



Community Health Indicators for Selected Cities and Places in Contra Costa County

Executive Summary

The following summary highlights key findings from the Community Health Indicators for Selected Cities and Places in Contra Costa County report. The report was prepared by the Contra Costa Health Services' Community Health Assessment, Planning and Evaluation group for the Hospital Council of Northern and Central California. This information will be used to guide future policy and program decisions and monitor progress in improving community health. For more details about the demographic and health issues highlighted in this summary, please refer to the full report, which can be accessed at www.cchealth.org.

Contra Costa is a large and diverse county that has experienced substantial growth in recent years.

- In 2000, nearly 1 million residents lived in Contra Costa, an increase of 18.1% since 1990. Although most of the growth during this decade occurred in the eastern part of the county, the three largest cities in Contra Costa are located throughout the county. These include Concord, which is in the central part of the county, Richmond in the west, and Antioch in the east.

- Overall, Contra Costa's population is 58% White, 18% Latino/Hispanic, 11% Asian, 9% African American, 3% Other, and less than 1% American Indian/Alaska Native. The county's median income is \$63,675 and 18.5% of residents live in poverty. (Poverty is defined as a gross annual income of \$34,100 for a family of four.)

- The communities with the highest percentage of non-white residents – San Pablo, Richmond, Bay Point, and Pittsburg – also have the highest poverty and lowest education attainment levels.

Contra Costa has met some national and state health benchmarks, but room for improvement exists.

- Healthy People 2010 is a set of national objectives focused on increasing life expectancy, improving quality of life and eliminating health disparities among different segments of the population by the year 2010. (Source: Healthy People 2010 website (<http://www.healthypeople.gov/>)).

- Contra Costa **has already met** the Healthy People 2010 objectives for lung and prostate cancer deaths. However, the county **has yet to meet** the 2010 objectives for death from cancer (all types), heart disease, stroke, unintentional injury, breast cancer, colorectal cancer, homicide, low birth weight births, childhood immunizations, gonorrhea, and adult diabetes diagnoses.

- Contra Costa residents are **less likely to die** from heart disease, unintentional injuries, and diabetes than people living in California overall. Contra Costa residents are **more likely to die** from cancer (all types), breast cancer and stroke than people living in California overall.

- The county also **fares better than the state** on chlamydia, childhood immunization, percent of overweight children, AIDS diagnoses, and teen births. The county **does not fare as well as the state** on childhood asthma hospitalization rates.

KEY FINDINGS

African Americans, Latinos/ Hispanics and those living in low-income communities are at greater risk for poor health outcomes.

■ Most homicides in the county occur among African American men. Homicide is the fourth leading cause of death for African Americans overall and the third leading cause of death for African American men. **The homicide rate among African American men is nearly 25 times that of the rest of the county.**

■ In Contra Costa, men who have sex with other men, injection drug users, African Americans, residents of *Richmond*, and 25-44 year olds are more likely to be diagnosed with AIDS compared to the county as a whole. The rate of AIDS diagnosis for **African Americans is seven times that of the rest of the county.**

■ Childhood asthma hospitalization rates are higher for African American children and those living in *Richmond and San Pablo* than the county overall. **African American children in Contra Costa are hospitalized for asthma at a rate almost five times that of White children in the county.** Statewide numbers suggest that African American and American Indian children are more likely to be diagnosed with asthma.

■ Contra Costa's rates of gonorrhea and chlamydia are highest among 15-24 year olds and African Americans. Chlamydia rates are also higher among Latinos/Hispanics than the county as a whole. **Young adults have four times the rate of gonorrhea and five times the rate of chlamydia as for the county as a whole.**

■ African Americans, Latinos/Hispanics and residents of *San Pablo, Richmond and Pittsburg* are more likely to die from diabetes than the county as a whole. **The diabetes death rate for African Americans is more than three times that of the county.** Diabetes is the fifth leading cause of death for both African Americans and Latinos/Hispanics.

■ Compared to the county overall, Latinas/Hispanics, African Americans, and residents of *San Pablo, Richmond, Pittsburg, Bay Point, Oakley and Antioch* are more likely to have babies as teenagers. **Latinas/Hispanics have more than twice the teen birth rate and residents of San Pablo have three times the teen birth rate of the county as a whole.**

■ African Americans, Asian/Pacific Islanders, and residents of *Richmond* are more likely to have low birth weight infants than the county as a whole. **Compared to the county, African American mothers are almost twice as likely to have low birth weight infants.** Six communities have particularly high levels of low birth weight infants: *Richmond, Pittsburg, San Pablo, Martinez, Antioch, and Concord.*

Chronic diseases are the leading causes of death in Contra Costa and rates are highest among African Americans and low-income communities.

■ The leading causes of death in Contra Costa, which mirror those of California, are *heart disease (27% of all deaths), cancer (25%), and stroke (9%).*

■ African Americans and people living in *San Pablo, Oakley and Richmond*, have higher death rates from each of these causes than the county overall.

■ While heart disease and cancer account for more than half of all deaths in the county, 83% of deaths from heart disease, 69% of deaths from cancer and 75% of deaths from all causes occur among those aged 65 and older.

KEY HEALTH INDICATORS IN CONTRA COSTA

	Health Indicators:	Has Contra Costa met Healthy People 2010 Objective?	Is Contra Costa significantly different than California?	Groups with significantly higher risk than the county overall:	Communities with significantly higher risk than the county overall:
LEADING CAUSES OF DEATH	HEART DISEASE	NO	BETTER	Men, African Americans	San Pablo, Oakley, Richmond, Antioch, Brentwood, Pittsburg
	ALL CANCER	NO	WORSE	Men, African Americans	San Pablo, Oakley, Martinez, Brentwood, Richmond
	STROKE	NO	WORSE	African Americans	San Pablo, Oakley, Pittsburg, Richmond
OTHER CAUSES OF DEATH	UNINTENTIONAL INJURY	NO	BETTER	--	San Pablo
	HOMICIDE	NO	--	African American Men	Richmond (men only)
	BREAST CANCER	NO	WORSE	--	--
	COLORECTAL CANCER	NO	--	--	--
	LUNG CANCER	YES	--	Men	San Pablo, Bay Point
	PROSTATE CANCER	YES	--	African Americans	--
	DIABETES	N/A	BETTER	African Americans, Latinos/Hispanics	San Pablo, Richmond, Pittsburg
OTHER IMPORTANT HEALTH ISSUES	New AIDS Cases	NO	BETTER	Men, African Americans, 25-44 year olds	Richmond
	ADULT OBESITY	NO	--	*	*
	OVERWEIGHT 5th GRADERS	N/A	BETTER	*	Byron, Pittsburg and West Contra Costa
	CHILDHOOD ASTHMA Prevalence	N/A	--	*	*
	CHILDHOOD ASTHMA Hospitalizations	N/A	WORSE	African Americans	Richmond, San Pablo
	LOW BIRTH WEIGHT	NO	--	African Americans, Asians	Richmond
	TEEN BIRTHS	N/A	BETTER	Hispanics, African Americans	San Pablo, Richmond, Pittsburg, Bay Point, Oakley, Antioch
	CHLAMYDIA	N/A	BETTER	African Americans, Latinos/Hispanics, Young Adults (15-24 year olds)	*
	GONORRHEA	NO	--	African Americans, Young Adults (15-24 year olds)	*

Information represented in this chart refers to data from 2000–2002, except for childhood asthma hospitalization data which is from 1998-2000.

N/A = HP 2010 objective does not exist or comparable data for Contra Costa is not available.

-- = No difference or numbers are too small to detect a significant difference.

* Race/ethnic and/or community data not available for Contra Costa

HEALTH IMPROVEMENTS

To improve the health of all Contra Costa residents, interventions must target chronic disease prevention and the elimination of health disparities among those at greatest risk for poor health outcomes.

■ To make the greatest impact on disease and death rates in the county, prevention efforts should address the leading causes of death: **heart disease, cancer and stroke**. Behavioral and environmental interventions to reduce risk factors associated with these chronic diseases should begin early and continue throughout life. Promoting healthy choices, providing access to healthy foods as well as opportunities to be physically active, and ensuring access to screenings and ongoing medical care are critical to prevention, early detection and management of these diseases.

■ To reduce the health disparities that exist in Contra Costa, prevention efforts should be accessible and relevant to those at greatest risk for poor health outcomes (such as people of color living in low-income communities). Multiple disciplines must be involved in creating comprehensive, sustainable solutions to address the social, environmental and other root causes of health disparities in the county.



For additional information about this report, contact:

Chuck McKetney, MPH, PhD
Director
Community Health Assessment, Planning and Evaluation
Public Health Division
Contra Costa Health Services
597 Center Ave., Suite 365
Martinez, CA 94553-4669
Phone: 925-313-6171
Email: cmcketne@hsd.co.contra-costa.ca.us