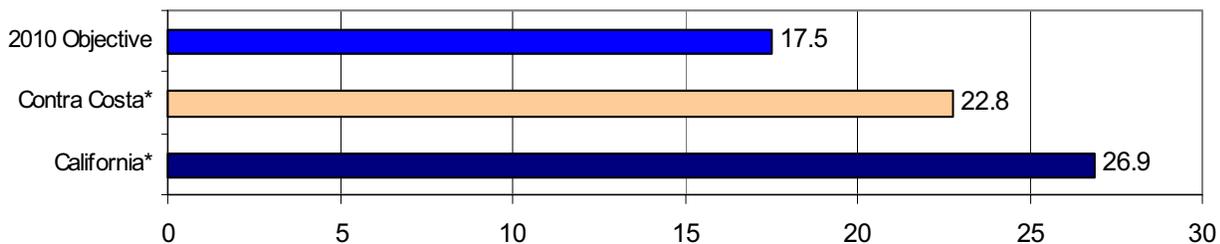


# Unintentional Injury – Overview

**Contra Costa has not met the Healthy People 2010 objective of reducing the crude death rate from unintentional injury (accidents) to no more than 17.5 deaths per 100,000 residents.**



Figure 15. Unintentional injury deaths per 100,000 residents



[ \* ] Indicates that the crude death rates for Contra Costa and California are significantly higher than the 2010 Objective. Contra Costa and California statistics were calculated for the three-year period 2000-2002.

## Unintentional injury is the fifth leading cause of death

In Contra Costa, unintentional injury (accidents) accounts for 3% of all deaths. Over a three-year period 2000 to 2002, there were 666 Contra Costa residents that died from unintentional injuries. This means that **approximately 220 Contra Costa residents die from unintentional injury each year.**

The crude death rate from unintentional injury is lower in Contra Costa (22.8 per 100,000) than California (26.9 per 100,000).

**People living in San Pablo are more likely to die from unintentional injury** compared to the county overall. This difference is not due to the age of the population and is likely due to environmental risk or unhealthy behaviors.



## San Pablo has a much higher rate

Table 54. Unintentional injury deaths in selected communities. Contra Costa, 2000-2002

	Rate	Percent	(Number)
San Pablo	*44.8	6%	(41)
Martinez	35.6	6%	(39)
Oakley	28.1	3%	(22)
Concord	25.8	14%	(96)
Richmond	25.8	12%	(78)
Pittsburg	25.5	7%	(45)
Antioch	24.3	10%	(69)
Walnut Creek	20.3	6%	(40)
<b>Contra Costa:</b>	<b>22.8</b>	<b>100%</b>	<b>(666)</b>

\* Indicates that the crude death rate (per 100,000) is significantly higher for people living in San Pablo compared to Contra Costa as a whole. Due to small numbers (<20 deaths), rates could not be calculated for Bay Point, Brentwood and Pinole.

A large number of the deaths from unintentional injury occur among people living in Concord (96, 14%), followed by people living in Richmond (78, 12%), Antioch (69, 10%), Pittsburg (45, 7%), San Pablo (41, 6%), Walnut Creek (40, 6%) and Martinez (39, 6%).

## Latinos and Asians have a lower risk

The crude death rate from unintentional injury is lower among Latinos and Asians, and similar among African Americans, Whites and the county overall.

Table 55. Unintentional injury deaths by race/ethnicity. Contra Costa, 2000-2002

	Rate	Percent	(Number)
African American	29.1	13%	(84)
White	26.3	65%	(435)
Latino	15.3	13%	(84)
Asian	12.2	7%	(48)
<b>Contra Costa:</b>	<b>22.8</b>	<b>100%</b>	<b>1(666)</b>

<sup>1</sup>The Contra Costa total also includes the 15 deaths that occurred among people from other race/ethnic groups such as Native American and Alaska Natives, Native Hawaiians and Pacific Islanders and people from two or more race groups. Due to small numbers (<20 deaths), rates could not be calculated for these groups.

The majority of deaths from unintentional injury occur among Whites (435, 65%), followed by African Americans (84, 13%), Latinos (84, 13%) and Asians (48, 7%).

## Most common causes of unintentional injury death

The leading causes of unintentional injury death include car crashes, poisoning/drug overdose, falls, drowning and choking. For more information about how these causes of death vary by age group, please see the next section.

## Using this data to improve community health

In order to reduce health disparities (differences), it is important to target the groups with the highest death rates from a given cause. For unintentional injury, these are people living in San Pablo.

In order to reduce the overall number of deaths in the county, without regard to health disparities, it may be better to target interventions to the groups that account for the highest percent of deaths from a given cause. For unintentional injury, these are Whites, African Americans, Latinos, and people living in Concord, Richmond and Antioch.

Interventions to address unintentional injury could include getting more people to wear seat belts, putting in fences around pools or promoting the California Poison Control System Statewide Emergency 24 Hour Hotline.

## Why do we use crude rates?

A crude rate controls for differences in population size and is a good summary statistic for comparing health outcomes like unintentional injury across groups of different sizes.

California's population is much larger than that of Contra Costa - we would expect California to have many more deaths from unintentional injury. Rates allow us to see whether Contra Costa has proportionately more (or less) than its "fair share" of deaths from unintentional injury. (See the methods section for more information about using rates.)

In Contra Costa, there are many more Whites than African Americans, Latinos or Asians, and more people living in Concord or Richmond than in smaller cities such as Brentwood or Oakley. Again, rates allow us to compare the impact of unintentional injury across groups of different sizes.

The differences highlighted above are statistically significant. This means that we are 95% certain that these differences are not due to chance.

## How to calculate the percentage and number of deaths

Percentages describe the proportion of countywide deaths from unintentional injury that occur within a particular community or race/ethnic group. The percentage is calculated by dividing the number of deaths that occur within a specific community or race/ethnic group by the total number of deaths countywide and then multiplying that number by 100.

Numbers show the actual number of deaths from unintentional injury over a three-year period. **The number of deaths per year can be calculated by dividing the total number of deaths from 2000-2002 by three.**

### **Confidence intervals are available**

You may download and view all detailed tables with 95% confidence intervals, at...

[http://cchealth.org/health\\_data/hospital\\_council/](http://cchealth.org/health_data/hospital_council/)

## **Data sources**

Mortality data from the California Department of Health Services (CDHS), <http://www.dhs.ca.gov/>, Center for Health Statistics' Death Statistical Master File, 2000-2002. Any analyses, interpretations or conclusions of the data have been reached by CHAPE and are not from the CDHS.

Population data from the California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050, and E-4 Population Estimates for Cities, Counties and the State, 2001-2004, with DRU Benchmark, available online at: <http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm>. Sacramento, California, May 2004.

Note: City-level denominators were extrapolated from the E-4 file to approximate the mid-year city-level population estimates that are needed to calculate city-level rates. For more information, please see our section on statistical methods.

ICD10 coding for unintentional injury (ICD V01-X59, Y85-Y86) from the Centers for Disease Control and Prevention National Center for Health Statistics, available online at: [http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50\\_16.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_16.pdf).

Healthy People 2010 objectives from the US Department of Health and Human Services' Office of Disease Prevention and Health Promotion, available online at <http://www.healthypeople.gov/>.