

Common Causes of Death – Race/Ethnicity

Heart disease, cancer and stroke are the leading causes of death in each of Contra Costa's race/ethnic groups. However, African Americans have higher death rates from each of these causes.



African Americans are more likely to die from heart disease, cancer, stroke, homicide and diabetes compared to the county as a whole.

Table 13. The five most common causes of death for African Americans. Contra Costa, 2000-2002

	Percent	(Number)	Rate ¹
1. Heart disease	26.8%	(592)	*319.8
2. Cancer	22.6%	(498)	*247.6
3. Stroke	8.7%	(191)	*104.4
4. Homicide	4.9%	(107)	*39.3
5. Diabetes	4.7%	(103)	*54.8

[*] Indicates that the death rate for this cause is significantly higher among African Americans compared to the county as a whole.

¹ Death rates are presented as age-adjusted rates (per 100,000) for heart disease, cancer, stroke and diabetes, and as a crude rate (per 100,000) for homicide.

As a smaller population group (9.2% of the county population) with high death rates from nearly every cause, African Americans account for 11% of all deaths countywide. Over a three-year period 2000-2002, there were 2,205 deaths among African Americans living in Contra Costa. This means that there are approximately 735 deaths each year among African Americans.

Whites have a lower death rate from stroke

Whites most often die from heart disease, cancer, chronic lower respiratory disease and influenza and pneumonia. Their death rates are similar to the county as a whole. However, Whites are less likely to die from stroke.

Table 14. The five most common causes of death for Whites. Contra Costa, 2000-2002

	Percent	(Number)	Rate ¹
1. Heart disease	28.2%	(4,434)	201.9
2. Cancer	24.8%	(3,895)	187.2
3. Stroke	8.6%	(1,352)	60.6
4. Chronic lower respiratory disease	6.1%	(954)	45.1
5. Influenza and pneumonia	3.1%	(486)	21.7

¹ Death rates are presented as age-adjusted rates (per 100,000) for heart disease, cancer, stroke, chronic lower respiratory disease and influenza and pneumonia. Chronic lower respiratory disease includes bronchitis, emphysema and asthma.

As the largest race/ethnic group in the county (58.0% of the county population), the majority of deaths in Contra Costa (76%) occur among Whites. Over a three-year period 2000-2002, there were 20,531 deaths among Whites living in Contra Costa. This means that there are approximately 6,845 deaths each year among Whites.

Latinos have a higher rate of diabetes death

Latinos are more likely to die from diabetes compared to the county as a whole. Latinos have lower death rates from heart disease, cancer, stroke and unintentional injuries.

Table 15. The five most common causes of death for Latinos. Contra Costa, 2000-2002

	Percent	(Number)	Rate ¹
1. Heart disease	22.0%	(284)	152.4
2. Cancer	21.7%	(280)	122.6
3. Stroke	9.0%	(116)	62.1
4. Unintentional injuries	6.5%	(84)	18.6
5. Diabetes	4.4%	(57)	*27.2

* Indicates that the death rate for this cause is significantly higher among Latinos compared to the county as a whole.

¹ Death rates are presented as age-adjusted rates (per 100,000) for heart disease, cancer, stroke and diabetes, and as a crude rate (per 100,000) for unintentional injuries.

As a population group (17.7% of the county population) with low death rates from nearly every cause, Latinos account for 6% of all deaths countywide. Between 2000 and 2002, there were 1,289 deaths among Latinos living in Contra Costa. This means that there are approximately 430 deaths each year among Latinos in this county.

Asians have lower death rates from chronic disease

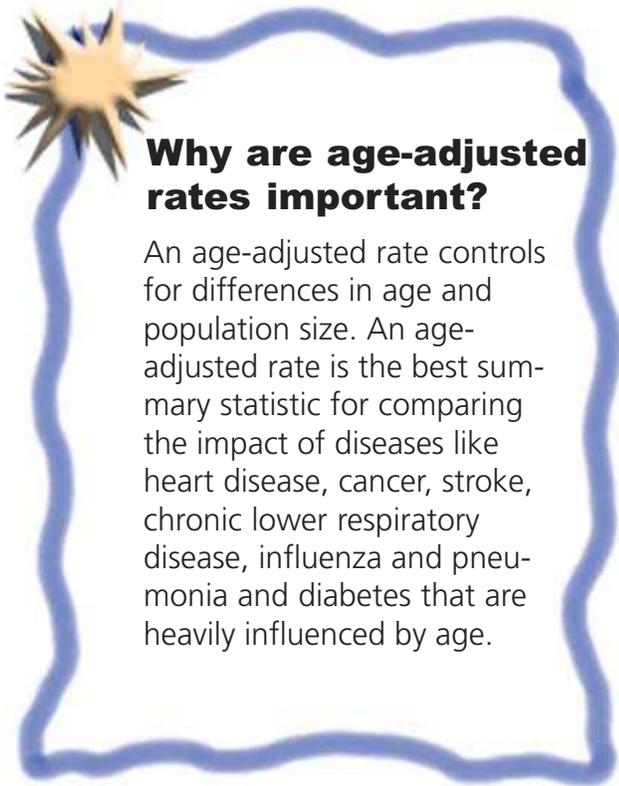
Asians have death rates similar to the county as a whole from influenza and pneumonia, and lower death rates from cancer, heart disease, stroke and chronic lower respiratory disease.

Table 16. Five most common causes of death for Asians. Contra Costa, 2000-2002

	Percent	(Number)	Rate ¹
1. Cancer	28.4%	(337)	123.2
2. Heart disease	23.4%	(278)	122.8
3. Stroke	11.8%	(140)	63.6
4. Chronic lower respiratory disease	4.4%	(52)	24.9
5. Influenza and pneumonia	4.2%	(50)	23.6

¹ Death rates are presented as age-adjusted rates (per 100,000) for heart disease, cancer, stroke, chronic lower respiratory disease and influenza and pneumonia. Chronic lower respiratory disease includes bronchitis, emphysema and asthma.

As another smaller population group (10.8% of the county population) with low death rates from almost every cause, Asians account for 6% of all deaths countywide. Between 2000 and 2002, there were 1,186 deaths among Asians living in Contra Costa. This means that there are approximately 395 deaths each year among Asians in this county.



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.

An age-adjusted death rate is useful identifying differences that are due to environmental or behavioral risk factors instead of age. Latinos have a higher age-adjusted death rate from diabetes compared to the county as a whole. This means that the increased risk among Latinos is probably due to environmental or behavioral factors instead of age.

Why are crude rates important?

A crude rate controls for differences in population size and is a good summary statistic for comparing health outcomes like homicide and unintentional injury, which are less influenced by age, across groups of different sizes.

For homicide and unintentional injury, it is important to use crude rates as there are many more Whites in the county than African Americans, Latinos or Asians.

How to calculate the percentage and number of deaths

Percentages describe the proportion of deaths that occur from a particular cause. The percentage is calculated by dividing the number of deaths from a specific cause by the total number of deaths, and then multiplying that number by 100.

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 by three.**

Confidence intervals are available

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

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, see our section on statistical methods.

ICD10 leading causes of death coding 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.