

ASHLAND/ CHERRYLAND

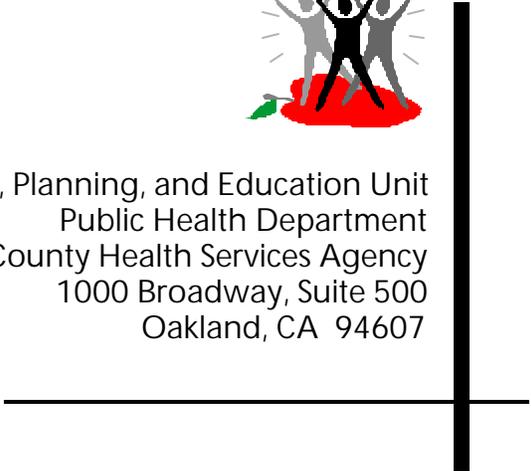
Community Information Book 2001

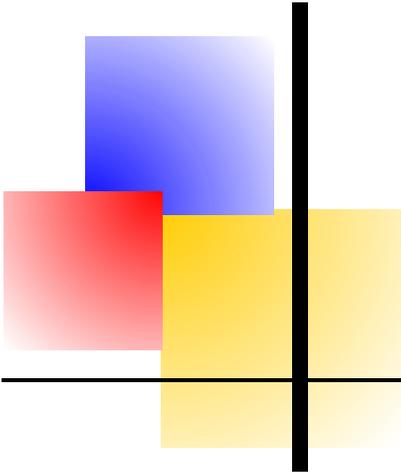


Meek Estate



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ASHLAND/ CHERRYLAND

Community Information Book 2001

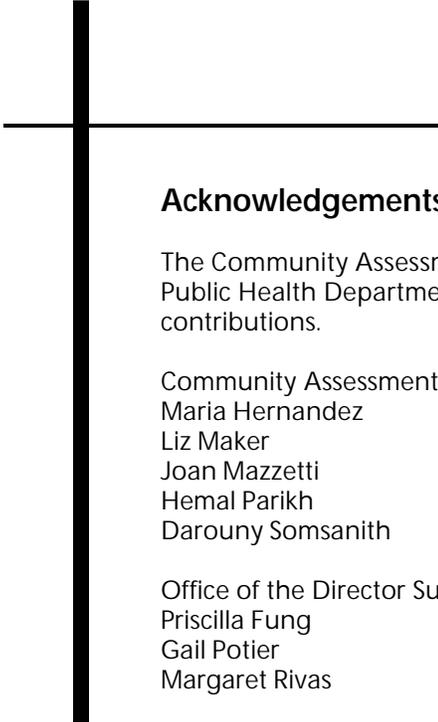
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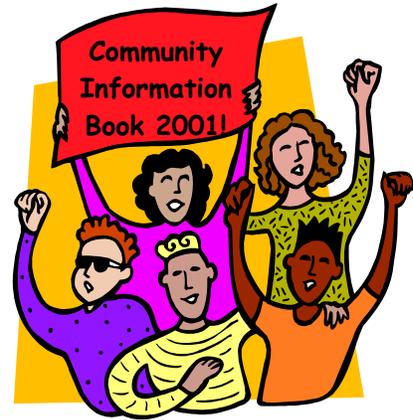
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Introduction

Why a community information book?

The Alameda County Public Health Department is working together with neighborhood residents to build healthier communities. Partnerships are being formed for the Public Health Department to share health information with residents and for residents to share information on the assets and strengths of their communities with the Public Health Department. Information on the community assets, health problems, and community concerns are all important in order to make effective, long-term change and build healthier communities.



This information book is meant to be a useful tool and a way to share Public Health information with the community. As Community Health Teams and residents join together to look at strengths of the community, information on community assets and strengths can be added to this book.

The purpose of the community information book is to:

- describe the geography of the community and those who live in it
- look at the health and social issues that are affecting the community.

Who is this book for?

This book is for community health team members, public health nurses, community outreach workers, anyone who works or lives in the community and wants to find out about the neighborhood and its health issues, or wants to plan programs or activities in the community.

How should Community Health Teams and Community Partners use this book?

Here are some ways that you can use the community information book:

- Orient new staff to the community or reinforce the knowledge of old-timers
- Prioritize and/or plan for programs and activities

- Identify issues that are important to the community
- Write grants
- Use as a starting point for, or in addition to, your own collection of information about the community

We need your help!

Community residents and people working in the community are the experts! Help us improve this community information book by letting us know what you think about it and how we can improve it. Please contact us at:

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Community Maps

Information contained in this community information book covers the Ashland/Cherryland portion of Alameda County Public Health Department's Community Health Team Area in Supervisorial District 4. The map on the next page shows where all the Community Health Team Areas are located.

The census tracts included in this information book are 4337-4340, 4355, and 4356. You can see this area shaded in light green on the map on the last page of this section.



Alameda County Public Health Department Community Health Team Areas

Community Health Team Areas - 1998 Population and Census Tract Definition:

North Oakland
Population: 29,210
Tracts: 4007-4014, 4028

West Oakland
Population: 19,052
Tracts: 4015-4019, 4021-4027

Chinatown/San Antonio
Population: 38,217
Tracts: 4030-4031, 4033, 4054-4060

Fruitvale
Population: 47,725
Tracts: 4061-4063, 4065-4066, 4070-4072

East Oakland
Population: 75,054
Tracts: 4073-4076, 4084-4089, 4091-4097, 4102-4104

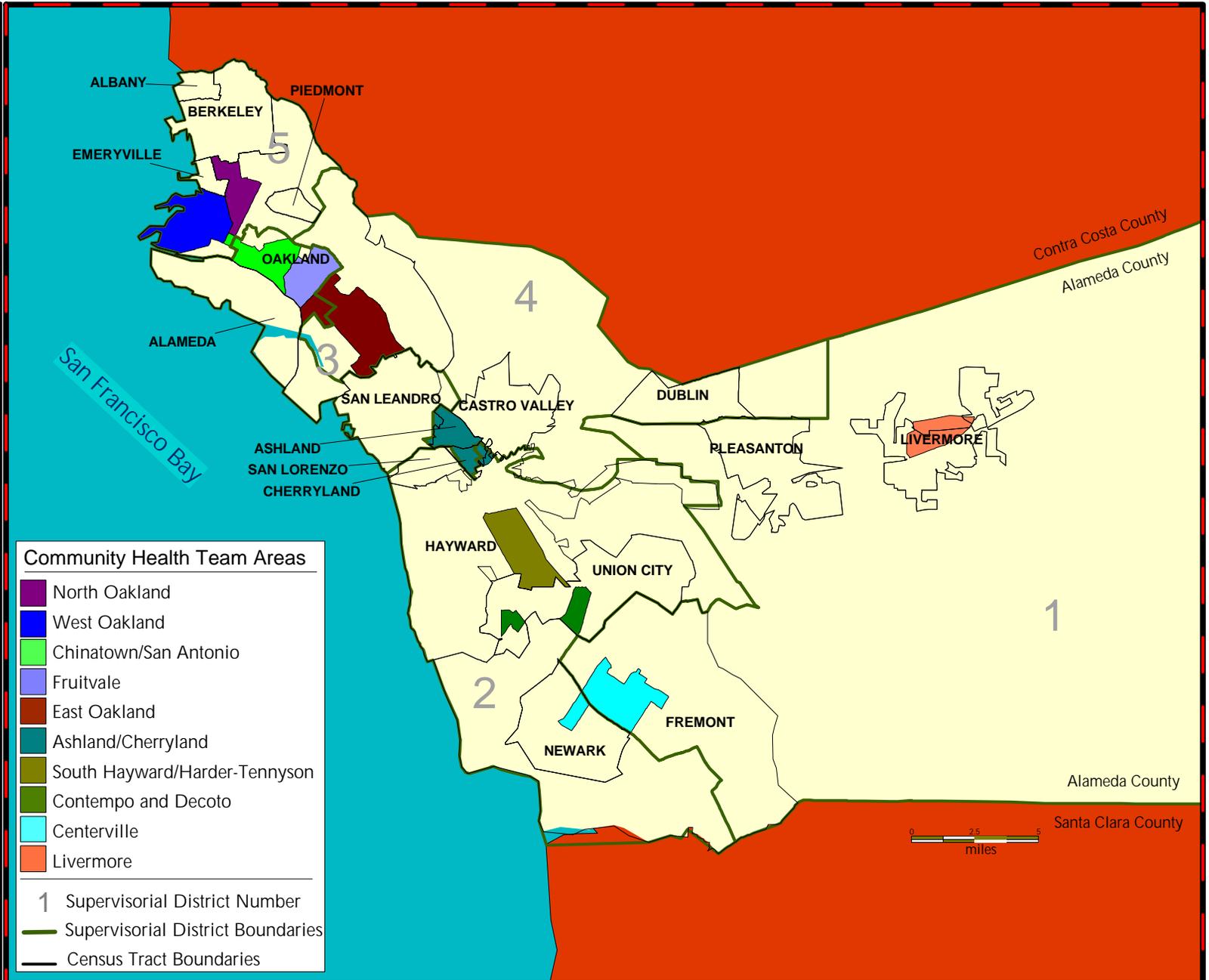
Ashland/Cherryland
Population: 29,593
Tracts: 4337-4340, 4355-4356

S Hayward/Harder-Tennyson
Population: 32,782
Tracts: 4374-4378, 4382.01, 4382.02

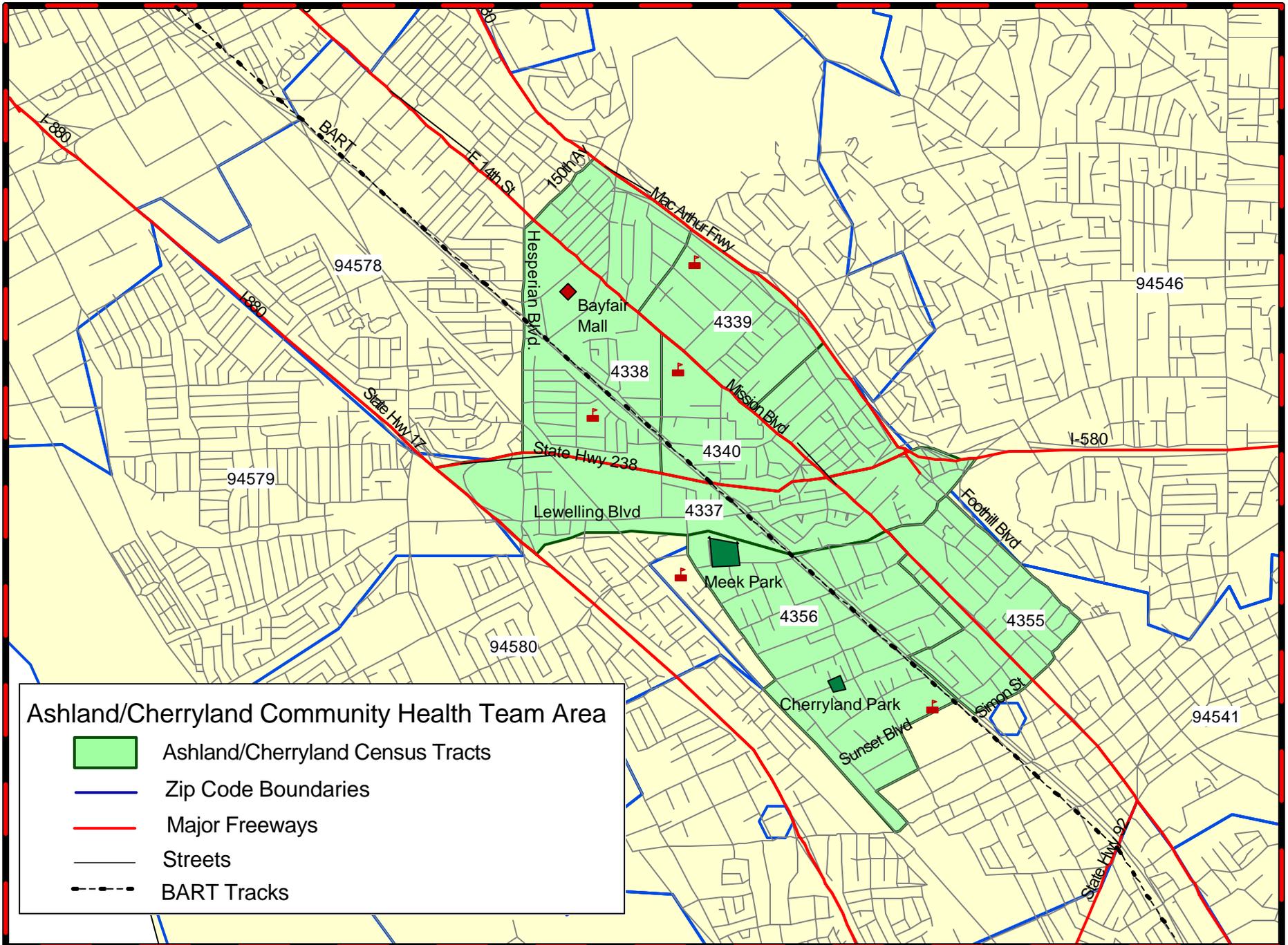
Contempo and Decoto
Population: 20,796
Tracts: 4402, 4403.04, 4403.06, 4403.08

Centerville
Population: 47,439
Tracts: 4417, 4419.02, 4425-4428, 4445

Livermore
Population: 10,676
Tracts: 4514



Ashland/Cherryland Community Health Team Area



Neighborhood History

History of Ashland/Cherryland

.....

The history of Ashland/Cherryland was not available to be included in this Community Information Book. However, the following pages from the San Lorenzo Village Home Association describes the history of nearby San Lorenzo.



*Lorenzo Theater, Opening night, April 1947
Courtesy of the Hayward Area Historical Society*



History of San Lorenzo

[Home](#)

[Street Names](#)

[History of the Association](#)

[Ala. Co. Task Force](#)

A HISTORY OF SAN LORENZO

By Doris Marciel



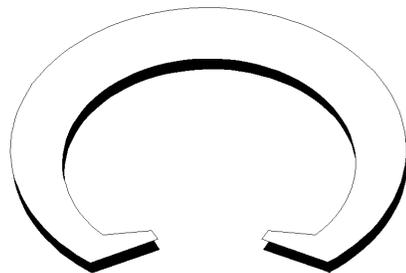
San Lorenzo has figured in every period of California's history. The expeditions of the padres and Spanish soldiers looking for mission sites in 1769 left us with journals of their findings. They saw Indian villages along the creek called El Arroyo San Lorenzo. The name was changed later to San Lorenzo Creek. There was lush vegetation and an abundance of game. Many tracks of elk, deer, coyote, mountain lion, grizzly bear and other game were seen. Wild flowers covered the area and willow, sycamore and oak trees lined the creek. Wild fowl filled the bay lands and marshes. The Indians found the fertile area an excellent location!

The San Lorenzo area that the Spanish soldiers explored and mapped became the grazing lands of Mission San Jose in 1797. Then in 1821 Mexico declared their independence from Spain and took possession of California and the missions. The land was awarded as ranchos to soldiers and politicians. Don Jose Joaquin Estudillo in 1842 received from the Mexican government "Rancho San Leandro". "Rancho San

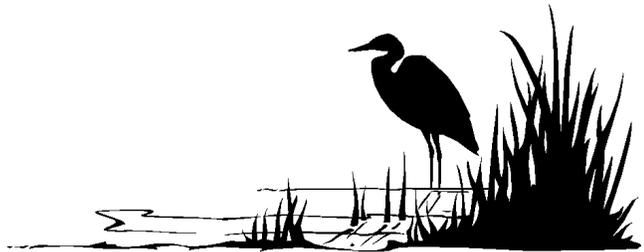
Lorenzo" was granted to Guillermo Castro. It included present day Castro Valley, Hayward and part of San Lorenzo.



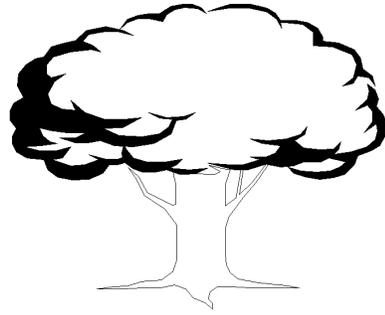
The Gold Rush brought men to California who found more value in the rich farmlands of Alameda County than in the soil of the Sierra. The beauty of the area, the mild climate, and the fertile soil were like magnets and they settled along the San Lorenzo Creek. By 1850 so many squatters were along the creek banks, the community was known as "Squattersville". The Spanish landowners weren't successful in evicting these squatters. So, Estudillo and Soto sold the occupied land to them or found themselves in the American Courts since California became a State in 1850. By 1853, the residents of Squattersville renamed the community San Lorenzo. The name was accepted by the Federal Government on April 4, 1854 with the opening of the San Lorenzo Post Office.



Business began in San Lorenzo in 1853 when John Boyle started his first forge-fire blacksmith shop. After his death, Henry Smyth bought the business. The blacksmith and wheelwright shop made plows and wagons, shoe horses and repaired farm equipment and buggies. William Smith rented the shop later until 1930 when a pipeline was laid along Telegraph or Hesperian Blvd. The old blacksmith shop was condemned by the county, torn down and a pumping station replaced it. Today there is a Second Hand Store on the location by the creek on Hesperian Blvd. Mr Smith bought the blacksmith equipment and established a shop on Adams St. now Albion St. until 1951 when he sold it. Today a printing business is located in the shop.



San Lorenzo had many attractions! First was Robert's Landing at the end of Lewelling Blvd. There was a long wharf and several warehouses. This was the chief link for many years for local farmers to ship grain, fruits and vegetables to San Francisco. It was also a receiving point for Capt. Roberts' lumber business. As an English sailor he settled in San Lorenzo in 1853. He built a home with a large garden and stables on Lewelling Blvd. It still stands just west of the freeway underpass between Hesperian Blvd. and Washington Ave. William Roberts provided the first easy access to San Francisco markets and helped develop San Lorenzo's agricultural economy well before the coming of the first railroad in 1865. He and his family are buried in the San Lorenzo Cemetery.



San Lorenzo's second attraction was the San Lorenzo Grove. This eight acre natural park with oak trees and green fields was purchased in 1895 by the Oakland Traction Co. It contained a dance pavilion, picnic grounds, playing fields, concession area and an outdoor bandstand. Crowds from San Francisco and Oakland arrived on weekends and summer vacations to this beautiful recreation area. A trolley from the junction at East 14th and 150th streets brought the visitors down Telegraph or Hesperian Blvd. to the entrance on 2nd St. or Tracy St. In 1911 it was sold to M.S. Rogers and continued as an amusement park for six years. The trees were aging, so Mr. Rodgers converted it into an apricot orchard. The pavilion lumber was used to build the house on Tracy St. and Main St. or Lewelling Blvd in 1926 for his daughter Mrs. Mary Videll. The orchard was later sold. Today Sharon St. divides the land of houses as an entrance from Lewelling Blvd. The Videll house still stands and the Grove's caretaker house is located by the San Lorenzo Unified School Districts warehouse entrance.

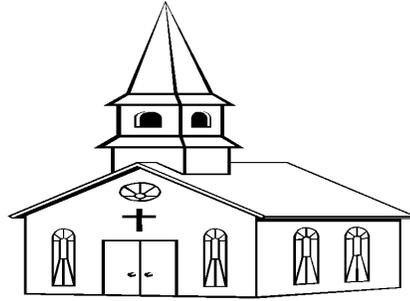
Other attractions that brought visitors to San Lorenzo were two hotels! In 1853 E.T.Crane opened the first hotel and tavern. It was called the San Lorenzo House. Erected at the southwest corner of Hesperian and Lewelling Blvd. intersection where a small restaurant is now located. Later James Frandsen purchased the building and operated the hotel for more than 50 years until the roads were widened. Remember the Embers Restaurant and small hotel? It was built in 1875 on the bank of the San Lorenzo Creek fronting Hesperian Blvd. In the 1800's it was called the Willows Hotel owned by Ezra Livingston. It became the gathering

place for local residents and visitors who vacationed in the country. Later in the 1960's the building was demolished to make way for the freeway.

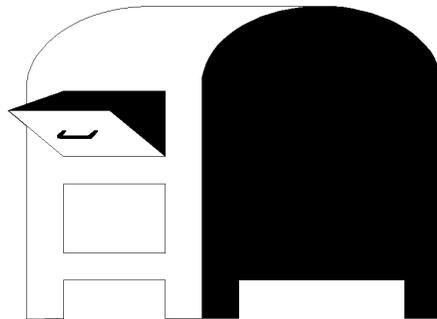
Village Hall, a converted fruit dryer was a meeting place for socials, dances and medicine shows. Located on Lewelling Blvd. and Usher St. it was also used by the San Lorenzo Grammar School. In 1957 it was demolished and today cars from a mechanic shop are parked on the location. A general store, John L. Shiman's was one of the early post offices and also sold every kind of merchandise needed by the residents in the area. It was located by the San Lorenzo Creek on Hesperian Blvd. Later it became Fred's Flower Shop and was demolished when Hesperian Blvd. was widened.



On the corner of Hesperian Blvd. and College St. is a piece of history that was the burial ground for San Lorenzo, San Leandro, Hayward and other areas. The first burial was on April 10, 1853. The land belonged to William Meek and John Lewelling, who formed a cemetery committee on February 27, 1864 to supervise burials and organize plots. As the years passed the cemetery was forgotten and was dedicated on March 24, 1964 as San Lorenzo Memorial Park. Alameda County and the Hayward Area Historical Society currently maintain the property. The Historical Society grants entrance for tours, stone rubbings, pictures and information. Mr. Lewelling, Meek, and other San Lorenzo pioneers are buried in this historical cemetery.



Across the street from the San Lorenzo Pioneer Cemetery, a 120 year old church stands! Dedicated on July 4, 1875, the Christian Union Society Church now the First Southern Baptist Church was built for \$6,000. In 1905, the congregation voted to join the Congregational Church. It closed its doors during the 1930's depression due to a lack of growth and an aging population. World War II brought the Bohannon organization to the orchard and truck farms to build the Village and the church reopened on November 5, 1944. By 1945, the area was so populated that part of the congregation moved to the Quonset type structure on Paseo Grande now called the San Lorenzo Community Church. The little white church continued as the First Southern Baptist Church. In 1967 the parson's house was demolished to make a parking lot when meeting and classrooms were added to the back of the church. Recently a cement foundation, remodeled steps and stain glass windows were added to the church.

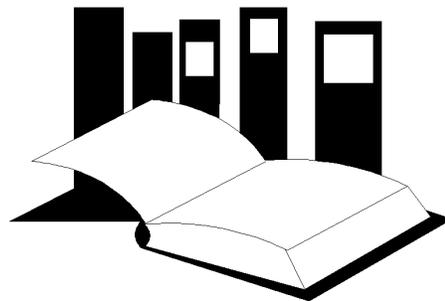


On April 4, 1854, the Federal Government accepted San

Lorenzo as a post office station and Albert E. Crane was the first postmaster. The first post office in Crane's San Lorenzo House Hotel was later moved to Shiman's grocery store. It moved again to a small building on Lewelling Blvd., formerly Rose's barbershop, close to the current Grand Auto. The community population in 1942 was over 1,500. Right in the midst of this peaceful existence, David Bohannon's Greenwood Corporation constructed 1,459 homes and it seemed they were occupied overnight. Residents of the new village lined up for hours every day to receive their mail.

Then on July 1, 1945 the Village residents received carrier service. The Post Office moved to Paseo Grande on Sept. 3, 1946. Since then it has moved several times and is now located on Hesperian Blvd. Through its 141 years of existence the San Lorenzo Post Office has had many changes and the future holds more.

The San Lorenzo Library was the first Alameda County branch to be organized on November 25, 1910. The first library consisted of 2 bookcases with 100 books located in the Village Hall at the corner of Lewelling Blvd. and Usher St. An auto shop parking lot is located there today. The branch was moved around 1926 into a larger old store building on Hesperian Blvd. across from today's Target store.



The average circulation was 16,000 books per year. With the establishment of the San Lorenzo Village, the branch relocated near the current firehouse in 1951. When it

outgrew this new building, in 1968 the current library was opened and the old one purchased and moved near the church on Via Toledo and Hacienda Ave. Today it is the St. Christopher's Community Hall.

Old San Lorenzo was also a wealthy community with its large mansions and ranches. The main town was located at the famous "Four Corners" Telegraph Avenue and Main Street, now called Hesperian Boulevard and Lewelling Boulevard.

The geographical area included the current Washington Manor, Bayfair, Halcyon and Lorenzo Manor sections. Other features included the Trojan Powder Company factory at the Roberts Landing area & the California Packing Corporation Cannery on Hesperian Boulevard (by the Central Pacific Railroad Station where the 238 interchange and a large apartment complex are now located).

Today the only mansions that remain are the McConaghy and Meek Estates, and the Heidi farm house. But the Lewelling, Marlin, Smyth, Hathaway, King and other famous families will always be remembered in pictures, books and articles.

Editors Note: Doris Marciel's great grandfather purchased property and a house in 1875 from Mr. Lewelling. Her grandfather was born in San Lorenzo in 1877, her mother in 1906. She is a 3rd generation San Lorenzo native, still owns the house and property, teaches and writes the history of San Lorenzo.

Demographic & Social Profile

Knowing who lives in the neighborhood is one way to get to know the community in which you live or work. This section describes the social and demographic characteristics of Ashland/Cherryland residents. Demographic characteristics are information about the population, such as race, ethnicity, age, and sex.

The information contained in this section comes from different sources. We have used the most recent data available, including the new 2000 Census data. At this time, only the total population and race/ethnicity information are available through Census 2000. Therefore, we rely on 1999 estimates for other social and demographic information.



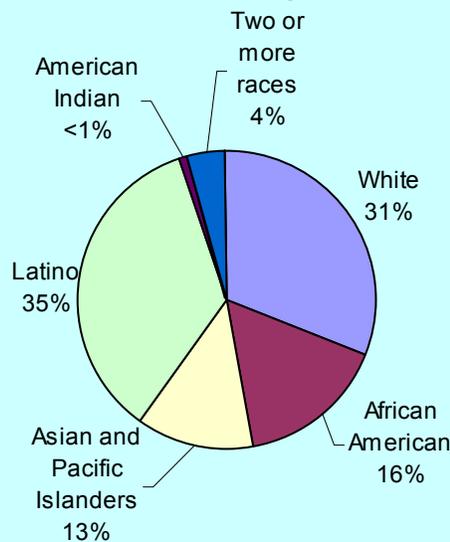
Census 2000

The latest figures from Census 2000 show that 34,084 people live in Ashland/Cherryland, an increase of 24% since 1990. The race and ethnicity information from the Census show that Ashland/Cherryland is home to people of diverse cultures and backgrounds.



- Ashland/Cherryland consists of 35% Latinos, 31% Whites, 16% African Americans, 13% Asian and Pacific Islanders, 4% residents reporting two or more races, and less than 1% American Indians. In Alameda County, the racial and ethnic make-up is 41% Whites, 21% Asian/Pacific Islanders, 19% Latinos, 15% African Americans, 4% residents reporting two or more races, and less than 1% American Indians.
- Of the Asian and Pacific Islanders, approximately 9% are Native Hawaiians and other Pacific Islanders, and 91% are Asians.

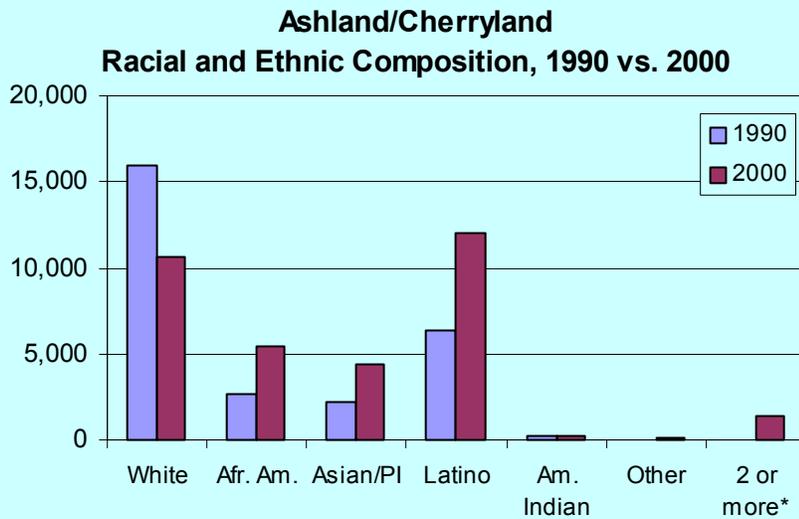
**Ashland/Cherryland
Racial and Ethnic Composition, 2000**



Total Population = 34,084

Source: Census, 2000

- The Ashland/Cherryland African American population nearly doubled, from 1990 to 2000 to 5,385.
- The Asian and Pacific Islander population also experienced an increase in Ashland/Cherryland between 1990 and 2000 of 96% reaching 4,336.
- The Latino population grew by 90% to 12,060.
- The White population experienced a decrease of 33% between 1990 and 2000, to a population of 10,629.



Total Population 1990 = 27,459
Total Population 2000 = 34,084

*Information on multiracial residents was collected for the first time in the 2000 Census. Therefore, 1990 comparison is not available.

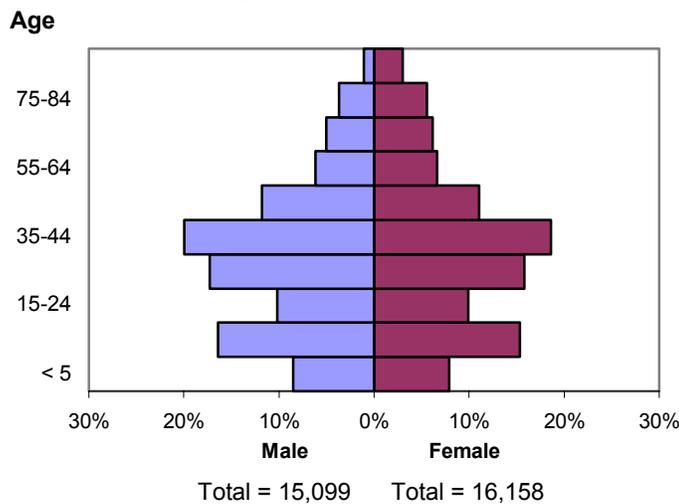
Source: Census, 1990 and 2000.

Population Characteristics

Ashland and Cherryland are intergenerational neighborhoods with men and women of all ages. The 2000 Census data on age and sex is not yet available. The following information is based on 1999 estimates.

- In 1999, Ashland/Cherryland had slightly more women (52%) than men (48%), similar to Alameda County as a whole, that had 51% women and 49% men.
- Children under 14 years of age made up 24% of the community in Ashland and Cherryland, as compared to 21% in Alameda County as a whole.
- Seniors (65 and older) made up 12% of the Ashland and Cherryland population, similar to 11% countywide.

**Ashland/Cherryland Age Distribution
by Sex, 1999**



Source: Claritas, 1999



Households

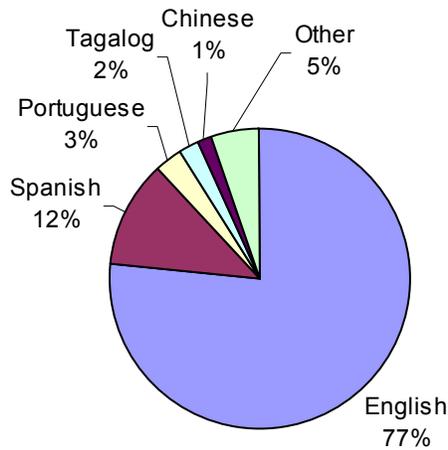
In 1999, there were 12,574 households in the Ashland/Cherryland community, a 13.2% increase over the 11,107 households counted in 1990.

Languages Spoken

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People in Ashland and Cherryland speak many different languages. The most recent data for languages spoken in the neighborhoods is from 1990. While the population in Ashland/Cherryland has changed since 1990, this information provides a sense of the diversity of languages spoken in the neighborhood.

**Ashland/Cherryland Language Spoken at Home,
1990**



Total Population Ages \geq 5 years = 24,880

Source: Census, 1990

- In 1990, 77% of Ashland and Cherryland residents age 5 years and older spoke only English at home.
- About 12% spoke Spanish, 3% spoke Portuguese, 2% spoke Tagalog, 1% spoke Chinese and 5% spoke some other language at home. These included people who can speak English as well as other languages.

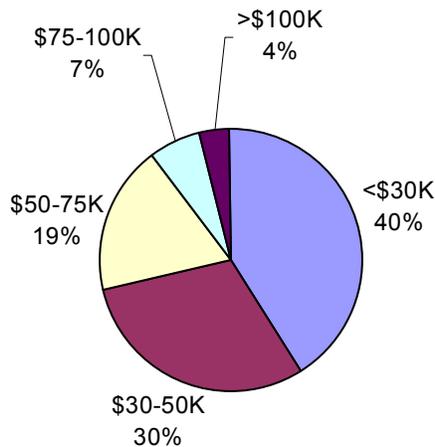


Income

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Income level is often associated with the health status of a community. Higher income is generally associated with better health status and access to health care, while lower income is often associated with poorer health status and less access to health care.

**Ashland/Cherryland Household
Income Distribution, 1999**



Total Number of Households = 12,574

Source: Claritas, 1999

- About 40% of households in Ashland/Cherryland earned an income of less than \$30,000 in 1999, as compared to 28% in Alameda County as a whole.
- In 1997, half of all households in Alameda County earned more than \$46,795 (U.S. Census Bureau). In 1999 in Ashland/Cherryland, half of the households in the richest census tract earned more than \$39,984. Half of the households in the poorest census tract in Ashland/Cherryland earned less than \$26,929 (Claritas).



Poverty

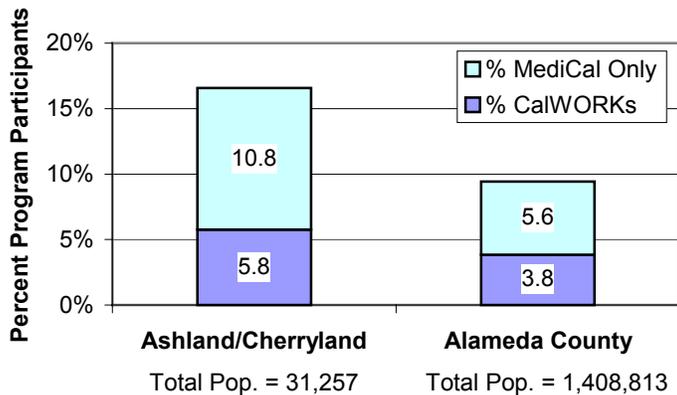
There are different ways to measure the number of people living in poverty. One way is through their participation in government programs that are available to low-income families. This section discusses people's participation in two programs: CalWORKs and Medi-Cal. The percent of people who participate in these two programs helps us estimate the number of people who are living in poverty in Ashland and Cherryland. Because not everyone who is poor participates in these programs, the estimates are conservative.

CalWORKs and Medi-Cal Participation

CalWORKs: California's welfare program is called California Work Opportunity and Responsibility to Kids or CalWORKs. It gives cash aid and services to eligible families with children. It was previously known as AFDC (Aid to Families with Dependent Children) and GAIN (Greater Avenues to Independence). The number of people who participate in CalWORKs is an estimate of the number of children and parents living in poverty.

Medi-Cal provides health insurance coverage to low-income families and individuals who are elderly or disabled. More people are eligible for Medi-Cal than for CalWORKs. The Medi-Cal data presented here represents people who participate only in Medi-Cal. All CalWORKs participants are eligible for Medi-Cal. However, Medi-Cal participants who are also enrolled in CalWORKs are not included here to prevent overlap. Looking at the number of people who participate in Medi-Cal in addition to CalWORKs participation will give us a sense of the number of people living in poverty.

**CalWORKs and MediCal Only Participation
Ashland/Cherryland vs. Alameda County,
12/1999**

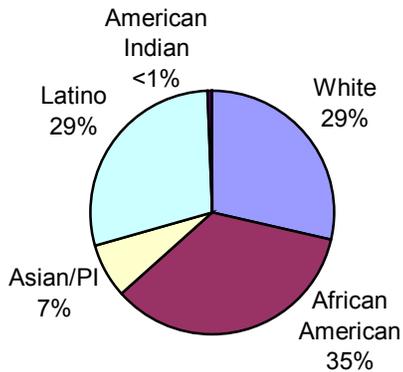


➤ In December 1999, almost 17% of Ashland/Cherryland residents were participating in either CalWORKs or Medi-Cal only. This compares to about 9.4% countywide.

Source: Alameda County Social Services Agency

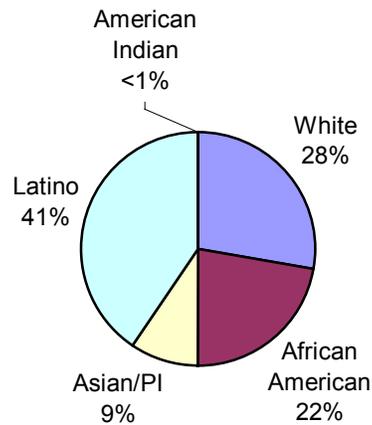
- Almost 15% of children under 18 in Ashland and Cherryland were participating in CalWORKs, as compared to 10.8% countywide.
- CalWORKs participants were 35% African American, 29% White, 29% Latino, 7% Asian/Pacific Islander, and less than 1% American Indian. Among the Asian/Pacific Islanders, participants were primarily Vietnamese, Filipino, Pacific Islander, or Cambodian.
- About 41% of Medi-Cal participants were Latino, 28% White, 22% African American, 9% Asian/Pacific Islander, and less than 1% American Indian. Of the Asian and Pacific Islanders, most were Filipino, Pacific Islander, Vietnamese, or Chinese.

**Ashland/Cherryland
Race/Ethnicity of CalWORKs
Participants, 12/1999**



Total CalWORKs Participants = 1,803 *

**Ashland/Cherryland Race/Ethnicity of
Medi-Cal Only Participants, 12/1999**



Total Medi-Cal Only Participants = 3,376*

*Estimates based on 1999 population

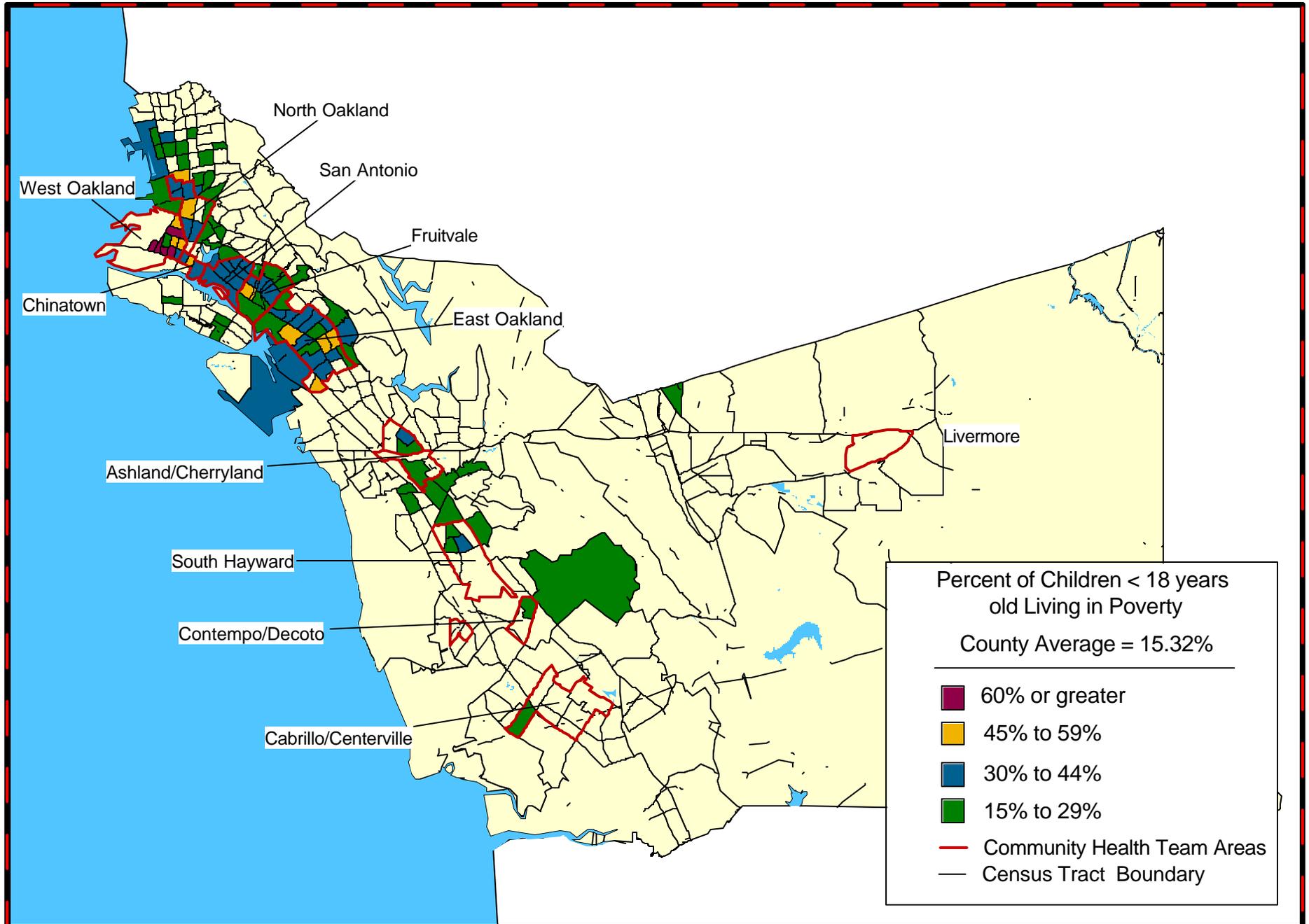
Source: Alameda County Social Services Agency, Claritas 1999

Children Living in Poverty

Another way to look at poverty is through a ceiling (maximum income) established by the federal government. According to this method, people living under a certain income level are considered poor. At this time, only 1990 data is available on poverty by census tract. The map on the following page shows the percent of children living in poverty in 1990. While a lot has changed since 1990, the map gives us a sense of where poor children live.



Percent of Children in Poverty by Census Tract, Alameda County 1990

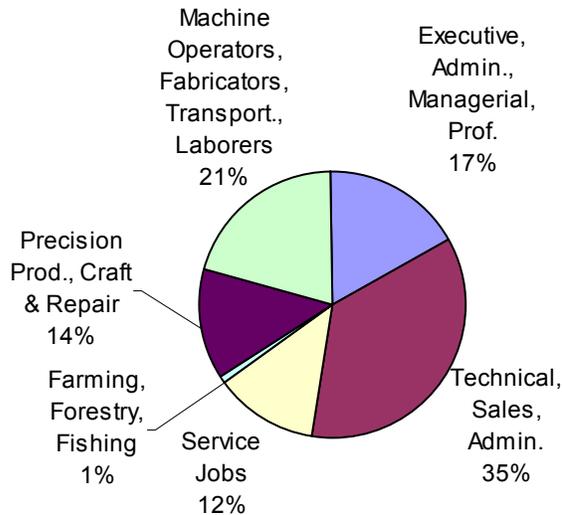


Source of Data: 1990 Census; Produced by: Alameda County Public Health Department CAPE Unit and Information Systems March, 2000

Employment and Occupations

About 13,331 people in Ashland and Cherryland age 16 years and older were employed in 1999 and held a variety of jobs.

Ashland/Cherryland Occupations, 1999



Total Population Ages 16+ years Employed = 13,331

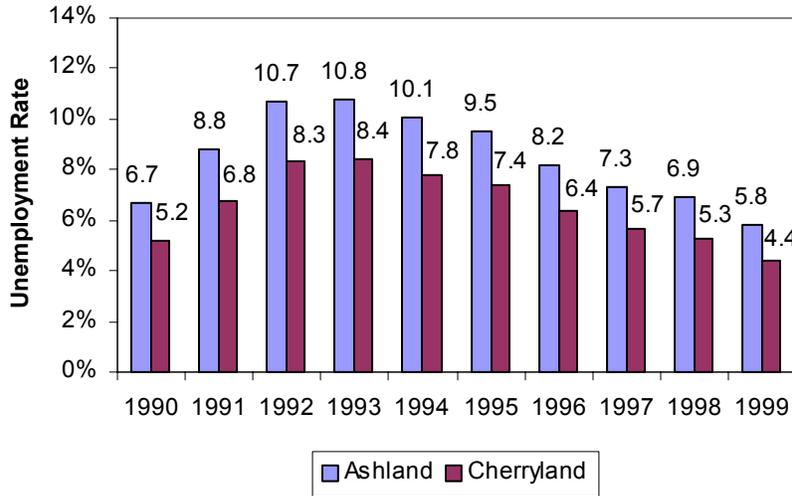
Source: Claritas, 1999

- Approximately 35% of employed Ashland/Cherryland residents worked in technical, sales, and administrative occupations. These included electrical technicians, computer programmers, retail workers, secretaries, and postal clerks.
- Machine operators, fabricators, transportation operators, and laborers made up 21% of the workers in Ashland and Cherryland. These included assemblers, truck drivers, crane and tower operators and construction laborers.

- About 17% were employed in executive, administrative, managerial, and professional occupations. These included executives, engineers, teachers, lawyers, and nurses.
- Employed in precision production, craft, and repair occupations were 14% of Ashland/Cherryland's workers. These included mechanics, skilled construction workers, sheet metal workers, and bakers.
- Firefighters, police, housekeepers, childcare workers, cooks, waiter/waitresses, janitors, and hairdressers are categorized as service jobs and made up 12% of Ashland and Cherryland workers.
- A few (1%) worked in farming, forestry, and fishing occupations.

Neighborhood unemployment rates were not available. However, we can look at unemployment trends for the entire Ashland and Cherryland areas.

**Average Annual Unemployment Rate
Ashland and Cherryland, 1990-1999**



Source: California Dept. of Finance, 2000

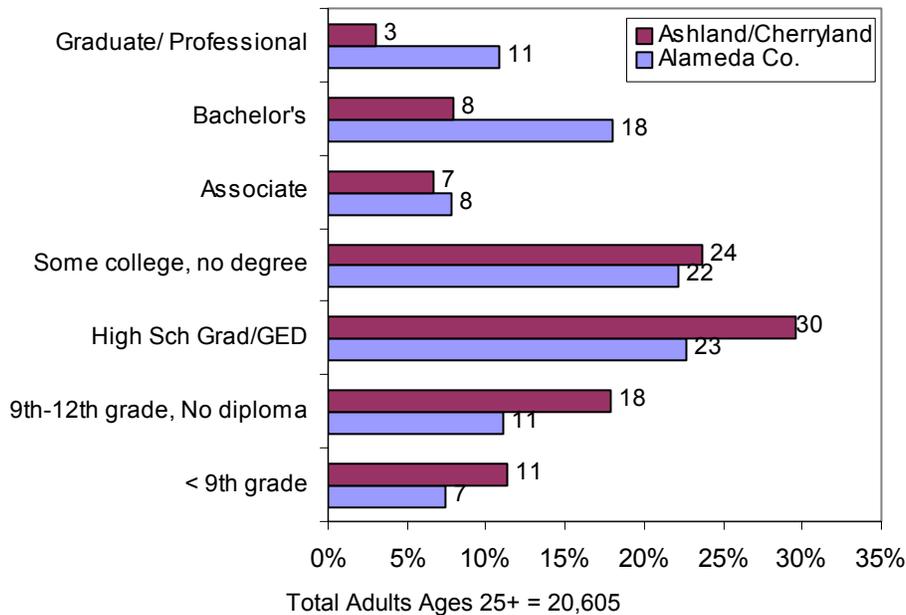
- In 1999, approximately 5.8% of Ashland and 4.4% of Cherryland residents age 16 or older were unemployed and were looking for work. This is compared to 3.4% in Alameda County as a whole.
- Ashland unemployment rates are consistently higher than Cherryland's. However, rates in both areas have declined steadily since 1993.



Education

Education is an important part of neighborhood well-being. People in Ashland and Cherryland had varying levels of education.

Ashland/Cherryland Educational Attainment, 1999



Source: Claritas, 1999

- In Ashland/Cherryland, about 11% of residents aged 25 and older had completed college (bachelor’s degree) or held a graduate/professional degree. For Alameda County as a whole, this figure was 29%.
- About 24% in Ashland and Cherryland had completed some college (but had not graduated) and 7% had completed an associate degree, as compared to 22% who had attended some college and 8% who had completed an associate degree in Alameda County as a whole.
- About 30% of Ashland and Cherryland residents had graduated from high school or passed the General Educational Development (GED) exam. In Alameda County as a whole, 23% had finished high school or held a GED certificate.
- Almost a third (29%) of Ashland and Cherryland residents ages 25 and over did not have a high school degree. This figure was 18% in Alameda County as a whole.



Housing



The Bay Area's housing situation has changed rapidly within the past few years. Up-to-date information on housing in the neighborhoods is not available at this time. However, here is some general information on unincorporated areas of Alameda County.

Unincorporated Areas/Alameda County Housing Estimates, 2000

<i>Area</i>	<i>Number of Housing Units</i>	<i>Vacancy</i>	<i>Average Number of Persons per Household</i>
Unincorporated	49,407	3.8 %	2.8
Total Alameda County	536,495	5.0 %	2.8

Source: California Department of Finance, 2000

- In unincorporated areas of Alameda County, there were about 49,407 housing units in the year 2000. This was about 9.2% of the total housing units in Alameda County.
- Approximately 3.8% of housing units in the unincorporated areas were vacant in 2000.
- On average, there were 2.8 persons per household in the unincorporated areas of Alameda County.



Health Indicators

This section covers health information on 1) maternal and child health, 2) hospitalization and 3) deaths. Each topic includes several indicators. For each indicator, we have used the most recent data available for the neighborhood and made comparisons to Alameda County. Also, whenever possible, we have included comparisons to the Healthy People 2000 objective, age and race breakdowns, and trends.

In presenting neighborhood level information, we faced many limitations due to the small number of cases. Sometimes we were not able to provide breakdowns by age and race, so we present the overall rates only. In some instances, we could not calculate a reliable rate and only provide the number of cases. We also use three-year averages for some indicators to make rates from small numbers more reliable.

What is a Health Indicator?

A measure of health and well-being in a population.

Why Look at Health Indicators?

- To help identify areas of need
- To monitor changes and trends in the health of the community
- To serve as a guide in planning programs

What are Healthy People 2000 Objectives?

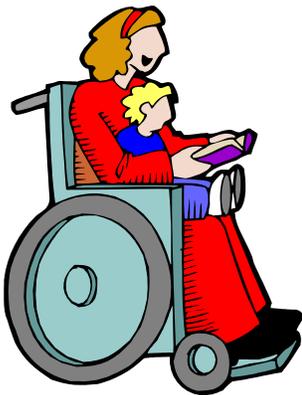
Healthy People 2000 objectives are benchmarks developed by the U.S. Department of Health and Human Services to measure and improve the public's health. Many local, state, and national organizations use these objectives for health planning and action.

Healthy People 2000 objectives are organized into three main goals:

1. Increase the years of healthy life for Americans,
2. Reduce health disparities among Americans, and
3. Achieve access to preventive services for all Americans.

To achieve these goals, Healthy People 2000 has set objectives for specific health indicators.





Maternal and Child Health

.....

Pregnant women and their infants are key members of the community. The health of mothers and their babies is often used as an important measure of the overall health of a community.



Factors associated with healthy mothers and babies include:

- Receiving early quality prenatal care
- Giving birth between ages 19 - 34
- Non-smoking mothers and fathers
- Drug and alcohol-free parents
- Good nutrition

This section discusses indicators traditionally chosen to represent the status of maternal and child health in a community. These include overall births, infant deaths, low birth weight, early entry into prenatal care, teen births, and child abuse/neglect.

Overall Births

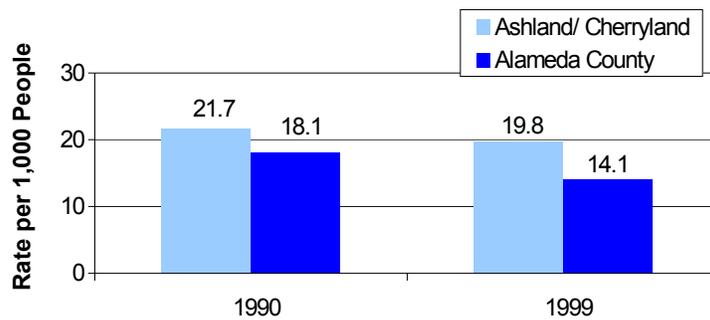
Births contribute to the general growth of the community, and tell us about the future make-up of the community.

Birth Rate:

Number of babies born alive per 1,000 people.



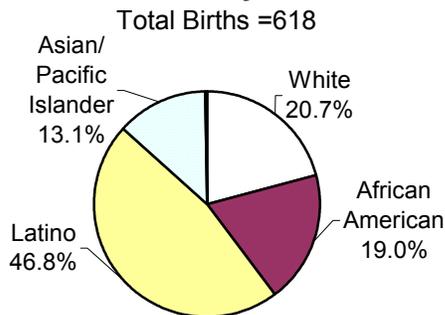
**Birth Rate, 1990 and 1999
Ashland/Cherryland vs. Alameda County**



Source: Birth Files, Alameda County Public Health Department (ACPHD); Claritas 1999 pop estimates

- In 1999, there were 618 live births in Ashland/Cherryland.
- In 1999, Ashland/Cherryland residents were having more babies per 1,000 people (19.8 births per 1,000 people) than in Alameda County as a whole (14.1 per 1,000 people).
- In the last decade, rate of births in Ashland/Cherryland decreased by 9% from 21.7 births per 1,000 people in 1990 to 19.8 per 1,000 in 1999.

Race/ Ethnicity of All Births, Ashland/Cherryland 1999



Source: Birth Files, ACPHD

- In 1999, the greatest number of births in Ashland/Cherryland was to Latinas (47%); 21% were to Whites; 19% were to African Americans; and 13% were to Asian/Pacific Islanders.
- The majority (78.5%) of births were to mothers ages 20 to 34 years, and about same percentage were to teen girls ages 19 or under (10.7%), and women ages 35 and older (10.8%).
- In 1999, about 71% of the mothers had at least a high school diploma, compared to the County rate of 79%.

Infant Deaths

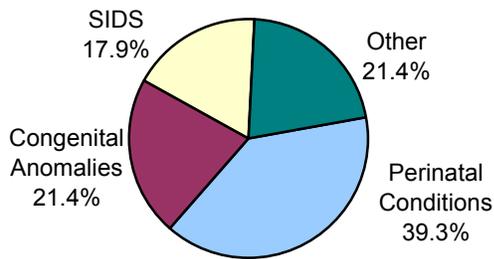
Infant Death:

The death of a baby before the first birthday.

Rate of infant deaths is often used to measure the health status of a community, as it signifies the overall health of mothers and their ability to access health care. It is highly sensitive to changes in the social, physical, and economic environment of the community.

Some infant deaths, such as those caused by congenital anomalies (i.e. problems with formation of the baby before birth), are difficult to prevent. However, many infant deaths can be prevented. Examples include deaths caused by car crashes, abuse, poor nutrition, and accidents at home. Also, inadequate prenatal care, substance abuse and smoking by mother during pregnancy, preterm birth, low birth weight, and complications during pregnancy are closely related with the high risk of infant deaths.

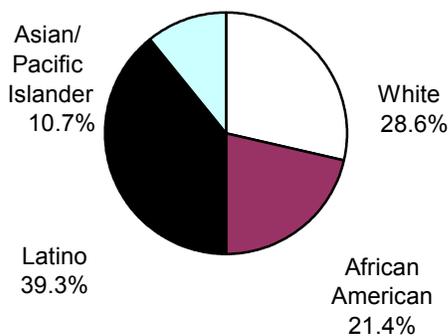
**Causes of Infant Deaths
Ashland/Cherryland 1990-98**
Total Infant Deaths = 28



Source: Death Files. ACPHD

- From 1990 to 1998, there were 28 infant deaths in Ashland/Cherryland.
- Over the last decade, 39% of infant deaths in Ashland/Cherryland were due to problems that develop around the time of birth (perinatal conditions), such as infections in the mother, malnutrition and slow growth of the unborn baby, and birth trauma.
- Congenital anomalies accounted for 21% of the infant deaths. Sudden Infant Death Syndrome (SIDS) accounted for 18%, and 21% were due to other causes.

**Race/Ethnicity of Infant Deaths
Ashland/Cherryland, 1990-98**
Total Infant Deaths = 28



Source: Death Files. ACPHD

- The majority of infant deaths in Ashland/Cherryland were in the Latino community (39%). About 29% of the infant deaths were among Whites, 21% were among African Americans, and 11% were among Asian/Pacific Islanders.

Low Birth Weight

Low Birth Weight Infants:

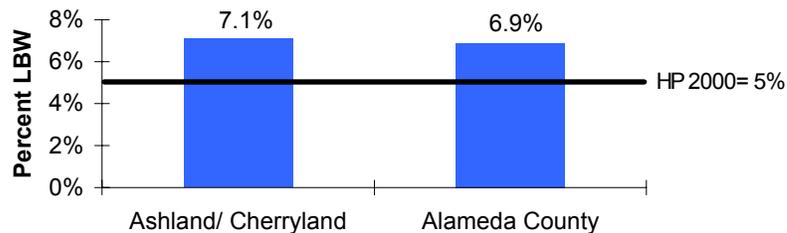
Babies weighing less than 2,500 grams (5 lbs, 8 oz) at birth.

Achieving a healthy weight is crucial for a newborn's survival. Babies born with low birth weight (LBW) have a greater risk of illness and death. Therefore, improvements in infant birth weight can contribute substantially to reducing a baby's risk of illness and death.



- From 1997 to 1999, about 7.1% of the babies born in Ashland/Cherryland were low birth weight, similar to the County rate of 6.9%. There were about 45 low birth weight births in Ashland/Cherryland per year. The National Objective for Year 2000 for percent of babies born low birth weight is 5%.

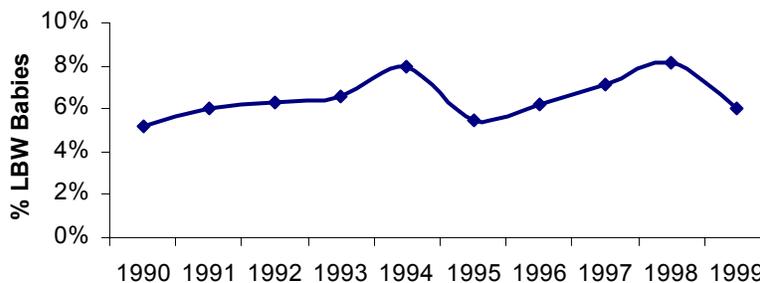
**Percent Low Birth Weight Babies, 1997-99
(3-year Average)**



Source: Birth Files, ACPHD

- In the last decade, percent of babies born weighing less than 2,500 grams in Ashland/Cherryland has not declined.

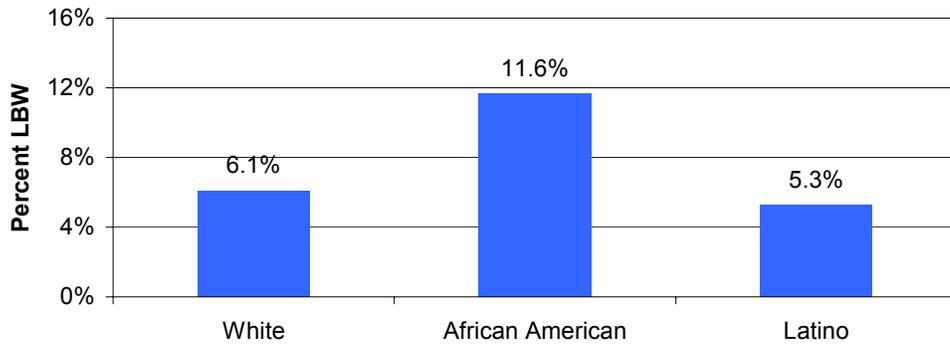
**Percent Low Birth Weight Babies,
Ashland/Cherryland 1990 - 1999**



Source: Birth Files, ACPHD

- African Americans had almost twice the percentage of low birth weight babies than Whites. Latinos had the lowest percentage of low birth weight babies in Ashland/Cherryland.

**Percent Low Birth Weight Babies by Race/Ethnicity,
Ashland/Cherryland 1997-99 (3-year Average)**



Source: Birth Files, ACPHD

Note: Rate for Asian/Pacific Islanders and American Indians are not shown due to small numbers (statistically unreliable)



Early Prenatal Care

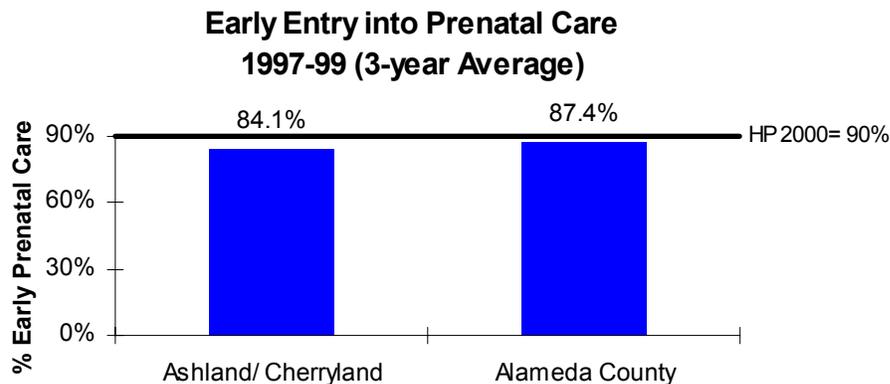
Prenatal Care:
Pregnancy- related health care provided to women during pregnancy.



Pregnant women are encouraged to get prenatal care during the first three months of their pregnancy. Early prenatal care is important in:

- identifying and treating health problems early in the pregnancy to reduce future complications;
- recognizing risk factors in the mother's behavior such as drug and alcohol abuse that put the fetus at risk for poor birth outcomes;
- providing a healthy start for newborns.

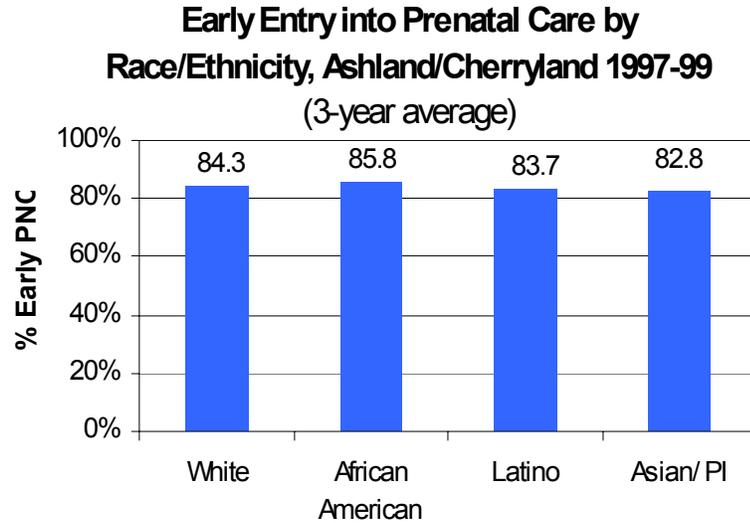
Many factors affect a woman's ability to receive early prenatal care. These include the lack of culturally appropriate pregnancy testing sites, young age of mother, and multiple previous pregnancies. Domestic violence, cultural beliefs, drug abuse, single parenthood, and poverty also can prevent women from receiving timely prenatal care.



Source: Birth Files, ACPHD

- Between 1997 and 1999, most pregnant women (84.1%) in Ashland/Cherryland sought early prenatal care. This compares to the County rate of 87.4% and the National Year 2000 Objective of 90%.

- From 1997 to 1999, approximately 85.8% of pregnant African American women, 84.3% of White, 83.7% of Latino, and 82.8% of Asian and Pacific Islander women in Ashland/Cherryland received prenatal care on time.



Source: Birth Files, ACPHD

Rate for American Indians are not shown due to small numbers (statistically unreliable)



Teen Births

Youth are an important part of the community. They bring to the community many assets, including their energy and creativity. Helping young people grow up to be healthy, caring, and responsible adults is one way to build a healthy community.



The more assets young people have, the more likely they are to be healthy, succeed in school, resist danger, and persevere in difficult times. These assets include support from caring adults, high self-esteem, positive role models, and a positive view of his or her future.

These assets help youth overcome the many challenges including lack of accessible health care, poverty, lack of after-school and community activities, violence and substance abuse.

One of the major challenges teenagers face is unintentionally becoming a parent. Being a teen parent makes it more difficult for teens to achieve their educational goals, get a good job, and become financially independent.

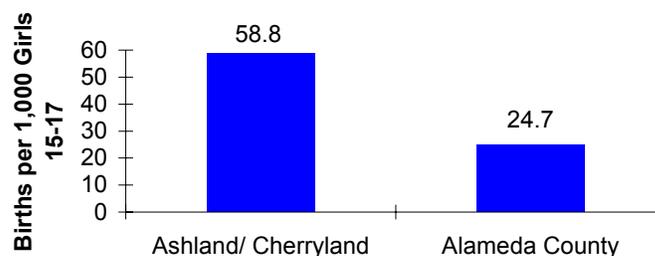
- From 1997 to 1999, there was an average of 30 births per year to girls ages 15-17 in Ashland/Cherryland. The rate was 58.8 per 1,000 girls, more than twice the County rate of 24.7 per 1,000.

Understanding Teen Births

Teen births are the number of babies born to girls ages 15-17.

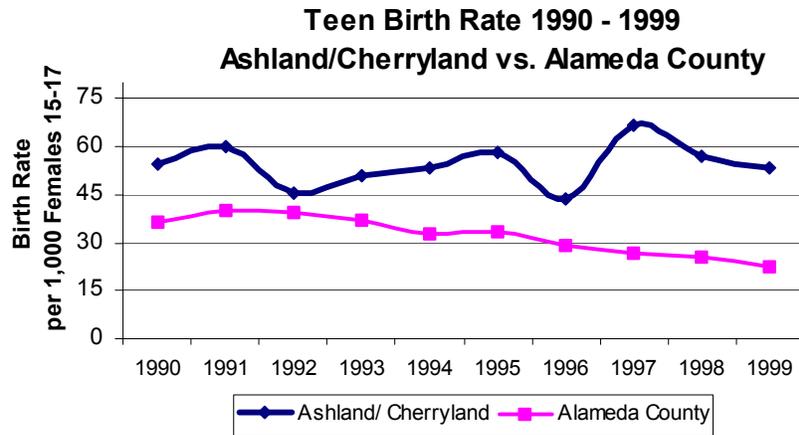
The number of teen births is not the same as the number of teen pregnancies. One study showed that about half (51%) of all teen pregnancies end in birth, 35% in abortion, and 14% in miscarriage (Guttmacher Institute, 1994). Therefore, the number of teen pregnancy may be much higher than teen birth.

**Teen Birth Rate
1997-99 (3-year Average)**

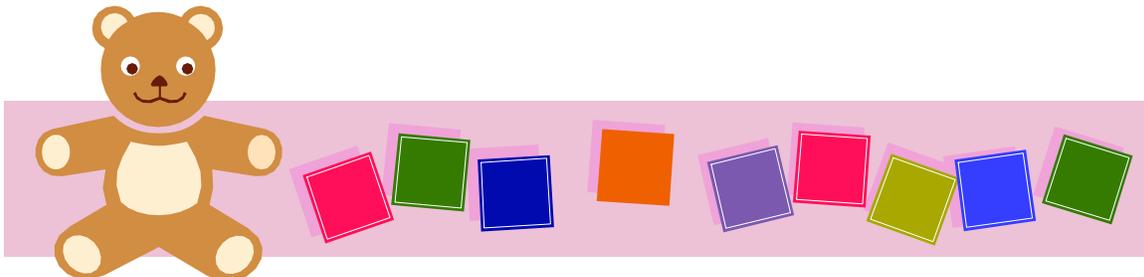


Source: Birth Files, ACPHD; Claritas 1999 estimates

- In the last decade, births to teen girls in Ashland/Cherryland have shifted up and down, yet remains the same at about 53.2 per 1,000 in 1999.



Source: Birth Files, ACPHD; Claritas 1999 estimates



Child Abuse and Neglect

Rate of Child Abuse/Neglect:

Number of abused or neglected children ages 0-17 per 1,000.



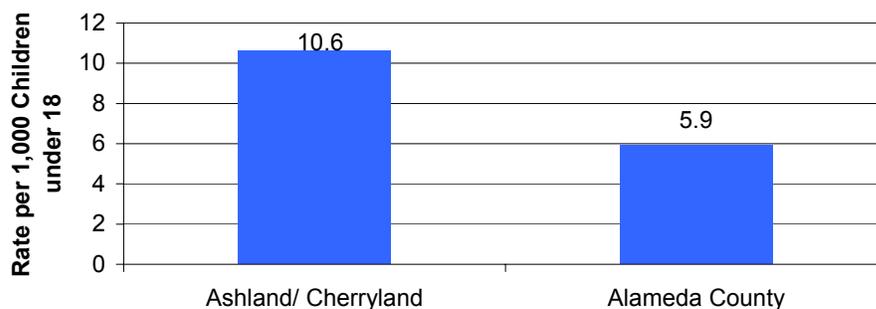
Child abuse and neglect are complex issues that need to be addressed in a multitude of ways. Child abuse consists of any act that endangers or impairs a child's physical or emotional health and development. Child abuse includes physical, emotional, and sexual abuse, as well as physical and emotional neglect.

Child abusers are found among people of all income levels, religious and ethnic groups, and are often ordinary people who are having problems coping with their own stressful life situation.

It is very difficult to measure the actual number of child abuse cases in a community. Data reported here is the number of cases that were investigated and confirmed by the Alameda County Social Services Agency as child abuse. Since many child abuse cases are not reported, this figure may underestimate the actual rate.

- The rate of child abuse cases in Ashland/Cherryland cannot be calculated reliably. However, in Ashland/Cherryland as of December 1999, about 10.6 out of 1,000 children were confirmed as abused or neglected, compared with the County rate of about 6 per 1,000.

**Rate of Child Abuse/Neglect
Ashland/Cherryland vs. Alameda County 12/99**



Source: Social Services Agency, Alameda County

Hospitalization

.....

Information on hospitalization provides important clues to a population's health problems. In this section, leading causes of hospitalization are shown for the zip codes that cover the Ashland/Cherryland Community Health Team area. This is followed by sections on asthma, diabetes and injury hospitalizations.

The Ashland/Cherryland area is covered by three zip codes: 94541, 94578 and 94580. These zip codes extend beyond the Ashland/Cherryland Community Health Team neighborhoods. Therefore the information on hospitalization includes a larger geographic area.

What do the hospitalization data tell us?

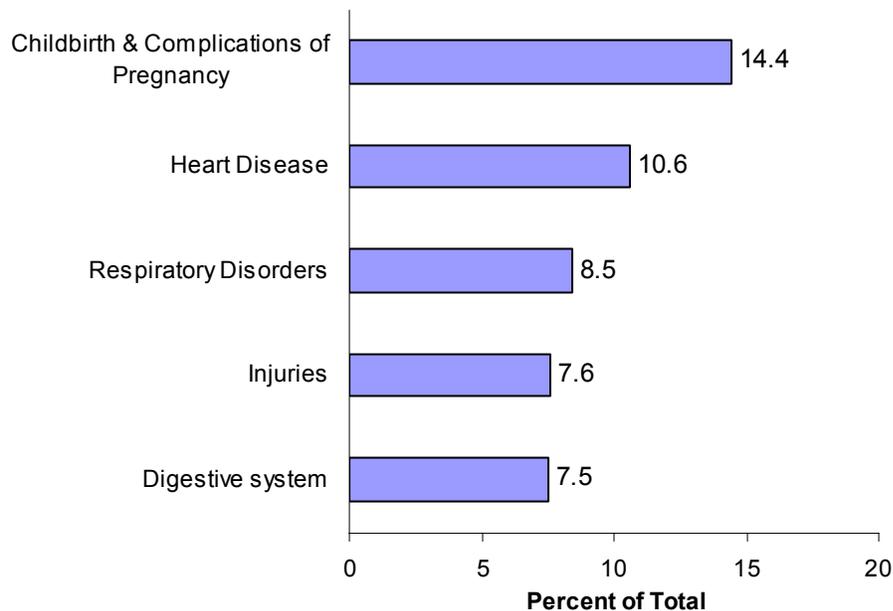
- They tell us about those illnesses or injuries that are serious enough to get people admitted to the hospital.
- They tell us the number of hospital discharges. Thus, a person hospitalized twice is counted twice.
- They give us information at the zip code level, so if a zip code covers a large area, we cannot know if the illnesses are evenly dispersed within that zip code or if they are concentrated in certain areas.
- They do not tell us about the prevalence of a given illness in the population since many who have the illness are not hospitalized for it.



Leading Causes of Hospitalization

- There was an average of 14,301 hospitalizations per year (1996-1998) in the Ashland/Cherryland area.

Leading Causes of Hospitalization, Ashland/Cherryland Zip Code Areas



3-Year average number hospitalizations=14,301

Source: Office of Statewide Health Planning and Development

- *Childbirth and complications of pregnancy* was the leading cause of hospitalization. Many such births are completely normal deliveries or deliveries with routine complications. Others involve more serious complications.*
- *Heart Disease* was the second leading cause, followed by respiratory disorders, injuries and digestive system disorders.

* Common complications include tubal pregnancy, miscarriage, maternal high blood pressure, early labor, late delivery, breech presentation, problems with placenta or umbilical cord, cesarean or previous cesarean, fetal distress, perineal tearing, forceps or vacuum delivery.

- *Heart Disease* commonly includes high blood pressure, heart attack, blood clot in the lungs, irregular heart beat, heart failure and other kinds of heart disease, both acute and chronic.
- *Respiratory Disorders* commonly include upper respiratory infections, bronchitis, pneumonia, and asthma.
- The most common types of *injuries* were fractures, followed by head injuries, other types of wounds, and poisoning.
- *Digestive System* disorders commonly include ulcers, appendicitis, abdominal hernias, gastroenteritis, colitis, chronic liver disease, diseases of the gall bladder and pancreas.
- *Mental disorders*, which are seen among the five leading causes of hospitalization for some race/ethnic groups in the next section, commonly include alcohol and drug dependence and associated psychotic states, schizophrenic disorders, other types of psychotic disorders, depression, and adjustment reaction disorders.

The leading causes of hospitalization vary among different racial/ethnic groups and by community. The table below shows the leading causes of hospitalization for each race/ethnic group. The numbers in parentheses reflect the yearly average number of hospitalizations for a given cause.

Leading Causes of Hospitalization by Race/Ethnicity (3-Year Average, 1996-98), Zip Codes 94541, 94578 & 94580

Rank	Latino	African American	Asian/ Pacific Islander	White	American Indian
1	Childbirth/Comp Preg* (556)	Childbirth/Comp Preg* (319)	Childbirth/Comp Preg* (244)	Heart Disease (1117)	Childbirth/Comp Preg* (9)
2	Digestive system (145)	Mental Disorders (206)	Heart Disease (98)	Respiratory Disorders (771)	**
3	Respiratory Disorders (140)	Respiratory Disorders (135)	Respiratory Disorders (87)	Injuries (722)	**
4	Injuries (135)	Injuries (120)	Digestive system (66)	Digestive system (711)	**
5	Heart Disease (126)	Heart Disease (99)	Injuries (46)	Childbirth/Comp Preg* (692)	**

*Includes complications of both childbirth and pregnancy.

**Fewer than 5 cases.

- Among Latinos, childbirth and complications of pregnancy was the leading cause of hospitalization, followed by digestive system disorders, respiratory disorders, injuries and heart disease.
- Among African Americans, childbirth and complications of pregnancy was the leading cause of hospitalization, followed by mental disorders, respiratory disorders, injuries, and heart disease.
- Among Asian/Pacific Islanders, childbirth and complications of pregnancy was the leading cause of hospitalization, followed by heart disease, respiratory disorders, digestive system disorders, and injuries.
- Among Whites, heart disease was the leading cause of hospitalization, followed by respiratory disorders, injuries, digestive system disorders, and childbirth and complications of pregnancy. Whites were the only group for whom heart disease was the leading cause of hospitalization.
- Among American Indians, childbirth and complications of pregnancy was the leading cause of hospitalization. Other causes are not shown due to the small number of hospitalizations in this group.

Hospitalization for Asthma

Asthma is a serious respiratory condition that affects about 10 million people in the United States. It is more common among children than adults. The level of asthma in the population is thought to be increasing. Environmental factors, including both indoor and outdoor air pollution, may have contributed to this increase. Access to health services is important for proper treatment of asthma.

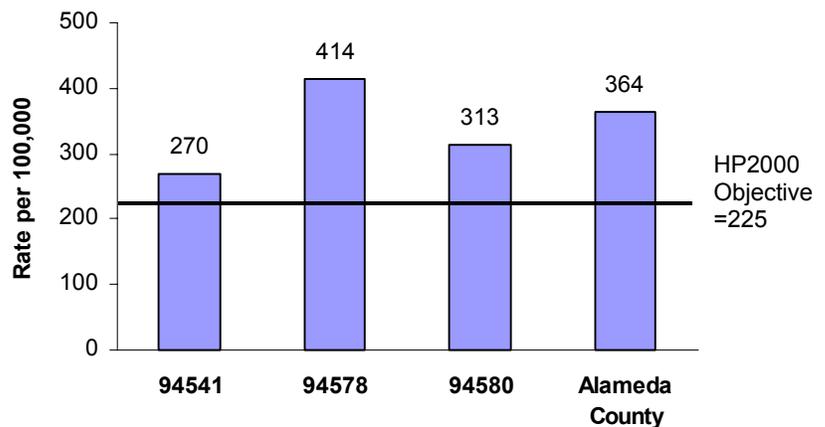
What is an age-adjusted rate?

It is a single, summary number that reflects the rate of hospitalizations across different age groups, but in a way that is comparable to other populations (communities, counties or states) with age groups of different sizes. (See note in section on overall deaths).

- From 1996 to 1998, asthma hospitalization rates were highest among those 14 and under. There was an average of 181 asthma hospitalizations per year in the Ashland/Cherryland zip codes. Among these, 75 (41%) were children 14 and under.

- The age-adjusted rates among children in 94541 and 94580 were lower than the County rate of 364, and the rate in 94578 was higher than the County rate.
- The community rates were above the national Healthy People 2000 objective of 225 per 100,000 children 14 and under.

**Age-Adjusted Rates of Asthma
Hospitalization Children Age 14 and Under
(1996-98 Three-Year Average)**



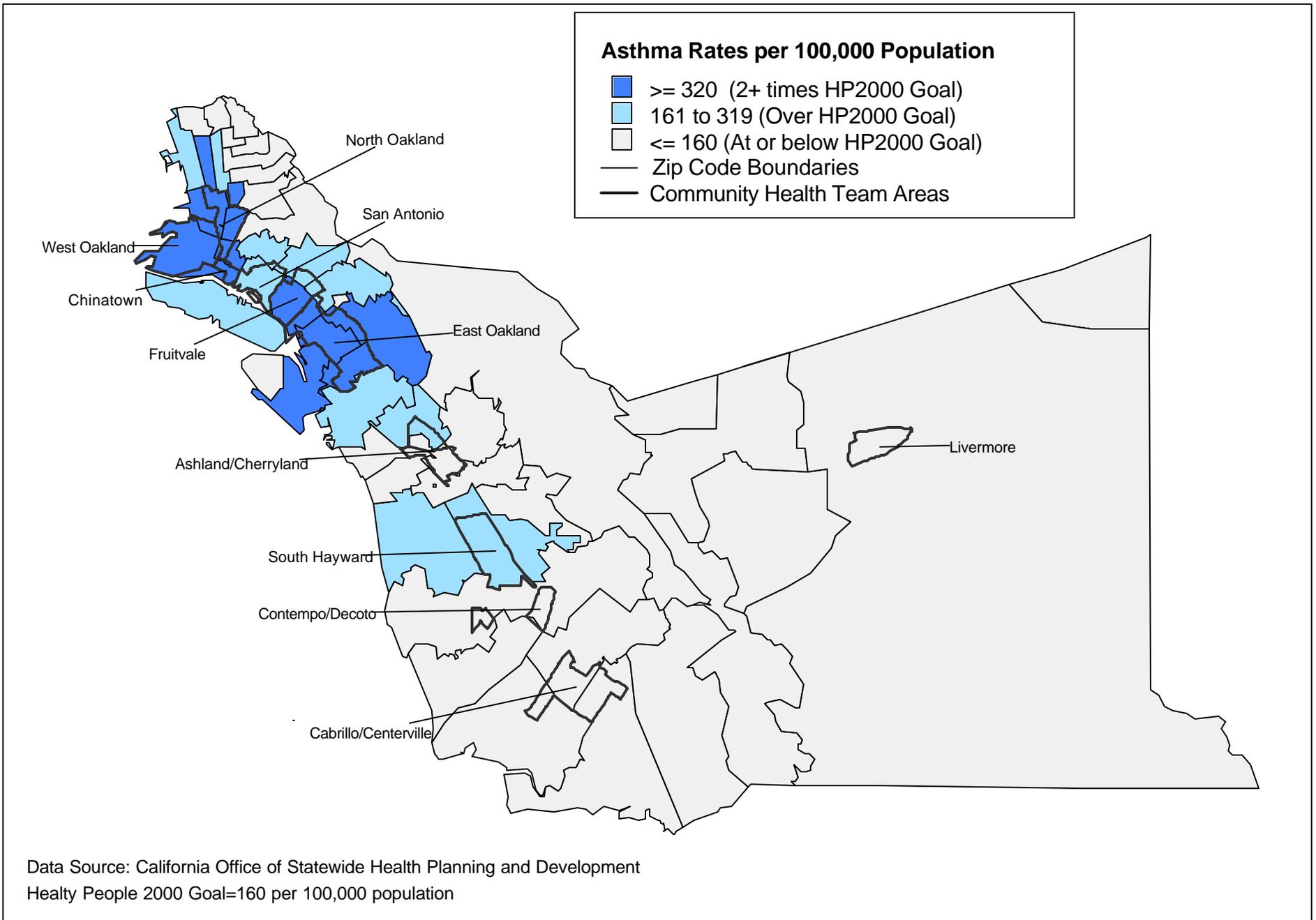
Source: Office of Statewide Health Planning and Development

A map of asthma hospitalization rates for all Alameda County zip codes is shown on the next page. These are age-adjusted rates per 100,000 people and are for the total population.

- The age-adjusted rates for all asthma hospitalizations in the Ashland/Cherryland zip code areas were 155.2, 182.6, and 152.8 per 100,000 population in zip codes 94541, 94578, and 94580, respectively (based on a three-year average number of 83, 60 and 38 hospitalizations per year in the three zip codes, respectively).
- Only one of these rates—182.6 per 100,000 in 94578—was higher than the Healthy People 2000 national objective of 160 asthma hospitalizations per 100,000 population for all ages (note that this objective is slightly lower than that established for children 14 and under).
- For Alameda County the comparable rate was 175.2, not far above the national objective.
- Overall, age-adjusted asthma hospitalization rates in the Ashland/Cherryland area were close to, or below, the county-wide rate.

Higher rates of hospitalization for asthma among children in Ashland/Cherryland may mean that there is more asthma in the population. It may also mean that those who have asthma do not obtain the medical care they need to manage their asthmatic condition. Without proper health care, asthmatics are more likely to have a severe attack that results in admission to the hospital.

Age-Adjusted Asthma Hospitalization Rates in Alameda County, 1996-1998 (3-Year Average)

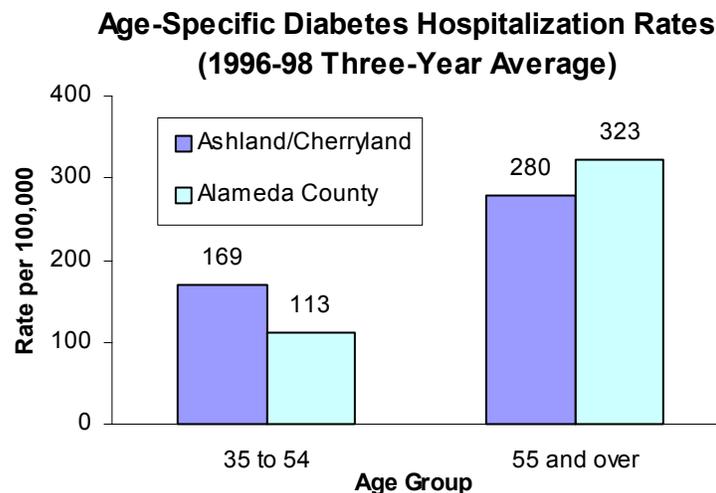


Hospitalization for Diabetes

There are two forms of diabetes, Type I (insulin dependent) and Type II (non-insulin dependent). About 90% of diabetes is Type II. It is estimated that about half of the Type II cases are the result of obesity. Diet, exercise, and weight control, therefore, are thought to be the primary prevention strategy in reducing the burden of Type II diabetes.

What is an age-specific rate?

It is the rate of a disease in a single age group. It is the count of hospitalizations in a given age group divided by the population in that age group and expressed in units of 100,000. Age-specific rates are presented when it is important to show which age groups are most affected by an illness.



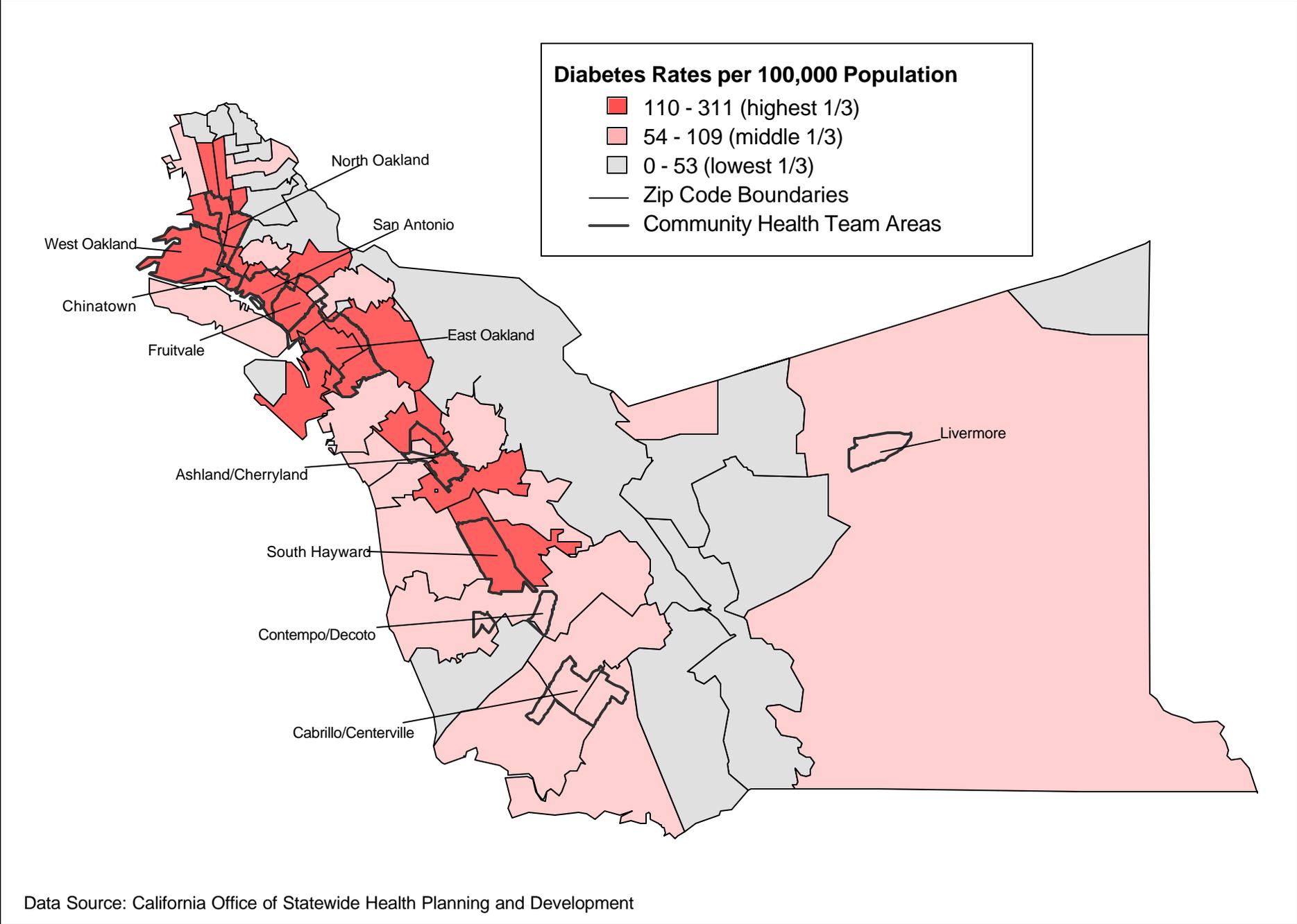
Source: Office of Statewide Health Planning and Development

- Rates of hospitalization for diabetes were highest in the oldest age groups.
- There was an average of 144 diabetes hospitalizations per year in the Ashland/Cherryland zip code areas. Of these, 119 (83%) were among adults age 35 and older.
- Diabetes hospitalization rates among people 35 to 54 in Ashland/Cherryland exceeded those at the county level while rates among people 55 and older were lower than that at the county level.

A map of diabetes hospitalization rates for all Alameda County zip codes is shown on the next page. These are age-adjusted rates per 100,000 people and are for the total population.

- The age-adjusted diabetes hospitalization rates in the Ashland/Cherryland zip code areas were 124 per 100,000 population in 94541, 115 in 94578, and 74 in 94580. (These rates were based on a three-year average of 73, 47, and 24 hospitalizations per year, respectively, in the three zip code areas).
- For Alameda County the comparable rate was 100.4 per 100,000 population, one-third the local rate.
- This countywide diabetes rate was higher than that in the 94580 zip code, and lower than those in the 94578 and 94580 zip codes.

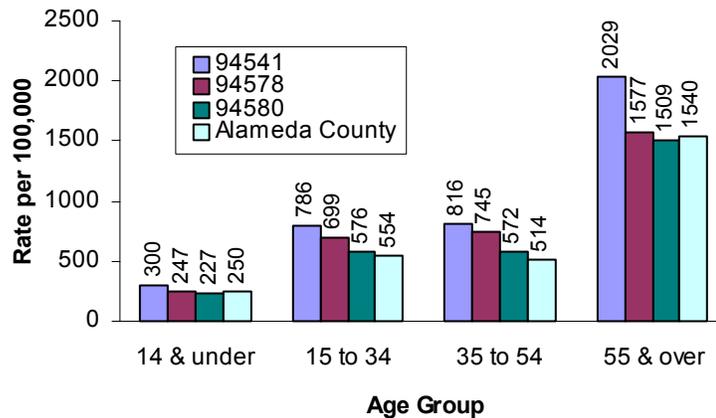
Age-Adjusted Diabetes Hospitalization Rates in Alameda County, 1996-1998 (3-Year Average)



Hospitalization for Injury

Every year there are about 2.5 million injuries in the United States that require hospitalization. Among young people, males are hospitalized more often than females for injury, while among elderly people, females are hospitalized more often than males. The most common types of injuries are fractures, followed by poisonings, open wounds and head injuries.

**Age-Specific Injury Hospitalization Rates
(1996-98 Three-Year Average)**



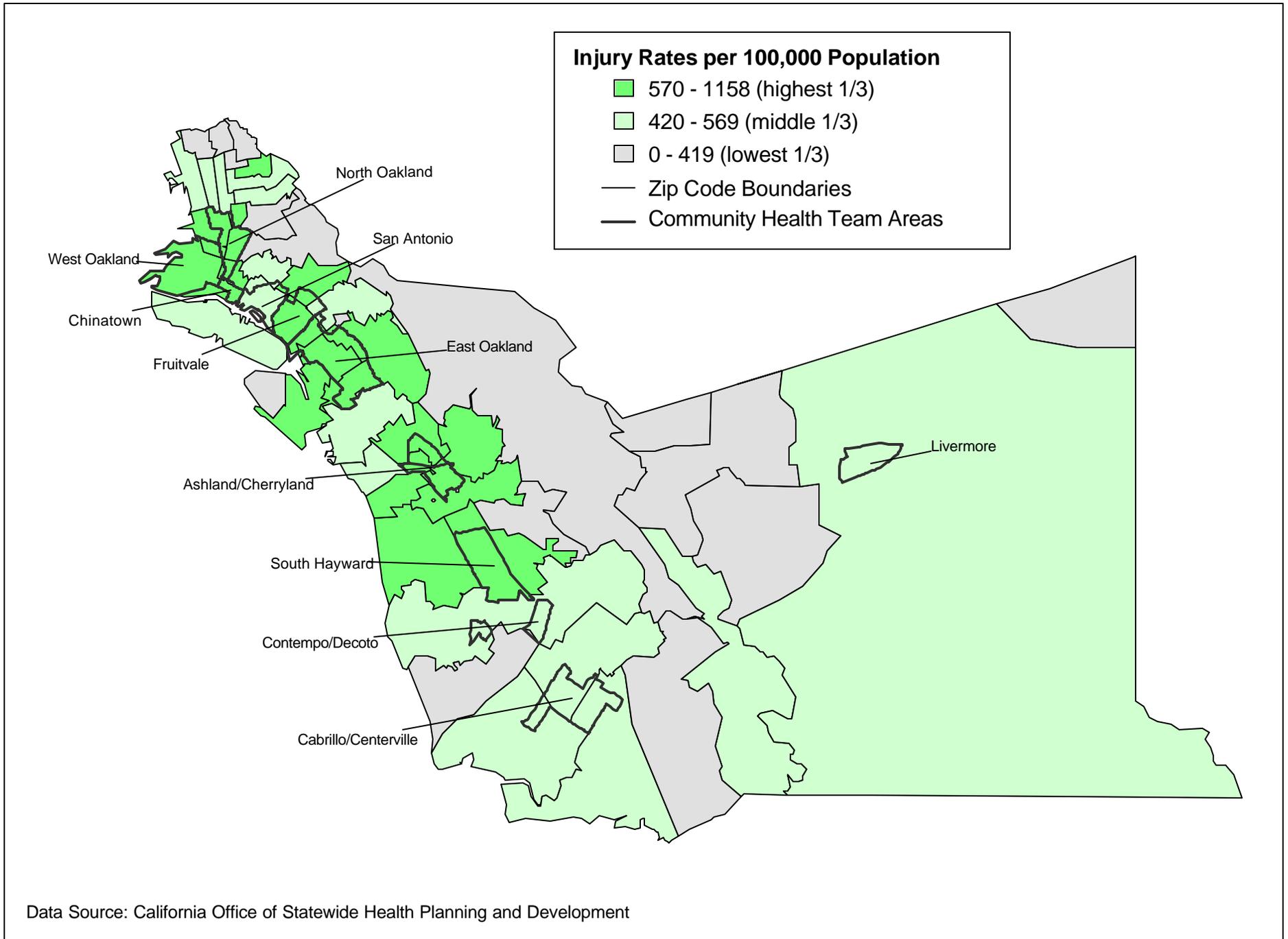
Source: Office of Statewide Health Planning and Development

- An average of 921 injury hospitalizations occurred each year in the Ashland/Cherryland zip code areas.
- The highest rate of injury hospitalization was among those aged 55 and older, most often from fractures or other unintentional injuries.
- The rates of injury hospitalization were highest in the 94541 zip code, the most notable difference being in the oldest age group. In the 15-34 and 35-54 age groups, rates of injury hospitalization in 94541 and 94578 exceeded those in 94580, as well as those in the County as a whole.
- In Ashland/Cherryland, 19% of injury hospitalizations in the 15-34 age group were due to assault (intentional harm); 11% in the 35-54 age group were due to assault, 8% in the 1-4 age group, and less than 1% in the 55 and older age group.
- By comparison, in Alameda County, 22% of injury hospitalizations in the 15-34 age group were due to assault; 15% in the 35-54 age group were due to assault, 6% in the 1-4 age group, and 2% in the 55 and older age group.

A map of injury hospitalization rates for all Alameda County zip codes is shown on the next page. These are age-adjusted rates per 100,000 people and are for the total population.

- The age-adjusted rates of injury hospitalization in the three Ashland/Cherryland zip codes were 766 per 100,000 total population in 94541, 663 in 94578, and 570 in 94580. (These rates were based on a three-year average of 469, 274, and 178 injury hospitalizations per year, respectively).
- For Alameda County the comparable rate was 553.5 per 100,000 population, lower than the Ashland/Cherryland community rates.

Age-Adjusted Injury Hospitalization Rates in Alameda County, 1996-1998 (3-Year Average)



Overall Deaths

.....

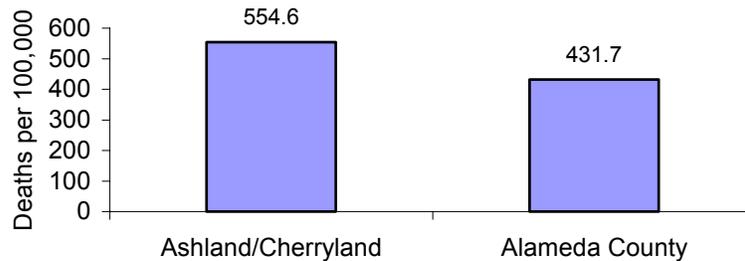
Information on deaths plays an important role in assessing the health status of a community. Data collected from death certificates can provide information about the frequency and the seriousness of disease or injury as it occurs in a community and can guide prevention efforts. In this section, we examine how many people are dying, who is dying and of what causes, and present the overall age-adjusted death rate and the leading causes of death.

Age-Adjusted Death Rate:

An age-adjusted death rate is a measure of the number of deaths in a community that takes into account the age distribution of the population. It is expressed as the number of deaths per 100,000 people. The main purpose for using age-adjusted death rates is to compare the rates from one population to that of another population. For example, one community may have a large population of seniors, while another community may have a lot of young families with children. The community with more seniors is more likely to have a higher number of deaths than the younger community. Therefore, it is difficult to compare these two communities without taking into account the different age make-up of each community. By using this measure, we adjust for the differences in the age make-up of the community so that we can compare across different communities.

- The overall age-adjusted death rate in Ashland/Cherryland for the years 1996-98 was 554.6 deaths per 100,000 residents per year.* This rate was higher than Alameda County's rate of 431.7 deaths per 100,000.

**Overall Age-Adjusted Death Rate
Ashland/Cherryland and Alameda County
1996-98 (3-year Average)**

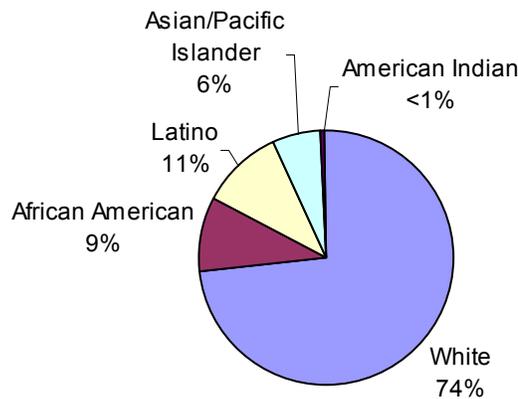


Source: Alameda County Public Health Department Vital Statistics

* Adjusted to 1940 US standard population

- In Ashland/Cherryland, there were 808 deaths between 1996-1998, an average of 269 deaths per year.
- Among those who died, 49% were males and 51% were females.
- Eight percent of all deaths were among 25 to 44 year olds.
- Twenty percent of all deaths were among 45 to 64 year olds.
- Sixty-nine percent of those who died were 65 years of age and older.
- Seventy-four percent of those who died were Whites, 11% were Latinos, 9% were African Americans, 6% were Asian/Pacific Islanders, and less than 1% were American Indians.

Overall Deaths by Race/Ethnicity
Ashland/Cherryland, 1996-98
(Average Annual Deaths=269)



Source: Alameda County Public Health Department Vital Statistics

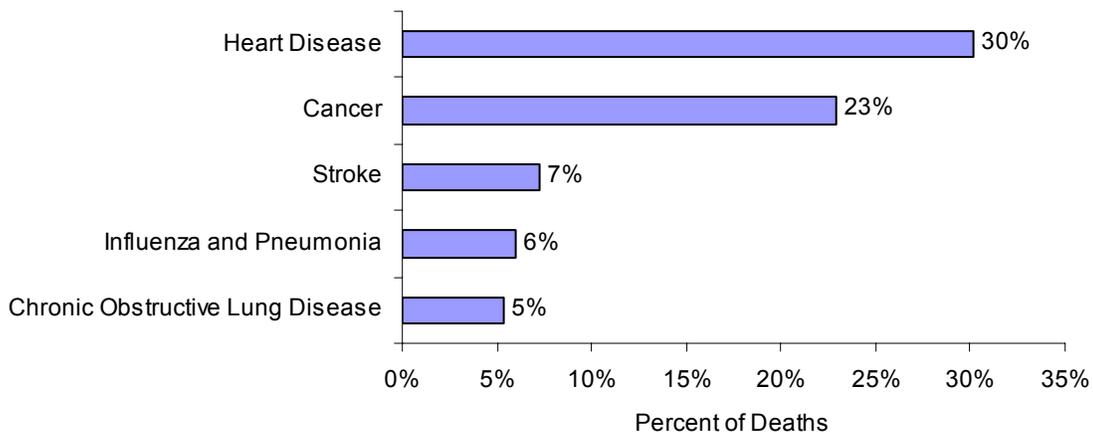
Leading Causes of Death

The five leading causes of death in Ashland/Cherryland were the same as those in Alameda County as a whole.

- The number one cause of death in Ashland/Cherryland during 1996-98 was heart disease, which accounted for 30% of all deaths.
- The second leading cause of death was cancer, which made up 23% of all deaths.
- The two leading causes of death accounted for 53% of all deaths in Ashland/Cherryland during 1996-98.
- Stroke was third, influenza and pneumonia ranked fourth, and chronic obstructive lung disease was fifth in leading causes of death in Ashland/Cherryland.

Leading Causes of Death in Ashland/Cherryland 1996-98

(Total 3-year Deaths=808)



Source: Alameda County Public Health Department Vital Statistics

Leading Causes of Death by Age

- For adults aged 25 to 44 in Ashland/Cherryland, cancer was the leading cause of death and accounted for 20% of all deaths. Unintentional injuries (except motor vehicle accidents) and suicide were the second leading causes of death.
- For adults aged 45 to 64, and seniors aged 65 years and older, heart disease and cancer were the two leading causes of death.

Leading Causes of Death by Sex

- For females, the five leading causes of death were heart disease, cancer, stroke, influenza/pneumonia, and chronic obstructive lung disease. These were the same as in the overall group.
- For males, the top three causes of death were heart disease, cancer, and stroke, which were the same as in the overall group. The fourth and fifth leading causes of death were unintentional injuries (except motor vehicle accidents) and influenza and pneumonia.

Leading Causes of Death by Race/Ethnicity

- Heart disease and cancer were the top two causes of death for all racial/ethnic groups. However, while heart disease was the number one cause of death for Whites, African Americans, and Asian/Pacific Islanders, cancer was the leading cause for Latinos.
- Among Whites, stroke was third, influenza and pneumonia ranked fourth, and chronic obstructive lung disease was fifth in leading causes of death.
- Among Latinos, influenza and pneumonia, and unintentional injuries (except motor vehicle accidents) were the third leading causes of death.
- Among African Americans, stroke was the third and homicide was the fourth leading cause of death.
- Among Asian/Pacific Islanders, stroke was also the third leading cause of death.

Leading Causes of Death by Race/Ethnicity in Ashland/Cherryland, 1996-98

Rank	White	African American	Latino	Asian/Pacific Islander
1	Heart Disease (189)	Heart Disease (19)	Cancer (21)	Heart Disease (15)
2	Cancer (133)	Cancer (17)	Heart Disease (20)	Cancer (13)
3	Stroke (42)	Stroke (7)	Influenza and Pneumonia (5) Unintentional Injuries except Motor Vehicle Accidents (5)	Stroke (6)
4	Influenza and Pneumonia (39)	Homicide (5)	*	*
5	Chronic Obstructive Lung Disease (35)	*	*	*

Note: Ranks for American Indians are not shown due to the small number of deaths.
 The numbers in () are 3-year total number of deaths.
 * Fewer than 5 cases during the 3-year period

Source: Alameda County Public Health Department Vital Statistics

Education

School Profiles

.....

Schools are core institutions in the neighborhood. The table that follows contains information on schools in the San Lorenzo and Hayward Unified School Districts. The information is provided by the California Department of Education and is based on enrollment for the 1999-2000 school year. Terms used in the school profile tables are defined in the box below. Each school in the district is listed in alphabetical order by name.



Grade Span is the range of grade levels attending a given school. 'UG' that appears in some cases stands for 'Ungraded.'

Enrollment is the number of students formally enrolled in the school.

English Learners are those students whose primary language is not English and who are not proficient in a range of English language skills.

Four-Year Drop-out Rate is an estimate of the percent of students who would drop out in a four year period based on the single year dropout rate of 9th through 12th graders. The information is only presented for schools that have grades 9-12 attending. All other schools have '**' in the column.

Pupil/Teacher Ratio is the school enrollment divided by the number of full-time teachers.

Average Class Size is the school enrollment divided by the number of classes.

Free or Reduced Price Meals. This is the number of eligible economically disadvantaged students who are signed up for the program.

CalWORKs is the number of students participating in the California Work Opportunity and Responsibility to Kids welfare reform program.

SAN LORENZO UNIFIED SCHOOL DISTRICT - 1999 -2000 School Year

School	Grade Span	Enrollment	English Learners	4-Year Dropout Rate	Pupil/Teacher Ratio	Avg. Class Size	Free or Reduced Price Meals	CalWORKs (formerly AFDC)
ARROYO HIGH	9 to 12	1752	113 (6.4 %)	1.2 %	21.6	27.3	224 (12.8%)	59 (3.4%)
BAY ELEMENTARY	K to 5	579	102 (17.6 %)	**	17.8	23.0	136 (23.3%)	42 (7.2%)
BOHANNON MIDDLE	6 to 8	905	147 (16.2 %)	**	23.8	28.8	220 (24.4%)	63 (7.0%)
COLONIAL ACRES ELEMENTARY	K to 5	650	238 (36.6 %)	**	19.7	21.7	345 (52.6%)	95 (14.5%)
CORVALLIS ELEMENTARY	K to 5	708	187 (26.4 %)	**	19.7	23.3	246 (34.2%)	95 (13.2%)
DAYTON ELEMENTARY	K to 5	563	147 (26.1 %)	**	20.9	23.1	137 (24.4%)	53 (9.4%)
DEL REY ELEMENTARY	K to 5	628	98 (15.6 %)	**	19.6	21.6	162 (25.7%)	50 (7.9%)
EDENDALE MIDDLE	6 to 8	888	155 (17.5 %)	**	21.8	25.3	426 (47.4%)	139 (15.5%)
GRANT ELEMENTARY	K to 5	369	59 (16.0 %)	**	18.2	19.6	114 (30.0%)	27 (7.1%)
HESPERIAN ELEMENTARY	K to 5	733	246 (33.6 %)	**	18.7	21.1	395 (53.8%)	112 (15.3%)
HILLSIDE ELEMENTARY	K to 5	420	142 (33.8 %)	**	16.8	22.9	233 (54.2%)	77 (17.9%)
INDEPENDENT STUDY	K to 12	0	0 (0.0 %)	**	0.0	0.0	0 (0.0%)	0 (0.0%)
LORENZO MANOR ELEMENTARY	K to 5	645	170 (26.4 %)	**	17.7	23.1	250 (38.9%)	65 (10.1%)
ROYAL SUNSET (CONT.)	7 to 12	220	1 (0.5 %)	32.0 %	13.8	15.6	63 (27.6%)	33 (14.5%)
SAN LORENZO HIGH	9 to 12	1481	173 (11.7 %)	2.3 %	21.0	25.6	364 (24.9%)	154 (10.5%)
WASHINGTON MANOR MIDDLE	6 to 8	761	34 (4.5 %)	**	23.4	27.0	213 (28.7%)	47 (6.3%)
District Total:	K to 12	11,302	2,012 (17.8 %)	4.4 %	19.4	25.4	3,528 (31.2%)	1,111 (9.8%)
County Total:		217,080	44,437 (20.5 %)	9.3 %	20.0	26.3	71,328 (32.6%)	28,075 (12.8%)
State Totals:		5,951,612	1,480,527 (24.9%)	11.1 %	20.9	26.7	2,809,186 (47.3%)	850,379 (14.3%)

Source: California Department of Education, Educational Demographics Unit (<http://www.cde.ca.gov>)

HAYWARD UNIFIED SCHOOL DISTRICT - 1999-2000 School Year

School	Grade Span	Enrollment	English Learners	4-Year Dropout Rate	Pupil/Teacher Ratio	Avg. Class Size	Free or Reduced Price Meals	CalWORKs (formerly AFDC)
BOWMAN ELEMENTARY	K to 6	542	241 (44.5 %)	**	17.7	23.0	335 (58.9%)	77 (13.5%)
BRENKWITZ HIGH (CONT.)	9 to 12	178	31 (17.4 %)	58.8 %	15.2	19.0	63 (32.8%)	18 (9.4%)
BRET HARTE MIDDLE	7 to 8	709	61 (8.6 %)	**	24.6	32.0	197 (26.2%)	56 (7.4%)
BURBANK ELEMENTARY	K to 6	726	410 (56.5 %)	**	20.3	21.9	479 (64.9%)	82 (11.1%)
CHAVEZ (CESAR) MIDDLE	7 to 8	774	239 (30.9 %)	**	24.2	30.0	391 (49.5%)	96 (12.2%)
CHERRYLAND ELEMENTARY	K to 6	793	277 (34.9 %)	**	19.2	23.0	523 (62.7%)	214 (25.7%)
EAST AVENUE ELEMENTARY	K to 6	406	18 (4.4 %)	**	19.8	22.4	72 (16.9%)	12 (2.8%)
EDEN GARDENS ELEMENTARY	K to 6	623	110 (17.7 %)	**	21.3	22.7	211 (32.9%)	71 (11.1%)
ELDRIDGE ELEMENTARY	K to 6	429	113 (26.3 %)	**	17.2	21.2	214 (49.7%)	36 (8.4%)
FAIRVIEW ELEMENTARY	K to 6	429	39 (9.1 %)	**	19.5	24.9	143 (32.1%)	63 (14.2%)
GLASSBROOK ELEMENTARY	K to 3	578	384 (66.4 %)	**	17.8	19.2	460 (78.8%)	103 (17.6%)
HARDER ELEMENTARY	K to 6	743	208 (28.0 %)	**	19.1	23.5	425 (54.4%)	89 (11.4%)
HAYWARD HIGH	9 to 12	1,910	275 (14.4 %)	2.3 %	23.2	25.3	493 (24.9%)	224 (11.3%)
HAYWARD PROJECT ELEM	3 to 6	164	12 (7.3 %)	**	20.5	22.8	90 (49.5%)	10 (5.5%)
HAYWARD UNIFIED ALTERNATIVE ED	K to 12	0	0 (0.0 %)	**	0.0	0.0	0 (0.0%)	0 (0.0%)
HIGHLAND ELEMENTARY	K to 6	466	64 (13.7 %)	**	19.6	23.3	113 (22.7%)	49 (9.9%)
KING (MARTIN LUTHER JR) MIDDLE	7 to 8	675	233 (34.5 %)	**	22.1	28.0	340 (49.7%)	96 (14.0%)
LONGWOOD ELEMENTARY	K to 6	754	358 (47.5 %)	**	18.8	22.9	491 (61.8%)	139 (17.5%)
LORIN A. EDEN ELEMENTARY	K to 6	557	160 (28.7 %)	**	20.7	22.9	252 (42.6%)	80 (13.5%)
MARKHAM ELEMENTARY	K to 6	593	109 (18.4 %)	**	19.7	22.5	305 (49.0%)	115 (18.5%)

HAYWARD UNIFIED SCHOOL DISTRICT - 1999-2000 School Year - Continued

School	Grade Span	Enrollment	English Learners	4-Year Dropout Rate	Pupil/Teacher Ratio	Avg. Class Size	Free or Reduced Price Meals	CalWORKs (formerly AFDC)
MT. EDEN HIGH	9 to 12	2,222	423 (19.0 %)	4.0 %	22.2	25.7	664 (28.5%)	184 (7.9%)
MUIR (JOHN) ELEMENTARY	K to 6	692	331 (47.8 %)	**	19.2	23.0	458 (63.1%)	76 (10.5%)
OCHOA (ANTHONY W.) MIDDLE	7 to 8	615	132 (21.5 %)	**	22.9	27.2	252 (38.4%)	76 (11.6%)
PALMA CEIA ELEMENTARY	K to 6	661	169 (25.6 %)	**	22.0	24.0	342 (48.0%)	78 (11.0%)
PARK ELEMENTARY	K to 6	670	265 (39.6 %)	**	19.9	22.8	333 (49.6%)	58 (8.6%)
RUUS ELEMENTARY	K to 6	836	394 (47.1 %)	**	19.7	23.6	348 (41.3%)	199 (23.6%)
SCHAFFER PARK ELEMENTARY	K to 6	584	185 (31.7 %)	**	20.3	23.3	270 (43.4%)	69 (11.1%)
SHEPHERD ELEMENTARY	K to 3	540	306 (56.7 %)	**	16.6	19.9	418 (75.9%)	95 (17.2%)
SOUTHGATE ELEMENTARY	K to 6	678	129 (19.0 %)	**	19.8	23.4	241 (33.6%)	59 (8.2%)
STROBRIDGE ELEMENTARY	K to 6	537	69 (12.8 %)	**	22.4	24.0	219 (38.3%)	82 (14.3%)
SUNSET HIGH	9 to 12	0	0 (0.0 %)	**	0.0	0.0	0 (0.0%)	0 (0.0%)
TENNYSON HIGH	9 to 12	1,873	551 (29.4 %)	16.9 %	25.9	24.9	807 (40.9%)	248 (12.6%)
TREEVIEW ELEMENTARY	K to 6	570	150 (26.3 %)	**	16.9	20.9	192 (33.0%)	62 (10.7%)
TYRRELL ELEMENTARY	4 to 6	602	334 (55.5 %)	**	25.5	30.8	508 (81.7%)	130 (20.9%)
WINTON MIDDLE	7 to 8	644	239 (37.1 %)	**	24.6	32.6	365 (53.4%)	107 (15.6%)
District Total:	K to 12	23,773	7,019 (29.5 %)	9.0 %	20.7	25.7	11,014 (44.4%)	3,153 (12.7%)
County Total:		217,080	44,437 (20.5 %)	9.3 %	20.0	26.3	71,328 (32.6%)	28,075 (12.8%)
State Totals:		5,951,612	1,480,527 (24.9%)	11.1 %	20.9	26.7	2,809,186 (47.3%)	850,379 (14.3%)

Source: California Department of Education, Educational Demographics Unit (<http://www.cde.ca.gov>)

Government

There are many levels of government, including county, state, and national. Below is a partial listing of elected officials that represent Ashland/Cherryland. For additional information about the officials and how to contact them, please see the following pages.

	Government Districts	Elected Official
Alameda County Board of Supervisors	County Supervisorial District 3 & 4	Alice Lai-Bitker Nate Miley
California State Assembly	State Assembly District 18	Ellen Corbett
California State Senate	State Senate District 10	Liz Figueroa
U.S. Congress	U.S. Congress District 13	Pete Stark
U.S. Senate		Barbara Boxer Dianne Feinstein





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[Alice Lai-Bitker](#)



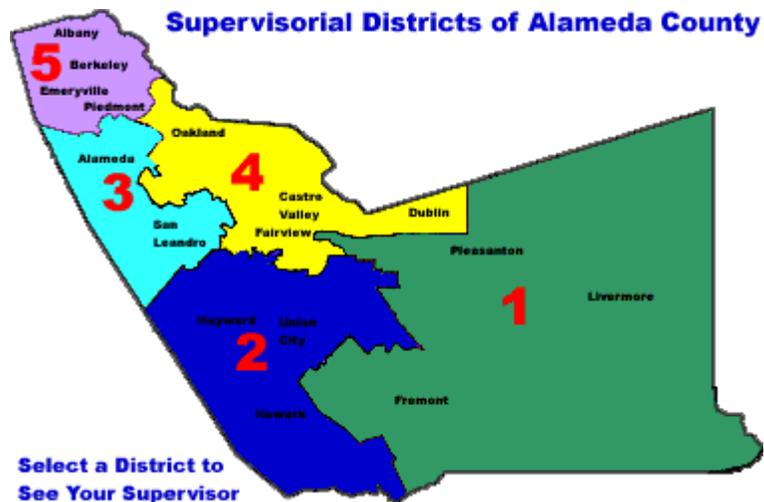
[Nate Miley](#)



[Keith Carson](#)

Alameda County Public Hearings on Redistricting
 Tuesday, July 24, 2001 11:00 a.m.
 Board of Supervisors Chambers
 1221 Oak Street, 5th Floor, Oakland.
[Click Here for More Information](#)

Alameda County is governed by a five-member Board of Supervisors, each of whom is elected on a non partisan basis from a separate district where he/she lives. Within the broad limits established by the State Constitution, State General Law, and the Alameda County Charter, the Board exercises both the legislative and the executive functions of government. The Board of Supervisors is also the governing body for a number of "special districts" within Alameda County.



To make the supervisorial districts equal in population, the boundaries are adjusted every ten years through the process called "redistricting." That process is underway ([click here](#) for more information). Terms of office for the Supervisors are four years. Alternate elections are held every two years for three supervisors and then for two supervisors. The salary of the Board members is fixed by the Board itself. A President of the Board, chosen from the membership of the Board every two years, presides at all meetings of the Board and appoints committees to handle work involving the major programs of the County.

- As defined by the Alameda County Charter, the duties of the Board of Supervisors are as follow
- Appoint most County officers and employees, except elected officials
- Provide for the compensation of all County officials and employees
- Create [officers, boards, and commissions](#) as needed, appointing the members and fixing the terms of office
- Award all contracts for public works
- Adopt an [annual budget](#)
- Provide, publish, and enforce a complete code of rules prescribing the duties and the systems of office and management, accounts, and reports for each County department
- Have an annual audit made of all County accounts, books, and records
- Supervise the operations of departments and exercise executive and administrative authority throughout County government
- Serve as appellate body for employee grievances, planning and zoning

The Board of Supervisors meets at 8:30 a.m. for closed sessions and at 9:30 a.m. for regular calendar on Tuesday mornings at the County Administration Building, 1221 Oak Street, Oakland, in the 5th Floor Board Chambers. All meetings are open to the public, and residents are encouraged to attend. [Click here](#) for specific agenda information, or contact the Clerk, Board of Supervisors, at (510) 272-6347.

Sister Site

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Alameda County Public Hearings on Redistricting
Tuesday, July 24, 2001 11:00 a.m.
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ABOUT ALICE LAI-BITKER



In December 2000, Alice Lai-Bitker was appointed to the Alameda County Board of Supervisors to represent District 3 (Oakland, Alameda and San Leandro).

Alice chairs the Board's Health Committee, serves on the Board's Social Service Committee, and is a member of the Alameda County Interagency Children's Policy Council. In addition, she is a member of the Alameda County Transportation Authority and the Alameda County Economic Development Alliance for Business and also represents the Board of Supervisors on the Bay Conservation and Development Commission, the Tobacco Control Coalition, and the Alameda County Lead Poisoning Prevention Joint Powers Authority. Within District 3, Alice serves as co-chair of the Alameda Collaborative for Children, Youth and Their Families, and on the Executive Committee for the San Leandro Collaborative for Children, Youth and Their Families.

Before her appointment to the Board of Supervisors, Alice had been a staff assistant to Alameda County Supervisor Wilma Chan. After joining the Supervisor's staff in 1995, Alice had been instrumental in shaping the county's policies and programs related to social services and health care, particularly mental health, child welfare, and welfare reform issues.

During her tenure as a county staff member, Alice facilitated an innovative neighborhood approach to help welfare recipients in District 3 achieve self-sufficiency. She also led a concerted effort to expand citizenship services throughout Alameda County at a time when immigrants were faced with losing their benefits. In addition, Alice played a critical role in the effort to expand comprehensive services to senior citizens in Alameda County.

Prior to joining the staff of Supervisor Wilma Chan, Alice had been a social worker at Asian Community Mental Health Services where she provided direct services and therapeutic intervention and treatment. During her ten year career as a social worker and clinical supervisor, Alice became well-versed in mental health policy issues and a strong advocate for these programs. She was a co-founder of the Association of Chinese Families of the Disabled and the East Bay Chinese Alliance for the Mentally Ill.

Alice received her Bachelor's degree in Sociology from Hong Kong Shue Yan College in 1981. She earned a Master's degree in Social Work at San Francisco State University in 1987 and has been a Licensed Clinical Social Worker since 1990.

About Alice Ali-Bitker- Board of Supervisors District 3-Alameda County

Alice came to the United States in 1983 and has lived in Alameda with her family since 1988. Her husband, Steve Bitker, is a sports broadcaster at KCBS radio and her daughters, Mei-Ling and Janelle, attend public schools in Alameda.

For more information, please contact the staff of Supervisor Alice Lai-Bitker at 510.272.6693.

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Alameda County Public Hearings on Redistricting
Tuesday, July 24, 2001 11:00 a.m.
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1221 Oak Street, 5th Floor, Oakland.
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ABOUT NATE MILEY



Nate Miley was elected to the Alameda County Board of Supervisors in November of 2000 and was sworn in on January 8, 2001. He will serve as chair of the Board's Transportation and Planning Committee, and will serve on the Public Protection Committee and the Unincorporated Services Committee.

Nate has been involved in community service his entire adult life. After finishing Law School at the University of Maryland in 1976, he moved to Oakland to work as a Jesuit Volunteer. Nate began his community involvement by taking a position with the Oakland Community Organizations.

In 1986, Nate created the United Seniors of Oakland and Alameda County to advocate for better senior services, such as housing and transportation. As Executive Director of the United Seniors of Oakland, he was responsible for managing the affairs of the organization, training and developing leadership among the elderly, which enabled them to address their specific needs in regards to safety, adequate transportation and other areas of concern. He and the seniors built a viable organization over 10 years of consistent and tenacious efforts.

Nate was elected to the Oakland City Council in 1990. In his role as Councilmember, he was the Chair of the Public Safety Committee. Some of his special projects included violence suppression, harm reduction, problems regarding alcohol outlets and other public health issues. He initiated programs to clean up neighborhood blight, sponsored the lead abatement program, passed the first 100% smoke-free workplace legislation in a city of this size, sponsored legislation to stem redlining in Oakland and encourage local investment in the neighborhoods, supported community-oriented policing with the first local substation and worked to reform public housing.

Nate is also a single father of two children and has lived in Oakland for more than 20 years. He brings with him a commitment and platform to improve transportation, healthcare, public safety, and social service delivery to the diverse constituents of District 4.

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Assemblywoman Ellen M. Corbett

18th Assembly District

[\[email\]](#) **Biography**

District Address

317 Juana Avenue
San Leandro, CA 94577-
4871

Phone: (510) 614-0180

Fax: (510) 614-2038

Ellen Corbett won election to represent the 18th District of the California State Assembly on November 3, 1998 with over 65% of the vote. The 18th Assembly District includes all of Castro Valley, Hayward, San Leandro, San Lorenzo, Union City, portions of Pleasanton, and Sunol. Ellen starts her first term in the Assembly as a member of the Rules Committee.

Capitol Address

P.O. Box 942849
Room 4126
Sacramento, CA 94249-
0001

Phone: (916) 319-2018

Ellen has spent her career working in private business, serving in local government, and participating in community activities. As a San Leandro Mayor and City Councilmember, Ellen served on the San Leandro and San Lorenzo School Liaison Committees and was Co-Chair of the San Leandro Partnership for Youth Safety.

Committees

At the regional level, Ellen was a founding member of Alameda County Economic Development Alliance for Business and served on its Board of Directors. She also served on the Alameda County Waste Management Authority, East Bay Dischargers Authority, Alameda County Congestion Management Authority, East Bay Conversion and Reinvestment Commission and is a past-President of the Alameda County Mayors' Conference.

- [Committee on Revenue and Taxation](#)
- [Committee on Appropriations](#)
 - [Committee on Judiciary](#)
 - [Select Committee on Earthquake Safety and Preparedness](#)
- [Committee on Revenue and Taxation Committee XI](#)
 - [Select Committee on California - Mexico Affairs](#)
 - [Select Committee on Aerospace Industry](#)
 - [Select Committee on Biotechnology](#)

Corbett's work fighting crime, creating a model Disaster Preparedness Plan, building a partnership with local schools, revitalizing downtown, and on other economic development projects has earned her national recognition. Ellen was elected by her fellow mayors from across the United States to serve on the Advisory Board for the U.S. Conference of Mayors. She was also chosen to be a member of the National League of Cities' Public Safety and Crime Prevention Steering Committee.

Prior to being elected to office, Ellen was active in a variety of community organizations, including: City Library Commissioner, Fundraiser and Board Member of San Leandro

- [Committee on Business and Professions](#) Girls, Inc., Board Member of the San Leandro Chamber of Commerce, and Board Member of the California Conservatory Theater.
- [Select Committee on Privacy](#)
- [Select Committee on Gun Violence](#) Ellen Corbett is no stranger to the Capitol. Having interned for former Assemblymen Bill Lockyer and Johan Klehs during college, having staffed former Assemblyman Elihu Harris and having worked her way through law school as a State Capitol Tour Guide, she knows her way around “The Process” and “The Building.”
- [Select Committee on the Highway Patrol](#)

Corbett attended CSU Hayward and received her B.S. in political science from U.C. Davis and earned her law degree from McGeorge School of Law. Ellen lives in San Leandro with her six-year-old son, Ryan, and is a successful attorney with a downtown San Leandro practice.

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Senator Liz Figueroa

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Liz Figueroa D-Fremont Senate District 10

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On these pages, you will find

- Information on all of my bills, including bill text, status, analysis and votes.
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[SB 1607 \(Consumer credit reporting agencies\) -- How to access your credit score](#)

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