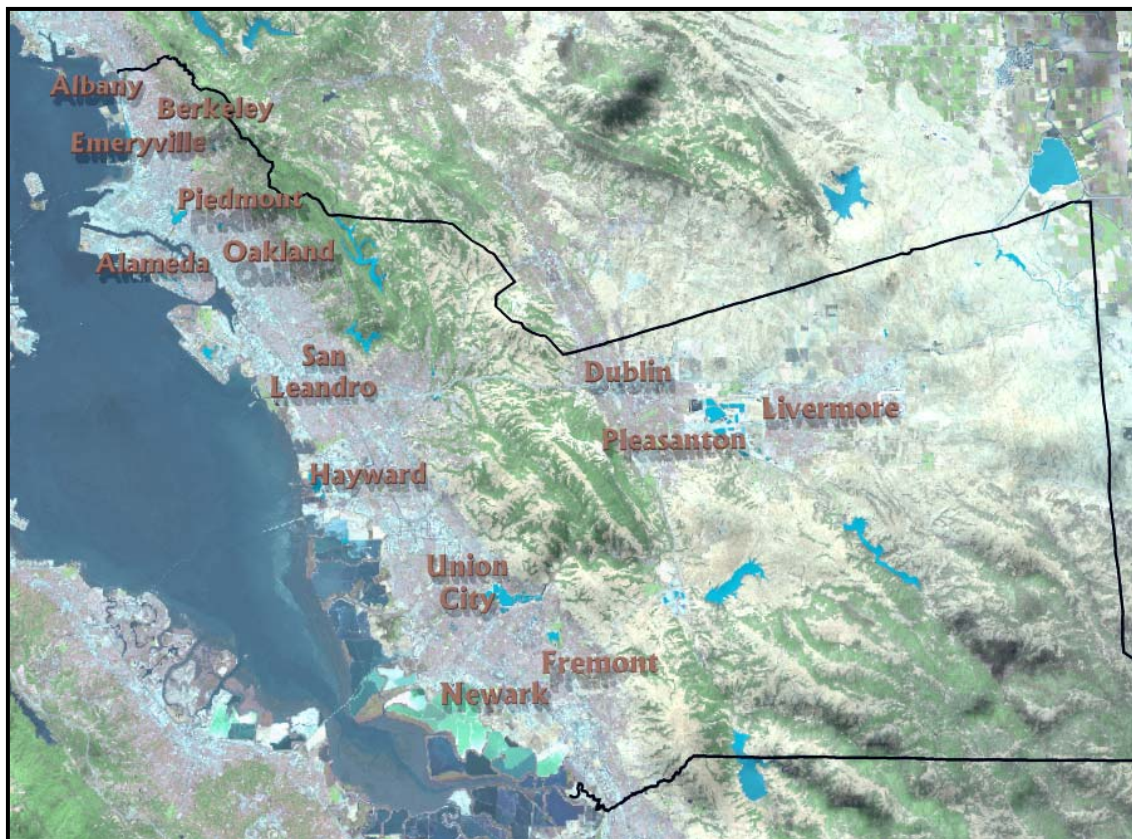


SELECT HEALTH INDICATORS FOR CITIES IN ALAMEDA COUNTY, 2004

Prepared for the Hospital Council of
Northern and Central California



Community Assessment, Planning, and Education Unit
Alameda County Public Health Department
Health Care Services Agency

September 2004

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Executive Summary

The Hospital Council of Northern and Central California – on behalf of Alta Bates Summit Medical Center, Eden Medical Center, Kaiser Permanente (Oakland, Hayward and Fremont), Saint Rose Hospital, Valley Care Health System, and Washington Hospital – commissioned the Alameda County Public Health Department to prepare *Select Health Indicators for Cities in Alameda County, 2004*.

The purpose of the report is to inform the hospital community about the health status of county and city residents, to help in identifying gaps in service, and to assist in developing culturally appropriate programs that target high-risk populations. The report includes health and demographic indicators selected by the Hospital Council in the following areas: maternal and child health, chronic diseases, mental disorders, leading causes of death, and injuries.

All indicators are examined by age, race/ethnicity, sex, city, and county region. Where possible, comparisons are made to state and national rates, as well as Healthy People 2010 (HP2010) national objectives.

Major Findings

This report highlights geographic and race/ethnic health disparities in Alameda County. For most health indicators, a great deal of variation in rates can be observed across cities. The reason for this variation is not immediately clear, but may result from a strong influence of one demographic subgroup or another as well as the influence of local environmental and socioeconomic factors. In many instances, rates are not presented for city or subgroup due to small numbers of cases (e.g., only three deaths in a given race/ethnic group). This means that we are unable to draw conclusions, either favorable or unfavorable, about these subpopulations.

Not all indicators examined have a corresponding HP2010 objective. For those indicators that do, the county as a whole has not met any of the HP2010 objectives. Since most of the data analyzed for this report are for the period 2000-2002, a number of years remain to reach these HP2010 objectives. Nonetheless, a number of cities have met HP2010 objectives for specific indicators. While these local objectives may be met, it is important to

sustain attention on the prevention and treatment of these health conditions to continue to meet the objectives. Cities or areas currently meeting specific HP2010 objectives are listed below by health indicator:

- *Low birth weight* Albany and Castro Valley meet the HP2010 objective of 5.0% or less of newborns weighing less than 2,500 grams.
- *Coronary heart disease mortality* Albany, Berkeley, Castro Valley, Emeryville, Fremont, Newark, Piedmont, and Union City meet the HP2010 objective of 166 or fewer deaths per 100,000 population.
- *Stroke mortality* Albany, Ashland, Fairview, Newark, and Piedmont meet the HP2010 objective of 48 or fewer deaths per 100,000 population.
- *Lung cancer* Alameda, Berkeley, Fairview, and Dublin meet the HP2010 objective of 44.9 or fewer deaths per 100,000 population.
- *Colorectal cancer* No city meets the HP2010 objective of 13.9 or fewer deaths per 100,000 population, although Fremont and Livermore are very close with a rate of 14 per 100,000 population.
- *Breast cancer mortality* Union City is the only city that meets the HP2010 objective of 22.3 or fewer deaths per 100,000 women.
- *Prostate cancer* Alameda, Fremont, Hayward, Livermore, Pleasanton, and San Leandro meet the HP2010 objective of 28.8 or fewer deaths per 100,000 men. The county as a whole is close to meeting the objective with a rate of 29.7 deaths per 100,000 men.
- *Unintentional injury mortality* Alameda, Dublin, Fremont, and Pleasanton meet the HP2010 objective of 17.5 or fewer deaths per 100,000 population.
- *Homicide* Berkeley and Fremont meet the HP2010 objective of 3.0 or fewer deaths per 100,000 population.

There is a great deal of variation in health status, as well as demographic and socioeconomic characteristics, observed across cities in Alameda County. Oakland, Cherryland, and Ashland have similar demographic profiles, with a high percentage of single mothers, a low percentage of persons who have received a high school education, and a high percentage of non-English speakers. Oakland, along with Berkeley, also has a high percentage of persons in poverty. The percentage of persons living in poverty ranges from 2% in Piedmont to 20% in Berkeley. Piedmont has residents with a high educational level and a low percentage of persons who do not speak English well.

For most health indicators examined, the city of Oakland bears the greatest burden of poor health outcomes. Oakland has the highest rates of teen births; mortality due to stroke, prostate cancer, and homicide; asthma hospitalizations, and alcohol and drug related hospitalizations.

Poor health outcomes for a number of the indicators examined are also concentrated in the cities of Ashland (high teen births, mortality due to lung cancer, colorectal cancer and unintentional injuries); Cherryland (high teen birth, mortality due to diabetes, coronary heart disease, and stroke); San Lorenzo (diabetes, mortality due to stroke, lung cancer, prostate cancer and colorectal cancer) and Newark (diabetes, lung, colorectal and breast cancer mortality).

Emeryville and San Leandro also have high rates of low birth weight; Berkeley and Castro Valley have high breast cancer mortality rates; Hayward has a high teen birth rate, coronary heart disease mortality and alcohol related hospitalization rate; Alameda has high rate of coronary heart disease mortality; Pleasanton has a high colorectal cancer mortality rate and, along with Livermore, the highest rate of hospitalization for depression.

As noted in other reports produced by the ACPHD, African Americans bear the greatest burden of illness and mortality of any other race/ethnic group in Alameda County. They have the lowest rates of up-to-date immunizations and high rates of low birth weight, chronic diseases, unintentional injury mortality and homicide, as well as drug- and alcohol-related hospitalizations. Latinos have the highest rates of teen births, and a high rate of diabetes and obesity. Pacific Islanders have the highest rate of coronary heart disease mortality in Alameda County. Whites have the highest rates of hospitalizations due to depression and, along with African Americans, the highest rates of alcohol-related hospitalizations.

1 Introduction

Select Health Indicators for Cities in Alameda County was prepared by the Community Assessment, Planning, and Education Unit (CAPE) of the Alameda County Public Health Department for the Hospital Council of Northern and Central California. This report was requested on behalf of the following Alameda County hospitals: Alta Bates Summit Medical Center, Eden Medical Center, Kaiser Permanente Oakland, Hayward and Fremont, Saint Rose Hospital, Valley Care Health System, and Washington Hospital.

The purpose of the report is to inform the hospital community about the health status of county and city residents; to help identify gaps in services; and to assist in developing culturally appropriate programs that target appropriate population sub-groups and health conditions.

The report includes socioeconomic and health indicators selected by the group of hospitals. Data have been compiled and analyzed for each city in the county and for regions of the county. Cities are compared to the county, California, national statistics and to Healthy People 2010 national objectives where such comparisons are possible. Comparing characteristics of cities with the County as a whole, other cities and HP2010 illustrates some of the socioeconomic, race/ethnic and geographic health disparities that exist in the county.

The report is organized into chapters addressing the following health indicators:

- *Demographic and economic characteristics* Age, education, income, language, household income, poverty, unemployment.
- *Uninsured* Health insurance status.
- *Maternal and child health* Immunizations, low birth weight, teen births.
- *Chronic diseases* Prevalence of obesity; mortality from diabetes, coronary heart disease, stroke, lung cancer, colorectal cancer, female breast cancer, and prostate cancer; and hospitalization for asthma.
- *Mental disorders* Hospitalization for depression, alcohol disorders, and drug disorders.
- *Leading causes of death* By age and race/ethnicity.
- *Injury and homicide* Unintentional injury and homicide mortality.

The mission of the Alameda County Public Health Department includes working “in partnership with the community to ensure optimal health and well being of all people.” The Public Health Department prepared

this report as part of this mission, and hopes it is a useful reference to support planning and policy efforts of the hospitals to help build healthy communities. The Public Health Department is grateful for the support of the Hospital Council in fulfilling this mission.

Using the Report

The demographic chapter provides information on key social, population, and economic factors that influence health status. Tables and charts pertaining to the selected health indicators are presented for all cities in Alameda County and discussed in relation to the rest of Bay Area cities. Additional detailed demographic information for each city in Alameda County is provided in the appendices.

Chapters begin with a background section that contains information on the disease or health condition, rates in the population nationally, and in California, if available, and the distribution in the population by sex and race/ethnicity where possible. Following this background, data on Alameda County are presented focusing on the burden of the disease and condition by age and sex. Age-adjusted rates by race/ethnicity and age-adjusted rates at the city level are provided. Tables and charts are presented, detailing the number of events in each city and region, by sex and race/ethnicity separately, and showing rates in these subgroups as numbers permit. Maps depicting geographic distribution are provided for select indicators.

Where possible, the rates by race and ethnicity, age, and sex are presented. Generally, data are presented for the three-year period 2000 to 2002. At the city level, detail on age, sex, and population subgroups is limited because of small numbers. Except for the larger cities, there are often insufficient numbers (deaths, births, hospitalizations) at the subgroup level to calculate rates that can be considered reliable. In this report the small number standard is relaxed from 20 to ten in accordance with recent changes in established guidelines. Rates are presented if there were ten or more events over the period of interest. This allows for presentation of more information for each city than in the past. The appendix contains tables with additional detail such as confidence intervals.

Geographic measures

Twenty urban areas are covered in this report. These urban areas are 14 incorporated cities (Alameda, Albany, Berkeley, Dublin, Emeryville, Fremont, Hayward, Livermore, Newark, Oakland, Piedmont, Pleasanton, San Leandro, and Union City) and six unincorporated census designated places as defined by the Census Bureau (Ashland, Castro Valley, Cherryland, Fairview, San Lorenzo, and Sunol). These urban areas are frequently grouped and referred to as cities, even though not all are formally incorporated. Each type of data has variations in its geographies (See Technical Appendix).

In addition to the cities, data are presented by *county region*. Many cities are so small that rates cannot be presented for many indicators. The county regions are large enough that reliable rates are often available; for example, the teen birth rate cannot be presented for Albany but it can be presented for Albany and Berkeley together. The regions are *north county* (Albany and Berkeley); *Oakland area* (Oakland, Emeryville, Piedmont, and Alameda); *central county* (San Leandro, San Lorenzo, Hayward, Castro Valley, Ashland, Cherryland, and Fairview); *south county* (Fremont, Newark, Union City, and Sunol); and *tri-valley* (Livermore, Pleasanton, and Dublin).

Race and ethnicity

This report restricts descriptions of race and ethnicity to short words and phrases. It is recognized that individual preference varies and that classification is not trivial. Considering the report's many text references, tables, and figures that make comparisons between races, readability and space require consistent and abbreviated usage. Thus, the report refers to *African American*, rather than Black or African. In tables and figures, African American is usually shortened to *AfrAmer*. Other standard terms are *White*; *American Indian* (sometimes shortened to *AmerInd*); *Pacific Islander* (sometimes shortened to *PacIsl* and sometimes referred to as *Native Hawaiian or Other Pacific Islander*); and *Asian* (sometimes combined with Pacific Islanders and shortened to *API*). *Latino* includes all those of Spanish- and Portuguese-speaking descent in the Americas, including people from Spain. Hispanic or Latino is considered by most data collectors such as the Census Bureau to be an ethnicity rather than a race. Thus, a Latino may be White or Asian or Black, but here all those persons are reported as Latino. Some data systems are allowing people to choose multiple races or simply a *Multirace* or *Other* category, so the report uses those designations when needed. Finally, race is often unreported, mis-reported, or unclassifiable in many data systems; the report often includes these for completeness, labeled as appropriate for the circumstance.

In this report, we present mortality and birth data on the Multirace group, but it appears only in the tables. It is not shown in the charts. This is because the data do not accurately reflect the Multirace population, probably in most cases undercounting births and deaths.

2 Demographic Profile

According to the World Health Organization (1988), “health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”¹ To better understand the health status of a city’s population, it is important to examine the social, economic and environmental conditions in which people live. Studies have shown that conditions such as income, education, social isolation and unemployment can have a large impact on health. In fact, these conditions can be as important as genetics, biology and access to medical care.²

Data on key demographic, social, and economic factors are presented here for each city in the county. Comparisons are made between cities, the entire county, and the rest of the Bay Area.

In Tables 1 and 2, basic demographic data are compared using the “normal distribution” of the Bay Area’s individual cities. The Bay Area includes the ten counties in the San Jose-San Francisco-Oakland metropolitan area. Of the 202 cities in these counties, the largest 113 plus Sunol are compared here. Those Alameda County cities outside the middle of the Bay Area distribution are highlighted.

In Table 1, it is seen that Piedmont, Oakland, Ashland, and Cherryland have different profiles than other cities. Piedmont has a high median age and a high percentage of children less than 18 years. Piedmont residents also have high education levels, and a low percentage of households and persons who do not speak English well. Oakland has relatively few persons of 65 years and older. Oakland also has a high percentage of single mothers, a low percentage of persons who have received a high school education, and a high percentage of non-English speakers. Ashland and Cherryland have a profile similar to that of Oakland.

Table 2 compares economic indicators from Census 2000. Here, Berkeley and Emeryville stand out, as well as the previously mentioned cities of Piedmont, Oakland, Ashland, and Cherryland. Berkeley’s high student population is reflected in the small household size, low income, a low percentage of households that were owner-occupied, and high poverty. The category, “owner vs. renter household income” gives an idea of income disparity. This disparity is pronounced in Oakland and Berkeley.

Table 1: Education, Language, and Family Indicators, Alameda County and Cities, 2000

Area	Number of People	Age			Education of Persons 25+ Yrs		Language		
		Median Age	% <18 Yrs	% 65+ Yrs	% High School or Better	% Bach or Better	% Households Linguistically Isolated†	% Persons Speak English Not Well or Not At All	% Families With Single Mothers‡
Alameda County	1,443,700	34.5	24.6	10.2	82.4	34.9	8.7	8.5	20.4
Alameda	72,300	38.3	21.5	13.3	88.4	42.2	7.4	5.9	19.9
Albany	16,400	36.3	22.9	11.1	93.8	64.0	8.0	5.8	22.3
Ashland	20,800	30.9	28.5	9.1	72.8	14.1	10.6	10.3	33.1
Berkeley	102,700	32.5	14.1	10.2	92.2	64.3	4.3	2.9	23.7
Castro Valley	57,300	39.4	23.7	14.7	89.0	30.6	3.9	3.5	16.4
Cherryland	13,800	31.6	27.0	9.5	66.7	9.2	12.8	15.0	20.1
Dublin	30,000	34.3	21.0	15.5	86.3	32.9	3.1	2.3	14.8
Emeryville	6,900	35.2	11.4	9.5	89.7	53.5	6.1	3.8	26.2
Fairview	9,500	39.0	24.1	9.6	89.6	32.3	3.3	1.3	14.7
Fremont	203,400	34.5	25.8	9.8	88.4	43.2	10.4	7.4	10.3
Hayward	140,000	31.9	26.8	14.1	75.1	19.9	11.2	11.4	19.6
Livermore	73,300	35.0	28.1	19.3	89.6	31.6	2.8	3.8	14.7
Newark	42,500	33.1	27.3	5.6	79.2	24.2	10.1	9.5	15.0
Oakland	399,500	33.3	25.0	5.4	73.9	30.9	11.5	13.0	33.7
Piedmont	11,000	43.7	30.3	12.9	98.1	77.8	1.2	1.6	11.6
Pleasanton	63,700	36.9	28.2	14.7	94.2	47.3	2.9	2.0	10.4
San Leandro	79,500	37.7	22.2	16.0	78.3	31.6	12.8	12.9	14.6
San Lorenzo	21,900	37.7	25.2	16.0	80.9	23.3	9.0	9.0	20.1
Sunol	1,300	41.3	22.7	7.1	67.9	17.5	9.9	9.6	14.3
Union City	66,900	32.8	27.8	8.3	80.5	29.5	12.8	10.4	11.7

† No person in the household 14 years or older speaks English well.

‡ From the Census category, "percentage families with own children under 18 years old that have mothers with no husband present."

Note: Cells with dark background emphasize those numbers that are remarkably high; light shading indicates remarkably low.

Source: CAPE, with data from Census 2000.

Table 2: Economic Indicators, Alameda County and Cities, 2000

	Average Household Size (# persons)	Median Household Income (\$)	% Owner-Occupied Households	Median Rent as % Household Income	Owner vs Renter Household Income (%)	% Persons in Poverty				% Unemployed
						Total	<18 Yrs	18-64 Yrs	65+ Yrs	
Alameda County	2.7	55,900	54.7	26.8	200	11.0	13.8	10.4	8.1	5.5
Alameda	2.4	56,300	47.9	25.0	180	8.2	11.5	7.6	6.1	4.4
Albany	2.3	54,900	50.6	26.1	160	7.9	8.3	7.8	8.2	2.1
Ashland	2.8	40,800	35.9	26.2	130	14.3	20.2	12.0	11.1	6.1
Berkeley	2.2	44,500	42.7	30.6	290	20.0	14.2	22.8	7.9	5.5
Castro Valley	2.6	64,900	69.7	25.7	170	4.5	4.6	4.5	4.5	3.2
Cherryland	2.9	42,900	33.5	26.8	130	12.3	14.2	11.5	12.1	9.0
Dublin	2.7	77,300	64.9	24.8	130	2.9	3.5	2.7	3.2	3.1
Emeryville	1.7	45,400	37.1	29.3	150	13.2	7.7	14.4	8.0	4.0
Fairview	2.8	76,600	83.6	27.7	160	6.4	4.5	7.3	5.0	3.8
Fremont	3.0	76,600	64.5	24.8	150	5.4	6.2	5.0	6.2	3.9
Hayward	3.1	51,200	53.2	27.0	150	10.0	12.2	9.5	7.2	6.3
Livermore	2.8	75,300	72.2	26.4	190	5.3	7.4	4.9	1.5	3.4
Newark	3.3	69,400	70.6	24.9	150	5.5	5.9	5.1	6.9	5.0
Oakland	2.6	40,100	41.4	27.6	220	19.4	28.2	17.0	13.1	8.4
Piedmont	2.9	134,300	90.7	24.9	180	2.0	2.6	1.8	1.6	2.7
Pleasanton	2.7	90,900	73.4	24.5	170	2.6	2.7	2.4	3.8	2.6
San Leandro	2.6	51,100	60.6	26.1	150	8.8	10.9	8.2	7.4	4.3
San Lorenzo	2.9	56,200	79.2	27.1	150	6.4	8.0	5.8	6.5	5.2
Sunol	2.8	88,400	75.4	25.7	140	15.5	17.8	15.6	0.0	6.3
Union City	3.6	71,900	71.3	25.3	160	6.5	7.3	6.2	6.5	5.1

Source: CAPE, with data from Census 2000.

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3 Uninsured

Background

The uninsured are those who do not have health insurance coverage through private health insurance plans, including managed care plans, or through Medicaid, Medicare, or other government-sponsored health plans.¹ Health insurance promotes access to a regular source of care, which is particularly important for those with chronic health problems. Not having health insurance can lead to people delaying care or not seeking it at all, which can lead to later diagnosis and poor management of health problems.^{2,3}

According to the UCLA Center for Health Policy Research:

“Covering the uninsured makes financial sense. Health insurance coverage promotes access to a regular source of care and relieves the burden on the public tax dollars that fund safety-net providers. Covering the uninsured also improves the lives of all Californians by creating healthier and more productive learning environments for school children and improving workplaces for adults. Ensuring that all Californians have health care coverage and that the costs of such coverage are spread fairly would reduce the burden on the state budget, an additional fiscal benefit.”²

Prevalence

Nationally, 18% of adults 18 to 64 years and 12% of children one to 17 years lack health insurance coverage. In California, 24% of adults 18 to 64 years and 14% of children one to 17 years lack health insurance.^{2,4} This translates to over six million children and adults in California who are without health insurance coverage for all or part of the year.²

The rate of uninsured in California is thus higher than the national rate and fourth highest of all states.⁵ About two-thirds of California’s uninsured children are eligible for Medi-Cal or Healthy Families, and over 10% of uninsured adults are eligible for Medi-Cal.⁶

More than half of California’s population is enrolled in a health maintenance organization (HMO); approximately 17.7 million children and adults in 5.5 million households. This HMO population is extremely

diverse. Fifty-nine percent are White, 19% are Latino, 12% are API, 7% are African American, and 3% other race/ethnic groups including American Indians.⁷ The ethnic diversity, variety of languages spoken, and varied literacy levels among California's HMO population are potential barriers for HMO members in understanding their plan's policies and programs and obtaining access to services.⁷

Alameda County

According to the 2001 California Health Interview Survey (CHIS), 11% of non-elderly adults and 5% of children in Alameda County were without health insurance coverage.⁸ Table 3 shows the uninsured rate by race/ethnicity in Alameda County. Limited sample sizes in some race/ethnic groups resulted in estimates that may be unreliable. Despite this limitation, the numbers are presented here because they are the best available at the local level.

Rates of uninsured were lower among children than adults because more low-income children were covered by Medi-Cal and other safety net programs. Rates of uninsured adults and children were highest among Latinos.

Table 3: Estimated Number and Percentage Uninsured by Age and Race, Alameda County, 2001

Race/Ethnicity	Ages 0-17		Ages 18-64	
	#	%	#	%
All	17,000	5	100,000	11
Latino	8,000	* 11	26,000	18
Asian	4,000	* 4	32,000	15
AfrAmer	3,000	* 7	9,000	* 8
White	2,000	* 2	25,000	6

* Estimate may be unreliable due to small numbers.

Source: CHIS, 2001.

Results from another survey in 2000 showed substantially higher rates of uninsured than the CHIS. The County of Alameda Uninsured Survey³ found that 16% of adults 19 to 64 years were uninsured. Variations by race/ethnic group were large. By far the highest rates of uninsured were among Latinos; nearly half the adults of Mexican and Central American origin were uninsured.

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4 Maternal, Child, and Adolescent Health

This section covers information on childhood immunization levels, reportable childhood communicable diseases, low birth weight births, and teen births.

Childhood Immunizations

Immunization is among the safest and most effective preventive measures known. Vaccines are the first line of defense against diseases such as polio, measles, pertussis (whooping cough), and hepatitis. Many of these diseases were the leading causes of death for children before the development of the vaccines. Vaccines not only protect the immunized individual, but the community as well. For this reason, California requires that children be checked to see that they are up-to-date on their shots before entering kindergarten, before seventh grade, and before enrolling in licensed childcare programs.

The HP2010 objective is for 90% of children aged 19 to 35 months to have all universally recommended vaccinations.¹ Nationally, the rate of vaccine coverage has been increasing and in 2003 was at an all-time high of 82%. In California, vaccine coverage was even higher at 91% and met the HP2010 objective.²

Vaccination rates vary by race, income level, and geography. Nationally, childhood vaccination rates are lower among African Americans and Latinos than they are among Whites and Asians. However, this racial gap has narrowed over time. Children living in poverty have lower vaccination rates.¹ The Federal Department of Health and Human Services also reports “substantial numbers of under-vaccinated children remain in some areas, particularly the large urban areas with traditionally underserved populations, creating great concern because of the potential for outbreaks of disease”.¹

Table 4: Kindergarten Immunizations Up-To-Date at Second Birthday by Race, Alameda County, 2003

Race/Ethnicity	% Up-To-Date
All	72.6
White	78.7
Latino	70.8
AfrAmer	59.5
Asian	79.3
Other/Unknown	69.7

Source: 2003 Alameda County Expanded Kindergarten Retrospective Study.

Each year, the State Department of Health Services conducts the Kindergarten Retrospective Survey to assess the immunization levels of students in kindergarten. School immunization records of kindergarten students five years old are used to estimate the percentage of children who were up-to-date when they were two years old. Therefore, the 2003 survey estimates vaccination coverage for those children when they were two years old in 2000.

The county rate was significantly below the HP2010 objective of 90%.

Data from 2003 estimated that only 73% of Alameda County children were up-to-date on their immunizations at age two (Table 4). This was an improvement from 2000, when the rate was 65%. African American children had the lowest immunization rate at about 60%; 79% of White and Asian, and about 71% of Latino children were immunized.

Table 5: Number of Vaccine-Preventable Disease Cases, Children 18 Years and Younger, Alameda County and Cities, 2001-2003 Total

Area	Hepatitis B	Pertussis	Rubella	Mumps	Total
Alameda County	112	93	1	1	207
Albany		1			1
Alameda	4	2	1		7
Castro Valley	2	3			5
Dublin	2	2			4
Emeryville		3			3
Fremont	16	12			28
Hayward	14	12			26
Livermore		7			7
Newark		1			1
Oakland	22	35		1	58
Piedmont	1				1
Pleasanton	1	4			5
San Leandro	10	4			14
San Lorenzo	1				1
Union City	10	7			17
Unknown	28				28

Notes: Berkeley counts were not included because Berkeley does not report to the Alameda County Public Health Department. Hepatitis B includes cases that are active or carriers.

Source: Alameda County Communicable Disease Information System.

Vaccine-preventable disease cases

Vaccination is considered one of the ten great public health achievements of the United States in the 20th century. The incidence of many vaccine-preventable diseases is at or close to record-low levels. Cases of pertussis, tetanus (lockjaw), mumps, and rubella (German measles) have been reduced by more than 95% from peak pre-vaccine levels. Diphtheria, polio, and measles have been effectively eliminated, and smallpox has been eradicated.³ Table 5 shows the number of cases of vaccine-preventable disease in children 18 years and younger in Alameda County for the period 2001 to 2003.

Hepatitis B was the most common vaccine-preventable disease among children in

Alameda County, followed by pertussis. In three years, there was only one case of rubella and one case of mumps. There were no cases of measles, diphtheria, tetanus, or polio between 2001 and 2003. There were no deaths due to any vaccine-preventable disease among children.

Low Birth Weight

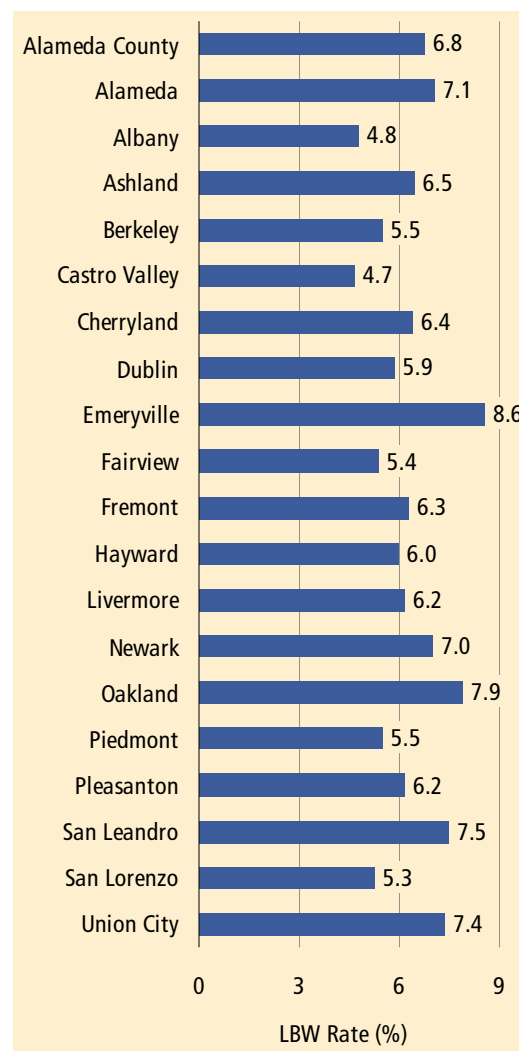
The birth weight of an infant is the most important factor in its chances for survival and healthy growth and development.

Infants weighing less than 2,500 grams (5lbs 8oz) at birth are considered low birth weight (LBW). Those infants that are very low birth weight – weighing less than 1,500 grams – are at the highest risk of dying in their first year of life. LBW infants are at high risk of illness (e.g. physical and developmental complications) and death. Improvements in birth weight could contribute substantially to reducing infant mortality.⁴

In the past decade, infant mortality has declined largely due to improved *survival rates* of LBW infants, not to a decrease in the percentage of LBW infants.⁵ Many factors increase the risk of low weight at birth; examples include pre-term delivery, maternal smoking, illicit drug use, poor maternal nutrition, young maternal age, late or no prenatal care for the mother, and multiple births (e.g. twins). Smoking leads to 20% to 30% of all LBW births in the United States.⁴ Low maternal educational attainment and low family income are associated with higher rates of LBW births. Some research suggests that cumulative stress, racism, and maternal infections affect the birth weight of babies.⁶

LBW rates have not improved in the last decade and no progress has been made in decreasing racial disparities in LBW infants. Nationally, LBW rates have in fact slowly increased over time, partially because of an increase in multiple births. In 2000, the percentage of LBW infants was 7.6%.⁷ LBW rates are two times higher for African Americans than for Whites. The reasons for this disparity are complex and are not entirely known. Some of this disparity is explained by the fact that African

Figure 1: Percentage of Low Birth Weight Births, Alameda County and Cities, 2000-2002



Source: CAPE, with data from Alameda County vital statistics files.

Americans are more likely to have those factors associated with LBW, such as low young maternal age, less education, and inadequate prenatal care.⁵ Puerto Ricans are also at increased risk of having LBW infants.

Alameda County was one of the counties with the highest percentage of LBW infants in California in 2000-2002. The LBW rate in Alameda County was 6.8% compared to 6.3% in California. Neither California nor Alameda County met the HP2010 objective of 5.0% or less.⁸ The highest percentage of LBW births was in Emeryville (8.6%), Oakland (7.9%), and San Leandro (7.5%) (Figure 1). The lowest percentage of LBW births was in Castro Valley (4.7%), Albany (4.8%), San Lorenzo (5.3%), Berkeley (5.5%), and Piedmont (5.5%).

There was some variation of LBW rates by race/ethnicity and county region. Overall, African Americans had LBW rates twice that of Whites and Latinos (Table 6). African Americans had the highest rates of LBW infants in all areas except in tri-valley where Asians had a higher rate. Note that the African American LBW rate in tri-valley may be unreliable as it was based on only seven cases over the three-year period. However, the high Asian rate was based on adequate numbers and clearly was unusually high in tri-valley. In contrast, Asians and Whites had lower LBW rates in the north county region than they did in other regions.

Table 6: Percentage of Low Birth Weight Births by Race, Alameda County and Regions, 2000-2002

Area	Total	White	AfrAmer	Latino	Asian	AmerInd	PacIsl	Multirace	Other
Alameda County	6.8	5.4	12.2	5.3	7.3	5.5	5.5	8.3	5.5
North county	5.3	4.3	12.4	5.1	3.6				
Oakland area	7.8	5.6	12.9	5.0	7.5		5.5	9.4	5.3
Central county	6.2	5.5	9.7	5.3	7.0		5.6	7.5	7.7
South county	6.7	5.5	11.7	5.8	7.3		5.0	8.5	6.4
Tri-valley	6.2	5.4	6.7	6.3	9.1			9.9	4.8

Source: CAPE, with data from Alameda County vital statistics files.

Teen Births

Teen births are considered a serious social problem. The majority of teen pregnancies and births are unplanned. Teen parenthood places both mother and child at risk for a variety of poor health, social, and economic outcomes. Some studies suggest that teen mothers have more difficulty completing their education, have fewer employment opportunities, and are more likely to require public assistance and to live in poverty than their non-parent peers. They also are at high risk for poor birth outcomes and having another pregnancy while still in their teens.⁹ It is not clear from the literature whether the difficulties teen mothers experience are caused by having children at a young age, or were due to preexisting conditions such as poverty. Studies are more conclusive about the negative effects of being raised by a teen mother. Children born to teen mothers are more likely to have behavioral and cognitive problems, be less healthy, be abused, and be placed in foster care.⁹

Many factors either increase the risk of, or are associated with, teen pregnancy: lack of knowledge about and poor access to birth control; poor access to health care; low income; lack of emotional support; lack of education; lack of positive role models; unsatisfactory adult relationships; lack of after-school and community activities; substance abuse; and low self-esteem.¹⁰

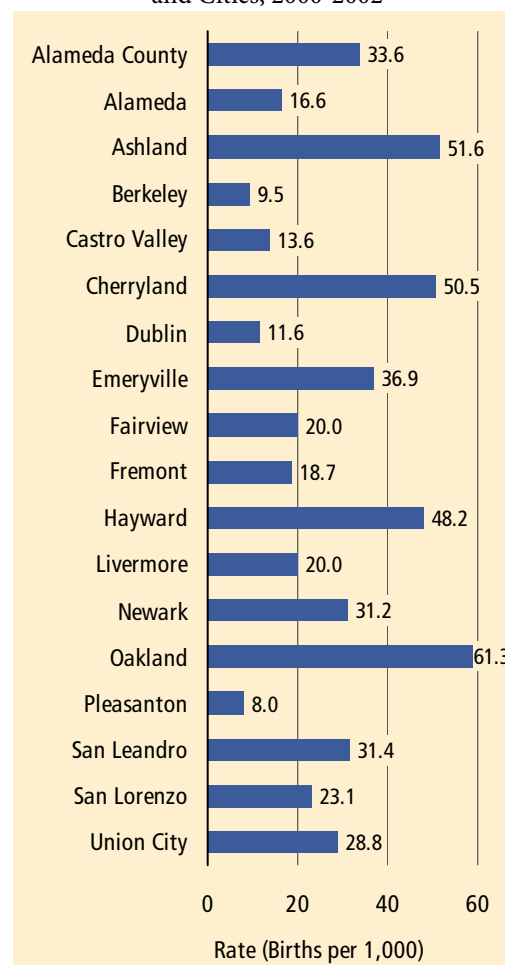
Nationally and statewide, teen birth rates are on the decline. (For all these statistics, *teen* refers to persons 15 to 19 years, and *teen birth rate* refers to the number of births per 1,000 females 15 to 19 years.) In the last ten years, California's rate has gone from one of the highest in the nation to below the national average. These declines were in all major race/ethnic groups.

In California, Latinas have the highest teen birth rates, especially foreign-born Latinas. Two out of three babies born to teen mothers are born to Latinas. African Americans and American Indians also have high teen birth rates. In general, Asians have low teen birth rates; however, grouping such a large and varied population together can mask underlying variation. For example, Laotian and Hmong teens have birth rates ten times higher than Chinese and Japanese teens.⁹

Of all births in Alameda County between 2000 and 2002, 7.0% were to teen mothers aged 15 to 19 years; California's rate was 10.0%. The teen birth rate was 33.6 per 1,000 females, much lower than the rate of 45.0 in California.⁸ Younger teens had fewer births than older teens. Approximately one-third of teen births were to mothers of 15 to 17 years, and two-thirds to mothers 18 and 19 years.

Teen birth rates varied substantially from city to city. Oakland had an exceptionally high rate of 61 per 1,000 teen females (Figure 2). The teen birth rate in Oakland was almost eight times higher than in Pleasanton, which had the lowest rate in the county. Ashland, Cherryland, and Hayward also had high teen birth rates. Alameda County's teen birth rate was driven up in large part by Oakland and Hayward rates, which accounted for 64% of teen births in the county. Pleasanton, Berkeley, Dublin, and Alameda had teen birth rates less than half of the county average (Map 1).

Figure 2: Teen Birth Rate, Females 15 -19 Years, Alameda County and Cities, 2000-2002



Source: CAPE, with data from Alameda County Vital Statistics, Census 2000, and DOF.

Cities that had high teen birth rates also had a high percentage of Latinos and African Americans and high poverty rates. Latinos had a teen birth rate six times higher than Asians and Whites (Table 7). African Americans also had a high teen birth rate. About half of the population of Ashland, Cherryland, Hayward, and Oakland was Latino or African American (ranging from 45% to 57% of the population)¹¹ and these cities had the county's highest teen birth rates.

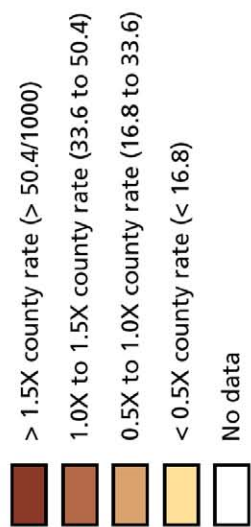
Oakland has the second highest poverty rate (19%) in Alameda County and was one of the few cities in which every race/ethnic group had higher teen birth rates than the county. A notable exception to the poverty and teen birth rate association was in Berkeley. Despite having the highest percentage poverty (20%), the teen birth rate for each race/ethnicity was lower in Berkeley than the county. From these data, it is not possible to know why Berkeley has such low rates – the rates may be due to successful efforts to address teen pregnancy in Berkeley; by an elevated poverty rate associated with the high student population; or some other factor.

Table 7: Teen Birth Rate, Females 15-19 Years, by Race, Alameda County and Cities, 2000-2002

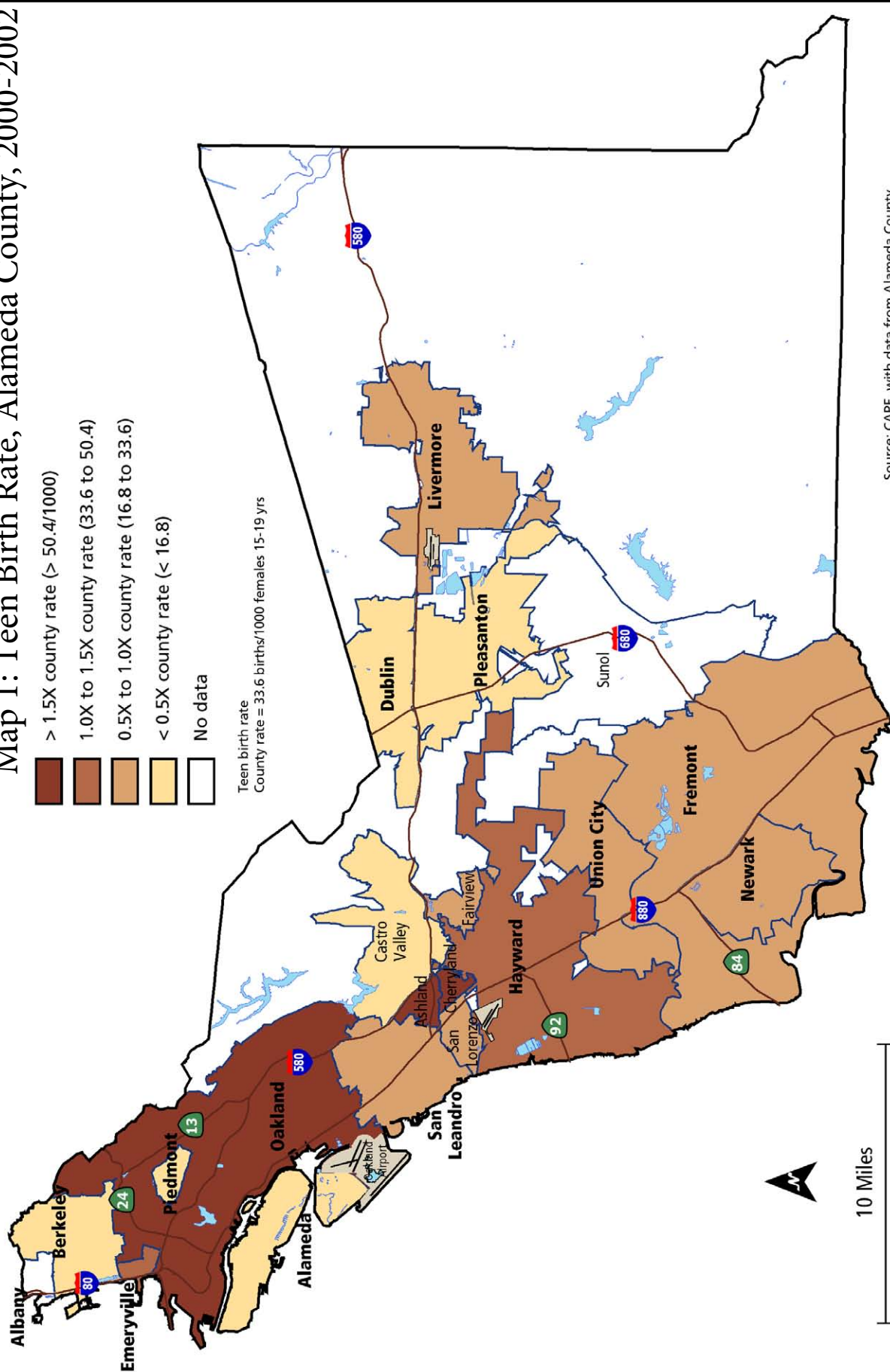
Area	Total	White	AfrAmer	Latino	Asian	PacIsl	Multirace
Alameda County	33.6	12.8	56.9	71.7	10.9	47.8	12.7
Alameda	16.6	10.2	39.4	32.1	10.4		
Albany							
Ashland	51.6	30.4	46.9	72.2			
Berkeley	9.5	2.6	43.8	28.1			
Castro Valley	13.6	10.9		34.2			
Cherryland	50.5			72.5			
Dublin	11.6	8.8					
Emeryville	36.9		66.9				
Fairview	20.0						
Fremont	18.7	14.8	44.0	42.4	8.0		10.3
Hayward	48.2	27.0	38.9	83.1	19.6	47.8	15.2
Livermore	20.0	9.7		58.7			
Newark	31.2	21.5		58.4			
Oakland	61.3	20.8	66.9	104.1	18.4	54.1	17.9
Piedmont							
Pleasanton	8.0	5.5		38.0			
San Leandro	31.4	20.3	44.8	55.0	12.6		
San Lorenzo	23.1	10.2		40.3			
Sunol							
Union City	28.8	29.3	24.6	80.8	11.1		

Source: CAPE, with data from Alameda County Vital Statistics, Census 2000, and DOF.

Map 1: Teen Birth Rate, Alameda County, 2000-2002



Teen birth rate
County rate = 33.6 births/1000 females 15-19 yrs



Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

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5 Chronic Disease

Prevalence of Obesity

Background

The number of people in the United States who are either overweight or obese has increased steadily over the past thirty years. More than 60% of adults are either overweight or obese, as are at least 13% of children.

Obesity is caused by a complex set of inter-related factors – nutritional, behavioral, and environmental.

Genetic predisposition toward obesity plays a role as well. What is most evident, however, is that the obesity epidemic is due largely to changes in Americans' diet and exercise habits: they eat larger quantities than they used to, they consume higher calorie foods, and they get less physical activity.¹

The California Adolescent Nutrition and Fitness Program and the California Pan Ethnic Health Network recently issued a briefing paper on obesity in communities of color. In it, the authors summarize the problem succinctly:

While all racial and ethnic groups in the United States saw obesity rates increase in the last three decades, communities of color have experienced the highest and most rapid increases. The chronic disease conditions directly associated with poor nutrition and inactivity, such as diabetes, heart disease, stroke, certain cancers, and high blood pressure, are also on the rise. Among many communities of color and low-income communities, these rates of chronic disease prevalence are higher than national averages and are increasing at accelerated rates. The consequent toll of illness, disability, and premature death related to these preventable diseases is tremendously high in both personal and economic terms. This pattern of greater and more accelerated rates of increase and higher incidence and prevalence of chronic disease is unfortunately all too familiar. As with many other disease conditions, communities of color and low-income communities experience severe health disparities when compared to white, mainstream, and more-affluent communities. This epidemic is an additional burden to communities already under siege by poor health.

...Our current food and activity environments are the result of industry practices and government policies that have converged to perversely promote the behaviors and environmental factors that increase overweight and inactivity. Communities of color are subject to an excess of these environmental risks. Therefore, responding appropriately and aggressively to these growing health disparities is essential to the health of our communities.²

Measuring overweight and obesity

Table 8: Body Mass Index (BMI) Ranges for Adults

Weight	BMI
Healthy weight	18.5 to 24.9
Overweight	25.0 to 29.9
Obese	30.0 and above

Source: CDC.

Measurements of height and weight help to assess the overall health and nutritional status of adults. The most common measure used to determine overweight or obesity status is the body mass index (BMI), calculated as weight in pounds multiplied by 703, divided by height in inches squared.³⁻⁵ Although the BMI ranges are not exact ranges of healthy and unhealthy weight, studies have shown that health risk increases as BMI increases.⁶

Prevalence among adults

The National Health and Nutrition Examination Survey (NHANES) reported that 30% of American adults 20 years and older were obese in 1999-2000, compared to 23% in 1988-1994. Another 34% of adults in 1999-2000 were overweight. Rates of obesity among women increased from 17% in 1980 to 34% in 1999-2000. Among men, rates increased from 13% to 28% during the same period.⁷

The most recent NHANES data available on race/ethnicity are for 1988-1994, when rates of obesity among men were similar across race/ethnic groups at about 20% to 21%. However, 37% of African American women and 34% of Mexican-American women were obese, compared to 23% of White women.⁷

The CDC's Behavioral Risk Factor Surveillance System (BRFSS) has reported estimates that are more conservative, indicating that obesity increased from 12% in 1991 to 21% in 2000.⁸ The discrepancy between these national estimates is likely due to methodological differences in how the NHANES and BRFSS are conducted. Participants in the NHANES receive a physical examination, during which their weight and height are objectively measured. The BRFSS, on the other hand, is a phone survey in which respondents report their own weight and height. It is likely that BRFSS respondents tend to under-report their weight.

While the rate of obesity in California is less than the national rate, it is rapidly increasing. BRFSS data shows that obesity in California adults almost doubled from 1991 to 2002, from 10% to 19%. Approximately 57% of adult Californians were either overweight or obese.^{9,10} The 2001 California Health Interview Survey (also a phone survey relying on self-reported weight) reported similar results – 19% of adults 18 years and older were obese and another 35% were overweight.¹¹ American Indians, African Americans, and Latinos had higher rates of adult obesity (30%, 29%, and 25%) than Whites (18%). Asians had the lowest rate (6%).¹¹

For Alameda County, the 2001 CHIS data show that 18% of adults were obese and another 34% were overweight.¹¹ A higher percentage of men than women were overweight but not obese (43% versus 25%); however, rates of obesity were similar for men and women (19% and 17%). African Americans and Latinos had higher rates of obesity (29% and 23%) than Whites (19%).¹¹

Prevalence among children

For children and adolescents, the CDC defines overweight as at or above the 95th percentile of BMI for age.¹²⁻¹⁴ For children younger than two years, overweight is defined as at or above the 95th percentile of weight for length.¹²

Being overweight in childhood has been linked to several health problems that can last into adulthood. These include poor heart health (e.g. hypertension, high cholesterol), Type 2 diabetes, and impaired mental health (depression, low self-esteem). Poor self-image from being judged as obese can follow youth into adulthood, “resulting in fewer years of completed education, lower family income, and higher rates of poverty regardless of their initial economic background.”¹⁵

Nationally, the proportion of children and adolescents who are overweight has nearly tripled in the past few decades. In 1999-2000, 16% of those 12 to 19 years, 15% of those six to 11 years, 10% of those two to five years, and 11% of infants from birth through 23 months were overweight. African American and Mexican-American adolescents of 12 to 19 years had the highest proportions of overweight (24% and 23%). In comparison, 14% of Whites were overweight.¹⁶⁻¹⁸

In 2001 in California, nearly 17% of adolescents 12 to 19 years were overweight or obese. Again, the rates were higher for African Americans (22%) and Latinos (20%) than Whites (14%).¹⁹

According to the CHIS, 16% of Alameda County adolescents of 12 to 19 years were overweight or obese.¹⁹ CDC’s Pediatric Nutrition Surveillance data suggests even higher rates, as in Table 9.²⁰

A survey of Alameda, Oakland, and Piedmont produced an even higher estimate. Twenty-seven percent of fifth, seventh, and ninth graders were overweight, including 33% of boys and 22% of girls. In addition, the survey found that 46% were physically unfit.²¹

Table 9: Percentage Overweight by Age and Race, Alameda County, 2002

Race/Ethnicity	5 to 11 years	12 to 19 years
All	21	22
Asian	12	10
AfrAmer	19	27
Latino	24	24
White	19	23

Source: CDC.

Diabetes Mortality

Background

Diabetes mellitus is a chronic disease in which the ability to oxidize carbohydrates is impaired. Simply put, blood glucose (sugar) levels are too high. This is generally due to the body's inability to produce insulin (the hormone produced by the pancreas to regulate blood sugar) or use it properly. There are two main types of diabetes, type 1 and type 2:

Type 1 diabetes was previously called insulin-dependent diabetes mellitus or juvenile-onset diabetes. It develops when the body's immune system destroys pancreatic beta cells, the only cells in the body that make the hormone insulin that regulates blood glucose. This form of diabetes usually strikes children and young adults, although disease onset can occur at any age. Type 1 diabetes may account for 5% to 10% of all diagnosed cases of diabetes. Risk factors for type 1 diabetes may include autoimmune, genetic, and environmental factors.

Type 2 diabetes was previously called non-insulin-dependent diabetes mellitus or adult-onset diabetes. Type 2 diabetes may account for about 90% to 95% of all diagnosed cases of diabetes. It usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce insulin. Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity. African Americans, Latinos, American Indians, and some Asian Americans and Native Hawaiians or Other Pacific Islanders are at particularly high risk for type 2 diabetes. Type 2 diabetes is increasingly being diagnosed in children and adolescents.^{1,2}

Diabetes requires rigorous management to reduce the risk of serious complications and premature death. It contributes to a variety of medical problems, including heart disease, stroke, high blood pressure, blindness, kidney disease, diseases of the nervous system, amputations, dental problems, and complications of pregnancy. Risk factors for diabetes include poor diet, lack of physical activity, and being overweight or obese.¹ Race/ethnicity, a family history of diabetes, and a history of gestational diabetes are also associated with its incidence.

Diabetes was the sixth leading cause of death in the United States in 2001.³ The CDC estimates that over 18 million adults 20 years and older, nearly 9% of adults, have diabetes. Approximately five million of these have yet to be diagnosed.^{1,2,4} The number of U.S. adults with diagnosed diabetes has increased 61% since 1991 and is projected to more than double by 2050.^{5,6}

In 2002, about 1.3 million adults 20 years and older were newly diagnosed with diabetes.^{2,5} While diabetes is most common among those 65 years and older, the rate of type 2 diabetes in children and adolescents has been increasing, especially among people of color.⁷

It is estimated that 14.9% of adult American Indians have diabetes, 11.4% of African Americans, 8.2% of Latinos, and 8.4% of Whites.⁷ The prevalence of diabetes has increased steadily over the past 20 years, most notably among African Americans. Recent increases have also occurred among Latinos.^{4,8}

In 2001, there were 71,372 deaths from diabetes in the United States. The age-adjusted death rate was 25 per 100,000.³ The diabetes death rate in California was 21 per 100,000 in 2000-2002.¹⁰ However, the statistics on deaths alone do not fully describe the problem. Over 200,000 people die each year of diabetes-related complications.² And, studies have shown that death certificates frequently do not reflect diabetes as a cause of death, or as an underlying cause of death, for those who had diabetes when they died.^{1,2}

About 1.5 million or 6% of Californians 19 years and older have been diagnosed with diabetes. Nearly 35% of cases are among seniors 65 years and older. Overall, about 10% of African American and 9% of American Indian adults have been diagnosed with diabetes in California. The race/ethnic disparity in diabetes is widest among older adults. Among adults 65 years and older, approximately one out of four African Americans and Latinos have been diagnosed with diabetes, at least two times the figure for Whites.^{9,11}

Adults living at or below 100% of the federal poverty level (FPL) suffer from diabetes at a higher rate than those with incomes above 300% FPL (7.8% and 4.5%, respectively). In addition, the rate of diabetes is much higher among adults who never attended high school (10%) than among college graduates (4%).¹¹

In Alameda County, it is estimated that nearly 6% of adults 19 years and older have been diagnosed with diabetes. About 30% of cases are among adults 65 years and older. Approximately 13.4% of African Americans have been diagnosed with diabetes, compared to 4.5% of Whites.⁹

Alameda County

Between 2000 and 2002, 835 Alameda County death certificates listed diabetes as the *primary cause* of death. This was an average of 278 deaths per year. The age-adjusted diabetes death rate was 22 per 100,000 (Tables 10 and 11). Unfortunately, this rate is not directly comparable to the HP2010 objective of 45: the objective references diabetes as a *contributing cause* of death in addition to the primary cause.¹²

Table 10: Diabetes Mortality Rates by Sex and Race, Alameda County, Cities, and Regions, 2000-2002

Area	All	Male	Female	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	22.1	24.9	20.0		18.1	47.2	30.7	75.4		16.4
Alameda	13.6	23.0	8.5							10.8
Albany										
Ashland										
Berkeley	16.8	16.3	16.0			41.9				7.8
Castro Valley	16.7	18.2	15.2							14.5
Cherryland	37.2									
Dublin										
Emeryville										
Fairview										
Fremont	22.1	21.6	21.8		14.8		31.2			24.0
Hayward	29.3	29.5	29.4		23.8	46.5	42.4			24.7
Livermore	14.3	26.1	7.2							13.7
Newark	32.6	26.3	37.2							31.5
Oakland	28.2	30.9	25.9		15.7	48.5	30.9			15.5
Piedmont										
Pleasanton	15.9		15.0							13.8
San Leandro	17.4	22.7	13.3							17.0
San Lorenzo	32.6	37.3	28.9							37.4
Sunol										
Union City	24.3	30.8	21.1		27.6					
North county	15.9	15.4	15.2			40.8				8.5
Oakland area	24.8	28.2	22.3		16.3	48.0	30.2			13.2
Central county	23.2	26.4	20.8		20.5	41.9	31.7			20.7
South county	23.9	24.1	23.6		19.9	77.5	29.1			23.8
Tri-valley	15.6	22.8	11.1							13.8

Note: All rates age-adjusted by the direct method to the 2000 U.S. standard population. Rates not reliable and not shown for less than ten cases.

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table 11: Diabetes Mortality Counts by Sex and Race, Alameda County, Cities, and Regions, 2000-2002 Total

Area	All	Male	Female	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	835	391	444	2	108	254	103	11	4	353
Alameda	33	21	12		8	3	3	1		18
Albany	5	2	3				1			4
Ashland	8	5	3				3			5
Berkeley	47	19	28		5	27	1			14
Castro Valley	35	16	19	1	2	3	4			25
Cherryland	12	5	7		1	2	2			7
Dublin	8	5	3			1	2			5
Emeryville	3	1	2			2				1
Fairview	7	6	1		2	2				3
Fremont	92	40	52		15	3	12	1	1	60
Hayward	103	43	60		14	11	24	5		49
Livermore	20	14	6		2		2			16
Newark	27	10	17		5	1	7		1	13
Oakland	300	138	162		29	186	28	1	2	54
Piedmont	2		2		1					1
Pleasanton	18	7	11		1	1	2			14
San Leandro	51	27	24		6	5	6	1		33
San Lorenzo	24	12	12		3			2		19
Sunol										
Union City	33	15	18	1	13	7	4			8
North county	52	21	31		5	27	2			18
Oakland area	338	160	178		38	191	31	2	2	74
Central county	240	114	126	1	28	23	39	8		141
South county	152	65	87	1	33	11	23	1	2	81
Tri-valley	46	26	20		3	2	6			35

Source: CAPE, with data from Alameda County vital statistics files.

Figure 3: Diabetes Mortality Rates by Age and Sex, Alameda County, 2000-2002

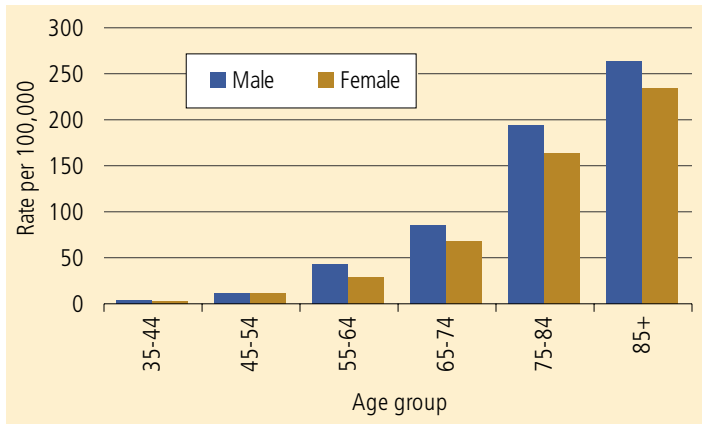


Figure 4: Diabetes Mortality Rates by Race, Alameda County, 2000-2002

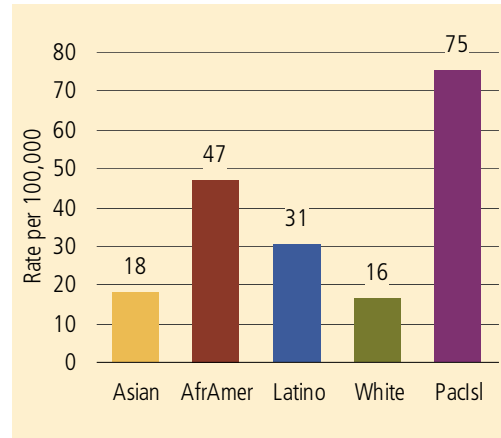


Figure 5: Diabetes Mortality Rates by Age and Race, Alameda County, 2000-2002

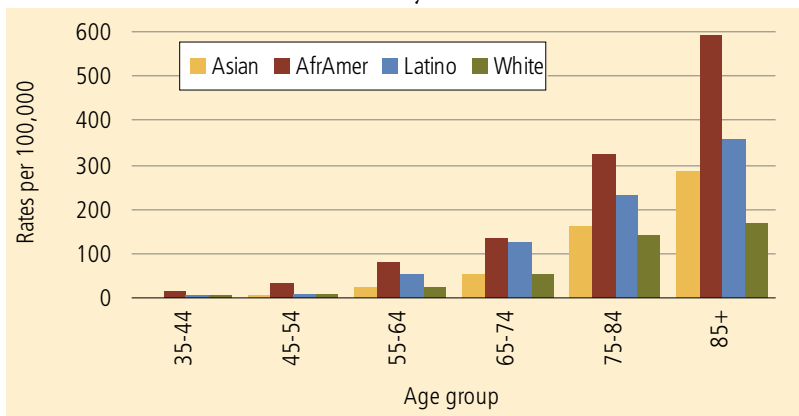
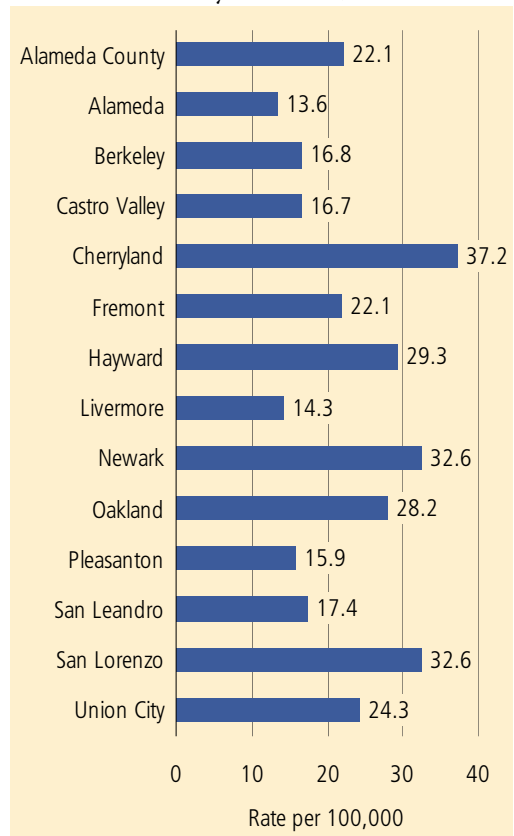


Figure 6: Diabetes Mortality Rates, Alameda County and Cities, 2000-2002



Source for all figures: CAPE with data from Alameda County vital statistics files, Census 2000, and DOF.

Rates of death from diabetes increased with age for both sexes. Male rates exceeded female rates in most age groups (Figure 3). Pacific Islanders had an exceptionally high rate of death from diabetes (Figure 4). However, this rate was based on a small number of deaths (11 over three years) and may not be reliable. The diabetes death rate among African Americans was 2.5 times the rate for Asians and Whites. The Latino rate was nearly two times the White rate.

African Americans' risk of death from diabetes exceeded other race/ethnic groups in every age group, most notably in the oldest age group where the rate was 591 per 100,000 (Figure 5).

Cities

Diabetes death rates were highest in Cherryland, Newark, and San Lorenzo (Figure 6). Rates in Hayward and Oakland were also above the county rate. The cities of Alameda, Livermore, and Pleasanton had the lowest rates, approximately half the rates in the highest cities.

In most cities, the male death rate was only slightly higher than the female rate. However, in Alameda, the male rate was 2.7 times the female rate, in San Leandro it was 1.7 times, and in Union City, it was 1.5 times. Only in Newark was the male rate less than the female rate.

Since many cities are small and had relatively few deaths from any given cause, statistics on subgroups may be unreliable and are therefore not presented for three-year counts less than ten.

African Americans had the highest diabetes death rates in all cities shown, ranging from 42 in Berkeley to 49 in Oakland. Latinos generally had the second highest rates, ranging from 31 in Oakland and Fremont to 42 in Hayward. Rates among Whites ranged widely from eight in Berkeley to 37 in San Lorenzo. The highest Asian rate was 28 in Union City.

With such sparse data on race/ethnic groups, it is not immediately apparent why the Cherryland, Newark, and San Lorenzo rates were so high. Whites in San Lorenzo and Newark had higher rates than Whites in other cities. As Whites make up a large segment of the population in these cities, they may help to elevate the rate.

Coronary Heart Disease Mortality

Background

Coronary heart disease (CHD), also called ischemic heart disease, develops when the arteries of the heart become narrowed or clogged and cannot supply enough blood to the heart. These coronary arteries carry oxygen-rich blood and nutrients to the heart muscle. Coronary heart disease usually results from the build up of fatty material and plaque (atherosclerosis) in the inner layer of the walls of the coronary arteries. If the blood supply to the heart muscle is inadequate, a person can experience chest pain or pressure called angina. A heart attack (myocardial infarction) occurs when the blood supply to parts of the heart muscle is cut off completely.^{1,2}

Several risk factors for coronary heart disease can be modified through lifestyle changes. The risk of developing CHD can be reduced significantly through a healthy diet, regular exercise, reducing stress level, and not smoking, in addition to reducing or controlling high blood pressure, high blood cholesterol, and diabetes. Socioeconomic status, environment, and culture are also important risk factors in the development of the disease.³⁻⁵

Deaths from all types of heart disease have declined steadily over the past 50 years, mostly from better medical treatment and effective prevention efforts to reduce controllable risk factors such as hypertension, smoking, high blood cholesterol, and physical inactivity.³ Most deaths from heart disease are due to CHD. Other forms of heart disease include hypertensive heart disease and rheumatic heart disease.⁶

CHD is the most common cause of death in the United States, accounting for more than one of every five deaths. About 340,000 people per year die of CHD before ever being hospitalized. Most of these are sudden deaths caused by cardiac arrest.⁷

It is estimated that 13.2 million people in the United States, over 6%, have CHD. In 2001, the age-adjusted death rate nationally was 178 per 100,000 population.⁷ In California it was 186 for the period 2000-2002.⁸ Both rates exceed the HP2010 objective of 166 or fewer CHD deaths per 100,000.³

From 1991 to 2001, the U.S. death rate from CHD declined 26%. More than 80% of people who die of CHD are 65 years and older. Approximately 11.5 years of life are lost on average due to heart attack.⁷ African American males have the highest rates of death from CHD (262 per 100,000), followed by White males (228), African American females (177), and White females (137).⁷

CHD occurs more often in men than in women. In the past, CHD rarely affected women prior to menopause, but that is no longer the case, perhaps because many women now take oral contraceptives, smoke cigarettes,

and are employed in stressful jobs that used to be held exclusively by men. Post-menopausal women have two to three times the risk of CHD than pre-menopausal women of the same age.⁶

Coronary heart disease is the leading cause of premature and permanent disability among U.S. workers, and accounts for 19% of social security's disability allowances.^{6,7,9} About two-thirds of heart attack patients do not make a complete recovery, but 88% of those less than 65 years are able to return to their usual work.⁶

Alameda County

From 2000 to 2002, 6,466 Alameda County residents died from CHD, an average of 2,155 deaths per year. The age-adjusted CHD death rate was 174 per 100,000 (Tables 12 and 13). This rate exceeds the HP2010 objective of 166, but it is lower than the state or national rate.

The Alameda County CHD death rate was nearly 50% higher among males than among females. Very few deaths from CHD occur at less than 45 years. Beyond age 45, the risk of death from coronary heart disease increases sharply with age (Figure 7). Males had higher *age-specific* rates than females in each age group, though at 85 years and older the difference was minimal.

The CHD death rate among Pacific Islanders was 344 per 100,000, significantly higher than all other race/ethnic groups (Figure 8). (Note that this rate may be unreliable as it was based on 39 deaths over the three-year period.) The rate among African Americans also substantially exceeded that of other race/ethnic groups. American Indians, Asians, and Latinos met the HP2010 objective of 166.

African Americans had higher age-specific CHD death rates than the other race/ethnic groups in each age group, except for those 85 years and older (Figure 9). The age-specific death rates for Whites were lower than those for African Americans before the age group 85 and older, when it increased sharply.

Cities

Cherryland had the highest CHD death rate in the county, followed by Alameda and Hayward (Figure 10). These cities, in addition to Fairview, Livermore, and Oakland had CHD death rates substantially higher than the HP2010 objective of 166. Piedmont and Albany had the lowest rates in the county (Map 2).

In nearly all cities, males had a higher risk of dying from CHD than females. The male rate in Albany was 2.5 times the female rate; it was 1.9 in Piedmont, and 1.7 in San Leandro and Castro Valley.

With few exceptions, the highest CHD death rates in each city were among African Americans followed by Whites and Latinos. The highest African American rates were in Fremont (331), Alameda (306), and Union City (294). African American rates in every city for which a rate was calculated were well above the HP2010 objective of 166. Cherryland had the highest White CHD death rate in the county, followed by Hayward, Alameda, and Newark. All were above 200.

The highest Latino rates were in Alameda (199) and Union City (170); all others were below the HP2010 objective. The highest Asian rate, and the only one that exceeded the Health People 2010 objective, was in Castro Valley (174). The CHD death rate was exceptionally high (558) for Pacific Islanders in Hayward. Hayward was the only individual city with numbers sufficient to calculate such a rate, but it may be unreliable as it was based on 11 deaths over a three-year period.

Table 12: CHD Mortality Rates by Sex and Race, Alameda County, Cities, and Regions, 2000-2002

Area	All	Male	Female	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	173.7	212.5	143.7	132.3	112.1	252.2	134.8	344.4	28.9	180.1
Alameda	197.8	225.6	174.0		125.6	306.2	199.2			215.1
Albany	131.3	205.7	83.7							142.5
Ashland	174.0	211.7	144.6			193.9	154.9			
Berkeley	143.2	164.3	127.8		91.7	242.3				129.3
Castro Valley	162.6	212.4	126.1		173.9		101.8			170.4
Cherryland	210.7	237.4	182.3							229.8
Dublin	169.7	190.6	142.4							198.0
Emeryville	148.9	164.6	133.7							140.1
Fairview	180.6	164.6	197.1			230.3				168.5
Fremont	157.0	181.7	134.7		96.2	330.5	116.2			187.7
Hayward	193.8	245.5	157.3		146.2	260.2	148.4	557.9		222.6
Livermore	185.8	217.6	164.6		157.8		143.5			193.8
Newark	161.0	147.4	159.7		102.3		98.3			205.2
Oakland	188.6	237.1	150.8		106.5	261.3	129.4		64.6	171.5
Piedmont	120.3	163.4	87.1							106.4
Pleasanton	166.9	193.3	141.2		117.3					166.1
San Leandro	169.7	227.9	132.7		101.3	184.7	122.0			193.6
San Lorenzo	170.8	192.3	155.3				150.9			181.6
Sunol										
Union City	154.8	169.2	139.3		131.5	294.2	169.6			165.2
North county	141.3	170.6	121.1		91.6	242.0				130.6
Oakland area	188.0	231.8	153.3		110.9	261.2	137.8	367.9	56.3	180.0
Central county	178.7	227.1	144.4		129.6	221.3	140.2	406.7		196.4
South county	157.7	176.8	138.7		107.5	307.8	131.5			186.0
Tri-valley	174.8	204.3	150.3		122.8		142.6			180.6

Note: All rates age-adjusted by the direct method to the 2000 U.S. standard population. Rates not reliable and not shown for less than ten cases.

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table 13: CHD Mortality Counts by Sex and Race, Alameda County, Cities, and Regions, 2000-2002 Total

Area	All	Male	Female	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	6,466	3,114	3,352	11	626	1,327	396	39	19	4,048
Alameda	489	203	286	1	51	24	21	2	1	389
Albany	64	37	27		6	4	2			52
Ashland	86	40	46		6	10	11	1		58
Berkeley	399	170	229		29	147	6	1		216
Castro Valley	361	175	186		23	7	12	1		318
Cherryland	75	33	42		4	6	9			56
Dublin	58	35	23		4	2	1	1		50
Emeryville	25	13	12		3	7				15
Fairview	45	21	24		2	12	5			26
Fremont	607	299	308	1	84	17	40	1	3	461
Hayward	676	334	342	1	70	43	76	11	1	474
Livermore	246	113	133	1	14		11	1		219
Newark	116	52	64	1	17	5	14	2	3	74
Oakland	2,029	1,009	1,020	4	199	992	92	8	10	724
Piedmont	46	27	19		7	3	1			35
Pleasanton	201	95	106		10	6	9	1		175
San Leandro	547	271	276		31	18	35	3		460
San Lorenzo	132	62	70		3	4	11	1	1	112
Sunol	8	6	2							8
Union City	201	89	112	2	59	14	37	3		86
North county	463	207	256		35	151	8	1		268
Oakland area	2,589	1,252	1,337	5	260	1,026	114	10	11	1,163
Central county	1,922	936	986	1	139	100	159	17	2	1,504
South county	932	446	486	4	160	36	91	6	6	629
Tri-valley	505	243	262	1	28	8	21	3		444

Source: CAPE, with data from Alameda County vital statistics files.

Figure 7: CHD Mortality Rates by Age and Sex, Alameda County, 2000-2002

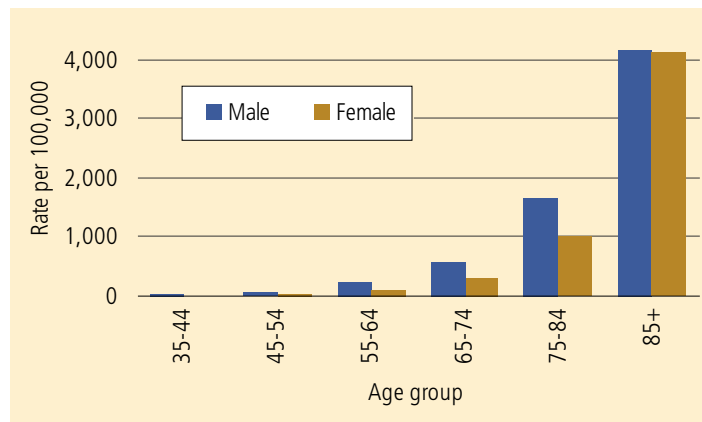


Figure 8: CHD Mortality Rates by Race, Alameda County, 2000-2002

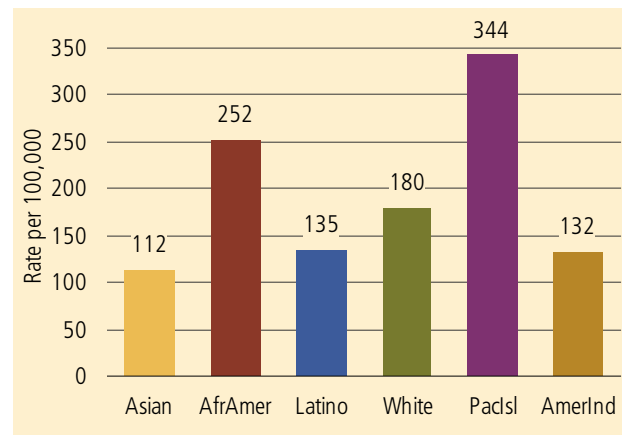


Figure 9: CHD Mortality Rates by Age and Race, Alameda County, 2000-2002

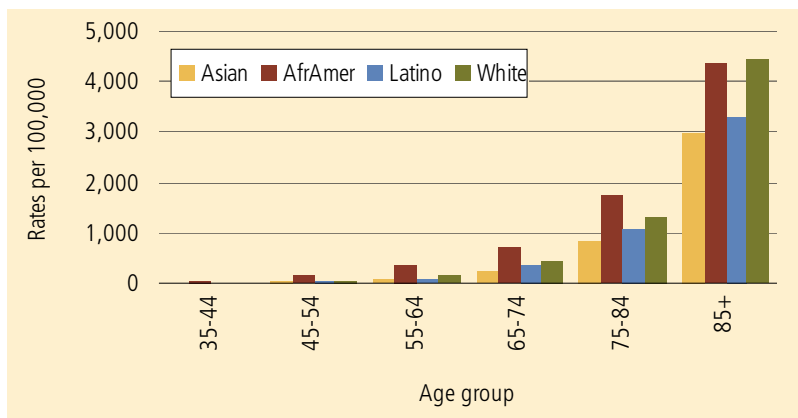
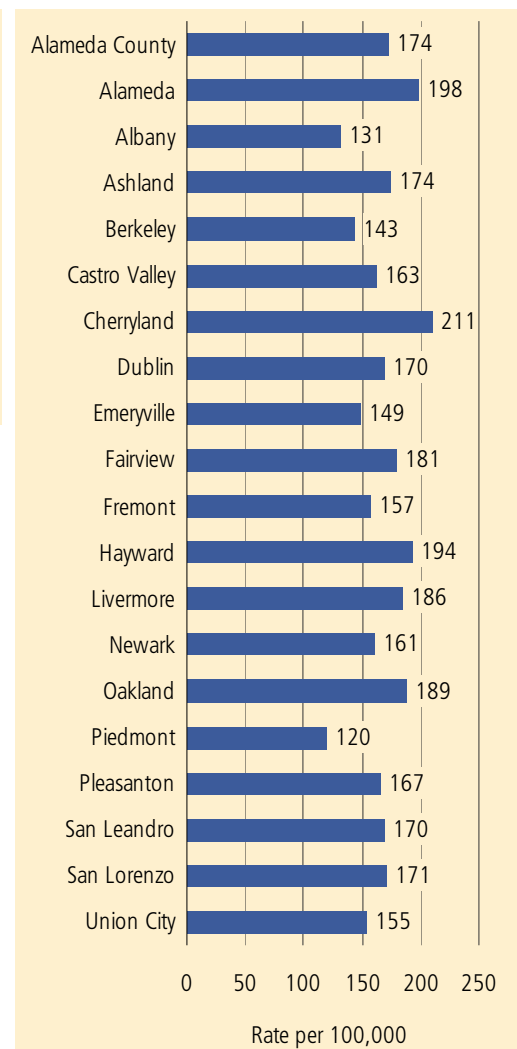
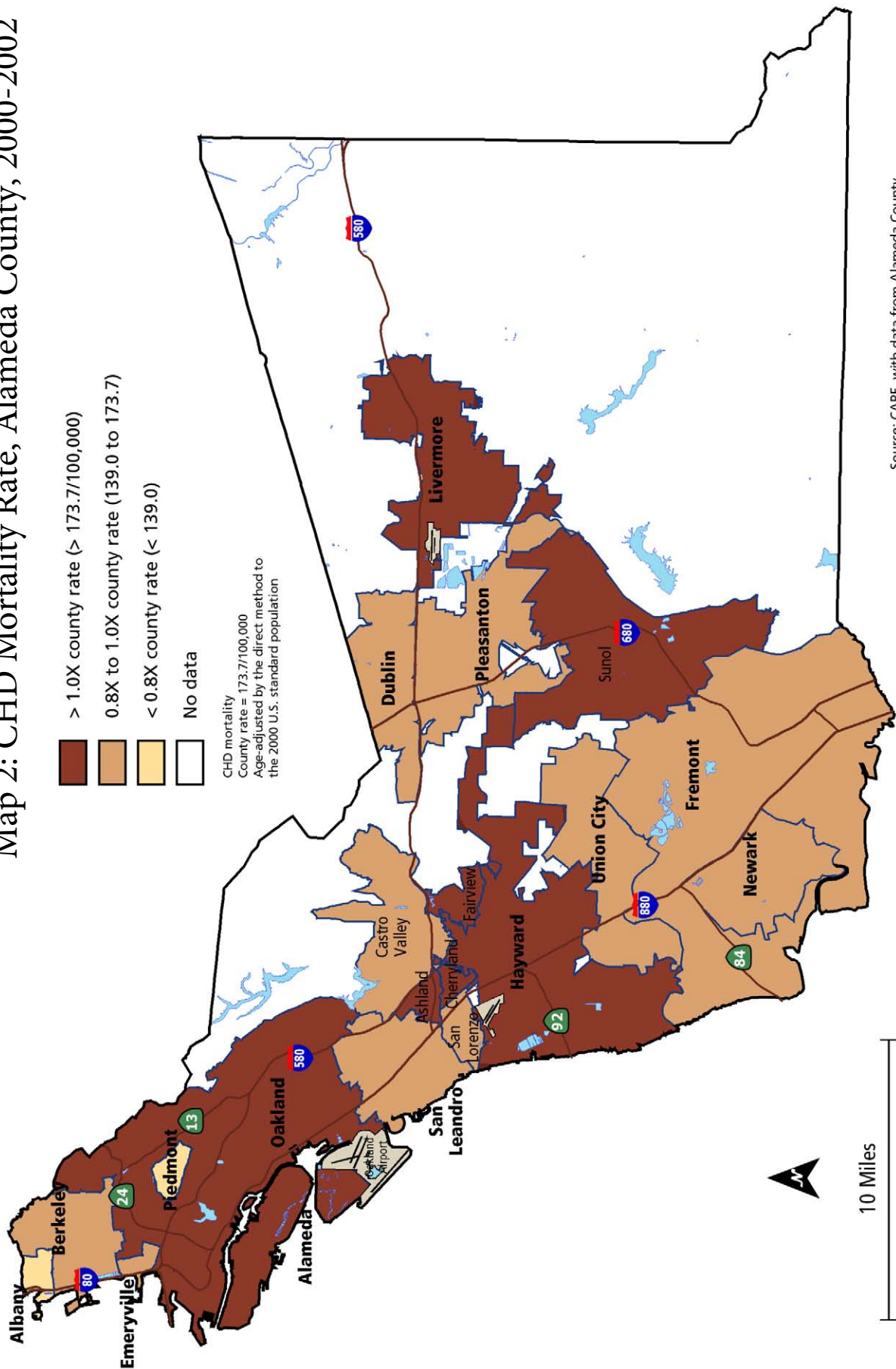


Figure 10: CHD Mortality Rates, Alameda County and Cities, 2000-2002



Source for all figures: CAPE with data from Alameda County vital statistics files, Census 2000, and DOF.

Map 2: CHD Mortality Rate, Alameda County, 2000-2002



Stroke Mortality

Background

A stroke or cerebrovascular accident occurs when the blood supply to the brain is cut off or when a blood vessel bursts. Within a few minutes of being deprived of oxygen, brain cells begin to die. Death or permanent disability can result.

There are two main types of stroke: ischemic and hemorrhagic. Most strokes are of the ischemic type. Ischemic stroke is caused by blockage in an artery that supplies blood to the brain, resulting in a deficiency in blood flow. Ischemic stroke develops in major blood vessels on the brain's surface or in small blood vessels deep in the brain. During ischemic stroke, diminished blood flow initiates a series of events (called ischemic cascade) that may result in additional, delayed damage to brain cells. Early emergency medical intervention helps to lessen damage to the brain and subsequent disability.^{1,2}

Hemorrhagic stroke starts with the rupture of a blood vessel in the brain. Bleeding from the rupture compresses nearby blood vessels, depriving surrounding tissue of oxygen and causing stroke. Hemorrhagic stroke usually affects a large area of the brain, many times leading to death.^{1,2} Hypertension is the most common cause of hemorrhagic stroke. Strokes in young adults tend to be hemorrhagic.

Stroke is the third leading cause of death in the United States. It also is a leading cause of serious, long-term disability. About 700,000 people experience a new or recurrent stroke each year. Death rates from stroke have declined steadily since the early part of the twentieth century.³⁻⁶ From 1991 to 2001 the U.S. death rate from stroke declined 3.4%, but the actual number of deaths rose 7.7%.⁴

Nationally, the age-adjusted rate of death from stroke in 2001 was 58 per 100,000 population.⁷ The male rate was 59 and the female rate was 56. The California rates are slightly higher: 59 overall, 63 for males, and 60 for females.⁹ All these rates exceeded the HP2010 objective of 48.⁵ Because women live longer than men, more women than men die of stroke each year. Women accounted for 61% of U.S. stroke deaths in 2001.^{3,4}

Of all race/ethnic groups, African American males and females have the highest rates of death from stroke (85 and 74 per 100,000), followed by White males and females (57 and 55).⁴ The African American rate in California was 86, higher than the national rate of 79. Each are higher than their respective White rates, 60 in California and 56 nationally.⁹

High blood pressure, diabetes, smoking, and having had a previous stroke or heart attack increase a person's chances of having a stroke. Maintaining healthy blood pressure through diet, exercise, and medication, if necessary, can decrease the risk for stroke.^{1,5}

Table 14: Stroke Mortality Rates by Sex and Race, Alameda County, Cities, and Regions, 2000-2002

Area	All	Male	Female	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	66.1	68.3	64.3		61.1	96.7	56.7	110.0	13.8	61.8
Alameda	68.7	79.0	63.5		76.8					66.2
Albany	44.9		48.0							46.9
Ashland	47.0		56.6							50.4
Berkeley	62.8	72.5	56.5		50.5	92.1				57.6
Castro Valley	57.4	61.5	54.5				83.5			57.4
Cherryland	70.9		71.7							84.9
Dublin	67.1	75.4	57.3							50.4
Emeryville										
Fairview	47.6									
Fremont	54.9	54.5	55.5		53.0		66.0			55.0
Hayward	67.0	74.2	62.7		63.7	85.4	71.8			64.8
Livermore	64.9	62.1	65.1							66.4
Newark	47.5	60.1	40.8		78.3					37.2
Oakland	79.9	81.9	77.4		74.3	103.9	37.6			66.2
Piedmont	45.3		47.4							49.5
Pleasanton	62.7	58.5	64.6							66.6
San Leandro	58.5	55.6	60.8		38.4		45.7			61.4
San Lorenzo	71.6	75.3	68.5							72.3
Sunol										
Union City	66.7	63.3	70.3		47.8		64.5			85.3
North county	60.1	66.9	55.3		48.0	93.1				55.7
Oakland area	76.6	79.7	73.8		73.6	102.9	42.8			65.1
Central county	61.5	63.3	60.4		52.9	69.4	64.5			62.1
South county	56.4	56.4	57.0		54.1	86.6	60.5			57.7
Tri-valley	64.6	62.7	64.2		49.1					65.0

Note: All rates age-adjusted by the direct method to the 2000 U.S. standard population. Rates not reliable and not shown for less than ten cases.

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table 15: Stroke Mortality Counts by Sex and Race, Alameda County, Cities, and Regions, 2000-2002 Total

Area	All	Male	Female	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	2,456	962	1,494	5	341	505	170	14	10	1,411
Alameda	171	69	102		32	8	8	1		122
Albany	23	7	16		2	2				19
Ashland	24	6	18		2	4	5			13
Berkeley	174	73	101		17	54	5		2	96
Castro Valley	126	49	77		7	2	10			107
Cherryland	25	9	16		1	1	2			21
Dublin	26	15	11		4	1	6			15
Emeryville	7	3	4		1	2				4
Fairview	12	6	6			2	1	1		8
Fremont	212	81	131		47	4	25	1	2	133
Hayward	235	98	137		31	15	35	5		149
Livermore	84	33	51	1	5	3	1			74
Newark	32	15	17		10	3	6			13
Oakland	865	340	525	2	139	391	28	3	4	298
Piedmont	17	7	10		1					16
Pleasanton	71	23	48	1	1		2			67
San Leandro	191	64	127	1	11	7	13	2	2	155
San Lorenzo	55	23	32		6		5			44
Sunol	1		1							1
Union City	87	30	57		22	4	16	1		44
North county	197	80	117		19	56	5		2	115
Oakland area	1,060	419	641	2	173	401	36	4	4	440
Central county	668	255	413	1	58	31	71	8	2	497
South county	332	126	206		79	11	47	2	2	191
Tri-valley	181	71	110	2	10	4	9			156

Source: CAPE, with data from Alameda County vital statistics files.

Figure 11: Stroke Mortality Rates by Age and Sex, Alameda County, 2000-2002

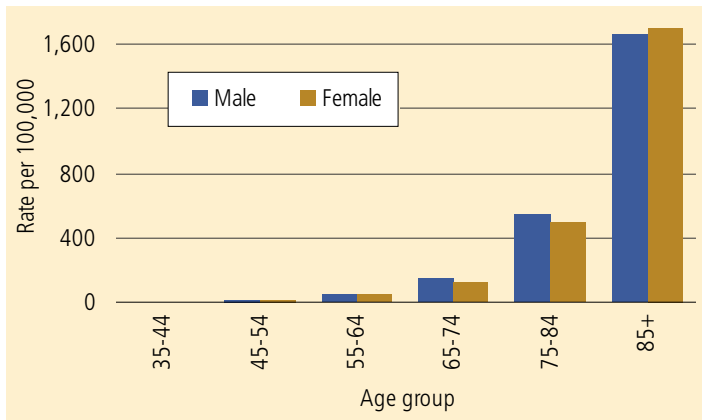


Figure 12: Stroke Mortality Rates by Race, Alameda County, 2000-2002

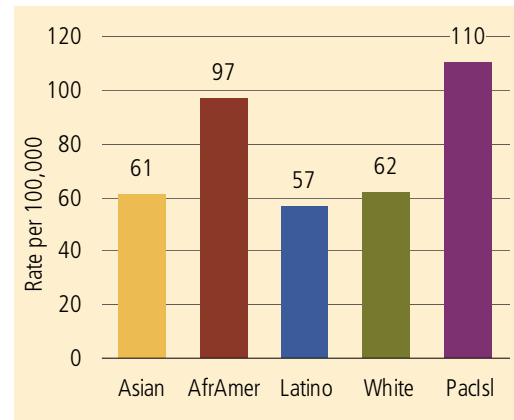


Figure 13: Stroke Mortality Rates by Age and Race, Alameda County, 2000-2002

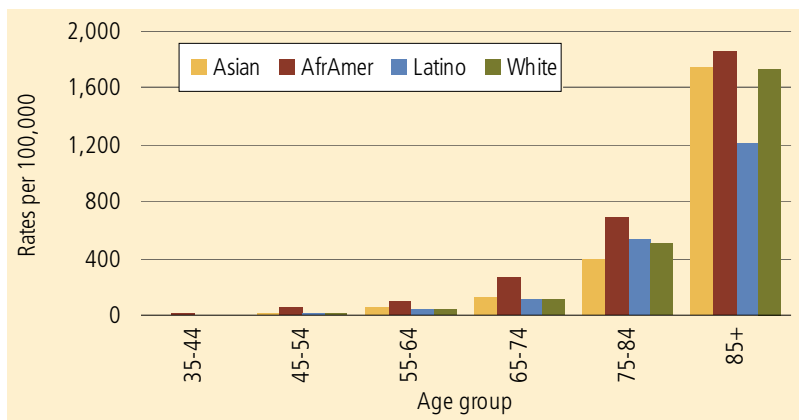
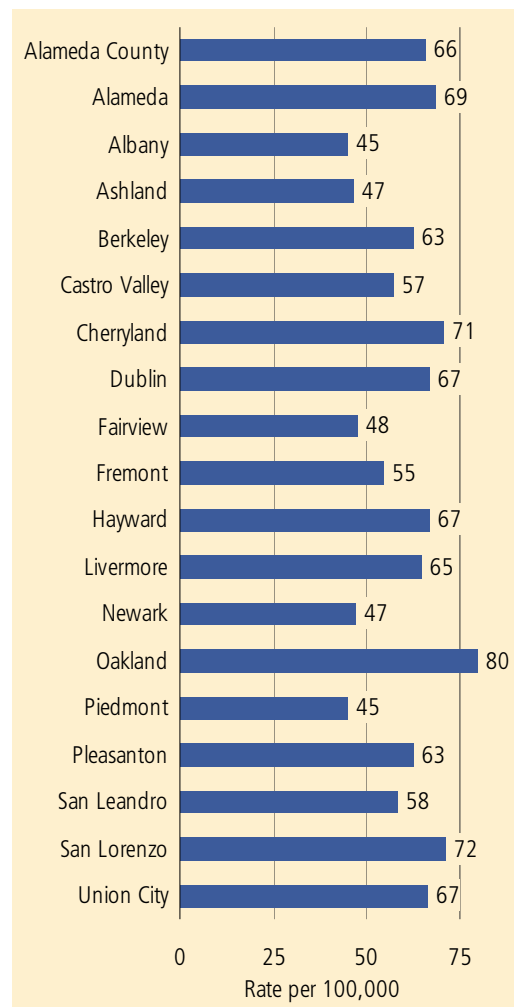


Figure 14: Stroke Mortality Rates, Alameda County and Cities, 2000-2002



Source for all tables: CAPE with data from Alameda County vital statistics files, Census 2000, and DOF.

Alameda County

From 2000 to 2002, there were 2,456 deaths due to stroke among Alameda County residents, an average of 819 per year. The age-adjusted rate of stroke death was 66 per 100,000 per year (Tables 14 and 15). This rate exceeds the state and national rate, as well as the HP2010 objective of 48.

The stroke death rate was only slightly higher among males than females in Alameda County (68 vs. 64). Despite the higher rate of stroke among males, only 39% of those who died from stroke were males. The larger numbers of women dying from stroke reflect the larger number of women alive at older age groups when the risk of death from stroke is greater.

At age 45 and older, the risk of death from stroke increased sharply with age for both men and women. Rates for males and females were similar at all ages (Figure 11).

The stroke death rate for Pacific Islanders was 110, substantially higher than any other race/ethnic group. This rate may be unreliable as it was based on only 14 deaths over the three-year period. However, since a high risk of death from CHD and diabetes has also been observed in this group, it is unlikely that these high rates were due to random variation. African Americans also had very high stroke death rates (Figure 12).

African Americans had higher age-specific death rates than other race/ethnic groups in every age group. Rates in each race/ethnic group increased dramatically in the age group 85 and older but the increase was less pronounced for Latinos (Figure 13).

Cities

The age-adjusted stroke death rate was highest in Oakland, San Lorenzo, and Cherryland (Figure 14). Rates in most cities of Alameda County far exceeded the HP2010 objective of 48 per 100,000. The rates for Piedmont, Albany, Ashland, Fairview, and Newark were among the lowest, ranging from 45 to 48.

In most cities with numbers sufficient to calculate rates, male rates exceeded female rates by 10% to 50%. In a few cities – Pleasanton, San Leandro, and Union City – female rates were higher than male rates.

Rates of stroke death were highest among African Americans. Berkeley, Hayward and Oakland, the only cities for which African American rates are shown, have rates nearly two or more times the HP2010 objective. Asian rates ranged from 38 in San Leandro to 78 in Newark. Latino rates ranged from 46 in San Leandro to 84 in Castro Valley, and White rates ranged from 37 in Newark to 85 in Cherryland and Union City.

Cancer Background

Cancer is a large group of diseases in which abnormal cells divide uncontrolled. Cancer cells differ from normal cells in size and in function, and are characterized by uncontrolled growth and spread of abnormal cells throughout the body rapidly and independently from the primary site to other tissues. They can spread, or metastasize, to other locations via the bloodstream, the lymphatic system, or by accidental transplantation from one site to another during surgery. Cancer is broadly classified according to histologic origin: carcinomas – those derived from cells found in the lining of various tissues, and sarcomas – those derived from the underlying supporting tissue.^{1,2}

Nationally, there were 553,768 deaths from cancer in 2001. Cancer is the second leading cause of death in the United States, accounting for 23% of all deaths. The age-adjusted death rate in 2001 was 196 per 100,000.³

According to the National Cancer Institute, cancer incidence rates for all cancer sites combined increased from the mid-1970s through 1992, decreased through 1995, then stabilized through 2000.⁴ This is due in part to the fact that increases in breast cancer in women and prostate cancer in men offset a long-term decrease in lung cancer in men.^{4,5}

Death rates for all cancer decreased beginning in 1994 and stabilized from 1998 through 2000. Recent data show that death rates among men continued to decline throughout the 1990s, whereas death rates among women were essentially unchanged from 1998 through 2000.⁴

In general, incidence and death rates for all cancers combined are lower among Asian/Pacific Islander, American Indian, and Latino populations than among White and African American populations. African Americans are more likely to die of cancer than any other racial/ethnic group. An examination of national figures for four major cancer sites revealed growing disparities between White and African American populations.³⁻⁶

African American males have a higher incidence of lung, prostate, and colorectal cancer than White males. They are also more likely to die from these diseases. The rate of new breast cancer cases among White females is higher than among African American females, yet African American females are more likely to die from breast cancer (Table 16).

Latinos have higher rates of cervical, esophageal, gallbladder, and stomach cancers than non-Hispanic Whites. Rates of stomach and liver cancers are higher among Asian Americans than the rest of the population, and the rate of colorectal cancer is highest among Alaskan Natives.⁶ Although the rates of cancer incidence and death have declined recently, the actual number of people diagnosed with cancer is expected to double in the next

several decades, as the elderly population grows.⁷ Adequate access to cancer screening and the availability of high quality treatment among poor and underserved populations are critical to reducing the burden of cancer.¹⁸

Many cancers can be cured if detected early and treated promptly, and many can be prevented by lifestyle changes. Maintaining a healthy weight, exercising regularly, and not smoking, can reduce an individual's risk of cancer substantially.⁹ Cancer prevention and control plans should not only address specific screening methods in specific populations, but also should devote resources to the development and dissemination of public health programs that promote and help people maintain a healthy lifestyle.

Table 16: Cancer Incidence and Mortality Rates by Race, United States, 1996-2000

	Incidence Rate					Death Rate				
		White		African American			White		African American	
	Total	Male	Female	Male	Female	Total	Male	Female	Male	Female
All cancer	472	556	432	697	406	202	250	167	356	199
Lung	63	79	52	120	55	57	78	42	107	40
Breast	135		141		122	28		27		36
Prostate	170	164		272		33	30		73	
Colorectal	54	64	46	72	56	21	25	18	35	25

Note: All rates age-adjusted by the direct method to the 2000 U.S. standard population.
Source: National Cancer Institute.

Lung Cancer Mortality

Lung cancer is the leading cause of death from cancer in the United States for both men and women, accounting for 28% of all cancer deaths. More than 156,000 people in the U.S. died of lung cancer in 2001.⁴ The American Cancer Society estimates that more than 173,770 new cases of lung cancer will be diagnosed in the United States in 2004.¹⁹ Although there has been some progress in methods of cancer treatment, the chances of full recovery after treatment are very low. Only about 14% of those treated for lung cancer survive five or more years.¹⁰

Nationally, the age-adjusted lung cancer death rate in 2001 was 55 deaths per 100,000 population.⁴ In California, it was 45 for the period 2000-2002.¹¹ Both the national and state rates exceed the Healthy People 2010 objective of 44.9 or fewer lung cancer deaths per 100,000. While lung cancer death rates have declined since 1990 among males, they have continued to increase among females. Since 1987, more females have died from lung cancer than from breast cancer. Age-adjusted lung cancer death rates are approximately 40 percent higher among African American males than White males.⁶

According to the American Cancer Society, a single behavior – cigarette smoking – is thought to be responsible for eight out of ten cases of lung cancer. In addition, non-smokers who breathe the smoke of

others also have an increased risk of developing lung cancer. Thus, preventing and reducing cigarette smoking are key to reducing illness and death from lung cancer.¹⁰

Alameda County

From 2000 to 2002, there were 1,841 lung cancer deaths among Alameda County residents, an average of 614 deaths per year. The age-adjusted lung cancer death rate was 49.3 per 100,000 population (Tables 17 and 18). This rate exceeds the Healthy People 2010 objective of 44.9 or fewer lung cancer deaths per 100,000.⁶ The rate is above the California rate and below the national rate.

Rates of death from lung cancer increased sharply with age, particularly among males, until 85 years when it leveled off or declined. Male rates exceeded female rates in all age groups (Figure 15).

African Americans had a very high lung cancer death rate, well above the other race/ethnic groups (Figure 16). It was at least two times Asian and Latino rates. The White rate was more than twice the Latino rate. For the county as a whole only Asians and Latinos met the HP2010 objective of 44.9.

African Americans had the highest rates of lung cancer death in each age group until age 85 and older when it dropped off dramatically (Figure 17). The pattern is similar for Whites, but with a sharper increase between the 55-64 age group and the 65-74 age group. Also, there was only a small decline in the oldest age group. Latinos and Asians have the lowest rates in each age group marked by a far more gradual increase in rates with age than that seen for African Americans and Whites.

Cities

The age-adjusted lung cancer death rate was highest in Newark, Ashland, and San Lorenzo (Figure 18). These cities exceeded the HP2010 objective of 44.9 by a wide margin. In fact, most cities in Alameda County exceeded the national objective. Only Dublin, Berkeley, and Fairview have rates below the objective.

In most cities with numbers sufficient to calculate rates, the male death rates were higher than the female rates by at least 50%. In Newark, the male rate was 2.7 times (170%) higher than the female rate. In Berkeley, Castro Valley and Oakland the male rates were more than 80% higher.

African Americans had the highest lung cancer death rates in all cities shown, ranging from 53 per 100,000 in Berkeley to 82 in Oakland. Whites generally had the second highest rates, ranging widely from 29 per 100,000 in Berkeley and Dublin to 90 in Ashland and 84 in Newark. Rates among Asians ranged from 26 per 100,000 in Alameda City to 55 in San Leandro.

Table 17: Lung Cancer Mortality Rates by Sex and Race, Alameda County, Cities, and Regions, 2000-2002

Area	All	Male	Female	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	49.3	65.4	37.8		31.6	75.2	25.3			54.5
Alameda	44.6	56.7	37.5		26.2					55.4
Albany	55.4	94.5								72.8
Ashland	60.1	67.4	57.6							89.6
Berkeley	34.1	45.7	25.3		30.7	53.2				28.7
Castro Valley	56.3	77.6	39.0							62.7
Cherryland	53.6	76.1								73.8
Dublin	25.5	39.2								29.2
Emeryville										
Fairview	37.9									
Fremont	45.5	58.8	35.9		26.3					60.5
Hayward	45.9	61.0	35.7		29.8	69.4				61.4
Livermore	57.3	71.7	46.5							61.4
Newark	65.4	104.2	38.7							84.3
Oakland	54.8	73.7	40.7		33.4	82.2	27.0			46.7
Piedmont										
Pleasanton	47.3	60.5	37.9							48.8
San Leandro	53.1	70.1	41.5		54.8					60.7
San Lorenzo	59.1	76.7	48.4							74.1
Sunol										
Union City	48.1	60.6	41.6		36.7	93.3	36.2			70.7
North county	37.2	52.9	25.7		27.4	52.6				36.3
Oakland area	51.9	68.4	39.8		31.5	81.1	28.4			47.5
Central county	51.5	68.5	39.7		35.1	58.4	19.7			63.3
South county	48.6	64.4	37.9		31.4	79.3	26.5			64.6
Tri-valley	49.7	63.4	39.1							52.7

Note: All rates age-adjusted by the direct method to the 2000 U.S. standard population. Rates not reliable and not shown for less than ten cases.

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table 18: Lung Cancer Mortality Counts by Sex and Race, Alameda County, Cities, and Regions, 2000-2002 Total

Area	All	Male	Female	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	1,841	1,032	809	3	201	409	83	6	6	1,133
Alameda	104	54	50		13	1	5			85
Albany	25	17	8		1	1				23
Ashland	29	14	15		1	4	3			21
Berkeley	91	51	40	1	10	30	4		1	45
Castro Valley	112	66	46		5	1	5	1		100
Cherryland	17	10	7			1	2			14
Dublin	17	12	5		1	2				14
Emeryville	8	5	3			4	1			3
Fairview	10	6	4		1	1	1			7
Fremont	205	115	90		29	5	9	2		160
Hayward	160	88	72		16	16	8	1	1	118
Livermore	85	46	39	1	3	1	3			77
Newark	55	37	18		8	2	4	1	2	38
Oakland	568	324	244		65	321	20		1	161
Piedmont	8	2	6		1	1				6
Pleasanton	61	32	29		2		3	1		55
San Leandro	152	83	69		25	8	4			115
San Lorenzo	47	26	21		1	1	1			44
Sunol	3		3							3
Union City	72	37	35		19	9	10		1	33
North county	116	68	48	1	11	31	4		1	68
Oakland area	688	385	303		79	327	26		1	255
Central county	527	293	234		49	32	24	2	1	419
South county	335	189	146		56	16	23	3	3	234
Tri-valley	163	90	73	1	6	3	6	1		146

Source: CAPE, with data from Alameda County vital statistics files

Figure 15: Lung Cancer Mortality Rates by Age and Sex, Alameda County, 2000-2002

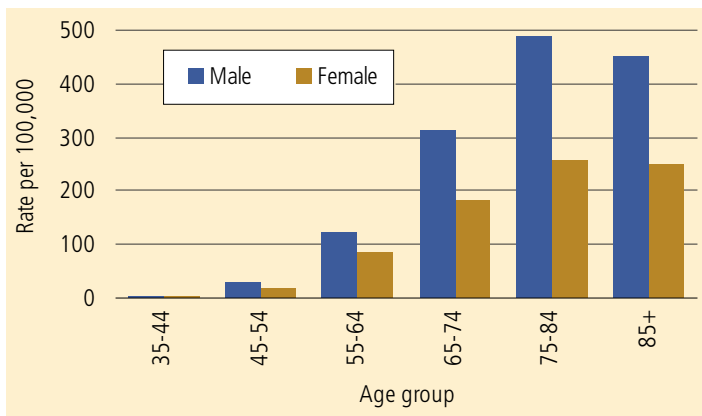


Figure 16: Lung Cancer Mortality Rates by Race, Alameda County, 2000-2002

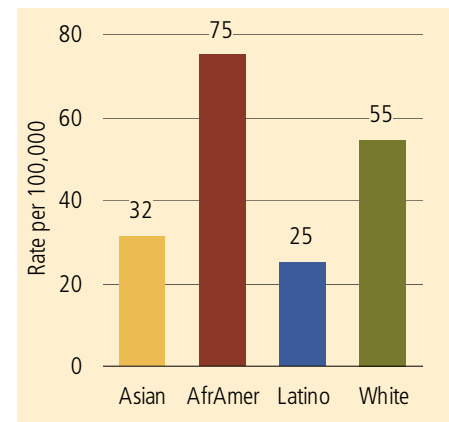


Figure 17: Lung Cancer Mortality Rates by Age and Race, Alameda County, 2000-2002

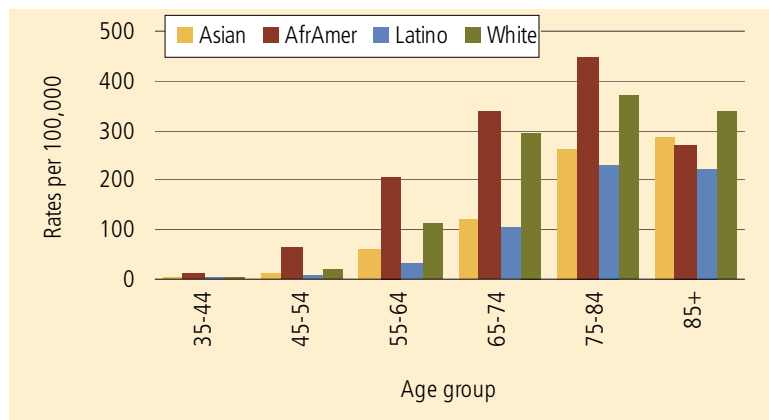
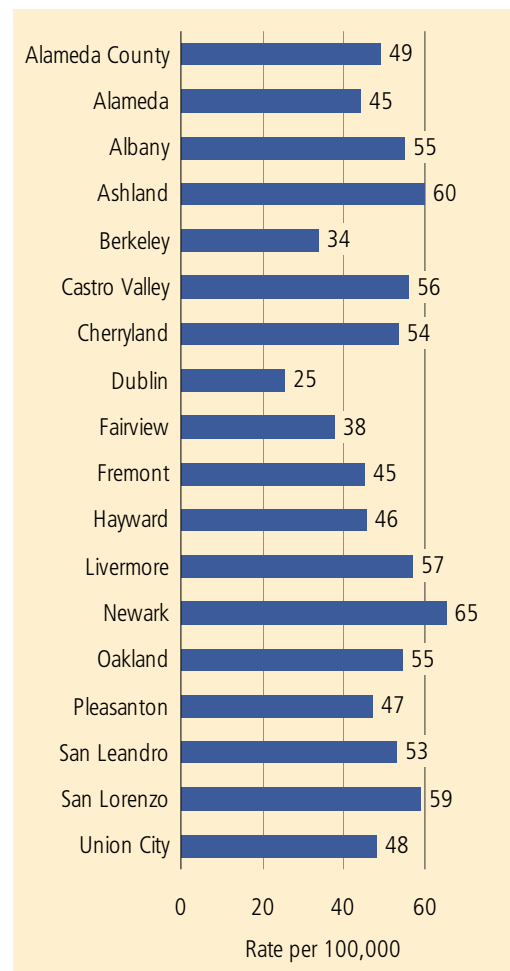


Figure 18: Lung Cancer Mortality Rates, Alameda County and Cities, 2000-2002



Source for all tables: CAPE with data from Alameda County vital statistics files, Census 2000, and DOF.

Colorectal Cancer Mortality

Colorectal cancer is a malignant neoplasm in the colon and rectum. Symptoms for colorectal cancer may include rectal bleeding, abdominal discomfort, pain, bloating, a change in bowel habits, iron deficiency anemia, and unexplained weight loss.^{1,2} Most colorectal cancers develop over many years from benign polyps. Precancerous polyps can be detected and removed during certain screening procedures, thereby preventing colorectal cancer. If colorectal cancer is found early and treated appropriately, the chance of survival is greatly enhanced.¹²⁻¹⁵

Colorectal cancer is the second leading cause of cancer-related death in the United States and it is the third most common cancer in men and women.^{12,15,16} It is estimated that approximately 146,940 new colorectal cancer cases will be diagnosed in 2004 and that 56,730 Americans will die of colorectal cancer in 2004.¹⁹

Nationally, the age-adjusted colorectal cancer death rate in 2001 was 20.1 deaths per 100,000.^{3,4} In California, the rate was 18.1 per 100,000 during the period 1997-2001.¹⁷ Both the national and state rates exceed the HP2010 objective of 13.9.

The risk of developing colorectal cancer increases with advancing age. Most cases are diagnosed in those 50 years and older. The risk is also higher among people with inflammatory bowel disease (ulcerative colitis or Crohn's disease), a family history of colorectal cancer or colorectal polyps, and certain hereditary syndromes. Lack of regular physical activity, low fruit and vegetable intake, a low-fiber and high-fat diet, obesity, alcohol consumption, and tobacco use are associated with colon cancer.^{1,12}

All adults 50 years and older should be screened routinely for colorectal cancer. Studies have found that at least 75% of colorectal cancers occur among people with no family or personal history of colorectal cancer and no risk factors that would place them at high risk for developing colorectal cancer.¹²⁻¹⁵

Alameda County

From 2000 to 2002, there were 696 colorectal cancer deaths among Alameda County residents, an average of 232 deaths per year. The age-adjusted colorectal cancer death rate was 18.5 per 100,000 population (Tables 19 and 20), exceeding the HP2010 objective of 13.9.⁶

Rates of death from colorectal cancer increased sharply with age for both sexes. Male rates exceeded female rates in most of age groups except in the age groups 45-54 and 85 and older (Figure 19).

African American colorectal cancer death rate was higher than any other race/ethnic group, nearly twice the Latino rate. At the county level, only Latinos met the HP2010 objective of 13.9 (Figure 20).

While rates in all race/ethnic groups increased with age, the increase was more gradual for Latinos than others (Figure 21). A large increase was seen for African Americans in the 75-84 age group. In the age group 85 and older, rates among Asians, African Americans and Whites were similar, approximately 60% to 70% higher than the Latino rate.

Cities

Colorectal cancer death rates were highest in Newark and Ashland, followed by Pleasanton and San Lorenzo (Figure 22). Only in Fremont and Livermore did rates approach the HP2010 objective of 13.9 or fewer colorectal cancer deaths per 100,000.

In most cities with numbers sufficient to calculate rates, male death rates were higher than the female rates by at least 20% to 50%. In Berkeley, Hayward, Livermore, and Union City, rates for males and females were about the same.

Asians in Berkeley had the highest colorectal cancer death rate found in Alameda County (35 per 100,000). Relatively high rates were also found among African Americans in Berkeley and Oakland. The highest White rate was found in Newark. The Berkeley and Newark rates are based on small numbers and may be unreliable.

Table 19: Colorectal Cancer Mortality Rates by Sex and Race, Alameda County, Cities, and Regions, 2000-2002

Area	All	Male	Female	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	18.5	21.2	16.2		16.1	23.8	12.9			19.3
Alameda	17.4	19.4	15.7							19.3
Albany										
Ashland	25.9									
Berkeley	15.9	15.9	15.0		34.8	23.6				12.1
Castro Valley	16.9	20.4	14.2							17.6
Cherryland										
Dublin	21.0									
Emeryville										
Fairview										
Fremont	14.3	16.4	12.0		10.8					17.4
Hayward	17.7	17.3	17.4				17.8			18.8
Livermore	14.4	14.8	14.2							15.3
Newark	27.1	38.9								29.6
Oakland	20.2	25.2	16.7		15.3	24.2				21.7
Piedmont										
Pleasanton	24.2	26.2	21.3							24.9
San Leandro	19.4	22.3	16.6							19.8
San Lorenzo	23.9		25.0							21.1
Sunol										
Union City	19.9	20.6	18.9		18.7					23.5
North county	15.1	17.0	13.2		30.5	22.8				11.7
Oakland area	19.8	24.0	16.8		15.6	24.1				21.1
Central county	18.6	20.1	17.3		16.8	28.0	17.8			19.3
South county	17.1	20.4	14.0		14.0		14.5			19.6
Tri-valley	19.5	20.9	17.9							20.6

Note: All rates age-adjusted by the direct method to the 2000 U.S. standard population. Rates not reliable and not shown for less than ten cases.

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table 20: Colorectal Cancer Mortality Counts by Sex and Race, Alameda County, Cities, and Regions, 2000-2002 Total

Area	All	Male	Female	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	696	334	362	2	101	128	45	3	2	415
Alameda	42	19	23		8	1				33
Albany	5	4	1		1				1	3
Ashland	12	5	7		1	2	1			8
Berkeley	44	18	26		11	13				20
Castro Valley	35	17	18		1	4	1			29
Cherryland	4	3	1				1			3
Dublin	11	6	5				1		1	9
Emeryville	5	2	3			2				3
Fairview	5	2	3							5
Fremont	60	32	28		10	1	5			44
Hayward	62	26	36		8	3	12	2		37
Livermore	23	10	13		1	1	1			20
Newark	21	14	7	1	4	1	3			12
Oakland	214	109	105	1	30	93	7			83
Piedmont	7	3	4		1					6
Pleasanton	34	16	18		1		1	1		31
San Leandro	57	26	31		9	4	4			40
San Lorenzo	19	7	12		2	1	3			13
Sunol	1	1								1
Union City	29	13	16		12	2	4			11
North county	49	22	27		12	13			1	23
Oakland area	268	133	135	1	39	96	7			125
Central county	194	86	108		21	14	22	2		135
South county	111	60	51	1	26	4	12			68
Tri-valley	68	32	36		2	1	3	1	1	60

Source: CAPE, with data from Alameda County vital statistics files.

Figure 19: Colorectal Cancer Mortality Rates by Age and Sex, Alameda County, 2000-2002

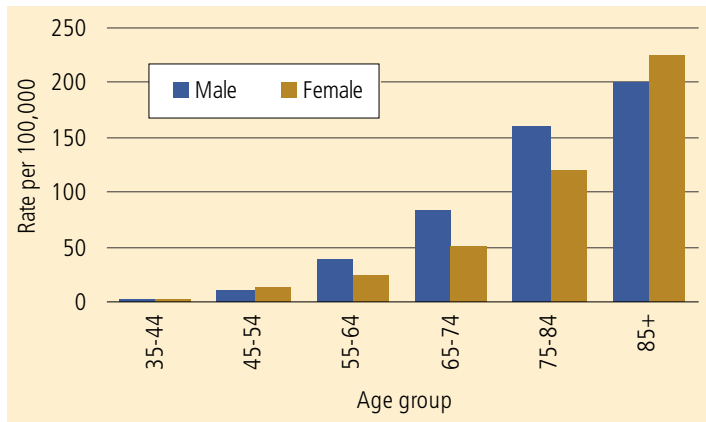


Figure 20: Colorectal Cancer Mortality Rates by Race, Alameda County, 2000-2002

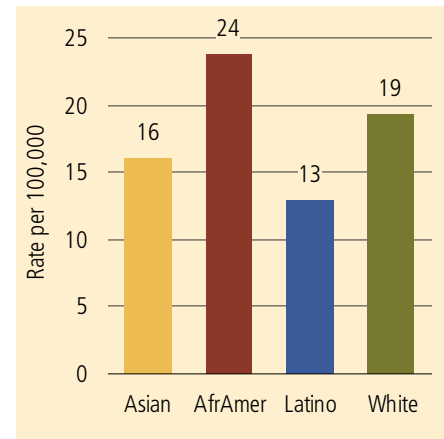


Figure 21: Colorectal Cancer Mortality Rates by Age and Race, Alameda County, 2000-2002

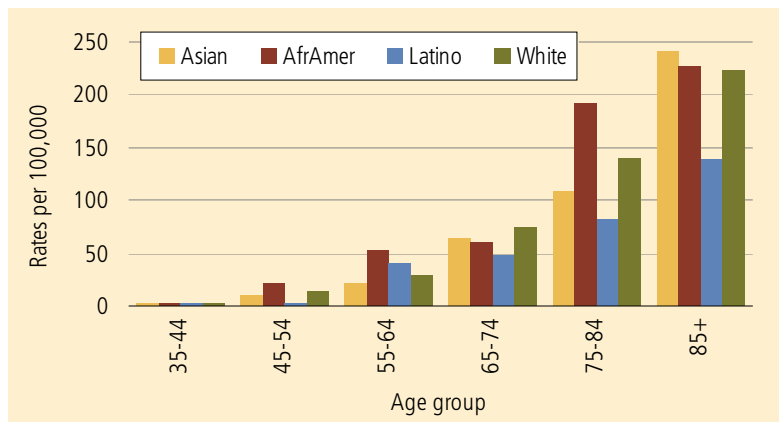
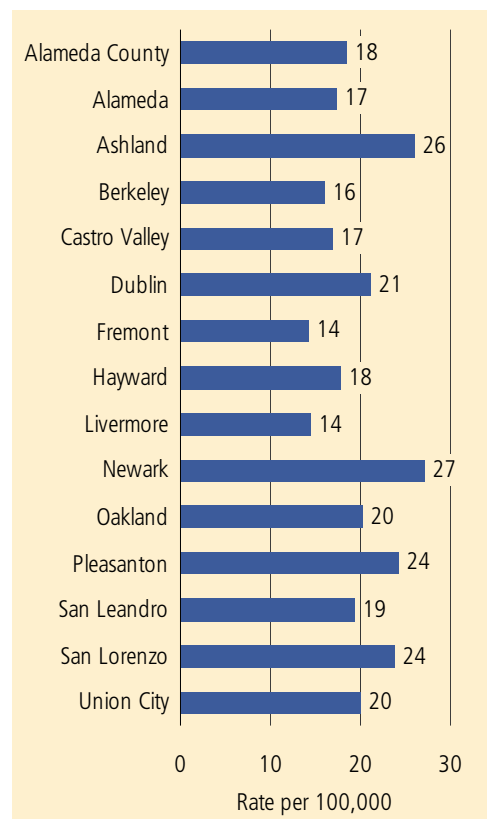


Figure 22: Colorectal Cancer Mortality Rates, Alameda County and Cities, 2000-2002



Source for all figures: CAPE with data from Alameda County vital statistics files, Census 2000, and DOF.

Female Breast Cancer Mortality

Female breast cancer is a disease in which cancer cells are found in the tissues of the breast. In its early stages, the cancer cells stay in the breast as a tiny nodule or lump. In later stages, some cells from the lump spread to other parts of the body and cause tumors to grow in these new sites. While breast cancer can occur in men, women comprise the vast majority of breast cancer cases.

Breast cancer is the second leading cause of cancer death among women and the most commonly diagnosed cancer among women in the United States. Women at high risk of developing breast cancer include those who: have a family history of breast cancer, have never been pregnant, were first pregnant after age 31, have had endometrial, ovarian, or unilateral breast cancer, or were exposed to low level ionizing radiation. Exposure to radiation, estrogen therapy, and diet are also associated with breast cancer.^{1,2,18}

In 2001, breast cancer killed 41,394 women in the United States. The age-adjusted death rate from breast cancer among U.S. women was 26 per 100,000. At the national level, breast cancer death rates are 35% higher among African American women (34) than among White women (26).³ In California, the breast cancer death rate is 24 per 100,000 women.¹¹ Both the national and state rates exceed the HP2010 objective of 22.3 per 100,000 women.⁶

Seventy percent of all diagnosed cases of breast cancer are among women 50 years or older. The American Cancer Society estimates that 215,990 American women will be diagnosed with breast cancer in 2004.¹⁹

Since 1990, the breast cancer death rate has decreased among White females. For African Americans, the decline did not begin until the mid-1990s. Among Latinas and Asians, rates appear to have leveled off since the mid-1990s without declining. These race/ethnic differences may be due in part to the fact that breast cancer is diagnosed at earlier stages in White women than in women of color, affecting chances of survival.^{4,6,16}

Early detection of breast cancer requires a combination of regular self-breast examination, clinical breast examination, and mammography. It is estimated that timely mammography screening among women older than 40 years could prevent 15% to 30% of all deaths from breast cancer.¹⁸

Alameda County

From 2000 to 2002, there were 567 breast cancer deaths among women in Alameda County, an average of 189 deaths per year. The age-adjusted breast cancer death rate was 25.7 per 100,000 women (Tables 21 and 22), exceeding the HP2010 objective of 22.3 per 100,000.⁶

After the age of 25, rates of death from breast cancer increased with advancing age (Figure 23). Those age 85 years and older had the highest breast cancer death rate (157 per 100,000 women).

African American women had a very high breast cancer death rate, well above the other race/ethnic groups (Figure 24). At the county level, only Asian and Latina rates were below the HP2010 objective of 22.3.

African American women had notably higher rates than others in each age group except in the 65-74 and 75-84 age groups (Figure 25). Under age 65, Asians and Latinas had the lowest rates. Latina rates increased in the 75-84 age group to the level of Whites and African Americans. In the age group 85 and older, African American and White rates continued to climb while Latina rates declined.

Cities

The age-adjusted breast cancer death rates were highest in Berkeley, Castro Valley, and Newark (Figure 26). Except for Union City, rates in all other cities in the county exceeded the HP2010 objective of 22.3. Rates ranged from 20.6 per 100,000 in Union City to 33.3 in Berkeley. Fremont and Livermore rates were very close to meeting the objective.

Berkeley African Americans had the highest breast cancer death rate of any race/ethnic group in all cities. The rate was almost two times that for Whites in Berkeley. It is noteworthy that Berkeley's African American rate was also almost two times Oakland's African American rate. Berkeley's rate is based on relatively small numbers (19 over three years) and therefore may not be reliable. Whites in Newark and Union City had higher breast cancer death rates than Whites in other cities. The lowest rates were among Asians in Fremont and Oakland.

Table 21: Female Breast Cancer Mortality Rates by Race, Alameda County, Cities, and Regions, 2000-2002

Area	Female	AmerInd	Asian	AfrAmer	Latino	Paclsl	Multirace	White
Alameda County	25.7		13.9	36.9	19.0			28.7
Alameda	27.0							30.6
Albany								
Ashland								
Berkeley	33.3			63.3				32.2
Castro Valley	29.6							31.4
Cherryland								
Dublin								
Emeryville								
Fairview								
Fremont	23.2		15.3					28.9
Hayward	26.4				23.3			24.9
Livermore	22.8							25.8
Newark	28.7							42.9
Oakland	27.2		15.7	33.6				30.9
Piedmont								
Pleasanton	24.5							27.7
San Leandro	25.7							26.5
San Lorenzo								
Sunol								
Union City	20.6							35.2
North county	31.7			60.9				32.2
Oakland area	27.5		16.4	34.0				31.7
Central county	25.5		14.7	36.9	25.9			25.6
South county	23.4		12.6					31.6
Tri-valley	21.9							24.4

Note: All rates age-adjusted by the direct method to the 2000 U.S. standard population. Rates not reliable and not shown for less than ten cases.
Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table 22: Female Breast Cancer Mortality Counts by Race, Alameda County, Cities, and Regions, 2000-2002 Total

Area	Female	AmerInd	Asian	AfrAmer	Latino	Paclsl	Multirace	White
Alameda County	567	4	57	123	40	5	3	337
Alameda	37		6	2		1	1	27
Albany	7							7
Ashland	7			1	2			4
Berkeley	52		1	19			1	31
Castro Valley	31		2	2	2	1		24
Cherryland	5		1		2			2
Dublin	4				1			3
Emeryville	4			2				2
Fairview	2				1			1
Fremont	63		14	4	2	1		42
Hayward	53	1	6	7	10		1	28
Livermore	22				1			21
Newark	16		3		1			12
Oakland	166		16	78	9	2		61
Piedmont	7							7
Pleasanton	22			1				21
San Leandro	41	2	5	5	2			27
San Lorenzo	7			1	1			5
Sunol								
Union City	19	1	2		6			10
North county	59		1	19			1	38
Oakland area	214		22	82	9	3	1	97
Central county	146	3	14	16	20	1	1	91
South county	98	1	19	4	9	1		64
Tri-valley	48			1	2			45

Source: CAPE, with data from Alameda County vital statistics files.

Figure 23: Female Breast Cancer Mortality Rates by Age, Alameda County, 2000-2002

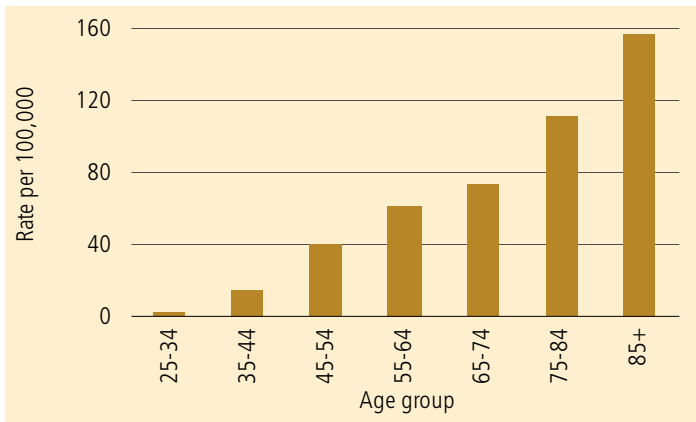


Figure 24: Female Breast Cancer Mortality Rates by Race, Alameda County, 2000-2002

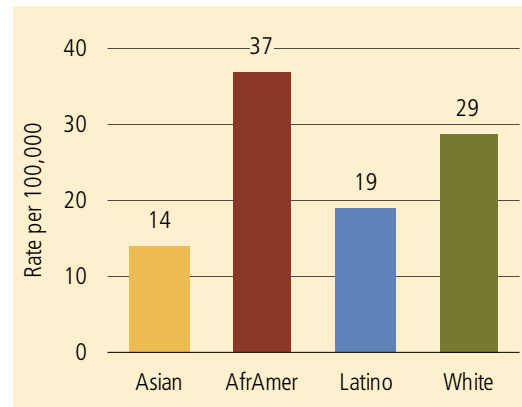


Figure 25: Female Breast Cancer Mortality Rates by Age and Race, Alameda County, 2000-2002

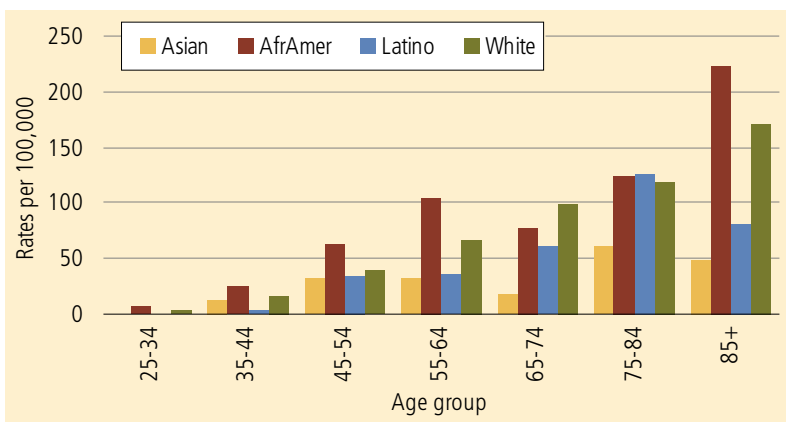
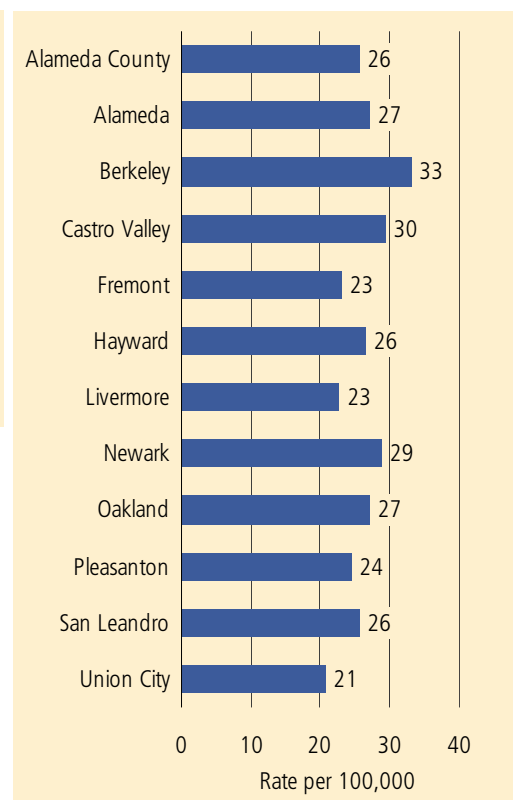


Figure 26: Female Breast Cancer Mortality Rates, Alameda County and Cities, 2000-2002



Source for all figures: CAPE with data from Alameda County vital statistics files, Census 2000, and DOF.

Prostate Cancer Mortality

Prostate cancer is a malignant neoplasm that develops in the prostate gland, the walnut-sized gland deep in the pelvis, between the bladder and the penis. The prostate, which wraps around the urethra, produces the fluid part of semen, which carries sperm. Most prostate cancer develops in the posterior part of the prostate gland, and the rest near the urethra. Prostate cancer is a slow-growing cancer that rarely produces symptoms until it is well advanced.^{1,2}

Prostate cancer is the second leading cause of cancer-related death among men in the United States, as well as the most commonly diagnosed cancer among men. The American Cancer Society estimates that in 2004, there will be 230,110 new cases of prostate cancer.^{19,20}

Nationally, the age-adjusted prostate cancer death rate in 2001 was 29 deaths per 100,000 men; 30,719 men died from the disease.³ About 70% of prostate cancers are diagnosed among elderly men who are 65 years or older.²⁰ In California, the age-adjusted prostate cancer death rate was 28 per 100,000 during the period 1997-2001.¹⁷ Both national and state rates are close to the Healthy People 2010 objective of 28.8 per 100,000 men.⁶

Since 1990 there has been a gradual decline in the prostate cancer death rate among all race/ethnic groups monitored. This trend is more notable among Whites than among African Americans.^{5,16,20} The death rates for African American men continue to be two times higher than those for White men. In 2001, the prostate cancer death rate was 27 for White men compared to 66 for African American men.³

The declining trend might be explained by technological advances in medicine and early screening for prostate cancer known as prostate-specific antigen (PSA) testing.^{16,20} From a public health perspective, the effectiveness of PSA screening in reducing mortality has not yet been clearly demonstrated because the test produces a large number of false positives.²⁰

Alameda County

From 2000 to 2002, there were 411 deaths from prostate cancer in Alameda County, an average of 137 deaths per year. The age-adjusted prostate cancer death rate was 29.7 per 100,000 men (Tables 23 and 24). This rate is only slightly above the HP2010 objective of 28.8 per 100,000.⁶

After age 54, the death rate from prostate cancer increased sharply with advancing age. The rate among men 85 years and older was very high, 640 per 100,000 (Figure 27).

African American men had a very high prostate cancer death rate, 63.4 per 100,000, two to three times higher than other race/ethnic groups (Figure 28). For the county, only Asians and Latinos have met the HP2010 objective of less than 28.8, though White men are close to it.

Prostate cancer death rates among African American men were about two times higher than White men in each age group (Figure 29).

Cities

The age-adjusted prostate cancer death rates were highest in Oakland and San Lorenzo (Figure 30). These cities, in addition to Berkeley and Castro Valley had rates exceeding the HP2010 objective of 28.8. All other cities for which data are available have met the objective. Overall, rates ranged from 22.8 in Hayward to 38.0 in Oakland.

African Americans in Berkeley had the highest prostate cancer death rate (75.1) of any group shown. The rate is more than three times the White rate in Berkeley. The death rate among African Americans in Oakland was 65.0, two times the White.

The death rate among Whites in San Lorenzo was higher than Whites in any other city (42.8). White rates in Alameda, Castro Valley, Fremont, Oakland, and San Lorenzo exceeded the HP2010 objective of 28.8.

Table 23: Prostate Cancer Mortality Rates by Race, Alameda County, Cities, and Regions, 2000-2002

Area	Male	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	29.7		13.2	63.4	19.8			29.4
Alameda	26.5							30.5
Albany								
Ashland								
Berkeley	31.2			75.1				20.6
Castro Valley	30.5							31.3
Cherryland								
Dublin								
Emeryville								
Fairview								
Fremont	27.0							30.2
Hayward	22.8							25.8
Livermore	25.0							24.9
Newark								
Oakland	38.0			65.0				32.4
Piedmont								
Pleasanton	25.4							26.8
San Leandro	25.0							27.5
San Lorenzo	34.4							42.8
Sunol								
Union City								
North county	34.4			72.2				29.3
Oakland area	35.6		11.1	63.6				32.2
Central county	25.8							29.1
South county	23.8							28.5
Tri-valley	24.3							25.5

Note: All rates age-adjusted by the direct method to the 2000 U.S. standard population. Rates not reliable and not shown for less than ten cases.
Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table 24: Prostate Cancer Mortality Counts by Race, Alameda County, Cities, and Regions, 2000-2002 Total

Area	Male	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	411	0	28	117	22	2	0	242
Alameda	24		1	1	2			20
Albany	9							9
Ashland	5							5
Berkeley	31		3	16				12
Castro Valley	25			1	2			22
Cherryland	4			1	1			2
Dublin	3							3
Emeryville	2							2
Fairview	2							2
Fremont	39		7	2	4			26
Hayward	29		2	4	2			21
Livermore	14		1	2				11
Newark	6			1	1			4
Oakland	152		9	87	5	2		49
Piedmont	4							4
Pleasanton	11		1					10
San Leandro	30		3	1	3			23
San Lorenzo	10							10
Sunol								
Union City	7		1	1	2			3
North county	40		3	16				21
Oakland area	182		10	88	7	2		75
Central county	105		5	7	8			85
South county	52		8	4	7			33
Tri-valley	28		2	2				24

Source: CAPE, with data from Alameda County vital statistics files.

Figure 27: Prostate Cancer Mortality Rates by Age, Alameda County, 2000-2002

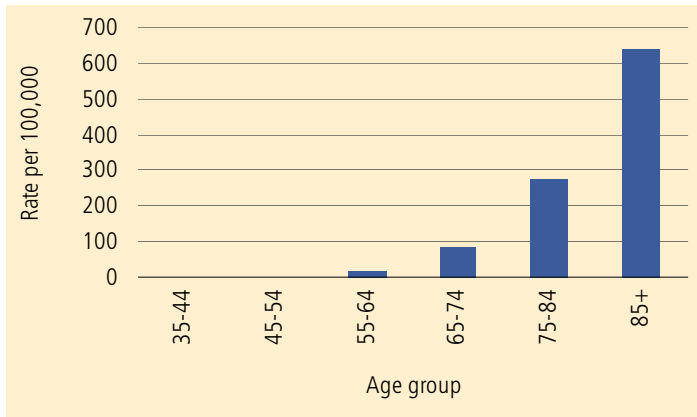


Figure 28: Prostate Cancer Mortality Rates by Race, Alameda County, 2000-2002

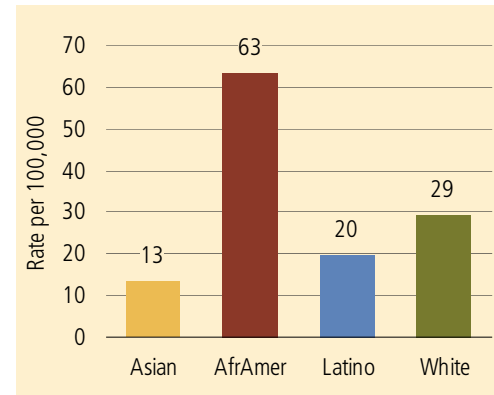


Figure 29: Prostate Cancer Mortality Rates by Age and Race, Alameda County, 2000-2002

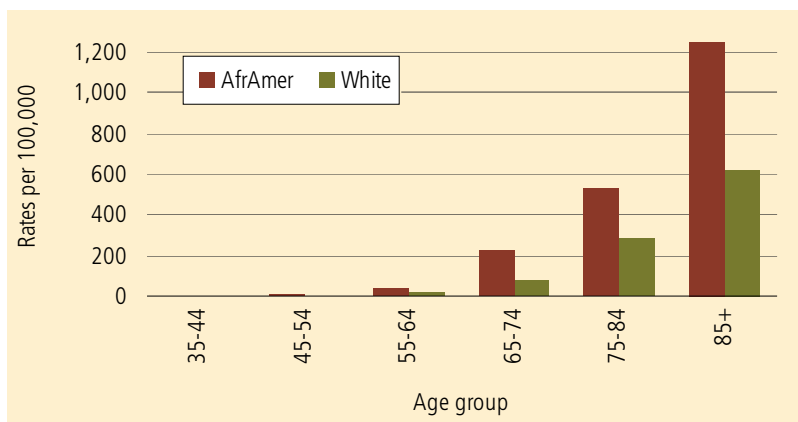
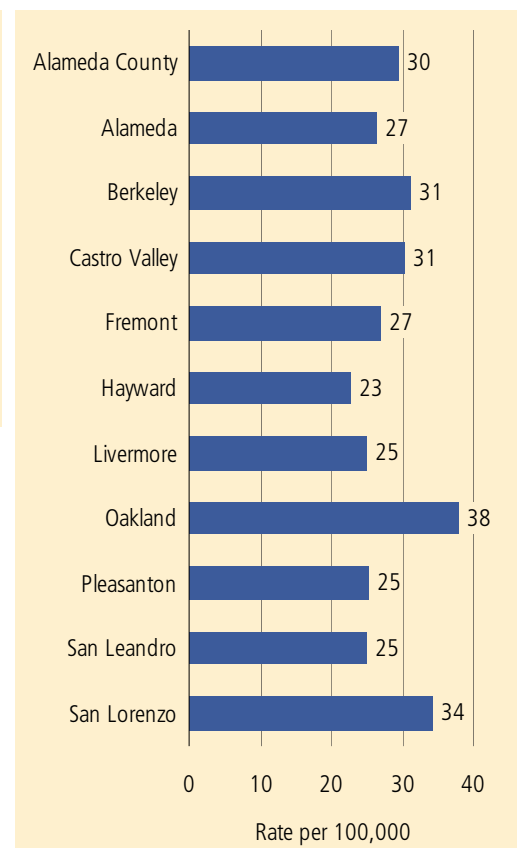


Figure 30: Prostate Cancer Mortality Rates, Alameda County and Cities, 2000-2002



Source for all figures: CAPE with data from Alameda County vital statistics files, Census 2000, and DOF.

Asthma

Background

Asthma is a chronic lung condition that causes swelling, excess mucus, and narrowing of the airways. An asthma attack occurs when the airways become so swollen and clogged that the person has trouble getting enough breath. Symptoms include coughing, wheezing, shortness of breath, and a tight feeling in the chest. Asthma can be triggered by exposures and conditions such as respiratory infections, dust mites, animal dander, mold, pollen, tobacco smoke, wood smoke, indoor and outdoor air pollutants, and even exercise.¹ Although the exact cause of asthma is not known, the development of asthma is determined by the interaction between genetics and environmental exposures. In Alameda County, air pollution is prominent, especially in areas with major freeways and industrial facilities.

There is no cure for asthma, so effective management of the condition is essential. Effective management of asthma involves: 1) controlling exposure to asthma triggers; 2) adequately managing asthma with medications; 3) monitoring lung function; and 4) educating asthma patients to work with medical providers as partners in their own care.¹

The prevalence of asthma has been increasing nationally since 1980. The CDC estimates that 14 million people in the United States have asthma and that over ten million have had an asthma attack in the past year. In general, asthma rates are higher among females and children five to 14 years. African Americans and low-income residents of inner cities have higher rates of asthma.²

Nationally, there are approximately 460,000 asthma hospitalizations per year. Rates of asthma hospitalization are highest among children under five years, followed by children five to 14 years and then adults 65 years and older. Hospitalization rates are 1.5 times higher among females than males and three times higher among African Americans than Whites. In 1999, the rate of emergency room visits for asthma was three times higher among African Americans than Whites.²

Data from the Behavioral Risk Factor Surveillance System showed that approximately 7% of U.S. adults currently have asthma.² Asthma rates were highest among Multirace respondents (16%), followed by American Indians (12%), African Americans (9%), Whites (8%), Latinos (5%), Asians (3%), and Pacific Islanders (1%).³ In California, an estimated 7% of adults currently have asthma, 5% of women and 9% of men.⁴

There are 5,000 deaths nationally per year from asthma. The death rate for African Americans is 2.5 times that for Whites, and about 1.5 times higher among females than males. Asthma death rates increase with age.²

Childhood asthma

Chronic conditions such as asthma can adversely affect the physical, cognitive, social, and emotional development of young children. According to *The Health of Young Children in California*,⁵ asthma is the most common health condition among young children. Approximately 10.5% of California children one to five years have been diagnosed with asthma. The highest rates are for African American children (20.4%), followed by White (10.4%) and Latino (9.2%) children. While about half the children diagnosed with asthma take medication to control it, it is believed that many more experience symptoms and physical limitations and should be taking controller medication. In addition, it is estimated that 22% of children diagnosed with asthma have an asthma-related ER visit each year. The figure jumps to 34% among those one and two years old with asthma. The largest contributor to preventable hospital admissions among children is usually asthma.⁵

Asthma hospitalization rates in Alameda County exceed California rates in every demographic group studied. For children, and the population as a whole, Alameda County rates were the second highest among the state's 58 counties, after Imperial County. Alameda County has the highest asthma hospitalization rates in the state among African American children 14 years and younger.⁶

In California, asthma hospitalization rates are highest among African Americans even when adjusted for income. Statewide and nationally, rates among African Americans are at least three times those for Whites.⁷

There are many reasons that some demographic groups are more likely to suffer from asthma. According to a recent Oakland/Berkeley Asthma Coalition report,⁸ key factors include:

Poverty People with asthma living in poverty have limited access to health care, medications, and transportation. They also have fewer housing options, live in some of the poorest neighborhoods, and frequently rent units in sub-standard buildings with mold, cockroaches and other pest infestation that contribute to their asthma burden.

Environmental inequities Parts of Alameda County have rates of childhood asthma hospitalization exceeding the national Healthy People 2000 objective by two or more times. These areas are more heavily impacted by industry that releases a multitude of pollutants into the air; they experience the heaviest traffic flow in our cities along the I-80 and I-880 corridors – especially diesel truck traffic, which releases more irritants than other vehicle emissions – and they are predominantly populated by people of color.

Limited health care access Many people with asthma have limited or no access to health care. They are significantly less likely to receive the regular care from a medical provider that is essential for the successful management of a chronic condition like asthma. They are also less likely to have prescriptions for daily controller medications, or a medical provider that speaks their language. Effective asthma management requires an ongoing commitment from the patient and provider to work as a team.

Systematic racial differences Studies have shown that people of color are less likely than whites to receive proper medications and medical care for a variety of chronic health conditions. Intentional or not, these systematic differences in medical care may well result in poorer health outcomes for people of color.

Alameda County

Here asthma is looked at as both a contributing factor and as a primary factor for hospitalizations. Also, hospitalizations are examined for children 14 years and younger and for the population as a whole.

Rates of hospitalization with asthma as a *contributing* factor increased with age (Figure 31). Among the elderly, the most common *principal* diagnoses were heart disease (20%), respiratory disorders other than asthma (18%), and digestive system disorders (11%). Among youth, the most common principal diagnoses were respiratory disorders other than asthma (32%) and mental disorders (21%).

Children five years and younger in Alameda County had very high asthma hospitalization rates (Figure 32). Male children in this group were hospitalized at twice the rate of females (896 per 100,000 compared to 480). The HP2010 objective for the 0-5 age group is 250 per 100,000. Female rates began to exceed male rates in the 15-24 age group. Between 35 and 75 years, females were hospitalized at twice the rate of males.

With the exception of Asians, rates of asthma hospitalization were highest in the 0-5 age group (Figure 33). Rates were exceedingly high among African American children under 15 years, three to five times higher than other groups. African American rates, though they declined in young- and early-adulthood, continued to exceed those in other race/ethnic groups through the 55-64 age group. In general, asthma hospitalization rates increased among the elderly. The rate among Asian/Pacific Islanders increased in old age to its peak in the 85 and older age group, while the African American rate decreased.

Among children under age 15 years in Alameda County, there were 3,396 hospitalizations between 2000 and 2002, an average of 1,132 per year. The age-adjusted rate was 367.1 per 100,000 children (Tables 25 and 26). The asthma hospitalization rate for African American children under age 15 was seven times that for Asian/Pacific Islander children, five times that of Whites, and four times that of Latinos (Figure 34).

Cities

Oakland's rate of childhood asthma hospitalization was very high (721 per 100,000 children under 15 years). The second highest rate was in Berkeley (460) (Figure 35). Alameda County's relatively high rate was driven in large part by Oakland and Berkeley. The lowest rates were in Dublin, Pleasanton, and Fremont (Map 3).

In all cities, asthma hospitalizations among male children exceeded those among females. In Alameda, Newark, and San Lorenzo, male rates were at least two times female rates.

In all cities where the number of hospitalizations was sufficient to calculate rates, the rates for African American children were two to six times those of other race/ethnic groups. African American rates ranged widely across cities, from a low of 300 per 100,000 in Fremont to a high of 1,200 in Berkeley. Asian/Pacific Islander children had the lowest asthma hospitalization rates in every city but San Leandro, where Latino rates were lowest. Rates among Whites were lower than among Latinos except in Fremont, Hayward, San Leandro, and San Lorenzo.

The high asthma hospitalization rates in Oakland and Berkeley are likely due to a combination of environmental and socioeconomic factors. Environmental exposures such as air pollution and substandard housing tend to be near freeways, ubiquitous in Oakland and West Berkeley. The poor are more likely to live in areas with these exposures. Living in poverty poses greater challenges for asthma management and access to primary care.

Table 25: Childhood Asthma Hospitalization Rates as Primary Diagnosis (Under 15 Years),
Alameda County, Cities, and Regions, 2000-2002

Area	All	Male	Female	AmerInd	API	AfrAmer	Latino	White
Alameda County	367.1	457.9	272.0		142.8	948.4	257.3	197.6
Alameda	291.7	408.7	172.6		165.0	594.4	263.1	189.7
Albany	253.3	300.6						
Berkeley	460.1	578.6	337.3			1,202.3	315.1	229.2
Castro Valley	199.2	216.2	182.0					179.5
Dublin	84.2	117.7						89.4
Fremont	131.7	156.4	105.0		78.1	293.1	108.3	166.1
Hayward	276.0	358.8	189.4		134.2	501.4	215.0	275.9
Livermore	152.9	196.7	107.0			615.7	187.5	99.6
Newark	153.3	211.1	91.4			603.3		215.8
Oakland	721.2	887.3	549.7		259.0	1,158.9	438.0	307.3
Pleasanton	120.2	152.2	87.7					121.4
San Leandro	333.6	449.9	209.8		234.1	784.4	139.6	246.3
San Lorenzo	289.4	309.7	270.3				203.7	277.7
Sunol								
Union City	169.6	226.3	109.4		135.9		113.7	301.0
North county	426.7	533.7	316.0			1,150.7	317.1	227.7
Oakland area	665.7	826.0	500.6		237.2	1,133.8	427.8	273.2
Central county	281.5	360.3	199.2		160.8	588.1	192.4	241.3
South county	142.5	178.3	103.9		92.1	287.4	94.5	187.0
Tri-valley	130.1	168.0	90.6		91.0	380.1	136.0	106.4

Note: All rates age-adjusted by the direct method to the 2000 U.S. standard population. Rates not reliable and not shown for less than ten cases.

Source: CAPE, with data from OSHPD patient discharge files, Census 2000, and DOF.

Table 26: Childhood Asthma Hospitalizations as Primary Diagnosis (Under 15 Years),
Alameda County, Cities, and Regions, 2000-2002 Total

Area	All	Male	Female	AmerInd	API	AfrAmer	Latino	White
Alameda County	3,396	2,168	1,228	5	322	1,525	665	526
Alameda	116	82	34		22	27	14	29
Albany	20	12	8		2	1	3	9
Berkeley	194	124	70	1	1	97	21	46
Castro Valley	63	35	28		6	8	8	30
Dublin	15	11	4		4		1	10
Fremont	183	113	70	1	51	20	25	71
Hayward	343	228	115	1	35	82	128	57
Livermore	85	56	29		3	10	21	37
Newark	45	32	13		6	10	5	19
Oakland	1,946	1,218	728	2	113	1,176	379	112
Pleasanton	55	35	20		7	4	3	38
San Leandro	204	142	62		36	80	29	34
San Lorenzo	47	25	22		6	4	12	15
Sunol								
Union City	80	55	25		30	6	16	19
North county	214	136	78	1	3	98	24	55
Oakland area	2,062	1,300	762	2	135	1,203	393	141
Central county	657	430	227	1	83	174	177	136
South county	308	200	108	1	87	36	46	109
Tri-valley	155	102	53		14	14	25	85

Source: CAPE, with data from OSHPD patient discharge files.

Figure 31: Asthma Hospitalization Rates as Primary and Associated Diagnosis by Age, Alameda County, 2000-2002

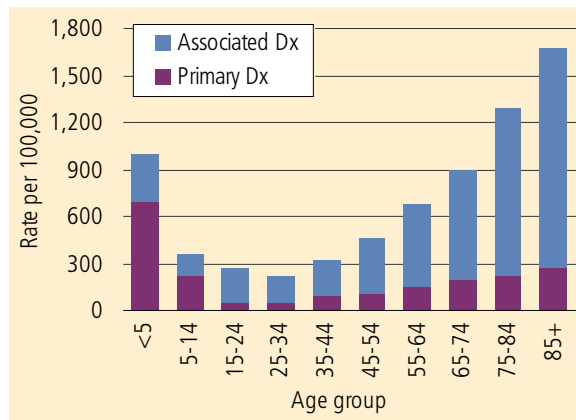


Figure 32: Asthma Hospitalization Rate by Age and Sex, Alameda County, 2000-2002

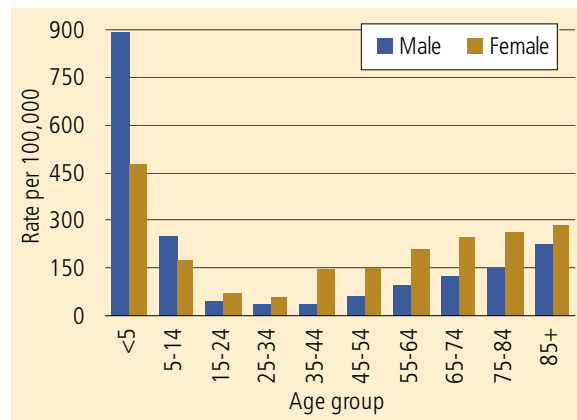


Figure 33: Asthma Hospitalization Rate by Age and Race, Alameda County, 2000-2002

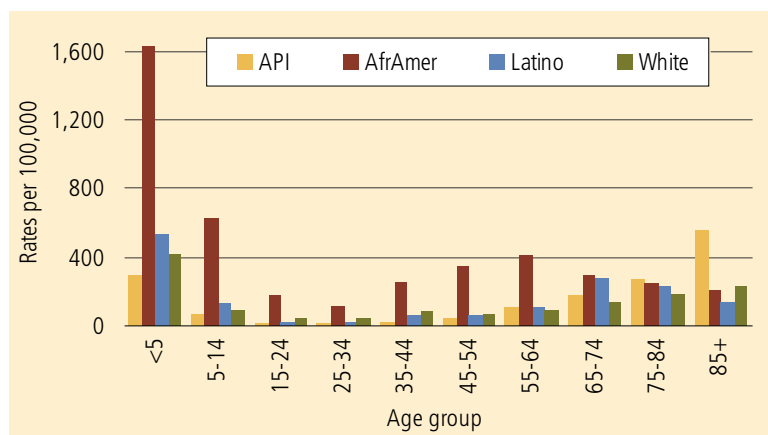


Figure 35: Childhood (Under 15 Yrs) Asthma Hospitalization Rate, Alameda County, 2000-2002

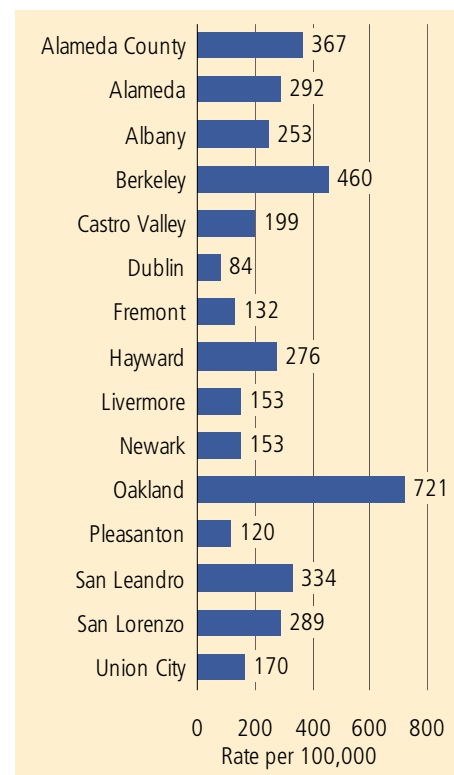
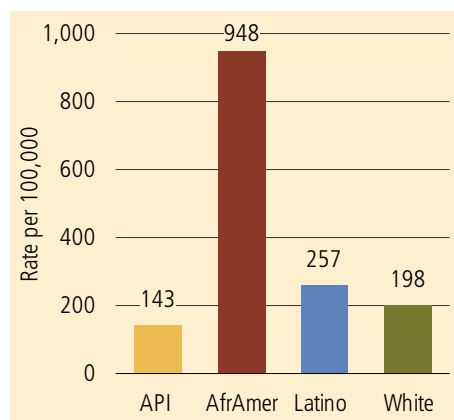


Figure 34: Childhood (Under 15 Yrs) Asthma Hospitalization Rate by Race, Alameda County, 2000-2002

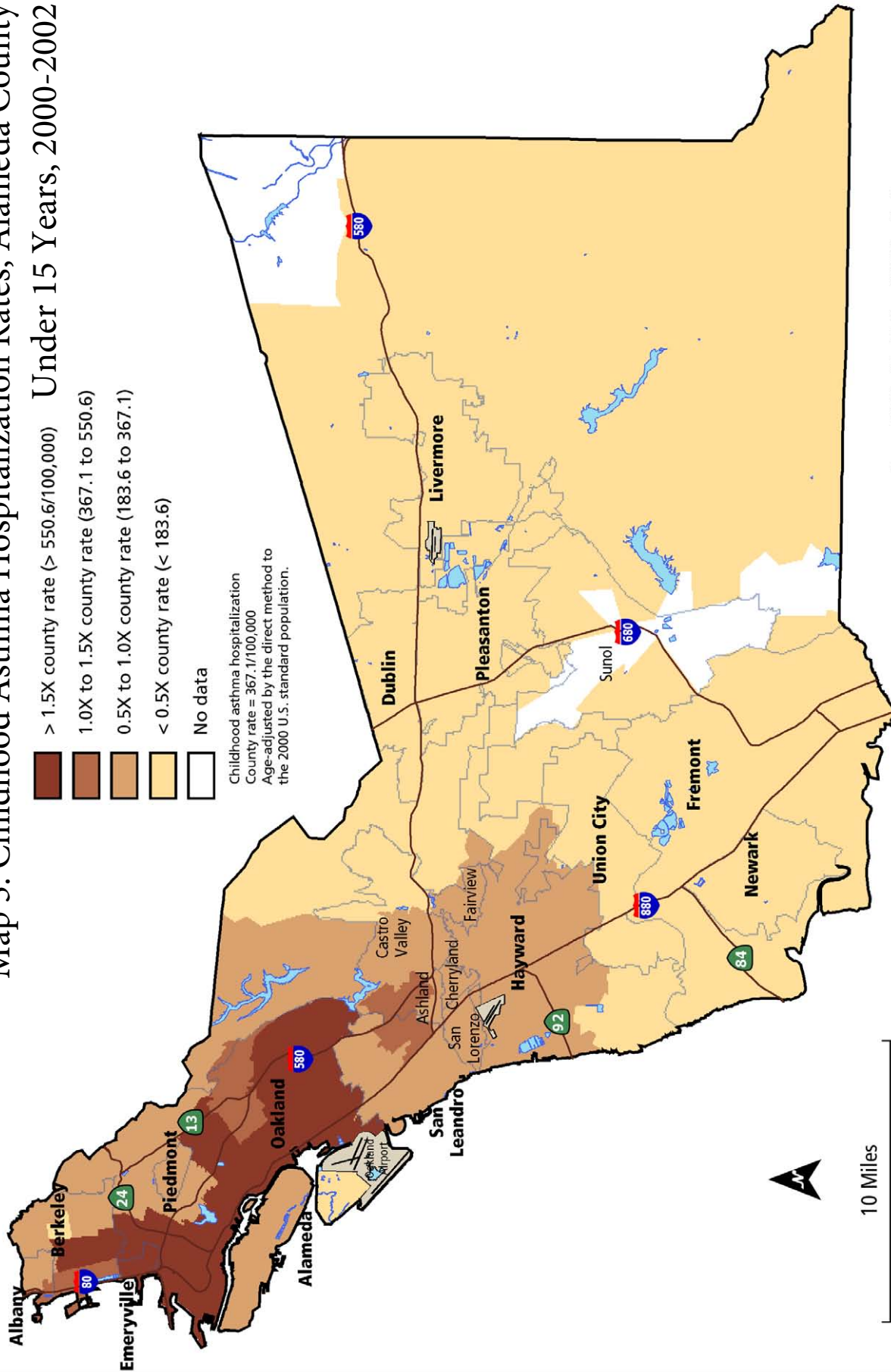


Source for all figures: CAPE, with data from OSHPD hospitalization discharge files, Census 2000, and DOF.

Map 3: Childhood Asthma Hospitalization Rates, Alameda County Under 15 Years, 2000-2002

- > 1.5X county rate (> 550.6/100,000)
- 1.0X to 1.5X county rate (367.1 to 550.6)
- 0.5X to 1.0X county rate (183.6 to 367.1)
- < 0.5X county rate (< 183.6)
- No data

Childhood asthma hospitalization
County rate = 367.1/100,000
Age-adjusted by the direct method to
the 2000 U.S. standard population.



Source: CAPE, with data from OSHPD patient
discharge files, Census 2000, and DOF.

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6 Mental Disorders

Mental Illness

The Surgeon General defines *mental health* as “the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem.”¹

The Surgeon General defines *mental illness* as mental disorders collectively: “Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.”¹

Approximately 21% of adults and children annually suffer from some kind of mental disorder in the United States. According to the Surgeon General, in the general population there is surprisingly little variation across race/ethnic groups with regard to the prevalence of mental disorders.² This conclusion, however, was based on data from community household surveys and those respondents we think of as ‘the general population.’

There is ample information showing that people of color bear a disproportionate burden of the causes and consequences of mental disorders relative to Whites. Mental disorders are far more prevalent among those who are homeless, sheltered, institutionalized, or incarcerated than in the larger community. Since people of color are over-represented in these and other vulnerable populations, they have a greater need for mental health services.²

In addition, the Surgeon General finds that people of color have more limited access to mental health services: they are less likely to receive needed services even when they are available; they often receive a lower quality of care; and they are underrepresented in mental health research.²

For anyone attempting to access quality mental health services, barriers to care are cost, availability, fragmentation of services, and the stigma associated with mental illness. Additionally, people of color often

deal with racism and discrimination, language, communication and cultural barriers, and mistrust of their providers.³⁰ Finally, less access to care and lower quality of care result in less effective treatment for mental disorders and a disproportionate burden of disability and lost productivity.²

Mental illness is the second leading cause of disability and premature mortality, after cardiovascular disease, in the United States and other industrialized economies.¹ Several categories of mental disorders – depression, bipolar disorders, schizophrenia, and anxiety disorders – are considered *serious* mental illnesses because of the magnitude of disability associated with them, their prevalence in the population, and the far-reaching effect the illnesses have on families and others who are close.^{3,4} The economic costs are enormous when treatment costs, lost productivity from disability and premature death, and criminal justice system costs are considered.

Depression

The most common mental disorder is depression.⁵ Some depression is part of the normal life course, and nearly all adults feel depressed at one time or another. This type of depression is typically time-limited and less pervasive than a diagnosable depressive disorder.

Major depression and similar mood disorders usually result in impaired functioning on a variety of levels – social, occupational, educational, and familial. Severely depressed individuals often feel empty, worthless, hopeless, and frequently cannot find pleasure in any activities. Suicide can be the result of untreated major depression.³¹

Rates of depression among women are about two times higher than those among men. Men, however, tend to manifest depression differently from women. Men are more likely to get discouraged, angry, or irritable and less likely to seek treatment or be diagnosed.⁴ Nationally, over 6% of women and 3% of men experience major depression in a given year.³

About one in five adults experience a mental disorder each year. Of these, about 15% have a co-occurring drug or alcohol use disorder. This coexistence makes treatment of either disorder more complicated. While treatment that addresses both problems at once is thought to be optimal, such options are often unavailable in community settings.¹ Treatments for mental disorders are becoming increasingly effective. They take two basic forms: psychosocial (psychotherapy or counseling) and psychopharmacologic (medication). Nevertheless, it is estimated that nearly half of U.S. adults with a serious mental illness do not seek treatment.²¹

Alameda County

In Alameda County, there were 26,908 hospitalizations for mental disorders between 2000 and 2002 (data not shown; see Appendix Table B-7). These mental disorders include the serious mental illnesses as well as

addiction disorders, eating disorders, and various types of dementia (usually associated with aging). The yearly age-adjusted rate of hospitalization for mental disorders for 2000 to 2002 was 609 per 100,000. Over one-quarter of these hospital admissions were for a major depressive disorder.

Between ages five and 24, hospitalization for depression as primary diagnosis accounted for the majority of depression-related hospitalizations (Figure 36). People 45 years and older were more likely to be hospitalized with depression as an associated, or contributing condition, than with depression as the primary condition. This finding was consistent with the fact that rates of depression among the elderly were much higher among those who had a physical health problem (12%) than among those who do not (1%).³

Among those hospitalized with depression as an *associated* disorder, the primary diagnoses were: other mental disorders (20%), injuries (13%), respiratory system disorders (10%), and circulatory system disorders (9%). There were some differences by age. For those under 25 years with depression as an associated diagnosis, 51% also had another mental disorder as a primary diagnosis compared to only 8% of those 55 years and older. Injury as a primary cause was also more common in the younger group (20%) compared to the older (10%). Conversely, among the elderly hospitalized with depression as an associated diagnosis, respiratory disorders and heart disease were common primary diagnoses (14% and 11%) while they were rare among those under age 25 (3% and <1%).

There were 7,404 hospitalizations in 2000 to 2002 in Alameda County with depression as the *primary* diagnosis, an average of 2,468 per year. The age-adjusted rate of hospitalization for major depression in Alameda County was 170 per 100,000 (Tables 27 and 28). Female rates exceeded male rates in every age group (Figure 37). The highest rates were among females 85 years and older and those females ages 15 to 24.

Whites and African Americans had the highest rates of hospitalization for major depression at all ages (Figure 38). Among youth and the elderly, White rates were higher than African American rates. Except in the 15-24 age group, African American rates were higher than White rates up to the age of 45. Asian/Pacific Islander rates were relatively low across the age spectrum. Latino rates followed a pattern similar to Whites but were consistently one-half to one-third the magnitude.

At the county level, Whites and African Americans had the highest rates of hospitalization, overall, for major depression, two to five times the other race/ethnic groups. Latino rates were well above Asian/Pacific Islander and American Indian rates (Figure 39).

Cities

Rates were highest in Livermore and Pleasanton, nearly twice those in Union City and Fremont (Figure 40). Female rates were higher than male rates in every city. In Livermore and Pleasanton, female rates were over 2.5 times male rates. In Alameda, San Lorenzo, and Union City, female rates were twice male rates. The extremely high depression hospitalization rates among females in Livermore and Pleasanton may have been responsible for the cities' high rank overall. Male rates in those two cities did not stand out relative to the other cities. In general, female rates may be higher than male rates because females are more likely to seek treatment.

Across cities, either Whites or African Americans had the highest rates, with wide variations in the differences. For instance, in Union City the African American depression hospitalization rate was 164 compared to a Whites rate of 291, while in Berkeley the African American rate was 319 compared to a White rate of 185.

Table 27: Major Depression Hospitalization Rates as Primary Diagnosis,
Alameda County, Cities, and Regions, 2000-2002

Area	All	Male	Female	AmerInd	API	AfrAmer	Latino	White
Alameda County	170.2	129.1	209.1	33.0	51.5	232.8	93.8	234.6
Alameda	143.0	91.9	193.2		38.7	184.1	114.4	194.1
Albany	189.1	135.2	235.1					240.6
Berkeley	180.0	149.3	210.7		77.7	319.1	101.0	184.7
Castro Valley	197.7	151.5	245.1		38.7	278.7	118.1	229.8
Dublin	162.1	112.0	206.4					199.4
Fremont	129.6	101.1	160.9		48.2	183.5	94.3	197.9
Hayward	166.8	117.4	217.1		57.0	201.1	79.5	311.4
Livermore	269.4	141.6	369.3			323.9	157.6	306.7
Newark	154.0	119.2	189.1		69.8	182.4	115.6	212.6
Oakland	176.2	150.1	200.6		56.0	227.5	76.2	259.5
Pleasanton	259.2	151.5	345.3			391.7	197.8	289.0
San Leandro	205.1	175.2	235.1		50.4	364.7	138.8	307.2
San Lorenzo	170.4	112.7	225.2		110.5		87.4	247.7
Sunol	663.6		1,125.5					
Union City	123.6	81.4	164.2		42.9	164.3	82.8	291.0
North county	179.7	146.8	211.8		70.3	321.1	105.0	191.2
Central county	181.3	136.9	226.3		56.2	256.5	97.5	280.7
Oakland area	170.0	140.3	198.0		52.1	226.1	79.4	241.1
South county	133.0	99.2	168.3		50.4	179.1	96.3	213.0
Tri-valley	248.9	140.4	335.4		38.8	309.0	158.4	284.9

Note: All rates age-adjusted by the direct method to the 2000 U.S. standard population. Rates not reliable and not shown for less than ten cases.

Source: CAPE, with data from OSHPD patient discharge files, Census 2000, and DOF.

Table 28: Major Depression Hospitalizations as Primary Diagnosis,
Alameda County, Cities, and Regions, 2000-2002 Total

Area	All	Male	Female	AmerInd	API	AfrAmer	Latino	White
Alameda County	7,404	2,704	4,700	15	528	1,608	715	4,243
Alameda	311	98	213		25	32	23	207
Albany	88	30	58		4	9	7	63
Berkeley	623	245	378	2	52	144	28	370
Castro Valley	330	118	212		11	21	23	258
Dublin	121	45	76		8	9	5	95
Fremont	792	296	496	3	103	54	81	501
Hayward	865	297	568	2	65	135	133	496
Livermore	478	123	355	2	7	11	25	428
Newark	198	78	120	1	23	10	43	111
Oakland	2,195	872	1,323	2	129	992	186	811
Pleasanton	386	106	280		6	10	20	343
San Leandro	590	246	344		33	141	78	318
San Lorenzo	134	45	89		18	3	17	92
Sunol	13	3	10		3		1	9
Union City	249	79	170	3	40	27	44	122
North county	711	275	436	2	56	153	35	433
Oakland area	2,506	970	1,536	2	154	1,024	209	1,018
Central county	1,919	706	1,213	2	127	300	251	1,164
South county	1,252	456	796	7	169	91	169	743
Tri-valley	985	274	711	2	21	30	50	866

Source: CAPE, with data from OSHPD patient discharge files.

Figure 36: Major Depression Hospitalization Rates as Primary and Associated Diagnosis by Age, Alameda County, 2000-2002

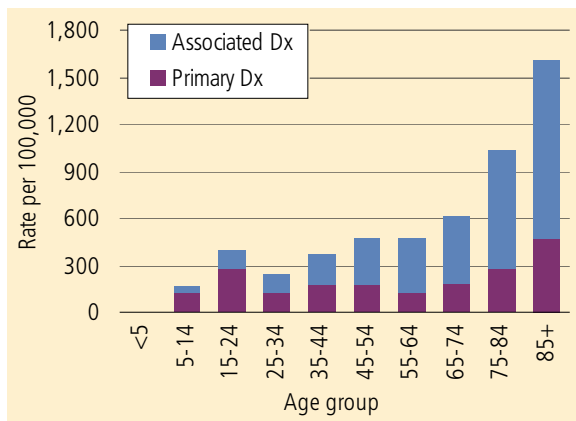


Figure 37: Major Depression Hospitalization Rates by Age and Sex, Alameda County, 2000-2002

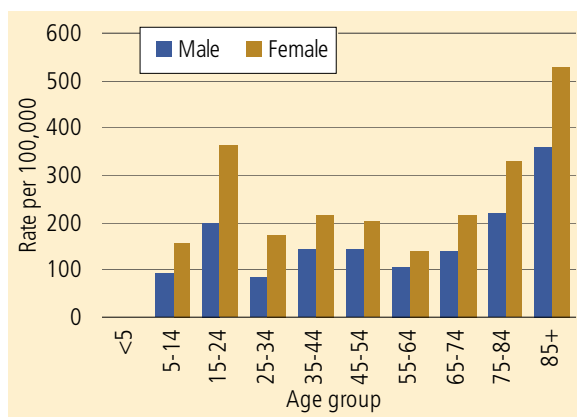


Figure 38: Major Depression Hospitalization Rates by Age and Race, Alameda County, 2000-2002

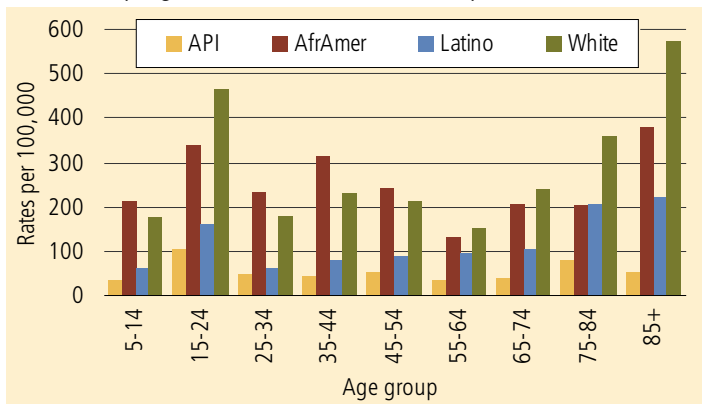


Figure 40: Major Depression Hospitalization Rates, Alameda County and Cities, 2000-2002

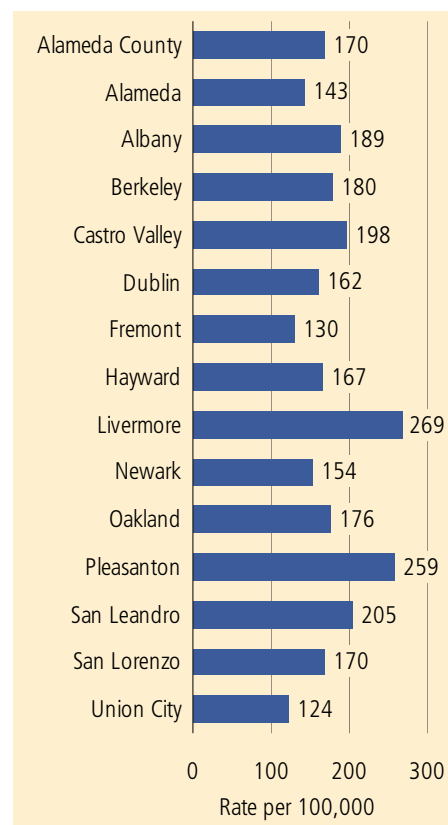
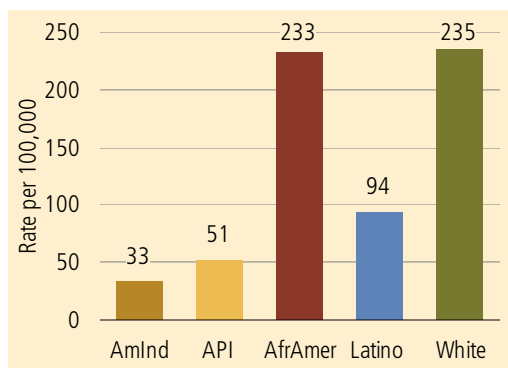


Figure 39: Major Depression Hospitalization Rates by Race, Alameda County, 2000-2002



Source for all figures: CAPE, with data from OSHPD patient discharge files, Census 2000, and DOF.

Alcohol and Drug Disorders

As previously stated, addiction disorders are more common among those with serious mental illness than among those without. In Alameda County, 24% of those hospitalized for a serious mental illness (major depression, schizophrenia, bipolar disorder, anxiety disorders) had an associated alcohol or drug disorder. When the focus was narrowed to major depression, the proportion went up to 28%.

Also, as previously discussed, the co-morbidity of addiction disorders and other serious mental illnesses presents a more complicated treatment picture. While it is not always clear which disorder tends to come first, it has been noted that children and teens with mental illness often do not become substance abusers until after their mental illness manifests.³ Awareness of such sequencing suggests a good opportunity for substance abuse prevention efforts among children with mental illness.

Those with addiction disorders often have problems with more than one controlled substance. Fourteen percent of those hospitalized with a primary diagnosis of alcohol disorder in Alameda County had an associated drug disorder. Similarly, 20% of those hospitalized for a drug disorder had an associated alcohol disorder.

Alameda County

Associated diagnoses Rates of alcohol and drug disorders as contributing conditions to hospitalization were six times those for primary conditions (Figures 41 and 46). Rates of alcohol disorder as a contributing factor were highest between 35 and 84 years, and rates of drug disorder as a contributing factor were highest between 15 and 64 years. The burden of drug-related conditions falls on youth and young adults to a greater extent than do alcohol-related conditions.

Primary diagnoses From 2000 to 2002, there were 3,757 alcohol disorder hospitalizations in Alameda County, an average of 1,252 per year. The age-adjusted rate of hospitalizations for primary alcohol disorders was 85.1 per 100,000 (Tables 29 and 30). For the same period, there were 2,621 drug disorder hospitalizations in Alameda County, an average of 874 per year. The age-adjusted rate was 58.0 per 100,000 (Tables 31 and 32).

The age and sex patterns of hospitalization for primary alcohol disorders were very different from those for primary drug disorders (Figures 42 and 47). Hospitalizations due to alcohol disorders were more common among middle-aged adults, while hospitalizations due to drug disorders were more common among youth and young adults. Hospitalization rates for alcohol disorders were two to three times higher among men than women. The peak age for alcohol hospitalization for men was 45 to 54 years; for women, rates were stable for the three age groups between 35 and 64 years.

Sex differences were much less pronounced for the drug disorder hospitalizations (Figure 47). The peak age group for men was 35-54 and for women it was 35-44.

Under 45 years of age, Whites had the highest rates of alcohol disorder hospitalization, while after 45 years of age rates were highest among African Americans (Figure 43). Latino rates peaked in the 45-54 age group, as did rates for African Americans and Whites.

For all but Asians, rates of drug disorder hospitalization were highest below 55 years (Figure 48). African American rates peaked in the 45-54 age group, and White rates peaked in the 15-24 age group. Latino rates were variable over the age spectrum but consistently lower than those for African Americans and Whites. Asian rates peaked in the 85 and older age group.

Overall, Whites and African Americans in Alameda County were hospitalized for primary alcohol disorders at far higher rates than other race/ethnic groups (Figure 44). Latino rates were lower but still twice the American Indian rate and six times the Asian/Pacific Islander rate. Only among African Americans did the rate of hospitalization for drug disorders exceed the rate for primary alcohol disorders (Figure 49). There were almost no American Indian drug disorder hospitalizations in the county over the three-year period.

Cities

Oakland and Hayward had the highest rates of alcohol disorder hospitalization in the county, followed by Newark, Alameda, and San Leandro (Figure 45). Union City had the lowest rate in the county, less than half the rates of Oakland and Hayward. The rate of hospitalization for drug disorders was highest in Oakland (Figure 50). Rates in Albany and Berkeley also exceeded the Alameda County rate of 58 per 100,000. As with alcohol disorders, Union City had the lowest rate, followed by Dublin, Fremont, and Livermore.

For most cities, male alcohol hospitalization rates were twice the female rates. Exceptions were Alameda, Castro Valley, and Union City, with a difference of three times, and San Lorenzo four times. With regard to alcohol disorders, in San Leandro the African American rate was one-third the White rate, and in Hayward it was less than half the White rate. In contrast, African American rates in Berkeley were 70% higher than White rates. In Oakland, as in the county as a whole, the African American and White rates were nearly the same. Where numbers were sufficient to calculate rates, those of Asian/Pacific Islanders were consistently the lowest. Latino rates, in general, fell in between African American and White rates.

In Dublin and Castro Valley, female rates of hospitalizations for drug disorders were higher than male rates. In all other cities except Fremont, rates for men were higher than those for women. The greatest differences were in San Lorenzo, Albany, and San Leandro, where male rates were 60% to 80% higher than female rates.

For drug hospitalizations, the numbers were too small in many cities to compute rates by race/ethnicity. Where calculable, rates for Asian/Pacific Islanders were consistently the lowest. Latino rates were up to three times Asian/Pacific Islander rates. In Oakland and Berkeley, African American rates were twice as high as White rates; in Fremont and Hayward, White rates exceeded African American rates.

Table 29: Alcohol Disorder Hospitalization Rates as Primary Diagnosis,
Alameda County, Cities, and Regions, 2000-2002

Area	All	Male	Female	AmerInd	API	AfrAmer	Latino	White
Alameda County	85.1	119.4	53.7	32.2	12.1	111.5	69.2	110.4
Alameda	94.1	145.0	48.7				89.3	135.7
Albany	61.4	83.1	43.9					55.9
Berkeley	84.2	108.4	62.2			146.0	62.0	84.7
Castro Valley	57.9	86.1	31.4				49.6	65.7
Dublin	71.1	77.7	64.4					94.2
Fremont	66.0	92.0	41.5		8.6		52.8	116.4
Hayward	103.4	141.7	66.9		34.0	66.3	80.9	157.1
Livermore	63.5	84.8	43.0				38.5	73.3
Newark	97.3	138.8	57.0				91.5	153.0
Oakland	104.4	151.2	63.4		9.5	132.0	83.1	125.9
Pleasanton	60.1	77.8	42.2					72.3
San Leandro	93.1	125.4	65.3			50.2	51.3	158.0
San Lorenzo	75.9	122.9	31.6				100.9	96.8
Sunol						0.0		
Union City	43.3	67.7	19.7		20.9		47.8	83.9
North county	80.8	104.7	59.4			141.5	83.4	79.9
Central county	90.1	125.5	57.4		18.6	58.6	71.9	128.5
Oakland area	102.4	149.9	60.7		9.6	129.0	84.0	128.2
South county	65.9	93.1	40.1		11.5	45.8	59.2	118.6
Tri-valley	62.3	79.7	45.1				27.4	74.7

Note: All rates age-adjusted by the direct method to the 2000 U.S. standard population. Rates not reliable and not shown for less than ten cases.

Source: CAPE, with data from OSHPD patient discharge files, Census 2000, and DOF.

Table 30: Alcohol Disorder Hospitalizations as Primary Diagnosis,
Alameda County, Cities, and Regions, 2000-2002 Total

Area	All	Male	Female	AmerInd	API	AfrAmer	Latino	White
Alameda County	3,757	2,534	1,223	14	120	727	447	2,298
Alameda	228	167	61	1	7	5	16	186
Albany	32	20	12		2	2	8	18
Berkeley	276	168	108	2	5	64	18	179
Castro Valley	103	75	28		1	3	10	79
Dublin	66	39	27			6	1	58
Fremont	424	290	134		20	9	41	346
Hayward	505	339	166	3	34	39	103	286
Livermore	153	100	53				11	140
Newark	127	89	38		2	3	25	93
Oakland	1,266	858	408	6	21	566	146	481
Pleasanton	124	78	46		2	2	4	116
San Leandro	278	178	100		5	16	28	214
San Lorenzo	61	48	13	2		2	14	43
Sunol	7	1	6				1	6
Union City	89	69	20		21	9	19	38
North county	308	188	120	2	7	66	26	197
Central county	947	640	307	5	40	60	155	622
Oakland area	1,494	1,025	469	7	28	571	162	667
South county	647	449	198	0	43	21	86	483
Tri-valley	343	217	126	0	2	8	16	314

Source: CAPE, with data from OSHPD patient discharge files.

Table 31: Drug Disorder Hospitalization Rates as Primary Diagnosis,
Alameda County, Cities, and Regions, 2000-2002

Area	All	Male	Female	AmerInd	API	AfrAmer	Latino	White
Alameda County	58.0	65.6	50.6		11.9	134.1	31.5	64.1
Alameda	51.8	53.9	50.0			85.0	77.0	60.9
Albany	70.7	88.8	51.9					82.2
Berkeley	61.0	74.0	49.0			139.4		58.8
Castro Valley	42.2	38.1	45.9					53.0
Dublin	32.9	25.6	40.1					46.3
Fremont	34.1	33.2	34.0		8.3	44.7	28.7	55.3
Hayward	54.7	55.9	52.7		13.9	62.9	28.3	96.4
Livermore	36.0	36.8	34.1					40.1
Newark	43.0	50.9	33.5					63.9
Oakland	88.6	106.3	72.8		15.7	165.7	36.1	71.1
Pleasanton	46.5	51.0	42.5			0.0		56.3
San Leandro	58.6	72.2	45.0			93.0	50.0	85.5
San Lorenzo	53.8	69.3	37.6					71.0
Sunol								
Union City	31.9	38.6	25.9				28.8	78.8
North county	62.4	76.2	49.5		19.1	135.9		63.2
Central county	53.4	58.4	47.9		12.0	71.3	32.4	79.8
Oakland area	82.3	97.5	68.7		15.1	163.2	39.7	68.9
South county	34.9	37.5	31.8		9.8	45.4	27.7	59.7
Tri-valley	39.8	40.4	38.9				17.0	48.0

Note: All rates age-adjusted by the direct method to the 2000 U.S. standard population. Rates not reliable and not shown for less than ten cases.
Source: CAPE, with data from OSHPD patient discharge files, Census 2000, and DOF.

Table 32: Drug Disorder Hospitalizations as Primary Diagnosis,
Alameda County, Cities, and Regions, 2000-2002 Total

Area	All	Male	Female	AmerInd	API	AfrAmer	Latino	White
Alameda County	2,621	1,454	1,167	2	120	922	251	1,210
Alameda	113	57	56		8	15	15	67
Albany	37	22	15		2	2		28
Berkeley	209	122	87		9	63	7	122
Castro Valley	69	31	38		1	5	3	58
Dublin	37	15	22			1	2	31
Fremont	207	105	102	1	20	12	23	141
Hayward	287	149	138		17	42	47	159
Livermore	82	43	39		1	3	8	67
Newark	55	34	21		5	4	9	34
Oakland	1,135	646	489	1	36	724	80	256
Pleasanton	88	45	43		2		1	82
San Leandro	174	105	69		7	36	32	95
San Lorenzo	43	27	16		3	1	9	28
Sunol	3	3						3
Union City	66	39	27		8	7	14	33
North county	246	144	102		11	65	7	150
Central county	573	312	261		28	84	91	340
Oakland area	1,248	703	545	1	44	739	95	323
South county	331	181	150	1	33	23	46	211
Tri-valley	207	103	104		3	4	11	180

Source: CAPE, with data from OSHPD patient discharge files.

Figure 41: Alcohol Disorder Hospitalization Rates as Primary and Associated Diagnosis by Age, Alameda County, 2000-2002

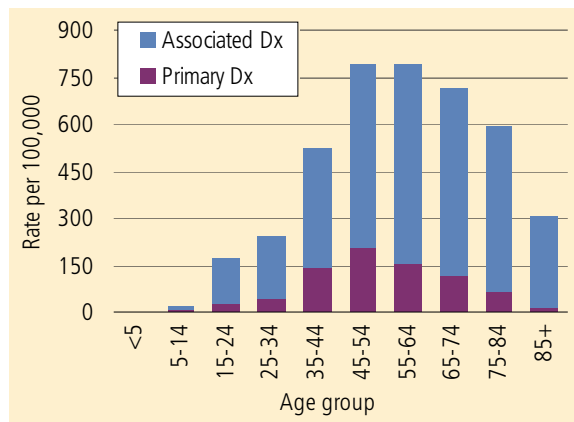


Figure 42: Alcohol Disorder Hospitalization Rates by Age and Sex, Alameda County, 2000-2002

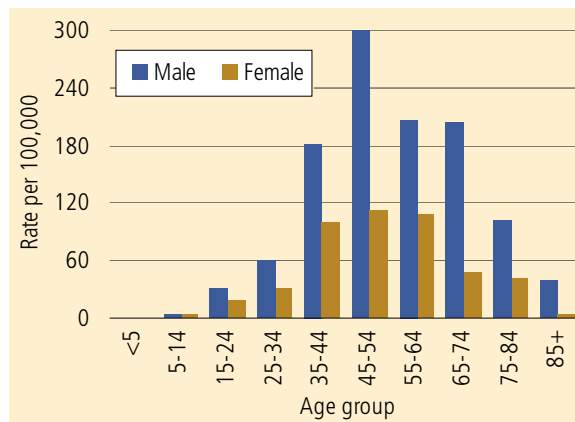


Figure 43: Alcohol Disorder Hospitalization Rates by Age and Race, Alameda County, 2000-2002

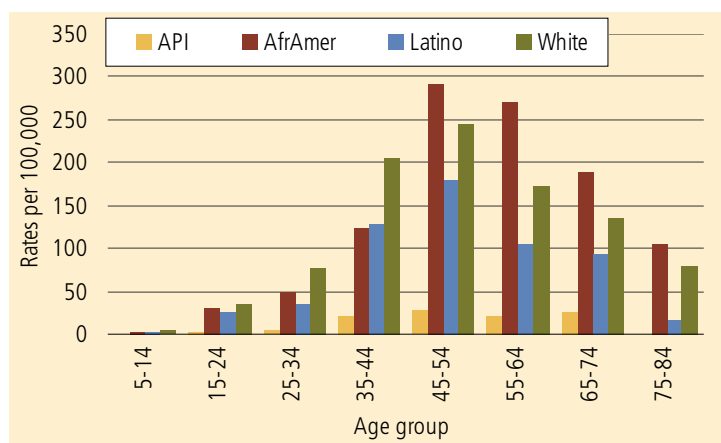


Figure 45: Alcohol Disorder Hospitalization Rates, Alameda County and Cities, 2000-2002

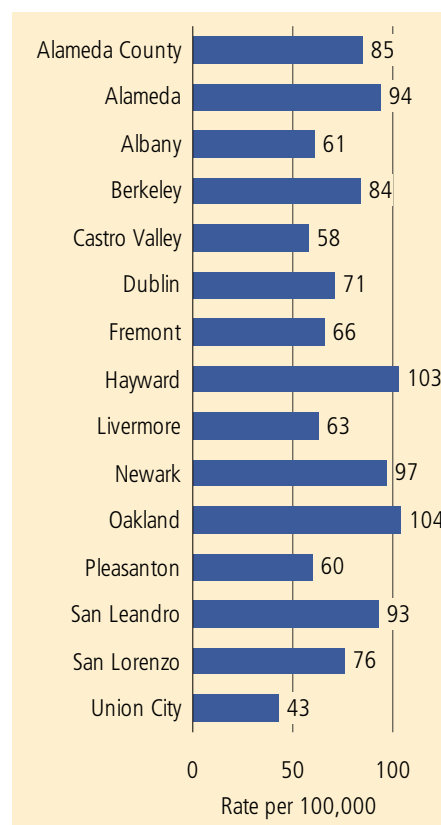
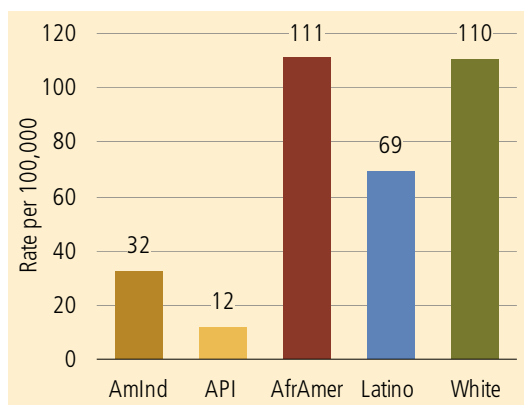


Figure 44: Alcohol Disorder Hospitalization Rates by Age and Race, Alameda County, 2000-2002



Source for all figures: CAPE, with data from OSHPD patient discharge files, Census 2000, and DOF.

Figure 46: Drug Disorder Hospitalization Rates as Primary and Associated Diagnosis by Age, Alameda County, 2000-2002

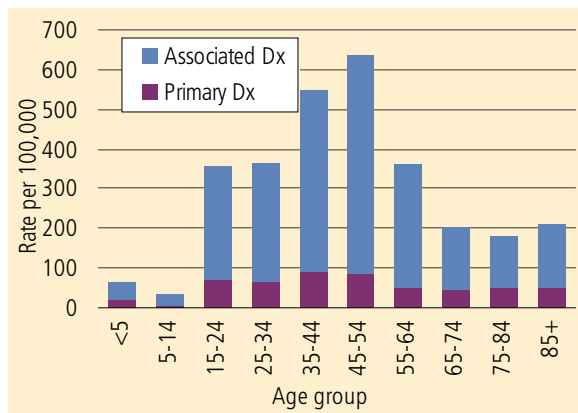


Figure 47: Drug Disorder Hospitalization Rates by Age and Sex, Alameda County, 2000-2002

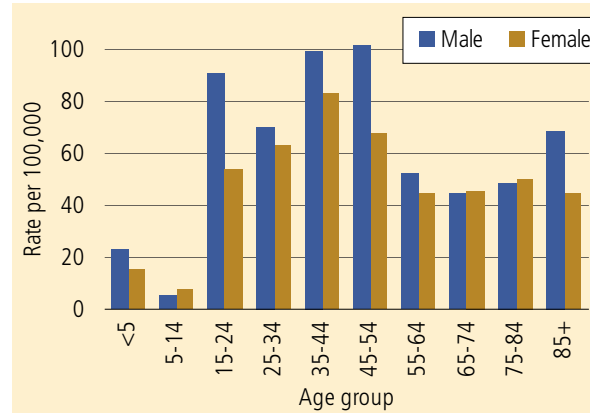


Figure 48: Drug Disorder Hospitalization Rates by Age and Race, Alameda County, 2000-2002

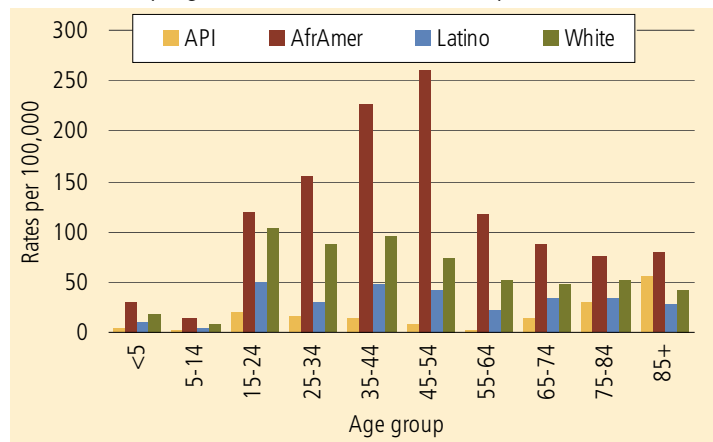


Figure 50: Drug Disorder Hospitalization Rates, Alameda County and Cities, 2000-2002

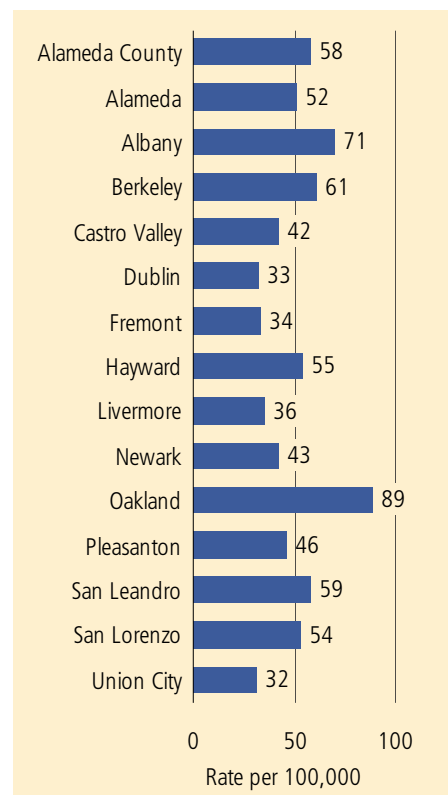
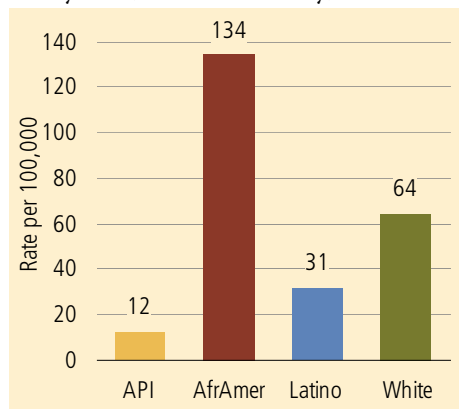


Figure 49: Drug Disorder Hospitalization Rates by Race, Alameda County, 2000-2002



Source for all figures: CAPE, with data from OSHPD patient discharge files, Census 2000, and DOF.

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7 **Leading Causes of Death**

Today, five chronic diseases account for over two-thirds of all deaths in the United States – heart disease, cancer, stroke, chronic lower respiratory disease, and diabetes. Heart disease and cancer combined account for more than half of all deaths.¹

Research has linked chronic disease to a number of causes, particularly unhealthy behaviors. Among the behaviors most clearly associated with chronic diseases are tobacco and alcohol use, poor diet, and lack of exercise. In turn, health behaviors are strongly influenced by social factors, such as income, education level, stress, workplace conditions, violence, and exposure to environmental toxins.²

In the United States the three leading causes of death – heart disease, cancer, and stroke – have decreased in the past ten years.^{3,4} Recent declines in many leading causes of death reflect the influence of healthier life styles, greater use of preventive care, public health efforts, and advances in medicine.^{3,5-8} Despite these successes, the rates of some diseases have continued to increase. For example, the number of U.S. adults with diagnosed diabetes has increased 61% since 1991.⁹

Cause-of-death ranked according to the number of deaths is a useful way to examine the relative burden of mortality from specific causes. From the standpoint of prevention, it is helpful to understand the most common causes of death and how they vary in different age and race/ethnic subgroups.

Alameda County

The three most common causes of death were heart disease, cancer, and stroke in Alameda County in 2000-2002 (Table 33). These three chronic diseases accounted for 60% of all deaths.

As people get older the leading causes of death shift from injuries to chronic diseases. Among those one to 24 years in Alameda County in 2000-2002, unintentional injuries and homicide accounted for over half the total deaths. Among those 25 to 44 years, the leading causes of death included a mix of injuries and chronic

Table 33: Leading Causes of Death, by Age and Race, Alameda County, 2000-2002

Age		Deaths		Race		Deaths	
	Cause	#	%		Cause	#	%
All	Total	28,915		AmerInd	Total	80	
	Heart disease	8,089	28%		Cancer	19	24%
	Cancer	6,928	24%		Diseases of heart	14	18%
	Stroke	2,456	8%		Chronic liver disease/cirrhosis	8	10%
	Chronic lower respiratory diseases	1,276	4%		Stroke	5	6%
	Unintentional injuries	1,008	3%		Chronic lower respiratory diseases	3	4%
	Influenza & pneumonia	902	3%	Asian	Total	3,127	
	Diabetes	835	3%		Cancer	842	27%
	Alzheimer's disease	607	2%		Heart disease	762	24%
	Chronic liver disease & cirrhosis	426	1%		Stroke	341	11%
	Homicide	368	1%		Unintentional injuries	140	4%
<1	Total	323			Chronic lower respiratory diseases	126	4%
	Congenital abnormalities	76	24%	AfrAmer	Total	6,152	
	Sudden infant death syndrome	47	15%		Heart disease	1,696	28%
	Disorders from short gestation and LBW	40	12%		Cancer	1,386	23%
1-24	Total	491			Stroke	505	8%
	Unintentional injuries	149	30%		Diabetes	254	4%
	Homicide	126	26%		Homicide	245	4%
	Cancer	55	11%	Latino	Total	2,224	
25-44	Total	1,761			Heart disease	523	24%
	Cancer	308	17%		Cancer	452	20%
	Unintentional injuries	299	17%		Stroke	170	8%
	Heart disease	206	12%		Unintentional injuries	153	7%
45-64	Total	5,454			Diabetes	103	5%
	Cancer	1,889	35%	White	Total	17,054	
	Heart disease	1,184	22%		Heart disease	5,024	29%
	Stroke	277	5%		Cancer	4,180	25%
65+	Total	20,878			Stroke	1,411	8%
	Heart disease	6,682	32%		Chronic lower respiratory diseases	907	5%
	Cancer	4,675	22%		Influenza & pneumonia	611	4%
	Stroke	2,127	10%	Paclsl	Total	161	
					Heart disease	45	28%
					Cancer	33	20%
					Stroke	14	9%
					Diabetes	11	7%
					Unintentional injuries	9	6%
				Multirace	Total	110	
					Heart disease	24	22%
					Cancer	14	13%
					Stroke	10	9%
					Unintentional injuries	10	9%
					Certain conditions from perinatal period	7	6%

Source: CAPE, with data from Alameda County vital statistics files, 2000-2002.

diseases: cancer (17%), unintentional injuries (17%), and heart disease (12%). For those 45 to 64 years, the three leading causes were cancer (35%), heart disease (22%), and stroke (5%). For people 65 years and older, heart diseases accounted for one-third of deaths, and cancer and stroke combined accounted for another one-third.

Heart disease, cancer, and stroke were the leading causes of death for all race/ethnic groups except American Indians. For American Indians, chronic liver disease and cirrhosis was the third leading cause. For Asians, though the three leading causes were the same, the ranking was different: cancer ranked first and heart disease second.

Diabetes was among the five leading causes of death for African Americans, Latinos, and Pacific Islanders. For African Americans, homicide was the fifth leading cause of death. Unintentional injury was among the five leading causes of death among Asians, Latinos, Pacific Islanders, and those of Multirace.

Oakland stands out from the other cities with respect to homicide. In Oakland, homicide was the leading cause of death among people one to 44 years. In the county, homicide ranked second for those one to 24 years but did not rank in the top three for those 25 to 44 years. (See complete tables in Appendix B for leading causes of death for each city by age and race.)

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8 Injury and Homicide

Unintentional Injury

Unintentional injury is bodily harm that is not purposely inflicted. Nationally, two-thirds of injury deaths are unintentional, and 94% of nonfatal injuries treated in emergency departments are unintentional.^{1,2} About 28 million unintentional injuries were treated in hospital emergency departments in 2000.⁴

Unintentional injuries are one of the major causes of premature death and lifelong disability. Most unintentional injuries are predictable and preventable. Motor vehicle accidents are the primary source of unintentional injury death, followed by falls, poisoning, drowning, and fire.³ Falls cause the greatest number of unintentional, nonfatal injuries treated in emergency departments. The next greatest numbers of these injuries result from being struck by or against an object, motor vehicle accidents, overexertion, and cuts.²

About two-thirds of poisoning deaths were unintentional, and 93% of unintentional poisonings were related to drugs. Narcotics were responsible in half of all unintentional poisonings.¹

In 2001, 101,537 people died of unintentional injuries. Nearly two-thirds of those were male.³ The age-adjusted rate of unintentional injury death in the United States was 36 per 100,000 in 2001. The rate among males was 50, over twice the female rate of 23.³ The death rates for males between 18 and 64 years were two to four times the rates for females. Those persons over 70 years had the highest death rates.¹

Unintentional injuries were the fifth leading cause of death in the United States in 2001. For those under 35 years, they were the leading cause of death as they have been for the last 50 years.^{1,7} In California, the rate of unintentional injury deaths was 28 per 100,000.⁵ Both the national and state rates exceed the HP2010 objective of 17.5 or less.⁶ However, the death rate for unintentional injury has been declining since 1970.⁸

American Indians have disproportionately high rates of death from unintentional injury. Rural or isolated living, minimal emergency medical services, and great distances from sophisticated trauma care contribute to these increased rates.⁶

Table 34: Unintentional Injury Mortality Rates by Sex & Race, Alameda County, Cities, & Regions, 2000-2002

Area	All	Male	Female	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	23.7	33.8	14.7		18.9	36.0	24.1		7.4	22.7
Alameda	17.0	25.0	10.7		21.7					13.6
Albany										
Ashland	33.7	47.1								
Berkeley	22.5	33.0	13.3			44.0				21.8
Castro Valley	21.7	30.5	13.6							21.1
Cherryland										
Dublin	14.9	15.8								17.6
Emeryville										
Fairview										
Fremont	16.9	22.4	11.7		12.8		21.1			20.1
Hayward	26.0	34.8	18.2		25.1	27.9	28.8			30.7
Livermore	24.6	36.1	15.8				24.2			24.8
Newark	20.8	30.6								
Oakland	31.3	45.7	18.7		21.8	40.2	27.0			28.5
Piedmont										
Pleasanton	13.0	16.6								14.9
San Leandro	27.9	39.3	16.8		28.1		25.9			33.9
San Lorenzo	27.4	46.8								38.5
Sunol										
Union City	20.1	33.7			21.3					27.3
North county	20.9	30.4	12.6		14.2	43.1	14.2			20.2
Oakland area	28.5	41.4	17.3		22.2	39.9	26.2			23.2
Central county	25.7	36.0	16.2		23.6	28.4	26.6			29.1
South county	18.4	26.8	10.8		15.4		20.5			21.2
Tri-valley	19.0	25.6	12.8				14.6			20.3

Note: All rates age-adjusted by the direct method to the 2000 U.S. standard population. Rates not reliable and not shown for less than ten cases.

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table 35: Unintentional Injury Mortality Counts by Sex & Race, Alameda County, Cities, & Regions, 2000-2002 Total

Area	All	Male	Female	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	1,007	672	335	2	140	225	153	9	10	466
Alameda	40	26	14		11	4	4		1	20
Albany	6	3	3		1	1				4
Ashland	19	12	7		2	4	5		1	7
Berkeley	68	47	21		6	18	5			39
Castro Valley	42	26	16		2	2	7		1	30
Cherryland	9	6	3		2	1	3			3
Dublin	17	10	7		1	2	1			13
Emeryville	8	5	3		2	2	1			3
Fairview	6	5	1			1				5
Fremont	89	58	31		21	1	14	1		52
Hayward	103	65	38		16	11	25	5	1	45
Livermore	47	30	17				11			35
Newark	20	14	6		2		7	1	1	9
Oakland	366	246	120	2	41	167	51	1	2	101
Piedmont	3	1	2		1					2
Pleasanton	20	13	7		1	1				18
San Leandro	73	47	26		13	3	11	1	2	43
San Lorenzo	19	15	4		1	1	1			16
Sunol	4	4					1			3
Union City	39	31	8		17	5	4		1	12
North county	74	50	24		7	19	5			43
Oakland area	417	278	139	2	55	173	56	1	3	126
Central county	271	176	95		36	23	52	6	5	149
South county	152	107	45		40	6	26	2	2	76
Tri-valley	84	53	31		2	3	12			66

Source: CAPE, with data from Alameda County vital statistics files.

Figure 51: Unintentional Injury Mortality Rates by Age and Sex, Alameda County, 2000-2002

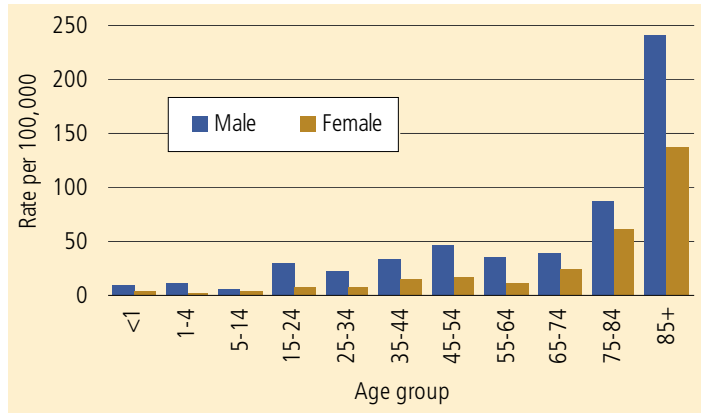


Figure 52: Unintentional Injury Mortality Rates by Race, Alameda County, 2000-2002

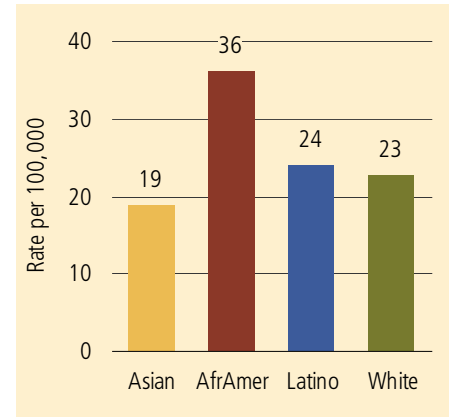


Figure 53: Unintentional Injury Mortality Rates by Age and Race, Alameda County, 2000-2002

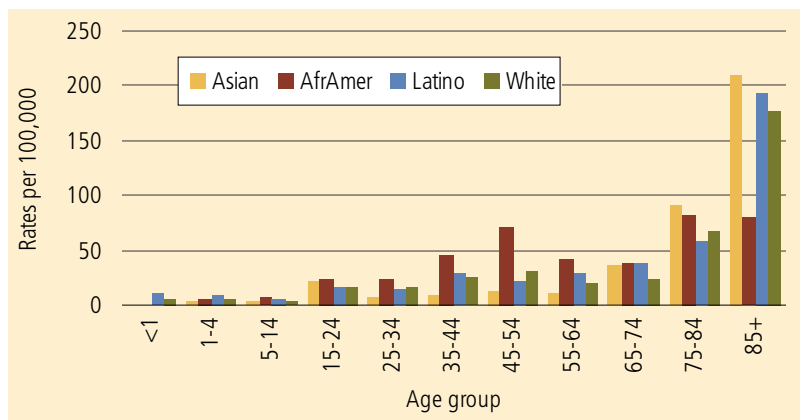
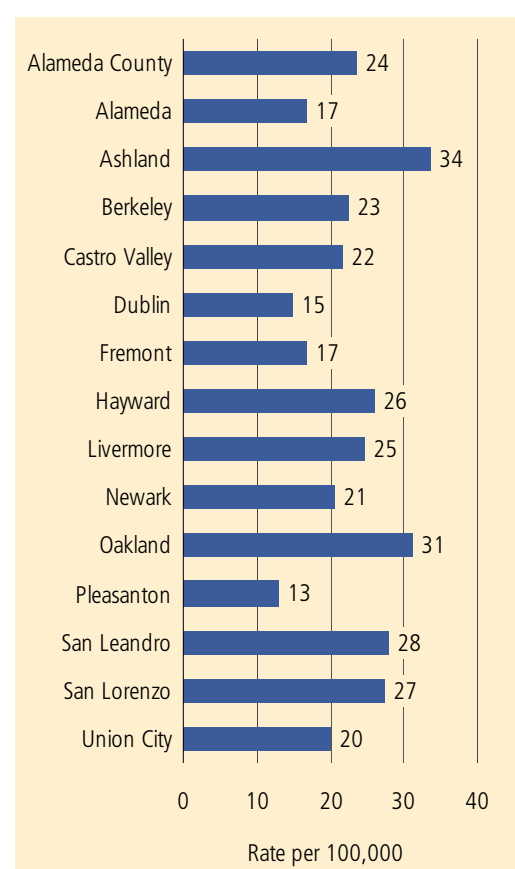


Figure 54: Unintentional Injury Mortality Rates, Alameda County and Cities, 2000-2002



Source for all figures: CAPE with data from Alameda County vital statistics files, Census 2000, and DOF.

Alameda County

From 2000 to 2002, there were 1,007 deaths due to unintentional injury among Alameda County residents, an average of 336 per year. The age-adjusted rate of unintentional injury death was 23.7 per 100,000 (Tables 34 and 35). This rate exceeds the HP2010 objective of 17.5 or fewer deaths per 100,000.

Rates of unintentional injury death were higher among males than females in every age group (Figure 51). The risk of dying from unintentional injury increased greatly after 74 years of age. Death rates among those 85 years and older were extremely high (males 240; females 137). In the 15-24 age group, the death rate was more than four times higher for males than females.

The unintentional injury death rate for African Americans was 36.0 per 100,000, higher than any other race/ethnic group, almost twice the rate of Asians (Figure 52).

Below age 65, Asians had the lowest risk of dying from unintentional injuries (Figure 53). However, the Asian rate increased sharply among the elderly and was higher than other race/ethnic groups for those 75 years and older. Interestingly, while African Americans had the higher risk of dying from unintentional injuries from youth through middle age, their death rate in the 85 and older age group leveled off and was no greater than that in the 75-84 age group.

Cities

The age-adjusted unintentional injury death rate was highest in Ashland, and Oakland (Figure 54). Pleasanton, Fremont, Dublin, and Alameda met the HP2010 objective of 17.5 or less.

Overall, in Alameda County, the rate of unintentional injury death was over two times higher among males than females (33.8 per 100,000 compared to 14.7), similar to the national pattern. In most cities with numbers sufficient to calculate rates, male unintentional injury death rates were at least two times female rates.

African Americans in Berkeley and Oakland had the highest rates of unintentional injury death in the county, exceeding the HP2010 objective of 17.5 by more than two times. Rates among Whites in San Leandro, San Lorenzo, and Hayward were very high relative to Whites in most other cities. Only Asians in Fremont and Whites in Alameda and Pleasanton (and essentially Whites in Dublin) meet the HP2010 objective.

Homicide

Homicide is any intentionally inflicted fatal injury to another person. These exclude deaths caused by law enforcement officers in the line of duty.

Nationally, the age-adjusted rate of homicide was 7.1 per 100,000 in 2001. The homicide rate among males was 10.8, more than three times the female rate of 3.3.³ (These figures include the victims of September 11, 2001.) In California, the homicide rate was 6.5 per 100,000 for the period 2000-2002.⁵ Both national and state rates exceed the HP2010 objective of 3.0 or less.⁶

In 2001, there were 20,308 known homicide victims in the United States; more than 75% were male. Homicide was the second leading cause of death, after unintentional injury, for the 15-24 and 25-34 age groups.⁷

Homicide victimization was especially high among African American males, exceeding the White male rate by more than five times.³ Among African American males 15 to 24 years, homicide was the leading cause of death, accounting for 47% of deaths in that age group.⁷

Nationally, homicide rates among children and young adults increased between 1960 and the mid-1990s, and have been declining since.⁸ Fifty-six percent of homicides involve firearms.¹

Alameda County

From 2000 to 2002, there were 368 homicides among Alameda County residents, an average of 123 per year. The age-adjusted rate of homicide was 7.9 per 100,000 (Tables 36 and 37), over two times higher than the HP2010 objective 3.0 or less.

Rates of homicide were highest in the 15-24 age group for both males and females (Figure 55). Rates declined throughout middle age and increased again slightly between ages 65 and 84. In the 15-24 and 25-34 age groups, the homicide rate was at least six times higher among males than females. These two age groups accounted for two-thirds of total homicides in the county.

The homicide rate for African Americans was 36.9 per 100,000, many times higher than any other race/ethnic group (Figure 56). The rate among Whites and Asians met the HP2010 objective of 3.0 or less.

Between 15 and 54 years, homicide rates among African Americans were extremely high (Figure 57). In the 15-24 age group, the African American rate was 97.5 per 100,000, or nearly one in every thousand young people. The risk of death from homicide continued to be elevated for African Americans through age 74. Homicides among Whites were very low in comparison, peaking at 5.0 per 100,000 in the 25-34 age group.

Table 36: Homicide Mortality Rates by Sex and Race, Alameda County, Cities, and Regions, 2000-2002

Area	All	Male	Female	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	7.9	13.1	2.6		3.1	36.9	4.6			2.1
Alameda	5.3									
Albany										
Ashland										
Berkeley	2.8									
Castro Valley										
Cherryland										
Dublin										
Emeryville										
Fairview										
Fremont	1.4									
Hayward	6.6	12.0				19.4				
Livermore										
Newark										
Oakland	18.9	33.5	4.9		5.4	48.3	7.1			
Piedmont										
Pleasanton										
San Leandro	7.7	9.3								
San Lorenzo										
Sunol										
Union City	4.8									
North county	2.7	4.8								
Oakland area	16.4	28.7	4.5		5.8	46.8	6.6			2.1
Central county	6.4	10.3	2.4			21.1	5.0			5.2
South county	2.4	3.3								
Tri-valley										

Note: All rates age-adjusted by the direct method to the 2000 U.S. standard population. Rates not reliable and not shown for less than ten cases.

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table 37: Homicide Mortality Counts by Sex and Race, Alameda County, Cities, and Regions, 2000-2002 Total

Area	All	Male	Female	AmerInd	Asian	AfrAmer	Latino	PacIsl	Multirace	White
Alameda County	368	308	60	3	29	245	41	5	4	41
Alameda	12	7	5	1	5	2	1			3
Albany	1	1								1
Ashland	3	2	1			2	1			
Berkeley	10	9	1		1	5	1			3
Castro Valley	7	6	1			2	1			4
Cherryland	6	6				3	1	1		1
Dublin	2	1	1			1				1
Emeryville	2	2				1				1
Fairview	2	2				1	1			
Fremont	10	8	2		2	3	2			3
Hayward	30	28	2		1	10	8	1	2	8
Livermore	5	3	2	1		2	2			
Newark	4	3	1			1	1	1		1
Oakland	241	210	31	1	10	204	17	1	2	6
Piedmont										
Pleasanton										
San Leandro	18	11	7		3	6	1	1		7
San Lorenzo	3	1	2		1	1	1			
Sunol										
Union City	10	6	4		5		3			2
North county	11	10	1		1	5	1			4
Oakland area	255	219	36	2	15	207	18	1	2	10
Central county	69	56	13		5	25	14	3	2	20
South county	24	17	7		7	4	6	1		6
Tri-valley	7	4	3	1		3	2			1

Source: CAPE, with data from Alameda County vital statistics files.

Figure 55: Homicide Mortality Rates by Age and Sex, Alameda County, 2000-2002

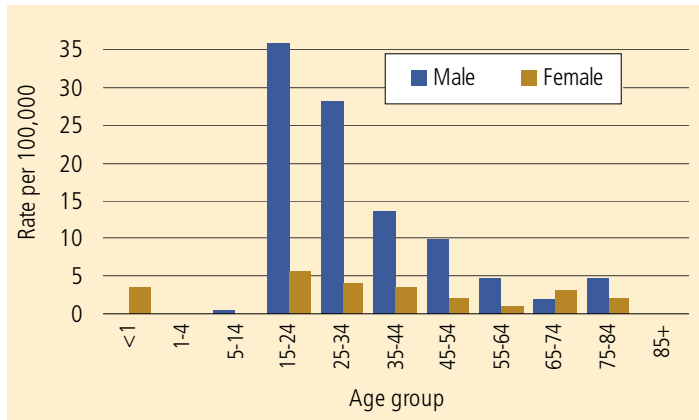


Figure 56: Homicide Mortality Rates by Race, Alameda County, 2000-2002

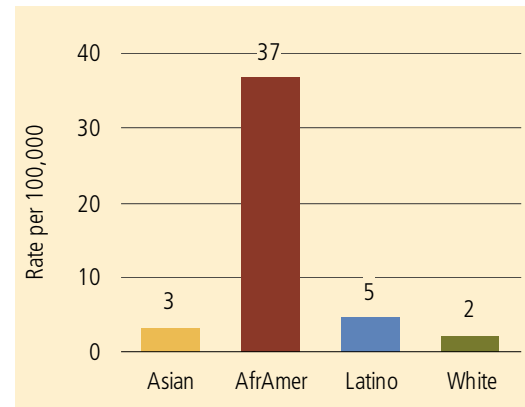


Figure 57: Homicide Mortality Rates by Age and Race, Alameda County, 2000-2002

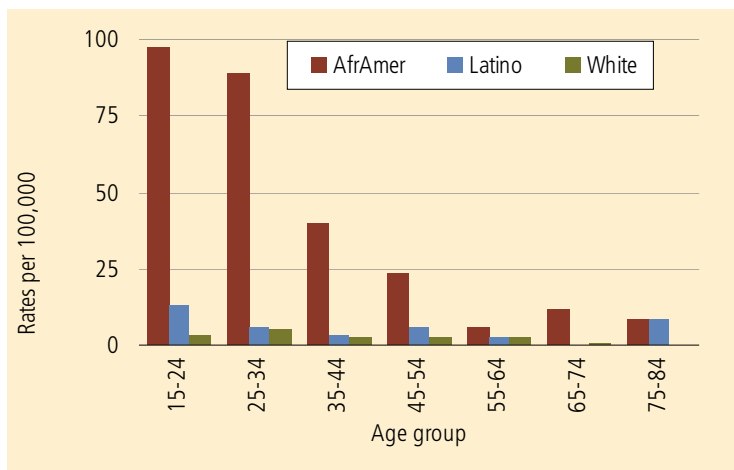
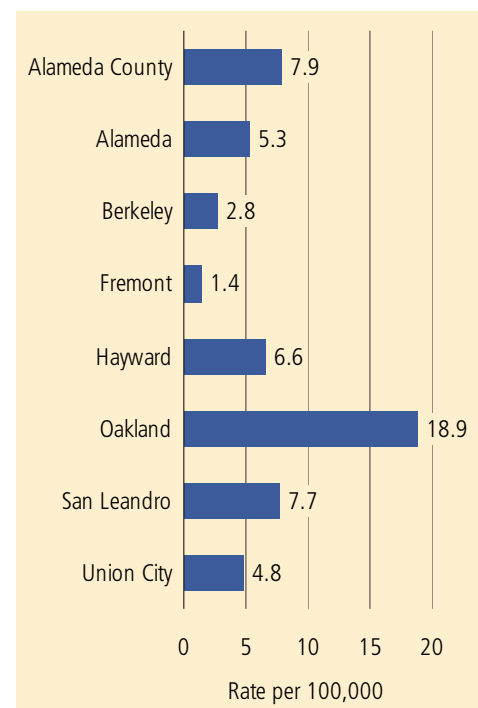


Figure 58: Homicide Mortality Rates, Alameda County and Cities, 2000-2002



Source for all figures: CAPE with data from Alameda County vital statistics files, Census 2000, and DOF.

Cities

The age-adjusted homicide rate was exceedingly high in Oakland, 18.9 per 100,000, well above the rates of other cities and six times higher than the HP2010 objective of 3.0 (Figure 58). Only Fremont and Berkeley had met this objective.

For Alameda County, the age-adjusted homicide rate was five times higher among males than females. In most cities, the numbers of homicide victims were very small, too small for rate calculations. The homicide rate among males in Oakland was nearly seven times the female rate.

Injury Deaths by Mechanism and Intent

The injury mortality matrix presents injury data by both mechanism and intent using the external cause of death coding scheme. The matrix is developed by the Injury Control and Emergency Health Services (ICEHS) section of the American Public Health Association and the International Collaborative Effort (ICE) on Injury Statistics.¹ It is a standard framework for presentation of injury mortality statistics. The mechanism describes the vector such as fall, motor vehicle crash, and poisoning. The intent of the injury describes whether the injury is inflicted purposefully or not. If purposefully inflicted, it describes whether the injury is self-inflicted or inflicted by another person.¹ Nationally, the leading mechanisms of injury death – motor vehicle crashes, firearms, poisonings, falls, and suffocation – accounted for 78% of these deaths.

Alameda County

More than half of injury deaths from 2000 to 2002 were unintentional (57.4%) (Table 38). An additional 20.9% of injury deaths were due to homicides, 19.7% from suicides, and 1.9% from other causes. Transport-related injury, primarily involving motor vehicle crashes, was the leading mechanism of unintentional injury death. Motor vehicle crashes accounted for one-third of unintentional injury deaths. The second leading mechanism was poisoning (26.7%), followed by falls (16.0%), drowning (3.8%), and suffocation (3.5%).

Guns were involved in the majority of homicides (78.0%). A smaller number of homicides involved stabbing, striking, or suffocation. Guns were used in 42.9% of suicides. Most others involved suffocation and poisoning, while a smaller number were from cuts, drowning, and falls.

Injury intent by city

Unintentional injuries accounted for more than half of the injury deaths in almost all cities in the county. Only in Oakland, Cherryland, and San Leandro are homicides more common than suicides. In other cities, suicides accounted for 20% to 30% of injury deaths (Table 39).

Table 38: Injury Deaths by Mechanism and Intent, Alameda County, 2000-2002

Mechanism	Unintentional		Homicide		Suicide		Other		Total Count
	Count	%	Count	%	Count	%	Count	%	
Total	1,008	100.0	368	100.0	347	100.0	34	100.0	1,757
Poisoning	269	26.7	3	0.8	64	18.4	3	8.8	339
Fall	161	16.0			10	2.9	1	2.9	172
Firearm	6	0.6	287	78.0	149	42.9	4	11.8	446
Cut/pierce			35	9.5	14	4.0	1	2.9	50
Drowning	38	3.8	2	0.5	11	3.2	1	2.9	52
Fire/hot object or substance	32	3.2	1	0.3					33
Suffocation	35	3.5	9	2.4	82	23.6	1	2.9	127
Machinery	4	0.4							4
Natural/environmental	8	0.8							8
Overexertion	1	0.1							1
Struck by or against	6	0.6	9	2.4			1	2.9	16
Other/unspecified	77	7.6	22	6	17	4.9	22	64.7	138
All transport	371	36.8							371
Motor vehicle crash	337	33.4							337
All other transport-related	34	3.4							34

Source: CAPE, with data from Alameda County vital statistics files.

Table 39: Injury Deaths by Intent by City: Three-Year Total Number of Deaths, 2000-2002.

	Unintentional Injuries		Homicide		Suicide		Other		Total
	#	%	#	%	#	%	#	%	
Alameda County	1,008	57.4	368	20.9	347	19.7	34	1.9	1,757
Alameda	40	54.1	12	16.2	21	28.4	1	1.4	74
Albany	6	50.0	1	8.3	5	41.7			12
Ashland	19	65.5	3	10.3	5	17.2	2	6.9	29
Berkeley	69	65.7	10	9.5	22	21.0	4	3.8	105
Castro Valley	42	62.7	7	10.4	17	25.4	1	1.5	67
Cherryland	9	42.9	6	28.6	5	23.8	1	4.8	21
Dublin	17	70.8	2	8.3	5	20.8			24
Emeryville	8	61.5	2	15.4	2	15.4	1	7.7	13
Fairview	6	50.0	2	16.7	4	33.3	0	0.0	12
Fremont	89	65.0	10	7.3	34	24.8	4	2.9	137
Hayward	103	58.5	30	17.0	39	22.2	4	2.3	176
Livermore	47	65.3	5	6.9	20	27.8			72
Newark	20	62.5	4	12.5	8	25.0			32
Oakland	366	50.6	241	33.3	106	14.6	11	1.5	724
Piedmont	3	50.0			2	33.3	1	16.7	6
Pleasanton	20	76.9			6	23.1			26
San Leandro	73	68.2	18	16.8	15	14.0	1	0.9	107
San Lorenzo	19	63.3	3	10.0	8	26.7			30
Sunol	4	100.0							4
Union City	39	56.5	10	14.5	18	26.1	2	2.9	69

Source: CAPE, with data from Alameda County vital statistics files.

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Appendix A: Technical Notes

Methods

Geographic measures

Twenty urban areas are covered in this report. These urban areas are 14 incorporated cities (Alameda, Albany, Berkeley, Dublin, Emeryville, Fremont, Hayward, Livermore, Newark, Oakland, Piedmont, Pleasanton, San Leandro, and Union City) and six unincorporated *census designated places* as defined by the Census Bureau (Ashland, Castro Valley, Cherryland, Fairview, San Lorenzo, and Sunol). These urban areas are frequently grouped and referred to as *cities*, even though not all are formally incorporated. Each type of data has variations in its geographies:

- *Vital statistics* These data are based on address of residence and reflect a precise physical location. This is very different from the 2001 version of this report, where city equivalents were developed by grouping Census tracts.
- *Census 2000* Data are reported for each city as a whole.
- *Hospitalizations* Fifteen city equivalents are developed by grouping zip codes.
 - Alameda, 94501, 94502
 - Albany, 94706
 - Berkeley, 94702, 94703, 94704, 94705, 94707, 94708, 94709, 94710, 94720
 - Castro Valley, 94546, 94552
 - Dublin, 94568
 - Fremont, 94536, 94538, 94539, 94555
 - Hayward, 94541, 94542, 94544, 94545
 - Livermore, 94550, 94551
 - Newark, 94560
 - Oakland, 94601, 94602, 94603, 94605, 94606, 94607, 94608, 94609, 94610, 94611, 94612, 94613, 94618, 94619, 94621
 - Pleasanton, 94566, 94588
 - San Leandro, 94577, 94578, 94579
 - San Lorenzo, 94580
 - Sunol, 94586
 - Union City, 94587

In addition to the cities, data are presented by *county region*. Many cities are so small that rates cannot be presented for many indicators. The county regions are large enough that reliable rates are always available; for example, the teen birth rate cannot be presented for Albany but it can be presented for Albany and Berkeley together. The regions are *north county* (Albany and Berkeley); *Oakland area* (Oakland, Emeryville, Piedmont, and Alameda); *central county* (San Leandro, San Lorenzo, Hayward, Castro Valley, Ashland, Cherryland, and Fairview); *south county* (Fremont, Newark, Union City, and Sunol); and *tri-valley* (Livermore, Pleasanton, and Dublin).

Race and ethnicity

This report restricts descriptions of race and ethnicity to short words and phrases. It is recognized that individual preference varies and that classification is not trivial. Considering the report's many text references, tables, and figures that make comparisons between races, readability and space require consistent and abbreviated usage. Thus, the report refers to *African American*, rather than Black or African. In tables and figures, African American is usually shortened to *AfrAmer*. Other standard terms are *White*; *American Indian* (sometimes shortened to *AmerInd*); *Pacific Islander* (sometimes shortened to *PacIsl* and sometimes referred to as *Native Hawaiian or Other Pacific Islander*); and *Asian* (sometimes combined with Pacific Islanders and shortened to *API*). *Latino* includes all those of Spanish- and Portuguese-speaking descent in the Americas, including people from Spain. Hispanic or Latino is considered by most data collectors such as the Census Bureau to be an ethnicity rather than a race. Thus, a Latino may be White or Asian or Black, but here all those persons are reported as Latino. Some data systems are allowing people to choose multiple races or simply a *Multirace* or *Other* category, so the report uses those designations when needed. Finally, race is often unreported, mis-reported, or unclassifiable in many data systems; the report often includes these for completeness, labeled as appropriate for the circumstance.

Rate calculations

Health indicators in this report are presented primarily as age-adjusted rates per 100,000 population. These rates are age-adjusted by the direct method to the U.S. 2000 standard population as described in Technical Notes. Age-adjustment is a summary measure that allows for comparison of rates across population groups that have different age compositions.

Grouping multiple years of data becomes necessary when investigating patterns of health in small geographic areas. This method increases the number of incidents (cases of births, deaths, or hospitalizations), allowing the calculation of more reliable rates and reducing random variation. Rates are not shown if the number of events was less than ten. This limits, for example, the data presented for American Indians by city, or the availability of data for small geographies such as Ashland and Castro Valley.

Data Sources

Demographic and socioeconomic U.S. Bureau of the Census, American Fact Finder, 2000 Census and 1990 Census.

Population estimates The population estimate for each geography is from Census 2000 and California Department of Finance (DOF) estimates. Since most data are for 2000 to 2002, they have a midpoint of July 1, 2001. Age, sex, and race distributions are from Census 2000 (assuming that little had changed since the Census of April 1, 2000), but the total population is adjusted using the DOF May 2004 benchmark.

Births Alameda County Public Health Department Vital Statistics Files obtained from the Automated Vital Statistics System (AVSS), 2000 to 2002.

Deaths Alameda County Public Health Department Vital Statistics Files obtained from the Automated Vital Statistics System (AVSS) and the State of California merged death file, 2000 to 2002.

Hospital discharge Hospital inpatient discharge data collected by the California Office of Statewide Health Planning and Development (OSHPD), 2000-2002.

Childhood immunization Childhood immunization data was obtained from California State Department of Health Services, Immunization Branch.

Prevalence of uninsured and obesity California Health Interview Survey, 2001, University of California, Los Angeles, Center for Health Policy Studies.

Limitations of Data and Other Data Issues

Hospital discharge data Because persons with multiple hospitalizations during the year can be counted more than once, hospital discharge data produces the estimates for discharges, not persons. Changes in rates of hospitalization may be attributed to changes in hospital admission practices or the diagnostic coding of illnesses, or reflective of true changes in the patterns of disease. Hospitalization data capture those illnesses or injuries serious enough to get people admitted to the hospital and are not a direct reflection of the prevalence of a given disease or condition in the population since many who have the illness are not hospitalized. Race and ethnicity data are missing for many cases due to the omission of a race field on many hospital discharge forms. Reportedly, race is not recorded in about 18% of hospital discharge records.¹ Therefore, there are a large number of cases of 'unknown' and 'other' values which are not included in rate calculations, resulting in an overestimation of rates for some racial groups and an underestimation for others.

Births Information on the newborn is taken from the birth certificate. The race/ethnicity on the birth certificate is reported by self-identification according to the race and ethnicity of the mother.

Deaths The race and ethnicity of the decedent is from the death certificate as reported by family members to the funeral director. However, birth and census population data use the self-reported race of the respondent. Because of the combined effect of numerator and denominator biases, it has been estimated that death rates are overestimated by about 1% among Whites and 5% among African Americans. They are underestimated by approximately 21% for American Indian or Alaska Natives, 11% for Asian and Pacific Islanders, and 2% for Latinos.²

Change of International Classification of Disease Mortality data for specific causes of death in this report are classified and coded according to the World Health Organization's (WHO) tenth revision of the International Classification of Diseases (ICD-10) implemented in the United States in 1999.³ However, the mortality trend data for 1990 to 1998, and hospital discharge data are based on the ninth revision of the International Classification of Diseases (ICD-9). Since the beginning of the century, the International Classification of Disease (ICD) for mortality has been modified about once every 10 years, except for the 20-year interval between the last two revisions, ICD-9 and ICD-10. ICD-10 differs from ICD-9 in many respects:

- ICD-10 is far more detailed than ICD-9, about 8,000 categories compared with 4,000 categories, mainly to provide more clinical detail for morbidity applications.
- ICD-10 uses 4-digit alphanumeric codes compared with 4-digit numeric codes in ICD-9.
- Three additional chapters have been added, some chapters rearranged, cause of death titles have been changed, and conditions have been regrouped.
- Some coding rules have been changed.⁴

Introducing this tenth revision of International Classification of Disease creates discontinuities in time series and trends. This means the Healthy People 2010 objectives may not be strictly comparable with the tracking data for 1999 and subsequent years whose baseline data were 1997 and 1998.⁴

Multiple race coding The data on race in Census 2000 are not directly comparable to those collected in previous censuses. The October 1997 revised standards issued by the U.S. Office of Management and Budget (OMB) led to changes in the question on race for Census 2000. In Census 2000, respondents were allowed to select more than one category for race. Also, the "Asian and Pacific Islander" category was separated into two categories, "Asian" and "Native Hawaiian and Other Pacific Islander."

Leading causes of death Causes are ranked according to the number of deaths because it most accurately reflects the frequency of cause-specific mortality. In this report, leading causes of death were derived from the

recommended list of 50 rank-able causes from the 113 selected causes of death developed for use with ICD-10.⁵ Leading causes of infant mortality were derived from a separate ranking procedure using the recommended list of 71 rank-able causes from the 130 selected causes of infant death developed in accordance with ICD-10. Ranking leading causes of death is a useful tool for illustrating the relative burden of cause-specific mortality. However, the rankings do not necessarily indicate those causes of death of greatest public health importance. Some causes of death of public health importance, such as lung cancer and motor vehicle crashes are excluded from the ranking procedure and included in broader rank-able categories, namely, all cancer and unintentional injuries, respectively. If they were included separately, both causes would rank among the ten leading causes of death.⁵

Case Definitions

Maternal and Child Health

Teen birth Births to teenage mothers (15 to 19 years).

Low birth weight The percentage of live births weighing less than 2,500 grams.

Mortality

Cause of Death	ICD – 10 Codes	Cause of Death	ICD – 10 Codes
Diabetes	E10 – E14	Colorectal cancer	C18 – C21
Coronary heart disease	I11; I20 – I25	Female breast cancer	C50
Stroke	I60 – I69	Prostate cancer	C61
All cancer	C00 – C97	Unintentional injury	V01 – X59; Y85 – Y86
Lung cancer	C33 – C34	Homicide	X85 – Y09; Y87.1

Hospitalization

Diagnosis	ICD – 9 Codes
Asthma	493.00 – 493.99
Obesity	278.00 – 278.99
Diabetes	250.00 – 250.99
Coronary heart disease	402.00 – 402.99; 410.00 – 414.99; 429.2
Stroke	430.00 – 438.99
Mental disorders	290.00 – 319.99
Major depression	296.20 – 296.35; 300.40; 311.00
Alcohol disorders	291.00 – 291.90; 303.00 – 303.99; 305.00 – 305.09; 357.5; 425.5; 535.3; 571.00 – 571.39; 790.3; E860.00 – E860.19
Drug disorders	292.00 – 292.99; 304.00 – 304.99; 305.20 – 305.99; 779.5; E850.0 – E850.2; E851.0 – E855.9

Rates

Age-adjustment All age-adjusted rates in this report are adjusted by the direct method to the 2000 U.S. Standard Population. In general, the number of deaths for specific causes of mortality in a community is affected by the size and age composition of the population. Because the risk of dying is primarily a function of age, simply calculating a crude rate for vital events such as death (number of deaths/population) can lead to misleading conclusions when comparing different subpopulations. This is because populations with a large component of elderly people tend to have a high death rate simply because the risk of dying is determined mostly by age. In order to nullify the effect of differences in the age composition of populations, disease rates can be age-adjusted. Age-adjusting methodology involves first calculating rates for each age category to determine age-specific rates. Each age-specific rate is then multiplied by the proportion of the corresponding age category in a standard population. The sum of these weighted age-specific rates in a community is the age-adjusted rate for that community. Age-adjusted disease rates form a better basis for an unbiased comparison across populations.

Variability of rates All vital statistics, including death rates, are subject to random variation. This variation is inversely related to the number of events (e.g. deaths) used to calculate the rate. The smaller the number of events, the greater the likelihood of random variation. In order to protect against providing misleading information based on statistically unreliable rates, the National Center for Health Statistics (NCHS) recommends presenting only rates based on 20 or more events.⁷ For this report, this standard has been relaxed to a requisite ten or more events for rates, a standard recently adopted by the Family Health Outcomes Project of the University of California, San Francisco.⁸

Confidence interval A good measure of the reliability of a rate is the confidence interval (CI) around the rate estimate. A confidence interval defines the range of rates that would be determined by repeated sampling of the same phenomenon. By statistical convention, a 95% confidence interval is considered a useful measure of the range of accuracy of an estimate. This means that with repeated sampling, one would obtain a rate within the confidence interval 95% of the time. These calculations follow the formulae:

$$95\% \text{ CI} = \text{Rate} \pm (1.96 \times \text{SE})$$

$$\text{* SE} = \text{Rate} / \sqrt{n}$$

$$\text{RSE} = (\text{SE}/\text{Rate}) \times 100$$

Where: CI = Confidence interval

SE = Standard error

n = Number of events

RSE = Relative standard error

If RSE > 23%, then rate is considered unreliable

* Standard error of an age-adjusted rate is calculated using the sum over the age groups of weighted age-specific rates divided by the square root of the number of events in each age group.

Based on recommendations of the National Center for Health Statistics (NCHS) regarding the calculation of rates and confidence intervals, the standard error of any rate based on fewer than 100 events is based on the Poisson distribution. The Poisson distribution is similar to the binomial distribution but is characterized by very small numbers of events occurring (p) in a large number of trials (n).⁹

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Sources for Tables B-1 and B-2, following: CAPE, with data from Census 2000 and FBI Uniform Crime Reports.

Table B-1: Demographic Data for Individuals

	Alameda County		Alameda		Albany		Ashland		Berkeley		Castro Valley		Cherryland	
Total	1,443,741		72,259		16,444		20,793		102,743		57,292		13,837	
Male	709,300	49.1%	34,689	48.0%	7,669	46.6%	10,171	48.9%	50,456	49.1%	27,844	48.6%	7,088	51.2%
Female	734,441	50.9%	37,570	52.0%	8,775	53.4%	10,622	51.1%	52,287	50.9%	29,448	51.4%	6,749	48.8%
Age														
Under 5 years	98,378	6.8%	4,057	5.6%	988	6.0%	1,832	8.8%	4,109	4.0%	3,266	5.7%	1,237	8.9%
5 to 9 years	104,648	7.2%	4,499	6.2%	1,025	6.2%	1,910	9.2%	4,032	3.9%	3,722	6.5%	1,076	7.8%
10 to 14 years	96,769	6.7%	4,459	6.2%	1,120	6.8%	1,440	6.9%	3,974	3.9%	4,011	7.0%	924	6.7%
15 to 19 years	92,448	6.4%	3,965	5.5%	924	5.6%	1,247	6.0%	7,978	7.8%	3,870	6.8%	843	6.1%
20 to 24 years	100,745	7.0%	3,648	5.0%	864	5.3%	1,576	7.6%	16,579	16.1%	2,616	4.6%	1,098	7.9%
25 to 29 years	116,926	8.1%	5,107	7.1%	1,326	8.1%	1,996	9.6%	10,127	9.9%	3,156	5.5%	1,337	9.7%
30 to 34 years	124,147	8.6%	5,970	8.3%	1,547	9.4%	1,964	9.4%	8,233	8.0%	3,814	6.7%	1,305	9.4%
35 to 39 years	128,426	8.9%	6,546	9.1%	1,437	8.7%	1,775	8.5%	7,359	7.2%	4,791	8.4%	1,203	8.7%
40 to 44 years	120,280	8.3%	6,623	9.2%	1,437	8.7%	1,556	7.5%	6,951	6.8%	5,340	9.3%	1,077	7.8%
45 to 49 years	106,589	7.4%	6,045	8.4%	1,383	8.4%	1,312	6.3%	7,032	6.8%	4,918	8.6%	837	6.0%
50 to 54 years	93,929	6.5%	5,365	7.4%	1,370	8.3%	1,045	5.0%	7,293	7.1%	4,375	7.6%	685	5.0%
55 to 59 years	65,207	4.5%	3,684	5.1%	756	4.6%	688	3.3%	5,197	5.1%	2,856	5.0%	502	3.6%
60 to 64 years	47,658	3.3%	2,686	3.7%	448	2.7%	557	2.7%	3,395	3.3%	2,162	3.8%	400	2.9%
65 to 69 years	39,419	2.7%	2,357	3.3%	441	2.7%	469	2.3%	2,566	2.5%	1,842	3.2%	294	2.1%
70 to 74 years	36,280	2.5%	2,355	3.3%	412	2.5%	435	2.1%	2,427	2.4%	1,898	3.3%	281	2.0%
75 to 79 years	31,885	2.2%	2,096	2.9%	386	2.3%	443	2.1%	2,372	2.3%	2,045	3.6%	298	2.2%
80 to 84 years	21,184	1.5%	1,473	2.0%	289	1.8%	262	1.3%	1,597	1.6%	1,359	2.4%	216	1.6%
85 years and over	18,823	1.3%	1,324	1.8%	291	1.8%	286	1.4%	1,522	1.5%	1,251	2.2%	224	1.6%
Median age	34.5		38.3		36.3		30.9		32.5		39.4		31.6	
% <18	354,572	24.6%	15,534	21.5%	3,758	22.9%	5,917	28.5%	14,513	14.1%	13,594	23.7%	3,733	27.0%
% 65+	147,591	10.2%	9,605	13.3%	1,819	11.1%	1,895	9.1%	10,484	10.2%	8,395	14.7%	1,313	9.5%
Race														
Latino	273,910	19.0%	6,725	9.3%	1,312	8.0%	6,753	32.5%	10,001	9.7%	6,984	12.2%	5,774	41.7%
White	591,095	40.9%	37,921	52.5%	9,461	57.5%	5,583	26.9%	56,691	55.2%	36,992	64.6%	4,933	35.7%
AfrAmer	211,124	14.6%	4,350	6.0%	644	3.9%	4,067	19.6%	13,707	13.3%	2,868	5.0%	1,309	9.5%
American Indian	5,306	0.4%	365	0.5%	53	0.3%	158	0.8%	293	0.3%	205	0.4%	62	0.4%
Asian	292,673	20.3%	18,757	26.0%	4,094	24.9%	3,040	14.6%	16,740	16.3%	7,649	13.4%	1,111	8.0%
Pacific Islander	8,458	0.6%	407	0.6%	20	0.1%	231	1.1%	121	0.1%	240	0.4%	162	1.2%
Some other race	4,676	0.3%	235	0.3%	80	0.5%	54	0.3%	598	0.6%	154	0.3%	28	0.2%
Multirace	56,499	3.9%	3,499	4.8%	780	4.7%	907	4.4%	4,592	4.5%	2,200	3.8%	458	3.3%
Disability														
Persons 5-20 years	312,905	100.0%	13,219	100.0%	3,167	100.0%	4,890	100.0%	20,201	100.0%	12,087	100.0%	3,004	100.0%
One type disability	15,607	5.0%	633	4.8%	139	4.4%	275	5.6%	969	4.8%	524	4.3%	153	5.1%
Sensory	1,459	0.5%	45	0.3%	25	0.8%	0	0.0%	119	0.6%	53	0.4%	8	0.3%
Physical	1,112	0.4%	46	0.3%	5	0.2%	86	1.8%	122	0.6%	30	0.2%	0	0.0%
Mental	7,039	2.2%	341	2.6%	67	2.1%	141	2.9%	461	2.3%	267	2.2%	76	2.5%
Self-care	634	0.2%	33	0.2%	0	0.0%	25	0.5%	9	0.0%	16	0.1%	15	0.5%
Two+ types	6,692	2.1%	265	2.0%	41	1.3%	154	3.1%	375	1.9%	140	1.2%	37	1.2%
Includes self-care	2,051	0.7%	125	0.9%	14	0.4%	76	1.6%	110	0.5%	40	0.3%	35	1.2%
No disability	290,606	92.9%	12,321	93.2%	2,987	94.3%	4,461	91.2%	18,857	93.3%	11,423	94.5%	2,814	93.7%
Persons 21-64 yrs	876,793	100.0%	44,663	100.0%	10,430	100.0%	12,122	100.0%	68,079	100.0%	32,968	100.0%	8,216	100.0%
One type disability	85,010	9.7%	3,903	8.7%	689	6.6%	1,069	8.8%	4,786	7.0%	3,054	9.3%	821	10.0%
Sensory	7,650	0.9%	450	1.0%	60	0.6%	158	1.3%	573	0.8%	322	1.0%	102	1.2%
Physical	15,931	1.8%	801	1.8%	112	1.1%	271	2.2%	1,057	1.6%	568	1.7%	115	1.4%
Mental	6,788	0.8%	347	0.8%	94	0.9%	71	0.6%	662	1.0%	224	0.7%	36	0.4%
Self-care	349	0.0%	32	0.1%	0	0.0%	0	0.0%	20	0.0%	22	0.1%	10	0.1%
Two+ types	79,354	9.1%	3,412	7.6%	546	5.2%	1,622	13.4%	4,426	6.5%	2,046	6.2%	1,159	14.1%
Includes self-care	14,550	1.7%	621	1.4%	74	0.7%	326	2.7%	1,034	1.5%	319	1.0%	262	3.2%
No disability	712,429	81.3%	37,348	83.6%	9,195	88.2%	9,431	77.8%	58,867	86.5%	27,868	84.5%	6,236	75.9%
Persons 65+ yrs	142,773	100.0%	9,156	100.0%	1,820	100.0%	1,772	100.0%	10,366	100.0%	7,891	100.0%	1,190	100.0%
One type disability	28,369	19.9%	1,955	21.4%	323	17.7%	497	28.0%	1,685	16.3%	1,488	18.9%	208	17.5%
Sensory	5,002	3.5%	274	3.0%	83	4.6%	37	2.1%	280	2.7%	389	4.9%	17	1.4%
Physical	12,921	9.1%	970	10.6%	131	7.2%	214	12.1%	839	8.1%	610	7.7%	99	8.3%
Mental	1,762	1.2%	122	1.3%	11	0.6%	50	2.8%	164	1.6%	86	1.1%	15	1.3%
Self-care	256	0.2%	5	0.1%	0	0.0%	0	0.0%	38	0.4%	13	0.2%	0	0.0%
Two+ types	33,526	23.5%	1,958	21.4%	316	17.4%	434	24.5%	2,506	24.2%	1,458	18.5%	408	34.3%
Includes self-care	15,016	10.5%	936	10.2%	119	6.5%	210	11.9%	1,299	12.5%	622	7.9%	186	15.6%
No disability	80,878	56.6%	5,243	57.3%	1,181	64.9%	841	47.5%	6,175	59.6%	4,945	62.7%	574	48.2%

Table B-1 (continued)

	Dublin		Emeryville		Fairview		Fremont		Hayward		Livermore		Newark	
Total	29,973		6,882		9,470		203,413		140,030		73,345		42,471	
Male	15,782	52.7%	3,444	50.0%	4,690	49.5%	102,273	50.3%	69,490	49.6%	36,664	50.0%	21,386	50.4%
Female	14,191	47.3%	3,438	50.0%	4,780	50.5%	101,140	49.7%	70,540	50.4%	36,681	50.0%	21,085	49.6%
Age														
Under 5 years	1,758	5.9%	257	3.7%	531	5.6%	15,137	7.4%	11,011	7.9%	5,650	7.7%	3,062	7.2%
5 to 9 years	1,844	6.2%	234	3.4%	653	6.9%	15,271	7.5%	11,215	8.0%	6,227	8.5%	3,312	7.8%
10 to 14 years	1,780	5.9%	192	2.8%	692	7.3%	14,005	6.9%	9,737	7.0%	5,728	7.8%	3,319	7.8%
15 to 19 years	1,673	5.6%	210	3.1%	637	6.7%	12,547	6.2%	9,542	6.8%	4,667	6.4%	3,105	7.3%
20 to 24 years	2,024	6.8%	810	11.8%	444	4.7%	11,189	5.5%	11,209	8.0%	3,593	4.9%	2,795	6.6%
25 to 29 years	3,010	10.0%	918	13.3%	478	5.0%	16,496	8.1%	12,557	9.0%	4,494	6.1%	3,254	7.7%
30 to 34 years	3,400	11.3%	797	11.6%	679	7.2%	18,778	9.2%	11,995	8.6%	6,374	8.7%	3,757	8.8%
35 to 39 years	3,655	12.2%	653	9.5%	783	8.3%	20,608	10.1%	11,937	8.5%	7,868	10.7%	3,997	9.4%
40 to 44 years	3,168	10.6%	539	7.8%	912	9.6%	18,970	9.3%	10,242	7.3%	7,010	9.6%	3,559	8.4%
45 to 49 years	2,328	7.8%	481	7.0%	829	8.8%	15,325	7.5%	9,056	6.5%	5,489	7.5%	2,866	6.7%
50 to 54 years	1,939	6.5%	497	7.2%	806	8.5%	12,534	6.2%	7,596	5.4%	4,811	6.6%	2,576	6.1%
55 to 59 years	1,238	4.1%	372	5.4%	535	5.6%	8,804	4.3%	5,337	3.8%	3,615	4.9%	1,980	4.7%
60 to 64 years	775	2.6%	251	3.6%	376	4.0%	6,782	3.3%	4,369	3.1%	2,303	3.1%	1,565	3.7%
65 to 69 years	539	1.8%	209	3.0%	321	3.4%	5,532	2.7%	3,655	2.6%	1,772	2.4%	1,188	2.8%
70 to 74 years	384	1.3%	177	2.6%	319	3.4%	4,401	2.2%	3,671	2.6%	1,384	1.9%	883	2.1%
75 to 79 years	217	0.7%	132	1.9%	254	2.7%	3,319	1.6%	3,161	2.3%	1,089	1.5%	684	1.6%
80 to 84 years	151	0.5%	84	1.2%	127	1.3%	2,075	1.0%	1,994	1.4%	709	1.0%	329	0.8%
85 years and over	90	0.3%	69	1.0%	94	1.0%	1,640	0.8%	1,746	1.2%	562	0.8%	240	0.6%
Median age	34.3		35.2		39.0		34.5		31.9		35.0		33.1	
% <18	6,282	21.0%	783	11.4%	2,284	24.1%	52,452	25.8%	37,499	26.8%	20,640	28.1%	11,575	27.3%
% 65+	1,381	4.6%	671	9.8%	1,115	11.8%	16,967	8.3%	14,227	10.2%	5,516	7.5%	3,324	7.8%
Race														
Latino	4,059	13.5%	616	9.0%	1,433	15.1%	27,409	13.5%	47,850	34.2%	10,541	14.4%	12,145	28.6%
White	18,669	62.3%	2,861	41.6%	4,621	48.8%	84,149	41.4%	40,896	29.2%	54,587	74.4%	17,103	40.3%
AfrAmer	2,995	10.0%	1,304	18.9%	1,901	20.1%	6,084	3.0%	14,846	10.6%	1,094	1.5%	1,639	3.9%
American Indian	156	0.5%	22	0.3%	29	0.3%	656	0.3%	570	0.4%	315	0.4%	148	0.3%
Asian	3,050	10.2%	1,749	25.4%	949	10.0%	74,773	36.8%	26,189	18.7%	4,171	5.7%	8,951	21.1%
Pacific Islander	85	0.3%	17	0.2%	60	0.6%	736	0.4%	2,511	1.8%	189	0.3%	378	0.9%
Some other race	61	0.2%	29	0.4%	34	0.4%	553	0.3%	692	0.5%	185	0.3%	128	0.3%
Multirace	898	3.0%	284	4.1%	443	4.7%	9,053	4.5%	6,476	4.6%	2,263	3.1%	1,979	4.7%
Disability														
Persons 5-20 years	5,091	100.0%	763	100.0%	2,217	100.0%	43,455	100.0%	32,452	100.0%	17,567	100.0%	10,584	100.0%
One type disability	238	4.7%	67	8.8%	83	3.7%	1,880	4.3%	1,801	5.5%	640	3.6%	529	5.0%
Sensory	0	0.0%	0	0.0%	0	0.0%	309	0.7%	170	0.5%	49	0.3%	59	0.6%
Physical	6	0.1%	0	0.0%	0	0.0%	124	0.3%	89	0.3%	49	0.3%	14	0.1%
Mental	157	3.1%	29	3.8%	55	2.5%	909	2.1%	586	1.8%	356	2.0%	280	2.6%
Self-care	0	0.0%	0	0.0%	0	0.0%	105	0.2%	142	0.4%	0	0.0%	18	0.2%
Two+ types	120	2.4%	30	3.9%	29	1.3%	772	1.8%	1,035	3.2%	256	1.5%	185	1.7%
Includes self-care	45	0.9%	0	0.0%	0	0.0%	266	0.6%	231	0.7%	84	0.5%	36	0.3%
No disability	4,733	93.0%	666	87.3%	2,105	94.9%	40,803	93.9%	29,616	91.3%	16,671	94.9%	9,870	93.3%
Persons 21-64 yrs	16,471	100.0%	5,282	100.0%	5,795	100.0%	127,583	100.0%	82,194	100.0%	44,835	100.0%	25,561	100.0%
One type disability	1,142	6.9%	602	11.4%	567	9.8%	9,125	7.2%	9,698	11.8%	3,613	8.1%	2,382	9.3%
Sensory	156	0.9%	46	0.9%	63	1.1%	1,002	0.8%	691	0.8%	368	0.8%	272	1.1%
Physical	207	1.3%	116	2.2%	104	1.8%	1,699	1.3%	1,684	2.0%	726	1.6%	382	1.5%
Mental	57	0.3%	31	0.6%	6	0.1%	789	0.6%	543	0.7%	413	0.9%	140	0.5%
Self-care	11	0.1%	0	0.0%	0	0.0%	27	0.0%	78	0.1%	5	0.0%	17	0.1%
Two+ types	881	5.3%	427	8.1%	447	7.7%	8,326	6.5%	10,525	12.8%	2,756	6.1%	2,208	8.6%
Includes self-care	159	1.0%	146	2.8%	92	1.6%	1,334	1.0%	1,574	1.9%	545	1.2%	309	1.2%
No disability	14,448	87.7%	4,253	80.5%	4,781	82.5%	110,132	86.3%	61,971	75.4%	38,466	85.8%	20,971	82.0%
Persons 65+ yrs	1,424	100.0%	601	100.0%	895	100.0%	16,539	100.0%	13,503	100.0%	5,280	100.0%	3,391	100.0%
One type disability	302	21.2%	102	17.0%	190	21.2%	3,143	19.0%	2,995	22.2%	938	17.8%	686	20.2%
Sensory	39	2.7%	11	1.8%	36	4.0%	545	3.3%	461	3.4%	203	3.8%	87	2.6%
Physical	174	12.2%	74	12.3%	124	13.9%	1,510	9.1%	1,229	9.1%	533	10.1%	331	9.8%
Mental	20	1.4%	11	1.8%	0	0.0%	158	1.0%	155	1.1%	43	0.8%	58	1.7%
Self-care	0	0.0%	0	0.0%	0	0.0%	29	0.2%	12	0.1%	11	0.2%	5	0.1%
Two+ types	243	17.1%	152	25.3%	190	21.2%	3,469	21.0%	3,197	23.7%	959	18.2%	707	20.8%
Includes self-care	79	5.5%	74	12.3%	57	6.4%	1,362	8.2%	1,383	10.2%	373	7.1%	317	9.3%
No disability	879	61.7%	347	57.7%	515	57.5%	9,927	60.0%	7,311	54.1%	3,383	64.1%	1,998	58.9%

Table B-1 (continued)

	Oakland		Piedmont		Pleasanton		San Leandro		San Lorenzo		Sunol		Union City	
Total	399,484		10,952		63,654		79,452		21,898		1,332		66,869	
Male	192,757	48.3%	5,270	48.1%	31,270	49.1%	38,300	48.2%	10,610	48.5%	686	51.5%	33,248	49.7%
Female	206,727	51.7%	5,682	51.9%	32,384	50.9%	41,152	51.8%	11,288	51.5%	646	48.5%	33,621	50.3%
Age														
Under 5 years	28,292	7.1%	582	5.3%	4,359	6.8%	5,032	6.3%	1,336	6.1%	63	4.7%	4,870	7.3%
5 to 9 years	30,134	7.5%	881	8.0%	5,369	8.4%	5,274	6.6%	1,607	7.3%	91	6.8%	5,399	8.1%
10 to 14 years	26,502	6.6%	1,144	10.4%	5,438	8.5%	4,661	5.9%	1,658	7.6%	98	7.4%	5,161	7.7%
15 to 19 years	24,664	6.2%	911	8.3%	4,014	6.3%	4,397	5.5%	1,476	6.7%	79	5.9%	5,084	7.6%
20 to 24 years	28,958	7.2%	206	1.9%	2,274	3.6%	4,504	5.7%	1,176	5.4%	80	6.0%	4,611	6.9%
25 to 29 years	36,427	9.1%	199	1.8%	3,277	5.1%	5,655	7.1%	1,206	5.5%	60	4.5%	5,098	7.6%
30 to 34 years	35,888	9.0%	326	3.0%	4,711	7.4%	6,421	8.1%	1,527	7.0%	70	5.3%	5,574	8.3%
35 to 39 years	33,110	8.3%	568	5.2%	6,575	10.3%	6,854	8.6%	1,825	8.3%	94	7.1%	5,684	8.5%
40 to 44 years	30,200	7.6%	934	8.5%	6,676	10.5%	6,480	8.2%	1,911	8.7%	116	8.7%	5,518	8.3%
45 to 49 years	28,512	7.1%	1,220	11.1%	5,743	9.0%	5,683	7.2%	1,614	7.4%	142	10.7%	4,874	7.3%
50 to 54 years	25,353	6.3%	1,257	11.5%	4,744	7.5%	5,174	6.5%	1,362	6.2%	123	9.2%	4,340	6.5%
55 to 59 years	17,188	4.3%	765	7.0%	3,511	5.5%	3,627	4.6%	913	4.2%	106	8.0%	2,944	4.4%
60 to 64 years	12,468	3.1%	478	4.4%	2,125	3.3%	3,002	3.8%	783	3.6%	68	5.1%	2,276	3.4%
65 to 69 years	10,552	2.6%	415	3.8%	1,521	2.4%	2,840	3.6%	796	3.6%	57	4.3%	1,730	2.6%
70 to 74 years	10,110	2.5%	344	3.1%	1,202	1.9%	3,005	3.8%	947	4.3%	26	2.0%	1,368	2.0%
75 to 79 years	8,886	2.2%	322	2.9%	941	1.5%	2,970	3.7%	923	4.2%	30	2.3%	1,124	1.7%
80 to 84 years	6,259	1.6%	204	1.9%	619	1.0%	2,126	2.7%	524	2.4%	18	1.4%	645	1.0%
85 years and over	5,981	1.5%	196	1.8%	555	0.9%	1,747	2.2%	314	1.4%	11	0.8%	569	0.9%
Median age	33.3		43.7		36.9		37.7		37.7		41.3		32.8	
% <18	99,759	25.0%	3,313	30.3%	17,952	28.2%	17,654	22.2%	5,508	25.2%	302	22.7%	18,562	27.8%
% 65+	41,788	10.5%	1,481	13.5%	4,838	7.6%	12,688	16.0%	3,504	16.0%	142	10.7%	5,436	8.1%
Race														
Latino	87,467	21.9%	325	3.0%	5,011	7.9%	15,939	20.1%	5,398	24.7%	116	8.7%	16,020	24.0%
White	93,953	23.5%	8,408	76.8%	48,253	75.8%	33,646	42.3%	11,475	52.4%	1,077	80.9%	13,610	20.4%
AfrAmer	140,139	35.1%	134	1.2%	845	1.3%	7,622	9.6%	584	2.7%	0	0.0%	4,321	6.5%
American Indian	1,471	0.4%	9	0.1%	147	0.2%	360	0.5%	102	0.5%	13	1.0%	132	0.2%
Asian	60,393	15.1%	1,728	15.8%	7,387	11.6%	18,064	22.7%	3,331	15.2%	64	4.8%	28,780	43.0%
Pacific Islander	1,866	0.5%	4	0.0%	74	0.1%	627	0.8%	90	0.4%	3	0.2%	577	0.9%
Some other race	1,229	0.3%	31	0.3%	143	0.2%	175	0.2%	46	0.2%	0	0.0%	203	0.3%
Multirace	12,966	3.2%	313	2.9%	1,794	2.8%	3,019	3.8%	872	4.0%	59	4.4%	3,226	4.8%
Disability														
Persons 5-20 years	87,050		2,957		15,126		15,210		4,988		344		16,224	
One type disability	5,170	5.9%	67	2.3%	682	4.5%	720	4.7%	236	4.7%	41	11.9%	584	3.6%
Sensory	458	0.5%	12	0.4%	25	0.2%	40	0.3%	15	0.3%	0	0.0%	72	0.4%
Physical	375	0.4%	0	0.0%	47	0.3%	54	0.4%	13	0.3%	0	0.0%	35	0.2%
Mental	1,940	2.2%	55	1.9%	513	3.4%	378	2.5%	127	2.5%	41	11.9%	190	1.2%
Self-care	201	0.2%	0	0.0%	0	0.0%	45	0.3%	5	0.1%	0	0.0%	14	0.1%
Two+ types	2,223	2.6%	0	0.0%	158	1.0%	369	2.4%	109	2.2%	0	0.0%	363	2.2%
Includes self-care	718	0.8%	0	0.0%	42	0.3%	82	0.5%	16	0.3%	0	0.0%	120	0.7%
No disability	79,657	91.5%	2,890	97.7%	14,286	94.4%	14,121	92.8%	4,643	93.1%	303	88.1%	15,277	94.2%
Persons 21-64 yrs	241,004		5,903		39,332		46,510		12,028		834		40,074	
One type disability	28,860	12.0%	273	4.6%	2,702	6.9%	5,443	11.7%	1,316	10.9%	118	14.1%	4,243	10.6%
Sensory	1,929	0.8%	31	0.5%	333	0.8%	466	1.0%	147	1.2%	7	0.8%	414	1.0%
Physical	5,387	2.2%	18	0.3%	512	1.3%	1,242	2.7%	235	2.0%	9	1.1%	563	1.4%
Mental	2,501	1.0%	47	0.8%	139	0.4%	360	0.8%	85	0.7%	0	0.0%	187	0.5%
Self-care	79	0.0%	0	0.0%	0	0.0%	32	0.1%	0	0.0%	0	0.0%	16	0.0%
Two+ types	28,049	11.6%	159	2.7%	1,264	3.2%	4,851	10.4%	1,189	9.9%	25	3.0%	4,397	11.0%
Includes self-care	5,745	2.4%	19	0.3%	234	0.6%	774	1.7%	166	1.4%	0	0.0%	699	1.7%
No disability	184,095	76.4%	5,471	92.7%	35,366	89.9%	36,216	77.9%	9,523	79.2%	691	82.9%	31,434	78.4%
Persons 65+ yrs	40,715		1,515		4,576		12,136		3,584		123		5,333	
One type disability	8,394	20.6%	267	17.6%	868	19.0%	2,349	19.4%	790	22.0%	19	15.4%	994	18.6%
Sensory	1,268	3.1%	76	5.0%	189	4.1%	627	5.2%	153	4.3%	8	6.5%	165	3.1%
Physical	3,610	8.9%	120	7.9%	508	11.1%	910	7.5%	405	11.3%	11	8.9%	449	8.4%
Mental	636	1.6%	13	0.9%	42	0.9%	80	0.7%	45	1.3%	0	0.0%	53	1.0%
Self-care	117	0.3%	0	0.0%	0	0.0%	16	0.1%	0	0.0%	0	0.0%	10	0.2%
Two+ types	11,756	28.9%	175	11.6%	764	16.7%	2,567	21.2%	772	21.5%	30	24.4%	1,295	24.3%
Includes self-care	5,673	13.9%	60	4.0%	282	6.2%	1,000	8.2%	245	6.8%	13	10.6%	660	12.4%
No disability	20,565	50.5%	1,073	70.8%	2,944	64.3%	7,220	59.5%	2,022	56.4%	74	60.2%	3,044	57.1%

Table B-2: Demographic Data for Households, Individuals, and Families

	Alameda County	Alameda	Albany	Ashland	Berkeley	Castro Valley	Cherryland
Households	523,336	30,226	7,011	7,223	44,955	21,606	4,658
Average HH size	2.7	2.4	2.3	2.8	2.2	2.6	2.9
Median HH income	\$55,900	\$56,300	\$54,900	\$40,800	\$44,500	\$64,900	\$42,900
% owner-occupied HH	54.7%	47.9%	50.6%	35.9%	42.7%	69.7%	33.5%
Median gross rent as % HH income	26.8	25.0	26.1	26.2	30.6	25.7	26.8
Persons per room: Owner	0.48	0.42	0.44	0.59	0.40	0.43	0.64
Persons per room: Renter	0.71	0.62	0.61	0.80	0.61	0.60	0.78
% HH linguistically isolated	8.7%	7.4%	8.0%	10.6%	4.3%	3.9%	12.8%
Persons	1,443,741	72,259	16,444	20,793	102,743	57,292	13,837
% poverty: total	11.0%	8.2%	7.9%	14.3%	20.0%	4.5%	12.3%
% poverty: <18	13.8%	11.5%	8.3%	20.2%	14.2%	4.6%	14.2%
% poverty 18-64	10.4%	7.6%	7.8%	12.0%	22.8%	4.5%	11.5%
% poverty: 65+	8.1%	6.1%	8.2%	11.1%	7.9%	4.5%	12.1%
% unemployed	5.5%	4.4%	2.1%	6.1%	5.5%	3.2%	9.0%
% high school or better	82.4%	88.4%	93.8%	72.8%	92.2%	89.0%	66.7%
% bach or better	34.9%	42.2%	64.0%	14.1%	64.3%	30.6%	9.2%
% speak English not well or not at all	8.5%	5.9%	5.8%	10.3%	2.9%	3.5%	15.0%
Families w/own children under 18	170,762	8,378	2,318	2,891	7,985	6,987	1,733
% mothers with no husband present	21.5%	22.3%	23.6%	34.5%	26.6%	17.7%	26.5%
City							
Violent crime rate	640	440	390	* 410	660	* 410	* 410

	Dublin	Emeryville	Fairview	Fremont	Hayward	Livermore	Newark
Households	9,325	3,975	3,281	68,237	44,804	26,123	12,992
Average HH size	2.7	1.7	2.8	3.0	3.1	2.8	3.3
Median HH income	\$77,300	\$45,400	\$76,600	\$76,600	\$51,200	\$75,300	\$69,400
% owner-occupied HH	64.9%	37.1%	83.6%	64.5%	53.2%	72.2%	70.6%
Median gross rent as % HH income	24.8	29.3	27.7	24.8	27.0	26.4	24.9
Persons per room: Owner	0.43	0.48	0.46	0.51	0.59	0.45	0.54
Persons per room: Renter	0.57	0.60	0.60	0.75	0.84	0.62	0.90
% HH linguistically isolated	3.1%	6.1%	3.3%	10.4%	11.2%	2.8%	10.1%
Persons	29,973	6,882	9,470	203,413	140,030	73,345	42,471
% poverty: total	2.9%	13.2%	6.4%	5.4%	10.0%	5.3%	5.5%
% poverty: <18	3.5%	7.7%	4.5%	6.2%	12.2%	7.4%	5.9%
% poverty 18-64	2.7%	14.4%	7.3%	5.0%	9.5%	4.9%	5.1%
% poverty: 65+	3.2%	8.0%	5.0%	6.2%	7.2%	1.5%	6.9%
% unemployed	3.1%	4.0%	3.8%	3.9%	6.3%	3.4%	5.0%
% high school or better	86.3%	89.7%	89.6%	88.4%	75.1%	89.6%	79.2%
% bach or better	32.9%	53.5%	32.3%	43.2%	19.9%	31.6%	24.2%
% speak English not well or not at all	2.3%	3.8%	1.3%	7.4%	11.4%	3.8%	9.5%
Families w/own children under 18	3,301	425	1,072	27,406	16,590	10,492	5,223
% mothers with no husband present	15.3%	39.8%	15.3%	11.6%	20.8%	13.9%	14.3%
City							
Violent crime rate	220	1,390	*410	190	450	190	310

	Oakland	Piedmont	Pleasanton	San Leandro	San Lorenzo	Sunol	Union City
Households	150,790	3,804	23,311	30,642	7,500	483	18,642
Average HH size	2.6	2.9	2.7	2.6	2.9	2.8	3.6
Median HH income	\$40,100	\$134,300	\$90,900	\$51,100	\$56,200	\$88,400	\$71,900
% owner-occupied HH	41.4%	90.7%	73.4%	60.6%	79.2%	75.4%	71.3%
Median gross rent as % HH income	27.6	24.9	24.5	26.1	27.1	25.7	25.3
Persons per room: Owner	0.49	0.37	0.41	0.54	0.49	0.74	0.61
Persons per room: Renter	0.74	0.48	0.57	0.88	0.67	0.81	0.88
% HH linguistically isolated	11.5%	1.2%	2.9%	12.8%	9.0%	9.9%	12.8%
Persons	399,484	10,952	63,654	79,452	21,898	1,332	66,869
% poverty: total	19.4%	2.0%	2.6%	8.8%	6.4%	15.5%	6.5%
% poverty: <18	28.2%	2.6%	2.7%	10.9%	8.0%	17.8%	7.3%
% poverty 18-64	17.0%	1.8%	2.4%	8.2%	5.8%	15.6%	6.2%
% poverty: 65+	13.1%	1.6%	3.8%	7.4%	6.5%	0.0%	6.5%
% unemployed	8.4%	2.7%	2.6%	4.3%	5.2%	6.3%	5.1%
% high school or better	73.9%	98.1%	94.2%	78.3%	80.9%	67.9%	80.5%
% bach or better	30.9%	77.8%	47.3%	31.6%	23.3%	17.5%	29.5%
% speak English not well or not at all	13.0%	1.6%	2.0%	12.9%	9.0%	9.6%	10.4%
Families w/own children under 18	43,152	1,798	9,521	8,814	2,602	156	8,442
% mothers with no husband present	34.6%	11.1%	11.3%	20.7%	15.5%	8.3%	13.1%
City							
Violent crime rate	1,310	60	130	640	* 410	* 410	430

Table B-3: Number and Percentage of Low Birth Weight Babies, Alameda County, Cities, and Regions, 2000-2002 Total

	#	LBW Births		
		%	LCL-%	UCL-%
Alameda County	4,494	6.8	6.6	7.0
Alameda	184	7.1	6.2	8.2
Albany	32	4.8	3.4	6.9
Ashland	77	6.5	5.2	8.1
Berkeley	149	5.5	4.6	6.4
Castro Valley	91	4.7	3.8	5.7
Cherryland	51	6.4	4.9	8.4
Dublin	84	5.9	4.8	7.3
Emeryville	19	8.6	5.4	13.3
Fairview	17	5.4	3.3	8.7
Fremont	634	6.3	5.9	6.8
Hayward	452	6.0	5.5	6.6
Livermore	212	6.2	5.5	7.1
Newark	148	7.0	6.0	8.2
Oakland	1,590	7.9	7.5	8.3
Piedmont	13	5.5	3.1	9.5
Pleasanton	150	6.2	5.3	7.3
San Leandro	257	7.5	6.6	8.4
San Lorenzo	43	5.3	3.9	7.2
Sunol	2			
Union City	250	7.4	6.5	8.3
North county	181	5.3	4.6	6.2
Oakland area	1,806	7.8	7.4	8.1
Central county	988	6.2	5.8	6.6
South county	1,034	6.7	6.3	7.1
Tri-valley	446	6.2	5.6	6.8

Notes: Percentages based on LBW numbers less than five were not reported due to their instability.

Source: CAPE, with data from Alameda County vital statistics files.

Table B-4: Number and Percentage of Low Birth Weight Babies, Alameda County, Cities, and Regions 2000-2002 Total

	Total				White				AfrAmer				Latino			
	#	%	LCL-%	UCL-%	#	%	LCL-%	UCL-%	#	%	LCL-%	UCL-%	#	%	LCL-%	UCL-%
Alameda County	4,494	6.8	6.6	7.0	1,002	5.4	5.0	5.7	1,111	12.2	11.5	12.9	1,024	5.3	5.0	5.7
Alameda	184	7.1	6.2	8.2	71	5.9	4.7	7.5	26	11.9	8.0	17.1	13	4.6	2.6	7.9
Albany	32	4.8	3.4	6.9	15	4.6	2.7	7.7	3	15.8	4.2	40.5	5	7.8	2.9	18.0
Ashland	77	6.5	5.2	8.1	16	9.1	5.5	14.7	18	8.2	5.1	12.8	27	5.0	3.4	7.3
Berkeley	149	5.5	4.6	6.4	61	4.2	3.2	5.4	55	12.2	9.4	15.7	19	4.7	2.9	7.4
Castro Valley	91	4.7	3.8	5.7	48	5.0	3.7	6.6	8	6.7	3.2	13.2	15	4.1	2.4	6.9
Cherryland	51	6.4	4.9	8.4	5	3.1	1.1	7.4	5	9.8	3.7	22.2	31	6.6	4.6	9.3
Dublin	84	5.9	4.8	7.3	38	4.9	3.5	6.7	1				15	8.2	4.8	13.4
Emeryville	19	8.6	5.4	13.3	7	12.3	5.5	24.3	5	9.4	3.5	21.4	3			
Fairview	17	5.4	3.3	8.7	7	6.1	2.7	12.7	1				1			
Fremont	634	6.3	5.9	6.8	149	5.7	4.8	6.6	32	12.7	9.0	17.6	76	5.1	4.1	6.4
Hayward	452	6.0	5.5	6.6	62	5.3	4.1	6.7	83	11.7	9.5	14.4	182	4.9	4.2	5.7
Livermore	212	6.2	5.5	7.1	113	5.3	4.4	6.4	4				51	6.8	5.2	8.9
Newark	148	7.0	6.0	8.2	32	5.9	4.1	8.3	10	15.4	8.0	26.9	54	6.6	5.0	8.6
Oakland	1,590	7.9	7.5	8.3	184	5.3	4.6	6.1	805	13.0	12.2	13.8	362	5.0	4.5	5.5
Piedmont	13	5.5	3.1	9.5	11	6.1	3.2	10.9	1				0			
Pleasanton	150	6.2	5.3	7.3	86	5.8	4.7	7.1	2				11	3.8	2.0	6.9
San Leandro	257	7.5	6.6	8.4	55	6.3	4.8	8.2	32	9.0	6.3	12.6	76	7.3	5.8	9.1
San Lorenzo	43	5.3	3.9	7.2	9	3.8	1.8	7.2	2				15	4.7	2.7	7.8
Sunol	2				1				0				0			
Union City	250	7.4	6.5	8.3	18	3.8	2.4	6.1	14	8.6	5.0	14.3	57	6.1	4.7	7.9
North county	181	5.3	4.6	6.2	76	4.3	3.4	5.3	58	12.4	9.6	15.8	24	5.1	3.4	7.6
Oakland area	1,806	7.8	7.4	8.1	273	5.6	4.9	6.2	837	12.9	12.1	13.8	378	5.0	4.5	5.5
Central county	988	6.2	5.8	6.6	202	5.5	4.8	6.3	149	9.7	8.3	11.3	347	5.3	4.8	5.9
South county	1,034	6.7	6.3	7.1	200	5.5	4.7	6.2	56	11.7	9.0	15.0	187	5.8	5.0	6.7
Tri-valley	446	6.2	5.6	6.8	237	5.4	4.7	6.1	7	6.7	3.0	13.9	77	6.3	5.0	7.9

	Asian				AmerInd				PacIsl				Multirace			
	#	%	LCL-%	UCL-%	#	%	LCL-%	UCL-%	#	%	LCL-%	UCL-%	#	%	LCL-%	UCL-%
Alameda County	1,193	7.3	6.9	7.7	12	5.5	3.0	9.7	38	5.5	4.0	7.6	79	8.3	6.6	10.2
Alameda	70	9.0	7.1	11.2	0				1				2			
Albany	9	3.9	1.9	7.5	0				0				0			
Ashland	14	7.5	4.3	12.6	0				0				2			
Berkeley	11	3.4	1.8	6.2	0				0				3			
Castro Valley	18	4.4	2.7	7.0	1				0				0			
Cherryland	9	11.0	5.5	20.3	0				0				1			
Dublin	27	7.7	5.2	11.1	0				1				0			
Emeryville	3				0				0				1			
Fairview	7	12.7	5.7	25.1	0				0				0			
Fremont	361	6.7	6.1	7.5	3				2				9	7.2	3.6	13.6
Hayward	99	6.7	5.5	8.1	0				14	6.7	3.8	11.2	8	6.7	3.2	13.2
Livermore	33	11.3	8.0	15.7	1				1				3			
Newark	42	7.0	5.1	9.4	0				1				5	15.2	5.7	32.7
Oakland	195	7.3	6.3	8.4	4				11	5.7	3.0	10.3	24	10.2	6.8	15.0
Piedmont	1				0				0				0			
Pleasanton	41	8.7	6.4	11.7	0				0				5	22.7	8.7	45.8
San Leandro	83	8.0	6.5	9.9	0				4				7	10.9	4.9	21.8
San Lorenzo	9	5.2	2.6	10.0	3				0				4			
Sunol	0				0				0				0			
Union City	153	9.0	7.7	10.4	0				2				4			
North county	20	3.6	2.3	5.6	0				0				3			
Oakland area	269	7.5	6.7	8.5	4				12	5.5	3.0	9.7	27	9.4	6.4	13.6
Central county	239	7.0	6.2	7.9	4				18	5.6	3.5	8.9	22	7.5	4.9	11.3
South county	556	7.3	6.7	7.9	3				5	5.0	1.8	11.7	18	8.5	5.3	13.3
Tri-valley	101	9.1	7.5	10.9	1				2				8	9.9	4.7	19.0

Source: CAPE, with data from Alameda County vital statistics files.

Table B-5: Number and Rate of Teen Births, Alameda County, Cities, and Regions, 2000-2002 Total

	Teen Births			
	#	Rate	LCL	UCL
Alameda County	4,634	33.9	32.9	34.9
Alameda	97	16.6	13.3	19.9
Albany	8			
Ashland	94	51.6	41.1	62.0
Berkeley	118	9.5	7.8	11.2
Castro Valley	73	13.6	10.5	16.7
Cherryland	60	50.5	37.8	63.3
Dublin	29	11.6	7.4	15.8
Emeryville	14	36.9	17.6	56.3
Fairview	17	20.0	10.5	29.5
Fremont	349	18.7	16.7	20.6
Hayward	678	48.2	44.6	51.8
Livermore	141	20.0	16.7	23.3
Newark	141	31.2	26.1	36.4
Oakland	2,272	61.3	58.7	63.8
Piedmont	0			
Pleasanton	48	8.0	5.8	10.3
San Leandro	201	31.4	27.1	35.8
San Lorenzo	50	23.1	16.7	29.5
Sunol	0			
Union City	221	28.8	25.0	32.6
North county	126	9.2	7.6	10.8
Oakland area	2,383	53.4	51.3	55.5
Central county	1,173	36.8	34.7	38.9
South county	511	21.0	19.2	22.8
Tri-valley	218	14.0	12.2	15.9

Notes: Rates based on numbers less than ten were not reported due to their instability. Rates are per 1,000 females 15 to 19 years.

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table B-6: Number and Rate of Teen Births, Alameda County, Cities, and Regions 2000-2002 Total

	Total				White				AfrAmer				Latino			
	#	%	LCL-%	UCL-%	#	%	LCL-%	UCL-%	#	%	LCL-%	UCL-%	#	%	LCL-%	UCL-%
Alameda County	4,634	33.6	32.7	34.6	564	12.8	11.7	13.8	1,277	56.9	53.8	60.1	2,278	71.7	68.7	74.6
Alameda	97	16.6	13.3	19.9	21	10.2	5.8	14.6	21	39.4	22.6	56.3	26	32.1	19.8	44.5
Albany	8				1								4			
Ashland	94	51.6	41.1	62.0	10	30.4	11.6	49.3	21	46.9	26.9	67.0	51	72.2	52.4	92.0
Berkeley	118	9.5	7.8	11.2	13	2.6	1.2	4.1	64	43.8	33.1	54.5	36	28.1	18.9	37.2
Castro Valley	73	13.6	10.5	16.7	34	10.9	7.3	14.6	6				28	34.2	21.5	46.9
Cherryland	60	50.5	37.8	63.3	6				3				45	72.5	51.3	93.6
Dublin	29	11.6	7.4	15.8	14	8.8	4.2	13.3	3				8			
Emeryville	14	36.9	17.6	56.3	1				11	66.9	27.4	106.5	2			
Fairview	17	20.0	10.5	29.5	3				5				7			
Fremont	349	18.7	16.7	20.6	111	14.8	12.1	17.6	28	44.0	27.7	60.2	145	42.4	35.5	49.3
Hayward	678	48.2	44.6	51.8	77	27.0	20.9	33.0	70	38.9	29.8	48.0	441	83.1	75.4	90.9
Livermore	141	20.0	16.7	23.3	48	9.7	7.0	12.5	3				73	58.7	45.2	72.1
Newark	141	31.2	26.1	36.4	35	21.5	14.4	28.7	5				90	58.4	46.3	70.5
Oakland	2,272	61.3	58.7	63.8	80	20.8	16.2	25.4	982	66.9	62.7	71.1	1,036	104.1	97.7	110.4
Piedmont	0															
Pleasanton	48	8.0	5.8	10.3	25	5.5	3.4	7.7	1				21	38.0	21.7	54.3
San Leandro	201	31.4	27.1	35.8	39	20.3	13.9	26.6	34	44.8	29.8	59.9	97	55.0	44.1	66.0
San Lorenzo	50	23.1	16.7	29.5	10	10.2	3.9	16.5	1				26	40.3	24.8	55.8
Sunol	0															
Union City	221	28.8	25.0	32.6	35	29.3	19.6	39.0	15	24.6	12.2	37.1	127	80.8	66.8	94.9
North county	126	9.2	7.6	10.8	14	2.5	1.2	3.8	64	42.2	31.9	52.6	40	28.4	19.6	37.2
Oakland area	2,383	53.4	51.3	55.5	102	14.9	12.0	17.7	1,014	65.9	61.9	70.0	1,064	98.0	92.1	103.9
Central county	1,173	36.8	34.7	38.9	179	18.2	15.6	20.9	140	38.2	31.8	44.5	695	69.2	64.1	74.3
South county	711	22.9	21.3	24.6	181	17.4	14.9	20.0	48	33.1	23.7	42.4	362	50.8	45.5	56.0
Tri-valley	218	14.0	12.2	15.9	87	7.9	6.2	9.5	7				102	47.0	37.9	56.1

	Asian				AmerInd				PacIsl				Multirace			
	#	%	LCL-%	UCL-%	#	%	LCL-%	UCL-%	#	%	LCL-%	UCL-%	#	%	LCL-%	UCL-%
Alameda County	321	10.9	9.7	12.1	18	33.4	18.0	48.8	55	47.8	35.2	60.4	96	12.7	10.2	15.2
Alameda	19	10.4	5.7	15.0	1				4				5			
Albany	1												2			
Ashland	6								1				5			
Berkeley	2				1								1			
Castro Valley					1								3			
Cherryland	2												4			
Dublin	1								1							
Emeryville																
Fairview	1												1			
Fremont	46	8.0	5.7	10.3	2				3				12	10.3	4.5	16.1
Hayward	53	19.6	14.3	24.9	3				18	47.8	25.7	69.8	13	15.2	6.9	23.4
Livermore	5				1				2				4			
Newark	7												3			
Oakland	118	18.4	15.1	21.8	6				13	54.1	24.7	83.6	30	17.9	11.5	24.3
Piedmont																
Pleasanton	1															
San Leandro	19	12.6	6.9	18.2	2				4				6			
San Lorenzo	5				1				6							
Sunol																
Union City	34	11.1	7.4	14.8					3				6			
North county	3				1								3			
Oakland area	137	15.9	13.2	18.5	7				17	56.9	29.9	84.0	35	15.7	10.5	20.9
Central county	86	15.1	11.9	18.2	7				29	55.1	35.1	75.2	32	17.4	11.4	23.4
South county	87	9.1	7.1	11.0	2				6				21	11.1	6.3	15.8
Tri-valley	7				1				3				4			

Notes: Rates based on numbers less than ten were not reported due to their instability. Rates are per 1,000 females 15 to 19 years.

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table B-7: Mental Disorder Hospitalizations as Primary Diagnosis: Number and Rate (With 95% Confidence Intervals), Alameda County, Cities, and Regions, 2000-2002 Total

Area	All				Male				Female				AmerInd			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	26,908	609.4	602.0	616.7	13,167	608.0	597.4	618.5	13,741	606.9	596.7	617.1	60	116.3	88.8	149.8
Alameda	1,060	467.2	438.6	495.7	478	440.9	400.9	480.9	582	495.6	454.3	537.0				
Albany	281	585.3	515.7	654.9	122	536.5	439.8	633.2	159	628.8	528.4	729.3				
Berkeley	2,569	742.3	712.7	771.9	1,339	800.3	755.8	844.7	1,230	686.6	646.9	726.2	9			
Castro Valley	824	492.9	458.7	527.1	345	432.0	385.8	478.2	479	552.8	502.1	603.5				
Dublin	316	380.7	328.2	433.2	141	297.2	232.1	362.2	175	449.0	371.3	526.7				
Fremont	2,410	398.9	382.5	415.2	1,168	381.2	358.4	404.0	1,242	413.9	390.5	437.3	9			
Hayward	2,999	582.8	561.8	603.9	1,398	543.8	514.7	572.9	1,601	619.7	589.2	650.2	11	149.6	74.7	267.8
Livermore	1,051	542.0	507.6	576.4	394	401.4	357.4	445.5	657	649.3	598.4	700.1	2			
Newark	535	420.1	383.3	456.9	257	384.7	336.7	432.6	278	445.6	392.2	499.0	1			
Oakland	10,551	839.8	823.7	856.0	5,487	911.4	886.9	935.8	5,064	770.4	749.0	791.8	17	125.7	73.2	201.2
Pleasanton	873	527.9	491.3	564.5	325	409.7	360.6	458.7	548	624.0	570.1	677.9				
San Leandro	2,092	722.6	691.4	753.8	1,075	758.0	712.5	803.4	1,017	685.7	642.9	728.5	5			
San Lorenzo	357	448.5	401.7	495.3	176	446.4	380.1	512.6	181	446.0	380.4	511.6				
Sunol	32	1,448.9	991.0	2,045.4	10	953.7	457.3	1,753.8	22	2,080.4	1,303.8	3,149.8				
Union City	784	383.3	355.9	410.7	329	320.4	284.3	356.5	455	439.7	399.0	480.4				
North county	2,850	715.9	688.9	742.9	1,461	762.8	722.4	803.2	1,389	671.8	635.4	708.1	9			
Oakland area	11,611	780.1	765.8	794.4	5,965	836.9	815.4	858.5	5,646	725.0	706.0	744.1	19	115.6	69.6	180.6
Central county	6,272	590.1	575.4	604.7	2,994	571.7	551.1	592.3	3,278	606.5	585.6	627.3	16	108.9	62.3	176.9
South county	3,761	400.8	387.7	414.0	1,764	370.0	352.0	388.0	1,997	427.8	408.8	446.8	14	114.9	62.8	192.7
Tri-valley	2,240	508.5	486.1	530.9	860	385.7	356.5	414.9	1,380	605.5	572.5	638.6	2			

Area	API				AfrAmer				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	1,876	180.1	171.7	188.5	7,929	1,160.6	1,134.8	1,186.3	2,472	324.6	310.2	339.1	13,613	725.7	713.2	738.2
Alameda	84	126.1	100.6	156.2	111	686.3	551.9	820.8	86	441.0	352.7	544.6	707	598.8	551.6	646.1
Albany	10	95.5	45.8	175.6	36	1,460.6	1,023.0	2,022.1	24	594.9	381.1	885.1	193	695.6	591.5	799.7
Berkeley	151	226.9	183.0	270.9	714	1,576.8	1,460.2	1,693.5	94	318.4	257.3	389.6	1,505	722.9	685.3	760.4
Castro Valley	38	134.5	95.2	184.7	43	624.8	452.1	841.5	62	330.9	253.7	424.2	637	568.6	522.7	614.4
Dublin	14	100.7	55.0	168.9	21	671.4	415.6	1,026.3	12	71.6	37.0	125.1	257	482.5	414.2	550.9
Fremont	303	141.5	123.4	159.6	157	574.1	477.6	670.5	237	283.1	244.4	321.9	1,572	602.5	572.2	632.8
Hayward	247	217.3	189.4	245.2	487	791.0	715.0	867.0	464	294.9	265.0	324.8	1,666	1,000.2	950.6	1,049.7
Livermore	13	84.0	44.7	143.7	22	545.4	341.8	825.8	51	269.9	201.0	354.9	950	630.6	589.1	672.1
Newark	65	206.9	159.7	263.7	37	661.9	466.0	912.3	108	308.5	246.1	370.9	296	553.7	489.0	618.5
Oakland	626	271.0	249.6	292.4	5,637	1,296.5	1,262.5	1,330.4	810	354.1	324.4	383.7	3,180	969.0	932.5	1,005.6
Pleasanton	23	92.7	58.8	139.2	28	842.3	559.7	1,217.4	37	344.9	242.8	475.3	766	593.2	549.7	636.8
San Leandro	124	179.6	147.3	211.9	473	1,213.3	1,093.7	1,332.9	267	437.6	381.3	493.8	1,157	1,069.6	1,003.4	1,135.8
San Lorenzo	26	159.8	104.4	234.1	12	294.6	152.2	514.6	50	278.8	206.9	367.5	261	660.1	577.2	743.0
Sunol	3								4				24	1,306.7	837.2	1,944.2
Union City	144	150.1	124.3	175.8	101	626.7	500.4	753.0	150	303.0	250.9	355.1	340	799.5	712.9	886.1
North county	161	199.8	163.8	235.8	750	1,563.9	1,451.0	1,676.7	118	346.0	274.1	417.8	1,698	714.1	679.2	749.1
Oakland area	710	237.9	220.3	255.5	5,748	1,274.7	1,241.7	1,307.8	896	362.3	334.0	390.6	3,887	867.3	837.9	896.8
Central county	435	188.1	170.0	206.2	1,015	902.8	842.7	962.8	843	328.5	304.2	352.7	3,721	867.2	838.2	896.3
South county	515	151.1	136.8	165.4	295	610.2	535.8	684.5	499	296.4	268.4	324.4	2,232	621.0	594.8	647.2
Tri-valley	50	93.0	69.0	122.6	71	513.1	400.7	647.2	100	270.8	198.0	343.5	1,973	592.9	565.6	620.1

Notes: Rates based on numbers less than ten were not reported due to their instability.

Source: CAPE, with data from OSHPD hospitalization files, Census 2000, and DOF.

Table B-8: Depression Hospitalizations as Primary Diagnosis: Number and Rate (With 95% Confidence Intervals),
Alameda County, Cities, and Regions, 2000-2002 Total

Area	All				Male				Female				AmerInd			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	7,404	170.2	166.3	174.1	2,704	129.1	124.1	134.0	4,700	209.1	203.1	215.1	15	33.0	18.5	54.4
Alameda	311	143.0	126.9	159.2	98	91.9	74.6	112.0	213	193.2	166.5	219.9				
Albany	88	189.1	151.6	232.9	30	135.2	91.2	192.9	58	235.1	178.5	303.9				
Berkeley	623	180.0	165.2	194.7	245	149.3	129.8	168.8	378	210.7	188.4	233.0	2			
Castro Valley	330	197.7	176.0	219.3	118	151.5	123.8	179.2	212	245.1	211.3	278.8				
Dublin	121	162.1	124.0	200.1	45	112.0	81.7	149.9	76	206.4	162.6	258.3				
Fremont	792	129.6	120.4	138.8	296	101.1	88.9	113.2	496	160.9	146.5	175.3	3			
Hayward	865	166.8	155.6	178.0	297	117.4	103.8	131.1	568	217.1	199.2	235.1	2			
Livermore	478	269.4	244.1	294.7	123	141.6	113.4	169.9	355	369.3	330.1	408.5	2			
Newark	198	154.0	132.0	176.0	78	119.2	94.2	148.8	120	189.1	154.8	223.4	1			
Oakland	2,195	176.2	168.7	183.6	872	150.1	140.0	160.2	1,323	200.6	189.7	211.5	2			
Pleasanton	386	259.2	232.4	286.0	106	151.5	119.5	183.4	280	345.3	304.0	386.7				
San Leandro	590	205.1	188.4	221.7	246	175.2	153.3	197.2	344	235.1	209.9	260.3				
San Lorenzo	134	170.4	141.4	199.4	45	112.7	82.2	150.8	89	225.2	180.9	277.2				
Sunol	13	663.6	353.4	1,134.8	3				10	1,125.5	539.7	2,069.8				
Union City	249	123.6	107.9	139.2	79	81.4	64.4	101.4	170	164.2	139.4	189.1	3			
North county	711	179.7	166.0	193.4	275	146.8	128.8	164.9	436	211.8	191.1	232.5	2			
Oakland area	2,506	170.0	163.3	176.8	970	140.3	131.4	149.3	1,536	198.0	188.1	208.0	2			
Central county	1,919	181.3	173.2	189.5	706	136.9	126.8	147.1	1,213	226.3	213.5	239.1	2			
South county	1,252	133.0	125.5	140.6	456	99.2	89.6	108.7	796	168.3	156.5	180.1	7			
Tri-valley	985	248.9	232.4	265.4	274	140.4	121.2	159.5	711	335.4	310.1	360.8	2			

Area	API				AfrAmer				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	528	51.5	46.9	56.0	1,608	232.8	221.4	244.3	715	93.8	85.9	101.8	4,243	234.6	227.3	241.8
Alameda	25	38.7	25.1	57.2	32	184.1	125.9	259.8	23	114.4	72.5	171.7	207	194.1	165.6	222.5
Albany	4				9				7				63	240.6	184.9	307.8
Berkeley	52	77.7	58.0	101.9	144	319.1	266.6	371.7	28	101.0	67.1	146.0	370	184.7	164.9	204.4
Castro Valley	11	38.7	19.3	69.3	21	278.7	172.5	426.0	23	118.1	74.9	177.2	258	229.8	200.6	258.9
Dublin	8				9				5				95	199.4	161.3	243.7
Fremont	103	48.2	37.8	58.7	54	183.5	137.8	239.4	81	94.3	74.9	117.2	501	197.9	180.3	215.5
Hayward	65	57.0	44.0	72.6	135	201.1	165.5	236.7	133	79.5	64.3	94.8	496	311.4	282.9	340.0
Livermore	7				11	323.9	161.7	579.6	25	157.6	102.0	232.7	428	306.7	276.8	336.7
Newark	23	69.8	44.3	104.8	10	182.4	87.5	335.5	43	115.6	83.7	155.7	111	212.6	172.1	253.0
Oakland	129	56.0	46.3	65.7	992	227.5	213.3	241.7	186	76.2	62.5	89.9	811	259.5	239.9	279.0
Pleasanton	6				10	391.7	187.8	720.4	20	197.8	120.8	305.6	343	289.0	257.6	320.3
San Leandro	33	50.4	34.7	70.7	141	364.7	298.1	431.3	78	138.8	109.7	173.2	318	307.2	270.8	343.6
San Lorenzo	18	110.5	65.5	174.6	3				17	87.4	50.9	139.9	92	247.7	199.7	303.7
Sunol	3								1				9			
Union City	40	42.9	30.7	58.4	27	164.3	108.2	239.0	44	82.8	60.2	111.2	122	291.0	238.3	343.7
North county	56	70.3	53.1	91.3	153	321.1	269.8	372.3	35	105.0	73.2	146.1	433	191.2	172.3	210.1
Oakland area	154	52.1	43.8	60.4	1,024	226.1	212.2	240.0	209	79.4	66.2	92.6	1,018	241.1	225.0	257.3
Central county	127	56.2	46.2	66.1	300	256.5	225.4	287.6	251	97.5	84.1	111.0	1,164	280.7	263.8	297.6
South county	169	50.4	42.1	58.6	91	179.1	144.2	219.8	169	96.3	81.0	111.7	743	213.0	197.4	228.6
Tri-valley	21	38.8	24.0	59.3	30	309.0	208.5	441.1	50	158.4	117.5	208.8	866	284.9	265.3	304.6

Notes: Rates based on numbers less than ten were not reported due to their instability.

Source: CAPE, with data from OSHPD hospitalization files, Census 2000, and DOF.

Table B-9: Alcohol Disorder Hospitalizations as Primary Diagnosis: Number and Rate (With 95% Confidence Intervals), Alameda County, Cities, and Regions, 2000-2002 Total

Area	All				Male				Female				AmerInd			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	3,757	85.1	82.4	87.8	2,534	119.4	114.7	124.1	1,223	53.7	50.7	56.7	14	32.2	17.6	54.1
Alameda	228	94.1	81.8	106.3	167	145.0	122.8	167.1	61	48.7	37.3	62.6	1			
Albany	32	61.4	42.0	86.6	20	83.1	50.8	128.4	12	43.9	22.7	76.6				
Berkeley	276	84.2	74.1	94.2	168	108.4	91.7	125.1	108	62.2	50.4	74.0	2			
Castro Valley	103	57.9	46.6	69.2	75	86.1	67.7	107.9	28	31.4	20.9	45.4				
Dublin	66	71.1	55.0	90.5	39	77.7	55.2	106.2	27	64.4	42.4	93.7				
Fremont	424	66.0	59.6	72.4	290	92.0	80.9	103.0	134	41.5	34.4	48.6				
Hayward	505	103.4	94.3	112.5	339	141.7	126.4	157.0	166	66.9	56.7	77.1	3			
Livermore	153	63.5	53.2	73.8	100	84.8	67.5	102.0	53	43.0	32.2	56.2				
Newark	127	97.3	80.2	114.4	89	138.8	111.5	170.8	38	57.0	40.4	78.3				
Oakland	1,266	104.4	98.6	110.2	858	151.2	140.9	161.4	408	63.4	57.2	69.5	6			
Pleasanton	124	60.1	49.2	71.0	78	77.8	61.5	97.1	46	42.2	30.9	56.2				
San Leandro	278	93.1	82.1	104.0	178	125.4	107.0	143.9	100	65.3	52.4	78.2				
San Lorenzo	61	75.9	58.1	97.5	48	122.9	90.6	163.0	13	31.6	16.8	54.0	2			
Sunol	7															
Union City	89	43.3	34.7	53.2	69	67.7	52.6	85.6	20	19.7	12.0	30.4				
North county	308	80.8	71.7	89.9	188	104.7	89.5	119.9	120	59.4	48.7	70.1	2			
Oakland area	1,494	102.4	97.1	107.6	1,025	149.9	140.6	159.1	469	60.7	55.2	66.2	7			
Central county	947	90.1	84.4	95.9	640	125.5	115.7	135.3	307	57.4	51.0	63.8	5			
South county	647	65.9	60.8	71.1	449	93.1	84.2	102.0	198	40.1	34.5	45.8				
Tri-valley	343	62.3	55.5	69.1	217	79.7	68.5	90.8	126	45.1	37.0	53.2				

Area	API				AfrAmer				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	120	12.1	9.9	14.3	727	111.5	103.3	119.6	447	69.2	62.4	76.1	2,298	110.4	105.9	115.0
Alameda	7				5				16	89.3	51.1	145.1	186	135.7	115.7	155.7
Albany	2				2				8				18	55.9	33.1	88.4
Berkeley	5				64	146.0	112.4	186.4	18	62.0	36.7	98.0	179	84.7	72.1	97.3
Castro Valley	1				3				10	49.6	23.8	91.2	79	65.7	52.0	81.8
Dublin					6				1				58	94.2	71.5	121.8
Fremont	20	8.6	5.2	13.3	9				41	52.8	37.9	71.7	346	116.4	104.1	128.8
Hayward	34	34.0	23.5	47.5	39	66.3	47.2	90.7	103	80.9	64.5	97.3	286	157.1	138.7	175.5
Livermore									11	38.5	19.2	68.9	140	73.3	60.9	85.6
Newark	2				3				25	91.5	59.2	135.0	93	153.0	123.5	187.4
Oakland	21	9.5	5.9	14.5	566	132.0	121.1	142.9	146	83.1	68.2	98.0	481	125.9	114.5	137.3
Pleasanton	2				2				4				116	72.3	58.7	85.9
San Leandro	5				16	50.2	28.7	81.5	28	51.3	34.1	74.1	214	158.0	136.1	179.8
San Lorenzo					2				14	100.9	55.1	169.2	43	96.8	70.1	130.4
Sunol									1				6			
Union City	21	20.9	12.9	31.9					19	47.8	28.8	74.7	38	83.9	59.4	115.2
North county	7				66	141.5	109.4	180.0	26	83.4	54.5	122.2	197	79.9	68.5	91.2
Oakland area	28	9.6	6.4	13.9	571	129.0	118.4	139.6	162	84.0	69.8	98.3	667	128.2	118.3	138.1
Central county	40	18.6	13.3	25.3	60	58.6	44.7	75.4	155	71.9	60.0	83.7	622	128.5	118.2	138.7
South county	43	11.5	8.3	15.5	21	45.8	28.3	70.0	86	59.2	47.3	73.1	483	118.6	108.0	129.3
Tri-valley	2				8				16	27.4	15.7	44.6	314	74.7	66.2	83.2

Notes: Rates based on numbers less than ten were not reported due to their instability.

Source: CAPE, with data from OSHPD hospitalization files, Census 2000, and DOF.

Table B-10: Drug Disorder Hospitalizations as Primary Diagnosis: Number and Rate (With 95% Confidence Intervals), Alameda County, Cities, and Regions, 2000-2002 Total

Area	All				Male				Female				AmerInd			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	2,621	58.0	55.7	60.2	1,454	65.6	62.2	69.0	1,167	50.6	47.7	53.5	2			
Alameda	113	51.8	42.1	61.5	57	53.9	40.8	69.8	56	50.0	37.7	64.9				
Albany	37	70.7	49.8	97.5	22	88.8	55.7	134.4	15	51.9	29.1	85.7				
Berkeley	209	61.0	52.5	69.5	122	74.0	60.4	87.6	87	49.0	39.3	60.4				
Castro Valley	69	42.2	32.9	53.5	31	38.1	25.9	54.1	38	45.9	32.5	63.0				
Dublin	37	32.9	23.2	45.3	15	25.6	14.3	42.1	22	40.1	25.1	60.6				
Fremont	207	34.1	29.3	38.9	105	33.2	26.7	39.7	102	34.0	27.2	40.7	1			
Hayward	287	54.7	48.3	61.1	149	55.9	46.8	65.0	138	52.7	43.9	61.6				
Livermore	82	36.0	28.6	44.7	43	36.8	26.6	49.5	39	34.1	24.2	46.6				
Newark	55	43.0	32.4	56.0	34	50.9	35.2	71.1	21	33.5	20.7	51.2				
Oakland	1,135	88.6	83.4	93.8	646	106.3	98.0	114.6	489	72.8	66.3	79.3	1			
Pleasanton	88	46.5	37.3	57.3	45	51.0	37.2	68.2	43	42.5	30.7	57.2				
San Leandro	174	58.6	49.8	67.4	105	72.2	58.3	86.0	69	45.0	35.0	56.9				
San Lorenzo	43	53.8	38.9	72.5	27	69.3	45.7	100.8	16	37.6	21.5	61.0				
Sunol	3				3											
Union City	66	31.9	24.6	40.5	39	38.6	27.5	52.8	27	25.9	17.1	37.7				
North county	246	62.4	54.4	70.4	144	76.2	63.4	89.1	102	49.5	39.7	59.3				
Oakland area	1,248	82.3	77.7	86.9	703	97.5	90.2	104.8	545	68.7	62.9	74.5	1			
Central county	573	53.4	49.0	57.8	312	58.4	51.9	64.9	261	47.9	42.0	53.7				
South county	331	34.9	31.1	38.8	181	37.5	31.8	43.1	150	31.8	26.7	37.0	1			
Tri-valley	207	39.8	34.2	45.5	103	40.4	32.1	48.7	104	38.9	31.2	46.6				

Area	API				AfrAmer				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	120	11.9	9.7	14.1	922	134.1	125.4	142.8	251	31.5	27.1	35.8	1,210	64.1	60.5	67.8
Alameda	8				15	85.0	47.6	140.2	15	77.0	43.1	127.0	67	60.9	47.2	77.4
Albany	2				2								28	82.2	54.6	118.9
Berkeley	9				63	139.4	107.1	178.4	7				122	58.8	48.2	69.4
Castro Valley	1				5				3				58	53.0	40.2	68.5
Dublin					1				2				31	46.3	31.5	65.7
Fremont	20	8.3	5.1	12.8	12	44.7	23.1	78.1	23	28.7	18.2	43.1	141	55.3	46.0	64.6
Hayward	17	13.9	8.1	22.3	42	62.9	45.4	85.1	47	28.3	20.8	37.7	159	96.4	80.9	111.8
Livermore	1				3				8				67	40.1	31.1	50.9
Newark	5				4				9				34	63.9	44.3	89.3
Oakland	36	15.7	11.0	21.7	724	165.7	153.6	177.8	80	36.1	28.6	44.9	256	71.1	61.9	80.3
Pleasanton	2								1				82	56.3	44.8	69.9
San Leandro	7				36	93.0	65.1	128.7	32	50.0	34.2	70.6	95	85.5	69.2	104.5
San Lorenzo	3				1				9				28	71.0	47.2	102.6
Sunol													3			
Union City	8				7				14	28.8	15.7	48.3	33	78.8	54.2	110.6
North county	11	19.1	9.5	34.2	65	135.9	104.9	173.3	7				150	63.2	52.9	73.6
Oakland area	44	15.1	11.0	20.2	739	163.2	151.4	174.9	95	39.7	32.2	48.6	323	68.9	60.9	76.9
Central county	28	12.0	8.0	17.3	84	71.3	56.9	88.3	91	32.4	26.1	39.8	340	79.8	71.0	88.6
South county	33	9.8	6.7	13.8	23	45.4	28.8	68.1	46	27.7	20.3	36.9	211	59.7	51.5	67.9
Tri-valley	3				4				11	17.0	8.5	30.3	180	48.0	40.7	55.3

Notes: Rates based on numbers less than ten were not reported due to their instability.

Source: CAPE, with data from OSHPD hospitalization files, Census 2000, and DOF.

Table B-11: Childhood Asthma Hospitalizations (0-14 Years) as Primary Diagnosis: Number and Rate (With 95% Confidence Intervals), Alameda County, Cities, and Regions, 2000-2002 Total

Area	All				Male				Female				AmerInd			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	3,396	367.1	354.7	379.4	2,168	457.9	438.6	477.2	1,228	272.0	256.8	287.2	5			
Alameda	116	291.7	238.6	344.8	82	408.7	325.0	507.3	34	172.6	119.5	241.2				
Albany	20	253.3	154.7	391.2	12	300.6	155.3	525.1	8							
Berkeley	194	460.1	395.2	524.9	124	578.6	476.6	680.6	70	337.3	262.9	426.2	1			
Castro Valley	63	199.2	153.1	254.9	35	216.2	150.6	300.7	28	182.0	120.9	263.0				
Dublin	15	84.2	47.1	138.8	11	117.7	58.8	210.7	4							
Fremont	183	131.7	112.6	150.8	113	156.4	127.5	185.3	70	105.0	81.9	132.7	1			
Hayward	343	276.0	246.7	305.2	228	358.8	312.2	405.4	115	189.4	154.8	224.1	1			
Livermore	85	152.9	122.2	189.1	56	196.7	148.6	255.4	29	107.0	71.7	153.7				
Newark	45	153.3	111.8	205.1	32	211.1	144.4	298.0	13	91.4	48.7	156.3				
Oakland	1,946	721.2	689.1	753.2	1,218	887.3	837.4	937.1	728	549.7	509.7	589.6	2			
Pleasanton	55	120.2	90.5	156.4	35	152.2	106.0	211.6	20	87.7	53.6	135.5				
San Leandro	204	333.6	287.8	379.4	142	449.9	375.8	523.9	62	209.8	160.9	269.0				
San Lorenzo	47	289.4	212.7	384.9	25	309.7	200.4	457.1	22	270.3	169.4	409.2				
Sunol	0															
Union City	80	169.6	134.5	211.1	55	226.3	170.5	294.6	25	109.4	70.8	161.5				
North county	214	426.7	369.5	483.9	136	533.7	443.9	623.4	78	316.0	249.8	394.3	1			
Oakland area	2,062	665.7	637.0	694.4	1,300	826.0	781.1	870.9	762	500.6	465.0	536.1	2			
Central county	657	281.5	260.0	303.1	430	360.3	326.2	394.4	227	199.2	173.2	225.1	1			
South county	308	142.5	126.6	158.4	200	178.3	153.6	203.0	108	103.9	84.3	123.6	1			
Tri-valley	155	130.1	109.6	150.6	102	168.0	135.4	200.6	53	90.6	67.9	118.5				

Area	API				AfrAmer				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	322	142.8	127.2	158.4	1,525	948.4	900.7	996.1	665	257.3	237.7	276.9	526	197.6	180.7	214.5
Alameda	22	165.0	103.4	249.9	27	594.4	391.7	864.8	14	263.1	143.9	441.5	29	189.7	127.0	272.4
Albany	2				1				3				9			
Berkeley	1				97	1,202.3	975.0	1,466.7	21	315.1	195.1	481.7	46	229.2	167.8	305.7
Castro Valley	6				8				8				30	179.5	121.1	256.2
Dublin	4								1				10	89.4	42.9	164.4
Fremont	51	78.1	58.2	102.7	20	293.1	179.1	452.7	25	108.3	70.1	159.9	71	166.1	129.7	209.5
Hayward	35	134.2	93.4	186.6	82	501.4	398.8	622.4	128	215.0	177.6	252.4	57	275.9	209.0	357.5
Livermore	3				10	615.7	295.3	1,132.3	21	187.5	116.1	286.6	37	99.6	70.2	137.3
Newark	6				10	603.3	289.3	1,109.5	5				19	215.8	130.0	337.1
Oakland	113	259.0	211.2	306.8	1,176	1,158.9	1,092.5	1,225.2	379	438.0	393.6	482.4	112	307.3	250.2	364.4
Pleasanton	7				4				3				38	121.4	85.9	166.7
San Leandro	36	234.1	164.0	324.2	80	784.4	622.0	976.2	29	139.6	93.5	200.5	34	246.3	170.6	344.2
San Lorenzo	6				4				12	203.7	105.3	355.9	15	277.7	155.4	458.0
Sunol																
Union City	30	135.9	91.7	194.1	6				16	113.7	65.0	184.7	19	301.0	181.2	470.0
North county	3				98	1,150.7	934.2	1,402.4	24	317.1	203.1	471.8	55	227.7	171.5	296.4
Oakland area	135	237.2	197.1	277.3	1,203	1,133.8	1,069.7	1,198.0	393	427.8	385.3	470.4	141	273.2	228.0	318.4
Central county	83	160.8	128.0	199.3	174	588.1	500.7	675.4	177	192.4	163.9	220.8	136	241.3	200.6	281.9
South county	87	92.1	73.7	113.6	36	287.4	201.3	397.8	46	94.5	69.2	126.0	109	187.0	151.8	222.3
Tri-valley	14	91.0	49.7	152.6	14	380.1	207.8	637.8	25	136.0	88.0	200.7	85	106.4	85.0	131.6

Notes: Rates based on numbers less than ten were not reported due to their instability.

Source: CAPE, with data from OSHPD hospitalization files, Census 2000, and DOF.

Table B-12: Asthma Hospitalizations (All Ages) as Primary Diagnosis: Number and Rate (With 95% Confidence Intervals), Alameda County, Cities, and Regions, 2000-2002 Total

Area	All				Male				Female				AmerInd			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	6,894	161.9	158.0	165.7	3,179	150.4	145.1	155.7	3,715	169.5	164.0	175.0	11	24.2	12.1	43.3
Alameda	253	121.6	106.4	136.7	115	119.7	97.7	141.7	138	117.8	97.7	137.8				
Albany	37	87.2	61.4	120.2	14	74.8	40.9	125.5	23	93.6	59.3	140.4				
Berkeley	365	151.9	135.8	168.0	180	161.4	137.2	185.5	185	140.5	119.4	161.6	2			
Castro Valley	170	100.3	85.1	115.6	60	76.4	58.3	98.3	110	121.0	97.9	144.0				
Dublin	48	65.0	47.9	86.1	20	67.0	40.9	103.5	28	70.9	47.1	102.5				
Fremont	527	93.7	85.4	102.0	222	79.5	68.1	91.0	305	105.7	93.6	117.7	1			
Hayward	855	169.0	157.6	180.5	384	152.5	136.8	168.2	471	183.5	166.8	200.1	2			
Livermore	219	100.5	86.6	114.4	96	84.5	68.5	103.2	123	112.3	92.0	132.6				
Newark	123	101.8	82.6	121.0	60	97.6	74.5	125.6	63	103.3	79.4	132.2				
Oakland	3,374	272.6	263.4	281.9	1,633	263.0	250.2	275.9	1,741	276.2	263.1	289.2	4			
Pleasanton	135	70.1	57.8	82.5	50	49.6	36.8	65.4	85	85.4	68.2	105.6				
San Leandro	462	153.7	139.6	167.8	213	147.7	127.8	167.6	249	155.6	136.0	175.3				
San Lorenzo	112	138.7	112.8	164.6	35	93.3	65.0	129.8	77	179.1	141.3	223.8	2			
Sunol	0															
Union City	211	118.2	101.7	134.7	96	100.6	81.5	122.9	115	127.5	103.9	151.1				
North county	402	142.1	127.8	156.4	194	148.1	126.8	169.3	208	133.8	114.9	152.7	2			
Oakland area	3,627	251.5	243.3	259.7	1,748	243.2	231.8	254.7	1,879	253.8	242.3	265.3	4			
Central county	1,599	149.9	142.5	157.3	692	133.0	123.0	143.0	907	163.8	153.0	174.5	4			
South county	861	99.7	92.8	106.6	378	86.0	76.6	95.5	483	110.1	100.1	120.0	1			
Tri-valley	402	82.2	73.7	90.6	166	66.2	55.2	77.3	236	95.0	82.5	107.6				

Area	API				AfrAmer				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	764	87.4	80.9	93.8	2,827	403.1	388.1	418.0	992	118.8	110.1	127.5	1,830	106.7	101.7	111.8
Alameda	50	88.9	66.0	117.3	35	183.4	127.7	255.0	23	121.6	77.1	182.5	113	100.9	80.9	120.8
Albany	4				2				3				23	89.0	56.4	133.5
Berkeley	9				197	475.7	408.5	542.8	35	146.8	102.3	204.2	86	68.9	55.1	85.1
Castro Valley	10	39.2	18.8	72.1	18	258.4	153.1	408.3	26	126.8	82.8	185.7	99	90.2	73.3	109.8
Dublin	11	141.2	70.5	252.6	5				5				27	55.4	36.5	80.6
Fremont	138	84.1	67.3	100.8	29	98.9	66.2	142.0	62	82.2	63.1	105.4	277	113.8	100.2	127.5
Hayward	135	136.5	112.6	160.5	172	277.2	232.9	321.5	202	128.6	107.0	150.3	281	167.3	146.2	188.4
Livermore	11	84.0	41.9	150.3	14	223.1	122.0	374.3	30	123.0	83.0	175.5	147	88.5	73.8	103.2
Newark	20	81.1	49.5	125.3	15	204.1	114.3	336.7	18	48.1	28.5	76.0	64	129.5	99.8	165.4
Oakland	202	96.7	83.3	110.1	2,182	485.4	464.9	505.8	477	158.3	140.5	176.1	301	118.4	103.8	133.0
Pleasanton	11	33.7	16.8	60.3	4				3				112	76.8	62.1	91.5
San Leandro	59	93.6	71.2	120.7	125	323.5	259.8	387.3	58	90.1	68.4	116.5	185	151.3	126.7	175.9
San Lorenzo	23	148.6	94.2	223.0	6				20	103.5	63.2	159.9	49	126.7	93.8	167.5
Sunol																
Union City	81	109.1	86.7	135.6	21	168.0	104.0	256.8	30	71.1	47.9	101.4	65	170.5	131.6	217.3
North county	13	28.8	15.3	49.3	199	454.9	391.0	518.8	38	134.8	95.4	185.0	109	72.4	58.0	86.8
Oakland area	252	93.9	82.2	105.5	2,217	474.0	454.2	493.8	500	156.9	140.0	173.9	414	113.9	102.0	125.8
Central county	227	110.8	95.8	125.9	321	286.8	252.6	321.0	306	116.0	101.0	131.1	614	139.4	127.4	151.3
South county	239	90.4	77.3	103.5	65	139.9	108.0	178.3	110	72.5	57.2	87.8	406	121.3	109.3	133.4
Tri-valley	33	72.8	50.1	102.2	23	133.5	84.7	200.4	38	82.2	58.1	112.8	286	78.1	68.8	87.5

Notes: Rates based on numbers less than ten were not reported due to their instability.

Source: CAPE, with data from OSHPD hospitalization files, Census 2000, and DOF.

Table B-13: CHD Mortality: Numbers and Rates (With 95% Confidence Intervals) by Sex and Race,
Alameda County, Cities, and Regions, 2000-2002 Total

Area	All				Male				Female				AmerInd				Asian			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	6,466	173.7	169.4	177.9	3,114	212.5	204.9	220.1	3,352	143.7	138.8	148.6	11	132.3	66.1	236.8	626	112.1	103.1	121.1
Alameda	489	197.8	180.2	215.4	203	225.6	194.2	257.0	286	174.0	153.5	194.5	1				51	125.6	93.5	165.2
Albany	64	131.3	101.1	167.7	37	205.7	144.8	283.5	27	83.7	55.2	121.8					6			
Ashland	86	174.0	139.2	214.9	40	211.7	151.3	288.3	46	144.6	105.9	192.9					6			
Berkeley	399	143.2	129.1	157.3	170	164.3	139.2	189.5	229	127.8	111.0	144.6					29	91.7	61.4	131.6
Castro Valley	361	162.6	145.7	179.6	175	212.4	180.6	244.3	186	126.1	107.4	144.7					23	173.9	110.2	260.9
Cherryland	75	210.7	165.7	264.1	33	237.4	163.4	333.4	42	182.3	131.4	246.4					4			
Dublin	58	169.7	128.9	219.4	35	190.6	132.8	265.1	23	142.4	90.3	213.7					4			
Emeryville	25	148.9	96.4	219.8	13	164.6	87.6	281.4	12	133.7	69.1	233.5					3			
Fairview	45	180.6	131.7	241.7	21	164.6	101.9	251.6	24	197.1	126.3	293.2					2			
Fremont	607	157.0	144.3	169.8	299	181.7	159.6	203.8	308	134.7	119.6	149.8	1				84	96.2	76.7	119.1
Hayward	676	193.8	179.2	208.4	334	245.5	218.7	272.2	342	157.3	140.6	174.1	1				70	146.2	114.0	184.8
Livermore	246	185.8	162.0	209.5	113	217.6	173.8	261.4	133	164.6	136.5	192.8	1				14	157.8	86.2	264.7
Newark	116	161.0	129.8	192.1	52	147.4	110.1	193.3	64	159.7	123.0	203.9	1				17	102.3	59.6	163.8
Oakland	2,029	188.6	180.3	196.8	1,009	237.1	222.4	251.9	1,020	150.8	141.4	160.1	4				199	106.5	91.7	121.4
Piedmont	46	120.3	88.1	160.5	27	163.4	107.7	237.8	19	87.1	52.5	136.1					7			
Pleasanton	201	166.9	143.5	190.4	95	193.3	156.4	236.3	106	141.2	114.1	168.2					10	117.3	56.2	215.7
San Leandro	547	169.7	155.4	184.1	271	227.9	200.7	255.1	276	132.7	116.7	148.7					31	101.3	68.8	143.7
San Lorenzo	132	170.8	141.0	200.6	62	192.3	147.4	246.5	70	155.3	121.1	196.3					3			
Sunol	8				6				2											
Union City	201	154.8	133.1	176.5	89	169.2	135.8	208.2	112	139.3	113.4	165.1	2				59	131.5	100.1	169.6
North county	463	141.3	128.4	154.3	207	170.6	147.1	194.2	256	121.1	106.0	136.2					35	91.6	63.8	127.4
Oakland area	2,589	188.0	180.7	195.2	1,252	231.8	218.8	244.7	1,337	153.3	145.0	161.6	5				260	110.9	97.4	124.5
Central county	1,922	178.7	170.7	186.7	936	227.1	212.4	241.7	986	144.4	135.3	153.5	1				139	129.6	107.1	152.0
South county	932	157.7	147.3	168.0	446	176.8	159.1	194.6	486	138.7	126.3	151.1	4				160	107.5	89.4	125.6
Tri-valley	505	174.8	159.2	190.5	243	204.3	175.9	232.7	262	150.3	132.0	168.7	1				28	122.8	81.6	177.4

Area	AfrAmer				Latino				PacIsland				Multirace				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	1,327	252.2	238.6	265.9	396	134.8	121.1	148.5	39	344.4	244.9	470.8	19	28.9	17.4	45.1	4,048	180.1	174.5	185.7
Alameda	24	306.2	196.2	455.7	21	199.2	123.3	304.5	2				1				389	215.1	193.4	236.8
Albany	4				2												52	142.5	106.4	186.9
Ashland	10	193.9	93.0	356.7	11	154.9	77.3	277.2	1								58	211.1	160.3	272.8
Berkeley	147	242.3	201.8	282.7	6				1								216	129.3	111.9	146.7
Castro Valley	7				12	101.8	52.6	177.8	1								318	170.4	151.3	189.5
Cherryland	6				9												56	229.8	173.6	298.4
Dublin	2				1				1								50	198.0	146.9	261.0
Emeryville	7																15	140.1	78.4	231.0
Fairview	12	230.3	119.0	402.3	5												26	168.5	110.1	246.9
Fremont	17	330.5	192.5	529.1	40	116.2	83.0	158.2	1				3				461	187.7	170.5	204.9
Hayward	43	260.2	188.3	350.5	76	148.4	117.0	185.8	11	557.9	278.5	998.2	1				474	222.6	202.1	243.1
Livermore					11	143.5	71.6	256.7	1								219	193.8	167.6	219.9
Newark	5				14	98.3	53.8	165.0	2				3				74	205.2	161.1	257.6
Oakland	992	261.3	245.0	277.6	92	129.4	104.3	158.7	8				10	64.6	31.0	118.8	724	171.5	158.4	184.5
Piedmont	3				1												35	106.4	74.1	148.0
Pleasanton	6				9				1								175	166.1	141.2	191.1
San Leandro	18	184.7	109.5	291.9	35	122.0	85.0	169.6	3								460	193.6	175.1	212.1
San Lorenzo	4				11	150.9	75.3	270.1	1				1				112	181.6	146.7	216.4
Sunol																	8			
Union City	14	294.2	160.9	493.7	37	169.6	119.4	233.8	3								86	165.2	132.1	204.0
North county	151	242.0	202.3	281.7	8				1								268	130.6	114.8	146.4
Oakland area	1,026	261.2	245.2	277.2	114	137.8	111.5	164.0	10	367.9	176.4	676.5	11	56.3	28.1	100.7	1,163	180.0	169.4	190.7
Central county	100	221.3	175.2	267.5	159	140.2	118.0	162.5	17	406.7	236.9	651.2	2				1,504	196.4	186.2	206.6
South county	36	307.8	215.6	426.2	91	131.5	105.9	161.4	6				6				629	186.0	171.4	200.6
Tri-valley	8				21	142.6	88.3	218.1	3								444	180.6	163.5	197.7

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table B-14: Diabetes Mortality: Numbers and Rates (With 95% Confidence Intervals) by Sex and Race,
Alameda County, Cities, and Regions, 2000-2002 Total

Area	All				Male				Female				AmerInd				Asian			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	835	22.1	20.6	23.6	391	24.9	22.4	27.4	444	20.0	18.2	21.9	2				108	18.1	14.6	21.6
Alameda	33	13.6	9.3	19.0	21	23.0	14.2	35.1	12	8.5	4.4	14.8					8			
Albany	5				2				3											
Ashland	8				5				3											
Berkeley	47	16.8	12.3	22.3	19	16.3	9.8	25.4	28	16.0	10.6	23.1					5			
Castro Valley	35	16.7	11.6	23.2	16	18.2	10.4	29.6	19	15.2	9.1	23.7	1				2			
Cherryland	12	37.2	19.2	65.0	5				7								1			
Dublin	8				5				3											
Emeryville	3				1				2											
Fairview	7				6				1								2			
Fremont	92	22.1	17.8	27.1	40	21.6	15.5	29.5	52	21.8	16.3	28.5					15	14.8	8.3	24.5
Hayward	103	29.3	23.6	35.0	43	29.5	21.4	39.8	60	29.4	22.4	37.8					14	23.8	13.0	39.9
Livermore	20	14.3	8.8	22.2	14	26.1	14.3	43.8	6								2			
Newark	27	32.6	21.5	47.5	10	26.3	12.6	48.3	17	37.2	21.7	59.6					5			
Oakland	300	28.2	25.0	31.4	138	30.9	25.7	36.1	162	25.9	21.9	29.9					29	15.7	10.5	22.6
Piedmont	2								2								1			
Pleasanton	18	15.9	9.4	25.1	7				11	15.0	7.5	26.9					1			
San Leandro	51	17.4	12.9	22.8	27	22.7	14.9	33.0	24	13.3	8.5	19.8					6			
San Lorenzo	24	32.6	20.9	48.5	12	37.3	19.3	65.1	12	28.9	15.0	50.6					3			
Sunol	0																			
Union City	33	24.3	16.7	34.1	15	30.8	17.2	50.7	18	21.1	12.5	33.3	1				13	27.6	14.7	47.1
North county	52	15.9	11.9	20.9	21	15.4	9.6	23.6	31	15.2	10.3	21.6					5			
Oakland area	338	24.8	22.1	27.4	160	28.2	23.8	32.6	178	22.3	19.0	25.6					38	16.3	11.6	22.4
Central county	240	23.2	20.2	26.1	114	26.4	21.5	31.2	126	20.8	17.1	24.5	1				28	20.5	13.6	29.7
South county	152	23.9	20.0	27.8	65	24.1	18.6	30.7	87	23.6	18.9	29.1	1				33	19.9	13.7	28.0
Tri-valley	46	15.6	11.4	20.8	26	22.8	14.9	33.5	20	11.1	6.8	17.1					3			

Area	AfrAmer				Latino				PacIsland				Multirace				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	254	47.2	41.4	53.1	103	30.7	24.5	36.9	11	75.4	37.7	135.0	4				353	16.4	14.7	18.2
Alameda	3				3				1								18	10.8	6.4	17.0
Albany					1												4			
Ashland					3												5			
Berkeley	27	41.9	27.6	61.0	1												14	7.8	4.3	13.1
Castro Valley	3				4												25	14.5	9.4	21.4
Cherryland	2				2												7			
Dublin	1				2												5			
Emeryville	2																1			
Fairview	2																3			
Fremont	3				12	31.2	16.1	54.5	1				1				60	24.0	18.3	30.9
Hayward	11	46.5	23.2	83.3	24	42.4	27.2	63.1	5								49	24.7	18.3	32.6
Livermore					2												16	13.7	7.8	22.2
Newark	1				7								1				13	31.5	16.8	53.8
Oakland	186	48.5	41.5	55.4	28	30.9	20.6	44.7	1				2				54	15.5	11.7	20.3
Piedmont																	1			
Pleasanton	1				2												14	13.8	7.5	23.2
San Leandro	5				6				1								33	17.0	11.7	23.8
San Lorenzo									2								19	37.4	22.5	58.4
Sunol																				
Union City	7				4												8			
North county	27	40.8	26.9	59.4	2												18	8.5	5.0	13.4
Oakland area	191	48.0	41.2	54.8	31	30.2	20.6	42.9	2				2				74	13.2	10.4	16.6
Central county	23	41.9	26.6	62.9	39	31.7	22.5	43.3	8								141	20.7	17.2	24.3
South county	11	77.5	38.7	138.6	23	29.1	18.5	43.7	1				2				81	23.8	18.9	29.6
Tri-valley	2				6												35	13.8	9.6	19.2

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table B-15: Stroke Mortality: Numbers and Rates (With 95% Confidence Intervals) by Sex and Race,
Alameda County, Cities, and Regions, 2000-2002 Total

Area	All				Male				Female				AmerInd				Asian			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	2,456	66.1	63.5	68.7	962	68.3	63.9	72.7	1,494	64.3	61.1	67.6	5				341	61.1	54.5	67.8
Alameda	171	68.7	58.4	79.0	69	79.0	61.4	99.9	102	63.5	51.0	76.0					32	76.8	52.5	108.4
Albany	23	44.9	28.5	67.4	7				16	48.0	27.4	78.0					2			
Ashland	24	47.0	30.1	69.9	6				18	56.6	33.6	89.5					2			
Berkeley	174	62.8	53.4	72.1	73	72.5	56.8	91.1	101	56.5	45.3	67.7					17	50.5	29.4	80.8
Castro Valley	126	57.4	47.3	67.6	49	61.5	45.5	81.3	77	54.5	43.0	68.1					7			
Cherryland	25	70.9	45.9	104.7	9				16	71.7	41.0	116.5					1			
Dublin	26	67.1	43.8	98.3	15	75.4	42.2	124.4	11	57.3	28.6	102.5					4			
Emeryville	7				3				4								1			
Fairview	12	47.6	24.6	83.1	6				6											
Fremont	212	54.9	47.4	62.4	81	54.5	43.3	67.7	131	55.5	46.0	65.1					47	53.0	38.9	70.5
Hayward	235	67.0	58.4	75.6	98	74.2	60.2	90.4	137	62.7	52.2	73.3					31	63.7	43.3	90.5
Livermore	84	64.9	51.7	80.3	33	62.1	42.7	87.2	51	65.1	48.5	85.6	1				5			
Newark	32	47.5	32.5	67.0	15	60.1	33.6	99.1	17	40.8	23.8	65.4					10	78.3	37.6	144.0
Oakland	865	79.9	74.6	85.3	340	81.9	73.2	90.7	525	77.4	70.7	84.1	2				139	74.3	61.9	86.7
Piedmont	17	45.3	26.4	72.5	7				10	47.4	22.7	87.1					1			
Pleasanton	71	62.7	49.0	79.1	23	58.5	37.1	87.8	48	64.6	47.6	85.7	1				1			
San Leandro	191	58.5	50.1	66.8	64	55.6	42.8	71.0	127	60.8	50.0	71.7	1				11	38.4	19.2	68.7
San Lorenzo	55	71.6	53.9	93.1	23	75.3	47.8	113.1	32	68.5	46.8	96.7					6			
Sunol	1								1											
Union City	87	66.7	53.4	82.3	30	63.3	42.7	90.4	57	70.3	53.2	91.1					22	47.8	29.9	72.3
North county	197	60.1	51.7	68.6	80	66.9	53.0	83.2	117	55.3	45.1	65.4					19	48.0	28.9	75.0
Oakland area	1,060	76.6	71.9	81.2	419	79.7	72.0	87.4	641	73.8	68.0	79.5	2				173	73.6	62.6	84.6
Central county	668	61.5	56.8	66.2	255	63.3	55.4	71.1	413	60.4	54.5	66.3	1				58	52.9	40.2	68.4
South county	332	56.4	50.2	62.6	126	56.4	45.9	66.8	206	57.0	49.2	64.9					79	54.1	42.8	67.4
Tri-valley	181	64.6	55.0	74.2	71	62.7	49.0	79.1	110	64.2	52.2	76.3	2				10	49.1	23.5	90.3

Area	AfrAmer				Latino				PacIsland				Multirace				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	505	96.7	88.2	105.2	170	56.7	47.9	65.6	14	110.0	60.1	184.5	10	13.8	6.6	25.4	1,411	61.8	58.6	65.1
Alameda	8				8				1								122	66.2	54.3	78.1
Albany	2																19	46.9	28.2	73.2
Ashland	4				5												13	50.4	26.8	86.2
Berkeley	54	92.1	69.2	120.1	5								2				96	57.6	46.7	70.4
Castro Valley	2				10	83.5	40.0	153.6									107	57.4	46.3	68.5
Cherryland	1				2												21	84.9	52.5	129.7
Dublin	1				6												15	50.4	28.2	83.1
Emeryville	2																4			
Fairview	2				1				1								8			
Fremont	4				25	66.0	42.7	97.4	1				2				133	55.0	45.6	64.4
Hayward	15	85.4	47.8	140.8	35	71.8	50.0	99.8	5								149	64.8	54.3	75.4
Livermore	3				1												74	66.4	52.1	83.3
Newark	3				6												13	37.2	19.8	63.6
Oakland	391	103.9	93.6	114.2	28	37.6	25.0	54.4	3				4				298	66.2	58.3	74.0
Piedmont																	16	49.5	28.3	80.3
Pleasanton					2												67	66.6	51.6	84.5
San Leandro	7				13	45.7	24.3	78.1	2				2				155	61.4	51.4	71.5
San Lorenzo					5												44	72.3	52.5	97.1
Sunol																	1			
Union City	4				16	64.5	36.9	104.8	1								44	85.3	62.0	114.6
North county	56	93.1	70.3	120.9	5								2				115	55.7	45.4	65.9
Oakland area	401	102.9	92.8	113.0	36	42.8	30.0	59.2	4				4				440	65.1	58.9	71.4
Central county	31	69.4	47.2	98.5	71	64.5	50.4	81.3	8				2				497	62.1	56.5	67.7
South county	11	86.6	43.2	154.9	47	60.5	44.4	80.4	2				2				191	57.7	49.5	65.9
Tri-valley	4				9												156	65.0	54.7	75.4

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table B-16: Lung Cancer Mortality: Numbers and Rates (With 95% Confidence Intervals) by Sex and Race,
Alameda County, Cities, and Regions, 2000-2002 Total

Area	All				Male				Female				AmerInd				Asian			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	1,841	49.3	47.0	51.6	1,032	65.4	61.3	69.4	809	37.8	35.2	40.4	3				201	31.6	27.1	36.0
Alameda	104	44.6	36.0	53.2	54	56.7	42.6	73.9	50	37.5	27.8	49.4					13	26.2	13.9	44.8
Albany	25	55.4	35.9	81.8	17	94.5	55.0	151.3	8								1			
Ashland	29	60.1	40.3	86.4	14	67.4	36.9	113.1	15	57.6	32.2	95.0					1			
Berkeley	91	34.1	27.4	41.8	51	45.7	34.0	60.1	40	25.3	18.1	34.4	1				10	30.7	14.7	56.4
Castro Valley	112	56.3	45.7	66.8	66	77.6	60.0	98.8	46	39.0	28.6	52.0					5			
Cherryland	17	53.6	31.2	85.9	10	76.1	36.5	140.0	7								1			
Dublin	17	25.5	14.8	40.8	12	39.2	20.2	68.4	5								1			
Emeryville	8				5				3											
Fairview	10	37.9	18.2	69.8	6				4								1			
Fremont	205	45.5	39.1	51.8	115	58.8	47.4	70.1	90	35.9	28.9	44.1					29	26.3	17.6	37.7
Hayward	160	45.9	38.8	53.1	88	61.0	48.9	75.1	72	35.7	27.9	44.9					16	29.8	17.0	48.4
Livermore	85	57.3	45.8	70.9	46	71.7	52.5	95.6	39	46.5	33.0	63.5	1				3			
Newark	55	65.4	49.3	85.2	37	104.2	73.3	143.6	18	38.7	23.0	61.2					8			
Oakland	568	54.8	50.3	59.3	324	73.7	65.6	81.8	244	40.7	35.6	45.9					65	33.4	25.8	42.6
Piedmont	8				2				6								1			
Pleasanton	61	47.3	36.2	60.8	32	60.5	41.4	85.3	29	37.9	25.4	54.4					2			
San Leandro	152	53.1	44.5	61.6	83	70.1	55.8	86.9	69	41.5	32.3	52.6					25	54.8	35.4	80.8
San Lorenzo	47	59.1	43.5	78.6	26	76.7	50.1	112.4	21	48.4	30.0	74.0					1			
Sunol	3								3											
Union City	72	48.1	37.6	60.5	37	60.6	42.7	83.6	35	41.6	29.0	57.9					19	36.7	22.1	57.2
North county	116	37.2	30.4	44.0	68	52.9	41.0	67.0	48	25.7	19.0	34.1	1				11	27.4	13.7	49.0
Oakland area	688	51.9	48.0	55.8	385	68.4	61.5	75.3	303	39.8	35.2	44.3					79	31.5	25.0	39.3
Central county	527	51.5	47.1	55.9	293	68.5	60.6	76.4	234	39.7	34.6	44.9					49	35.1	26.0	46.4
South county	335	48.6	43.3	54.0	189	64.4	54.6	74.2	146	37.9	31.7	44.1					56	31.4	23.8	40.8
Tri-valley	163	49.7	41.8	57.6	90	63.4	51.0	78.0	73	39.1	30.7	49.2	1				6			

Area	AfrAmer				Latino				PacIsland				Multirace				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	409	75.2	67.9	82.6	83	25.3	20.1	31.3	6				6				1,133	54.5	51.3	57.7
Alameda	1				5												85	55.4	44.2	68.4
Albany	1																23	72.8	46.1	109.2
Ashland	4				3												21	89.6	55.4	136.9
Berkeley	30	53.2	35.9	75.9	4								1				45	28.7	20.9	38.4
Castro Valley	1				5				1								100	62.7	50.2	75.3
Cherryland	1				2												14	73.8	40.4	123.8
Dublin	2																14	29.2	16.0	49.0
Emeryville	4				1												3			
Fairview	1				1												7			
Fremont	5				9				2								160	60.5	51.1	70.0
Hayward	16	69.4	39.7	112.7	8				1				1				118	61.4	50.1	72.7
Livermore	1				3												77	61.4	48.5	76.8
Newark	2				4				1				2				38	84.3	59.6	115.6
Oakland	321	82.2	73.2	91.2	20	27.0	16.5	41.7					1				161	46.7	39.2	54.1
Piedmont	1																6			
Pleasanton					3				1								55	48.8	36.8	63.5
San Leandro	8				4												115	60.7	48.9	72.4
San Lorenzo	1				1												44	74.1	53.8	99.4
Sunol																	3			
Union City	9				10	36.2	17.4	66.6					1				33	70.7	48.7	99.3
North county	31	52.6	35.7	74.6	4								1				68	36.3	28.2	46.0
Oakland area	327	81.1	72.3	89.9	26	28.4	18.6	41.7					1				255	47.5	41.5	53.4
Central county	32	58.4	39.9	82.4	24	19.7	12.6	29.3	2				1				419	63.3	57.1	69.5
South county	16	79.3	45.3	128.8	23	26.5	16.8	39.7	3				3				234	64.6	56.2	72.9
Tri-valley	3				6				1								146	52.7	43.9	61.6

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table B-17: Colorectal Cancer Mortality: Numbers and Rates (With 95% Confidence Intervals) by Sex and Race, Alameda County, Cities, and Regions, 2000-2002 Total

Area	All				Male				Female				AmerInd				Asian			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	696	18.5	17.1	19.9	334	21.2	18.9	23.6	362	16.2	14.6	17.9	2				101	16.1	12.9	19.3
Alameda	42	17.4	12.5	23.5	19	19.4	11.7	30.4	23	15.7	9.9	23.5					8			
Albany	5				4				1								1			
Ashland	12	25.9	13.4	45.3	5				7								1			
Berkeley	44	15.9	11.6	21.4	18	15.9	9.4	25.2	26	15.0	9.8	22.0					11	34.8	17.4	62.3
Castro Valley	35	16.9	11.8	23.5	17	20.4	11.9	32.6	18	14.2	8.4	22.5					1			
Cherryland	4				3				1											
Dublin	11	21.0	10.5	37.6	6				5											
Emeryville	5				2				3											
Fairview	5				2				3											
Fremont	60	14.3	10.9	18.4	32	16.4	11.2	23.2	28	12.0	8.0	17.3					10	10.8	5.2	19.9
Hayward	62	17.7	13.6	22.7	26	17.3	11.3	25.4	36	17.4	12.2	24.1					8			
Livermore	23	14.4	9.1	21.6	10	14.8	7.1	27.3	13	14.2	7.6	24.3					1			
Newark	21	27.1	16.8	41.4	14	38.9	21.3	65.3	7				1				4			
Oakland	214	20.2	17.5	23.0	109	25.2	20.5	30.0	105	16.7	13.4	19.9	1				30	15.3	10.3	21.8
Piedmont	7				3				4								1			
Pleasanton	34	24.2	16.7	33.8	16	26.2	15.0	42.6	18	21.3	12.6	33.6					1			
San Leandro	57	19.4	14.7	25.1	26	22.3	14.6	32.7	31	16.6	11.3	23.6					9			
San Lorenzo	19	23.9	14.4	37.2	7				12	25.0	12.9	43.6					2			
Sunol	1				1															
Union City	29	19.9	13.3	28.6	13	20.6	11.0	35.2	16	18.9	10.8	30.7					12	18.7	9.6	32.6
North county	49	15.1	11.2	20.0	22	17.0	10.6	25.7	27	13.2	8.7	19.2					12	30.5	15.8	53.3
Oakland area	268	19.8	17.4	22.2	133	24.0	19.9	28.1	135	16.8	13.9	19.6	1				39	15.6	11.1	21.3
Central county	194	18.6	15.9	21.2	86	20.1	16.1	24.8	108	17.3	14.0	20.6					21	16.8	10.4	25.6
South county	111	17.1	13.8	20.3	60	20.4	15.6	26.3	51	14.0	10.4	18.3	1				26	14.0	9.2	20.5
Tri-valley	68	19.5	15.2	24.7	32	20.9	14.3	29.5	36	17.9	12.6	24.8					2			

Area	AfrAmer				Latino				PacIsland				Multirace				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	128	23.8	19.7	27.9	45	12.9	9.4	17.3	3				2				415	19.3	17.4	21.1
Alameda	1																33	19.3	13.3	27.1
Albany													1				3			
Ashland	2				1												8			
Berkeley	13	23.6	12.6	40.3													20	12.1	7.4	18.7
Castro Valley	4				1												29	17.6	11.8	25.2
Cherryland					1												3			
Dublin					1								1				9			
Emeryville	2																3			
Fairview																	5			
Fremont	1				5												44	17.4	12.6	23.4
Hayward	3				12	17.8	9.2	31.1	2								37	18.8	13.2	25.9
Livermore	1				1												20	15.3	9.4	23.7
Newark	1				3												12	29.6	15.3	51.8
Oakland	93	24.2	19.5	29.6	7												83	21.7	17.3	26.9
Piedmont																	6			
Pleasanton					1				1								31	24.9	16.9	35.4
San Leandro	4				4												40	19.8	14.2	27.0
San Lorenzo	1				3												13	21.1	11.2	36.1
Sunol																	1			
Union City	2				4												11	23.5	11.8	42.1
North county	13	22.8	12.1	38.9									1				23	11.7	7.4	17.5
Oakland area	96	24.1	19.5	29.5	7												125	21.1	17.3	24.9
Central county	14	28.0	15.3	47.0	22	17.8	11.1	26.9	2								135	19.3	16.0	22.7
South county	4				12	14.5	7.5	25.3									68	19.6	15.3	24.9
Tri-valley	1				3				1				1				60	20.6	15.7	26.5

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table B-18: Female Breast Cancer Mortality: Numbers and Rates (With 95% Confidence Intervals) by Sex and Race, Alameda County, Cities, and Regions, 2000-2002 Total

Area	Female				AmerInd				Asian				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	567	25.7	23.6	27.8	4				57	13.9	10.6	18.1	123	36.9	30.4	43.5
Alameda	37	27.0	19.0	37.2					6				2			
Albany	7															
Ashland	7												1			
Berkeley	52	33.3	24.8	43.6					1				19	63.3	38.1	98.9
Castro Valley	31	29.6	20.1	42.0					2				2			
Cherryland	5								1							
Dublin	4															
Emeryville	4												2			
Fairview	2															
Fremont	63	23.2	17.8	29.7					14	15.3	8.4	25.7	4			
Hayward	53	26.4	19.8	34.6	1				6				7			
Livermore	22	22.8	14.3	34.6												
Newark	16	28.7	16.4	46.6					3							
Oakland	166	27.2	23.0	31.4					16	15.7	9.0	25.5	78	33.6	26.5	41.9
Piedmont	7															
Pleasanton	22	24.5	15.3	37.0									1			
San Leandro	41	25.7	18.4	34.8	2				5				5			
San Lorenzo	7												1			
Sunol	0															
Union City	19	20.6	12.4	32.2	1				2							
North county	59	31.7	23.5	39.9					1				19	60.9	32.0	89.9
Oakland area	214	27.5	23.8	31.2					22	16.4	9.5	23.3	82	34.0	26.6	41.4
Central county	146	25.5	21.3	29.7	3				14	14.7	6.9	22.4	16	36.8	16.8	56.9
South county	98	23.4	18.7	28.1	1				19	12.6	6.8	18.4	4			
Tri-valley	48	21.9	15.5	28.3									1			

Area	Latino				PacIsland				Multirace				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	40	19.0	13.6	25.9	5				3				337	28.7	25.6	31.8
Alameda					1				1				27	30.6	20.2	44.5
Albany													7			
Ashland	2												4			
Berkeley									1				31	32.2	21.9	45.7
Castro Valley	2				1								24	31.4	20.1	46.7
Cherryland	2												2			
Dublin	1												3			
Emeryville													2			
Fairview	1												1			
Fremont	2				1								42	28.9	20.9	39.1
Hayward	10	23.3	11.2	42.8					1				28	24.9	16.5	36.0
Livermore	1												21	25.8	16.0	39.5
Newark	1												12	42.9	22.2	75.0
Oakland	9				2								61	30.9	23.7	39.7
Piedmont													7			
Pleasanton													21	27.7	17.2	42.4
San Leandro	2												27	26.5	17.5	38.5
San Lorenzo	1												5			
Sunol																
Union City	6												10	35.2	16.9	64.7
North county									1				38	32.2	21.7	42.6
Oakland area	9				3				1				97	31.7	25.1	38.2
Central county	20	25.9	14.4	37.4	1				1				91	25.6	20.0	31.2
South county	9				1								64	31.6	23.8	39.4
Tri-valley	2												45	24.4	17.1	31.8

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table B-19: Prostate Cancer Mortality: Numbers and Rates (With 95% Confidence Intervals) by Sex and Race, Alameda County, Cities, and Regions, 2000-2002 Total

Area	Male				AmerInd				Asian				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	411	29.7	26.8	32.6					28	13.2	8.7	19.0	117	63.4	51.6	75.2
Alameda	24	26.5	17.0	39.4					1				1			
Albany	9															
Ashland	5															
Berkeley	31	31.2	21.2	44.3					3				16	75.1	42.9	122.0
Castro Valley	25	30.5	19.7	45.0									1			
Cherryland	4												1			
Dublin	3															
Emeryville	2															
Fairview	2															
Fremont	39	27.0	19.2	36.9					7				2			
Hayward	29	22.8	15.3	32.8					2				4			
Livermore	14	25.0	13.7	41.9					1				2			
Newark	6												1			
Oakland	152	38.0	31.9	44.0					9				87	65.0	52.0	80.1
Piedmont	4															
Pleasanton	11	25.4	12.7	45.5					1							
San Leandro	30	25.0	16.8	35.6					3				1			
San Lorenzo	10	34.4	16.5	63.3												
Sunol	0															
Union City	7								1				1			
North county	40	34.4	23.7	45.1					3				16	72.2	36.2	108.3
Oakland area	182	35.6	30.4	40.7					10	11.1	4.1	18.1	88	63.6	50.1	77.1
Central county	105	25.8	20.9	30.8					5				7			
South county	52	23.8	17.0	30.5					8				4			
Tri-valley	28	24.3	14.5	34.1					2				2			

Area	Latino				PacIsland				Multirace				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	22	19.8	12.4	30.0	2								242	29.4	25.7	33.1
Alameda	2												20	30.5	18.6	47.1
Albany													9			
Ashland													5			
Berkeley													12	20.6	10.7	36.0
Castro Valley	2												22	31.3	19.6	47.4
Cherryland	1												2			
Dublin													3			
Emeryville													2			
Fairview													2			
Fremont	4												26	30.2	19.7	44.3
Hayward	2												21	25.8	16.0	39.4
Livermore													11	24.9	12.4	44.5
Newark	1												4			
Oakland	5				2								49	32.4	24.0	42.9
Piedmont													4			
Pleasanton													10	26.8	12.9	49.3
San Leandro	3												23	27.5	17.4	41.3
San Lorenzo													10	42.8	20.5	78.7
Sunol																
Union City	2												3			
North county													21	29.3	16.8	41.8
Oakland area	7				2								75	32.2	24.9	39.5
Central county	8												85	29.1	22.8	35.3
South county	7												33	28.5	18.5	38.5
Tri-valley													24	25.5	14.5	36.5

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table B-20: Unintentional Injury Mortality: Numbers and Rates (With 95% Confidence Intervals) by Sex and Race, Alameda County, Cities, and Regions, 2000-2002 Total

Area	All				Male				Female				AmerInd				Asian			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	1,007	23.7	22.2	25.1	672	33.8	31.1	36.4	335	14.7	13.1	16.2	2				140	18.9	15.6	22.2
Alameda	40	17.0	12.1	23.1	26	25.0	16.3	36.6	14	10.7	5.9	18.0					11	21.7	10.8	38.9
Albany	6				3				3								1			
Ashland	19	33.7	20.3	52.7	12	47.1	24.3	82.3	7								2			
Berkeley	68	22.5	17.5	28.5	47	33.0	24.3	43.9	21	13.3	8.2	20.3					6			
Castro Valley	42	21.7	15.6	29.3	26	30.5	19.9	44.6	16	13.6	7.8	22.1					2			
Cherryland	9				6				3								2			
Dublin	17	14.9	8.7	23.8	10	15.8	7.6	29.0	7								1			
Emeryville	8				5				3								2			
Fairview	6				5				1											
Fremont	89	16.9	13.6	20.8	58	22.4	17.0	29.0	31	11.7	7.9	16.5					21	12.8	7.9	19.6
Hayward	103	26.0	20.9	31.1	65	34.8	26.9	44.4	38	18.2	12.9	25.0					16	25.1	14.4	40.8
Livermore	47	24.6	18.1	32.8	30	36.1	24.3	51.5	17	15.8	9.2	25.2								
Newark	20	20.8	12.7	32.1	14	30.6	16.7	51.3	6								2			
Oakland	366	31.3	28.1	34.6	246	45.7	39.9	51.6	120	18.7	15.4	22.1	2				41	21.8	15.7	29.6
Piedmont	3				1				2								1			
Pleasanton	20	13.0	7.9	20.1	13	16.6	8.8	28.4	7								1			
San Leandro	73	27.9	21.9	35.1	47	39.3	28.9	52.3	26	16.8	11.0	24.6					13	28.1	15.0	48.1
San Lorenzo	19	27.4	16.5	42.8	15	46.8	26.2	77.1	4								1			
Sunol	4				4															
Union City	39	20.1	14.3	27.5	31	33.7	22.9	47.8	8								17	21.3	12.4	34.1
North county	74	20.9	16.4	26.3	50	30.4	22.6	40.1	24	12.6	8.1	18.7					7			
Oakland area	417	28.5	25.8	31.3	278	41.4	36.5	46.4	139	17.3	14.4	20.2	2				55	22.2	16.7	28.9
Central county	271	25.7	22.6	28.7	176	36.0	30.6	41.4	95	16.2	13.1	19.8					36	23.6	16.5	32.7
South county	152	18.4	15.3	21.5	107	26.8	21.1	32.5	45	10.8	7.9	14.5					40	15.4	11.0	21.0
Tri-valley	84	19.0	15.1	23.5	53	25.6	19.2	33.5	31	12.8	8.7	18.1					2			

Area	AfrAmer				Latino				PacIsland				Multirace				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	225	36.0	31.3	40.7	153	24.1	19.6	28.6	9				10	7.4	3.6	13.6	466	22.7	20.6	24.8
Alameda	4				4								1				20	13.6	8.3	21.0
Albany	1																4			
Ashland	4				5								1				7			
Berkeley	18	44.0	26.1	69.5	5												39	21.8	15.5	29.8
Castro Valley	2				7								1				30	21.1	14.2	30.1
Cherryland	1				3												3			
Dublin	2				1												13	17.6	9.4	30.0
Emeryville	2				1												3			
Fairview	1																5			
Fremont	1				14	21.1	11.6	35.5	1								52	20.1	15.0	26.4
Hayward	11	27.9	13.9	49.9	25	28.8	18.7	42.6	5				1				45	30.7	22.4	41.0
Livermore					11	24.2	12.1	43.4									35	24.8	17.3	34.4
Newark					7				1				1				9			
Oakland	167	40.2	34.0	46.3	51	27.0	20.1	35.6	1				2				101	28.5	22.6	34.4
Piedmont																	2			
Pleasanton	1																18	14.9	8.8	23.6
San Leandro	3				11	25.9	13.0	46.4	1				2				43	33.9	24.5	45.7
San Lorenzo	1				1												16	38.5	22.0	62.5
Sunol					1												3			
Union City	5				4								1				12	27.3	14.1	47.8
North county	19	43.1	26.0	67.3	5												43	20.2	14.6	27.3
Oakland area	173	39.9	34.0	45.9	56	26.2	19.8	34.1	1				3				126	23.2	18.9	27.4
Central county	23	28.4	18.0	42.6	52	26.6	19.9	34.9	6				5				149	29.1	24.1	34.0
South county	6				26	20.5	13.4	30.1	2				2				76	21.2	16.7	26.5
Tri-valley	3				12	14.6	7.5	25.5									66	20.3	15.7	25.8

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table B-21: Homicide Mortality: Numbers and Rates (With 95% Confidence Intervals) by Sex and Race,
Alameda County, Cities, and Regions, 2000-2002 Total

Area	All				Male				Female				AmerInd				Asian			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	368	7.9	7.1	8.7	308	13.1	11.7	14.6	60	2.6	2.0	3.4	3				29	3.1	2.1	4.5
Alameda	12	5.3	2.8	9.3	7				5				1				5			
Albany	1				1															
Ashland	3				2				1											
Berkeley	10	2.8	1.3	5.1	9				1								1			
Castro Valley	7				6				1											
Cherryland	6				6															
Dublin	2				1				1											
Emeryville	2				2															
Fairview	2				2															
Fremont	10	1.4	0.7	2.6	8				2								2			
Hayward	30	6.6	4.5	9.4	28	12.0	8.0	17.4	2								1			
Livermore	5				3				2				1							
Newark	4				3				1											
Oakland	241	18.9	16.5	21.3	210	33.5	28.9	38.1	31	4.9	3.3	6.9	1				10	5.4	2.6	10.0
Piedmont	0																			
Pleasanton	0																			
San Leandro	18	7.7	4.6	12.2	11	9.3	4.6	16.6	7								3			
San Lorenzo	3				1				2								1			
Sunol	0																			
Union City	10	4.8	2.3	8.8	6				4								5			
North county	11	2.7	1.3	4.8	10	4.8	2.3	8.7	1								1			
Oakland area	255	16.4	14.4	18.4	219	28.7	24.9	32.6	36	4.5	3.2	6.3	2				15	5.8	3.2	9.6
Central county	69	6.4	5.0	8.1	56	10.3	7.8	13.4	13	2.4	1.3	4.1					5			
South county	24	2.4	1.5	3.5	17	3.3	1.9	5.3	7								7			
Tri-valley	7				4				3				1							

Area	AfrAmer				Latino				PacIsland				Multirace				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	245	36.9	32.2	41.5	41	4.6	3.3	6.2	5				4				41	2.1	1.5	2.9
Alameda	2				1												3			
Albany																	1			
Ashland	2				1															
Berkeley	5				1												3			
Castro Valley	2				1												4			
Cherryland	3				1				1								1			
Dublin	1																1			
Emeryville	1																1			
Fairview	1				1															
Fremont	3				2												3			
Hayward	10	19.4	9.3	35.6	8				1				2				8			
Livermore	2				2															
Newark	1				1				1								1			
Oakland	204	48.3	41.6	54.9	17	7.1	4.1	11.4	1				2				6			
Piedmont																				
Pleasanton																				
San Leandro	6				1				1								7			
San Lorenzo	1				1															
Sunol																				
Union City					3												2			
North county	5				1												4			
Oakland area	207	46.8	40.4	53.2	18	6.6	3.9	10.4	1				2				10	2.1	1.0	3.9
Central county	25	21.1	13.7	31.1	14	5.0	2.7	8.3	3				2				20	5.2	3.2	8.0
South county	4				6				1								6			
Tri-valley	3				2												1			

Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF.

Table B-22: Leading Causes of Death, Alameda County, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	28,915		AmerInd	Total	80	
	Heart disease	8,089	28%		Cancer	19	24%
	Cancer	6,928	24%		Diseases of heart	14	18%
	Stroke	2,456	8%		Chronic liver disease/cirrhosis	8	10%
	Chronic lower respiratory diseases	1,276	4%		Stroke	5	6%
	Unintentional injuries	1,008	3%		Chronic lower respiratory diseases	3	4%
	Influenza & pneumonia	902	3%	Asian	Total	3,127	
	Diabetes	835	3%		Cancer	842	27%
	Alzheimers disease	607	2%		Heart disease	762	24%
	Chronic liver disease & cirrhosis	426	1%		Stroke	341	11%
	Homicide	368	1%		Unintentional injuries	140	4%
<1	Total	323			Chronic lower respiratory diseases	126	4%
	Congenital abnormalities	76	24%	AfrAmer	Total	6,152	
	Sudden infant death syndrome	47	15%		Heart disease	1,696	28%
	Disorders via short gestation and LBW	40	12%		Cancer	1,386	23%
1-24	Total	491			Stroke	505	8%
	Unintentional injuries	149	30%		Diabetes	254	4%
	Homicide	126	26%		Homicide	245	4%
	Cancer	55	11%	Latino	Total	2,224	
25-44	Total	1,761			Heart disease	523	24%
	Cancer	308	17%		Cancer	452	20%
	Unintentional injuries	299	17%		Stroke	170	8%
	Heart disease	206	12%		Unintentional injuries	153	7%
45-64	Total	5,454			Diabetes	103	5%
	Cancer	1,889	35%	White	Total	17,054	
	Heart disease	1,184	22%		Heart disease	5,024	29%
	Stroke	277	5%		Cancer	4,180	25%
65+	Total	20,878			Stroke	1,411	8%
	Diseases of heart	6,682	32%		Chronic lower respiratory diseases	907	5%
	Cancer	4,675	22%		Influenza & pneumonia	611	4%
	Stroke	2,127	10%	PacIsl	Total	161	
					Heart disease	45	28%
					Cancer	33	20%
					Stroke	14	9%
					Diabetes	11	7%
					Unintentional injuries	9	6%
				Multirace	Total	110	
					Heart disease	24	22%
					Cancer	14	13%
					Stroke	10	9%
					Unintentional injuries	10	9%
					Certain conditions from perinatal period	7	6%

Source: CAPE, with data from Alameda County vital statistics files.

Table B-23: Leading Causes of Death, Alameda, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	1,821		AmerInd	Total	5	
	Heart disease	571	31%	Asian	Total	248	
	Cancer	416	23%		Cancer	62	25%
	Stroke	171	9%		Heart disease	58	23%
	Chronic lower respiratory diseases	96	5%		Stroke	32	13%
	Influenza & pneumonia	70	4%	AfrAmer	Total	96	
<1	Total	18			Heart disease	30	31%
	Congenital abnormalities	5	28%		Stroke	8	8%
1-24	Total	16			Cancer	7	7%
	Unintentional injuries	5	31%	Latino	Total	83	
25-44	Total	86			Heart disease	27	33%
	Cancer	25	29%		Cancer	18	22%
	Unintentional injuries	11	13%		Stroke	8	10%
	Homicide	8	9%	White	Total	1,373	
45-64	Total	256			Heart disease	452	33%
	Cancer	89	35%		Cancer	326	24%
	Heart disease	49	19%		Stroke	122	9%
	Chronic liver disease/cirrhosis	16	6%	PacIsl	Total	9	
65+	Total	1,445		Multirace	Total	7	
	Heart disease	516	36%				
	Cancer	300	21%				
	Stroke	155	11%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-24: Leading Causes of Death, Albany, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	294		AmerInd	Total	0	
	Cancer	88	30%	Asian	Total	23	
	Heart disease	84	29%		Cancer	7	30%
	Stroke	23	8%		Heart disease	6	26%
	Chronic lower respiratory diseases	10	3%	AfrAmer	Total	16	
	Influenza & pneumonia	9	3%		Heart disease	7	44%
<1	Total	3			Cancer	3	19%
1-24	Total	0		Latino	Total	9	
25-44	Total	11			Heart disease	3	33%
	Cancer	4	36%	White	Total	243	
	Heart disease	3	27%		Cancer	77	32%
45-64	Total	40			Heart disease	68	28%
	Cancer	17	43%		Stroke	19	8%
	Heart disease	7	18%	PacIsl	Total	0	
65+	Total	240		Multirace	Total	2	
	Heart disease	74	31%				
	Cancer	67	28%				
	Stroke	22	9%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-25: Leading Causes of Death, Ashland, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	398		AmerInd	Total	1	
	Heart disease	108	27%	Asian	Total	28	
	Cancer	97	24%		Heart disease	9	32%
	Chronic lower respiratory diseases	26	7%		Cancer	3	11%
	Stroke	24	6%		Chronic lower respiratory diseases	3	11%
	Chronic liver disease & cirrhosis	22	6%	AfrAmer	Total	60	
<1	Total	8			Cancer	15	25%
	Congenital abnormalities	2	25%		Heart disease	13	22%
1-24	Total	6			Chronic lower respiratory diseases	5	8%
	Unintentional injuries	3	50%	Latino	Total	62	
25-44	Total	36			Heart disease	14	23%
	Unintentional injuries	7	19%		Cancer	11	18%
	Cancer	6	17%		Chronic liver disease/cirrhosis	5	8%
	Heart disease	5	14%		Unintentional injuries	5	8%
45-64	Total	87			Stroke	5	8%
	Cancer	24	28%	White	Total	244	
	Heart disease	19	22%		Heart disease	71	29%
	Chronic liver disease/cirrhosis	11	13%		Cancer	68	28%
65+	Total	261			Chronic lower respiratory diseases	16	7%
	Heart disease	84	32%	PacIsl	Total	2	
	Cancer	66	25%	Multirace	Total	1	
	Stroke	20	8%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-26: Leading Causes of Death, Berkeley, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	1,818		AmerInd	Total	2	
	Heart disease	526	29%	Asian	Total	146	
	Cancer	441	24%		Cancer	43	29%
	Stroke	174	10%		Heart disease	39	27%
	Unintentional injuries	69	4%		Stroke	17	12%
	Chronic lower respiratory diseases	65	4%	AfrAmer	Total	629	
<1	Total	8			Heart disease	190	30%
	Sudden infant death syndrome	3	38%		Cancer	147	23%
1-24	Total	21			Stroke	54	9%
	Unintentional injuries	7	33%	Latino	Total	48	
	Suicide	4	19%		Heart disease	10	21%
25-44	Total	75			Cancer	7	15%
	Cancer	16	21%		Unintentional injuries	5	10%
	Unintentional injuries	13	17%		Stroke	5	10%
	Heart disease	8	11%	White	Total	986	
45-64	Total	323			Heart disease	285	29%
	Cancer	109	34%		Cancer	241	24%
	Heart disease	68	21%		Stroke	96	10%
	Unintentional injuries	25	8%	PacIsl	Total	2	
65+	Total	1,390		Multirace	Total	5	
	Heart disease	450	32%				
	Cancer	314	23%				
	Stroke	158	11%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-27: Leading Causes of Death, Castro Valley, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	1,498		AmerInd	Total	2	
	Heart disease	456	30%	Asian	Total	74	
	Cancer	403	27%		Heart disease	26	35%
	Stroke	126	8%		Cancer	22	30%
	Chronic lower respiratory diseases	72	5%		Stroke	7	9%
	Influenza & pneumonia	43	3%	AfrAmer	Total	43	
<1	Total	5			Cancer	13	30%
	Congenital abnormalities	3	60%		Heart disease	9	21%
1-24	Total	10			Diabetes	3	7%
	Unintentional injuries	4	40%		HIV Disease	3	7%
25-44	Total	62		Latino	Total	92	
	Unintentional injuries	13	21%		Cancer	24	26%
	Cancer	12	19%		Heart disease	18	20%
	Heart disease	6	10%		Stroke	10	11%
	Homicide	6	10%	White	Total	1,280	
	Suicide	6	10%		Heart disease	401	31%
45-64	Total	215			Cancer	342	27%
	Cancer	84	39%		Stroke	107	8%
	Heart disease	48	22%	PacIsl	Total	6	
	Stroke	13	6%	Multirace	Total	1	
65+	Total	1,206					
	Heart disease	402	33%				
	Cancer	307	25%				
	Stroke	111	9%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-28: Leading Causes of Death, Cherryland, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	373		AmerInd	Total	0	
	Heart disease	104	28%	Asian	Total	17	
	Cancer	71	19%		Heart disease	5	29%
	Stroke	25	7%		Cancer	4	24%
	Chronic lower respiratory diseases	21	6%	AfrAmer	Total	29	
	Chronic liver disease & cirrhosis	13	3%		Heart disease	7	24%
<1	Total	6			Cancer	5	17%
1-24	Total	10			Homicide	3	10%
	Unintentional injuries	5	50%	Latino	Total	54	
25-44	Total	28			Heart disease	16	30%
	Cancer	5	18%		Cancer	10	19%
	Homicide	3	11%		Chronic liver disease/cirrhosis	5	9%
	Heart disease	3	11%	White	Total	270	
45-64	Total	73			Heart disease	76	28%
	Heart disease	15	21%		Cancer	52	19%
	Cancer	13	18%		Stroke	21	8%
	Chronic lower respiratory diseases	9	12%	PacIsl	Total	2	
65+	Total	256		Multirace	Total	1	
	Heart disease	84	33%				
	Cancer	52	20%				
	Stroke	23	9%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-29: Leading Causes of Death, Dublin, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	287		AmerInd	Total	2	
	Heart disease	81	28%	Asian	Total	18	
	Cancer	73	25%		Heart disease	5	28%
	Stroke	26	9%		Cancer	4	22%
	Unintentional injuries	17	6%		Stroke	4	22%
	Chronic lower respiratory diseases	14	5%	AfrAmer	Total	10	
<1	Total	6		Latino	Total	22	
	Congenital abnormalities	3	50%		Cancer	6	27%
1-24	Total	7			Stroke	6	27%
	Unintentional injuries	3	43%		Heart disease	3	14%
25-44	Total	27		White	Total	230	
	Cancer	10	37%		Heart disease	69	30%
	Unintentional injuries	8	30%		Cancer	60	26%
45-64	Total	79			Stroke	15	7%
	Cancer	28	35%	PacIsl	Total	2	
	Heart disease	20	25%	Multirace	Total	3	
	Stroke	9	11%				
65+	Total	168					
	Heart disease	59	35%				
	Cancer	33	20%				
	Stroke	16	10%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-30: Leading Causes of Death, Emeryville, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	133		AmerInd	Total	0	
	Heart disease	37	28%	Asian	Total	12	
	Cancer	33	25%		Heart disease	4	33%
	Unintentional injuries	8	6%	AfrAmer	Total	44	
	Stroke	7	5%		Heart disease	12	27%
	Alzheimers disease	5	4%		Cancer	12	27%
<1	Total	1		Latino	Total	3	
1-24	Unintentional injuries	3	100%	White	Total	74	
	Total	3			Heart disease	21	28%
25-44	Total	15			Cancer	19	26%
	Cancer	3	20%		Stroke	4	5%
45-64	Total	29		PacIsl	Total	0	
	Heart disease	11	38%	Multirace	Total	0	
	Cancer	8	28%				
	Diabetes	3	10%				
65+	Total	85					
	Heart disease	24	28%				
	Cancer	22	26%				
	Stroke	6	7%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-31: Leading Causes of Death, Fairview, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	196		AmerInd	Total	0	
	Heart disease	62	32%	Asian	Total	12	
	Cancer	42	21%		Cancer	4	33%
	Stroke	12	6%	AfrAmer	Total	40	
	Chronic lower respiratory diseases	10	5%		Heart disease	18	45%
	Diabetes	7	4%		Influenza & pneumonia	4	10%
<1	Total	2			Chronic lower respiratory diseases	3	8%
1-24	Total	2			Cancer	3	8%
25-44	Total	14		Latino	Total	18	
45-64	Total	41			Heart disease	5	28%
	Heart disease	13	32%		Cancer	5	28%
	Cancer	9	22%	White	Total	125	
	Influenza & pneumonia	3	7%		Heart disease	37	30%
65+	Total	137			Cancer	30	24%
	Heart disease	47	34%		Stroke	8	6%
	Cancer	31	23%	PacIsl	Total	1	
	Stroke	10	7%	Multirace	Total	0	

Source: CAPE, with data from Alameda County vital statistics files.

Table B-32: Leading Causes of Death, Fremont, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	2,852		AmerInd	Total	7	
	Heart disease	797	28%		Cancer	3	43%
	Cancer	764	27%	Asian	Total	453	
	Stroke	212	7%		Cancer	136	30%
	Chronic lower respiratory diseases	147	5%		Heart disease	108	24%
	Diabetes	92	3%		Stroke	47	10%
<1	Total	35		AfrAmer	Total	77	
	Congenital abnormalities	7	20%		Cancer	21	27%
	Disorders related to short gestation/LBW	4	11%		Heart disease	20	26%
	Neonatal Hemorrhage	4	11%		Stroke	4	5%
1-24	Total	42		Latino	Total	241	
	Unintentional injuries	10	24%		Cancer	55	23%
	Cancer	9	21%		Heart disease	52	22%
	Congenital abnormalities	5	12%		Stroke	25	10%
25-44	Total	162		White	Total	2,045	
	Cancer	48	30%		Heart disease	611	30%
	Unintentional injuries	34	21%		Cancer	543	27%
	Suicide	18	11%		Stroke	133	7%
45-64	Total	539		PacIsl	Total	14	
	Cancer	211	39%		Cancer	6	43%
	Heart disease	116	22%	Multirace	Total	15	
	Stroke	30	6%		Heart disease	4	27%
65+	Total	2,074					
	Heart disease	663	32%				
	Cancer	496	24%				
	Stroke	177	9%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-33: Leading Causes of Death, Hayward, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	2,834		AmerInd	Total	7	
	Heart disease	814	29%	Asian	Total	298	
	Cancer	617	22%		Heart disease	80	27%
	Stroke	235	8%		Cancer	76	26%
	Chronic lower respiratory diseases	147	5%		Stroke	31	10%
	Diabetes	103	4%	AfrAmer	Total	227	
<1	Total	35			Cancer	54	24%
	Congenital abnormalities	8	23%		Heart disease	52	23%
	Sudden infant death syndrome	4	11%		Stroke	15	7%
	Newborn affected by complications of	3	9%	Latino	Total	417	
	Intrauterine hypoxia and birth asphyxia	3	9%		Heart disease	100	24%
1-24	Total	53			Cancer	83	20%
	Homicide	15	28%		Stroke	35	8%
	Unintentional injuries	14	26%	White	Total	1,817	
	Cancer	7	13%		Heart disease	564	31%
25-44	Total	167			Cancer	391	22%
	Unintentional injuries	37	22%		Stroke	149	8%
	Heart disease	24	14%	PacIsl	Total	55	
	Cancer	21	13%		Heart disease	14	25%
45-64	Total	519			Cancer	8	15%
	Cancer	185	36%		Diabetes	5	9%
	Heart disease	124	24%		Stroke	5	9%
	Diabetes	29	6%		Unintentional injuries	5	9%
65+	Total	2,057		Multirace	Total	13	
	Heart disease	662	32%		Cancer	3	23%
	Cancer	403	20%				
	Stroke	205	10%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-34: Leading Causes of Death, Livermore, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	1,101		AmerInd	Total	5	
	Heart disease	311	28%	Asian	Total	42	
	Cancer	285	26%		Heart disease	15	36%
	Stroke	84	8%		Cancer	9	21%
	Chronic lower respiratory diseases	62	6%		Stroke	5	12%
	Unintentional injuries	47	4%	AfrAmer	Total	20	
<1	Total	9			Cancer	7	35%
	Congenital abnormalities	3	34%		Stroke	3	15%
1-24	Total	29		Latino	Total	57	
	Unintentional injuries	16	55%		Heart disease	15	26%
	Cancer	5	17%		Unintentional injuries	11	19%
	Homicide	3	10%		Cancer	8	14%
25-44	Total	57		White	Total	975	
	Cancer	15	26%		Heart disease	277	28%
	Unintentional injuries	11	19%		Cancer	260	27%
	Suicide	8	14%		Stroke	74	8%
45-64	Total	234		PacIsl	Total	1	
	Cancer	104	44%	Multirace	Total	0	
	Heart disease	49	21%				
	Stroke	11	5%				
65+	Total	772					
	Heart disease	257	33%				
	Cancer	161	21%				
	Stroke	72	9%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-35: Leading Causes of Death, Newark, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	576		AmerInd	Total	3	
	Cancer	168	29%	Asian	Total	87	
	Heart disease	148	26%		Cancer	26	30%
	Stroke	32	6%		Heart disease	22	25%
	Diabetes	27	5%		Stroke	10	11%
	Influenza & pneumonia	26	5%	AfrAmer	Total	28	
<1	Total	12			Cancer	9	32%
	Congenital abnormalities	3	25%		Heart disease	6	21%
1-24	Total	11			Stroke	3	11%
	Cancer	4	36%	Latino	Total	87	
25-44	Total	41			Heart disease	18	21%
	Unintentional injuries	8	20%		Cancer	14	16%
	Cancer	6	15%		Diabetes	7	8%
	Heart disease	5	12%		Perinatal conditions	7	8%
45-64	Total	118			Unintentional injuries	7	8%
	Cancer	45	38%	White	Total	354	
	Heart disease	28	24%		Cancer	114	32%
	Chronic liver disease/cirrhosis	8	7%		Heart disease	96	27%
65+	Total	394			Influenza & pneumonia	17	5%
	Heart disease	115	29%	PacIsl	Total	9	
	Cancer	113	29%	Multirace	Total	8	
	Stroke	26	7%		Heart disease	3	38%

Source: CAPE, with data from Alameda County vital statistics files.

Table B-36: Leading Causes of Death, Oakland, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	9,561		AmerInd	Total	26	
	Heart disease	2,539	27%		Cancer	5	19%
	Cancer	2,122	22%		Heart disease	5	19%
	Stroke	865	9%	Asian	Total	1,071	
	Unintentional injuries	366	4%		Cancer	283	26%
	Chronic lower respiratory diseases	342	4%		Heart disease	244	23%
<1	Total	126			Stroke	139	13%
	Sudden infant death syndrome	26	21%	AfrAmer	Total	4,603	
	Disorders related to short gestation/LBW	22	17%		Heart disease	1,259	27%
	Congenital abnormalities	21	17%		Cancer	1,033	22%
1-24	Total	208			Stroke	391	8%
	Homicide	90	43%	Latino	Total	552	
	Unintentional injuries	49	24%		Heart disease	118	21%
	Cancer	14	7%		Cancer	97	18%
25-44	Total	741			Unintentional injuries	51	9%
	Homicide	117	16%	White	Total	3,244	
	Unintentional injuries	108	15%		Heart disease	892	27%
	Cancer	87	12%		Cancer	695	21%
	Heart disease	87	12%		Stroke	298	9%
45-64	Total	2,061		PacIsl	Total	29	
	Cancer	615	30%		Heart disease	9	31%
	Heart disease	458	22%		Cancer	6	21%
	Unintentional injuries	118	6%		Stroke	3	10%
65+	Total	6,421		Multirace	Total	32	
	Heart disease	1,985	31%		Heart disease	11	34%
	Cancer	1,406	22%		Stroke	4	13%
	Stroke	731	11%		Influenza & pneumonia	3	9%

Source: CAPE, with data from Alameda County vital statistics files.

Table B-37: Leading Causes of Death, Piedmont, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	192		AmerInd	Total	0	
	Heart disease	59	31%	Asian	Total	19	
	Cancer	53	28%		Heart disease	8	42%
	Stroke	17	9%		Cancer	5	26%
	Chronic lower respiratory diseases	10	5%	AfrAmer	Total	6	
	Alzheimers disease	6	3%		Heart disease	5	83%
<1	Total	0		Latino	Total	4	
1-24	Total	3		White	Total	163	
25-44	Total	3			Cancer	47	29%
45-64	Total	24			Heart disease	44	27%
	Cancer	10	42%		Stroke	16	10%
	Heart disease	8	33%	Paclsl	Total	0	
65+	Total	162		Multirace	Total	0	
	Heart disease	51	31%				
	Cancer	41	25%				
	Stroke	15	9%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-38: Leading Causes of Death, Pleasanton, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	865		AmerInd	Total	2	
	Cancer	253	29%	Asian	Total	37	
	Heart disease	240	28%		Heart disease	12	32%
	Stroke	71	8%		Cancer	9	24%
	Influenza & pneumonia	43	5%	AfrAmer	Total	12	
	Chronic lower respiratory diseases	39	5%		Heart disease	7	58%
<1	Total	8		Latino	Total	46	
	Congenital abnormalities	3	38%		Cancer	13	28%
1-24	Total	11			Heart disease	12	26%
	Unintentional injuries	6	55%	White	Total	763	
	Cancer	3	27%		Cancer	227	30%
25-44	Total	29			Heart disease	208	27%
	Cancer	10	34%		Stroke	67	9%
	Heart disease	4	14%	Paclsl	Total	3	
	Suicide	3	10%	Multirace	Total	2	
45-64	Total	165					
	Cancer	86	52%				
	Heart disease	31	19%				
	Chronic lower respiratory diseases	8	5%				
65+	Total	652					
	Heart disease	205	31%				
	Cancer	154	24%				
	Stroke	67	10%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-39: Leading Causes of Death, San Leandro, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	2,236		AmerInd	Total	7	
	Heart disease	656	29%		Cancer	3	43%
	Cancer	536	24%	Asian	Total	197	
	Stroke	191	9%		Cancer	68	35%
	Chronic lower respiratory diseases	114	5%		Heart disease	38	19%
	Unintentional injuries	73	3%		Unintentional injuries	13	7%
<1	Total	21		AfrAmer	Total	106	
	Congenital abnormalities	6	29%		Cancer	30	28%
	Disorders related to short gestation/LBW	4	19%		Heart disease	24	23%
1-24	Total	17			Stroke	7	7%
	Unintentional injuries	7	41%	Latino	Total	187	
	Homicide	6	35%		Heart disease	43	23%
25-44	Total	105			Cancer	42	22%
	Unintentional injuries	23	22%		Stroke	13	7%
	Cancer	22	21%	White	Total	1,721	
	Chronic liver disease/cirrhosis	10	10%		Heart disease	547	32%
	Homicide	10	10%		Cancer	392	23%
	Heart disease	10	10%		Stroke	155	9%
45-64	Total	293		PacIsl	Total	9	
	Cancer	115	39%		Heart disease	3	33%
	Heart disease	53	18%	Multirace	Total	9	
	Unintentional injuries	19	6%				
65+	Total	1,800					
	Heart disease	593	33%				
	Cancer	398	22%				
	Stroke	178	10%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-40: Leading Causes of Death, San Lorenzo, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	592		AmerInd	Total	3	
	Heart disease	164	28%	Asian	Total	36	
	Cancer	159	27%		Cancer	6	17%
	Stroke	55	9%		Stroke	6	17%
	Chronic lower respiratory diseases	28	5%		Heart disease	5	14%
	Diabetes	24	4%	AfrAmer	Total	12	
<1	Total	1			Heart disease	5	42%
1-24	Total	3			Cancer	3	25%
25-44	Total	23		Latino	Total	45	
	Unintentional injuries	5	22%		Heart disease	14	31%
	Suicide	3	13%		Cancer	10	22%
	Cancer	3	13%		Stroke	5	11%
	Heart disease	3	13%	White	Total	489	
45-64	Total	88			Heart disease	138	28%
	Cancer	28	32%		Cancer	138	28%
	Heart disease	16	18%		Stroke	44	9%
	Diabetes	7	8%	PacIsl	Total	4	
	Stroke	7	8%	Multirace	Total	2	
65+	Total	477					
	Heart disease	145	30%				
	Cancer	128	27%				
	Stroke	48	10%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-41: Leading Causes of Death, Sunol, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	32		AmerInd	Total	0	
	Heart disease	9	28%	Asian	Total	0	
	Cancer	8	25%	AfrAmer	Total	0	
	Unintentional injuries	4	13%	Latino	Total	5	
	Pneumonitis	2	6%	White	Total	27	
<1	Total	0			Heart disease	9	33%
1-24	Total	0			Cancer	6	22%
25-44	Total	1			Unintentional injuries	3	11%
45-64	Total	6		Paclsl	Total	0	
	Unintentional injuries	3	50%	Multirace	Total	0	
	Cancer	3	50%				
65+	Total	25					
	Heart disease	8	32%				
	Cancer	5	20%				

Source: CAPE, with data from Alameda County vital statistics files.

Table B-42: Leading Causes of Death, Union City, by Race and Age, 2000-2002

Age	Cause	Deaths		Race	Cause	Deaths	
		#	%			#	%
All	Total	1,009		AmerInd	Total	5	
	Cancer	254	25%	Asian	Total	286	
	Heart disease	253	25%		Heart disease	72	25%
	Stroke	87	9%		Cancer	69	24%
	Influenza & pneumonia	40	4%		Stroke	22	8%
	Unintentional injuries	39	4%	AfrAmer	Total	75	
<1	Total	15			Heart disease	21	28%
	Congenital abnormalities	8	53%		Cancer	17	23%
1-24	Total	31			Diabetes	7	9%
	Unintentional injuries	13	42%	Latino	Total	171	
	Cancer	4	13%		Heart disease	49	29%
	Homicide	3	10%		Cancer	44	26%
25-44	Total	65			Stroke	16	9%
	Unintentional injuries	12	18%	White	Total	454	
	Heart disease	11	17%		Cancer	117	26%
	Cancer	11	17%		Heart disease	106	23%
45-64	Total	208			Stroke	44	10%
	Cancer	90	43%	Paclsl	Total	11	
	Heart disease	37	18%		Heart disease	3	27%
	Stroke	15	7%		Cancer	3	27%
65+	Total	690		Multirace	Total	7	
	Heart disease	204	30%				
	Cancer	149	22%				
	Stroke	72	10%				

Source: CAPE, with data from Alameda County vital statistics files.