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## **Homicide from the Perspective of NCHS Statistics on Blacks**

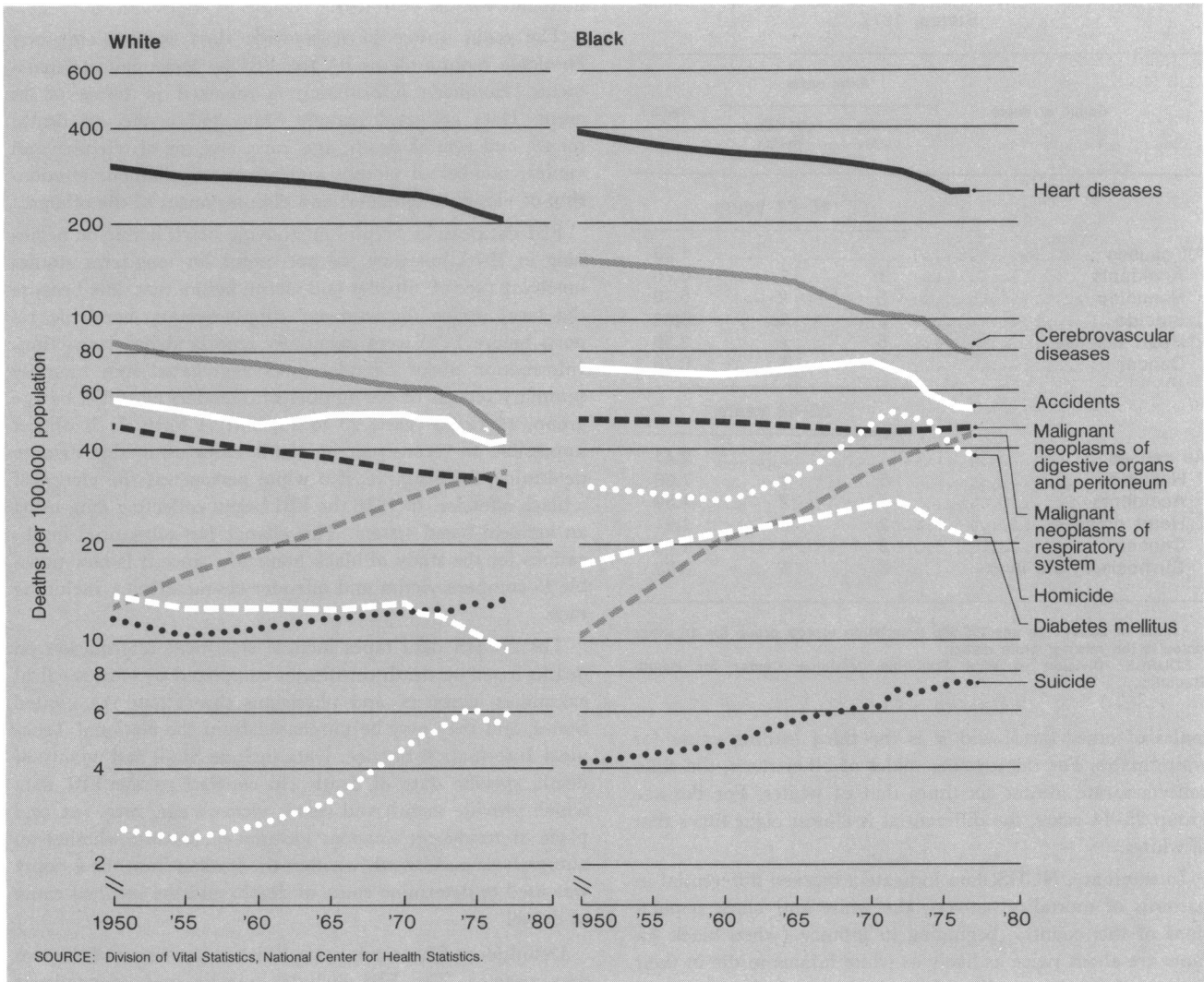
**Dorothy Rice**

The National Center for Health Statistics serves as the principal source of national health data, in particular data on deaths including infant mortality, expectation of life at birth, and causes of death. This information is obtained from copies of the original death certificates filed in State vital statistics offices, plus information provided through the Cooperative Health Statistics System. The data are published annually in "Vital Statistics of the United States" and on a sample basis every month in our Monthly Vital Statistics Report.

Our mortality data provide important indicators of major health problems in the United States and of social, economic, and racial inequities in the risk of death as well as in the leading causes of death. The health and social problems of homicide among black males are documented by our vital statistics data. Many racial comparisons in NCHS mortality data are in terms of death rates for the white population and the population of races other than white. Among the latter group, the great majority of deaths (93 percent in 1977) were specifically among the black population. NCHS is now working to greatly expand, during the 1980s, the amount of mortality data available for the black population identified separately in our publications. This information is already on public-use tapes, which are made available annually with the release of our vital statistics data. An additional data resource on racial patterns of mortality is the publication "Health United States 1979," which includes a special chapter entitled "Health Status of Minority Groups."

The health problem of homicide as a major cause of death among young black males can be cast into the broader context of mortality differentials between the white and black populations. These reveal health disadvantages to blacks for many causes of death, from infancy to old age. These differentials are revealed in terms of life expectancy; for example,

Age-adjusted death rates for selected causes of death, by race for the United States for selected years, 1950-77



white males born in 1977 could expect to live 70 years compared with 64.6 years for males of other races. For females the corresponding figures were 77.7 years and 73.1 years. The average length of life of a black male today is at about the level of the white male in 1945. NCHS data do indicate a gradual narrowing of this differential. Thus, from 1968 to 1977, 4.7 years were added to the average life expectancy of the population of other races compared with 2.7 years for the white population.

Trends in leading causes of death between the white and the black populations since 1950 are shown in the figure. These trends reveal that for the leading cause of death, heart disease, the black population is at about one-fourth greater risk than the white population; this differential has been rather constant for the last quarter century despite the decline in mortality for this disease experienced by both racial groups. For the second leading cause of death, stroke (cerebrovascular diseases), blacks were at twice the risk of whites in 1965, and this differential has now narrowed somewhat because of

more rapid improvements for the black population. For the third leading cause of death in the United States, cancer (malignant neoplasms), the risk of death has increased steadily for blacks as compared with whites. The black population is now at one-third greater risk than the white population.

The most striking difference in mortality patterns between the white population and blacks, however, is for homicide. In 1977, the risk for blacks at all ages—measured in terms of the age-adjusted death rate—was more than six times that of the white population. This differential had declined from almost 12 since 1950, mainly because of the greater increase in homicide deaths among the white population rather than because of reductions in mortality from this cause among blacks.

The toll of homicide among the black population, compared with the white, is particularly marked at the younger ages, as shown in the table. For both racial groups, among those aged 15-24 years, the leading cause of death is accidents; but homicide is the second leading cause for these

Leading causes of death and rank order among males, by race, and race ratios for selected age groups, United States, 1977

Cause of death	Rank order		Ratio <sup>1</sup>
	White males	All other males	
<b>15-24 years</b>			
All causes			1.23
Accidents	1	1	0.76
Homicide	3	2	5.70
Suicide	2	3	0.68
Heart disease	5	4	2.50
Cancer	4	5	0.76
<b>25-44 years</b>			
All causes			2.41
Homicide	5	1	7.68
Accidents	1	2	1.59
Heart disease	2	3	1.91
Cancer	3	4	1.43
Cirrhosis of the liver	6	5	3.83

<sup>1</sup> Ratio of death rate per 100,000 population in age group for all other males to the rate for white males.

SOURCE: Division of Vital Statistics, National Center for Health Statistics.

males of other races, and it is the third leading cause for white males. For these young males of other races, the ratio reflects a rate almost six times that of whites. For the age group 25-44 years, the differential is almost eight times that of whites.

In summary, NCHS data indicate a marked differential in patterns of mortality between the white and black populations of this country, beginning in infancy (when black infants are about twice as likely as white infants to die in their first year), and extending through the productive years of life. The differentials persist for many causes of death. Homicide among black males is one of our most striking and serious problems from a public health and social point of view.

## Perils and Pitfalls of Systems That Collect Data on Homicide

Marc Riedel, PhD  
Jerry Brown

In October 1979, the National Institute of Justice funded a 2-year study of homicide patterns by the Center for the Study of Crime, Delinquency, and Corrections at Southern Illinois University, Carbondale. The two parts of the study are (a) the analysis of the Federal Bureau of Investigation (FBI) and National Center for Health Statistics (NCHS) data tapes on homicides for the period 1968-78 and (b) pilot studies of eight American cities in which data are being

collected from medical examiners and police departments on homicide for the year 1978.

The main source of nationwide data is supplementary homicide reports filed with the FBI by local police departments. Homicide information is reported in terms of an event. Data collected include State and county of death; month and year of death; age, race, and sex of offender and victim; number of victims and offenders; weapon; relationship of victim to offender; and circumstances of the offense.

FBI data can be helpful in studying black homicide beginning in 1976, but they are not useful for long-term studies involving race of offender and victim before that date because the local police departments' supplementary homicide reports before 1976 were essentially reports about the victims. Information about offenders was aggregated into monthly summary reports of the number of offenders classified by age group, 14 to 20 years, 20 to 25, and so forth. It is almost impossible to reconstruct homicide cases using this data to determine, for example, if a white person was the victim of a black offender. In 1976 the FBI began collecting data using an incident-based system. This change has substantial implications for the study of black homicide, since it is now possible to compare victim and offender characteristics, including race.

The NCHS data tapes include statistical information on deaths based on death certificates completed by local medical examiners, coroners, and physicians throughout the United States, and they may be purchased from the National Technical Information Service. Data include State and county of death, specific date of death (in contrast to the FBI data which provide month and year); victim's age, race, sex, and place of residence; weapon; location of assault; whether an autopsy was performed; whether the finding from the autopsy was used to determine cause of death; and the medical cause of death.

Definitions of homicide complicate comparisons of the two data systems. The FBI includes murder and nonnegligent manslaughter under the rubric of homicide but excludes deaths due to negligence, justifiable homicides, and excusable homicides. The NCHS system defines homicide as any violent death committed by one human being against another, excluding only suicides, accidents, and legal executions. Despite differences in definition, there appears to be a reasonably high level of agreement between the two data sources at a national level.

Agreement on national totals, however, does not necessarily mean agreement on smaller units such as cities. The FBI's "Uniform Crime Reports" collects cases by place of assault; NCHS tabulates and publishes the data by victim's place of residence. The two data sets may vary greatly for cities with large transient populations. To establish comparable statistics, data sets from cities should include police and medical information. With information from both sources, investigators can match police department and local medical examiner records and account for variations in the two. They should then be able to determine the advantages and limitations of national homicide data.