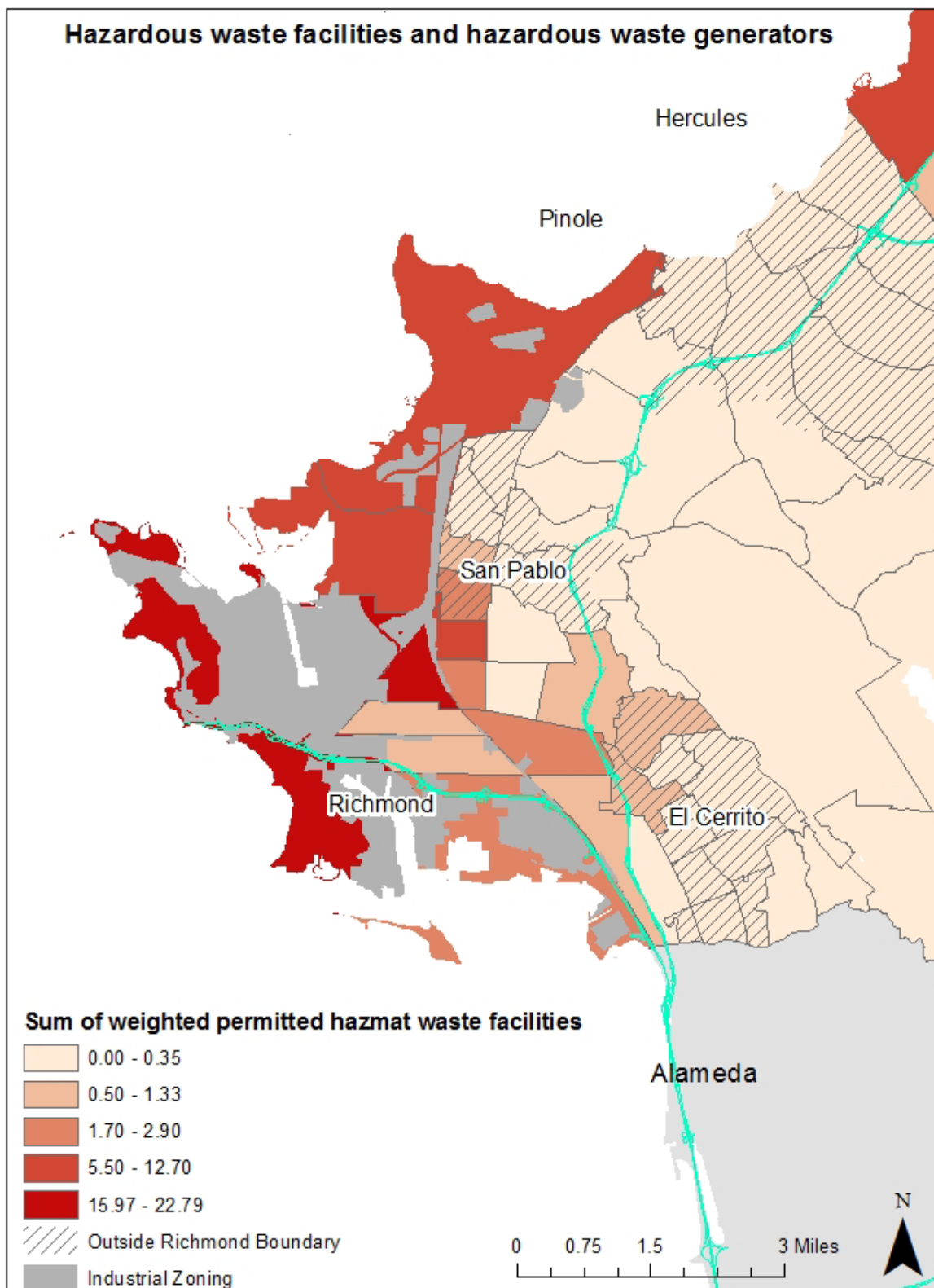
³ Corresponds to over 13.1 tons per year; Federally regulated under RCRA: Resource Conservation and Recovery Act (List of RCRA waste: http://www.epa.gov/osw/inforesources/data/br91/na_apb-p.pdf)

MAP 3. HAZARDOUS MATERIALS CONTAMINATED CLEAN-UP SITES



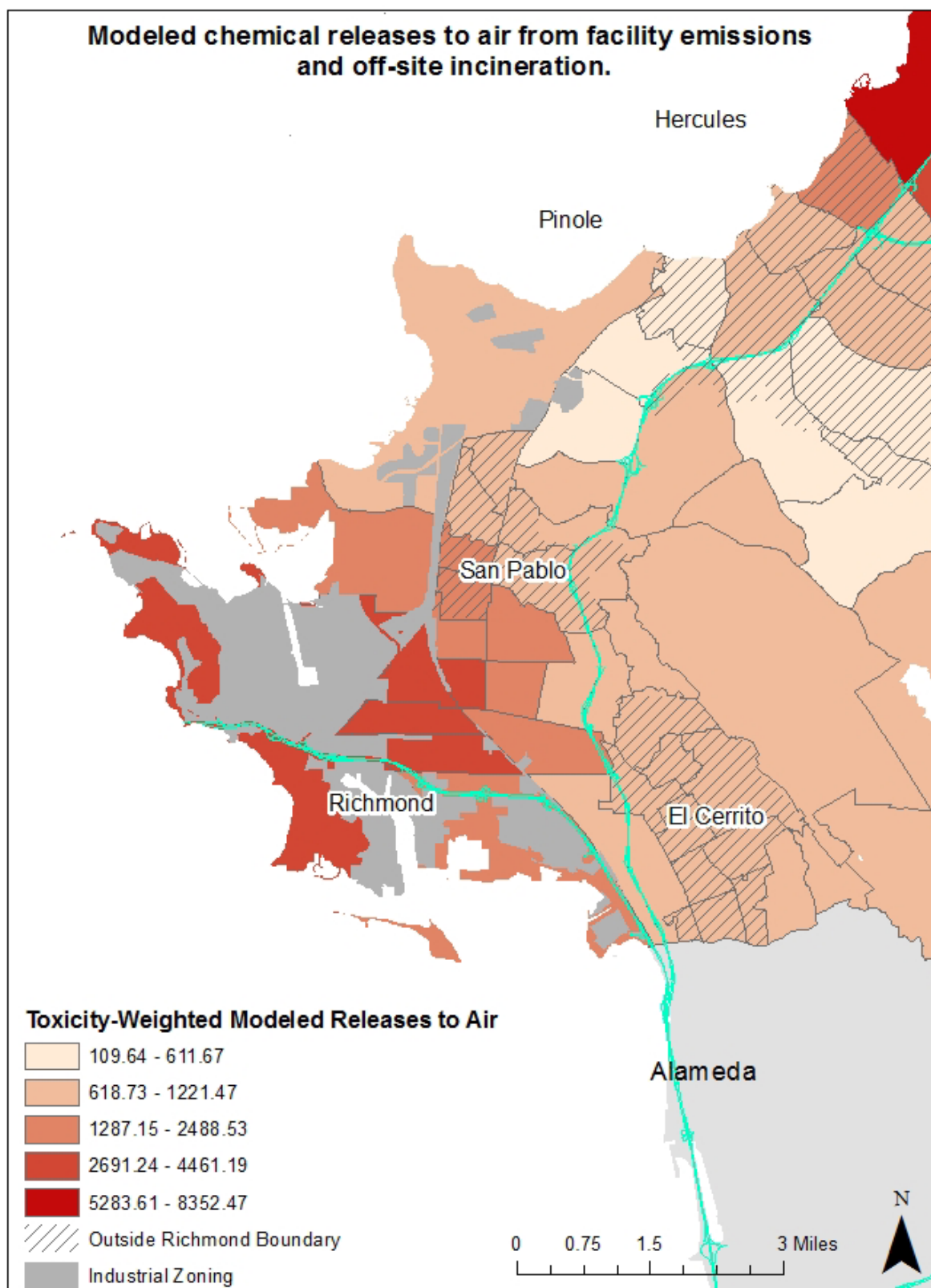
Source: CalEnviroScreen 2.0; <http://www.oehha.ca.gov/ej>

MAP 4. HAZARDOUS WASTE FACILITIES AND HAZARDOUS WASTE GENERATORS



Source: CalEnviroScreen 2.0; <http://www.oehha.ca.gov/ei>

MAP 5. TOXIC RELEASES-MODELED CHEMICAL RELEASES TO AIR FROM EMISSIONS AND INCINERATION



Source: CalEnviroScreen 2.0; <http://www.oehha.ca.gov/ei>

Chapter 5 Quality & Accessible Health & Social Services



The relationship between healthcare access, quality and necessary social services have an impact on health outcomes in a community. For low-income populations, access to food, childcare and other basic needs can exacerbate existing medical conditions and cause stresses that diminish overall health. In recent years, access to health insurance has improved due to the Affordable Care Act, which expands health insurance for low-income individuals through MediCal and healthcare subsidies. Unfortunately, uninsured individuals remain in our community due to a lack of access for undocumented individuals. Data on the changes in the population due to the implementation of the ACA are not yet available. It will be important to track the effect of the ACA on relevant indicators.



A greater percentage of Richmond households receive food stamps and public assistance than in Contra Costa. Many low income individuals are still not receiving food stamps, indicating a need for expansion of services. The access to quality healthcare is determined by insurance status, availability of providers, and the care patients receive. Although Richmond is not considered deplete of providers, there remains a lack of psychiatry and dental providers in the area. Although we expect access to improve with ACA implementation, we find that many hospitalizations in Richmond are due to preventable causes and that African Americans are hospitalized at a higher rate, demonstrating a potential disconnect for these individuals with the primary care system.

Access to Social Services

Food Stamp Participation

Food stamp participation was higher in Richmond than in the county overall and varied similarly by race/ethnicity in both jurisdictions. Overall, 11.0% of Richmond households receive food stamps; a greater percentage than in Contra Costa (5.5%). Within Richmond, higher percentages of households with Black/African American (17.4%) and Hispanic (15.4%) householders, and lower percentages of households with Asian (6.0%) and non-Hispanic white (2.4%) householders, received food stamps than households overall (11.0%). This pattern existed in the county overall as well. Households with Hispanics householders also had higher food stamp participation in Richmond (15.4%) than in Contra Costa (9.9%) (Table 1).

Households with children are more likely to receive food stamps than households overall.

Approximately one-fifth (21.3%) of households with children under 18 years of age in Richmond receive food stamps; higher than the percent of all households in the city receiving food stamps (11.0%). This pattern exists for Contra Costa County overall as well. This is not surprising given that a greater percentage of households with (related) children under 18 years live below poverty than households overall in Richmond. Households with children under 18 also had higher food stamp participation in Richmond (21.3%) than in Contra Costa (10.6%) (Table 1).

As expected, a higher percentage of households living below poverty receive food stamps than the households overall. However, just one-third (34.1%) of these poor households in Richmond receive food stamps. Although this is quite low, it is higher than the percentage of households below poverty that received food stamps county-wide (27.2%) (Table 1).

TABLE 1. FOOD STAMP PARTICIPATION AMONG HOUSEHOLDS BY PRESENCE OF CHILDREN, POVERTY STATUS & HOUSEHOLDER RACE/ETHNICITY

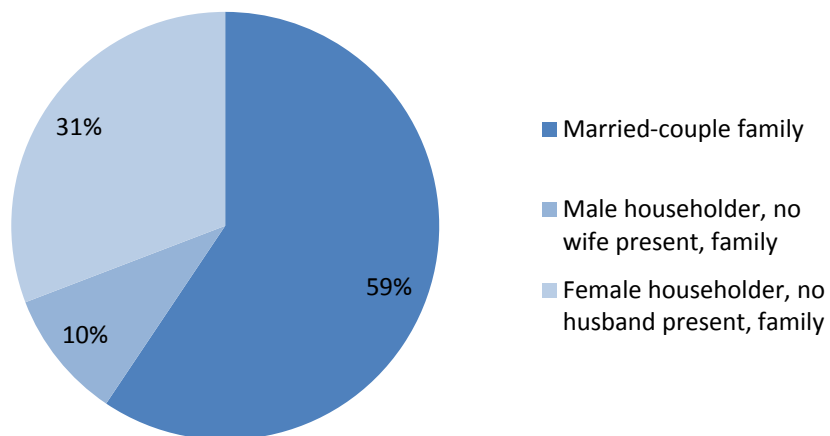
Households	Richmond			Contra Costa		
	Total (#)	Total (%)	% receiving food stamps	Total (#)	Total (%)	% receiving food stamps
Households	36,317	100%	11.0%	374,552	100%	5.5%
With children under 18 years	13,614	37.5%	21.3%	137,484	36.7%	10.6%
POVERTY STATUS IN PAST 12 MOS						
Households below poverty level	6,356	17.5%	34.1%	35,648	9.5%	27.2%
RACE/ETHNICITY OF HOUSEHOLDER						
Black or African American	10,897	30.0%	17.4%	35,112	9.4%	17.0%
Asian	4,849	13.4%	6.0%	50,338	13.4%	3.2%
Hispanic or Latino origin (any race)	10,088	27.8%	15.4%	65,018	17.4%	9.9%
White alone, not Hispanic/Latino	9,477	26.1%	2.4%	212,529	56.7%	2.7%

Source: U.S. Census Bureau, 2010-2012 American Community Survey 3-Year Estimates; C22002; S2201; B22005b,d,h,i; B22003.

Public Assistance

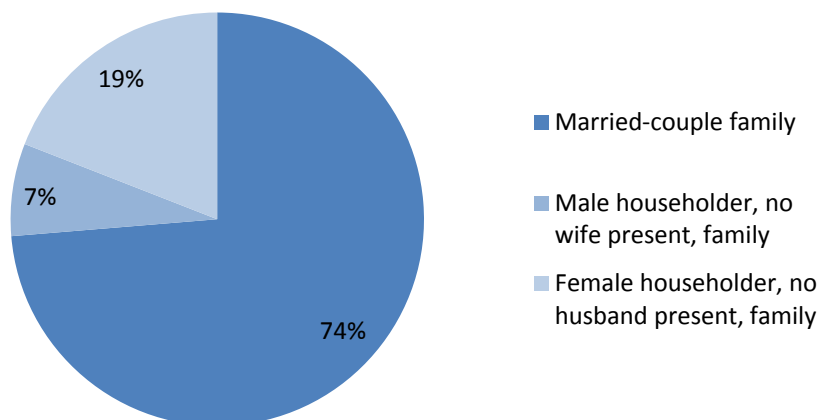
More than half of children under 18 years of age living in households live in married-couple families in both Richmond (59%) and Contra Costa (73%). (Chart 1Chart 2).

CHART 1 CHILDREN UNDER 18 YRS IN FAMILY HOUSEHOLDS BY FAMILY TYPE - RICHMOND



Source: U.S. Census Bureau, 2010-2012 American Community Survey, 3-Year Estimates; B09010

CHART 2 CHILDREN UNDER 18 YRS IN FAMILY HOUSEHOLDS BY FAMILY TYPE - CONTRA COSTA

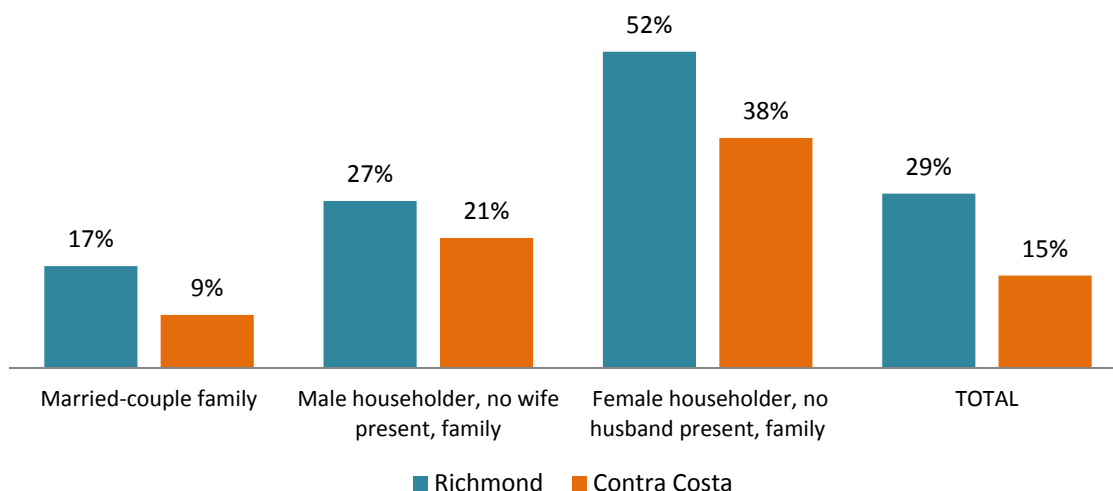


Source: U.S. Census Bureau, 2010-2012 American Community Survey, 3-Year Estimates; B09010

Yet public assistance, which includes supplemental security income (SSI), cash public assistance income, and/or food stamps/SNAP received in the prior 12 months, is most common among children living in households with a female householder, no husband present: 52% (Richmond) and 38% (Contra Costa).

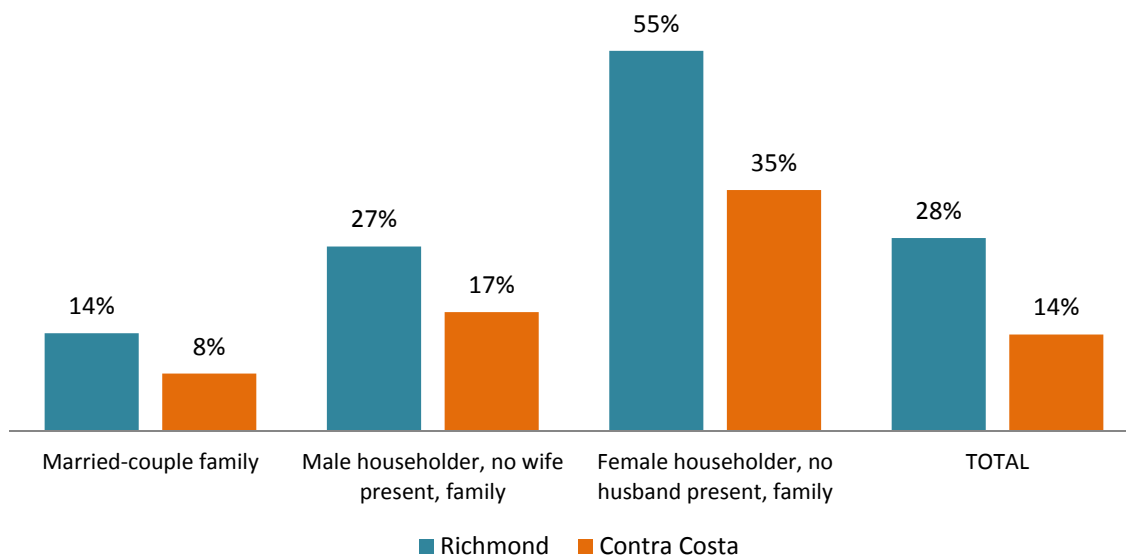
In addition, the percent of children under 18 living in families receiving public assistance is higher in Richmond than Contra Costa overall (29% vs 15%) and in family households with a female householder, no husband present (52% vs 38%), and in married-couple families (17% vs 9%). These patterns are fairly reflective of the distribution of poverty among children in these types of households. (Chart 3 & Chart 4).

CHART 3 PERCENT OF CHILDREN UNDER 18 YRS IN FAMILIES RECEIVING PUBLIC ASSISTANCE BY FAMILY TYPE



Source: U.S. Census Bureau, 2010-2012 American Community Survey, 3-Year Estimates; B09010:

CHART 4 PERCENT OF *RELATED* CHILDREN UNDER 18 YRS IN FAMILIES LIVING IN POVERTY BY FAMILY TYPE



Source: U.S. Census Bureau, 2010-2012 American Community Survey, 3-Year Estimates;B17006.

Note: More than 99% of children under 18 years of age living in households live in family households in Richmond and Contra Costa and approximately 99% of children under 18 years of age living in family households in these jurisdictions are “related” children.

MAP 1 HEALTH CARE FACILITIES IN WEST CONTRA COSTA COUNTY



06.25.15

Number and Type of Healthcare Providers

With the closure of Doctor's Medical Center in 2015, there remains one hospital in West Contra Costa County and two Urgent Care Centers (Map 1). The ratio of providers to population is examined by Medical Service Study Area (MSSA). The City of Richmond is a part of three MSSAs. Overall Richmond has about the same ratio of population to Primary Care Providers (PCPs) as Contra Costa County, but fewer dentists and many fewer psychiatrists. (Table 2).

TABLE 2 NUMBER AND RATIO OF MEDICAL, DENTAL, AND PSYCHIATRIC PRACTITIONERS BY MEDICAL SERVICE STUDY AREAS

Medical Service Study Area	Number of Primary Care Physicians	Ratio of Population to Primary Care Physicians	Number of Dentists	Ratio of Population to Dentists	Number of Psychiatrists	Ratio of Population to Psychiatrists
Crockett/Hercules/Martinez West/Pinole/Port Costa/Richmond Northeast/Rodeo	193	446	80	1077	24	3590
Richmond Central/San Pablo Central	100	951	27	3522	6	15850
El Cerrito/El Sobrante/Kensington/Richmond North/Richmond Southeast/Wildcat Canyon	11	7063	63	1233	1	77689
All Contra Costa	1027	997.9	803	1276.2	147	6971.5

Source: 2010 MSSA Data, OSHPD

Self-reported access to affordability quality healthcare and preventive healthcare in Richmond

The Richmond City Survey asks respondents about their access to affordable quality healthcare and preventive healthcare. In 2013 73% of respondents reported that access to affordable quality healthcare was fair or poor, this number was unchanged since 2007. This result differed by race/ethnic group, with only 57% of Whites reporting fair or poor access, while Blacks (71%), Hispanics (76%), and Other (75%) had similar responses. In 2013 66% of respondents reported fair or poor access to preventive healthcare, an improvement from 75% in 2009. The response to this question also differed by race/ethnicity group with 65% of Whites reporting fair or poor access, while Blacks (73%), Hispanics (73%), and Other (76%) had similar responses.

Healthcare Access

VISITED EMERGENCY ROOM IN THE PAST 12 MONTHS¹

¹ Respondents were asked: "During the past 12 months, did you visit a hospital emergency room for your own [teen/child's] health?". Respondents who visited the emergency room past year for asthma or other condition are also included.

An estimated one-fifth (20.7%) of Contra Costa adults reported visiting an emergency room (ER) in the past 12 months; similar to Bay Area adults (18.8%) in 2011-12.

Reports of ER visits were higher among Bay Area adults from high poverty households and NH Blacks/African Americans. No differences were detected in these estimates by poverty or race/ethnicity for adults in the county. However, in the Bay Area adults in high poverty households (<200% FPL) (22.5%) were more likely than those in lower poverty households (17.5%) to report having visited an ER in the past 12 months. Differences were also detected by race/ethnicity among Bay Area adults -- NH Blacks/African Americans (32.6%) were more likely than NH whites (20.2%), Hispanics (19.0%) and NH Asians (11.8%) to report having visited an ER in the past 12 months. NH Asians were less likely than these other groups to report visiting an ER during this period.

DELAYED OR DIDN'T GET NEEDED MEDICAL CARE²

Estimates of the percent of adults who reported delaying or forgoing needed medical care are similar in Contra Costa (13.1%) and the Bay Area (13.6%) in 2011-12.

Reports of delayed or lack of needed medical care were higher among higher poverty households and NH white adults in the Bay Area. Although no differences were detected in the Contra Costa estimates by poverty level, Bay Area estimates indicate that adults from higher poverty households (<300% FPL) were more likely to report delaying or forgoing needed care (16.6%) than those from lower poverty households (11.8%). Data by race/ethnicity at the county level was unstable but in the Bay Area such estimates indicate that NH whites (15.1%) are more likely to report delaying or going without needed medical care than NH Asians (10.0%).

DELAYED OR DIDN'T GET PRESCRIPTION MEDICINE³

Estimates of the percent of adults who reported delaying or forgoing needed prescription medication are similar in Contra Costa (9.4%) and the Bay Area (9.7%) in 2011-12.

Reports of delayed or lack of needed prescription medication were higher among California adults from high poverty households and among Bay Area NH whites and NH Blacks/African Americans. Although no differences were detected in the Contra Costa or Bay Area estimates by poverty level, California estimates indicate that adults from high poverty households (<200% FPL) are more likely to report delaying or forgoing needed prescription medication (13.6%) than those from lower poverty households (10.1%). Data by race/ethnicity at the county level was unstable but in the Bay Area such estimates indicate that NH whites (10.7%) and NH Blacks/African Americans (17.7%) are more likely to report delaying or going without needed prescription medication than NH Asians (6.2%).

Outcomes associated with primary care availability

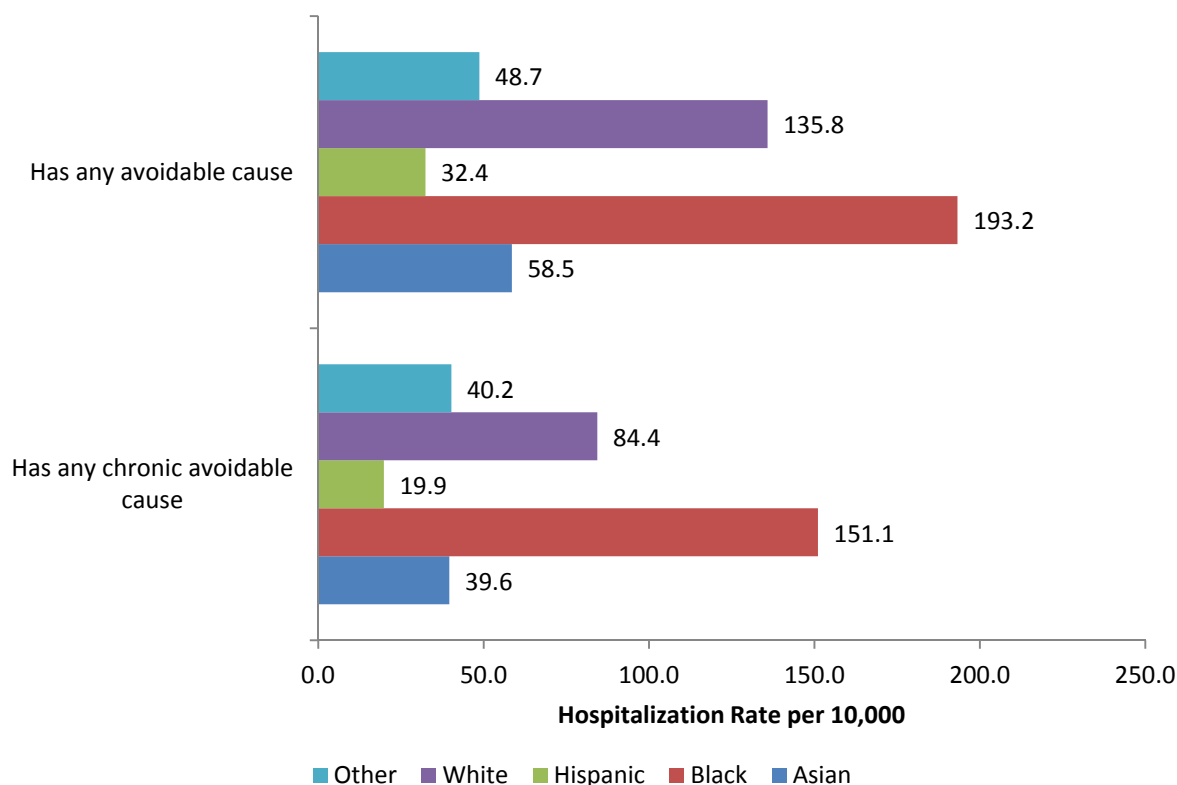
Many hospitalizations can be avoided if proper primary care is received by patients. The Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQI) to determine which hospitalizations could have been avoided with proper care outside of the hospital setting. These PQIs are designed by sets of diagnoses that are dependent on appropriate primary care. There are two broad categories, chronic (diseases such as diabetes, congestive heart failure, asthma, etc.) and acute

² "During the past 12 months, did you delay or not get other medical care you felt you needed-- such as seeing a doctor, a specialist, or other health professional?"

³ Respondents were asked: "During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for you (child)?"

(dehydration, urinary tract infection, etc). When examining PQI categories for Richmond residents, we found that Hispanics have the lowest rates of hospitalization due to any avoidable cause and any chronic avoidable cause in Richmond. Blacks have the highest rates of hospitalization due to any avoidable cause and any chronic avoidable cause in Richmond. (Chart 5)

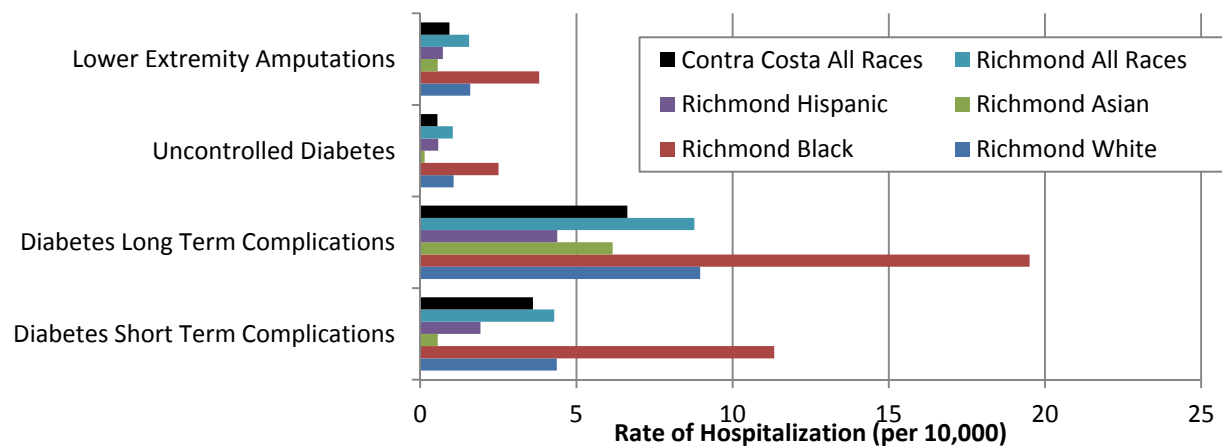
CHART 5 RATE OF AVOIDABLE HOSPITALIZATIONS FOR RICHMOND



Source: California OSHPD Patient Discharge Data, 2009-2011

Rates of avoidable hospital visits due to short-term diabetes complications are not significantly different for all races in Richmond and Contra Costa County, but they are significantly higher for Blacks in Richmond than for other individual races and all races combined. For avoidable hospital visits due to long-term diabetes complications, Richmond has significantly higher rates for all races than Contra Costa County, and in Richmond the rates for Blacks are higher than the other races and all races combined, whereas Hispanics have significantly lower rates than Whites, Blacks, and all races combined. The rates of avoidable uncontrolled diabetes hospital visits are not significantly different in Richmond by race. Avoidable hospital visit rates due to lower extremity amputations are significantly higher for Blacks in Richmond than for other individual races and for all races combined. Rates of avoidable lower extremity amputation hospital visits are significantly higher for all combined races in Richmond than Contra Costa County (Chart 6).

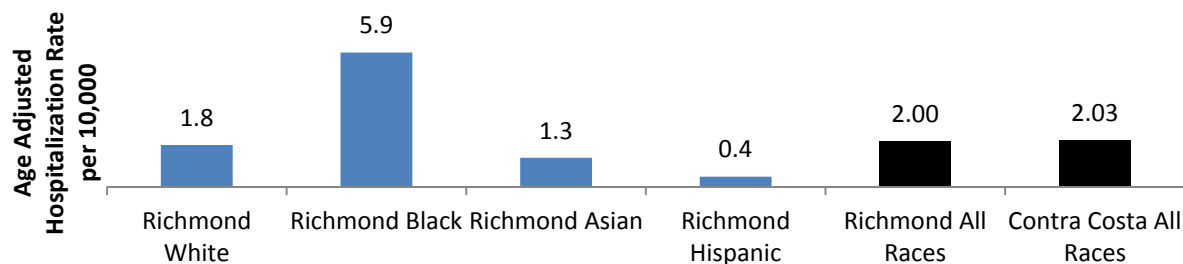
CHART 6 AGE ADJUSTED RATES OF AVOIDABLE DIABETES HOSPITALIZATIONS BY RACE/ETHNICITY, RICHMOND



Source: California OSHPD Patient Discharge Data and Emergency Department Data, 2009-2011

The rates of avoidable hypertension visits are significantly higher for Blacks in Richmond than for Whites, Asians, Hispanics, and all races combined. Rates of avoidable hypertension hospital visits are similar between Richmond and Contra Costa County. (Chart 7)

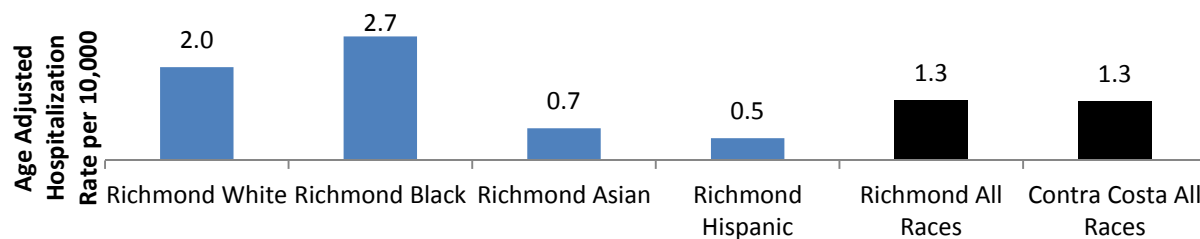
CHART 7 AGE ADJUSTED RATES OF AVOIDABLE HYPERTENSION HOSPITALIZATIONS BY RACE/ETHNICITY, RICHMOND



Source: California OSHPD Patient Discharge Data and Emergency Department Data, 2009-2011

In Richmond, rates of avoidable angina hospital visits for Blacks are significantly higher than for Asians, Hispanics, and all races. Rates of avoidable hospital visits due to angina are similar in Richmond and Contra Costa County. (Chart 8)

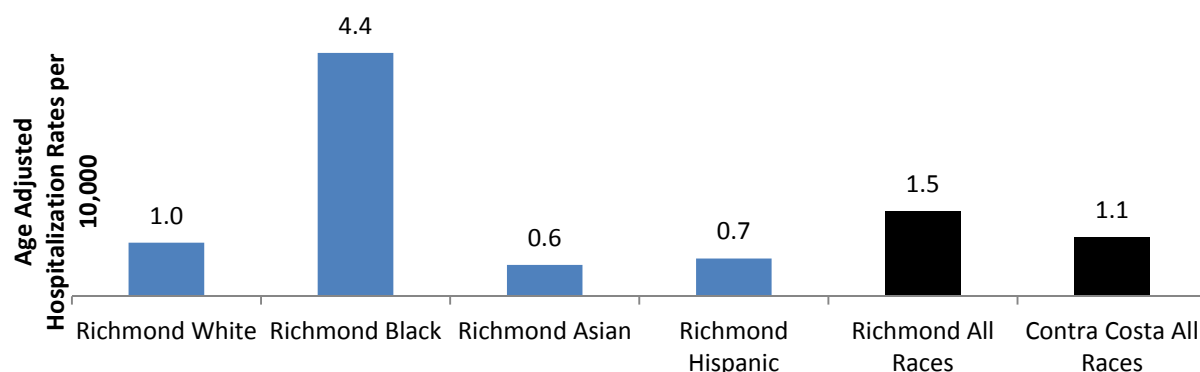
CHART 8 AGE ADJUSTED RATES OF AVOIDABLE ANGINA HOSPITALIZATIONS BY RACE/ETHNICITY, RICHMOND



Source: California OSHPD Patient Discharge Data and Emergency Department Data, 2009-2011

The rates are significantly higher for Blacks in Richmond compared to Whites, Asians, Hispanics, and all races combined. Rates of avoidable hospitalizations due to asthma among younger adults are not significantly different between Richmond and Contra Costa County when comparing all races combined. (Chart 9)

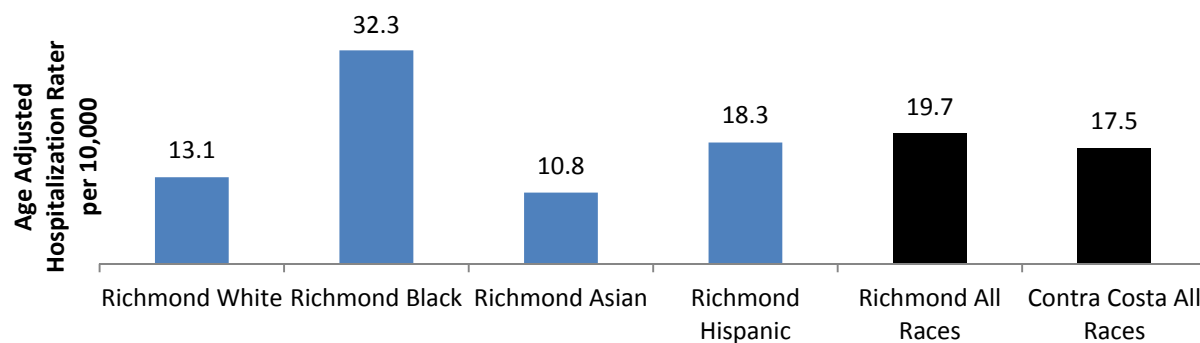
CHART 9 AGE ADJUSTED RATES OF AVOIDABLE ASTHMA HOSPITALIZATIONS AMONG YOUNGER ADULTS IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND



Source: California OSHPD Patient Discharge Data and Emergency Department Data, 2009-2011

Rates of avoidable influenza hospitalizations differ by race/ethnicity in Richmond. The rate of avoidable influenza hospitalizations for all races is slightly higher in Richmond than for Contra Costa County. The rate of avoidable influenza hospitalizations for Blacks in Richmond is significantly higher than for Whites, Asians, Hispanics, and all races. The rate for Hispanics in Richmond is significantly higher than for Asians and Whites. (Chart 10)

CHART 10 AGE ADJUSTED RATES OF AVOIDABLE FLU HOSPITALIZATIONS IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND



Source: California OSHPD Patient Discharge Data and Emergency Department Data, 2009-2011

Healthcare Insurance Status

The status of insurance in Richmond is changing rapidly with the spread of the Affordable Care Act and the expansion of Medi-Cal. The data presented here is before the implementation of the act, therefore we expect that the uninsured rate will be declining, but it should be tracked over time. Furthermore, insurance is still out of reach for many in our community, in particular, those who are undocumented. We must also consider that insurance is not a measure of healthcare access, which should be measured as well. (Table 3)

TABLE 3 PERCENT OF ADULTS WHO ARE UNINSURED IN RICHMOND (TOTAL, BY INCOME, EDUCATION, EMPLOYMENT, RACE/ETHNICITY)

Uninsured	Contra Costa County	Richmond
Total Uninsured (aged 18-64)	16.7%	26.6%
By Household Income (Civilian household population)		
Total	12.2%	20.8%
Under \$25,000	21.7%	23.0%
\$25,000 - \$49,000	22.9%	25.8%
\$50,000 - \$74,999	15.2%	20.0%
\$75,000 - \$99,999	12.5%	29.1%
\$100,000 and Over	4.8%	11.4%
By Employment (ages 18 and older)		
Total	14.2%	23.4%
In Labor Force	15.9%	26.2%
In Labor Force: Employed	13.0%	23.7%
In Labor Force: Unemployed	38.9%	43.2%
Not in Labor Force	10.5%	17.0%
By Race/Ethnicity		
Hispanic/Latino	23.2%	29.4%
Non-Hispanic White	7.1%	11.8%
Black or African American	13.6%	16.1%
Asian	10.4%	14.7%
Other*	19.8%	26.4%

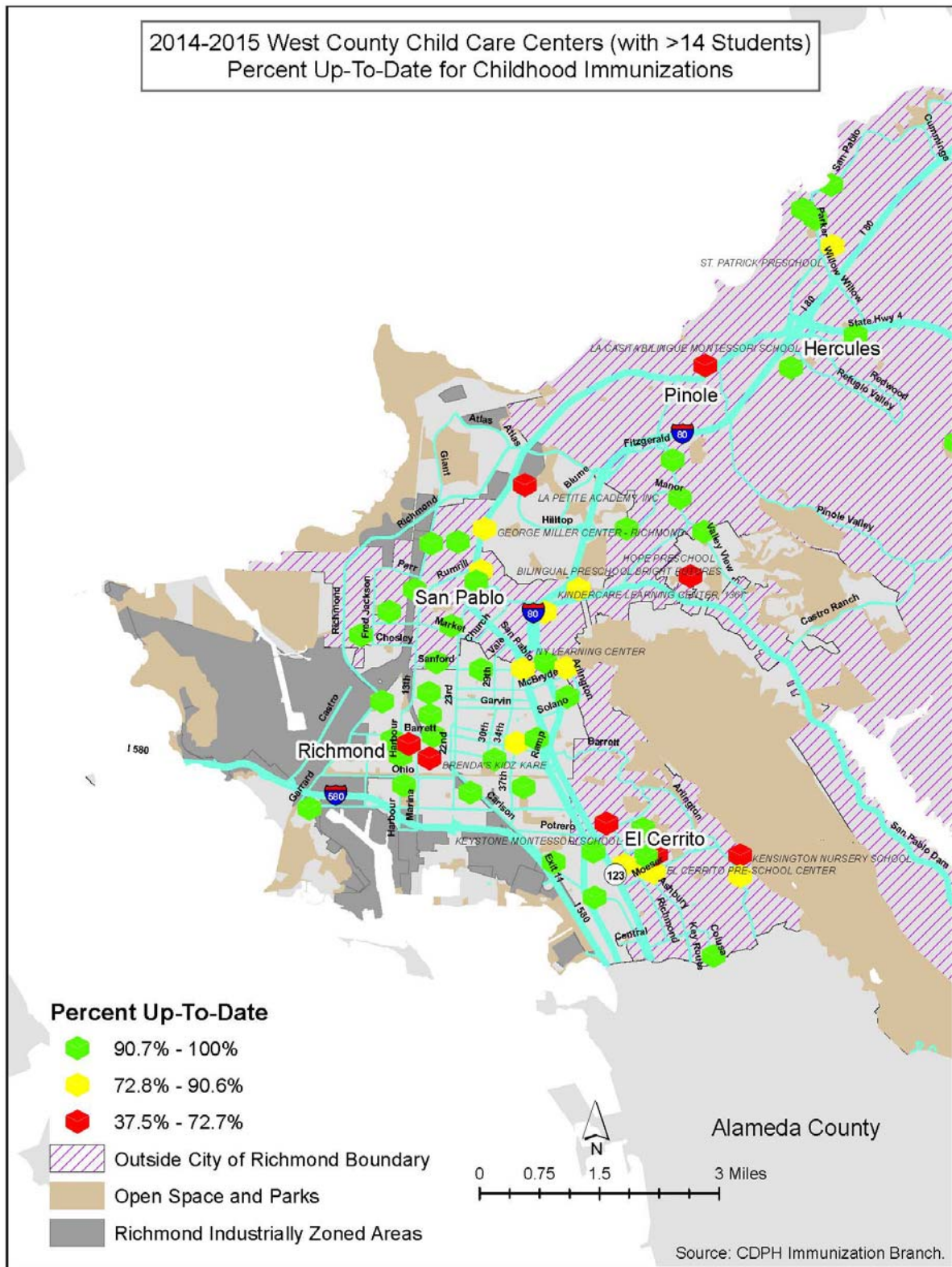
Source: United States Census Bureau, 2009-2011 American Community Survey 3-Year Estimates

*Other refers to two or more races or some other race.

Childhood Immunizations

The lack of childhood immunizations is a growing problem locally, statewide, nationally and internationally. Immunizations are tracked by childcare providers and schools by state regulation. Although overall, Richmond childcare facilities exhibit higher immunization rates than in other parts of the county, there are multiple childcare facilities with low immunization rates Richmond and in the West County region. (Map 2)

MAP 2 PERCENT OF UP-TO-DATE CHILDHOOD IMMUNIZATIONS AT WEST COUNTY CHILD CARE FACILITIES



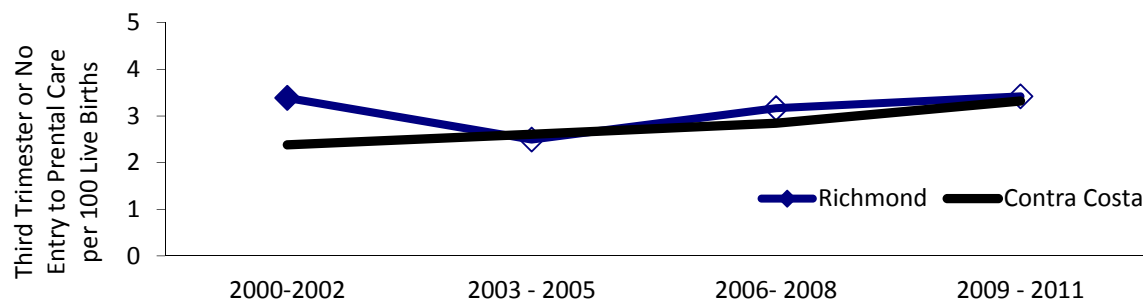
Contra Costa Public Health, Epidemiology, Planning and Evaluation, June 2015

06.24.15

Prenatal Care

Richmond has not seen improvement in late or no entry to prenatal care since 2000, however, the Richmond rate is now equivalent to Contra Costa County, as it appears that the county rate of late or no prenatal care is increasing. (Chart 11)

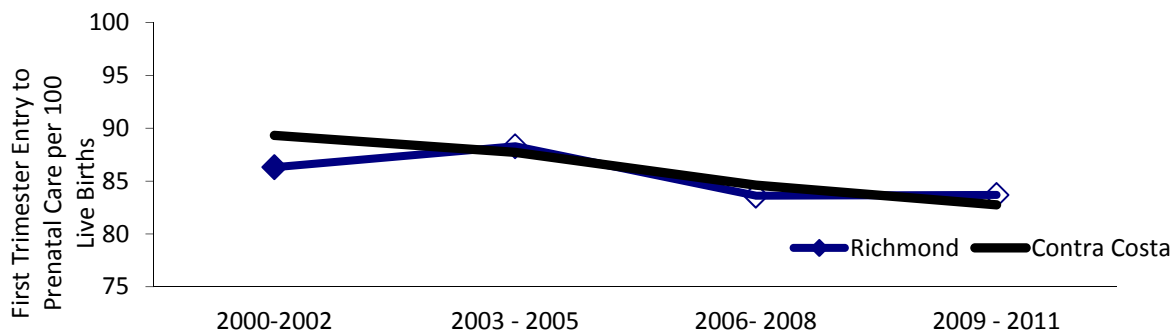
CHART 11 LATE ENTRY OR NO PRENATAL CARE



Source: Vital Statistics 2000-2011. Note: Late PNC = PNC that begins in month 7,8 or 9 . Filled marker indicates value is statistically different from the county rate.

Richmond has not seen improvement in early prenatal care since 2000, however, the Richmond rate is now equivalent to Contra Costa County, as it appears that the county rate of early prenatal care is decreasing. (Chart 12)

CHART 12 EARLY PRENATAL CARE



Source: Vital Statistics 2000-2011. Note: Early PNC = PNC that begins in month 1,2,or 3 . Filled marker indicates value is statistically different from the county rate.

Cancer Screening

MAMMOGRAPHY⁴

Women from higher poverty households in California and Hispanic and NH Asian women in the Bay Area are more likely to report never having had a mammogram.

An estimated 16.8% of Contra Costa women 30 years and older reported in 2011-12 that they have never had a mammogram; similar to Bay Area women (21.8%). Differences were not detected at the county or Bay Area levels by poverty level but in California estimates indicate that women from higher poverty households (<200% FPL) were more likely (27.9%) to report they never had a mammogram compared to those from lower poverty households (19.5%).

Data by race/ethnicity were unstable at the county level but in the Bay Area estimates indicate that Hispanic (32.0%) and NH Asian (29.0%) women are more likely than NH African American (15.5%) and NH white (14.1%) women to report they have never had a mammogram.

COLORECTAL CANCER SCREENING⁵

Adults from higher poverty households in Contra Costa are more likely to report non-compliance with colorectal cancer screening guidelines. Some differences exist by race/ethnicity among Bay Area adults.

Estimates indicate that approximately one-third (35.7%) of Contra Costa adults 50 years and older were not compliant with colorectal cancer screening guidelines in 2009; similar to Bay Area adults (29.1%). Reported non-compliance estimates varied by poverty level in the county. Contra Costa adults from high poverty households (<200% FPL) were more likely to report non-compliance (61.4%) than adults from lower poverty households (28.6%).

Data by race/ethnicity were unstable at the county level but in the Bay Area estimates indicate that NH whites (25.0%) were less likely than NH Asians (37.5%) to report non-compliance with the screening recommendations.

⁴ Respondents were asked: "Have you EVER had a mammogram?", if yes, asked "How long ago did you have your most recent mammogram?" **This variable is not asked of everyone:** Asked of all women 30 years or older.

⁵ Respondents were asked a series of questions on their cancer screening behaviors and were considered compliant if they had a fecal occult blood test (also called a blood stool test) within the past year, a sigmoidoscopy within the past five years, or a colonoscopy within the past ten years. Compliance is based on the 2001 to 2004 U.S. Preventive Services Task Force (USPSTF) recommendations for the 50+ population. **This variable is not asked of everyone:** Asked of all adults 50 years and older.

Chapter 6 Health Behaviors

Health Behaviors	Tobacco Use	Teen Adult
	Healthy Eating	No breakfast SSB Consumption Fruit and Veg
	Active Living	Percent inactive Child Physical Active Child Active Transport
	Alcohol and Drug Use	Alcohol Use Drug Use Binge Drinking
	Risky Sexual Behaviors	Teen Sexual Behaviors

Health behaviors are a major determinant of health outcomes, including premature death and disability. In this section we examine some critical health behaviors linked to the leading causes of death, disability and quality of life for Richmond residents. Unfortunately, the only datasets available to us to assess health behaviors is in self-reported survey data. Survey data for Richmond is quite limited, therefore, when possible, we included Richmond specific data, but we often had to examine data at the County or Bay Area level to assess disparities. We expect that disparities in the Bay Area persist in the City of Richmond.



The results presented here show disparities in health behaviors by race/ethnicity and income level. African American and low income children in Richmond are at a greater risk to the negative outcomes of cigarette smoking. Disparities in the Bay Area as well as reported local behaviors support the assertion that Richmond residents are at a greater risk of poor nutrition and physical activity habits and food insecurity. Risky behaviors associated with drug and alcohol consumption show disparities by race/ethnic groups for Richmond youth. African American students report more risky sexual behaviors. These behaviors are linked to negative health outcomes for Richmond residents.

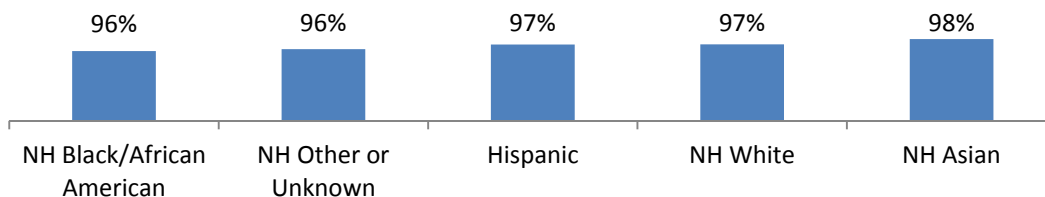
Tobacco Use

The lack of data on local tobacco use and other health behaviors makes it difficult to track these behaviors among Richmond residents. In addition to examining data in Contra Costa and the Bay Area to predict local health behaviors, we have used datasets collected in Richmond schools (both administered by the schools and by public health programs). The analysis of these datasets provides insight into the population attending public schools in Richmond, but is not representative of the entire Richmond youth population. To better understand smoking behaviors among Richmond youth, we analyzed the California Healthy Kids Survey, which is administered in West Contra Costa County Unified schools.

Youth Smoking

Richmond high school students (9th-11th grade) were asked about their smoking behaviors. Asian students (9th-11th grade) were less likely to report that they have ever smoked¹ (and had smoked in the past 30 days than Richmond 9th-11th graders overall² (Chart 1Chart 2).

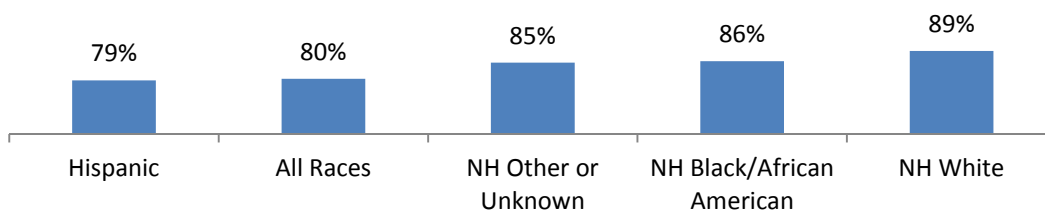
CHART 1 PERCENT OF STUDENTS REPORTING "NEVER SMOKED"



Source:

2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

CHART 2 PERCENT OF STUDENTS REPORTING "NO CIGARETTE IN PAST 30 DAYS"



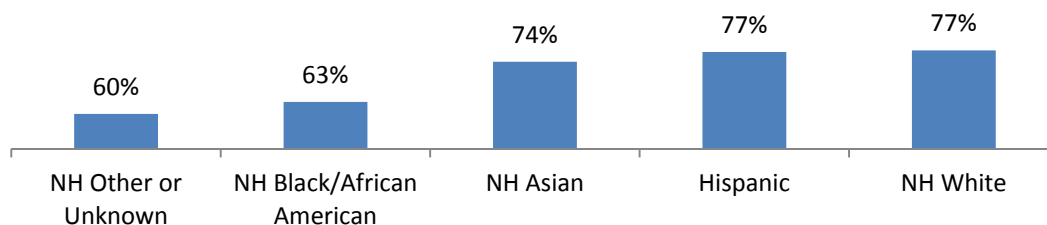
Source: 2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

¹ Lifetime, Smoked a whole cigarette?

² Past 30 days, Smoke cigarettes?

Asian students were also less likely to report, and African American and students who identified as “other” race/ethnicity were more likely to report, knowing adults who smoke compared to Richmond students overall.³ (Chart 3)

CHART 3 PERCENT OF STUDENTS REPORTING "DON'T KNOW ADULTS WHO SMOKE"



Source:

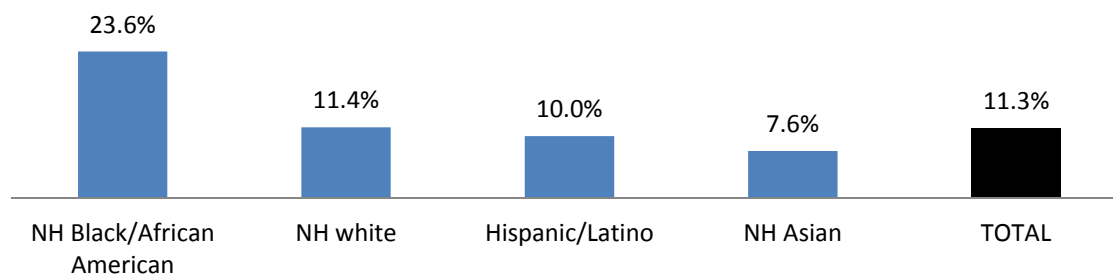
2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

Adult Smoking

An estimated 11.8% of Contra Costa adults reported being “current smokers” in 2011-12; similar to the Bay Area (11.3%).⁴

The percent of reported current smokers varies by race/ethnicity among Bay Area adults. Estimates indicate a higher percent of Non-Hispanic (NH) African American adults (23.6%) reported being “current smokers” compared to NH white, Hispanic/Latino, NH Asian, and adults overall in the Bay Area. Estimates also suggest that NH Asian adults were less like to report being a “current smoker” than NH African American adults and adults overall in the Bay Area (Chart 4).⁵

CHART 4 PERCENT OF ADULTS REPORT BEING A "CURRENT SMOKER", BAY AREA



Source: 2011-12 California Health Interview Survey

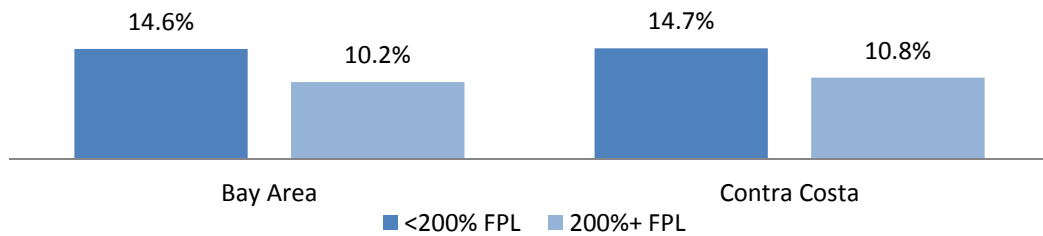
³ How many adults you know smoke cigarettes once a month or more?

⁴ Adults were considered “current smokers” if they reported smoking every day or some of the days AND smoking more than 100 cigarettes in their lifetime.

⁵ Note: Where stable data was not available at the Contra Costa level, Bay Area or California data was used.

Lower income adults were more likely to report being “current smokers” in the Bay Area. Estimates indicate no differences in reported current adult smoking by poverty level in Contra Costa but in the Bay Area estimates suggest a greater percentage of adults with household income less than 200% of the Federal Poverty Level (FPL) (14.6%) reported being a “current smoker” compared to those with income at 200% FPL and above (10.2%) in the Bay Area in 2011-12. (Chart 5).

CHART 5 PERCENT OF ADULTS REPORT BEING “CURRENT SMOKER”



Source:

2011-12 California Health Interview Survey

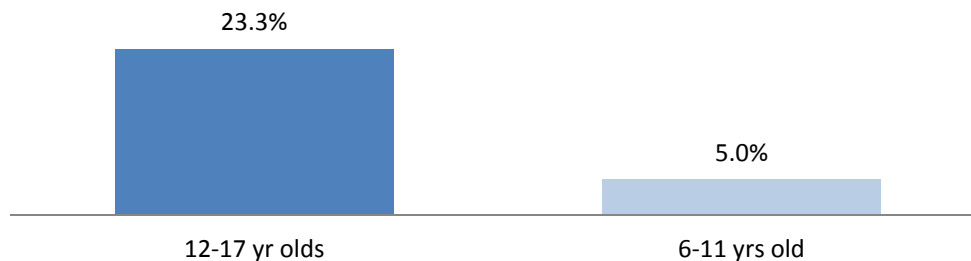
Healthy Eating

Sugar Sweetened Beverage Consumption

In Contra Costa an estimated 7.3% of young people (ages 2-17) reported drinking two or more Sugar Sweetened Beverages (SSBs) “yesterday” in 2009⁶; similar to Bay Area youth (11.0%). [Note: Stable data was unavailable for Contra Costa for 2011-12.]

Bay Area adolescents were more likely to report drinking two or more SSBs “yesterday” than younger children. Estimates indicate a greater percentage of adolescents, 12-17 years old (23.3%) reported drinking this amount compared to children, 6-11 years old (5.0%) in the Bay Area in 2009 and 2011-12 combined (Chart 6).⁷

CHART 6 PERCENT OF YOUTH REPORT DRINKING 2 OR MORE SSBs YESTERDAY - BAY AREA



Source: 2009, 2011-12 California Health Interview Survey; pooled data.

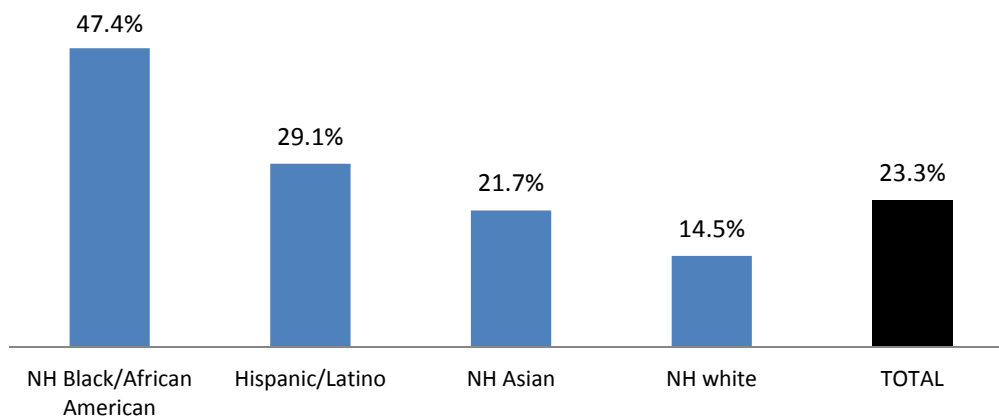
Reported SSB consumption among adolescents varies by race/ethnicity in the Bay Area. Estimates indicate a greater percentage of Non-Hispanic (NH) Black/African American adolescents (47.4%) and Hispanics/Latinos (29.1%) reported drinking two or more SSBs “yesterday” than Non-Hispanic whites (14.5%) in the Bay Area in 2009 & 2011-12 combined. (Chart 7)⁸

⁶ California Health Interview Survey respondents were asked the following question: Yesterday, how many glasses or cans of soda, such as Coke, or other sweetened drinks, such as fruit punch or sports drinks did {he/she} drink? Do not count diet drinks. (CHILD); “[Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did you drink? Do not include diet soda. (ADOLESCENT)

⁷ Note: Where stable data was not available at the Contra Costa level, Bay Area or California data was used.

⁸ Note: Where stable data was not available at the Contra Costa level, Bay Area or California data was used.

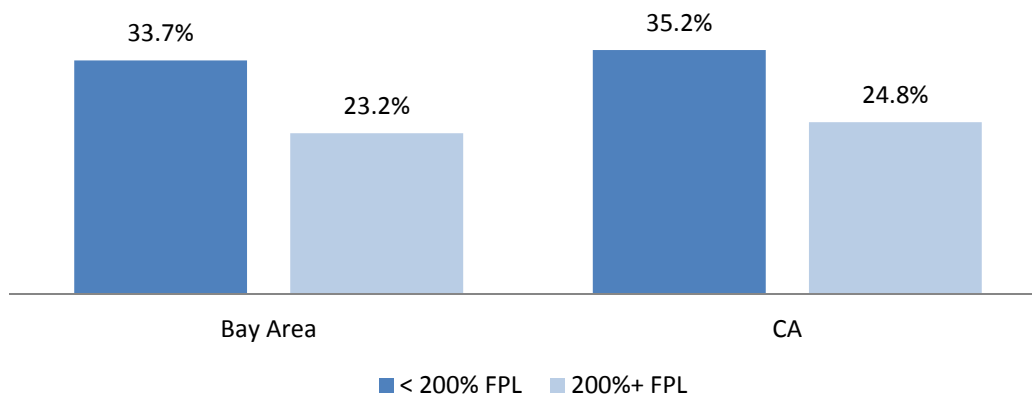
CHART 7 PERCENT OF ADOLESCENTS REPORT DRINKING 2 OR MORE SSBs YESTERDAY BY RACE/ETHNICITY - BAY AREA



Source: 2009, 2011-12 California Health Interview Survey; pooled data.

Differences in reported consumption of two or more SSBs exist by poverty level in California. Although estimates indicate no differences by poverty level among Bay Area adolescents, they did suggest that in California a greater percentage of adolescents from households with incomes less than 200% FPL (35.2%) reported drinking two or more glasses of SSBs “yesterday” than those from households with income of 200% FPL and above (24.8%) in 2011-12. (Chart 8)⁹

CHART 8 PERCENT OF ADOLESCENTS REPORTED DRINKING 2+ SSBs YESTERDAY



Source: 2011-12 California Health Interview Survey.

⁹ Note: Where stable data was not available at the Contra Costa level, Bay Area or California data was used.

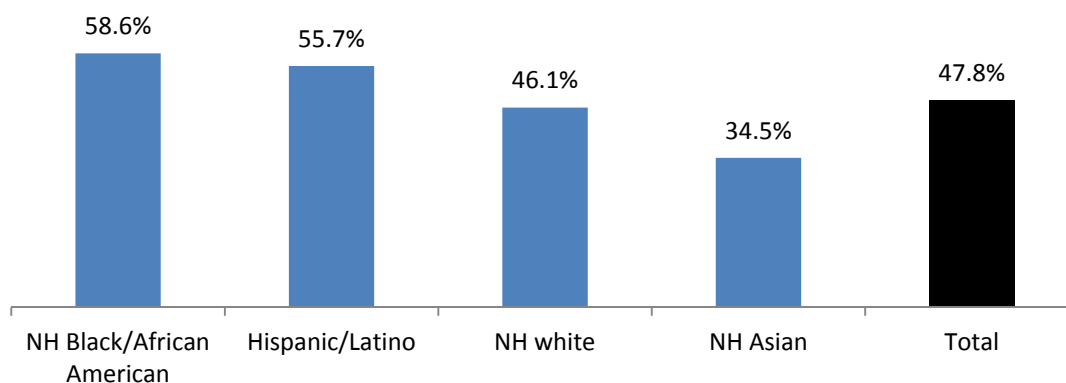
Fruit & Vegetable Consumption CHILDREN

An estimated 63.6% of Contra Costa children (2-11 years) reported eating 5 or more servings of fruits and vegetables “yesterday” in 2011-12; similar to Bay Area children (49.3%).

Race/ethnic differences in reported fruit and vegetable consumption exist among Bay Area children.

Estimates indicate that Non-Hispanic Asian children (34.5%) are less likely than NH Black/African American (58.6%) and Hispanic/Latino children (55.7%) in the Bay Area to report eating 5 or more servings of fruits and vegetables “yesterday.” (Chart 9)¹⁰

CHART 9 PERCENT OF CHILDREN REPORT EATING 5+ SERVINGS FRUITS/VEGETABLES YESTERDAY BY RACE/ETHNICITY - BAY AREA

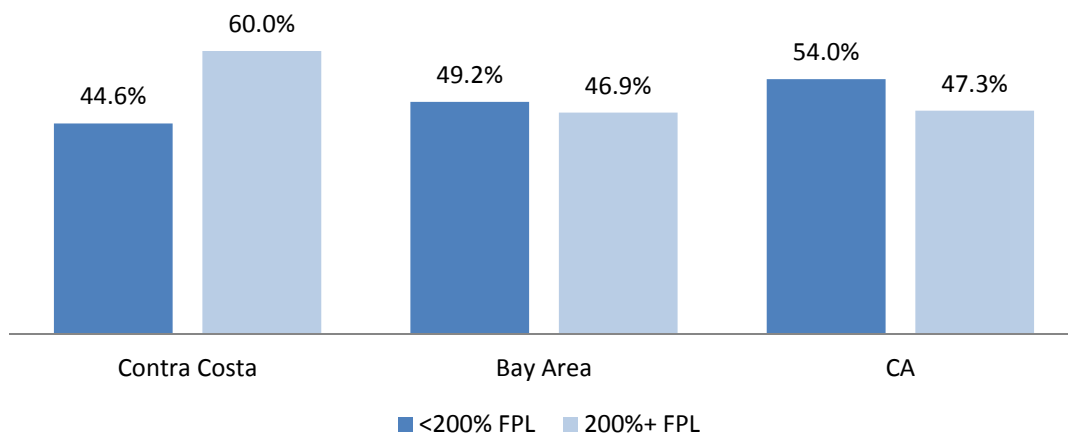


Source: 2009 & 2011-12 California Health Interview Survey; pooled data.

¹⁰ Note: Where stable data was not available at the Contra Costa level, Bay Area or California data was used.

Children from lower income households were more likely to report eating 5+ servings of fruits and vegetables “yesterday”. No differences were detected in estimates of reported consumption of 5 or more servings of fruits and vegetables “yesterday” by poverty level among Contra Costa or Bay Area children but in California, estimates indicate that a greater percent of children from households with income less than 200% FPL (54.0%) reported eating 5 or more servings of fruits and vegetables than children from households with incomes of 200% FPL and higher (47.3%).(Chart 10)

CHART 10 PERCENT OF CHILDREN (2-11 YEARS) REPORT EATING 5+ SERVINGS FRUITS/VEGGIES YESTERDAY,



Source: 2009 & 2011-12 California Health Interview Survey; pooled data.

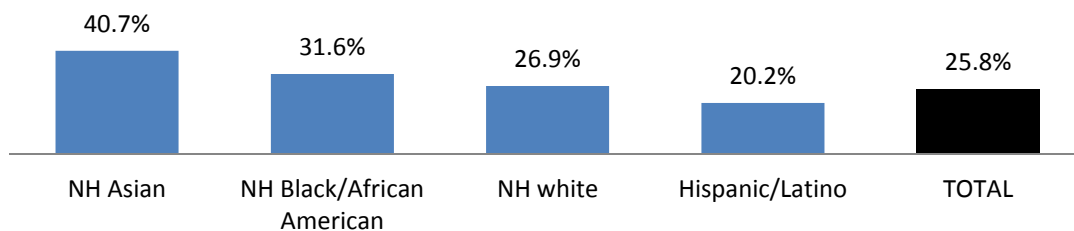
ADOLESCENTS

An estimated 38.9% of Contra Costa adolescents reported eating 5 or more servings of fruits and vegetables “yesterday” in 2011-12; similar to the Bay Area (31.9%).¹¹

Reported adolescent fruit and vegetable consumption varies by race/ethnicity at the state level.

Estimates indicate that a higher percentage of Non-Hispanic (NH) Asian adolescents (40.7%) reported eating 5 or more servings of fruits and vegetables “yesterday” than Hispanic/Latino adolescents (20.2%) and adolescents overall (25.8%) statewide in 2011-12. (Chart 11)¹²

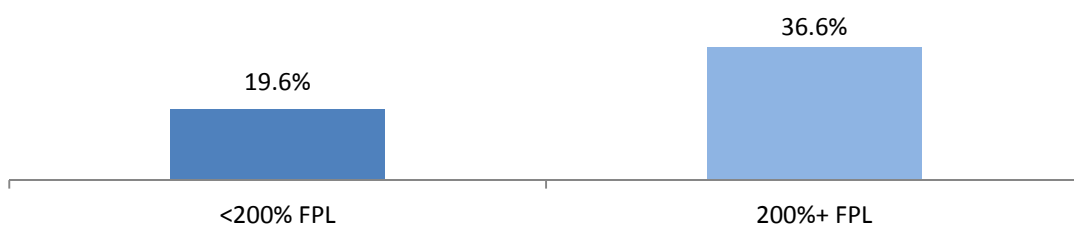
CHART 11 PERCENT OF ADOLESCENT REPORT EATING 5+ SERVINGS OF FRUITS/VEGETABLES YESTERDAY - CALIFORNIA



Source: 2011-12 California Health Interview Survey

Lower income adolescents in the Bay Area were less likely to report eating this amount of fruits and vegetables. An estimated 19.6% of adolescents in households with income below 200% of the Federal Poverty Level (FPL) reported eating 5 or more servings of fruits and vegetables “yesterday” compared to 36.6% of adolescents in households with income of at least 200% FPL in the Bay Area (Chart 12).¹³

CHART 12 PERCENT OF ADOLESCENTS REPORT 5+ SERVINGS OF FRUITS/VEGETABLES YESTERDAY BY FEDERAL POVERTY LEVEL (FPL) BAY AREA,



Source: 2011-12 California Health Interview Survey

¹¹ California Health Interview Survey respondents were asked the following: Yesterday, how many servings of fruit, such as an apple or banana, did you eat?; [Yesterday,] how many servings of other vegetables like green salad, green beans, or potatoes did you have? {Do not include fried potatoes.}

¹² Note: Where stable data was not available at the Contra Costa level, Bay Area or California data was used.

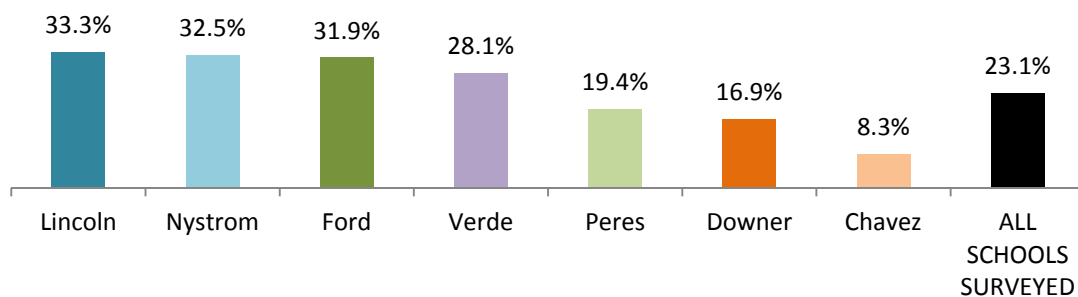
¹³ Note: Where stable data was not available at the Contra Costa level, Bay Area or California data was used.

Food Insecurity

Approximately one-quarter (23.1%) of 5th graders surveyed in seven Richmond elementary schools reported that they hadn't eaten anything before their "advisory period", effectively indicating that they hadn't had eaten breakfast that day.

A lower percent of survey respondents from Chavez middle school indicated that they didn't eat breakfast compared to those at Lincoln, Ford and respondents overall. (Chart 13)

CHART 13 PERCENT OF 5TH GRADERS SURVEYED WHO REPORTED "ATE NO FOOD" BEFORE ADVISORY PERIOD (I.E., DIDN'T EAT BREAKFAST) (N=363)

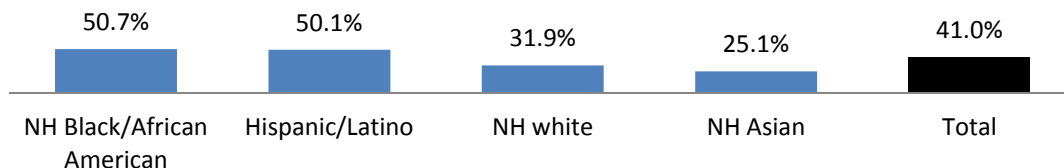


Source: Richmond Elementary Nutrition and Transit Behavior Survey, April-June 2014

An estimated 53.4% of Contra Costa adults reported being food insecure in 2011-12; similar to the Bay Area (41.0%). There were no differences detected in estimates of reported food insecurity between adults from households with incomes below 100% FPL and those with household income between 100-199% FPL. [Note: This survey question was only asked of adults with household incomes less than 200% FPL.]

Reported food insecurity varies by race/ethnicity in the Bay Area. Estimates indicate that a higher percentage of Hispanic/Latino adults reported being food insecure (50.1%) than NH whites (31.9%) and NH Asians (25.1%) in the Bay Area in 2011-12. NH Asians were less likely to report being food insecure than NH Blacks/African Americans and Bay Area adults overall. (Chart 14)

CHART 14 PERCENT OF ADULTS REPORT FOOD INSECURITY (I.E., UNABLE TO AFFORD ENOUGH FOOD) - BAY AREA



Source:

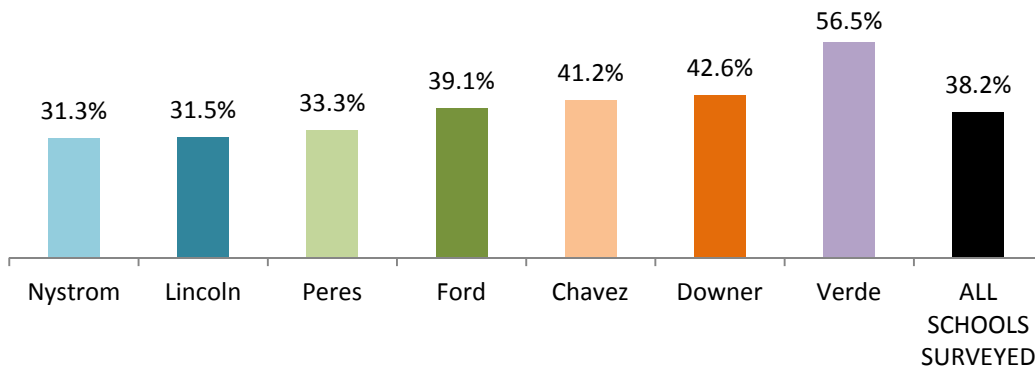
2011-12 California Health Interview Survey.

Active Living

Physical Activity CHILDREN

Approximately one-in-four Richmond 5th graders report not walking or biking to school. Overall, 38.2% of more than 300 5th graders surveyed in seven Richmond elementary schools in Spring 2014 reported they did not walk or bike to/from school in the prior week. Estimates of lack of active transportation to/from school ranged from 31.3% (Nystrom) to 56.5% (Verde) (Chart 15).

CHART 15 PERCENT OF 5TH GRADERS REPORTED NO WALKING OR BIKING TO SCHOOL IN PAST WEEK - RICHMOND (N=317)



Source: Richmond Elementary Nutrition and Transit Behavior Survey, April-June 2014

Approximately one-third of Contra Costa children reported being physically active for an hour or more daily in the prior week – the recommended amount for optimal health. In 2009 and 2011-12 combined, an estimated 37.6% of Contra Costa children (5-11 years old) reported being physically active for at least one hour (not including school PE) daily in the prior week; similar to the Bay Area (27.2%).¹⁴

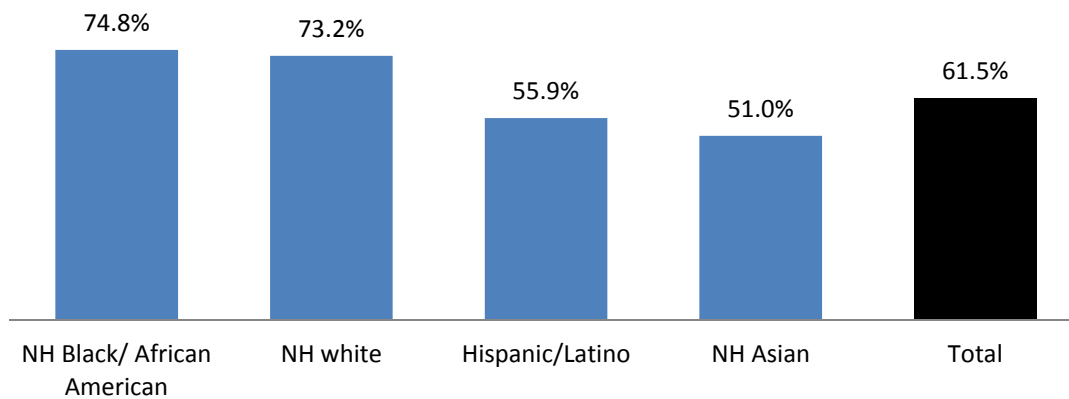
An estimated 49.5% of Contra Costa children reported being physical active for at least an hour most or all days (i.e., 4-7 days) in the prior week in 2011-12 similar to the Bay Area (55.6%).

Reported children's physical activity varies by race/ethnicity in California. Estimates indicate that a smaller percentage of NH Asian (51.0%) and Hispanic/Latino (55.9%) children in California reported getting at least an hour of physical activity regularly in the prior week (i.e., 4 or more days) than NH Black/African American (74.8%) and NH white (73.2%) children in the state. (Chart 16).¹⁵

¹⁴ California Health Interview Survey respondents were asked the following question: "Not including school PE, on how many days of the past 7 days was (CHILD) physically active for at least 60 minutes total?"

¹⁵ Note: Where stable data was not available at the Contra Costa or Bay Area levels, California data was used.

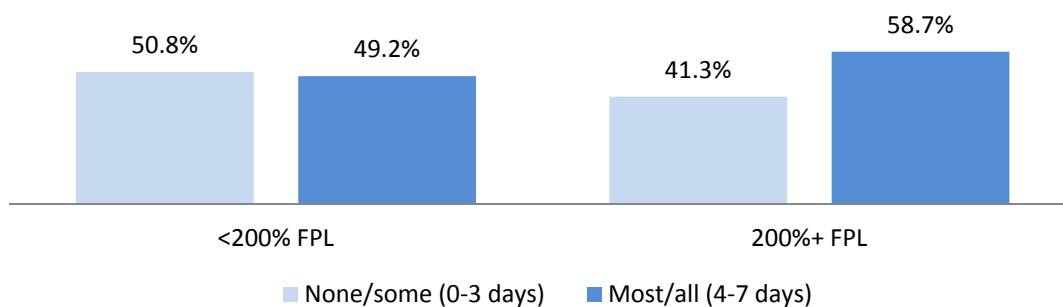
CHART 16 PERCENT OF CHILDREN (5-11 YRS) REPORT PHYSICAL ACTIVITY FOR AT LEAST 1 HOUR, MOST/ ALL DAYS IN PRIOR WEEK CALIFORNIA



Source: 2011-12 California Health Interview Survey.

No differences were detected in estimates of reported child physical activity of this amount by poverty level in the Bay Area or California. However, estimates indicate that Bay Area children from households with incomes of 200%FPL and above were more likely to report more frequent (4 or more days) versus less frequent (3 days or less) physical activity of at least an hour per day in the prior week: 58.7% and 41.3%, respectively. This difference was not detected among children from lower-income households. (Chart 17)¹⁶

CHART 17 PERCENT OF CHILDREN REPORT PHYSICAL ACTIVITY FOR AT LEAST 1 HOUR NONE/SOME VS MOST/ALL DAYS IN PRIOR WEEK BAY AREA



Source: 2011-12 California Health Interview Survey

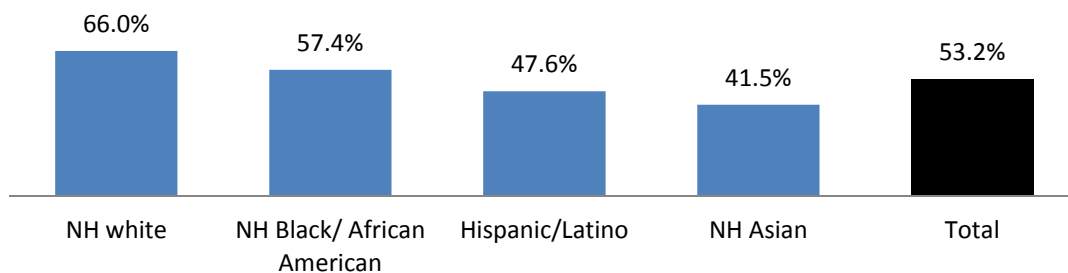
ADOLESCENTS

¹⁶ Note: Where stable data was not available at the Contra Costa level, Bay Area or California data was used.

An estimated 48.0% of Contra Costa adolescents reported being physically active for at least one hour most or all days in a typical week in 2011-12; similar to Bay Area adolescents (55.7%).¹⁷

Reported physical activity varied by race/ethnicity among California adolescents. Estimates indicate that a higher percentage of NH whites (66.0%) reported getting at least an hour of physical activity 4 or more days in typical week than Hispanics/Latinos(47.6%), NH Asians(41.5%) and adolescents overall in California (53.2%). (Chart 18)¹⁸

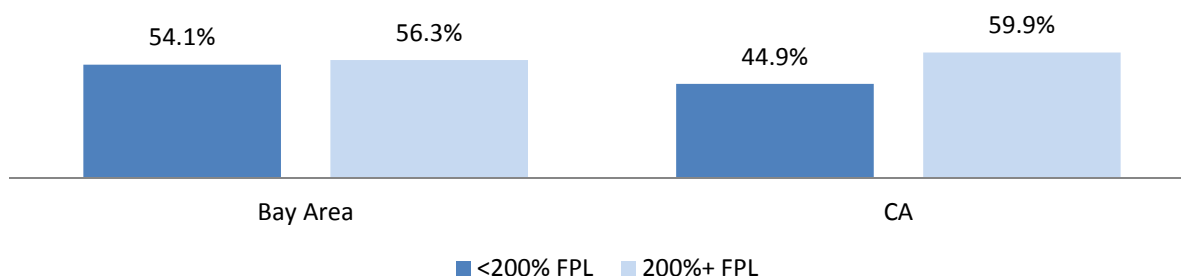
CHART 18 PERCENT OF ADOLESCENTS REPORT PHYSICAL ACTIVITY FOR AT LEAST 1 HOUR ON MOST/ALL DAYS IN TYPICAL WEEK CALIFORNIA



Source: 2011-12 California Health Interview Survey.

No differences were detected in this level of activity among Bay Area adolescent by poverty level. However, California estimates indicate that adolescents from households with incomes less than 200% FPL were less likely (44.9%) to report this level of activity versus those from households with incomes of 200% FPL and above (59.9%).¹⁹(Chart 19)

CHART 19 PERCENT OF ADOLESCENTS REPORT PHYSICAL ACTIVITY FOR AT LEAST 1 HR ON MOST/ALL DAYS IN TYPICAL WEEK



Source: 2011-12 California Health Interview Survey

¹⁷ California Health Interview Survey respondents were asked the following question: "During a typical week, on how many days are you physically active for at least 60 minutes total per day? Do not include PE."

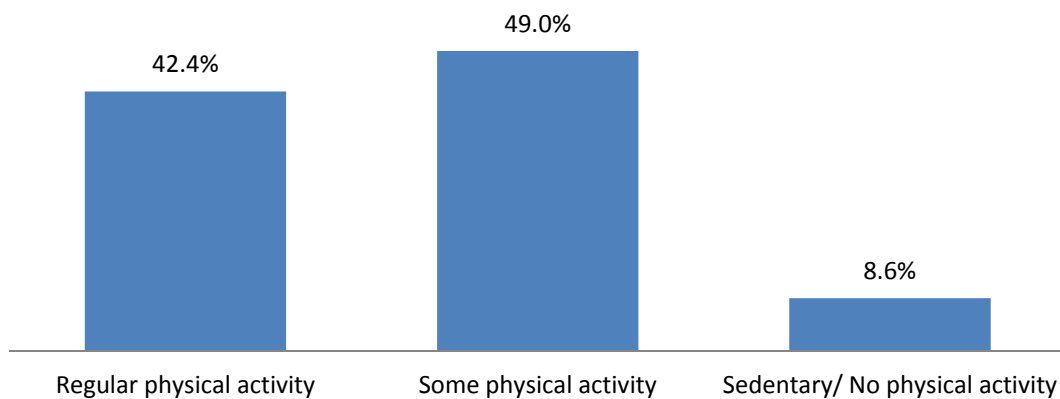
¹⁸ Note: Where stable data was not available at the Contra Costa level, Bay Area or California data was used.

¹⁹ Note: Where stable data was not available at the Contra Costa level, Bay Area or California data was used.

ADULTS

An estimated 8.6% of Contra Costa adults reported being sedentary in 2009; similar to Bay Area adults (9.6%). (Chart 20)

CHART 20 PERCENT OF ADULTS BY REPORTED ACTIVITY LEVEL CONTRA COSTA

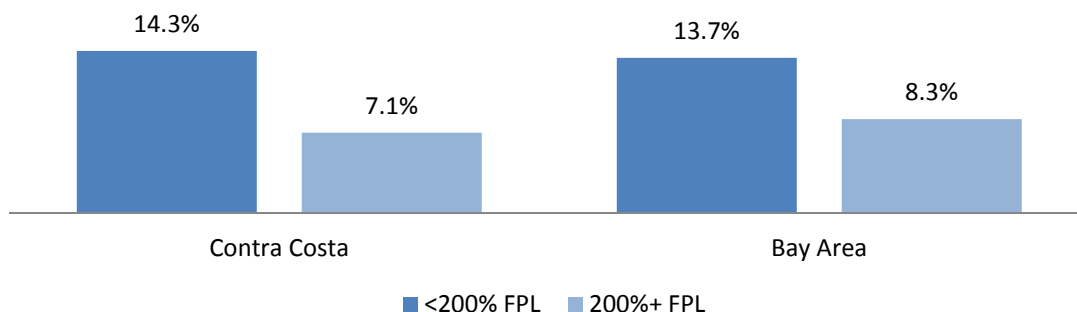


Source: 2009 California Health Interview Survey

No differences were detected in estimates of reported sedentary behavior among Bay Area or California adults by race/ethnicity.²⁰

Lower-income adults were more likely to report being sedentary than higher income adults in the Bay Area. No differences were detected in estimates of reported sedentary behavior among Contra Costa adults by poverty level but in the Bay Area these estimates were higher for adults in households with incomes less than 200% FPL (13.7%) than those with household incomes of 200% FPL and above (8.3%); (Chart 21)

CHART 21 PERCENT OF ADULTS REPORT SEDENTARY BEHAVIOR (I.E., NO PHYSICAL ACTIVITY)



Source: 2009 California Health Interview Survey

²⁰ Note: Where stable data was not available at the Contra Costa level, Bay Area or California data was used.

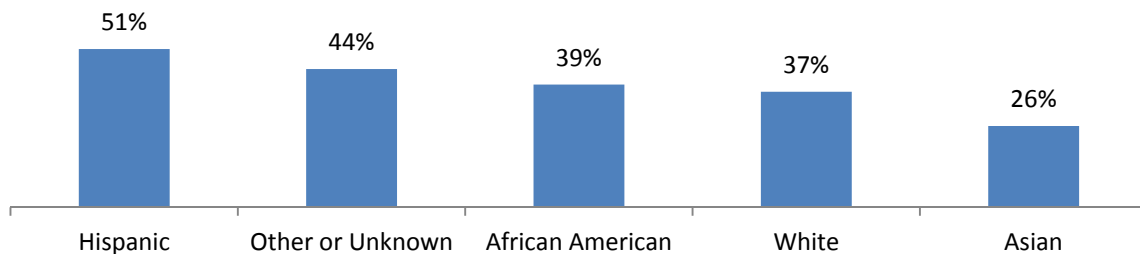
Alcohol & Drug Use

Alcohol and drug use was estimated using data from the California Healthy Kids Survey. Below we show the differences in responses across race ethnic group for alcohol and drug use behaviors and attitudes.

Alcohol Use

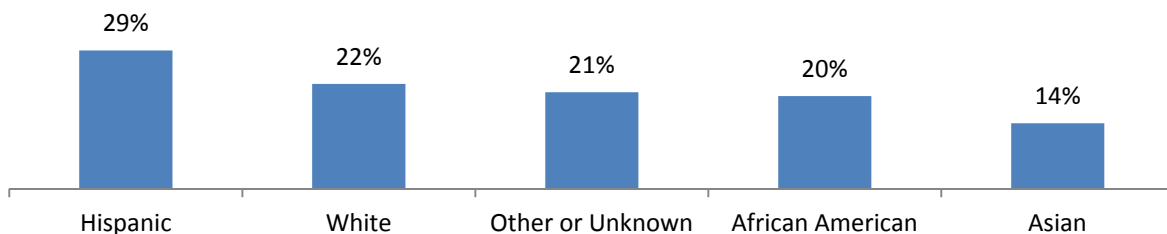
White, Asian, and African American students in Richmond are less likely to report that they ever drank or have ever been drunk than Richmond students overall.^{21 22}(Chart 22Chart 23).

CHART 22 PERCENT OF STUDENTS REPORTING "EVER DRANK"



Source: 2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

CHART 23 PERCENT OF STUDENTS REPORTING "EVER BEEN DRUNK"



Source: 2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

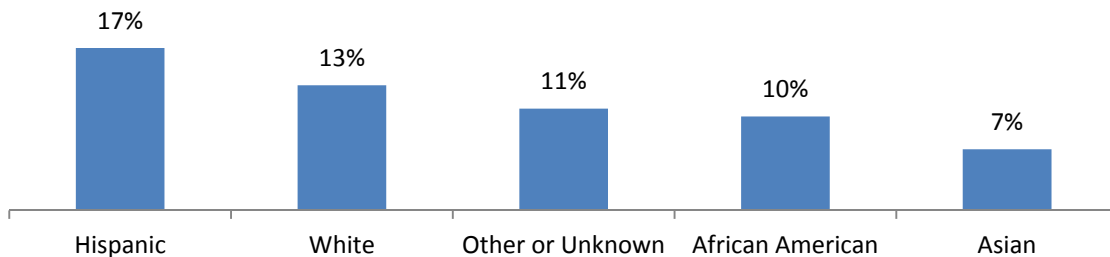
Asian, African American students were also less likely to report binge drinking (5 or more drinks) in the past 30 days but Hispanic students were more likely to report binge drinking than Richmond students overall.²³ (Chart 24)

²¹ Lifetime, Had at least one drink of alcohol?

²² Lifetime, Been very drunk or sick after drinking alcohol?

²³ Past 30 days, Have five or more drinks of alcohol in a row, that is, within a couple of hours?

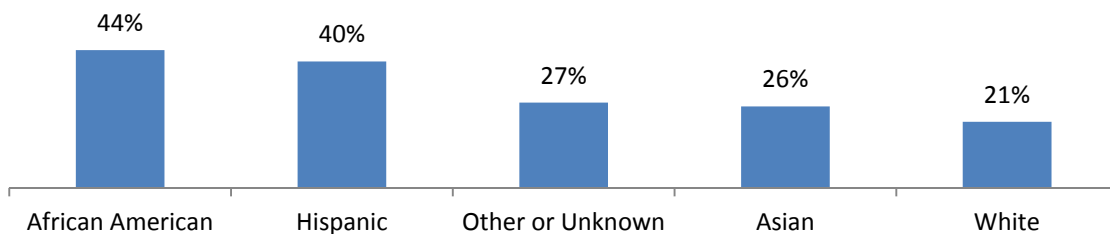
CHART 24 PERCENT OF STUDENTS REPORTING "BINGE DRANK IN THE PAST 30 DAYS"



Source: 2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

Regarding attitudes about binge drinking, Asian students were less likely and Hispanic students were more likely to indicate that binge drinking was slightly or not harmful, compared to Richmond students overall.²⁴ There were no significant differences in attitudes about binge drinking between Richmond students and student respondents in the remainder of Contra Costa County. (Chart 25)

CHART 25 PERCENT OF STUDENTS REPORTING "BINGE DRINKING SLIGHTLY OR NOT HARMFUL"



Source: 2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

Adult Binge Drinking

An estimated 31.1% of Contra Costa adults reported binge drinking in the prior year in 2011-12; similar to the Bay Area (30.2%).²⁵

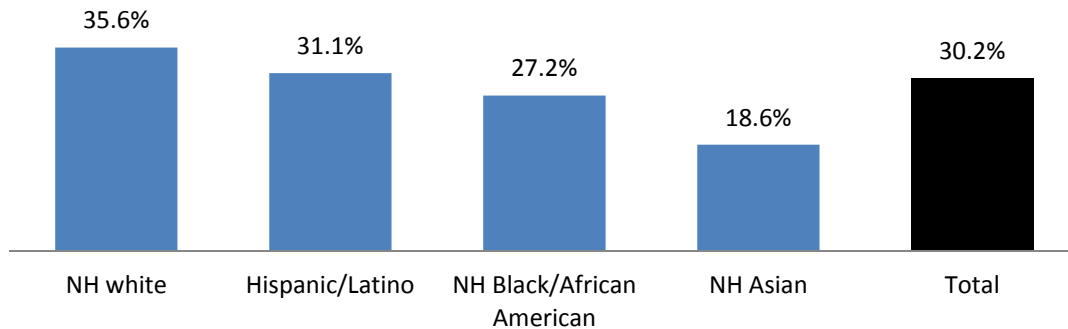
Reported binge drinking varied by race/ethnicity among Bay Area adults. Estimates indicated that Non-Hispanic (NH) Asians (18.6%) were less likely to report binge drinking than NH whites (35.6%),

²⁴ Five or more drinks of alcohol once or twice a week, how much do people risk harming themselves?

²⁵ California Health Interview Survey respondents were asked a series of questions concerning their alcohol consumption. In this data, males are considered binge drinkers if they consumed 5 or more alcoholic drinks on at least one occasion in the past year; females are considered binge drinkers if they consumed 4 or more alcoholic drinks on at least one occasion in the past year.

Hispanics/Latinos (31.1%) and Bay Area adults overall (30.2%). Estimate also revealed that NH whites were more likely to report binge drinking than NH Asians and adults overall. (Chart 26)²⁶

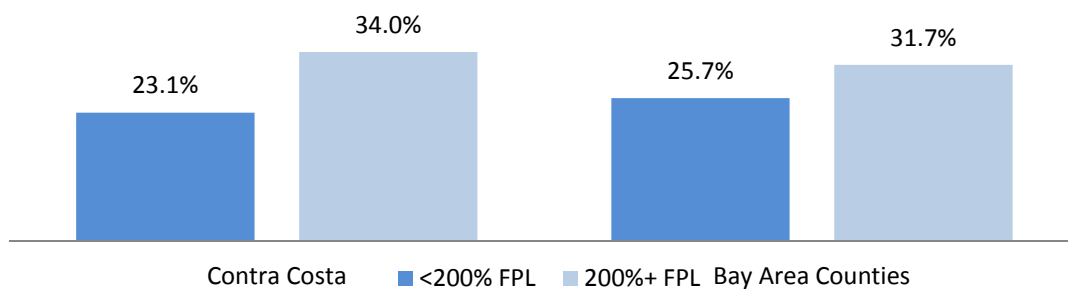
CHART 26 PERCENT OF ADULTS REPORT BINGE DRINKING IN PAST YEAR, BAY AREA



Source: 2011 - 2012 California Health Interview Survey

Reported binge drinking was higher among higher income adults. No differences were detected in reported adult binge drinking by poverty level at the county level. In the Bay Area, adults with incomes at 200% FPL and above were more likely to report binge drinking (31.7%) compared to lower income adults (25.7%). (Chart 27)

CHART 27 PERCENT OF ADULTS REPORT BINGE DRINKING IN PAST YEAR BY FEDERAL POVERTY LEVEL (FPL)



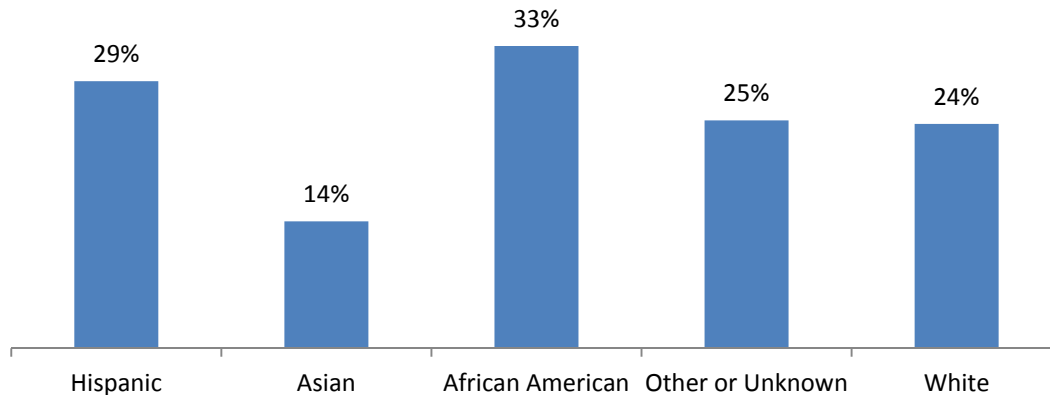
Source: 2011 - 2012 California Health Interview Survey

²⁶ Note: Where stable data was not available at the Contra Costa level, Bay Area or California data was used.

Teen Drug Use

Asian, African American, and Other students were less likely to report ever being high from using drugs.²⁷ Asian and Other students were also less likely to report having used Marijuana, while African American students were more likely to report using marijuana than Richmond students overall.²⁸ (Chart 28Chart 29)

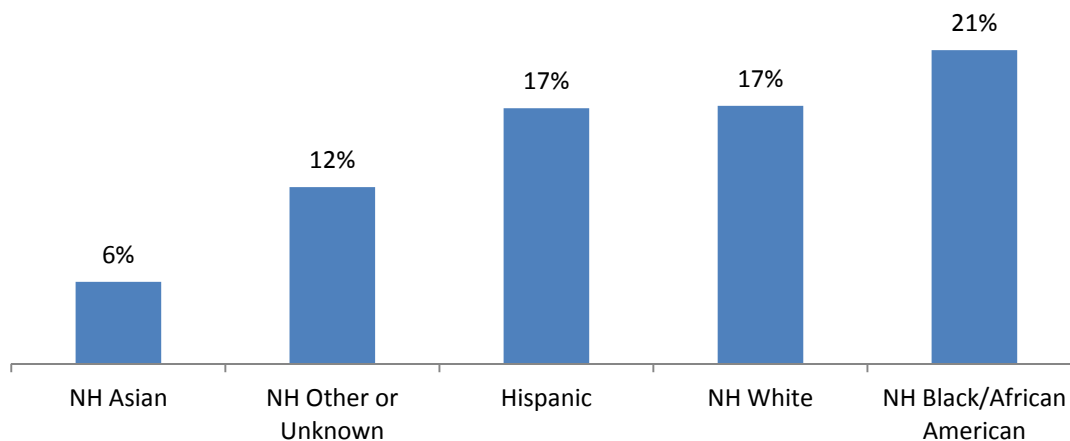
CHART 28 PERCENT OF STUDENTS REPORTING "EVER BEEN HIGH IN THEIR LIFETIME"



Source:

2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

CHART 29 PERCENT OF STUDENTS REPORTING "ANY MARIJUANA USE IN THEIR LIFETIME"



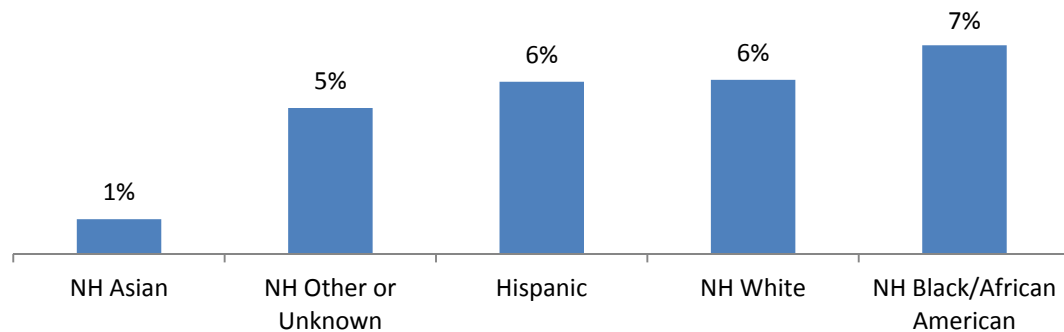
Source: 2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

²⁷ Lifetime, Been high from using drugs?

²⁸ Lifetime, Used marijuana?

Asian students were also less likely to report that they used marijuana 10-30 times per month over the past 30 days²⁹ and that they had used drugs other than marijuana in the past 30 days.³⁰ (Chart 30Chart 31).

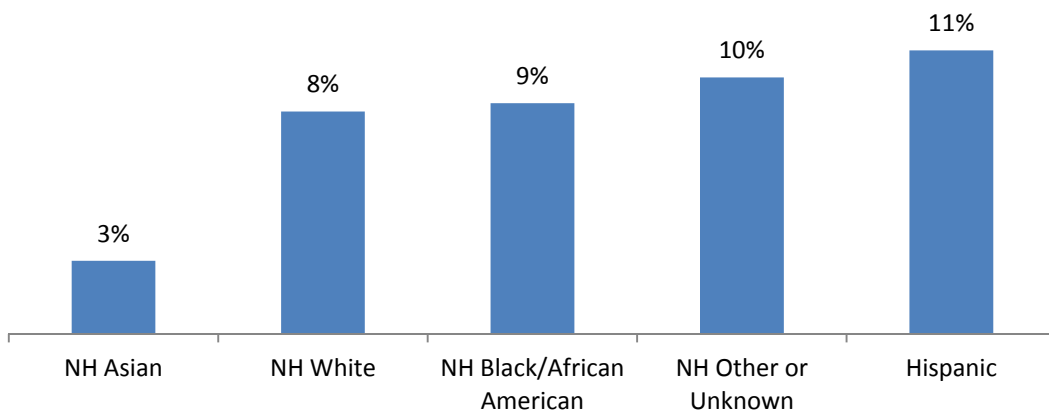
CHART 30 PERCENT OF STUDENTS REPORTING "REGULARLY USE MARIJUANA IN THE PAST 30 DAYS"



Source:

2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

CHART 31 PERCENT OF STUDENTS REPORTING "USED ANY OTHER DRUG IN THE PAST 30 DAYS"



Source: 2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

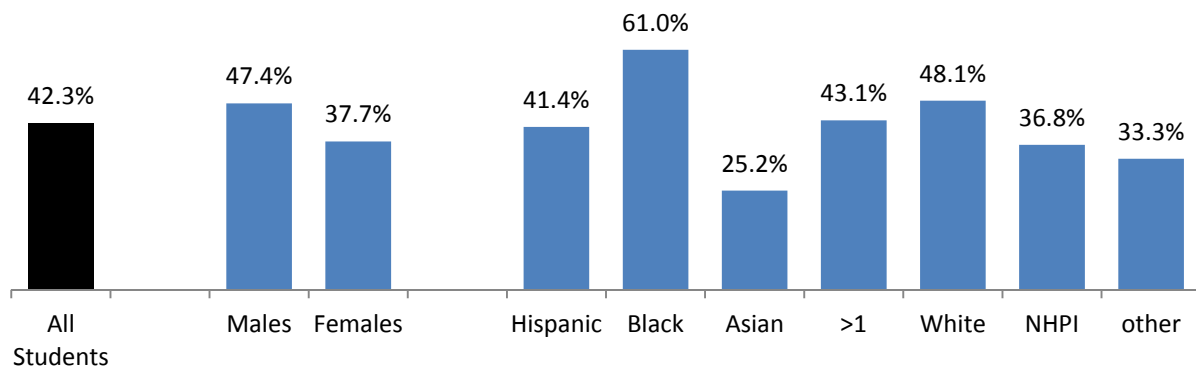
²⁹ Past 30 days, Use marijuana?

³⁰ Past 30 days, Use inhalants?, Past 30 days, Use cocaine or crack?, Past 30 days, Use methamphetamines?, Past 30 days, Use LSD or other psychedelics? Past 30 days, use any other drug or pill?*/

Teen Sexual Behaviors

Of the students surveyed, a greater percentage of those that identified as “Black or African American” reported that they had “ever had sex” compared to respondents overall. A smaller percentage of those that identified as “Asian” reported that they had “ever had sex” compared to respondents overall. (Chart 32)

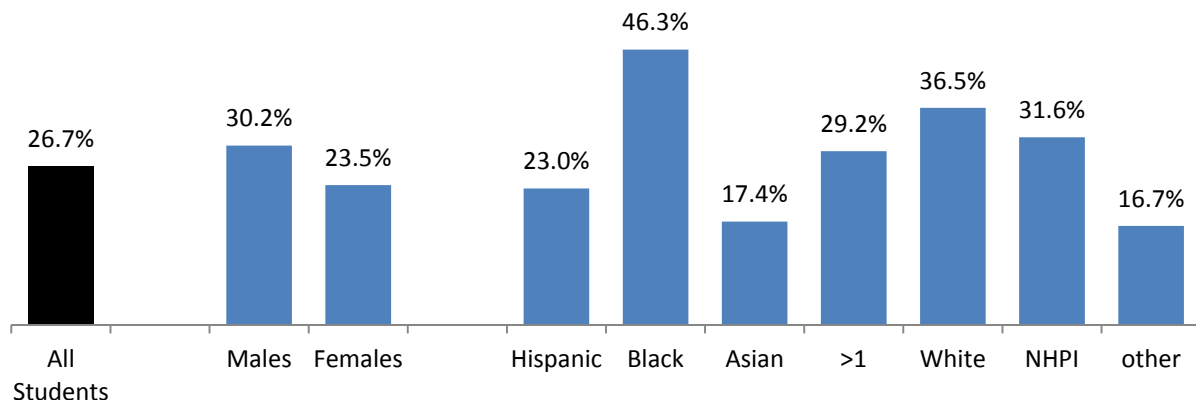
CHART 32 PERCENT OF STUDENTS REPORTING "EVER HAD SEX"



Source: CCHS Public Health Program Data; 11th Grade Survey Results Richmond, Kennedy, Pinole, and DeAnza High Schools , 2011 – 2012 School Year

Of the students surveyed, a greater percentage of those that identified as “Black or African American” reported having sex in the last 3 months compared to respondents overall. A smaller percentage of those that identified as “Asian” reported having sex in the last 3 months compared to respondents overall. (Chart 33)

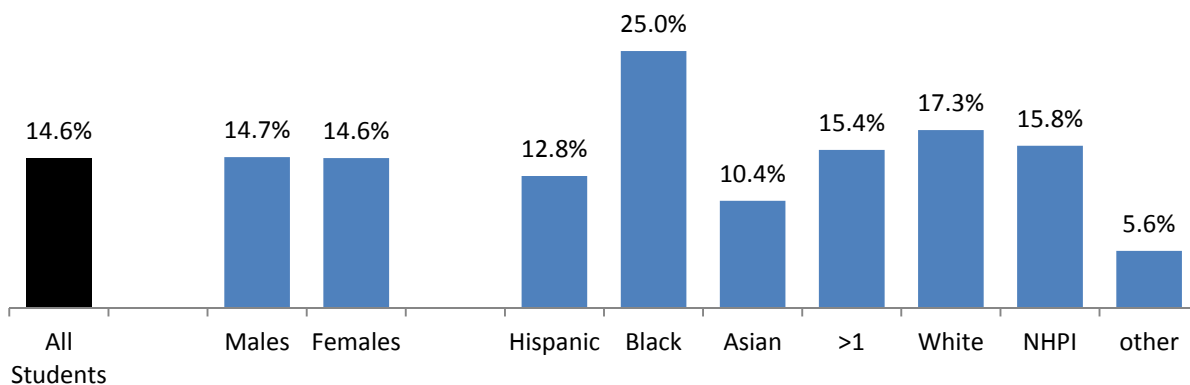
CHART 33 PERCENT OF STUDENTS REPORTING "SEX IN LAST 3 MONTHS"



Source: CCHS Public Health Program Data; 11th Grade Survey Results Richmond, Kennedy, Pinole, and DeAnza High Schools , 2011 – 2012 School Year

Of the students surveyed, a greater percentage of those that identified as “Black or African American” reported having sex in the last 3 months without a condom compared to respondents overall. (Chart 34)

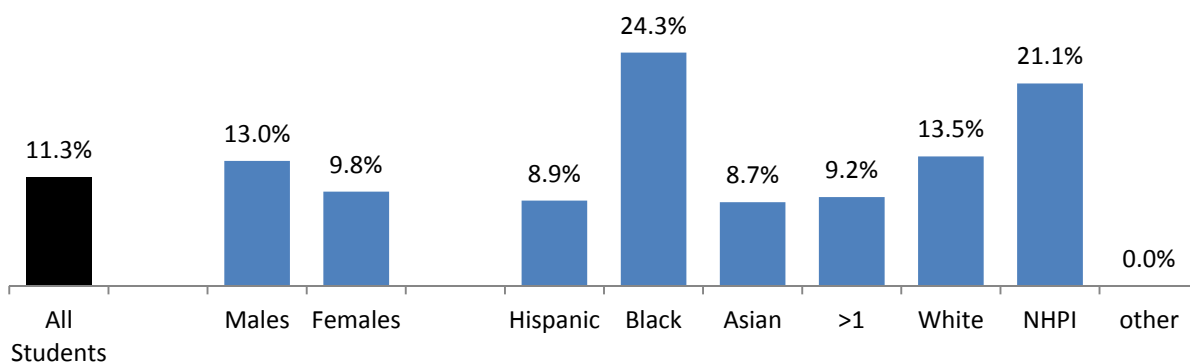
CHART 34 PERCENT OF STUDENTS REPORTING "SEX WITHOUT A CONDOM IN LAST 3 MONTHS"



Source: CCHS Public Health Program Data; 11th Grade Survey Results Richmond, Kennedy, Pinole, and DeAnza High Schools , 2011 – 2012 School Year

Of the students surveyed, a greater percentage of those that identified as “Black or African American” reported having sex in the last 3 months without any form of birth control listed in the survey compared to respondents overall. The list included condoms, birth control pills, “The shot (Depo Provera)”, “The patch”, “The ring (NuvaRing)”, “IUD (Mirena or Paragard)”, and “Implant (Implanon)”. (Chart 35)

CHART 35 PERCENT OF STUDENTS REPORTING "SEX WITHOUT BIRTH CONTROL (LISTED) IN LAST 3 MONTHS"



Source: CCHS Public Health Program Data; 11th Grade Survey Results Richmond, Kennedy, Pinole, and DeAnza High Schools , 2011 – 2012 School Year

Note: Listed birth control = Condoms, Birth control pills, The shot (Depo Provera), The patch, The ring (NuvaRing), IUD (Mirena or Paragard), Implants (Implanon)

Chapter 7 Health Outcomes

Life Expectancy Years Life Lost	Maternal and Child Health: Premature Birth Low Birthweight Infant Mortality Teen Births Childhood Immunizations
Chronic Diseases Obesity Diabetes Cardiovascular Disease Cancer Asthma Hypertension Infectious Diseases: Influenza Sexually Transmitted Infections HIV/AIDS	Behavioral Health Well Being Substance Use Mental Health and Suicide Homicide/Intentional Injury Unintentional Injury

Health disparities are health differences that adversely affect socially disadvantaged groups (Bravemen et al. 2011). To detect health disparities, we must first measure differences in health outcomes and decide how to group individuals to illuminate social disadvantage. Health disparities in this report are identified by examination of local data (when possible) and comparing outcomes by race/ethnic groups or by poverty level. The health outcomes in this section were calculated from various datasets, some of which can be represented for the city of Richmond, and some which are only available at the County or Bay Area level. These datasets include hospitalization, death, and birth records, as well as other state databases, and self-reported survey data.



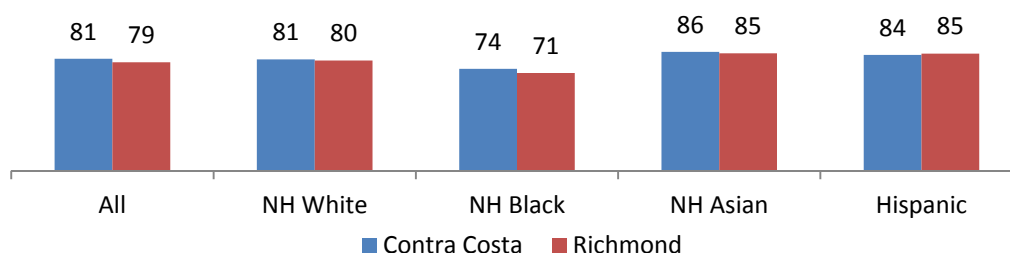
An analysis of health outcomes in the City of Richmond illustrate many disparities by race/ethnicity. African Americans experience higher death and hospitalizations due to many causes. The life expectancy of African Americans in Richmond is 9 years shorter than Whites in Richmond. An analysis of Years Life Lost (YLL), a measure of both the rate of death and the prematurity of death, shows that African Americans have the highest YLL for many causes, the top being Heart Disease, Cancer and Homicide. Sexually transmitted diseases and HIV persist at higher rates among African Americans in Richmond. Birth outcomes for Richmond are improving in recent years and are equivalent to Contra Costa outcomes

Life Expectancy and Years Life Lost

Life Expectancy

Life expectancy is significantly higher in Richmond for Asians and Hispanics (85 years), and significantly lower for Blacks (71 years). The trend is the same in the county overall. There is a small but significant difference between life expectancy for all races combined in Contra Costa County (81 years) compared to Richmond (79 years) (Chart 1).

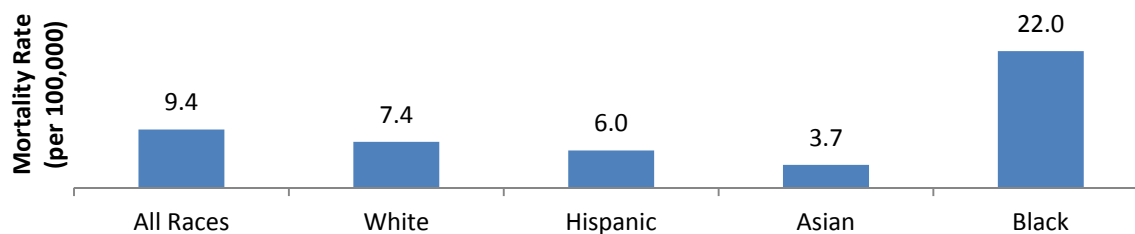
CHART 1 LIFE EXPECTANCY BY RACE ETHNICITY, RICHMOND AND CONTRA COSTA



Source: California Death Statistical Master Files, 2009-2011

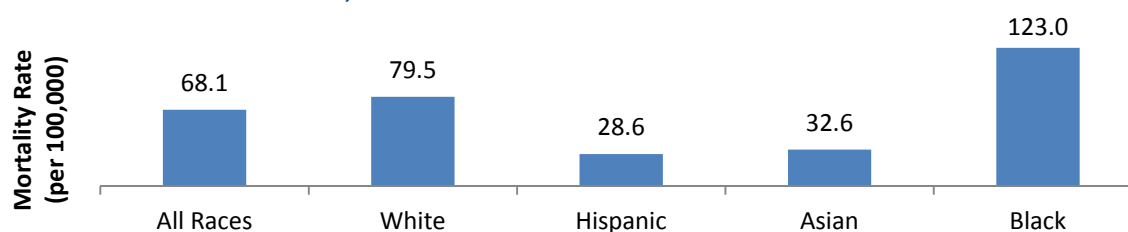
In examining the lower life expectancy of Blacks in Richmond, we find significantly higher death rates in two age categories: 0-34 years and 35-74 years. Asians have a significantly lower death rate in the age category 0-34 years. (Chart 2Chart 3)

CHART 2 DEATH RATE AGES 0-34, RICHMOND



Source: California Death Statistical Master Files, 2008-2012

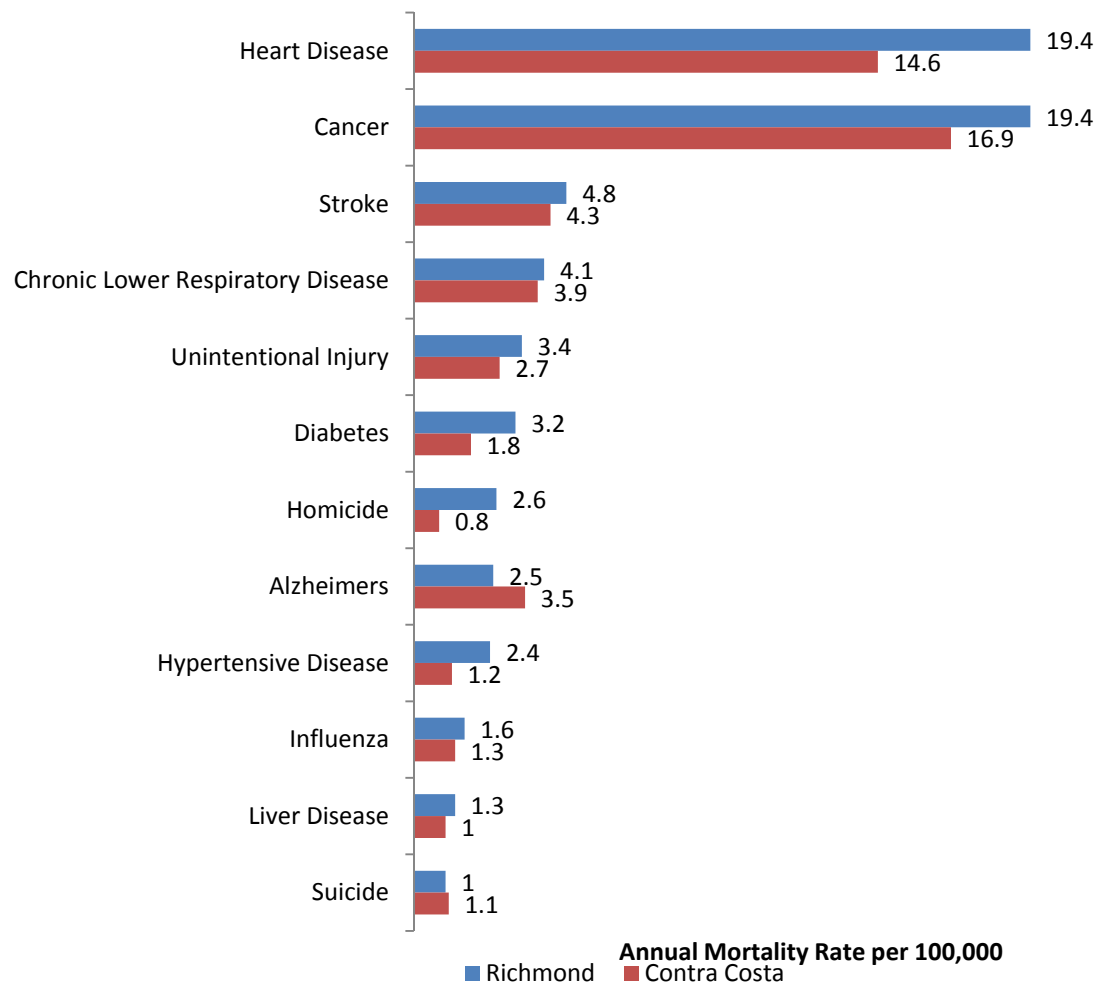
CHART 3 DEATH RATE AGES 35-74, RICHMOND



Source: California Death Statistical Master Files, 2008-2012

Cancer and heart disease have the highest death rates compared to other causes in Richmond and Contra Costa County. Richmond has significantly higher rates of cancer, heart disease, and diabetes deaths than Contra Costa County. Richmond also has a slightly higher rate of deaths due to unintentional injury than the county as a whole. The largest difference between Richmond and the county is in deaths due to homicide, where the rate for Richmond is more than three times higher than that of the county. (Chart 4)

CHART 4 CAUSE SPECIFIC DEATH RATES (PER 100K), RICHMOND AND CONTRA COSTA

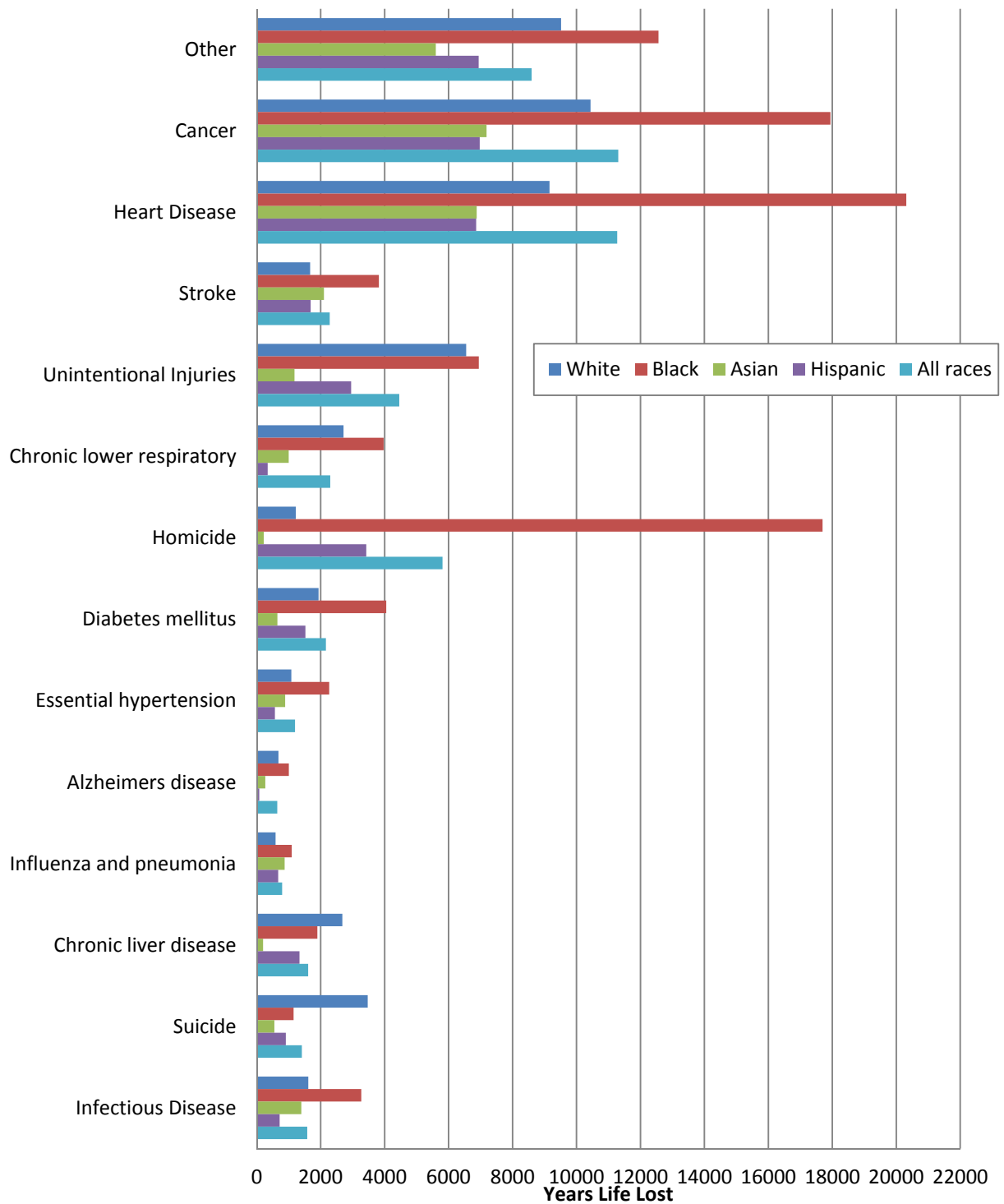


Source: California Death Statistical Master Files, 2008-2012

Years Life Lost

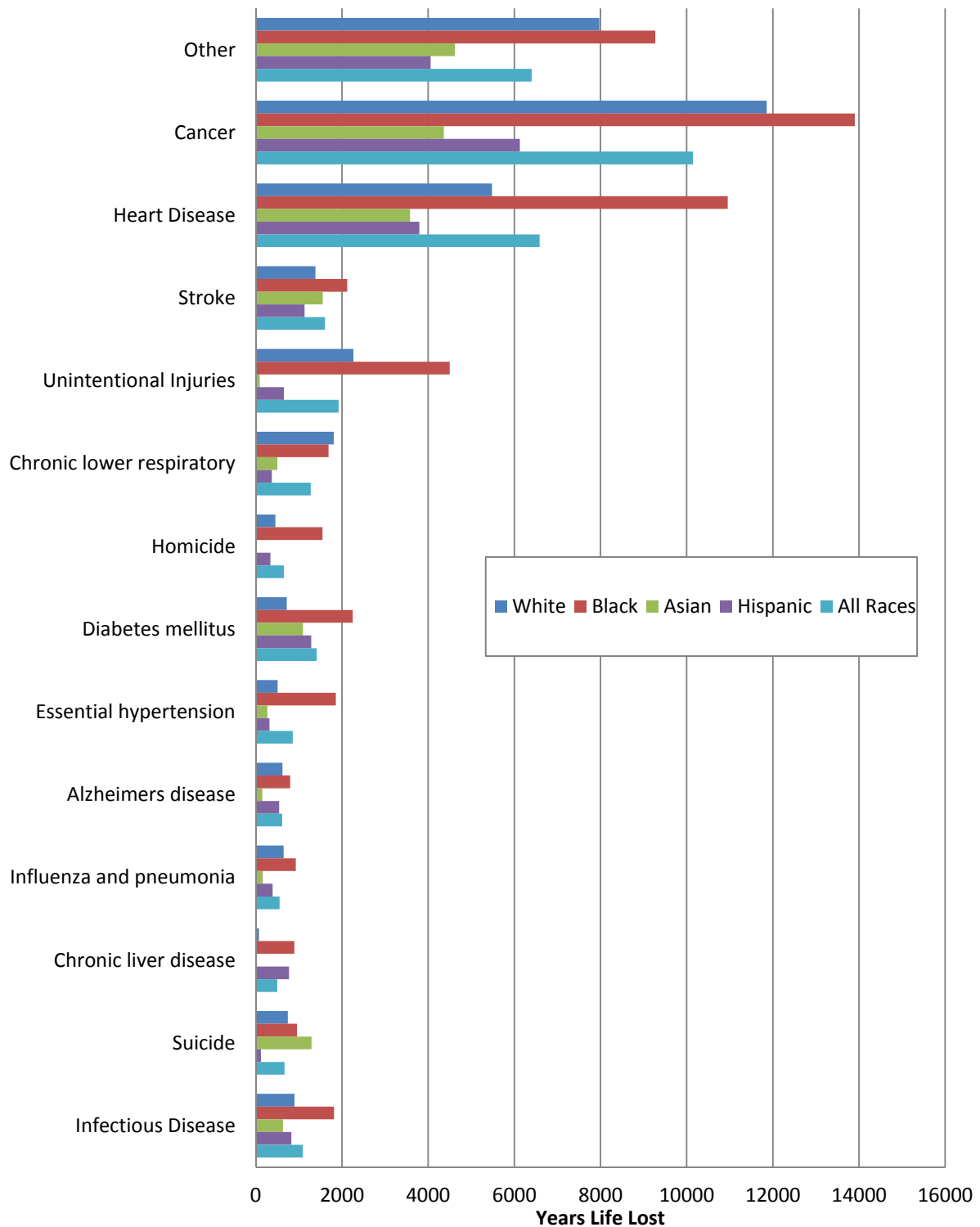
Years life lost (YLL) is a measure of the rate and prematurity of death. It is calculated by comparing the age at death for an individual to an expected life expectancy. This analysis allows us to prioritize deaths among the youngest populations. Years life lost are highest for cancer, homicide, and heart disease for both males and females in Richmond. Blacks have higher YLL than other race due to every cause of death except chronic lower respiratory deaths and suicide. Black males in Richmond have particularly high YLL due to homicide. (Chart 5Chart 6)

CHART 5 AGE STANDARDIZED YEARS LIFE LOST FOR MALES IN RICHMOND BY RACE



Source: California Death Statistical Master Files, 2008-2012

CHART 6 AGE STANDARDIZED YEARS LIFE LOST FOR FEMALES IN RICHMOND BY RACE



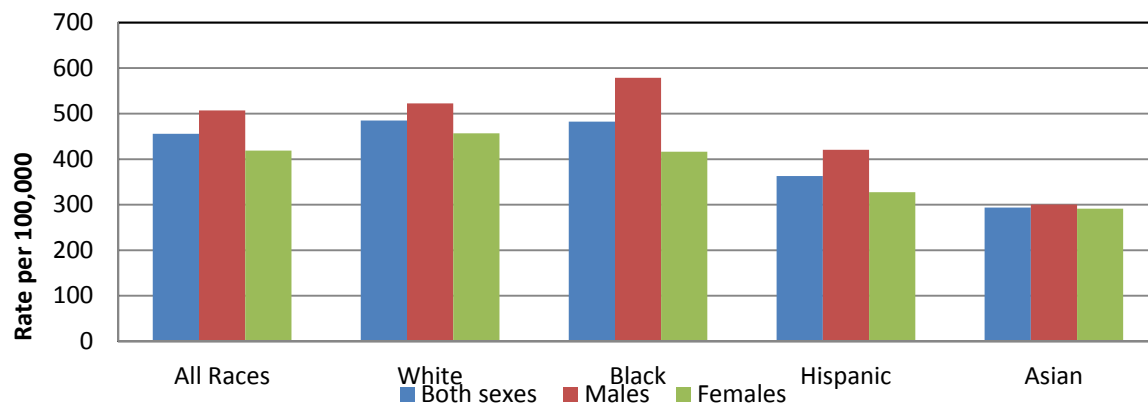
Source: California Death Statistical Master Files, 2008-2012

Mortality and Morbidity due to Chronic Disease

Cancer Incidence

Cancer incidence rates are highest among black males compared to any other group. Cancer incidence was not available for Richmond, so an analysis of cancer incidence in Contra Costa was carried out by race/ethnicity and gender. Black males in Contra Costa experienced the highest rate due to any cancer. White females experienced the highest rate due to any cancer.

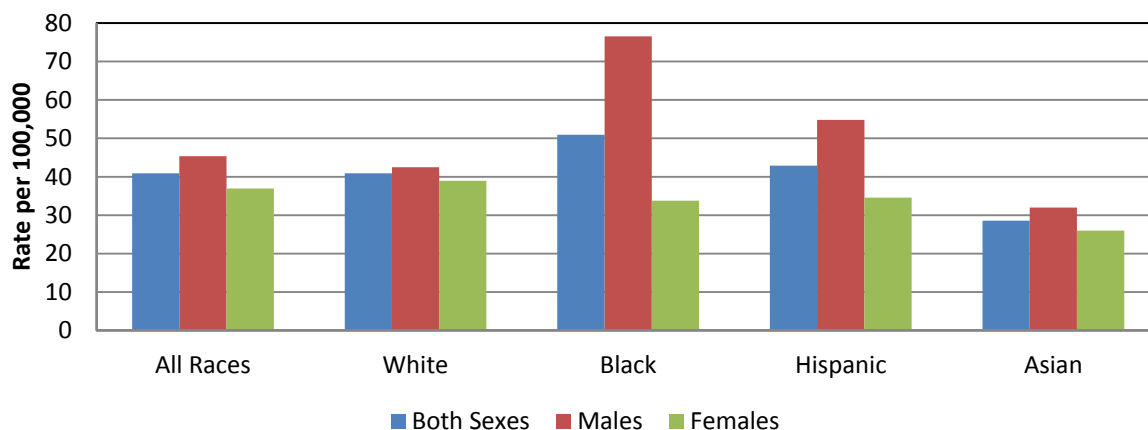
CHART 7 AGE ADJUSTED RATES OF ALL CANCERS BY SEX AND RACE/ETHNICITY, CONTRA COSTA COUNTY



Source: California Cancer Registry, 2011

The rate of colorectal cancer was highest among black males. Black males experience a rate 1.8 times higher than White Males in Contra Costa. There was no detectable difference in colorectal cancer rates among women in Contra Costa (Chart 8).

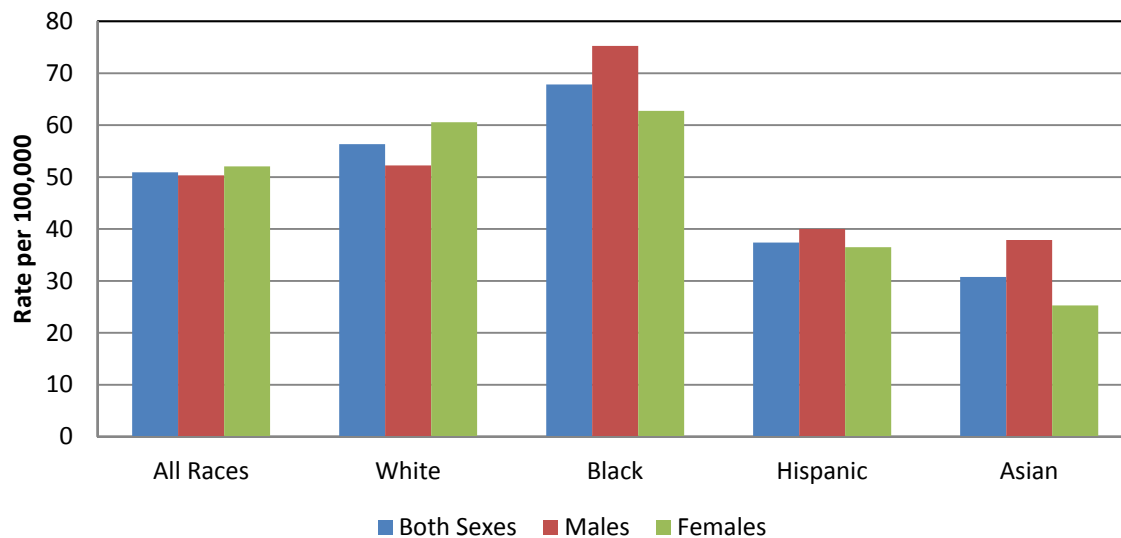
CHART 8 AGE ADJUSTED RATES OF COLORECTAL CANCERS BY SEX AND RACE/ETHNICITY, CONTRA COSTA COUNTY



Source: California Cancer Registry, 2011

The rate of lung cancer was highest among black males. Black males experience a rate 1.4 times higher than White Males in Contra Costa. Black and White females experience higher lung cancer rates than Hispanic and Asian women in Contra Costa (Chart 9).

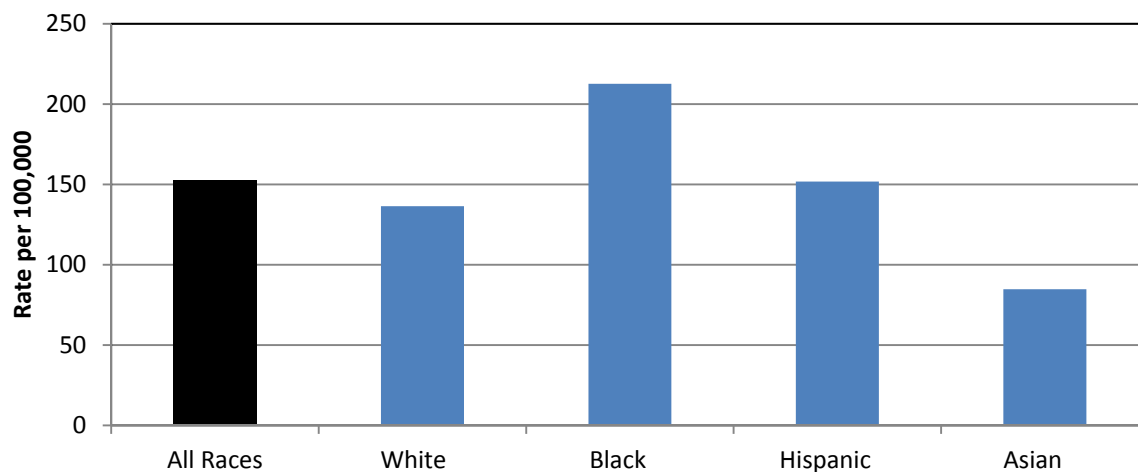
CHART 9 AGE ADJUSTED RATES OF LUNG CANCERS BY SEX AND RACE/ETHNICITY, CONTRA COSTA COUNTY



SOURCE: CALIFORNIA CANCER REGISTRY, 2011

The rate of prostate cancer was highest among black males. Black males experience a rate 1.5 times higher than White and Hispanic Males in Contra Costa. Prostate cancer rates were the lowest in Asian males in Contra Costa (Chart 10).

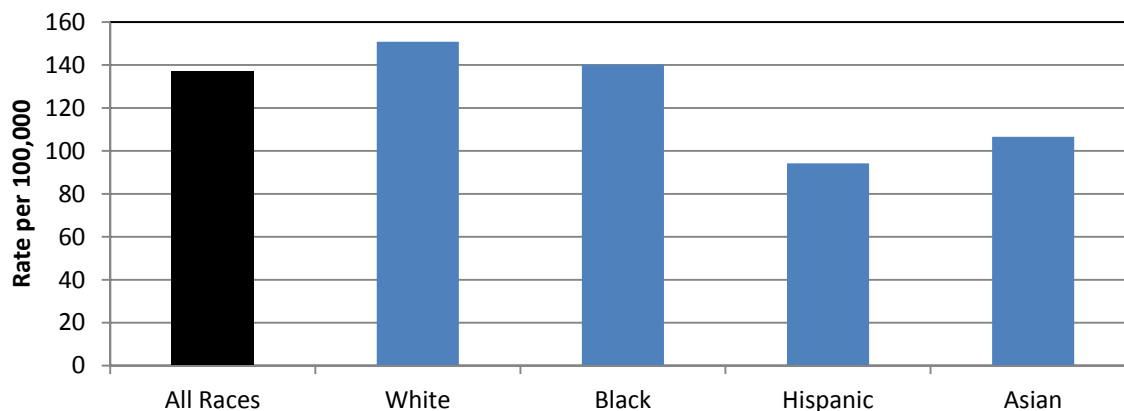
CHART 10. AGE-ADJUSTED RATES OF PROSTATE CANCER FOR MALES BY RACE/ETHNICITY, CONTRA COSTA COUNTY



Source: California Cancer Registry, 2011

The rate of breast cancer was highest among white and black females. Hispanic and Asian women experience lower breast cancer rates in Contra Costa (Chart 11).

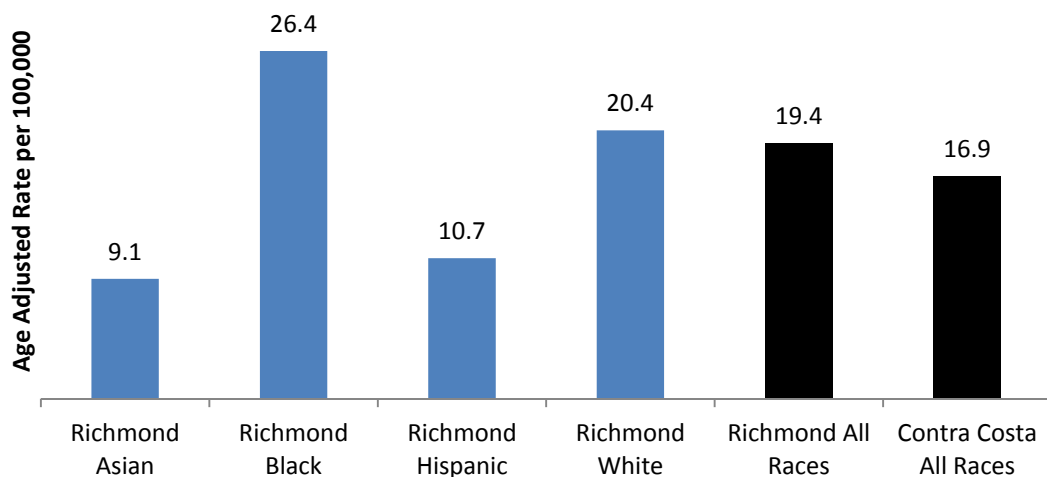
CHART 11 AGE ADJUSTED RATES OF BREAST CANCERS FOR FEMALES BY RACE/ETHNICITY, CONTRA COSTA COUNTY



Source: California Cancer Registry, 2011

Cancer death rates in Richmond for all races are significantly higher than in Contra Costa County. The cancer death rate for Blacks in Richmond is significantly higher than for Asians, Hispanics and Whites in Richmond. The cancer death rate for Whites in Richmond is significantly higher than for Asians and Hispanics in Richmond (Chart 12).

CHART 12 AGE ADJUSTED CANCER DEATH RATES FOR CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND

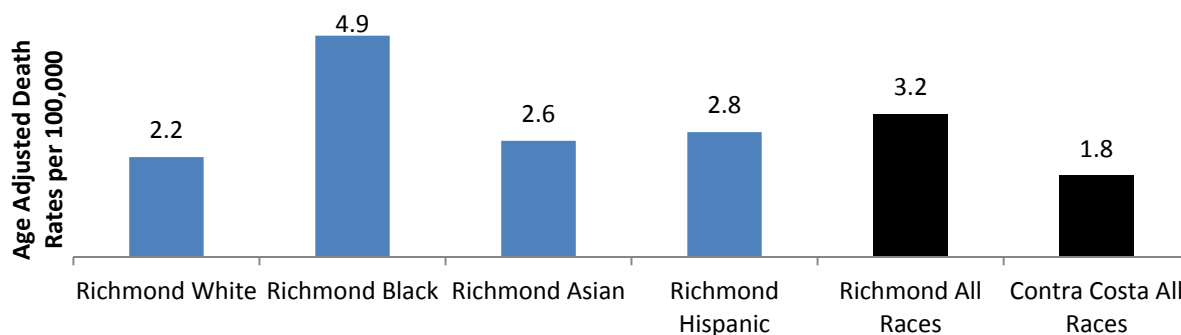


Source: California Death Statistical Master Files, 2008-2012

Diabetes

The diabetes death rate for all races in Richmond is significantly higher than in Contra Costa County as a whole. The diabetes death rate for Blacks in Richmond is significantly higher than for Whites and all races in Richmond (Chart 13).

CHART 13 AGE ADJUSTED DIABETES DEATH RATES FOR CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND



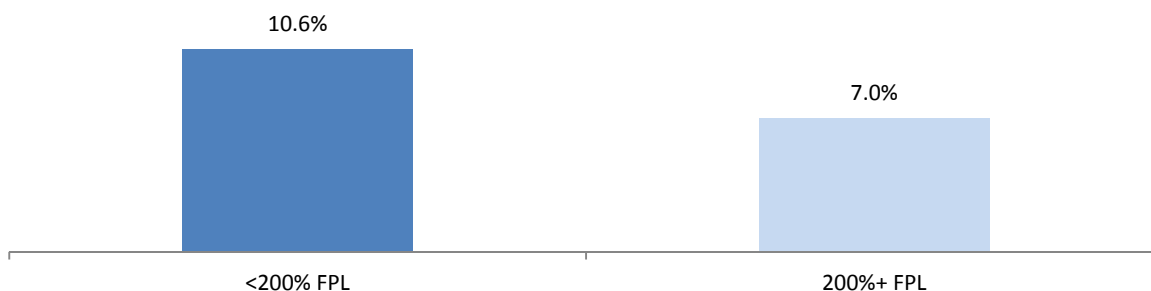
Source: California Death Statistical Master Files, 2008-2012

An estimated 8.6% of Contra Costa adults reported ever being diagnosed with diabetes (Types 1 & 2) in 2011-12; similar to Bay Area adults overall (7.0%).¹ Close to three-quarters (79.2%) of those reporting “ever diagnosed” in 2011-12 reported that the diagnosis was for Type II diabetes.²

Lower income adults in the Bay Area are more likely to report ever being diagnosed with diabetes.

Estimates indicate that a greater percentage of adults from households with income less than 200% FPL (10.6%) reported “ever diagnosed” with diabetes compared to those from households with incomes of 200% FPL and above (7.0%) in the Bay Area in 2011-12. (Chart 14)³

CHART 14 PERCENT OF ADULTS REPORT "EVER DIAGNOSED" WITH DIABETES, BAY AREA



Source: 2011-12 California Health Interview Survey

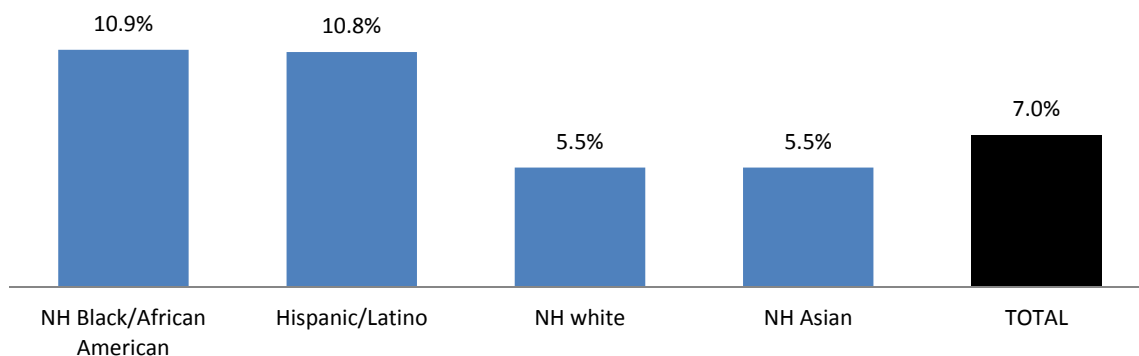
¹ California Health Interview Survey (CHIS) respondents were asked: {Other than during pregnancy, had/Has} a doctor ever told you that you have diabetes or sugar diabetes?

² Respondents who reported they have been told by a doctor that they have diabetes (excluding while pregnant) were asked, "Were you told you have Type 1 or Type 2 diabetes?"

³ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

Reported diabetes diagnosis varies by race/ethnicity in the Bay Area. Estimates indicated greater percentages of NH Black/African American (10.9%) and Hispanic/Latino (10.8%) adults reported “ever diagnosed” with diabetes compared to NH white (5.5%) and NH Asian (5.5%) adults in the Bay Area in 2011-12.⁴ (Chart 15)

CHART 15 PERCENT OF ADULTS REPORT "EVER DIAGNOSED" WITH DIABETES, BAY AREA



Source: 2011-12 California Health Interview Survey

An estimated 10.0% of Contra Costa adults reported ever being diagnosed with “pre-diabetes or borderline diabetes” in 2011-12⁵; similar to the Bay Area (9.7%). Approximately one-third (35.0%) of Contra Costa adults who reported “ever diagnosed” with “pre-diabetes or borderline diabetes” also reported “ever diagnosed” with diabetes (presumably subsequent to the “pre-diabetes” diagnosis).

No differences were detected in estimates of the percent of adults who reported “ever diagnosed” with “pre-diabetes or borderline diabetes” by poverty level in Contra Costa, the Bay Area or California. Differences were not detected by race/ethnicity at the regional or state level either.⁶

Overweight & obesity ⁷

Adults

Estimates of overweight or obesity among Contra Costa adults were as follows for 2011-12: 39.4%(overweight) and 24.0%(obese); similar to Bay Area adults: 34.4% (overweight) and 20.1% (obese).

Percent overweight versus obesity varies by race/ethnicity among Bay Area adults.⁸ Estimates indicate that greater percentages of Hispanic/Latino, NH white, NH Asian, and Bay Area adults overall were

⁴ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

⁵ CHIS respondents were asked: “{Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?”

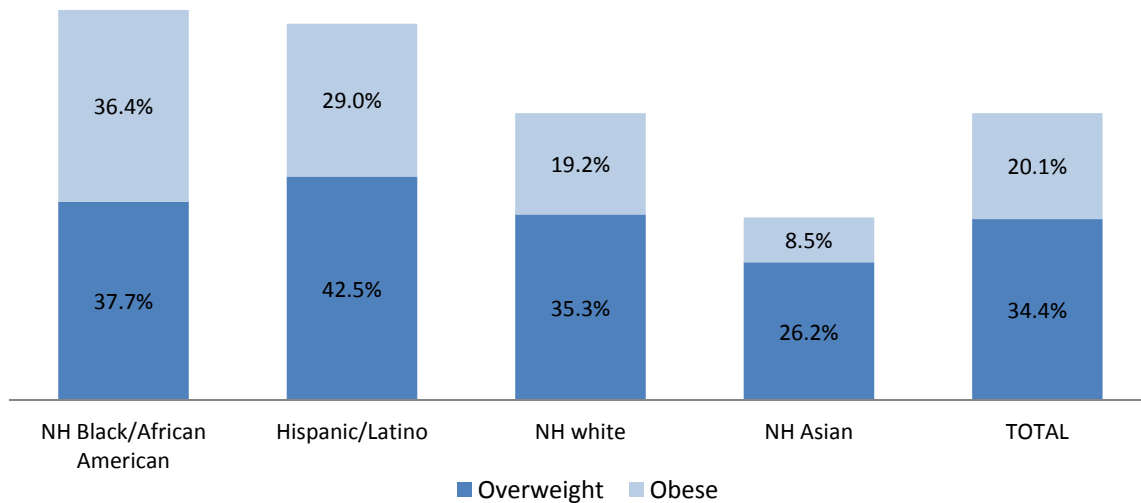
⁶ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

⁷ California Health Interview Survey respondents were asked to report height and weight. Body Mass Index (BMI) is calculated by dividing WEIGHT(in kg) by HEIGHT SQUARED(in meters). BMI cut points used to define weight status categories: 18.49 (Underweight); 18.5-24.99 (Normal); 25.0-29.99 (Overweight); and 30.0 or higher (Obese).

⁸ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

overweight versus obese; these differences were not detected among NH Black/African American adults. (Chart 16)

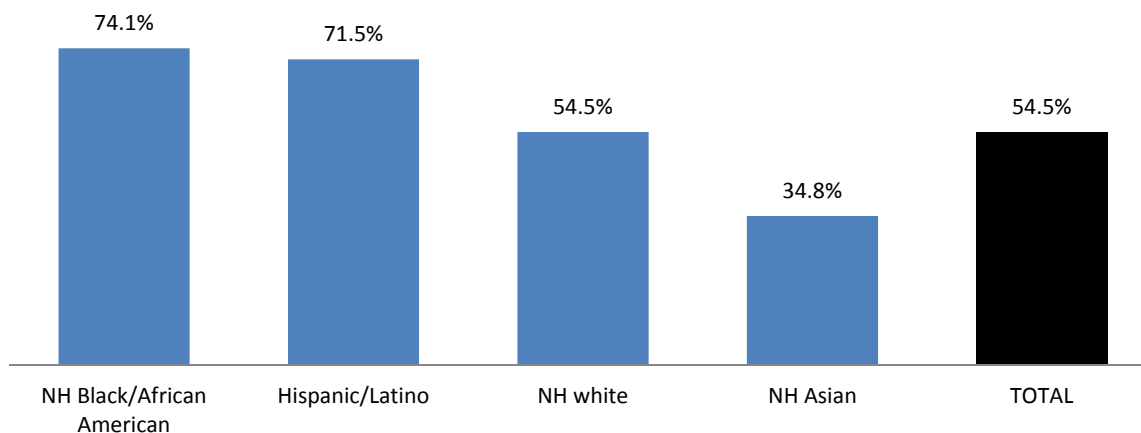
CHART 16 PERCENT OF OVERWEIGHT OR OBESE ADULTS BY RACE/ETHNICITY, BAY AREA



Source: 2011-12 California Health Interview Survey

Overweight or obese (combined) varies by race/ethnicity. Estimates indicate that greater percentages of NH Blacks/African Americans (74.1%) and Hispanics/Latinos (71.5%) were overweight or obese (combined) than NH whites (54.5%), NH Asians (34.8%) and Bay Area adults overall (54.5%) in 2011-12. Estimates also suggest that NH Asians were less likely to be overweight or obese than NH Blacks/African Americans, Hispanics/Latinos, NH whites and Bay Area adults overall. (Chart 17)

CHART 17 PERCENT OF OVERWEIGHT OR OBESE ADULTS BY RACE/ETHNICITY, BAY AREA

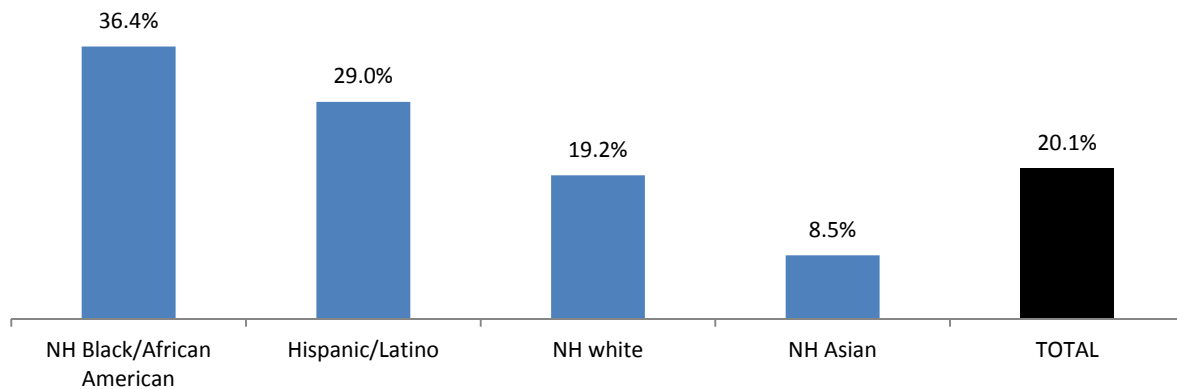


Source: 2011-12 California Health Interview Survey

Obesity alone varies similarly by race/ethnicity. Estimates indicate that greater percentages of NH Blacks/African Americans (36.4%) and Hispanics/Latinos (29.0%) were obese than NH whites (19.2%),

NH Asians (8.5%) and adults overall (20.1%) in the Bay Area in 2011-12. Estimates also suggest that NH Asians were less likely to be obese than NH Blacks/African Americans, Hispanics/Latinos, NH whites and Bay Area adults overall. (Chart 18)

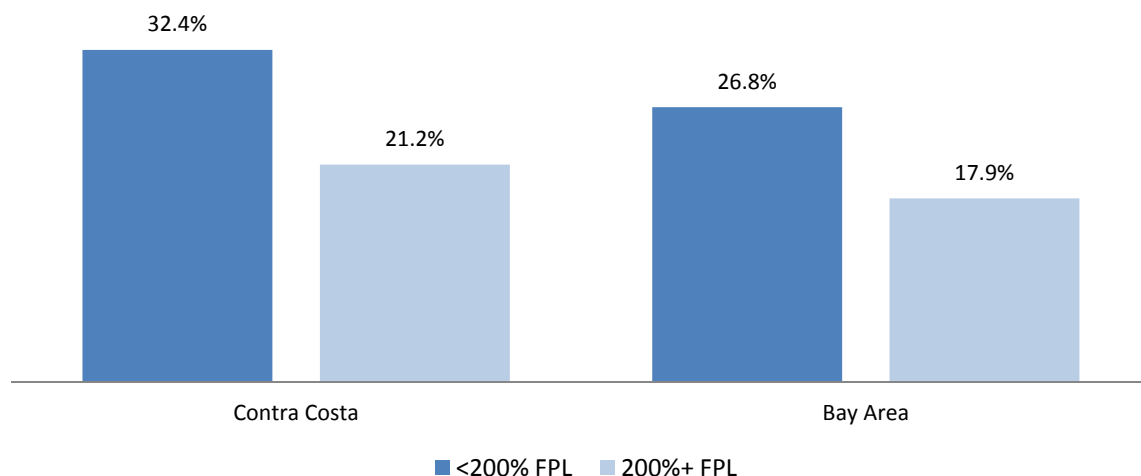
CHART 18 PERCENT OF OBESE ADULTS BY RACE/ETHNICITY, BAY AREA



Source: 2011-12 California Health Interview Survey

Obesity is higher for Bay Area adults from low-income households. Although no differences were detected in overweight or obesity estimates by poverty level among Contra Costa adults, a greater percent of Bay Area adults from households with income less than 200% FPL were obese (26.8%) compared to adults from households with income of 200% FPL and above (17.9%) in 2011-12. (Chart 19)

CHART 19 PERCENT OBESE ADULTS BY POVERTY LEVEL, CONTRA COSTA AND BAY AREA

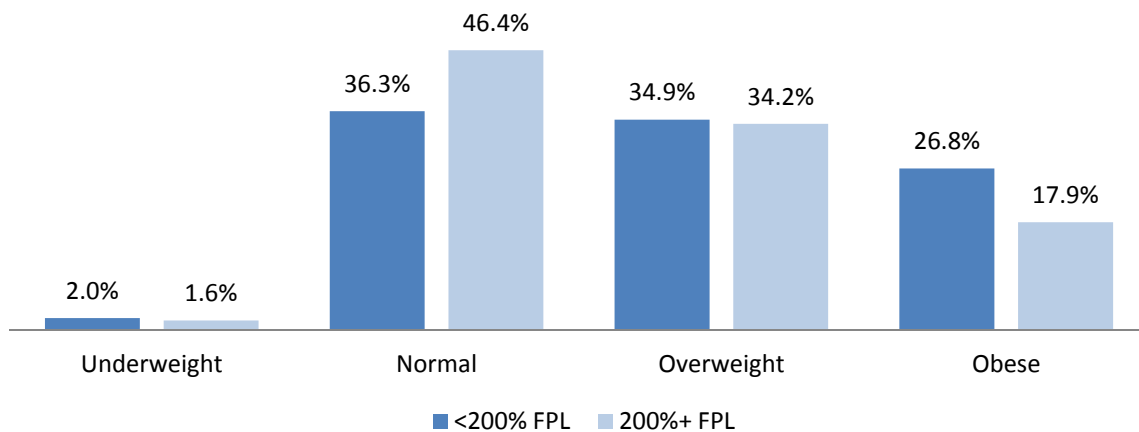


Source: 2011-12 California Health Interview Survey

Normal weight is lower for Bay Area adults from low-income households. Estimates indicate a lower percentage of Bay Area adults from households with less than 200% FPL were normal weight (36.3%)

compared to adults from households with income of 200% FPL and above (46.4%). However, no differences between these groups were detected in estimates of percent overweight and percent underweight. (Chart 20)

CHART 20 PERCENT OF ADULTS BY WEIGHT CATEGORY & POVERTY LEVEL, BAY AREA



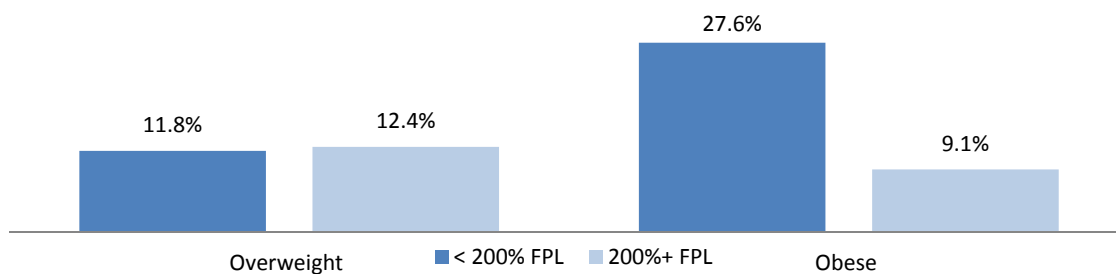
Source: 2011-12 California Health Interview Survey

Adolescents

An estimated 27.9% of adolescents in Contra Costa were overweight or obese (combined) in 2011-12; similar to Bay Area adolescents (26.4%).⁹

In the Bay Area, no differences were detected in overweight by poverty level but obesity is higher among adolescents from low-income households.¹⁰ Obesity estimates were higher among adolescents from households with income below 200% FPL (27.6%) than households with income of 200% FPL and above (9.1%) in the Bay Area in 2011-12. (Chart 21)

CHART 21 PERCENT OVERWEIGHT OR OBESE ADOLESCENTS BY POVERTY LEVEL - BAY AREA



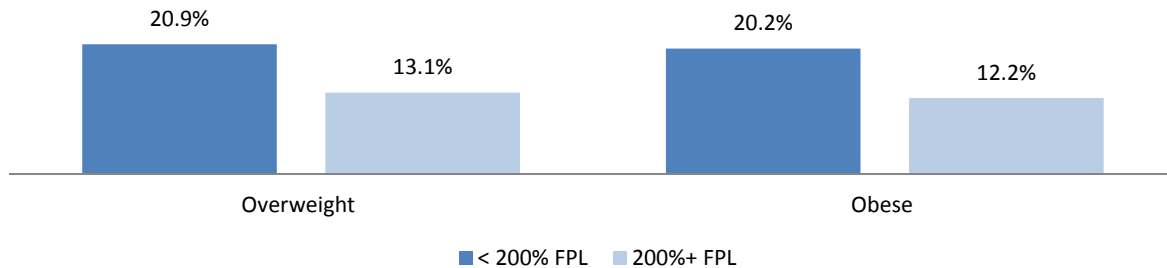
Source: 2011-12 California Health Interview Survey.

⁹CHIS respondents were asked to report height and weight. Body Mass Index (BMI) is calculated by dividing WEIGHT(in kg) by HEIGHT SQUARED(in meters). Child and teen BMI numbers are plotted on the CDC BMI-for-age growth charts (by gender) to obtain percentile rankings. These percentiles indicate the relative position of a child's BMI number among children of the same sex and age. The weight status categories are based on the following percentiles: Underweight (less than 5th percentile); Normal weight (5th to less than 85th percentile); Overweight (85th to less than 95th percentile); and Obese (95th percentile and above).

¹⁰Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

In California, both overweight and obesity are higher among adolescents from lower-income households. Estimates indicate that higher percentages of adolescents from households with income less than 200% FPL were overweight (20.9%) and obese (20.2%) than from households with incomes of 200% FPL and above (13.1% and 12.2%, respectively) statewide. (Chart 22)

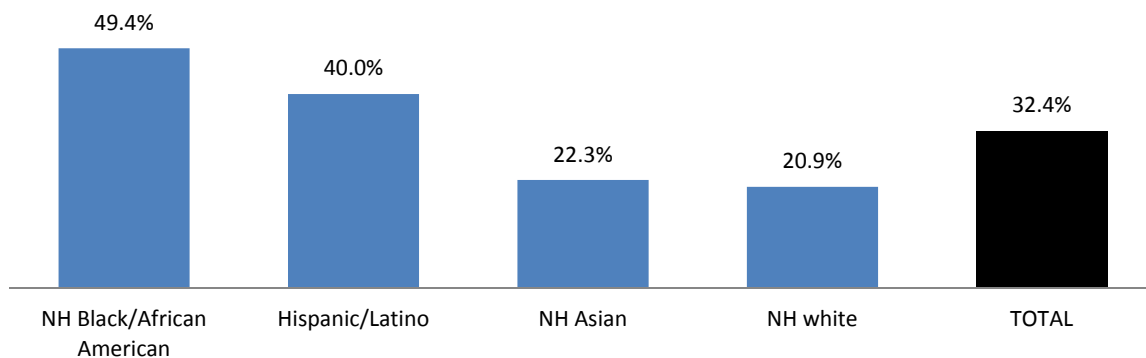
CHART 22 PERCENT OVERWEIGHT OR OBESE ADOLESCENTS BY POVERTY LEVEL - CALIFORNIA



Source: 2011-12 California Health Interview Survey.

At the state level adolescent overweight or obesity (combined) varies by race/ethnicity. Estimates indicate higher percentages of NH Black/African American (49.4%) and Hispanic/Latino (40.0%) adolescents were overweight or obese than NH Asians (22.3%), NH whites (20.9%) and adolescents overall (32.4%) in 2011-12. In addition, estimates of percent overweight or obese were lower for NH whites than NH Black/African American ,Hispanic/Latino and adolescents overall in California.¹¹ (Chart 23)

CHART 23 PERCENT OVERWEIGHT OR OBESE ADOLESCENTS BY RACE/ETHNICITY - CALIFORNIA



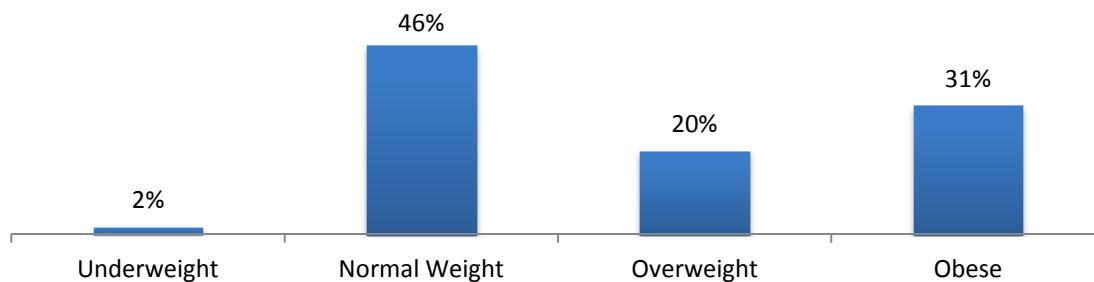
Source: 2011-12 California Health Interview Survey.

¹¹Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

Children

More than half of Richmond school children are overweight or obese, compared to 34% in the county overall. (Chart 24)

CHART 24 PERCENT IN WEIGHT CATEGORIES AMONG RICHMOND SCHOOL CHILDREN

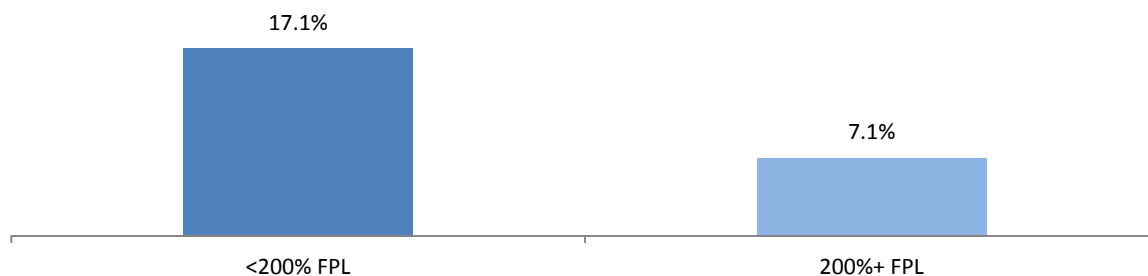


Source: 2010 California Department of Education, Fitnessgram Data, 5th, 7th, and 9th grade in Richmond designated schools.

An estimated 11.9% of preschool aged children (3-5 years) in the Bay Area were “overweight for age”¹² in 2011-12; similar to California (12.1%).¹³

“Overweight for age” varies by poverty level in California among 3-5 year olds. Estimates indicate a greater percent of 3-5 year olds from households with income less than 200% FPL (17.1%) were “overweight for age” than households with income of 200% FPL or above (7.1%). (Chart 25)¹⁴

CHART 25 "OVERWEIGHT FOR AGE" (3-5 YEAR OLDS) CALIFORNIA



Source: 2011 - 2012 California Health Interview Survey

Comparisons for this indicator by race/ethnicity could not be made as the data were not stable, even at the state level.

¹² This variable assigns overweight for age to children, and is constructed using sex, age (in months) and weight. For more information, see <http://www.cdc.gov/nchs/about/major/nhanes/growthcharts/datafiles.htm>.

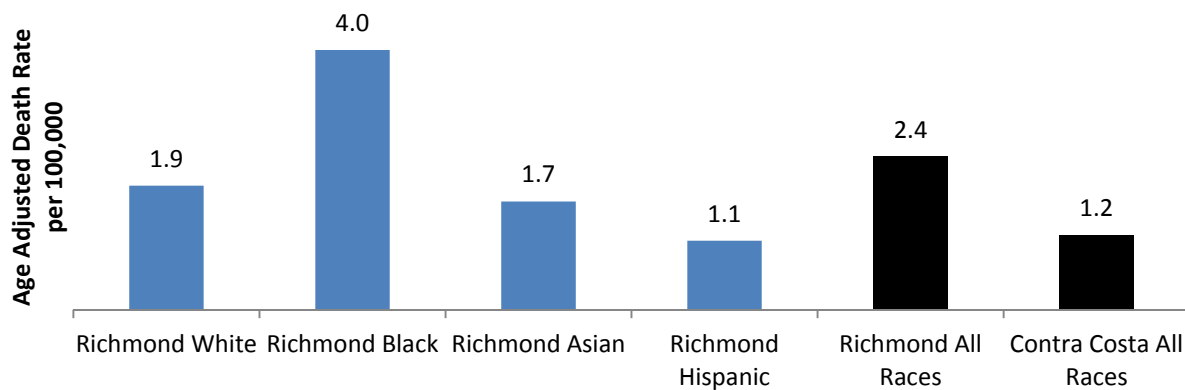
¹³ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

¹⁴ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

High Blood Pressure¹⁵

The hypertension death rate for all races in Richmond is significantly higher than for all races in Contra Costa County. The hypertension death rate for Blacks in Richmond is significantly higher than for Whites, Asians and Hispanics as well as all races combined in Richmond. (Chart 26)

CHART 26 AGE ADJUSTED HYPERTENSION DEATH RATES FOR CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND

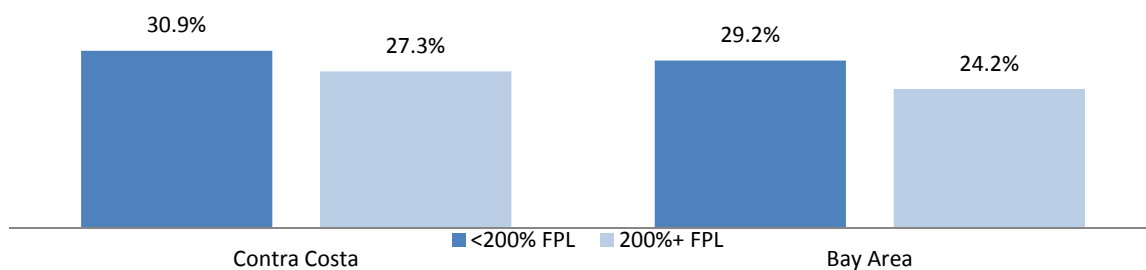


Source: California Death Statistical Master Files, 2008-2012

An estimated 28.2% of Contra Costa adults reported ever being diagnosed with high blood pressure; similar to Bay Area adults overall (25.4%).

Bay Area adults from lower-income households are more likely to report ever being diagnosed with high blood pressure. Although no differences were detected in estimates of Contra Costa adults who report “ever diagnosed” with high blood pressure by poverty level or by race/ethnicity, a greater percentage of adults from households with income <200% FPL (29.2%) reported “ever diagnosed” with high blood pressure than adults from households with income of 200% FPL and above (24.2%) in the Bay Area in 2011-12. (Chart 27)

CHART 27 PERCENT OF ADULTS REPORT "EVER DIAGNOSED" WITH HIGH BLOOD PRESSURE, BAY AREA AND CONTRA COSTA

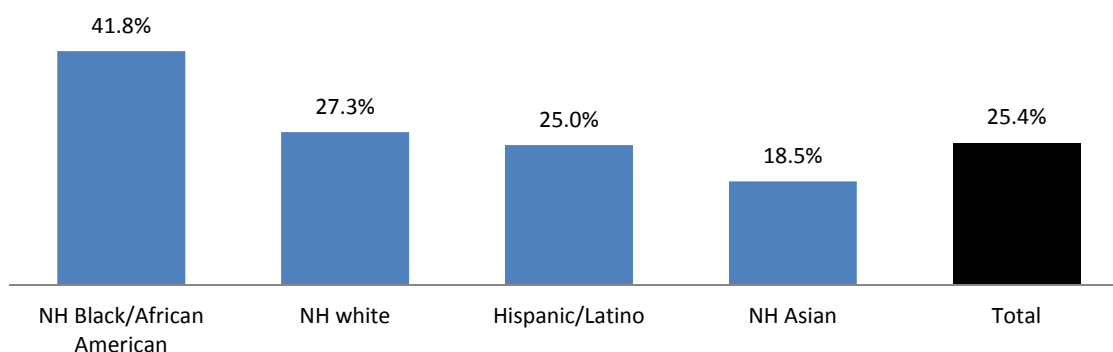


Source: 2011-12 California Health Interview Survey

¹⁵ CHIS respondents were asked: "Has a doctor ever told you that you have high blood pressure?" Respondents with borderline high blood pressure/hypertension were not considered diagnosed with high blood pressure.

Reported "ever diagnosed" with high blood pressure varies by race/ethnicity. Bay Area estimates also indicate a greater percentage of NH Blacks/African Americans (41.8%) reported "ever diagnosed" with high blood pressure than NH whites (27.3%), Hispanic/Latinos (25.0%), NH Asians (18.5%) and Bay Area adults overall (25.4%); estimates were lower among NH Asians than NH Blacks/African Americans, NH whites and Bay Area adults overall. (Chart 28)

CHART 28 PERCENT OF ADULTS REPORT "EVER DIAGNOSED" WITH HIGH BLOOD PRESSURE - BAY AREA

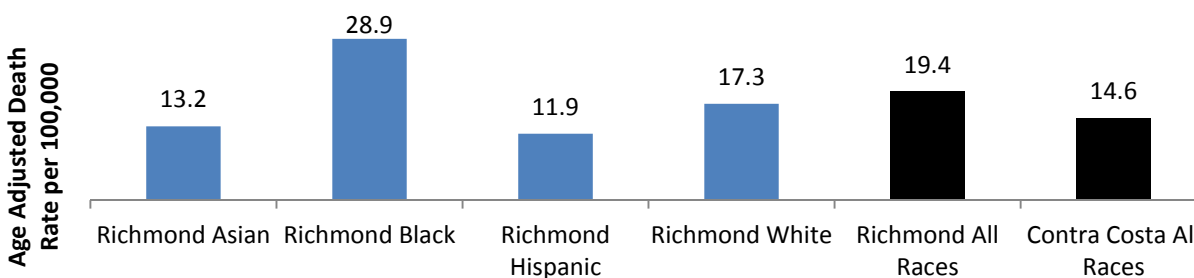


Source: 2011-12 California Health Interview Survey

Heart Disease

Deaths rates due to heart disease are significantly higher for Richmond than for Contra Costa County. Heart disease death rates for Blacks are significantly higher in Richmond than for Asians, Hispanics, Whites, and all races. Heart disease death rates for Hispanics are significantly lower in Richmond than for Blacks, Whites and all races combined. (Chart 29)

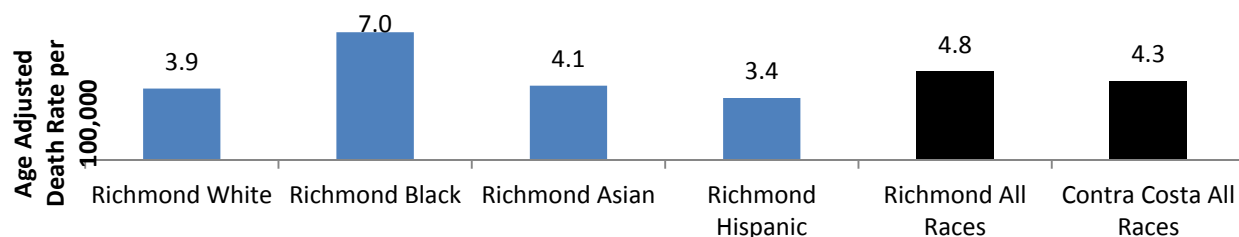
CHART 29 AGE ADJUSTED HEART DISEASE DEATH RATES FOR CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND



Source: California Death Statistical Master Files, 2008-2012

In Richmond, Blacks have a significantly higher rate of stroke deaths than Whites, Hispanics, and all races combined. The stroke death rate is not significantly different between Richmond and Contra Costa County. (Chart 30)

CHART 30 AGE ADJUSTED STROKE DEATH RATES FOR CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND

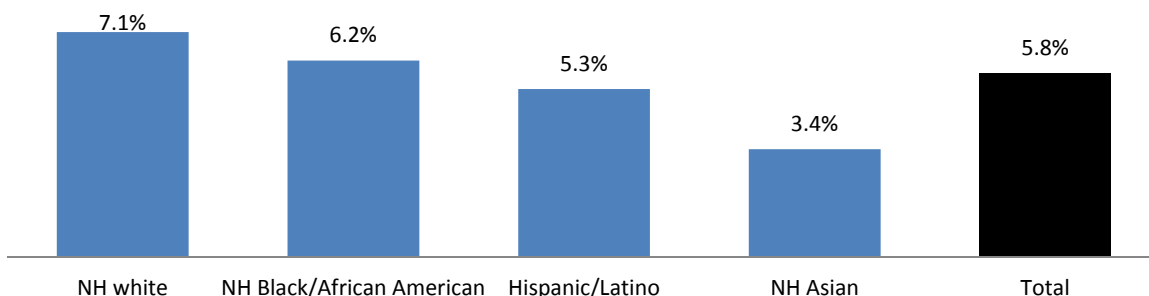


Source: California Death Statistical Master Files, 2008-2012

An estimated 4.5% of Contra Costa adults reported they were ever diagnosed with heart disease; similar to Bay Area adults overall (5.8%) in 2011-12.¹⁶

Reported “ever diagnosed” with heart disease varies by race/ethnicity. Estimates indicate that a smaller percentage of NH Asians (3.4%) reported “ever diagnosed” with heart disease than NH whites (7.1%) and adults overall (5.8%) in the Bay Area in 2011-12 (Chart 31). There were no differences in state or regional estimates by poverty level.¹⁷

CHART 31 PERCENT OF ADULTS REPORT "EVER DIAGNOSED" WITH HEART DISEASE, BAY AREA



Source: 2011-12 California Health Interview Survey

Asthma

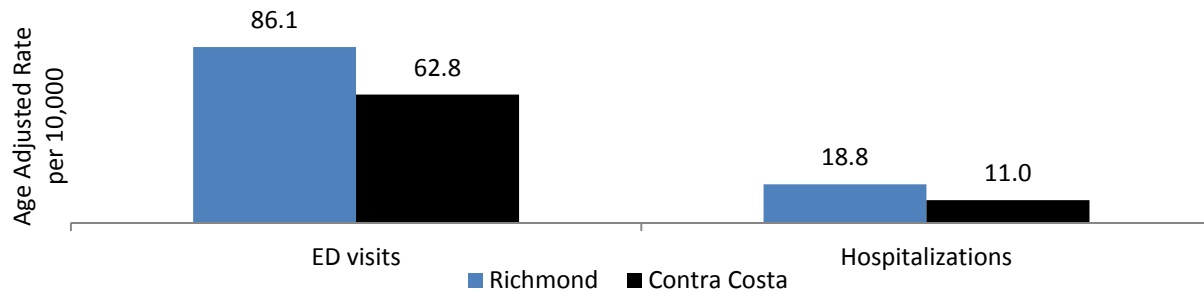
ASTHMA OUTCOMES ARE ASSESSED BY EMERGENCY ROOM AND HOSPITAL VISITS. PROPER TREATMENT OF ASTHMA SHOULD NOT LEAD TO URGENCY. RICHMOND HAS A HIGHER RATE OF BOTH EMERGENCY ROOM VISITS AND HOSPITALIZATIONS THAN CONTRA COSTA COUNTY (

Chart 32)

¹⁶ CHIS respondents were asked: "Has a doctor ever told you that you have any kind of heart disease?"

¹⁷ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

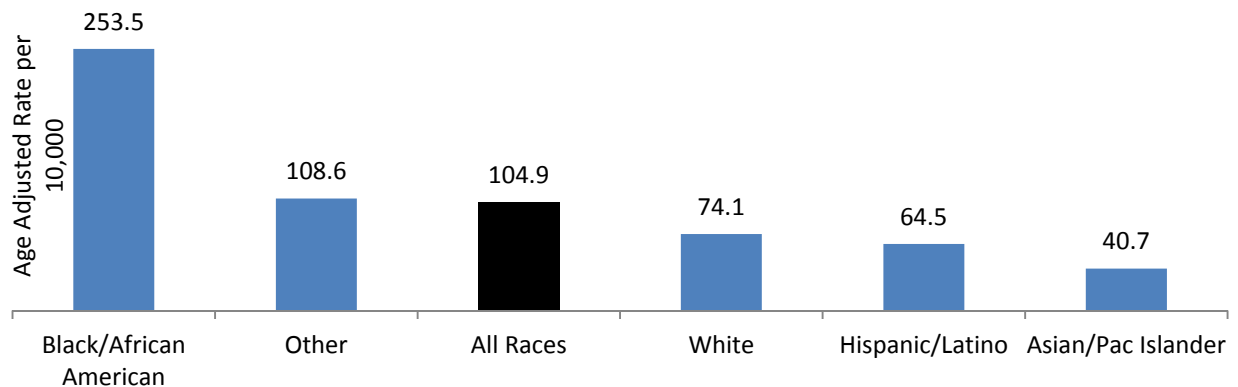
CHART 32 AGE ADJUSTED ASTHMA ED AND HOSPITALIZATION RATES PER 10,000 PEOPLE PER YEAR



SOURCE: OSHPD EDD AND PDD, 2009-2011

Within Richmond, there are differences in Asthma outcomes by race/ethnicity. African Americans/Blacks have a much higher rate of Asthma ED and Hospitalizations combined than the other race ethnic groups. (Chart 33).

CHART 33 AGE ADJUSTED RATES OF COMBINED ASTHMA HOSPITALIZATIONS AND ED VISITS PER 10,000 PEOPLE PER YEAR



Source: OSHPD EDD and PDD, 2009-2011

Diagnoses (Young People)

An estimated 20.3% of young people (1 to 17 years) and 24.7% of school-age children (6-17 years) reported ever being diagnosed with asthma in Contra Costa in 2009 and 2011-12 (combined); similar to the Bay Area (16.5% and 19.5% respectively).

No differences were detected in estimates of reported “ever diagnosed” with asthma among youth people (1-17 and 6-17 years old) by poverty level in the Bay Area or California or by race/ethnicity at the state level in 2011-12.

Asthma Management (Young People)

An estimated 27.6% of Bay Area and 39.0% of California young people (1-17 years old) – who reported “ever diagnosed” with asthma, still have asthma and/or had an “asthma episode” in the prior 12 months – reported taking asthma medication daily in 2011-12.¹⁸

No differences were detected in estimates of this reported behavior by poverty level among California young people 1-17 years old. Race/ethnicity data for this indicator were not stable and therefore are not presented.¹⁹

Missed School Due to Asthma²⁰

An estimated one-fifth (21.1%) of young people (0-17 years old) who currently attend school/day care and reported “ever diagnosed” also reported missing at least 1 day of day care or school due to asthma in the Bay Area in 2011-12; similar to California (23.0%).²¹

No differences were detected in this indicator by poverty level among California young people 0-17 years old. Race/ethnicity data for this indicator was not stable and therefore are not presented.²²

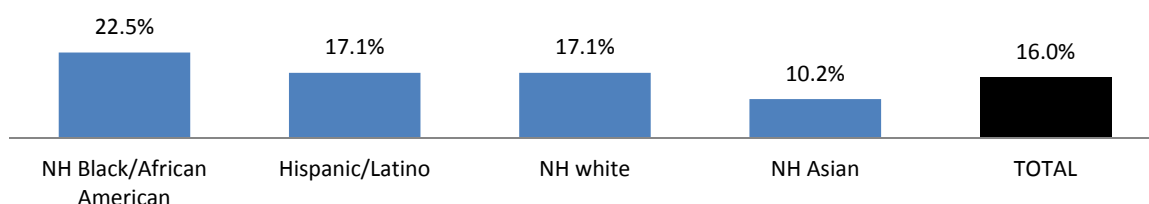
Diagnoses (Adults)

An estimated 19.6% of adults in Contra Costa reported ever being diagnosed with asthma in 2011-12; similar to Bay Area adults (16.0%).²³

No differences were detected in estimates of percent of adults who reported “ever diagnosed” with asthma by poverty level in Contra Costa, the Bay Area or California.

Reported “ever diagnosed” with asthma varies by race/ethnicity. Estimates indicate that a smaller percent of NH Asian adults (10.2%) reported “ever diagnosed” with asthma compared to NH Blacks/African Americans (22.5%), Hispanics/Latinos (17.1%), NH whites (17.1%) and Bay Area adults overall (16.0%).²⁴ (Chart 34)

CHART 34 PERCENT OF ADULTS REPORT “EVER DIAGNOSED” WITH ASTHMA, BAY AREA



Source: 2011 - 2012 California Health Interview Survey

¹⁸ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

¹⁹ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

²⁰ CHIS respondents were asked: “During the past 12 months, how many days of day care or school did (CHILD/TEEN) miss due to asthma?” Asked of respondents age 0 to 17 years who currently attend school/day care and have been told have asthma.

²¹ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

²² Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

²³ CHIS respondents were asked: “Has a doctor ever told you that you have asthma?” Asked about for all respondents 1 year and older.

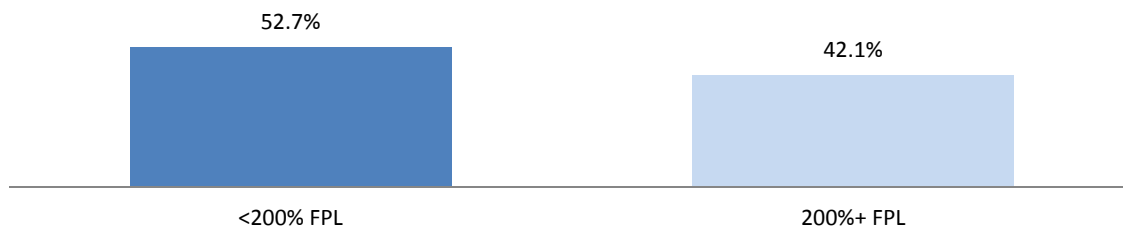
²⁴ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

Asthma Management (Adults)²⁵

An estimated 45.8% of Contra Costa adults – who reported “ever diagnosed” with asthma, still have asthma and/or had an “asthma episode” in the prior 12 months – also reported taking asthma medication daily in 2011-12; similar to Bay Area adults (44.7%).

Differences by poverty level in reported asthma management through the use of daily medication were not detected among Bay Area adults but were found among California adults. Estimates indicate a greater percent of adults in the state - who reported “ever diagnosed” with asthma, still have asthma and/or had an “asthma episode” in the prior 12 months – living in households with income below 200% FPL (52.7%) reported taking asthma medication daily compared to adults living in households with income of 200% FPL and above (42.1%).²⁶ (Chart 35)

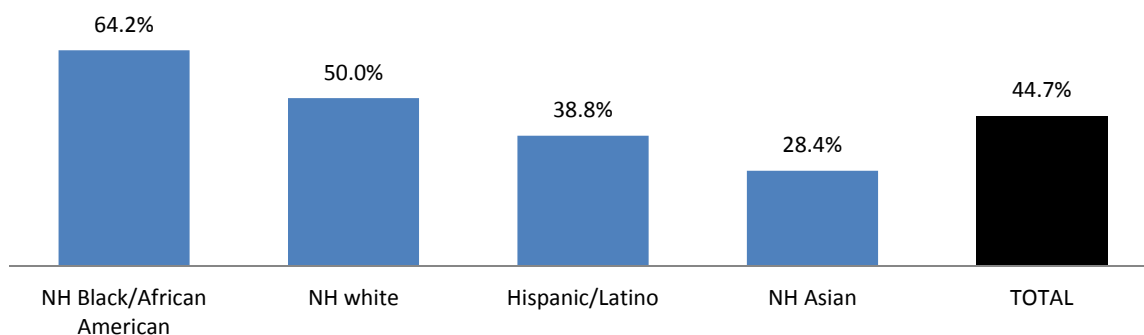
CHART 35 PERCENT OF ADULTS REPORTED ASTHMA DIAGNOSIS &/OR RECENT ASTHMA EPISODE WHO ALSO REPORTED DAILY ASTHMA MEDICATION USE - CALIFORNIA



Source: 2011 - 2012 California Health Interview Survey

Reported asthma management through the use of daily medication varies by race/ethnicity. Estimates indicate a smaller percent of NH Asian adults (28.4%) reported engaging in this behavior than NH Black/African American (64.2%) and NH white (50.0%) adults in the Bay Area.²⁷ (Chart 36)

CHART 36 PERCENT OF ADULTS REPORTED ASTHMA DIAGNOSIS &/OR RECENT ASTHMA EPISODE WHO ALSO REPORTED DAILY ASTHMA MEDICATION USE BAY AREA



Source: 2011 - 2012 California Health Interview Survey

²⁵ CHIS respondents were asked: Are you [is child] now taking a daily medication to control your asthma that was prescribed or given to you by a doctor? Asked of those who were told they have asthma and either still have asthma and/or had an episode in last 12 months.

²⁶ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

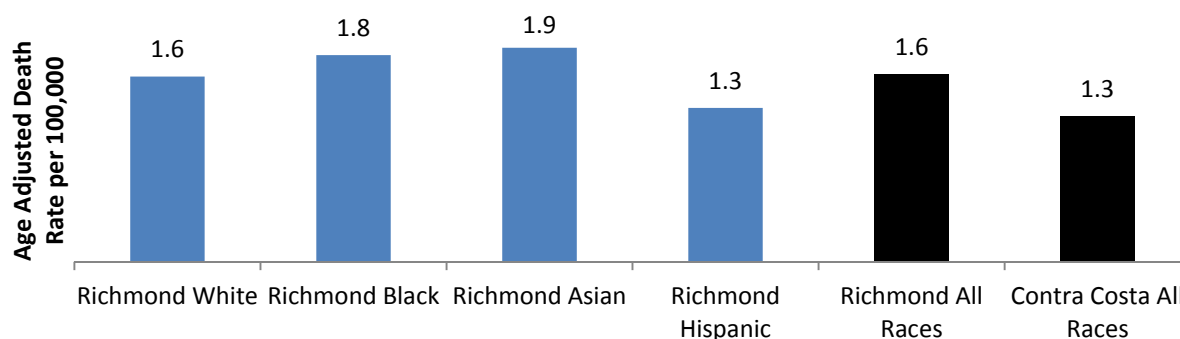
²⁷ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

Infectious Diseases

Influenza

The death rate due to influenza and pneumonia was not significantly different for all races between Richmond and Contra Costa County. Similarly, the rates were did not differ between the individual races within Richmond. (Chart 37)

CHART 37 AGE ADJUSTED DEATH RATES DUE TO INFLUENZA AND PNEUMONIA IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND

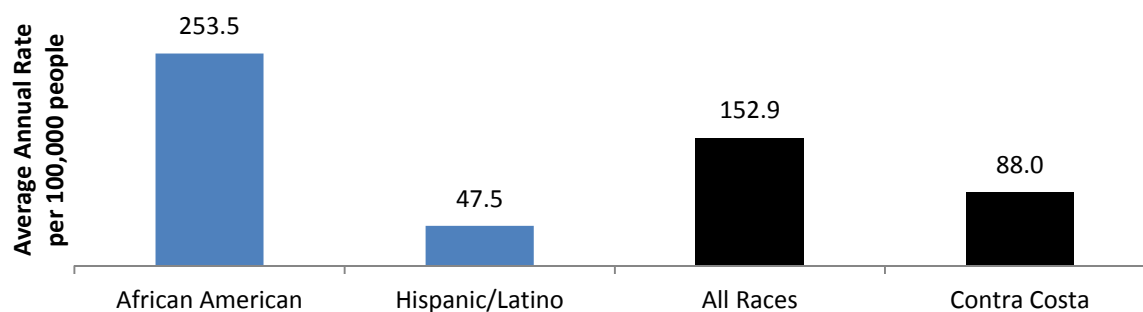


Source: California Death Statistical Master Files, 2008-2012

Sexually Transmitted Infections and HIV

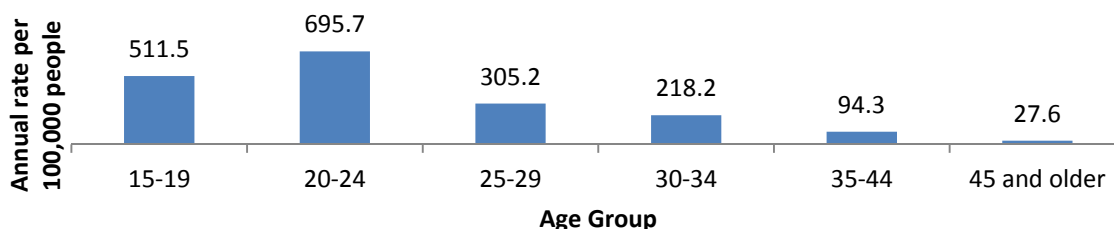
The rates of sexually transmitted infections are higher in Richmond than in Contra Costa County. Rates are higher among African Americans and lower among Latinos than all races combined (rates for Whites and Asians were unstable). The highest rate is among those aged 20-24 with high rates among those 15-19 as well. (Chart 38 and Chart 39).

CHART 38 RATES OF GONORRHEA AND CHLAMYDIA INFECTION IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND



Source: CDPH STD Control Branch, 2012-2014

CHART 39 RATES OF GONORRHEA AND CHLAMYDIA INFECTION BY AGE GROUP FOR RICHMOND



Source: CDPH STD Control Branch, 2012-2014

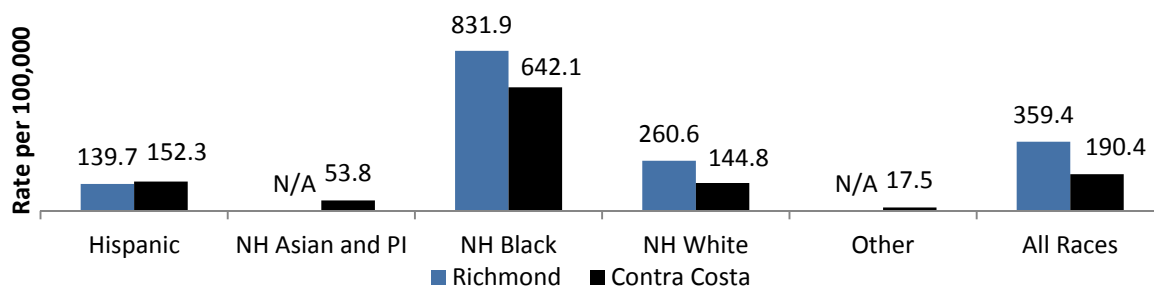
People Living with HIV/AIDS

People who are living with HIV or AIDS are defined as individuals with a last known current address in Richmond, although they may have received their diagnosis elsewhere. They may have been diagnosed at any point in time, but were still alive and living in Richmond as of December 2014.

Demographic Characteristics

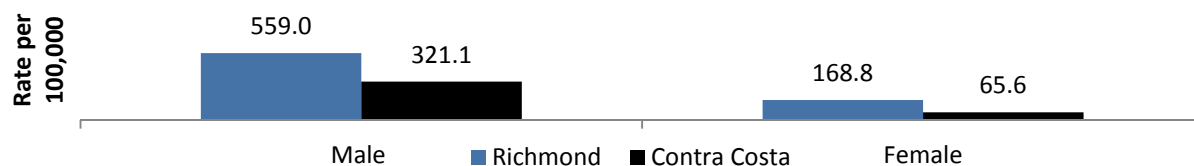
The rate of people living with HIV or AIDS is higher in Richmond than in Contra Costa. The rates are higher among African American/Blacks in Richmond than African American/Blacks in Contra Costa. The rates are also higher among Whites in Richmond than in Contra Costa (Chart 40). Rates are higher both among males and females in Richmond, although the Richmond rate for males is 1.7 times that of males in Contra Costa the Richmond rate for females is 2.6 times that for Contra Costa females. (Chart 41)

CHART 40 RATE OF PEOPLE LIVING WITH HIV AND AIDS BY RACE/ETHNICITY IN RICHMOND AND CONTRA COSTA



Source: CDPH Office of AIDS; Note: Total population of people living with HIV and AIDS as of December 2014

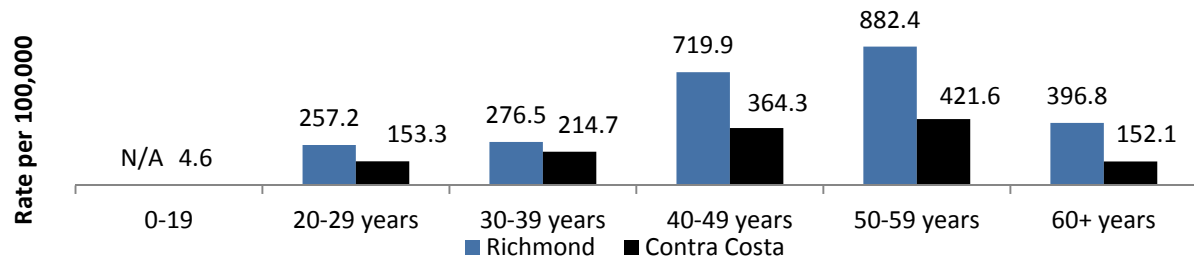
CHART 41 RATE OF PEOPLE LIVING WITH HIV AND AIDS BY BIRTH SEX IN RICHMOND AND CONTRA COSTA



Source: CDPH Office of HIV and AIDS; Note: Total population of people living with HIV and AIDS as of December 2014, Male category includes Male to Female Transgender

The Richmond rate is higher in all age categories, but the difference is much greater in the older age categories (40 and older), where the Richmond rate is twice that of Contra Costa. (Chart 42)

CHART 42 RATE OF PEOPLE LIVING WITH HIV AND AIDS BY AGE CATEGORY IN RICHMOND AND CONTRA COSTA

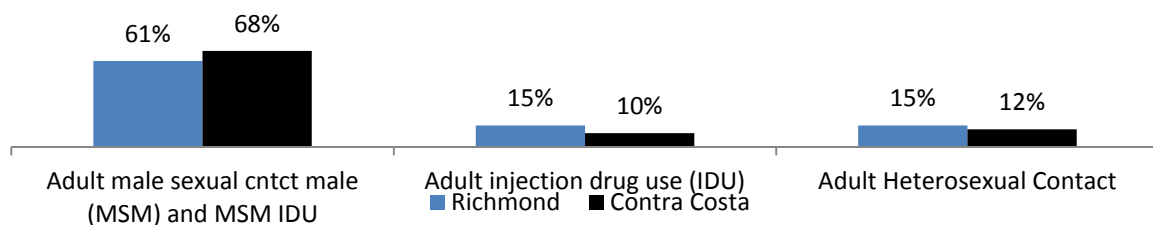


Source: CDPH Office of HIV and AIDS; Note: Total population of people living with HIV and AIDS as of December 2014

Characteristics of infection transmission and care

The most prevalent risk of transmission in Contra Costa and in Richmond is adult male sexual contact (men who have sex with men or MSM). Compared to Contra Costa, there are slightly more cases where the risk factors were injection drug use (IDU) or adult heterosexual contact. (Chart 43)

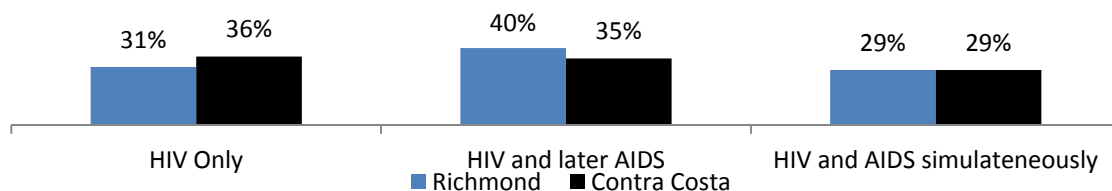
CHART 43 PERCENT OF PEOPLE LIVING WITH HIV AND AIDS BY MODE OF TRANSMISSION IN RICHMOND AND CONTRA COSTA



Source: CDPH Office of HIV and AIDS; Note: Total population of people living with HIV and AIDS as of December 2014

Late diagnosis of HIV is often determined by a simultaneous diagnosis with AIDS. In Richmond, we find that late diagnosis does not occur more often than in Contra Costa, but that there is a higher percentage of Richmond cases where people who were diagnosed with HIV later converted to AIDS (Chart 44)

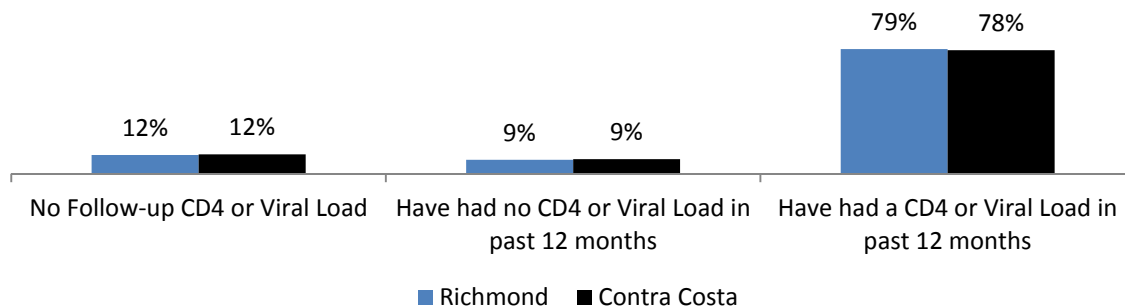
CHART 44 PERCENT OF PEOPLE LIVING WITH HIV AND AIDS BY HIV AND AIDS STATUS IN RICHMOND AND CONTRA COSTA



Source: CDPH Office of HIV and AIDS; Note: Total population of people living with HIV and AIDS as of December 2014

The ability to keep people diagnosed with HIV and AIDS in care and taking medication has a positive impact on their health and longevity, but also helps prevent new cases in the community. People living with HIV and AIDS in Richmond have equivalent care profiles to people in Contra Costa, with 79% of people having had a recent doctor's visit (Chart 45).

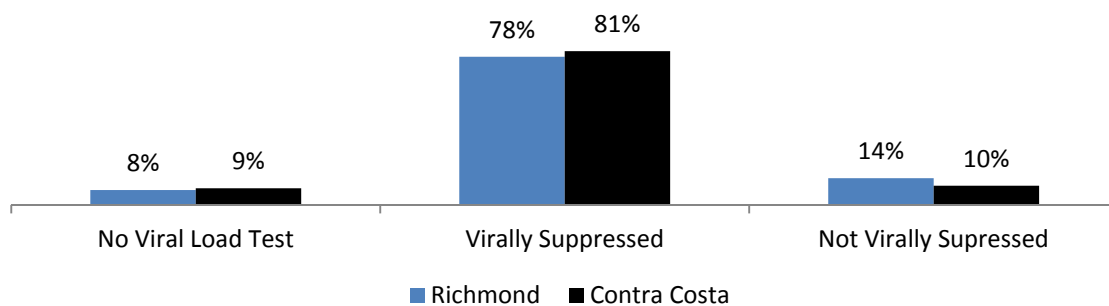
CHART 45 PERCENT OF PEOPLE LIVING WITH HIV AND AIDS CURRENTLY IN CARE IN RICHMOND AND CONTRA COSTA



Source: CDPH Office of HIV and AIDS; Note: Total population of people living with HIV and AIDS as of December 2013; Note: Patients were considered in care if they had a lab test completed in 2014

Viral suppression is the indicator that a person living with HIV has the virus under control and will be less likely to spread the virus to other individuals. The percent of people living with HIV and AIDS in Richmond that are not virally suppressed is slightly higher than in Contra Costa. (Chart 46)

CHART 46 PERCENT OF PEOPLE LIVING WITH HIV AND BY VIRAL SUPPRESSION IN RICHMOND AND CONTRA COSTA

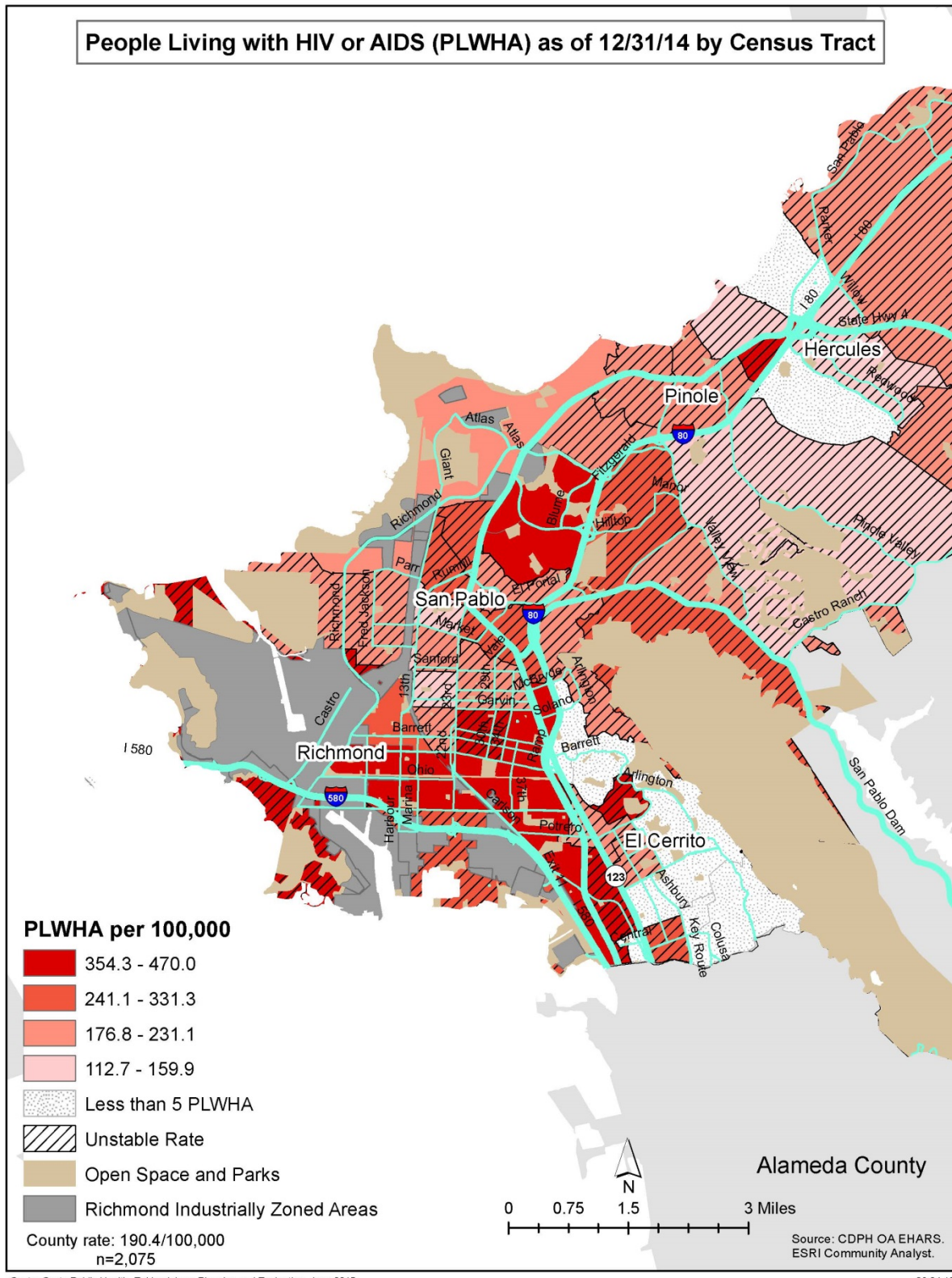


Source: CDPH Office of HIV and AIDS; Note: Total population of people living with HIV and AIDS as of December 2014

Neighborhood Characteristics

The rate of people living with HIV and AIDS is higher in some Richmond census tracts than in the county overall. Although the rates in most census tracts are unstable due to small counts, the rates in the Iron Triangle and Hilltop neighborhoods of Richmond are stable and higher than the county rate. (Map 1)

MAP 1. RATE OF PEOPLE LIVING WITH HIV OR AIDS BY CENSUS TRACT

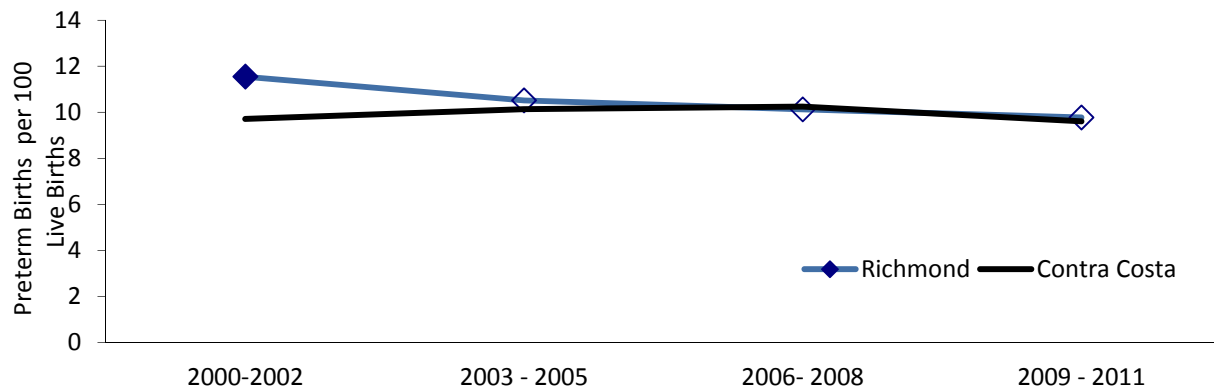


Maternal and Child Health

Birth Outcomes

Richmond has seen an improvement in the rate of preterm births. Analysis showed a higher rate of preterm births compared to Contra Costa County in 2000-2002 (11.5 in Richmond versus 9.7 in Contra Costa). In an analysis of more recent years, 2009-2011, that difference no longer exists (9.8 in Richmond versus 9.6 in Contra Costa). (Chart 47)

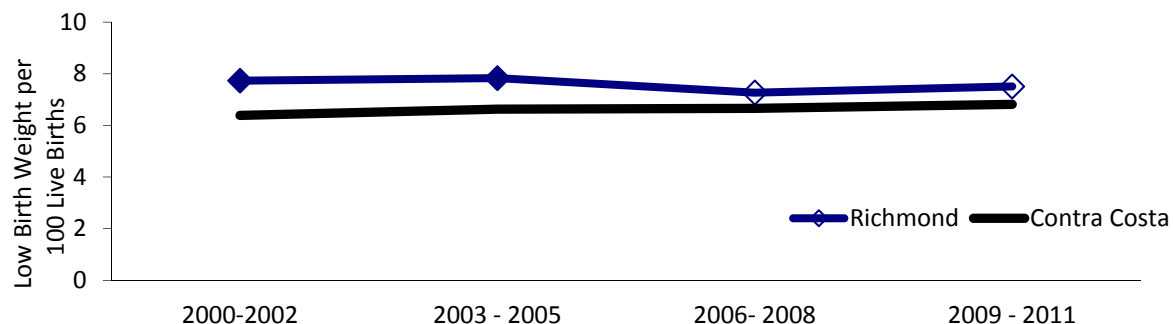
CHART 47 PRETERM BIRTHS IN RICHMOND AND CONTRA COSTA



Source: California Department of Public Health, Birth Statistical Master File; 2005-2011.. Note: Preterm is defined as gestational length <37 weeks. Filled marker indicates value is statistically different from the county rate.

Richmond has seen an improvement in the rate of low birthweight births. Analysis showed a higher rate of low birthweight births compared to Contra Costa County in from 2000-2005 (For instance, 2000-2002 data show a rate 7.8 in Richmond versus 6.4 in Contra Costa). In an analysis of more recent years, 2006-2011, that difference no longer exists (For instance, 2000-2002 data show a rate 7.6 in Richmond versus 6.9 in Contra Costa). (Chart 48)

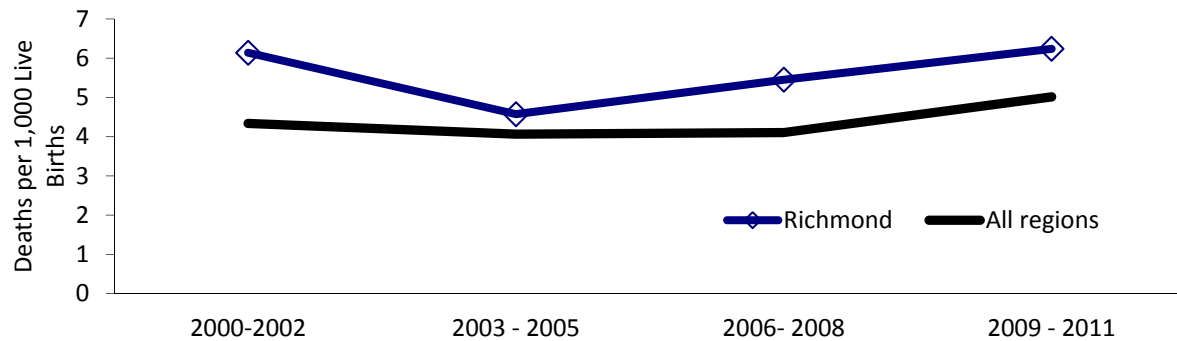
CHART 48 LOW BIRTHWEIGHT BIRTHS IN RICHMOND AND CONTRA COSTA



Source: California Department of Public Health, Birth Statistical Master File; 2005-2011..Note: Low birthweight is defined as <=2500 gm. Filled marker indicates value is statistically different from the county rate.

There is no detectable difference the infant mortality rate in Richmond compared to Contra Costa County (For instance, 2009-2011 data show a rate 6.2 in Richmond versus 5.0 in Contra Costa, per 1000 live births). (Chart 49)

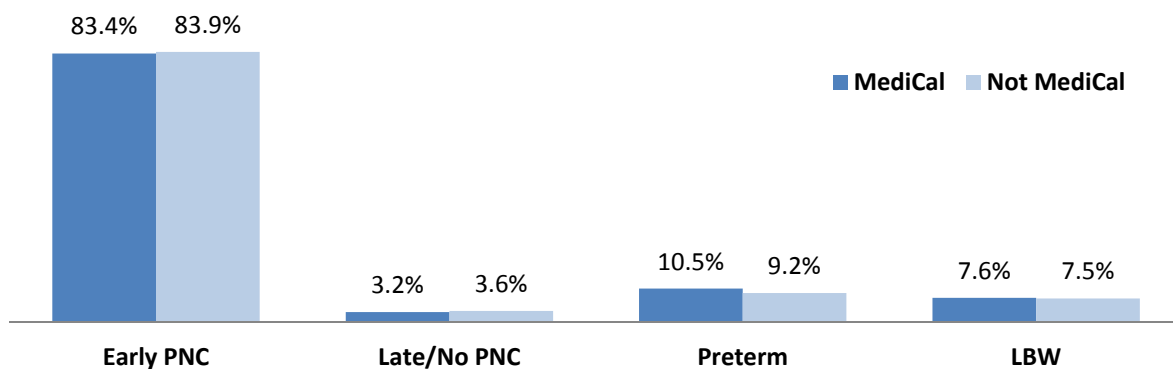
CHART 49 INFANT MORTALITY RATES IN RICHMOND AND CONTRA COSTA



Source: California Department of Public Health, Birth Statistical Master File; 2005-2011. Note: An infant death is considered a death at <1 year of age. Filled marker indicates value is statistically different from the county rate.

There is no detectable difference in birth outcomes comparing MediCal and non-MediCal births in Richmond. Here we examine Early Prenatal Care (PNC), Late or No Prenatal Care (PNC), Preterm Births, and Low Birthweight births compared to the expected payment for delivery. MediCal as an expected payment for delivery is an indicator of a low income mother. (Chart 50)

CHART 50 PERINATAL INDICATORS BY PAYMENT FOR DELIVERY RICHMOND, CA

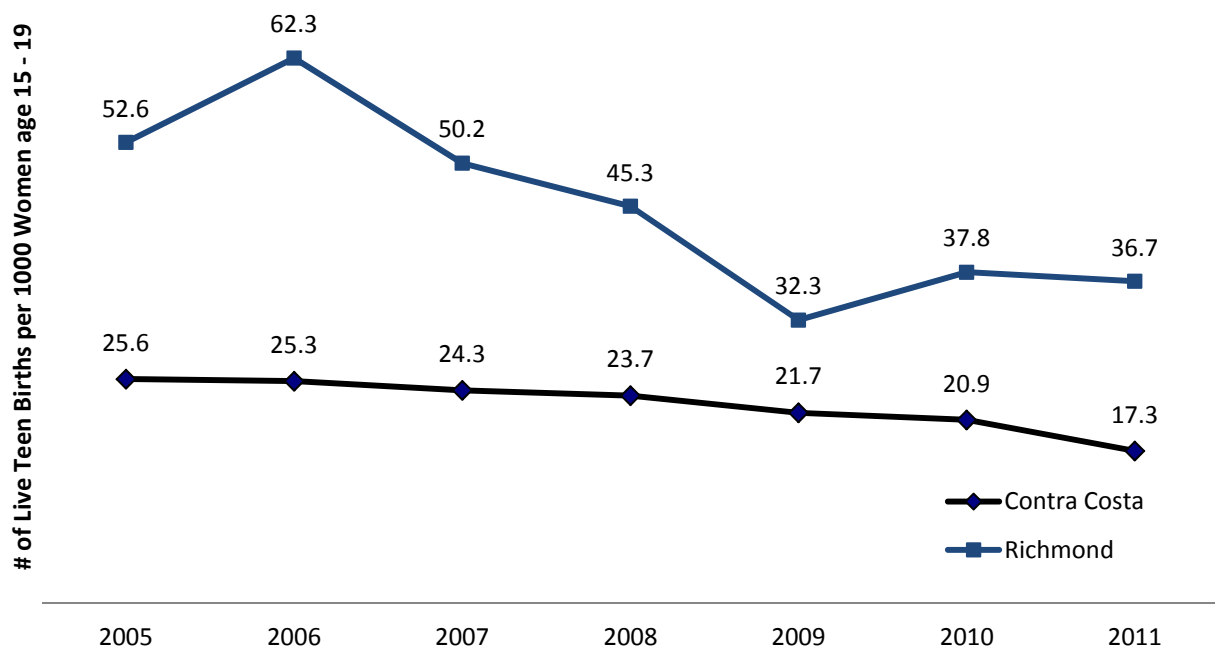


Source: California Department of Public Health, Birth Statistical Master File; 2005-2011. Note: MediCal is indicated as expected payment for delivery

Teen Births

The teen birth rate in Richmond has declined since 2006. In 2006 the rate was 62.3 compared to 36.7 in 2011. Although the rate has declined, the teen birth rate in Richmond remained higher than the county in 2011 (in 2011 Richmond rate was 36.7 compared to 17.3 in Contra Costa). (Chart 51)

CHART 51 TEEN BIRTH RATE FOR RICHMOND AND CONTRA COSTA COUNTY



Source: California Department of Public Health, Birth Statistical Master File; 2005-2011.

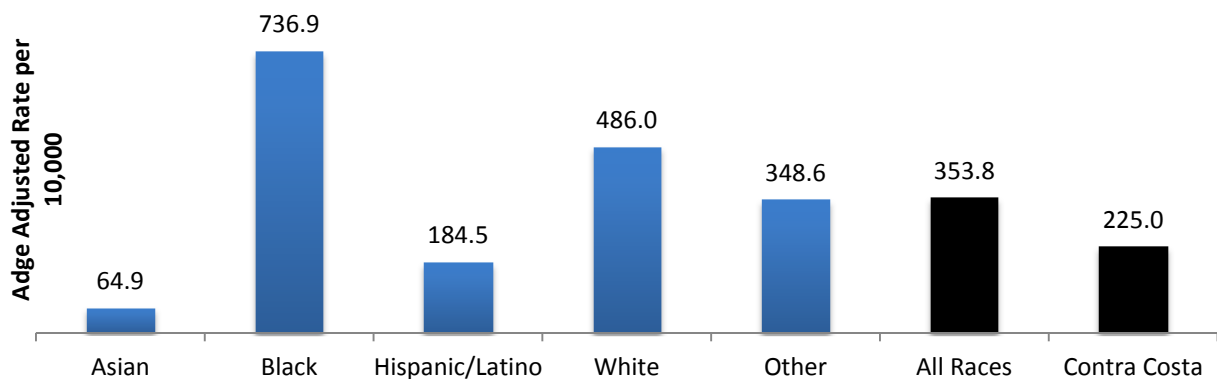
Behavioral Health and Well Being

Behavioral Health Outcomes

Alcohol and Drug

White and Blacks have a higher rate of hospitalizations due to alcohol or drug related diagnoses than do other race ethnic groups. The rate of hospitalization due to these diagnoses in Richmond is higher than in Contra Costa overall. (Chart 52)

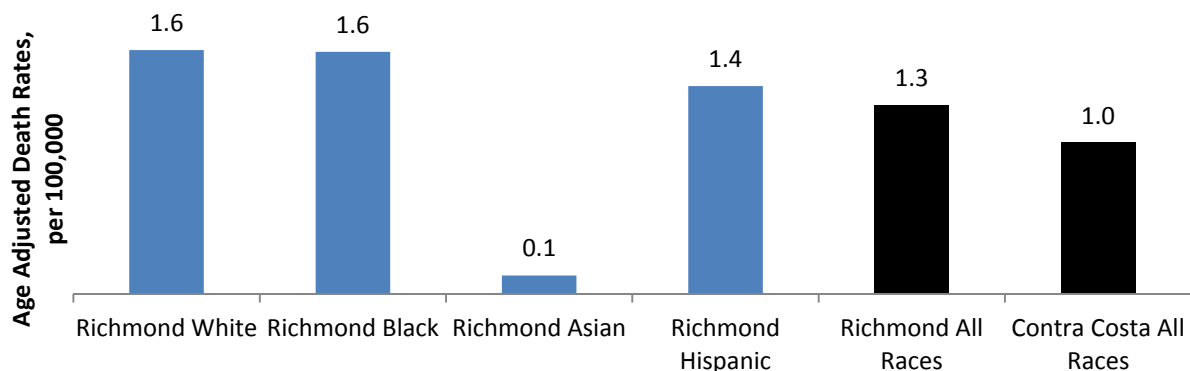
CHART 52 AGE ADJUSTED RATES OF HOSPITALIZATIONS FOR ALCOHOL OR DRUG RELATED DIAGNOSIS IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND



Source: OSHPD EDD and PDD 2009-2011

The liver disease death rates were not significantly different between Richmond and Contra Costa County when comparing all races. Similarly, in Richmond, Whites, Blacks, and Hispanics had similar liver disease death rates, and Asian rates could not be reliably determined. (Chart 53)

CHART 53 AGE ADJUSTED RATES DEATH RATES DUE TO LIVER DISEASE IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND

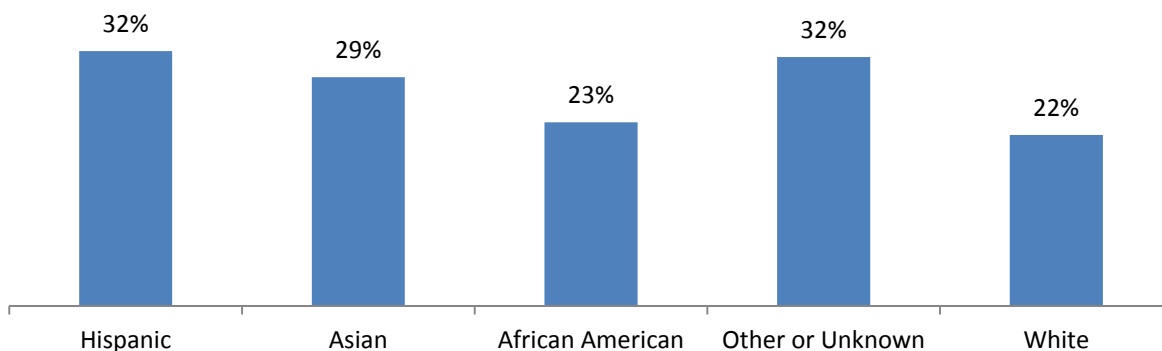


Source: California Death Statistical Master Files, 2008-2012

Mental Health Among Adolescents

A larger percentage of Hispanic students in Richmond high schools reported experiencing depression than other students²⁸. This rate was higher than Asian African American, and White students. White and African American students reported the lowest percentage of depression. (Chart 54)

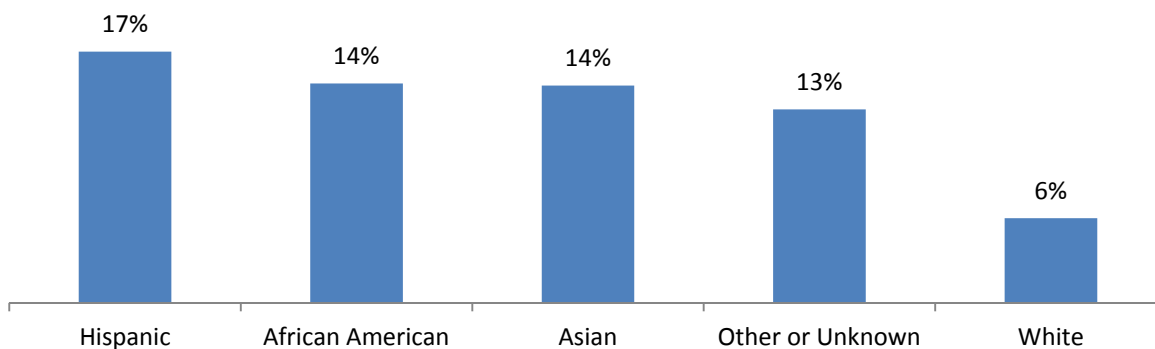
CHART 54 PERCENT OF RICHMOND STUDENTS REPORTING THAT THEY EXPERIENCE DEPRESSION IN THE PAST 12 MONTHS BY RACE/ETHNICITY



Source: 2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

A larger percentage of Hispanic students in Richmond high schools reported contemplating suicide than other students.²⁹ This rate was higher than Asian African American, and White students. White students reported the lowest percentage who contemplated suicide. (Chart 55)

CHART 55 PERCENT OF RICHMOND STUDENTS REPORTING THAT THEY CONTEMPLATED SUICIDE IN THE LAST 12 MONTHS BY RACE/ETHNICITY



Source: 2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

²⁸ Past 12 months, feel so sad/hopeless almost every day for 2 weeks+ that stopped doing some usual activities?

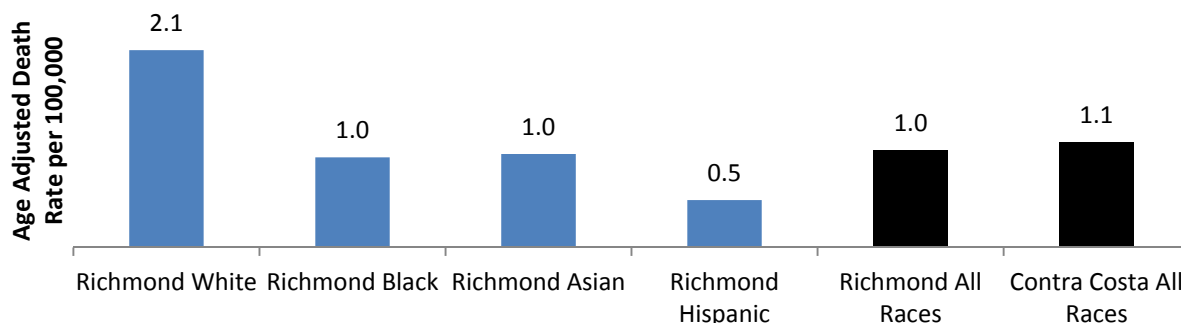
²⁹ Past 12 months, Did you ever seriously consider attempting suicide?

Mental Health Among Adults

Suicide

There was no significant difference between the suicide rates of Whites, Blacks and Asians in Richmond, but the suicide rate of Hispanics was significantly lower than Whites in Richmond. The suicide death rates for all races in Richmond and Contra Costa County did not differ significantly. (Chart 56)

CHART 56 AGE ADJUSTED RATES DEATH RATES DUE TO SUICIDE IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND

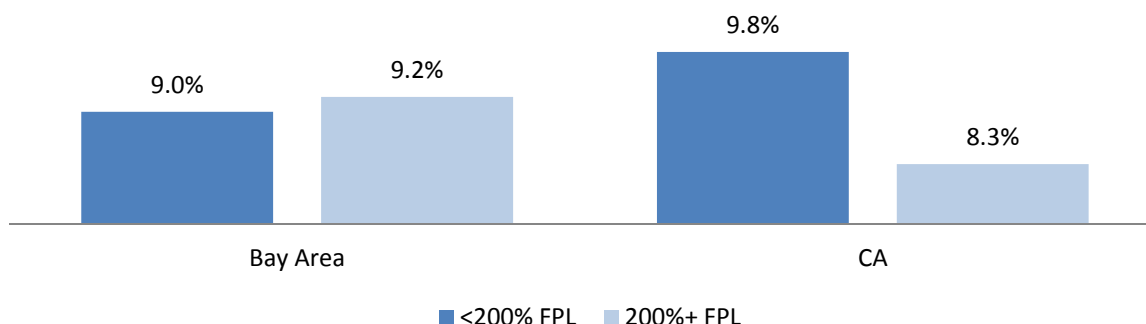


Source: California Death Statistical Master Files, 2008-2012

An estimated 8.4% of Contra Costa adults reported in 2011-12 they had ever seriously considered committing suicide; similar to Bay Area adults overall (9.2%).³⁰

Estimates of reported serious suicide contemplation vary by poverty level in California. Although no differences were detected in this indicator by poverty level among Bay Area adults, California adults from households with income below 200% FPL were more likely to report serious suicide contemplation than adults from households with income of 200% FPL and above.³¹ (Chart 57)

CHART 57 PERCENT OF ADULTS REPORTED EVER SERIOUSLY CONSIDERED COMMITTING SUICIDE



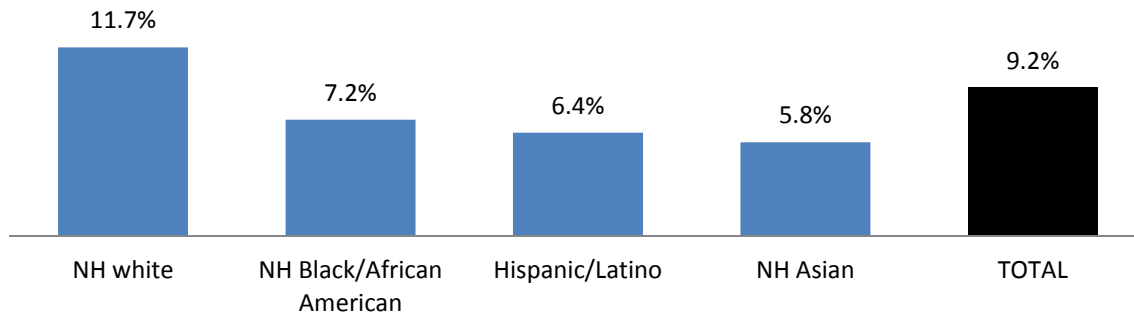
Source: 2011-12 California Health Interview Survey

³⁰ California Health Interview Survey respondents were asked: "Have you ever seriously thought about committing suicide?"

³¹ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

Reports of serious suicide contemplation vary by race/ethnicity in the Bay Area. Estimates of reported serious suicide contemplation (ever) were higher among Non-Hispanic white adults (11.7%) than Hispanics/Latinos (6.4%), NH Asians (5.8%) and Bay Area adults overall (9.2%) and lower among NH Asians compared to NH whites and Bay Area adults overall. ³² (Chart 58)

CHART 58 PERCENT OF ADULTS REPORTED EVER SERIOUSLY CONSIDERED COMMITTING SUICIDE, BAY AREA



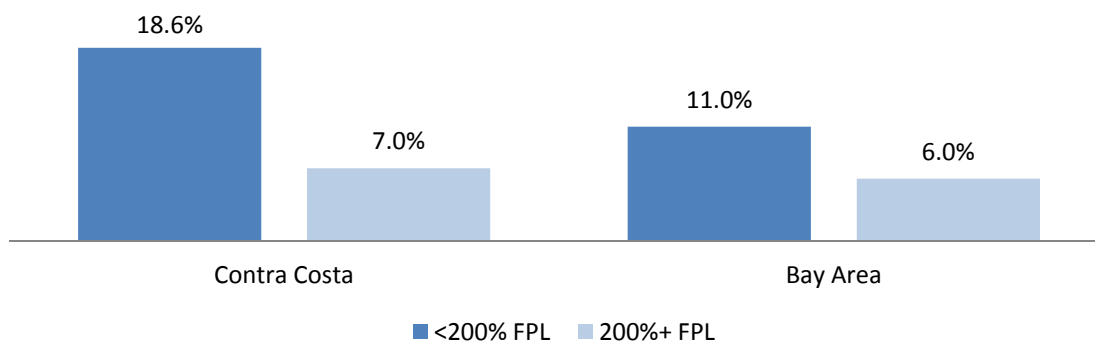
Source: 2011-12 California Health Interview Survey

Psychological Distress³³

An estimated 9.9% of Contra Costa adults reported symptoms that indicated psychological distress in the past year in 2011-12; similar to Bay Area adults overall (7.3%).³⁴

Although no differences were detected in this indicator by poverty level in Contra Costa, Bay Area adults from households with incomes below 200% FPL were more likely than adults from households with incomes of 200% and above to report symptoms that indicated psychological distress in the past year. (Chart 59)

CHART 59 PERCENT OF ADULTS WITH REPORTED PSYCHOLOGICAL DISTRESS IN PAST YEAR, CONTRA COSTA AND BAY AREA



Source: 2011-12 California Health Interview Survey

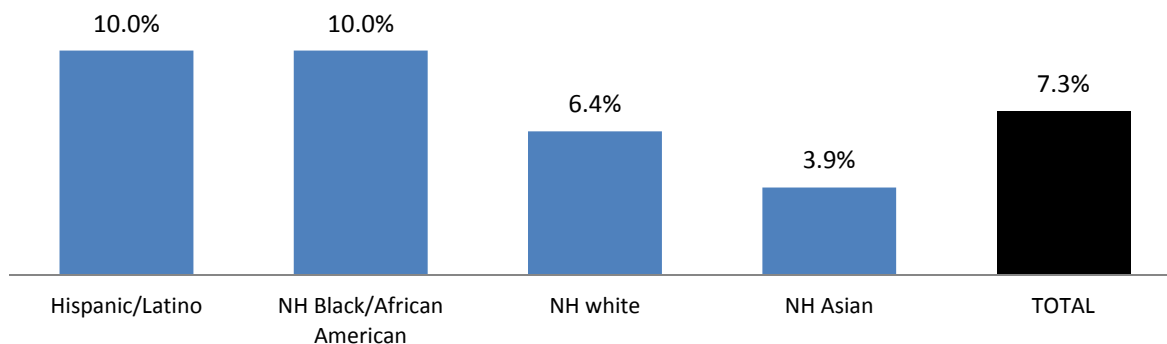
³² Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

³³ This variable provides a dichotomous measure of psychological distress in the past year using the Kessler 6 series. Distress in the past year was assigned to those indicating a month worse than the current month. If the respondent did not indicate a worse month, the current month's distress levels are assigned. The data are unadjusted to the California population.

³⁴ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

Reported symptoms of psychological distress in the past year vary by race/ethnicity in the Bay Area. A lower percentage of NH Asian adults (3.9%) in the Bay Area reported symptoms of psychological distress in the past year compared to Hispanics/Latinos (10.0%) and adults overall (7/3%).³⁵ (Chart 60)

CHART 60 PERCENT OF ADULTS WITH REPORTED PSYCHOLOGICAL DISTRESS IN PAST YEAR, BAY AREA



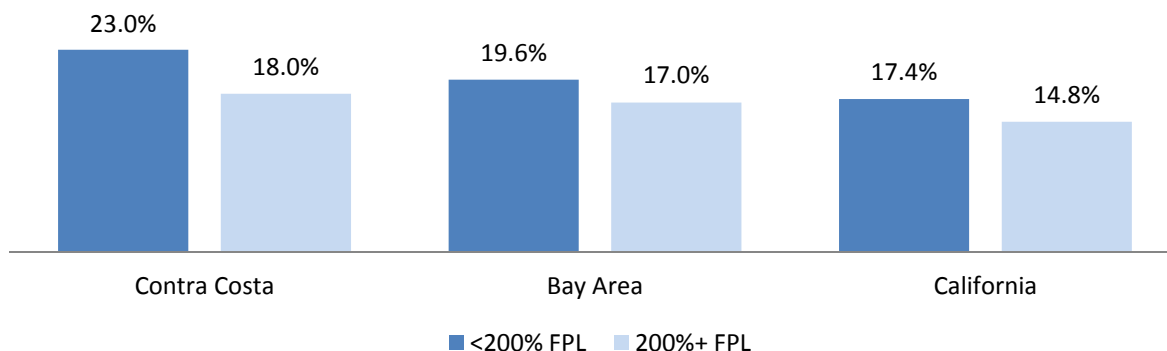
Source: 2011-12 California Health Interview Survey

Need for Services for Emotional/Mental Health Problems or Alcohol/Drug Use³⁶

An estimated 19.2% of Contra Costa adults reported that they needed help in the past year for emotional/mental health problems or alcohol/drug use in 2011-12; similar to Bay Area adults overall (17.6%).

No differences were detected by poverty level in Contra Costa or the Bay Area but in California estimates indicate that a higher percentage of adults from households with incomes below 200% FPL (17.4%) reported they needed such help compared to adults from households with incomes of 200% FPL and above (14.8%). (Chart 61)

CHART 61 PERCENT OF ADULTS REPORTED NEED FOR HELP WITH EMOTIONAL/MENTAL HEALTH OR DRUG/ALCOHOL USE, CONTRA COSTA, BAY AREA AND CALIFORNIA



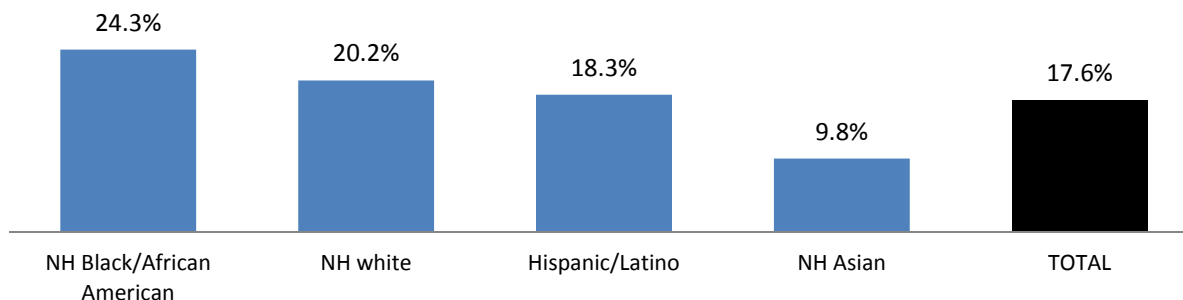
Source: 2011-12 California Health Interview Survey

³⁵ Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

³⁶ California Health Interview Survey respondents were asked: "Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?"

Reported need for help with emotional/mental health problems or drug/alcohol use varies by race/ethnicity in the Bay Area. A lower percentage of NH Asian adults (9.8%) reported that they needed help in the past year for emotional/mental health problems or alcohol/drug use compared to NH Blacks/African Americans (24.3%), NH whites (20.2%), Hispanics/Latinos (18.3%) and Bay Area adults overall (17.6%) in 2011-12 (Chart 62)

CHART 62 PERCENT OF ADULTS REPORTED NEED FOR HELP WITH EMOTIONAL/MENTAL HEALTH OR DRUG/ALCOHOL USE - BAY AREA

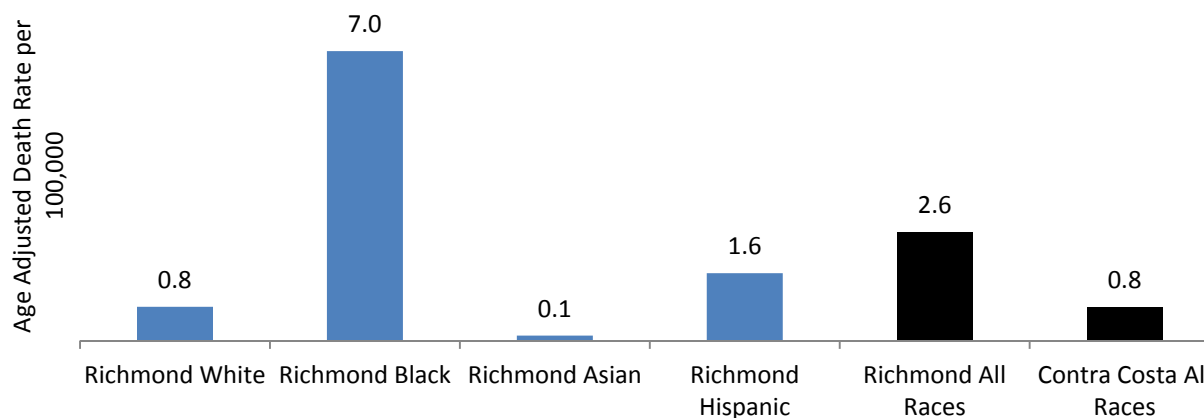


Source: 2011-12 California Health Interview Survey

Intentional and Unintentional Injury

The homicide rate for Blacks in Richmond was significantly higher than for Asians, Hispanics, Whites and all races. The homicide rate in Richmond for all races was significantly higher than in Contra Costa County. (Chart 63)

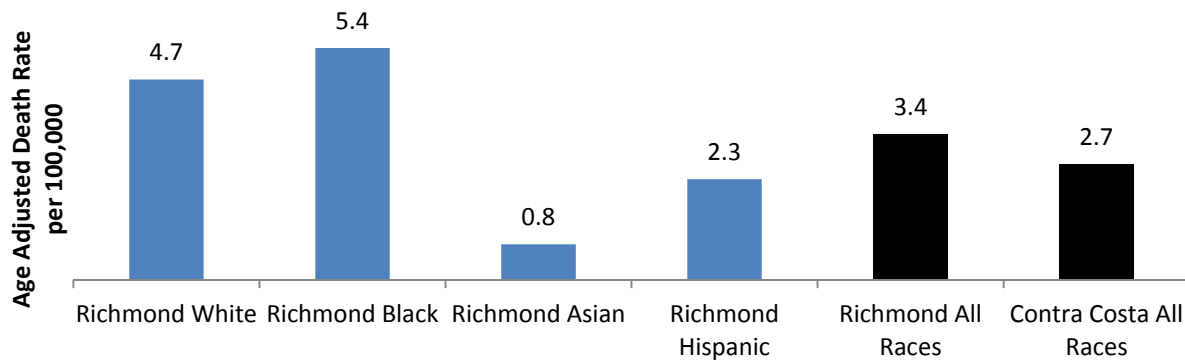
CHART 63 AGE ADJUSTED RATES DEATH RATES DUE TO HOMICIDE IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND



Source: California Death Statistical Master Files, 2008-2012

The unintentional injury death rate for Whites and Blacks in Richmond was significantly higher than for Asians and Hispanics in Richmond. Asians in Richmond had the lowest rate of unintentional injury deaths. The unintentional injury death rate for Richmond was slightly higher than for Contra Costa County. (Chart 64)

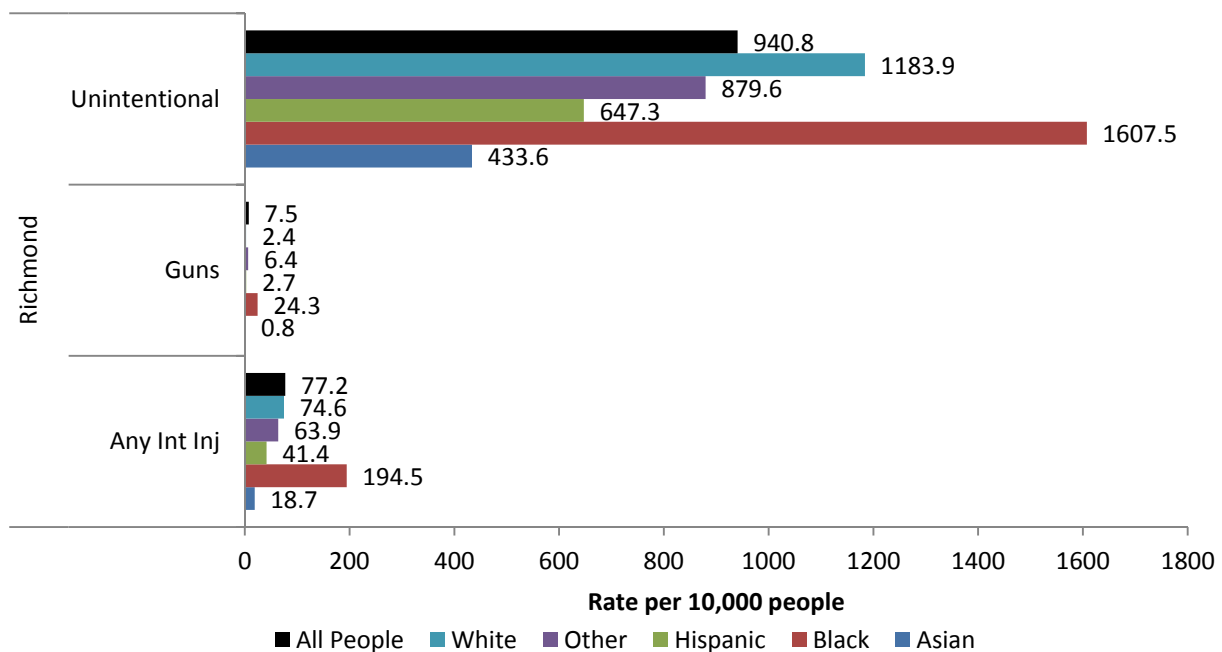
CHART 64 AGE ADJUSTED RATES DEATH RATES DUE TO UNINTENTIONAL INJURY IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND



Source: California Death Statistical Master Files, 2008-2012

Rates for hospital and emergency visits due to unintentional injury, any intentional injury, and injury due to a gun are significantly higher for Blacks than other races in Richmond. Asians have significantly lower rates of hospital and emergency visits due to these causes. (Chart 65)

CHART 65 AGE ADJUSTED HOSPITALIZATION RATES DUE TO INJURY IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND



Source: OSHPD EDD and PDD 2009-2011