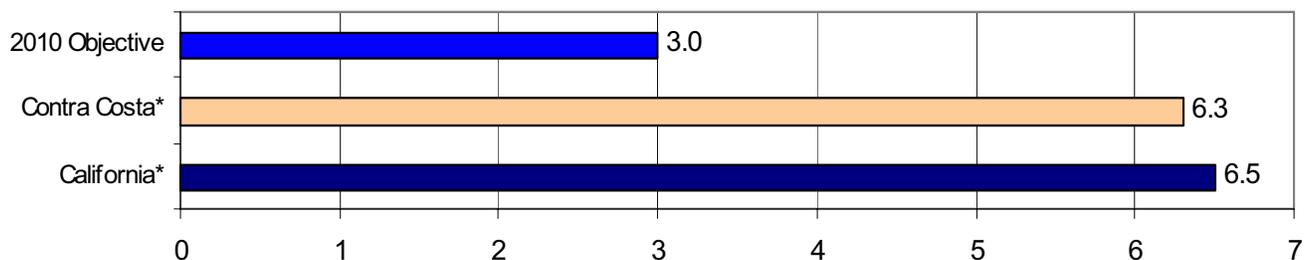


Homicide

Contra Costa has not met the Healthy People 2010 objective to lower the homicide rate. This is due to the large number of African American men killed each year.



Figure 12. Crude homicide rates 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.

Since 1990, there has been a decrease in the national homicide rate but the rate remains unacceptably high.

Contra Costa has not met the Healthy People 2010 objective of reducing the crude death rate from homicide to no more than 3.0 deaths per 100,000 residents.

The crude death rate from homicide is very similar in Contra Costa (6.3 per 100,000) and California (6.5 per 100,000).

African American men (76.4 per 100,000) and men living in Richmond (51.8 per 100,000) are significantly more likely to die from homicide compared to the county as a whole (6.3 per 100,000).

African American men are more likely to die from homicide

Homicide is the third leading cause of death among African American men.

African American men are 25 times as likely to die from homicide compared to other groups living in the county (RR = 24.8).

Over a three-year period 2000 to 2002, 183 Contra Costa residents, including 97 African American men, died from homicide. This means that **approximately 60 Contra Costa residents die from homicide each year**, and that over half of these deaths occur among African American men.

Table 50. Homicide by race/ethnicity and gender. Contra Costa, 2000 -2002

	Number of homicides			Percent
	Men	Women	Total	
African Americans	97	10	107	58.5%
Whites	25	12	37	20.2%
Hispanic/Latino	18	1	19	10.4%
Asian	10	4	14	7.7%
Contra Costa:	154	29	183	100%

¹The Contra Costa total also includes the 6 homicides that occurred among people from two or more race groups and people whose race/ethnicity is unknown. These groups are excluded from the table due to small and unstable numbers (<10 homicides).

As shown above, most of the deaths from homicide occur among men (154), and a much smaller number occur among women (29). Most of the homicide deaths occur among African Americans (107), followed by Whites (37), Hispanic/Latinos (19) and Asians (14).

Men living in Richmond are more likely to die from homicide

Homicide is the third leading cause of death among men living in Richmond.

Men living in Richmond are 13 times as likely to die from homicide compared to other groups living in the county (RR = 13.0).



Table 51. Homicide in selected communities by gender. Contra Costa, 2000-2002

	Number of homicides			Percent
	Men	Women	Total	
Richmond	76	6	82	44.8%
Pittsburg	14	4	18	9.8%
San Pablo	14	3	17	9.3%
Antioch	11	3	14	7.7%
Contra Costa:	154	29	183	100%

¹The Contra Costa total also includes the 52 homicides that occurred among people from other communities. These groups are excluded from the table due to small and unstable numbers (<10 homicides).

As shown above, nearly half of the homicides occur among people living in Richmond (82). This is followed by homicides among people living in Pittsburg (18), people living in San Pablo (17) and people living in Antioch (14).

Using this data to improve community health

In order to reduce both health disparities related to homicide and the overall number of deaths from homicide, it is important to focus interventions on African American men and men living in Richmond. These groups account for the highest number of deaths from homicide and they also have a much higher crude death rate from homicide compared to the county as a whole.

Interventions for homicide prevention could include strategies to limit youth access to firearms, deter gang involvement or teach skills to help people resolve conflicts through non-violent means.

Why do we use crude rates?

A crude rate controls for differences in population size and is a good summary statistic for comparing assault-related outcomes, like homicide, across groups of different sizes.

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



Continued...

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 communities such as Brentwood or Oakley. Again, rates allow us to compare the impact of homicide 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 alone.

What is a risk ratio (RR)?

A risk ratio is another way to compare homicide between population groups.

A risk ratio that is greater than 1.0 shows that there is an increased risk among the people in a particular group. With a risk ratio of 24.8, African American men are 25 times more likely to die from homicide compared to all other groups living in the county. (See the methods section for more information about using risk ratios.)

How to calculate the percentage and number of deaths

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

Homicide 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 homicide (ICD X85-Y09, Y87.1) 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/>.