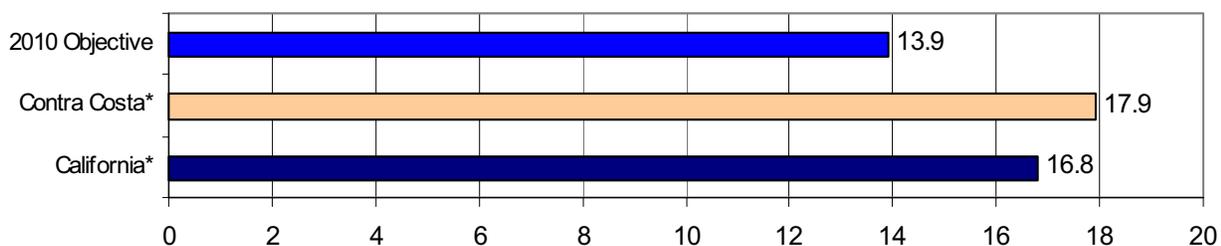


Cancer – Colorectal

Locally, we have not met the Healthy People 2010 objective of reducing the age-adjusted death rate from colorectal cancer to no more than 13.9 deaths per 100,000 residents.



Figure 7. Age-adjusted death rates from colorectal cancer



[*] Indicates that the age-adjusted death rates per 100,000 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.

Colorectal cancer is the second leading cause of cancer death

In Contra Costa, colorectal cancer accounts for 10% of all cancer deaths. Over a three-year period 2000-2002, there were 507 Contra Costa residents who died of colorectal cancer. This means that **approximately 165 Contra Costa residents die from colorectal cancer each year.**

The age-adjusted death rate from colorectal cancer is similar in Contra Costa (17.9 per 100,000) and California (16.8 per 100,000).

Colorectal cancer deaths are in every community

In this analysis, we found no statistically significant differences in the age-adjusted death rate from colorectal cancer in the following communities compared to Contra Costa as a whole.

Table 35. Colorectal cancer deaths in selected communities. Contra Costa, 2000-2002

	Rate	Percent	(Number)
San Pablo	29.8	4%	(20)
Martinez	29.8	5%	(27)
Richmond	21.0	11%	(53)
Concord	19.7	13%	(65)
Walnut Creek	17.7	16%	(79)
Antioch	14.4	6%	(28)
Contra Costa	17.9	100%	(507)

Due to small numbers (<20 deaths), age-adjusted rates per 100,000 could not be calculated for Bay Point, Brentwood, Oakley, Pinole or Pittsburg.

The greatest number of the deaths from colorectal cancer occur among people living in Walnut Creek (79, 16%), followed by people living in Concord (65, 13%), Richmond (53, 11%), Antioch (28, 6%) and Martinez (27, 5%).

All races are affected

Table 36. Colorectal cancer deaths by race/ethnicity. Contra Costa, 2000-2002

	Rate	Percent	(Number)
African American	25.2	10%	(52)
White	17.8	74%	(376)
Latino	17.7	8%	(38)
Asian	12.6	7%	(35)
Contra Costa	17.9	100%	1(507)

¹The Contra Costa total also includes the 6 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), age-adjusted rates per 100,000 could not be calculated for these groups.

In this analysis we found no statistically significant differences in the age-adjusted death rate from colorectal cancer among African Americans, Whites, Latinos and Asians compared to the county overall.

The greatest number of deaths from colorectal cancer occur among Whites (376, 74%), followed by African Americans (52, 10%), Latinos (38, 8%) and Asians (35, 7%).

Colorectal cancer affects both men and women

In this analysis, we found no statistically significant differences in the age-adjusted death rate from colorectal cancer among men, women and the county overall. Slightly over half of the deaths from colorectal cancer occur among women.

Table 37. Colorectal cancer deaths by gender. Contra Costa, 2000-2002

	Rate	Percent	(Number)
Men	20.8	48%	(243)
Women	15.9	52%	(264)
Contra Costa:	17.9	100%	(507)

Nationally, colorectal cancer is the second leading cause of cancer-related death (after lung cancer). African Americans are the race/ethnic group with the highest age adjusted rate of colorectal death. The rate among African American men is higher than that of African American women.

Colorectal cancer is a chronic disease that is heavily influenced by age. This means that **people become much more likely to develop and die from colorectal cancer as they get older.**

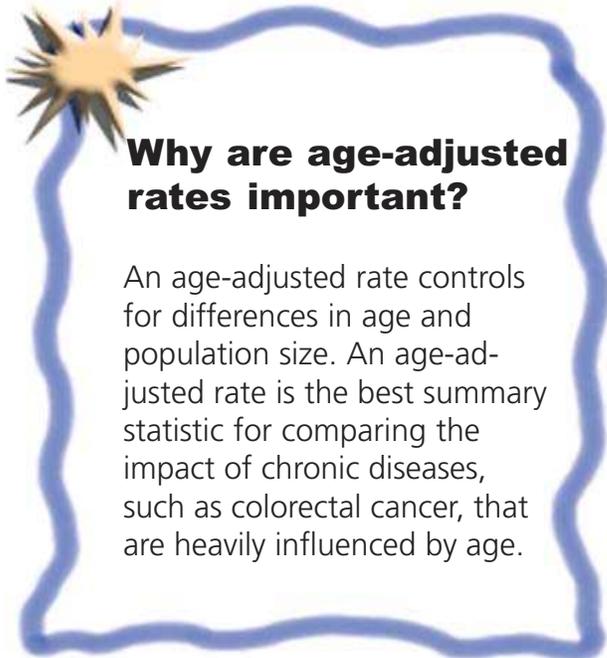
Using this data to improve community health

In order to reduce unfair health differences, it is important to target the groups with the highest age-adjusted death rates from a given cause. In this analysis, no community, race/ethnic group or gender had a higher age-adjusted death rate compared to the county as a whole, even though **national statistics tell us that African American men and women are the most likely to die of colorectal cancer.**

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 group that accounts for the highest percent of deaths from a given cause. For colorectal cancer, these are Whites, African Americans, and people living in Walnut Creek, Concord and Richmond.

Access to routine medical screenings and care is important to good health. Many Contra Costa residents diagnosed with chronic diseases, like colorectal cancer, can keep getting sicker when they lack health insurance, transportation or sufficient English skills to navigate health care systems. Providing culturally competent and accessible health care to all residents will be key to lowering the county's death rates.

Because a person's risk for developing or dying from a chronic disease like colorectal cancer increases as they age, it is important to target ongoing environmental and behavioral interventions to the young and middle-aged, in addition to older populations. Examples could include strategies to increase community access to fruits and vegetables or to teach individuals how to prepare more healthy meals.



For example, the White population is older and the Latino population is younger than the county as a whole. Without age-adjustment, we would expect to see higher death rates among Whites than among Latinos, and we would expect that these differences would be largely due to age. An age-adjusted rate calculates what the death rates would look like if the White and Latino populations had the same age distribution. The age-adjusted death rate is useful **identifying differences that are due to poor access to health care or environmental and behavioral risk factors** instead of age. (See the Methods section at the back of this report for more information about using rates.)

How to calculate the percentage and number of deaths

Percentages describe the proportion of countywide deaths from colorectal cancer that occur within a particular community, race/ethnic group or gender.

The percentage is calculated by dividing the number of deaths that occur within a specific community, race/ethnic group or gender by the total number of deaths countywide and then multiplying that number by 100. The numbers show the actual number of deaths from each cause over a three-year period. The number of deaths per year can be calculated by dividing the total number of deaths from 2000-2002, as shown in the tables, 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/

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 malignant neoplasm of colon, rectosigmoid junction, rectum and anus (ICD C18-C21) 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.

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/>.