

Why Don't Our Rates Match the Others?



We have better population estimates

Rates in this report may differ from those in other reports because previously reported rates may have been calculated using older population estimates or data from another source.

We sought the most up-to-date population estimates for use in this report. In May 2004, the California Department of Finance (DOF) released a series of population estimates and projections for California cities and counties. These new population estimates document the population growth that has occurred since the 2000 US Census. These estimates are now considered the best data to use when calculating 2000-2002 health statistics for California communities.

The "multi-race" category is new

For the first time, the 2000 US Census allowed county residents to record themselves and their family members as belonging to "one or more races." The California DOF 2000-2002 population data also includes this new category for multi-race persons.

In most cases, the multi-race category is not included in the statistics or data tables. This is for a number of reasons that vary by dataset:

- Death dataset. There was a small number of deaths among multi-race persons leading to unstable rates.
- California Health interview survey. Residents choosing the multi-race option were lumped together with 'other' into a general and ill-defined category: 'other single/two or more race groups.'
- Birth (AVSS) dataset. Residents choosing more than one race group were left uncoded and lumped into a general and ill-defined category: 'other/not coded.'
- Hospitalization dataset. There was no multi-race reporting category for the 2000-2002 data.

Some residents who had previously been categorized into a single-race group are now categorized as multi-racial. This may especially affect the statistics for Asian/Pacific Islanders, American Indian/Alaska Natives and African Americans.

Hospitalization rates required extra work

Unlike the California DOF population data, the hospital information does not include the race/ethnic category of two or more race groups.

In order to calculate rates using the hospital data, we had to reallocate all multiracial residents found in the DOF population data. These multiracial residents were moved into the other single race groups.

This reallocation was done in accordance with the DOF guidelines that specify that 54% of multiracial residents in Contra Costa should be reallocated as Asian/Pacific Islander, 25% should be reallocated as American Indian/Alaska Native and 21% should be reallocated as African American. (More information about the DOF guidelines for Contra Costa and other California counties is available online at <http://www.dof.ca.gov/HTML/DEMOGRAP/MultiraceAllctns2000-2050.htm>.)

In this report, the reallocated population totals were used in calculating the rates of hospital treatments for asthma, mental disorders and substance abuse. (See table below.)

For all other health statistics, we used the unmodified race/ethnic population totals from the DOF. (See table ## below.)

Table 72. **Reallocated** mid-year estimates race/ethnicity groups Contra Costa 2000-2002 (3-year total)

	Population Size
White	1,656,936
Hispanic/Latino	549,215
Asian/Pacific Islander	392,148
African American	288,556
American Indian/Alaska Native	34,548
Total:	2,921,403

Table 73. California DOF mid-year estimates for race/ethnic groups and gender
Contra Costa for 2000-2002 (3-year total)

	Men	Women	Population Size
White	805,802	851,134	1,656,936
Hispanic/Latino	281,272	267,943	549,215
Asian	160,949	178,073	339,022
African American	126,981	145,184	272,165
American Indian/ Alaska Native	7,412	7,623	15,035
Native Hawaiian/ Other Pacific Islander	5,270	5,708	10,978
Two or more race groups	38,480	39,572	78,052
Total:	1,426,166	1,495,237	2,921,403

City-level population estimates

Unfortunately, the *California Department of Finance (DOF)* does not provide the mid-year population estimates for cities that are needed to calculate city-level rates.

Based on the DOF city-level population estimates for January 1st 2001 and January 1st 2002, we calculated a 2001 mid-year population estimate for residents in each city. The 2001 mid-year population estimates were then multiplied by three for calculating 2000-2002 rates.

Table 74. Calculated mid-year city-level estimates by gender
Contra Costa 2000-2002 (3-year total)

	Men	Women	Population Size
Antioch	139,336	145,214	284,550
Bay Point	33,577	33,393	66,970
Brentwood	40,448	41,602	82,050
Concord	183,518	188,052	371,569
Martinez	54,326	55,174	109,500
Oakley	39,520	38,705	78,225
Pinole	27,883	30,167	58,050
Pittsburg	86,728	89,822	176,550
Richmond	146,790	155,160	301,950
San Pablo	44,986	46,614	91,601
Walnut Creek	90,924	106,026	196,950
Total:	1,426,166	1,495,237	2,921,403

City-level estimates for men and women

The California DOF does not provide the mid-year population estimates for cities by gender that are needed to calculate city-level rates for men and women.

We assumed that the rate of population growth is the same among men and women, and calculated 2001 mid-year city-level population estimates for male and female residents. These calculations were based on statistics from the 2000 US census and the average rate of population growth in each city between 04/01/2000, the date of the 2000 US Census statistics, and 06/30/2001. The 2001 mid-year population estimates were then multiplied by three for calculating 2000-2002 rates.

City-level estimates by age group

The California DOF does not provide the mid-year population estimates for cities by age group that are needed to calculate age-specific and age-adjusted rates.

We assumed that the rate of population growth is the same in each age group, and calculated 2001 mid-year city-level population estimates for each age group in each city, for all residents, male residents and females residents. These calculations were based on statistics from the 2000 US Census and the average rate of population growth in each city between 04/01/2000, the date of the 2000 US Census statistics, to 06/30/2001. The 2001 mid-year population estimates were then multiplied by three for calculating 2000-2002 rates.

These city-level estimates, by age group and gender, were used for the age-adjusted rates and for the analyses on specific topics such as teen births and asthma hospitalizations among children. These additional denominators are shown in detailed tables with 95% confidence intervals, available online at: http://cchealth.org/health_data/hospital_council/.