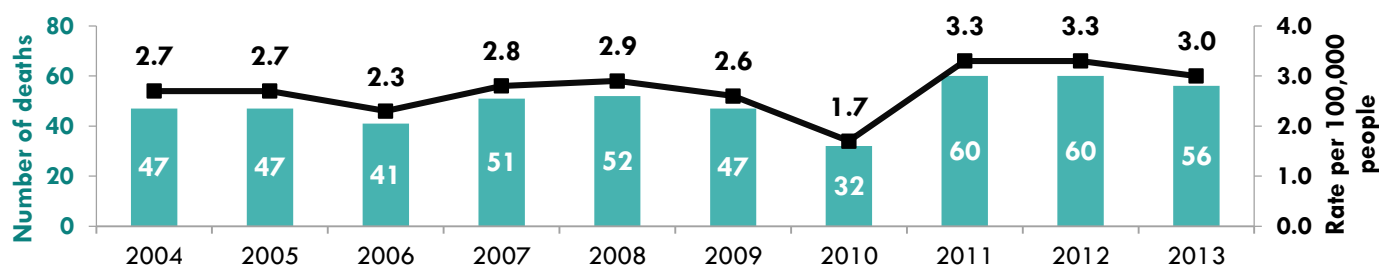


Santa Clara County: Homicide/assault

Key findings

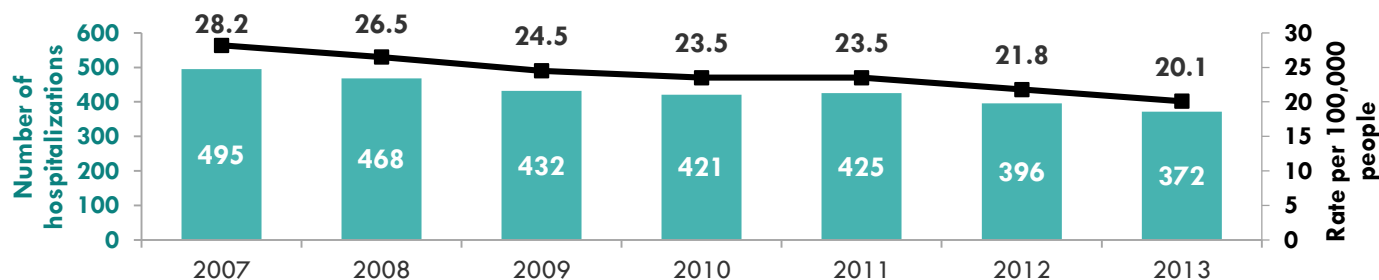
- In 2013, homicide was the 5th leading cause of injury deaths and accounted for 8% of injury deaths.
- The number and rate of homicides has increased since 2004, with some fluctuation in intervening years.
- The number and rate of hospitalizations for assault has decreased since 2007. The number and rate of emergency department (ED) visits for assault increased from 2007 to 2010, but declined in 2011.
- The homicide rate and the rate of hospitalizations and ED visits for assault are highest among males, African Americans, and residents ages 18 to 44.

Number and age-adjusted rate of homicides, 2004-2013



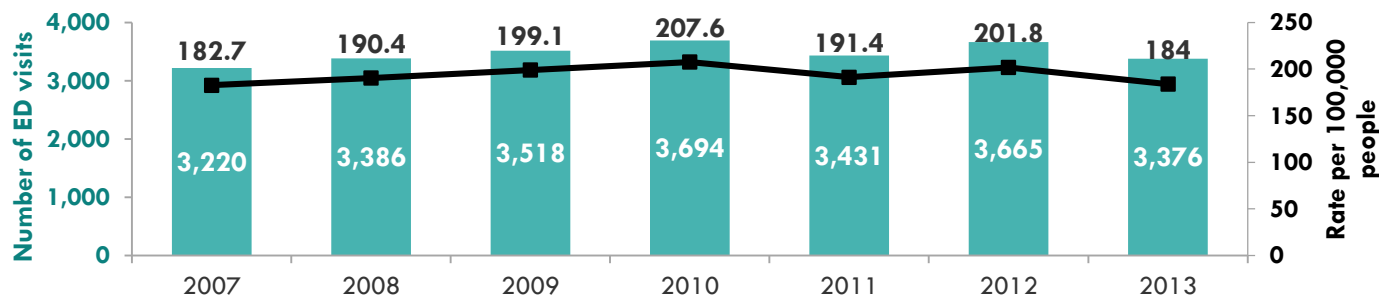
Source: Santa Clara County Public Health Department, 2004-2013 Death Statistical Master File¹

Number and age-adjusted rate of hospitalizations for assault, 2007-2013



Source: Office of Statewide Health Planning and Development, 2007-2013 Patient Discharge Data¹

Number and age-adjusted rate of emergency department (ED) visits for assault, 2007-2013



Source: Office of Statewide Health Planning and Development, 2007-2013 Emergency Department Data¹

Note: In each graph above, the colored bars represent the number and the black line represents the age-adjusted rate per 100,000 people.

Santa Clara County: Homicide/assault

Number, percentage, and age-adjusted/age-specific rates of homicides by demographic characteristics, 2009-2013

		Homicides		
		Average annual number of homicides	% of homicides*	Rate per 100,000 people ⁺
Santa Clara County		51	N/A	2.8
Gender	Male	40	78	4.3
	Female	11	22	1.2
Age group	<18	5	10	1.2
	18-44	31	61	4.4
	45-64	12	24	2.6
	65+	3	5	1.4
Race/ethnicity	African American	4	8	7.6
	Asian/Pacific Islander	10	19	1.6
	Latino	26	51	5.1
	White	10	19	1.5

Source: Santa Clara County Public Health Department, 2009-2013 Death Statistical Master File¹

Number, percentage, and age-adjusted/age-specific rates of hospitalizations and emergency department (ED) visits for assault by demographic characteristics, 2009-2013

		Hospitalizations			ED visits		
		Average annual number of visits	% of hospitalizations for assault*	Rate per 100,000 people ⁺	Average annual number of visits	% of visits for assault*	Rate per 100,000 people ⁺
Santa Clara County		409	N/A	22.7	3,537	N/A	196.7
Gender	Male	349	85	37.8	2,231	63	241.4
	Female	60	15	6.7	1,306	37	149.4
Age group	<18	50	12	11.5	507	14	117.1
	18-44	267	65	37.7	2,350	66	332.0
	45-64	75	18	16.3	614	17	132.7
	65+	17	4	8.4	66	2	32.5
Race/ethnicity	African American	35	9	71.8	273	8	556.6
	Asian/Pacific Islander	42	10	7.2	323	9	55.5
	Latino	225	55	41.3	1,718	49	314.4
	White	84	20	13.7	1,026	29	182.4

Source: Office of Statewide Health Planning and Development, 2009-2013 Emergency Department Data and 2009-2013 Patient Discharge Data¹

Note: *Represents the percentage of homicides or hospitalizations or ED visits in each category, e.g., the percentage of homicides or visits for assault that were male or female. +Rates for age groups are reported as age-specific rates per 100,000 people. All other rates are age-adjusted rates per 100,000 people. Numbers and percentages may not sum to county totals or 100% because some categories are not presented (race/ethnicity), due to missing data, or due to rounding. N/A indicates fields where data are not applicable. (--) indicates not reportable due to small number of deaths, hospitalizations, or ED visits.

Santa Clara County: Homicide/assault

Annual economic cost of homicides/assaults

Costs	Deaths (N=60)	Hospitalizations (N=368)	ED visits (N=3,365)
Medical	\$659,000	\$11,301,000	\$9,441,000
Work loss	\$100,383,000	\$46,673,000	\$13,859,000
Combined	\$101,042,000	\$57,974,000	\$23,299,000

Source: Santa Clara County Public Health Department, 2013 Death Statistical Master File; Office of Statewide Health Planning and Development, 2013 Emergency Department Data and 2013 Patient Discharge Data; Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System, 2014

Note: For annual economic costs, data are for non-fatal hospitalizations and non-fatal treat and release ED visits only and so may not match numbers reported in other tables and graphs. Costs are indexed to 2013 U.S. prices for hospitalizations and ED visits and 2013 California prices for deaths.

Technical notes

Homicide or assault is defined as confirmed or suspected injury from an act of violence where physical force by one or more persons is used with the intent of causing harm, injury, or death to another person; or an intentional poisoning by another person.² This category includes perpetrators as well as intended and unintended victims of violent acts (e.g., innocent bystanders). This category excludes unintentional shooting victims (other than those occurring during an act of violence), unintentional drug overdoses, and children or teenagers "horsing" around.

Injury data are presented as counts and rates:

- Counts represent the total number of events (e.g., deaths, hospitalizations) that occur in a defined period of time, such as one year.
- Rates consist of the count divided by the number of people in the population at risk (e.g., Latinos in Santa Clara County), multiplied by a standard number (e.g., 100,000). When comparing data over time or between different populations, rates are often used instead of counts to make it possible to compare outcomes between populations that differ in size.
- Rates are "age-adjusted" to account for differences in the age profiles in populations over time or between different populations, in this case using weights corresponding to the 2000 U.S. population.
- Age-specific rates are similar to overall rates. Age-specific rates represent the number of cases in a specific age group, divided by the number of people in Santa Clara County in that age group and multiplied by a standard number (e.g., 100,000) to enable comparison between age groups that differ in size.
- Trends are generally presented as single-year estimates over time. However, in some Quick Facts, a "moving average" is presented, which consists of combining data for overlapping three-year periods. Moving averages stabilize fluctuations that can be misleading when counts from a specific type of injury are low from year to year.

¹Denominator is based on the following sources: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2010. Sacramento, California, September 2012 (years 2000-2009); State of California, Department of Finance, State and County Population Projection, 2010-2060. Sacramento, California, January 31, 2013 (years 2010-2013)

²Centers for Disease Control and Prevention. Injury Center: 4.0 Definitions for WISQARS™ Nonfatal.

<http://www.cdc.gov/ncipc/wisqars/nonfatal/definitions.htm>. Last modified 3/27/2007. Accessed 7/29/2014.