

Homicide in Texas - 1994

Violence is a public health issue. Intentional injuries can be self-directed (suicides or suicide attempts) or other-directed (homicides or nonfatal assaults). This article will describe the epidemiology of homicides in Texas in 1994 and describe some preventive actions that health professionals can take.

Homicide is the tenth leading cause of death in the state, claiming 2,104 lives in 1994. Homicide rates were highest in the early 1980s; over 34,000 Texans have been murdered since then. Rates in recent years have fluctuated (Figure 1). Seventy-four percent (1561/2104) of all homicides in Texas in 1994 were accomplished with a firearm.

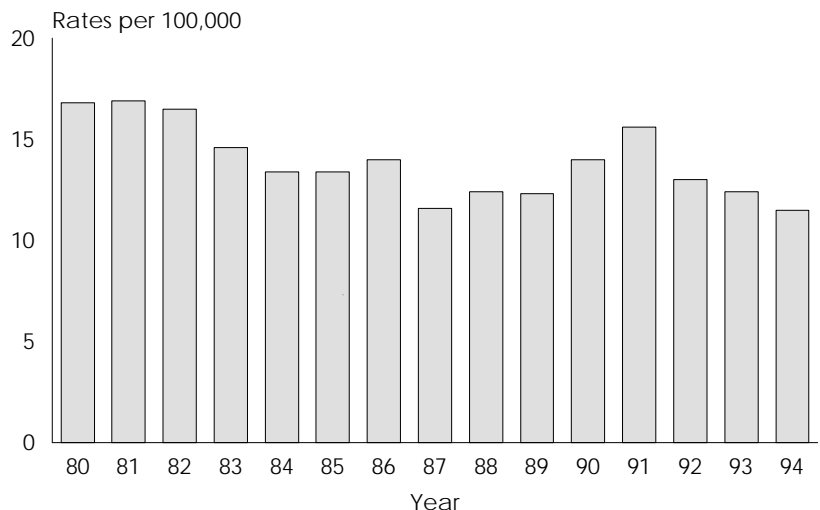
Homicide disproportionately affects males, young people, African Americans, and Hispanics. In 1994 males were 3.8 times more likely to be murdered than were females (18.3 deaths per 100,000 population versus 4.8 deaths per 100,000 population). Sixty percent (1,269/2,104) of the homicides were among Texans 15 to 34 years of age. Those aged 20 to 24 years had the highest rates (Figure 2). The murder rate in 1994 for Texans aged 15 to 19 years was nearly double that of 1988 (23 versus 12.6 deaths per 100,000 population).

Homicide is the fifth and sixth leading cause of mortality among African American and Hispanics, respectively. With a homicide rate of 34.5 deaths per 100,000 population, African Americans are 6.2 times more likely to be murdered than are whites (5.5 deaths per 100,000 population) and 2.3 times more likely than are Hispanics (14.6 deaths per 100,000

population). From 1988 to 1994, the homicide rate for African American males aged 15 to 19 years increased 250% (51.3 versus 129.2 deaths per 100,000 population). On average, 1 person in this demographic group is murdered every 3 days.

Texas has a homicide rate 31% higher than the national rate.¹ There are approximately 700 more homicide deaths in Texas than would be expected based on the lower national rate. At 11.9 deaths per 100,000 population, Texas homicide rates currently do not meet the National Year 2000 Objective: age adjusted rate of 7.2 deaths per 100,000 population.

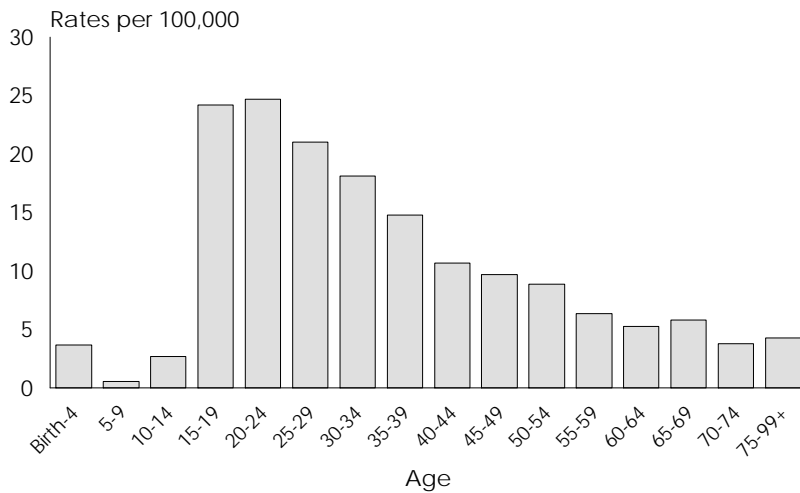
Figure 1. Homicide Rates in Texas, 1980-1994



n = 34,122 Deaths
 Injury Prevention & Control Program, TDH (3/5/96)
 Source: Bureau of Vital Statistics

Continued

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Figure 2. Homicide Rates by Age Group; Texas, 1994

n=2104 Deaths
 Injury Prevention & Control Program, TDH (3/5/96)
 Source: Bureau of Vital Statistics

Despite these sobering statistics, health professionals have numerous opportunities to address this major public health problem. These measures include defining the problem, designing and implementing countermeasures, and evaluating the results.

As noted above, homicide rates are high among youth. Although the most effective strategies to prevent youth violence have not been determined, CDC recommendations emphasize that efforts to prevent this problem should be based on established principles of health promotion and use multiple complementary interventions.² These interventions include

- ◆ Evaluating violence prevention efforts
- ◆ Establishing primary prevention programs, such as focusing on known perpetrators and victims after the occurrence of violence
- ◆ Targeting youth of all ages

- ◆ Involving adults (Parents and other role models, for instance, influence violence-related attitudes and behaviors of youth and should be provided the appropriate knowledge and skills to function as role models.)
- ◆ Presenting messages in multiple settings (For example, lessons in a school should be reinforced in other settings where children and youth congregate, including homes, churches, recreational settings, and clinics.)
- ◆ Addressing societal and personal factors (Poverty, unemployment, undereducation, and social acceptance of violence should be addressed simultaneously with efforts to affect personal behavior change through activities such as home visitation, school-based training, or mentoring.)



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References

1. Texas' Healthy People 2000 Health Status Indicators, 1980 - 1993, Bureau of State Health Data and Policy Analysis, Texas Department of Health, April 1995.
2. Approaches to Youth Violence, MMWR 1994: 43(40).

Acknowledgements: Ken Powell, MD, MPH, of the Centers for Disease Control and Prevention provided essential data on Texas homicide rates compared with those of other states.

ImmuNews

Video Conferences and More...

On September 19, 1996, from 10:00AM-12:30PM, Central Standard Time, the Public Health Training Network and the Health and Sciences Television Network will present the video conference, **Immunization Update 1996**, for health care providers. This live, interactive video conference, to be downlinked in 25 Texas sites, is sponsored by the Texas Department of Health and the Centers for Disease Control and Prevention (CDC). Led by Dr. William Atkinson of the CDC National Immunization Program, this course will enable participants to understand the rationale behind the most recent vaccination recommendations and to identify ways to improve vaccination levels among their patients, provide services consistent with the new recommendations, and reduce missed opportunities to vaccinate.

Upcoming teleconference training events on immunization include **Surveillance of Vaccine Preventable Diseases, Epivac Live-Dallas, and Epivac Live-Houston** (all scheduled for December). Health care professionals and community health promotion volunteers are invited to escape to the beach while they update their immunization information. **Immunize Texasize** will be held at the Corpus Christi Omni Bayfront October 28-30, 1996. This is the First Annual Texas Immunization Conference, sponsored by the TDH Immunization Division and the Texas Health Foundation. The agenda includes plenary and breakout sessions in 5 topic areas: vaccines, vaccine-preventable diseases, immunization partners, professional development, and hot topics.

For further information on all these events, including registration requirements and continuing professional education credit, call (800) 252-9152.

Statewide Immunization Tracking

The Texas Department of Human Services (TDHS) currently mandates that Aid to Families with Dependent Children (AFDC) recipients under 6 years of age be up-to-date on their required immunizations or in the process of receiving them. Texas Department of Health Immunization Division worked with TDHS to establish an appropriate system for determining compliance with this requirement. As of July 1996, 95% of AFDC recipients under age 6 were in compliance. Most of the remaining 5% are children with medical exemptions; a very small percentage are exempted through other sanctions.

ImmTrac is a computerized registry that was developed to improve statewide immunization levels. This automated system imports immunization data from Integrated Client Encounter System (ICES) sites at regional and local health departments. By the end of August, ImmTrac was operational in all TDH regional offices; all local health departments are targeted to be on-line by the beginning of 1997. A pilot project among private providers is planned for November of this year.

For further information on ImmTrac contact Ann Synptak at (512) 458-7284 or by email at immtrac@imm.tdh.state.tx.us.



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Errata

One small but important word was omitted in the first sentence of the second paragraph of *Fourth HPS Fatality in Texas* (DPN, Vol. 56, No. 18). Laboratory specimens were sent to the University of **New Mexico** School of Medicine, not the University of Mexico....

In the same issue, we cited the wrong author for *Rash Illness in a Veterinary Hospital*. Kristina Busico had been correctly acknowledged for her contributions to previous DPNs. However, Christine Burgess, was the sole author of this article. Ms. Burgess, formerly a student intern in the TDH Infectious Disease Epidemiology and Surveillance Division, is now enrolled in the Emory University School of Public Health to obtain an MPH. We sincerely apologize to both women for this unfortunate mistake.

Both of these errata have been corrected in the Internet version of this DPN.