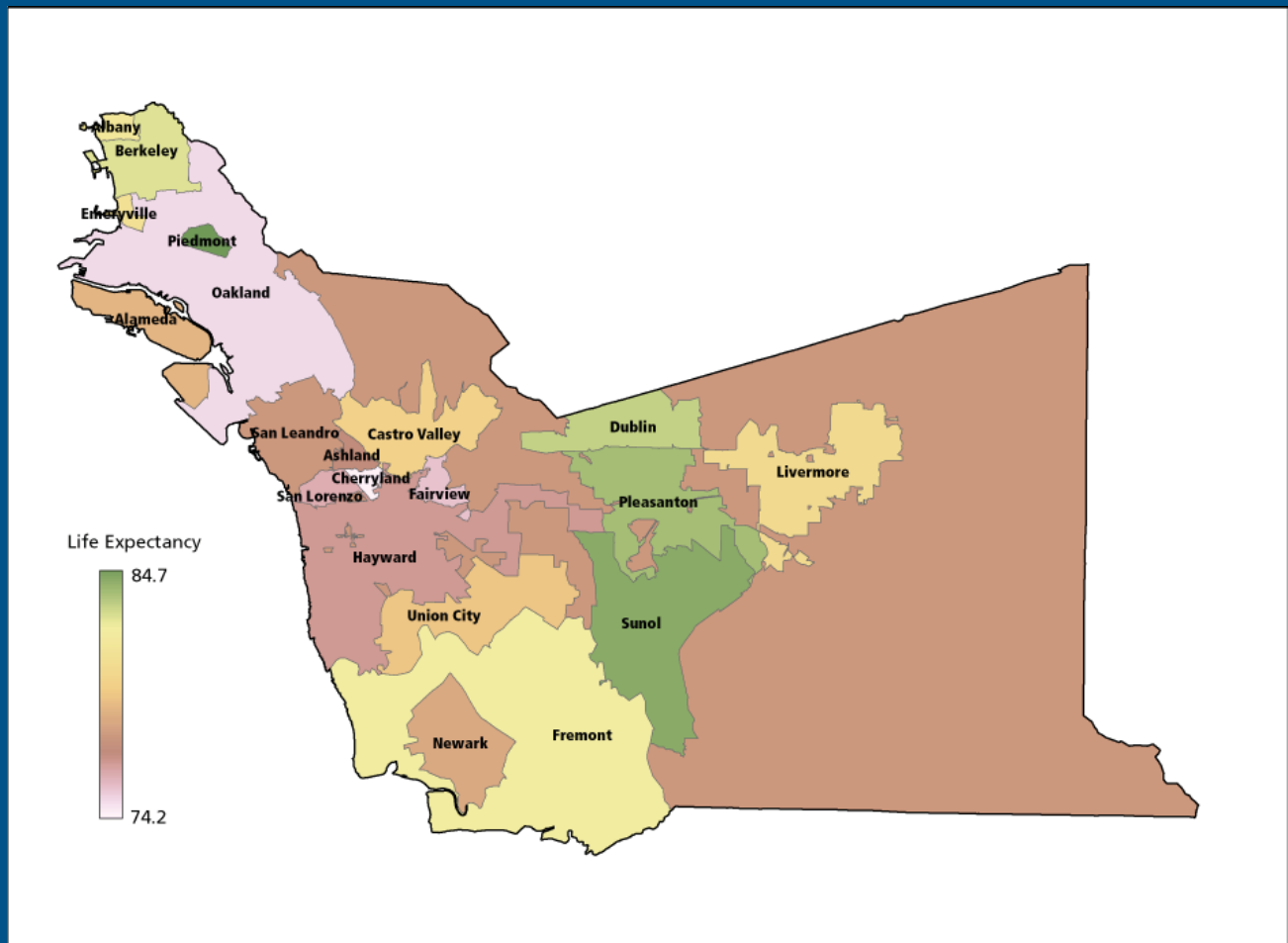


Select Health Indicators for Cities in Alameda County, 2007

Prepared for the Hospital Council of Northern and Central California



Community Assessment, Planning, and Education Unit
Alameda County Public Health Department
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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, 2007*.

The purpose of the report is to inform the hospital community about the health status of county and city residents; to identify gaps in services; and to assist in developing programs that target appropriate population sub-groups and health conditions. The report includes health and demographic indicators selected by the Hospital Council in the following areas: leading causes of death, chronic diseases, mental disorders, injuries, and maternal and child health. The report provides details on morbidity and mortality at the city level that allow each hospital to understand important health problems affecting the population in their catchment areas.

Twenty health indicators are examined in the report. Of these, eleven have a corresponding Healthy People 2010 (HP2010) objective. For these, a number of cities meet HP2010 objectives for specific indicators. Cities or areas currently meeting specific HP2010 objectives are listed below by health indicator:

- *Childhood asthma hospitalization*: Only one city in Alameda County, Pleasanton, meets the HP2010 objective of ≤ 250 per 100,000 children under five years of age.
- *Coronary heart disease mortality*: Most cities in Alameda County meet the HP2010 objective of ≤ 166 deaths per 100,000 population: Piedmont, Dublin, Berkeley, Albany, Pleasanton, San Leandro, Fairview, Ashland, Emeryville, Newark, Union City, Fremont, Oakland, Castro Valley, and Livermore.
- *Stroke mortality*: Piedmont, Ashland, Albany, Pleasanton, Livermore, and San Lorenzo meet the HP2010 objective of ≤ 48 deaths per 100,000 population.
- *All-cancer mortality*: Piedmont, Dublin, Union City, and Fremont meet the HP2010 objective of ≤ 159.9 deaths per 100,000 population.
- *Lung cancer mortality*: Dublin, Piedmont, Berkeley, Albany, Pleasanton, Union City, Fremont, Hayward, and Fairview meet the HP2010 objective of ≤ 44.9 deaths per 100,000 population.
- *Colorectal cancer mortality*: Only Berkeley and Fremont meet the HP2010 objective of ≤ 13.9 deaths per 100,000 population.
- *Breast cancer mortality*: Union City and Fremont meet the HP2010 objective of ≤ 22.3 deaths per 100,000 women.
- *Prostate cancer mortality*: Hayward, Livermore, Alameda, Fremont, Pleasanton, and San Leandro meet the HP2010 objective of ≤ 28.8 deaths per 100,000 men.
- *Unintentional injury mortality*: Pleasanton was the only city to meet the HP2010 objective of ≤ 17.5 deaths per 100,000 population.
- *Homicide*: Fremont meets the HP2010 objective of < 3.0 deaths per 100,000 population. Oakland, Hayward, San Leandro and Berkeley do not meet the HP2010 objective. Piedmont and Sunol had zero deaths during the 2002-2004 period, and other cities had very few deaths, numbers too small to calculate rates.
- *Low birth weight*: No Alameda County cities meet the HP2010 objective of $\leq 5.0\%$ of newborns weighing less than 2,500 grams.

Among Alameda County cities or places, Oakland, Cherryland, San Lorenzo, and Hayward bear the greatest burden of morbidity, mortality, and other indicators of poor health. Oakland has the highest rates of asthma hospitalization, drug hospitalization, and homicide. Additionally, the city ranks in the top two or three cities for mortality from all causes, diabetes, stroke, prostate cancer, and unintentional injuries. It also ranks high on alcohol-related hospitalization, overweight among school children, and teen births.

Cherryland has the highest rates of mortality due to all causes, diabetes, coronary heart disease, stroke, and lung cancer, in addition to the highest teen birth rate in the county. In addition, it has one of the highest rates of unintentional injury mortality.

San Lorenzo, has the highest rate of all-cancer mortality and ranks among the highest cities on several other causes of death, including all-cause, coronary heart disease, and colorectal, breast, and prostate cancers.

Hayward, which encompasses Cherryland for hospitalization data, has the highest rates of diabetes-related hospitalization and alcohol-related hospitalization, in addition to the highest prevalence of overweight among school-age children. Hayward ranks among the highest cities on diabetes mortality and asthma hospitalization.

Berkeley has the highest rate of prostate cancer mortality and ranks among the highest cities on childhood asthma hospitalization and drug-related hospitalization. Ashland has the highest rate of unintentional injury mortality; Emeryville has the highest rate of low birth weight newborns; Livermore has the highest rate of hospitalization for depression; Union City has the highest rate of diabetes hospitalization (essentially tied with Hayward); and Dublin has the highest rate of stroke mortality (essentially tied with Cherryland and Oakland).

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 high rates 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.

It is important to note when looking at rates of illness and death at the city level that rates shift from year to year. Many cities that ranked high on certain indicators in this report did not rank high three years ago. There is a fair amount of random variation from one time period to the next, especially in smaller cities, where even a small change in the number of deaths will have a larger impact on the rate than in larger cities. In addition, since we are now about eight years out from the last census, population denominators that we estimate based in part on the age-sex-race structure from Census 2000 become less accurate as communities change at different rates, in different ways, over time.

There is a great deal of variation across Alameda County cities, in health status as well as demographic and socioeconomic characteristics. As of the 2000 Census:

- Median age: youngest in Ashland and Cherryland (30.9 and 31.6 years, respectively); oldest in Piedmont (43.7) and Sunol (41.3).

- Percent high school graduates: lowest levels in Cherryland (66.7%), Ashland (72.8%), and Oakland (73.9%); highest levels in Piedmont (98.1), Sunol (95.1%), and Pleasanton (94.2%).
- Percent non-English-speaking persons: Lowest levels in Fairview (1.3%) and Piedmont (1.6%); highest levels in Cherryland (15.0%) and Oakland (13.0%).
- Percent families with single mothers: lowest levels in Fremont (10.3%) and Pleasanton (10.4%); highest levels in Oakland (33.7%) and Ashland (33.1%).
- Average household size: lowest in Emeryville (1.7) and Berkeley (2.2); highest in Newark (3.3) and Union City (3.6).
- Median household income: lowest in Oakland (\$40,055) and Ashland (\$40,811); highest in Piedmont (\$134,270) and Pleasanton (\$90,859).
- Percent owner-occupied households: lowest in Cherryland (32.5%), Ashland (36.0%), and Emeryville (36.8%); highest in Piedmont (90.7%) and Fairview (83.1%).
- Percent living in poverty: lowest in Sunol (1.4%) and Piedmont (2.0%); highest in Oakland (19.4%), Ashland (14.3%), and Berkeley (20.0%: many students).
- Unemployment rate: lowest in Albany (2.1%), Pleasanton (2.6), and Piedmont (2.7%); highest in Cherryland (9.0%), Hayward (6.3), and Ashland (6.1%).

In Alameda County, communities of color and low-income communities continue to fare poorest on most key health indicators tracked over time by our department. The Alameda County Public Health Department (ACPHD) is working in partnership with these communities to reduce unfavorable neighborhood and social conditions and improve health for all. ACPHD welcomes the continued partnership with the Hospital Council of Northern and Central California in addressing the root causes of poor health and health inequities in our communities.

Introduction

Select Health Indicators for Cities in Alameda County, was prepared by the Community Assessment, Planning, and Education (CAPE) Unit of the Alameda County Public Health Department for the Hospital Council of Northern and Central California. It was requested on behalf of the following Alameda County acute care 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 population sub-groups and health conditions. The report includes health and demographic indicators selected by the Hospital Council in the following areas: leading causes of death, chronic diseases, mental disorders, injuries, and maternal and child health. The report provides details on morbidity and mortality at the city level that allow each hospital to understand the most important health problems affecting the population in their respective catchment areas.

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, racial/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, health insurance status, and crime.
- *All-Cause Mortality and Leading Causes of Death*: By gender, age, and race/ethnicity.
- *Chronic Diseases*: Prevalence of overweight and obesity; diabetes mortality and morbidity, asthma morbidity, and mortality due to coronary heart disease, stroke, all-cancer, lung cancer, colorectal cancer, female breast cancer, and prostate cancer.
- *Mental Disorders*: Hospitalization for depression, alcohol-related disorders, and drug-related disorders.
- *Injury and Homicide*: Unintentional injury mortality and homicide.
- *Maternal and Child Health*: Immunizations, low birth weight, teen births.

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 factors that influence health status, such as age, race/ethnicity, social, and economic characteristics. Tables are presented for all cities and places in Alameda County.

Each health indicator section begins with a background that contains information on the disease or health condition, rates in the population nationally and statewide, if available, as well as the distribution in the population by sex and race/ethnicity. For each indicator rates are presented first by city, ranked from highest to lowest, and then by race/ethnicity and age for the county overall. Following the charts are tables that show counts and rates for each city by gender and race/ethnicity. Where counts are less than 10 for the three year period, no rate is presented. Maps depicting geographic distribution are provided for coronary heart disease mortality, diabetes mortality, childhood asthma hospitalization, and teen birth.

Generally, data are presented for a three-year period. Mortality data are for the years 2002 to 2004 while birth and hospitalization data are for 2003 to 2005. Release of the mortality data for 2005 was delayed at the state level due to a transition to a new electronic death reporting system.

At the city level, detail on race/ethnicity is limited because of small numbers. Except for the larger cities, there are often insufficient numbers to calculate reliable rates, thus the requirement of ten cases in order to present a rate. The appendix contains tables with additional detail such as confidence intervals so that interested persons can assess the reliability of a rate.

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 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, representing the north county. 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- 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.

Demographics, Uninsured, and Crime

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, the remainder of the county, and county regions. These data are from Census 2000, to allow a range of indicators available at every geography.

Alameda County had a population of 1.4 million in 2000. The median age was 34.5 years. Of those 25 years or more, 82.4% had completed at least high school, while 34.9% had completed at least a bachelor’s degree. While 8.7% of households were linguistically isolated (nobody over the age of 14 could speak English ‘not well’ or ‘not at all’), 8.5% of individuals could speak English ‘not well’ or ‘not at all’. Of families with their own children, 20.4% had single mothers. Average household size was 2.71 persons. More than half (54.7%) of households were owner occupied. The median household income was nearly \$56,000, while the median rent people paid was 26.8% of that household income. Eleven percent of persons were in poverty, and 5.5% of the civilian labor force was unemployed.

Table 1: Demographic, Social, and Economic Indicators

	Alameda County	Alameda	Albany	Ashland	Berkeley	Castro Valley	Cherryland	Dublin	Emeryville
Number of People	1,443,741	72,259	16,444	20,793	102,743	57,292	13,837	29,973	6,882
Median Age	34.5	38.3	36.3	30.9	32.5	39.4	31.6	34.3	35.2
Age									
% <18	24.6	21.5	22.9	28.5	14.1	23.7	27.0	21.0	11.4
% 65+	10.2	13.3	11.1	9.1	10.2	14.7	9.5	4.6	9.8
Education									
% HS or Higher	82.4	88.4	93.8	72.8	92.2	89.0	66.7	86.3	89.7
% Bach or Higher	34.9	42.2	64.0	14.1	64.3	30.6	9.2	32.9	53.5
Language									
% HH Linguistically Isolated	8.7	7.4	8.0	10.6	4.3	3.9	12.8	3.1	6.1
% Persons Speak English Not Well or Not at all	8.5	5.9	5.8	10.3	2.9	3.5	15.0	2.3	3.8
% Families with Children with Single Mothers	20.4	19.9	22.3	33.1	23.7	16.4	20.1	14.8	26.2
Average Household Size (# persons)	2.71	2.35	2.34	2.83	2.16	2.58	2.87	2.65	1.71
Median Household Income (\$)	55,946	56,285	54,919	40,811	44,485	64,874	42,880	77,283	45,359
% Owner-Occupied Households	54.7	47.9	50.7	36.0	42.7	69.6	32.5	64.9	36.8
Median Rent as % Household Income	26.8	25.0	26.1	26.2	30.6	25.7	26.8	24.8	29.3
Total	11.0	8.2	7.9	14.3	20.0	4.5	12.3	2.9	13.2
% Persons in Poverty									
<18 Yrs	13.8	11.5	8.3	20.2	14.2	4.6	14.2	3.5	7.7
18-64 Yrs	10.4	7.6	7.8	12.0	22.8	4.5	11.5	2.7	14.4
65+ Yrs	8.1	6.1	8.2	11.1	7.9	4.5	12.1	3.2	8.0
% Unemployed	5.5	4.3	2.1	6.1	5.5	3.2	9.0	3.1	4.0

Table 1: Demographic, Social, and Economic Indicators (continued)

		Fairview	Fremont	Hayward	Livermore	Newark	Oakland	Piedmont	Pleasanton	San Leandro
Number of People		9,470	203,413	140,030	73,345	42,471	399,484	10,952	63,654	79,452
Age	Median Age	39.0	34.5	31.9	35.0	33.1	33.3	43.7	36.9	37.7
	% <18	24.1	25.8	26.8	28.1	27.3	25.0	30.3	28.2	22.2
	% 65+	11.8	8.3	10.2	7.5	7.8	10.5	13.5	7.6	16.0
Education	% HS or Better	89.6	88.4	75.1	89.6	79.2	73.9	98.1	94.2	80.9
	% Bach or Better	32.3	43.2	19.9	31.6	24.2	30.9	77.8	47.3	23.3
Language	% HH Linguistically Isolated	3.3	10.4	11.2	2.8	10.1	11.5	1.2	2.9	9.0
	% Persons Speak English Not Well or Not at all	1.3	7.4	11.4	3.8	9.5	13.0	1.6	2.0	9.0
% Families with Children with Single Mothers		14.7	10.3	19.6	14.7	15.0	33.7	11.6	10.4	20.1
Average Household Size (# persons)		2.84	2.96	3.08	2.80	3.26	2.60	2.88	2.72	2.57
Median Household Income (\$)		76,647	76,579	51,177	75,322	69,350	40,055	134,270	90,859	51,081
% Owner-Occupied Households		83.1	64.5	53.3	72.1	70.7	41.4	90.7	73.4	60.7
Median Rent as % Household Income		27.7	24.8	27.0	26.4	24.9	27.6	24.9	24.5	26.1
% Persons in Poverty	Total	6.4	5.4	10.0	5.3	5.5	19.4	2.0	2.6	6.4
	<18 Yrs	4.5	6.2	12.2	7.4	5.9	28.2	2.6	2.7	8.0
	18-64 Yrs	7.3	5.0	9.5	4.9	5.1	17.0	1.8	2.4	5.8
	65+ Yrs	5.0	6.2	7.2	1.5	6.9	13.1	1.6	3.8	6.5
% Unemployed		3.8	3.9	6.3	3.4	5.0	8.3	2.7	2.6	5.2

		San Lorenzo	Sunol	Union City	Remainder of County	North County	Oakland Area	Central County	South County	Tri-Valley
Number of People		21,898	1,332	66,869	11,148	119,187	489,577	342,772	314,085	166,972
Age	Median Age	37.7	41.3	32.8						
	% <18	25.2	22.7	27.8	26.5	15.3	24.4	25.1	26.4	26.9
	% 65+	16.0	10.7	8.1	9.0	10.3	10.9	12.6	8.2	7.0
Education	% HS or Better	81.2	95.1	80.5	85.7	92.5	77.0	79.3	85.6	90.7
	% Bach or Better	15.0	35.4	29.5	34.7	64.2	34.1	21.9	37.9	37.8
Language	% HH Linguistically Isolated	6.7	0.0	12.8	4.9	4.8	10.5	8.8	10.8	2.9
	% Persons Speak English Not Well or Not at all	6.9	0.0	10.4	5.5	3.3	11.6	9.0	8.3	2.8
% Families with Children with Single Mothers		12.1	12.2	11.7	12.9	23.4	30.8	19.5	11.2	13.0
Average Household Size (# persons)		2.92	2.76	3.57	2.89	2.18	2.55	2.82	3.11	2.74
Median Household Income (\$)		56,170	88,353	71,926	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
% Owner-Occupied Households		79.3	69.9	71.2	66.4	43.8	43.4	58.7	66.6	71.5
Median Rent as % Household Income		27.1	25.7	25.3						
% Persons in Poverty	Total	5.4	1.4	6.5	8.6	18.2	17.3	8.2	5.6	3.9
	<18 Yrs	6.9	2.0	7.3	12.4	13.0	25.2	10.3	6.4	4.9
	18-64 Yrs	5.1	1.4	6.2	7.4	20.8	15.3	7.7	5.2	3.5
	65+ Yrs	4.2	0.0	6.5	5.8	8.0	11.5	6.5	6.3	2.7
% Unemployed		3.8	4.9	5.1	3.8	5.1	7.5	5.4	4.3	3.0

Source: CAPE, with data from Census 2000.

Table 2: Demographic Indicators and Disability

	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%
Race/Ethnicity														
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%	2868	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%	7649	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	5,438	1.7%	173	1.3%	34	1.1%	91	1.9%	279	1.4%	124	1.0%	31	1.0%
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 2: Demographic Indicators and Disability (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%
Race/Ethnicity														
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	95	1.9%	30	3.9%	24	1.1%	654	1.5%	883	2.7%	238	1.4%	154	1.5%
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 2: Demographic Indicators and Disability (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%
Race/Ethnicity														
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	100.0%	2,957	100.0%	15,126	100.0%	15,210	100.0%	4,988	100.0%	344	100.0%	16,224	100.0%
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	1,777	2.0%	0	0.0%	133	0.9%	286	1.9%	81	1.6%	0	0.0%	320	2.0%
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	100.0%	5,903	100.0%	39,332	100.0%	46,510	100.0%	12,028	100.0%	834	100.0%	40,074	100.0%
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	100.0%	1,515	100.0%	4,576	100.0%	12,136	100.0%	3,584	100.0%	123	100.0%	5,333	100.0%
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 2: Demographic Indicators and Disability (continued)

	Remainder of County		North County		Oakland Area		Central County		South County		Tri-Valley	
Total	11,148		119,187		489,577		342,772		314,085		166,972	
Male	5,513	49.5%	58,125	48.8%	236,160	48.2%	168,193	49.1%	157,593	50.2%	83,716	50.1%
Female	5,635	50.5%	61,062	51.2%	253,417	51.8%	174,579	50.9%	156,492	49.8%	83,256	49.9%
Age												
Under 5 years	949	8.5%	5,097	4.3%	33,188	6.8%	24,245	7.1%	23,132	7.4%	11,767	7.0%
5 to 9 years	873	7.8%	5,057	4.2%	35,748	7.3%	25,457	7.4%	24,073	7.7%	13,440	8.0%
10 to 14 years	726	6.5%	5,094	4.3%	32,297	6.6%	23,123	6.7%	22,583	7.2%	12,946	7.8%
15 to 19 years	615	5.5%	8,902	7.5%	29,750	6.1%	22,012	6.4%	20,815	6.6%	10,354	6.2%
20 to 24 years	491	4.4%	17,443	14.6%	33,622	6.9%	22,623	6.6%	18,675	5.9%	7,891	4.7%
25 to 29 years	748	6.7%	11,453	9.6%	42,651	8.7%	26,385	7.7%	24,908	7.9%	10,781	6.5%
30 to 34 years	1,017	9.1%	9,780	8.2%	42,981	8.8%	27,705	8.1%	28,179	9.0%	14,485	8.7%
35 to 39 years	1,104	9.9%	8,796	7.4%	40,877	8.3%	29,168	8.5%	30,383	9.7%	18,098	10.8%
40 to 44 years	1,061	9.5%	8,388	7.0%	38,296	7.8%	27,518	8.0%	28,163	9.0%	16,854	10.1%
45 to 49 years	900	8.1%	8,415	7.1%	36,258	7.4%	24,249	7.1%	23,207	7.4%	13,560	8.1%
50 to 54 years	684	6.1%	8,663	7.3%	32,472	6.6%	21,043	6.1%	19,573	6.2%	11,494	6.9%
55 to 59 years	589	5.3%	5,953	5.0%	22,009	4.5%	14,458	4.2%	13,834	4.4%	8,364	5.0%
60 to 64 years	389	3.5%	3,843	3.2%	15,883	3.2%	11,649	3.4%	10,691	3.4%	5,203	3.1%
65 to 69 years	323	2.9%	3,007	2.5%	13,533	2.8%	10,217	3.0%	8,507	2.7%	3,832	2.3%
70 to 74 years	251	2.3%	2,839	2.4%	12,986	2.7%	10,556	3.1%	6,678	2.1%	2,970	1.8%
75 to 79 years	193	1.7%	2,758	2.3%	11,436	2.3%	10,094	2.9%	5,157	1.6%	2,247	1.3%
80 to 84 years	124	1.1%	1,886	1.6%	8,020	1.6%	6,608	1.9%	3,067	1.0%	1,479	0.9%
85 years and over	111	1.0%	1,813	1.5%	7,570	1.5%	5,662	1.7%	2,460	0.8%	1,207	0.7%
Race/Ethnicity												
Latino	2,032	18.2%	11,313	9.5%	95,133	19.4%	90,131	26.3%	55,690	17.7%	19,611	11.7%
White	6,206	55.7%	66,152	55.5%	143,143	29.2%	138,146	40.3%	115,939	36.9%	121,509	72.8%
AfrAmer	671	6.0%	14,351	12.0%	145,927	29.8%	33,197	9.7%	12,044	3.8%	4,934	3.0%
American Indian	40	0.4%	346	0.3%	1,867	0.4%	1,486	0.4%	949	0.3%	618	0.4%
Asian	1,703	15.3%	20,834	17.5%	82,627	16.9%	60,333	17.6%	112,568	35.8%	14,608	8.7%
Pacific Islander	60	0.5%	141	0.1%	2,294	0.5%	3,921	1.1%	1,694	0.5%	348	0.2%
Some other race	18	0.2%	678	0.6%	1,524	0.3%	1,183	0.3%	884	0.3%	389	0.2%
Multirace	418	3.7%	5,372	4.5%	17,062	3.5%	14,375	4.2%	14,317	4.6%	4,955	3.0%
Disability												
Persons 5-20 years	2,309	100.0%	23,368	100.0%	103,989	100.0%	74,848	100.0%	70,607	100.0%	37,784	100.0%
One type disability	176	7.6%	1,108	4.7%	5,937	5.7%	3,792	5.1%	3,034	4.3%	1,560	4.1%
Sensory	0	0.0%	144	0.6%	515	0.5%	286	0.4%	440	0.6%	74	0.2%
Physical	17	0.7%	127	0.5%	421	0.4%	272	0.4%	173	0.2%	102	0.3%
Mental	70	3.0%	528	2.3%	2,365	2.3%	1,630	2.2%	1,420	2.0%	1,026	2.7%
Self-care	6	0.3%	9	0.0%	234	0.2%	248	0.3%	137	0.2%	0	0.0%
Two+ types	31	1.3%	416	1.8%	2,518	2.4%	1,873	2.5%	1,320	1.9%	534	1.4%
Includes self-care	31	1.3%	313	1.3%	1,980	1.9%	1,520	2.0%	1,128	1.6%	466	1.2%
No disability	2,102	91.0%	21,844	93.5%	95,534	91.9%	69,183	92.4%	66,253	93.8%	35,690	94.5%
Persons 21-64 yrs	6,909	100.0%	78,509	100.0%	296,852	100.0%	199,833	100.0%	194,052	100.0%	100,638	100.0%
One type disability	604	8.7%	5,475	7.0%	33,638	11.3%	21,968	11.0%	15,868	8.2%	7,457	7.4%
Sensory	60	0.9%	633	0.8%	2,456	0.8%	1,949	1.0%	1,695	0.9%	857	0.9%
Physical	123	1.8%	1,169	1.5%	6,322	2.1%	4,219	2.1%	2,653	1.4%	1,445	1.4%
Mental	56	0.8%	756	1.0%	2,926	1.0%	1,325	0.7%	1,116	0.6%	609	0.6%
Self-care	0	0.0%	20	0.0%	111	0.0%	142	0.1%	60	0.0%	16	0.0%
Two+ types	639	9.2%	4,972	6.3%	32,047	10.8%	21,839	10.9%	14,956	7.7%	4,901	4.9%
Includes self-care	118	1.7%	1,108	1.4%	6,531	2.2%	3,513	1.8%	2,342	1.2%	938	0.9%
No disability	5,666	82.0%	68,062	86.7%	231,167	77.9%	156,026	78.1%	163,228	84.1%	88,280	87.7%
Persons 65+ yrs	963	100.0%	12,186	100.0%	51,987	100.0%	40,971	100.0%	25,386	100.0%	11,280	100.0%
One type disability	176	18.3%	2,008	16.5%	10,718	20.6%	8,517	20.8%	4,842	19.1%	2,108	18.7%
Sensory	54	5.6%	363	3.0%	1,629	3.1%	1,720	4.2%	805	3.2%	431	3.8%
Physical	70	7.3%	970	8.0%	4,774	9.2%	3,591	8.8%	2,301	9.1%	1,215	10.8%
Mental	0	0.0%	175	1.4%	782	1.5%	431	1.1%	269	1.1%	105	0.9%
Self-care	0	0.0%	38	0.3%	122	0.2%	41	0.1%	44	0.2%	11	0.1%
Two+ types	170	17.7%	2,822	23.2%	14,041	27.0%	9,026	22.0%	5,501	21.7%	1,966	17.4%
Includes self-care	66	6.9%	1,418	11.6%	6,743	13.0%	3,703	9.0%	2,352	9.3%	734	6.5%
No disability	617	64.1%	7,356	60.4%	27,228	52.4%	23,428	57.2%	15,043	59.3%	7,206	63.9%

Source: CAPE, with data from Census 2000.

Prevalence of Uninsured

Based on combined 2003 and 2005 estimates from the California Health Interview Survey (CHIS), 11.5% of Alameda County residents aged 18 to 64 are uninsured. This rate is significantly lower than the state rate of 13.8%. However, there are wide differences by age and race.

Alameda County residents 18-24 years of age are more likely than other age groups to be uninsured (29.3%). Nearly one-fourth of Latinos are uninsured, a proportion significantly higher than any other racial/ethnic group. Conversely, significantly fewer Whites are uninsured relative to other racial/ethnic groups.

Data from the 2003 CHIS in Alameda County showed that rates of uninsured in Hayward and Oakland (18.0% and 17.8%, respectively) are significantly higher than the county rate. These are the only two cities for which these estimates are available.

Crime

The rate of violent crime in Alameda County in 2005 was 649 per 100,000, while the property crime rate was 4,195 per 100,000. Oakland had the highest violent crime rate of any jurisdiction, 1,421, followed by Emeryville at 1,124. Emeryville had a far higher property crime rate than other jurisdictions, 14,188.

Table 3: Percent Lacking Health Insurance

Area	Group	%
California	Total	13.8
Alameda County	Total	11.5
	Age	
	<12	4.7
	12-17	4.5
	18-24	29.3
	25-39	15.8
	40-64	12.0
	Race/Ethnicity	
	AfrAmer	12.2
	Asian	9.6
	Latino	24.2
	White	5.5
Hayward	Total	18.0
Oakland	Total	17.8

Source: California and Alameda County figures are combined data from CHIS 2003 and 2005. Hayward and Oakland numbers are from CHIS 2003.

Table 4: Violent and Property Crime Rates

Jurisdiction	Violent Crime		Property Crime	
	#	Rate	#	Rate
Alameda County	9,749	649	63,034	4,195
Alameda County Sheriff Dept*	505	372	3,160	2,327
Alameda Police Dept	232	324	1,959	2,736
Albany Police Dept	55	337	776	4,754
Berkeley Police Dept	570	558	7,976	7,805
Dublin	79	212	807	2,167
Emeryville Police Dept	94	1,124	1,187	14,188
Fremont Police Dept	521	256	4,803	2,358
Hayward Police Dept	641	452	5,473	3,862
Livermore Police Dept	141	180	1,659	2,113
Newark Police Dept	175	409	1,977	4,620
Oakland Police Dept	5,692	1,421	23,027	5,748
Piedmont Police Dept	11	102	306	2,838
Pleasanton Police Dept	96	145	1,555	2,342
San Leandro Police Dept	465	583	4,069	5,105
Union City Police Dept	416	600	2,507	3,613
Other Jurisdictions**	56	n.a.	1,793	n.a.

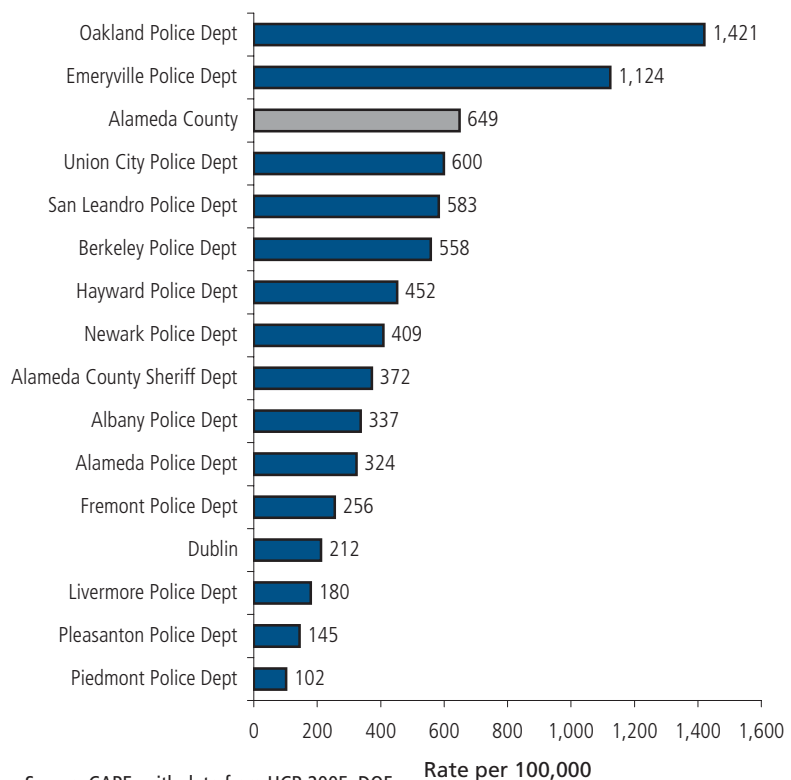
*The Alameda County Sheriff Department also patrols Dublin. Numbers are for unincorporated Alameda County only.

** Includes UC Berkeley, UC Livermore Lab, CSU East Bay, East Bay Municipal Utility District, East Bay Regional Park District, BART, Union Pacific Railroad, Calif. Highway Patrol.

Source: CAPE, with data from UCR 2005, DOF.

The rate of violent crime in Alameda County police jurisdictions in 2005 ranged from a low of 102 per 100,000 population in Piedmont to a high of 1,421 in Oakland. Violent crime rates in Oakland and Emeryville were roughly two times higher than the county rate of 649 per 100,000 and several times higher than rates in other cities.

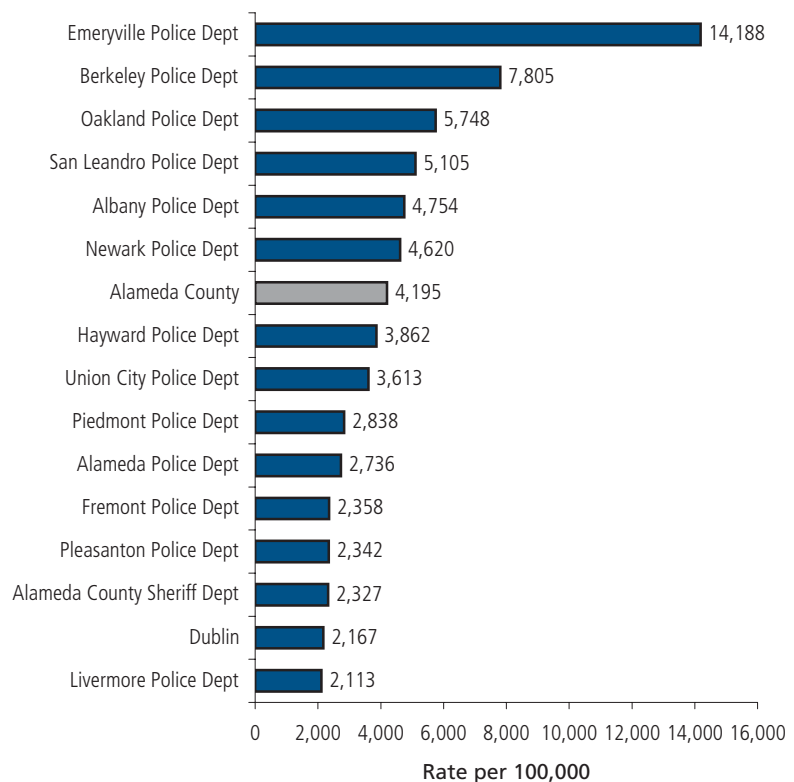
Figure 1: Violent Crime Rate



Source: CAPE, with data from UCR 2005, DOF.

The rate of property crime in Alameda County police jurisdictions in 2005 ranged from a low of 2,113 per 100,000 population in Livermore to a high of 14,188 in Emeryville. The Emeryville rate was two times that in Berkeley, the city with the second highest property crime rate in the county at 7,805 per 100,000. The Alameda County rate, 4,195 per 100,000 was one-third of the Emeryville rate.

Figure 2: Property Crime Rate



Source: CAPE, with data from UCR 2005, DOF.

References

1. *Preamble to the Constitution of the World Health Organization* as Adopted by the International Health Conference, New York, 19-22 June, 1946; Signed On 22 July 1946 by the Representatives of 61 States (Official Records of the World Health Organization, No. 2, P. 100) and Entered Into Force On 7 April 1948.
2. Wilkinson, R. & Marmot, M., Ed. *Social Determinants of Health: The Solid Facts*. Copenhagen, WHO Regional Office for Europe. 1998.

Death from All Causes

Measuring death rates from all causes is a valuable tool for monitoring progress in fighting disease and improving health. In 2004, a total of 2,398,365 deaths occurred in the United States and the age-adjusted death rate from all causes was 801.1 per 100,000 population.¹ In California it was 704.5 for the period 2002-2004.² Currently, five chronic diseases account for 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.³

Recent declines in rates of many leading causes of death reflect the influence of healthier lifestyles, greater use of preventive care, public health efforts, and advances in medicine. However, the rising prevalence of overweight in children, adolescents and adults, and the high percentage of physically inactive adolescents and adults could contribute to increased burdens of disease and death in the future.^{4,5}

The elderly population in the United States is growing rapidly. By 2030, one in every five Americans will be 65 years or older.^{4,5} As the elderly population increases, more services will be required to prevent, treat, and manage both chronic and acute health conditions.

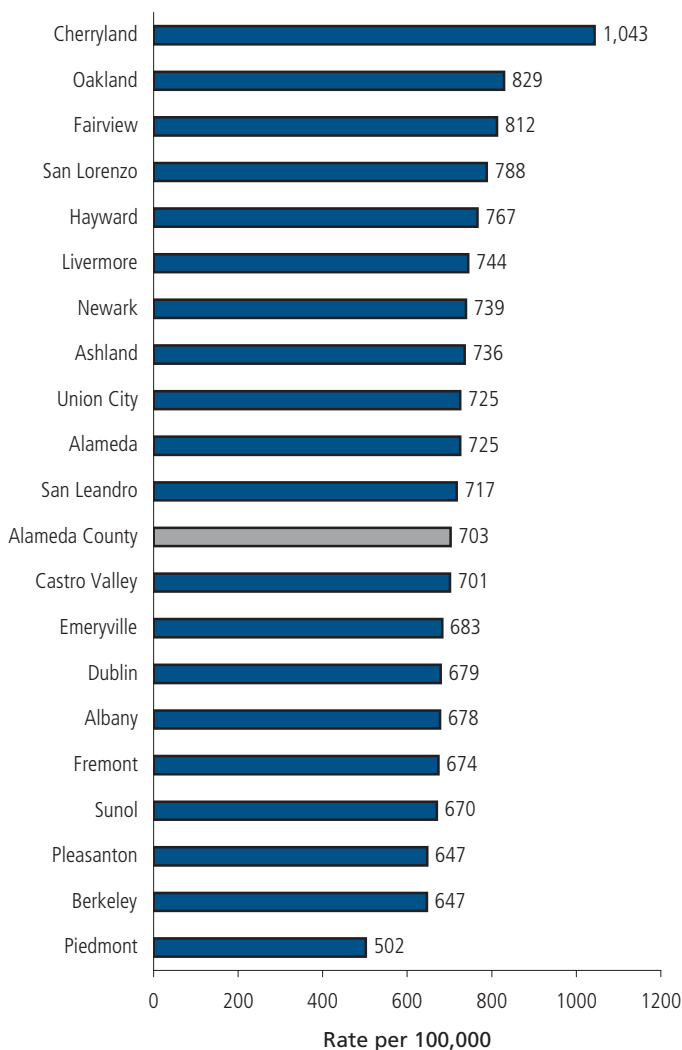
Despite overall declines in mortality, race/ethnic and gender inequities persist. Low-income groups continue to have poorer health outcomes. Future progress in improving health status will require comprehensive interventions that address individual behaviors, neighborhood environments and public policy.

Mortality Rates from All Causes

From 2004 to 2006, there were 28,306 deaths in Alameda County, an average of 9,435 deaths per year. The rate was 703 per 100,000 population.

The rate of death from all causes ranged from a low of 502 per 100,000 in Piedmont to a high of 1,043 in Cherryland. Cherryland's rate was 48% higher than the Alameda County rate. Other Alameda County cities with high death rates were Oakland, Fairview, San Lorenzo, and Hayward.

Figure 3: Mortality from All Causes by City

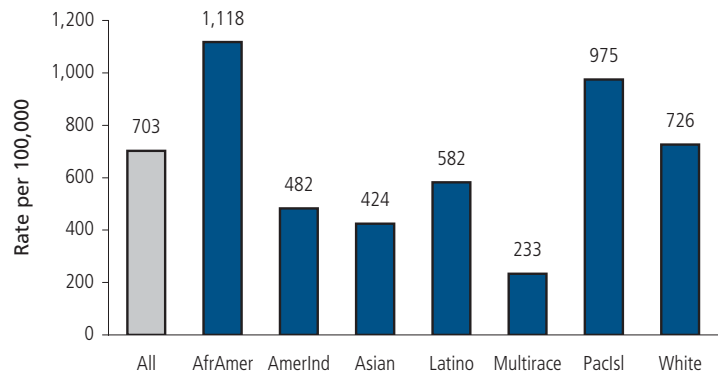


Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

The death rate from all causes in Alameda County from 2002 to 2004 was highest among African Americans (1,118 per 100,000), followed by Pacific Islanders (975) and Whites (726).

African American mortality rate from all causes was 60% higher than the county rate of 703 per 100,000, two or more times the rate among American Indians, Asians, and persons of multiple race origins.

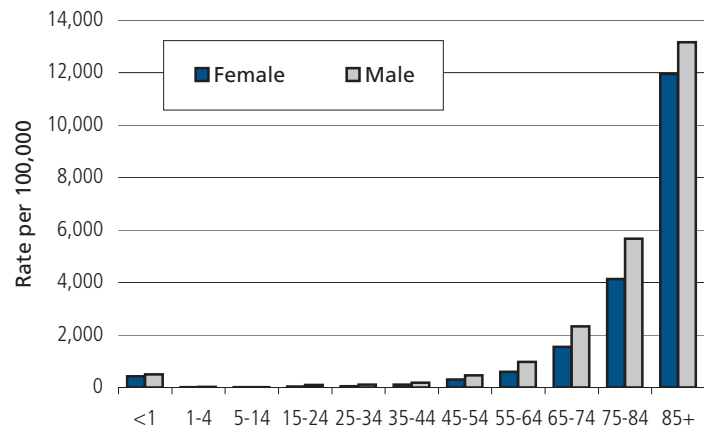
Figure 4: Mortality from All Causes by Race/Ethnicity



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Mortality from all causes was higher among males than females in every age group. Among teens and young adults, the male rates were two to three times the female rates. After the age of 15, all-cause mortality increased steeply with age.

Figure 5: Mortality from All Causes by Age and Gender



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 5 on the next page shows that overall, in Alameda County and most cities, rates of all-cause mortality were 30% to 40% higher among males than females. In Ashland, Albany, San Leandro, and Oakland, male rates were at least 50% higher than female rates. In Emeryville, there was no gender difference.

Pacific Islanders in Hayward and Newark had the highest rates of all-cause mortality in the county (2,222 and 2,104, respectively). These rates were more than twice the county rate for Pacific Islanders. High rates were also found among African Americans in Newark, San Lorenzo, and Cherryland (1,871, 1779, and 1507, respectively).

Table 5: Mortality from All Causes by City and Region

	All		Female		Male		AmerInd		AfrAmer	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	28,306	702.9	14,452	604.5	13,854	828.5	71	482.3	6,080	1,118.0
Alameda	1,774	725.2	962	625.7	812	874.5	10	1,424.1	103	1,177.4
Albany	332	677.7	171	551.0	161	858.9			21	1,033.3
Ashland	369	735.6	170	559.2	199	965.0			62	1,091.2
Berkeley	1,830	646.9	970	550.0	860	775.4	5		633	1,121.3
Castro Valley	1,505	701.1	820	617.7	685	831.1	3		62	1,145.0
Cherryland	371	1,043.5	198	925.1	173	1,187.3	1		23	1,506.7
Dublin	271	679.4	130	592.2	141	807.5	2		8	
Emeryville	125	683.0	68	674.0	57	709.7			52	1,234.5
Fairview	210	812.2	96	737.2	114	893.1			38	759.7
Fremont	2,820	673.8	1,423	588.9	1,397	789.3	11	872.9	92	1,372.8
Hayward	2,759	766.5	1,428	665.2	1,331	898.3	11	781.0	216	1,058.6
Livermore	1,085	744.1	565	653.9	520	887.0	3		21	1,084.9
Newark	583	738.7	289	649.9	294	854.8	2		27	1,870.7
Oakland	9,176	828.7	4,567	688.0	4,609	1,007.4	18	444.9	4,473	1,139.0
Piedmont	185	501.6	92	430.1	93	591.4			3	
Pleasanton	837	647.4	457	575.7	380	752.6			11	951.8
San Leandro	2,197	717.0	1,095	569.1	1,102	928.0	4		136	1,139.7
San Lorenzo	592	788.3	307	689.7	285	916.9	1		11	1,779.1
Sunol	23	669.9	8		15	888.4				
Union City	1,026	725.2	530	628.4	496	872.2			70	1,132.6
Remainder of County	206	820.0	99	700.3	107	974.1			10	1,563.8
North County	2,162	650.5	1,141	549.5	1,021	785.9	5		654	1,032.3
Oakland Area	11,260	801.0	5,689	671.3	5,571	968.5	28	620.3	4,631	1,107.1
Central County	8,003	748.3	4,114	632.3	3,889	907.4	20	544.9	548	934.7
South County	4,452	693.5	2,250	604.7	2,202	816.5	13	684.7	189	1,071.0
Tri-Valley	2,193	691.8	1,152	610.9	1,041	817.4	5		40	560.0

	Asian		Latino		PacIsl		Multirace		White	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	3,263	424.2	2,414	582.3	149	975.0	139	233.3	16,172	726.3
Alameda	245	557.5	72	596.0	5		11	205.5	1,327	771.1
Albany	41	534.6	15	581.8	1		3		250	687.1
Ashland	38	533.4	51	560.8					218	880.5
Berkeley	167	527.6	61	556.2			17	280.0	947	559.1
Castro Valley	85	551.3	97	769.1	4		5		1,248	708.6
Cherryland	17	1,022.5	60	841.5	3		1		266	1,179.1
Dublin	18	404.8	15	471.4			1		227	752.7
Emeryville	8		5						60	539.4
Fairview	19	980.9	20	832.6					133	822.9
Fremont	482	474.5	289	695.5	16	1,266.2	18	124.7	1,909	759.0
Hayward	328	606.9	424	670.5	53	2,222.2	17	144.6	1,710	846.5
Livermore	49	643.8	46	495.5			1		965	782.9
Newark	110	654.5	100	615.5	13	2,104.4	4		327	826.2
Oakland	1,036	548.7	647	625.5	35	1,441.8	40	188.9	2,918	713.0
Piedmont	13	332.1	1						168	530.3
Pleasanton	42	473.4	39	651.1					745	665.2
San Leandro	209	558.4	212	685.7	7		6		1,623	761.9
San Lorenzo	34	471.6	60	763.0	2		2		481	838.6
Sunol			3						20	707.7
Union City	300	579.4	179	695.5	9		11	358.4	456	895.1
Remainder of County	18	1,111.0	13	534.7			1		163	848.8
North County	208	531.0	76	555.2	1		20	273.6	1,197	580.7
Oakland Area	1,302	543.3	725	619.1	40	1,162.4	51	188.6	4,473	717.3
Central County	730	583.1	924	693.0	69	1,423.4	31	129.3	5,679	794.9
South County	892	525.0	571	685.4	38	1,256.1	33	153.1	2,712	784.4
Tri-Valley	109	532.3	100	541.6			2		1,937	724.8

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Leading Causes of Death

Cause of death ranked according to the number of deaths is a useful way to examine the relative burden of mortality from specific causes. For prevention, it is helpful to understand the most common causes of death and how they vary across age, race, and sex subgroups. This type of data informs resource allocation, program planning, and service provision.

In 2003, the ten leading causes of death accounted for 78% of all deaths occurring in the United States.³ Five chronic diseases accounted for almost two-thirds of all deaths in the United States—heart disease, cancer, stroke, chronic lower respiratory disease, and diabetes. The first and third leading causes of death, heart disease and stroke, have been declining since 1950 and the second leading cause of death, cancer, has been declining since 1990.⁵

The three most common causes of death were heart disease, cancer, and stroke in Alameda County in 2002-2004. These three chronic diseases accounted for 58% of all deaths. Chronic lower respiratory diseases and unintentional injuries ranked fourth and fifth, respectively.

Gender

The three leading causes of death were the same for both males and females in Alameda County from 2002 to 2004: heart disease, cancer, and stroke. For males, unintentional injuries ranked fourth and chronic lower respiratory diseases ranked fifth. For females, chronic lower respiratory diseases ranked fourth and influenza and pneumonia ranked fifth.

Table 6: Alameda County Leading Causes of Death

Cause	#	%
Total	28,310	100.0%
Diseases of the heart	7,507	26.5%
Cancer	6,721	23.7%
Stroke	2,225	7.9%
Chronic lower respiratory diseases	1,297	4.6%
Unintentional injuries	1,078	3.8%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 7: Alameda County Male Leading Causes of Death

Cause	#	%
Total	13,857	100.0%
Diseases of the heart	3,648	26.3%
Cancer	3,352	24.2%
Stroke	891	6.4%
Unintentional injuries	691	5.0%
Chronic lower respiratory diseases	600	4.3%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 8: Alameda County Female Leading Causes of Death

Cause	#	%
Total	14,453	100.0%
Diseases of the heart	3,859	26.7%
Cancer	3,369	23.3%
Stroke	1,334	9.2%
Chronic lower respiratory diseases	697	4.8%
Influenza & pneumonia	450	3.1%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Age

Birth defects were the leading cause of death among babies under one year of age, accounting for 23% of infant deaths. Disorders related to short gestation and low birth weight ranked second, followed by sudden infant death syndrome (SIDS), intra-uterine hypoxia (birth asphyxia), and neonatal hemorrhage.

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 2002-2004, 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 diseases: unintentional injuries (19%), cancer (16%), heart disease (13%), homicide (11%), and suicide (8%).

For those 45 to 64 years, four of the top five leading causes of death were chronic diseases; cancer, heart diseases, stroke, and diabetes. These chronic diseases accounted for 63% of all deaths. Unintentional injuries ranked third.

For people 65 years and older, heart diseases and cancer accounted for more than half of all deaths, and stroke accounted for nearly one-tenth of all deaths. Chronic lower respiratory diseases and influenza and pneumonia combined accounted for another one-tenth.

Table 9: Leading Causes of Death by Age Group

Age	Cause	#	%
<1	Total	296	100.0%
	Birth defects	67	22.6%
	Disorders: short gestation and low birth weight	47	15.9%
	Sudden infant death syndrome	38	12.8%
	Intrauterine hypoxia and birth asphyxia	15	5.1%
	Neonatal hemorrhage	11	3.7%
1-24	Total	507	100.0%
	Unintentional injuries	142	28.0%
	Homicide	137	27.0%
	Cancer	50	9.9%
	Suicide	36	7.1%
	Birth defects	19	3.7%
25-44	Total	1,690	100.0%
	Unintentional injuries	325	19.2%
	Cancer	272	16.1%
	Diseases of the heart	214	12.7%
	Homicide	187	11.1%
	Suicide	140	8.3%
45-64	Total	5,655	100.0%
	Cancer	1,871	33.1%
	Diseases of the heart	1,163	20.6%
	Unintentional injuries	312	5.5%
	Stroke	287	5.1%
	Diabetes	224	4.0%
65+	Total	20,158	100.0%
	Diseases of the heart	6,108	30.3%
	Cancer	4,528	22.5%
	Stroke	1,890	9.4%
	Chronic lower respiratory diseases	1,115	5.5%
	Influenza and pneumonia	746	3.7%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Race/Ethnicity

Heart disease and cancer were the two leading causes of death for every racial/ethnic group in Alameda County during 2002-2004. For American Indians, Asians, Latinos, and Multirace, the ranking was different: cancer was the leading cause of death. Stroke was the third leading cause of death for most racial/ethnic groups except American Indians, Pacific Islanders, and Latinos. For American Indians, chronic liver diseases and liver cirrhosis ranked third, while diabetes and unintentional injuries ranked third for Pacific Islanders and Latinos, respectively.

Diabetes was among the five leading causes of death for every racial/ethnic group except Whites and Multirace. Unintentional injuries was also among the five leading causes of death for every racial/ethnic group except Whites.

Table 10: Leading Causes of Death by Race/Ethnicity

Race/ Ethnicity	Cause	#	%
AfrAmer	Total	6,080	100.0%
	Diseases of the heart	1,521	25.0%
	Cancer	1,369	22.5%
	Stroke	511	8.4%
	Unintentional injuries	262	4.3%
	Diabetes	258	4.2%
AmerInd	Total	71	100.0%
	Cancer	12	16.9%
	Diseases of the heart	8	11.3%
	Chronic liver disease and cirrhosis	8	11.3%
	Diabetes	5	7.0%
	Unintentional injuries	5	7.0%
Asian	Total	3,263	100.0%
	Cancer	898	27.5%
	Diseases of the heart	772	23.7%
	Stroke	331	10.1%
	Unintentional injuries	137	4.2%
	Diabetes	117	3.6%
Latino	Total	2,414	100.0%
	Cancer	515	21.3%
	Diseases of the heart	510	21.1%
	Unintentional injuries	177	7.3%
	Stroke	158	6.5%
	Diabetes	122	5.1%
Multirace	Total	139	100.0%
	Cancer	28	20.1%
	Diseases of the heart	27	19.4%
	Stroke	9	6.5%
	Certain conditions originating in the perinatal period	8	5.8%
	Unintentional injuries	8	5.8%
Paclsl	Total	149	100.0%
	Diseases of the heart	38	25.5%
	Cancer	32	21.5%
	Diabetes	13	8.7%
	Stroke	11	7.4%
	Chronic lower respiratory diseases	6	4.0%
White	Total	16,174	100.0%
	Diseases of the heart	4,629	28.6%
	Cancer	3,865	23.9%
	Stroke	1,202	7.4%
	Chronic lower respiratory diseases	924	5.7%
	Influenza and pneumonia	537	3.3%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 11: Alameda Leading Causes of Death

Cause	#	%
Total	1,774	100.0%
Diseases of the heart	567	32.0%
Cancer	411	23.2%
Stroke	120	6.8%
Chronic lower respiratory diseases	81	4.6%
Influenza and pneumonia	67	3.8%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 12: Albany Leading Causes of Death

Cause	#	%
Total	332	100.0%
Diseases of the heart	89	26.8%
Cancer	87	26.2%
Stroke	22	6.6%
Chronic lower respiratory diseases	17	5.1%
Alzheimer's disease	16	4.8%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 13: Ashland Leading Causes of Death

Cause	#	%
Total	369	100.0%
Diseases of the heart	96	26.0%
Cancer	92	24.9%
Unintentional injuries	20	5.4%
Stroke	19	5.1%
Chronic lower respiratory diseases	17	4.6%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 14: Berkeley Leading Causes of Death

Cause	#	%
Total	1,830	100.0%
Diseases of the heart	485	26.5%
Cancer	441	24.1%
Stroke	173	9.5%
Unintentional injuries	77	4.2%
Alzheimer's disease	61	3.3%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 15: Castro Valley Leading Causes of Death

Cause	#	%
Total	1,505	100.0%
Diseases of the heart	452	30.0%
Cancer	371	24.7%
Stroke	119	7.9%
Chronic lower respiratory diseases	82	5.4%
Influenza and pneumonia	39	2.6%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 16: Cherryland Leading Causes of Death

Cause	#	%
Total	371	100.0%
Diseases of the heart	105	28.3%
Cancer	60	16.2%
Stroke	25	6.7%
Chronic lower respiratory diseases	16	4.3%
Alzheimer's disease	14	3.8%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 17: Dublin Leading Causes of Death

Cause	#	%
Total	271	100.0%
Cancer	74	27.3%
Diseases of the heart	54	19.9%
Stroke	26	9.6%
Unintentional injuries	21	7.7%
Chronic lower respiratory diseases	15	5.5%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 18: Emeryville Leading Causes of Death

Cause	#	%
Total	125	100.0%
Cancer	37	29.6%
Diseases of the heart	34	27.2%
Stroke	11	8.8%
Chronic lower respiratory diseases	7	5.6%
Unintentional injuries	5	4.0%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 19: Fairview Leading Causes of Death

Cause	#	%
Total	210	100.0%
Cancer	51	24.3%
Diseases of the heart	51	24.3%
Stroke	12	5.7%
Unintentional injuries	9	4.3%
Chronic lower respiratory diseases	8	3.8%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 20: Fremont Leading Causes of Death

Cause	#	%
Total	2,820	100.0%
Diseases of the heart	780	27.7%
Cancer	706	25.0%
Stroke	194	6.9%
Chronic lower respiratory diseases	180	6.4%
Unintentional injuries	104	3.7%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 21: Hayward Leading Causes of Death

Cause	#	%
Total	2,759	100.0%
Diseases of the heart	732	26.5%
Cancer	599	21.7%
Stroke	220	8.0%
Chronic lower respiratory diseases	141	5.1%
Unintentional injuries	112	4.1%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 22: Livermore Leading Causes of Death

Cause	#	%
Total	1,085	100.0%
Cancer	303	27.9%
Diseases of the heart	299	27.6%
Chronic lower respiratory diseases	64	5.9%
Stroke	62	5.7%
Unintentional injuries	41	3.8%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 23: Newark Leading Causes of Death

Cause	#	%
Total	583	100.0%
Cancer	165	28.3%
Diseases of the heart	148	25.4%
Stroke	47	8.1%
Unintentional injuries	22	3.8%
Diabetes	21	3.6%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 24: Oakland Leading Causes of Death

Cause	#	%
Total	9,179	100.0%
Diseases of the heart	2,256	24.6%
Cancer	2,074	22.6%
Stroke	781	8.5%
Unintentional injuries	389	4.2%
Chronic lower respiratory diseases	334	3.6%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 25: Piedmont Leading Causes of Death

Cause	#	%
Total	185	100.0%
Cancer	52	28.1%
Diseases of the heart	49	26.5%
Stroke	14	7.6%
Influenza and pneumonia	8	4.3%
Chronic lower respiratory diseases	5	2.7%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 26: Pleasanton Leading Causes of Death

Cause	#	%
Total	837	100.0%
Cancer	224	26.8%
Diseases of the heart	211	25.2%
Stroke	54	6.5%
Chronic lower respiratory diseases	48	5.7%
Influenza and pneumonia	45	5.4%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 27: San Leandro Leading Causes of Death

Cause	#	%
Total	2,197	100.0%
Diseases of the heart	587	26.7%
Cancer	528	24.0%
Stroke	193	8.8%
Chronic lower respiratory diseases	115	5.2%
Influenza and pneumonia	72	3.3%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 28: San Lorenzo Leading Causes of Death

Cause	#	%
Total	592	100.0%
Diseases of the heart	183	30.9%
Cancer	157	26.5%
Stroke	35	5.9%
Chronic lower respiratory diseases	24	4.1%
Diabetes	16	2.7%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 29: Sunol Leading Causes of Death

Cause	#	%
Total	23	100.0%
Cancer	8	34.8%
Diseases of the heart	8	34.8%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 30: Union City Leading Causes of Death

Cause	#	%
Total	1,026	100.0%
Diseases of the heart	254	24.8%
Cancer	235	22.9%
Stroke	78	7.6%
Chronic lower respiratory diseases	51	5.0%
Pneumonitis	42	4.1%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 31: Remainder of County Leading Causes of Death

Cause	#	%
Total	206	100.0%
Diseases of the heart	58	28.2%
Cancer	45	21.8%
Stroke	19	9.2%
Chronic lower respiratory diseases	11	5.3%
Diabetes	6	2.9%
Alzheimer's disease	6	2.9%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 32: North County Leading Causes of Death

Cause	#	%
Total	2,162	100.0%
Diseases of the heart	574	26.5%
Cancer	528	24.4%
Stroke	195	9.0%
Unintentional injuries	91	4.2%
Chronic lower respiratory diseases	78	3.6%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 33: Oakland Area Leading Causes of Death

Cause	#	%
Total	11,263	100.0%
Diseases of the heart	2,906	25.8%
Cancer	2,574	22.9%
Stroke	926	8.2%
Unintentional injuries	456	4.0%
Chronic lower respiratory diseases	427	3.8%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 34: Central County Leading Causes of Death

Cause	#	%
Total	8,003	100.0%
Diseases of the heart	2,206	27.6%
Cancer	1,858	23.2%
Stroke	623	7.8%
Chronic lower respiratory diseases	403	5.0%
Unintentional injuries	270	3.4%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 35: South County Leading Causes of Death

Cause	#	%
Total	4,452	100.0%
Diseases of the heart	1,190	26.7%
Cancer	1,114	25.0%
Stroke	320	7.2%
Chronic lower respiratory diseases	251	5.6%
Unintentional injuries	166	3.7%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 36: Tri-Valley Leading Causes of Death

Cause	#	%
Total	2,193	100.0%
Cancer	601	27.4%
Diseases of the heart	564	25.7%
Stroke	142	6.5%
Chronic lower respiratory diseases	127	5.8%
Influenza and pneumonia	92	4.2%

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

References

1. Minino AM, Heron MP, Smith BL. "Deaths: Preliminary data for 2004." *National Vital Statistics Reports*, vol 54 no 19. Hyattsville, Maryland: National Center for Health Statistics. 2006.
2. California Department of Health Services and California Conference of Local Health Officers. *County Health Status Profiles*. 2006.
3. Heron MP, Smith BL. "Deaths: Leading causes for 2003." *National Vital Statistics Reports*, vol 55 no 10. Hyattsville, Maryland: National Center for Health Statistics. 2007.
4. National Center for Health Statistics. *Health, United States, 2005 with Chartbook on Trends in the Health of Americans with Special Feature on Adults 55-64 years*. Hyattsville, Maryland: 2005.
5. National Center for Health Statistics. *Health, United States, 2006 with Chartbook on Trends in the Health of Americans*. Hyattsville, Maryland: 2006.

Chronic Disease

Overweight and Obesity

The number of people in the United States who are either overweight or obese has increased steadily over the past thirty years. Currently, about two thirds of adults are either overweight or obese. Among children and adolescents the prevalence of overweight nearly doubled during the last two decades. 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 are less physically active.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. The authors of the paper 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

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 For adults aged 20 years and older, overweight is defined as a BMI 25.0 -29.9 and obesity as a BMI greater than or equal to 30.0. Although the BMI ranges are not exact ranges of healthy and unhealthy weight, studies have shown that health risk increases as BMI increases.⁶

Adult Prevalence

The National Health and Nutrition Examination Survey (NHANES) reported that 32.2% of American adults 20 years and older were obese in 2003-2004, compared to 22.9% in 1988-1994.

Another 34% of adults were overweight. All together, 66.3% of adults in 2003-2004 were either overweight or obese, compared to 56.0% in 1988-1994.⁷ The prevalence of obesity increased steeply during the last three decades, from 17.1% in 1976-1980 to 34.0% in 2001-2004 among women, and from 12.8% to 30.2% among men.⁸

According to NHANES data (2001-2004), the age-adjusted obesity prevalence rates by race/ethnicity differ greatly among females. While the rates of obesity among men were similar across racial/ethnic groups (approximately 31%), 51.6% of African American women and 40.3% of Mexican-American women were obese, compared to 31.5% of White women.⁸

The CDC's Behavioral Risk Factor Surveillance System (BRFSS) has reported estimates that are more conservative, indicating that obesity increased nationwide from 11.6% in 1990 to 22.1% in 2002.⁹ By comparison, in California, the prevalence of obesity increased from 9.8% in 1990 to 19.2% in 2002. According to BRFSS estimates, a total of 37.5% of Californians were either obese or overweight, compared to 37.0% nationwide.⁹

The discrepancy between these two surveys, NHANES and BRFSS, is likely due to methodological differences in how they 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.

The 2005 California Health Interview Survey (CHIS) (also a phone survey relying on self-reported weight and height) reported that 21.2% of Californians 18 years and older were obese and another 34.9% were overweight.¹⁰ Rates of obesity were higher among African Americans (33.5%), Pacific Islanders (32.5%), American Indians (32.2%), Latinos (27.4%), and Multiple races (23.4%) than among Whites (19.2%). Asians had the lowest rate (6.9%).¹⁰

In Alameda County, the 2005 CHIS data show that 16.5% of adults were obese and another 31.8% were overweight.¹⁰ While the rates of obesity were similar for men and women (15.6% and 17.3%, respectively), more men than women were overweight (38.6% and 25.5%, respectively). Obesity was highest among African Americans while overweight was highest among Latinos.¹⁰

Children and Youth Prevalence

The prevalence of overweight and obesity among children and adolescents is higher than ever before. Today's youth are considered the most inactive generation in history due in part by reduction in school physical education programs, increased time spent watching television and playing computer games, and unavailable or unsafe community recreational facilities. 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."¹¹

A measurement called percentile of BMI is used to identify overweight and obesity in children and adolescents aged 2 to 19 years.¹²⁻¹⁴ The Centers for Disease Control and Prevention (CDC) recommend not using the word "obesity" for children and adolescents. Rather, they recommend using two levels of overweight: 1) the 85th percentile, an "at risk" level, 2) the 95th percentile, the

more severe level. CDC defines overweight as a BMI at or above the 95th percentile for children of the same age and sex.^{15,16} Classifications of overweight for children and adolescents are age- and sex-specific because children's body composition varies as they age and varies between boys and girls.^{17,18}

Nationally, the proportion of children and adolescents who are overweight has nearly tripled in the past three decades. According to 2003-2004 NHANES data, 17.4% of those 12 to 19 years, 18.8% of those six to 11 years, and 13.9% of those two to five years were overweight.¹⁹ One in four African American girls and Mexican-American boys aged six to 11 years were overweight in 2001-2004. Among teens aged 12 to 19 years, 20% of Mexican-American boys, and 23.8% of African American girls were overweight. In comparison, 17.9% of White boys, and 14.6% White girls were overweight.⁸

According to the 2005 CHIS, among California adolescents 12 to 17 years, 14.2% were overweight. The prevalence rates were higher for Latinos (19.8%) and African Americans (18.2%) than Whites (9.1%) and Asians (7.7%).¹⁰ While the overall county prevalence rate (13.4%) was lower than the statewide rate, a higher proportion of Latino and African American adolescents in the county were overweight, (24.0% and 20.5% respectively).¹⁰

Prevalence of Obesity Among Adults

Based on combined 2003 and 2005 estimates from the California Health Interview Survey, 17.4% of Alameda County adults are obese, compared to 20.8% in California.

The prevalence of obesity is highest among 40-64 year-olds (21.6%). Nearly one-third (31.4%) of African Americans are obese in Alameda County compared to 22.2% of Latinos, 16.3% of Whites, and 8.1% of Asians.

Data from the 2003 CHIS in Alameda County showed that 22.8% of Hayward adults and 20.3% of Oakland adults are obese. While higher than the county rate of 17.4%, these figures are not statistically significantly different from the county rate.

Table 37: Prevalence of Obesity in the Population

Area	Group	%
California	Total	20.8
Alameda County	Total	17.4
	Age	
	18-24	9.0
	25-39	15.1
	40-64	21.6
	65-79	17.8
	80+	16.6
	Race/Ethnicity	
	AfrAmer	31.4
	Asian	8.1
	Latino	22.2
	White	16.3
Hayward	Total	22.8
Oakland	Total	20.3

Source: All California and Alameda County numbers are combined data from CHIS 2003 and CHIS 2005. Hayward and Oakland numbers are from CHIS 2003.

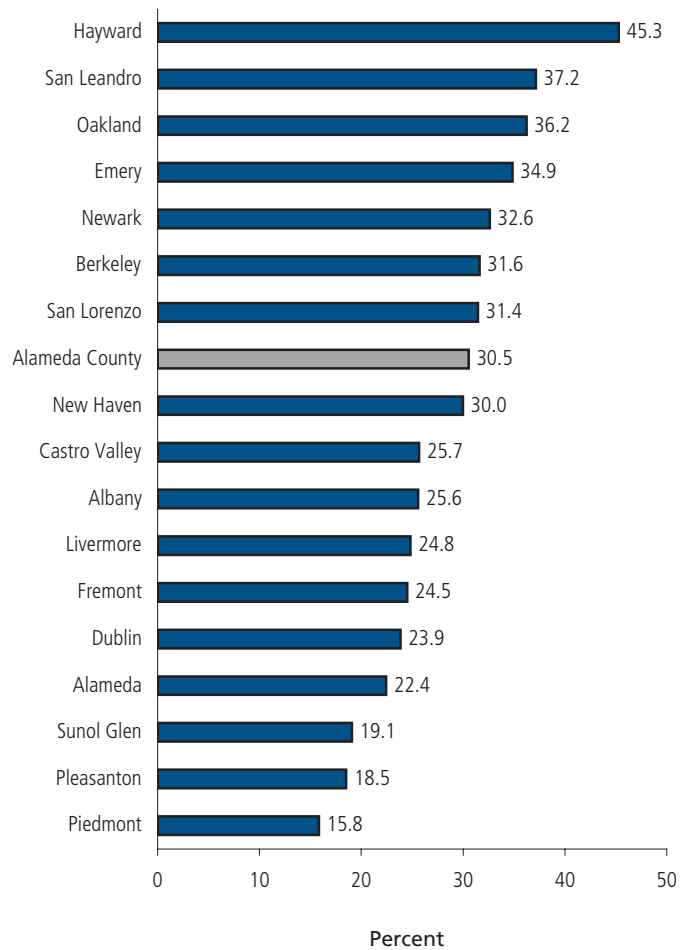
Prevalence of Overweight Among Children

The California Department of Education requires that public schools conduct fitness testing every year among children in fifth, seventh, and ninth grades. One part of the test is body composition, measured by either skin fold test or height-weight algorithm (BMI). Students are classified as within the fitness zone or not. Those not in the fitness zone are considered overweight. Figure 6 shows the percent of students who are overweight by school district, a summary measure that is an average of the three grade levels.

In the 2005-2006 school year, the proportion of children overweight ranged from a low of 15.8% in Piedmont City Unified School District to a high of 45.3% in Hayward Unified School District. Countywide, 30.5% of students were overweight.

In every district except Emery, the proportion overweight was higher among males than females. Overall, 40% more males were overweight than females.

Figure 6: Percent Overweight by School District



Source: California Fitness Gram, California Department of Education, 2005-2006.

Notes: Albany is for 7th and 9th grades; Sunol Glen total for 7th and 9th grades; Sunol Glen male and female for 7th grade.

Table 38: Percent Overweight by Gender, Grade, and District

District	Overall	Female	Male	5th grade	7th grade	9th grade
Alameda County	30.5	25.3	35.5	29.6	31.0	31.1
Alameda	22.4	17.5	27.2	18.2	25.3	23.6
Albany	25.6	23.0	28.3	n.a.	24.4	26.7
Berkeley	31.6	26.3	36.4	28.5	32.6	36.8
Castro Valley	25.7	21.6	29.4	22.6	20.9	32.3
Dublin	23.9	16.7	30.0	19.9	31.3	21.0
Emery	34.9	35.6	34.2	35.4	29.6	38.4
Fremont	24.5	19.3	29.1	23.4	26.2	23.9
Hayward	45.3	39.5	50.8	38.8	48.4	50.2
Livermore	24.8	21.4	28.2	23.1	24.1	27.1
New Haven	30.0	23.1	36.5	29.6	30.5	29.9
Newark	32.6	25.8	39.3	34.2	32.3	31.4
Oakland	36.2	30.9	41.2	35.2	36.2	38.5
Piedmont	15.8	11.7	20.0	12.3	13.0	21.9
Pleasanton	18.5	12.7	23.8	19.1	15.9	20.4
San Leandro	37.2	30.4	43.5	33.5	38.9	39.1
San Lorenzo	31.4	25.8	36.6	26.5	36.4	32.0
Sunol Glen	19.1	0.0	26.7	28.6	14.3	n.a.

Source: California Fitness Gram, California Department of Education, 2005-2006.

Notes: Albany is for 7th and 9th grades; Sunol Glen total for 7th and 9th grades; Sunol Glen male and female for 7th grade.

Diabetes

Diabetes mellitus is a chronic disease in which the body does not produce or properly use insulin, which can lead to blood glucose (sugar) levels that 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. The two main types of diabetes are 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. 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 during pregnancy.¹

Diabetes was the sixth leading cause of death in the United States in 2004.³ The CDC estimates that in the year 2005, nearly 21 million people of all ages, about 7.0% of the population, had either diagnosed or undiagnosed diabetes. Most of these are adults aged 20 years or older. Approximately 6.2 million of these cases have yet to be diagnosed.^{1,2,4} The number of U.S. adults with diagnosed diabetes has more than doubled during the last 15 years, reaching 14.6 million in 2005 and is projected to be approximately 48 million by 2050.^{5,6,7}

In 2005, about 1.5 million adults 20 years and older were newly diagnosed with diabetes.^{1,5} 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.⁸

It is estimated that 15.1% of adult American Indians have diabetes, 13.3% of African Americans, 9.5% of Latinos, and 8.7% of Whites.¹ The prevalence of diabetes has increased steadily over the past 20 years among all race-sex groups. From 1980 to 2004, the age-adjusted prevalence rate of diagnosed diabetes was much higher among African Americans than Whites and highest among African American females. Recent increases have also occurred among Latinos.^{4,9}

In 2004, there were 72,815 deaths from diabetes in the United States. The age-adjusted death rate was 24.4 per 100,000.³ The diabetes death rate in California was 21.3 per 100,000 in 2002-2004.¹⁰ 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.^{1,2,11,12}

According to the California Health Interview Survey (CHIS), about 1.8 million or 7.0% of Californians 19 years and older had been diagnosed with diabetes in 2005.¹³ Nearly 37% of cases were among seniors 65 years and older. Overall, about 9.2% of African American and 10.4% of American Indian adults have been diagnosed with diabetes in California. The racial/ethnic disparity in diabetes was 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.¹⁴

Adults living at or below the federal poverty level (FPL) had a higher diabetes prevalence than those with incomes above 300% FPL. In addition, the rate of diabetes was much higher among adults who never attended high school than among college graduates.¹⁴

In 2005, 6.5% of Alameda County adults had been diagnosed with diabetes. The prevalence was higher among African Americans (12.3%) than Whites (5.1%).¹³

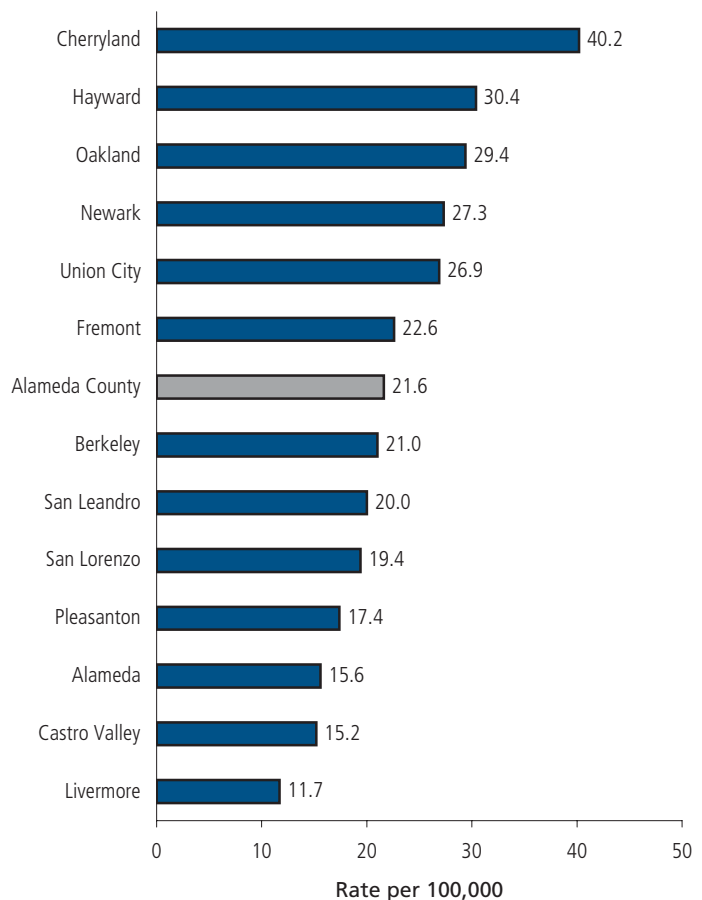
Diabetes Mortality

From 2002 to 2004, there were 861 diabetes deaths in Alameda County, an average of 287 per year. The rate was 21.6 per 100,000 population.

The diabetes death rate ranged from a low of 11.7 in Livermore to a high of 40.2 in Cherryland, more than a three-fold difference. Cherryland's rate was 86% higher than the Alameda County rate.

Other cities with diabetes death rates above the county rate were Hayward, Oakland, Newark, and Union City, and Fremont.

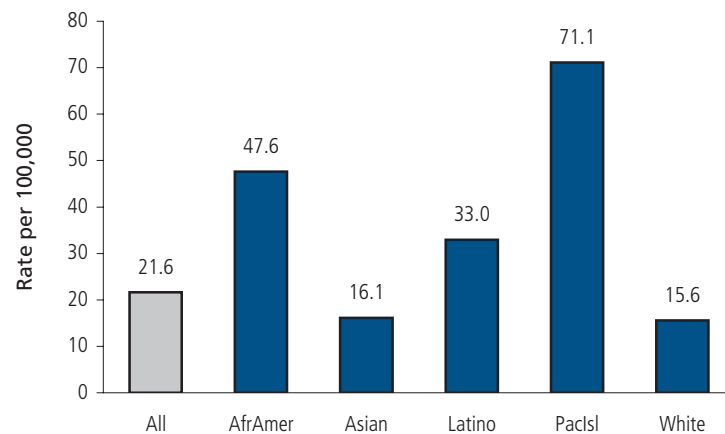
Figure 7: Diabetes Mortality by City



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

The highest diabetes death rates were seen among Pacific Islanders (71.1 per 100,000), followed by African Americans (47.6) and Latinos (33.0). The rate for Pacific Islanders was based on small numbers and may not be reliable. The diabetes death rate among African Americans was three times the White and Asian rates.

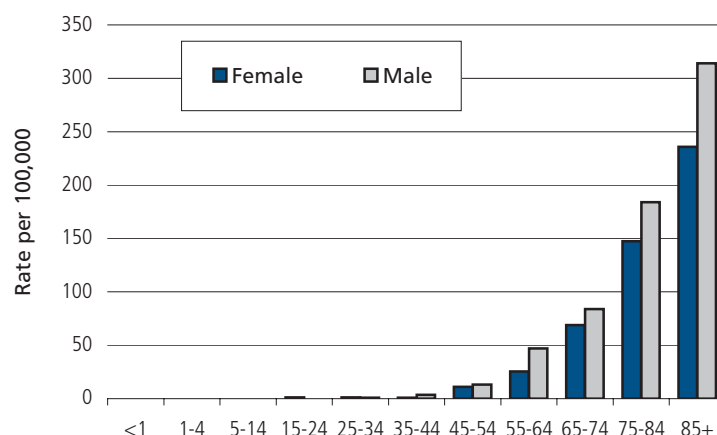
Figure 8: Diabetes Mortality by Race/Ethnicity



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Among those 45 years and over, diabetes mortality was at least 20% to 30% higher among males than females. There were a few deaths prior to the age of 45. After age 45, the rate increased with age and was highest among males aged 85 and older.

Figure 9: Diabetes Mortality by Age Group



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 39 on the next page shows that in most cities, the rate of diabetes death was higher among males than females. In Castro Valley, the male rate was nearly three times the female rate; in Union City, Pleasanton, and San Leandro the male rate was twice the female rate.

In Hayward, the diabetes death rate for every racial/ethnic group was 40% to 60% higher than those in the county. The highest rates were found among African Americans and Latinos in Hayward (65.3 and 54.3 per 100,000, respectively). Rates among African Americans and Latinos were higher than Asians and Whites in every city.

Map 1 (page 36) shows rates of diabetes mortality by zip code or zip code groups. Emeryville, north Oakland, west Oakland, and east Oakland had diabetes death rates at least 50% higher than the county rate of 21.8 per 100,000 for the years 2000-2004. Note that five years of data are presented here in an effort to stabilize rates and show data in more geographic areas.

Table 39: Diabetes Mortality by City and Region

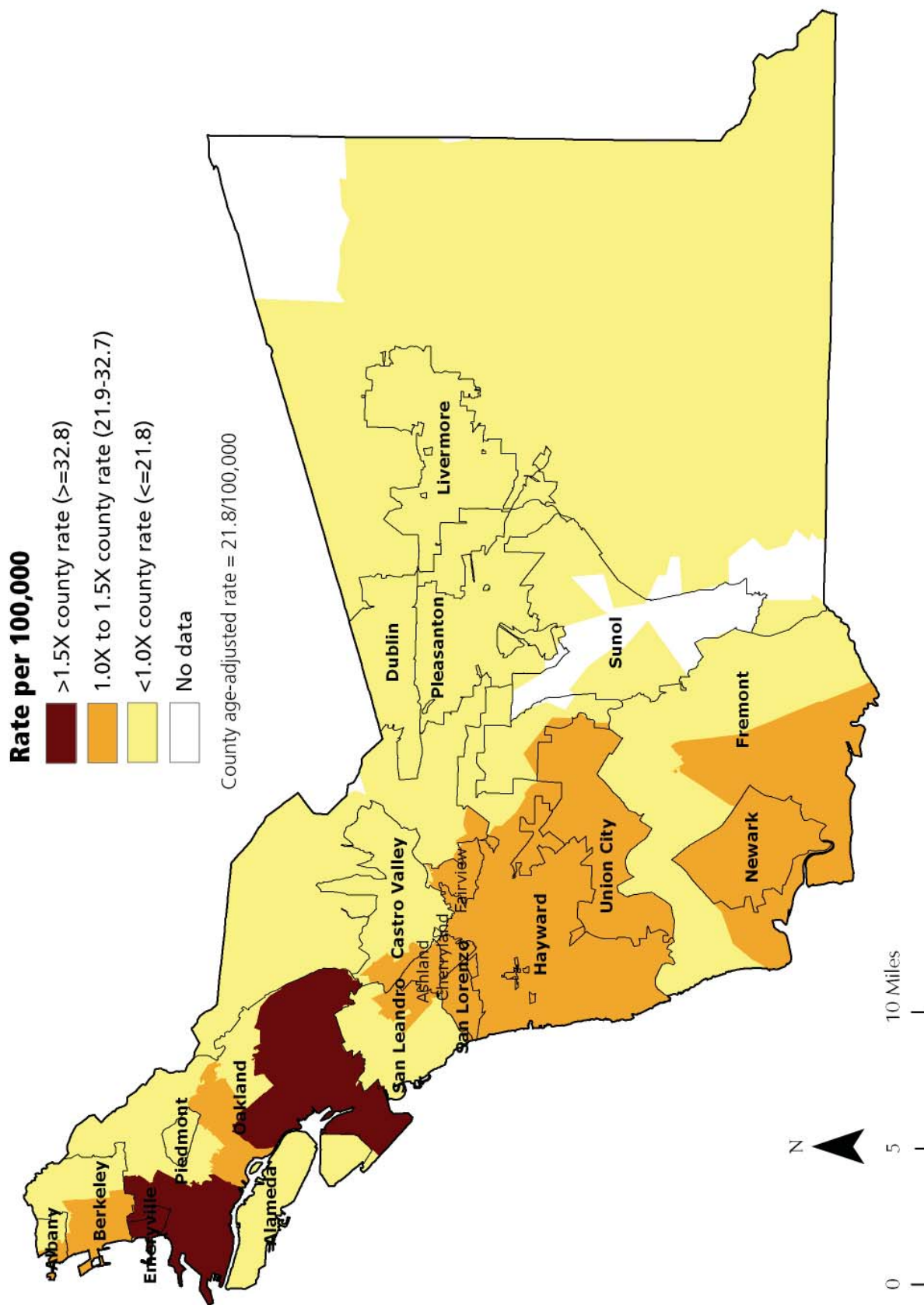
	All		Female		Male		AfrAmer	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	861	21.6	437	18.9	424	25.2	258	47.6
Alameda	38	15.6	22	14.1	16	16.5	7	
Albany	6				6		<5	
Ashland	8		<5		<5			
Berkeley	58	21.0	33	19.8	25	22.1	24	43.1
Castro Valley	31	15.2	10	8.5	21	24.2	<5	
Cherryland	13	40.2	8		5		<5	
Dublin	6		<5		<5		<5	
Emeryville	<5		<5		<5		<5	
Fairview	<5				<5		<5	
Fremont	91	22.6	46	19.4	45	28.6	<5	
Hayward	107	30.4	57	27.7	50	34.8	11	65.3
Livermore	17	11.7	7		10	19.6		
Newark	21	27.3	15	33.4	6			
Oakland	319	29.4	169	26.3	150	33.0	192	49.2
Piedmont	<5				<5			
Pleasanton	22	17.4	10	13.2	12	24.3	<5	
San Leandro	58	20.0	25	15.2	33	27.6	6	
San Lorenzo	16	19.4	10	20.5	6			
Sunol								
Union City	37	26.9	15	18.0	22	40.7	5	
Remainder of County	6		<5		5		0	
North County	64	19.9	33	16.9	31	23.7	25	43.7
Oakland Area	360	26.0	192	23.3	168	28.9	201	49.8
Central County	236	22.8	114	19.1	122	28.5	21	41.9
South County	149	24.0	76	20.7	73	29.8	9	
Tri-Valley	45	14.7	21	11.3	24	21.0	<5	

	Asian		Latino		White	
	#	Rate	#	Rate	#	Rate
Alameda County	117	16.1	122	33.0	339	15.6
Alameda	7		<5		20	11.9
Albany					5	
Ashland	<5				6	
Berkeley	7		<5		20	12.3
Castro Valley	<5		7		19	11.8
Cherryland	<5		<5		8	
Dublin	<5				<5	
Emeryville						
Fairview					<5	
Fremont	19	20.6	9		57	23.1
Hayward	14	25.4	31	54.3	43	21.7
Livermore	<5		<5		14	11.8
Newark	<5		9		6	
Oakland	38	20.2	30	37.9	55	15.7
Piedmont					<5	
Pleasanton	<5		<5		17	15.2
San Leandro	5		9		37	19.0
San Lorenzo	<5		<5		8	
Sunol						
Union City	9		10	39.4	13	26.0
Remainder of County			<5		<5	
North County	7		<5		25	12.7
Oakland Area	45	19.5	33	36.3	76	13.4
Central County	29	23.3	52	41.6	123	18.6
South County	31	20.8	28	34.9	76	22.4
Tri-Valley	5		<5		35	13.5

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Map 1: Diabetes Mortality



Source: CAPE, with data from Alameda County vital statistics files 2000-2004, Census 2000, DOF.

Diabetes Hospitalization

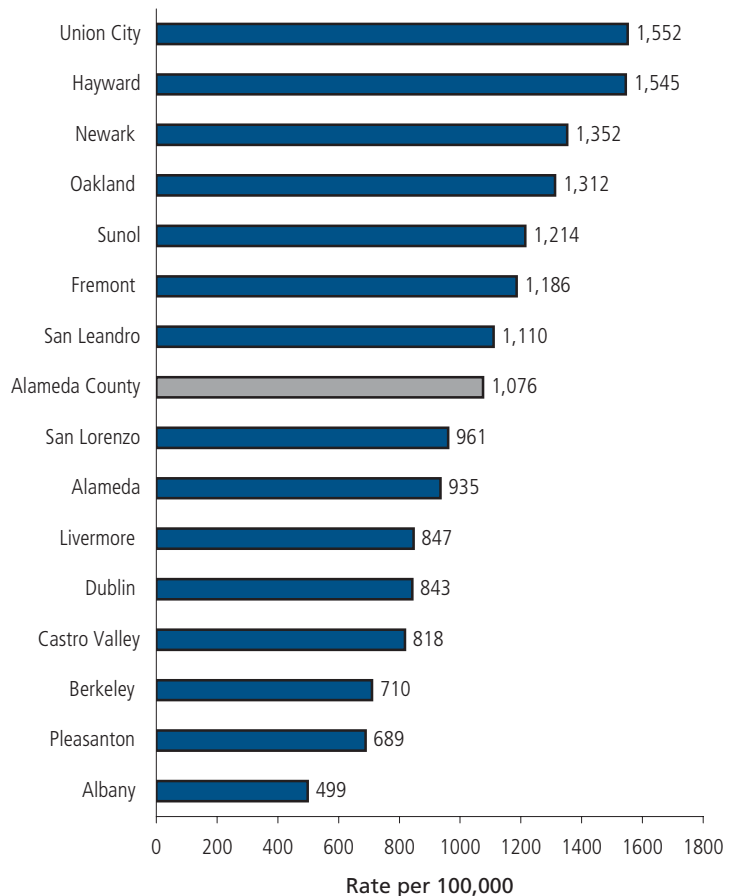
From 2003 to 2005, there were 45,292 hospitalizations for diabetes-related illnesses in Alameda County, an average of 15,097 per year. The rate was 1,076 per 100,000 population.

The hospitalization rate ranged from a low of 499 per 100,000 in Albany to a high of over 1,500 in both Union City and Hayward. Other cities with rates significantly higher than the county were Newark, Oakland, and Fremont.

Rates of hospitalization for diabetes-related illnesses mirror those seen for diabetes mortality. Cities with the highest diabetes mortality are also those that rank highest for hospitalization (Cherryland, the place with the highest mortality has no unique zip code for which to examine hospitalization data).

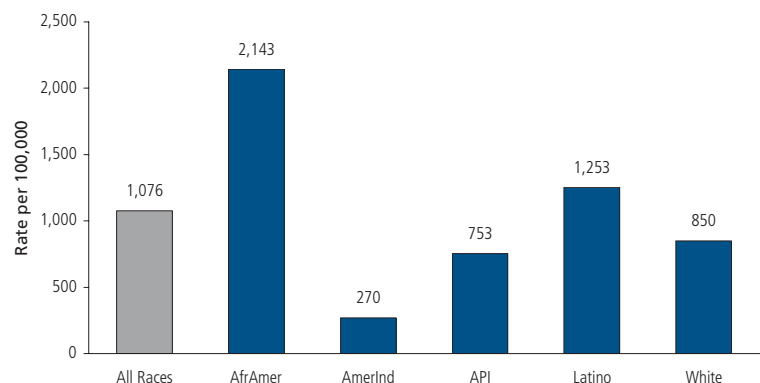
The diabetes-related hospitalization rate was highest among African Americans (2,143 per 100,000) followed by Latinos (1,253). The African American rate was two times higher than the county rate of 1,076 while the Latino rate was just above it. The rate was lowest among American Indians (270).

Figure 10: Diabetes Hospitalization by City



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

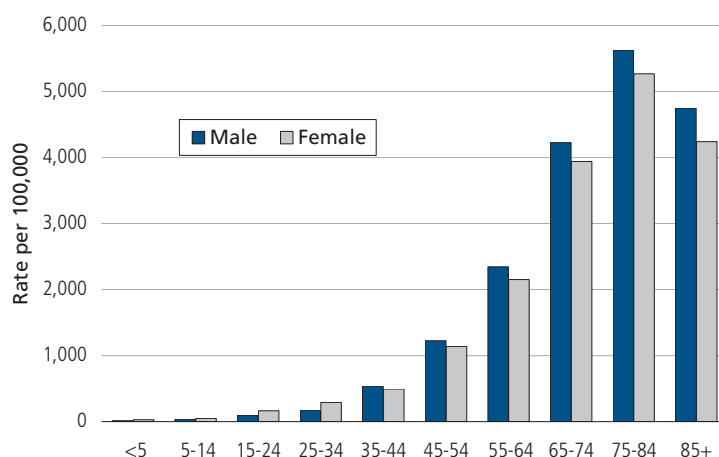
Figure 11: Diabetes Hospitalization by Race/Ethnicity



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Rates of hospitalization for diabetes-related illnesses in Alameda County increased with age, peaking at over 5,000 per 100,000 among both males and females in the 75-84 age group. Male rates exceeded female rates by small margins after age 35.

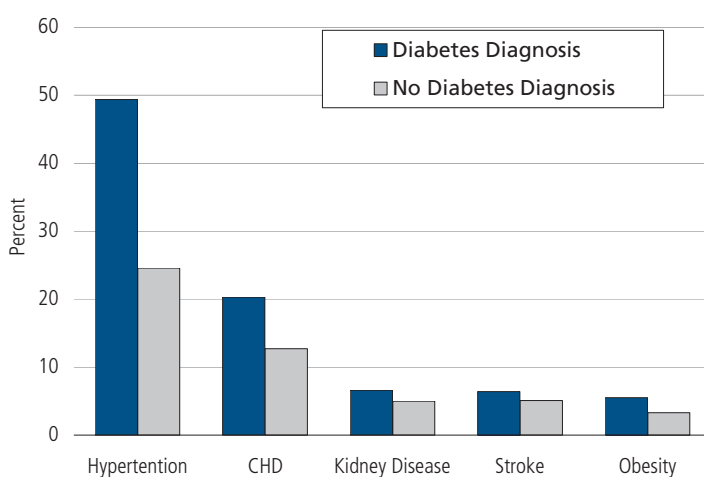
Figure 12: Diabetes Hospitalization by Age Group



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

People with diabetes are at risk for other health conditions and complications. Half of those hospitalized with a diabetes-related illness also had a diagnosis of hypertension compared to one-fourth of those without a diabetes diagnosis. About 20% of those with a diabetes-related illness also had a coronary heart disease diagnosis (compared to 13% of those without). Diagnoses of kidney disease, stroke, and obesity are also more common among those with diabetes-related diagnoses than those without, but the differences in proportions are relatively small. These data do not include gestational diabetes or hospitalizations for pregnancy and childbirth.

Figure 13: Diabetes Comorbidity



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Table 40 on the next page shows that male diabetes-related hospitalization rates were higher than female rates in most cities by 20% to 30%. In Albany the difference was 91% and in Pleasanton it was 68%. However, in Hayward and Newark rates for the two sexes were essentially the same and in Oakland the female rate was higher than the male rate.

Oakland, Central and South county areas had consistently higher rates than other areas of the county for all racial/ethnic groups. With the exception of Pleasanton and Newark, African Americans had the highest rates in every city, the highest being found in the city of Alameda (2,976 per 100,000). The highest American Indian rate was found in Oakland (551.9), the highest Asian/Pacific Islander rate in Hayward (1,666), the highest Latino rate in Oakland (1,697), and the highest White rate in Union City (1,868).

Table 40: Diabetes Hospitalization by City and Region

	All		Female		Male		AfrAmer	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	45,292	1,075.7	24,279	1,054.3	21,011	1,105.7	12,391	2,143.5
Alameda	2,229	934.9	1,201	881.0	1,028	1,006.3	274	2,976.1
Albany	237	498.5	100	360.8	137	688.3	30	1,183.5
Berkeley	2,040	710.0	1,061	649.0	979	790.0	960	1,970.1
Castro Valley	1,527	818.0	758	728.8	769	944.1	82	1,692.4
Dublin	573	842.7	270	748.4	303	966.1	50	1,212.6
Fremont	5,649	1,186.2	2,814	1,075.9	2,835	1,337.6	242	2,227.6
Hayward	7,052	1,545.1	3,889	1,550.1	3,163	1,544.1	876	2,370.0
Livermore	1,601	847.2	754	745.6	847	957.3	44	2,054.8
Newark	1,327	1,351.9	706	1,345.3	621	1,346.7	52	1,088.5
Oakland	15,156	1,312.0	8,599	1,348.4	6,557	1,273.8	8,969	2,164.3
Pleasanton	1,078	688.7	472	535.2	606	899.0	19	876.2
San Leandro	3,544	1,110.1	1,939	1,087.5	1,605	1,157.1	543	2,180.1
San Lorenzo	798	960.7	412	900.4	386	1,024.4	41	2,136.5
Sunol	27	1,214.4	14	1,371.4	13	1,141.2		
Union City	2,452	1,551.9	1,290	1,467.2	1,162	1,658.4	209	2,305.4
North County	2,277	676.3	1,161	604.9	1,116	770.7	990	1,931.8
Oakland Area	17,385	1,249.6	9,800	1,271.5	7,585	1,229.2	9,243	2,177.4
Central County	12,921	1,233.1	6,998	1,208.6	5,923	1,274.1	1,542	2,243.4
South County	9,455	1,286.6	4,824	1,195.8	4,631	1,407.9	503	2,111.0
Tri-Valley	3,252	782.3	1,496	662.6	1,756	933.0	113	1,344.0

	AmerInd		API		Latino		White	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	79	270.0	6,902	752.5	6,006	1,253.0	18,005	849.7
Alameda	5		462	909.2	167	1,226.1	1,185	769.1
Albany			32	382.5	19	679.2	135	423.2
Berkeley	<5		168	508.5	104	823.5	706	394.7
Castro Valley	<5		141	679.6	144	1,149.4	1,079	753.4
Dublin	<5		73	1,174.5	60	1,042.9	365	739.5
Fremont	10	397.3	1,320	1,094.9	612	1,330.1	3,323	1,232.7
Hayward	11	386.0	1,319	1,666.6	1,465	1,622.6	3,048	1,392.1
Livermore	<5		87	913.7	151	1,088.9	1,249	792.8
Newark	<5		279	1,245.1	290	1,553.3	671	1,363.4
Oakland	26	551.9	1,489	717.9	1,790	1,696.8	2,262	592.4
Pleasanton			97	897.5	50	591.9	858	651.1
San Leandro	8		509	980.5	529	1,355.0	1,778	952.9
San Lorenzo	<5		122	949.5	146	1,315.1	449	868.5
Sunol	<5		<5		6		18	903.7
Union City	<5		802	1,273.1	473	1,647.2	879	1,868.0
North County	<5		200	481.6	123	793.2	841	396.2
Oakland Area	31	541.5	1,951	752.1	1,957	1,640.9	3,447	644.2
Central County	23	358.3	2,091	1,268.7	2,284	1,486.0	6,354	1,058.6
South County	17	471.2	2,403	1,158.5	1,381	1,475.9	4,891	1,323.9
Tri-Valley	6		257	962.4	261	919.3	2,472	725.9

Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Asthma

Asthma is a chronic lung condition that causes swelling, excess mucus, and narrowing of airways. An asthma attack occurs when the airways become so swollen and clogged that the person has trouble getting enough breath.¹ Symptoms include coughing, wheezing, shortness of breath, and a tight feeling in the chest. Asthma can be triggered by exercise, conditions such as respiratory infections, and environmental exposures such as dust mites, animal dander, mold, pollen, tobacco smoke, wood smoke, and indoor and outdoor air pollutants.¹ Although the exact cause of asthma is not known, a combination of genetics and the environment influence its development.

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

In 2003, there were 4,055 deaths in the United States from asthma.² 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.³

The prevalence of asthma has been increasing nationally since 1980.³ The CDC estimates that over 22 million people in the United States have asthma and that 12 million have had an asthma attack in the past year.² The prevalence of current asthma is 8.9% among children under 18 years of age and 7.2% among adults.³ Data from the National Health Interview Survey showed that among children under 18, the prevalence of current asthma among black males increased from about 12% in 2001 to 16% in 2004 while it remained stable among others (about 10% for black girls and white boys and 8% for white girls).⁴

Data from the Behavioral Risk Factor Surveillance System showed that in 2002, 13.4% of California adults had been diagnosed with asthma in their lifetime and that 6.7% had asthma currently.⁵ More recent estimates from the 2005 California Health Interview Survey were the same: 13.6% of California adults reported a lifetime diagnosis of asthma compared to 14.0% of Alameda County residents.⁶ Among those in Alameda County who had been diagnosed with asthma, 28.4% reported having an asthma attack in the previous year.⁶

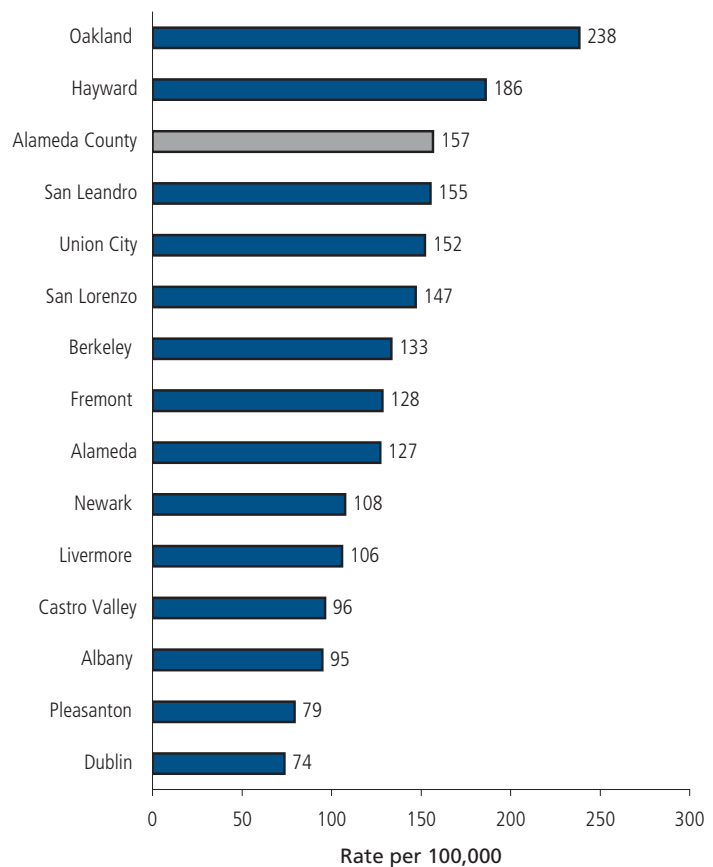
Nationally, there were 497,000 asthma hospitalizations in 2004.² Rates of asthma hospitalization are highest among children under five years, particularly boys. In California the rates declined in every age group and every race/ethnic group between 1990 and 2000.⁷ During 2005 in California, there were 36,060 asthma hospitalizations, or 100 per 100,000 population.⁸ Among children under age five, the rate was 248 per 100,000. In California, the asthma hospitalization rate is highest among African Americans, at least three times the White rate.⁹ Alameda County rates are the second highest among the state's 58 counties.¹⁰

Asthma Hospitalization

From 2003 to 2005, there were 6,792 asthma hospitalizations in Alameda County, an average of 2,264 per year. The rate was 157 per 100,000 population.

The rate ranged from a low of 74 per 100,000 in Dublin to a high of 238 in Oakland. The Oakland rate was 50% higher than the county rate and over three times the Dublin rate. Hayward, with a rate of 186 per 100,000, was the only other city with a rate higher than the county.

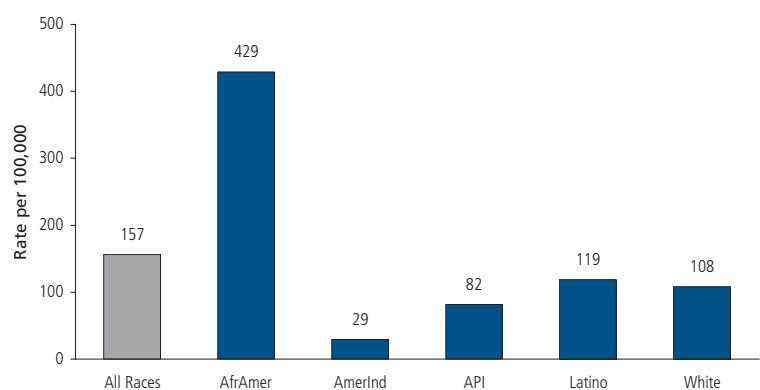
Figure 14: Asthma Hospitalization by City



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

The rate of asthma hospitalization among African Americans was 429 per 100,000, several times higher than that for other racial/ethnic groups and 2.7 times above the county rate. The rate was lowest among American Indians and Asian/Pacific Islanders.

Figure 15: Asthma Hospitalization by Race/Ethnicity



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

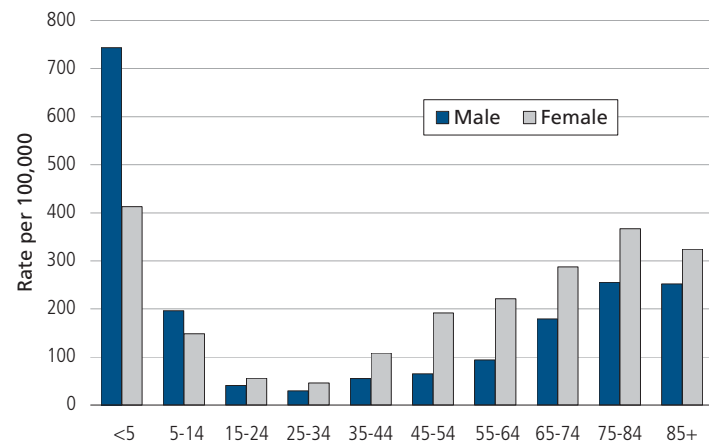
Boys under age 15 in Alameda County were hospitalized for asthma at higher rates than females. However, the pattern shifted during adolescence and young adulthood when females were hospitalized for asthma at higher rates than males.

The asthma hospitalization rate among males under age five was 743 per 100,000, 80% higher than the rate of 413 for females under age five. These age-specific data show that young children, particularly boys, and the elderly are vulnerable to asthma attacks serious enough to warrant hospitalization.

From 2003 to 2005, there were 1,791 asthma hospitalizations among children under age five in Alameda County, an average of 597 per year. The rate was 581 per 100,000 people, more than two times the HP 2010 objective of 250 per 100,000 children under age five.

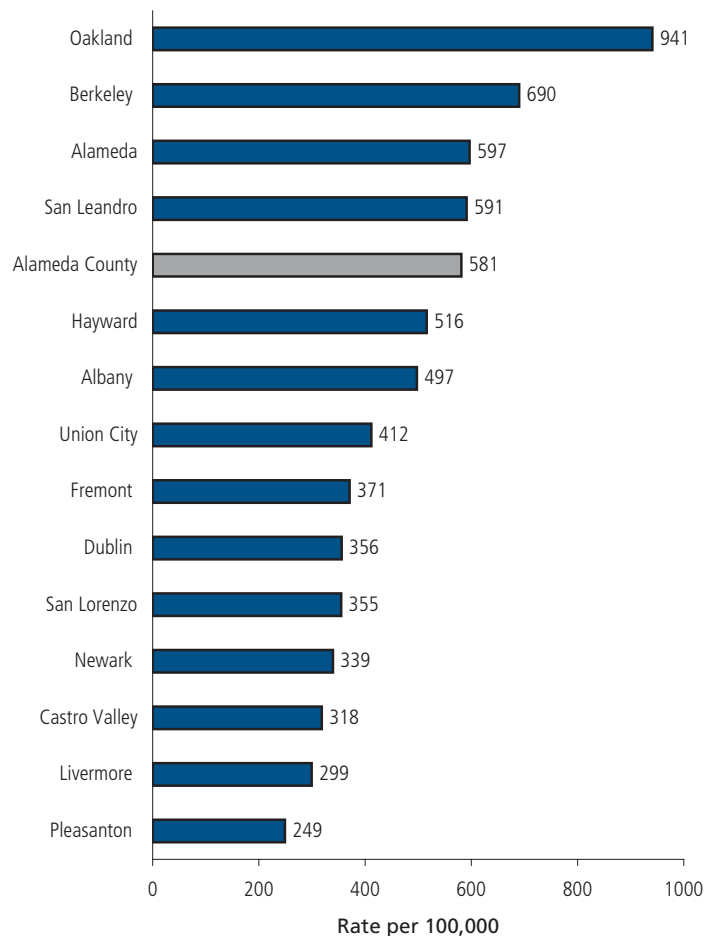
The rate ranged from a low of 249 per 100,000 in Pleasanton to a high of 941 in Oakland. The Oakland rate was 62% higher than the county rate of 581 per 100,000, and nearly four times higher than the lowest rate which was found in Pleasanton.

Figure 16: Asthma Hospitalization by Age Group



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

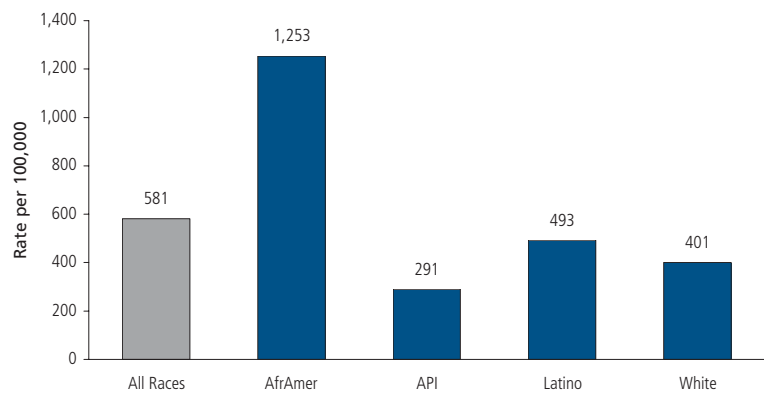
Figure 17: Childhood Asthma Hospitalization by City



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

The rate of childhood asthma hospitalization among African Americans was 1,253 per 100,000, two to four times higher than other race/ethnic groups, twice the county rate, and five times the HP 2010 objective. The rate was lowest among Asian/Pacific Islanders.

Figure 18: Childhood Asthma Hospitalization by Race/Ethnicity



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Table 41 on the next page shows that asthma hospitalization rates for all ages are generally higher for females than males. The difference was greatest in Pleasanton (83%) and Livermore (52%). The rates for each sex were essentially the same in Alameda and Newark while in Berkeley and Albany male rates exceeded female rates.

Regionally, the Tri-Valley had the lowest rate of asthma hospitalization and Oakland the highest. The highest rates were found among African Americans in every city, the highest being found in Albany (790.1 per 100,000 African Americans).

Table 42 on page 45 shows that in all cities, male hospitalization rates among children under 5 years of age were higher than female rates. In several cities – Alameda, Albany, Berkeley, Castro Valley, Newark, Pleasanton, San Leandro, and Union City – the male rate was two to three times higher than the female rate. The highest rates were found among African Americans in Berkeley (1,652 per 100,000) and Oakland (1,265). Nearly half of all children less than age five hospitalized in the county were from Oakland. Among African Americans, the proportion jumped to three-fourths.

Map 2 (page 46) shows childhood asthma hospitalization rates by zip code. Zip codes in west Berkeley, Emeryville, north Oakland, west Oakland, and east Oakland all had hospitalization rates that exceeded the county rate by at least 50%.

Table 41: Asthma Hospitalization (All Ages) by City and Region

	All		Female		Male		AfrAmer	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	6,792	156.7	3,785	167.2	3,007	142.8	2,622	428.7
Alameda	263	127.2	141	124.9	122	126.3	62	401.7
Albany	40	94.9	17	75.4	23	113.2	16	790.1
Berkeley	313	133.5	159	118.4	154	145.0	172	426.3
Castro Valley	163	96.4	93	102.4	70	91.6	15	250.9
Dublin	68	73.7	39	81.9	29	72.9	12	140.8
Fremont	699	128.5	396	140.9	303	110.5	65	315.7
Hayward	935	186.1	554	215.9	381	152.7	205	381.3
Livermore	234	105.9	142	124.3	92	81.8	14	310.5
Newark	126	107.7	64	108.0	62	107.6	15	271.1
Oakland	2,948	238.4	1,606	250.8	1,342	220.5	1,883	427.9
Pleasanton	149	79.4	96	98.6	53	53.9	<5	
San Leandro	466	155.2	256	162.1	210	145.1	121	336.1
San Lorenzo	116	147.0	66	159.3	50	136.6	10	267.2
Sunol	<5				<5			
Union City	271	152.1	156	169.9	115	125.6	29	296.4
North County	353	126.6	176	110.3	177	139.2	188	443.0
Oakland Area	3,211	221.5	1,747	231.4	1,464	206.6	1,945	428.1
Central County	1,680	157.5	969	174.9	711	138.4	351	352.6
South County	1,097	130.7	616	142.8	481	113.0	109	312.1
Tri-Valley	451	91.0	277	108.7	174	69.2	29	184.6

	AmerInd		API		Latino		White	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	13	29.3	814	81.6	1,029	118.9	1,874	108.0
Alameda			40	74.3	26	138.5	99	93.7
Albany			5		<5		11	49.2
Berkeley	<5		12	41.5	27	105.9	73	59.0
Castro Valley			13	64.6	22	107.4	105	88.1
Dublin			8		11	140.9	33	55.7
Fremont			185	125.9	66	104.1	352	143.3
Hayward	<5		123	143.2	239	166.7	292	161.6
Livermore			11	68.0	25	93.5	178	106.3
Newark			26	104.0	16	40.6	64	129.7
Oakland	7		176	92.8	446	161.5	247	90.1
Pleasanton			<5		9		129	89.0
San Leandro			78	132.5	70	98.9	160	126.0
San Lorenzo			24	193.8	22	147.0	50	121.3
Sunol							<5	
Union City			110	166.9	46	101.5	80	202.4
North County	<5		17	47.6	31	107.4	84	56.8
Oakland Area	7		216	89.0	472	160.7	346	91.6
Central County	<5		238	133.5	353	140.1	607	128.1
South County			321	133.9	128	90.9	497	147.3
Tri-Valley			22	38.1	45	92.7	340	92.3

Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Table 42: Childhood Asthma Hospitalization (<5 Years) by City and Region

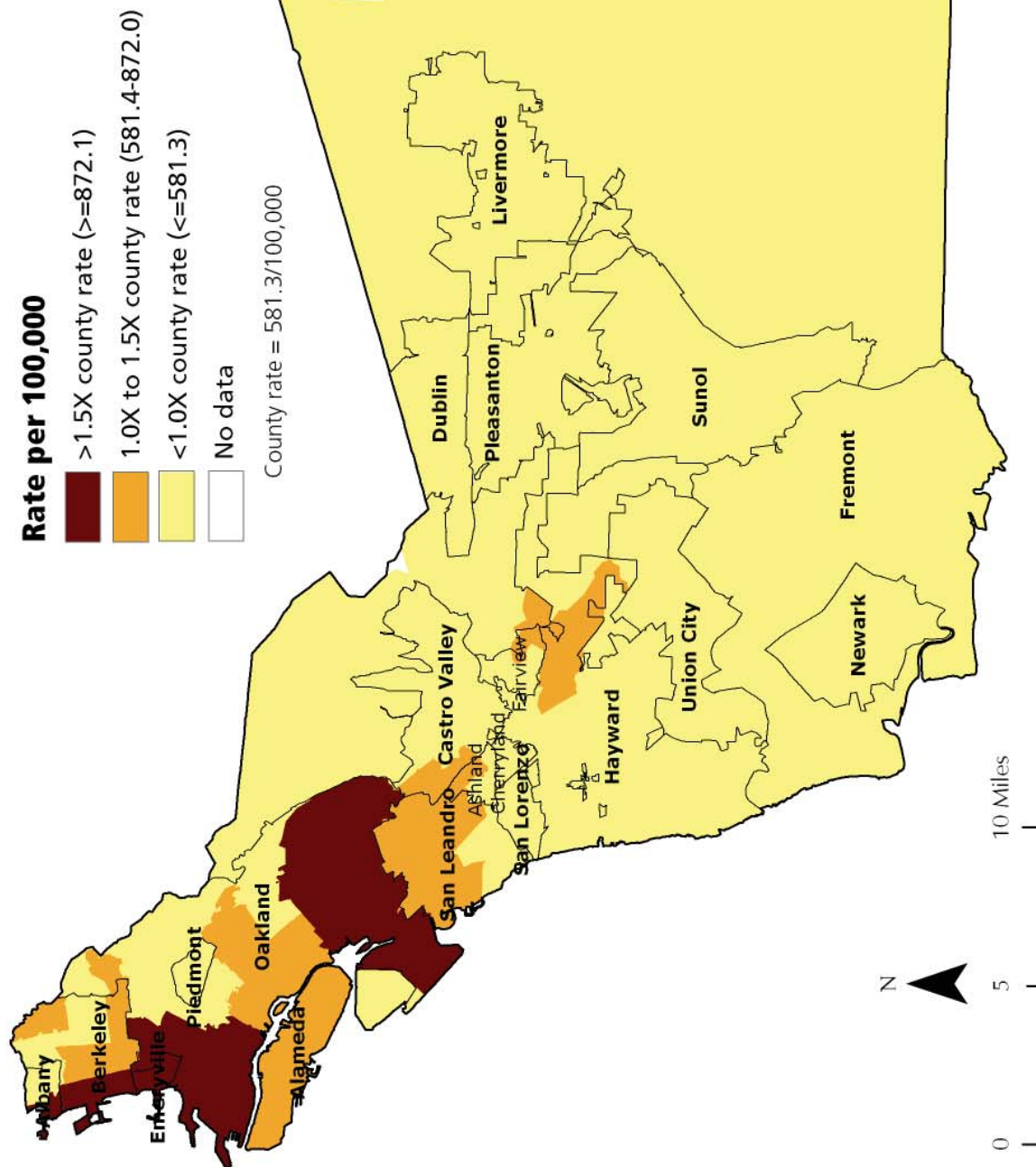
	All		Female		Male		AfrAmer	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	1,791	581.3	624	413.0	1,167	743.4	536	1,252.7
Alameda	75	596.6	22	350.7	53	841.6	12	1,194.1
Albany	12	497.4	<5		8		<5	
Berkeley	92	690.1	29	446.6	63	921.4	36	1,651.8
Castro Valley	32	318.5	7		25	487.6	<5	
Dublin	24	355.9	10	313.2	14	394.2	<5	
Fremont	173	370.8	60	268.0	113	465.8	13	874.7
Hayward	215	516.1	80	392.4	135	634.6	36	768.6
Livermore	56	299.5	22	242.4	34	353.3	<5	
Newark	32	339.5	9		23	471.6	5	
Oakland	843	940.9	302	684.5	541	1,189.6	386	1,264.8
Pleasanton	35	249.0	11	156.9	24	340.8		
San Leandro	121	591.2	41	413.0	80	759.0	33	1,093.0
San Lorenzo	18	354.9	9		9		<5	
Sunol								
Union City	63	411.8	18	241.5	45	573.5	5	
North County	104	660.6	33	427.8	71	884.2	38	1,678.0
Oakland Area	918	898.5	324	642.9	594	1,147.2	398	1,262.5
Central County	386	499.7	137	362.6	249	630.9	73	861.6
South County	268	374.8	87	252.6	181	488.5	23	822.4
Tri-Valley	115	291.2	43	223.0	72	356.2	<5	

	AmerInd		API		Latino		White	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	<5		245	290.5	454	492.5	334	401.1
Alameda			11	315.5	6		26	525.2
Albany			<5		<5		<5	
Berkeley			<5		15	659.7	25	403.7
Castro Valley			5		6		14	282.2
Dublin			6		5		11	264.5
Fremont			62	295.2	19	238.4	64	499.1
Hayward	<5		27	370.1	92	451.0	28	426.5
Livermore			6		11	277.3	34	279.1
Newark			9		6		8	
Oakland	<5		63	549.1	238	778.1	56	446.0
Pleasanton			<5		<5		27	290.2
San Leandro			21	466.4	29	404.3	19	428.4
San Lorenzo			<5		6		5	
Sunol								
Union City			27	397.3	14	303.1	15	795.3
North County			<5		18	701.5	27	364.4
Oakland Area	<5		74	494.6	244	753.2	82	468.4
Central County	<5		56	386.1	133	422.8	66	375.1
South County			98	327.9	39	238.5	87	499.2
Tri-Valley			14	325.5	20	306.1	72	280.8

Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Map 2: Childhood Asthma Hospitalization



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

Coronary Heart Disease

Coronary heart disease (CHD) 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.^{3,5} Most deaths from heart disease are due to CHD. Other forms of heart disease include hypertensive heart disease and rheumatic heart disease.^{1,2}

CHD is the most common cause of death in the United States, accounting for more than one of every five deaths. About 335,000 people per year die of CHD in an emergency department or before reaching the hospital. Most of these are sudden deaths caused by cardiac arrest.⁶

It is estimated that 13 million people in the United States, about 6.9% of the population 20 years and older, have CHD.⁶ In 2003, the age-adjusted death rate nationally was 162.9 per 100,000 population.⁷ In California it was 164.7 for the period 2002-2004.⁸ National and California rates met the HP2010 objective of 166 or fewer CHD deaths per 100,000.³

From 1993 to 2003, the U.S. death rate from CHD declined 30.2%. More than 83% of people who died of CHD were 65 years and older. Approximately 14.2 years of life were lost on average due to heart attack.⁹ African American males had the highest CHD death rate (243.3 per 100,000), followed by White males (209.6), African American females (160.9), and White females (125.0).⁷

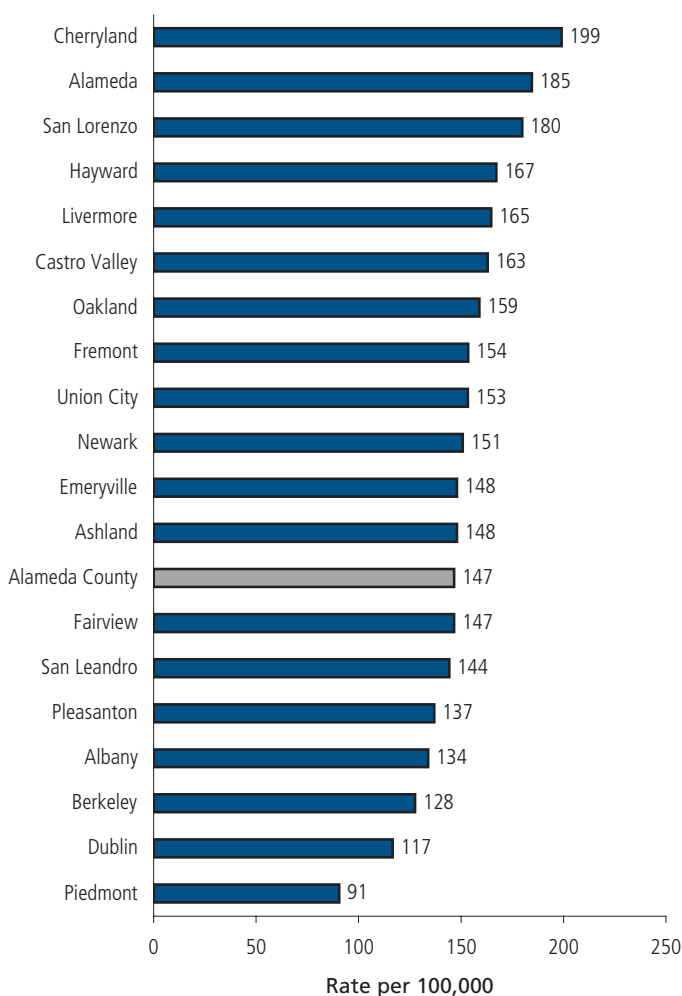
CHD occurs more often in men than in women. It is the leading cause of premature and permanent disability among U.S. workers, and accounts for 19% of social security's disability allowances. About two-thirds of heart attack patients do not make a complete recovery, but 88% of those less than 65 years are able to return to their usual work.¹⁰⁻¹² It was estimated that the direct and indirect cost of CHD was \$142.5 billion in 2006.⁹

Coronary Heart Disease Mortality

From 2002 to 2004, there were 5,820 CHD deaths in Alameda County, an average of 1,940 deaths per year. The death rate was 146.7 per 100,000 population. This rate is well below the HP2010 objective of 166 or fewer CHD deaths per 100,000.

CHD death rates ranged from a low of 91 per 100,000 in Piedmont to a high of 199 per 100,000 in Cherryland. Other cities with rates significantly higher than the county rate were Alameda, Hayward, and Oakland. There were many other cities with rates above the county, but these differences were not statistically significant. All cities except Cherryland, Alameda, San Lorenzo, and Hayward have met the HP2010 objective of 166.0 or less.

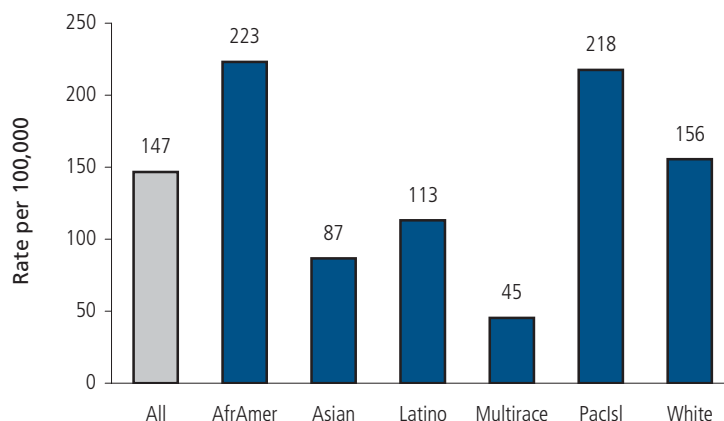
Figure 19: Coronary Heart Disease Mortality by City



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Coronary heart disease mortality was highest among African Americans (223 per 100,000) and Pacific Islanders (218), followed by Whites (156). Asians, Latinos, and multiple race groups had rates one-fifth to one-half those of African Americans and Pacific Islanders. All but these two highest groups met the HP2010 objective of no more than 166 deaths per 100,000 population.

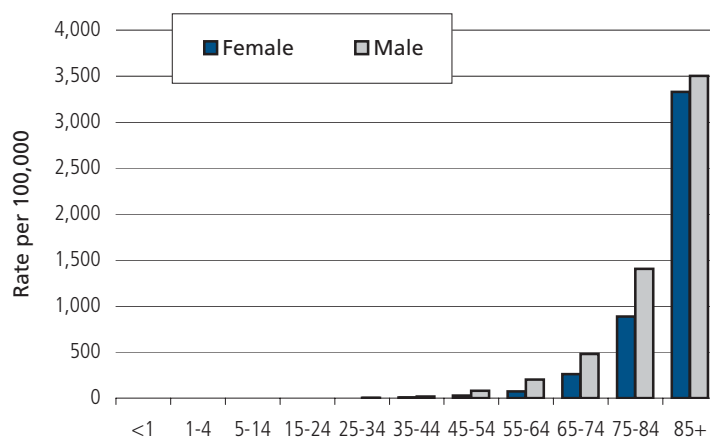
Figure 20: Coronary Heart Disease Mortality by Race/Ethnicity



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Very few people die from coronary heart disease prior to the age of 45. CHD mortality in Alameda County increased sharply with age in the older age groups. At all ages, male rates were greater than female rates, two- to three-fold higher in some age groups.

Figure 21: Coronary Heart Disease Mortality by Age Group



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 43 on the next page shows that CHD mortality was 40% to 60% higher among males than females in most cities. Exceptions were Fairview and Piedmont where the male and female rates were essentially the same. In Albany, Ashland, and Dublin, the male rates were twice the female rates.

Rates were highest among African Americans in every city for which rates could be calculated, and none met the Healthy People 2010 objective of 166 per 100,000 population. The highest rate was found in Fremont: 342.5 per 100,000 African Americans.

Map 3 (page 51) shows rates of CHD mortality by census tract. Census tracts with the highest rates, those at least 50% higher than the county rate of 158.5 per 100,000 population are scattered throughout the county. However, the majority can be found in north Oakland, east Oakland, Hayward, Union City, and Livermore. The high rate in north Livermore may be an artifact of population growth in the area and population estimates that are lower than actual numbers. Note that the County rate of 158.5 is a 2002-2004 five-year average and is slightly different than the 2002-2004 three-year average rate of 146.7 shown in the rest of the section.

Table 43: Coronary Heart Disease Mortality by City and Region

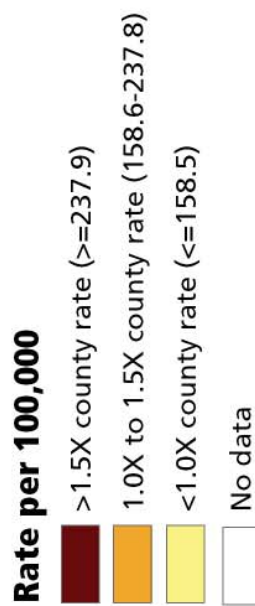
	All		Female		Male		AfrAmer	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	5,820	146.7	2,948	120.2	2,872	180.8	1,184	223.0
Alameda	457	184.6	245	148.3	212	234.4	20	244.9
Albany	67	134.0	33	98.4	34	188.0	<5	
Ashland	74	148.0	32	98.9	42	222.9	8	
Berkeley	359	127.6	182	99.3	177	170.1	138	223.8
Castro Valley	362	163.1	195	132.9	167	197.8	14	297.6
Cherryland	72	199.1	42	184.4	30	214.7	8	
Dublin	42	116.6	15	83.4	27	163.9	<5	
Emeryville	26	148.1	12	119.0	14	191.4	10	236.6
Fairview	36	146.6	18	150.9	18	145.6	7	
Fremont	599	153.5	293	127.0	306	186.9	18	342.5
Hayward	591	167.3	299	135.8	292	206.2	35	212.4
Livermore	227	164.8	119	143.3	108	198.1		
Newark	109	150.9	50	123.6	59	188.8	<5	
Oakland	1,742	158.9	874	127.6	868	200.6	870	225.7
Piedmont	34	90.6	19	88.2	15	93.2	<5	
Pleasanton	166	136.9	93	123.6	73	157.9	<5	
San Leandro	464	144.3	241	115.6	223	188.0	26	250.6
San Lorenzo	135	179.9	65	143.7	70	230.1	<5	
Sunol	5				<5			
Union City	202	153.4	96	117.3	106	203.2	14	291.3
Remainder of County	45	190.6	21	146.7	24	264.0	<5	
North County	426	128.5	215	99.2	211	172.6	141	222.5
Oakland Area	2,259	161.6	1,150	130.6	1,109	202.6	901	226.1
Central County	1,734	160.2	892	129.4	842	201.4	99	218.6
South County	915	153.5	441	124.9	474	190.4	35	306.9
Tri-Valley	435	147.0	227	127.5	208	177.1	<5	

	Asian		Latino		White	
	#	Rate	#	Rate	#	Rate
Alameda County	629	86.7	384	113.1	3,565	155.5
Alameda	59	154.2	17	151.9	357	199.1
Albany	<5		<5		57	144.9
Ashland	7		8		51	191.5
Berkeley	33	106.2	8		177	104.1
Castro Valley	20	133.5	10	82.1	316	169.5
Cherryland	6		11	191.2	47	190.7
Dublin	<5				38	140.1
Emeryville	<5		<5		12	104.7
Fairview	<5		<5		24	154.8
Fremont	101	114.8	50	140.7	423	171.2
Hayward	73	152.5	73	139.2	396	186.7
Livermore	9		5		212	179.7
Newark	17	94.9	17	138.1	67	182.3
Oakland	175	93.8	80	108.3	601	138.4
Piedmont	<5				29	88.7
Pleasanton	10	124.5	7		148	139.8
San Leandro	35	117.2	35	121.6	368	153.2
San Lorenzo	<5		12	180.9	117	195.2
Sunol					5	
Union City	61	145.9	39	170.4	86	161.4
Remainder of County	<5		<5		34	180.9
North County	36	95.1	11	99.3	234	111.9
Oakland Area	241	104.0	98	113.6	999	152.7
Central County	147	134.4	152	132.8	1,319	172.5
South County	179	122.1	106	149.5	581	170.3
Tri-Valley	21	103.4	12	68.7	398	157.6

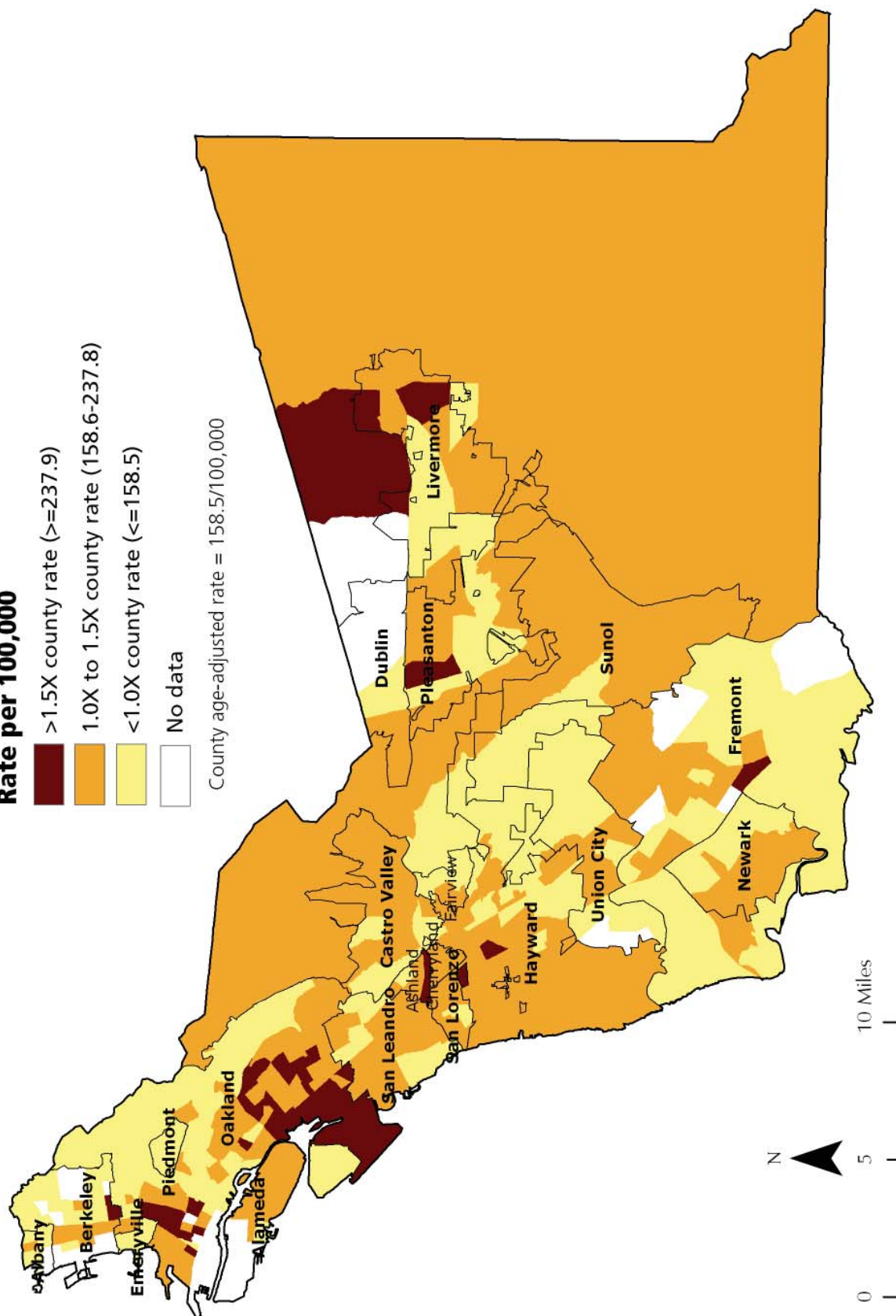
Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Map 3: Coronary Heart Disease Mortality



County age-adjusted rate = 158.5/100,000



Source: CAPE, with data from Alameda County vital statistics files 2000-2004, Census 2000, DOF.

Stroke

A stroke 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. From 1993 to 2003 the U.S. death rate from stroke declined 18.5%.³⁻⁶

Nationally, the age-adjusted rate of death from stroke in 2004 was 50.0 per 100,000 population, 6.5% down from 53.5 in 2003.^{7,8} The California rate in 2003 was 53.3 and in 2004 it went down even more to 50.3.⁹ These rates exceeded the HP2010 objective of no more than 48.0.⁵ Because women live longer than men, more women than men die of stroke each year. Women accounted for 61.0% of U.S. stroke deaths in 2003.⁶

In 2003, of all racial/ethnic groups, African American males and females had the highest rates of death from stroke (79.5 and 69.8 per 100,000), followed by White males and females (51.7 and 50.5).⁷ The African American rate in California was 80.0, higher than the national rate of 74.3. Both rates were higher than their respective White rates, 53.8 in California and 51.4 nationally.^{7,9}

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}

Stroke Mortality

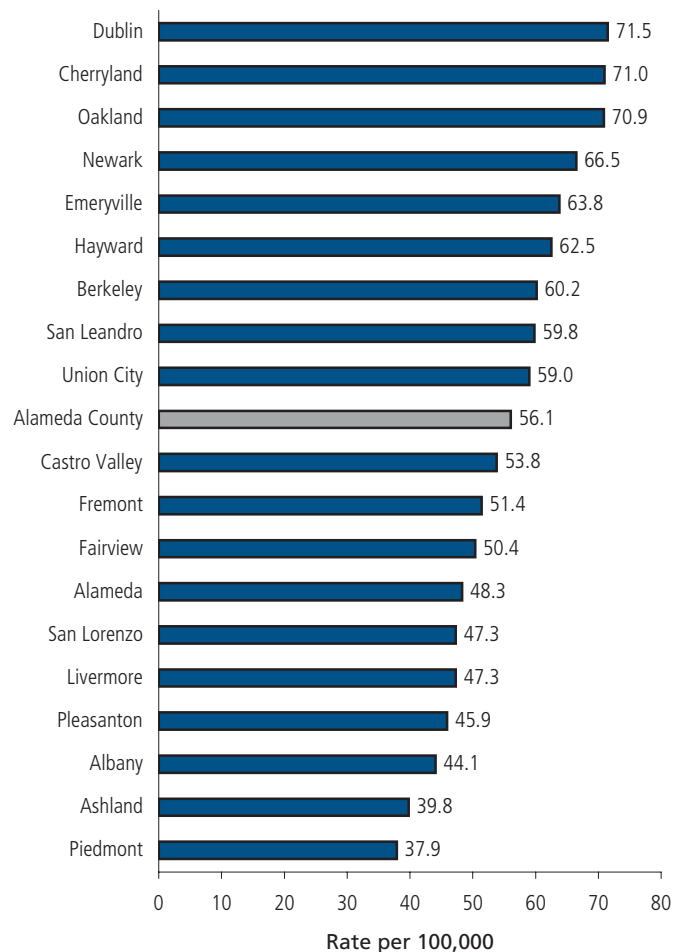
From 2002 to 2004, there were 2,225 stroke deaths in Alameda County, an average of 742 deaths per year. The stroke death rate was 56.1 per 100,000 population, which exceeds the HP2010 objective of 48 or fewer stroke deaths per 100,000.

The rate ranged from a low of 37.9 per 100,000 in Piedmont to a high of 71.5 in Dublin (Cherryland and Oakland had equally high rates, 71.0 and 70.9, respectively). Only San Lorenzo, Livermore, Pleasanton, Albany, Ashland, and Piedmont have met the HP2010 objective of 48 or fewer deaths per 100,000.

Among cities, Asians in Newark, African Americans in San Leandro, Berkeley, Hayward, and Oakland, Latinos in Castro Valley, Whites in Cherryland had rates two times higher than the HP2010 objective.

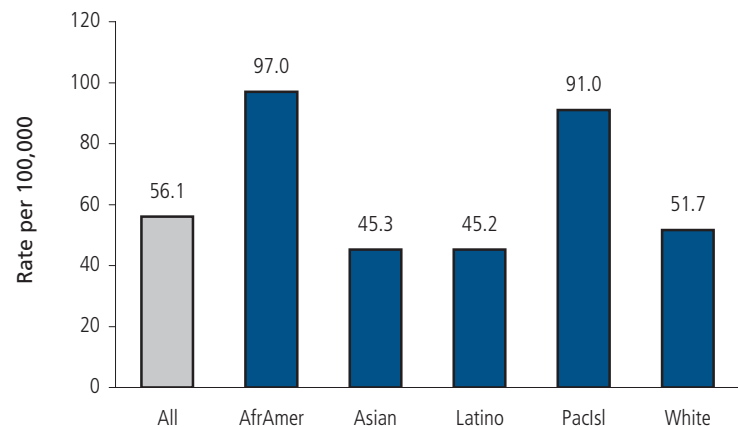
The stroke mortality rate among African Americans was 97 per 100,000, about twice the rate among Asians, Latinos and Whites. The Pacific Islander rate was also high (91) but may be unreliable due to small numbers. Asians and Latinos have met the HP2010 objective of no more than 48 deaths per 100,000.

Figure 22: Stroke Mortality by City



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

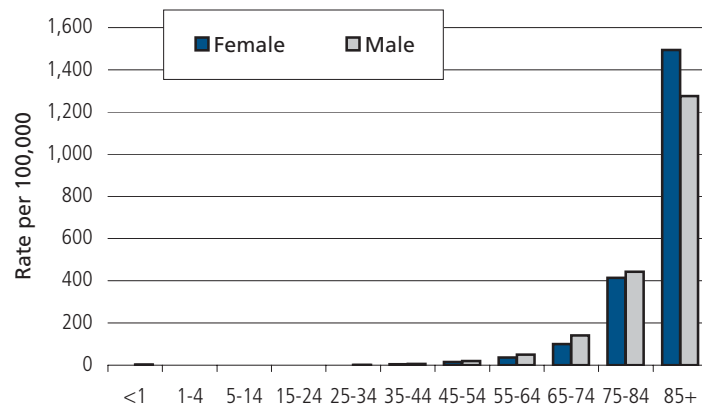
Figure 23: Stroke Mortality by Race/Ethnicity



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

There are very few stroke deaths before the age of 45. In Alameda County stroke mortality increased sharply with age among the elderly. Rates were about 40% higher among males than females until 85 years of age when the female rate was highest.

Figure 24: Stroke Mortality by Age Group



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 44 on the next page shows that in most cities, male rates of stroke mortality exceeded female rates. Exceptions were Fremont and Union City.

In those cities for which rates could be presented – Berkeley, Hayward, Oakland, and San Leandro – African American rates were 40% to 90% higher than the city rates (for all races combined). The highest rates were found among Asians in Newark (132.3); African Americans in San Leandro (114.5), Berkeley (103.3), Hayward (99.6), and Oakland (98.2); and Latinos in Castro Valley (100.8). All had stroke mortality rates that were two or more times higher than the HP2010 objective of no more than 48 per 100,000.

Table 44: Stroke Mortality by City and Region

	All		Female		Male		AfrAmer	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	2,225	56.1	1,334	54.2	891	57.2	511	97.0
Alameda	120	48.3	77	48.6	43	49.5	6	
Albany	22	44.1	12	39.8	10	55.6	<5	
Ashland	19	39.8	6		13	64.0	<5	
Berkeley	173	60.2	108	57.0	65	62.2	64	103.3
Castro Valley	119	53.8	72	50.3	47	57.6	<5	
Cherryland	25	71.0	19	88.9	6		<5	
Dublin	26	71.5	13	63.7	13	87.0	<5	
Emeryville	11	63.8	7		<5		<5	
Fairview	12	50.4	<5		8		<5	
Fremont	194	51.4	121	52.4	73	49.4	6	
Hayward	220	62.5	127	57.5	93	69.3	17	99.6
Livermore	62	47.3	36	43.6	26	52.8	<5	
Newark	47	66.5	22	52.0	25	91.8	5	
Oakland	781	70.9	476	69.1	305	71.7	374	98.2
Piedmont	14	37.9	11	48.2	<5			
Pleasanton	54	45.9	33	43.4	21	46.3	<5	
San Leandro	193	59.8	110	52.1	83	70.5	11	114.5
San Lorenzo	35	47.3	21	44.4	14	49.0	<5	
Sunol	<5				<5			
Union City	78	59.0	48	59.0	30	56.5	5	
Remainder of County	19	77.0	11	80.5	8		<5	
North County	195	57.6	120	54.2	75	61.4	65	102.4
Oakland Area	926	66.0	571	64.8	355	65.9	384	97.7
Central County	623	57.3	359	51.9	264	64.4	38	85.1
South County	320	54.6	191	53.5	129	55.6	16	115.1
Tri-Valley	142	49.8	82	46.4	60	54.1	6	

	Asian		Latino		White	
	#	Rate	#	Rate	#	Rate
Alameda County	331	45.3	158	45.2	1,202	51.7
Alameda	21	45.9			93	51.5
Albany	5		<5		14	34.2
Ashland	<5		<5		14	62.2
Berkeley	19	55.2	6		83	48.0
Castro Valley	7		12	100.8	95	50.5
Cherryland			<5		22	93.0
Dublin	<5		<5		22	74.6
Emeryville	<5				6	
Fairview					10	64.0
Fremont	47	62.1	26	73.1	111	46.1
Hayward	28	60.1	32	62.3	140	61.1
Livermore	<5		<5		53	46.8
Newark	19	132.3	7		16	43.2
Oakland	122	64.8	34	41.2	243	52.8
Piedmont	<5				13	40.4
Pleasanton			<5		51	49.5
San Leandro	19	55.2	19	66.2	142	56.6
San Lorenzo	5		<5		28	47.0
Sunol					<5	
Union City	28	55.3	11	51.4	31	58.1
Remainder of County	<5		<5		14	71.3
North County	24	60.2	8		97	45.3
Oakland Area	145	61.0	34	35.3	355	52.2
Central County	60	53.6	67	58.1	451	56.8
South County	94	67.2	44	61.1	159	47.7
Tri-Valley	6		<5		126	51.1

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Cancer

Cancer is a large group of diseases in which abnormal cells divide uncontrollably. Cancer cells differ from normal cells in size and in function. They 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 556,902 deaths from cancer in 2003. Cancer is the second leading cause of death in the United States, accounting for 23% of all deaths. The age-adjusted death rate in the United States in 2003 was 190.1 per 100,000.³ In California it was 164.1 for the period 2002-2004.⁴ Both national and state rates exceeded the HP2010 objective of 159.9 or fewer cancer deaths per 100,000.⁵ Nationally, about 1.44 million new cancer cases are expected to be diagnosed in 2007.⁶

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.⁷ An examination of national figures for four major cancer sites revealed disparities between White and African American populations.^{3,7-10} 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.

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 death rate from lung cancer is the third highest among American Indian/Alaska Natives after African Americans and Whites.^{7,10}

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.¹¹ 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.¹²

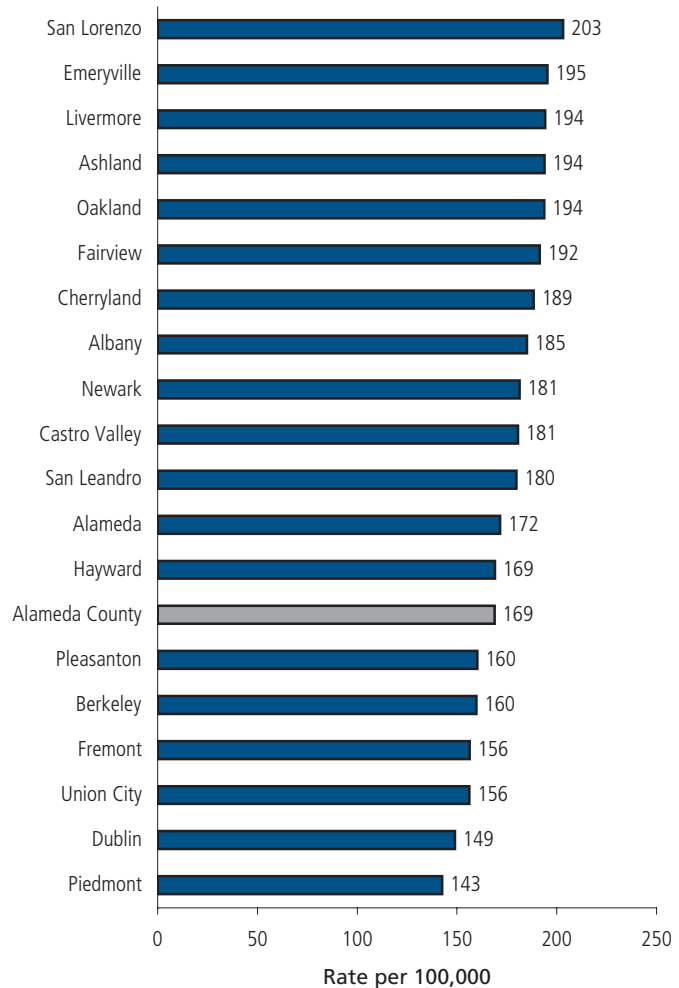
Many cancers can be cured if detected early and treated promptly. Cancers that can be detected by screening account for about half of all new cancer cases. The five-year relative survival rate for all cancers diagnosed between 1996 and 2002 was 66%, up from 50% in 1975-1977.⁶ In addition, some cancers can be prevented by lifestyle changes. Maintaining a healthy weight, exercising regularly, and not smoking can reduce an individual's risk of cancer substantially.¹³

Cancer Mortality

From 2002 to 2004, there were 6,721 cancer deaths from all types in Alameda County, an average of 2,240 deaths per year. The age-adjusted death rate was 168.9 per 100,000 population. This rate exceeded the HP2010 objective of 159.9 or fewer cancer deaths per 100,000.

The cancer death rate ranged from a low of 143 per 100,000 in Piedmont to a high of 203 in San Lorenzo. Other cities with cancer death rates above the county rate were Emeryville, Livermore, Ashland, and Oakland. Piedmont, Dublin, Union City, Fremont, Berkeley, and Pleasanton have met (or nearly met) the HP2010 objective of 159.9 or less.

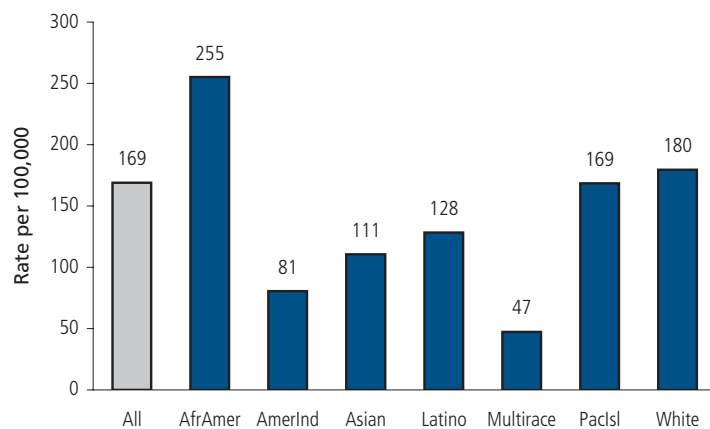
Figure 25: Cancer Mortality by City



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

African Americans had the highest rate of cancer mortality in Alameda County, 255 per 100,000 population. This rate was more than twice the rates for Asians and Latinos, five times the rate for the multiple race group, and three times the rate for American Indians. The rate for American Indians may not be reliable since it was based on relatively small numbers. American Indians, Asians, Latinos, and those of multiple race have met the HP2010 objective of no more than 159.9 deaths per 100,000.

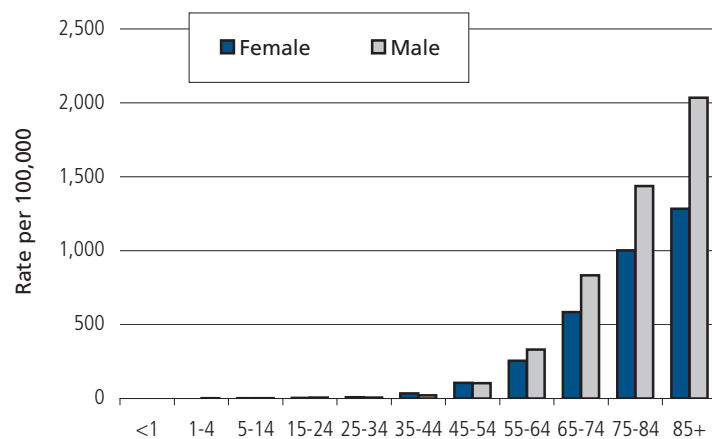
Figure 26: Cancer Mortality by Race/Ethnicity



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Cancer kills people of all ages, but it largely affects people over the age of 35. As age increases so do cancer mortality rates, more so for males than females above the age of 55. In the 55-64 age group, the male rate was 30% above the female rate. The difference increased with age up to 60% for the age group 85 and older.

Figure 27: Cancer Mortality by Age Group



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 45 on the next page shows that males in all but two cities had cancer mortality rates substantially above female rates, generally 40% to 70% higher. The exceptions were Emeryville and Fairview.

The highest rate was found among African Americans in Emeryville (372.4 per 100,000). African Americans had the highest rates in every city for which rates could be presented. The exception was Union City, where the White rate of 206.2 was highest.

Table 45: Cancer Mortality by City and Region

	All		Female		Male		AfrAmer	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	6,721	168.9	3,369	147.8	3,352	199.9	1,369	255.1
Alameda	411	171.6	222	159.5	189	197.6	26	328.0
Albany	87	185.0	40	146.5	47	243.7	5	
Ashland	92	193.8	42	152.2	50	248.3	15	304.5
Berkeley	441	159.7	241	148.9	200	178.9	143	250.0
Castro Valley	371	180.6	210	180.4	161	190.7	13	247.9
Cherryland	60	188.5	26	150.3	34	243.8	<5	
Dublin	74	148.9	31	101.3	43	224.8	<5	
Emeryville	37	195.3	24	234.0	13	147.0	15	372.4
Fairview	51	191.5	29	202.8	22	178.3	7	
Fremont	706	156.3	342	135.2	364	186.2	20	311.9
Hayward	599	169.0	307	149.8	292	201.1	40	200.8
Livermore	303	194.2	147	164.9	156	237.0	5	
Newark	165	181.3	74	148.1	91	223.1	8	
Oakland	2,074	193.7	1,011	161.5	1,063	239.1	1,016	259.0
Piedmont	52	142.6	19	93.5	33	204.1		
Pleasanton	224	160.2	121	141.0	103	196.6	<5	
San Leandro	528	179.8	247	142.3	281	236.9	35	309.7
San Lorenzo	157	203.1	77	175.3	80	244.7	<5	
Sunol	8				5			
Union City	235	156.2	130	149.8	105	172.9	13	160.7
Remainder of County	45	177.6	26	184.7	19	173.8		
North County	528	163.3	281	148.5	247	188.4	148	248.9
Oakland Area	2,574	188.3	1,276	160.3	1,298	229.2	1,057	261.0
Central County	1,858	178.2	938	155.6	920	214.8	114	221.4
South County	1,114	160.0	549	140.0	565	189.1	41	246.1
Tri-Valley	601	173.9	299	147.4	302	217.3	9	

	Asian		Latino		White	
	#	Rate	#	Rate	#	Rate
Alameda County	898	110.7	515	128.3	3,865	179.6
Alameda	75	143.5	20	170.4	282	173.1
Albany	14	152.2	<5		65	203.2
Ashland	12	142.1	8		57	245.3
Berkeley	45	146.2	15	130.2	233	140.7
Castro Valley	24	135.3	24	183.8	308	185.1
Cherryland	<5		10	136.7	42	224.4
Dublin	8		7		58	154.1
Emeryville	<5		<5		19	160.9
Fairview	7		7		30	182.0
Fremont	119	99.8	61	134.9	494	188.4
Hayward	85	138.8	90	147.5	372	191.6
Livermore	12	140.7	10	114.3	275	209.2
Newark	34	172.3	27	147.3	93	198.7
Oakland	293	151.6	120	135.6	627	168.3
Piedmont	<5				49	159.2
Pleasanton	8		12	200.8	201	165.1
San Leandro	59	133.1	48	159.1	384	196.9
San Lorenzo	11	120.2	12	156.9	131	224.7
Sunol					7	
Union City	78	125.8	38	138.1	100	206.2
Remainder of County	5		<5		38	193.3
North County	59	151.2	17	110.9	298	150.2
Oakland Area	373	148.8	141	138.6	977	169.3
Central County	201	137.7	199	153.1	1,324	195.2
South County	231	115.2	127	139.3	694	192.4
Tri-Valley	28	128.9	29	150.4	534	183.5

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Lung Cancer

Lung cancer is caused by an uncontrolled growth of abnormal cells in lung tissue. Primary lung cancer originates in the lungs, while metastatic lung cancer spreads to the lungs from another organ. Classification is based on the type of cell the cancer originates from and is broken down into two groups: small cell lung cancer and non-small cell lung cancer. The majority of lung cancer patients are non-small cell lung cancers. The most common form of lung cancer, squamous cell carcinoma, originates in the bronchi and is slow to spread to other parts of the body. About 20% to 25% of lung cancer cases are caused by small cell carcinomas. Small cell lung cancer is more likely to spread to other parts of the body than non-small cell lung cancer.^{1,2}

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 158,000 people in the United States died of lung cancer in 2003.³ The American Cancer Society estimates that approximately 213,380 new cases of lung cancer will be diagnosed in the United States in 2007.⁶ Although there has been some progress in treatment of lung cancer, the chances of full recovery are very low because a large proportion of cases are diagnosed at an advanced stage. Only about 16% of those treated for lung cancer survive five or more years.⁶

Nationally, the age-adjusted lung cancer death rate in 2003 was 54.1 deaths per 100,000 population.³ In California, it was 41.8 for the period 2002-2004.⁴ The national rate exceeds the Healthy People 2010 objective of 44.9 or fewer lung cancer deaths per 100,000 while the state rate meets the objective.⁵

While the lung cancer death rate has declined since 1990 among males, it has continued to increase among females. Since 1987, more females have died from lung cancer than from breast cancer.⁵ Age-adjusted lung cancer death rates are more than 30% higher among African American males than White males.^{3,7,10} Part of this racial difference is attributed to factors associated with poverty.¹⁴

During the last 50 years patterns of lung cancer mortality among males changed dramatically. Early on, lung cancer mortality was higher among men in wealthier areas. However, by the early 1970s, the pattern reversed and men from poor areas had the higher rates.¹⁵

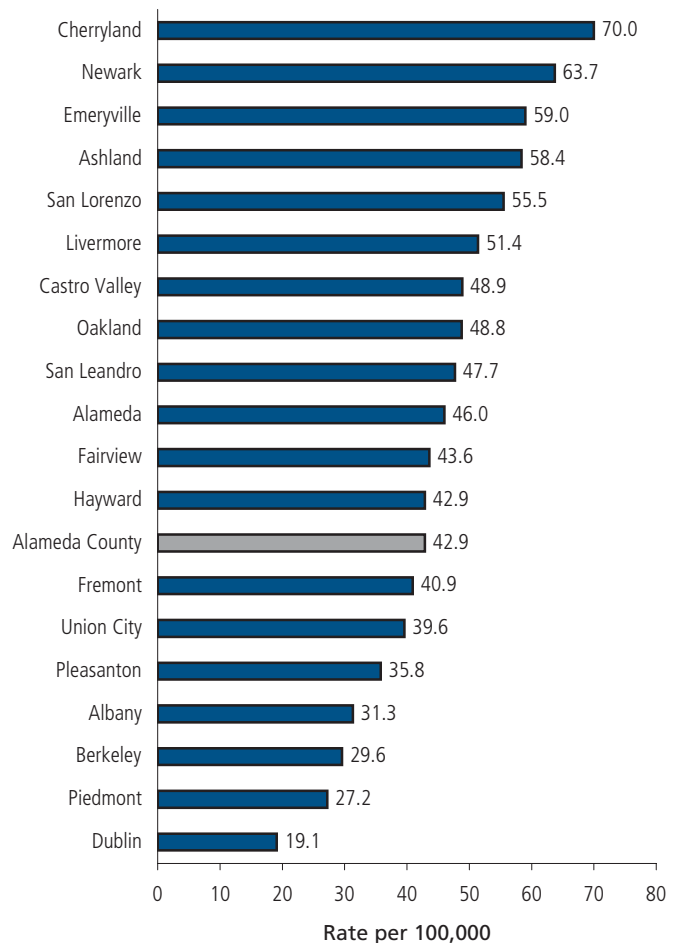
These racial and socioeconomic inequities will likely widen in the future if current racial and socioeconomic differences in smoking, dietary patterns, cancer screening, and cancer survival persist or increase.^{15, 16}

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.^{17, 18} Although per-capita cigarette consumption is currently lower than at any point since World War II, an estimated 25% of men and 20% of women still smoke cigarettes, and approximately 82% of these people are still smoking daily.¹⁹ Thus, preventing and reducing cigarette smoking is key to reducing illness and death from lung cancer.

Lung Cancer Mortality

From 2002 to 2004, there were 1,676 lung cancer deaths in Alameda County, an average of 559 deaths per year. The death rate was 42.9 per 100,000 population, below the HP2010 objective of 44.9 or fewer lung cancer deaths per 100,000. The rate ranged from a low of 19.1 per 100,000 in Dublin to a high of 70.0 in Cherryland. Other cities with higher rates were Newark, Emeryville, Ashland, San Lorenzo, Livermore, Castro Valley, Oakland, San Leandro, and Alameda. All exceeded the HP2010 objective of 44.9 or less.

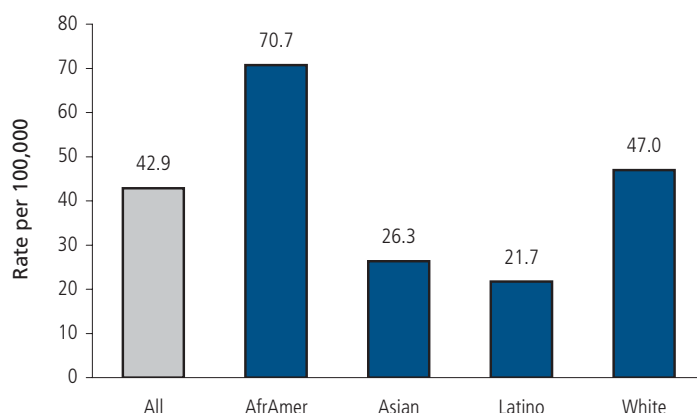
Figure 28: Lung Cancer Mortality by City



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

The lung cancer death rate among African Americans was significantly higher than any other racial/ethnic group (70.7 per 100,000); about three times Asian and Latino rates. Asians and Latinos have met the HP2010 objective of no more than 44.9 deaths per 100,000.

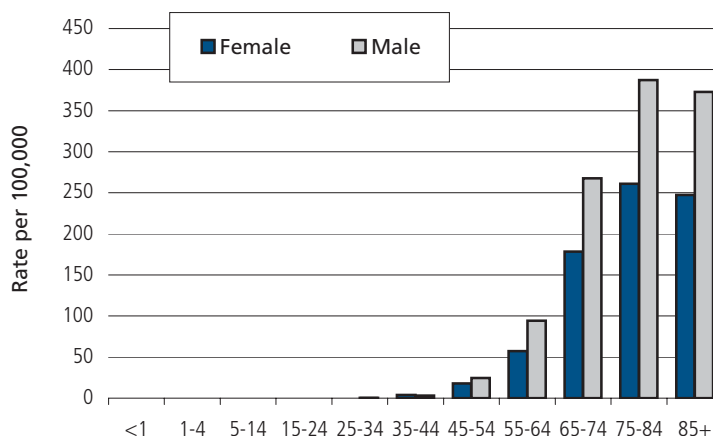
Figure 29: Lung Cancer Mortality by Race/Ethnicity



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

There are almost no lung cancer deaths in Alameda County below the age of 35. Rates increase sharply between the ages of 35 and 84 years. Male lung cancer rates were 40% to 60% higher than female rates, especially above 45 years of age. The highest rates were found among males over 75 years of age.

Figure 30: Lung Cancer Mortality by Age Group



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 46 on the next page shows that in all Alameda County cities, the lung cancer death rate was higher among males than females, generally by 20% to 50%. However, in Ashland and Pleasanton, male rates were nearly twice the female rates.

Rates by race/ethnicity tend to be sparse as the numbers of lung cancer deaths are relatively small. Rates among Latinos and most Asians met the HP2010 objective of 44.9, as did Whites in several cities. The highest rates were found among African Americans in Alameda (127.4) and Oakland (74.9), as well as Whites in Cherryland (97.1) and Newark (79.2). All were well above the HP2010 objective.

Table 46: Lung Cancer Mortality by City and Region

	All		Female		Male		AfrAmer	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	1,676	42.9	788	35.3	888	53.0	378	70.7
Alameda	108	46.0	58	43.3	50	51.4	10	127.4
Albany	14	31.3	5		9		<5	
Ashland	27	58.4	11	41.9	16	81.2	7	
Berkeley	81	29.6	39	24.3	42	35.9	24	39.8
Castro Valley	99	48.9	51	44.1	48	56.0	<5	
Cherryland	22	70.0	8		14	103.4		
Dublin	11	19.1	5		6			
Emeryville	11	59.0	6		5		6	
Fairview	11	43.6	6		5			
Fremont	180	40.9	80	32.7	100	51.9	6	
Hayward	151	42.9	71	34.7	80	54.6	9	
Livermore	78	51.4	42	48.2	36	56.4	<5	
Newark	56	63.7	25	51.3	31	79.0	<5	
Oakland	515	48.8	231	37.6	284	63.8	295	74.9
Piedmont	10	27.2	8		<5			
Pleasanton	48	35.8	23	26.3	25	52.1		
San Leandro	139	47.7	62	36.5	77	64.7	6	
San Lorenzo	44	55.5	21	45.8	23	71.1		
Sunol	<5				<5			
Union City	60	39.6	30	35.7	30	44.7	5	
Remainder of County	9		5		<5			
North County	95	29.9	44	23.3	51	37.9	25	40.0
Oakland Area	644	47.8	303	38.8	341	59.9	311	76.6
Central County	493	47.6	230	38.3	263	61.3	26	49.0
South County	298	43.7	136	35.8	162	54.2	15	70.2
Tri-Valley	137	41.0	70	35.4	67	49.6	<5	

	Asian		Latino		White	
	#	Rate	#	Rate	#	Rate
Alameda County	207	26.3	81	21.7	992	47.0
Alameda	21	41.8	<5		70	45.0
Albany	<5				12	39.9
Ashland	<5		<5		16	64.8
Berkeley	5		<5		47	28.5
Castro Valley	8		5		81	49.6
Cherryland	<5		<5		18	97.1
Dublin	<5				9	
Emeryville					5	
Fairview	<5		<5		8	
Fremont	23	19.6	12	29.0	136	52.4
Hayward	16	28.2	13	22.2	107	56.1
Livermore	<5		<5		73	56.6
Newark	11	56.7	<5		37	79.2
Oakland	69	36.1	16	17.9	134	36.9
Piedmont	<5				9	
Pleasanton	<5		<5		45	38.3
San Leandro	20	44.3	8		105	53.6
San Lorenzo	<5		<5		40	64.9
Sunol					<5	
Union City	17	25.8	8		29	61.9
Remainder of County					9	
North County	6		<5		59	30.1
Oakland Area	91	36.9	19	19.2	218	39.0
Central County	52	37.1	32	25.7	375	55.5
South County	51	25.5	24	28.8	204	57.2
Tri-Valley	7		<5		127	44.6

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Colorectal Cancer

Colorectal cancer is caused by abnormal tissue growth in the colon or rectum that is malignant. 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.^{18, 20-23} However, only 39% of cases are diagnosed at this early stage.⁶

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.^{18,20,21} It is estimated that approximately 153,760 new colorectal cancer cases will be diagnosed in 2007 and that 52,180 Americans will die of colorectal cancer in 2007.⁶

Nationally, there were 55,958 deaths from colorectal cancer in 2003 and the age-adjusted death rate was 19.1 deaths per 100,000.³ In California, the rate was 18.1 per 100,000 during the period 1997-2001.²⁴ Both the national and state rates exceed the HP2010 objective of 13.9 or fewer deaths per 100,000.⁵

For males, incidence rates of colorectal cancer have declined over the past ten years for every racial/ethnic group except Latinos. For females, incidence rates have stabilized in every racial/ethnic group. Mortality rates have steadily declined for both males and females.²¹

The risk of developing colorectal cancer increases with 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.^{1,6,20,21}

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.²⁰⁻²³ Despite the proven effectiveness and availability of various screening tests, colorectal cancer screening is not widely used.^{21,22,25}

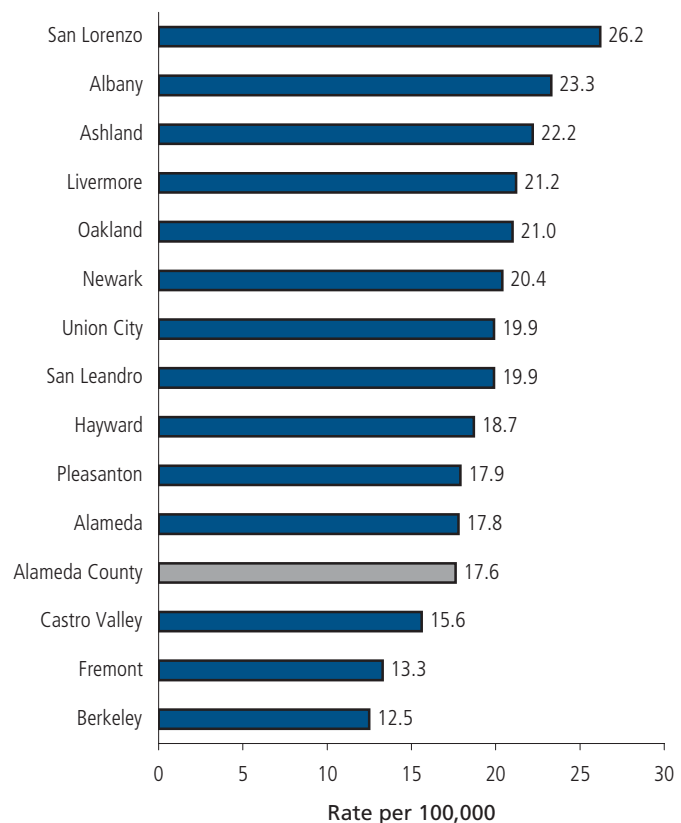
Both incidence and mortality rates of colorectal cancer are highest among African American males and females.⁷ Studies show that African Americans were more likely to be diagnosed after the disease had spread beyond the colon and were less likely to receive recommended treatment and therapy.^{21,26,27}

Colorectal Cancer Mortality

From 2002 to 2004, there were 699 colorectal cancer deaths in Alameda County, an average of 233 deaths per year. The age-adjusted death rate was 17.6 per 100,000 population. This rate exceeded the HP2010 objective of 13.9 or fewer colorectal cancer deaths per 100,000.

The colorectal cancer mortality rate ranged from a low of 12.5 per 100,000 in Berkeley to a high of 26.2 in San Lorenzo. All cities except Fremont, and Berkeley exceeded the HP2010 objective of 13.9 or less.

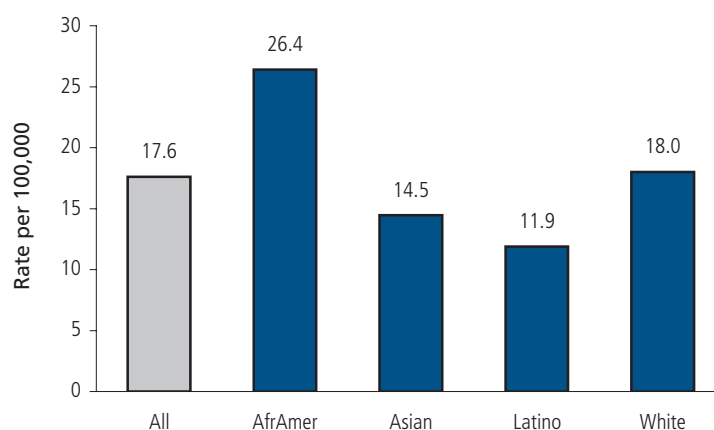
Figure 31: Colorectal Cancer Mortality by City



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

African Americans had the highest colorectal cancer death rate of any racial/ethnic group (26.4 per 100,000) while Latinos experienced the lowest rate (11.9). The African American rate was about twice those for Latinos and Asians. Latinos met the HP2010 objective of no more than 13.9 deaths per 100,000.

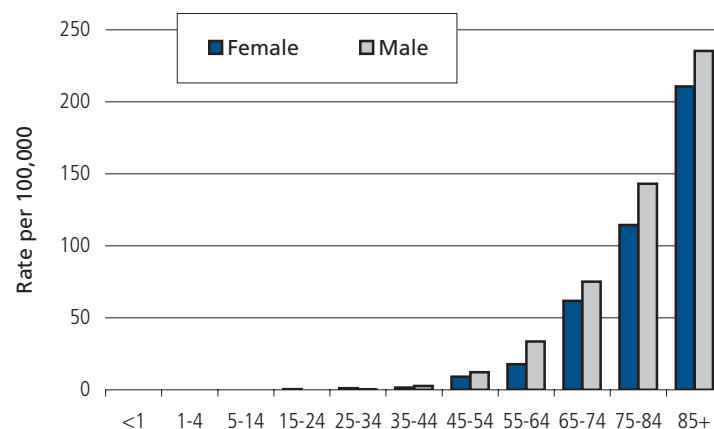
Figure 32: Colorectal Cancer Mortality by Race/Ethnicity



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Colorectal cancer mortality increased steadily with age and was higher among males than females in every age group.

Figure 33: Colorectal Cancer Mortality by Age Group



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 47 on the next page shows that in most Alameda County cities, the colorectal cancer death rate was higher among males than females. Exceptions were Berkeley and Castro Valley. In Livermore and San Leandro, the male rates were almost twice the female rates.

Few cities in the county had numbers sufficient to calculate rates by race/ethnicity. The rates for African Americans in Oakland and Whites in San Lorenzo (27.5 and 27.8, respectively) were twice the HP2010 objective of no more than 13.9 per 100,000. The only rates presented that fell below the objective were for Asians in Fremont and Whites in Berkeley.

Table 47: Colorectal Cancer Mortality by City and Region

	All		Female		Male		AfrAmer	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	699	17.6	363	15.7	336	20.1	141	26.4
Alameda	43	17.8	23	16.3	20	20.1	5	
Albany	10	23.3	5		5			
Ashland	11	22.2	<5		7		<5	
Berkeley	35	12.5	24	14.4	11	10.7	7	
Castro Valley	33	15.6	23	18.7	10	11.4	<5	
Cherryland	<5		<5		<5			
Dublin	7		<5		5			
Emeryville	8		<5		<5		<5	
Fairview	5		<5		<5			
Fremont	57	13.3	26	10.8	31	16.3	<5	
Hayward	66	18.7	37	17.7	29	20.6	<5	
Livermore	33	21.2	13	14.9	20	28.6	<5	
Newark	15	20.4	8		7		<5	
Oakland	226	21.0	115	17.7	111	25.0	106	27.5
Piedmont	6		<5		5			
Pleasanton	25	17.9	13	15.8	12	20.9		
San Leandro	60	19.9	29	14.5	31	26.5	7	
San Lorenzo	19	26.2	10	23.7	9			
Sunol								
Union City	29	19.9	16	18.4	13	22.3		
Remainder of County	8		6		<5			
North County	45	14.0	29	15.4	16	12.9	7	
Oakland Area	283	20.5	143	17.4	140	24.6	114	28.6
Central County	197	18.7	107	16.7	90	21.3	15	32.8
South County	101	15.3	50	13.2	51	17.8	<5	
Tri-Valley	65	19.1	28	14.4	37	25.3	<5	

	Asian		Latino		White	
	#	Rate	#	Rate	#	Rate
Alameda County	114	14.5	45	11.9	393	18.0
Alameda	7		<5		29	17.6
Albany	<5				5	
Ashland	<5		<5		6	
Berkeley	9		<5		18	11.3
Castro Valley			<5		30	17.3
Cherryland					<5	
Dublin	<5				5	
Emeryville	<5		<5		<5	
Fairview			<5		<5	
Fremont	10	10.6	5		39	14.9
Hayward	10	20.4	10	16.1	41	20.0
Livermore	<5				30	23.1
Newark	<5		<5		9	
Oakland	38	19.4	9		71	18.0
Piedmont	<5				5	
Pleasanton	<5		<5		23	18.9
San Leandro	7		6		40	19.7
San Lorenzo	<5		<5		16	27.8
Sunol						
Union City	14	20.7	<5		11	23.2
Remainder of County	<5				6	
North County	13	33.2	<5		23	12.3
Oakland Area	47	18.7	11	12.0	108	17.9
Central County	20	17.2	22	17.8	139	19.4
South County	27	14.6	10	11.3	59	16.6
Tri-Valley	5		<5		58	20.3

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Female Breast Cancer

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. The earlier breast cancer is discovered, the greater the chance for survival.^{1,2}

Breast cancer is the second leading cause of cancer death among women and the most commonly diagnosed cancer among women in the United States.⁶ 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. Estrogen therapy and diet are also associated with breast cancer.^{1,2,12}

Seventy percent of all diagnosed cases of breast cancer are among women 50 years or older. The American Cancer Society estimates that approximately 178,480 American women will be diagnosed with breast cancer in 2007 and about 40,460 women will die from the disease.⁶

In 2003, breast cancer killed 41,620 women in the United States.³ The age-adjusted death rate from breast cancer among U.S. women was 25.3 per 100,000. At the national level, breast cancer death rates are more than 30% higher among African American women than among White women.^{3,7,10} In California, the breast cancer death rate was 22.8 per 100,000 women for the period 2002-2004.⁴ Both the national and state rates exceed the HP2010 objective of no more than 22.3 per 100,000 women.⁵

Breast cancer can be detected early through a combination of regular self-breast examination, clinical breast examination, and mammography. It is estimated that timely mammography screening among women older than age 40 could prevent 15% to 30% of all deaths from breast cancer.¹²

According to the National Health Interview Survey, there was a significant increase in the percentage of women aged 40 and older who reported having had a mammogram within the past two years during the last decade.²⁸

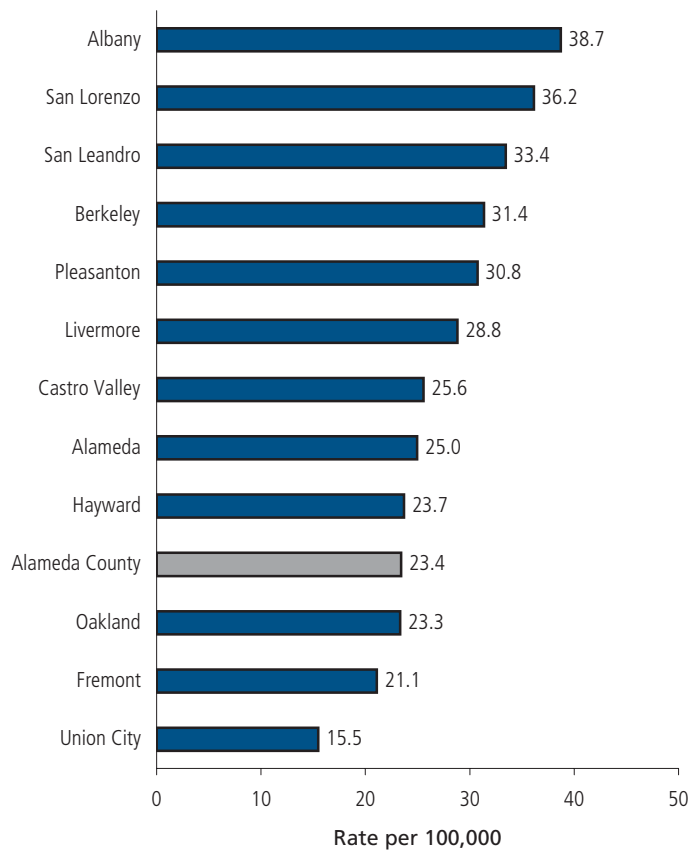
Since 1990, the breast cancer death rate has decreased for White females. There are no clear downward trends for other racial/ethnic groups. Deaths due to breast cancer for African Americans continued to increase until 1995 and then showed a gradually decreasing trend. However, for other racial/ethnic groups the death rates leveled off since the mid-1990s.^{8,9} This difference may be due to the fact that breast cancer tends to be diagnosed at later stages in African Americans and Hispanics compared to non-Hispanic White females.^{5,14,29} Also, African American and Hispanic women may be less likely to be screened for breast cancer, and they may be more likely to delay seeking treatment once symptoms are present.^{14,30} Other studies also suggest that the racial differences in breast cancer survival decrease when socioeconomic factors are taken into account.^{31,32}

Female Breast Cancer Mortality

From 2002 to 2004, there were 540 female breast cancer deaths in Alameda County, an average of 180 deaths per year. The death rate was 23.4 per 100,000 population. This rate exceeded the HP2010 objective of 22.3 or fewer breast cancer deaths per 100,000.

The breast cancer death rate ranged from a low of 15.5 per 100,000 in Union City to a high of 38.7 in Albany. Other cities with high rates were San Lorenzo, San Leandro, Berkeley, and Pleasanton. Union City and Fremont have met the HP2010 objective of 22.3 or less.

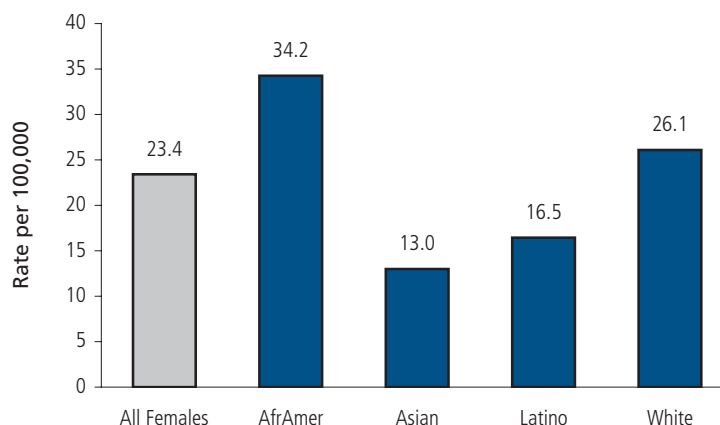
Figure 34: Female Breast Cancer Mortality by City



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

African Americans had the highest breast cancer death rate in Alameda County (34.2 per 100,000), followed by Whites (26.1). The Asian and Latina rates were less than half the African American rate. In addition, Asians and Latinas were the only racial/ethnic groups to meet the HP2010 objective of no more than 22.3 deaths per 100,000.

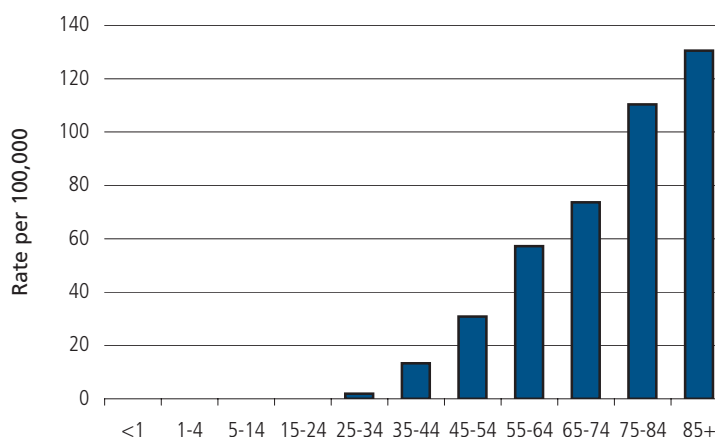
Figure 35: Female Breast Cancer Mortality by Race/Ethnicity



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

There were no female breast cancer deaths below the age of 25 in Alameda County from 2002-2004. After age 35, the breast cancer death rate increased steadily with age.

Figure 36: Female Breast Cancer Mortality by Age Group



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 48 on the next page shows that most cities did not have sufficient numbers of breast cancer deaths to calculate rates by race/ethnicity. The highest rates found were among African American women in Berkeley (70.4) and White women in San Leandro and San Lorenzo (43.4 and 41.0, respectively). Most of the rates (except Asians) presented in the table were above the HP2010 objective of no more than 22.3 per 100,000 women. However, most were based on relatively small numbers and may vary over time.

Table 48: Female Breast Cancer Mortality by City and Region

	All Female		AfrAmer		Asian		Latino		White	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	540	23.4	112	34.2	64	13.0	41	16.5	315	26.1
Alameda	35	25.0	<5		5		<5		26	27.3
Albany	10	38.7			<5				9	
Ashland	<5				<5				<5	
Berkeley	50	31.4	21	70.4	5		<5		21	22.3
Castro Valley	28	25.6	<5		<5		<5		22	25.6
Cherryland	<5		<5						<5	
Dublin	8						<5		7	
Emeryville	<5		<5						<5	
Fairview	<5						<5		<5	
Fremont	58	21.1	<5		14	16.0	<5		39	26.1
Hayward	48	23.7	<5		8		9		27	24.2
Livermore	27	28.8	<5		<5		<5		23	29.5
Newark	9				<5		<5		<5	
Oakland	143	23.3	72	30.9	14	12.7	8		44	21.1
Piedmont	<5								<5	
Pleasanton	27	30.8	<5		<5		<5		23	31.4
San Leandro	50	33.4	5		<5		<5		37	43.4
San Lorenzo	15	36.2	<5		<5				12	41.0
Sunol										
Union City	15	15.5	<5		<5		<5		6	
Remainder of County	<5								<5	
North County	60	32.3	21	67.8	6		<5		30	26.9
Oakland Area	184	23.5	75	31.1	19	13.2	9		75	22.9
Central County	150	26.2	12	28.4	16	17.3	15	19.2	104	30.0
South County	82	18.9	<5		20	13.6	11	17.7	49	23.6
Tri-Valley	62	28.4	<5		<5		<5		53	29.5

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Prostate Cancer

Prostate cancer is caused by malignant, abnormal tissue growth 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 2007, there will be approximately 218,890 new cases of prostate cancer and 27,050 deaths from the disease.⁶

Nationally, the age-adjusted prostate cancer death rate in 2003 was 26.5 deaths per 100,000 males; 29,554 men died from the disease.³ About 70% of prostate cancer cases are diagnosed among men who are 65 years or more.³³ In California, the age-adjusted prostate cancer death rate was 28.0 per 100,000 during the period 1997-2001.²⁴ Both national and state rates were slightly lower than the Healthy People 2010 objective of no more than 28.8 per 100,000 men.⁵

Since 1990 there has been a gradual decline in the prostate cancer death rate among all racial/ethnic groups monitored. This trend is more notable among Whites than among African Americans.^{8,29,33} The death rate for African American men continues to be two times higher than that for White men.^{3,7,10}

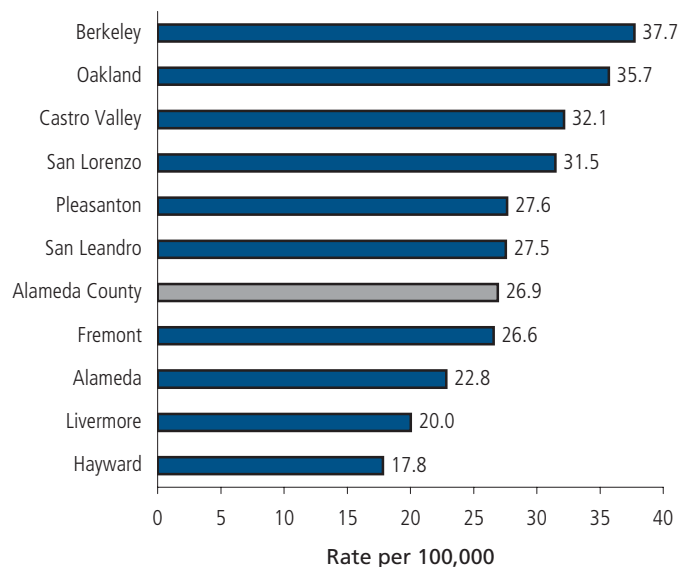
The declining trend might be attributed to technological advances in medicine and early screening for prostate cancer, known as prostate-specific antigen (PSA) testing.^{29,33} From a public health perspective, the effectiveness of PSA screening in reducing mortality has not yet been clearly demonstrated because the test produces a large number of false positives.³³

Prostate Cancer Mortality

There were 403 prostate cancer deaths in Alameda County from 2002 to 2004, an average of 134 deaths per year. The age-adjusted prostate cancer death rate was 26.9 per 100,000 population. This rate has met the HP2010 objective of 28.8 or fewer prostate cancer deaths per 100,000.

The age-adjusted prostate cancer death rate was highest in Berkeley, followed by Oakland, Castro Valley, and San Lorenzo. All other cities have met the HP2010 objective of 28.8 or less.

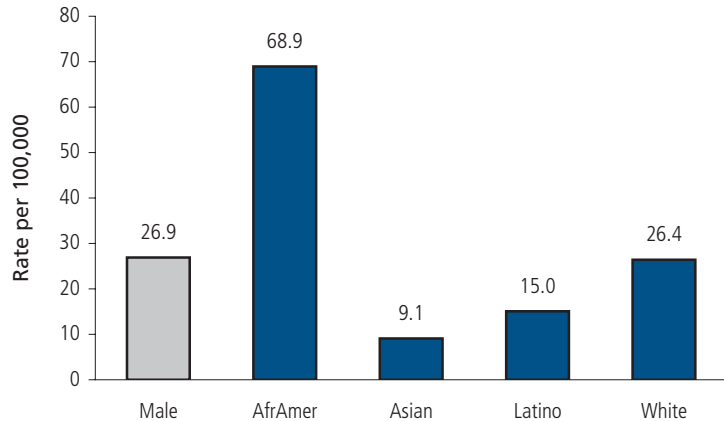
Figure 37: Prostate Cancer Mortality by City



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

The mortality rate of prostate cancer among African Americans was significantly higher than any other racial/ethnic group. The rate for African Americans was over seven times the Asian rate, over 4.5 times the Latino rate, and 2.5 times the White rate. African Americans were the only racial/ethnic group that did not meet the HP2010 objective of no more than 28.8 deaths per 100,000.

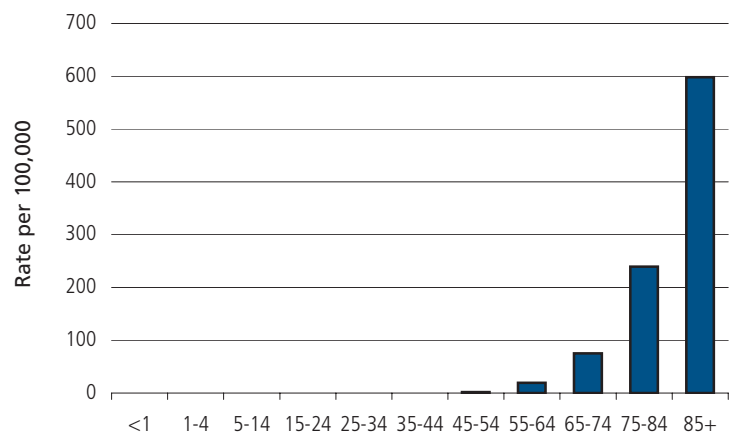
Figure 38: Prostate Cancer Mortality by Race/Ethnicity



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Prostate cancer mortality increased steeply with age. The rate among men 85 years and older was the highest, 598 per 100,000.

Figure 39: Prostate Cancer Mortality by Age Group



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 49 on the next page shows that most cities did not have sufficient numbers of prostate cancer deaths to calculate rates by race/ethnicity. The highest rates found were among African American men in Berkeley and Oakland (105.6 and 61.6, respectively). White men in Alameda, Castro Valley, Oakland, and San Lorenzo had moderately high rates, all of which exceeded the HP2010 objective of no more than 28.8 per 100,000 men. Most of the rates in the table were based on relatively small numbers and may vary over time.

Table 49: Prostate Cancer Mortality by City and Region

	Male		AfrAmer		Asian		Latino		White	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	403	26.9	125	68.9	25	9.1	20	15.0	229	26.4
Alameda	20	22.8			<5				19	29.5
Albany	9								9	
Ashland	<5								<5	
Berkeley	37	37.7	21	105.6	<5				13	20.5
Castro Valley	25	32.1	<5				<5		23	34.5
Cherryland	<5		<5						<5	
Dublin	<5						<5		<5	
Emeryville	<5								<5	
Fairview	<5		<5						<5	
Fremont	39	26.6	<5		8		<5		25	27.6
Hayward	24	17.8	5		<5		<5		15	18.2
Livermore	10	20.0	<5						9	
Newark	6		<5		<5		<5		<5	
Oakland	146	35.7	86	61.6	10	13.2	<5		46	29.8
Piedmont	6								6	
Pleasanton	11	27.6			<5				10	28.3
San Leandro	33	27.5	<5				<5		25	28.5
San Lorenzo	10	31.5							10	40.5
Sunol										
Union City	9		<5				<5		<5	
Remainder of County	<5								<5	
North County	46	39.4	21	102.1	<5				22	28.4
Oakland Area	174	33.4	86	59.8	11	11.8	<5		73	30.7
Central County	100	24.6	12	104.2	<5		<5		79	27.2
South County	54	24.3	5		10	18.6	<5		30	25.0
Tri-Valley	25	23.8	<5		<5		<5		21	25.2

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Mental Disorders

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 any of the collection of mental disorders. “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 racial/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.² Difficulty accessing care and lower quality of care result in less effective treatment for mental disorders and a disproportionate burden of disability and lost productivity.² Studies shows that only 17% of Asian Americans/Pacific Islanders with mental problems sought care.³ Among Asian Americans/Pacific Islanders who use services, severity of disturbance tends to be high, perhaps due to postponement in seeking treatment. Shame and stigma are believed to be major reason for the lower utilization rate of services.³

Mental illness is the second leading cause of disability and premature mortality, after cardiovascular disease, in the United States and 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 effect the illnesses have on families and others who are close.^{4,5} 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.⁶ 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. A depressive disorder is an illness that involves the body, mood, and thoughts. People with a depressive illness cannot merely “pull themselves together” and get better. Without treatment, symptoms can last for weeks, months, or years.⁷

According to 2005 National Survey on Drug Use and Health, there were 30.8 million adults (14.2% of persons aged 18 or older) who had at least one major depressive episode in their lifetime and 15.8 million adults (7.3% of persons aged 18 or older) who had at least one major depressive episode in the past year.⁸ Over 9% of women and 5% of men experienced major depression in the past year.⁸

Major depressive episode was defined as a period of at least two weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had symptoms that met the criteria for major depressive disorder. No exclusions were made for major depressive episode caused by medical illness, bereavement, or substance use disorders.⁸

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 any pleasure. Suicide can be the result of undiagnosed, untreated, or undertreated major depression.⁴

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.⁵

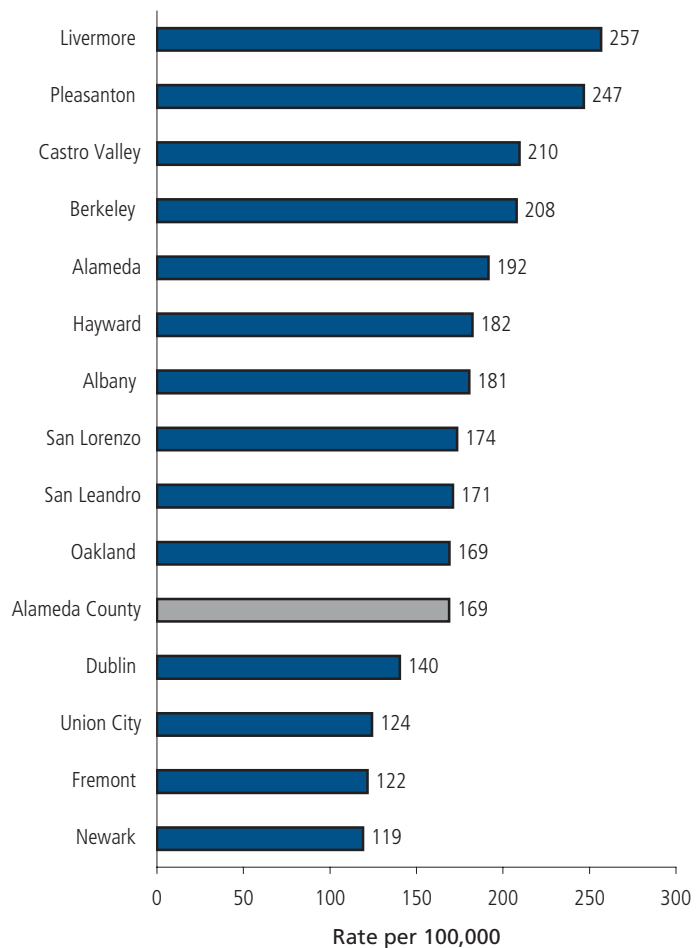
About one in five adults experience a mental disorder each year. Of these, about 15% have a co-occurring drug or alcohol use disorder. This coexistence makes treatment of either disorder more complicated. While treatment that addresses both problems at once is thought to be optimal, such options are often unavailable in community settings.¹ Treatments for mental disorders are becoming increasingly effective. There are two basic forms of treatment: 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.^{4,9}

Depression Hospitalization

From 2003 to 2005, there were 7,444 hospitalizations for depression in Alameda County, an average of 2,481 per year. The rate was 169 per 100,000 population.

Several cities – Livermore, Pleasanton, Castro Valley, Berkeley, and Alameda – had rates of hospitalization for depression that were significantly higher than the Alameda County rate of 169 per 100,000 population. The highest rates were found in Livermore (257) and Pleasanton (247). These were nearly 50% over the county rate and two times higher than Newark, which had the lowest rate (119 per 100,000).

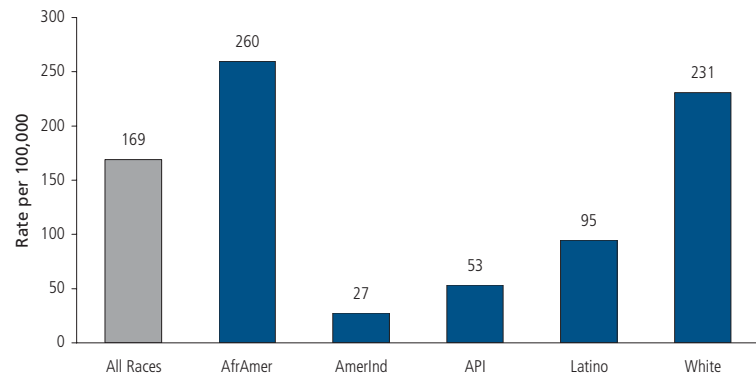
Figure 40: Depression Hospitalization by City



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

The depression hospitalization rate was highest among African Americans (260 per 100,000) followed by Whites (231); both were much higher than American Indian, Asian/Pacific Islander, or Latino rates (27, 53, and 95, respectively). The African American rate was 50% higher than the county rate, and the White rate was 37% higher. American Indians had the lowest rate.

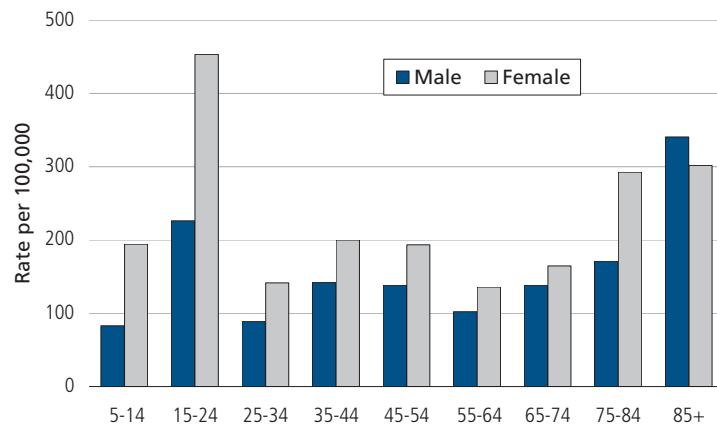
Figure 41: Depression Hospitalization by Race/Ethnicity



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

In Alameda County, the rate of hospitalization for depression was highest among females 15-24 years of age (453 per 100,000). Under age 25, female rates were twice the male rates; this difference decreased over age 25. Among elderly females ages 75-84 and 85 and older, the depression hospitalization rate rose to about 300 per 100,000. The rate rose to 340 per 100,000 among elderly males 85 years of age and older.

Figure 42: Depression Hospitalization by Age Group



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Table 50 on the next page shows that in all cities female depression hospitalization rates were higher than male rates, in most cases by 50% to 90%.

Across cities, Asian/Pacific Islander rates were uniformly lower than all others. African American and White rates were uniformly higher than Latino rates. The highest depression hospitalization rates were found among Whites in Sunol (736.4) and Hayward (307.5) and African Americans in Alameda (488.5), Berkeley (450.3), Castro Valley (420.8), and Newark (307.3).

Table 50: Hospitalization for Depression by City and Region

	All		Female		Male		AfrAmer	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	7,444	168.9	4,689	209.4	2,754	128.2	1,609	259.7
Alameda	413	191.6	267	239.9	146	139.8	67	488.5
Albany	82	180.5	44	194.1	38	176.7	9	
Berkeley	699	207.9	471	267.4	228	146.0	187	450.3
Castro Valley	335	209.6	221	274.3	114	148.9	23	420.8
Dublin	136	140.4	84	184.0	52	106.3	5	
Fremont	716	121.7	459	155.9	257	88.3	39	199.7
Hayward	962	182.4	567	215.3	395	147.8	159	248.8
Livermore	483	256.7	348	336.9	135	173.0	8	
Newark	160	119.2	101	150.2	59	89.5	18	307.3
Oakland	2,147	169.1	1,280	194.5	867	144.2	970	220.9
Pleasanton	399	246.6	271	311.0	128	188.9	<5	
San Leandro	504	171.2	313	209.9	191	133.7	78	212.6
San Lorenzo	136	173.5	85	215.7	51	132.2	6	192.2
Sunol	19	828.3	17	1,691.9	<5		<5	
Union City	252	124.3	161	155.8	91	91.6	35	240.1
North County	781	199.6	515	250.9	266	147.1	196	447.9
Oakland Area	2,560	171.9	1,547	201.0	1,013	142.6	1,037	228.4
Central County	1,937	182.2	1,186	221.2	751	143.9	266	239.7
South County	1,147	123.1	738	157.2	409	89.6	93	225.6
Tri-Valley	1,018	234.9	703	303.2	315	169.7	17	82.9

	AmerInd		API		Latino		White	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	11	27.4	587	53.3	857	94.6	3,951	230.8
Alameda			23	37.7	42	227.9	250	243.5
Albany			8		6		53	219.5
Berkeley	<5		68	105.4	32	111.1	366	190.1
Castro Valley			14	60.3	24	128.6	260	246.6
Dublin			7		7		111	176.2
Fremont	<5		97	50.1	84	101.1	448	178.2
Hayward	<5		66	60.0	183	101.5	479	307.5
Livermore			11	78.4	32	151.3	407	280.5
Newark	<5		16	50.6	28	65.4	84	159.5
Oakland	5		171	78.4	254	95.1	643	211.5
Pleasanton			18	91.7	21	195.0	349	275.2
San Leandro	<5		41	65.6	78	120.7	278	233.6
San Lorenzo			12	79.9	17	92.5	96	267.4
Sunol					<5		14	736.4
Union City			35	36.1	46	91.0	113	264.6
North County	<5		76	92.9	38	115.0	419	188.5
Oakland Area	5		194	69.5	296	110.6	893	220.8
Central County	<5		133	62.6	302	107.2	1,113	269.2
South County	<5		148	44.9	161	93.5	659	189.2
Tri-Valley			36	79.8	60	146.1	867	265.1

Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Alcohol-Related Disorders

Alcohol use is very common in our society. Excessive alcohol consumption is the third leading lifestyle-related preventable cause of death after smoking, and poor diet/physical inactivity in the United States.^{1,2}

Nationwide, a total of 20,687 people died of alcohol-related causes in 2003.³ This category includes deaths from both dependent and non-dependent use of alcohol in addition to accidental poisoning by alcohol. If, in addition, those deaths that are indirectly related to alcohol are taken into account (i.e., those homicides, suicides, and accidental injuries that involve alcohol) then the number of deaths jumps three-fold, to approximately 75,000 deaths attributable to excessive alcohol use each year in the United States.⁴ These are referred to as actual causes of death. Alcohol-related deaths are about three times higher among males than females and about 40% higher among Latinos than Whites.³

Excessive alcohol use, either in the form of heavy drinking, binge drinking, or both, can lead to increased risk of health problems. The immediate health risks are mostly the result of binge drinking and include unintentional injuries, violence, risky sexual behavior, alcohol poisoning, and adverse pregnancy outcomes. Over time, excessive alcohol use can lead to the development of chronic diseases, such as cardiovascular diseases, cancers, liver diseases and cirrhosis, and gastrointestinal diseases. It also increases the risk of developing neurological, psychiatric, and social problems.⁵

Generally, a standard drink is any drink that contains about half an ounce of pure alcohol. This amount of pure alcohol is found in: 12 ounces of regular beer or wine cooler; eight ounces of malt liquor; five ounces of wine; 1.5 ounces of 80-proof distilled spirits or liquor. Heavy drinking is defined as drinking more than two drinks per day on average for men and more than one drink per day on average for women. Binge drinking is defined as drinking more than four drinks during a single occasion for men; more than three drinks during a single occasion for women.⁵

According to 2005 BRFSS survey, over half (55.6%) of the US adult population consumed alcohol in the past 30 days.⁶ About 4.9% drank heavily while 14.4% engaged in binge drinking. In California, 56.2% of the population consumed alcohol in the past 30 days. Over 6% of Californians drank heavily while 14.0% engaged in binge drinking.⁶

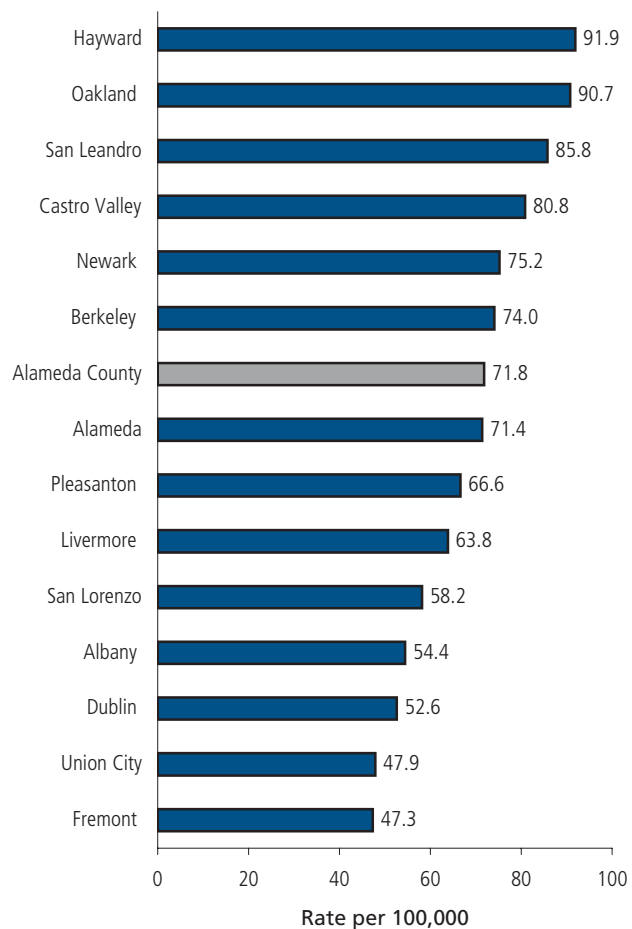
In 2003, there were approximately 424,000 hospitalizations among people 15 years of age and older with a principal alcohol-related diagnosis, and approximately 1.6 million people discharged from hospital with an associated (all-listed) alcohol-related diagnosis in the United States.⁷ Over four million people had emergency room visits for alcohol-related conditions.⁸

Alcohol-Related Hospitalization

From 2003 to 2005, there was an average of 1,110 alcohol-related hospitalizations per year in Alameda County. The rate was 72 per 100,000 population.

Hayward and Oakland had the highest alcohol-related hospitalization rates in Alameda County (91.9 and 90.7 per 100,000, respectively). These were significantly higher than the county rate of 71.8 per 100,000 and almost two times higher than Fremont and Union City which had the lowest rates (47.3 and 47.9, respectively). The cities of San Leandro, Castro Valley, Newark, and Berkeley all had rates above the county rate.

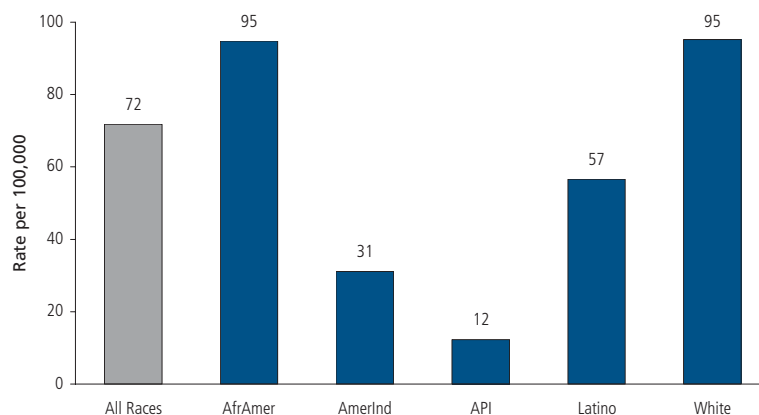
Figure 43: Alcohol-Related Hospitalization by City



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

The alcohol hospitalization rate was 95 per 100,000 for both African Americans and Whites, 30% higher than the county rate. Rates among the other race/ethnic groups were significantly lower: 57 for Latinos, 31 for American Indians, and 12 for Asian/Pacific Islanders.

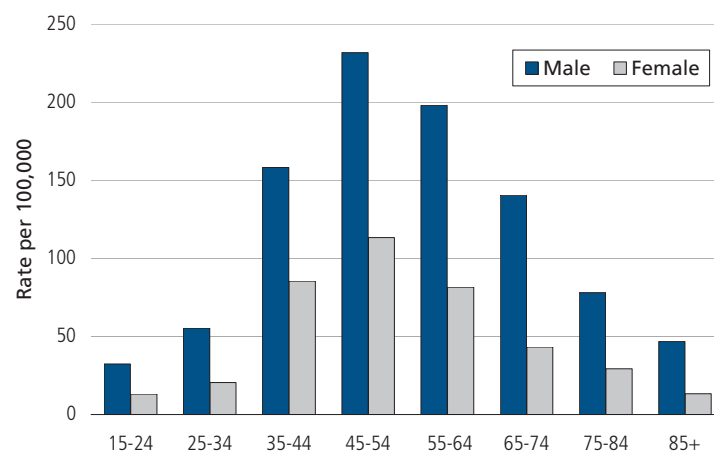
Figure 44: Alcohol-Related Hospitalization by Race/Ethnicity



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

In Alameda County, rates of hospitalization for an alcohol-related condition increased with age and peaked for both males and females in the 45-54 age group and then declined again with age. Male rates exceeded female rates by 2.5 to 3.5 times in nearly every age group. For instance, the rate of alcohol-related hospitalization was 231 per 100,000 males 45-54 years of age, two times higher than the female rate of 113 per 100,000.

Figure 45: Alcohol-Related Hospitalization by Age Group



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Table 51 on the next page shows that in most cities male alcohol hospitalization rates were two times higher than female rates. Exceptions were Dublin, Fremont, and Livermore where the differences were smaller.

Rates were lowest among Asian/Pacific Islanders in all cities with numbers sufficient to present rates. The highest rates of alcohol hospitalization were found among Whites in San Leandro (142.8), Hayward (133.1), Oakland (115.2), and Newark (108.1), as well as among African Americans in Alameda (133.0).

Table 51: Alcohol-Related Hospitalization by City and Region

	All		Female		Male		AfrAmer	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	3,331	71.8	1,087	45.6	2,244	99.9	584	94.8
Alameda	175	71.4	57	45.2	118	101.0	17	133.0
Albany	29	54.4	11	36.2	18	74.9	<5	
Berkeley	228	74.0	80	50.1	148	101.1	38	88.8
Castro Valley	144	80.8	50	54.6	94	112.2	6	
Dublin	65	52.6	27	50.4	38	54.2	<5	
Fremont	297	47.3	112	35.7	185	59.7	9	
Hayward	457	91.9	129	51.2	328	134.8	43	74.0
Livermore	161	63.8	62	49.9	99	77.5	<5	
Newark	98	75.2	32	49.4	66	101.4	9	
Oakland	1,124	90.7	355	54.0	769	131.8	430	98.9
Pleasanton	150	66.6	54	44.8	96	89.9	<5	
San Leandro	259	85.8	78	48.5	181	126.2	16	47.7
San Lorenzo	48	58.2	17	39.0	31	76.5	<5	
Sunol	<5		<5					
Union City	95	47.9	22	21.0	73	77.6	<5	
North County	257	70.9	91	48.4	166	96.6	41	90.4
Oakland Area	1,299	87.4	412	52.3	887	126.6	447	99.9
Central County	908	85.5	274	50.3	634	123.4	66	65.6
South County	491	51.2	167	34.5	324	68.9	22	53.7
Tri-Valley	376	62.3	143	47.3	233	77.7	8	36.4

	AmerInd		API		Latino		White	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	13	31.1	136	12.2	436	56.6	1,972	95.2
Alameda	<5		<5		7		132	92.2
Albany			<5		8		16	53.3
Berkeley			11	33.2	7		157	79.6
Castro Valley	<5		<5		12	82.1	110	87.8
Dublin			<5		<5		52	62.2
Fremont			34	16.3	30	45.5	213	70.4
Hayward	<5		26	26.3	107	82.3	246	133.1
Livermore	<5		<5		15	54.8	136	69.2
Newark			5		16	52.0	65	108.1
Oakland	<5		19	9.0	161	88.2	445	115.2
Pleasanton			6		9		124	69.4
San Leandro	<5		<5		29	58.0	194	142.8
San Lorenzo			<5		6		36	82.5
Sunol							<5	
Union City			14	15.6	26	60.2	45	93.4
North County			13	28.1	15	58.8	173	74.8
Oakland Area	<5		23	8.5	168	83.2	577	108.2
Central County	8		35	16.8	154	72.7	586	119.2
South County			53	16.3	72	51.0	324	78.6
Tri-Valley	<5		12	23.2	27	49.1	312	67.9

Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Drug-Related Disorders

Nationwide, a total of 28,723 persons died of drug-related causes in 2003.³ This category includes deaths from dependent and non-dependent use of drugs, both legal and illegal use, as well as poisoning from medically prescribed drugs. It excludes unintentional injuries, homicides, and other causes indirectly related to drug use as well as newborn deaths due to mother's drug use.³ About twice as many males as females die from drug-related causes. Whites and African Americans also have 50% to 60% higher rates of drug-related death than Latinos.³

It is estimated that about three million people in the United States have serious drug problems. Illicit drug use is associated with suicide, homicide, motor-vehicle injury, HIV infection, pneumonia, violence, mental illness, and hepatitis. According to the 2005 National Household Survey on Drug Abuse, 19.7 million Americans 12 years of age and older reported using an illicit drug in the month immediately prior to the survey.⁹ This represents an estimated 8.1% of the population, compared to an estimated 6.3% in 2000.¹⁰ More than 14% reported illicit drug use during the past year and 46.1% reported illicit drug use at least once during their lifetimes.⁹

Data from the National Household Survey of Drug Abuse show that among youth 12 to 17 years of age, nearly 10% reported drug use in the past 30 days in 2005.⁹ A different school-based survey found that one-fourth of high school seniors had used an illicit drug in the past month.¹⁰

The most common illicit drugs used are marijuana, cocaine, heroin, and hallucinogens, which include LSD, PCP, and MDMA. Approximately 37% of the population over 12 years of age have ever used marijuana, 12.3% have used cocaine, and 12.5% have used hallucinogens.¹¹

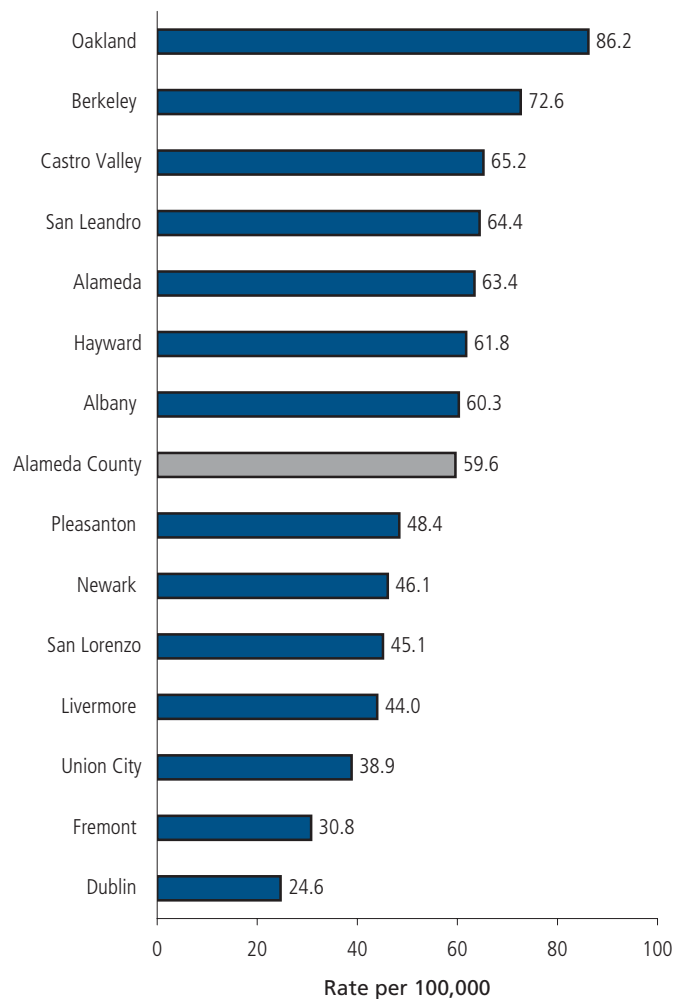
The number of drug-related emergency department visits in the United States increased from 323,100 in 1978 to an all-time high of 638,484 in 2001. In 2001, cocaine-related episodes were at their highest level since 1978, accounting for 30% of all emergency department drug-related episodes.¹⁰

Drug-Related Hospitalization

From 2003 to 2005, there were 2,715 drug-related hospitalizations in Alameda County, an average of 905 per year. The rate was 59.6 per 100,000 population.

The rate ranged from a low of 24.6 per 100,000 in Dublin to a high of 86.2 in Oakland. The Oakland and Berkeley rates were significantly higher than the county rate of 59.6 per 100,000 population and about three times higher than Dublin.

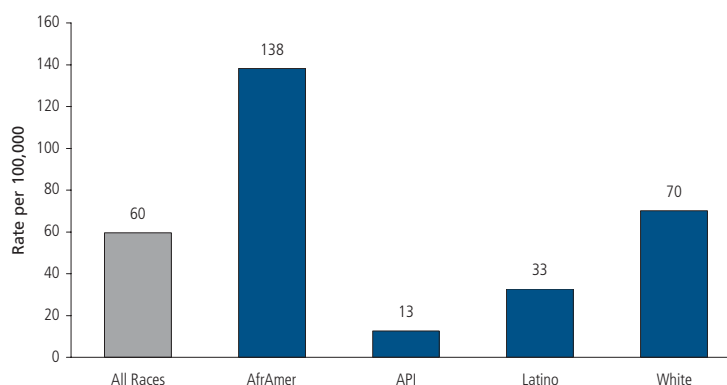
Figure 46: Drug-Related Hospitalization by City



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

The drug-related hospitalization rate was highest among African Americans (138 per 100,000), twice the rate among Whites (70), and several times the rates of Asian/Pacific Islanders and Latinos. The African American rate was 2.3 times the county rate.

Figure 47: Drug-Related Hospitalization by Race/Ethnicity

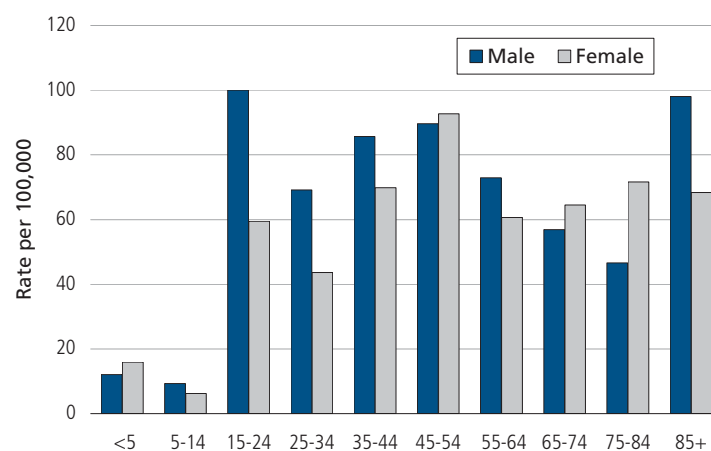


Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

In Alameda County, rates of hospitalization for a drug-related condition were highly variable above the age of 15 years, with no one age group or gender having the highest.

Drug-related hospitalizations among children under 5 and 5-14 are likely due to accidental exposure.

Figure 48: Drug-Related Hospitalization by Age Group



Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Table 52 on the next page shows that in most cities male drug hospitalization rates were higher than female rates. Exceptions were Fremont and Livermore where female rates were higher.

Rates were lowest among Asian/Pacific Islanders in all cities with numbers sufficient to present rates. Rates also were lower among Latinos in each city relative to Whites and African Americans. The highest rates of drug hospitalization were found among African Americans in Berkeley (166.6), Alameda (154.5), Oakland (148.1), and Union City (111.7).

Table 52: Drug-Related Hospitalization by City and Region

	All		Female		Male		AfrAmer	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	2,715	59.6	1,257	53.8	1,458	65.1	857	138.3
Alameda	146	63.4	73	59.0	73	67.4	21	154.5
Albany	29	60.3	7	27.2	22	96.1	<5	
Berkeley	242	72.6	113	66.2	129	79.1	69	166.6
Castro Valley	109	65.2	42	43.7	67	88.9	<5	
Dublin	33	24.6	15	23.3	18	25.9	<5	
Fremont	184	30.8	97	32.6	87	28.1	7	
Hayward	325	61.8	159	60.5	166	61.9	54	92.8
Livermore	105	44.0	60	50.4	45	36.8	<5	
Newark	59	46.1	22	35.9	37	54.8	<5	
Oakland	1,084	86.2	487	73.6	597	100.0	644	148.1
Pleasanton	87	48.4	37	35.6	50	60.1	<5	
San Leandro	194	64.4	92	58.4	102	69.6	33	88.4
San Lorenzo	36	45.1	17	37.9	19	48.7	<5	
Sunol	<5		<5					
Union City	81	38.9	35	33.9	46	44.9	14	111.7
North County	271	69.7	120	60.1	151	79.7	71	162.5
Oakland Area	1,230	82.4	560	71.3	670	94.4	665	148.3
Central County	664	61.3	310	55.6	354	66.2	91	86.1
South County	325	34.6	155	33.4	170	35.2	23	59.0
Tri-Valley	225	41.8	112	40.5	113	42.2	7	

	AmerInd		API		Latino		White	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	8		138	12.5	276	32.6	1,285	70.1
Alameda			7		10	50.4	102	85.3
Albany	<5				<5		18	69.5
Berkeley	<5		5		21	60.3	128	65.2
Castro Valley	<5		<5		11	62.1	86	78.1
Dublin					<5		26	32.0
Fremont			26	13.7	17	25.6	124	45.8
Hayward	<5		22	18.9	55	34.2	171	98.7
Livermore					9		90	49.3
Newark			5		14	37.7	35	68.1
Oakland	<5		44	21.4	88	47.1	254	76.7
Pleasanton	<5		7		<5		70	52.3
San Leandro	<5		11	16.0	18	31.9	120	99.3
San Lorenzo			<5		<5		29	71.5
Sunol							<5	
Union City			8		21	41.3	31	73.3
North County	<5		5		24	69.1	146	64.2
Oakland Area	<5		51	19.4	98	46.9	356	78.7
Central County	<5		36	15.8	87	34.2	406	91.1
South County			39	12.4	52	32.8	191	52.0
Tri-Valley	<5		7		15	20.8	186	47.5

Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

References

Overweight and Obesity

1. Grantmakers in Health. *Weighing in on Obesity: America's Growing Health Epidemic*. Issue Brief no. 11. Washington, D.C.. 2002. [Retrieved from http://www.gih.org/usr_doc/Obesity.pdf]
2. California Adolescent Nutrition and Fitness Program and the California Pan Ethnic Health Network. *Communities of Color Issue Briefing Paper: Addressing the Obesity Epidemic – Public Policies for Healthy Eating and Physical Activity Environments*. Berkeley/Oakland, California. August 2003.
3. CDC Growth Charts. [Retrieved from www.cdc.gov/growthcharts]
4. NHLBI Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*. Obes Res. 6 (suppl. 2):51S-209S. 1998.
5. WHO Consultation on Obesity. *Obesity: Preventing and Managing the Global Epidemic*. Geneva, Switzerland: World Health Organization. WHO Technical Report Series 894. 2000.
6. Mokdad AH, Ford ES, Bowman BA, Dietz WH, Vinicor F, Bales VS, Marks JS. Prevalence of Obesity, Diabetes, and Obesity-Related Health Risk Factors, 2001. *JAMA* 289(1):76-79. 2003.
7. CDC, National Center for Health Statistics. *Prevalence of Overweight and Obesity Among Adults: United States, 2003-2004*. Jan 30, 2007. [Retrieved from http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overweight/overwght_adult_03.htm]
8. National Center for Health Statistics. *Health, United States, 2006 with Chartbook on trends in the health of Americans*. Hyattsville, MD:2006.
9. CDC. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, GA:U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2002. Apr 12, 2007 [Retrieved from <http://apps.nccd.cdc.gov/brfss/Trends/TrendData.asp>]
10. 2005 California Health Interview Survey. [Retrieved July 2007 from <http://www.chis.ucla.edu>]
11. California Center for Public Health Advocacy. *Overweight and Unfit Children in California Assembly Districts*. Legislative Policy Brief No 1. 2002. [Retrieved from http://www.publichealthadvocacy.org/policy_briefs/study_documents/Policy_Brief1.pdf]
12. Ogden CL, Flegal KM, Carroll MD, Johnson CL. Prevalence and Trends in Overweight Among U.S. Children and Adolescents, 1999-2000. *JAMA* 288(14):1728-1732. 2002.
13. Kuczmarski RJ, Ogden CL, Guo SS, et al. 2000 CDC Growth Charts for the United States: Methods and Development. *Vital Health Stat* 246:1-190. 2002.
14. Himes JH, Dietz WH. Guidelines for Overweight in Adolescent Preventive Services: Recommendations From An Expert Committee. *Am J Clin Nutr* 1994; 59:307-316.
15. CDC. Division of Nutrition and Physical Activity. National Center for Chronic Disease Prevention and Health Promotion. *Defining Childhood Overweight*. May 22, 2007. [Retrieved from <http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/defining.htm>]

16. CDC. Division of Nutrition and Physical Activity. National Center for Chronic Disease Prevention and Health Promotion. *About BMI for Children and Teens*. May 22, 2007. [Retrieved from http://www.cdc.gov/nccdphp/dnpa/bmi/childrens_BMI/about_childrens_BMI.htm]
17. American Obesity Association. *Childhood Obesity*. May 2, 2005. [Retrieved from <http://www.obesity.org/subs/childhood/prevalence.shtml>]
18. American Obesity Association. AOA Fact Sheets. *Obesity in Youth*. May 2, 2005. [Retrieved from http://www.obesity.org/subs/fastfacts/obesity_youth.shtml]
19. CDC National Center for Health Statistics. *Prevalence of Overweight Among Children and Adolescents: United States, 2003-2004*. Jan 30 2007. [Retrieved from http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overweight/overwght_child_03.htm]

Diabetes

1. CDC. *National Diabetes Fact Sheet, United States*. 2005. [http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2005.pdf]
2. CDC, National Center for Health Statistics. *Fast Stats, A to Z*, "Deaths, Leading Causes." March 25, 2004. [<http://www.cdc.gov/nchs/fastats/lcod.htm>]
3. Minino AM, Heron MP, Smith BL. "Deaths: Preliminary data for 2004." *National Vital Statistics Reports*, vol 54 no 19. Hyattsville, Maryland: National Center for Health Statistics. 2006.
4. CDC, National Center for Chronic Disease Prevention and Health Promotion: National Diabetes Surveillance System. *Prevalence of Diabetes, Age-Adjusted Prevalence of Diagnosed Diabetes by Race/Ethnicity and Sex, United States, 1980-2004*. [<http://www.cdc.gov/diabetes/statistics/prev/national/figraceethsex.htm>]
5. CDC, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Public Health Resources. *Statistics: Diabetes Surveillance System, Incidence of Diabetes. 2004*. [Retrieved from <http://www.cdc.gov/diabetes/statistics/incidence/fig1.htm>]
6. CDC, National Center for Chronic Disease Prevention and Health Promotion. *Diabetes: Disabling, Deadly, and on the Rise: At A Glance*. 2006. [Retrieved from <http://www.cdc.gov/nccdphp/publications/aag/ddt.htm>]
7. CDC. National Diabetes Awareness Month-November 2006. *MMWR* 55(43);1169. 2006.
8. U.S. Dept. of Health and Human Services, National Institute of Health, National Institute of Diabetes and Digestive Kidney Diseases. *National Diabetes Statistics Fact Sheet: General Information and National Estimates on Diabetes in the United States*. 2003.
9. Anderson RN, Smith BL. *Deaths: Leading Causes for 2002*. National Vital Statistics Reports. vol 53 no. 17. Hyattsville, Maryland: National Center for Health Statistics. 2005.
10. California Department of Health Services and California Conference of Local Health Officers. *County Health Status Profiles*. 2006.
11. Public Health Agency of Canada. National Statistics and Opportunities for Improved Surveillance,

Prevention, and Control. *Diabetes in Canada. Mortality*. [Retrieved from http://www.phac-aspc.gc.ca/publicat/dic-dac99/d07_e.html]

12. McEwen LN, Kim C, Haan M, Ghosh D, Lantz PM, Mangione CM, Safford MM, Marrero D, Thompson TJ, Herman WH and the Triad Study Group. Diabetes reporting as a cause of death. Results from the translating research into action for diabetes (TRIAD) study. *Diabetes Care*. vol 29 (no. 2) February 2006.

13. 2005 California Health Interview Survey. [Retrieved from <http://www.chis.ucla.edu>]

14. Diamant AL, SH Babey, ER Brown, N Chawla. *Diabetes in California: Nearly 1.5 Million Diagnosed and 2 Million More at Risk*. UCLA Center for Health Policy Research. April 2003.

Asthma

1. U.S. Department of Health and Human Services. *Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health*. 2 vols. Washington D.C.: U.S. Government Printing Office. November 2000.

2. National Center for Health Statistics. *Asthma Prevalence, Health Care Use and Mortality: United States, 2003-05*. [<http://www.cdc.gov/nchs/products/pubs/pubd/hestats/ashtma03-05/asthma03-05.htm>] (Accessed 7/9/07).

3. Mannino DM, Homa D, Akinbami LJ, Moorman JE, Gwynn C, Redd SC. "Surveillance for Asthma – United States, 1980-1999. Centers for Disease Control and Prevention. Surveillance summary." *MMWR*. 51(SS-1). 2002.

4. Centers for Disease Control and Prevention. "Quickstats: Percentage of Children Aged <18 Years with Current Asthma, by Race/Ethnicity and Sex, United States, 2001-2004," *MMWR* Feb.24, 2006; 55(07); 185.

5. California Department of Health Services, Survey Research Group. "Asthma in California," *Points of Interest*. No 9, May, 2003.

6. California Health Interview Survey, Ask CHIS data query, [<http://www.chis.ucla.edu/main/default.asp>] (Accessed July 9, 2007).

7. Shaikh N, Von Behren J, Stockman J, Kreutzer R. "Asthma in California: Meeting the Challenge of Healthy People 2010." *California Asthma Facts*, Volume 1, Issue 2. December 2003. Environmental Health Investigations Branch, California Department of Health Services.

8. Meredith Milet, Environmental Health Investigations Branch, California Department of Health Services. (Personal communication, July 2, 2007.)

9. Stockman J, Von Behren J, Shaikh N, Kreutzer R. *California Asthma Facts*, Environmental Health Investigations Branch, California Department of Health Services. May 2003.

10. Stockman J, Shaikh N, Von Behren J, Bembom O, Kreutzer R. *California County Asthma Hospitalization Chart Book: Data from 1998-2000*. Environmental Health Investigations Branch, California Department of Health Services. September 2003.

Coronary Heart Disease

1. Springhouse Corporation. *Professional Guide to Diseases*. 4th ed. Springhouse, PA. 1065-1069. 1992.
2. Wyngaarden JB, Smith LH, Bennett JC. *Cecil Textbook of Medicine*. 19th ed. Philadelphia, PA. W. B. Saunders Company. 298-321. 1992.
3. U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. *With Understanding and Improving Health and Objectives for Improving Health*. 2 vols. Washington D.C.: U.S. Government Printing Office. November 2000.
4. Centers for Disease Control and Prevention. "Mortality from Coronary Heart Disease and Acute Myocardial Infarction - United States, 1998." *MMWR*. 50(6):90-93. 2001.
5. Centers for Disease Control and Prevention. "Achievements in Public Health, 1900-1999: Decline in Deaths From Heart Diseases and Stroke - United States, 1900-1999." *MMWR*. 48(30):649-656. 1999.
6. American Heart Association. *Heart Disease and Stroke Statistics - 2005 Update*. Dallas, Tex. 2005.
7. Hoyert DL, Heron MP, Mulphy SL, Kung H. "Deaths: Final data for 2003." *National Vital Statistics Reports*, vol 54 no 13. Hyattsville, Maryland: National Center for Health Statistics. 2006.
8. California Department of Health Services and California Conference of Local Health Officers. *County Health Status Profiles*. 2006.
9. American Heart Association. *Heart Disease and Stroke Statistics - 2006 Update*. A Report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Dallas, Tex. 2006.
10. American Heart Association. *Heart Disease and Stroke Statistics - 2003 Update*. Dallas, Tex. 2002.
11. CDC. Preventing Heart Disease and Stroke: *Addressing the Nation's Leading Killers 2003. Fact Sheet: At A Glance*. 2004. [<http://www.cdc.gov/cvh>]
12. American Heart Association. *Heart Disease and Stroke Statistics - 2004 Update*. Dallas, Tex. 2003.

Stroke

1. Springhouse Corporation. *Professional Guide to Diseases*. 4th ed. Springhouse, PA. 589-593. 1992.
2. Wyngaarden JB, Smith LH, Bennett JC. *Cecil Textbook of Medicine*. 19th ed. Philadelphia, PA. W. B. Saunders Company. 2145-2152. 1992.
3. CDC, National Center for Health Statistics. *Health, United States, 2005, With Chartbook on Trends in the Health of Americans*. Hyattsville, Maryland. 2005.
4. American Heart Association. *Heart Disease and Stroke Statistics - 2005 Update*. Dallas, Tex. 2005.
5. U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. *With Understanding and Improving Health and Objectives for Improving Health*. 2 vols. Washington D.C.: U.S. Government Printing Office. November 2000.

6. American Heart Association. *Heart Disease and Stroke Statistics – 2006 Update*. A Report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Dallas, Tex. 2006.
7. Hoyert DL, Heron MP, Mulphy SL, Kung H. “Deaths: Final data for 2003.” *National Vital Statistics Reports*, vol 54 no 13. Hyattsville, Maryland: National Center for Health Statistics. 2006.
8. Minino AM, Heron MP, Smith BL. “Deaths: Preliminary data for 2004.” *National Vital Statistics Reports*, vol 54 no 19. Hyattsville, Maryland: National Center for Health Statistics. 2006.
9. California Department of Health Services. *Healthy California 2010*. [<http://www.dhs.ca.gov/hisp/chs/OHIS/hp2010/hc2010progressfiles/objective1207.pdf>]

Cancer

1. Springhouse Corporation. *Professional Guide to Diseases*. 4th ed. Springhouse, PA. 38-47. 1992.
2. Wyngaarden JB, Smith LH, Bennett JC. *Cecil Textbook of Medicine*. 19th ed. Philadelphia, PA: W. B. Saunders Company. 1018-1032. 1992.
3. Hoyert DL, Heron MP, Mulphy SL, Kung H. “Deaths: Final data for 2003.” *National Vital Statistics Reports*, vol 54 no 13. Hyattsville, Maryland: National Center for Health Statistics. 2006.
4. California Department of Health Services and California Conference of Local Health Officers. *County Health Status Profiles*. 2006.
5. U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. *With Understanding and Improving Health and Objectives for Improving Health*. 2 vols. Washington D.C.: U.S. Government Printing Office. November 2000.
6. American Cancer Society. *Cancer Facts and Figures 2007*. Atlanta: American Cancer Society, 2007.
7. National Cancer Institute. *Cancer Health Disparities: A Fact Sheet*. [<http://www.cancer.gov>]
8. Weir HK, Thun MJ, Hankey BF, Ries LAG, Howe HL, Wingo PA, Jemal A, Ward E, Anderson RN, Edwards BK. “Annual Report to the Nation on the Status of Cancer, 1975-2000, Featuring the Uses of Surveillance Data for Cancer Prevention and Control.” *JNCI*. 95(17):1276-1299. 2003.
9. National Center for Health Statistics. *Health, United States, 2006 with Chartbook on Trends in the Health of Americans*. Hyattsville, Md. 2006.
10. Kochanek KD, Murphy SL, Anderson RN, Scott C. “Deaths: Final data for 2002.” *National Vital Statistics Reports*, vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.
11. Edwards, BK, Howe HL, Ries LA, Thun MJ, Rosenberg HM, Wingo PA. “Annual Report to the Nation on the Status of Cancer, 1973-1999, Featuring Implications of Age and Aging on U.S. Cancer Burden.” *Cancer*. 94:2766-92. 2002.
12. National Center for Chronic Disease Prevention and Health Promotion. *The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives*. DHHS/CDC. 2002. [<http://www.cdc.gov/nccdphp>]

13. American Institute for Cancer Research. *Reducing Your Cancer Risk*. February 2000. [<http://www.aicr.org>]
14. American Cancer Society. *Cancer Facts and Figures for African Americans 2005-2006*. Atlanta: American Cancer Society. 2005.
15. Singh GK, Miller BA, and Hankey BF. "Changing area socioeconomic patterns in U.S. cancer mortality, 1950-1998: Part II- Lung and colorectal cancers." *JNCI* 94(12):916-925. 2002.
16. Singh GK, Miller BA, Hankey BF, Edwards BK. "Area socioeconomic variations in U.S. cancer incidence, mortality, stage, treatment, and survival, 1975 -1999." *NCI Cancer Surveillance Monograph Series*, Number 4. Bethesda, MD: National Cancer Institute, 2003. NIH Publication No. 03-5417.
17. US Department of Health and Human Services. *The Health Consequences of Smoking: A Report from the Surgeon General*. Washington, DC: US Department of Health and Human Services. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health. 2004.
18. American Cancer Society. *Cancer Prevention and Early Detection Facts & Figures 2005*. Atlanta: American Cancer Society, 2005.
19. Centers for Disease Control and Prevention. "Cigarette smoking among adults – United States, 2002." *MMWR*. 53(20):427-431. 2004.
20. Centers for Disease Control and Prevention. *2003 Program Fact Sheet: Colorectal Cancer: The Importance of Prevention and Early Detection*. Atlanta, GA. 2004.
21. American Cancer Society. *Colorectal Cancer Facts and Figures Special Edition 2005*. Atlanta: American Cancer Society. 2005.
22. Centers for Disease Control and Prevention. "Colorectal Cancer Test Use Among Persons Aged >50 Years – United States, 2001." *MMWR*. 52(10):193-196. 2003.
23. Centers for Disease Control and Prevention. "Trends in Screening for Colorectal Cancer – United States, 1997 and 1999." *MMWR*. 50(9):162-166. 2001.
24. Centers for Disease Control and Prevention. Cancer Prevention and Control. *2004 Cancer Burden Data Fact Sheets*. [<http://www.cdc.gov/cancer/CancerBurden/>]
25. Chao A, Connell C, Cokkinides V, Jacobs E, Calle E, Thun M. "Underuse of screening sigmoidoscopy and colonoscopy in a large cohort of US adults." *Am J Public Health*. 94(10):1775-1781. 2004.
26. Cooper GS, Yuan Z, Landefeld CS, Rimm AA. "Surgery for colorectal cancer: Race-related differences in rates and survival among Medicare beneficiaries." *Am J Public Health*. 86(4):582-586. 1996.
27. Hodgson DC, Fuchs CS, Ayanian JZ. "Impact of patient and provider characteristics on the treatment and outcomes of colorectal cancer." *JNCI* 93(7):501-515. 2001.
28. Swan J, Breen N, Coates RJ, Rimer BK, Lee NC. "Progress in cancer screening practices in the United States. Results from the 2000 National Health Interview Survey." *Cancer* 97:1528-1540. 2003.
29. Centers for Disease Control and Prevention. "Recent Trends in Mortality Rates for Four Major

- Cancers, by Sex and Race/Ethnicity – United States, 1990-1998.” *MMWR*. 51(3):49-53. 2002.
30. California Cancer Registry. *Questions*. [<http://www.ccrca.org/quesoct.html>]
31. Bradley CJ, Given CW, Roberts C. “Disparities in cancer diagnosis and survival.” *Cancer*. 91:178-188. 2001.
32. Chu KC, Lamar CA, Freeman HP. “Racial disparities in breast carcinoma survival rates: separating factors that affect diagnosis from factors that affect treatment.” *Cancer*. 97:2853-2860. 2003.
33. Centers for Disease Control and Prevention. *2003 Program Fact Sheet: Prostate Cancer: The Public Health Perspective*. Atlanta, GA. 2004.

Mental Disorders/Depression

1. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Mental Health. *Mental Health: A Report of the Surgeon General – Executive Summary*. Rockville, MD. 1999.
2. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Mental Health. *Mental Health: Culture, Race, and Ethnicity – A Supplement to Mental Health: A Report of the Surgeon General – Executive Summary*. Rockville, MD. 2001.
3. U.S. Department of Health and Human Services, Office of the Surgeon General, Substance Abuse and Mental Health Services Administration. *Mental Health: Culture, Race, and Ethnicity – Fact Sheets. Asian Americans/Pacific Islanders*. Retrived February, 2007.
4. U.S. Department of Health and Human Services. *Healthy People 2010. 2nd ed. Understanding and Improving Health and Objectives for Improving Health*. 2 vols. Washington D.C.: U.S. Government Printing Office. November 2000.
5. Health Canada. *A Report on Mental Illnesses in Canada*. Ottawa, Canada 2002.
6. Kessler RC, et al. Lifetime and 12-month Prevalence of DSM-III-R Psychiatric Disorders in the United States: Results from the National Comorbidity Survey. *Arch Gen Psychiatry* 51(1):8-19. 1994.
7. National Institute of Mental Health. *Depression*. NIH Publication No. 00-3561. Printed 2000 (updatd 9/13/2006)
8. Substance Abuse and Mental Health Services Administration Office of Applied Studies. *Results from the 2005 National Survey on Drug Use and Health: National Findings*. Department of Health and Huaman Services.
9. Wang PS, Lane M, Olfson M, Pincus HA, Schwenk TL, Wells KB, and Kessler RC. The primary care of mental disorders in the United States. Substance Abuse and Mental Health Services Administration. Center for Mental Health Services. In *Mental Health, United States, 2004*. Department of Health and Huamn Services.

Alcohol- and Drug-Related Disorders

1. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. *JAMA* 2004; 291(10): 1238-1245.
2. McGinnis JM, Foege, WH. Actual causes of death in the United States. *JAMA* 1993; 270(18): 2207-2212.
3. Hoyert DL, Heron MP, Murphy SL, Kung H. Deaths: *Final Data for 2003*. National vital statistics reports; vol 54 no 13. Hyattsville, MD: National Center for Health Statistics. 2006.
4. Stahre MA, Brewer RD, Naimi TS, Miller JW, et al. Alcohol-attributable deaths and years of potential life lost – United States, 2001. *MMWR* 2004; 53 (37): 866-870.
5. Centers for Disease Control. *Alcohol and public health - General information on alcohol use and health*. (http://www.cdc.gov/alcohol/quickstats/general_info.htm)
6. 2005 Behavioral Risk Factor Surveillance System. (<http://apps.nccd.cdc.gov/brfss>)
7. Chen CM, Yi H, Hilton ME. Trends in alcohol-related morbidity among short-stay community hospital discharges, United States, 1979-2003. *NIAAA Surveillance Report* #72, 2005.
8. McCaig LF, Burt CW. *National Hospital Ambulatory Medical Care Survey: 2003 Emergency Department Summary. Advance Data from Vital and Health Statistics*; no 358. Hyattsville, MD. National Center for Health Statistics. 2005.
9. Substance Abuse and Mental Health Services Administration Office of Applied Studies. *Results from the 2005 National Survey on Drug Use and Health: National Findings*. Department of Health and Human Services.
10. Office of National Drug Control Policy. *Drug use trends. Drug Policy Information Clearinghouse Fact Sheet*. October 2002.
11. Office of National Drug Control Policy. Drug data summary. *Drug Policy Information Clearinghouse Fact Sheet*. March 2003.

Injury

Unintentional Injury

Physical injury that is not purposely inflicted is unintentional injury. Nationally, two-thirds of injury deaths are unintentional, and 94% of nonfatal injuries treated in emergency rooms are unintentional.¹⁻³ About 29.7 million injuries were treated in hospital emergency rooms in 2001.⁴ The majority of these were unintentional; less than two million were violence-related.

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 poisoning, falls, suffocation, drowning, and fire.^{5,6} Falls cause the greatest number of unintentional, nonfatal injuries treated in emergency rooms. Next are injuries from being struck by or against an object, motor vehicle accidents, over-exertion, and cuts.³

About two-thirds of poisoning deaths are unintentional, and 93% of unintentional poisonings are related to drugs. Narcotics are responsible in half of all unintentional poisonings.^{1,2}

In 2003, 109,277 people died of unintentional injuries in the United States.⁶ Nearly two-thirds of those were male. The age-adjusted rate of unintentional injury death in the United States was 37.3 per 100,000 in 2003. The rate among males was 51.8 per 100,000, over twice the female rate of 24.1.⁶ The death rates for males between 18 and 74 years were two to four times the rates for females. Persons over 75 years had the highest death rates.^{1,2}

In California, the rate of unintentional injury deaths was 29.3 per 100,000 during 2002-2004.⁷ Both national and state rates exceed the HP2010 objective of 17.5 or less.⁸ Unintentional injuries were the fifth leading cause of death in the United States in 2003.^{6,9} For those under 45 years, they were the leading cause of death as they have been for the last 50 years.^{1,2,9,10} The death rate for unintentional injury declined from 1950 until 1992 and then increased slightly.^{11,12} Since 2000, the age-adjusted death rates of unintentional injury have increased between one and three percent from the rates of previous years.^{1,2,5,6}

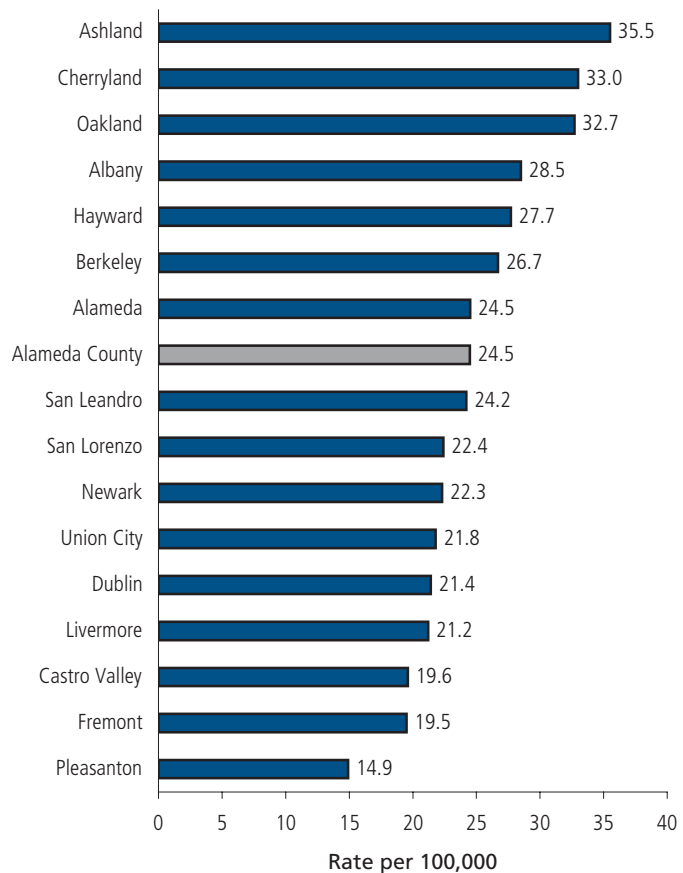
American Indians have disproportionately high rates of death from unintentional injury. Rural or isolated living, minimal emergency medical services, and great distances from sophisticated trauma care contribute to these increased rates.⁸

Unintentional Injury Mortality

From 2002 to 2004, there were 1,078 deaths in Alameda County due to unintentional injury, an average of 359 per year. The rate was 24.5 per 100,000 population, exceeding the HP2010 objective of 17.5 or fewer unintentional injury deaths per 100,000.

The unintentional injury death rate ranged from a low of 14.9 per 100,000 in Pleasanton to a high of 35.5 in Ashland. Rates were also high in Cherryland (33.0) and Oakland (32.7). Pleasanton was the only city that met the HP2010 objective of 17.5 or less.

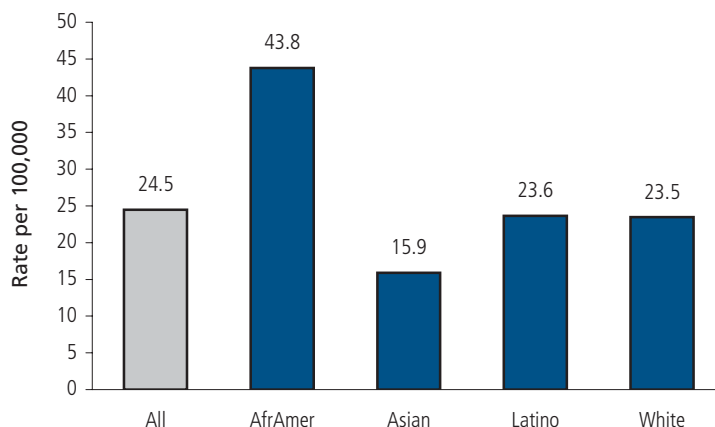
Figure 49: Unintentional Injury Mortality by City



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

The unintentional injury death rate among African Americans was significantly higher than any other racial/ethnic group. The rate for African Americans was almost three times the rate of Asians, and nearly twice the rates of Latinos and Whites. Asians have met the HP2010 objective of no more than 17.5 deaths per 100,000.

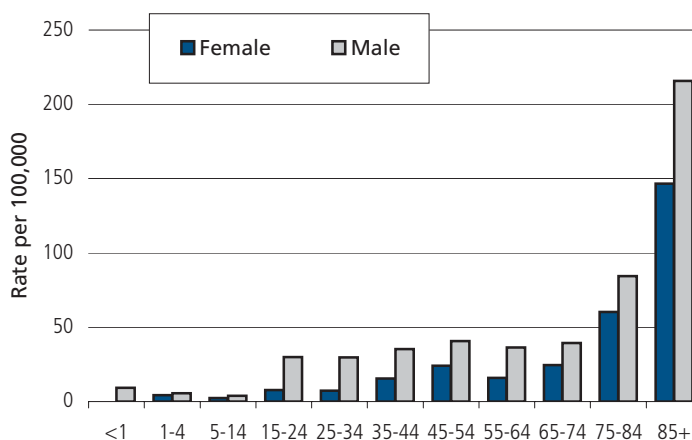
Figure 50: Unintentional Injury Mortality by Race/Ethnicity



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Deaths due to unintentional injuries were higher among males than females in every age group. For teens and young adults, the male rates were four times higher than female rates. After age 75, the unintentional injury death rates increased very steeply for both sexes. The rate was highest among males aged 85 and older.

Figure 51: Unintentional Injury Mortality by Age Group



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 53 on the next page shows that in Alameda County the rate of unintentional injury death was over two times higher among males than females (33.3 per 100,000 compared to 16.4). Differences of this magnitude were seen in Alameda, Berkeley, Castro Valley, Hayward, Livermore, and Oakland. It is also similar to the pattern seen nationally.

The highest unintentional injury death rates were found among African Americans in Berkeley (65.8), Hayward (44.6), Oakland (42.0), and San Leandro (39.3), the only cities for which African American rates were calculated. These, as well as most of the other rates presented, exceeded the HP2010 objective of no more than 17.5 per 100,000.

Table 53: Unintentional Injury Mortality by City and Region

	All		Female		Male		AfrAmer	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	1,078	24.5	387	16.4	691	33.3	262	43.8
Alameda	58	24.5	20	14.3	38	37.4	<5	
Albany	14	28.5	9		5		<5	
Ashland	20	35.5	9		11	39.2	5	
Berkeley	77	26.7	21	12.7	56	43.7	28	65.8
Castro Valley	38	19.6	12	10.3	26	29.8	<5	
Cherryland	13	33.0	<5		11	53.4		
Dublin	21	21.4	10	19.5	11	23.5	<5	
Emeryville	5		<5		<5		<5	
Fairview	9		<5		8		<5	
Fremont	104	19.5	46	16.8	58	21.7	<5	
Hayward	112	27.7	41	19.7	71	37.0	15	44.6
Livermore	41	21.2	15	14.4	26	27.3	<5	
Newark	22	22.3	12	23.9	10	19.0		
Oakland	389	32.7	134	20.7	255	46.4	176	42.0
Piedmont	<5		<5		<5		<5	
Pleasanton	23	14.9	12	13.6	11	14.4	<5	
San Leandro	63	24.2	19	12.4	44	36.5	11	39.3
San Lorenzo	15	22.4	<5		11	33.8	<5	
Sunol	<5				<5			
Union City	39	21.8	15	16.2	24	28.1	<5	
Remainder of County	5		<5		<5			
North County	91	26.6	30	15.0	61	40.8	31	68.6
Oakland Area	456	30.7	158	19.4	298	43.8	182	41.7
Central County	270	25.3	88	15.5	182	36.0	35	37.4
South County	166	20.6	73	17.6	93	23.1	8	
Tri-Valley	85	19.3	37	15.6	48	21.8	6	

	Asian		Latino		White	
	#	Rate	#	Rate	#	Rate
Alameda County	137	15.9	177	23.6	481	23.5
Alameda	14	28.6	5		35	24.0
Albany					11	31.8
Ashland	<5		7		7	
Berkeley	7		6		34	19.5
Castro Valley	5		<5		28	20.0
Cherryland	<5		6		5	
Dublin	<5		<5		17	23.4
Emeryville	<5				<5	
Fairview	<5		<5		<5	
Fremont	20	14.0	17	24.3	61	22.8
Hayward	13	19.4	27	23.3	52	35.9
Livermore	<5		<5		36	24.0
Newark	<5		8		11	23.4
Oakland	34	17.6	72	36.8	100	27.6
Piedmont					<5	
Pleasanton	<5		<5		19	15.6
San Leandro	13	25.2	8		28	21.0
San Lorenzo			<5		9	
Sunol						
Union City	17	22.8	7		11	24.7
Remainder of County	<5				<5	
North County	7		6		45	21.4
Oakland Area	49	19.5	77	35.3	140	25.2
Central County	36	21.9	57	25.1	133	26.2
South County	40	17.5	33	25.1	83	22.8
Tri-Valley	<5		<5		72	21.4

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Homicide

Homicide is defined as 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 in 2003 was 6.0 per 100,000. The homicide rate among males was 9.4, more than three times the female rate of 2.6.⁶ In California, the homicide rate was 6.7 per 100,000 for the period 2002-2004.⁷ Both national and state rates exceed the HP2010 objective of 3.0 or less.⁸

In 2003, there were 17,732 known homicide victims in the United States.⁶ More than 75% were males.⁶ Homicide was the second leading cause of death, after unintentional injury, for the 15-24 age group.^{9,10} For the 25-34 age group, homicide ranked third after unintentional injury and suicide.^{9,10} Homicide victimization was especially high among African American males, exceeding the White male rate by seven times.⁶ Among African American males 15 to 19 years, 20 to 24 years, and 25 to 34 years, homicide was the leading cause of death, accounting for 44%, 51%, and 31% of deaths, respectively, in those age groups.¹⁰

Nationally, homicide rates among children and young adults increased between 1960 and the mid-1990s, and have been declining since.^{11,12} However, recent national data showed homicide rates among African American males had increased slightly from 1999 to 2004.^{5,6,11,13}

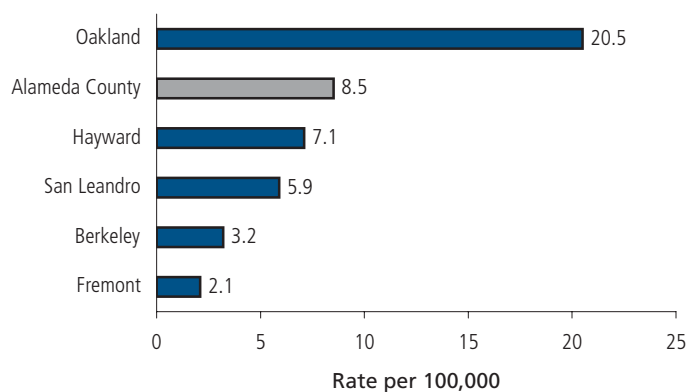
The leading mechanisms of homicide were firearms and cut/pierce. In 2002, 67% of homicides involved firearms, while 12% involved cut/pierce.²

There were 394 homicides in Alameda County from 2002 to 2004, an average of 131 homicides per year. The age-adjusted homicide rate was 8.5 per 100,000 population. This rate exceeded the HP2010 objective of 3.0 or fewer homicides per 100,000.

Most cities had very few homicides during the three year period; Piedmont and Sunol had zero while most others had one to three. Cities shown in Figure 52 had ten or more homicides.

Oakland had the highest homicide rate, 20.5 per 100,000. This rate was about 2.5 times the county rate, seven times higher than the HP2010 objective of 3.0 or less.

Figure 52: Homicide by City

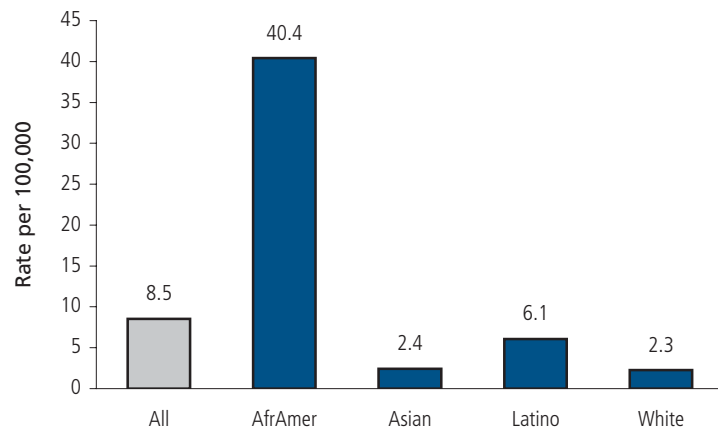


Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Homicide rates in Hayward, San Leandro, and Berkeley also exceeded the HP 2010 objective. Alameda County's high rate was driven in large part by Oakland. The rate in Fremont was the lowest among the cities with numbers sufficient to calculate rates.

For African Americans, the homicide rate was significantly higher than any other racial/ethnic group. The rate for African Americans was over 16 times the rates for Asians and Whites, and nearly seven times the rate of Latinos. Asians and Whites were the only racial/ethnic groups that met the HP2010 objective of no more than 3.0 deaths per 100,000.

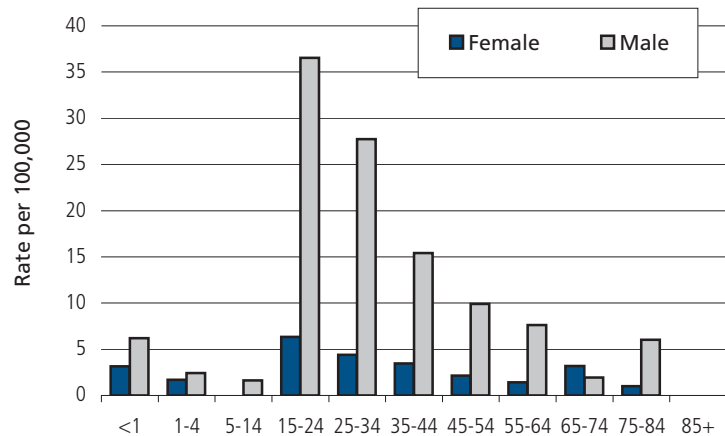
Figure 53: Homicide by Race/Ethnicity



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Homicides were much higher among males than females in almost every age group, except infant and seniors older than 85 years. The male rates among teens and young adults were the highest. The male to female ratio was six to one for those age groups.

Figure 54: Homicide by Age Group



Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Table 54 on the next page shows that in Oakland, the male homicide rate was six times higher than the female rate. African Americans in Oakland had the highest rate, 47.3 per 100,000, compared to 28.7 in Hayward. In Oakland, no racial/ethnic group met the HP2010 objective.

Table 54: Homicide by City and Region

	All		Female		Male		AfrAmer	
	#	Rate	#	Rate	#	Rate	#	Rate
Alameda County	394	8.5	65	2.8	329	14.2	251	40.4
Alameda	7		<5		5		<5	
Albany	<5				<5			
Ashland	<5		<5		<5		<5	
Berkeley	11	3.2	<5		10	6.2	8	
Castro Valley	6		<5		<5		<5	
Cherryland	<5				<5		<5	
Dublin	<5				<5			
Emeryville	<5		<5		<5		<5	
Fairview	<5				<5		<5	
Fremont	15	2.1	<5		12	3.4	5	
Hayward	33	7.1	<5		30	12.6	15	28.7
Livermore	6		<5		<5		<5	
Newark	7		<5		<5		<5	
Oakland	264	20.5	38	5.9	226	35.8	202	47.3
Piedmont								
Pleasanton	<5				<5			
San Leandro	15	5.9	<5		11	9.0	6	
San Lorenzo	<5				<5			
Sunol								
Union City	8		<5		6		<5	
Remainder of County	<5				<5		<5	
North County	13	3.3	<5		12	6.3	8	
Oakland Area	274	17.6	41	5.2	233	30.4	206	46.2
Central County	67	6.2	11	2.0	56	10.3	28	23.5
South County	30	2.9	9		21	4.0	7	
Tri-Valley	8		<5		5		<5	

	Asian		Latino		White	
	#	Rate	#	Rate	#	Rate
Alameda County	26	2.4	64	6.1	42	2.3
Alameda	<5		<5		<5	
Albany			<5		<5	
Ashland			<5			
Berkeley			<5		<5	
Castro Valley	<5		<5		<5	
Cherryland	<5		<5			
Dublin					<5	
Emeryville					<5	
Fairview						
Fremont	<5		<5		<5	
Hayward	<5		6		6	
Livermore			<5		<5	
Newark	<5		<5		<5	
Oakland	10	5.2	38	12.5	10	3.1
Piedmont						
Pleasanton					<5	
San Leandro	<5		<5		6	
San Lorenzo			<5		<5	
Sunol						
Union City	<5		<5		<5	
Remainder of County						
North County			<5		<5	
Oakland Area	12	4.5	39	11.6	12	2.5
Central County	5		14	4.8	15	3.8
South County	8		8		7	
Tri-Valley			<5		5	

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000.

Injury Deaths by Mechanism and Intent

More than half of injury deaths in Alameda County from 2002 to 2004 were unintentional (56.9%). An additional 20.9% of injury deaths were from homicides, 19.9% from suicides, and 2.3% from other or unknown causes.

The leading mechanism of unintentional injury death was related to transportation (34.2%), primarily involving motor vehicle crashes. Motor vehicle crashes accounted for almost one third of unintentional injury deaths. The second leading mechanism of unintentional injury death was poisoning (28.6%), followed by falls (17.5%), drowning (4.0%), suffocation (3.2%), and fire/hot object or substance (2.8%).

Guns were involved in the majority of homicides (74.2%). A smaller number of homicides involved stabbing, suffocation, or striking.

Guns were used in 39.5% of suicides. Most others involved suffocation (26.3%), and poisoning (18.8%), while a smaller number was from falls, drowning, and cuts.

In 2002-2004, the five leading mechanisms of injury death accounted for 83% of all injury deaths in Alameda County: firearm (23.8%), poisoning (20.6%), transport-related (19.6%), falls (10.9%), and suffocation (8.1%).

Table 55: Alameda County Injury Deaths by Mechanism and Intent

Mechanism	Unintentional Injuries		Homicide		Suicide		Other		Total	
	#	%	#	%	#	%	#	%	#	%
Total	1,078	100.0	396	100.0	377	100.0	44	100.0	1,895	100.0
Poisoning	308	28.6	2	0.5	71	18.8	9	20.5	390	20.6
Fall	189	17.5			16	4.2	1	2.3	206	10.9
Firearm	7	0.6	294	74.2	149	39.5	1	2.3	451	23.8
Cut/pierce	2	0.2	30	7.6	10	2.7	1	2.3	43	2.3
Drowning	43	4.0	2	0.5	11	2.9	6	13.6	62	3.3
Fire/hot object or substance	30	2.8	2	0.5	2	0.5			34	1.8
Suffocation	35	3.2	17	4.3	99	26.3	2	4.5	153	8.1
Machinery	4	0.4							4	0.2
Natural/environmental	5	0.5							5	0.3
Overexertion	1	0.1							1	0.1
Struck by or against	7	0.6	10	2.5					17	0.9
Other/unspecified	78	7.2	38	9.6	18	4.8	24	54.5	158	8.3
All transport	369	34.2	1	0.3	1	0.3			371	19.6
Motor vehicle crash	350	32.5							350	18.5
All other transport-related	19	1.8	1	0.3	1	0.3			19	1.0

Source: CAPE, with data from Alameda County vital statistics files 2002-2004.

Injury Deaths by Intent and City

Unintentional injuries accounted for more than half of all injury deaths in each city in the county. In Oakland and Emeryville, homicides exceeded suicides, while in the county, they were about the same.

Table 56: Injury Deaths by City and Region and Intent

	Unintentional Injuries		Homicide		Suicide		Other		Total	
	#	%	#	%	#	%	#	%	#	%
Alameda County	1,078	56.8	396	20.9	377	19.9	44	2.3	1,899	100.0
Alameda	58	59.8	7	7.2	30	30.9	<5		97	100.0
Albany	14	73.7	<52		3	15.8			19	100.0
Ashland	20	66.7	<54		6	20.0			30	100.0
Berkeley	77	65.8	11	9.4	26	22.2	<5		117	100.0
Castro Valley	38	58.5	6	9.2	20	30.8			65	100.0
Cherryland	13	65.0	<53		4	20.0			20	100.0
Dublin	21	84.0	<51		3	12.0			25	100.0
Emeryville	5	50.0	<53		1	10.0	<5		10	100.0
Fairview	9	52.9	<53		5	29.4			17	100.0
Fremont	104	60.8	15	8.8	45	26.3	7	4.1	171	100.0
Hayward	112	56.6	33	16.7	45	22.7	8	4.0	198	100.0
Livermore	41	68.3	6	10.0	11	18.3	<5		60	100.0
Newark	22	59.5	7	18.9	8	21.6			37	100.0
Oakland	389	49.7	265	33.8	111	14.2	15	1.9	783	100.0
Piedmont	<5				<5		<5		7	100.0
Pleasanton	23	65.7	<5		11	31.4			35	100.0
San Leandro	63	61.8	15	14.7	24	23.5			102	100.0
San Lorenzo	15	68.2	<5		4	18.2			22	100.0
Sunol	<5								<5	
Union City	39	60.9	8	12.5	13	20.3	<5		64	100.0
Remainder of County	5	45.5	<5		5	45.5			11	100.0
North County	91	66.9	13	9.6	29	21.3	<5		136	100.0
Oakland Area	456	50.8	275	30.7	144	16.1	19	2.1	897	100.0
Central County	270	59.5	67	14.8	108	23.8	8	1.8	454	100.0
South County	166	60.8	30	11.0	66	24.2	11	4.0	273	100.0
Tri-Valley	85	70.8	8	6.7	25	20.8	<5		120	100.0

Source: CAPE, with data from Alameda County vital statistics files 2002-2004.

References

1. Anderson, RN, Minino AM, Fingerhut LA, Warner M, Heinen MA. Deaths: Injuries, 2001. *National Vital Statistics Reports* 52(21). Hyattsville, Maryland: National Center for Health Statistics. 2004.
2. Minino AM, Anderson, RN, Fingerhut LA, Boudreault MA, Warner M. Deaths: Injuries, 2002. *National Vital Statistics Reports* 54(10). Hyattsville, Maryland: National Center for Health Statistics. 2006.
3. Centers for Disease Control and Prevention. "National Estimates of Nonfatal Injuries Treated in Hospital Emergency Departments – United States, 2000." *MMWR* 50(17):340-346. 2001.
4. Centers for Disease Control and Prevention. "Surveillance for Fatal and Non-fatal Injuries - United States, 2001." *MMWR* 53(SS07):1-57. 2004.
5. Kochanek KD, Murphy SL, Anderson RN, Scott C. "Deaths: Final data for 2002." *National Vital Statistics Reports*, vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.
6. Hoyert DL, Heron MP, Murphy SL, Kung H. "Deaths: Final data for 2003." *National Vital Statistics Reports*, vol 54 no 13. Hyattsville, Maryland: National Center for Health Statistics. 2006.
7. California Department of Health Services and California Conference of Local Health Officers. *County Health Status Profiles*. 2006.
8. U.S. Department of Health and Human Services. *Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health*. 2 vols. Washington D.C.: U.S. Government Printing Office. November 2000.
9. Heron MP, Smith BL. "Deaths: Leading Causes for 2003." *National Vital Statistics Reports* 55(10). Hyattsville, Md: National Center for Health Statistics. 2007.
10. Anderson, RN, Smith BL. "Deaths: Leading Causes for 2002." *National Vital Statistics Reports* 53(17). Hyattsville, Md: National Center for Health Statistics. 2005.
11. National Center for Health Statistics. *Health, United States, 2005 With Chartbook On Trends in the Health of Americans*. Hyattsville, Md. 2005.
12. National Center for Health Statistics. *Health, United States, 2006 With Chartbook On Trends in the Health of Americans*. Hyattsville, Md. 2006.
13. Hoyert DL, Arias E, Smith BL, Murphy SL, Kochanek KD. "Deaths: Final data for 1999." *National Vital Statistics Reports*, vol 49 no 8. Hyattsville, Maryland: National Center for Health Statistics. 2001.

Maternal, Child, and Adolescent Health

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 According to the National Immunization Survey, a household phone survey, the rate of vaccine coverage for polio, diphtheria, tetanus, pertussis, measles, mumps and rubella has been increasing and in 2005 was near an all-time high of 83%² for the 4:3:1 series (see note). In California, vaccine coverage was 81%, slightly lower than the national average.² These childhood vaccination rates were lower among African Americans and Latinos than they are among Whites. However, this racial gap has narrowed over time.

Each year, the California Department of Health Services conducts the Kindergarten Retrospective Survey. 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 2006 survey estimates vaccination coverage for those children when they were two years old in 2003. Coverage among California kindergartners was 77.1% in 2006. The data source for this survey is school immunization records, whereas for the National Immunization survey it is individual self-report by telephone. Thus, immunization rates estimated from the two surveys are not directly comparable. Estimates based on self-report tend to be higher than those based on objective measures.

The county rate was significantly below the HP2010 objective of 90%. In 2006 only 70% of Alameda County children were up-to-date on their immunizations at age two (Table 57). This figure is lower than that found in 2003, when the rate was 73%, and also lower than the California 2006 rate of 77.1%. African American children had the lowest immunization rate at 57%. About 84% of White, 79% of Asian, and 73% of Latino children were immunized.

Table 57: Kindergartner Immunizations Up-To-Date at Second Birthday by Race, Alameda County

Race/Ethnicity	% Up-To-Date
All	70.4
White	84.2
Latino	73.4
AfrAmer	56.9
Asian	78.5
Other/Unknown	63.1

Source: 2006 Alameda County Expanded Kindergarten Retrospective Study.

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 58 shows the number of cases of vaccine-preventable disease in children 19 years and younger in Alameda County for the period 2004 to 2006. Pertussis was by far the most common vaccine-preventable disease among children in Alameda County. Between 2004 and 2006, there were 222 reported cases of pertussis. In three years, there were only ten cases of acute hepatitis B and three cases of mumps. There were no cases of measles, diphtheria, tetanus, rubella, or polio between 2004 and 2006.

Table 58. Vaccine-Preventable Diseases for Children Under 20 Years Reported 2004-2006, Alameda County Cities*

Area	Acute Hep B**	Pertussis	Mumps	Total
Alameda County	10	222	3	235
Alameda	0	14	0	14
Albany	0	4	0	4
Castro Valley	0	7	0	7
Dublin	1	0	1	2
Emeryville	0	0	0	0
Fremont	1	15	0	16
Hayward	2	25	1	28
Livermore	0	10	1	11
Newark	0	1	0	1
Oakland	3	101	0	104
Piedmont	0	4	0	4
Pleasanton	0	19	0	19
San Leandro	3	10	0	13
San Lorenzo	0	3	0	3
Sunol	0	0	0	0
Union City	0	9	0	9

*Berkeley not included.

**Does not include perinatal-acquired Hep B or Hep B carriers.

Source: CAPE, with data from Alameda County Communicable Disease Surveillance System, DCDCP, 2004-2006.

Low Birth Weight

Achieving a healthy weight is crucial for a newborn's survival. Low birth weight (LBW) is the most common cause of death during the neonatal period, the first 28 days of life. Infants weighing less than 2,500 grams (5lbs 8oz) at birth are considered LBW. Thus, improvements in infant birth weight can contribute substantially to reducing infant mortality. In addition, low birth weight infants who survive their first year are at increased risk of long-term physical and developmental complications than are infants of normal birth weight.¹

In the past decade, infant mortality has declined largely due to improved survival rates of LBW infants, not to a decrease in the number of LBW infants.⁴ Nationally, LBW rates have slowly increased over time, partially because of an increase of multiple births. In 2005, the nationwide percentage of LBW infants was its highest in three decades at 8.2%.⁵

An additional area of concern is that no progress has been made in decreasing racial disparities in LBW infants. LBW rates are two times higher for African Americans than for Whites. The reasons for this disparity are complex and are not entirely understood.

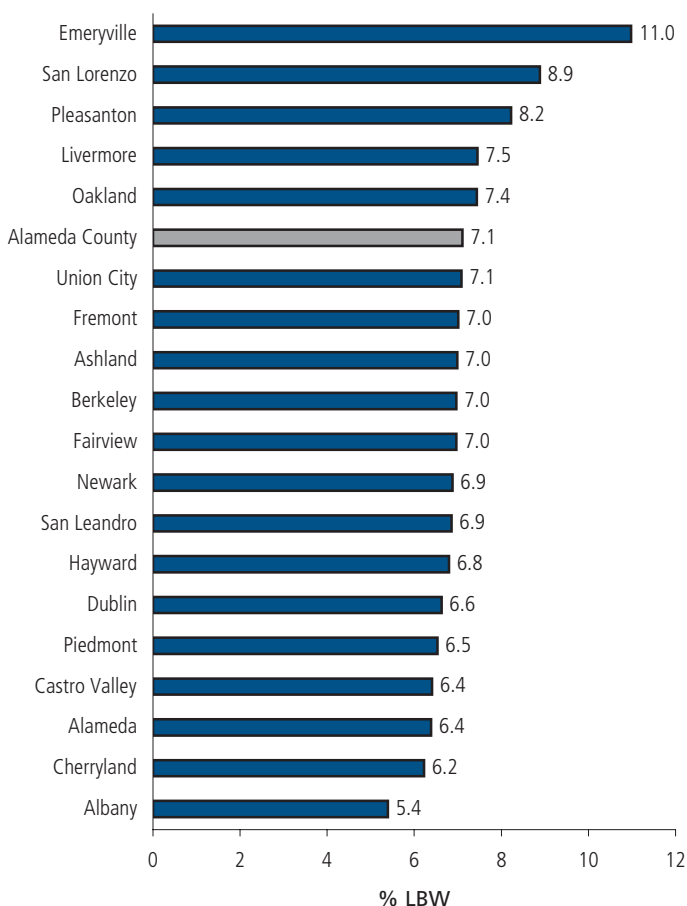
Many factors increase the risk of low weight at birth. Most important among these are pre-term delivery, maternal smoking and illicit drug use, poor maternal nutrition, young maternal age, low maternal educational attainment, low family income, late or no prenatal care, and pregnancy-associated hypertension.^{1,5} Emerging research also suggests that cumulative stress, racism, and maternal infections may also affect the weight of babies.⁶ Of all infants that are LBW, the smallest – those weighing less than 1,500 grams – are at the highest risk of dying in their first year.

During the period 2002-2004, Alameda County had the 8th highest rate of LBW births among California's 58 counties.⁷ The LBW rate in Alameda County was 6.9% compared to 6.6% in California. Neither California nor Alameda County met the HP2010 objective of 5.0% or less.⁸ Note that this figure for Alameda County is slightly different than the 2003-2005 data presented on the next page.

From 2003-2005, there were a total of 63,262 births in Alameda County. Of these, 4,497 were low birth weight, an average of 1,499 per year. The Alameda County rate was 7.1%, which exceeds the HP2010 objective of 5% or less.

The percent of births that were low birth weight ranged from a low of 5.4% in Albany to a high of 11.0% in Emeryville. Other cities that had higher rates than the county were San Lorenzo (8.9%), Pleasanton (8.2%), Livermore (7.5%) and Oakland (7.4%). No city met the HP2010 objective; however Albany, at 5.4%, was very close.

Figure 55: Percentage Low Birth Weight by City



Source: CAPE, with data from Alameda County vital statistics files 2003-2005, Census 2000, DOF.

LBW rates vary substantially by race/ethnicity and to a lesser extent among regions. Overall, African Americans had LBW rates about twice that of Whites and Latinos (Table 59). African Americans had the highest rates of LBW infants in all areas except in South County where Pacific Islanders had a slightly higher rate.

Table 59: Percent of Low Birth Weight Babies by Race/Ethnicity by Region

	Total	AfrAmer	Asian	Paclsl	Latino	White
Alameda County	7.1	12.3	7.4	6.6	5.5	6.4
North County	6.7	14.9	5.6		5.6	5.5
Oakland Area	7.3	12.6	7.2	3.2	5.0	6.0
Central County	6.9	10.9	7.4	7.5	5.6	6.7
South County	7.0	11.0	7.2	11.4	6.1	6.5
Tri-Valley	7.5	13.9	9.3		6.4	7.3

Source: CAPE, with data from Alameda County vital statistics files 2003-2005, Census 2000, DOF.

Teen Births

Teen mothers typically 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 peers. They also are at high risk for poor birth outcomes and for having another pregnancy while still in their teens. Infants born to teen mothers are at greater risk of child abuse, neglect, and behavioral and educational problems at later stages.¹

Adolescence is a time of increased vulnerability to social influences, which may seriously compromise the health of young people. This time is characterized by experimentation, risk-taking, and an increased dependence on peers. Youth are at significant risk for unplanned pregnancies and sexually transmitted diseases.⁸ Unintended pregnancies are serious and costly. With an unwanted pregnancy, a teenager is less likely to seek prenatal care in the first trimester, and is more likely to expose the fetus to harmful substances such as tobacco or alcohol.

Many factors increase the risk for teen pregnancy. Among the most important are poor access to birth control and health care in general, low income, lack of financial and 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.⁸

The birth rate for U.S. teenagers was 40.4 per 1,000 in 2005, the lowest value recorded in the last 65 years.⁵ 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. The decline in teen birth rates during the last decade was seen in every state in the nation and for every racial and ethnic group. 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 racial/ethnic groups. The Alameda County teen birth rate between 2002 and 2004 was 28.4 per 1,000 females aged 15 to 19, lower than the comparable California rate of 39.2.⁷ Note that this figure for Alameda County is slightly different than the 2003-2005 data presented on the next page.

From 2003 to 2005, there were 3,840 births to teenage mothers, an average of 1,280 per year. The Alameda County rate was 27.4 per 1,000 females 15 to 19 years.

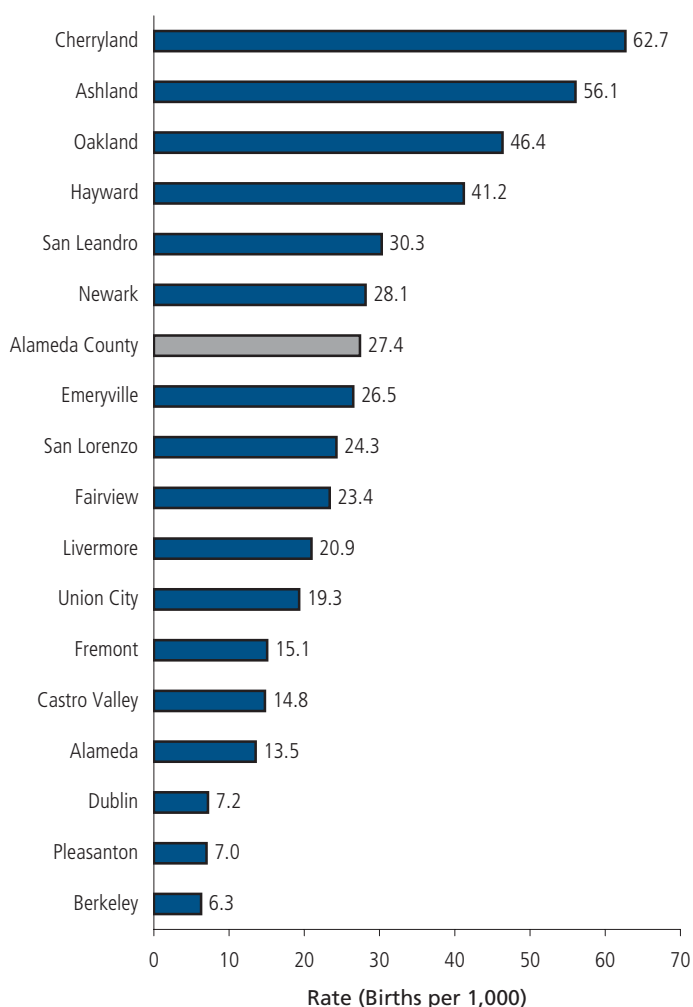
Of all births during this period, 6.1% were to teen mothers aged 15 to 19 years. Approximately one-third of teen births were to mothers of 15 to 17 years, and two-thirds to mothers 18 and 19 years.

The teen birth rate varied widely by city; it ranged from a low of 6.3 in Berkeley to a high of 62.7 in Cherryland, a ten-fold difference. Ashland, Oakland, and Hayward also had rates significantly higher than the county. No rate is presented for Albany, Piedmont, or Sunol due to small numbers (<10).

Latinas had the highest teen birth rates in every region except North County (Table 60). Latina rates were generally five to ten times Asian and White rates. Rates among African Americans and Pacific Islanders were also well above those for Asians and Whites. Rates were highest in the Oakland Area and lowest in North County.

Map 4 on the next page shows teen birth rates in a contour map. This type of map allows for inclusion of small numbers using a 'smoothing' technique that does not limit the data to discrete census tract or zip code borders. Areas with the highest rates are represented by dark brown and signify 'hot spots' where the rate is over 80 births per 1,000 females 15-19 years of age. These occur in West Oakland, East Oakland, and San Lorenzo.

Figure 56: Teen Birth Rates* by City



*Rates are births per 1,000 females 15 to 19 years.

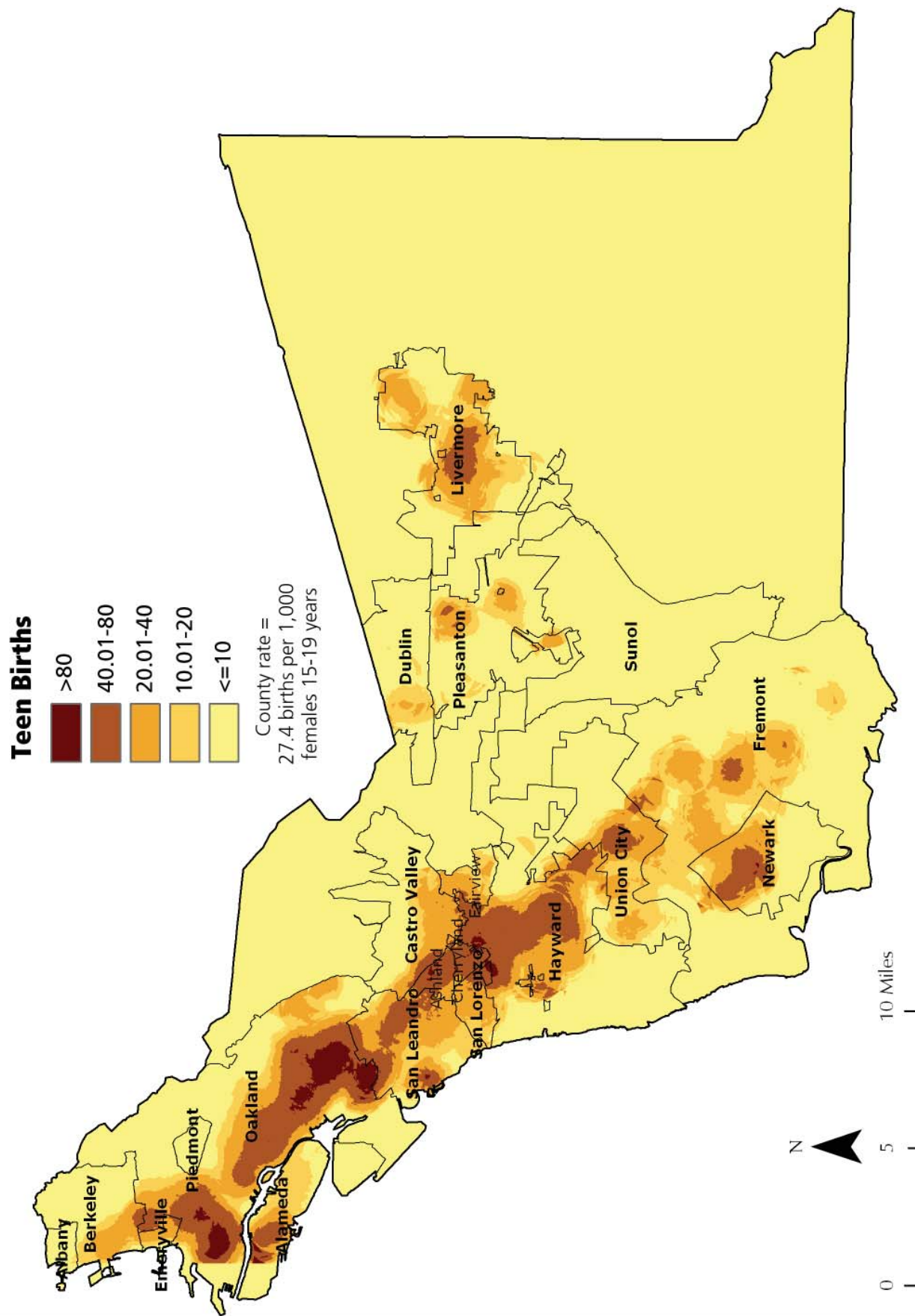
Source: CAPE, with data from Alameda County vital statistics files 2003-2005, Census 2000, DOF.

Table 60: Teen Birth Rate by Race/Ethnicity by Region

	Total	AfrAmer	AmerInd	Asian	PaIsl	Latina	White
Alameda County	27.4	41.3	20.1	6.5	33.3	64.1	10.1
North County	6.2	30.3				17.7	1.8
Oakland Area	40.6	43.8		10.7	53.0	80.1	15.6
Central County	34.6	41.3		7.8	24.4	70.6	15.2
South County	18.0	39.5		4.8		42.3	11.9
Tri-Valley	13.3					57.6	5.0

Source: CAPE, with data from Alameda County vital statistics files 2003-2005, Census 2000, DOF.

Map 4: Teen Birth Rate



Source: CAPE, with data from Alameda County vital statistics files 2003-2005, Census 2000, DOF.

References

1. U.S. Department of Health and Human Services. *Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health*. 2 vols. Washington D.C.: U.S. Government Printing Office. November 2000.
2. CDC. National, State, and Urban Area Vaccination Coverage Among Children Aged 19-24 Months – United States, 2005. *MMWR* 2006, 55(36):988-93. [Retrieved from <http://www.cdc.gov/mmwr>]
3. CDC. Achievements in Public Health, 1900-1999: Impact of Vaccines Universally Recommended for Children—United States, 1900-1998. *MMWR* 1999, 48(12):243-248. [Retrieved from <http://www.cdc.gov/mmwr>]
4. CDC. Infant Mortality and Low Birth Weight Among Black and White Infants – United States, 1980-2000, *MMWR* 51(27), 589-892. Available at: <http://www.cdc.gov/mmwr>. 2002.
5. Hamilton BE, Martin JA and Ventura SJ. *Births: Preliminary Data for 2005*. Health E-Stat last reviewed January 11, 2007. National Center for Health Statistics, Centers for Disease Control and Prevention (CDC). 2007.
6. Lu MC and Halfon N. Racial and Ethnic Disparities in Birth Outcomes: A Life-Course Perspective. *Maternal and Child Health Journal*, 7(1):13-30. 2003.
7. California Department of Health Services and California Conference of Local Health Officers. *County Health Status Profiles 2006*.
8. CDC. Youth Risk Behavior Surveillance—U.S., 1993. *MMWR* 1995.

Note: The 4:3:1 immunization series is ≥ 4 doses of diphtheria and tetanus toxoids and pertussis vaccines, diphtheria and tetanus toxoids vaccine, or diphtheria and tetanus toxoids vaccine and any acellular pertussis vaccine (DTP/DT/DTaP); ≥ 3 doses of poliovirus vaccine; and ≥ 1 dose of any measles-containing vaccine.²

Appendix A: Technical Notes

Methods

Geographic measures

Each source of data has variations in its geographies:

Vital statistics Birth and death data are geocoded to physical location of residence. In some cases the city physical location will be different from the city postal address. For example, many addresses in north Oakland near the Emeryville border use Emeryville for the postal address but the resident physically resides in Oakland.

Census 2000 Data are reported for each city as a whole.

Hospitalizations City equivalents are developed by grouping zip codes. Zip code is the lowest level of geography for which hospitalization data are available. Zip code reflects patients' postal or mailing address, sometimes even a post office box address.

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. 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, or the availability of data for small geographies such as individual Tri-Valley cities.

Data Sources

Demographic and socioeconomic U.S. Bureau of the Census, American Fact Finder, 2000 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 2002 to 2004, they have a mid-point of July 1, 2003. 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 2006 benchmarks.¹

Births Alameda County Public Health Department Vital Statistics Files obtained from the Alameda County Department of Public Health Automated Vital Statistics System (AVSS).

Deaths Alameda County Public Health Department Vital Statistics Files obtained from the Alameda County Department of Public Health Automated Vital Statistics System (AVSS) and the State of California Statistical Master Death file.

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

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. Consequently, race is not recorded in about 18% of hospital discharge records.² There are a large number of cases of ‘unknown’ and ‘other’ race 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.³

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 1999.⁴ However, 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 for mortality has been modified about once every ten years, except for the 20-year interval between the last two revisions. 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.⁵

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 1998.⁵

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-10.⁶ 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 rankable categories, namely, all cancer and unintentional injuries, respectively. If they were included separately, both causes would rank among the ten leading causes of death.⁶

Case Definitions

Maternal and Child Health

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

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

Mortality

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

Hospitalization

Diagnosis	ICD-9 Codes	Code Positions
Asthma	493.00–493.99	Primary Dx
Diabetes	250.00–250.99	Primary Dx-Dx4
Depression	296.20 – 296.35; 300.40; 311.00	Primary Dx-Dx4
Alcohol-Related	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	Primary Dx-Dx4& Primary E-Code
Drug-Related	292.00 – 292.99; 304.00 – 304.99; 305.20 – 305.99; 779.5; E850.0 – E850.2; E851.0 – E855.9	Primary Dx-Dx4& Primary E-Code

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 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 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 normally use the binomial distribution. 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 in a large number of trials.⁹

References

1. State of California, Department of Finance. *E-5 City/County Population and Housing Estimates, 2004, Revised 2001-2003, with 2000 DRU Benchmark*. Sacramento, California. May 2004.
2. Kozak LJ. Underreporting of Race in the National Hospital Discharge Survey. *Advance Data from Vital and Health Statistics* No. 265. Hyattsville, Md: NCHS. 1995.
3. Rosenberg HM, Maurer JD, Sorlie PD, et al. Quality of Death Rates by Race and Hispanic Origin: A Summary of Current Research, 1999. National Center for Health Statistics (NCHS). *Vital and Health Statistics* 2(128). 1999.
4. World Health Organization. *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*. Geneva: World Health Organization. 1992.
5. Anderson RN, Minino AM, Hoyert DL, Rosenberg HM. Comparability of Cause of Death Between ICD-9 and ICD-10: Preliminary Estimates. *National Vital Statistics Reports* 49(2). Hyattsville, Md: National Center for Health Statistics. 2001.
6. Anderson RN. Deaths: Leading Causes for 1999. *National Vital Statistics Reports* 49(11). Hyattsville, Md: National Center for Health Statistics. 2001.
7. National Center for Health Statistics. Technical Appendix from *Vital Statistics of United States, 1995*. Mortality. Hyattsville, MD. April 1999.
8. McCandless RR, Oliva G. *Guidelines for Statistical Analysis of Public Health Data with Attention to Small Numbers: A Collaborative Effort of the Family Health Outcomes Project Technical Advisory Group*. San Francisco, Calif. March 2002.
9. Kahn, HA, Sempos, CT. *Statistical Methods in Epidemiology*. New York. Oxford University Press. 1989.

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Table B-1: Percent Lacking Health Insurance

Area	Group		%	LCL	UCL
California	Total		13.8	13.4	14.1
Alameda County	Total		11.5	10.1	12.9
	Age	<12	4.7	2.9	6.5
		12-17	4.5	1.9	7.0
		18-24	29.3	21.3	37.3
		25-39	15.8	12.6	18.9
		40-64	12.0	9.8	14.2
	Race/Ethnicity	AfrAmer	12.2	8.4	16.1
		Asian	9.6	7.1	12.0
		Latino	24.2	20.1	28.2
		White	5.5	3.9	7.0
Hayward	Total		18.0	13.3	22.6
Oakland	Total		17.8	15.0	20.6

Source: California and Alameda County figures are combined data from CHIS 2003 and 2005.
Hayward and Oakland numbers are from CHIS 2003.

Table B-2: Obesity

Area	Group		%	LCL	UCL
California	Total		20.8	20.4	21.2
Alameda County	Total		17.4	15.9	19.0
	Age	18-24	9.0	4.1	13.9
		25-39	15.1	12.3	17.8
		40-64	21.6	19.3	24.0
		65-79	17.8	13.6	22.0
		80+	16.6	8.6	24.6
	Race/Ethnicity	AfrAmer	31.4	26.2	36.5
		Asian	8.1	5.4	10.8
		Latino	22.2	18.2	26.1
		White	16.3	14.2	18.2
Hayward	Total		22.8	18.3	27.3
Oakland	Total		20.3	18.0	22.3

Source: California and Alameda County figures are combined data from CHIS 2003 and 2005.
Hayward and Oakland numbers are from CHIS 2003.

Table B-3: Mortality from All Causes by City and Region

	All				Female				Male				AmerInd				Asian			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	28,306	702.9	694.7	711.1	14,452	604.5	594.5	614.4	13,854	828.5	814.3	842.6	71	482.3	376.7	608.4	3,263	424.2	409.4	438.9
Alameda	1,774	725.2	691.4	759.1	962	625.7	585.4	666.0	812	874.5	813.4	935.6	10	1,424.1	682.9	2,619.0	245	557.5	485.1	630.0
Albany	332	677.7	604.0	751.4	171	551.0	466.6	635.4	161	858.9	725.2	992.7					41	534.6	383.6	725.3
Ashland	369	735.6	659.7	811.5	170	559.2	473.4	645.1	199	965.0	828.2	1,101.8					38	533.4	377.4	732.1
Berkeley	1,830	646.9	617.0	676.8	970	550.0	514.8	585.2	860	775.4	722.2	828.6	5				167	527.6	446.2	609.1
Castro Valley	1,505	701.1	665.3	737.0	820	617.7	573.8	661.6	685	831.1	768.2	894.1	<5				85	551.3	440.3	681.7
Cherryland	371	1,043.5	935.5	1,151.4	198	925.1	791.4	1,058.8	173	1,187.3	1,007.3	1,367.3	<5				17	1,022.5	595.7	1,637.2
Dublin	271	679.4	585.8	773.0	130	592.2	480.3	704.0	141	807.5	639.4	975.6	<5				18	404.8	239.9	639.7
Emeryville	125	683.0	560.2	805.8	68	674.0	523.3	854.4	57	709.7	537.5	919.5					8			
Fairview	210	812.2	699.4	924.9	96	737.2	597.1	900.2	114	893.1	725.0	1,061.1					19	980.9	590.5	1,531.7
Fremont	2,820	673.8	648.3	699.4	1,423	588.9	558.0	619.7	1,397	789.3	744.5	834.1	11	872.9	435.8	1,561.9	482	474.5	426.6	522.3
Hayward	2,759	766.5	737.8	795.2	1,428	665.2	630.5	699.8	1,331	898.3	848.9	947.8	11	781.0	389.9	1,397.4	328	606.9	538.3	675.6
Livermore	1,085	744.1	698.4	789.7	565	653.9	599.4	708.4	520	887.0	803.3	970.7	<5				49	643.8	476.3	851.2
Newark	583	738.7	674.5	803.0	289	649.9	572.6	727.2	294	854.8	741.4	968.2	<5				110	654.5	523.6	785.3
Oakland	9,176	828.7	811.6	845.7	4,567	688.0	667.8	708.2	4,609	1,007.4	977.8	1,037.0	18	444.9	263.7	703.1	1,036	548.7	515.2	582.3
Piedmont	185	501.6	428.9	574.2	92	430.1	346.7	527.5	93	591.4	477.3	724.5					13	332.1	176.8	567.9
Pleasanton	837	647.4	602.3	692.4	457	575.7	522.2	629.3	380	752.6	670.0	835.3					42	473.4	341.2	639.9
San Leandro	2,197	717.0	686.6	747.4	1,095	569.1	534.2	604.1	1,102	928.0	873.0	983.0	<5				209	558.4	476.7	640.1
San Lorenzo	592	788.3	723.4	853.2	307	689.7	610.4	769.1	285	916.9	808.1	1,025.7	<5				34	471.6	326.6	659.0
Sunol	23	669.9	424.7	1,005.2	8				15	888.4	497.2	1,465.2								
Union City	1,026	725.2	679.8	770.7	530	628.4	574.6	682.2	496	872.2	788.6	955.8					300	579.4	507.7	651.1
Unincorporated	206	820.0	706.0	934.0	99	700.3	569.2	852.6	107	974.1	775.2	1,173.1					18	1,111.0	658.4	1,755.8
North County	2,162	650.5	622.8	678.1	1,141	549.5	517.1	581.9	1,021	785.9	736.7	835.2	5				208	531.0	458.0	604.0
Oakland Area	11,260	801.0	786.1	815.8	5,689	671.3	653.7	689.0	5,571	968.5	942.7	994.4	28	620.3	412.2	896.6	1,302	543.3	513.6	573.0
Central County	8,003	748.3	731.9	764.8	4,114	632.3	612.6	651.9	3,889	907.4	878.6	936.2	20	544.9	332.8	841.5	730	583.1	538.2	627.9
South County	4,452	693.5	672.5	714.5	2,250	604.7	579.5	629.9	2,202	816.5	779.3	853.7	13	684.7	364.6	1,170.9	892	525.0	486.7	563.2
Tri-Valley	2,193	691.8	661.7	721.9	1,152	610.9	575.0	646.7	1,041	817.4	762.1	872.7	5				109	532.3	423.3	641.4

	AfrAmer				Latino				Paclsl				Multirace				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	6,080	1,118.0	1,089.7	1,146.3	2,414	582.3	557.2	607.4	149	975.0	791.7	1,158.4	139	233.3	190.1	276.5	16,172	726.3	714.9	737.7
Alameda	103	1,177.4	941.5	1,413.4	72	596.0	466.4	750.6	5				11	205.5	102.6	367.7	1,327	771.1	728.6	813.6
Albany	21	1,033.3	639.6	1,579.5	15	581.8	325.6	959.5	<5				<5				250	687.1	598.9	775.4
Ashland	62	1,091.2	836.6	1,398.8	51	560.8	417.5	737.3									218	880.5	758.7	1,002.4
Berkeley	633	1,121.3	1,030.2	1,212.4	61	556.2	425.4	714.4					17	280.0	163.1	448.2	947	559.1	523.0	595.2
Castro Valley	62	1,145.0	877.9	1,467.9	97	769.1	623.7	938.3	<5				5				1,248	708.6	668.0	749.1
Cherryland	23	1,506.7	955.1	2,260.8	60	841.5	642.2	1,083.2	<5				<5				266	1,179.1	1,029.4	1,328.8
Dublin	8				15	471.4	263.9	777.5					<5				227	752.7	642.3	863.1
Emeryville	52	1,234.5	922.0	1,618.9	5												60	539.4	411.6	694.4
Fairview	38	759.7	537.6	1,042.7	20	832.6	508.6	1,285.8									133	822.9	681.0	964.7
Fremont	92	1,372.8	1,106.6	1,683.6	289	695.5	609.8	781.2	16	1,266.2	723.7	2,056.2	18	124.7	73.9	197.0	1,909	759.0	724.7	793.2
Hayward	216	1,058.6	893.2	1,223.9	424	670.5	601.4	739.6	53	2,222.2	1,664.6	2,906.7	17	144.6	84.2	231.5	1,710	846.5	804.9	888.1
Livermore	21	1,084.9	671.6	1,658.4	46	495.5	362.8	660.9					<5				965	782.9	732.3	833.4
Newark	27	1,870.7	1,232.8	2,721.8	100	615.5	482.4	748.6	13	2,104.4	1,120.5	3,598.6	<5				327	826.2	731.4	921.0
Oakland	4,473	1,139.0	1,105.5	1,172.5	647	625.5	569.9	681.0	35	1,441.8	1,004.2	2,005.2	40	188.9	134.9	257.2	2,918	713.0	685.8	740.2
Piedmont	3				1												168	530.3	449.4	611.3
Pleasanton	11	951.8	475.2	1,703.1	39	651.1	463.0	890.0									745	665.2	616.4	714.0
San Leandro	136	1,139.7	925.4	1,354.1	212	685.7	591.5	780.0	7				6				1,623	761.9	721.0	802.8
San Lorenzo	11	1,779.1	888.1	3,183.4	60	763.0	582.2	982.1	<5				<5				481	838.6	759.8	917.5
Sunol					3												20	707.7	432.3	1,092.9
Union City	70	1,132.6	882.9	1,430.9	179	695.5	589.1	802.0	9				11	358.4	178.9	641.4	456	895.1	811.4	978.8
Unincorporated	10	1,563.8	749.9	2,875.8	13	534.7	284.7	914.3					<5				163	848.8	717.3	980.2
North County	654	1,121.5	1,032.3	1,210.7	76	555.2	437.4	694.9	<5				20	273.6	167.1	422.5	1,197	580.7	547.3	614.1
Oakland Area	4,631	1,140.0	1,107.1	1,173.0	725	619.1	567.8	670.5	40	1,162.4	830.4	1,582.8	51	188.6	140.4	248.0	4,473	717.3	695.5	739.2
Central County	548	1,029.8	934.7	1,124.9	924	693.0	645.8	740.2	69	1,423.4	1,107.5	1,801.4	31	129.3	87.8	183.5	5,679	794.9	773.3	816.5
South County	189	1,307.5	1,071.0	1,543.9	571	685.4	625.5	745.4	38	1,256.1	888.9	1,724.0	33	153.1	105.4	215.0	2,712	784.4	754.7	814.1
Tri-Valley	40	783.8	560.0	1,067.3	100	541.6	421.5	661.8					<5				1,937	724.8	691.6	758.0

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-4: Diabetes Mortality by City and Region

	All				Female				Male				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	861	21.6	20.2	23.1	437	18.9	17.2	20.7	424	25.2	22.8	27.7	258	47.6	41.8	53.5
Alameda	38	15.6	11.0	21.3	22	14.1	8.9	21.4	16	16.5	9.4	26.8	7			
Albany	6								6				<5			
Ashland	8				<5				<5							
Berkeley	58	21.0	16.0	27.2	33	19.8	13.6	27.8	25	22.1	14.3	32.7	24	43.1	27.6	64.1
Castro Valley	31	15.2	10.3	21.5	10	8.5	4.1	15.7	21	24.2	15.0	37.0	<5			
Cherryland	13	40.2	21.4	68.8	8				5				<5			
Dublin	6				<5				<5				<5			
Emeryville	<5				<5				<5				<5			
Fairview	<5								<5				<5			
Fremont	91	22.6	18.2	27.7	46	19.4	14.2	25.9	45	28.6	20.9	38.3	<5			
Hayward	107	30.4	24.6	36.1	57	27.7	21.0	35.9	50	34.8	25.8	45.9	11	65.3	32.6	116.8
Livermore	17	11.7	6.8	18.8	7				10	19.6	9.4	36.1				
Newark	21	27.3	16.9	41.7	15	33.4	18.7	55.1	6							
Oakland	319	29.4	26.2	32.6	169	26.3	22.3	30.3	150	33.0	27.6	38.3	192	49.2	42.2	56.1
Piedmont	<5								<5							
Pleasanton	22	17.4	10.9	26.3	10	13.2	6.3	24.3	12	24.3	12.6	42.5	<5			
San Leandro	58	20.0	15.2	25.9	25	15.2	9.8	22.4	33	27.6	19.0	38.8	6			
San Lorenzo	16	19.4	11.1	31.5	10	20.5	9.8	37.6	6							
Sunol																
Union City	37	26.9	19.0	37.1	15	18.0	10.1	29.8	22	40.7	25.5	61.6	5			
Remainder of County	6				<5				5							
North County	64	19.9	15.3	25.4	33	16.9	11.6	23.7	31	23.7	16.1	33.6	25	43.7	28.3	64.5
Oakland Area	360	26.0	23.3	28.6	192	23.3	20.0	26.6	168	28.9	24.5	33.3	201	49.8	42.9	56.7
Central County	236	22.8	19.9	25.7	114	19.1	15.5	22.6	122	28.5	23.4	33.5	21	41.9	26.0	64.1
South County	149	24.0	20.0	27.9	76	20.7	16.3	25.9	73	29.8	23.4	37.5	9			
Tri-Valley	45	14.7	10.7	19.6	21	11.3	7.0	17.3	24	21.0	13.4	31.2	<5			

	Asian				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	117	16.1	13.2	19.1	122	33.0	26.9	39.0	339	15.6	13.9	17.2
Alameda	7				<5				20	11.9	7.3	18.4
Albany									5			
Ashland	<5								6			
Berkeley	7				<5				20	12.3	7.5	18.9
Castro Valley	<5				7				19	11.8	7.1	18.4
Cherryland	<5				<5				8			
Dublin	<5								<5			
Emeryville												
Fairview									<5			
Fremont	19	20.6	12.4	32.1	9				57	23.1	17.5	29.9
Hayward	14	25.4	13.9	42.6	31	54.3	36.9	77.1	43	21.7	15.7	29.2
Livermore	<5				<5				14	11.8	6.5	19.9
Newark	<5				9				6			
Oakland	38	20.2	14.3	27.8	30	37.9	25.5	54.0	55	15.7	11.8	20.4
Piedmont									<5			
Pleasanton	<5				<5				17	15.2	8.9	24.3
San Leandro	5				9				37	19.0	13.4	26.1
San Lorenzo	<5				<5				8			
Sunol												
Union City	9				10	39.4	18.9	72.5	13	26.0	13.9	44.5
Remainder of County					<5				<5			
North County	7				<5				25	12.7	8.2	18.8
Oakland Area	45	19.5	14.2	26.0	33	36.3	25.0	50.9	76	13.4	10.6	16.8
Central County	29	23.3	15.6	33.5	52	41.6	31.0	54.5	123	18.6	15.2	22.0
South County	31	20.8	14.1	29.5	28	34.9	23.2	50.4	76	22.4	17.6	28.0
Tri-Valley	5				<5				35	13.5	9.4	18.8

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-5: Diabetes Hospitalization by City and Region

	All				Female				Male				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	45,292	1,075.7	1,065.7	1,085.7	24,279	1,054.3	1,040.9	1,067.7	21,011	1,105.7	1,090.4	1,121.0	12,391	2,143.5	2,105.4	2,181.5
Alameda	2,229	934.9	896.0	973.9	1,201	881.0	830.6	931.4	1,028	1,006.3	944.2	1,068.5	274	2,976.1	2,610.0	3,342.1
Albany	237	498.5	434.4	562.7	100	360.8	289.0	432.6	137	688.3	571.6	805.1	30	1,183.5	798.5	1,689.5
Berkeley	2,040	710.0	678.8	741.1	1,061	649.0	609.5	688.4	979	790.0	739.5	840.6	960	1,970.1	1,842.2	2,097.9
Castro Valley	1,527	818.0	776.5	859.5	758	728.8	675.6	782.0	769	944.1	876.8	1,011.4	82	1,692.4	1,346.0	2,100.7
Dublin	573	842.7	761.1	924.3	270	748.4	647.0	849.8	303	966.1	828.8	1,103.5	50	1,212.6	900.0	1,598.7
Fremont	5,649	1,186.2	1,154.3	1,218.1	2,814	1,075.9	1,035.7	1,116.2	2,835	1,337.6	1,284.6	1,390.5	242	2,227.6	1,844.3	2,611.0
Hayward	7,052	1,545.1	1,508.8	1,581.3	3,889	1,550.1	1,501.2	1,599.0	3,163	1,544.1	1,489.4	1,598.8	876	2,370.0	2,195.8	2,544.2
Livermore	1,601	847.2	803.9	890.5	754	745.6	691.3	799.8	847	957.3	886.7	1,027.9	44	2,054.8	1,493.0	2,758.4
Newark	1,327	1,351.9	1,275.1	1,428.7	706	1,345.3	1,243.3	1,447.4	621	1,346.7	1,228.6	1,464.8	52	1,088.5	813.0	1,427.5
Oakland	15,156	1,312.0	1,291.0	1,333.0	8,599	1,348.4	1,319.7	1,377.1	6,557	1,273.8	1,242.5	1,305.1	8,969	2,164.3	2,119.4	2,209.2
Pleasanton	1,078	688.7	645.7	731.6	472	535.2	485.5	584.8	606	899.0	821.1	976.8	19	876.2	527.6	1,368.3
San Leandro	3,544	1,110.1	1,073.2	1,147.0	1,939	1,087.5	1,037.9	1,137.0	1,605	1,157.1	1,100.4	1,213.9	543	2,180.1	1,974.3	2,385.8
San Lorenzo	798	960.7	893.2	1,028.2	412	900.4	811.8	989.1	386	1,024.4	921.0	1,127.7	41	2,136.5	1,533.2	2,898.4
Sunol	27	1,214.4	800.3	1,766.8	14	1,371.4	749.8	2,301.0	13	1,141.2	607.6	1,951.5				
Union City	2,452	1,551.9	1,488.9	1,615.0	1,290	1,467.2	1,386.3	1,548.1	1,162	1,658.4	1,556.7	1,760.2	209	2,305.4	1,929.2	2,681.6
North County	2,277	676.3	648.3	704.4	1,161	604.9	569.7	640.1	1,116	770.7	724.6	816.7	990	1,931.8	1,808.5	2,055.0
Oakland Area	17,385	1,249.6	1,231.0	1,268.3	9,800	1,271.5	1,246.1	1,296.8	7,585	1,229.2	1,201.2	1,257.2	9,243	2,177.4	2,132.9	2,222.0
Central County	12,921	1,233.1	1,211.8	1,254.5	6,998	1,208.6	1,180.0	1,237.2	5,923	1,274.1	1,241.5	1,306.8	1,542	2,243.4	2,119.2	2,367.6
South County	9,455	1,286.6	1,259.9	1,313.4	4,824	1,195.8	1,161.6	1,230.0	4,631	1,407.9	1,364.2	1,451.6	503	2,111.0	1,871.3	2,350.6
Tri-Valley	3,252	782.3	753.9	810.8	1,496	662.6	627.9	697.2	1,756	933.0	884.5	981.6	113	1,344.0	970.9	1,717.1

	AmerInd				API				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	79	270.0	213.8	336.5	6,902	752.5	734.6	770.5	6,006	1,253.0	1,219.0	1,287.0	18,005	849.7	837.1	862.4
Alameda	5				462	909.2	823.6	994.7	167	1,226.1	1,035.2	1,417.1	1,185	769.1	724.2	814.0
Albany					32	382.5	261.6	539.9	19	679.2	408.9	1,060.7	135	423.2	350.0	496.4
Berkeley	<5				168	508.5	430.6	586.4	104	823.5	652.0	995.1	706	394.7	365.1	424.4
Castro Valley	<5				141	679.6	558.1	801.1	144	1,149.4	953.4	1,345.4	1,079	753.4	707.1	799.6
Dublin	<5				73	1,174.5	920.6	1,476.7	60	1,042.9	795.8	1,342.4	365	739.5	652.9	826.0
Fremont	10	397.3	190.5	730.7	1,320	1,094.9	1,029.5	1,160.2	612	1,330.1	1,218.7	1,441.6	3,323	1,232.7	1,190.4	1,274.9
Hayward	11	386.0	192.7	690.7	1,319	1,666.6	1,573.6	1,759.6	1,465	1,622.6	1,533.9	1,711.3	3,048	1,392.1	1,341.5	1,442.8
Livermore	<5				87	913.7	731.8	1,127.0	151	1,088.9	887.7	1,290.0	1,249	792.8	747.4	838.3
Newark	<5				279	1,245.1	1,092.6	1,397.7	290	1,553.3	1,357.7	1,748.9	671	1,363.4	1,255.2	1,471.7
Oakland	26	551.9	360.5	808.6	1,489	717.9	681.4	754.5	1,790	1,696.8	1,610.8	1,782.8	2,262	592.4	567.3	617.5
Pleasanton					97	897.5	727.8	1,094.9	50	591.9	439.3	780.3	858	651.1	605.9	696.2
San Leandro	8				509	980.5	890.5	1,070.6	529	1,355.0	1,237.2	1,472.8	1,778	952.9	905.4	1,000.5
San Lorenzo	<5				122	949.5	775.1	1,123.8	146	1,315.1	1,093.1	1,537.1	449	868.5	784.4	952.5
Sunol	<5				<5				6				18	903.7	535.6	1,428.3
Union City	<5				802	1,273.1	1,179.3	1,366.9	473	1,647.2	1,493.4	1,801.0	879	1,868.0	1,742.7	1,993.4
North County	<5				200	481.6	414.1	549.0	123	793.2	642.4	944.1	841	396.2	369.0	423.5
Oakland Area	31	541.5	367.9	768.7	1,951	752.1	718.5	785.6	1,957	1,640.9	1,562.0	1,719.7	3,447	644.2	622.1	666.3
Central County	23	358.3	227.2	537.7	2,091	1,268.7	1,211.9	1,325.4	2,284	1,486.0	1,422.1	1,549.9	6,354	1,058.6	1,031.6	1,085.6
South County	17	471.2	274.5	754.5	2,403	1,158.5	1,108.2	1,208.8	1,381	1,475.9	1,393.6	1,558.2	4,891	1,323.9	1,286.4	1,361.3
Tri-Valley	6				257	962.4	831.9	1,093.0	261	919.3	786.4	1,052.2	2,472	725.9	696.0	755.7

Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-6: Asthma Hospitalization (All Ages) by City and Region

	All				Female				Male				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	6,792	156.7	153.0	160.5	3,785	167.2	161.9	172.6	3,007	142.8	137.6	147.9	2,622	428.7	412.2	445.2
Alameda	263	127.2	111.7	142.7	141	124.9	103.8	146.0	122	126.3	103.8	148.8	62	401.7	308.0	515.0
Albany	40	94.9	67.8	129.2	17	75.4	43.9	120.7	23	113.2	71.8	169.9	16	790.1	451.6	1,283.1
Berkeley	313	133.5	118.1	148.8	159	118.4	99.1	137.7	154	145.0	121.5	168.6	172	426.3	361.4	491.2
Castro Valley	163	96.4	81.4	111.4	93	102.4	82.7	125.5	70	91.6	71.4	115.8	15	250.9	140.4	413.8
Dublin	68	73.7	57.2	93.4	39	81.9	58.3	112.0	29	72.9	48.8	104.7	12	140.8	72.8	246.0
Fremont	699	128.5	118.6	138.3	396	140.9	126.8	155.0	303	110.5	97.1	124.0	65	315.7	243.7	402.4
Hayward	935	186.1	174.0	198.1	554	215.9	197.9	234.0	381	152.7	136.9	168.5	205	381.3	324.3	438.2
Livermore	234	105.9	91.6	120.1	142	124.3	103.4	145.2	92	81.8	65.9	100.3	14	310.5	169.8	521.0
Newark	126	107.7	88.0	127.4	64	108.0	83.2	138.0	62	107.6	82.5	137.9	15	271.1	151.7	447.2
Oakland	2,948	238.4	229.7	247.0	1,606	250.8	238.5	263.1	1,342	220.5	208.5	232.4	1,883	427.9	408.6	447.3
Pleasanton	149	79.4	66.0	92.7	96	98.6	79.8	120.4	53	53.9	40.4	70.5	<5			
San Leandro	466	155.2	141.0	169.4	256	162.1	141.9	182.3	210	145.1	125.4	164.7	121	336.1	269.6	402.6
San Lorenzo	116	147.0	120.0	174.0	66	159.3	123.2	202.7	50	136.6	101.4	180.1	10	267.2	128.2	491.5
Sunol	<5								<5							
Union City	271	152.1	133.3	170.9	156	169.9	142.9	196.9	115	125.6	100.3	150.9	29	296.4	198.5	425.7
North County	353	126.6	113.0	140.2	176	110.3	93.2	127.3	177	139.2	118.3	160.2	188	443.0	378.4	507.6
Oakland Area	3,211	221.5	213.8	229.2	1,747	231.4	220.5	242.3	1,464	206.6	195.9	217.2	1,945	428.1	409.0	447.2
Central County	1,680	157.5	149.9	165.0	969	174.9	163.8	185.9	711	138.4	128.1	148.6	351	352.6	312.4	392.8
South County	1,097	130.7	122.6	138.7	616	142.8	131.3	154.2	481	113.0	102.0	124.0	109	312.1	239.8	384.3
Tri-Valley	451	91.0	82.1	99.9	277	108.7	95.4	121.9	174	69.2	57.7	80.7	29	184.6	123.6	265.1

	AmerInd				API				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	13	29.3	15.6	50.2	814	81.6	75.9	87.3	1,029	118.9	110.3	127.6	1,874	108.0	102.9	113.2
Alameda					40	74.3	53.1	101.2	26	138.5	90.5	202.9	99	93.7	76.2	114.1
Albany					5				<5				11	49.2	24.6	88.0
Berkeley	<5				12	41.5	21.5	72.5	27	105.9	69.8	154.1	73	59.0	46.2	74.1
Castro Valley					13	64.6	34.4	110.4	22	107.4	67.3	162.6	105	88.1	70.3	105.9
Dublin					8				11	140.9	70.3	252.0	33	55.7	38.4	78.3
Fremont					185	125.9	104.1	147.8	66	104.1	80.5	132.5	352	143.3	128.0	158.5
Hayward	<5				123	143.2	116.8	169.6	239	166.7	141.1	192.4	292	161.6	141.8	181.4
Livermore					11	68.0	34.0	121.7	25	93.5	60.5	138.1	178	106.3	90.1	122.4
Newark					26	104.0	68.0	152.4	16	40.6	23.2	65.9	64	129.7	99.9	165.6
Oakland	7				176	92.8	79.0	106.6	446	161.5	141.7	181.3	247	90.1	77.8	102.4
Pleasanton					<5				9				129	89.0	73.1	104.8
San Leandro					78	132.5	104.7	165.3	70	98.9	77.1	124.9	160	126.0	103.7	148.4
San Lorenzo					24	193.8	124.2	288.4	22	147.0	92.1	222.6	50	121.3	90.1	160.0
Sunol													<5			
Union City					110	166.9	132.8	201.1	46	101.5	74.3	135.4	80	202.4	160.5	251.9
North County	<5				17	47.6	27.7	76.2	31	107.4	72.9	152.4	84	56.8	45.3	70.3
Oakland Area	7				216	89.0	77.0	100.9	472	160.7	142.0	179.4	346	91.6	81.1	102.1
Central County	<5				238	133.5	115.9	151.2	353	140.1	123.1	157.2	607	128.1	117.1	139.2
South County					321	133.9	117.1	150.8	128	90.9	72.9	108.9	497	147.3	134.0	160.5
Tri-Valley					22	38.1	23.9	57.7	45	92.7	67.6	124.0	340	92.3	82.1	102.5

Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-7: Asthma Hospitalization (<5 Years) by City and Region

	All				Female				Male				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	1,791	581.3	554.4	608.3	624	413.0	380.6	445.4	1,167	743.4	700.7	786.0	536	1,252.7	1,146.7	1,358.8
Alameda	75	596.6	469.3	747.9	22	350.7	219.8	531.0	53	841.6	630.4	1,100.8	12	1,194.1	617.0	2,085.9
Albany	12	497.4	257.0	868.9	<5				8				<5			
Berkeley	92	690.1	556.4	846.4	29	446.6	299.1	641.4	63	921.4	708.1	1,178.9	36	1,651.8	1,156.9	2,286.8
Castro Valley	32	318.5	217.8	449.6	7				25	487.6	315.6	719.9	<5			
Dublin	24	355.9	228.0	529.5	10	313.2	150.2	576.0	14	394.2	215.5	661.4	<5			
Fremont	173	370.8	315.6	426.1	60	268.0	204.5	344.9	113	465.8	379.9	551.6	13	874.7	465.7	1,495.7
Hayward	215	516.1	447.1	585.1	80	392.4	311.1	488.4	135	634.6	527.6	741.7	36	768.6	538.3	1,064.1
Livermore	56	299.5	226.2	388.9	22	242.4	151.9	367.0	34	353.3	244.7	493.7	<5			
Newark	32	339.5	232.2	479.2	9				23	471.6	299.0	707.7	5			
Oakland	843	940.9	877.3	1,004.4	302	684.5	607.3	761.7	541	1,189.6	1,089.3	1,289.8	386	1,264.8	1,138.6	1,391.0
Pleasanton	35	249.0	173.5	346.3	11	156.9	78.3	280.7	24	340.8	218.4	507.1				
San Leandro	121	591.2	485.9	696.6	41	413.0	296.4	560.3	80	759.0	601.9	944.7	33	1,093.0	752.4	1,535.0
San Lorenzo	18	354.9	210.4	560.9	9				9				<5			
Sunol																
Union City	63	411.8	316.4	526.8	18	241.5	143.1	381.7	45	573.5	418.3	767.4	5			
North County	104	660.6	533.6	787.6	33	427.8	294.5	600.8	71	884.2	690.6	1,115.3	38	1,678.0	1,187.5	2,303.2
Oakland Area	918	898.5	840.4	956.6	324	642.9	572.9	713.0	594	1,147.2	1,055.0	1,239.5	398	1,262.5	1,138.5	1,386.6
Central County	386	499.7	449.9	549.6	137	362.6	301.9	423.4	249	630.9	552.5	709.3	73	861.6	675.3	1,083.3
South County	268	374.8	330.0	419.7	87	252.6	202.3	311.5	181	488.5	417.4	559.7	23	822.4	521.3	1,234.0
Tri-Valley	115	291.2	237.9	344.4	43	223.0	161.4	300.4	72	356.2	278.7	448.5	<5			

	AmerInd				API				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	<5				245	290.5	254.2	326.9	454	492.5	447.2	537.8	334	401.1	358.1	444.2
Alameda					11	315.5	157.5	564.6	6				26	525.2	343.1	769.5
Albany					<5				<5				<5			
Berkeley					<5				15	659.7	369.2	1,088.1	25	403.7	261.2	595.9
Castro Valley					5				6				14	282.2	154.3	473.5
Dublin					6				5				11	264.5	132.0	473.2
Fremont					62	295.2	226.3	378.4	19	238.4	143.5	372.2	64	499.1	384.3	637.3
Hayward	<5				27	370.1	243.9	538.5	92	451.0	363.5	553.1	28	426.5	283.4	616.4
Livermore					6				11	277.3	138.4	496.2	34	279.1	193.3	390.1
Newark					9				6				8			
Oakland	<5				63	549.1	421.9	702.5	238	778.1	679.2	876.9	56	446.0	336.9	579.2
Pleasanton					<5				<5				27	290.2	191.2	422.2
San Leandro					21	466.4	288.7	712.9	29	404.3	270.8	580.7	19	428.4	257.9	669.0
San Lorenzo					<5				6				5			
Sunol																
Union City					27	397.3	261.9	578.1	14	303.1	165.7	508.5	15	795.3	445.1	1,311.7
North County					<5				18	701.5	415.8	1,108.7	27	364.4	240.1	530.1
Oakland Area	<5				74	494.6	388.4	621.0	244	753.2	658.7	847.7	82	468.4	372.5	581.4
Central County	<5				56	386.1	291.7	501.4	133	422.8	350.9	494.6	66	375.1	290.1	477.2
South County					98	327.9	266.2	399.6	39	238.5	169.6	326.0	87	499.2	399.8	615.7
Tri-Valley					14	325.5	178.0	546.2	20	306.1	187.0	472.7	72	280.8	219.7	353.6

Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-8: Coronary Heart Disease Mortality by City and Region

	All				Female				Male				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	5,820	146.7	142.9	150.5	2,948	120.2	115.9	124.6	2,872	180.8	174.0	187.5	1,184	223.0	210.3	235.8
Alameda	457	184.6	167.6	201.5	245	148.3	129.4	167.2	212	234.4	202.4	266.4	20	244.9	149.6	378.2
Albany	67	134.0	103.9	170.2	33	98.4	67.8	138.3	34	188.0	130.2	262.8	<5			
Ashland	74	148.0	116.2	185.8	32	98.9	67.7	139.7	42	222.9	160.7	301.3	8			
Berkeley	359	127.6	114.3	140.9	182	99.3	84.6	113.9	177	170.1	144.6	195.5	138	223.8	185.2	262.5
Castro Valley	362	163.1	146.1	180.1	195	132.9	113.7	152.1	167	197.8	167.5	228.2	14	297.6	162.7	499.4
Cherryland	72	199.1	155.8	250.8	42	184.4	132.9	249.2	30	214.7	144.9	306.5	8			
Dublin	42	116.6	84.1	157.7	15	83.4	46.7	137.6	27	163.9	108.0	238.5	<5			
Emeryville	26	148.1	96.8	217.0	12	119.0	61.5	207.9	14	191.4	104.6	321.2	10	236.6	113.4	435.0
Fairview	36	146.6	102.6	202.9	18	150.9	89.4	238.4	18	145.6	86.3	230.0	7			
Fremont	599	153.5	141.0	166.0	293	127.0	112.5	141.6	306	186.9	164.5	209.3	18	342.5	203.0	541.3
Hayward	591	167.3	153.8	180.8	299	135.8	120.3	151.2	292	206.2	182.1	230.3	35	212.4	147.9	295.4
Livermore	227	164.8	142.9	186.6	119	143.3	117.4	169.2	108	198.1	157.8	238.4				
Newark	109	150.9	120.9	180.9	50	123.6	91.7	162.9	59	188.8	143.7	243.5	<5			
Oakland	1,742	158.9	151.4	166.4	874	127.6	119.0	136.2	868	200.6	187.2	214.1	870	225.7	210.6	240.7
Piedmont	34	90.6	62.7	126.5	19	88.2	53.1	137.7	15	93.2	52.2	153.7	<5			
Pleasanton	166	136.9	115.8	158.0	93	123.6	99.8	151.4	73	157.9	123.7	198.5	<5			
San Leandro	464	144.3	131.0	157.6	241	115.6	100.7	130.5	223	188.0	163.2	212.7	26	250.6	163.7	367.1
San Lorenzo	135	179.9	148.9	211.0	65	143.7	110.9	183.2	70	230.1	179.4	290.7	<5			
Sunol	5								<5							
Union City	202	153.4	131.9	174.8	96	117.3	95.0	143.2	106	203.2	161.8	244.6	14	291.3	159.3	488.8
Remainder of County	45	190.6	139.0	255.0	21	146.7	90.8	224.3	24	264.0	169.1	392.7	<5			
North County	426	128.5	116.2	140.7	215	99.2	85.7	112.6	211	172.6	149.0	196.1	141	222.5	184.6	260.4
Oakland Area	2,259	161.6	154.9	168.2	1,150	130.6	123.0	138.3	1,109	202.6	190.6	214.7	901	226.1	211.3	240.9
Central County	1,734	160.2	152.6	167.8	892	129.4	120.8	138.0	842	201.4	187.7	215.2	99	218.6	177.7	266.2
South County	915	153.5	143.3	163.7	441	124.9	113.2	136.6	474	190.4	172.0	208.9	35	306.9	213.8	426.8
Tri-Valley	435	147.0	132.8	161.1	227	127.5	110.8	144.3	208	177.1	150.8	203.4	<5			

	Asian				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	629	86.7	79.9	93.6	384	113.1	101.5	124.8	3,565	155.5	150.4	160.7
Alameda	59	154.2	117.4	198.9	17	151.9	88.5	243.3	357	199.1	178.1	220.0
Albany	<5				<5				57	144.9	109.8	187.8
Ashland	7				8				51	191.5	142.6	251.8
Berkeley	33	106.2	73.1	149.1	8				177	104.1	88.6	119.5
Castro Valley	20	133.5	81.6	206.2	10	82.1	39.4	150.9	316	169.5	150.4	188.6
Cherryland	6				11	191.2	95.4	342.0	47	190.7	140.1	253.6
Dublin	<5								38	140.1	99.2	192.3
Emeryville	<5				<5				12	104.7	54.1	183.0
Fairview	<5				<5				24	154.8	99.2	230.3
Fremont	101	114.8	90.4	139.1	50	140.7	104.5	185.5	423	171.2	154.8	187.6
Hayward	73	152.5	119.6	191.8	73	139.2	109.1	175.0	396	186.7	167.9	205.6
Livermore	9				5				212	179.7	155.1	204.3
Newark	17	94.9	55.3	152.0	17	138.1	80.5	221.2	67	182.3	141.2	231.5
Oakland	175	93.8	79.9	107.8	80	108.3	85.9	134.8	601	138.4	126.9	149.9
Piedmont	<5								29	88.7	59.4	127.3
Pleasanton	10	124.5	59.7	229.0	7				148	139.8	117.0	162.6
San Leandro	35	117.2	81.6	162.9	35	121.6	84.7	169.1	368	153.2	136.8	169.7
San Lorenzo	<5				12	180.9	93.5	315.9	117	195.2	158.5	231.8
Sunol									5			
Union City	61	145.9	111.6	187.4	39	170.4	121.2	233.0	86	161.4	129.1	199.4
Remainder of County	<5				4				34	180.9	125.3	252.8
North County	36	95.1	66.6	131.6	11	99.3	49.6	177.6	234	111.9	97.4	126.4
Oakland Area	241	104.0	90.8	117.2	98	113.6	92.2	138.5	999	152.7	142.9	162.4
Central County	147	134.4	111.6	157.3	152	132.8	111.3	154.4	1,319	172.5	163.0	182.1
South County	179	122.3	103.1	141.6	106	149.5	120.0	178.9	581	170.3	156.3	184.2
Tri-Valley	21	103.1	63.8	157.6	12	68.7	35.5	120.1	398	157.6	141.8	173.4

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-9: Stroke Mortality by City and Region

	All				Female				Male				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	2,225	56.1	53.7	58.4	1,334	54.2	51.3	57.2	891	57.2	53.4	61.1	511	97.0	88.6	105.5
Alameda	120	48.3	39.6	57.0	77	48.6	38.3	60.7	43	49.5	35.9	66.7	6			
Albany	22	44.1	27.6	66.8	12	39.8	20.6	69.6	10	55.6	26.7	102.3	<5			
Ashland	19	39.8	24.0	62.2	6				13	64.0	34.1	109.4	<5			
Berkeley	173	60.2	51.2	69.3	108	57.0	46.1	67.9	65	62.2	48.0	79.3	64	103.3	79.6	132.0
Castro Valley	119	53.8	44.0	63.6	72	50.3	39.4	63.4	47	57.6	42.3	76.6	<5			
Cherryland	25	71.0	46.0	104.9	19	88.9	53.5	138.8	6				<5			
Dublin	26	71.5	46.7	104.8	13	63.7	33.9	109.0	13	87.0	46.3	148.8	<5			
Emeryville	11	63.8	31.9	114.2	7				<5				<5			
Fairview	12	50.4	26.0	88.0	<5				8				<5			
Fremont	194	51.4	44.1	58.8	121	52.4	43.0	61.8	73	49.4	38.8	62.2	6			
Hayward	220	62.5	54.2	70.7	127	57.5	47.5	67.6	93	69.3	55.9	84.9	17	99.6	58.0	159.4
Livermore	62	47.3	36.3	60.7	36	43.6	30.5	60.3	26	52.8	34.5	77.3	<5			
Newark	47	66.5	48.9	88.5	22	52.0	32.6	78.7	25	91.8	59.4	135.4	5			
Oakland	781	70.9	65.9	75.9	476	69.1	62.8	75.4	305	71.7	63.6	79.8	374	98.2	88.2	108.2
Piedmont	14	37.9	20.7	63.5	11	48.2	24.1	86.2	<5							
Pleasanton	54	45.9	34.5	59.9	33	43.4	29.9	61.0	21	46.3	28.7	70.8	<5			
San Leandro	193	59.8	51.3	68.3	110	52.1	42.1	62.0	83	70.5	56.2	87.4	11	114.5	57.2	204.9
San Lorenzo	35	47.3	32.9	65.7	21	44.4	27.5	67.8	14	49.0	26.8	82.2	<5			
Sunol	<5								<5							
Union City	78	59.0	46.7	73.7	48	59.0	43.5	78.2	30	56.5	38.1	80.6	5			
Remainder of County	19	77.0	46.4	120.2	11	80.5	40.2	144.1	8				<5			
North County	195	57.6	49.5	65.7	120	54.2	44.4	64.0	75	61.4	48.3	76.9	65	102.4	79.0	130.5
Oakland Area	926	66.0	61.7	70.2	571	64.8	59.5	70.2	355	65.9	59.0	72.8	384	97.7	87.9	107.4
Central County	623	57.3	52.8	61.8	359	51.9	46.4	57.3	264	64.4	56.5	72.2	38	85.1	60.2	116.8
South County	320	54.6	48.5	60.7	191	53.5	45.9	61.1	129	55.6	45.4	65.9	16	115.1	65.8	186.9
Tri-Valley	142	49.8	41.4	58.1	82	46.4	36.9	57.6	60	54.1	41.3	69.6	6			

	Asian				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	331	45.3	40.3	50.2	158	45.2	37.9	52.5	1,202	51.7	48.7	54.6
Alameda	21	45.9	28.4	70.1					93	51.5	41.6	63.1
Albany	5				<5				14	34.2	18.7	57.3
Ashland	<5				<5				14	62.2	34.0	104.3
Berkeley	19	55.2	33.3	86.3	6				83	48.0	38.3	59.6
Castro Valley	7				12	100.8	52.1	176.1	95	50.5	40.8	61.7
Cherryland					<5				22	93.0	58.3	140.8
Dublin	<5				<5				22	74.6	46.7	112.9
Emeryville	<5								6			
Fairview									10	64.0	30.7	117.6
Fremont	47	62.1	45.6	82.6	26	73.1	47.8	107.1	111	46.1	37.5	54.7
Hayward	28	60.1	39.9	86.8	32	62.3	42.6	87.9	140	61.1	50.8	71.4
Livermore	<5				<5				53	46.8	35.0	61.2
Newark	19	132.3	79.6	206.5	7				16	43.2	24.7	70.2
Oakland	122	64.8	53.2	76.3	34	41.2	28.6	57.6	243	52.8	45.8	59.8
Piedmont	<5								13	40.4	21.5	69.2
Pleasanton					<5				51	49.5	36.9	65.1
San Leandro	19	55.2	33.2	86.2	19	66.2	39.8	103.3	142	56.6	46.9	66.4
San Lorenzo	5				<5				28	47.0	31.2	67.9
Sunol									<5			
Union City	28	55.3	36.8	80.0	11	51.4	25.7	92.0	31	58.1	39.5	82.5
Remainder of County	<5				<5				14	71.3	39	119.7
North County	24	60.2	38.6	89.5	8	73.2	31.6	144.2	97	45.3	36.7	55.2
Oakland Area	145	61.0	51.0	70.9	34	35.3	24.4	49.3	355	52.2	46.6	57.9
Central County	60	53.6	40.9	69.0	67	58.1	45.0	73.8	451	56.8	51.4	62.1
South County	94	67.3	54.4	82.4	44	61.1	44.4	82.1	159	47.7	40.3	55.1
Tri-Valley	6				<5				126	51.1	42.1	60.2

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-10: Cancer Mortality by City and Region

	All				Female				Male				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	6,721	168.9	164.8	172.9	3,369	147.8	142.7	152.8	3,352	199.9	193.0	206.8	1,369	255.1	241.4	268.7
Alameda	411	171.6	155.0	188.3	222	159.5	138.3	180.8	189	197.6	169.0	226.1	26	328.0	214.3	480.7
Albany	87	185.0	148.2	228.2	40	146.5	104.6	199.4	47	243.7	179.1	324.1	5			
Ashland	92	193.8	156.2	237.7	42	152.2	109.7	205.7	50	248.3	184.3	327.4	15	304.5	170.4	502.2
Berkeley	441	159.7	144.7	174.7	241	148.9	129.8	167.9	200	178.9	153.6	204.2	143	250.0	207.6	292.3
Castro Valley	371	180.6	162.0	199.2	210	180.4	155.3	205.5	161	190.7	160.9	220.4	13	247.9	132.0	423.8
Cherryland	60	188.5	143.9	242.7	26	150.3	98.2	220.3	34	243.8	168.8	340.7	<5			
Dublin	74	148.9	116.9	186.9	31	101.3	68.8	143.8	43	224.8	162.7	302.8	<5			
Emeryville	37	195.3	137.5	269.2	24	234.0	149.9	348.1	13	147.0	78.3	251.4	15	372.4	208.4	614.2
Fairview	51	191.5	142.6	251.8	29	202.8	135.8	291.3	22	178.3	111.8	270.0	7			
Fremont	706	156.3	144.5	168.2	342	135.2	120.7	149.7	364	186.2	165.8	206.6	20	311.9	190.5	481.7
Hayward	599	169.0	155.4	182.5	307	149.8	133.0	166.6	292	201.1	177.7	224.5	40	200.8	143.4	273.4
Livermore	303	194.2	171.6	216.7	147	164.9	137.9	191.9	156	237.0	196.6	277.4	5			
Newark	165	181.3	152.1	210.6	74	148.1	116.3	185.9	91	223.1	179.6	273.9	8			
Oakland	2,074	193.7	185.4	202.1	1,011	161.5	151.5	171.6	1,063	239.1	224.6	253.6	1,016	259.0	243.0	275.0
Piedmont	52	142.6	106.5	186.9	19	93.5	56.3	146.1	33	204.1	140.5	286.7				
Pleasanton	224	160.2	138.4	182.0	121	141.0	115.2	166.7	103	196.6	155.5	237.6	<5			
San Leandro	528	179.8	164.2	195.3	247	142.3	124.0	160.7	281	236.9	209.1	264.6	35	309.7	215.7	430.7
San Lorenzo	157	203.1	170.7	235.6	77	175.3	138.4	219.1	80	244.7	194.0	304.5	<5			
Sunol	8								5							
Union City	235	156.2	135.8	176.6	130	149.8	123.8	175.7	105	172.9	137.7	208.0	13	160.7	85.6	274.8
Remainder of County	45	177.6	129.5	237.6	26	184.7	120.7	270.7	19	173.8	104.7	271.5				
North County	528	163.3	149.3	177.3	281	148.5	130.9	166.0	247	188.4	164.5	212.3	148	248.9	207.6	290.3
Oakland Area	2,574	188.3	181.0	195.6	1,276	160.3	151.4	169.2	1,298	229.2	216.6	241.8	1,057	261.0	245.2	276.8
Central County	1,858	178.2	170.0	186.3	938	155.6	145.5	165.7	920	214.8	200.9	228.8	114	221.4	177.3	265.5
South County	1,114	160.0	150.3	169.6	549	140.0	128.2	151.8	565	189.1	172.4	205.8	41	246.1	176.6	333.9
Tri-Valley	601	173.9	159.3	188.4	299	147.4	130.2	164.5	302	217.3	190.2	244.4	9			

	Asian				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	898	110.7	103.3	118.0	515	128.3	116.6	139.9	3,865	179.6	173.8	185.3
Alameda	75	143.5	112.9	179.9	20	170.4	104.1	263.2	282	173.1	152.6	193.7
Albany	14	152.2	83.2	255.4	<5				65	203.2	156.8	259.0
Ashland	12	142.1	73.4	248.2	8				57	245.3	185.8	317.8
Berkeley	45	146.2	106.7	195.7	15	130.2	72.9	214.7	233	140.7	122.3	159.0
Castro Valley	24	135.3	86.7	201.3	24	183.8	117.7	273.4	308	185.1	163.9	206.2
Cherryland	<5				10	136.7	65.6	251.4	42	224.4	161.7	303.3
Dublin	8				7				58	154.1	117.0	199.2
Emeryville	<5				<5				19	160.9	96.9	251.3
Fairview	7				7				30	182.0	122.8	259.8
Fremont	119	99.8	79.7	119.9	61	134.9	103.2	173.3	494	188.4	171.7	205.1
Hayward	85	138.8	110.9	171.6	90	147.5	118.6	181.3	372	191.6	171.6	211.6
Livermore	12	140.7	72.7	245.8	10	114.3	54.8	210.3	275	209.2	183.8	234.5
Newark	34	172.3	119.3	240.7	27	147.3	97.1	214.3	93	198.7	160.3	243.4
Oakland	293	151.6	134.2	169.0	120	135.6	109.7	161.5	627	168.3	154.5	182.0
Piedmont	<5								49	159.2	117.7	210.4
Pleasanton	8				12	200.8	103.8	350.8	201	165.1	141.4	188.7
San Leandro	59	133.1	101.3	171.7	48	159.1	117.3	210.9	384	196.9	175.7	218.0
San Lorenzo	11	120.2	60.0	215.1	12	156.9	81.1	274.0	131	224.7	184.5	264.8
Sunol									7			
Union City	78	125.8	99.4	157.0	38	138.1	97.7	189.5	100	206.2	165.3	247.1
Remainder of County	5				<5				38	193.3	136.8	265.4
North County	59	151.3	115.1	195.1	17	110.9	64.6	177.6	298	150.2	132.9	167.5
Oakland Area	373	148.7	133.6	163.9	141	138.6	114.3	162.9	977	169.3	158.4	180.2
Central County	201	137.7	117.8	157.6	199	153.1	131.2	175.0	1,324	195.2	184.3	206.0
South County	231	115.4	99.2	131.6	127	139.3	113.8	164.7	694	192.4	178.0	206.9
Tri-Valley	28	128.6	85.4	185.8	29	150.4	100.8	216.1	534	183.5	167.3	199.6

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-11: Lung Cancer Mortality by City and Region

	All				Female				Male				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	1,676	42.9	40.8	44.9	788	35.3	32.9	37.8	888	53.0	49.4	56.5	378	70.7	63.6	77.9
Alameda	108	46.0	37.3	54.6	58	43.3	32.9	56.0	50	51.4	38.2	67.8	10	127.4	61.1	234.3
Albany	14	31.3	17.1	52.5	5				9				<5			
Ashland	27	58.4	38.5	85.0	11	41.9	20.9	75.0	16	81.2	46.4	131.9	7			
Berkeley	81	29.6	23.5	36.8	39	24.3	17.3	33.2	42	35.9	25.9	48.5	24	39.8	25.5	59.3
Castro Valley	99	48.9	39.8	59.5	51	44.1	32.8	58.0	48	56.0	41.3	74.3	<5			
Cherryland	22	70.0	43.9	106.1	8				14	103.4	56.5	173.4				
Dublin	11	19.1	9.5	34.1	5				6							
Emeryville	11	59.0	29.5	105.7	6				5				6			
Fairview	11	43.6	21.8	78.0	6				5							
Fremont	180	40.9	34.8	47.0	80	32.7	25.9	40.6	100	51.9	41.1	62.6	6			
Hayward	151	42.9	36.1	49.8	71	34.7	27.1	43.8	80	54.6	43.3	67.9	9			
Livermore	78	51.4	40.7	64.2	42	48.2	34.7	65.1	36	56.4	39.5	78.0	<5			
Newark	56	63.7	48.1	82.7	25	51.3	33.2	75.7	31	79.0	53.7	112.1	<5			
Oakland	515	48.8	44.6	53.0	231	37.6	32.7	42.5	284	63.8	56.4	71.3	295	74.9	66.3	83.4
Piedmont	10	27.2	13.1	50.1	8				<5							
Pleasanton	48	35.8	26.4	47.5	23	26.3	16.7	39.5	25	52.1	33.7	77.0				
San Leandro	139	47.7	39.6	55.7	62	36.5	28.0	46.8	77	64.7	51.1	80.9	6			
San Lorenzo	44	55.5	40.3	74.4	21	45.8	28.3	70.0	23	71.1	45.1	106.7				
Sunol	<5								<5							
Union City	60	39.6	30.2	51.0	30	35.7	24.1	51.0	30	44.7	30.2	63.9	5			
Remainder of County	9				5				<5							
North County	95	29.9	24.2	36.5	44	23.3	16.9	31.3	51	37.9	28.2	49.8	25	40.0	25.9	59.0
Oakland Area	644	47.8	44.1	51.5	303	38.8	34.4	43.2	341	59.9	53.5	66.3	311	76.6	68.0	85.1
Central County	493	47.6	43.4	51.9	230	38.3	33.3	43.3	263	61.3	53.9	68.8	26	49.0	32.0	71.8
South County	298	43.7	38.7	48.8	136	35.8	29.8	41.9	162	54.2	45.4	63.0	15	70.2	39.3	115.8
Tri-Valley	137	41.0	33.9	48.1	70	35.4	27.6	44.7	67	49.6	38.4	63.0	<5			

	Asian				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	207	26.3	22.7	29.9	81	21.7	17.3	27.0	992	47.0	44.0	49.9
Alameda	21	41.8	25.9	63.9	<5				70	45.0	35.0	56.8
Albany	<5								12	39.9	20.6	69.7
Ashland	<5				<5				16	64.8	37.1	105.3
Berkeley	5				<5				47	28.5	20.9	37.9
Castro Valley	8				5				81	49.6	39.4	61.7
Cherryland	<5				<5				18	97.1	57.5	153.4
Dublin	<5								9			
Emeryville									5			
Fairview	<5				<5				8			
Fremont	23	19.6	12.4	29.4	12	29.0	15.0	50.6	136	52.4	43.6	61.3
Hayward	16	28.2	16.1	45.8	13	22.2	11.8	38.0	107	56.1	45.2	66.9
Livermore	<5				<5				73	56.6	44.4	71.1
Newark	11	56.7	28.3	101.5	<5				37	79.2	55.7	109.1
Oakland	69	36.1	28.1	45.7	16	17.9	10.2	29.0	134	36.9	30.4	43.3
Piedmont	<5								9			
Pleasanton	<5				<5				45	38.3	27.9	51.2
San Leandro	20	44.3	27.1	68.4	8				105	53.6	42.7	64.4
San Lorenzo	<5				<5				40	64.9	46.4	88.4
Sunol									<5			
Union City	17	25.8	15.1	41.4	8				29	61.9	41.4	88.9
Remainder of County									9			
North County	6				<5				59	30.1	22.9	38.8
Oakland Area	91	36.9	29.7	45.3	19	19.2	11.6	30.0	218	39.0	33.7	44.3
Central County	52	37.1	27.7	48.6	32	25.7	17.6	36.3	375	55.5	49.8	61.3
South County	51	25.6	19.0	33.6	24	28.8	18.5	42.9	204	57.2	49.3	65.1
Tri-Valley	7				<5				127	44.6	36.6	52.6

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-12: Colorectal Cancer Mortality by City and Region

	All				Female				Male				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	699	17.6	16.3	18.9	363	15.7	14.1	17.4	336	20.1	17.9	22.2	141	26.4	22.0	30.8
Alameda	43	17.8	12.9	23.9	23	16.3	10.3	24.4	20	20.1	12.3	31.0	5			
Albany	10	23.3	11.2	42.9	5				5							
Ashland	11	22.2	11.1	39.7	<5				7				<5			
Berkeley	35	12.5	8.7	17.3	24	14.4	9.2	21.5	11	10.7	5.3	19.2	7			
Castro Valley	33	15.6	10.7	21.9	23	18.7	11.8	28.0	10	11.4	5.5	20.9	<5			
Cherryland	<5				<5				<5							
Dublin	7				<5				5							
Emeryville	8				<5				<5				<5			
Fairview	5				<5				<5							
Fremont	57	13.3	10.0	17.2	26	10.8	7.0	15.8	31	16.3	11.1	23.2	<5			
Hayward	66	18.7	14.5	23.8	37	17.7	12.5	24.5	29	20.6	13.8	29.6	<5			
Livermore	33	21.2	14.6	29.7	13	14.9	7.9	25.5	20	28.6	17.5	44.1	<5			
Newark	15	20.4	11.4	33.6	8				7				<5			
Oakland	226	21.0	18.2	23.7	115	17.7	14.4	21.0	111	25.0	20.3	29.7	106	27.5	22.2	32.7
Piedmont	6				<5				5							
Pleasanton	25	17.9	11.6	26.4	13	15.8	8.4	26.9	12	20.9	10.8	36.5				
San Leandro	60	19.9	15.2	25.7	29	14.5	9.7	20.8	31	26.5	18.0	37.7	7			
San Lorenzo	19	26.2	15.8	41.0	10	23.7	11.4	43.5	9							
Sunol																
Union City	29	19.9	13.3	28.6	16	18.4	10.5	29.8	13	22.3	11.9	38.1				
Remainder of County	8				6				<5							
North County	45	14.0	10.2	18.7	29	15.4	10.3	22.1	16	12.9	7.4	20.9	7			
Oakland Area	283	20.5	18.1	22.9	143	17.4	14.5	20.2	140	24.6	20.5	28.7	114	28.6	23.3	33.9
Central County	197	18.7	16.0	21.3	107	16.7	13.5	20.0	90	21.3	17.1	26.2	15	32.8	18.3	54.1
South County	101	15.3	12.2	18.3	50	13.2	9.8	17.4	51	17.8	13.3	23.4	<5			
Tri-Valley	65	19.1	14.8	24.4	28	14.4	9.6	20.8	37	25.3	17.8	34.8	<5			

	Asian				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	114	14.5	11.8	17.1	45	11.9	8.7	15.9	393	18.0	16.2	19.8
Alameda	7				<5				29	17.6	11.8	25.3
Albany	<5								5			
Ashland	<5				<5				6			
Berkeley	9				<5				18	11.3	6.7	17.9
Castro Valley					<5				30	17.3	11.6	24.6
Cherryland									<5			
Dublin	<5								5			
Emeryville	<5				<5				<5			
Fairview					<5				<5			
Fremont	10	10.6	5.1	19.5	5				39	14.9	10.6	20.4
Hayward	10	20.4	9.8	37.5	10	16.1	7.7	29.6	41	20.0	14.4	27.2
Livermore	<5								30	23.1	15.6	33.0
Newark	<5				<5				9			
Oakland	38	19.4	13.8	26.7	9				71	18.0	14.1	22.7
Piedmont	<5								5			
Pleasanton	<5				<5				23	18.9	12.0	28.4
San Leandro	7				6				40	19.7	14.0	26.8
San Lorenzo	<5				<5				16	27.8	15.9	45.1
Sunol												
Union City	14	20.7	11.3	34.7	<5				11	23.2	11.6	41.5
Remainder of County	<5								6			
North County	13	33.2	17.7	56.8	<5				23	12.3	7.8	18.5
Oakland Area	47	18.7	13.7	24.9	11	12.0	6.0	21.5	108	17.9	14.4	21.3
Central County	20	17.2	10.5	26.5	22	17.8	11.2	27.0	139	19.4	16.1	22.7
South County	27	14.6	9.6	21.3	10	11.3	5.4	20.9	59	16.6	12.6	21.4
Tri-Valley	5				<5				58	20.3	15.4	26.3

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-13: Female Breast Cancer Mortality by City and Region

	Female				AfrAmer				Asian				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	540	23.4	21.4	25.4	112	34.2	27.9	40.6	64	13.0	10.0	16.6	41	16.5	11.8	22.3	315	26.1	23.2	29.0
Alameda	35	25.0	17.4	34.7	<5				5				<5				26	27.3	17.8	39.9
Albany	10	38.7	18.6	71.2					<5								9			
Ashland	<5								<5								<5			
Berkeley	50	31.4	23.3	41.4	21	70.4	43.6	107.6	5				<5				21	22.3	13.8	34.0
Castro Valley	28	25.6	17.0	37.0	<5				<5				<5				22	25.6	16.0	38.7
Cherryland	<5				<5												<5			
Dublin	8												<5				7			
Emeryville	<5				<5												<5			
Fairview	<5												<5				<5			
Fremont	58	21.1	16.0	27.3	<5				14	16.0	8.7	26.8	<5				39	26.1	18.5	35.6
Hayward	48	23.7	17.5	31.4	<5				8				9				27	24.2	15.9	35.2
Livermore	27	28.8	19.0	41.9	<5				<5				<5				23	29.5	18.7	44.3
Newark	9								<5				<5				<5			
Oakland	143	23.3	19.5	27.2	72	30.9	24.2	38.9	14	12.7	6.9	21.3	8				44	21.1	15.3	28.3
Piedmont	<5																<5			
Pleasanton	27	30.8	20.3	44.7	<5				<5				<5				23	31.4	19.9	47.1
San Leandro	50	33.4	24.8	44.1	5				<5				<5				37	43.4	30.6	59.8
San Lorenzo	15	36.2	20.2	59.6	<5				<5								12	41.0	21.2	71.7
Sunol																				
Union City	15	15.5	8.7	25.5	<5				<5				<5				6			
Remainder of County	<5																<5			
North County	60	32.3	24.6	41.6	21	67.8	41.9	103.6	6				<5				30	26.9	18.2	38.5
Oakland Area	184	23.5	20.0	26.9	75	31.1	24.5	39.0	19	13.2	7.9	20.6	9				75	22.9	18.0	28.7
Central County	150	26.2	22.0	30.5	12	28.4	14.7	49.7	16	17.3	9.9	28.1	15	19.2	10.8	31.7	104	30.0	23.9	36.1
South County	82	18.9	15.1	23.5	<5				20	13.6	8.3	21.0	11	17.7	8.8	31.7	49	23.6	17.5	31.2
Tri-Valley	62	28.4	21.8	36.4	<5				<5				<5				53	29.5	22.1	38.6

Table B-14: Prostate Cancer Mortality by City and Region

	Male				AfrAmer				Asian				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	403	26.9	24.3	29.6	125	68.9	56.6	81.3	25	9.1	5.9	13.5	20	15.0	9.2	23.2	229	26.4	23.0	29.9
Alameda	20	22.8	14.0	35.3					<5								19	29.5	17.8	46.0
Albany	9																9			
Ashland	<5																<5			
Berkeley	37	37.7	26.6	52.0	21	105.6	65.4	161.4	<5								13	20.5	10.9	35.0
Castro Valley	25	32.1	20.8	47.5	<5								<5				23	34.5	21.9	51.7
Cherryland	<5				<5												<5			
Dublin	<5												<5				<5			
Emeryville	<5																<5			
Fairview	<5				<5												<5			
Fremont	39	26.6	18.9	36.4	<5				8				<5				25	27.6	17.8	40.7
Hayward	24	17.8	11.4	26.5	5				<5				<5				15	18.2	10.2	30.0
Livermore	10	20.0	9.6	36.8	<5												9			
Newark	6				<5				<5				<5				<5			
Oakland	146	35.7	29.9	41.5	86	61.6	49.2	76.0	10	13.2	6.4	24.4	<5				46	29.8	21.8	39.7
Piedmont	6																6			
Pleasanton	11	27.6	13.8	49.4					<5								10	28.3	13.6	52.0
San Leandro	33	27.5	19.0	38.7	<5								<5				25	28.5	18.4	42.0
San Lorenzo	10	31.5	15.1	57.9													10	40.5	19.4	74.5
Sunol																				
Union City	9				<5								<5				<5			
Remainder of County	<5																<5			
North County	46	39.4	28.8	52.5	21	102.1	63.2	156.1	<5								22	28.4	17.8	43
Oakland Area	174	33.5	28.5	38.4	86	59.8	47.9	73.9	11	11.8	5.9	21.1	<5				73	30.7	24.0	38.5
Central County	100	24.6	19.7	29.4	12	104.2	53.8	182.0	<5				8				79	27.2	21.5	33.9
South County	54	24.3	18.3	31.7	5				10	18.7	8.9	34.3	8				30	25.0	16.9	35.7
Tri-Valley	25	23.8	15.4	35.2	<5				<5				<5				21	25.2	15.6	38.5

Source: CAPE, with data from Alameda County vital statistics files 2002-2004, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-15: Depression Hospitalization by City and Region

	All				Female				Male				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	7,444	168.9	165.1	172.8	4,689	209.4	203.3	215.4	2,754	128.2	123.4	133.1	1,609	259.7	247.0	272.4
Alameda	413	191.6	172.9	210.4	267	239.9	210.3	269.5	146	139.8	116.9	162.8	67	488.5	378.6	620.4
Albany	82	180.5	143.6	224.1	44	194.1	141.0	260.6	38	176.7	125.0	242.5	9			
Berkeley	699	207.9	191.6	224.1	471	267.4	241.9	292.9	228	146.0	126.0	166.1	187	450.3	385.5	515.2
Castro Valley	335	209.6	186.7	232.5	221	274.3	237.2	311.4	114	148.9	121.3	176.6	23	420.8	266.7	631.4
Dublin	136	140.4	112.1	168.8	84	184.0	146.8	227.9	52	106.3	79.4	139.4	5			
Fremont	716	121.7	112.6	130.8	459	155.9	141.4	170.3	257	88.3	77.0	99.6	39	199.7	142.0	273.0
Hayward	962	182.4	170.8	194.0	567	215.3	197.5	233.0	395	147.8	133.0	162.7	159	248.8	208.9	288.7
Livermore	483	256.7	232.7	280.6	348	336.9	300.8	373.1	135	173.0	139.6	206.5	8			
Newark	160	119.2	100.4	137.9	101	150.2	120.7	179.8	59	89.5	68.2	115.5	18	307.3	182.1	485.7
Oakland	2,147	169.1	161.9	176.3	1,280	194.5	183.7	205.2	867	144.2	134.5	153.9	970	220.9	206.9	234.8
Pleasanton	399	246.6	221.4	271.9	271	311.0	272.9	349.1	128	188.9	151.6	226.1	<5			
San Leandro	504	171.2	156.1	186.2	313	209.9	186.3	233.4	191	133.7	114.7	152.7	78	212.6	168.1	265.3
San Lorenzo	136	173.5	144.2	202.8	85	215.7	172.3	266.7	51	132.2	98.4	173.8	6	192.2	70.5	418.3
Sunol	19	828.3	498.7	1,293.5	17	1,691.9	985.6	2,708.9	<5				<5			
Union City	252	124.3	108.6	140.0	161	155.8	131.5	180.1	91	91.6	73.8	112.5	35	240.1	167.2	333.9
North County	781	199.6	185.1	214.2	515	250.9	228.3	273.5	266	147.1	128.6	165.5	196	447.9	384.9	511.0
Oakland Area	2,560	171.9	165.2	178.6	1,547	201.0	190.9	211.1	1,013	142.6	133.7	151.5	1,037	228.4	214.5	242.3
Central County	1,937	182.2	174.1	190.3	1,186	221.2	208.5	233.9	751	143.9	133.5	154.3	266	239.7	209.3	270.1
South County	1,147	123.1	115.9	130.4	738	157.2	145.8	168.7	409	89.6	80.5	98.8	93	225.6	182.1	276.4
Tri-Valley	1,018	234.9	219.6	250.3	703	303.2	280.1	326.3	315	169.7	147.4	191.9	17	82.9	48.3	132.8

	AmerInd				API				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	11	27.4	13.7	49.0	587	53.3	49.0	57.7	857	94.6	87.5	101.7	3,951	230.8	223.3	238.2
Alameda					23	37.7	23.9	56.5	42	227.9	164.2	308.0	250	243.5	211.0	275.9
Albany					8				6				53	219.5	164.4	287.1
Berkeley	<5				68	105.4	81.9	133.7	32	111.1	76.0	156.9	366	190.1	169.8	210.4
Castro Valley					14	60.3	33.0	101.2	24	128.6	82.4	191.3	260	246.6	215.3	277.9
Dublin					7				7				111	176.2	139.1	213.3
Fremont	<5				97	50.1	40.6	61.1	84	101.1	80.7	125.2	448	178.2	161.4	195.0
Hayward	<5				66	60.0	46.4	76.4	183	101.5	85.3	117.7	479	307.5	278.9	336.0
Livermore					11	78.4	39.1	140.3	32	151.3	103.5	213.5	407	280.5	252.5	308.6
Newark	<5				16	50.6	28.9	82.2	28	65.4	43.4	94.5	84	159.5	127.2	197.5
Oakland	5				171	78.4	66.6	90.2	254	95.1	80.8	109.4	643	211.5	193.6	229.4
Pleasanton					18	91.7	54.3	144.9	21	195.0	120.7	298.0	349	275.2	245.4	305.0
San Leandro	<5				41	65.6	47.1	89.0	78	120.7	95.4	150.7	278	233.6	203.9	263.3
San Lorenzo					12	79.9	41.3	139.7	17	92.5	53.9	148.0	96	267.4	216.6	326.6
Sunol									<5				14	736.4	402.6	1,235.6
Union City					35	36.1	25.2	50.2	46	91.0	66.6	121.4	113	264.6	214.8	314.5
North County	<5				76	92.9	73.2	116.2	38	115.0	81.4	157.9	419	188.5	169.8	207.1
Oakland Area	5				194	69.5	59.7	79.4	296	110.6	95.0	126.3	893	220.8	205.0	236.6
Central County	<5				133	62.6	51.8	73.4	302	107.2	94.1	120.3	1,113	269.2	252.6	285.8
South County	<5				148	44.9	37.1	52.7	161	93.5	78.0	109.0	659	189.2	174.5	203.9
Tri-Valley					36	79.8	55.9	110.5	60	146.1	111.5	188.1	867	265.1	246.7	283.4

Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-16: Alcohol-related Hospitalization by City and Region

	All				Female				Male				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	3,331	71.8	69.4	74.3	1,087	45.6	42.9	48.4	2,244	99.9	95.7	104.1	584	94.8	87.1	102.6
Alameda	175	71.4	60.8	82.1	57	45.2	34.3	58.6	118	101.0	82.7	119.3	17	133.0	77.5	213.0
Albany	29	54.4	36.4	78.1	11	36.2	18.1	64.8	18	74.9	44.4	118.3	<5			
Berkeley	228	74.0	64.3	83.8	80	50.1	39.7	62.4	148	101.1	84.5	117.7	38	88.8	62.8	121.9
Castro Valley	144	80.8	67.5	94.2	50	54.6	40.5	72.0	94	112.2	90.7	137.3	6			
Dublin	65	52.6	40.6	67.0	27	50.4	33.2	73.3	38	54.2	38.3	74.3	<5			
Fremont	297	47.3	41.8	52.8	112	35.7	29.0	42.3	185	59.7	50.7	68.6	9			
Hayward	457	91.9	83.4	100.4	129	51.2	42.3	60.1	328	134.8	120.0	149.6	43	74.0	53.6	99.7
Livermore	161	63.8	53.8	73.9	62	49.9	38.3	64.0	99	77.5	63.0	94.4	<5			
Newark	98	75.2	61.0	91.6	32	49.4	33.8	69.7	66	101.4	78.4	129.0	9			
Oakland	1,124	90.7	85.4	96.1	355	54.0	48.4	59.6	769	131.8	122.4	141.2	430	98.9	89.5	108.2
Pleasanton	150	66.6	55.7	77.5	54	44.8	33.7	58.5	96	89.9	72.8	109.7	<5			
San Leandro	259	85.8	75.3	96.3	78	48.5	38.3	60.5	181	126.2	107.7	144.6	16	47.7	27.3	77.5
San Lorenzo	48	58.2	42.9	77.1	17	39.0	22.7	62.5	31	76.5	52.0	108.6	<5			
Sunol	<5				<5											
Union City	95	47.9	38.7	58.5	22	21.0	13.2	31.8	73	77.6	60.8	97.6	<5			
North County	257	70.9	62.2	79.7	91	48.4	39.0	59.5	166	96.6	81.7	111.6	41	90.4	64.9	122.6
Oakland Area	1,299	87.4	82.6	92.2	412	52.3	47.3	57.4	887	126.6	118.2	135.1	447	99.9	90.7	109.2
Central County	908	85.5	79.9	91.1	274	50.3	44.4	56.3	634	123.4	113.7	133.1	66	65.6	50.7	83.5
South County	491	51.2	46.6	55.8	167	34.5	29.3	39.8	324	68.9	61.1	76.6	22	53.7	33.7	81.4
Tri-Valley	376	62.3	55.9	68.8	143	47.3	39.4	55.2	233	77.7	67.4	88.0	8			

	AmerInd				API				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	13	31.1	16.6	53.2	136	12.2	10.2	14.3	436	56.6	50.9	62.3	1,972	95.2	90.9	99.5
Alameda	<5				<5				7				132	92.2	76.2	108.1
Albany					<5				8				16	53.3	30.5	86.6
Berkeley					11	33.2	16.6	59.4	7				157	79.6	67.0	92.2
Castro Valley	<5				<5				12	82.1	42.4	143.5	110	87.8	71.1	104.6
Dublin					<5				<5				52	62.2	46.5	81.6
Fremont					34	16.3	11.3	22.7	30	45.5	30.7	64.9	213	70.4	60.9	79.9
Hayward	<5				26	26.3	17.2	38.6	107	82.3	65.7	98.9	246	133.1	116.3	149.9
Livermore	<5				<5				15	54.8	30.7	90.4	136	69.2	57.3	81.0
Newark					5				16	52.0	29.7	84.5	65	108.1	83.5	137.8
Oakland	<5				19	9.0	5.4	14.1	161	88.2	73.1	103.4	445	115.2	104.3	126.1
Pleasanton					6				9				124	69.4	56.9	82.0
San Leandro	<5				<5				29	58.0	38.9	83.3	194	142.8	122.0	163.6
San Lorenzo					<5				6				36	82.5	57.8	114.2
Sunol													<5			
Union City					14	15.6	8.5	26.2	26	60.2	39.4	88.3	45	93.4	68.1	125.0
North County					13	28.1	15.0	48.1	15	58.8	32.9	97.1	173	74.8	63.5	86.1
Oakland Area	<5				23	8.5	5.4	12.7	168	83.2	69.4	97.0	577	108.2	99.2	117.1
Central County	8				35	16.8	11.7	23.3	154	72.7	60.6	84.9	586	119.2	109.4	129.0
South County					53	16.3	12.2	21.3	72	51.0	39.9	64.2	324	78.6	70.0	87.2
Tri-Valley	<5				12	23.2	12.0	40.6	27	49.1	32.3	71.4	312	67.9	60.2	75.6

Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-17: Drug-related Hospitalization by City and Region

	All				Female				Male				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	2,715	59.6	57.3	61.8	1,257	53.8	50.8	56.8	1,458	65.1	61.8	68.5	857	138.3	129.0	147.6
Alameda	146	63.4	53.0	73.8	73	59.0	46.3	74.2	73	67.4	52.8	84.7	21	154.5	95.6	236.1
Albany	29	60.3	40.4	86.6	7				22	96.1	60.3	145.6	<5			
Berkeley	242	72.6	63.2	82.1	113	66.2	53.8	78.6	129	79.1	64.7	93.4	69	166.6	129.6	210.8
Castro Valley	109	65.2	52.8	77.7	42	43.7	31.5	59.0	67	88.9	68.9	112.9	<5			
Dublin	33	24.6	17.0	34.6	15	23.3	13.1	38.5	18	25.9	15.3	40.9	<5			
Fremont	184	30.8	26.2	35.3	97	32.6	26.4	39.8	87	28.1	22.5	34.6	7			
Hayward	325	61.8	55.0	68.6	159	60.5	51.1	70.0	166	61.9	52.3	71.5	54	92.8	69.7	121.1
Livermore	105	44.0	35.4	52.6	60	50.4	38.4	64.8	45	36.8	26.9	49.3	<5			
Newark	59	46.1	35.1	59.4	22	35.9	22.5	54.3	37	54.8	38.6	75.5	<5			
Oakland	1,084	86.2	81.0	91.3	487	73.6	67.0	80.2	597	100.0	91.9	108.1	644	148.1	136.6	159.6
Pleasanton	87	48.4	38.7	59.7	37	35.6	25.0	49.0	50	60.1	44.6	79.2	<5			
San Leandro	194	64.4	55.3	73.6	92	58.4	47.1	71.7	102	69.6	56.0	83.2	33	88.4	60.9	124.2
San Lorenzo	36	45.1	31.6	62.5	17	37.9	22.1	60.7	19	48.7	29.3	76.0	<5			
Sunol	<5				<5											
Union City	81	38.9	30.9	48.3	35	33.9	23.6	47.1	46	44.9	32.9	59.9	14	111.7	61.1	187.5
North County	271	69.7	61.2	78.2	120	60.1	49.2	71.0	151	79.7	66.5	93.0	71	162.5	126.9	205.0
Oakland Area	1,230	82.4	77.7	87.0	560	71.3	65.4	77.2	670	94.4	87.2	101.6	665	148.3	137.0	159.6
Central County	664	61.3	56.6	66.0	310	55.6	49.4	61.8	354	66.2	59.2	73.1	91	86.1	69.3	105.7
South County	325	34.6	30.7	38.4	155	33.4	28.1	38.7	170	35.2	29.6	40.7	23	59.0	37.4	88.5
Tri-Valley	225	41.8	36.1	47.5	112	40.5	32.8	48.3	113	42.2	34.0	50.3	7	33.6	13.5	69.3

	AmerInd				API				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	8				138	12.5	10.4	14.6	276	32.6	28.3	36.9	1,285	70.1	66.2	74.0
Alameda					7				10	50.4	24.2	92.6	102	85.3	67.7	103.0
Albany	<5								<5				18	69.5	41.2	109.8
Berkeley	<5				5				21	60.3	37.3	92.2	128	65.2	53.6	76.7
Castro Valley	<5				<5				11	62.1	31.0	111.0	86	78.1	62.5	96.4
Dublin									<5				26	32.0	20.9	46.9
Fremont					26	13.7	8.9	20.0	17	25.6	14.9	40.9	124	45.8	37.6	54.0
Hayward	<5				22	18.9	11.9	28.7	55	34.2	25.8	44.5	171	98.7	83.5	113.9
Livermore									9				90	49.3	39.7	60.6
Newark					5				14	37.7	20.6	63.3	35	68.1	47.4	94.6
Oakland	<5				44	21.4	15.6	28.8	88	47.1	37.8	58.0	254	76.7	66.5	86.8
Pleasanton	<5				7				<5				70	52.3	40.8	66.1
San Leandro	<5				11	16.0	8.0	28.6	18	31.9	18.9	50.4	120	99.3	80.4	118.2
San Lorenzo					<5				<5				29	71.5	47.9	102.7
Sunol													<5			
Union City					8				21	41.3	25.5	63.1	31	73.3	49.8	104.1
North County	<5				5				24	69.1	44.3	102.8	146	64.2	53.6	74.9
Oakland Area	<5				51	19.4	14.5	25.6	98	46.9	38.1	57.1	356	78.7	69.9	87.5
Central County	<5				36	15.8	11.0	21.8	87	34.2	27.4	42.2	406	91.1	81.8	100.3
South County					39	12.4	8.8	16.9	52	32.8	24.5	43.0	191	52.0	44.5	59.6
Tri-Valley	<5				7				15	20.8	11.6	34.3	186	47.5	40.4	54.6

Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-18: Unintentional Injury Mortality by City and Region

	All				Female				Male				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	1,078	24.5	23.0	25.9	387	16.4	14.8	18.0	691	33.3	30.8	35.9	262	43.8	38.5	49.1
Alameda	58	24.5	18.6	31.6	20	14.3	8.7	22.0	38	37.4	26.5	51.3	<5			
Albany	14	28.5	15.6	47.8	9				5				<5			
Ashland	20	35.5	21.7	54.8	9				11	39.2	19.6	70.1	5			
Berkeley	77	26.7	21.0	33.3	21	12.7	7.9	19.5	56	43.7	33.0	56.7	28	65.8	43.7	95.2
Castro Valley	38	19.6	13.9	26.9	12	10.3	5.3	18.1	26	29.8	19.4	43.6	<5			
Cherryland	13	33.0	17.6	56.4	<5				11	53.4	26.7	95.6				
Dublin	21	21.4	13.2	32.7	10	19.5	9.4	35.9	11	23.5	11.7	42.0	<5			
Emeryville	5				<5				<5				<5			
Fairview	9				<5				8				<5			
Fremont	104	19.5	15.6	23.5	46	16.8	12.3	22.4	58	21.7	16.5	28.1	<5			
Hayward	112	27.7	22.5	32.9	41	19.7	14.1	26.7	71	37.0	28.9	46.6	15	44.6	24.9	73.5
Livermore	41	21.2	15.2	28.7	15	14.4	8.1	23.8	26	27.3	17.9	40.0	<5			
Newark	22	22.3	14.0	33.8	12	23.9	12.3	41.7	10	19.0	9.1	35.0				
Oakland	389	32.7	29.4	36.0	134	20.7	17.2	24.3	255	46.4	40.6	52.2	176	42.0	35.8	48.3
Piedmont	<5				<5				<5							
Pleasanton	23	14.9	9.5	22.4	12	13.6	7.1	23.8	11	14.4	7.2	25.8	<5			
San Leandro	63	24.2	18.6	30.9	19	12.4	7.5	19.4	44	36.5	26.5	49.0	11	39.3	19.6	70.3
San Lorenzo	15	22.4	12.5	36.9	<5				11	33.8	16.9	60.5	<5			
Sunol	<5								<5							
Union City	39	21.8	15.5	29.8	15	16.2	9.1	26.8	24	28.1	18.0	41.9	<5			
Remainder of County	5				<5				<5							
North County	91	26.6	21.4	32.7	30	15.0	10.1	21.4	61	40.8	31.2	52.4	31	68.6	46.6	97.4
Oakland Area	456	30.7	27.9	33.5	158	19.4	16.4	22.5	298	43.8	38.7	48.9	182	41.7	35.6	47.8
Central County	270	25.3	22.3	28.4	88	15.5	12.4	19.0	182	36.0	30.7	41.3	35	37.4	26.0	52.0
South County	166	20.6	17.3	23.8	73	17.6	13.8	22.1	93	23.1	18.6	28.3	8	34.7	15.0	68.5
Tri-Valley	85	19.3	15.4	23.8	37	15.6	11.0	21.6	48	21.8	16.0	28.8	6	77.8	28.5	169.3

	Asian				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	137	15.9	13.2	18.6	177	23.6	19.6	27.6	481	23.5	21.3	25.6
Alameda	14	28.6	15.7	48.1	5				35	24.0	16.7	33.4
Albany									11	31.8	15.9	56.8
Ashland	<5				7				7			
Berkeley	7				6				34	19.5	13.5	27.2
Castro Valley	5				<5				28	20.0	13.3	28.9
Cherryland	<5				6				5			
Dublin	<5				<5				17	23.4	13.7	37.5
Emeryville	<5								<5			
Fairview	<5				<5				<5			
Fremont	20	14.0	8.6	21.6	17	24.3	14.2	38.9	61	22.8	17.4	29.2
Hayward	13	19.4	10.4	33.2	27	23.3	15.3	33.9	52	35.9	26.8	47.1
Livermore	<5				<5				36	24.0	16.8	33.3
Newark	<5				8				11	23.4	11.7	41.8
Oakland	34	17.6	12.2	24.6	72	36.8	28.8	46.4	100	27.6	21.9	33.4
Piedmont									<5			
Pleasanton	<5				<5				19	15.6	9.4	24.3
San Leandro	13	25.2	13.4	43.2	8				28	21.0	13.9	30.3
San Lorenzo					<5				9			
Sunol												
Union City	17	22.8	13.3	36.5	7				11	24.7	12.3	44.3
Remainder of County	<5								<5			
North County	7				6				45	21.4	15.6	28.7
Oakland Area	49	19.5	14.4	25.8	77	35.3	27.9	44.1	140	25.2	20.8	29.6
Central County	36	21.9	15.3	30.3	57	25.1	19.0	32.5	133	26.2	21.5	30.9
South County	40	17.5	12.5	23.8	33	25.1	17.3	35.2	83	22.8	18.2	28.3
Tri-Valley	<5				<5				72	21.4	16.8	27.0

Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-19: Homicide by City and Region

	All				Female				Male				AfrAmer			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	394	8.5	7.7	9.4	65	2.8	2.2	3.6	329	14.2	12.6	15.7	251	40.4	35.4	45.4
Alameda	7				<5				5				<5			
Albany	<5								<5							
Ashland	<5				<5				<5				<5			
Berkeley	11	3.2	1.6	5.8	<5				10	6.2	3.0	11.4	8			
Castro Valley	6				<5				<5				<5			
Cherryland	<5								<5				<5			
Dublin	<5								<5							
Emeryville	<5				<5				<5				<5			
Fairview	<5								<5				<5			
Fremont	15	2.1	1.2	3.5	<5				12	3.4	1.8	5.9	5			
Hayward	33	7.1	4.9	10.0	<5				30	12.6	8.5	17.9	15	28.7	16.1	47.4
Livermore	6				<5				<5				<5			
Newark	7				<5				<5				<5			
Oakland	264	20.5	18.0	23.0	38	5.9	4.2	8.1	226	35.8	31.1	40.6	202	47.3	40.8	53.9
Piedmont																
Pleasanton	<5								<5							
San Leandro	15	5.9	3.3	9.8	<5				11	9.0	4.5	16.0	6			
San Lorenzo	<5								<5							
Sunol																
Union City	8				<5				6				<5			
Remainder of County	<5								<5				<5			
North County	13	3.3	1.7	5.6	<5				12	6.3	3.3	11.0	8			
Oakland Area	274	17.6	15.5	19.6	41	5.2	3.7	7.1	233	30.4	26.4	34.3	206	46.2	39.9	52.6
Central County	67	6.2	4.8	7.9	11	2.0	1.0	3.6	56	10.3	7.8	13.3	28	23.5	15.6	33.9
South County	30	2.9	1.9	4.1	9				21	4.0	2.5	6.1	7			
Tri-Valley	8				<5				5				<5			

	Asian				Latino				White			
	#	Rate	LCL	UCL	#	Rate	LCL	UCL	#	Rate	LCL	UCL
Alameda County	26	2.4	1.6	3.6	64	6.1	4.7	7.7	42	2.3	1.6	3.1
Alameda	<5				<5				<5			
Albany					<5				<5			
Ashland					<5							
Berkeley					<5				<5			
Castro Valley	<5				<5				<5			
Cherryland	<5				<5							
Dublin									<5			
Emeryville									<5			
Fairview												
Fremont	<5				<5				<5			
Hayward	<5				6				6			
Livermore					<5				<5			
Newark	<5				<5				<5			
Oakland	10	5.2	2.5	9.5	38	12.5	8.9	17.2	10	3.1	1.5	5.7
Piedmont												
Pleasanton									<5			
San Leandro	<5				<5				6			
San Lorenzo					<5				<5			
Sunol												
Union City	<5				<5				<5			
Remainder of County												
North County					<5				<5			
Oakland Area	12	4.5	2.3	7.9	39	11.6	8.3	15.9	12	2.5	1.3	4.4
Central County	5				14	4.8	2.6	8.1	15	3.8	2.1	6.2
South County	8				8				7			
Tri-Valley					<5				5			

Source: CAPE, with data from OSHPD hospitalization files 2003-2005, Census 2000, DOF.

Note: Counts are for three years; rates are age-adjusted per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rates.

Table B-20: Low Birth Weight Babies by City and Region

	Total					AfrAmer					AmerInd					Asian				
	#	Births	%	LCL-%	UCL-%	#	Births	%	LCL-%	UCL-%	#	Births	%	LCL-%	UCL-%	#	Births	%	LCL-%	UCL-%
Alameda County	4,497	63,262	7.1	6.9	7.3	923	7,514	12.3	11.5	13.0	11	171	6.4	2.8	10.1	1,203	16,343	7.4	7.0	7.8
Alameda	158	2,473	6.4	5.4	7.4	19	220	8.6	4.9	12.3	1	10				54	765	7.1	5.2	8.9
Albany	36	667	5.4	3.7	7.1	2	21				0	2				10	228	4.4	1.7	7.0
Ashland	81	1,159	7.0	5.5	8.5	27	221	12.2	7.9	16.5	0	4				15	158	9.5	4.9	14.1
Berkeley	189	2,712	7.0	6.0	7.9	48	314	15.3	11.3	19.3	0	10				24	376	6.4	3.9	8.9
Castro Valley	121	1,889	6.4	5.3	7.5	12	112	10.7	5.0	16.4	1	8				22	434	5.1	3.0	7.1
Cherryland	51	819	6.2	4.6	7.9	10	70	14.3	6.1	22.5	1	6				6	59	10.2	2.5	17.9
Dublin	116	1,751	6.6	5.5	7.8	4	50				0	4				43	558	7.7	5.5	9.9
Emeryville	27	246	11.0	7.1	14.9	12	52	23.1	11.6	34.5	0	1				11	77	14.3	6.5	22.1
Fairview	25	359	7.0	4.3	9.6	6	55	10.9	2.7	19.1						8	69	11.6	4.0	19.1
Fremont	672	9,581	7.0	6.5	7.5	29	258	11.2	7.4	15.1	2	15				365	5,191	7.0	6.3	7.7
Hayward	491	7,225	6.8	6.2	7.4	72	706	10.2	8.0	12.4	3	20				109	1,423	7.7	6.3	9.0
Livermore	250	3,354	7.5	6.6	8.3	7	66	10.6	3.2	18.0	2	9				34	311	10.9	7.5	14.4
Newark	142	2,064	6.9	5.8	8.0	10	85	11.8	4.9	18.6	0	3				49	599	8.2	6.0	10.4
Oakland	1,359	18,283	7.4	7.1	7.8	582	4,587	12.7	11.7	13.7	1	55				180	2,524	7.1	6.1	8.1
Piedmont	16	245	6.5	3.4	9.6	0	2									2	56			
Pleasanton	195	2,372	8.2	7.1	9.3	11	42	26.2	12.9	39.5	0	5				56	564	9.9	7.5	12.4
San Leandro	240	3,499	6.9	6.0	7.7	42	415	10.1	7.2	13.0	0	13				67	1,014	6.6	5.1	8.1
San Lorenzo	77	867	8.9	7.0	10.8	6	33	18.2	5.0	31.3	0	2				21	185	11.4	6.8	15.9
Sunol	1	22																		
Union City	219	3,091	7.1	6.2	8.0	18	176	10.2	5.8	14.7	0	4				117	1,598	7.3	6.0	8.6
North County	225	3,379	6.7	5.8	7.5	50	335	14.9	11.1	18.7	0	12				34	604	5.6	3.8	7.5
Oakland Area	1,560	21,247	7.3	7.0	7.7	613	4,861	12.6	11.7	13.5	2	66				247	3,422	7.2	6.4	8.1
Central County	1,086	15,817	6.9	6.5	7.3	175	1,612	10.9	9.3	12.4	5	53	9.4	1.6	17.3	248	3,342	7.4	6.5	8.3
South County	1,034	14,758	7.0	6.6	7.4	57	519	11.0	8.3	13.7	2	22				531	7,388	7.2	6.6	7.8
Tri-Valley	561	7,477	7.5	6.9	8.1	22	158	13.9	8.5	19.3	2	18				133	1,433	9.3	7.8	10.8

	Latino					Multirace					PacIsl					White				
	#	Births	%	LCL-%	UCL-%	#	Births	%	LCL-%	UCL-%	#	Births	%	LCL-%	UCL-%	#	Births	%	LCL-%	UCL-%
Alameda County	1,066	19,404	5.5	5.2	5.8	83	1,162	7.1	5.7	8.6	41	620	6.6	4.7	8.6	1,082	16,877	6.4	6.0	6.8
Alameda	14	249	5.6	2.8	8.5	5	85	5.9	0.9	10.9	0	30				63	1,083	5.8	4.4	7.2
Albany	4	67				0	19				0	2				20	314	6.4	3.7	9.1
Ashland	33	608	5.4	3.6	7.2	0	17				2	15				4	132		0.1	6.0
Berkeley	20	362	5.5	3.2	7.9	6	75	8.0	1.9	14.1	0	5				81	1,508	5.4	4.2	6.5
Castro Valley	22	378	5.8	3.5	8.2	4	43				1	18				56	848	6.6	4.9	8.3
Cherryland	25	558	4.5	2.8	6.2	0	14				1	10				7	99	7.1	2.0	12.1
Dublin	7	181	3.9	1.1	6.7	1	20				0	10				52	797	6.5	4.8	8.2
Emeryville	1	28				0	6									3	77			
Fairview	3	90				1	8				0	4		0.0	0.0	7	129	5.4	1.5	9.3
Fremont	101	1,660	6.1	4.9	7.2	8	135	5.9	1.9	9.9	5	51	9.8	1.6	18.0	143	2,113	6.8	5.7	7.8
Hayward	215	3,802	5.7	4.9	6.4	13	157	8.3	4.0	12.6	15	192	7.8	4.0	11.6	59	890	6.6	5.0	8.3
Livermore	67	929	7.2	5.5	8.9	1	44				0	10				135	1,785	7.6	6.3	8.8
Newark	52	866	6.0	4.4	7.6	1	30				6	29	20.7	5.9	35.4	21	432	4.9	2.8	6.9
Oakland	332	6,711	4.9	4.4	5.5	23	319	7.2	4.4	10.0	6	160	3.8	0.8	6.7	222	3,712	6.0	5.2	6.7
Piedmont	2	8				0	5									12	170	7.1	3.2	10.9
Pleasanton	18	318	5.7	3.1	8.2	7	40	17.5	5.7	29.3	1	6				92	1,264	7.3	5.8	8.7
San Leandro	67	1,139	5.9	4.5	7.2	7	71	9.9	2.9	16.8	1	34				52	772	6.7	5.0	8.5
San Lorenzo	26	406	6.4	4.0	8.8	1	14				1	6				22	214	10.3	6.2	14.3
Sunol	1	10														0	10			
Union City	52	856	6.1	4.5	7.7	3	39				2	34				23	344	6.7	4.0	9.3
North County	24	429	5.6	3.4	7.8	6	94	6.4	1.4	11.3	0	7				101	1,822	5.5	4.5	6.6
Oakland Area	349	6,996	5.0	4.5	5.5	28	415	6.7	4.3	9.2	6	190	3.2	0.7	5.6	300	5,042	6.0	5.3	6.6
Central County	391	6,981	5.6	5.1	6.1	26	324	8.0	5.1	11.0	21	279	7.5	4.4	10.6	207	3,084	6.7	5.8	7.6
South County	206	3,392	6.1	5.3	6.9	12	204	5.9	2.7	9.1	13	114	11.4	5.6	17.2	187	2,899	6.5	5.6	7.3
Tri-Valley	92	1,428	6.4	5.2	7.7	9	104	8.7	3.3	14.1	1	26				279	3,846	7.3	6.4	8.1

Source: CAPE, with data from Alameda County vital statistics files 2003-2005.

Table B-21: Number and Rate of Teen Births by City and Region

	#	Total			#	AfrAmer			#	Asian		
		Rate	LCL-%	UCL-%		Rate	LCL-%	UCL-%		Rate	LCL-%	UCL-%
Alameda County	3,840	27.4	26.6	28.3	947	41.3	38.7	44.0	194	6.5	5.6	7.4
Alameda	79	13.5	10.7	16.9	22	41.3	25.9	62.5	5			
Albany	7				2							
Ashland	103	56.1	45.2	66.9	24	53.2		79.2				
Berkeley	78	6.3	5.0	7.8	44	30.0	21.8	40.3	1			
Castro Valley	80	14.8	11.7	18.4	9				5			
Cherryland	75	62.7	49.3	78.6	9				4			
Dublin	21	7.2	4.5	11.0	2				1			
Emeryville	11	26.5	13.2	47.4	10	55.6	26.7	102.2				
Fairview	20	23.4	14.3	36.1	3				1			
Fremont	283	15.1	13.3	16.8	25	39.0	25.2	57.5	29	5.0	3.4	7.2
Hayward	587	41.2	37.9	44.5	68	37.3	28.9	47.2	22	8.0	5.0	12.2
Livermore	155	20.9	17.6	24.2	2				2			
Newark	128	28.1	23.3	33.0	7				7			
Oakland	1,744	46.4	44.2	48.5	652	43.8	40.4	47.2	88	13.6	10.9	16.7
Piedmont	1											
Pleasanton	43	7.0	5.1	9.4	1				1			
San Leandro	195	30.3	26.0	34.5	36	47.2	33.0	65.3	10	6.6	3.2	12.1
San Lorenzo	53	24.3	18.2	31.7	4				3			
Sunol	0											
Union City	151	19.3	16.2	22.4	26	41.9	27.4	61.4	11	3.5	1.8	6.3
North County	85	6.2	4.9	7.7	46	30.3	22.2	40.4	1			
Oakland Area	1,835	40.6	38.7	42.5	684	43.8	40.5	47.1	93	10.7	8.6	13.0
Central County	1,113	34.6	32.6	36.6	153	41.3	34.8	47.8	45	7.8	5.7	10.4
South County	562	18.0	16.5	19.5	58	39.5	30.0	51.1	47	4.8	3.6	6.4
Tri-Valley	219	13.3	11.5	15.1	5				4			

	#	Paclsl			#	Latino			#	White		
		Rate	LCL-%	UCL-%		Rate	LCL-%	UCL-%		Rate	LCL-%	UCL-%
Alameda County	39	33.3	23.7	45.6	2,075	64.1	61.4	66.9	454	10.1	9.2	11.1
Alameda					20	24.7	15.1	38.1	26	12.6	8.2	18.5
Albany					2				3			
Ashland	2				64	89.9	69.3	114.8	10	30.2	14.5	55.5
Berkeley					23	17.9	11.3	26.8	7			
Castro Valley	1				33	40.0	27.5	56.2	28	8.9	5.9	12.9
Cherryland					49	78.3	57.9	103.5	12	39.5	20.4	69.0
Dublin					9				7			
Emeryville					1							
Fairview					10	54.3	26.1	99.9	5			
Fremont	1				133	38.7	32.1	45.2	85	11.3	9.0	14.0
Hayward	9				423	78.7	71.2	86.2	45	15.6	11.3	20.8
Livermore					103	78.8	63.6	94.1	39	7.5	5.4	10.3
Newark	2				83	53.5	42.6	66.3	26	15.9	10.4	23.3
Oakland	16	65.7	37.6	106.7	860	85.2	79.5	90.8	81	20.8	16.5	25.8
Piedmont									1			
Pleasanton	2				21	37.1	22.9	56.6	12	2.6	1.3	4.5
San Leandro	1				108	60.8	49.4	72.3	35	18.1	12.6	25.1
San Lorenzo					29	44.6	29.9	64.0	15	15.2	8.5	25.0
Sunol												
Union City	5				89	40.3	32.4	49.6	14	11.5	6.3	19.3
North County					25	17.7	11.4	26.1	10	1.8	0.9	3.3
Oakland Area	16	53.0	30.3	86.0	881	80.1	74.8	85.3	108	15.6	12.7	18.5
Central County	13	24.4	13.0	41.8	716	70.6	65.4	75.7	150	15.2	12.7	17.6
South County	8				305	42.3	37.6	47.1	125	11.9	9.8	14.0
Tri-Valley	2				133	57.6	47.8	67.4	58	5.0	3.8	6.4

Source: CAPE, with data from Alameda County vital statistics files 2003-2005, Census 2000, DOF.

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