



Tri-Valley H e a l t h P r o f i l e









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Alameda County Public Health Department







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This report was produced by:

The Alameda County Public Health Department, Office of the Director Community Assessment, Planning, and Education (CAPE) Unit

Director

Sandra Witt

Authors

Jane Martin Matt Beyers Elaine Bautista David Boone Janet Brown Sangsook Cho

Reviewers and Contributors

Nobuko Mizoguchi

Comments, questions, and requests for additional copies can be directed to:

Community Assessment, Planning, and Education (CAPE) Unit Alameda County Public Health Department 1000 Broadway, Suite 500 Oakland, California 94607 (510) 267-8020 http://www.acphd.org/

> Sandra Witt *CAPE Director*

Tony Iton *Health Officer*

Arnold Perkins Director, Alameda County Public Health Department

> David Kears Director, Health Care Services Agency

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Executive Summary

The purpose of the Tri-Valley report is to inform the community about the health status of Tri-Valley residents; to help identify gaps in services; and to assist in developing culturally appropriate programs that target high risk populations. The report examines available health and demographic indicators selected for their relevance to population health. A total of 26 health indicators are presented in this report. These reflect health in the areas of chronic disease, injury, maternal and child health, mental health, and communicable disease. Data have been compiled and analyzed for each city in the Tri-Valley—Dublin, Pleasanton, and Livermore—and for the Tri-Valley as a whole. All indicators are examined by age, race/ethnicity, and sex.

In preparing health profiles, we look at the health of individual cities or regions in the context of the larger county population. As we have noted in other reports, African Americans and Latinos have a greater burden of disease than White people in Alameda County and elsewhere in the U.S. In general, higher income has been found to be related to better health, and poverty to be related to poor health. Indeed, we have found that among Alameda County residents, the rate of death from all causes increases with level of poverty. This phenomenon is referred to as the 'social gradient'.¹⁻³ For most of the indicators examined here, Tri-Valley African American rates of mortality and illness are lower than those for African Americans county-wide. Whether due a direct benefit of higher income or a combination of income and environment, African Americans in the Tri-Valley experience better health in general than in other parts of the county.

Major Findings

Tri-Valley residents are in relatively good health when compared to Alameda County overall. Of the 26 health indicators examined, Tri-Valley residents fare better than Alameda County residents on nearly every measure. They fare significantly worse than Alameda County residents on only one measure: hospitalization for depression. We cannot tell from the available data if Tri-Valley residents suffer from depression at a higher rate than in the county as a whole. It may also be that Tri-Valley residents have access to inpatient psychiatric care that residents in other areas of the county do not.

The demographic profile of the Tri-Valley is such that we would expect better-than-average health in the population: Tri-Valley residents have a higher level of education and income than the rest of the county, and there are more young families.

The Tri-Valley area of Alameda County grew from 130,523 residents in 1990 to 166,972 in 2000. The racial and ethnic diversity of the area has grown, too, with the number of non-White residents nearly doubling from 1990 to 2000. Most of the growth among non-whites was among Latinos and Asians. As of Census 2000, however, the Tri-Valley remained nearly three-fourths White.

As the tables below show, the Tri-Valley has met several of the Healthy People 2010 national health objectives typically used to gauge population health: breast cancer and prostate cancer mortality, homicide, asthma hospitalization, early prenatal care, and infant mortality. But despite residents' relatively good health status, the Tri-Valley has yet to meet Healthy People 2010 objectives for a number of other health indicators: coronary heart disease, stroke, lung cancer and colorectal cancer mortality, in addition to low birth weight.

| | | Alameda | |
|--|------------|---------|--------|
| | Tri-Valley | County | HP2010 |
| Breast cancer mortality (per 100,000) | 21.9 | 25.7 | 22.3 |
| Prostate cancer mortality (per 100,000) | 24.2 | 29.6 | 28.8 |
| Homicide (per 100,000) | 1.8 | 7.6 | 3.0 |
| Asthma hospitalization, all ages (per 100,000) | 85.8 | 88.9 | *160.0 |
| Childhood asthma hospitalization (per 100,000) | 146.3 | 160.0 | *225.0 |
| Early prenatal care | 94% | 89% | 90% |
| Infant mortality (per 1,000 live births) | 3.3 | 4.9 | 4.5 |

Healthy People 2010 Objectives Met in Tri-Valley

* Refers to HP2000 because no comparable HP2010 objective was made.

| | | Alameda | |
|--|------------|---------|--------|
| | Tri-Valley | County | HP2010 |
| Coronary heart disease mortality (per 100,000) | 174.0 | 173.2 | 166.0 |
| Stroke mortality (per 100,000) | 64.4 | 65.9 | 48.5 |
| Lung cancer mortality (per 100,000) | 49.5 | 49.2 | 44.9 |
| Colorectal cancer mortality (per 100,000) | 19.5 | 18.4 | 13.9 |
| Low birth weight | 6.2% | 6.8% | 5.0% |
| Tuberculosis cases (per 1,000) | 4.3 | 13.7 | 1.0 |
| AIDS cases (per 1,000) | 3.5 | 13.9 | 1.0 |
| Unintentional injury mortality (per 100,000) | 18.9 | 23.6 | 17.5 |

Healthy People 2010 Objectives Not Met in Tri-Valley

Note: Birth and death data are 2000-2002; hospitalization and communicable disease data are 2001-2003.

In addition to Tri-Valley's progress toward meeting the HP2010 objectives, other findings in this report include:

Maternal, child, and adolescent health Over the past decade, the Tri-Valley has seen favorable trends in early prenatal care and teen births. While infant mortality declined throughout the 1990s, it has increased since 2000 in the Tri-Valley. Low birth weight births have also increased in recent years.

The rate of low birth weight is highest among Asians and those of multiple race in the Tri-Valley, while at the county level the rate is highest among African Americans. Latinas are the only race/ethnic group in Tri-Valley that has not met the HP2010 objective for early prenatal care of 90%. Latinas also have the highest rate of teen birth in the area. Nevertheless, the Tri-Valley teen birth rate overall is only half the county-wide rate.

All-cause mortality Rates of mortality from all causes have been declining in each Tri-Valley city over the past decade. The rate is highest among African Americans. The three leading causes of death in the Tri-Valley are heart disease, cancer, and stroke, accounting for nearly two-thirds of all deaths.

Chronic disease mortality Declines since 1990 have been seen in the Tri-Valley for the majority of mortality indicators: coronary heart disease, stroke, lung cancer, colorectal cancer, breast cancer, and prostate cancer. An increase in the rate of diabetes mortality is apparent for the Tri-Valley, as it is in most other areas of the county. Tri-Valley rates for chronic disease mortality are the same as the county or lower, and trends mirror those at the county level.

Chronic disease morbidity Diabetes hospitalization rates have not increased overall in the Tri-Valley. Livermore females have a significantly higher rate of diabetes hospitalization than Pleasanton females. Hospitalizations for both CHD and stroke have declined. Gender differences are more pronounced for hospitalizations than for mortality, with male rates substantially higher than female rates on both indicators. The asthma hospitalization rate for all ages combined has declined in the Tri-Valley. It is higher in Livermore than in Pleasanton and Dublin. African American children in the Tri-Valley are hospitalized for asthma at a rate three times that of Asian, Latino, and White children. The childhood asthma hospitalization rate has not declined overall.

Depression hospitalization Rates have increased over the past decade, most notably in Livermore and Pleasanton. Male rates were the same in all Tri-Valley cities while female rates in Livermore and Pleasanton were at least twice the male rates.

Injury The rate of death from unintentional injuries in the Tri-Valley has not changed significantly in the past decade. Hospitalizations, on the other hand, have declined, probably due to a decline in motor vehicle crashes. The mortality rate of Livermore males was twice that of Dublin and Pleasanton males. In the Tri-Valley, as elsewhere, the vast majority of unintentional injury deaths occur among those aged 85 years and older. With respect to intentional injury, the rates of homicide and hospitalization for assault in the Tri-Valley are very low, just a fraction of those seen at the county level.

Communicable disease The rate of tuberculosis, AIDS, chlamydia, and gonorrhea in the Tri-Valley are low relative to those in Alameda County as a whole; all are between one-fourth and one-third the county rates. However, the rates of both chlamydia and gonorrhea have been increasing in the Tri-Valley since 2001.

Introduction

The purpose of the report is to inform the community about the health status of Tri-Valley residents; to help identify gaps in services; and to assist in developing culturally appropriate programs that target high risk populations.

The report includes socioeconomic and health indicators. Data have been compiled and analyzed for each city in the Tri-Valley and for the Tri-Valley as a whole. The Tri-Valley information, generally presented as rates, is compared to county, state, and national statistics and to Healthy People 2010 national objectives where such comparisons are possible. Comparing characteristics of cities with the county as a whole and Healthy People 2010 national objectives illustrates some of the socioeconomic, race/ethnic, and geographic health disparities that exist in the county.

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

- Demographic characteristics: Age, education, household income.
- Maternal and child health: Infant mortality, low birth weight, early prenatal care, teen births.
- *Mortality:* Mortality from all causes; leading causes of death.
- *Chronic diseases:* Mortality and hospitalization for diabetes, coronary heart disease, and stroke; mortality for lung cancer, colorectal cancer, female breast cancer, and prostate cancer; and hospitalization for asthma.
- Depression: Hospitalization for depression.
- *Injury and homicide:* Unintentional injury and homicide mortality; unintentional injury and assault hospitalization.
- Communicable disease: Tuberculosis, AIDS, chlamydia, and gonorrhea.

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 to help build healthy communities.

The Tri-Valley Area

Although San Ramon and even Danville are sometimes considered part of the Tri-Valley (Livermore, Amador, and San Ramon valleys), the report considers only those parts that are in Alameda County. Thus for the purposes of this report, the Tri-Valley includes the cities of Livermore, Pleasanton, and Dublin.

The Mexican administration of the region began in 1772. Mission San Jose was established to administer the land occupied largely by the Ohlone Indians. The valleys became pasture lands. Dublin began as a community in 1834 with a land grant from the Mexican administration to Jose Marie Amador, head of the Mission San Jose. His Rancho San Ramon supported about 100 workers, mostly Indians, making soap, blankets, shoes, and leather goods for the ranch and for trade. After American rule started in 1846 and gold was discovered in 1849, Amador began selling land to farmers.

In 1853 Alameda County was created out of Contra Costa and San Jose counties. William Mendenhall founded the town of Livermore in 1869. Pleasanton, the misspelling of a Civil War general's name, was incorporated in 1894. Dublin, officially named in 1878, incorporated as a city in 1982.

Robert Livermore, given a land grant in 1835, was the second resident of the area. His Rancho Las Positas covered much of present-day Livermore. He planted the area's first commercial grape vines in the 1840s. Wineries began flourishing in the 1880s. The Lawrence Livermore National Laboratory was established in 1952 to advance national defense through nuclear technology. Currently, Lawrence Livermore Laboratory employs 8,000 people. The Lab is the largest employer in the City of Livermore and the fourth largest in Alameda County.

In 1850 the first white settler in the area of Pleasanton, Augustine Bernal, built his adobe house that still stands. Hops for brewing and the nation's first horse racing track made Pleasanton famous. In 1982, development of the Hacienda Business Park began, making Pleasanton home to many large corporations. Pleasanton has retained its small-town character by concentrating on the development and maintenance of the downtown.

Today the Tri-Valley is a thriving area with hundreds of acres of parks and open space for recreational activities. It has a healthy economy fueled by the wine industry and other diverse businesses, as well as the national laboratory. While each of the three communities has a unique character, they have in common features of healthy communities—good schools, low crime rates, young families, economic development, and lots of open space.

Using the Report

Chapters begin with a background section that contains information on a specific disease or health condition, rates in the population nationally and in California, if available, and the distribution in the population by sex and race/ethnicity. Comparisons to Healthy People 2010 national objectives are also made when appropriate. In general, the format for each indicator is the same. First, a chart showing trends over time is presented. Depending upon the data, the trend chart shows the Tri-Valley area compared to Alameda County over the past decade, or it shows each of the three Tri-Valley cities compared to Alameda County. Second, a chart is presented showing current rates by sex (as a three-year average) for each of the Tri-Valley cities and Alameda County. Next, a chart specific to the Tri-Valley population shows rates by sex and age. The final chart shows rates by race/ethnicity for the Tri-Valley area compared to Alameda County.

Generally, data are presented for the three-year period 2000 to 2002 in the case of mortality and live births, and 2001 to 2003 in the case of hospitalizations and communicable diseases. At the city level, detail on age, sex, and population subgroups is limited because of small numbers. The CAPE Unit follows a standard for presentation of rates: a rate will not be presented if the number of events is less than ten for the period under consideration.¹ For the most part, if a rate for an individual city could not be presented, then no city-specific rates are presented, only a rate for the three cities combined to reflect the Tri-Valley area. In all cases, readers can refer to the tabular appendix for detail by city, which at a minimum will have the number of events and in some cases will include a rate with 95% confidence limits.

In preparing this report we attempted to strike a balance between providing as much information as possible for individual cities and providing too much information. While a chart may show large differences between cities on a given indicator, the difference may not persist the next time we measure it, say in three years. This is because such differences may be the result of random fluctuation that occurs in areas with small populations. A look at the charts showing trends over time illustrates this point. Thus in the text, we focus on the Tri-Valley combined rates and take note of differences between cities for the most part only when they are statistically significant or the magnitude of the difference is in itself noteworthy.

Race and Ethnicity

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

In this report, we present mortality 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 deaths.

Demographic Profile

According to the World Health Organization, "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 region'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, and social isolation can have a large impact on health. In fact, these conditions can be as important as genetics, biology, and access to medical care.²

In the Tri-Valley, there are many more people ages 35 to 44 years than in Alameda County as a whole, and there are fewer between the ages of 15 and 34 years.

Figure 1: Age Distribution, Alameda County and Tri-Valley



Source: CAPE; Census 2000.

Figure 2: Age Distribution, 1990 and 2000, Tri-Valley

The Tri-Valley area of Alameda County grew by 36,499 residents, from 130,523 in 1990 to 166,972 in 2000. This was an increase of 28% in Tri-Valley, over twice the 13% growth rate in Alameda County. The largest growth was seen in the age groups 5-14, 35-44, and 45-54 years.





Figure 3: Education, Tri-Valley

Only 9.3% of persons 25 years and older in the Tri-Valley do not have a high school education or equivalent. This is about half the county average of 17.6%.



Figure 4: Household Income



Source: CAPE; Census 2000.

Table 1: Race/Ethnicity

| | Alameda County | Tri-Valley |
|-------------------|-------------------|------------|
| White | 40.9% | 72.8% |
| Asian | 20.3% | 8.7% |
| Latino | 19.0% | 11.7% |
| African American | 14.6% | 3.0% |
| American Indian | 0.4% | 0.4% |
| Pacific Islander | 0.6% | 0.2% |
| Some Other Race | 0.3% | 0.2% |
| Two or More Races | 3.9% | 3.0% |

Source: CAPE; Census 2000.

While Tri-Valley households have higher incomes than Alameda County, there are still many people with low incomes. There are nine Census block groups in the Tri-Valley above 10% poverty. Eight of these are in central Livermore and one is in central Pleasanton.

The Tri-Valley population is nearly 73% White compared to 41% in Alameda County.

The non-White Tri-Valley population almost doubled from 1990 to 2000, compared to a growth of only 13% for the White population. The majority of this growth was in Asians and Latinos.

Maternal, Child, and Adolescent Health

Infant Mortality

The infant mortality rate, or the number of deaths to children less than one year old per 1,000 live births, has been declining over the past several decades. Advancements in medical care have been responsible for a large portion of the decline, but public health efforts also have played an important role in preventing infant deaths. During the 1990s, campaigns promoting placing babies to sleep on their back were successful in decreasing the number of sudden infant death syndrome (SIDS) cases by more than 50%.¹

Nationally, for the first time in four decades, the infant mortality rate increased from 6.8 deaths per 1,000 live births in 2001 to 7.0 in 2002.² A similar increase occurred one year earlier in Alameda County (in 2001), but the rate then dropped to a record low in 2002. Alameda County's infant mortality rate in 2002 was significantly lower than California's (4.2 vs. 5.4), and for the first time was lower than the Healthy People 2010 target of 4.5 deaths per 1,000 live births.

Some of the risks associated with infant mortality are maternal substance abuse, young age of mother (less than 17 years), pre-term birth, low birth weight, poverty, stress, exposure to second hand smoke, inadequate prenatal care, infections and other complications during pregnancy.

One of the persistent challenges in maternal and child health are race/ethnic inequities in infant mortality. African American infants are over two times more likely than White infants to die before their first birthday.³ The reasons for these inequities in birth outcomes are complicated. They may be explained in part by the effects of poverty, racism, and stress. Other research has suggested the cumulative effect of a woman's health and risk factors throughout her life span, not just during pregnancy, are determining factors.⁴

The infant mortality rate has declined over the last decade in Alameda County and in the Tri-Valley. The Tri-Valley has a lower infant mortality rate than Alameda County and currently meets the HP2010 objective of 4.5 or fewer infant deaths per 1,000 births.

In the past few years, the Tri-Valley has had a slight increase in infant mortality. Since low birth weight is a risk factor for infant mortality, a recent increase in low birth weight babies in Tri-Valley may be partially responsible.



Figure 5: Historical Infant Mortality Rate

Source: CAPE; Alameda County vital statistics files, CA DOF, Census 1990 and 2000.

Table 2: Infant Deaths by Area

The Tri-Valley had 24 infant deaths over a three-year period, an average of eight infant deaths per year.

| | Alameda County | Dublin | Livermore | Pleasanton | Tri-Valley |
|---------------|-------------------|--------|-----------|------------|------------|
| Total | 323 | 6 | 10 | 8 | 24 |
| AfrAmer | 97 | 0 | 1 | 1 | 2 |
| AmerInd | 1 | 0 | 0 | 0 | 0 |
| Asian | 52 | 0 | 1 | 2 | 3 |
| Latino | 83 | 1 | 1 | 2 | 4 |
| NHOPI | 5 | 0 | 0 | 0 | 0 |
| White | 71 | 3 | 7 | 2 | 12 |
| Multiple race | 14 | 2 | 0 | 1 | 3 |

Source: CAPE; Alameda County vital statistics files 2000-2002.

Figure 6: Infant Mortality by Race/Ethnicity

For all race/ethnic groups combined, Tri-Valley's infant mortality rate of 3.3 is well below Alameda County's rate of 4.9. The rate for Tri-Valley Whites is lower as well.

In Alameda county, the infant mortality rate is over two times higher among African Americans than among other race/ethnic groups.



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Low Birth Weight

The birth weight of an infant is the most important factor in its chances for survival and healthy growth and development. Infants weighing less than 2,500 grams (5 lbs 8 oz) at birth are considered low birth weight (LBW). LBW infants are at a high risk of illness (e.g., physical and developmental complications) and death. 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 of life. Improvements in birth weight could contribute substantially to reducing infant mortality.⁵

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

LBW rates have not improved in the last decade and no progress has been made in decreasing racial disparities in the occurrence of LBW births. Nationally, LBW rates have slowly increased over time, partially as a result of an increase in multiple births. In 2002, the nationwide percentage of LBW infants was its highest in three decades at 7.8%.⁷ LBW rates are two times higher for African Americans than for Whites. The reasons for this disparity are complex and are not entirely known. Some disparity is explained by the fact that African Americans are more likely to have factors associated with LBW mentioned earlier, such as low young maternal age, less education, and inadequate prenatal care.

Alameda County tied third for the highest incidence of LBW infants among California counties in 2000-2002.⁸ Both California (6.3%) and Alameda County (6.8%) had a higher percentage of LBW infants than the Healthy People 2010 objective of no more than 5.0%.

During the last decade, the percentage of low birth weight (LBW) babies in Alameda County has remained relatively stable. In the Tri-Valley, the percentage of LBW babies was lower than in Alameda County. However, Tri-Valley's LBW rates have increased in the past few years. The result is that the Tri-Valley's LBW rate is now much closer to Alameda County's rate than it was ten years ago. Of the four MCH indicators examined in this report, low birth weight stands out as the least favorable indicator for the Tri-Valley.

For the period 2000-2002, 6.8% of Alameda County births were low birth weight and 6.2% of Tri-Valley births were low birth weight. Currently, none of the Tri-Valley cities, nor the county as a whole, have met the HP2010 objective of 5%.





Source: CAPE; Alameda County vital statistics files, CA DOF, Census 1990 and 2000.





Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Figure 9: LBW by Race/Ethnicity

In Alameda County, African Americans have the highest rate of LBW, a rate twice that for Tri-Valley African Americans (though the difference is not statistically significant due to small numbers). In the Tri-Valley, those of multiple race and Asians have the highest rate of LBW.



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Early Prenatal Care

Prenatal care refers to pregnancy-related health care provided to a woman during pregnancy. It is recommended that a woman start receiving prenatal care as soon as she knows she is pregnant, at least within the first trimester (before 12 weeks) of pregnancy.

Timely, high-quality prenatal care can help prevent poor birth outcomes by identifying treatable medical conditions, such as hypertension and sexually transmitted diseases, which may endanger the mother and/or fetus. Entry into prenatal care also provides an opportunity for education and intervention around diet and exercise, in addition to behavioral risks such as alcohol, tobacco and other drug use.

Risk factors and barriers for late entry into prenatal care include a lack of culturally appropriate pregnancy testing sites, teenage pregnancy, less than a high school education, and a large number of children. Domestic violence, cultural beliefs, drug abuse, single parenthood, and poverty may also delay timely prenatal care.⁵

For the period 2000 to 2002, an average of 88.9% of the pregnant women in Alameda County began prenatal care during the first trimester. This percentage is higher than California's rate of 84.0%, and very close to the Healthy People 2010 national objective of at least 90.0%. Alameda County ranks second after Santa Cruz in the state for the highest percentage of pregnant women who enter prenatal care in the first trimester.⁸

Since 1990, there has been an upward trend in Alameda County toward early entry into prenatal care. The proportion of pregnant women entering prenatal care in the first trimester increased from 82.0% in 1990 to 88.9% in 2002. A similar pattern is evident at the state level.

During the past decade, the percentage of pregnant women seeking early prenatal care has increased in Alameda County and in the Tri-Valley area. Dublin, Livermore and Pleasanton have higher rates than Alameda County. All three cities have met the Healthy People 2010 objective of 90% of pregnant women receiving first trimester prenatal care since 1997.

In 1996, a drop in the percentage of women obtaining early prenatal care occurred in the Tri-Valley. It was followed by an increase in the following year. This trend did not occur county-wide. Further analysis did not reveal the reason for this drop. It did not appear to be due to a change in prenatal care delivery of any hospital serving the area.

Figure 10: Historical Early Prenatal Care



Source: CAPE; Alameda County vital statistics files, CA DOF, Census 1990 and 2000.

Figure 11: Early Prenatal Care by Area

Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

The Tri-Valley has a high percentage of women obtaining first trimester entry into prenatal care (94%). During the period 2000-2002, Dublin, Livermore and Pleasanton each met the Healthy People 2010 objective of at least 90%. Alameda County, with a rate of 88.9%, is very close to meeting the objective. The percentage of women obtaining early prenatal care is higher for every race/ethnic group in the Tri-Valley than in Alameda County.

Latinas are the only race/ethnic group in Tri-Valley that has yet to meet the HP2010 objective for prenatal care. They are just shy of it at 88%. In contrast, only two groups in Alameda County, Whites and Asians, have met the objective. While the percentage for Pacific Islanders is lower in Alameda County than in the Tri-Valley, the difference is not statistically significant due to small numbers.

Figure 12: Early Prenatal Care by Race/Ethnicity



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Teen Births

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

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

Nationally and statewide teen birth rates are on the decline. In the last ten years, California's teen birth rate has gone from one of the highest in the nation to below the national average. These declines were experienced in all major race/ethnic groups.

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

Of all births in Alameda County between 2000 and 2002, 7.0% were to teen mothers aged 15-19 years compared to 10.0% in California. The teen birth rate was 33.6 per 1,000 females aged 15-19 years, markedly lower than the rate of 45.0 in California.⁸

Figure 13: Historical Teen Birth Rate

Teen birth rates have decreased steadily in Alameda County and in the Tri-Valley over the past decade. Dublin, Livermore, and Pleasanton have lower teen birth rates than the county as a whole.



Source: CAPE; Alameda County vital statistics files, CA DOF, Census 1990 and 2000.



The Tri-Valley has a teen birth *rate* less than half that of Alameda County, 14.0 compared to 33.6. The Livermore rate is approximately twice that seen in Dublin and Pleasanton. All the rates shown here are well below California's rate of 45.

The total *number* of teen births in the Tri-Valley was 218 between 2000 and 2002, an average of 73 per year. Dublin had an average of 10 teen births per year, Livermore an average of 47, and Pleasanton an average of 16.

In Alameda County, Latinas have the highest teen birth rate followed by African Americans and Native Hawaiian/Pacific Islanders. In the Tri-Valley, Latinas have teen birth rates six times higher than Whites. Numbers for other racial and ethnic groups are too small to report for the Tri-Valley.



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Figure 15: Teen Birth Rate by Race/Ethnicity



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.



This map shows that the vast majority of teen births occur in the most populated areas of Alameda County, in Oakland as well as north and south along the I-880 corridor. Between 2000 and 2002, there were 218 births to teenage mothers in the Tri-Valley. This was 3% of all Tri-Valley births (a total of 7,231). The teen birth rate in the Tri-Valley was 14.0 births per 1000 females aged 15 to 19 years. In comparison, the Alameda County teen birth rate was 33.6. Both these rates are lower than the California rate of 45.

Mortality

Mortality from All Causes

The age-adjusted death rate from all causes is a measure of overall health of a community or of a population. In 2002, a total of 2,443,387 deaths occurred in the United States, and the age-adjusted death rate was 845.3 deaths per 100,000 people. This was lower than the 2001 rate of 854.5. The age-adjusted death rate for men was 42% greater than that for women. There were disparities in age-adjusted death rates for race/ethnic groups: African Americans had the highest rate and Asians the lowest rate. Whites, American Indians, and Hispanic/Latinos had the second, third, and fourth highest rates in the nation, respectively.¹

Mortality from all causes continued to decline over the past decade. The Dublin rate increased in the mid 1990s but dropped below the county rate in recent years. The Livermore rate is slightly higher than the county rate.

During the period 2000-2002, the rate of death from all causes in Tri-Valley was 724 per 100,000 compared to 758 in Alameda County.

Figure 16: Historical Mortality from All Causes



Source: CAPE; Alameda County vital statistics files 1991-2002, CA DOF, Census 1990 & 2000.

Rates of mortality are higher among males than females in all areas. For the Tri-Valley, the male mortality rate is lower than that of the county, while the female rate is nearly identical to that of the county.



Figure 17: Mortality from All Causes by Area

Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

As expected, mortality rates are highest among the oldest age groups. In general, males have higher mortality rates than females in each age group.

Figure 18: Mortality from All Causes by Age, Tri-Valley



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Figure 19: Mortality from All Causes by Race/Ethnicity

Mortality rates by race/ethnicity in the Tri-Valley are close to those of the county. Native Hawaiians/Pacific Islanders in the county have the highest mortality of any group (comparable Tri-Valley rate not available).



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Leading Causes of Death

Today, five chronic diseases account for over two-thirds of all deaths in the United States – heart disease, cancer, stroke, chronic lower respiratory disease, and diabetes. Heart disease and cancer combined account for more than half of all deaths.²

Research has linked these most common chronic diseases to a number of health behaviors, including tobacco and alcohol use, poor diet, and lack of exercise. In turn, health behaviors are strongly influenced by social factors, such as income, education level, stress, workplace conditions, violence, and exposure to environmental toxins.²

In the United States, the first and third leading causes of death – heart disease and stroke – have decreased in the past fifty years. The second leading cause of death, cancer, has decreased since 1990. Recent declines in many leading causes of death reflect the influence of healthier life styles, greater use of preventive care, public health efforts, and

advances in medicine.^{3,4} Despite these successes, the rates of some diseases have continued to increase. For example, the number of U.S. adults with diagnosed diabetes has increased 61% since 1991.⁵

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



Figure 20: Leading Causes of Death, Tri-Valley

Source: CAPE; Alameda County vital statistics files 2000-2002.

The three leading causes of death in Dublin are diseases of the heart, cancer, and stroke, accounting for 63% of all deaths. Death from unintentional injury shifts into fourth place in Dublin.

Heart disease, cancer and stroke are the

three leading causes of death in the Tri-

Valley, accounting for 63% of all deaths.

nationally and in most areas. Chronic

injuries and influenza/pneumonia are

the next most common causes of death

lower respiratory diseases, unintentional

These are the same leading causes

in the Tri-Valley.

Figure 21: Leading Causes of Death, Dublin



In Livermore, heart disease, cancer and stroke account for 62% of all deaths. Chronic lower respiratory disease is the next most common cause of death.

Figure 22: Leading Causes of Death, Livermore



Source: CAPE; Alameda County vital statistics files 2000-2002.

In Pleasanton, cancer deaths exceed heart disease deaths by a small margin, and influenza/pneumonia deaths exceed chronic lower respiratory disease deaths, also by a small margin. Cancer, heart disease and stroke account for 65% of all deaths.

Figure 23: Leading Causes of Death, Pleasanton



Source: CAPE; Alameda County vital statistics files 2000-2002.

Chronic Disease

Diabetes

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

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

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

Diabetes requires rigorous management to reduce the risk of serious complications and premature death. It contributes to a variety of medical problems, including heart disease, stroke, high blood pressure, blindness, kidney disease, diseases of the nervous system, amputations, dental problems, and complications of pregnancy.¹

Diabetes was the sixth leading cause of death in the United States in 2002.³ The CDC estimates that over 18 million adults 20 years and older, nearly 9% of adults, have diabetes. Approximately five million of these have yet to be diagnosed.^{1,2,4} The number of U.S. adults with diagnosed diabetes has increased 61% since 1991 and is projected to more than double by 2050.^{5,6}

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

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

In 2002, there were 73,249 deaths from diabetes in the United States. The age-adjusted death rate was 25.4 per 100,000.³ The diabetes death rate in California was 21 per 100,000 in 2000-2002.⁹ However, the statistics on deaths alone do not fully describe the problem. Over 200,000 people die each year of diabetes-related complications.² And,

studies have shown that death certificates frequently do not reflect diabetes as a cause of death, or as an underlying cause of death, for those who had diabetes when they died.^{1,2}

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

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

In Alameda County, it is estimated that nearly 6% of adults 19 years and older have been diagnosed with diabetes. About 30% of cases are among adults 65 years and older. Approximately 13.4% of African Americans in Alameda County have been diagnosed with diabetes, compared to 4.5% of Whites.¹⁰

Diabetes Mortality

Mortality due to diabetes has been increasing over the past decade. (This is at least partially explained by the increased tendency of physicians to list diabetes as the cause of death.) The mortality rate in the Tri-Valley has been consistently lower than that of the county.

During the period 2000-2002, the Tri-Valley rate was 15.5 per 100,000 compared to the Alameda County rate of 22.1.

Diabetes mortality is higher among males than females. In the Tri-Valley, the male rate is twice the female rate. Some rates are not shown because of small numbers.

Figure 24: Historical Diabetes Mortality



Source: CAPE; Alameda County vital statistics files, CA DOF, Census 1990 and 2000.

Figure 25: Diabetes Mortality by Area



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Tri-Valley Health Profile

Figure 26: Diabetes Mortality by Age, Tri-Valley

Male

35-44

500

400

300

200

100

0

25-34

Rate per 100,000

Diabetes mortality in the Tri-Valley is highest among the older age groups. Male mortality is at least twice that for females in each age group starting at age 55.

Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

55-64

65-74

75-84

85+

45-54

Female

Figure 27: Diabetes Mortality by Race/Ethnicity

Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000. Note: American Indian not shown due to insufficient numbers.

Diabetes Hospitalization

Diabetes mortality rates for Pacific Islanders are higher than those for any

other race/ethnic group; however, this

rate is based on just 11 deaths. The next

highest rates are among African Ameri-

Whites. Only the White rate is shown for

the Tri-Valley because of small numbers

cans, followed by Latinos, Asians, and

for the other groups.

Rates of hospitalization for diabetes-related illnesses were relatively stable for Livermore and Pleasanton over the past decade. Dublin experienced a substantial increase in the mid to late 1990s. In general, areas with smaller populations, such as Dublin, will show more variability in rates over time. Alameda County rates were consistently higher than those in Pleasanton and Livermore.



Figure 28: Historical Diabetes Hospitalization



During the period 2001-2003, the rate of diabetes hospitalization for both sexes combined was 792 per 100,000 in the Tri-Valley, compared to 1,135 in Alameda County.

County-wide, rates of hospitalization for diabetes-related illnesses are higher than those in the Tri-Valley. Rates across the three cities are similar, with one exception: the female rate in Livermore is significantly higher than the rate in Pleasanton.

In the Tri-Valley, rates of hospitalization for diabetes-related illnesses increase dramatically after middle age. Rates are consistently higher among males than females, most notably in the 65-74 age group. A similar pattern is seen countywide.

Rates of hospitalization for diabetesrelated illnesses are lower for every race/ethnic group in the Tri-Valley when compared to Alameda County. Less variability is seen in Tri-Valley, where rates are similar for Whites, Latinos and API, but notably higher for African Americans.

Figure 29: Diabetes Hospitalization by Area



Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.

Figure 30: Diabetes Hospitalization by Age, Tri-Valley



Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.



Figure 31: Diabetes Hospitalization by Race/Ethnicity

Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.

Coronary Heart Disease

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

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

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

CHD is the most common cause of death in the United States, accounting for more than one of every five deaths. About 335,000 people per year die of CHD before ever being hospitalized. Most of these are sudden deaths caused by cardiac arrest.⁷

It is estimated that 13 million people in the United States, about 6.9% of the population 18 years and older, have CHD. In 2002, the age-adjusted death rate nationally was 171 per 100,000 population.⁷ In California it was 186 for the period 2000-2002.⁸ Both rates exceed the HP2010 objective of 166 or fewer CHD deaths per 100,000.⁷

From 1992 to 2002, the U.S. death rate from CHD declined 26.5%. More than 83% of people who die of CHD are 65 years and older. Approximately 11.5 years of life are lost on average due to heart attack.⁷ African American males have the highest rates of death from CHD (251 per 100,000), followed by White males (221), African American females (170), and White females (131).⁷

CHD occurs more often in men than in women. In the past, CHD rarely affected women prior to menopause, but that is no longer the case, perhaps because many women now take oral contraceptives, smoke cigarettes, and are employed in stressful jobs that used to be held exclusively by men. Post-menopausal women continue to have two to three times the risk of CHD than pre-menopausal women of the same age.⁶

Coronary heart disease is the leading cause of premature and permanent disability among U.S. workers, and accounts for 19% of social security's disability allowances.^{69,10} About two-thirds of heart attack patients do not make a complete recovery, but 88% of those less than 65 years are able to return to their usual work.⁶

CHD Mortality

Mortality rates due to coronary heart disease have generally decreased during the last decade. Pleasanton was an exception, with the rate remaining stable over the decade.

During the period 2000-2002, the CHD mortality rate in the Tri-Valley was 174 per 100,000, essentially the same as the rate of 173 in Alameda County.

Figure 32: Historical CHD Mortality



Source: CAPE; Alameda County vital statistics files, CA DOF, Census 1990 and 2000.

Figure 33: CHD Mortality by Area

250 Male Female 200 Rate per 100,000 150 100 50 0 Alameda Dublin Livermore Pleasanton Tri-Valley County

Male rates of CHD mortality are greater than female rates in each study area. Rates do not vary considerably for either males or females across areas.

Females in the Tri-Valley cities have met the HP2010 objective of no more than 166 per 100,000, but males have not. The same is true for Alameda County.

Male rates for CHD mortality in the Tri-

Valley are higher than those for females

in every age group.

Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Figure 34: CHD Mortality by Age, Tri-Valley



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.



This map shows that the majority of Alameda County census tracts have CHD mortality rates that exceed the Healthy People 2010 objective of 166 or fewer deaths per 100,000 residents. The lowest rates of CHD mortality are seen in the Oakland/Berkeley hills and parts of Alameda, San Leandro, Fremont, and Pleasanton. The highest rates, those that exceed the national objective by two or more times, are seen in parts of Livermore, north and west Oakland and Hayward. The Tri-Valley CHD mortality rate was 174 per 100,000, nearly the same as the county rate of 173.
Figure 35: CHD Mortality by Race/Ethnicity

In Alameda County, CHD mortality rates are highest for Pacific Islanders and African Americans. Rates for each Asians, Latinos, and Whites are about the same in the Tri-Valley and the county.



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

CHD Hospitalization

CHD-related hospitalizations have declined in recent years, both county-wide and in the Tri-Valley cities.

During the period 2001-2003, the Tri-Valley CHD hospitalization rate was 1,226 per 100,000 compared to 1,310 in Alameda County.

Figure 36: Historical CHD Hospitalization



Source: CAPE; OSHPD hospitalization files, CA DOF, Census 1990 and 2000.

CHD-related hospitalization rates across the Tri-Valley cities are similar to those county-wide for both males and females with one exception: male rates in Dublin are significantly lower than in Pleasanton, the Tri-Valley, and Alameda County.

Figure 37: CHD Hospitalization by Area



Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.

In the Tri-Valley, rates of hospitalization for CHD-related illnesses increase dramatically after middle age. Rates are consistently higher among males than females in each age group. Between the ages of 35 and 74 male rates are at least two times female rates.

Rates of hospitalization for CHD-related

illnesses are lower for every race/ethnic

group in the Tri-Valley when compared

to Alameda County. The differences are

greatest among African Americans and

Figure 38: CHD Hospitalization by Age, Tri-Valley



Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.

Figure 39: CHD Hospitalization by Race/Ethnicity

1.600 Alameda County 1,400 Tri-Valley 1,200 Rate per 100,000 1,000 800

0 AfrAmer API Latino White AmerInd Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.

Stroke

Latinos.

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

600 400 200

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

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

Stroke is the third leading cause of death in the United States. It also is a leading cause of serious, long-term disability. About 700,000 people experience a new or recurrent stroke each year. Death rates from stroke have declined steadily since the early part of the twentieth century.³⁻⁶ From 1992 to 2002 the U.S. death rate from stroke declined 13.8%.⁷

Nationally, the age-adjusted rate of death from stroke in 2002 was 56.2 per 100,000 population.⁸ The male rate was 56.5 and the female rate was 55.2. California rates are slightly higher: 59 overall, 63 for males, and 60 for females.⁹ All these rates exceeded the HP2010 objective of no more than 48.5. Because women live longer than men, more women than men die of stroke each year. Women accounted for 61.5% of U.S. stroke deaths in 2002.^{7,10}

Of all race/ethnic groups, African American males and females have the highest rates of death from stroke (81.7 and 71.8 per 100,000), followed by White males and females (54.2 and 53.4).⁴ The African American rate in California was 86, higher than the national rate of 79. Each are higher than their respective White rates, 60 in California and 56 nationally.⁹

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

Stroke Mortality

Stroke mortality rates in Alameda County and the Tri-Valley have been similar in the past decade. However, the county rate has declined overall while the Tri-Valley rate has not.

During the period 2000-2002, the stroke mortality rate in the Tri-Valley was 64 per 100,000 and 66 in Alameda County. Neither area has met the HP2010 objective of 48.5 or less.

Stroke mortality rates are nearly the same for males and females across all areas of study. In Dublin, the male rate is higher and the female rate is lower than in other areas, although not significantly so.

Figure 40: Historical Stroke Mortality



Source: CAPE; Alameda County vital statistics files, CA DOF, Census 1990 and 2000.

Figure 41: Stroke Mortality by Area



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Alameda County

Livermore

1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003

Dublin

Pleasanton

Stroke mortality in the Tri-Valley is highest among females in the oldest age groups. While the rate in the age group 55-64 years is relatively small, the rate among males is twice that of females.

For the county, stroke mortality rates are highest among Pacific Islanders and African Americans. For Whites, the rate in the Tri-Valley and the county are nearly equivalent. Asians in the Tri-Valley have the lowest rate, although it is based on only ten cases.

Figure 42: Stroke Mortality by Age, Tri-Valley

1,800



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Figure 43: Stroke Mortality by Race/Ethnicity



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000. Note: American Indian not shown due to insufficient numbers.

Figure 44: Historical Stroke Hospitalization

800

600

400

200

0

Rate per 100,000

Stroke Hospitalization

Stroke-related hospitalizations have declined over the last decade in the Tri-Valley and the county as a whole. Dublin shows the most variability, probably due to its smaller size.

During the period 2001-2003, the Tri-Valley stroke hospitalization rate was 465 per 100,000 compared to 497 in Alameda County.

Source: CAPE; OSHPD hospitalization files, CA DOF, Census 1990 and 2000.

Figure 45: Stroke Hospitalization by Area

Stroke-related hospitalization rates for females in the Tri-Valley are lower than for females county-wide. Overall, Tri-Valley male rates are similar to the county. Livermore has the highest rates of the Tri-Valley cities.



Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.

Figure 46: Stroke Hospitalization by Age, Tri-Valley

10,000 8,000 Rate per 100,000 Male Female 6,000 4,000 2,000 0 45-54 25-34 35-44 55-64 65-74 75-84 85+

Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.





Rates of hospitalization for strokerelated illnesses are approximately two times higher among African Americans than API, Latino or White both in the Tri-Valley and county-wide. Only very small differences are seen between Tri-Valley and Alameda County race/ethnic groups.

Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.

In the Tri-Valley, rates of hospitalization for stroke-related illnesses increase dramatically after middle age. Rates are consistently higher among males than females, most notably among those age 85 and older.

Cancer Background

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

Nationally, there were 557,271 deaths from cancer in 2002. Cancer is the second leading cause of death in the United States, accounting for 23% of all deaths. The age-adjusted death rate in 2002 was 193.5 per 100,000.³

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

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

In general, incidence and death rates for all cancers combined are lower among Asian/Pacific Islander, American Indian, and Latino populations than among White and African American populations. African Americans are more likely to die of cancer than any other race/ethnic group. An examination of national figures for four major cancer sites revealed disparities between White and African American populations.³⁻⁶ African American males have a higher incidence of lung, prostate, and colorectal cancer than White males. They are also more likely to die from these diseases. The rate of new breast cancer cases among White females is higher than among African American females, yet African American females are more likely to die from breast cancer (Table 3).

Latinos have higher rates of cervical, esophageal, gallbladder, and stomach cancers than non-Hispanic Whites. Rates of stomach and liver cancers are higher among Asian Americans than the rest of the population, and the rate of colorectal cancer is highest among Alaskan Natives.⁶ Although the rates of cancer incidence and death have declined recently, the actual number of people diagnosed with cancer is expected to double in the next several decades, as the elderly population grows.⁷ Adequate access to cancer screening and the availability of high quality treatment among poor and underserved populations are critical to reducing the burden of cancer.⁸

Many cancers can be cured if detected early and treated promptly, and many can be prevented by lifestyle changes. Maintaining a healthy weight, exercising regularly, and not smoking, can reduce an individual's risk of cancer substantially.⁹ Cancer prevention and control plans should not only address specific screening methods in specific

| - | | | | | | | | | | |
|------------|-----------|-------|--------|------------------|--------|-----------|-------|--------|------------------|--------|
| | Incidence | | | | | Mortality | | | | |
| | Total | White | | African American | | Total | White | | African American | |
| | | Male | Female | Male | Female | | Male | Female | Male | Female |
| All | 470 | 557 | 430 | 689 | 400 | 200 | 246 | 166 | 347 | 197 |
| Lung | 62 | 78 | 51 | 117 | 55 | 56 | 77 | 42 | 104 | 40 |
| Colorectal | 54 | 63 | 46 | 73 | 56 | 21 | 25 | 17 | 34 | 24 |
| Breast | 135 | na | 142 | na | 120 | 27 | na | 26 | na | 35 |
| Prostate | 172 | 167 | na | 271 | na | 31 | 29 | na | 70 | na |

Table 3: U.S. Cancer Incidence and Mortality Rates

Source: CAPE; National Cancer Institute 1997-2001.

Lung Cancer Mortality

Lung cancer is the leading cause of death from cancer in the United States for both men and women, accounting for 28% of all cancer deaths. More than 157,700 people in the United States died of lung cancer in 2002.⁴ The American Cancer Society estimates that more than 172,000 new cases of lung cancer will be diagnosed in the United States in 2005.¹⁶ Although there has been some progress in treatment of cancer, the chances of full recovery are very low. Only about 14% of those treated for lung cancer survive five or more years.¹⁰

Nationally, the age-adjusted lung cancer death rate in 2002 was 54.9 deaths per 100,000 population.⁴ In California, it was 44.8 for the period 2000-2002.¹¹ The national rate exceeds the Healthy People 2010 objective of 44.9 or fewer lung cancer deaths per 100,000. While lung cancer death rates have declined since 1990 among males, they have continued to increase among females. Since 1987, more females have died from lung cancer than from breast cancer.⁶ Age-adjusted lung cancer death rates are approximately 31 percent higher among African American males than White males.³

According to the American Cancer Society, a single behavior – cigarette smoking – is thought to be responsible for eight out of ten cases of lung cancer. In addition, non-smokers who breathe the smoke of others also have an increased risk of developing lung cancer. Thus, preventing and reducing cigarette smoking are key to reducing illness and death from lung cancer.¹⁰

Lung cancer death rates have declined slightly in Alameda County over the past decade. They have declined more steeply in Dublin and Pleasanton. Rates in Livermore have been variable but have not declined overall.

During the period 2000-2002, the Tri-Valley lung cancer mortality rate was 49.5 per 100,000, essentially the same as the Alameda County rate of 49.2. Neither area has met the HP2010 objective of 44.9 or less.



Figure 48: Historical Lung Cancer Mortality

Source: CAPE; Alameda County vital statistics files, CA DOF, Census 1990 and 2000.

Figure 49: Lung Cancer Mortality by Area

Overall, the Tri-Valley has lung cancer mortality rates similar to those of the county. Lung cancer mortality is approximately 60% higher among males than females. The rate is lowest among Dublin males and highest among Livermore females, though these differences are not statistically significant.

Lung cancer mortality rates increase dramatically starting in the 55 to 64 age

group and male rates begin to exceed

female rates by wide margins.



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Figure 50: Lung Cancer Mortality by Age, Tri-Valley



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

African Americans have the highest mortality rates due to lung cancer, followed by Whites. In the Tri-Valley, the rate is calculable only for Whites, and it is nearly the same as that of the county.

Figure 51: Lung Cancer Mortality by Race/Ethnicity



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000. Note: American Indian and Pacific Islander not shown due to insufficient numbers.

Colorectal Cancer Mortality

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

Colorectal cancer is the second leading cause of cancer-related death in the United States and it is the third most common cancer in men and women.^{12,15,16} It is estimated that approximately 145,290 new colorectal cancer cases will be diagnosed in 2005 and that 56,290 Americans will die of colorectal cancer in 2005.¹⁶

Nationally, the age-adjusted colorectal cancer death rate in 2002 was 19.7 deaths per 100,000.^{3,4} In California, the rate was 18.1 per 100,000 during the period 1997-2001.¹⁷ Both the national and state rates exceed the HP2010 objective of 13.9. or fewer deaths per 100,000.

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

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

Since 1991, colorectal cancer mortality has declined in Alameda County and the Tri-Valley area. A steep decline was seen for the Tri-Valley in the early 1990s.

During the period 2000-2002, the Tri-Valley colorectal cancer mortality rate was 19.5, just slightly above the Alameda County rate of 18.4. Neither area has met the HP2010 objective of 13.9 or less.





Source: CAPE; Alameda County vital statistics files, CA DOF, Census 1990 and 2000.

Figure 53: Colorectal Cancer Mortality by Area

Female

Male

30

5

0

350

25

20

15

10

5

Rate per 100,000

Alameda

County

Colorectal cancer mortality in the Tri-Valley area is similar to Alameda County. The highest rates are seen in Pleasanton and the lowest in Livermore, though these differences are not statistically significant.

Colorectal cancer mortality in the Tri-

increase dramatically starting in the age

group 65-74 while female rates increase in the 75-84 age group. Females 85 years

and older have the highest mortality rate.

Valley increases with age. Male rates

25 Rate per 100,000 20 15 10

Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Livermore

Pleasanton

Dublin

Figure 54: Colorectal Cancer Mortality by Age, Tri-Valley

25-34 35-44 45-54 55-64 65-74 75-84

In Alameda County, African Americans and Whites have the highest rates of colorectal cancer mortality. The rate among Tri-Valley Whites is nearly the same as that for Whites county-wide.

Figure 55: Colorectal Cancer Mortality by Race/Ethnicity

Alameda County

Tri-Valley





Tri-Valley

Female Breast Cancer Mortality

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

Breast cancer is the second leading cause of cancer death among women and the most commonly diagnosed cancer among women in the United States. Women at high risk of developing breast cancer include those who: have a family history of breast cancer, have never been pregnant, were first pregnant after age 31, have had endometrial, ovarian, or unilateral breast cancer, or were exposed to low level ionizing radiation. Estrogen therapy and diet are also associated with breast cancer.^{1,2,8}

In 2002, breast cancer killed 41,514 women in the United States. The age-adjusted death rate from breast cancer among U.S. women was 25.6 per 100,000. At the national level, breast cancer death rates are 35% higher among African American women (34 per 100,000) than among White women (25).³ In California, the breast cancer death rate is 24 per 100,000 women.¹¹ Both the national and state rates exceed the HP2010 objective of no more than 22.3 per 100,000 women.⁶

Seventy percent of all diagnosed cases of breast cancer are among women 50 years or older. The American Cancer Society estimates that more than 211,000 American women will be diagnosed with breast cancer in 2005.¹⁶

Since 1990, the breast cancer death rate has decreased among White females. For African Americans, the decline did not begin until the mid-1990s. Among Latinas and Asians, rates appear to have leveled off since the mid-1990s without declining. These race/ethnic differences may be due in part to the fact that breast cancer is diagnosed at earlier stages in White women than in women of color, affecting chances of survival.^{4,6,17}

Female breast cancer mortality has declined over the past decade both countywide and in the Tri-Valley area. In the latest period, 2001-2002, the Tri-Valley rate dropped below the County rate.

Figure 56: Historical Breast Cancer Mortality



Figure 57: Breast Cancer Mortality by Area

The breast cancer mortality rate in the Tri-Valley is 21.9 per 100,000 women, just under the HP2010 objective of 22.3 or less. Alameda County, with a rate of 25.7, has not yet met the national objective.



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000. Note: Dublin is not shown due to insufficient numbers.

Figure 58: Breast Cancer Mortality by Age, Tri-Valley



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Figure 59: Breast Cancer Mortality by Race/Ethnicity



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

In the Tri-Valley, and in general, mortality from breast cancer begins at a fairly young age, in the 35 to 44 age group, and increases with age.

African American females in Alameda County have the highest rate of breast cancer mortality. For the Tri-Valley, a rate is calculable only for Whites; the White rate is slightly less than that for the county.

Prostate Cancer Mortality

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

Prostate cancer is the second leading cause of cancer-related death among men in the United States, as well as the most commonly diagnosed cancer among men. The American Cancer Society estimates that in 2005, there will be 232,090 new cases of prostate cancer.^{16,18}

Nationally, the age-adjusted prostate cancer death rate in 2002 was 27.9 deaths per 100,000 men; 30,446 men died from the disease.³ About 70% of prostate cancers are diagnosed among elderly men who are 65 years or older.¹⁸ In California, the age-adjusted prostate cancer death rate was 28 per 100,000 during the period 1997-2001.¹⁹ Both national and state rates are close to the Healthy People 2010 objective of no more than 28.8 per 100,000 men.⁶

Since 1990 there has been a gradual decline in the prostate cancer death rate among all race/ethnic groups monitored. This trend is more notable among Whites than among African Americans.^{5,17,18} The death rates for African American men continue to be two times higher than those for White men. In 2002, the prostate cancer death rate was 25.7 per 100,000 for White men compared to 62.0 for African American men.³

The declining trend might be explained by technological advances in medicine and early screening for prostate cancer known as prostate-specific antigen (PSA) testing.^{17,18} 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.¹⁸

Prostate cancer mortality has declined over the past decade in both Alameda County and the Tri-Valley. The Tri-Valley rate has been consistently lower than the county rate.

Figure 60: Historical Prostate Cancer Mortality



Source: CAPE; Alameda County vital statistics files, CA DOF, Census 1990 and 2000.

Figure 61: Prostate Cancer Mortality by Area

The rate of prostate cancer mortality in the Tri-Valley is 24.2 per 100,000 men, lower than the Alameda County rate of 29.6. The Tri-Valley has met the HP2010 objective of 28.8 or less. Alameda County, with a rate of 29.6, has not yet met the objective.



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Figure 62: Prostate Cancer Mortality by Age, Tri-Valley

Prostate cancer mortality in the Tri-Valley is highest among the oldest age groups. Those 85 years and older are especially at risk.

In Alameda County, African Americans die from prostate cancer at a rate two to

five times other race/ethnic groups. The

lowest rate was seen among Asians. The

rate among Whites in the Tri-Valley is

slightly less than that for the county.



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.



Figure 63: Prostate Cancer Mortality by Race/Ethnicity

Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000. Note: American Indian and Pacific Islander not shown due to insufficient numbers.



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

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

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

Nationally, there are approximately 460,000 asthma hospitalizations per year. Rates of asthma hospitalization are highest among children under five years, followed by children five to 14 years and then adults 65 years and older. Hospitalization rates are 1.5 times higher among females than males and three times higher among African Americans than Whites.² In California, asthma hospitalization rates are highest among African Americans even when adjusted for income. Statewide and nationally, rates among African Americans are at least three times those for Whites.⁷

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

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

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

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

A common measure of childhood asthma is the age-adjusted rate of asthma hospitalization among children 0-14 years of age. It is in this measure that the greatest racial, sex, and geographic differences are seen. The original Healthy People 2000 objective for the age group 0-14 years was 225 per 100,000. As there is a great deal of interest in this age group and there is no comparable Healthy People 2010 objective, we have chosen to continue using the Healthy People 2000 objectives for asthma hospitalization as a basis for comparison. For all ages combined, the comparable HP2000 objective was 160 per 100,000.

Asthma Hospitalization

Rates of asthma hospitalization have declined over the past decade in Alameda County as well as Tri-Valley cities. The Alameda County rate was consistently higher than Tri-Valley rates. Rates in Tri-Valley cities varied a great deal, a phenomenon typical for smaller populations.

During the period 2001-2003, the Tri-Valley rate was 86 per 100,000, and the Alameda County rate was 160. Both areas have met the HP2000 objective of 160 per 100,000.

Childhood (less than 15 years) asthma hospitalization rates in Tri-Valley declined between 1991 and 2001, then increased in 2002. With the exception of this recent increase, the decline mirrors that seen at the county level. The Alameda County rate was consistently two to three times higher than the Tri-Valley rate.

During the period 2001-2003, the asthma hospitalization rate in Tri-Valley was 146 per 100,000 children ages 0-14 years, well below the HP2000 objective of 225. The Alameda County rate was 348, over two times the Tri-Valley rate.

Figure 64: Historical Asthma Hospitalization (All Ages)



Source: CAPE; OSHPD hospitalization files, CA DOF, Census 1990 and 2000.



Figure 65: Historical Childhood Asthma Hospitalization

Source: CAPE; OSHPD hospitalization files, CA DOF, Census 1990 and 2000.



The pattern of asthma hospitalization for all ages is different from that for children only (less than 15 years). For all ages combined, female rates are higher than male rates in each Tri-Valley locale as well as county-wide. Childhood asthma hospitalization rates, on the other hand, are higher among males in every locale.



Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.



Figure 67: Childhood Asthma Hospitalization by Area

Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.

Gender differences can be further understood when rates are examined by age. Asthma hospitalizations among males age 0-14 years in the Tri-Valley exceed those among females by large margins. Sometime after the age of 15, however, the pattern reverses and many more females than male are hospitalized for asthma. This pattern is seen at the county level as well.



Figure 68: Asthma Hospitalization by Age, Tri-Valley

Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.



The rate of asthma hospitalization among African Americans in Alameda County is exceedingly high relative to other race/ethnic groups. For every race/ethnic group, rates are higher in the County than in Tri-Valley.



Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.

900 800 Alameda County 700 100,000 600 Tri-Valley 500 per 400 Rate | 300 200 100 0 AfrAmer API White Latino

Figure 70: Childhood Asthma Hospitalization by Race/Ethnicity

Among children 0-14 years in the Tri-Valley, African American rates of asthma hospitalization are approximately three times higher than those of other races/ ethnicities. African Americans also are the only race/ethnic group in the Tri-Valley that has not yet met the HP2000 objective of 225.

It is important to keep in mind that asthma hospitalization does not measure the prevalence of asthma in the population. Rather, it is a reflection of the incidence of asthma attacks severe enough to result in hospitalization. The high county rate is influenced by very high rates in Oakland that are concentrated in pockets of substandard housing and poor air quality. Rates are also influenced by access to primary care and proper medical management.



Depression

Mental illness is the second leading cause of disability and premature mortality, after cardiovascular disease, in the United States and other industrialized economies.¹ Several categories of mental disorders – depression, bipolar disorders, schizophrenia, and anxiety disorders – are considered serious mental illnesses because of the magnitude of disability associated with them, their prevalence in the population, and the far-reaching effect the illnesses have on families and others who are close.^{2,3} The economic costs are enormous when treatment, lost productivity from disability and premature death, and criminal justice system costs are considered.

The most common mental disorder is depression.⁴ Some depression is part of the normal life course, and nearly all adults feel depressed at one time or another. This type of depression is typically time-limited and less pervasive than a diagnosable depressive disorder.

Major depression and similar mood disorders usually result in impaired functioning on a variety of levels – social, occupational, educational, and familial. Severely depressed individuals often feel empty, worthless, hopeless, and frequently cannot find pleasure in any activities. Suicide can be the result of untreated major depression.²

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.³ Nationally, over 6% of women and 3% of men experience major depression in a given year.²

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

Depression Hospitalization

Hospitalization for depression has increased in the Tri-Valley over the last decade, most notably in Livermore and Pleasanton. The Alameda County rate has changed very little overall.

During the period 2001-2003, the rate of hospitalization for depression in the Tri-Valley was 247 per 100,000, over 40% higher than the county-wide rate of 173.

Figure 71: Historical Depression Hospitalization



Source: CAPE; OSHPD hospitalization files, CA DOF, Census 1990 and 2000.

Rates of hospitalization for depression are the same for males in each city as they are in the county. In contrast, the rates for females in Livermore and Pleasanton are higher than in any other city in Alameda County, and they are at least two times the rate of males. County-wide, the female rate is only 50% higher than the male rate.

Figure 72: Depression Hospitalization by Area



Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.

In Tri-Valley, females in every age group are hospitalized for depression more often than males. Most hospitalization for depression occurs at older ages, with rates among elderly females being exceedingly high. However, adolescents and young adults 15 to 24 years are also hospitalized for depression at higher rates than those between the ages of 25 and 64.

Figure 73: Depression Hospitalization by Age, Tri-Valley



Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.



Figure 74: Depression Hospitalization by Race/Ethnicity

Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.

While the pattern of depression hospitalization is similar for Alameda County and the Tri-Valley, rates are higher in the Tri-Valley for each group except Asian/ Pacific Islanders.



Livermore and Pleasanton have the highest rates of hospitalization for depression in Alameda County (266 and 254 per 100,000, respectively). Parts of Berkeley, San Leandro, Castro Valley, Ashland, and Oakland's Chinatown also have rates that are at least 50% higher than the county rate of 173. While the map shows depression hospitalization rates for both sexes combined, in the Tri-Valley the female rate is over two times that of males (336 per 100,000 females versus 138 per 100,000 males). Countywide, the female rate is only 50% higher than the male rate.

Injury and Homicide Unintentional Injury

Unintentional injury is bodily harm that is not purposely inflicted. Nationally, two-thirds of injury deaths are unintentional, and 94% of nonfatal injuries treated in emergency departments are unintentional.^{1,2} About 29.7 million injuries were treated in hospital emergency departments in 2001.⁴ The majority of these were unintentional; less than 2 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.³ Falls cause the greatest number of unintentional, nonfatal injuries treated in emergency departments. Next are injuries from being struck by or against an object, motor vehicle accidents, overexertion, and cuts.²

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

In 2002, 106,742 people died of unintentional injuries in the United States. Nearly two-thirds of those were male.³ The age-adjusted rate of unintentional injury death in the United States was 36.9 per 100,000 in 2002. The rate among males was 51.5 per 100,000, over twice the female rate of 23.5. The death rates for males between 18 and 64 years were two to four times the rates for females. Persons over 70 years had the highest death rates.¹

In California, the rate of unintentional injury deaths was 28 per 100,000.⁵ Both national and state rates exceed the HP2010 objective of 17.5 or less.⁶ Unintentional injuries were the fifth leading cause of death in the United States in 2002. For those under 35 years, they were the leading cause of death as they have been for the last 50 years.^{1,7} The death rate for unintentional injury declined from 1950 until 1992 and then increased slightly. In 2002, the age-adjusted death rate increased more than 3% from 2001.⁸

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

Unintentional Injury Mortality

The death rate due to unintentional injuries has generally declined in Alameda County over the past decade. The Tri-Valley rate has been variable but has not declined overall.

During the period 2000-2002, the rate of mortality from unintentional injuries in the Tri-Valley was 18.9, just slightly above the HP2010 objective of 17.5. The Alameda County rate for the same period was 23.6.





Source: CAPE; Alameda County vital statistics files, CA DOF, Census 1990 and 2000.

Figure 76: Unintentional Injury Mortality by Area

Males in all areas are at higher risk of death from unintentional injury than females. Livermore males have the highest mortality rate of the Tri-Valley cities, a rate similar to the Alameda County male rate. Female rates in the Tri-Valley are similar to those in the County.



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

300 250 200 150 100 50 -1 -1 -1 -4 -5-14 15-24 25-34 35-44 45-54 55-64 65-74 75-84 85+

Figure 77: Unintentional Injury Mortality by Age, Tri-Valley

Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000.

Figure 78: Unintentional Injury Mortality by Race/Ethnicity



Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000. Note: American Indian and Pacific Islander not shown due to insufficient numbers.

Deaths due to unintentional injury occur in all age groups but are by far most frequent among those 85 years and older. In most age groups, males are more at risk than females.

Unintentional injury deaths in Alameda County are highest among African Americans, followed by Latinos, Whites, and Asians. In the Tri-Valley, the White rate is higher than the Latino rate, but not significantly so.

Unintentional Injury Hospitalization

Hospitalization for unintentional injury has declined over the past decade in each of the Tri-Valley cities as well as in Alameda County. This may be due to a decline in the number of motor vehicle accidents, which are the leading cause of unintentional injury.

During the period 2001-2003, the Tri-Valley rate was 379 per 100,000, just below the Alameda County rate of 398.

Figure 79: Historical Unintentional Injury Hospitalization



Source: CAPE; OSHPD hospitalization files, CA DOF, Census 1990 and 2000.

500 Male Female 450 400 Rate per 100,000 350 300 250 200 150 100 50 0 Dublin Alameda Livermore Pleasanton Tri-Valley County

Figure 80: Unintentional Injury Hospitalization by Area

Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.

6,000 5,000 4,000 4,000 4,000 4,000 4,000 5,000 5,000 4,000 4,000 5,000 4,000 5,

Figure 81: Unintentional Injury Hospitalization by Age, Tri-Valley

Overall, hospitalization for unintentional injury in the Tri-Valley area is similar to Alameda County, with male rates being higher than female rates. The exception is Dublin, where rates are lower than those in the other areas, and the female rate is the same as the male rate.

Among the elderly in the Tri-Valley, female hospitalization rates exceed male rates, most notably among those age 85 and older. In every age group under 55 years, male rates exceed female rates. Falls are the most common cause of unintentional injury among the elderly while among youth it is motor vehicle crashes. Unintentional injury hospitalization rates are higher in Alameda County than Tri-Valley for each race/ethnic group. The African American Tri-Valley rate is half the County rate.

Figure 82: Unintentional Injury Hospitalization by Race/Ethnicity



Homicide and Assault

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

Nationally, the age-adjusted rate of homicide was 6.1 per 100,000 in 2002. The homicide rate among males was 9.4, more than three times the female rate of 2.8.³ In California, the homicide rate was 6.5 per 100,000 for the period 2000-2002.⁵ Both national and state rates exceed the HP2010 objective of 3.0 or less.⁶

In 2002, there were 17,638 known homicide victims in the United States; more than 75% were male.³ Homicide was the second leading cause of death, after unintentional injury, for the 15-24 age group.⁷ For the 25-34 age group, homicide ranked third after unintentional injury and suicide.⁷ Homicide victimization was especially high among African American males, exceeding the White male rate by more than six times.³ 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.⁷

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

Homicide Mortality

The homicide rate in Alameda County has dropped since the beginning of the 1990s. Recently, there has been a small increase in the rate. Tri-Valley is not shown due to insufficient numbers.



Figure 83: Historical Homicide Mortality

Figure 84: Homicide Mortality by Area

For the five-year period, 1998 to 2002, the homicide rate in Alameda County was 7.6 per 100,000, four times higher than the Tri-Valley rate of 1.8. The Tri-Valley homicide rate is well below the HP2010 objective of 3.0.



Source: CAPE; Alameda County vital statistics files 1998-2002, CA DOF, Census 2000.

Figure 85: Number of Homicides by Age, Tri-Valley

1r 1998 5 Male Female 2 1 0

Source: CAPE; Alameda County vital statistics files 1998-2002.

<1

1-4





5-14 15-24 25-34 35-44 45-54 55-64 65-74 75-84 85+

In the Tri-Valley, nine males and four females died due to homicide from 1998 to 2002.

In Alameda County, the homicide rate for African Americans is far higher than any other race/ethnic group. No group had numbers high enough to calculate rates for the Tri-Valley.

Assault Hospitalization

Hospitalization for assault-related injury has declined steadily in Alameda County over the past decade, a decline similar to that seen for homicide rates. The comparable Tri-Valley rate has been relatively stable and consistently lower than the county over the same period.

During the period 2001-2003, the Tri-Valley assault hospitalization rate was 10.7 per 100,000, less than one-third the county rate of 37.1.

Figure 87: Historical Assault Hospitalization



Source: CAPE; OSHPD hospitalization files, CA DOF, Census 1990 and 2000.

Assault hospitalization rates for males in the Tri-Valley cities are similar. In Alameda County, the male rate is over three times the Tri-Valley male rate, and over six times the county-wide female rate. Only a few females in Tri-Valley were hospitalized for assault over the three year period.

Figure 88: Assault Hospitalization by Area



Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.

In contrast to unintentional injury, the rate of hospitalization due to assault is highest among adolescents and young adult males, especially those 15 to 24 years. Alameda County rates are several times higher than Tri-Valley rates in most age groups. Only in the oldest age group is the Tri-Valley rate higher than the County rate.

Figure 89: Assault Hospitalization by Age for Males



Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.



Figure 90: Assault Hospitalization by Race/Ethnicity

County-wide, assault hospitalization is highest among African Americans and lowest among Asian/Pacific Islanders. In Tri-Valley, the numbers are sufficient to calculate rates only for Whites and Latinos. These rates are roughly half the county rates.

Source: CAPE; OSHPD hospitalization files 2001-2003, CA DOF, Census 2000.

Communicable Disease

Tuberculosis

Tuberculosis (TB) is a communicable disease caused by Mycobacterium tuberculosis, also referred to as tubercle bacilli. It is transmitted from person to person through particles carrying the bacteria through the air. Transmission can occur when people breathe in the bacteria while in close and prolonged contact with a person with infectious TB.

Once a person has been exposed to someone with TB and has inhaled the TB bacteria, that person may become infected with TB. In most people who inhale the bacteria, the body is able to fight the bacteria to stop it from growing but will still show evidence of exposure when tested. This is referred to as latent TB infection (LTBI). For other individuals who inhale the TB bacteria and become infected, TB infection can progress to TB disease when the immune system cannot fight off the tubercle bacilli. TB is curable if a person takes all of their TB medications as prescribed. Individuals with active TB disease may have some or all of the following symptoms: cough, weight loss, fevers, fatigue, night sweats, or loss of appetite.

Approximately one-third of the world's population is infected with Mycobacterium tuberculosis, with more than 8 million people becoming sick with TB disease and approximately 2 million people dying from TB each year.¹ The majority of these cases occur in the countries of Asia, Africa, Eastern Europe, and Latin America where there are high rates of TB. In the United States, there are an estimated 10 to 15 million Americans infected with TB, who have the potential to develop active TB disease in the future. In 2002, the United States had a case rate of 5.2 per 100,000 with just over 15,000 cases of tuberculosis reported nationwide.² The Healthy People 2010 objective is 1.0 per 100,000.

Drug resistant strains of tuberculosis can occur when a person with TB disease is not compliant with their medications as prescribed. This is of concern because drug resistant strains and multi-drug resistant (MDR) TB are more difficult to treat and require longer treatment regimens.

TB case rates in the Tri-Valley have been consistently lower than those for Alameda County. Rates in Alameda County have declined in recent years.

In 2001-2003, four percent of new cases reported in Alameda County (excluding cases reported in Berkeley) occurred among residents of the Tri-Valley, which constitutes 11% of the county's population. There were 23 new cases of TB in the Tri-Valley and 570 new cases in the county. The TB incidence rate for the Tri-Valley was 4.3 per 100,000, one-third the rate for the county (13.7). Neither area has met the HP2010 objective of 1.0.







Asians and Pacific Islanders comprise the greatest proportion of cases for both Alameda County and the Tri-Valley (62% and 70% respectively). Whites account for a greater percentage of cases in Tri-Valley than in Alameda County. However, the White rate in Tri-Valley is similar to that in Alameda County.

Figure 92: TB Cases by Race/Ethnicity



Source: CAPE; Alameda County TIMS, 2001-2003.

The majority of TB cases in both the Tri-Valley and the county occur among individuals 25 years and older, with the largest proportion of cases among persons 25-44 years.

Between 2001 and 2003, there were 19 TB cases among those 0 to 4 years in Alameda County, although none of these occurred among residents of Tri-Valley. TB cases among children 0 to 4 years are important to monitor since they indicate a recent transmission of TB has occurred.

About 83% of the Tri-Valley TB cases are among foreign-born individuals; in Alameda County, the comparable figure is 77%. Among Tri-Valley cases, the majority of foreign born cases come from India and the Philippines.

Figure 93: TB Cases by Age



Source: CAPE; Alameda County TIMS, 2001-2003. Note: Percentages do not add to 100% because of rounding.

Figure 94: TB Cases by Country of Origin



Figure 95: Drug Resistance Among TB Cases

Approximately 22% of Tri-Valley and 13% of Alameda County cases were resistant to at least one anti-TB drug. The most common of these is the drug Isoniazid. Two cases in Alameda County were multi-drug resistant (MDR) in 2001-2003.



AIDS

Acquired immune deficiency syndrome (AIDS) is caused by the human immunodeficiency virus, known as HIV. The term AIDS applies to the most advanced stages of HIV infection. HIV progressively weakens the body's immune system and thus the ability to protect itself from infection and disease. HIV is spread from person to person through the exchange of bodily fluids, including blood, semen, vaginal secretions, and breast milk. The most common forms of transmission are sexual contact with infected people and the sharing of contaminated needles or syringes, but the virus can also be transmitted from HIV-infected women to their babies during pregnancy, delivery, or breast-feeding.

HIV/AIDS is a severe, life-threatening condition that has reached epidemic proportions, affecting more than 60 million people worldwide since the onset of the HIV/AIDS epidemic 20 years ago. In the United States, there have been approximately 930,000 AIDS cases and 524,000 reported deaths from AIDS as of December, 2003.³ It is estimated that 850,000 to 950,000 people are living with HIV, with 40,000 new HIV infections are occurring each year.⁴ In Alameda County, the number of new AIDS cases increased from one case in 1980 to 627 cases at the height of the epidemic in 1992, and decreased to 182 cases in 2003. The average annual rate was 13.9 per 100,000 for the period 2001-2003. This is far greater than the Healthy People 2010 objective of no more than one new case per 100,000 each year.

Individuals can place themselves at risk for HIV/AIDS with various behaviors. Men having sex with men (MSM) has been the predominant exposure mode, accounting for the greatest number of cases, although cases attributed to heterosexual contact have been steadily increasing over the last decade.

The AIDS epidemic has changed over time, which has implications for prevention. Case rates peaked in the early 1990s and dramatically declined since, representing the slowing progression of HIV infection to AIDS. This slower progression is attributable to improved behavioral risk reduction interventions and the introduction of new drug therapies in 1996.

The use of antiretroviral therapy has also contributed to a reduction in the number of AIDS deaths.

Figure 96: Historical AIDS Case Rate

Case rates in the Tri-Valley over the past 15 years have been consistently lower than county rates. In 2001-2003, 19 cases of AIDS were diagnosed among Tri-Valley residents. New cases tended to be White males. The average annual rate in Alameda County in 2001-2003 was 13.9 per 100,000 residents, nearly four times the Tri-Valley rate of 3.5. Neither area has met the HP2010 objective of 1.0



Figure 97: AIDS Cases by Race/Ethnicity

The majority of AIDS cases in Tri-Valley are White (58%); 21% are African American. The pattern is reversed at the county level, with 53% African American and 24% White. Percentages of Latino and API cases are similar in the Tri-Valley and in the county. None of the Tri-Valley residents diagnosed with AIDS have been under the age of 25 years.

Exposure to HIV among Tri-Valley residents is primarily through sexual contact (either heterosexual or men having sex with men). Roughly 20% are exposed through IV drug use. The pattern is similar at the county level.



Figure 98: AIDS Cases by Exposure Mode





Figure 99: AIDS Cases, Deaths, and Persons Living With AIDS, Tri-Valley

Source: CAPE; Alameda County HARS.

Sexually Transmitted Diseases

Both the numbers of new AIDS cases

living longer, and thus the number of

people living with AIDS continues to

known persons living with AIDS in Alameda County; 100 of these were Tri-

Valley residents.

rise. By the end of 2003, there were 2,732

declined dramatically in the last decade. With treatment, people with AIDS are

and deaths among AIDS cases have

Sexually transmitted diseases (STDs) are infections that are acquired through sexual contact. They are among the most common infectious diseases in the United States today. In the United States 65 million people are living with an incurable STD and 15 million people are infected every year. Although STDs affect men and women of all backgrounds and economic levels, they are most prevalent among teenagers and young adults. Nearly two-thirds of all STDs occur in people younger than 25 years of age.

Many individuals infected with STDs will show no symptoms of the disease and are therefore unlikely to be diagnosed and treated. Even cases of disease that are detected are often times not reported. Thus, the extent of infection of STDs is difficult to monitor as each new case that goes undetected and untreated magnifies this "hidden" epidemic. Untreated STDs can cause serious health problems such as pelvic inflammatory disease (PID).

Chlamydia is one of the most dangerous STDs among women and is the most commonly reported infectious disease in the United States. While affecting both men and women, women suffer the most severe consequences of untreated infection. Up to 40% of untreated women will develop PID and 20% of these will become infertile. Fifty percent of men and 75% of women infected with chlamydia will show no symptoms. The rate of chlamydia infection is thought to be declining in the United States from an estimated annual incidence of 4 million cases in the early 1980s to about 3 million annual cases today.

Gonorrhea is a sexually transmitted bacterial infection. Reported cases of gonorrhea declined in the United States until the late 1990s when in 1997-1999 gonorrhea rates increased by nine percent. Gonorrhea rates remain high for African Americans, adolescents and young adults. It is a major cause of PID, which can lead to infertility and tubal pregnancies in women. Gonorrhea can be cured easily and its long-term consequences avoided by early detection and treatment with antibiotics.

An estimated 650,000 cases of gonorrhea occur each year in the United States.⁵ Like chlamydia, gonorrhea infections are under-reported and it is believed that reported cases constitute only about half of all actual cases occurring annually. The reported rate of gonorrhea infection in the United States is the highest of
any industrialized country. Historically, gonorrhea rates have been higher in men than in women, likely because many women have asymptomatic infections. However, recent increases in reproductive health screening in women have contributed to a reduction of the disparity in rates between men and women.

Although the rate of chlamydia infection in the Tri-Valley is much lower than that in Alameda County, the rate has been increasing in recent years.

For the period 2001-2003, the Tri-Valley rate was 96 per 100,000, less than one-third the county rate of 335.



Figure 100: Historical Chlamydia Case Rate

Source: CAPE; Alameda County STD surveillance system.



Figure 101: Historical Gonorrhea Case Rate

Source: CAPE; Alameda County STD surveillance system.

Similarly, the rate of gonorrhea infection in the Tri-Valley is very small compared to Alameda County as a whole. In recent years, however, the Tri-Valley rate has been increasing and the county rate has been decreasing.

For the period 2001-2003, the Tri-Valley rate was 17 per 100,000, just a fraction of the county rate of 132.

Young females account for the greatest number of reported chlamydia cases in the Tri-Valley. The rate of infection for females 13 to 19 years is six times the rate for males in that age group. The rate for females 20 to 29 years is more than three times that of males of the same age.

Figure 102: Chlamydia Case Rates by Age, Tri-Valley



Source: CAPE; Alameda County STD surveillance system, 2001-2003.

Figure 103: Gonorrhea Case Rates by Age, Tri-Valley



Source: CAPE; Alameda County STD surveillance system, 2001-2003.



Figure 104: Chlamydia and Gonorrhea Cases by Race/Ethnicity, **Tri-Valley**

Source: CAPE; Alameda County STD surveillance system, 2001-2003.

The rate of gonorrhea infection is the same for males and females 20 to 29 years of age. However, teenage females have a much higher rate of infection than teenage males. Over the age of 30, males have higher rates than females.

Among reported cases of gonorrhea and chlamydia combined, Whites account for the largest proportion of cases, followed by Latinos. However, more than half of reported cases have unknown race and thus firm conclusions cannot be drawn.

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Appendix A: Technical Notes

Methods

Geographic measures

Each source of data has variations in its geographies:

Vital statistics For data prior to 2000, data are based on the address, which is sometimes different from the physical location. For example, many addresses inside Oakland near the Emeryville border use Emeryville for the postal address. For subsequent years data are based on physical location.

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

Hospitalizations City equivalents are developed by grouping zip codes. Dublin is 94568; Livermore, 94550, 94551; Pleasanton, 94566, 94588.

Race and ethnicity

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

Rate calculations

Health indicators in this report are presented primarily as age-adjusted rates per 100,000 population. These rates are ageadjusted 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 and 1990 Census.

Population estimates The population estimate for each geography is from Census 2000 and California Department of Finance (DOF) estimates. Since most data are for 2001 to 2003, they have a midpoint of July 1, 2002. Age, sex, and race distributions are from Census 2000 (assuming that little had changed since the Census of April 1, 2000), but the total population is adjusted using the DOF May 2004 benchmarks. For the years prior to 2000, the age and sex distributions are assumed to change linearly from Census 1990 to Census 2000, with the total number of persons taken from DOF estimates.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).

Tuberculosis Alameda County Department of Public Health Tuberculosis Information Management System (TIMS).

HIV/AIDS Alameda County Department of Public Health HIV/AIDS Reporting System (HARS).

STDs Alameda County STD surveillance system.

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, the mortality trend data for 1991 to 1998, and hospital discharge data are based on the ninth revision of the International Classification of Diseases (ICD-9). Since the

beginning of the century, the International Classification of Disease for mortality has been modified about once every 10 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 rank-able categories, namely, all cancer and unintentional injuries, respectively. If they were included separately, both causes would rank among the ten leading causes of death.⁶

Sexually transmitted diseases The incidence of STDs depends on levels of screening. Since testing for STDs is not comprehensive or uniform throughout the jurisdiction, and since many STD infections are asymptomatic, the actual incidence of STDs is greater than that which is reported. In addition, STD data derive largely from laboratory reports which do not contain information on the race/ethnicity of the individual. Hence, the data is incomplete and conclusions about the distribution of STDs by race/ethnicity cannot be firmly drawn.

Case Definitions

Maternal and Child Health

Infant mortality Number of deaths to children less than one year old per 1,000 live births.

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

Early prenatal care Care received during the first trimester (before 12 weeks) of pregnancy.

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

| Mortality | Cause of Death | ICD-10 Codes | Cause of Death | ICD-10 Codes |
|-----------------|------------------------|-------------------|---------------------|--------------------|
| | Diabetes | E10-E14 | Colorectal cancer | C18-C21 |
| | Coronary heart disease | I11; I20–I25 | Female breast cance | er C50 |
| | Stroke | I60 – I69 | Prostate cancer | C61 |
| | All cancer | C00-C97 | Unintentional injur | y V01–X59; Y85–Y86 |
| | Lung cancer | C33-C34 | 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 |
| | Coronary heart disease | 402.00-402.99; 41 | 0.00-414.99; 429.2 | Primary Dx-Dx4 |
| | Stroke | 430.00-438.99 | | Primary Dx-Dx4 |
| | Depression | 296.20-296.35; 30 | 0.40; 311.00 | Primary Dx |
| | Unintentional injury | E800-E949 | | Primary E-code |
| | Assault | E960-E969 | | Primary E-code |

Communicable Disease

AIDS The Centers for Disease Control and Prevention expanded the AIDS surveillance case definition in 1993 to include all HIV-infected persons with a CD4+ T-lymphocyte count of less than 200 cells/uL or with one of the AIDS-defining clinical conditions.

Chlamydia A case that is laboratory confirmed by isolation of *C. trachomatis* by culture.

Gonorrhea A case that is laboratory confirmed by isolation of Neisseria gonorrhea by culture.

Tuberculosis Positive cultures for *M. tuberculosis* confirm the diagnosis of TB. However, TB may also be diagnosed by the medical provider on the basis of clinical signs and symptoms in the absence of positive cultures.

Rates

Age-adjustment All age-adjusted rates in this report are adjusted by the direct method to the 2000 U.S. Standard Population. In general, the number of deaths for specific causes of mortality in a community is affected by the size and age composition of the population. Because the risk of dying is primarily a function of age, simply calculating a crude rate for vital events such as death (number of deaths/population) can lead to misleading conclusions when comparing different sub-populations. 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.⁸ 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.⁹

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

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Appendix B: Data Tables

| Table | B-1: | Demogra | phics |
|-------|------|---------|-------|
| | | | |

| | Alameda (| County | Dub | lin | Livern | nore | Pleasa | nton | Tri-Va | lley |
|------------------------------|-----------------|--------------|-----------------|------------------|-----------------|-----------|------------------|------------------|----------------|---------|
| Total | 1,443,741 | | 29,973 | | 73,345 | | 63,654 | | 166,972 | |
| Male | 709,300 | 49.1% | 15,782 | 52.7% | 36,664 | 50.0% | 31,270 | 49.1% | 83,716 | 50.1% |
| Female | 734,441 | 50.9% | 14,191 | 47.3% | 36,681 | 50.0% | 32,384 | 50.9% | 83,256 | 49.9% |
| Age | | | | | | | | | | |
| Under 5 years | 98,378 | 6.8% | 1,758 | 5.9% | 5,650 | 7.7% | 4,359 | 6.8% | 11,767 | 7.0% |
| 5 to 14 years | 201,417 | 14.0% | 3,624 | 12.1% | 11,955 | 16.3% | 10,807 | 17.0% | 26,386 | 15.8% |
| 15 to 24 years | 193,193 | 13.4% | 3,697 | 12.3% | 8,260 | 11.3% | 6,288 | 9.9% | 18,245 | 10.9% |
| 25 to 34 years | 241,073 | 16.7% | 6,410 | 21.4% | 10,868 | 14.8% | 7,988 | 12.5% | 25,266 | 15.1% |
| 35 to 44 years | 248,706 | 17.2% | 6,823 | 22.8% | 14,878 | 20.3% | 13,251 | 20.8% | 34,952 | 20.9% |
| 45 to 54 years | 200,518 | 13.9% | 4,267 | 14.2% | 10,300 | 14.0% | 10,487 | 16.5% | 25,054 | 15.0% |
| 55 to 64 years | 112,865 | 7.8% | 2,013 | 6.7% | 5,918 | 8.1% | 5,636 | 8.9% | 13,567 | 8.1% |
| 65 to 74 years | 75,699 | 5.2% | 923 | 3.1% | 3,156 | 4.3% | 2,723 | 4.3% | 6,802 | 4.1% |
| 75 to 84 years | 53,069 | 3.7% | 368 | 1.2% | 1,798 | 2.5% | 1,560 | 2.5% | 3,726 | 2.2% |
| 85 years and over | 18,823 | 1.3% | 90 | 0.3% | 562 | 0.8% | 555 | 0.9% | 1,207 | 0.7% |
| Median age | | 34.5 | | 34.3 | | 35.0 | | 36.9 | | 35.5 |
| % <18 years | 354,572 | 24.6% | 6,282 | 21.0% | 20,640 | 28.1% | 17,952 | 28.2% | 44,874 | 26.9% |
| % 65+ years | 147,591 | 10.2% | 1,381 | 4.6% | 5,516 | 7.5% | 4,838 | 7.6% | 11,735 | 7.0% |
| Race | | | | | | | | | | |
| African American | 211,124 | 14.6% | 2,995 | 10.0% | 1,094 | 1.5% | 845 | 1.3% | 4,934 | 3.0% |
| American Indian | 5,306 | 0.4% | 156 | 0.5% | 315 | 0.4% | 147 | 0.2% | 618 | 0.4% |
| Asian | 292,673 | 20.3% | 3,050 | 10.2% | 4,171 | 5.7% | 7,387 | 11.6% | 14,608 | 8.7% |
| Latino | 273,910 | 19.0% | 4,059 | 13.5% | 10,541 | 14.4% | 5,011 | 7.9% | 19,611 | 11.7% |
| Pacific Islander | 8,458 | 0.6% | 85 | 0.3% | 189 | 0.3% | 74 | 0.1% | 348 | 0.2% |
| White | 591,095 | 40.9% | 18,669 | 62.3% | 54,587 | 74.4% | 48,253 | 75.8% | 121,509 | 72.8% |
| Some other race | 4,676 | 0.3% | 61 | 0.2% | 185 | 0.3% | 143 | 0.2% | 389 | 0.2% |
| Multiple race | 56,499 | 3.9% | 898 | 3.0% | 2,263 | 3.1% | 1,794 | 2.8% | 4,955 | 3.0% |
| Characteristics of persons | | | | | | = = = = (| | | | |
| % poverty: total | | 11.0% | | 2.9% | | 5.3% | | 2.6% | | 3.9% |
| % poverty: <18 years | | 13.8% | | 3.5% | | 7.4% | | 2.7% | | 4.9% |
| % poverty 18-64 years | | 10.4% | | 2.7% | | 4.9% | | 2.4% | | 3.5% |
| % poverty: 65+ years | | 8.1% | | 3.2% | | 1.5% | | 3.8% | | 2.7% |
| % unemployed | | 5.5% | | 3.1% | | 3.4% | | 2.6% | | 3.0% |
| % high school or better | | 82.4% | | 86.3% | | 89.6% | | 94.2% | | 90.7% |
| % bach or better | | 34.9% | | 32.9% | | 31.6% | | 47.3% | | 37.8% |
| % speak English not well or | | 8.5% | | 2.3% | | 3.8% | | 2.0% | | 2.8% |
| not at an | E33 336 | | 0 225 | | 76 172 | | 22 211 | | E0 7E0 | |
| | 525,530 7 7 | | כזכיה בכ | | 20,123 | | 25,511 | | 50,759 | |
| Average HH income | 2./ \$72.620 | | 2.7 \$87.860 | | 2.0 \$86 710 | | 2./ \$112.605 | | 2.7 ¢07 152 | |
| % owper-occupied HH | \$72,0Z9 | 5/ 7% | J07,000 | 6/ 00/- | .¢00,710 | 77 70/- | | 73 /10/- | 197,19Z | 71 50/- |
| % HH linguistically isolated | | 94.7% 87% | | 2 10/2 2 10/2 | | 7 2.2 /0 | | 7 00/2 7 00/2 | | 7 0.0% |
| Families w/own children ~18 | 170 762 | 0.7 /0 | 3 301 | J.1 /0 | 10 /102 | 2.0 /0 | 9 521 | 2.9/0 | 23 31/ | 2.9/0 |
| | 170,702 | 21 5% | 5,501 | 15.3% | 10,452 | 13.9% | 5,521 | 11 3% | 23,314 | 13.0% |

Source: CAPE; Census 2000. Note: Linguistically isolated means that no one in the household 14 years and over speaks English "very well."

| Та | able B-2: M | CAH Ind | icator [| Data, 2 | 000-2 | 2002 | | | | | | | | | | | | | | | |
|-------|------------------|-------------|--------------|------------|----------|-------|----------|-------|-------|-------|--------|------|------|-------|---------|------|-------|-------|-----------|------|------|
| | | | Alameda C | ounty | | | Dub | in. | | | Liverm | ore | | | Pleasan | ton | | | Tri-Valle | ý | |
| | | Total | Rate | LCL | nc | Total | Rate | LCL | ncl | Total | Rate | LCL | ncr | Total | Rate | LCL | ncL | Total | Rate | ГCГ | ncL |
| | All | 323 | 4.9 | 4.0 | 6.0 | 9 | | | | 10 | 2.9 | 1.4 | 5.4 | 8 | | | | 24 | 3.3 | 2.1 | 4.9 |
| | AfrAmer | 67 | 10.6 | 8.6 | 13.0 | 0 | | | | - | | | | - | | | | 2 | | | |
| ytila | AmerInd | - | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| hoľ | Asian | 52 | 3.2 | 2.4 | 4.1 | 0 | | | | - | | | | 2 | | | | m | | | |
| ¶ tu | Latino | 83 | 4.3 | 3.5 | 5.4 | - | | | | - | | | | 2 | | | | 4 | | | |
| efnl | Multirace | 14 | 14.6 | 8.0 | 24.6 | 2 | | | | 0 | | | | - | | | | c | | | |
| | PacIsl | 5 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| | White | 71 | 3.8 | 8.6 | 13.0 | 3 | | | | 7 | | | | 2 | | | | 12 | 2.7 | 1.4 | 4.8 |
| | AII | 4,494 | 6.8 | 9.9 | 7.0 | 84 | 5.9 | 4.8 | 7.3 | 212 | 6.2 | 5.5 | 7.1 | 150 | 6.2 | 5.3 | 7.3 | 446 | 6.2 | 5.6 | 6.8 |
| 1 | AfrAmer | 1,111 | 12.2 | 11.5 | 12.9 | - | | | | 4 | | | | 2 | | | | 7 | 6.7 | 3.0 | 13.9 |
| Чрія | Amerind | 12 | 5.5 | 3.0 | 9.7 | 0 | | | | - | | | | 0 | | | | - | | | |
| 9W u | Asian | 1,193 | 7.3 | 6.9 | 7.7 | 27 | 7.7 | 5.2 | 11.1 | 33 | 11.3 | 8.0 | 15.7 | 41 | 8.7 | 6.4 | 11.7 | 101 | 9.1 | 7.5 | 10.9 |
| hia | Latino | 1,024 | 5.3 | 5.0 | 5.7 | 15 | 8.2 | 4.8 | 13.4 | 51 | 6.8 | 5.2 | 8.9 | 11 | 3.8 | 2.0 | 6.9 | 77 | 6.3 | 5.0 | 7.9 |
| W0. | Multirace | 79 | 8.3 | 9.9 | 10.2 | 0 | | | | m | | | | 2 | 22.7 | 8.7 | 45.8 | ∞ | 9.9 | 4.7 | 19.0 |
| 1 | PacIsI | 38 | 5.5 | 4.0 | 7.6 | - | | | | - | | | | 0 | | | | 2 | | | |
| | White | 1,002 | 5.4 | 5.0 | 5.7 | 38 | 4.9 | 3.5 | 6.7 | 113 | 5.3 | 4.4 | 6.4 | 86 | 5.8 | 4.7 | 7.1 | 237 | 5.4 | 4.7 | 6.1 |
| | AII | 58,546 | 88.9 | 88.6 | 89.1 | 1,355 | 95.8 | 94.5 | 96.7 | 3,164 | 93.0 | 92.1 | 93.8 | 2,285 | 94.7 | 93.7 | 95.5 | 6,804 | 94.1 | 93.5 | 94.6 |
| re | AfrAmer | 7,908 | 80.8 | 86.1 | 87.5 | 25 | 100.0 | 83.4 | 100.0 | 47 | 90.4 | 78.2 | 96.4 | 25 | 92.6 | 74.2 | 98.7 | 97 | 93.3 | 86.1 | 97.0 |
| 6) l | AmerInd | 182 | 83.9 | 78.1 | 88.4 | 2 | | | | 5 | 83.3 | 36.5 | 99.1 | 9 | 100.0 | 51.7 | 100.0 | 13 | 92.9 | 64.2 | 9.66 |
| eter | Asian | 14,896 | 90.6 | 90.1 | 91.0 | 335 | 95.2 | 92.2 | 97.1 | 267 | 91.8 | 87.8 | 94.5 | 445 | 94.5 | 91.9 | 96.3 | 1,047 | 94.0 | 92.4 | 95.3 |
| Prei | Latino | 16,209 | 84.7 | 84.1 | 85.2 | 167 | 91.3 | 85.9 | 94.8 | 651 | 87.0 | 84.4 | 89.3 | 260 | 90.06 | 85.8 | 93.1 | 1,078 | 88.4 | 86.4 | 90.1 |
| λμε | Pultirace | 836 | 87.4 | 85.1 | 89.4 | 19 | 95.0 | 73.1 | 99.7 | 36 | 92.3 | 78.0 | 98.0 | 20 | 90.9 | 69.4 | 98.4 | 75 | 92.6 | 84.0 | 97.0 |
| 53 | PacIsI | 515 | 74.9 | 71.4 | 78.0 | 4 | | | | 11 | 91.7 | 59.8 | 9.66 | ∞ | 100.0 | 59.8 | 100.0 | 23 | 92.0 | 72.5 | 98.6 |
| | White | 17,440 | 93.4 | 93.0 | 93.7 | 755 | 96.9 | 95.4 | 98.0 | 2,035 | 95.3 | 94.3 | 96.2 | 1,425 | 95.7 | 94.5 | 90.6 | 4,215 | 95.7 | 95.1 | 96.3 |
| | AII | 4,634 | 33.6 | 32.7 | 34.6 | 29 | 11.6 | 7.8 | 16.6 | 141 | 20.0 | 16.7 | 23.3 | 48 | 8.0 | 5.9 | 10.6 | 218 | 14.0 | 12.2 | 15.9 |
| | AfrAmer | 1,277 | 56.9 | 53.8 | 60.1 | ĸ | | | | ĸ | | | | - | | | | 7 | | | |
| ų | AmerInd | 18 | 33.4 | 19.8 | 52.7 | 0 | | | | - | | | | 0 | | | | - | | | |
| bið | Asian | 321 | 10.9 | 9.7 | 12.1 | - | | | | ß | | | | - | | | | 7 | | | |
| uəə | Latino | 2,278 | 71.7 | 68.7 | 74.6 | 8 | | | | 73 | 58.7 | 46.0 | 73.8 | 21 | 38.0 | 23.5 | 58.1 | 102 | 47.0 | 37.9 | 56.1 |
| L | Multirace | 96 | 12.7 | 10.3 | 15.5 | 0 | | | | 4 | | | | 0 | | | | 4 | | | |
| | PacIsI | 55 | 47.8 | 36.0 | 62.2 | - | | | | 2 | | | | 0 | | | | m | | | |
| | White | 564 | 12.8 | 11.7 | 13.8 | 14 | 8.8 | 4.8 | 14.7 | 48 | 9.7 | 7.2 | 12.9 | 25 | 5.5 | 3.6 | 8.2 | 87 | 7.9 | 6.3 | 9.7 |
| SoL | urce: CAPE: Alar | neda Countv | vital statis | tics files | 2000-200 | CA DO | E Census | 2000. | | | | | | | | | | | | | |

Notes: Totals are for three years; rates are annualized. Infant mortality rate is per 1,000 live births; low birth weight and early prenatal care rates are percentages of births; teen birth rate is per 1,000 teen females 15-19 years. Rates not shown for total less than 10 in infant mortality and teen birth, or less than 5 in low birth weight or early prenatal care. LCL and UCL are lower and upper 95% confidence levels for the rate.

| | | |) chamela | County | | | Dublin | | | | livermor | | | | Diacanto | | | | Tri-Vallev | | |
|-------------|--|---|------------------|--------------------|------------------|---------------|--------------|------------|--------------|--------------|--------------|---------------|-----------------|------------------|-----------|--------------|------------------|-------------------|-------------|-------------|------------|
| | | Total | Rate | | | Total | Rate | 5 | | Total | Rate | | | Total | Rate | 5 | Ū | Total | Rate | 5 | Ē |
| | 1001-1002 | 195 | C L | ן ע ע | 0 2 | - L | 2 | 2 | | 70 | 6.4 | 11 | 0.5 | 12 | 6.4 | | 11 0 | 21 | 6.4 | 16 | 200 |
| | 1997-1991 | 444 | 2.7 | 1 | 0.7 4 | | | | | 19 | י ר ל | - 0 | 0 6 | <u>1</u> 00 | t | ŗ | 1 | 74 C | t - | р т т | 7 1 |
| ĥ | 1993-1995 | 303 | 6.7 | | . 9 | . <i>с</i> | | | | 17 | 4 3 | 2.5 | 89 | <u>ب</u> (| | | | 28. | 4 3 | 2.2 | 62 |
| tile | 1994-1996 | 274 | 60 | 5 A | 9.9 | · ~ | | | | 14 | 4 1 | <i>сс</i> | 89 | σ | | | | 26 | 4 1 | 2.6 | 0 |
| oute | 1995-1997 | 367 | 0.0 | , c | 2 2 2 2 | , c | | | | 14 | 41 | 2 C C | 6.9 | 01 | 41 | 2 0 | 75 | 26 | 41 | 2.7 | 0.9 |
| Μ | 1006-1008 | 354 | 5 C | , 1 1 1 | 2.2 | 1 0 | | | | : : | | 17 | 0 5 | 2 00 | - | ì | 2 | , c , c , c | | ; c | 0.0 |
| ant | 1997-1999 | 341 | , r. | 4.9 | 1.9 | ר ד ע | | | | 1 : | , | 17 | 2.5 | <u>ب</u> د | | | | 77 77 | , | 2.0 | 49.0 |
| Jul | 1998-2000 | 317 | 0.5 | 4 4 | - u 0 u | - m | | | | i r | 2 | 1 | | <u>ب</u> د | | | | 191 | 5 C | , c | 0.00 |
| | 1999-2001 | 242 | 5 M | - T T | . r | ר ר | | | | - α | | | | <u>ہ</u> د | | | | 2 8 | 2.4 | 7 C | 0.0 1 1 |
| | | 272 | | | . r | t u | | | | σ | | | | 5α | | | | 2 2 | 0.4 C C | | -α + < |
| Ì | 1001 | 1 665 |) r | + c | | 9 4 | C V | ц С | 0 | 0 | 9 1 | C V | 11 | | 9 1 | C V | 7 1 | 101 | 7.1 | 7 1 | |
| | 1991 | 1,000 | 7.7 | 0.0 0 | 0.7 | 2 2 | , t , t | 0.7 C.7 | 0.7 | 10 | 0.0 | 4. c | | 4 4 4 7 | 0.0 | 4.7 7 7 | <u>.</u> , , | 171 | 0 L | 0.4 v | 0 U |
| | 7661 | CZ0,1 | 7.7 | ο.α ι | 0.1 | 7 | 7.0 | יני | ע. די ל | 44 | 4 · | 4.0 4.0 | 0.0 | 2.0 | 7.7 | 0.0 | <u>л</u> . С | 171 | /.0 | 4.0 | 0.0 |
| | 1993 | 1,485 | 6.8 | 6.5 | 7.1 | 11 | 2.9 | 1.5 | 5.3 | 44 | 4.1 | 3.0 | 5.5 | 35 | 4.4 | 3.1 | 6.2 | 90 | 4.0 | | 4.9 |
| зų£ | 1994 | 1,601 | 7.5 | 7.1 | 7.8 | 19 | 5.5 | 3.5 | 8.7 | 62 | 5.7 | 4.5 | 7.3 | 52 | 6.2 | 4.7 | 8.0 | 133 | 5.9 | 4.9 | 6.9 |
| <u>j</u> i9 | 1995 | 1,423 | 7.0 | 6.6 | 7.3 | 20 | 6.2 | 3.9 | 9.6 | 50 | 4.9 | 3.7 | 6.5 | 35 | 5.0 | 3.5 | 6.9 | 105 | 5.1 | 4.2 | 6.2 |
| W١ | 1996 | 1,439 | 7.0 | 9.9 | 7.3 | 20 | 6.2 | 3.9 | 9.6 | 51 | 5.0 | 3.8 | 9.9 | 46 | 6.1 | 4.5 | 8.1 | 117 | 5.6 | 4.6 | 6.7 |
| łhi | 1997 | 1,439 | 6.9 | 6.6 | 7.3 | 11 | 3.5 | 1.8 | 6.3 | 47 | 4.3 | 3.2 | 5.7 | 31 | 3.9 | 2.7 | 5.5 | 89 | 4.0 | 3.3 | 5.0 |
| g / | 1998 | 1 503 | C L | 89 | 75 | 18 | 5.7 | 3 7 | 8 7 | 50 | с - | 50% | 99 | с С | 99 | 0 | с С | 137 | 9 | 4.7 | 67 |
| wo | | | | | j | <u>, c</u> | 1 L 1 L | 4 C | 1 L 7 C | | | יי | | | 0 5 | | | | | , u f = | |
| Г | 6661 | 1,338 | C.0 | 7.0 | 0.0 | 2 | 4.0 | 8.7 | <u>.</u> , | 64 | 0.0 | 4./ | 0.1 | 4 | 4.0 | 4.0 | 1.3 | 771 | 0.0 | 4.0 | 0.0 |
| | 2000 | 1,487 | 6.7 | 6.4 | 7.1 | 18 | 4.3 | 2.6 | 6.8 | 74 | 6.4 | 5.1 | 8.0 | 49 | 5.8 | 4.4 | 7.7 | 141 | 5.9 | 5.0 | 6.9 |
| | 2001 | 1.563 | 7.1 | 6.8 | 7.5 | ŝ | 7.0 | 4.9 | 9.8 | 57 | 5.1 | 3.9 | 9.9 | 62 | 7.9 | 6.1 | 10.0 | 152 | 6.4 | 5.5 | 7.5 |
| | 2002 | 1 444 | 99 | 23 | 0 2 | : 2 | 2 9 | 7.4 | 8 | 5 | C L | 8 5 | 80 | 02 | 0 5 | 36 | 89 | 153 | 5 9 | 2 7 | 5.7 |
| ĺ | 1001 | + | | | 2, 5 | | | t 7 | | | 7.10 | 0.0 | 0.00 | | | | | | | | |
| | 1991 | 19,172 | Q7.20 | 82.55 2.25 | 03.3 | 341 | 50.9 | 87.4 | 93.0 | 202 | C.18 | 80.4 | 89.4 20.0 | 171 | 92.0 | 89.8 22.5 | 73./ | 1 7 1 7 | 89.0 | 00.3 | 90.0 |
| | 1992 | 19,075 | 84.2 | 83./ | 84./ | 313 | 91.8 | 88.2 | 94.4 | 945 | 87.3 | 85.2 | 89.2 | 725 | 91.7 | 89.5 | 93.4 | 1,983 | 89.6 | 88.2 | 90.8 |
| ĉ | 1993 | 18,500 | 84.4 | 83.9 | 84.9 | 347 | 91.6 | 88.2 | 94.1 | 947 | 88.8 | 86.7 | 90.6 | 724 | 91.4 | 89.2 | 93.2 | 2,018 | 90.2 | 88.8 | 91.4 |
| are | 1994 | 18,304 | 85.3 | 84.8 | 85.8 | 313 | 91.3 | 87.6 | 93.9 | 962 | 88.8 | 86.8 | 90.6 | 785 | 92.9 | 90.9 | 94.5 | 2,060 | 90.7 | 89.4 | 91.9 |
| J I | 1995 | 17,645 | 86.3 | 85.8 | 86.8 | 290 | 90.1 | 86.1 | 93.0 | 905 | 88.9 | 86.8 | 90.7 | 645 | 91.2 | 88.8 | 93.2 | 1,840 | 89.9 | 88.5 | 91.1 |
| ste | 1996 | 17.982 | 87.0 | 86.6 | 87.5 | 282 | 87.3 | 83.1 | 90.6 | 862 | 84.4 | 82.0 | 86.6 | 682 | 90.2 | 87.8 | 92.2 | 1.826 | 87.0 | 85.4 | 88.3 |
| uə. | 1997 | 18.228 | 87.8 | 87.3 | 88.7 | 294 | 93.0 | 89.5 | 95.5 | 1.002 | 91.8 | 89.9 | 93.3 | 750 | 94.1 | 67.7 | 95.6 | 0.046 | 97.8 | 91.6 | 93.8 |
| I9 1 | 1998 | 18 156 | 86.8 | 86 d | 87.3 | 379 | 5 76 | 91 1 | 06.4 | 1 046 | C Ub | 88.3 | 918 | 785 | 936 | 916 | 05.1 | 160 | 0.70 | 90.8 | 03.0 |
| ۶ų | 0001 | 17 010 | 00.00 | 1.00 | 0.70 | 246 | | | 1 90 | | 7.00 | c.00 | 0.10 | | | 2 00 | - 20 | 000 | 0.40 | | |
| 6 3 | 9991 | 11,910 | C./0 | 0.10 | 87.Y | 340 | 04.0 | 0.12 | 0.07 1 | 999 | 93.U | 5.12 | 94.4 | C21 | 40.4 | 0.50 L CO | 20./ | 2000 | 94 | 93.U | 0.02 |
| | 7000 | 19,615 | 88.6 | 88.1 | 89.0 | 400 | 7.56 | 93.2 | 97.4 | 1,064 | 92.3 | 50.5 | 93./ | /93 | 94.5 | 77.1 | 10.4 | / 57/7 | 93./ | 97.6 | 94.6 |
| | 2001 | 19,601 | 89.1 | 88.7 | 89.5 | 455 | 96.2 | 93.9 | 97.7 | 1,038 | 92.8 | 91.1 | 94.3 | 751 | 95.2 | 93.4 | 96.5 | 2,244 | 94.3 | 93.3 | 95.2 |
| | 2002 | 19,330 | 88.9 | 88.4 | 89.3 | 500 | 95.4 | 93.2 | 97.0 | 1,062 | 93.8 | 92.2 | 95.1 | 741 | 94.4 | 92.5 | 95.9 2 | 2,303 | 94.3 | 93.3 | 95.2 |
| | 1991 | 2,183 | 55.1 | 52.8 | 57.4 | 17 | 29.6 | 17.2 | 47.3 | 68 | 34.8 | 27.0 | 44.1 | 24 | 13.2 | 8.5 | 19.7 | 109 | 25.1 | 20.4 | 29.8 |
| | 1992 | 2,212 | 54.9 | 52.7 | 57.2 | 18 | 30.3 | 17.9 | 47.8 | 71 | 35.6 | 27.8 | 44.9 | 29 | 15.9 | 10.7 | 22.9 | 118 | 26.8 | 21.9 | 31.6 |
| | 1993 | 2.049 | 50.3 | 48.1 | 52.5 | 14 | 23.4 | 12.8 | 39.3 | 78 | 38.6 | 30.5 | 48.2 | 26 | 14.3 | 9.3 | 20.9 | 118 | 26.6 | 24.3 | 34.5 |
| | 1994 | 1.913 | 46.7 | 44.6 | 48.8 | 12 | 20.1 | 10.4 | 35.1 | 62 | 30.4 | 23.3 | 39.0 | 16 | 8.8 | 5.0 | 14.2 | 06 | 20.2 | 16.2 | 24.8 |
| ų | 1995 | 1,968 | 47.8 | 45.6 | 49.9 | 13 | 21.7 | 11.6 | 37.2 | 71 | 34.4 | 26.9 | 43.4 | 26 | 14.2 | 9.3 | 20.8 | 110 | 24.5 | 19.9 | 29.1 |
| hia | 1996 | 1.828 | 43.9 | 41.9 | 45.9 | 10 | 16.6 | 8.0 | 30.5 | 67 | 32.0 | 24.8 | 40.6 | 19 | 10.3 | 6.2 | 16.1 | 96 | 21.1 | 17.1 | 25.8 |
| ua | 1997 | 1,777 | 41.6 | 39.7 | 43.6 | 14 | 22.7 | 12.4 | 38.2 | 61 | 28.1 | 21.5 | 36.1 | 18 | 9.5 | 5.7 | 15.1 | 93 | 19.9 | 16.1 | 24.4 |
| эЭТ | 1998 | 1 756 | 40.4 | 38.5 | 47.3 | 10 | 15.9 | 7.6 | 2 62 | 5 | 78.7 | 21.7 | 36.1 | 2.8 | 14.6 | 9.7 | 21.1 | 101 | 21.1 | 17.0 | 75.7 |
| | 1000 | 1 505 | 36.0 | 5.05 | 0.75 | 2 6 | 17.6 | 0.1 | 20.7 | 01 | 76.0 | 10.9 | 336 | 2 7 | 5.7 | 36 | 11 5 | 10. | 17.7 | 12.7 | 1.22 |
| | | 1 607 | 0.0C | 35.6 | 0. 05 C 05 | 14 | 0.71 | - 0 | 30.1 | 5 G | 23.0 | 18.0 | 31 1 | 200 | 10.7 | 2.2 | . r 8 | | 17 7 | 14.7 | 5 FC |
| | 2002 | 1 573 | | 30.00 | 4.UU | <u>t</u> 0 | 2 | 2 | | | | 0.0 L V L | 1.10 | - | 1 1 | 4.0 7 C | 0.0 | 20 | | 10 | 16.7 |
| | 1002 | c/c/l | 2.4.0 | C.2C | 2.CC | 0 1 | | | | 4 | 19.9 | 14.7 | C.02 | = : | 0.0 | 1.2 | 0.0 | 8 | 1.21 | ر م. ہ | 7.01 |
| ľ | 2002 | 1,369 | 29.5 | 28.0 | 31.1 | ~ | | | - | 39 | 16.3 | 11.6 | 22.2 | 17 | 8.4 | 4.9 | 13.5 | 63 | 11.9 | 9.1 | 15.2 |
| 3 | ro. CADE. Alam | | cta letive ta | vtictice filo | | Concile 10 | טכ אמר טסו | 0 | | | | | | | | | | | | | |
| Not | ורכי כאו בי אימווו ייי Tatale are for | | 111 vic 1101 vic | | or to vo. | Lefant mo | vz una uc. | ir nor 1 0 | id online | ++ low h | daiom d+vi | theo bac + | letenore . | outer outer | | to tope to | hivther tou | on hirth ro | to ic nor 1 | uoo+ 000 | , t |
| INCI: | ייו שווא Suldis alte וייו דידים | | IWU Years, | נפורה מור מ נוו | UIINAIIZEU | . IIIIdii uuc | יוווא ומוב | n'i Ind Sl | יייי. יי | | וונתו אפואוו | II dilu edir. | y prenatan - | Cale late: | gie peice | mayes ui | וד ווס, וכת - | | iad si ali | י היי | <u>ь</u> . |
| mal | es 15-19 years. | Rates nc | it shown ro | r total less | than 101 | n intant m | ortality and | teen birt | 1, or less 1 | than 5 in ic | ow birth w | /eight or e | arly prena | tal care. L | CL and UC | L are lowe | ir and up | oer 95% c | ontidence | levels tor | rate. |

Table B-3: Historical MCAH Indicators

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Tri-Valley Health Profile

| Table B- | 4: Morti | ality fro | m All C | auses, | 2000-2 | 2002 | | | | | | | | | | | | | | |
|-----------|-----------|-------------|---------------|---------|--------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|
| | | Alameda | County | | | Dub | nin | | | Livern | nore | | | Pleasa | nton | | | Tri-Va | lley | |
| | Total | Rate | LCL | ncl | Total | Rate | LCL | ncl | Total | Rate | rcr | ncr | Total | Rate | LCL | ncl | Total | Rate | rcr | ncl |
| AII | 28,907 | 757.9 | 749.2 | 766.7 | 287 | 714.6 | 617.4 | 811.8 | 1,101 | 772.1 | 724.9 | 819.2 | 865 | 682.1 | 635.4 | 728.8 | 2,253 | 723.8 | 692.7 | 754.9 |
| Male | 14,145 | 908.5 | 893.1 | 923.9 | 162 | 797.5 | 643.6 | 951.3 | 525 | 900.4 | 814.8 | 986.0 | 387 | 752.5 | 670.2 | 834.7 | 1,074 | 825.8 | 770.4 | 881.2 |
| Female | 14,762 | 645.3 | 634.9 | 655.8 | 125 | 613.0 | 493.3 | 732.7 | 576 | 685.8 | 629.2 | 742.4 | 478 | 616.2 | 560.2 | 672.1 | 1,179 | 642.6 | 605.3 | 679.8 |
| AfrAmer | 6,150 | 1,123.5 | 1,095.2 | 1,151.8 | 10 | 604.2 | 289.7 | 1,111.2 | 20 | 1,366.7 | 834.8 | 2,110.7 | 12 | 1,397.5 | 722.1 | 2,441.2 | 42 | 1,040.3 | 749.7 | 1,406.1 |
| AmerInd | 80 | 730.7 | 579.4 | 909.5 | 2 | | | | 5 | | | | 2 | | | | 6 | | | |
| Asian | 3,125 | 517.0 | 498.3 | 535.8 | 18 | 332.5 | 197.0 | 525.5 | 42 | 566.4 | 408.2 | 765.7 | 37 | 445.8 | 313.9 | 614.5 | 97 | 475.2 | 385.3 | 579.7 |
| Latino | 2,224 | 618.9 | 591.1 | 646.7 | 22 | 1,011.6 | 633.9 | 1,531.5 | 57 | 485.0 | 367.3 | 628.4 | 46 | 802.4 | 587.4 | 1,070.2 | 125 | 638.1 | 506.5 | 769.7 |
| Multirace | 110 | 124.2 | 97.9 | 150.6 | ε | | | | | | | | 2 | | | | 2 | | | |
| Other | 2 | | | | | | | | - | | | | | | | | - | | | |
| PacIsl | 161 | 1,270.6 | 1,036.0 | 1,505.1 | 2 | | | | - | | | | m | | | | 9 | | | |
| White | 17,050 | 776.4 | 764.6 | 788.1 | 230 | 758.2 | 646.6 | 869.8 | 975 | 811.5 | 759.3 | 863.8 | 763 | 693.3 | 643.0 | 743.6 | 1,968 | 751.4 | 717.2 | 785.6 |
| | - Alamada | Compt. wite | -1 ctatictice | | | DOF | 0000 | | | | | | | | | | | | | |

Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000. Notes: Totals are for three years; rates are annualized, age-adjusted, per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rate.

Table B-5: Historical Mortality from All Causes

| | | Alameda | County | | | Dub | olin | | | Liverm | iore | | | Pleasar | nton | | | Tri-Va | ley | |
|-----------|-----------|---------|--------|-------|-------|-------|-------|---------|-------|--------|-------|-------|-------|---------|-------|-------|-------|--------|-------|-------|
| | Total | Rate | LCL | ncl | Total | Rate | LCL | NCL | Total | Rate | LCL | ncr | Total | Rate | LCL | ncl | Total | Rate | LCL | ncr |
| 1991-1992 | 19,234 | 892.0 | 879.3 | 904.7 | 136 | 903.6 | 710.2 | 1,097.0 | 628 | 885.1 | 812.8 | 957.4 | 443 | 823.7 | 742.2 | 905.3 | 1,207 | 858.8 | 807.1 | 910.5 |
| 1993-1994 | 19,518 | 877.2 | 864.8 | 889.6 | 161 | 900.1 | 724.2 | 1,076.1 | 663 | 876.3 | 806.8 | 945.8 | 471 | 812.1 | 735.3 | 888.9 | 1,295 | 852.3 | 803.1 | 901.5 |
| 1995-1996 | 19,496 | 860.3 | 848.2 | 872.5 | 164 | 997.0 | 814.6 | 1,179.4 | 712 | 895.8 | 827.6 | 964.0 | 495 | 756.1 | 686.6 | 825.6 | 1,371 | 843.9 | 797.0 | 890.8 |
| 1997-1998 | 19,278 | 817.0 | 805.4 | 828.6 | 160 | 935.7 | 770.2 | 1,101.2 | 759 | 879.8 | 814.9 | 944.8 | 515 | 694.8 | 632.7 | 756.9 | 1,434 | 802.4 | 759.0 | 845.7 |
| 1999-2000 | 19,590 | 794.4 | 783.2 | 805.5 | 177 | 765.2 | 634.0 | 896.3 | 773 | 851.5 | 789.5 | 913.5 | 638 | 782.7 | 720.2 | 845.3 | 1,588 | 814.0 | 772.3 | 855.6 |
| 2001-2002 | 19,126 | 749.3 | 738.7 | 760.0 | 191 | 687.3 | 571.7 | 802.8 | 730 | 766.3 | 708.8 | 823.7 | 538 | 638.1 | 582.8 | 693.4 | 1,459 | 703.5 | 665.9 | 741.0 |
| | . Alconda | | | 1001 | | | 1000 | | | | | | | | | | | | | |

Source: CAPE; Alameda County vital statistics files 1991-2002, CA DOF, Census 1990 and 2000. Notes: Totals are for two years; rates are annualized, age-adjusted, per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rate.

| | | | | | | | 0.450 | | | | | | | | 2 | | | | T-W ST | | |
|--------------|------------------------------------|---------------------------|------------------------------|----------------------------|---------------------------|------------------------|--------------------------|-------------------|------------|----------|----------|-----------|------------|-----------|---------|-------|-------|-------|---------|-------|-------|
| | | | Alameda | county | | | Illand | | | | LIVERMO | Le | | | rleasan | ton | | | IN-Vall | ey | |
| | | Total | Rate | rcr | ncr | Total | Rate | rcr | ncr | Total | Rate | LCL | ncr | Total | Rate | LCL | ncL | Total | Rate | LCL | ncL |
| | AII | 835 | 22.1 | 20.6 | 23.6 | ∞ | | | | 20 | 14.3 | 8.7 | 22.1 | 18 | 15.8 | 9.4 | 25.0 | 46 | 15.5 | 11.4 | 20.7 |
| | Male | 391 | 24.8 | 22.3 | 27.3 | 2 | | | | 14 | 26.0 | 14.2 | 43.7 | 7 | | | | 26 | 22.8 | 14.9 | 33.4 |
| | Female | 444 | 20.0 | 18.1 | 21.9 | ſ | | | | 9 | | | | 11 | 15.0 | 7.5 | 26.8 | 20 | 11.0 | 6.7 | 17.0 |
| 9 | AfrAmer | 254 | 47.1 | 41.3 | 52.9 | - | | | | 0 | | | | - | | | | 2 | | | |
| sətə | AmerInd | 2 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| deiC | Asian | 108 | 18.1 | 14.6 | 21.6 | 0 | | | | 2 | | | | - | | | | m | | | |
|] | Latino | 103 | 30.6 | 24.5 | 36.8 | 2 | | | | 2 | | | | 2 | | | | 9 | | | |
| | Multirace | 4 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| | PacIsl | 11 | 75.3 | 37.6 | 134.6 | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| | White | 353 | 16.4 | 14.7 | 18.1 | 5 | | | | 16 | 13.6 | 7.8 | 22.1 | 14 | 13.8 | 7.5 | 23.1 | 35 | 13.8 | 9.6 | 19.2 |
| | AII | 6,466 | 173.2 | 169.0 | 177.5 | 58 | 169.3 | 128.5 | 218.8 | 246 | 185.2 | 161.5 | 208.9 | 201 | 166.5 | 143.1 | 189.9 | 505 | 174.3 | 158.7 | 189.9 |
| | Male | 3,114 | 212.0 | 204.4 | 219.5 | 35 | 190.1 | 132.4 | 264.4 | 113 | 217.0 | 173.3 | 260.7 | 95 | 192.8 | 156.0 | 235.7 | 243 | 203.7 | 175.5 | 232.0 |
| | Female | 3,352 | 143.4 | 138.5 | 148.2 | 23 | 142.1 | 90.1 | 213.2 | 133 | 164.2 | 136.1 | 192.2 | 106 | 140.8 | 113.8 | 167.8 | 262 | 149.9 | 131.7 | 168.2 |
| | AfrAmer | 1,327 | 251.6 | 238.0 | 265.2 | 2 | | | | 0 | | | | 9 | | | | 8 | | | |
| ٩D | AmerInd | 11 | 132.0 | 65.9 | 236.2 | 0 | | | | - | | | | 0 | | | | - | | | |
| ſ | Asian | 626 | 111.8 | 102.8 | 120.8 | 4 | | | | 14 | 157.3 | 86.0 | 263.9 | 10 | 117.0 | 56.1 | 215.1 | 28 | 122.4 | 81.3 | 176.9 |
| | Latino | 396 | 134.5 | 120.8 | 148.1 | - | | | | 11 | 143.1 | 71.4 | 256.0 | 6 | | | | 21 | 142.3 | 88.1 | 217.4 |
| | Multirace | 19 | 28.8 | 17.3 | 45.0 | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| | PacIsl | 39 | 343.5 | 244.3 | 469.6 | - | | | | - | | | | - | | | | m | | | |
| | White | 4,048 | 179.6 | 174.1 | 185.2 | 50 | 197.5 | 146.6 | 260.3 | 219 | 193.2 | 167.1 | 219.2 | 175 | 165.7 | 140.8 | 190.6 | 444 | 180.1 | 163.0 | 197.2 |
| | AII | 2,456 | 65.9 | 63.3 | 68.5 | 26 | 66.9 | 43.7 | 98.0 | 84 | 64.7 | 51.6 | 80.1 | 71 | 62.5 | 48.9 | 78.9 | 181 | 64.4 | 54.9 | 74.0 |
| | Male | 962 | 68.1 | 63.7 | 72.5 | 15 | 75.2 | 42.1 | 124.0 | 33 | 61.9 | 42.6 | 86.9 | 23 | 58.3 | 37.0 | 87.5 | 71 | 62.6 | 48.9 | 78.9 |
| | Female | 1,494 | 64.2 | 60.9 | 67.5 | 11 | 57.1 | 28.5 | 102.2 | 51 | 64.9 | 48.3 | 85.3 | 48 | 64.4 | 47.5 | 85.5 | 110 | 64.1 | 52.0 | 76.1 |
| | AfrAmer | 505 | 96.5 | 88.0 | 104.9 | - | | | | m | | | | 0 | | | | 4 | | | |
| оқе | AmerInd | 5 | | | | 0 | | | | - | | | | - | | | | 2 | | | |
| τt | Asian | 341 | 61.0 | 54.3 | 67.7 | 4 | | | | ß | | | | - | | | | 10 | 49.0 | 23.5 | 90.1 |
| | Latino | 170 | 56.6 | 47.8 | 65.4 | 9 | | | | - | | | | 2 | | | | 6 | | | |
| | Multirace | 10 | 13.8 | 9.9 | 25.4 | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| | PacIsl | 14 | 109.7 | 60.0 | 184.1 | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| | White | 1,411 | 61.7 | 58.4 | 64.9 | 15 | 50.2 | 28.1 | 82.9 | 74 | 66.2 | 51.9 | 83.1 | 67 | 66.4 | 51.5 | 84.3 | 156 | 64.8 | 54.5 | 75.2 |
| Sour Note | ce: CAPE; Alar s: Totals are fo | meda Coun or three vea | ty vital sta ars: rates a | atistics file are annua | es 2000-20 lized. age- | 02, CA D(adiusted. | DF, Census ner 100.00 | 2000. 0 ICL an | HICL are I | ower and | 100 of 5 | % confide | nre levele | for the r | ata | | | | | | |

Table B-6: Diabetes, Coronary Heart Disease, and Stroke Mortality, 2000-2002

| | | ncl | 16.0 | 21.1 | 22.7 | 24.4 | 18.7 | 25.3 | 252.9 | 219.4 | 232.3 | 208.9 | 216.1 | 186.6 | 77.8 | 91.7 | 81.9 | 76.0 | 85.3 | 71.3 |
|---|-----------|-------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | lley | LCL | 5.6 | 7.9 | 9.9 | 11.4 | 8.2 | 12.7 | 197.9 | 171.0 | 184.4 | 166.2 | 174.4 | 148.9 | 48.7 | 60.9 | 54.1 | 50.6 | 59.5 | 48.6 |
| | Tri-Va | Rate | 9.8 | 13.3 | 15.4 | 17.0 | 12.7 | 18.2 | 225.4 | 195.2 | 208.3 | 187.6 | 195.3 | 167.7 | 62.0 | 75.2 | 6.99 | 63.3 | 72.4 | 60.0 |
| | | Total | 16 | 18 | 25 | 29 | 25 | 35 | 277 | 268 | 313 | 315 | 355 | 321 | 74 | 97 | 94 | 100 | 124 | 113 |
| | | ncr | | | | | | 33.5 | 210.3 | 206.3 | 220.3 | 194.5 | 220.7 | 185.4 | 97.0 | 113.7 | 67.1 | 81.6 | 97.7 | 71.7 |
| | nton | rcr | | | | | | 11.4 | 135.1 | 135.6 | 150.1 | 133.0 | 158.0 | 129.5 | 47.0 | 61.6 | 29.9 | 43.1 | 56.3 | 37.6 |
| | Pleasar | Rate | | | | | | 20.3 | 169.6 | 168.2 | 185.2 | 163.7 | 189.4 | 157.4 | 68.7 | 84.7 | 45.8 | 60.1 | 74.9 | 52.7 |
| | | Total | 9 | 7 | 6 | 9 | 6 | 15 | 83 | 92 | 115 | 114 | 145 | 126 | 32 | 44 | 26 | 41 | 54 | 40 |
| | | ncr | | | 28.8 | 35.4 | 27.0 | 25.9 | 294.4 | 247.9 | 257.6 | 225.8 | 231.7 | 211.1 | 75.1 | 91.7 | 98.7 | 86.7 | 86.2 | 84.7 |
| | ore | rcr | | | 9.0 | 13.3 | 8.4 | 8.8 | 213.5 | 177.5 | 187.8 | 163.9 | 169.9 | 153.7 | 36.8 | 49.3 | 56.8 | 49.1 | 49.6 | 49.5 |
| • | Livermo | Rate | | | 16.8 | 22.4 | 15.8 | 15.7 | 253.9 | 212.7 | 222.7 | 194.8 | 200.8 | 182.4 | 53.5 | 68.1 | 75.6 | 62.9 | 66.1 | 65.4 |
| | | Total | 6 | 6 | 13 | 18 | 13 | 15 | 158 | 147 | 164 | 160 | 169 | 162 | 33 | 43 | 54 | 51 | 54 | 57 |
| | | ncl | | | | | | | 384.3 | 346.7 | 341.2 | 359.3 | 249.4 | 211.8 | | 135.0 | 200.2 | | 142.3 | 90.7 |
| | L | rcr | | | | | | | 194.4 | 161.7 | 169.1 | 190.0 | 131.9 | 103.8 | | 35.2 | 65.2 | | 50.1 | 31.9 |
| - | Dubli | Rate | | | | | | | 277.6 | 241.4 | 244.2 | 264.8 | 183.8 | 150.8 | | 73.4 | 119.3 | | 87.7 | 55.9 |
| | | Total | - | 2 | m | 5 | m | 5 | 36 | 29 | 34 | 41 | 41 | 33 | 6 | 10 | 14 | ∞ | 16 | 16 |
| • | | ncr | 17.2 | 20.0 | 25.4 | 23.2 | 24.8 | 23.9 | 231.5 | 226.7 | 221.6 | 205.0 | 195.6 | 172.4 | 79.5 | 74.2 | 72.8 | 72.3 | 74.4 | 66.8 |
| | County | rcr | 13.9 | 16.5 | 21.4 | 19.5 | 21.0 | 20.2 | 218.5 | 214.0 | 209.2 | 193.4 | 184.6 | 162.3 | 71.9 | 67.0 | 65.8 | 65.5 | 67.6 | 60.5 |
| | Alameda (| Rate | 15.6 | 18.3 | 23.4 | 21.3 | 22.9 | 22.1 | 225.0 | 220.3 | 215.4 | 199.2 | 190.1 | 167.4 | 75.7 | 70.6 | 69.3 | 68.9 | 71.0 | 63.6 |
| | | Total | 339 | 406 | 527 | 504 | 560 | 559 | 4,631 | 4,679 | 4,701 | 4,574 | 4,585 | 4,181 | 1,540 | 1,497 | 1,516 | 1,579 | 1,707 | 1,587 |
| | | | 1991-1992 | 1993-1994 | 1995-1996 | 1997-1998 | 1999-2000 | 2001-2002 | 1991-1992 | 1993-1994 | 1995-1996 | 1997-1998 | 1999-2000 | 2001-2002 | 1991-1992 | 1993-1994 | 1995-1996 | 1997-1998 | 1999-2000 | 2001-2002 |
| | | | | | sətə | deiQ | | | | | ٩D | Ð | | | 1 | | әқс | otto | | |

Source: CAPE; Alameda County vital statistics files 1991-2002, CA DOF, Census 1990 and 2000. Notes: Totals are for two years; rates are annualized, age-adjusted, per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rate.

| able B-7: Historical Diabetes, Coronary Heart Disease, and Stroke M | ortality |
|---|-------------|
| able B-7: Historical Diabetes, Coronary Heart Disease, and | Stroke M |
| able B-7: Historical Diabetes, Coronary Heart Disea | ise, and |
| able B-7: Historical Diabetes, Coronary Hea | ırt Disea |
| able B-7: Historical Diabetes, Coror | nary Hea |
| able B-7: Historical Diabete | ss, Coror |
| able B-7: Historical | Diabete |
| able B-7: H | listorical |
| (U) | able B-7: ł |

| Total Rate All 45,054 1,135.0 1,12 Male 20,540 1,164.9 1,14 Male 20,547 1,114.1 1,10 Male 24,514 1,114.1 1,10 AfrAmer 12,647 2,095.2 2,05 API 6,308 851.0 82 API 6,308 851.0 82 Mhite 18,662 886.0 83 | LCL UC | Total | | č . | | | | | | | | | | | | | |
|---|----------------------------------|--------------------------|--------------------|------------|---------|----------|----------|---------------|---------|-------|----------|----------|--------|---------|-----------|---------|---------|
| All 45,054 1,135.0 1,12 Male 20,540 1,164.9 1,14 Female 24,514 1,114.1 1,10 AfrAmer 12,647 2,095.2 2,05 Amerlid 74 221.9 17 API 6,308 851.0 85 Latino 5,459 1,346.5 1,30 White 18,662 886.0 85 An | 13/1 11/1 | | Rate | LCL | ncr | Total | Rate | LCL | ncr | Total | Rate | LCL | ncr | Total | Rate | ĽC | ncL |
| Male 20,540 1,164.9 1,14 Female 24,514 1,114.1 1,10 R AfrAmer 12,647 2,095.2 2,05 A MmerInd 74 221.9 17 API 6,308 851.0 82 13 Mhite 18,662 886.0 87 1,30 | 124.0 1,140. | 5 480 | 792.0 | 706.4 | 877.5 | 1,506 | 841.5 | 797.2 | 885.8 | 1,131 | 747.4 | 702.0 | 792.8 | 3,117 | 791.9 | 762.5 | 821.2 |
| Female 24,514 1,114.1 1,10 Remain 24,514 1,114.1 1,10 Remain 74 2,095.2 2,05 Remain 74 2,01.9 17 API 6,308 851.0 82 Latino 5,459 1,346.5 1,30 White 18,662 886.0 87 | 148.6 1,181. | 247 | 959.3 | 806.3 | 1,112.3 | 758 | 877.4 | 809.0 | 945.8 | 585 | 885.8 | 807.1 | 964.6 | 1,590 | 880.3 | 832.0 | 928.6 |
| End AffAmer 12,647 2,095.2 2,05 AmerInd 74 221.9 17 API 6,308 851.0 82 Latino 5,459 1,346.5 1,346 White 18,662 886.0 87 | 100.1 1,128. | 1 233 | 676.0 | 575.1 | 776.9 | 748 | 784.2 | 727.0 | 841.4 | 546 | 646.5 | 591.0 | 702.1 | 1,527 | 714.9 | 678.0 | 751.8 |
| Amerind 74 221.9 17 API 6,308 851.0 82 Latino 5,459 1,346.5 1,34 White 18,662 886.0 87 An 40,662 4340.7 7.4 | 058.4 2,132. ⁻ | 1 51 | 988.5 | 736.0 | 1,299.7 | 57 2 | ,050.6 1 | ,553.1 2 | 2,656.8 | Om | ,223.2 | 825.3 1 | ,746.2 | 138 1 | 1,536.1 | ,178.8 | l,893.4 |
| API 6,308 851.0 82 Latino 5,459 1,346.5 1,30 White 18,662 886.0 87 AII 40.666 1310 136 | 174.2 278.(| 1 | | | | - | | | | - | | | | m | | | |
| Latino 5,459 1,346.5 1,30 White 18,662 886.0 87 All 40,660 1,310,3 1,36 | 329.3 872.(| 5 52 | 901.9 | 673.6 | 1,182.7 | 86 | 799.6 | 639.6 | 987.5 | 86 | 775.5 | 620.3 | 957.8 | 224 | 806.4 | 690.2 | 922.6 |
| White 18,662 886.0 87 | 308.5 1,384.4 | 45 | 1,040.6 | 759.0 | 1,392.4 | 130 | 940.9 | 751.6 1 | 1,130.3 | 49 | 597.6 | 442.1 | 790.0 | 224 | 826.3 | 697.6 | 955.0 |
| | 373.2 898.8 | 3 312 | 711.8 | 619.8 | 803.7 | 1,177 | 794.0 | 747.1 | 840.8 | 922 | 723.7 | 675.4 | 772.0 | 2,411 | 749.1 | 717.9 | 780.2 |
| כדיו ביטוכיו טמציציא IIA | 298.7 1,321. | 7 561 | 1,134.0 | 1,025.8 1 | ,242.2 | 2,014 1 | ,241.0 1 | ,185.1 | ,297.0 | 1,796 | ,250.3 1 | ,190.3 1 | ,310.3 | 4,371 | 1,225.7 1 | ,187.8 | ,263.6 |
| Male 27,421 1,691.7 1,67 | 571.2 1,712. | 353 | 1,410.5 | 1,232.3 1 | ,588.8 | 1,217 1 | ,649.6 1 | ,548.9 | ,750.3 | 1,107 | ,773.4 | ,658.3 1 | ,888.6 | 2,677 | 1,663.0 1 | ,593.2 | ,732.7 |
| Female 22,539 1,016.7 1,00 | 03.3 1,030.0 | 208 | 867.5 | 737.6 | 997.3 | 797 | 896.3 | 833.5 | 959.1 | 689 | 857.6 | 792.6 | 922.7 | 1,694 | 871.5 | 829.3 | 913.6 |
| AfrAmer 8,268 1,449.9 1,41 | 118.5 1,481.4 | 1 38 | <i>T.TT</i> | 550.4 1 | 1,067.5 | 34 1 | ,334.4 | 924.1 | 1,864.7 | 14 | 482.9 | 264.0 | 810.2 | 86 1 | 1,000.8 | 800.5 1 | 1,236.0 |
| 는 전 AmerInd 52 177.4 13 | 132.5 232.6 | 5 2 | | | | | | | | 4 | | | | 9 | | | |
| API 6,393 914.0 85 | 391.0 937.(| 23 | 978.3 | 732.8 1 | 1,279.6 | 92 | 918.2 | 740.2 | 1,126.1 | 68 | 650.1 | 504.8 | 824.2 | 213 | 823.7 | 702.2 | 945.2 |
| Latino 3,881 1,128.0 1,05 | 391.3 1,164.8 | 30 | 705.7 | 476.2 1 | 1,007.5 | 85 | 859.0 | 686.1 | 1,062.2 | 40 | 660.8 | 472.1 | 899.8 | 155 | 770.8 | 634.4 | 907.2 |
| White 28,406 1,318.7 1,30 | 303.3 1,334.2 | 398 | 1,087.5 | 967.4 1 | 1,207.6 | 1,660 1, | ,211.3 1 | ,151.5 1 | 1,271.1 | 1,558 | ,263.7 | ,199.0 1 | ,328.4 | 3,616 1 | 1,209.9 1 | ,169.0 | 1,250.7 |
| All 19,000 497.4 45 | 190.3 504. | 5 165 | 373.9 | 307.8 | 439.9 | 787 | 513.1 | 476.2 | 550.0 | 603 | 444.6 | 408.1 | 481.2 | 1,555 | 465.2 | 441.2 | 489.2 |
| Male 8,579 540.6 52 | 528.9 552. | 81 | 424.7 | 337.3 | 527.9 | 386 | 593.2 | 528.5 | 658.0 | 293 | 541.0 | 473.5 | 608.5 | 760 | 546.3 | 503.3 | 589.3 |
| Female 10,421 464.7 45 | 155.8 473. | 7 84 | 347.4 | 277.1 | 430.1 | 401 | 454.7 | 409.8 | 499.7 | 310 | 387.9 | 344.0 | 431.7 | 795 | 413.1 | 383.9 | 442.2 |
| 꽃 AfrAmer 4,676 821.2 75 | 797.5 844.9 | 8 | | | | 26 1 | ,188.4 | 776.3 1 | 1,741.3 | 12 | 572.6 | 295.9 1 | ,000.2 | 46 | 778.4 | 569.9 | 1,038.3 |
| K AmerInd 20 73.4 4 | 44.8 113. | 0 | | | | 0 | | | | - | | | | - | | | |
| API 2,712 399.5 38 | 384.0 415.0 | 17 | 288.9 | 168.3 | 462.5 | 35 | 370.3 | 257.9 | 515.0 | 42 | 427.7 | 308.2 | 578.1 | 94 | 382.0 | 308.7 | 467.5 |
| Latino 1,404 399.5 37 | 377.5 421.4 | 11 | 339.4 | 169.4 | 607.3 | 51 | 419.0 | 312.0 | 550.9 | 17 | 304.9 | 177.6 | 488.2 | 79 | 354.3 | 280.5 | 441.5 |
| White 9,566 439.5 43 | 130.6 448. | 3 125 | 378.4 | 302.9 | 453.9 | 659 | 508.2 | 468.5 | 547.8 | 516 | 440.9 | 401.9 | 479.9 | 1,300 | 461.5 | 435.7 | 487.3 |
| All 6,870 160.0 15 | 156.2 163.8 | 3 46 | 55.3 | 40.5 | 73.8 | 235 | 104.5 | 90.6 | 118.4 | 153 | 77.1 | 64.4 | 89.8 | 434 | 85.8 | 77.3 | 94.2 |
| ्र Male 3,158 148.8 14 | 143.5 154.(| 21 | 52.1 | 32.2 | 79.6 | 101 | 89.8 | 70.9 | 108.7 | 56 | 55.4 | 41.9 | 72.0 | 178 | 70.1 | 58.8 | 81.3 |
| emale 3,712 167.8 16 € | 162.3 173. | 25 | 61.3 | 39.6 | 90.4 | 134 | 117.4 | 97.1 | 137.6 | 97 | 94.4 | 76.6 | 115.2 | 256 | 99.3 | 86.7 | 111.8 |
| ₹ AfrAmer 2,758 393.3 37 | 378.5 408. | 5 | 49.3 | 16.0 | 115.1 | 12 | 187.1 | 96.7 | 326.8 | m | 69.69 | 14.3 | 203.3 | 20 | 115.8 | 70.7 | 178.9 |
| e AmerInd 11 26.8 1 | 13.4 47.5 | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| 특 API 772 87.5 원 | 81.1 94.(| 6 | 111.2 | 50.9 | 211.1 | 13 | 76.0 | 40.4 | 129.9 | 10 | 30.3 | 14.5 | 55.6 | 32 | 60.7 | 41.5 | 85.6 |
| ₹ Latino 1,047 126.0 11 | 117.0 135. | 4 | 28.6 | 7.8 | 73.3 | 30 | 103.3 | 69.7 | 147.5 | 9 | 34.7 | 12.7 | 75.6 | 40 | 71.7 | 51.2 | 97.6 |
| White 1,825 104.5 5 | 99.5 109. | 5 27 | 47.3 | 31.2 | 68.8 | 169 | 99.9 | 84.5 | 115.4 | 128 | 85.3 | 70.0 | 100.5 | 324 | 86.1 | 76.4 | 95.8 |
| All 3,251 347.8 33 | 335.9 359.8 | 3 18 | 95.7 | 56.7 | 151.3 | 95 | 167.6 | 135.6 | 204.9 | 65 | 141.4 | 109.1 | 180.2 | 178 | 146.3 | 124.8 | 167.8 |
| 프 Male 2,068 432.3 41 | 451.(| 10 | 102.1 | 49.0 | 187.7 | 60 | 206.5 | 157.6 | 265.8 | 41 | 178.6 | 128.2 | 242.3 | 111 | 178.7 | 145.4 | 211.9 |
| 뷵 즉 Female 1,183 259.4 24 | 244.6 274. | 8 | | | | 35 | 126.8 | 88.3 | 176.4 | 24 | 103.8 | 66.5 | 154.5 | 67 | 112.6 | 87.2 | 142.9 |
| 축 등 AfrAmer 1,356 835.8 79 | 791.3 880.4 | 1 | | | | 6 | | | | 2 | | | | 12 | 317.9 | 164.3 | 555.3 |
| o හි AmerInd 4 | | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| 클 < API 335 146.7 13 | 131.0 162. | 9 | | | | ∞ | | | | 9 | | | | 20 | 126.2 | 77.1 | 195.0 |
| ර Latino 704 269.3 24 | 249.4 289. | ° | | | | 20 | 175.4 | 107.1 | 270.9 | ß | | | | 28 | 150.1 | 99.8 | 217.0 |
| White 517 192.4 17 | 175.8 208. | 6 | | | _ | 48 | 127.6 | 94.0 | 169.1 | 47 | 151.3 | 111.2 | 201.2 | 102 | 126.1 | 101.6 | 150.6 |
| Source: CAPE; OSHPD hospitalization files, I Notes: Totals are for three vears: rates are a | , CA DOF, Cens annualized, ac | tus 2000. re-adiusted | ner 100.00 | one ICI or | | puc voin | OF OF | of the second | - | - | | | | | | | |

Table B-8: Diabetes, Coronary Heart Disease, Stroke, and Asthma Hospitalizations, 2001-2003

| amelv | AlamelA | Alamo | -5 | County | | | Dubli | .9 | | | l iverm | ore | | | Placen | ton | | | Tri-Val | | |
|---|--|---------------------------------|-------------------------|-----------------|---------|---------------|---------|---------|---------|-------|---------|---------|---------|-------|---------|---------|---------|-------|---------|------------|---------|
| Total Rate LCL UCL | Total Rate LCL UCL | Rate LCL UCL | | ncl | | Total | Rate | LCL | ncl | Total | Rate | | nct | Total | Rate | rcr | ncL | Total | Rate | LCL LCL | ncl |
| 1991 12,055 1,077.9 1,058.5 1,097.3 | 12,055 1,077.9 1,058.5 1,097.3 | 1,077.9 1,058.5 1,097.3 | 1,058.5 1,097.3 | 1,097.3 | | 83 | 713.0 | 567.9 | 883.9 | 386 | 1,001.0 | 896.8 | 1,105.2 | 278 | 925.8 | 809.2 | 1,042.5 | 747 | 940.3 | 868.0 | 1,012.5 |
| 1992 11,599 1,019.8 1,001.1 1,038.5 10 | 11,599 1,019.8 1,001.1 1,038.5 10 | 1,019.8 1,001.1 1,038.5 10 | 1,001.1 1,038.5 10 | 1,038.5 10 | 10 | 4 | 796.7 | 601.8 | 991.5 | 357 | 873.0 | 778.4 | 967.6 | 299 | 931.5 | 818.4 | 1,044.6 | 760 | 889.6 | 821.8 | 957.4 |
| 1993 11,996 1,040.5 1,021.8 1,059.3 | 11,996 1,040.5 1,021.8 1,059.3 | 1,040.5 1,021.8 1,059.3 7 | 1,021.8 1,059.3 7 | 1,059.3 | 2 | 6 | 568.1 | 447.6 | 711.1 | 392 | 890.8 | 798.8 | 982.9 | 280 | 861.5 | 754.1 | 968.9 | 748 | 837.9 | 773.7 | 902.1 |
| 1994 12,054 1,040.5 1,021.8 1,059.2 90 | 12,054 1,040.5 1,021.8 1,059.2 90 | 1,040.5 1,021.8 1,059.2 90 | 1,021.8 1,059.2 90 | 1,059.2 90 | 90 | _ | 814.3 | 654.8 | 1,001.0 | 366 | 842.3 | 752.6 | 932.1 | 255 | 707.8 | 615.5 | 800.1 | 711 | 779.9 | 719.0 | 840.8 |
| 1995 12,404 1,064.6 1,045.8 1,083.4 127 | 12,404 1,064.6 1,045.8 1,083.4 127 | 1,064.6 1,045.8 1,083.4 127 | 1,045.8 1,083.4 127 | 1,083.4 127 | 127 | | 1,141.7 | 885.8 | 1,397.5 | 395 | 890.7 | 799.2 | 982.2 | 289 | 767.1 | 673.9 | 860.3 | 811 | 857.0 | 794.4 | 919.6 |
| 1996 13,082 1,114.0 1,094.9 1,133.2 124 | 13,082 1,114.0 1,094.9 1,133.2 124 | 1,114.0 1,094.9 1,133.2 124 | 1,094.9 1,133.2 124 | 1,133.2 124 | 124 | | 940.4 | 744.7 | 1,136.2 | 444 | 965.5 | 872.5 | 1,058.6 | 284 | 742.5 | 651.8 | 833.3 | 852 | 874.2 | 812.2 | 936.1 |
| 1997 13,572 1,126.3 1,107.2 1,145.3 143 | 13,572 1,126.3 1,107.2 1,145.3 143 | 1,126.3 1,107.2 1,145.3 143 | 1,107.2 1,145.3 143 | 1,145.3 143 | 143 | | 1,032.0 | 833.3 | 1,230.8 | 405 | 841.6 | 756.4 | 926.7 | 359 | 875.3 | 779.8 | 970.8 | 907 | 883.7 | 822.9 | 944.5 |
| 1998 14,403 1,174.2 1,154.9 1,193.5 177 | 14,403 1,174.2 1,154.9 1,193.5 177 | 1,174.2 1,154.9 1,193.5 177 | 1,154.9 1,193.5 177 | 1,193.5 177 | 177 | | 1,311.3 | 1,083.1 | 1,539.6 | 464 | 902.9 | 817.4 | 988.4 | 299 | 692.5 | 610.1 | 774.8 | 940 | 861.8 | 803.6 | 920.0 |
| 1999 15,314 1,223.1 1,203.6 1,242.6 150 | 15,314 1,223.1 1,203.6 1,242.6 150 | 1,223.1 1,203.6 1,242.6 150 | 1,203.6 1,242.6 150 | 1,242.6 150 | 150 | | 989.3 | 805.4 | 1,173.2 | 498 | 969.0 | 880.5 | 1,057.5 | 307 | 704.9 | 622.9 | 786.9 | 955 | 865.0 | 807.3 | 922.7 |
| 2000 15,492 1,210.3 1,191.1 1,229.5 116 | 15,492 1,210.3 1,191.1 1,229.5 116 | 1,210.3 1,191.1 1,229.5 116 | 1,191.1 1,229.5 116 | 1,229.5 116 | 116 | | 704.5 | 554.3 | 854.7 | 520 | 990.3 | 902.1 | 1,078.5 | 426 | 922.7 | 831.8 | 1,013.7 | 1,062 | 923.2 | 865.0 | 981.3 |
| 2001 14,400 1,098.2 1,080.1 1,116.2 148 | 14,400 1,098.2 1,080.1 1,116.2 148 | 1,098.2 1,080.1 1,116.2 148 | 1,080.1 1,116.2 148 | 1,116.2 148 | 148 | | 781.0 | 630.5 | 931.6 | 509 | 925.9 | 842.2 | 1,009.6 | 411 | 858.0 | 771.4 | 944.5 | 1,068 | 879.8 | 824.2 | 935.4 |
| 2002 15,347 1,161.7 1,143.2 1,180.2 146 | 15,347 1,161.7 1,143.2 1,180.2 146 | 1,161.7 1,143.2 1,180.2 146 | 1,143.2 1,180.2 146 | 1,180.2 146 | 146 | | 708.3 | 569.4 | 847.3 | 508 | 912.2 | 829.4 | 994.9 | 375 | 767.9 | 686.8 | 849.0 | 1,029 | 826.9 | 773.4 | 880.4 |
| 2003 15,310 1,147.8 1,129.5 1,166.1 186 | 15,310 1,147.8 1,129.5 1,166.1 186 | 1,147.8 1,129.5 1,166.1 186 | 1,129.5 1,166.1 186 | 1,166.1 186 | 186 | | 857.2 | 706.4 | 1,008.0 | 489 | 821.1 | 745.1 | 897.0 | 345 | 703.1 | 625.8 | 780.4 | 1,020 | 773.9 | 723.6 | 824.2 |
| 1991 16,011 1,496.0 1,472.7 1,519.3 130 1 | 16,011 1,496.0 1,472.7 1,519.3 130 1 | 1,496.0 1,472.7 1,519.3 130 1, | 1,472.7 1,519.3 130 1, | 1,519.3 130 1, | 130 1 | , | ,204.5 | 950.3 | 1,458.7 | 589 | 1,597.4 | 1,464.0 | 1,730.8 | 400 | 1,358.5 | 1,216.5 | 1,500.6 | 1,119 | 1,471.5 | 1,380.0 | 1,563.0 |
| 1992 15,609 1,430.8 1,408.3 1,453.3 140 1, | 15,609 1,430.8 1,408.3 1,453.3 140 1, | 1,430.8 1,408.3 1,453.3 140 1, | 1,408.3 1,453.3 140 1, | 1,453.3 140 1, | 140 1, | ÷ | 419.9 | 1,147.0 | 1,692.8 | 510 | 1,301.1 | 1,184.2 | 1,418.0 | 469 | 1,554.4 | 1,405.4 | 1,703.4 | 1,119 | 1,407.8 | 1,320.7 | l,494.9 |
| 1993 16,355 1,479.9 1,457.2 1,502.7 157 1,7 | 16,355 1,479.9 1,457.2 1,502.7 1,7 | 1,479.9 1,457.2 1,502.7 1,7 | 1,457.2 1,502.7 1,7 | 1,502.7 157 1,7 | 157 1,7 | 5 | 08.0 | 1,389.0 | 2,026.9 | 730 | 1,823.5 | 1,687.1 | 1,960.0 | 519 | 1,697.0 | 1,542.9 | 1,851.0 | 1,406 | 1,751.0 | 1,654.6 | 1,847.4 |
| 1994 16,847 1,513.1 1,490.2 1,536.0 181 1,7 | 16,847 1,513.1 1,490.2 1,536.0 181 1,7 | 1,513.1 1,490.2 1,536.0 181 1,7 | 1,490.2 1,536.0 181 1,7 | 1,536.0 181 1,7 | 181 1,7 | 1, | 50.2 | 1,436.8 | 2,063.6 | 626 | 1,559.4 | 1,433.3 | 1,685.6 | 537 | 1,663.2 | 1,515.5 | 1,810.9 | 1,344 | 1,620.1 | 1,529.0 | 1,711.2 |
| 1995 16,699 1,487.2 1,464.6 1,509.8 196 1,8 | 16,699 1,487.2 1,464.6 1,509.8 196 1,8 | 1,487.2 1,464.6 1,509.8 196 1,8 | 1,464.6 1,509.8 196 1,8 | 1,509.8 196 1,8 | 196 1,8 | 1,8 | 34.1 | 1,572.0 | 2,196.3 | 705 | 1,682.1 | 1,553.8 | 1,810.5 | 531 | 1,546.9 | 1,409.3 | 1,684.5 | 1,432 | 1,645.2 | 1,555.8 | 1,734.6 |
| 1996 17,727 1,566.4 1,543.3 1,589.5 147 1,3 | 17,727 1,566.4 1,543.3 1,589.5 147 1,3 | 1,566.4 1,543.3 1,589.5 147 1,3 | 1,543.3 1,589.5 147 1,3 | 1,589.5 147 1,3 | 147 1,3 | 1,3 | 12.9 | 1,065.3 | 1,560.5 | 708 | 1,641.0 | 1,515.9 | 1,766.1 | 648 | 1,836.9 | 1,689.9 | 1,983.9 | 1,503 | 1,681.3 | 1,592.3 | 1,770.3 |
| 1997 17,955 1,546.1 1,523.4 1,568.8 167 1,5 | 17,955 1,546.1 1,523.4 1,568.8 167 1,5 | 1,546.1 1,523.4 1,568.8 167 1,5 | 1,523.4 1,568.8 167 1,5 | 1,568.8 167 1,5 | 167 1,5 | 1,5 | 13.8 | 1,251.7 | 1,775.8 | 728 | 1,610.4 | 1,489.6 | 1,731.3 | 603 | 1,539.7 | 1,411.1 | 1,668.3 | 1,498 | 1,572.4 | 1,489.0 | 1,655.7 |
| 1998 18,533 1,561.2 1,538.6 1,583.7 187 1,6 | 18,533 1,561.2 1,538.6 1,583.7 1,6 | 1,561.2 1,538.6 1,583.7 187 1,6 | 1,538.6 1,583.7 187 1,6 | 1,583.7 187 1,6 | 187 1,6 | 1,6 | 49.6 | 1,378.6 | 1,920.6 | 758 | 1,610.1 | 1,491.6 | 1,728.6 | 654 | 1,623.9 | 1,494.4 | 1,753.3 | 1,599 | 1,619.7 | 1,536.7 | 1,702.7 |
| 1999 18,846 1,558.0 1,535.7 1,580.3 190 1,6 | 18,846 1,558.0 1,535.7 1,580.3 190 1,6 | 1,558.0 1,535.7 1,580.3 190 1,6 | 1,535.7 1,580.3 190 1,6 | 1,580.3 190 1,6 | 190 1,6 | 1,6 | 92.0 | 1,419.5 | 1,964.6 | 791 | 1,644.9 | 1,526.4 | 1,763.4 | 622 | 1,445.2 | 1,327.0 | 1,563.4 | 1,603 | 1,557.6 | 1,478.0 | 1,637.1 |
| 2000 17,970 1,452.0 1,430.7 1,473.3 186 1,2 | 17,970 1,452.0 1,430.7 1,473.3 186 1,2 | 1,452.0 1,430.7 1,473.3 186 1,2 | 1,430.7 1,473.3 186 1,2 | 1,473.3 186 1,2 | 186 1,2 | 1,2 | 67.6 | 1,057.7 | 1,477.5 | 836 | 1,699.0 | 1,580.0 | 1,818.0 | 656 | 1,476.9 | 1,359.8 | 1,594.1 | 1,678 | 1,552.2 | 1,474.6 | 1,629.7 |
| 2001 16,896 1,340.4 1,320.1 1,360.7 198 1,2 | 16,896 1,340.4 1,320.1 1,360.7 198 1,2 | 1,340.4 1,320.1 1,360.7 198 1,2 | 1,320.1 1,360.7 198 1,2 | 1,360.7 198 1,2 | 198 1,2 | Ę | 235.3 | 1,036.1 | 1,434.6 | 725 | 1,447.8 | 1,339.2 | 1,556.4 | 689 | 1,500.3 | 1,383.9 | 1,616.7 | 1,612 | 1,447.7 | 1,373.9 | 1,521.5 |
| 2002 16,964 1,335.2 1,315.0 1,355.3 178 1 | 16,964 1,335.2 1,315.0 1,355.3 178 1 | 1,335.2 1,315.0 1,355.3 178 1 | 1,315.0 1,355.3 178 1 | 1,355.3 178 1 | 178 1 | - | ,137.0 | 946.6 | 1,327.5 | 689 | 1,366.5 | 1,261.3 | 1,471.7 | 580 | 1,262.4 | 1,155.8 | 1,369.0 | 1,447 | 1,296.6 | 1,226.9 | 1,366.3 |
| 2003 16,106 1,259.1 1,239.6 1,278.6 185 1 | 16,106 1,259.1 1,239.6 1,278.6 185 1 | 1,259.1 1,239.6 1,278.6 185 1 | 1,239.6 1,278.6 185 1 | 1,278.6 185 1 | 185 1 | - | 7.000,1 | 840.0 | 1,179.3 | 600 | 1,113.7 | 1,021.5 | 1,205.8 | 527 | 1,133.3 | 1,032.9 | 1,233.6 | 1,312 | 1,108.1 | 1,045.3 | 1,170.9 |
| 1991 6,475 613.7 598.6 628.7 47 | 6,475 613.7 598.6 628.7 47 | 613.7 598.6 628.7 47 | 598.6 628.7 47 | 628.7 47 | 47 | | 585.0 | 429.8 | 9.777 | 203 | 595.0 | 510.3 | 679.7 | 165 | 644.4 | 541.4 | 747.4 | 415 | 613.4 | 551.3 | 675.6 |
| 1992 6,212 578.2 563.8 592.7 59 | 6,212 578.2 563.8 592.7 59 | 578.2 563.8 592.7 59 | 563.8 592.7 59 | 592.7 59 | 59 | | 775.6 | 590.4 | 1,000.5 | 249 | 714.4 | 623.2 | 805.6 | 150 | 562.9 | 468.3 | 657.5 | 458 | 662.3 | 598.7 | 725.9 |
| 1993 6,226 570.5 556.3 584.7 46 | 6,226 570.5 556.3 584.7 46 | 570.5 556.3 584.7 46 | 556.3 584.7 46 | 584.7 46 | 46 | | 654.7 | 479.3 | 873.3 | 231 | 614.7 | 532.6 | 696.8 | 180 | 611.4 | 517.1 | 705.7 | 457 | 611.7 | 552.6 | 670.8 |
| 1994 6,184 561.3 547.2 575.3 49 | 6,184 561.3 547.2 575.3 49 | 561.3 547.2 575.3 49 | 547.2 575.3 49 | 575.3 49 | 49 | | 689.8 | 510.4 | 912.0 | 202 | 552.6 | 474.2 | 630.9 | 179 | 599.1 | 507.9 | 690.3 | 430 | 580.1 | 523.0 | 637.2 |
| 1995 6,267 562.2 548.3 576.2 69 | 6,267 562.2 548.3 576.2 69 | 562.2 548.3 576.2 69 | 548.3 576.2 69 | 576.2 69 | 69 | | 772.3 | 600.9 | 977.3 | 247 | 627.1 | 546.4 | 707.7 | 203 | 637.4 | 545.9 | 728.9 | 519 | 646.8 | 588.6 | 705.0 |
| 1996 6,616 588.1 573.9 602.3 49 | 6,616 588.1 573.9 602.3 49 | 588.1 573.9 602.3 49 | 573.9 602.3 49 | 602.3 49 | 49 | | 404.5 | 299.3 | 534.8 | 292 | 699.3 | 616.2 | 782.5 | 156 | 473.6 | 396.8 | 550.3 | 497 | 579.5 | 526.1 | 632.8 |
| 1997 6,589 570.2 556.4 584.0 55 | 6,589 570.2 556.4 584.0 55 | 570.2 556.4 584.0 55 | 556.4 584.0 55 | 584.0 55 | 55 | | 621.5 | 468.2 | 809.0 | 297 | 701.1 | 619.2 | 783.1 | 237 | 684.0 | 594.4 | 773.7 | 589 | 684.5 | 627.3 | 741.8 |
| 1998 7,136 604.7 590.6 618.8 55 | 7,136 604.7 590.6 618.8 55 | 604.7 590.6 618.8 55 | 590.6 618.8 55 | 618.8 55 | 55 | | 534.7 | 402.8 | 696.0 | 261 | 580.9 | 508.2 | 653.6 | 223 | 580.0 | 501.4 | 658.6 | 539 | 577.9 | 527.1 | 628.7 |
| 1999 7,039 582.6 569.0 596.3 7 | 7,039 582.6 569.0 596.3 7 | 582.6 569.0 596.3 7 | 569.0 596.3 7 | 596.3 | 7 | _ | 569.5 | 444.7 | 718.3 | 297 | 667.9 | 590.0 | 745.7 | 211 | 531.5 | 457.6 | 605.4 | 579 | 604.9 | 553.9 | 655.9 |
| 2000 6,998 567.3 554.0 580.7 7 | 6,998 567.3 554.0 580.7 7 | 567.3 554.0 580.7 7 | 554.0 580.7 7 | 580.7 7 | 7 | 9 | 572.3 | 450.9 | 716.3 | 313 | 656.5 | 581.7 | 731.3 | 242 | 597.1 | 520.3 | 673.9 | 631 | 619.7 | 569.6 | 669.7 |
| 2001 6,370 504.6 492.2 517.1 64 | 6,370 504.6 492.2 517.1 64 | 504.6 492.2 517.1 64 | 492.2 517.1 64 | 517.1 64 | 64 | | 416.4 | 320.7 | 531.8 | 293 | 643.1 | 568.0 | 718.2 | 239 | 559.3 | 486.4 | 632.2 | 596 | 587.1 | 538.4 | 635.8 |
| 2002 6,457 507.4 495.0 519.8 48 | 6,457 507.4 495.0 519.8 48 | 507.4 495.0 519.8 48 | 495.0 519.8 48 | 519.8 48 | 48 | | 304.8 | 224.8 | 404.2 | 245 | 505.7 | 440.6 | 570.9 | 194 | 445.7 | 381.1 | 510.3 | 487 | 457.3 | 415.1 | 499.4 |
| 2003 6,175 481.7 469.6 493.7 53 | 6,175 481.7 469.6 493.7 53 | 481.7 469.6 493.7 53 | 469.6 493.7 53 | 493.7 53 | 53 | | 391.8 | 293.5 | 512.4 | 249 | 473.1 | 412.2 | 534.0 | 170 | 379.9 | 321.0 | 438.9 | 472 | 418.3 | 378.9 | 457.8 |

Table B-9: Historical Diabetes, Coronary Heart Disease, and Stroke Hospitalizations

Source: CAPE; OSHPD hospitalization files, CA DOF, Census 1990 and 2000. Note: Rates are age-adjusted, per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rate.

| | ncl | 152.0 | 160.0 | 135.1 | 128.3 | 136.9 | 108.3 | 107.9 | 105.0 | 120.5 | 90.6 | 93.7 | 113.9 | 102.4 | 243.6 | 238.1 | 227.0 | 224.2 | 269.6 | 178.7 | 231.2 | 216.7 | 216.1 | 164.7 | 131.0 | 224.1 | 218.8 |
|---------|-------|-------|-------|-------|-------|-------|------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| lley | LCL | 107.8 | 113.2 | 93.7 | 88.8 | 97.5 | 73.9 | 75.2 | 72.4 | 85.1 | 61.5 | 63.7 | 82.4 | 73.0 | 143.1 | 139.2 | 131.3 | 129.7 | 165.8 | 96.7 | 138.3 | 128.4 | 129.2 | 91.0 | 66.9 | 138.8 | 135.0 |
| Tri-Va | Rate | 129.9 | 136.6 | 114.4 | 108.5 | 117.2 | 91.1 | 91.5 | 88.7 | 102.8 | 76.1 | 78.7 | 98.2 | 87.7 | 188.4 | 183.8 | 174.4 | 172.2 | 213.1 | 133.1 | 180.3 | 168.3 | 168.5 | 123.8 | 95.0 | 177.7 | 173.2 |
| | Total | 157 | 156 | 139 | 134 | 152 | 120 | 133 | 128 | 148 | 118 | 120 | 164 | 150 | 58 | 57 | 55 | 55 | 69 | 44 | 62 | 60 | 62 | 47 | 37 | 71 | 70 |
| | ncl | 130.2 | 145.1 | 135.9 | 141.7 | 136.0 | 119.9 | 106.0 | 112.1 | 116.0 | 79.9 | 111.1 | 97.6 | 104.1 | 174.1 | 192.7 | 240.5 | 275.5 | 337.7 | 224.5 | 312.3 | 235.5 | 261.7 | 179.8 | 166.5 | 230.0 | 257.2 |
| nton | LCL | 68.9 | 76.7 | 74.6 | 80.2 | 77.0 | 65.3 | 59.0 | 62.7 | 67.8 | 40.4 | 62.5 | 54.6 | 60.0 | 48.6 | 60.0 | 90.2 | 114.0 | 157.5 | 84.2 | 145.7 | 97.5 | 116.7 | 65.4 | 56.5 | 97.2 | 116.5 |
| Pleasar | Rate | 96.0 | 106.9 | 101.9 | 107.8 | 103.4 | 89.6 | 80.0 | 84.8 | 89.5 | 57.7 | 84.3 | 73.8 | 79.8 | 97.3 | 112.7 | 152.2 | 182.0 | 235.1 | 142.1 | 217.5 | 155.6 | 178.6 | 112.3 | 100.9 | 153.3 | 176.8 |
| | Total | 41 | 41 | 46 | 51 | 51 | 45 | 48 | 49 | 57 | 36 | 50 | 49 | 54 | 11 | 13 | 18 | 22 | 29 | 18 | 29 | 22 | 26 | 17 | 15 | 23 | 27 |
| | ncr | 195.5 | 173.9 | 152.1 | 159.7 | 150.6 | 123.8 | 129.3 | 126.5 | 153.2 | 119.0 | 113.0 | 160.5 | 132.8 | 321.7 | 349.3 | 266.8 | 270.7 | 273.4 | 205.3 | 231.4 | 273.3 | 246.9 | 195.1 | 177.0 | 301.1 | 247.9 |
| ore | LCL | 127.9 | 110.8 | 93.5 | 9.66 | 93.9 | 72.4 | 78.3 | 77.2 | 97.0 | 71.5 | 67.0 | 106.5 | 84.4 | 157.7 | 178.4 | 120.9 | 124.5 | 127.5 | 83.1 | 103.2 | 133.9 | 116.7 | 82.4 | 71.7 | 159.3 | 121.5 |
| Liverm | Rate | 159.1 | 139.7 | 120.2 | 127.0 | 119.8 | 92.6 | 101.5 | 9.66 | 122.8 | 93.0 | 87.8 | 131.4 | 106.6 | 229.1 | 253.4 | 183.4 | 187.3 | 190.4 | 134.3 | 157.9 | 194.6 | 173.0 | 130.0 | 115.8 | 222.0 | 176.5 |
| | Total | 90 | 80 | 69 | 73 | 73 | 57 | 65 | 67 | 78 | 63 | 60 | 96 | 79 | 33 | 37 | 27 | 28 | 29 | 21 | 26 | 33 | 30 | 23 | 21 | 41 | 33 |
| | ncr | 208.5 | 312.8 | 208.8 | 101.0 | 221.2 | 123.5 | 131.4 | 99.2 | 151.4 | 126.0 | 80.8 | 109.1 | 79.8 | 462.7 | 296.8 | 380.2 | 238.2 | 427.6 | 256.3 | 313.5 | 254.4 | 260.5 | 255.9 | 91.4 | 227.2 | 272.9 |
| .u | LCL | 93.0 | 156.6 | 89.9 | 26.3 | 101.7 | 46.3 | 52.0 | 29.4 | 47.1 | 48.6 | 21.1 | 42.1 | 29.1 | 150.8 | 57.9 | 99.1 | 33.1 | 119.3 | 35.7 | 61.2 | 35.4 | 43.9 | 49.9 | 0.4 | 44.3 | 71.1 |
| Dubl | Rate | 142.3 | 224.9 | 140.3 | 54.9 | 153.0 | 78.1 | 85.1 | 56.8 | 88.5 | 80.7 | 43.9 | 69.9 | 49.9 | 275.8 | 144.0 | 206.7 | 102.1 | 239.0 | 109.8 | 152.1 | 109.0 | 119.7 | 124.2 | 16.4 | 110.3 | 148.4 |
| | Total | 26 | 35 | 24 | 10 | 28 | 18 | 20 | 12 | 13 | 19 | 10 | 19 | 17 | 14 | 7 | 10 | 5 | 11 | 5 | 7 | 5 | 9 | 7 | - | 7 | 10 |
| | ncr | 250.8 | 223.9 | 232.8 | 184.8 | 190.0 | 183.7 | 192.7 | 203.7 | 210.2 | 178.3 | 165.1 | 162.8 | 172.4 | 478.1 | 493.6 | 525.4 | 436.0 | 447.8 | 396.7 | 440.1 | 442.9 | 466.2 | 424.4 | 366.6 | 376.4 | 363.7 |
| County | LCL | 233.2 | 207.5 | 216.2 | 170.1 | 175.2 | 169.2 | 178.0 | 188.6 | 195.0 | 164.5 | 151.9 | 149.8 | 159.0 | 427.7 | 442.7 | 472.9 | 388.5 | 399.6 | 351.5 | 393.0 | 396.0 | 418.5 | 379.3 | 325.2 | 334.6 | 322.6 |
| Alameda | Rate | 242.0 | 215.7 | 224.5 | 177.5 | 182.6 | 176.4 | 185.4 | 196.1 | 202.6 | 171.4 | 158.5 | 156.3 | 165.7 | 452.9 | 468.2 | 499.2 | 412.2 | 423.7 | 374.1 | 416.6 | 419.4 | 442.3 | 401.9 | 345.9 | 355.5 | 343.2 |
| | Total | 2,990 | 2,716 | 2,870 | 2,281 | 2,367 | 2,295 | 2,464 | 2,634 | 2,785 | 2,400 | 2,249 | 2,246 | 2,376 | 1,253 | 1,309 | 1,402 | 1,160 | 1,191 | 1,058 | 1,203 | 1,228 | 1,317 | 1,220 | 1,069 | 1,108 | 1,075 |
| | | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 |
| | | | | | | (9 | səb _y | / II¥ |) eu | ıqtsv | ď | | | | | | | (71 | -0 s | əb∀ |) eu | ıqts | A bl | !ЧЭ | | | |

Source: CAPE; OSHPD hospitalization files, CA DOF, Census 1990 and 2000. Note: Rates are age-adjusted, per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rate.

Table B-10: Historical Asthma Hospitalization

| Alancial Guiny Dobin Lectore Lectore Particle Dobin Lectore Research Research Lectore Research Research< | 2 | | | | | | | | | | | | | | | | | | | | | |
|--|-------|-----------|-------|-----------|-------|------|-------|------|------|------|-------|---------|------|------|-------|----------|------|------|-------|----------|------|------|
| Total Res LCL UCL Total Res LCL LCL Total LCL | | | | Alameda Q | ounty | | | Dubl | Ē | | | Livermo | re | | | Pleasant | on | | | Tri-Vall | ĥ | |
| All 1,841 92. 469 51,4 17 25,4 148 407 85 57.1 45.6 70.7 61 47.2 63 61 47.2 63 61 47.2 63 63 61 47.2 63 63 63 63 63 63 63 63 63 63 63 63 63 63 73 63 73 63 73 23 63 33 26 33 33 603 34 73 24 33 35 63 34 73 23 63 34 33 35 63 34 34 33 35 35 35 36 33 33 33 33 33 33 33 33 34 | | | Total | Rate | LCL | NCL | Total | Rate | rcr | ncr | Total | Rate | rcr | ncl | Total | Rate | rcr | NCL | Total | Rate | rcr | ncl |
| Male 1022 65.2 61.2 69.3 7.3 5.1 40.3 7.3 5.1 40.3 7.3 5.1 40.3 7.3 5.1 40.3 7.3 5.1 40.3 7.3 5.1 40.3 7.3 5.1 40.3 7.3 5.1 40.3 7.3 5.1 40.3 7.3 5.1 40.3 7.3 5.3 7.3 <th7.3< th=""> 7.3 7.3</th7.3<> | | AII | 1,841 | 49.2 | 46.9 | 51.4 | 17 | 25.4 | 14.8 | 40.7 | 85 | 57.1 | 45.6 | 70.7 | 61 | 47.2 | 36.1 | 60.6 | 163 | 49.5 | 41.7 | 57.4 |
| Female 809 377 351 403 5 329 633 29 378 7 AffArmer 409 75.0 67.7 82.4 2 1 1 0 0 AffArmer 201 31.5 27.0 35.9 1 2 2 33 2 2 33 2 3 | | Male | 1,032 | 65.2 | 61.2 | 69.2 | 12 | 39.1 | 20.2 | 68.2 | 46 | 71.5 | 52.3 | 95.3 | 32 | 60.3 | 41.2 | 85.1 | 06 | 63.2 | 50.9 | T.T. |
| AffAmer 403 75.0 67.7 82.4 2 1 0 Anelnida 3 52.0 57.0 <td></td> <td>Female</td> <td>809</td> <td>37.7</td> <td>35.1</td> <td>40.3</td> <td>5</td> <td></td> <td></td> <td></td> <td>39</td> <td>46.3</td> <td>32.9</td> <td>63.3</td> <td>29</td> <td>37.8</td> <td>25.3</td> <td>54.3</td> <td>73</td> <td>39.0</td> <td>30.6</td> <td>49.1</td> | | Female | 809 | 37.7 | 35.1 | 40.3 | 5 | | | | 39 | 46.3 | 32.9 | 63.3 | 29 | 37.8 | 25.3 | 54.3 | 73 | 39.0 | 30.6 | 49.1 |
| Arian 201 31.5 21.0 35.9 1 2 Latino 8 55.2 201 31.5 201 3 2 Latino 8 55.2 201 31.5 27.0 3 3 3 3 Latino 8 5.2 201 11.2 10 15.9 48.9 76.6 55 48.7 3 Multinee 6 84 71.1 210 105 37.5 23 143 21.1 34.3 26.6 55 48.7 3 <t< td=""><td></td><td>AfrAmer</td><td>409</td><td>75.0</td><td>67.7</td><td>82.4</td><td>2</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td><td>m</td><td></td><td></td><td></td></t<> | | AfrAmer | 409 | 75.0 | 67.7 | 82.4 | 2 | | | | - | | | | 0 | | | | m | | | |
| A kian 201 31.5 27.0 35.9 1 3 2 Latrice 6 3 5.2 201 31.2 0 3 3 3 3 3 3 3 3 3 48.7 3 | bu | · AmerInd | ſ | | | | 0 | | | | - | | | | 0 | | | | - | | | |
| Latino 83 55.2 201 31.2 0 3 3 3 Multiace 6 . 0 | ηŢ | Asian | 201 | 31.5 | 27.0 | 35.9 | - | | | | m | | | | 2 | | | | 9 | | | |
| Multirace 6 0 | | Latino | 83 | 25.2 | 20.1 | 31.2 | 0 | | | | m | | | | m | | | | 9 | | | |
| Pads 6 11 201 159 483 7 613 483 766 55 481 1 White 1,133 544 512 375 14 201 159 489 77 613 483 766 55 487 3 Mile 323 162 145 719 5 241 12 33 765 55 487 3 765 55 487 3 241 12 12 13 142 75 242 18 241 1 241 1 241 1 15 13 142 75 243 18 241 1< | | Multirace | 9 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| White 1,133 5.4 5.12 5.76 14 29.1 15.9 48.9 77 61.3 48.3 76.6 55 48.7 7 All 696 18.4 17.1 19.8 11 21.0 105 37.5 23 14.3 91 21.5 34 24.1 1 All 52 14.5 17.9 5 24.1 1 27.5 24.2 16 26.1 1 Atriance 101 16.1 12.8 19.3 0 0 14 27.5 24.2 16 26.1 17 Atriance 2 101 16.1 12.8 19.3 0 <t< td=""><td></td><td>PacIsl</td><td>9</td><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></t<> | | PacIsl | 9 | | | | 0 | | | | 0 | | | | - | | | | - | | | |
| All 666 18.4 17.1 19.8 11 21.0 10.5 37.5 23 14.3 21.5 34 24.1 Male 334 21.2 18.9 23.5 6 7.1 7 | | White | 1,133 | 54.4 | 51.2 | 57.6 | 14 | 29.1 | 15.9 | 48.9 | 77 | 61.3 | 48.3 | 76.6 | 55 | 48.7 | 36.7 | 63.4 | 146 | 52.6 | 43.8 | 61.4 |
| Male 334 21.2 189 23.5 6 10 148 7.1 27.2 16 26.1 1 AfrAmer 182 16.2 145 17.9 5 13 14.2 7.5 24.12 18 21.2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 1 2 1 | | AII | 969 | 18.4 | 17.1 | 19.8 | 11 | 21.0 | 10.5 | 37.5 | 23 | 14.3 | 9.1 | 21.5 | 34 | 24.1 | 16.7 | 33.7 | 68 | 19.5 | 15.1 | 24.7 |
| Female 362 16.2 14.5 7.9 5 13 14.2 7.5 24.2 18 21.2 7 AfrAmer 128 23.7 19.6 27.9 0 1< | | Male | 334 | 21.2 | 18.9 | 23.5 | 9 | | | | 10 | 14.8 | 7.1 | 27.2 | 16 | 26.1 | 14.9 | 42.4 | 32 | 20.9 | 14.3 | 29.4 |
| AfrAmer 128 23.7 196 27.9 0 1 1 1 1 Amerind 2 101 16.1 128 19.3 0 | | Female | 362 | 16.2 | 14.5 | 17.9 | 5 | | | | 13 | 14.2 | 7.5 | 24.2 | 18 | 21.2 | 12.6 | 33.5 | 36 | 17.9 | 12.5 | 24.8 |
| Matrind 2 0 0 0 0 0 Asian 101 16.1 12.8 19.3 0 1 1 1 1 Latino 45 12.9 9.4 17.3 1 1 1 1 1 Multirace 2 129 9.4 17.3 1 0 0 0 1 < | ľ | AfrAmer | 128 | 23.7 | 19.6 | 27.9 | 0 | | | | - | | | | 0 | | | | - | | | |
| Relation 101 16.1 12.8 19.3 0 1 1 Latino 45 12.9 9.4 17.3 1 1 1 1 Multirace 2 12.9 9.4 17.3 1 0 <td< td=""><td>etzə</td><td>AmerInd</td><td>2</td><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td></td<> | etzə | AmerInd | 2 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| Indification 45 12.9 94 17.3 1 1 1 Multirace 2 1 2 1 2 1 2 1 1 1 Multirace 2 1 21.1 21.1 21.1 2 12.4 1 1 Multirace 2 12.5 12.1 2 1 2 23.6 31 24.8 1 Multirace 569 25.7 23.6 27.8 1 2 2 24.4 1 Multirace 56 25.7 23.6 27.8 4 2 2 2 2 2 2 3 | olor | Asian | 101 | 16.1 | 12.8 | 19.3 | 0 | | | | - | | | | - | | | | 2 | | | |
| Multirace 2 1 1 0 0 1 1 Packl 3 174 211 9 20 15.3 9.3 23.6 31 248 1 Mine 415 192 174 211 9 20 15.3 9.3 23.6 31 248 1 Female 569 25.7 236 27.8 4 22 22.8 14.3 34.5 22 24.4 7 Amerind 4 27 13.9 10.5 18.0 | C | Latino | 45 | 12.9 | 9.4 | 17.3 | - | | | | - | | | | ۲ | | | | m | | | |
| Packl 3 1 0 0 1 White 415 19.2 17.4 21.1 9 20 15.3 9.3 23.6 31 24.8 1 Female 569 25.7 23.6 27.8 4 22 22.8 14.3 345 22 24.4 1 Amerind 4 21.1 9 0 0 0 20 15.3 9.3 23.6 31 24.8 1 Amerind 4 21 39 10.5 18.0 | | Multirace | 2 | | | | - | | | | 0 | | | | 0 | | | | - | | | |
| White 415 19.2 17.4 21.1 9 20 15.3 9.3 23.6 31 24.8 7 Female 569 25.7 23.6 27.8 4 22 22.8 14.3 34.5 22 24.4 7 Amerind 4 2 13.9 10.5 18.0 | | PacIsl | m | | | | 0 | | | | 0 | | | | - | | | | - | | | |
| Female 569 25.7 23.6 27.8 4 22 22.8 14.3 34.5 22 24.4 1 AmerInd 4 57 13.9 10.5 18.0 | | White | 415 | 19.2 | 17.4 | 21.1 | 6 | | | | 20 | 15.3 | 9.3 | 23.6 | 31 | 24.8 | 16.9 | 35.3 | 60 | 20.6 | 15.7 | 26.5 |
| Amethid 4 0 </td <td></td> <td>Female</td> <td>569</td> <td>25.7</td> <td>23.6</td> <td>27.8</td> <td>4</td> <td></td> <td></td> <td></td> <td>22</td> <td>22.8</td> <td>14.3</td> <td>34.5</td> <td>22</td> <td>24.4</td> <td>15.3</td> <td>36.9</td> <td>48</td> <td>21.9</td> <td>16.1</td> <td>29.0</td> | | Female | 569 | 25.7 | 23.6 | 27.8 | 4 | | | | 22 | 22.8 | 14.3 | 34.5 | 22 | 24.4 | 15.3 | 36.9 | 48 | 21.9 | 16.1 | 29.0 |
| Asian 57 13.9 10.5 18.0 0 0 1 Mather 123 36.8 30.3 43.4 0 0 1 <t< td=""><td></td><td>AmerInd</td><td>4</td><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td></t<> | | AmerInd | 4 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| AfrAmer 123 36.8 30.3 43.4 0 Inditicate 3 6.8 30.3 43.4 0 13.6 25.8 1 1 0 1 0 1 0 | | Asian | 57 | 13.9 | 10.5 | 18.0 | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| M Latino 40 19.0 13.6 25.8 1 1 1 | 1269 | AfrAmer | 123 | 36.8 | 30.3 | 43.4 | 0 | | | | 0 | | | | - | | | | - | | | |
| Multirace 3 0 0 0 0 Packs 5 0 0 0 0 0 White 337 28.6 25.5 31.7 3 21 27.6 7 Male 411 29.6 26.7 32.5 3 14 24.9 13.6 41.8 11 25.3 7 Male 411 29.6 26.7 32.5 3 14 24.9 13.6 41.8 11 25.3 7 Mather 1117 63.2 51.5 75.0 0 2 2 24.9 13.6 41.8 11 25.3 7 Mather 1117 63.2 51.5 75.0 0 2 2 2 11 25.5 11 25.3 7 0 | Bre | Latino | 40 | 19.0 | 13.6 | 25.8 | - | | | | - | | | | 0 | | | | 2 | | | |
| Pack 5 0 0 0 0 White 337 28.6 25.5 31.7 3 21 25.8 16.0 39.4 21 27.6 7 Male 411 29.6 26.7 32.5 3 14 24.9 13.6 41.8 11 25.3 7 Male 117 63.2 51.5 75.0 0 2 24.9 13.6 41.8 11 25.3 7 AfrAmer 117 63.2 51.5 75.0 0 2 24.9 13.6 41.8 11 25.3 7 | | Multirace | m | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| White 337 28.6 25.5 31.7 3 21 25.8 16.0 39.4 21 27.6 1 Male 411 29.6 26.7 32.5 3 14 24.9 13.6 41.8 11 25.3 2 25.3 | | PacIsl | 5 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| Male 411 29.6 26.7 32.5 3 14 24.9 13.6 41.8 11 25.3 1 AfrAmer 117 63.2 51.5 75.0 0 2 0 0 0 0 0 0 11 25.3 1 1 25.3 1 25.3 1 25.3 1 25.3 1 25.3 1 25.3 1 25.3 1 25.3 1 25.3 1 25.3 1 25.3 1 25.3 1 25.3 1 25.3 1 25.3 1 25.3 1 25.3 1 25.3 1 25.3 1 1 25.3 1 1 25.3 1 1 1 25.3 1 1 1 25.3 1 1 1 1 1 1 25.3 1 25.4 1 25.3 1 25.3 1 25.3 1 25.3 1 | | White | 337 | 28.6 | 25.5 | 31.7 | ĸ | | | | 21 | 25.8 | 16.0 | 39.4 | 21 | 27.6 | 17.1 | 42.3 | 45 | 24.4 | 17.8 | 32.6 |
| AfrAmer 117 63.2 51.5 75.0 0 0 Field 28 13.1 8.7 19.0 0 1 1 1 Provide Latino 22 19.8 12.4 29.9 0 0 0 0 Packs 2 19.0 0 0 0 0 0 0 0 Metrico 22 19.8 12.4 29.9 0 | | Male | 411 | 29.6 | 26.7 | 32.5 | m | | | | 14 | 24.9 | 13.6 | 41.8 | 11 | 25.3 | 12.6 | 45.3 | 28 | 24.2 | 16.1 | 35.0 |
| Providation 28 13.1 8.7 19.0 0 Providation 22 19.8 12.4 29.9 0 0 Packs 2 19.8 12.4 29.9 0 0 0 Muttion 22 19.8 12.4 29.9 0 0 0 0 Muttion 23 22.0 22.0 0 0 0 0 0 0 | ĉ | AfrAmer | 117 | 63.2 | 51.5 | 75.0 | 0 | | | | 2 | | | | 0 | | | | 2 | | | |
| Eatino 22 19.8 12.4 29.9 0 0 Packl 2 0 0 0 0 www.common common com | etete | Asian | 28 | 13.1 | 8.7 | 19.0 | 0 | | | | - | | | | - | | | | 2 | | | |
| Padsl 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Pros | Latino | 22 | 19.8 | 12.4 | 29.9 | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| | | PacIsl | 2 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| VINIE 24.2 24.2 24.2 10 1 1 24.0 10.02 2.62 24.2 VINIE | | White | 242 | 29.3 | 25.6 | 33.0 | m | | | | 11 | 24.8 | 12.4 | 44.3 | 10 | 26.7 | 12.8 | 49.2 | 24 | 25.4 | 16.3 | 37.8 |

Source: CAPE; Alameda County vital statistics files 2000-2002, CA DOF, Census 2000. Notes: Totals are for three years; rates are annualized, age-adjusted, per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rate.

| | | ncr | 74.3 | 78.1 | 84.6 | 55.3 | 70.3 | 57.1 | 50.8 | 34.9 | 29.5 | 30.3 | 27.4 | 27.1 | 24.5 | 25.0 | 28.1 | 22.0 | 26.1 | 14.9 | 20.5 | 18.7 | 17.3 | 18.8 | 15.9 | 13.4 |
|----------|----------|-------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|------------|----------|----------|----------|-----------|----------|----------|----------|
| | ey | LCL | 49.1 | 52.5 | 58.5 | 36.2 | 48.6 | 38.2 | 28.4 | 18.0 | 14.6 | 15.8 | 14.6 | 15.1 | 11.3 | 12.3 | 14.5 | 10.7 | 14.5 | 9.9 | 7.0 | 6.8 | 6.1 | 7.4 | 6.3 | 4.9 |
| | Tri-Vall | Rate | 60.7 | 65.3 | 71.5 | 45.0 | 59.4 | 47.7 | 38.4 | 25.4 | 21.1 | 22.2 | 20.3 | 20.5 | 17.0 | 17.8 | 20.5 | 15.6 | 19.7 | 10.1 | 12.4 | 11.7 | 10.6 | 12.1 | 10.3 | 8.4 |
| | | Total | 94 | 108 | 124 | 91 | 123 | 105 | 49 | 38 | 34 | 39 | 42 | 48 | 28 | 33 | 38 | 32 | 48 | 26 | 15 | 17 | 16 | 20 | 20 | 17 |
| | | NCL | 96.5 | 86.7 | 89.3 | 67.5 | 73.7 | 63.2 | 58.8 | 37.7 | 25.8 | 24.7 | 40.5 | 35.0 | | 30.1 | 24.3 | 24.5 | 32.0 | 18.6 | | | | | 23.0 | _ |
| | ton | LCL | 51.4 | 46.9 | 48.4 | 34.8 | 41.2 | 32.6 | 23.3 | 11.1 | 7.2 | 6.9 | 16.8 | 14.5 | | 9.8 | 7.2 | 7.2 | 12.7 | 5.5 | | | | | 6.0 | |
| | Pleasant | Rate | 71.4 | 64.6 | 66.5 | 49.2 | 55.7 | 46.0 | 38.1 | 21.6 | 14.4 | 13.8 | 26.8 | 23.1 | | 18.0 | 13.9 | 14.0 | 20.7 | 10.7 | | | | | 12.5 | |
| | | Total | 42 | 44 | 44 | 38 | 49 | 38 | 20 | 12 | 11 | 11 | 22 | 22 | ∞ | 14 | 12 | 12 | 20 | 12 | 9 | 2 | 9 | 6 | 10 | 9 |
| | | ncr | 69.0 | 83.3 | 92.6 | 57.3 | 79.9 | 72.8 | 57.2 | 41.5 | 41.1 | 43.4 | 26.7 | 24.8 | 32.0 | 25.8 | 33.8 | 29.6 | 30.9 | 19.3 | | 28.3 | | | | |
| | ore | rcr | 35.9 | 46.6 | 55.2 | 30.5 | 46.9 | 42.5 | 24.6 | 16.4 | 16.3 | 18.7 | 9.7 | 9.0 | 11.3 | 8.0 | 13.0 | 11.1 | 13.3 | 5.7 | | 8.4 | | | | |
| | Livermo | Rate | 50.5 | 63.0 | 72.1 | 42.4 | 61.8 | 56.2 | 38.4 | 26.9 | 26.6 | 29.2 | 16.7 | 15.5 | 19.7 | 15.1 | 21.7 | 18.7 | 20.7 | 11.1 | | 16.2 | | | | |
| | | Total | 39 | 49 | 61 | 42 | 58 | 57 | 24 | 20 | 20 | 24 | 17 | 17 | 16 | 13 | 19 | 18 | 24 | 12 | 7 | 12 | ∞ | 6 | 6 | 6 |
| | | ncr | 122.6 | 122.0 | 135.9 | 72.5 | 90.6 | 32.7 | | | | | | | | | | | | | | | | | | |
| | .u | rcr | 38.2 | 41.4 | 52.4 | 20.2 | 31.9 | 8.5 | | | | | | | | | | | | | | | | | | |
| | Dubli | Rate | 71.7 | 74.0 | 87.0 | 40.5 | 55.8 | 17.8 | | | | | | | | | | | | | | | | | | |
| | | Total | 13 | 15 | 19 | 11 | 16 | 10 | 5 | 9 | m | 4 | m | 6 | 4 | 9 | 7 | 2 | 4 | 2 | 2 | 0 | 2 | 2 | - | 2 |
| tality | | ncr | 59.0 | 60.5 | 59.2 | 51.7 | 54.1 | 51.0 | 25.2 | 24.4 | 22.7 | 21.4 | 20.2 | 19.5 | 19.4 | 18.1 | 17.1 | 16.7 | 16.5 | 15.1 | 17.3 | 16.6 | 15.9 | 14.6 | 12.8 | 12.7 |
| er Moi | County | LCL | 52.7 | 54.2 | 53.0 | 46.1 | 48.3 | 45.5 | 21.1 | 20.5 | 18.9 | 17.8 | 16.8 | 16.2 | 15.9 | 14.8 | 13.8 | 13.6 | 13.5 | 12.3 | 13.9 | 13.3 | 12.8 | 11.6 | 10.1 | 10.0 |
| al Canc | Alameda | Rate | 55.9 | 57.4 | 56.1 | 48.9 | 51.2 | 48.2 | 23.2 | 22.4 | 20.8 | 19.6 | 18.5 | 17.8 | 17.6 | 16.4 | 15.5 | 15.2 | 15.0 | 13.7 | 15.6 | 14.9 | 14.3 | 13.1 | 11.5 | 11.4 |
| istorica | | Total | 1,224 | 1,282 | 1,260 | 1,146 | 1,243 | 1,208 | 491 | 493 | 465 | 457 | 448 | 452 | 381 | 373 | 358 | 369 | 389 | 364 | 323 | 317 | 311 | 297 | 272 | 279 |
| B-12: H | | | 991-1992 | 993-1994 | 995-1996 | 997-1998 | 999-2000 | 001-2002 | 991-1992 | 993-1994 | 995-1996 | 997-1998 | 999-2000 | 001-2002 | 991-1992 | 993-1994 | 995-1996 | 997-1998 | 999-2000 | 001-2002 | 991-1992 | 993-1994 | 995-1996 | 997-1998 | 999-2000 | 001-2002 |
| Table | | | - | - | бu | т п | - | 2 | - | - Lf | ects | iolo: | - 2 | 2 | - | tz6 | Bre | əlen — | теп Геп | 2 | - | - | etet — | | - | 7 |

Source: CAPE; Alameda County vital statistics files, CA DOF, Census 1990 and 2000. Notes: Totals are for two years; rates are annualized, age-adjusted, per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rate.

| Table B-' | l3: Dep | ression | Hospit | alizatic | n, 200 | 1-2003 | | | | | | | | | | | | | | |
|-----------|---------|-----------|--------|----------|--------|--------|-------|-------|-------|---------|-------|-------|-------|---------|-------|-------|-------|----------|-------|-------|
| | | Alameda | County | | | Dubli | L | | | Livermo | ore | | | Pleasan | ton | | | Tri-Vall | ĥ | |
| | Total | Rate | LCL | ncr | Total | Rate | rcr | ncr | Total | Rate | rcr | ncr | Total | Rate | rcr | NCL | Total | Rate | LCL | ncl |
| All | 7,607 | 172.6 | 168.7 | 176.5 | 148 | 166.4 | 132.8 | 200.1 | 488 | 265.7 | 241.0 | 290.4 | 390 | 254.0 | 227.8 | 280.2 | 1,026 | 246.8 | 230.8 | 262.8 |
| Male | 2,840 | 133.1 | 128.1 | 138.1 | 59 | 131.4 | 100.0 | 169.5 | 115 | 125.0 | 99.1 | 151.0 | 108 | 153.5 | 121.3 | 185.7 | 282 | 137.5 | 118.9 | 156.0 |
| Female | 4,767 | 210.3 | 204.3 | 216.3 | 89 | 203.1 | 163.1 | 250.0 | 373 | 375.6 | 336.7 | 414.5 | 282 | 338.0 | 297.6 | 378.4 | 744 | 335.7 | 310.9 | 360.6 |
| AfrAmer | 1,623 | 231.8 | 220.5 | 243.2 | ∞ | | | | 10 | 290.8 | 139.5 | 534.8 | 7 | | | | 25 | 279.7 | 181.0 | 412.9 |
| AmerInd | 16 | 34.2 | 19.6 | 55.6 | | | | | - | | | | | | | | - | | | |
| API | 575 | 54.6 | 50.0 | 59.1 | ∞ | | | | 12 | 63.8 | 33.0 | 111.5 | 9 | | | | 26 | 44.5 | 29.0 | 65.2 |
| Latino | 796 | 99.3 | 91.4 | 107.2 | m | | | | 31 | 185.0 | 125.7 | 262.6 | 20 | 172.4 | 105.3 | 266.3 | 54 | 158.9 | 119.4 | 207.3 |
| White | 4,246 | 234.9 | 227.6 | 242.1 | 125 | 220.1 | 175.9 | 264.3 | 421 | 293.9 | 265.0 | 322.9 | 348 | 285.8 | 255.0 | 316.7 | 894 | 282.1 | 262.9 | 301.2 |
| | | تعددا دها | | | | | | | | | | | | | | | | | | |

Source: CAPE, OSHPD hospitalization files, CA DOF, Census 2000. Notes: Totals are for three years; rates are annualized, age-adjusted, per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rate.

Table B-14: Historical Depression Hospitalization

| | | NCL | 131.3 | 154.5 | 159.6 | 181.7 | 184.0 | 231.7 | 280.5 | 312.7 | 292.4 | 281.8 | 253.9 | 323.3 | 273.2 |
|---|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | lley | LCL | 92.0 | 114.3 | 118.4 | 137.2 | 139.8 | 179.1 | 218.6 | 245.4 | 230.0 | 222.0 | 198.6 | 261.4 | 218.1 |
| | Tri-Va | Rate | 111.6 | 134.4 | 139.0 | 159.5 | 161.9 | 205.4 | 249.6 | 279.1 | 261.2 | 251.9 | 226.3 | 292.4 | 245.7 |
| | | Total | 141 | 187 | 193 | 217 | 230 | 267 | 297 | 302 | 308 | 307 | 290 | 388 | 348 |
| | | ncl | 147.0 | 183.3 | 198.8 | 169.0 | 200.3 | 255.0 | 319.3 | 342.6 | 282.4 | 301.6 | 291.7 | 351.7 | 282.3 |
| | nton | LCL | 87.1 | 116.4 | 128.4 | 102.4 | 130.7 | 170.1 | 219.7 | 235.0 | 191.7 | 207.9 | 199.3 | 250.8 | 195.3 |
| | Pleasai | Rate | 114.2 | 147.0 | 160.8 | 132.6 | 162.7 | 212.6 | 269.5 | 288.8 | 237.1 | 254.7 | 245.5 | 301.2 | 238.8 |
| | | Total | 60 | 79 | 85 | 65 | 89 | 107 | 129 | 121 | 116 | 123 | 116 | 147 | 127 |
| | | ncr | 151.7 | 171.7 | 176.4 | 232.3 | 211.5 | 254.6 | 286.5 | 328.9 | 364.8 | 330.5 | 273.6 | 374.0 | 316.5 |
| | ore | rcr | 90.7 | 110.9 | 114.6 | 160.5 | 142.6 | 176.1 | 196.4 | 232.1 | 263.3 | 236.3 | 190.7 | 277.5 | 228.3 |
| | Liverm | Rate | 118.3 | 138.8 | 143.0 | 196.4 | 177.0 | 215.3 | 241.5 | 280.5 | 314.0 | 283.4 | 232.2 | 325.7 | 272.4 |
| | | Total | 62 | 85 | 87 | 121 | 111 | 128 | 126 | 143 | 163 | 152 | 133 | 193 | 162 |
| | | ncr | 112.8 | 133.8 | 114.3 | 186.8 | 160.1 | 235.7 | 247.2 | 259.9 | 207.9 | 199.5 | 201.4 | 253.7 | 198.1 |
| | . <u>e</u> | LCL | 43.5 | 56.5 | 46.3 | 89.4 | 75.7 | 114.2 | 131.8 | 134.0 | 96.9 | 96.7 | 106.5 | 141.1 | 116.9 |
| | Dubl | Rate | 72.2 | 89.2 | 74.8 | 131.6 | 112.1 | 167.0 | 182.9 | 189.3 | 144.7 | 141.3 | 148.5 | 191.4 | 153.6 |
| - | | Total | 19 | 23 | 21 | 31 | 30 | 32 | 42 | 38 | 29 | 32 | 41 | 48 | 59 |
| | | ncl | 161.5 | 148.0 | 162.9 | 183.7 | 191.4 | 193.5 | 212.1 | 216.1 | 204.4 | 184.3 | 161.3 | 185.8 | 191.3 |
| - | County | LCL | 147.6 | 134.9 | 149.2 | 169.2 | 176.7 | 178.7 | 196.7 | 200.7 | 189.5 | 170.3 | 148.4 | 172.1 | 177.3 |
| | Alameda | Rate | 154.6 | 141.4 | 156.1 | 176.5 | 184.0 | 186.1 | 204.4 | 208.4 | 196.9 | 177.3 | 154.8 | 179.0 | 184.3 |
| | | Total | 1,972 | 1,853 | 2,048 | 2,353 | 2,462 | 2,475 | 2,765 | 2,858 | 2,727 | 2,512 | 2,258 | 2,634 | 2,715 |
| | | | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 |

Source: CAPE; OSHPD hospitalization files, CA DOF, Census 1990 and 2000. Notes: Rates are age-adjusted, per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rate.

| Group Total Rate LCL UCL Total Rate LCL Total | Rate LCL UCL Total 14.8 8.6 23.8 47 15.7 7.5 28.9 30 15.7 7.5 28.9 30 17 17 11 11 17.5 9.3 30.0 35 17.5 9.3 30.0 35 | Rate LCL 24.6 18.0 36.0 24.3 15.7 9.2 15.7 9.2 24.2 12.1 24.2 12.1 | UCL 32.7 51.3 25.2 25.2 43.2 | Total 20 13 7 1 | Rate 13.0 16.6 | LCL UCL 7.9 20.0 8.8 28.3 8.8 28.3 | Total 84 33 31 31 2 2 12 | Rate 18.9 12.7 12.7 14.6 | LLCL L 15.1 2 8.7 1 8.7 1 7.5 2 |
|---|---|--|---|---|----------------------|---|--|--------------------------------------|--|
| All 1,007 23.6 22.1 25.1 17 14.8 8.6 23.8 47 24.6 18.0 32.1 Male 672 33.7 31.0 36.3 10 15.7 7.5 28.9 30 36.0 24.3 51.3 AfrAmer 225 35.9 31.0 16.2 7 7.5 28.9 30 36.0 24.3 51.3 <t< th=""><th>14.8 8.6 23.8 47 15.7 7.5 28.9 30 17 17 17 17 17 11 17.5 9.3 30.0 17.5 9.3 30.0</th><th>24.6 18.0 36.0 24.3 15.7 9.2 24.2 12.1 24.2 12.1</th><th>32.7 51.3 25.2 43.2</th><th>20 13 1</th><th>13.0 16.6</th><th>7.9 20.0 8.8 28.3 28.3</th><th>84 53 31 31 12 12</th><th>18.9 25.5 12.7 14.6</th><th>15.1 2 19.1 3 8.7 1 8.7 1 7.5 2 7.5 2</th></t<> | 14.8 8.6 23.8 47 15.7 7.5 28.9 30 17 17 17 17 17 11 17.5 9.3 30.0 17.5 9.3 30.0 | 24.6 18.0 36.0 24.3 15.7 9.2 24.2 12.1 24.2 12.1 | 32.7 51.3 25.2 43.2 | 20 13 1 | 13.0 16.6 | 7.9 20.0 8.8 28.3 28.3 | 84 53 31 31 12 12 | 18.9 25.5 12.7 14.6 | 15.1 2 19.1 3 8.7 1 8.7 1 7.5 2 7.5 2 |
| Male 672 33.7 31.0 36.3 10 15.7 7.5 28.9 30 36.0 24.3 51.3 AfrAmer 335 14.6 13.0 16.2 7 7 75 28.9 30 36.0 24.3 51.3 AfrAmer 225 35.9 31.2 40.6 2 7 92 25.5 Amethod 2 35 14.6 13.0 16.2 7 92 25.5 Amethod 2 35.9 31.2 40.6 22.1 1 17 15.7 9.2 25.5 Amethod 2 35.9 31.2 40.6 22.1 1 1 11 24.2 12.1 43.5 Multirace 10 7.4 3.5 13.6 1 1 1 24.2 12.1 43.5 Multirace 10 7.4 3.5 13.6 1 1 24.2 12.1 43.5 | 15.7 7.5 28.9 30 17 17 17 17 17 17 17 17 17 17 17 17 17 | 36.0 24.3 15.7 9.2 24.2 12.1 24.7 12.1 | 51.3 25.2 43.2 | 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 16.6 | 8.8 28.3 | 53 31 32 31 31 32 31 32 31 33 33 | 25.5 12.7 14.6 | 19.1 3 8.7 1 8.7 1 7.5 2 |
| Female 335 14.6 13.0 16.2 7 17 15.7 9.2 25.3 AffAmer 225 35.9 31.2 40.6 2 2 35.9 31.2 40.6 2 25 35.9 31.2 40.6 2 2 25.3 35.9 31.2 40.6 2 2 25.3 35.9 31.2 40.6 2 2 1 1 1 1 1 1 4 35.5 1 4 35.5 1 4 35.5 1 4 35.7 1 4 35.7 0 2 3 4 1 1 4 3 3 4 1 1 4 1 3 4 1 7 3 4 1 7 3 4 1 7 3 4 1 7 3 4 1 7 3 4 1 7 3 4 1 7 <td>17 11 17.5 9.3 30.0 35</td> <td>15.7 9.2 24.2 12.1 24.7 12.1</td> <td>25.2</td> <td>~</td> <td></td> <td></td> <td>31 3 12 12</td> <td>12.7 14.6</td> <td>8.7 1 8.7 2 7.5 2</td> | 17 11 17.5 9.3 30.0 35 | 15.7 9.2 24.2 12.1 24.7 12.1 | 25.2 | ~ | | | 31 3 12 12 | 12.7 14.6 | 8.7 1 8.7 2 7.5 2 |
| AfrAmer 225 35.9 31.2 40.6 2 Amerind 2 2 11 1 Amerind 2 140 188 15.6 22.1 1 Amerind 2 2 19.6 28.5 1 11 24.2 12.1 43.5 Multirace 10 7.4 3.5 13.6 1 11 24.2 12.1 43.5 Multirace 10 7.4 3.5 13.6 1 1 24.2 12.1 43.5 Multirace 10 7.4 3.5 13.6 1 1 24.7 17.2 34.1 Milte 466 22.7 20.6 24.8 13 17.5 9.3 30.0 35 24.7 17.2 34.1 6.7 Male 475 12.4 11.3 13.6 1 3.4 1.7 6.7 6.7 6.7 6.7 6.7 6.7 6.7 6.7 6.7 7.7 6.7 7.7 6.7 7.7 6.7 7.7 6.7 <td>11 17.5 9.3 30.0 35</td> <td>24.2 12.1</td> <td>43.2</td> <td></td> <td></td> <td></td> <td>ж 12 2</td> <td>14.6</td> <td>7.5 2</td> | 11 17.5 9.3 30.0 35 | 24.2 12.1 | 43.2 | | | | ж 12 2 | 14.6 | 7.5 2 |
| Amerind 2 Asian 140 188 15.6 22.1 1 1 24.2 12.1 43.2 Asian 140 18.8 15.6 22.1 1 1 24.2 12.1 43.2 Multirace 10 7.4 3.5 13.6 1 1 24.2 12.1 43.2 Multirace 10 7.4 3.5 13.6 1 1 24.2 12.1 43.2 Multirace 10 7.4 3.5 13.6 1 1 1 24.2 12.1 43.2 Mile 466 22.7 20.6 24.8 13 17.5 9.3 30.0 35 24.7 17.2 34.3 Male 475 12.4 11.3 13.6 1 1 6. Female 102 2.7 2.0 3.2 3.2 3.7 17.2 34.1 6. | 11 17.5 9.3 30.0 35 | 24.2 12.1 | 43.2 | - | | | 2 12 | 14.6 | 7.5 2 |
| Asian 140 18.8 15.6 22.1 1 Multirace 10 7.4 3.5 13.6 1 11 24.2 12.1 43.5 Multirace 10 7.4 3.5 13.6 1 1 24.2 12.1 43.5 Multirace 10 7.4 3.5 13.6 1 1 24.2 12.1 43.5 Multirace 10 7.4 3.5 13.6 1 1 1 24.2 12.1 43.5 Multirace 10 7.4 3.5 13.6 1 1 1 24.7 17.2 34.5 Multirace 11 577 20.6 24.8 13 17.5 9.3 30.0 35 24.7 17.2 34.5 Male 475 12.4 11.3 13.6 1 1 6.6 Female 102 2.7 2.0 2.3 1 3 3 3 | 11 17.5 9.3 30.0 35 | 24.2 12.1 | 43.2 | ~ | | | 2 12 | 14.6 | 7.5 2 |
| Indication 153 24.0 19.6 28.5 1 11 24.2 12.1 43.5 Multirace 10 7.4 3.5 13.6 1 1 24.2 12.1 43.5 Packs 9 1 7.4 3.5 13.6 1 1 24.2 12.1 43.5 Multirace 10 7.4 3.5 13.6 1 1 1 Packs 9 30.0 35 24.7 17.2 34.5 Male 475 12.4 11.3 13.6 1 8 Female 102 2.7 20.6 3.2 24.7 17.2 34.5 Female 102 2.7 20.6 24.8 13 17.5 9.3 30.0 35 24.7 17.2 34.5 Female 102 2.7 2.0 8.2 2 17.2 3.4 1.7 6.5 | 11 17.5 9.3 30.0 35 11 8 | 24.2 12.1 717 | 43.2 | | | | 12 | 14.6 | 7.5 2 |
| Image 10 7.4 3.5 13.6 Padsl 9 1 1 Padsl 9 35 13.6 Mhite 466 22.7 20.6 24.8 13 17.5 9.3 30.0 35 24.7 17.2 34.3 Male 475 12.4 11.3 13.6 1 31 1.7 6.7 Female 102 2.77 2.02 3.2 1 3.4 1.7 6.7 | 1 17.5 9.3 30.0 35 11 | C 71 7 7C | | | | | | | |
| Other 1 Packl 9 Mhite 466 22.7 20.6 24.8 13 17.5 9.3 30.0 35 24.7 17.2 34.3 All 577 7.6 7.0 8.2 2 2 11 3.4 1.7 6. Male 475 12.4 11.3 13.6 1 8 1.7 6. Female 102 2.7 2.2 3.2 3.2 1.7 6. | 1 17.5 9.3 30.0 35 11 8 | C 71 F VC | | | | | | | |
| Packl 9 Packl 9 White 466 22.7 20.6 24.8 13 17.5 9.3 30.0 35 24.7 17.2 34.3 All 577 7.6 7.0 8.2 2 7 11 3.4 1.7 6.3 Male 475 12.4 11.3 13.6 1 8 8 8 7 6.3 < | 17.5 9.3 30.0 35 11 8 | C T 1 T VC | | | | | - | | |
| White 466 22.7 20.6 24.8 13 17.5 9.3 30.0 35 24.7 17.2 34.3 All 577 7.6 7.0 8.2 2 2 11 3.4 1.7 6. Male 475 12.4 11.3 13.6 1 8 8 1.7 6. Female 102 2.7 2.2 3.2 1 1 3.4 1.7 6. | 17.5 9.3 30.0 35 11 8 | | | | | | | | |
| All 577 7.6 7.0 8.2 2 11 3.4 1.7 6. Male 475 12.4 11.3 13.6 1 8 8 8 7.0 8.2 1 6. 7.0 8.2 1 7.5 1.7 6. 6. 7.0 8.2 1 7.5 1.7 6. 8 8 7 7 1.2 1.7 6. 8 8 7 7 1.2 7 1.7 6. 7 6. 7 7 1.7 6. 7 6. 7 7 7 1.7 6. 7 6. 7 | <u> </u> | 24.7 17.2 | 34.3 | 18 | 14.9 | 8.8 23.5 | 99 | 20.2 | 15.7 2 |
| Male 475 12.4 11.3 13.6 1 8 Female 102 2.7 2.2 3.2 1 3 | ~ | 3.4 1.7 | 6.1 | | | | 13 | 1.8 | 0.8 |
| Female 102 2.7 2.2 3.2 1 3 0 | · | | | | | | 6 | | |
| | | | | | | | 4 | | |
| 고 ATAMer 368 31./ 28.4 34.9 1 2 | 2 | | | | | | m | | |
| mic Amerind 8 1 | - | | | | | | - | | |
| 문 Asian 50 2.8 2.0 3.6 | | | | | | | | | |
| Latino 64 4.2 3.0 5.3 4 | 4 | | | | | | 4 | | |
| Pacisl 0 | | | | | | | | | |
| White 83 2.7 2.1 3.2 1 4 | 4 | | | | | | 5 | | |
| Source: CABE: Alementa Counstruited statistics files CA DOE Consult 1000 and 2000 | | | | | | | | | |

Table B-15: Unintentional Injury, 2000-2002, and Homicide Mortality, 1998-2002

source: CAPE: Anameda County vital statustics files, CA DOT, Census 1990 and 2000. Notes: Data for unintentional injury is for 2000-2002; for homicide 1998-2002. Totals are for all years; rates are annualized, age-adjusted, per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rate.

Table B-16: Historical Unintentional Injury and Homicide Mortality

| | ncr | 27.5 | 25.4 | 30.4 | 21.3 | 21.6 | 25.8 | 7.4 | | | | | |
|------------|-------|-----------|-----------|-----------|-------------|------------|-----------|-----------|-----------|-----------|-----------|------------|-----------|
| lley | LCL | 15.0 | 14.1 | 17.8 | 11.2 | 12.3 | 15.1 | 2.1 | | | | | |
| Tri-Va | Rate | 20.5 | 19.2 | 23.5 | 15.6 | 16.4 | 19.9 | 4.1 | | | | | |
| | Total | 45 | 48 | 58 | 40 | 52 | 57 | 11 | 7 | m | 6 | 9 | 4 |
| | NCL | 22.5 | 33.9 | 27.7 | 26.4 | 18.2 | 27.4 | | | | | | |
| nton | LCL | 5.9 | 12.3 | 9.4 | 9.3 | 5.1 | 10.0 | | | | | | |
| Pleasar | Rate | 12.2 | 21.2 | 16.8 | 16.3 | 10.2 | 17.1 | | | | | | |
| | Total | 10 | 17 | 15 | 16 | 11 | 17 | - | - | 2 | 2 | 0 | 0 |
| | ncr | 42.7 | 32.0 | 41.6 | 27.0 | 33.0 | 31.6 | | | | | | |
| lore | LCL | 20.2 | 14.5 | 20.4 | 10.9 | 16.2 | 14.1 | | | | | | |
| Liverm | Rate | 29.9 | 22.0 | 29.6 | 17.6 | 23.5 | 21.6 | | | | | | |
| | Total | 30 | 27 | 33 | 21 | 33 | 26 | m | 2 | 0 | 0 | - | - |
| | ncr | | | 32.5 | | | 29.8 | | | | | | |
| . <u>e</u> | LCL | | | 8.5 | | | 9.7 | | | | | | |
| Dubl | Rate | | | 17.7 | | | 17.8 | | | | | | |
| | Total | 2 | 4 | 10 | m | ∞ | 14 | m | 2 | 0 | 0 | - | - |
| | ncr | 30.9 | 29.9 | 29.6 | 26.0 | 25.4 | 25.6 | 16.5 | 14.8 | 12.9 | 10.3 | 8.2 | 9.0 |
| County | LCL | 26.6 | 25.8 | 25.5 | 22.3 | 21.8 | 22.0 | 13.6 | 12.1 | 10.4 | 8.1 | 6.3 | 7.0 |
| Alameda | Rate | 28.7 | 27.9 | 27.5 | 24.2 | 23.6 | 23.8 | 15.0 | 13.5 | 11.7 | 9.2 | 7.2 | 8.0 |
| | Total | 719 | 723 | 714 | 645 | 654 | 681 | 422 | 389 | 337 | 267 | 217 | 250 |
| | | 1991-1992 | 1993-1994 | 1995-1996 | 1 997-1 998 | 1 999-2000 | 2001-2002 | 1991-1992 | 1993-1994 | 1995-1996 | 1997-1998 | 1 999-2000 | 2001-2002 |
| | | | ƙır | ıļul | .tui | uŊ | | | ə | biɔi | шо | H | |

Source: CAPE; Alameda County vital statistics files, CA DOF, Census 1990 and 2000. Notes: Totals are for two years; rates are annualized, age-adjusted, per 100,000. LCL and UCL are lower and upper 95% confidence levels for the rate.

| Tabl | e B-17 | : Unint | entioná | al Injur | y and , | Assault | Hospit | talizatic | ons, 20 | 01-200 | ŝ | | | | ā | | | | H. V. | | |
|------------------|--------------------------|--------------------------|-----------------------------|---------------------------|-------------------------|---------------------------|-------------------------|-------------------------|-------------------------|-------------------|-------------------------|-------------------------|-------------------------|-------------------|-------------------------|-------------------------|-------------------------|---------------------|-------------------------|-------------------------|-------------------------|
| | | Total | Alameda y Rate | AUN0 | | Total | Rate | | ncı | Total | Rate | | ncı | Total | Rate | | nci | Total | Rate | | nci |
| Ynujni la | ll 1ale emale | 16,465 8,209 8,256 | 397.8 416.4 362.2 | 391.7 407.0 354.3 | 403.9 425.7 370.0 | 210 113 97 | 291.8 284.4 287.3 | 241.6 212.6 233.0 | 342.1 356.2 350.4 | 819 447 372 | 424.9 452.9 376.2 | 394.2 405.7 337.2 | 455.6 500.1 415.2 | 578 280 298 | 362.8 362.7 344.6 | 331.8 315.4 304.5 | 393.8 410.0 384.7 | 1,607 840 767 | 378.9 387.5 350.9 | 359.1 357.5 325.3 | 398.7 417.6 376.5 |
| inoitr a A | trAmer merInd | 2,618 29 | 404.1 62.3 | 388.5 41.7 | 419.8 89.5 | 90 | | | | - 13 | 359.7 | 191.5 | 615.0 | ~ 0 | | | | 26 1 | 215.3 | 140.7 | 315.5 |
| uətninU چ ت ک | PI atino | 1,522 2,118 | 195.5 333.0 | 185.1 316.0 | 205.9 350.0 | 18 17 | 213.4 205.3 | 126.5 119.6 | 337.3 328.7 | 23 74 | 168.4 283.8 | 106.7 222.8 | 252.6 356.3 | 24 40 | 138.8 445.3 | 88.9 318.2 | 206.5 606.4 | 65 131 | 165.9 309.3 | 128.1 234.7 | 211.5 383.9 |
| > < . | | 9,070 1,716 | 37.1 | 35.4 | 38.9 | 14 14 | 11.0 | 6.0 | 18.4 | 27 | 12.0 | 7.9 | 17.4 | 14 | 3/4.0 8.6 | 4.7 | 14.5 | 1,300 55 | 10.7 | 5/4.9 8.0 | 419.9 13.9 |
| ت 2 | 1ale emale | 1,498 218 | 64.7 9.5 | 61.4 8.2 | 67.9 10.8 | 12 | 18.2 | 9.4 | 31.7 | 25 2 | 21.1 | 13.6 | 31.1 | - 13 10 | 15.1 | 8.1 | 25.9 | 0 0 0 | 18.3 | 13.6 | 24.1 |
| tlues • 🗠 • | frAmer | 779 | 109.4 | 101.7 | 117.1 | i m d | | | | ı ← c | | | | - 0 0 | | | | 940 | | | |
| sA ₹ ⊲ | PI | ° 96 | 9.3 | 7.6 | 11.4 | 0 7 | | | | 5 C | | | | 00 | | | | 04 | | | |
| - 5 | atino /hite | 359 345 | 37.6 19.2 | 33.4 17.1 | 41.7 21.3 | 2 | | | | 14 7 | 8.1 | 4.4 | 13.5 | 10 10 | 8.3 | 4.0 | 15.3 | 11 30 | 15.7 8.0 | 7.9 5.4 | 28.2 11.3 |
| Source | e: CAPE; C Totals are | SHPD hos | pitalizatior years; rate | n files, CA | DOF, Cen ualized, a | sus 2000. ge-adjuste | d, per 100 | ,000. LCL ₅ | and UCL a | re lower ai | nd upper 5 | 95% confic | lence leve | ls for the r | ate. | | - | | | | |
| Tabl | e B-18 | : Histor | ical Un | intenti | ional l | njury al | nd Assâ | ault Ho: | spitaliz | ation | : | | | | | | | | | | |
| | | | Alameda | County | | | Dubl | .u | | | Livermo | ore | | | Pleasan | ton | | | Tri-Vall | eV | |
| | | Total | Rate | Ľ | ncl | Total | Rate | Ľ | ncr | Total | Rate | ĽĊ | ncr | Total | Rate | Ę | ncl | Total | Rate | ĽC | ncL |
| | 1991 | 6,862 | 570.9 | 557.1 | 584.6 | 77 | 493.0 | 389.1 | 616.2 | 289 | 599.8 | 525.3 | 674.3 | 235 | 556.8 | 476.9 | 636.7 | 601 | 564.3 | 513.5 | 615.2 |
| | 1992 1993 | 6,463 5,857 | 528.4 477 8 | 515.3 465.4 | 541.6 490.3 | 80 67 | 505.6 379.0 | 400.9 255.0 | 629.2 417 9 | 325 787 | 658.1 601 1 | 581.2 575 5 | 735.1 | 221 747 | 557.2 587 3 | 476.0 505 5 | 638.4 669.7 | 626 591 | 594.1 568 8 | 542.1 517.6 | 646.0 6201 |
| んr | 1994 | 5,764 | 467.9 | 455.7 | 480.2 | 59 | 322.2 | 245.3 | 415.7 | 293 | 640.9 | 562.3 | 719.4 | 211 | 508.3 | 433.1 | 583.4 | 563 | 555.7 | 505.0 | 606.5 |
| ıįnl | 1995 | 5,783 | 466.8 | 454.6 | 478.9 | 80 | 475.4 | 376.9 | 591.6 | 292 | 586.7 | 515.1 | 658.4 | 252 | 603.4 | 522.6 | 684.2 | 624 | 579.6 | 529.8 | 629.4 |
| lenc | 1 996 1 997 | 5,291 5,518 | 425.3 437.6 | 413./ | 436.8 | 09 20 | 405.2 | 309.2 | 521.6 600.6 | 303 208 | 609.3 560.4 | 136.1 107 / | 682.4 | 200 | 4/9.8 167.6 | 408.5 400 5 | 531.2 531.6 | 503 581 | 529.9 508.4 | 482.2 163 1 | 577.6 553.3 |
| oitnə | 1998 | 5,658 | 437.5 | 426.0 | 449.0 | 64 | 457.2 | 352.1 | 583.9 | 240 | 413.2 | 357.9 | 468.5 | 184 | 402.3 | 341.0 | 463.5 | 488 | 409.4 | 370.4 | 448.4 |
| tninl | 1999 | 5,815 6,002 | 438.8 | 427.4 | 450.2 | 74 | 447.9 | 351.7 | 562.3 | 223 | 368.5 | 317.3 | 419.7 EE 1.0 | 170 170 | 329.1 161.6 | 277.1 2005 | 381.1 | 467 571 | 356.6 457.6 | 321.9 | 391.2 |
| n | 2001 | 5,085 | 370.0 | 422.4 359.8 | 4.30.1 380.3 | 59 59 | 209.5 | 159.5 | 270.3 | 258 258 | 490.4 409.3 | 429.0 356.5 | 462.2 | 183 | 361.0 | 305.8 | 416.2 | 200 | 365.9 | 4 1 2.9 331.4 | 400.3 |
| | 2002 | 5,775 5,606 | 417.8 406.3 | 406.9 305.6 | 428.6 | 79 77 | 359.1 203 7 | 284.3 2 20 4 | 447.5 360 3 | 277 284 | 452.1 466.7 | 395.9 400.4 | 508.3 | 196 190 | 370.4 301 5 | 316.0 334.7 | 424.8 4 4 8 4 | 552 555 | 402.1 | 366.2 370.0 | 438.0 443 5 |
| <u> </u> | 1991 | 1,318 | 92.1 | 87.0 | 97.1 | ν Ω | 17.6 | 5.7 | 41.1 | 13 | 20.9 | 11.1 | 35.8 | <u>~</u> | 14.8 | 6.4 | 29.2 | 26 | 18.0 | 11.7 | 26.3 |
| | 1 992 1 993 | 1,209 | 83.4 77.6 | /8.6 68 1 | 88.1 77.0 | שת | 32.1 19.6 | 14./ | 60.9 47.7 | - 1 | 9.6 171 | ی د ۲.9 | 30.6 | γų | 4.6 11 2 | 0.9 1 1 | 13.4 24 5 | <u>وا</u> | 11.9 د 15 | 7.7 | 18.6 77.0 |
| | 1994 | - 200 1 | 67.5 | 63.2 | 71.8 | o m | 10.5 | 2.2 | 30.7 | 3 | 16.0 | 8.0 | 28.6 | o m | 5.2 | i – | 15.3 | 11 | 0.01 0.01 | 6.3 | 17.4 |
| 1 | 1995 | 861 701 | 60.1 52.5 | 56.1 | 64.2 | m | 7.8 | 1.6 | 22.9 | 01 10 | 20.2 | 10.7 | 34.5 | 10 C | 18.3 | 8.8 6.8 | 33.6 | 26 10 | 17.4 | 11.3 | 25.4 |
| llus | 1996 | C0/ | 53.8 57.4 | 49.9 48.7 | 0./c 56.1 | ν 4 | 9.0 13.3 | ה. היי | 20.3 34 1 | 10 | 18.3 13.7 | 9.9 9 | 32.U | n m | 0.4 7 4 | | 15.0 | 12 | 17.1 | 7.7 | 19.1 |
| ssA | 1998 | 760 | 51.8 | 48.1 | 55.5 | 'n | 9.6 | 2.0 | 27.9 | 0 | 8.4 | 3.1 2.2 | 18.2 | ~ | 11.5 | 4.6 | 23.7 | 16 | 9.8 | 5.6 | 15.8 |
| | 1999 | 642 | 43.1 | 39.7 | 46.4 | 7 0 | 7.6 | 0.9 | 27.3 | 17 | 23.9 | 13.9 | 38.3 | ы | 10.8 | а. 5 0 | 25.2 | 24 | 16.2 | 10.4 | 24.1 |
| | 2001 2001 | 003 203 | 42.8 32.6 | 29.7 29.7 | 40.1 35.4 | 0 | 30.1 18.1 | 0.01 7.3 | 37.4 | | 10.3 10.3 | 6.1 4.1 | 29.1 21.2 | 0 0 | 4.3 | ء.و 0.5 | 28.2 15.4 | 24 16 | 9.8 | 5.0 5.6 | 20.3 15.9 |
| | 2002 2003 | 630 583 | 41.0 37.9 | 37.8 34.8 | 44.2 40.9 | 4 M | 8.8 6.2 | 2.4 1.3 | 22.6 18.0 | 10 10 | 13.8 12.9 | 6.6 6.2 | 25.3 23.7 | 99 | 11.0 11.2 | 4.0 4.1 | 24.0 24.4 | 20 19 | 12.1 10.7 | 7.4 6.4 | 18.7 16.7 |
| Source | e: CAPE; C Rates are | SHPD hos age-adjus | pitalization sted, per 1 | n files, CA 00,000. L(| DOF, Cen CL and UC | sus 1990 a `L are low∈ | ind 2000. Pr and upp | er 95% col | nfidence l | evels for th | ne rate. | | - | | | | | | | | |

| | | Alan | neda Cou | nty | | | ٦ | ri-Valley | | |
|-------------------|-------|-------|----------|------|------|-------|-------|-----------|------|------|
| | Total | % | Rate | LCL | UCL | Total | % | Rate | LCL | UCL |
| Total | 570 | 100.0 | 13.7 | 12.6 | 14.9 | 23 | 100.0 | 4.3 | 2.7 | 6.4 |
| Sex | | | | | | | | | | |
| Male | 323 | 56.7 | 15.8 | 14.1 | 17.6 | 15 | 65.2 | 5.6 | 3.1 | 9.3 |
| Female | 247 | 43.3 | 11.7 | 10.2 | 13.2 | 8 | 34.8 | | | |
| Race/Ethnicity | | | | | | | | | | |
| AmerInd | 1 | 0.2 | | | | 0 | 0.0 | | | |
| AfrAmer | 91 | 16.0 | 14.0 | 11.3 | 17.2 | 1 | 4.3 | | | |
| API | 351 | 61.6 | 35.9 | 32.2 | 39.7 | 16 | 69.6 | 27.8 | 15.9 | 45.1 |
| Latino | 93 | 16.3 | 11.4 | 9.2 | 14.0 | 0 | 0.0 | | | |
| White | 23 | 4.0 | 1.4 | 0.9 | 2.1 | 5 | 21.7 | | | |
| Unknown | 11 | 1.9 | | | | 1 | 4.3 | | | |
| Age Group | | | | | | | | | | |
| 0-4 yrs | 19 | 3.3 | 6.5 | 3.9 | 10.2 | 0 | 0.0 | | | |
| 5-14 yrs | 24 | 4.2 | 4.0 | 2.6 | 6.0 | 0 | 0.0 | | | |
| 15-24 yrs | 46 | 8.1 | 8.8 | 6.4 | 11.7 | 1 | 4.3 | | | |
| 25-44 yrs | 200 | 35.1 | 14.1 | 12.2 | 16.1 | 12 | 52.2 | 6.2 | 3.2 | 10.8 |
| 45-64 yrs | 162 | 28.4 | 18.0 | 15.2 | 20.8 | 7 | 30.4 | | | |
| 65+ yrs | 119 | 20.9 | 28.0 | 23.0 | 33.1 | 3 | 13.0 | | | |
| Country of Origin | | | | | | | | | | |
| Foreign-born | 439 | 77.0 | 14.6 | 13.3 | 16.0 | 19 | 82.6 | 4.1 | 2.5 | 6.4 |
| US-born | 130 | 22.8 | 11.3 | 9.4 | 13.2 | 4 | 17.4 | | | |
| Unknown | 1 | 0.2 | | | | 0 | 0.0 | | | |

Table B-19: Tuberculosis Cases, 2001-2003

Source: CAPE; Alameda County TIMS. Note: LCL and UCL are lower and upper 95% confidence levels for the rate.

| | | Alam | neda Cou | nty | | | Т | ri-Valley | | |
|------------------------------------|-------|-------|----------|------|------|-------|-------|-----------|-----|-----|
| | Total | % | Rate | LCL | UCL | Total | % | Rate | LCL | UCL |
| Total | 622 | 100.0 | 13.9 | 12.8 | 15.0 | 19 | 100.0 | 3.5 | 2.1 | 5.5 |
| Sex | | | | | | | | | | |
| Male | 472 | 75.9 | 21.5 | 19.6 | 23.5 | 16 | 84.2 | 5.9 | 3.4 | 9.7 |
| Female | 150 | 24.1 | 6.6 | 5.5 | 7.7 | 3 | 15.8 | | | |
| Race/Ethnicity | | | | | | | | | | |
| AmerInd | 2 | 0.3 | | | | 0 | 0.0 | | | |
| AfrAmer | 330 | 53.1 | 47.7 | 42.3 | 52.5 | 4 | 21.1 | | | |
| API | 27 | 4.3 | 2.6 | 1.6 | 3.6 | 1 | 5.3 | | | |
| Latino | 113 | 18.2 | 13.3 | 10.9 | 15.8 | 3 | 15.8 | | | |
| White | 148 | 23.8 | 8.1 | 6.8 | 9.4 | 11 | 57.9 | 2.8 | 1.4 | 5.0 |
| Unknown | 2 | 0.3 | | | | 0 | 0.0 | | | |
| Age Group | | | | | | | | | | |
| 0-4 yrs | 2 | 0.3 | | | | 0 | 0.0 | | | |
| 5-12 yrs | 2 | 0.3 | | | | 0 | 0.0 | | | |
| 13-19 yrs | 2 | 0.3 | | | | 0 | 0.0 | | | |
| 20-24 yrs | 11 | 1.8 | 3.5 | 1.4 | 5.6 | 0 | 0.0 | | | |
| 25-29 yrs | 50 | 8.0 | 13.8 | 10.0 | 17.7 | 4 | 21.1 | | | |
| 30-39 yrs | 241 | 38.7 | 30.9 | 27.0 | 34.8 | 7 | 36.8 | | | |
| 40-49 yrs | 193 | 31.0 | 27.5 | 23.6 | 31.4 | 3 | 15.8 | | | |
| 50 & up | 121 | 19.5 | 11.0 | 9.1 | 13.0 | 5 | 26.3 | | | |
| Exposure Mode | | | | | | | | | | |
| Men who have sex with men (MSM) | 274 | 44.1 | | | | 7 | 36.8 | | | |
| Injection drug use (IDU) | 112 | 18.0 | | | | 4 | 21.1 | | | |
| MSM & IDU | 23 | 3.7 | | | | 0 | 0.0 | | | |
| Heterosexual contact | 184 | 29.6 | | | | 7 | 36.8 | | | |
| Other risk | 8 | 1.3 | | | | 0 | 0.0 | | | |
| Risk not specified | 21 | 3.4 | | | | 1 | 5.3 | | | |

Table B-20: AIDS Cases, 2001-2003

Source: CAPE; Alameda County HARS. Note: LCL and UCL are lower and upper 95% confidence levels for the rate.

| | | | Al | ameda Coi | unty | | | 1 | Tri-Vallev | , | |
|------|-------------|--------|-------|-----------|---------|---------|-------|-------|------------|-------|-------|
| | | Total | % | Rate | LCL | UCL | Total | % | Rate | LCL | UCL |
| Tota | al | 13,913 | 100.0 | 335.2 | 329.6 | 340.8 | 516 | 100.0 | 96.3 | 88.0 | 104.6 |
| Sex | | | | | | | | | | | |
| | Male | 3,178 | 22.8 | 155.8 | 150.4 | 161.3 | 130 | 25.2 | 48.3 | 33.9 | 62.7 |
| | Female | 10,685 | 76.8 | 506.1 | 496.5 | 515.7 | 386 | 74.8 | 144.6 | 119.6 | 169.6 |
| | Unknown | 50 | 0.4 | | | | 0 | 0.0 | | | |
| Rac | e/Ethnicity | | | | | | | | | | |
| | AmerInd | 36 | 0.3 | | | | 3 | 0.6 | | | |
| | AfrAmer | 3,458 | 24.9 | | | | 36 | 7.0 | | | |
| | Asian | 679 | 4.9 | | | | 18 | 3.5 | | | |
| | Latino | 1,568 | 11.3 | | | | 72 | 14.0 | | | |
| | White | 734 | 5.3 | | | | 111 | 21.5 | | | |
| | Unknown | 7,438 | 53.5 | | | | 276 | 53.5 | | | |
| Age | Group | | | | | | | | | | |
| 0 | 0-12 yrs | 26 | 0.2 | 3.3 | 2.2 | 4.9 | 0 | 0.0 | | | |
| | 13-19 yrs | 4,999 | 35.9 | 1,349.7 | 1,312.3 | 1,387.2 | 168 | 32.6 | 345.8 | 255.2 | 436.4 |
| | 20-29 yrs | 6,595 | 47.4 | 1,114.7 | 1,087.8 | 1,141.6 | 258 | 50.0 | 425.9 | 335.9 | 515.9 |
| | 30-39 yrs | 1,633 | 11.7 | 222.7 | 211.9 | 233.5 | 61 | 11.8 | 58.1 | 44.4 | 74.6 |
| | 40-49 yrs | 465 | 3.3 | 70.6 | 64.2 | 77.0 | 18 | 3.5 | 18.4 | 10.9 | 29.1 |
| | 50 & up | 115 | 0.8 | 11.3 | 9.3 | 13.4 | 9 | 1.7 | | | |
| | Unknown | 80 | 0.6 | | | | 2 | 0.4 | | | |
| Sex | by Age | | | | | | | | | | |
| Ma | es | | | | | | | | | | |
| | 0-12 yrs | 8 | 0.3 | | | | 0 | 0.0 | | | |
| | 13-19 yrs | 807 | 25.4 | 423.9 | 394.6 | 453.1 | 27 | 20.8 | 107.8 | 71.0 | 156.8 |
| | 20-29 yrs | 1,496 | 47.1 | 503.7 | 478.2 | 529.2 | 65 | 50.0 | 204.5 | 157.9 | 260.7 |
| | 30-39 yrs | 587 | 18.5 | 159.6 | 146.7 | 172.5 | 23 | 17.7 | 43.8 | 27.8 | 65.8 |
| | 40-49 yrs | 207 | 6.5 | 63.7 | 55.0 | 72.3 | 10 | 7.7 | 20.3 | 9.7 | 37.2 |
| | 50 & up | 53 | 1.7 | 11.5 | 8.6 | 15.1 | 5 | 3.8 | | | |
| | Unknown | 20 | 0.6 | | | | 0 | 0.0 | | | |
| Ferr | ales | | | | | | | | | | |
| | 0-12 yrs | 18 | 0.2 | 4.7 | 2.8 | 7.5 | 0 | 0.0 | | | |
| | 13-19 yrs | 4,172 | 39.0 | 2,318.2 | 2,247.8 | 2,388.5 | 141 | 36.5 | 599.3 | 500.4 | 698.3 |
| | 20-29 yrs | 5,082 | 47.6 | 1,724.9 | 1,677.5 | 1,772.4 | 193 | 50.0 | 670.2 | 575.7 | 764.8 |
| | 30-39 yrs | 1,039 | 9.7 | 284.2 | 266.9 | 301.5 | 38 | 9.8 | 72.3 | 51.2 | 99.3 |
| | 40-49 yrs | 255 | 2.4 | 76.4 | 67.0 | 85.8 | 8 | 2.1 | | | |
| | 50 & up | 62 | 0.6 | 11.1 | 8.5 | 14.3 | 4 | 1.0 | | | |
| | Unknown | 57 | 0.5 | | | | 2 | 0.5 | | | |

Table B-21: Chlamydia Cases, 2001-2003

Source: CAPE; Alameda County STD surveillance system. Note: Rates not calculated for race/ethnicity because of large percentage of unknown. LCL and UCL are lower and upper 95% confidence levels for the rate.

| | | Alan | neda Coi | unty | | | Т | ri-Valley | | |
|----------------|-------|-------|----------|-------|-------|-------|-------|-----------|------|-------|
| | Total | % | Rate | LCL | UCL | Total | % | Rate | LCL | UCL |
| Total | 5,490 | 100.0 | 132.3 | 128.8 | 135.8 | 92 | 100.0 | 17.2 | 13.8 | 21.1 |
| Sex | | | | | | | | | | |
| Male | 2,616 | 47.7 | 128.3 | 123.4 | 133.2 | 51 | 55.4 | 19.0 | 14.1 | 24.9 |
| Female | 2,853 | 52.0 | 135.1 | 130.2 | 140.1 | 41 | 44.6 | 15.4 | 11.0 | 20.8 |
| Unknown | 21 | 0.4 | | | | 0 | 0.0 | | | |
| Race/Ethnicity | | | | | | | | | | |
| AmerInd | 16 | 0.3 | | | | 1 | 1.1 | | | |
| AfrAmer | 2,051 | 37.4 | | | | 13 | 14.1 | | | |
| Asian | 98 | 1.8 | | | | 6 | 6.5 | | | |
| Latino | 220 | 4.0 | | | | 9 | 9.8 | | | |
| White | 279 | 5.1 | | | | 22 | 23.9 | | | |
| Unknown | 2,826 | 51.5 | | | | 41 | 44.6 | | | |
| Age Group | | | | | | | | | | |
| 0-12 yrs | 19 | 0.3 | 2.4 | 1.5 | 3.8 | 0 | 0.0 | | | |
| 13-19 yrs | 1,497 | 27.3 | 404.2 | 383.7 | 424.7 | 16 | 17.4 | 32.9 | 18.8 | 53.5 |
| 20-29 yrs | 2,312 | 42.1 | 390.8 | 374.9 | 406.7 | 40 | 43.5 | 66.0 | 47.2 | 89.9 |
| 30-39 yrs | 1,014 | 18.5 | 138.3 | 129.8 | 146.8 | 22 | 23.9 | 20.9 | 13.1 | 31.7 |
| 40-49 yrs | 463 | 8.4 | 70.3 | 63.9 | 76.7 | 13 | 14.1 | 13.3 | 7.1 | 22.8 |
| 50 & up | 149 | 2.7 | 14.7 | 12.3 | 17.0 | 1 | 1.1 | | | |
| Unknown | 36 | 0.7 | | | | 0 | 0.0 | | | |
| Sex by Age | | | | | | | | | | |
| Males | | | | | | | | | | |
| 0-12 yrs | 5 | 0.2 | | | | 0 | 0.0 | | | |
| 13-19 yrs | 370 | 14.1 | 194.3 | 174.5 | 214.1 | 3 | 5.9 | | | |
| 20-29 yrs | 1,070 | 40.9 | 360.3 | 338.7 | 381.9 | 21 | 41.2 | 66.1 | 40.9 | 101.0 |
| 30-39 yrs | 664 | 25.4 | 180.6 | 166.8 | 194.3 | 14 | 27.5 | 26.7 | 14.6 | 44.8 |
| 40-49 yrs | 352 | 13.5 | 108.3 | 96.9 | 119.6 | 12 | 23.5 | 24.3 | 12.6 | 42.5 |
| 50 & up | 133 | 5.1 | 29.0 | 24.0 | 33.9 | 1 | 2.0 | | | |
| Unknown | 22 | 0.8 | | | | 0 | 0.0 | | | |
| Females | | | | | | | | | | |
| 0-12 yrs | 14 | 0.5 | 3.7 | 2.0 | 6.2 | 0 | 0.0 | | | |
| 13-19 yrs | 1,120 | 39.3 | 622.3 | 585.9 | 658.8 | 13 | 31.7 | 55.3 | 29.4 | 94.5 |
| 20-29 yrs | 1,234 | 43.3 | 418.8 | 395.5 | 442.2 | 19 | 46.3 | 66.0 | 39.7 | 103.0 |
| 30-39 yrs | 346 | 12.1 | 94.6 | 84.7 | 104.6 | 8 | 19.5 | | | |
| 40-49 yrs | 110 | 3.9 | 33.0 | 26.8 | 39.1 | 1 | 2.4 | | | |
| 50 & up | 15 | 0.5 | 2.7 | 1.5 | 4.4 | 0 | 0.0 | | | |
| Unknown | 14 | 0.5 | | | | 0 | 0.0 | | | |

Table B-22: Gonorrhea Cases, 2001-2003

Source: CAPE; Alameda County STD surveillance system. Note: Rates not calculated for race/ethnicity because of large percentage of unknown. LCL and UCL are lower and upper 95% confidence levels for the rate.

| ease | Tri-Valley | ncL | | | | 14.3 | | | | | | | 10.1 | 12.7 | 19.3 | 10.8 | 9.5 | 5.5 | 75.1 | 80.3 | 85.9 | 112.5 | 132.5 | 19.0 | 19.0 | 16.3 | 24.0 | 32.4 |
|-----------------------------|---------------------------------|--------------|------|------|------|------|------|------|------|------|------|------|------|----------|----------|----------|----------|----------|-----------|-------|-------|-------|-------|-----------|-------|-------|-------|-------|
| | | ГC | | | | 4.2 | | | | | | | 2.6 | 6.4 | 11.6 | 5.4 | 4.7 | 2.1 | 50.7 | 55.5 | 60.5 | 83.5 | 101.1 | 7.5 | 7.7 | 6.1 | 11.3 | 17.5 |
| | | Rate | | | | 8.2 | | | | | | | 5.5 | 9.2 | 15.1 | 7.7 | 6.8 | 3.5 | 62.9 | 67.9 | 73.2 | 98.0 | 116.8 | 12.3 | 12.4 | 10.3 | 16.8 | 24.1 |
| | | Total | 4 | 9 | 4 | 12 | 4 | 7 | 9 | 6 | 6 | 4 | 10 | 36 | 63 | 34 | 33 | 19 | 102 | 115 | 128 | 175 | 213 | 20 | 21 | 18 | 30 | 44 |
| | Pleasanton | ncL | | | | | | | | | | | | 13.8 | 15.4 | 14.5 | 9.8 | | 62.9 | 57.5 | 88.2 | 104.4 | 118.6 | | | | 31.6 | 27.4 |
| | | ГC | | | | | | | | | | | | 4.1 | 5.2 | 4.9 | 2.6 | | 28.5 | 25.2 | 47.4 | 59.8 | 70.9 | | | | 9.3 | 7.2 |
| | | Rate | | | | | | | | | | | | 7.9 | 9.3 | 8.8 | 5.3 | | 43.2 | 38.9 | 65.5 | 79.8 | 92.5 | | | | 18.1 | 14.9 |
| | Alameda County Dublin Livermore | Total | m | 0 | - | 7 | - | 2 | - | m | 4 | 0 | 4 | 12 | 15 | 15 | 10 | 2 | 27 | 25 | 43 | 23 | 62 | m | 4 | 4 | 12 | 10 |
| | | ncr | | | | | | | | | | | | 13.7 | 16.8 | 10.7 | 10.2 | 8.0 | 88.0 | 96.9 | 100.5 | 140.7 | 161.6 | | | | 27.2 | 44.2 |
| | | ГCГ | | | | | | | | | | | | 4.5 | 9.9 | 3.2 | 3.2 | 2.1 | 48.9 | 56.1 | 59.3 | 91.6 | 109.9 | | | | 8.0 | 18.7 |
| | | Rate | | | | | | | | | | | | 8.2 | 10.9 | 6.1 | 0.9 | 4.3 | 66.3 | 74.5 | 77.9 | 114.2 | 135.8 | | | | 15.6 | 29.5 |
| | | Total | - | m | 2 | m | 2 | 2 | 2 | 2 | - | m | 3 | 14 | 20 | 12 | 13 | 10 | 48 | 55 | 59 | 88 | 106 | 9 | ∞ | 9 | 12 | 23 |
| | | ncr | | | | | | | | | | | | 13.5 | 36.6 | | 22.4 | | 143.4 | 155.9 | 113.9 | 135.1 | 161.7 | 72 | | | | 53 |
| | | ГCГ | | | | | | | | | | | | 7.2 | 21.0 | | 5.8 | | 65.0 | 78.1 | 50.8 | 6.99 | 88.1 | 20 | | | | 15 |
| | | Rate | | | | | | | | | | | | 14.5 | 38.1 | | 12.2 | | 98.6 | 112.1 | 77.7 | 96.7 | 120.8 | 40 | | | | 30 |
| | | Total | 0 | m | - | 2 | - | m | m | 4 | 4 | - | 3 | 10 | 28 | 7 | 10 | 7 | 27 | 35 | 26 | 34 | 45 | 11 | 6 | ∞ | 9 | 11 |
| ble Dis | | ncr | 14.9 | 18.5 | 21.7 | 21.2 | 17.2 | 19.4 | 19.2 | 20.1 | 16.3 | 16.4 | 14.4 | 43.1 | 53.5 | 38.0 | 23.8 | 19.6 | 318.8 | 379.5 | 349.5 | 342.6 | 343.3 | 134.6 | 139.2 | 154.2 | 146.3 | 115.0 |
| B-23: Historical Communicab | | LCL | 10.9 | 14.0 | 16.8 | 16.4 | 12.9 | 14.9 | 14.7 | 15.6 | 12.3 | 12.4 | 10.7 | 32.3 | 41.3 | 27.9 | 16.2 | 12.8 | 299.8 | 358.9 | 330.0 | 323.4 | 324.1 | 122.3 | 126.9 | 141.4 | 133.8 | 104.0 |
| | | Rate | 12.9 | 16.3 | 19.3 | 18.8 | 15.1 | 17.2 | 17.0 | 17.9 | 14.3 | 14.4 | 12.6 | 34.1 | 43.3 | 29.6 | 17.4 | 13.9 | 309.3 | 369.2 | 339.8 | 333.0 | 333.7 | 128.5 | 133.1 | 147.8 | 140.1 | 109.5 |
| | | Total | 158 | 200 | 238 | 234 | 192 | 223 | 224 | 241 | 196 | 199 | 175 | 1,306 | 1,720 | 1,196 | 745 | 622 | 4,086 | 4,977 | 4,665 | 4,607 | 4,641 | 1,697 | 1,794 | 2,029 | 1,938 | 1,523 |
| | | | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 989-1991 | 992-1994 | 995-1997 | 998-2000 | 001-2003 | 1999 | 2000 | 2001 | 2002 | 2003 | 1999 | 2000 | 2001 | 2002 | 2003 |
| Table | | sisoluoteduT | | | | | | | | | | | 201A | | | | | | еірутеідЭ | | | | | Gonorrhea | | | | |

Source: CAPE; TB data from Alameda County TIMS, AIDS data from Alameda County HARS, STD data from Alameda County STD surveillance system. Notes: Totals are for one or three years; rates are annualized. LCL and UCL are lower and upper 95% confidence levels for the rate.

