Health disparities are health differences that adversely affect socially disadvantaged groups (Braveman et al. 2011). To detect health disparities, we must first measure differences in health outcomes and decide how to group individuals to illuminate social disadvantage. Health disparities in this report are identified by examination of local data (when possible) and comparing outcomes by race/ethnic groups or by poverty level. The health outcomes in this section were calculated from various datasets, some of which can be represented for the city of Richmond, and some which are only available at the County or Bay Area level. These datasets include hospitalization, death, and birth records, as well as other state databases, and self-reported survey data.

An analysis of health outcomes in the City of Richmond illustrate many disparities by race/ethnicity. African Americans experience higher death and hospitalizations due to many causes. The life expectancy of African Americans in Richmond is 9 years shorter than Whites in Richmond. An analysis of Years Life Lost (YLL), a measure of both the rate of death and the prematurity of death, shows that African Americans have the highest YLL for many causes, the top being Heart Disease, Cancer and Homicide. Sexually transmitted diseases and HIV persist at higher rates among African Americans in Richmond. Birth outcomes for Richmond are improving in recent years and are equivalent to Contra Costa outcomes.
Life Expectancy

Life expectancy is significantly higher in Richmond for Asians and Hispanics (85 years), and significantly lower for Blacks (71 years). The trend is the same in the county overall. There is a small but significant difference between life expectancy for all races combined in Contra Costa County (81 years) compared to Richmond (79 years) (Chart 1).

**Chart 1 Life Expectancy by Race Ethnicity, Richmond and Contra Costa**

![Bar Chart of Life Expectancy by Race Ethnicity](chart)

Source: California Death Statistical Master Files, 2009-2011

In examining the lower life expectancy of Blacks in Richmond, we find significantly higher death rates in two age categories: 0-34 years and 35-74 years. Asians have a significantly lower death rate in the age category 0-34 years. (Chart 2Chart 3)

**Chart 2 Death Rate Ages 0-34, Richmond**

![Bar Chart of Death Rate Ages 0-34](chart)

Source: California Death Statistical Master Files, 2008-2012

**Chart 3 Death Rate Ages 35-74, Richmond**

![Bar Chart of Death Rate Ages 35-74](chart)

Source: California Death Statistical Master Files, 2008-2012
Cancer and heart disease have the highest death rates compared to other causes in Richmond and Contra Costa County. Richmond has significantly higher rates of cancer, heart disease, and diabetes deaths than Contra Costa County. Richmond also has a slightly higher rate of deaths due to unintentional injury than the county as a whole. The largest difference between Richmond and the county is in deaths due to homicide, where the rate for Richmond is more than three times higher than that of the county. (Chart 4)

**Chart 4** Cause Specific Death Rates (per 100k), Richmond and Contra Costa

<table>
<thead>
<tr>
<th>Cause</th>
<th>Richmond</th>
<th>Contra Costa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>14.6</td>
<td>16.9</td>
</tr>
<tr>
<td>Cancer</td>
<td>19.4</td>
<td>19.4</td>
</tr>
<tr>
<td>Stroke</td>
<td>4.8</td>
<td>4.3</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>4.1</td>
<td>3.9</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>3.4</td>
<td>2.7</td>
</tr>
<tr>
<td>Diabetes</td>
<td>3.2</td>
<td>2.6</td>
</tr>
<tr>
<td>Homicide</td>
<td>0.8</td>
<td>2.6</td>
</tr>
<tr>
<td>Alzheimers</td>
<td>2.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Hypertensive Disease</td>
<td>2.4</td>
<td>1.2</td>
</tr>
<tr>
<td>Influenza</td>
<td>1.6</td>
<td>1.3</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>1.3</td>
<td>1</td>
</tr>
<tr>
<td>Suicide</td>
<td>1</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Source: California Death Statistical Master Files, 2008-2012

**Years Life Lost**

Years life lost (YLL) is a measure of the rate and prematurity of death. It is calculated by comparing the age at death for an individual to an expected life expectancy. This analysis allows us to prioritize deaths among the youngest populations. Years life lost are highest for cancer, homicide, and heart disease for both males and females in Richmond. Blacks have higher YLL than other race due to every cause of death except chronic lower respiratory deaths and suicide. Black males in Richmond have particularly high YLL due to homicide. (Chart 5Chart 6)
CHART 5 AGE STANDARDIZED YEARS LIFE LOST FOR MALES IN RICHMOND BY RACE

Source: California Death Statistical Master Files, 2008-2012
Chart 6: Age Standardized Years Life Lost for Females in Richmond by Race

Source: California Death Statistical Master Files, 2008-2012
Cancer Incidence

Cancer incidence rates are highest among black males compared to any other group. Cancer incidence was not available for Richmond, so an analysis of cancer incidence in Contra Costa was carried out by race/ethnicity and gender. Black males in Contra Costa experienced the highest rate due to any cancer. White females experienced the highest rate due to any cancer.

CHART 7 AGE ADJUSTED RATES OF ALL CANCERS BY SEX AND RACE/ETHNICITY, CONTRA COSTA COUNTY

Source: California Cancer Registry, 2011

The rate of colorectal cancer was highest among black males. Black males experience a rate 1.8 times higher than White Males in Contra Costa. There was no detectable difference in colorectal cancer rates among women in Contra Costa (Chart 8).

CHART 8 AGE ADJUSTED RATES OF COLORECTAL CANCERS BY SEX AND RACE/ETHNICITY, CONTRA COSTA COUNTY

Source: California Cancer Registry, 2011
The rate of lung cancer was highest among black males. Black males experience a rate 1.4 times higher than White Males in Contra Costa. Black and White females experience higher lung cancer rates than Hispanic and Asian women in Contra Costa (Chart 9).

![Chart 9](chart9.png)

**Chart 9. Age Adjusted Rates of Lung Cancers by Sex and Race/Ethnicity, Contra Costa County**

Source: California Cancer Registry, 2011

The rate of prostate cancer was highest among black males. Black males experience a rate 1.5 times higher than White and Hispanic Males in Contra Costa. Prostate cancer rates were the lowest in Asian males in Contra Costa (Chart 10).

![Chart 10](chart10.png)

**Chart 10. Age-Adjusted Rates of Prostate Cancer for males by Race/Ethnicity, Contra Costa County**

Source: California Cancer Registry, 2011
The rate of breast cancer was highest among white and black females. Hispanic and Asian women experience lower breast cancer rates in Contra Costa (Chart 11).

**Chart 11 Age Adjusted Rates of Breast Cancers for Females by Race/Ethnicity, Contra Costa County**

Source: California Cancer Registry, 2011

**Cancer death rates in Richmond for all races are significantly higher than in Contra Costa County.** The cancer death rate for Blacks in Richmond is significantly higher than for Asians, Hispanics and Whites in Richmond. The cancer death rate for Whites in Richmond is significantly higher than for Asians and Hispanics in Richmond (Chart 12).

**Chart 12 Age Adjusted Cancer Death Rates for Contra Costa and by Race/Ethnicity for Richmond**

Source: California Death Statistical Master Files, 2008-2012
**Diabetes**

The diabetes death rate for all races in Richmond is significantly higher than in Contra Costa County as a whole. The diabetes death rate for Blacks in Richmond is significantly higher than for Whites and all races in Richmond (Chart 13).

**CHART 13 AGE ADJUSTED DIABETES DEATH RATES FOR CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND**

![Bar chart showing age-adjusted diabetes death rates per 100,000 for different groups in Richmond and Contra Costa County.](chart)

Source: California Death Statistical Master Files, 2008-2012

An estimated 8.6% of Contra Costa adults reported ever being diagnosed with diabetes (Types 1 & 2) in 2011-12; similar to Bay Area adults overall (7.0%). Close to three-quarters (79.2%) of those reporting “ever diagnosed” in 2011-12 reported that the diagnosis was for Type II diabetes.

**Lower income adults in the Bay Area are more likely to report ever being diagnosed with diabetes.**

Estimates indicate that a greater percentage of adults from households with income less than 200% FPL (10.6%) reported “ever diagnosed” with diabetes compared to those from households with incomes of 200% FPL and above (7.0%) in the Bay Area in 2011-12. (Chart 14)

**CHART 14 PERCENT OF ADULTS REPORT "EVER DIAGNOSED" WITH DIABETES, BAY AREA**

![Bar chart showing percentage of adults reporting ever diagnosed with diabetes by income level in the Bay Area.](chart)

Source: 2011-12 California Health Interview Survey

---

1 California Health Interview Survey (CHIS) respondents were asked: (Other than during pregnancy, had/Has) a doctor ever told you that you have diabetes or sugar diabetes?

2 Respondents who reported they have been told by a doctor that they have diabetes (excluding while pregnant) were asked, "Were you told you have Type 1 or Type 2 diabetes?"

3 Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.
Reported diabetes diagnosis varies by race/ethnicity in the Bay Area. Estimates indicated greater percentages of NH Black/African American (10.9%) and Hispanic/Latino (10.8%) adults reported “ever diagnosed” with diabetes compared to NH white (5.5%) and NH Asian (5.5%) adults in the Bay Area in 2011-12.\(^4\) (Chart 15)

**Chart 15 Percent of Adults Report “Ever Diagnosed” with Diabetes, Bay Area**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH Black/African American</td>
<td>10.9%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>10.8%</td>
</tr>
<tr>
<td>NH White</td>
<td>5.5%</td>
</tr>
<tr>
<td>NH Asian</td>
<td>5.5%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

Source: 2011-12 California Health Interview Survey

An estimated 10.0% of Contra Costa adults reported ever being diagnosed with “pre-diabetes or borderline diabetes” in 2011-12\(^5\); similar to the Bay Area (9.7%). Approximately one-third (35.0%) of Contra Costa adults who reported “ever diagnosed” with “pre-diabetes or borderline diabetes” also reported “ever diagnosed” with diabetes (presumably subsequent to the “pre-diabetes” diagnosis).

No differences were detected in estimates of the percent of adults who reported “ever diagnosed” with “pre-diabetes or borderline diabetes” by poverty level in Contra Costa, the Bay Area or California. Differences were not detected by race/ethnicity at the regional or state level either.\(^6\)

**Overweight & obesity**\(^7\)

**Adults**

Estimates of overweight or obesity among Contra Costa adults were as follows for 2011-12: 39.4%(overweight) and 24.0%(obese); similar to Bay Area adults: 34.4% (overweight) and 20.1% (obese).

Percent overweight versus obesity varies by race/ethnicity among Bay Area adults.\(^8\) Estimates indicate that greater percentages of Hispanic/Latino, NH white, NH Asian, and Bay Area adults overall were

---

\(^4\) Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

\(^5\) CHIS respondents were asked: "(Other than during pregnancy, has/Has) a doctor ever told you that you have pre-diabetes or borderline diabetes?"

\(^6\) Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

\(^7\) California Health Interview Survey respondents were asked to report height and weight. Body Mass Index (BMI) is calculated by dividing WEIGHT (in kg) by HEIGHT SQUARED (in meters). BMI cut points used to define weight status categories: 18.49 (Underweight); 18.5-24.99 (Normal); 25.0-29.99 (Overweight); and 30.0 or higher (Obese).

\(^8\) Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.
overweight versus obese; these differences were not detected among NH Black/African American adults. (Chart 16)

**Chart 16 Percent of Overweight or Obese Adults by Race/Ethnicity, Bay Area**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Overweight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH Black/African American</td>
<td>36.4%</td>
<td>74.1%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>29.0%</td>
<td>42.5%</td>
</tr>
<tr>
<td>NH white</td>
<td>19.2%</td>
<td>54.5%</td>
</tr>
<tr>
<td>NH Asian</td>
<td>8.5%</td>
<td>34.8%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20.1%</td>
<td>54.5%</td>
</tr>
</tbody>
</table>

Source: 2011-12 California Health Interview Survey

**Overweight or obese (combined) varies by race/ethnicity.** Estimates indicate that greater percentages of NH Blacks/African Americans (74.1%) and Hispanics/Latinos (71.5%) were overweight or obese (combined) than NH whites (54.5%), NH Asians (34.8%) and Bay Area adults overall (54.5%) in 2011-12. Estimates also suggest that NH Asians were less likely to be overweight or obese than NH Blacks/African Americans, Hispanics/Latinos, NH whites and Bay Area adults overall. (Chart 17)

**Chart 17 Percent of Overweight or Obese Adults by Race/Ethnicity, Bay Area**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Overweight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH Black/African American</td>
<td>36.4%</td>
<td>74.1%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>29.0%</td>
<td>42.5%</td>
</tr>
<tr>
<td>NH white</td>
<td>19.2%</td>
<td>54.5%</td>
</tr>
<tr>
<td>NH Asian</td>
<td>8.5%</td>
<td>34.8%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20.1%</td>
<td>54.5%</td>
</tr>
</tbody>
</table>

Source: 2011-12 California Health Interview Survey

**Obesity alone varies similarly by race/ethnicity.** Estimates indicate that greater percentages of NH Blacks/African Americans (36.4%) and Hispanics/Latinos (29.0%) were obese than NH whites (19.2),
NH Asians (8.5%) and adults overall (20.1%) in the Bay Area in 2011-12. Estimates also suggest that NH Asians were less likely to be obese than NH Blacks/African Americans, Hispanics/Latinos, NH whites and Bay Area adults overall. (Chart 18)

**Chart 18 Percent of Obese Adults by Race/Ethnicity, Bay Area**

![Chart 18 Percent of Obese Adults by Race/Ethnicity, Bay Area]

Source: 2011-12 California Health Interview Survey

**Obesity is higher for Bay Area adults from low-income households.** Although no differences were detected in overweight or obesity estimates by poverty level among Contra Costa adults, a greater percent of Bay Area adults from households with income less than 200% FPL were obese (26.8%) compared to adults from households with income of 200% FPL and above (17.9%) in 2011-12. (Chart 19Chart 20)

**Chart 19 Percent Obese Adults by Poverty Level, Contra Costa and Bay Area**

![Chart 19 Percent Obese Adults by Poverty Level, Contra Costa and Bay Area]

Source: 2011-12 California Health Interview Survey

**Normal weight is lower for Bay Area adults from low-income households.** Estimates indicate a lower percentage of Bay Area adults from households with less than 200% FPL were normal weight (36.3%)
compared to adults from households with income of 200% FPL and above (46.4%). However, no differences between these groups were detected in estimates of percent overweight and percent underweight. (Chart 20)

**Chart 20 Percent of Adults by Weight Category & Poverty Level, Bay Area**

<table>
<thead>
<tr>
<th>Weight Status</th>
<th>Poverty Level</th>
<th>200%+ FPL</th>
<th>&lt;200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>2.0%</td>
<td>1.6%</td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>36.3%</td>
<td>46.4%</td>
<td></td>
</tr>
<tr>
<td>Overweight</td>
<td>34.9%</td>
<td>34.2%</td>
<td></td>
</tr>
<tr>
<td>Obese</td>
<td>26.8%</td>
<td>17.9%</td>
<td></td>
</tr>
</tbody>
</table>

Source: 2011-12 California Health Interview Survey

**Adolescents**

An estimated 27.9% of adolescents in Contra Costa were overweight or obese (combined) in 2011-12; similar to Bay Area adolescents (26.4%).

In the Bay Area, no differences were detected in overweight by poverty level but obesity is higher among adolescents from low-income households. Obesity estimates were higher among adolescents from households with income below 200% FPL (27.6%) than households with income of 200% FPL and above (9.1%) in the Bay Area in 2011-12. (Chart 21)

**Chart 21 Percent Overweight or Obese Adolescents by Poverty Level - Bay Area**

<table>
<thead>
<tr>
<th>Weight Status</th>
<th>Poverty Level</th>
<th>&lt; 200% FPL</th>
<th>200%+ FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>11.8%</td>
<td>12.4%</td>
<td>27.6%</td>
</tr>
<tr>
<td>Obese</td>
<td>9.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: 2011-12 California Health Interview Survey.

---

9CHIS respondents were asked to report height and weight. Body Mass Index (BMI) is calculated by dividing WEIGHT(in kg) by HEIGHT SQUARED(in meters). Child and teen BMI numbers are plotted on the CDC BMI-for-age growth charts (by gender) to obtain percentile rankings. These percentiles indicate the relative position of a child’s BMI number among children of the same sex and age. The weight status categories are based on the following percentiles: Underweight (less than 5th percentile); Normal weight (5th to less than 85th percentile); Overweight (85th to less than 95th percentile); and Obese (95th percentile and above).

10Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.
In California, both overweight and obesity are higher among adolescents from lower-income households. Estimates indicate that higher percentages of adolescents from households with income less than 200% FPL were overweight (20.9%) and obese (20.2%) than from households with incomes of 200% FPL and above (13.1% and 12.2%, respectively) statewide. (Chart 22)

**Chart 22 Percent Overweight or Obese Adolescents by Poverty Level - California**

Source: 2011-12 California Health Interview Survey.

At the state level adolescent overweight or obesity (combined) varies by race/ethnicity. Estimates indicate higher percentages of NH Black/African American (49.4%) and Hispanic/Latino (40.0%) adolescents were overweight or obese than NH Asians (22.3%), NH whites (20.9%) and adolescents overall (32.4%) in 2011-12. In addition, estimates of percent overweight or obese were lower for NH whites than NH Black/African American, Hispanic/Latino and adolescents overall in California.11 (Chart 23)

**Chart 23 Percent Overweight or Obese Adolescents by Race/Ethnicity - California**

Source: 2011-12 California Health Interview Survey.

11Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.
Children
More than half of Richmond school children are overweight or obese, compared to 34% in the county overall. (Chart 24)

**CHART 24 PERCENT IN WEIGHT CATEGORIES AMONG RICHMOND SCHOOL CHILDREN**

![Bar chart showing weight categories among Richmond school children]

Source: 2010 California Department of Education, Fitnessgram Data, 5th, 7th, and 9th grade in Richmond designated schools.

An estimated 11.9% of preschool aged children (3-5 years) in the Bay Area were “overweight for age” in 2011-12; similar to California (12.1%).

“Overweight for age” varies by poverty level in California among 3-5 year olds. Estimates indicate a greater percent of 3-5 year olds from households with income less than 200% FPL (17.1%) were “overweight for age” than households with income of 200% FPL or above (7.1%). (Chart 25)

**CHART 25 “OVERWEIGHT FOR AGE” (3-5 YEAR OLDS) CALIFORNIA**

![Bar chart showing overweight for age among children by poverty level]

Source: 2011 - 2012 California Health Interview Survey

Comparisons for this indicator by race/ethnicity could not be made as the data were not stable, even at the state level.

---

12 This variable assigns overweight for age to children, and is constructed using sex, age (in months) and weight. For more information, see [http://www.cdc.gov/nchs/about/major/nhanes/growthcharts/datafiles.htm](http://www.cdc.gov/nchs/about/major/nhanes/growthcharts/datafiles.htm).

13 Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

14 Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.
High Blood Pressure\textsuperscript{15}

The hypertension death rate for all races in Richmond is significantly higher than for all races in Contra Costa County. The hypertension death rate for Blacks in Richmond is significantly higher than for Whites, Asians and Hispanics as well as all races combined in Richmond. (Chart 26)

**Chart 26 Age Adjusted Hypertension Death Rates for Contra Costa and by Race/Ethnicity for Richmond**

![Bar chart showing age-adjusted hypertension death rates per 100,000 for Richmond White, Richmond Black, Richmond Asian, Richmond Hispanic, Richmond All Races, and Contra Costa All Races.]

Source: California Death Statistical Master Files, 2008-2012

An estimated 28.2\% of Contra Costa adults reported ever being diagnosed with high blood pressure; similar to Bay Area adults overall (25.4\%).

**Bay Area adults from lower-income households are more likely to report ever being diagnosed with high blood pressure.** Although no differences were detected in estimates of Contra Costa adults who report “ever diagnosed” with high blood pressure by poverty level or by race/ethnicity, a greater percentage of adults from households with income <200\% FPL (29.2\%) reported “ever diagnosed” with high blood pressure than adults from households with income of 200\% FPL and above (24.2\%) in the Bay Area in 2011-12. (Chart 27)

**Chart 27 Percent of Adults Report “Ever Diagnosed” with High Blood Pressure, Bay Area and Contra Costa**

![Bar chart showing the percentage of adults who report ever being diagnosed with high blood pressure in Contra Costa and Bay Area, by poverty level.]

Source: 2011-12 California Health Interview Survey

\textsuperscript{15} CHIS respondents were asked: “Has a doctor ever told you that you have high blood pressure?” Respondents with borderline high blood pressure/hypertension were not considered diagnosed with high blood pressure.
Reported "ever diagnosed" with high blood pressure varies by race/ethnicity. Bay Area estimates also indicate a greater percentage of NH Blacks/African Americans (41.8%) reported "ever diagnosed" with high blood pressure than NH whites (27.3%), Hispanic/Latinos (25.0%), NH Asians (18.5%) and Bay Area adults overall (25.4%); estimates were lower among NH Asians than NH Blacks/African Americans, NH whites and Bay Area adults overall. (Chart 28)

Chart 28 Percent of Adults Report "Ever Diagnosed" with High Blood Pressure - Bay Area

Heart Disease

Deaths rates due to heart disease are significantly higher for Richmond than for Contra Costa County. Heart disease death rates for Blacks are significantly higher in Richmond than for Asians, Hispanics, Whites, and all races. Heart disease death rates for Hispanics are significantly lower in Richmond than for Blacks, Whites and all races combined. (Chart 29)

Chart 29 Age Adjusted Heart Disease Death Rates for Contra Costa and by Race/Ethnicity for Richmond

In Richmond, Blacks have a significantly higher rate of stroke deaths than Whites, Hispanics, and all races combined. The stroke death rate is not significantly different between Richmond and Contra Costa County. (Chart 30)
An estimated 4.5% of Contra Costa adults reported they were ever diagnosed with heart disease; similar to Bay Area adults overall (5.8%) in 2011-12.  

**Reported “ever diagnosed” with heart disease varies by race/ethnicity.** Estimates indicate that a smaller percentage of NH Asians (3.4%) reported “ever diagnosed” with heart disease than NH whites (7.1%) and adults overall (5.8%) in the Bay Area in 2011-12 (Chart 31). There were no differences in state or regional estimates by poverty level.  

**Asthma**

Asthma outcomes are assessed by emergency room and hospital visits. Proper treatment of asthma should not lead to urgency. Richmond has a higher rate of both emergency room visits and hospitalizations than Contra Costa County (Chart 32).

---

16 CHIS respondents were asked: "Has a doctor ever told you that you have any kind of heart disease?"

17 Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.
Within Richmond, there are differences in Asthma outcomes by race/ethnicity. African Americans/Blacks have a much higher rate of Asthma ED and Hospitalizations combined than the other race ethnic groups. (Chart 33).

**Diagnoses (Young People)**
An estimated 20.3% of young people (1 to 17 years) and 24.7% of school-age children (6-17 years) reported ever being diagnosed with asthma in Contra Costa in 2009 and 2011-12 (combined); similar to the Bay Area (16.5% and 19.5% respectively).

No differences were detected in estimates of reported “ever diagnosed” with asthma among youth people (1-17 and 6-17 years old) by poverty level in the Bay Area or California or by race/ethnicity at the state level in 2011-12.
Asthma Management (Young People)
An estimated 27.6% of Bay Area and 39.0% of California young people (1-17 years old) – who reported “ever diagnosed” with asthma, still have asthma and/or had an “asthma episode” in the prior 12 months – reported taking asthma medication daily in 2011-12.18

No differences were detected in estimates of this reported behavior by poverty level among California young people 1-17 years old. Race/ethnicity data for this indicator were not stable and therefore are not presented.19

Missed School Due to Asthma20
An estimated one-fifth (21.1%) of young people (0-17 years old) who currently attend school/day care and reported “ever diagnosed” also reported missing at least 1 day of day care or school due to asthma in the Bay Area in 2011-12; similar to California (23.0%).21

No differences were detected in this indicator by poverty level among California young people 0-17 years old. Race/ethnicity data for this indicator was not stable and therefore are not presented.22

Diagnoses (Adults)
An estimated 19.6% of adults in Contra Costa reported ever being diagnosed with asthma in 2011-12; similar to Bay Area adults (16.0%).23

No differences were detected in estimates of percent of adults who reported “ever diagnosed” with asthma by poverty level in Contra Costa, the Bay Area or California.

Reported “ever diagnosed” with asthma varies by race/ethnicity. Estimates indicate that a smaller percent of NH Asian adults (10.2%) reported “ever diagnosed” with asthma compared to NH Blacks/African Americans (22.5%), Hispanics/Latinos (17.1%), NH whites (17.1%) and Bay Area adults overall (16.0%).24 (Chart 34)

CHART 34 PERCENT OF ADULTS REPORT “EVER DIAGNOSED” WITH ASTHMA, BAY AREA

| Race/Ethnicity       | Percent
|----------------------|--------
| NH Black/African American | 22.5%  
| Hispanic/Latino        | 17.1%  
| NH white               | 17.1%  
| NH Asian               | 10.2%  
| TOTAL                  | 16.0%  

Source: 2011 - 2012 California Health Interview Survey

18 Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.
19 Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.
20 CHIS respondents were asked: “During the past 12 months, how many days of day care or school did (CHILD/TEEN) miss due to asthma?” Asked of respondents age 0 to 17 years who currently attend school/day care and have been told have asthma.
21 Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.
22 Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.
23 CHIS respondents were asked: “Has a doctor ever told you that you have asthma?” Asked about for all respondents 1 year and older.
24 Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.


Asthma Management (Adults) 25
An estimated 45.8% of Contra Costa adults – who reported “ever diagnosed” with asthma, still have asthma and/or had an “asthma episode” in the prior 12 months – also reported taking asthma medication daily in 2011-12; similar to Bay Area adults (44.7%).

Differences by poverty level in reported asthma management through the use of daily medication were not detected among Bay Area adults but were found among California adults. Estimates indicate a greater percent of adults in the state - who reported “ever diagnosed” with asthma, still have asthma and/or had an “asthma episode” in the prior 12 months – living in households with income below 200% FPL (52.7%) reported taking asthma medication daily compared to adults living in households with income of 200% FPL and above (42.1%). 26 (Chart 35)

CHART 35 PERCENT OF ADULTS REPORTED ASTHMA DIAGNOSIS &/OR RECENT ASTHMA EPISODE WHO ALSO REPORTED DAILY ASTHMA MEDICATION USE - CALIFORNIA

![Chart 35](chart35.png)

Source: 2011 - 2012 California Health Interview Survey

Reported asthma management through the use of daily medication varies by race/ethnicity. Estimates indicate a smaller percent of NH Asian adults (28.4%) reported engaging in this behavior than NH Black/African American (64.2%) and NH white (50.0%) adults in the Bay Area. 27 (Chart 36)

CHART 36 PERCENT OF ADULTS REPORTED ASTHMA DIAGNOSIS &/OR RECENT ASTHMA EPISODE WHO ALSO REPORTED DAILY ASTHMA MEDICATION USE BAY AREA

![Chart 36](chart36.png)

Source: 2011 - 2012 California Health Interview Survey

25 CHIS respondents were asked: Are you [is child] now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?” Asked of those who were told they have asthma and either still have asthma and/or had an episode in last 12 months.

26 Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

27 Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.
Influenza
The death rate due to influenza and pneumonia was not significantly different for all races between Richmond and Contra Costa County. Similarly, the rates were did not differ between the individual races within Richmond. (Chart 37)

**Chart 37 Age Adjusted Death Rates Due to Influenza and Pneumonia in Contra Costa and by Race/Ethnicity for Richmond**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Age Adjusted Death Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richmond White</td>
<td>1.6</td>
</tr>
<tr>
<td>Richmond Black</td>
<td>1.8</td>
</tr>
<tr>
<td>Richmond Asian</td>
<td>1.9</td>
</tr>
<tr>
<td>Richmond Hispanic</td>
<td>1.3</td>
</tr>
<tr>
<td>Contra Costa All Races</td>
<td>1.6</td>
</tr>
<tr>
<td>All Races</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Source: California Death Statistical Master Files, 2008-2012

Sexually Transmitted Infections and HIV
The rates of sexually transmitted infections are higher in Richmond than in Contra Costa County. Rates are higher among African Americans and lower among Latinos than all races combined (rates for Whites and Asians were unstable). The highest rate is among those aged 20-24 with high rates among those 15-19 as well. (Chart 38 and Chart 39).

**Chart 38 Rates of Gonorrhea and Chlamydia Infection in Contra Costa and by Race/Ethnicity for Richmond**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Average Annual Rate per 100,000 people</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>253.5</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>47.5</td>
</tr>
<tr>
<td>All Races</td>
<td>152.9</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>88.0</td>
</tr>
</tbody>
</table>

Source: CDPH STD Control Branch, 2012-2014
People Living with HIV/AIDS
People who are living with HIV or AIDS are defined as individuals with a last known current address in Richmond, although they may have received their diagnosis elsewhere. They may have been diagnosed at any point in time, but were still alive and living in Richmond as of December 2014.

Demographic Characteristics
The rate of people living with HIV or AIDS is higher in Richmond than in Contra Costa. The rates are higher among African American/Blacks in Richmond than African American/Blacks in Contra Costa. The rates are also higher among Whites in Richmond than in Contra Costa (Chart 40). Rates are higher both among males and females in Richmond, although the Richmond rate for males is 1.7 times that of males in Contra Costa the Richmond rate for females is 2.6 times that for Contra Costa females. (Chart 41)
The Richmond rate is higher in all age categories, but the difference is much greater in the older age categories (40 and older), where the Richmond rate is twice that of Contra Costa. (Chart 42)

**Chart 42 Rate of People Living with HIV and AIDS by Age Category in Richmond and Contra Costa**

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Richmond</th>
<th>Contra Costa</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19</td>
<td>N/A 4.6</td>
<td>257.2 153.3</td>
</tr>
<tr>
<td>20-29</td>
<td>276.5 214.7</td>
<td>719.9 364.3</td>
</tr>
<tr>
<td>30-39</td>
<td>152.1</td>
<td>882.4 421.6</td>
</tr>
<tr>
<td>40-49</td>
<td>396.8</td>
<td>396.8 396.8</td>
</tr>
<tr>
<td>50-59</td>
<td>396.8</td>
<td>396.8 396.8</td>
</tr>
<tr>
<td>60+</td>
<td>396.8</td>
<td>396.8 396.8</td>
</tr>
</tbody>
</table>

Source: CDPH Office of HIV and AIDS; Note: Total population of people living with HIV and AIDS as of December 2014

**Characteristics of infection transmission and care**

The most prevalent risk of transmission in Contra Costa and in Richmond is adult male sexual contact (men who have sex with men or MSM). Compared to Contra Costa, there are slightly more cases where the risk factors were injection drug use (IDU) or adult heterosexual contact. (Chart 43)

**Chart 43 Percent of People Living with HIV and AIDS by Mode of Transmission in Richmond and Contra Costa**

<table>
<thead>
<tr>
<th>Mode of Transmission</th>
<th>Richmond</th>
<th>Contra Costa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult male sexual contact male (MSM) and MSM IDU</td>
<td>61% 68%</td>
<td>15% 10%</td>
</tr>
<tr>
<td>Adult injection drug use (IDU)</td>
<td>15% 12%</td>
<td>15% 12%</td>
</tr>
</tbody>
</table>

Source: CDPH Office of HIV and AIDS; Note: Total population of people living with HIV and AIDS as of December 2014

Late diagnosis of HIV is often determined by a simultaneous diagnosis with AIDS. In Richmond, we find that late diagnosis does not occur more often than in Contra Costa, but that there is a higher percentage of Richmond cases where people who were diagnosed with HIV later converted to AIDS (Chart 44)

**Chart 44 Percent of People Living with HIV and AIDS by HIV and AIDS Status in Richmond and Contra Costa**

<table>
<thead>
<tr>
<th>HIV and AIDS Status</th>
<th>Richmond</th>
<th>Contra Costa</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Only</td>
<td>31% 36%</td>
<td>40% 35%</td>
</tr>
<tr>
<td>HIV and later AIDS</td>
<td>29% 29%</td>
<td>29% 29%</td>
</tr>
</tbody>
</table>

Source: CDPH Office of HIV and AIDS; Note: Total population of people living with HIV and AIDS as of December 2014
The ability to keep people diagnosed with HIV and AIDS in care and taking medication has a positive impact on their health and longevity, but also helps prevent new cases in the community. People living with HIV and AIDS in Richmond have equivalent care profiles to people in Contra Costa, with 79% of people having a recent doctor’s visit (Chart 45).

**Chart 45 Percent of People Living with HIV and AIDS Currently in Care in Richmond and Contra Costa**

<table>
<thead>
<tr>
<th></th>
<th>Richmond</th>
<th>Contra Costa</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Follow-up CD4 or Viral Load</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Have had no CD4 or Viral Load in past 12 months</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Have had a CD4 or Viral Load in past 12 months</td>
<td>79%</td>
<td>78%</td>
</tr>
</tbody>
</table>

Source: CDPH Office of HIV and AIDS; Note: Total population of people living with HIV and AIDS as of December 2013; Note: Patients were considered in care if they had a lab test completed in 2014

Viral suppression is the indicator that a person living with HIV has the virus under control and will be less likely to spread the virus to other individuals. The percent of people living with HIV and AIDS in Richmond that are not virally suppressed is slightly higher than in Contra Costa. (Chart 46)

**Chart 46 Percent of People Living with HIV and Viral Suppression in Richmond and Contra Costa**

<table>
<thead>
<tr>
<th></th>
<th>Richmond</th>
<th>Contra Costa</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Viral Load Test</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Virally Suppressed</td>
<td>78%</td>
<td>81%</td>
</tr>
<tr>
<td>Not Virally Suppressed</td>
<td>14%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Source: CDPH Office of HIV and AIDS; Note: Total population of people living with HIV and AIDS as of December 2014

**Neighborhood Characteristics**

The rate of people living with HIV and AIDS is higher in some Richmond census tracts than in the county overall. Although the rates in most census tracts are unstable due to small counts, the rates in the Iron Triangle and Hilltop neighborhoods of Richmond are stable and higher than the county rate. (Map 1)
MAP 1. RATE OF PEOPLE LIVING WITH HIV OR AIDS BY CENSUS TRACT

People Living with HIV or AIDS (PLWHA) as of 12/31/14 by Census Tract

PLWHA per 100,000
- 354.3 - 470.0
- 241.1 - 331.3
- 176.8 - 231.1
- 112.7 - 159.9
- Less than 5 PLWHA
- Unstable Rate
- Open Space and Parks
- Richmond Industrially Zoned Areas

County rate: 190.4/100,000
n=2,075

Source: CDPH OA EHARS. ESRH Community Analyst.
Birth Outcomes

Richmond has seen an improvement in the rate of preterm births. Analysis showed a higher rate of preterm births compared to Contra Costa County in 2000-2002 (11.5 in Richmond versus 9.7 in Contra Costa). In an analysis of more recent years, 2009-2011, that difference no longer exists (9.8 in Richmond versus 9.6 in Contra Costa). (Chart 47)

**Chart 47 Preterm Births in Richmond and Contra Costa**

Source: California Department of Public Health, Birth Statistical Master File; 2005-2011. Note: Preterm is defined as gestational length <37 weeks. Filled marker indicates value is statistically different from the county rate.

Richmond has seen an improvement in the rate of low birthweight births. Analysis showed a higher rate of low birthweight births compared to Contra Costa County in from 2000-2005 (For instance, 2000-2002 data show a rate 7.8 in Richmond versus 6.4 in Contra Costa). In an analysis of more recent years, 2006-2011, that difference no longer exists (For instance, 2000-2002 data show a rate 7.6 in Richmond versus 6.9 in Contra Costa). (Chart 48)

**Chart 48 Low Birthweight Births in Richmond and Contra Costa**

Source: California Department of Public Health, Birth Statistical Master File; 2005-2011. Note: Low birthweight is defined as <=2500 gm. Filled marker indicates value is statistically different from the county rate.
There is no detectable difference the infant mortality rate in Richmond compared to Contra Costa County (For instance, 2009-2011 data show a rate 6.2 in Richmond versus 5.0 in Contra Costa, per 1000 live births). (Chart 49)

**Chart 49 Infant Mortality Rates in Richmond and Contra Costa**

Source: California Department of Public Health, Birth Statistical Master File; 2005-2011. Note: An infant death is considered a death at <1 year of age. Filled marker indicates value is statistically different from the county rate.

There is no detectable difference in birth outcomes comparing MediCal and non-MediCal births in Richmond. Here we examine Early Prenatal Care (PNC), Late or No Prenatal Care (PNC), Preterm Births, and Low Birthweight births compared to the expected payment for delivery. MediCal as an expected payment for delivery is an indicator of a low income mother. (Chart 50)

**Chart 50 Perinatal Indicators by Payment for Delivery Richmond, CA**

Source: California Department of Public Health, Birth Statistical Master File; 2005-2011. Note: MediCal is indicated as expected payment for delivery
Teen Births

The teen birth rate in Richmond has declined since 2006. In 2006 the rate was 62.3 compared to 36.7 in 2011. Although the rate has declined, the teen birth rate in Richmond remained higher than the county in 2011 (in 2011 Richmond rate was 36.7 compared to 17.3 in Contra Costa). (Chart 51)

CHART 51 TEEN BIRTH RATE FOR RICHMOND AND CONTRA COSTA COUNTY

Behavioral Health and Well Being

Behavioral Health Outcomes
Alcohol and Drug
White and Blacks have a higher rate of hospitalizations due to alcohol or drug related diagnoses than do other race ethnic groups. The rate of hospitalization due to these diagnoses in Richmond is higher than in Contra Costa overall. (Chart 52)

CHART 52 AGE ADJUSTED RATES OF HOSPITALIZATIONS FOR ALCOHOL OR DRUG RELATED DIAGNOSIS IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND

Source: OSHPD EDD and PDD 2009-2011

The liver disease death rates were not significantly different between Richmond and Contra Costa County when comparing all races. Similarly, in Richmond, Whites, Blacks, and Hispanics had similar liver disease death rates, and Asian rates could not be reliably determined. (Chart 53)

CHART 53 AGE ADJUSTED RATES DEATH RATES DUE TO LIVER DISEASE IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND

Source: California Death Statistical Master Files, 2008-2012
Mental Health Among Adolescents
A larger percentage of Hispanic students in Richmond high schools reported experiencing depression than other students. This rate was higher than Asian African American, and White students. White and African American students reported the lowest percentage of depression. (Chart 54)

CHART 54 PERCENT OF RICHMOND STUDENTS REPORTING THAT THEY EXPERIENCE DEPRESSION IN THE PAST 12 MONTHS BY RACE/ETHNICITY

Source: 2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

A larger percentage of Hispanic students in Richmond high schools reported contemplating suicide than other students. This rate was higher than Asian African American, and White students. White students reported the lowest percentage who contemplated suicide. (Chart 55)

CHART 55 PERCENT OF RICHMOND STUDENTS REPORTING THAT THEY CONTEMPLATED SUICIDE IN THE LAST 12 MONTHS BY RACE/ETHNICITY

Source: 2009-2011 California Healthy Kids Survey, grades 9-11. Responses for Richmond were modeled to account for sample variation at schools surveyed. Schools included in the sample were: Richmond High School, DeAnza High School, Kennedy High School.

---

28 Past 12 months, feel so sad/hopeless almost every day for 2 weeks+ that stopped doing some usual activities?
29 Past 12 months, Did you ever seriously consider attempting suicide?
Mental Health Among Adults

Suicide

There was no significant difference between the suicide rates of Whites, Blacks and Asians in Richmond, but the suicide rate of Hispanics was significantly lower than Whites in Richmond. The suicide death rates for all races in Richmond and Contra Costa County did not differ significantly. (Chart 56)

**CHART 56 AGE ADJUSTED RATES DEATH RATES DUE TO SUICIDE IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND**

![Chart showing suicide rates by race/ethnicity in Richmond and Contra Costa County.]

Source: California Death Statistical Master Files, 2008-2012

An estimated 8.4% of Contra Costa adults reported in 2011-12 they had ever seriously considered committing suicide; similar to Bay Area adults overall (9.2%).

**Estimates of reported serious suicide contemplation vary by poverty level in California.** Although no differences were detected in this indicator by poverty level among Bay Area adults, California adults from households with income below 200% FPL were more likely to report serious suicide contemplation than adults from households with income of 200% FPL and above. (Chart 57)

**CHART 57 PERCENT OF ADULTS REPORTED EVER SERIOUSLY CONSIDERED COMMITTING SUICIDE**

![Chart showing the percentage of adults who reported ever seriously considering suicide by poverty level.]

Source: 2011-12 California Health Interview Survey

---

30 California Health Interview Survey respondents were asked: “Have you ever seriously thought about committing suicide?”

31 Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.
Reports of serious suicide contemplation vary by race/ethnicity in the Bay Area. Estimates of reported serious suicide contemplation (ever) were higher among Non-Hispanic white adults (11.7%) than Hispanics/Latinos (6.4%), NH Asians (5.8%) and Bay Area adults overall (9.2%) and lower among NH Asians compared to NH whites and Bay Area adults overall. 32 (Chart 58)

Chart 58 Percent of Adults Reported Ever Seriously Considered Committing Suicide, Bay Area

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH white</td>
<td>11.7%</td>
</tr>
<tr>
<td>NH Black/African American</td>
<td>7.2%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>6.4%</td>
</tr>
<tr>
<td>NH Asian</td>
<td>5.8%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

Source: 2011-12 California Health Interview Survey

Psychological Distress33
An estimated 9.9% of Contra Costa adults reported symptoms that indicated psychological distress in the past year in 2011-12; similar to Bay Area adults overall (7.3%).34

Although no differences were detected in this indicator by poverty level in Contra Costa, Bay Area adults from households with incomes below 200% FPL were more likely than adults from households with incomes of 200% and above to report symptoms that indicated psychological distress in the past year. (Chart 59)

Chart 59 Percent of Adults with Reported Psychological Distress in Past Year, Contra Costa and Bay Area

<table>
<thead>
<tr>
<th>Region</th>
<th>&lt;200% FPL</th>
<th>200%+ FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contra Costa</td>
<td>18.6%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Bay Area</td>
<td>11.0%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

Source: 2011-12 California Health Interview Survey

32 Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.
33 This variable provides a dichotomous measure of psychological distress in the past year using the Kessler 6 series. Distress in the past year was assigned to those indicating a month worse than the current month. If the respondent did not indicate a worse month, the current month’s distress levels are assigned. The data are unadjusted to the California population.
34 Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.
Reported symptoms of psychological distress in the past year vary by race/ethnicity in the Bay Area. A lower percentage of NH Asian adults (3.9%) in the Bay Area reported symptoms of psychological distress in the past year compared to Hispanics/Latinos (10.0%) and adults overall (7.3%).35 (Chart 60)

### Chart 60 Percent of Adults with Reported Psychological Distress in Past Year, Bay Area

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>10.0%</td>
</tr>
<tr>
<td>NH Black/African American</td>
<td>10.0%</td>
</tr>
<tr>
<td>NH White</td>
<td>6.4%</td>
</tr>
<tr>
<td>NH Asian</td>
<td>3.9%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7.3%</td>
</tr>
</tbody>
</table>

Source: 2011-12 California Health Interview Survey

Need for Services for Emotional/Mental Health Problems or Alcohol/Drug Use36

An estimated 19.2% of Contra Costa adults reported that they needed help in the past year for emotional/mental health problems or alcohol/drug use in 2011-12; similar to Bay Area adults overall (17.6%).

No differences were detected by poverty level in Contra Costa or the Bay Area but in California estimates indicate that a higher percentage of adults from households with incomes below 200% FPL (17.4%) reported they needed such help compared to adults from households with incomes of 200% FPL and above (14.8%). (Chart 61)

### Chart 61 Percent of Adults Reported Need for Help with Emotional/Mental Health or Drug/Alcohol Use, Contra Costa, Bay Area and California

<table>
<thead>
<tr>
<th>Region</th>
<th>&lt;200% FPL</th>
<th>200%+ FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contra Costa</td>
<td>23.0%</td>
<td>18.0%</td>
</tr>
<tr>
<td>Bay Area</td>
<td>19.6%</td>
<td>17.0%</td>
</tr>
<tr>
<td>California</td>
<td>17.4%</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

Source: 2011-12 California Health Interview Survey

35 Note: Where stable data were not available at the Contra Costa level, Bay Area or California data were used.

36 California Health Interview Survey respondents were asked: “Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?”
Reported need for help with emotional/mental health problems or drug/alcohol use varies by race/ethnicity in the Bay Area. A lower percentage of NH Asian adults (9.8%) reported that they needed help in the past year for emotional/mental health problems or alcohol/drug use compared to NH Blacks/African Americans (24.3%), NH whites (20.2%), Hispanics/Latinos (18.3%) and Bay Area adults overall (17.6%) in 2011-12 (Chart 62)

**Chart 62 Percent of Adults Reported Need for Help with Emotional/Mental Health or Drug/Alcohol Use - Bay Area**

Source: 2011-12 California Health Interview Survey

**Intentional and Unintentional Injury**

The homicide rate for Blacks in Richmond was significantly higher than for Asians, Hispanics, Whites and all races. The homicide rate in Richmond for all races was significantly higher than in Contra Costa County. (Chart 63)

**Chart 63 Age Adjusted Rates Death Rates due to Homicide in Contra Costa and by Race/Ethnicity for Richmond**

Source: California Death Statistical Master Files, 2008-2012

The unintentional injury death rate for Whites and Blacks in Richmond was significantly higher than for Asians and Hispanics in Richmond. Asians in Richmond had the lowest rate of unintentional injury deaths. The unintentional injury death rate for Richmond was slightly higher than for Contra Costa County. (Chart 64)
CHART 64 AGE ADJUSTED RATES DEATH RATES DUE TO UNINTENTIONAL INJURY IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND

Source: California Death Statistical Master Files, 2008-2012

Rates for hospital and emergency visits due to unintentional injury, any intentional injury, and injury due to a gun are significantly higher for Blacks than other races in Richmond. Asians have significantly lower rates of hospital and emergency visits due to these causes. (Chart 65)

CHART 65 AGE ADJUSTED HOSPITALIZATION RATES DUE TO INJURY IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND

Source: OSHPD EDD and PDD 2009-2011