This summary highlights key findings from the 2007 Community Health Indicators for Contra Costa Report, which describes the health status of Contra Costa residents on a number of important health and demographic indicators. The report was prepared by Contra Costa Health Services’ Community Health Assessment, Planning and Evaluation (CHAPE) group for the Hospital Council of Northern and Central California.

In Contra Costa, whites make up more than half (52.9%) of the population and represent the greatest number of deaths and cases of disease for many health issues in the county.

However, alarming health inequities exist in Contra Costa for low-income residents of color. These inequities, which are “unnecessary, avoidable, unfair and unjust” differences in health status, are due at least in part to unequal distribution of social, physical, economic and political resources that put some groups at a disadvantage for good health outcomes and limits their ability to lead healthy lives.\(^2\)\(^,\)\(^3\)\(^,\)\(^4\)

African Americans are at greatest risk for poor health outcomes.

African Americans have a higher age-adjusted death rate from all causes combined than county residents overall and than Whites, Latinos and Asians.

African Americans also have significantly higher death rates from:

- homicide (5.0x higher)
- prostate cancer (1.9x higher)
- diabetes (1.7x higher)
- infant death (1.5x higher)
- fetal death (1.2x higher)
- heart disease
- stroke
- unintentional injuries
- cancers (all types combined)
- lung cancer (men)
African Americans are also significantly more likely to be sick from or experience:

- AIDS cases (3.4x higher)
- Non-fatal assault hospitalizations (2.7x higher)
- childhood asthma hospitalization (1.9x higher)
- gonorrhea (1.5-1.8x higher)
- chlamydia (0.6-1.0x higher)
- diabetes*
- low birth weight
- teen births
- self inflicted injury hospitalization
- lung cancer (men)
- prostate cancer
- childhood overweight
- adult overweight/obesity*

* Reflects findings from Bay Area data.

RESIDENTS OF LOW-INCOME, COMMUNITIES OF COLOR ARE MORE LIKELY TO DEVELOP AND DIE FROM MANY HEALTH ISSUES.

Not all residents are affected the same. Contra Costa communities with the highest percentage of low-income and non-white residents — San Pablo, Richmond and Pittsburg — experience higher death and disease rates than the county overall for many chronic and communicable diseases, injury, and maternal and child health issues.

MOST DEATHS IN CONTRA COSTA ARE FROM CHRONIC DISEASES.
Heart disease and cancer are the top two leading causes of death in the county, accounting for half of all deaths (49.9%), followed by stroke (8.1%).
Although the top-three leading causes of death are common across all race/ethnic groups in the county, **OTHER CAUSES OF DEATH IN THE TOP FIVE VARY BY RACE/ETHNICITY**, including several other chronic diseases and injury.

**CHRONIC DISEASES AND UNINTENTIONAL INJURY GREATLY AFFECT OLDER RESIDENTS.** Almost three-quarters (74.3%) of local deaths are among residents 65 years of age and older. Different health issues impact residents over their lifespan. Most deaths among older people are from chronic diseases. Heart disease and cancer are among the top two leading causes of death for residents ages 45 and older. Unintentional injury is the third leading cause of death for residents 45-54 years old and a key health issue for older residents. Those 65 and older have the highest rates of death and hospitalization from unintentional injuries, primarily due to falls. For those 45-64 years of age, the majority of unintentional injury deaths are from poisoning due to drug overdoses.

**INJURIES AND SEXUALLY TRANSMITTED DISEASES (STDs) ARE IMPORTANT HEALTH ISSUES THAT IMPACT YOUNGER RESIDENTS.** Unintentional injury, primarily related to motor vehicle accidents, is the leading cause of death for residents 1-34 years old. Homicide and suicide are the second and third leading causes of death respectively for residents 15-34 years old. Young residents (15-24 years old) also have the highest rate of hospitalization from non-fatal assaults in the county and represent almost 40% of these hospitalizations. STDs are also a key health issue for young people in the county. The highest rates of chlamydia and gonorrhea in Contra Costa are among young adults (20-24), followed by teens (15-19).

<table>
<thead>
<tr>
<th>Leading causes of death</th>
<th>Population group</th>
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<tbody>
<tr>
<td>Heart disease, cancer, stroke, <strong>chronic</strong> lower respiratory disease, and influenza &amp; pneumonia</td>
<td>Whites</td>
</tr>
<tr>
<td>Heart disease, cancer, stroke, <strong>homicide</strong>, and unintentional injuries</td>
<td>African Americans</td>
</tr>
<tr>
<td>Cancer, heart disease, stroke, <strong>unintentional injuries</strong> and diabetes</td>
<td>Latinos</td>
</tr>
<tr>
<td>Cancer, heart disease, stroke, diabetes and unintentional injuries</td>
<td>Asians</td>
</tr>
</tbody>
</table>

**Heart disease, cancer, stroke, chronic lower respiratory disease, and influenza & pneumonia**

**Homicide** and **unintentional injuries**

**Cancer, heart disease, stroke, unintentional injuries and diabetes**

**Asians**
CONTRA COSTA RESIDENTS FARE BETTER THAN THE STATE ON MANY HEALTH INDICATORS BUT ARE MORE LIKELY TO DIE FROM CANCER AND STROKE.

Compared to California, Contra Costa has...

<table>
<thead>
<tr>
<th>LOWER RATES OF</th>
<th>HIGHER RATES OF</th>
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<tbody>
<tr>
<td>• heart disease deaths</td>
<td>• cancer deaths (all cancers combined; also for breast, colorectal and lung cancers)</td>
</tr>
<tr>
<td>• diabetes deaths</td>
<td>• stroke deaths</td>
</tr>
<tr>
<td>• AIDS cases</td>
<td>• cancer incidence (all types combined; also for prostate cancer)</td>
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<tr>
<td>• childhood overweight</td>
<td>• heart disease</td>
</tr>
<tr>
<td>• teen births</td>
<td>• cancer (all cancers combined; also for breast and colorectal cancers)</td>
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<tr>
<td>• STD cases (syphilis, chlamydia and gonorrhea)</td>
<td>• stroke</td>
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CONTRA COSTA HAS ACHIEVED NATIONAL BENCHMARKS FOR SEVERAL HEALTH INDICATORS, BUT MUST IMPROVE UPON A NUMBER OF DISEASE, INJURY AND INFANT HEALTH ISSUES.

Contra Costa has met the Healthy People 2010 (HP2010) objectives for infant mortality and deaths from lung and prostate cancer.

Unfortunately, the county has not met the HP2010 objectives for many health issues:

- heart disease
- cancer (all cancers combined; also for breast and colorectal cancers)
- stroke
- unintentional injury
- homicide
- suicide
- fetal mortality
- AIDS
- diabetes
- adult obesity
- low birth weight
- prenatal care during first trimester
To improve the health of all Contra Costa residents, program and policy strategies should target chronic disease prevention and the elimination of health inequities among those at greatest risk for poor health outcomes.

To reduce health inequities in Contra Costa, prevention and treatment efforts should be accessible and relevant to those at greatest risk for poor health outcomes -- people from low-income communities of color. Comprehensive, sustainable solutions to address these inequities must tackle unequal social, environmental, economic and political conditions and other root causes that contribute to these unfair differences in health status in the county. Stakeholders from a variety of sectors – including health, education, business, employment, housing and transportation – need to work with members of the communities at greatest risk for poor health outcomes. The work should focus on developing and implementing viable strategies to create meaningful improvements in health and quality of life in the county.

To make the greatest impact on death and disease 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. Programs and policies that ensure access to medical screenings and health care, limits smoking and exposure to secondhand smoke and provide greater access to affordable healthy foods and physical activity opportunities are critical to prevention, early detection and management of these diseases and other risk factors associated with them.
Contra Costa Demographics snapshot

- 1,006,486 residents (2005)
- Most residents are White (52.9%), followed by Latino (21.1%), Asian (13.1%) and African American (9.1%)
- 19.6% of residents live in poverty (2005)
- 43% of low-income residents are uninsured.
- 13,268 live births annually

Text Sources:


