

Injury and Violence

Unintentional and intentional injuries combined are important contributors to overall mortality and diminished quality of life. Injuries are also a financial burden to society in the form of lost productivity and the costs of medical services.¹³ Statistics show that injuries in Los Angeles County are the leading cause of death among people under 45 years of age (see Leading Causes of Mortality), and they are the primary reason for high hospitalization rates among children and youth less than 25 years of age.¹⁴ Therefore, injuries are a very important indicator of the health status of the population, and an important factor in determining the burden of disease or illness in Los Angeles County. For the purposes of developing public health strategies, the size and diversity of the Los Angeles County population offer an opportunity to study injury patterns within specific population groups.

→ As shown in Figure 4.32, intentional injuries account for over-half (54%) of all injury deaths to Los Angeles County residents, and the remaining 46% of injury deaths are due to unintentional injuries.

→ Together, homicide and suicide make up 51% of all injury mortality in Los Angeles County (see Figure 4.33). In 1996, homicide contributed 32% to all injury deaths for a total of 1,439 deaths. Unintentional motor-vehicle-related crashes accounted for 21% of all injury deaths.

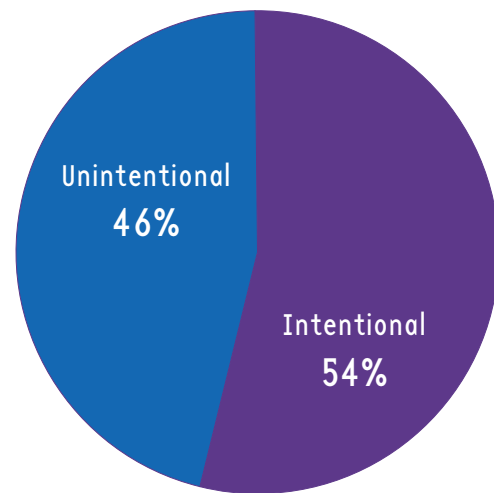
→ According to 1997 mortality statistics, injuries in Los Angeles County account for 6.7% of all mortality. In 1996, the risk for death was three times higher in men (71.0 deaths per 100,000 men) than women (22.6 deaths per 100,000 women) (see Figure 4.34).

→ In Los Angeles county, the rate of death from injury is highest among African-Americans (91.0 deaths per 100,000), followed by whites (49.5) and Latinos (40.4) (see Figure 4.34).

Unintentional Injuries

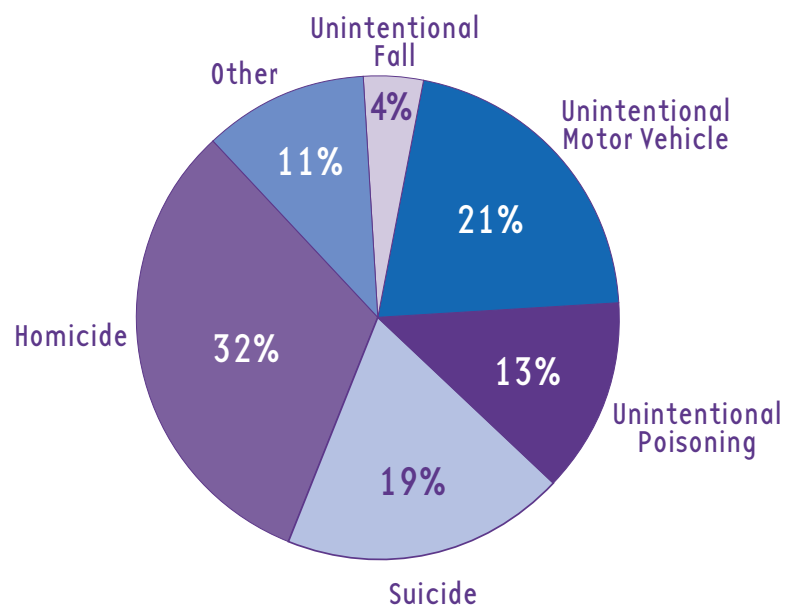
Unintentional injuries are fatal or non-fatal bodily injuries that occur, by definition, without intent. Unintentional injuries have been reduced through prevention efforts which have made products and systems safer, for example, leg-

Figure 4.32: Overall Injury Mortality, Los Angeles County, 1996

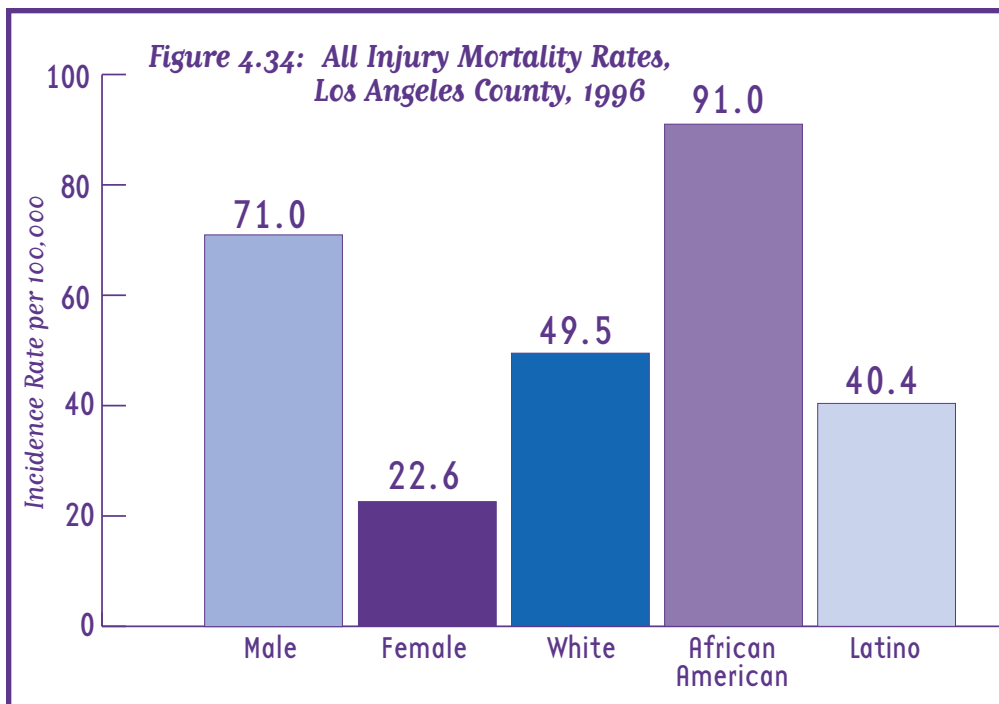


Source: 1996 PHIS File, Data Collection and Analysis, Los Angeles County Department of Health Services.

Figure 4.33: Overall Injury Mortality By Cause, Los Angeles County, 1996



Source: 1996 California Department of Health Services, Death Statistical Master File compiled by the Injury Surveillance and Epidemiology Section, EPIC, in Injury Tables, California, 1996: Deaths and Nonfatal Hospitalizations.



Source: 1996 PHIS File, Data Collection and Analysis, Los Angeles County Department of Health Services.

isolation requiring the use of seat belts in all vehicles, and the installation of driver-side air bags have reduced the incidence of death and injury due to motor vehicle crashes. Further, by assessing risk and measuring outcomes in affected populations, it is possible to develop new strategies for preventing specific injuries. Some summary statistics on unintentional injuries in Los Angeles County follow.

→ Mortality due to unintentional injury in Los Angeles County is lower than in California.

Table 4.4: Unintentional Injury Rates Per 100,000 Population

	L.A. County ¹	California ²	HP 2000 ⁴
Unintentional injury mortality			
Total	21.7	29.7	29.3
Male	30.4	40.9	*
Female	13.1	18.4	*
Hospitalizations among children and youth (ages 0-24) due to unintentional injuries			
Total	353.0 ³	277.8 ³	754.0
Motor vehicle-related injury mortality			
Total	9.9	13.4	14.2
Male	13.5	18.2	*
Female	6.3	8.6	*
Fall-related injury mortality			
Total	2.4	3.4	2.3
65+ years	11.1	22.7	*

1. 1996 Los Angeles County data obtained from Vital Record, Public Health Information Services, unless otherwise noted.

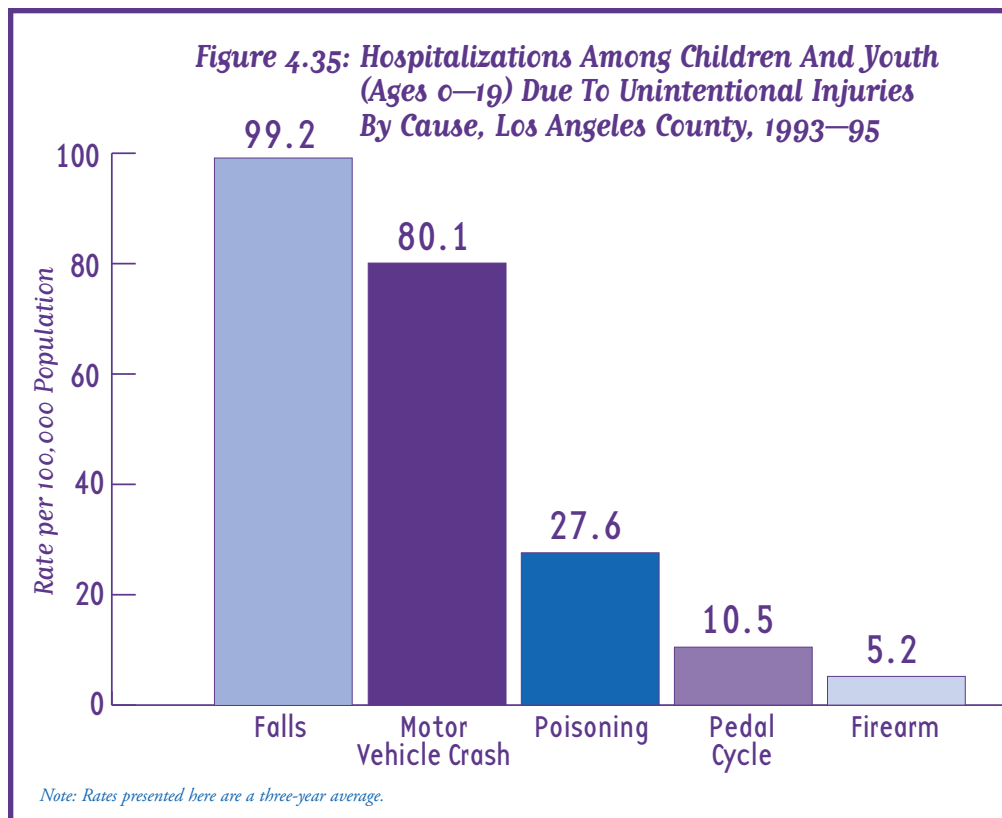
2. 1996 state data obtained from Death Statistical Master Files 1989-1996, Center for Health Statistics, California Department of Health Services, unless otherwise noted.

3. 1995 data from Perinatal Indicators, MCAH Program, Los Angeles County, 1996.

4. Age-adjusted rate per 100,000 to the 1940 census population.

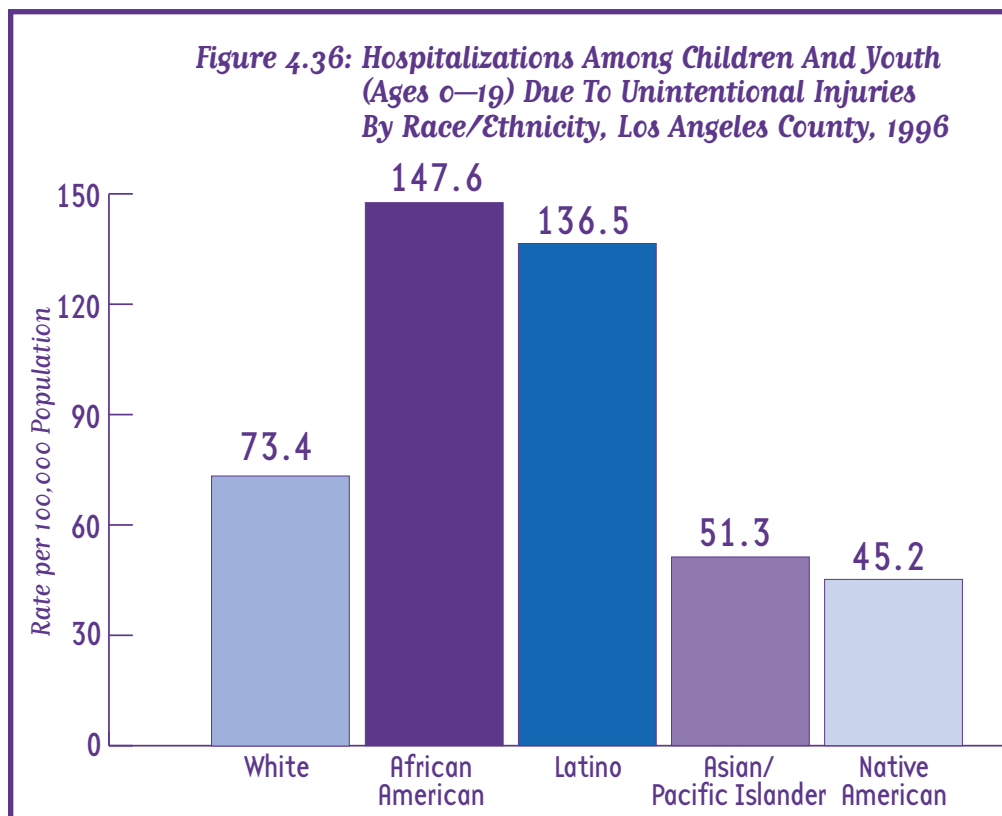
* Data not available.

- In 1996, elderly populations (age 65 and older) experienced higher rates of fall-related injury mortality (11.1 deaths per 100,000) than any other age group (see Table 4.4).
- Men in Los Angeles County experience higher rates of mortality due to unintentional injury (30.4 deaths per 100,000) compared to women (13.1) (Table 4.4).
- In Los Angeles County, the highest rates of unintentional injury hospitalizations among children and youth (under age 20) are falls (99.2 hospitalizations per 100,000) and motor vehicle crashes (80.1 hospitalizations per 100,000) (see Figure 4.35).

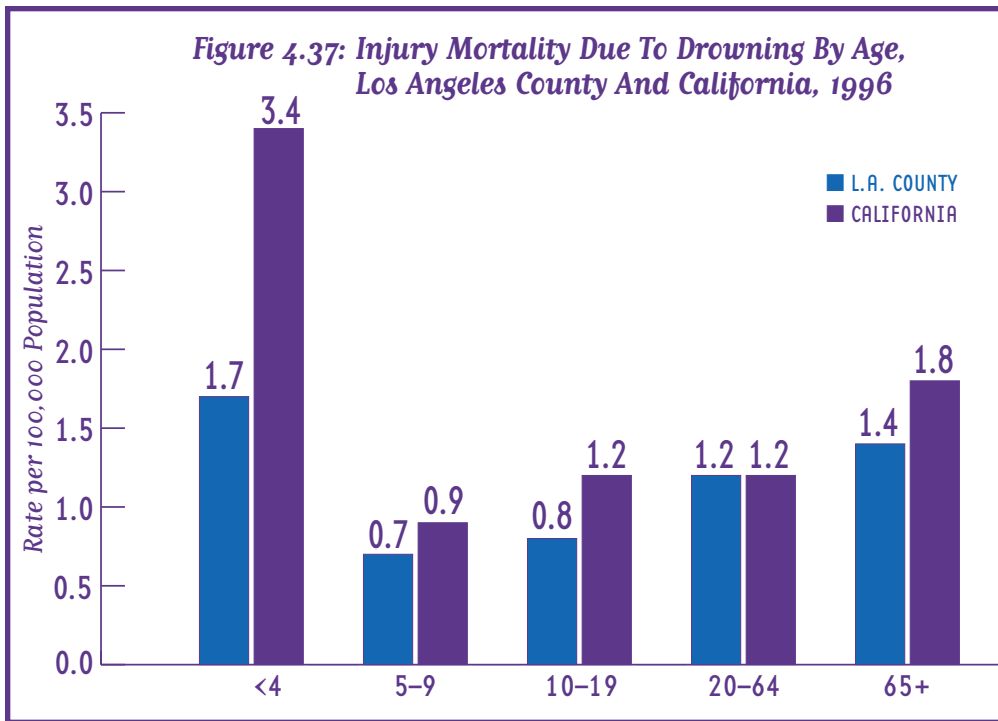


Source: Los Angeles County Department of Health Services, MCAH Program, Perinatal Indicators, 1996.

- Rates of hospitalization due to unintentional injuries are higher among African-American (147.6 hospitalizations per 100,000) and Latino (136.5 hospitalizations per 100,000) youth than youth in other ethnic groups (see Figure 4.36).



Source: Los Angeles County Department of Health Services, MCAH Program, Perinatal Indicators, 1996.

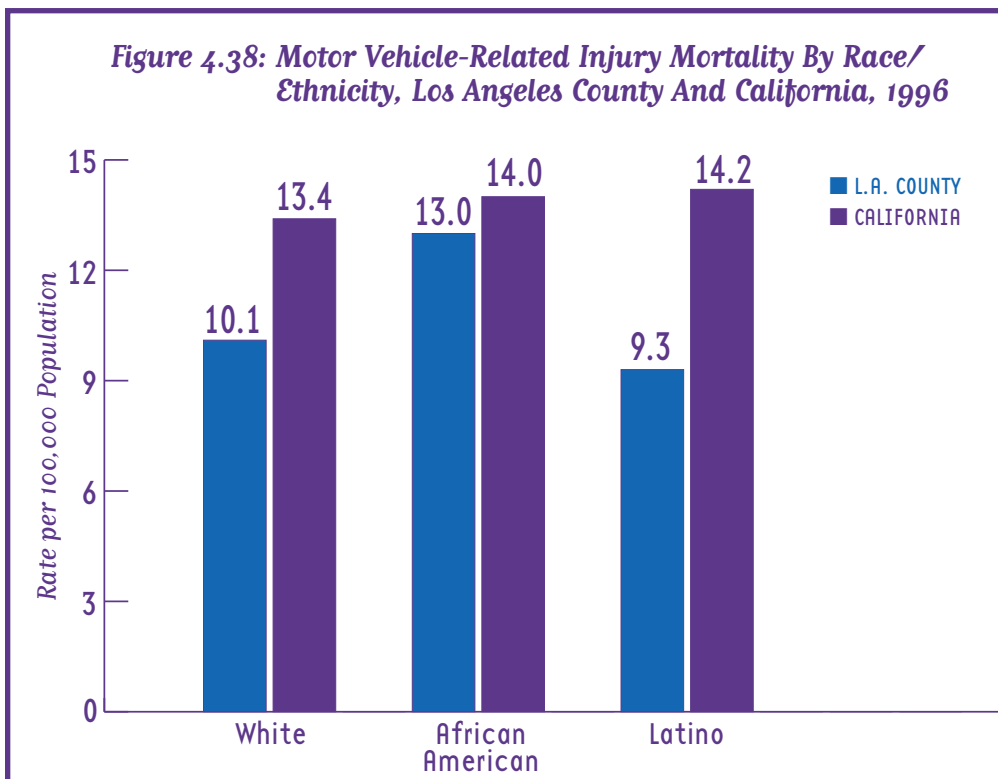


Source: 1996 PHIS File, Data Collection and Analysis, Los Angeles County Department of Health Services and 1996 Death Statistical Master File, Center of Health Statistics, Department of Health Services, California.

→ Children under four years of age have the highest rate of mortality due to unintentional drowning (1.7 deaths per 100,000 children in Los Angeles and 3.4 deaths per 100,000 in all of California) (see Figure 4.37).

→ Motor vehicle-related injury mortality rates are lower in Los Angeles County for all major ethnic groups compared to the overall population in California (see Figure 4.38).

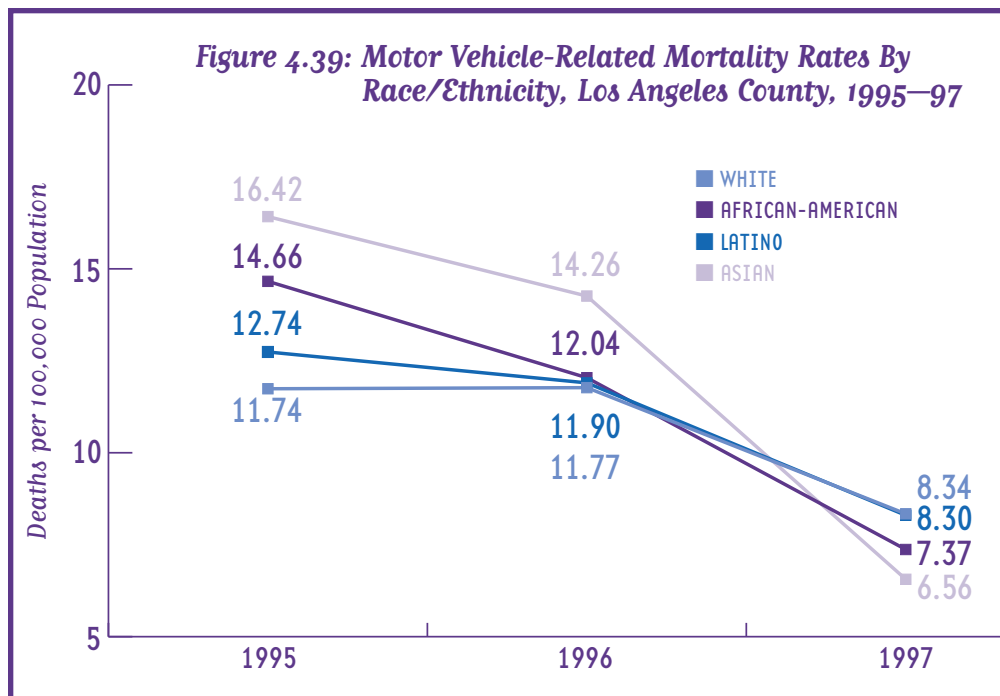
→ Between 1995 and 1997, all racial/ethnic groups showed a decline in mortality rates for motor vehicle-related deaths (see Figure 4.39).



Source: 1996 PHIS File, Data Collection and Analysis, Los Angeles County Department of Health Services, and 1996 Death Statistical Master File, Center of Health Statistics, Department of Health Services, California.

Intentional Injuries

Intentional injuries are classified as such based on the intent to cause harm to another person or to oneself. Intentional injuries stem from youth violence, family and intimate violence, acts of crime, mental illness, and the availability of weapons. In Los Angeles County, homicide is the leading cause of injury death (see Figure 4.33). Violence-related death and injury is a public health problem that affects the health and well being of all Angelenos. Patterns of death and injury can focus violence and



Source: Injury and Violence Prevention Program, Los Angeles County Department of Health Services. Rates adjusted to the 1940 population.

Table 4.5: Intentional Injury

		L.A. County ¹	California ²	HP 2000 ⁴
Homicide (Age-adjusted rate per 100,000) ⁴	Total	16.5	10.2	7.2
	Male	27.4	16.7	*
	Female	4.8	3.2	*
Assault arrests ⁶ (Rate per 100,000)	Total	387.5	364.5	*
	Male	659.1	615.9	*
	Female	116.0	112.1	*
Forcible rape arrests ⁶ (Rate per 100,000)	Total	20.2	19.7	—
Nonfatal hospitalized injuries due to firearms ⁵ (Rate per 100,000)	Total	31.0	17.4	*
Child abuse cases investigated, 1994 ⁶	Total	12,103.0	*	*
Child abuse deaths, 1993 ⁶	Total	41.0	*	*
Suicide (Age-adjusted rate per 100,000) ⁴	Total	9.4	9.8	10.5
	Male	14.8	15.5	*
	Female	4.3	4.3	*
Deaths due to suicide among children and youth, ages 0–24 (Rate per 100,000)	Total	3.8 ³	4.1 ³	*
Deaths due to suicide among children and youth, ages 15–19 (Rate per 100,000)	Total	8.1 ³	*	8.2

1. 1996 Los Angeles County data obtained from Vital Record, Public Health Information Services, unless otherwise noted.

2. 1996 Vital Statistics of California, Center of Health Statistics, California Department of Health Services.

3. Three-year average, 1994–1996, from Perinatal Indicators, MCAH Program, Los Angeles County, 1996.

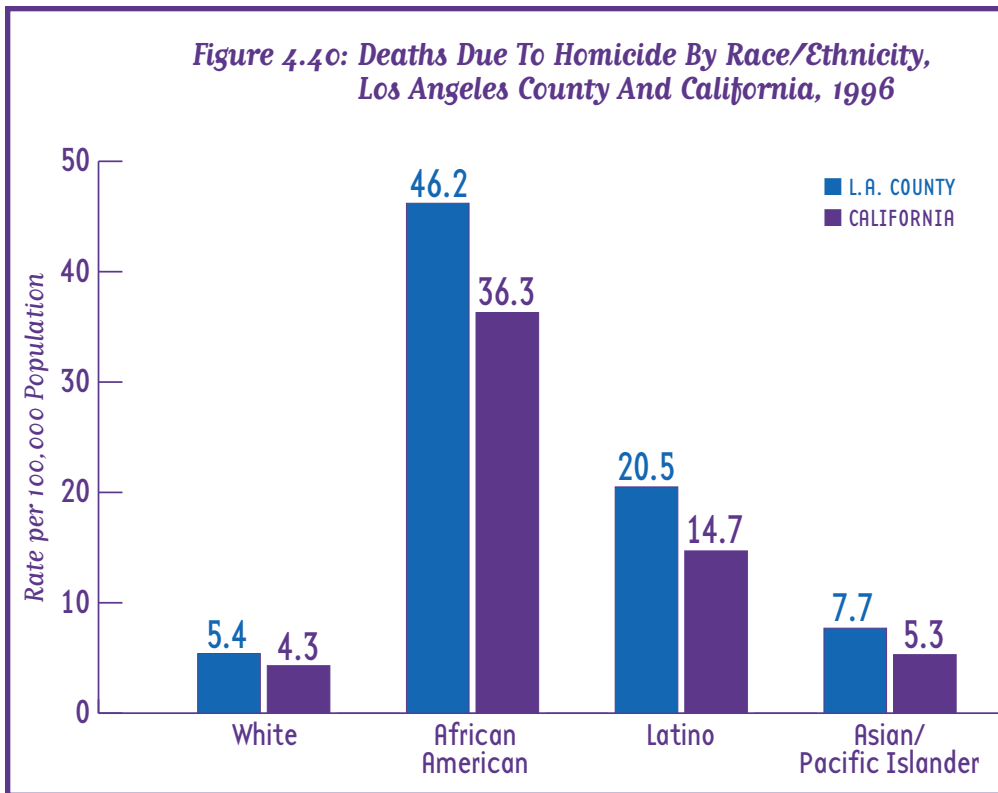
4. Age-adjusted rate per 100,000 to the 1940 census population.

5. 1996 California Office of Statewide Health Planning and Development (OSHPD) Hospital Discharge Data compiled by Injury Surveillance and Epidemiology Section, EPIC, in Injury Tables, California, 1996: Deaths and Nonfatal Hospitalizations. Note: Nonfatal hospitalizations due to firearms include only unintentional, self-inflicted, and assault injuries; does not include firearm injuries from police action.

6. State of California, Department of Justice, Criminal Justice Statistics Center, 1996.

* Data not available

Figure 4.40: Deaths Due To Homicide By Race/Ethnicity, Los Angeles County And California, 1996



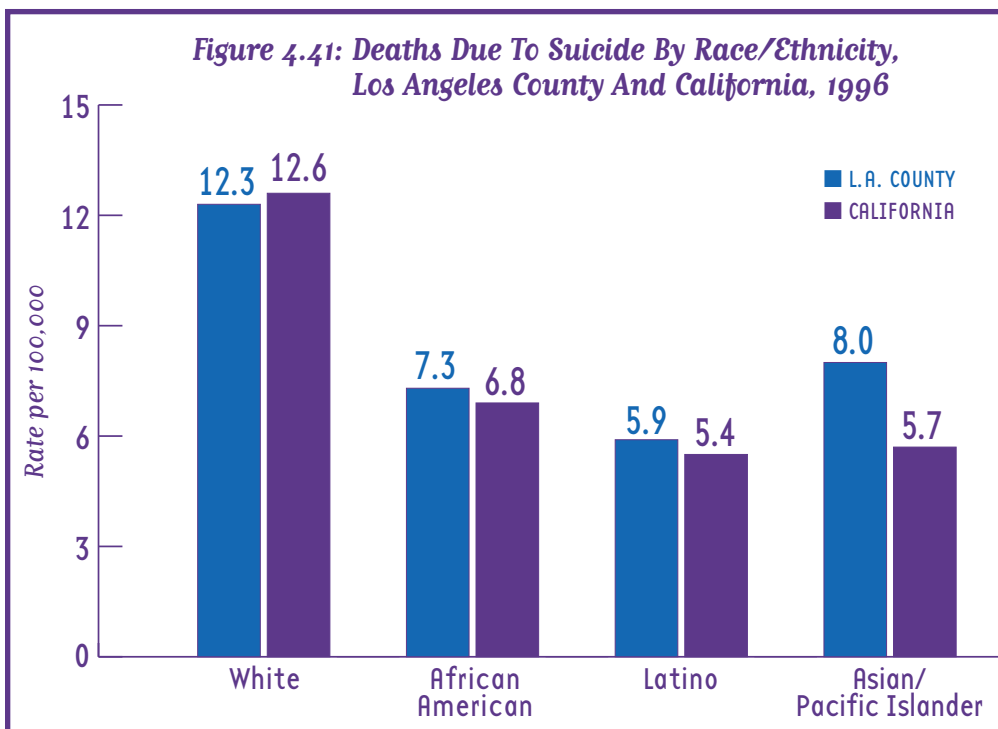
Source: 1996 PHIS File, Data Collection and Analysis, Los Angeles County Department of Health Services and 1996 Vital Statistics of California, Center of Health Statistics, California Department of Health Services.

injury prevention programs by highlighting those populations at risk. Some summary statistics on intentional injuries in Los Angeles County follow.

- Men in Los Angeles County experience higher rates of homicide (27.4 deaths per 100,000), and suicide (14.8) compared to women (4.8) and (4.3), respectively (see Table 4.5).
- The rates for nonfatal injuries requiring hospitalization from firearms in Los Angeles County (31.0 injuries per 100,000) are almost twice the rate of California's (17.4) (see Table 4.7). Firearms are used in 89% of all intentional injuries.¹⁵

- According to 1996 data, the age-adjusted homicide rate in Los Angeles County (16.5 deaths per 100,000) is over one and a half times higher than that of California (10.2 deaths per 100,000) and twice as high as the Healthy People 2000 goal of 7.2 homicide deaths per 100,000 (see Table 4.6).

Figure 4.41: Deaths Due To Suicide By Race/Ethnicity, Los Angeles County And California, 1996



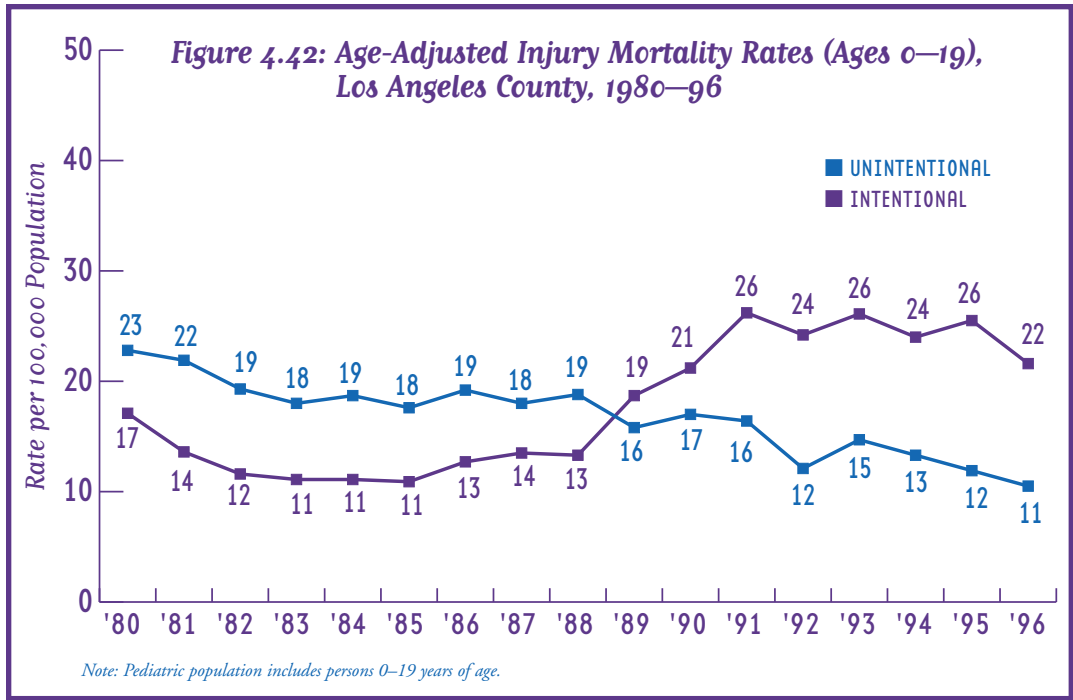
Source: 1996 PHIS File, Data Collection and Analysis, Los Angeles County Department of Health Services and 1996 Vital Statistics of California, Center of Health Statistics, California Department of Health Services.

- In 1997, homicide accounted for 31% of all injury deaths in Los Angeles County. For persons, age 15 to 24, homicide accounted for 48% of all causes of death. For people older than 45, mortality rates due to suicide are higher than homicide (see Table 4.9).

- In 1996, the Los Angeles Police Department recorded 49,009 domestic violence calls, with 8,484 arrests and 22 homicides.¹⁶

→ In 1996, the African-American population had a higher homicide rate than other ethnic and racial groups in Los Angeles (46.2 deaths per 100,000) and California (36.3 deaths per 100,000) (see Figure 4.40).

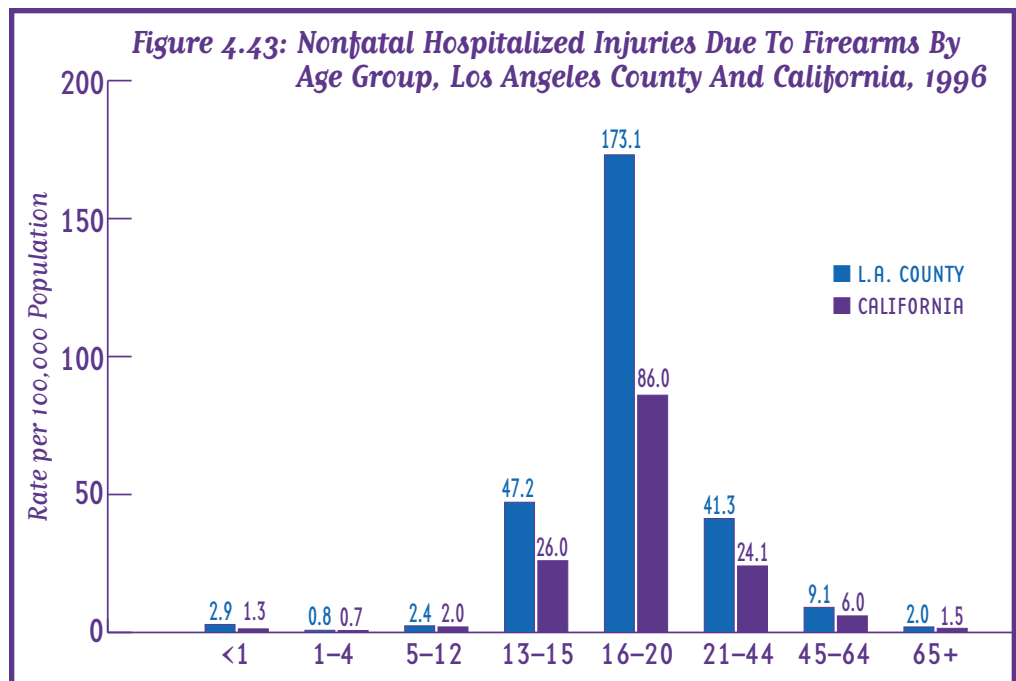
→ In Los Angeles County, suicide rates are higher in white populations (12.3 deaths per 100,000) than in other racial and ethnic groups. In contrast, the Latino population had the lowest mortality due to suicide (5.9) (see Figure 4.41).



Source: Injury and Violence Prevention Program, Los Angeles County Department of Health Services.

→ In Los Angeles County, unintentional injury death rates among children and youth (age 0 to 19) have decreased while intentional injuries in this age group have increased. Between 1980 and 1996, unintentional injury deaths decreased 54% from 22.8 to 10.5 per 100,000. In contrast, intentional injury deaths increased 26% from 17.1 to 21.6 per 100,000 during the same time period. The decrease in unintentional injury mortality is due to a decline in unintentional motor vehicle-related injuries, while the increase in intentional injury deaths is attributed to an increase in homicide rates (see Figure 4.42).

→ In 1996, youth ages 16 to 20 had the highest rate of nonfatal hospitalized injuries due to firearms in both Los Angeles County (173.1 deaths per 100,000) and California (86.0) (see Figure 4.43).



Source: 1996 California Office of Statewide Health Planning and Development (OSHPD) Hospital Discharge Dataset. Note: Nonfatal hospitalizations due to firearms include only unintentional, self-inflicted, and assault injuries.

Injury and Violence Data Sources

1. Injury and Violence Prevention Program, Los Angeles County DHS—Public Health

2. MCAH Assessment and Planning Unit (MAP), Los Angeles County DHS—Public Health

3. Injury Surveillance and Epidemiology Section
Epidemiology and Prevention for Injury Control Branch
California Department of Health Services

4. Data Collection and Analysis Unit
Los Angeles County DHS—Public Health

5. Office of Health Information and Research
Center for Health Statistics
California Department of Health Services

See Appendix for complete references on these and other data resources.

See page 83 for endnotes.

Leading Causes of Mortality

Table 4.6: Mortality

Age-Adjusted Mortality Rates, 1997	L.A. County (n)^{1,2,3}	California^{2,4}	HP 2000²
All causes	402.3 (60,070)	424.0	*
Heart disease	114.4 (19,852)	111.9	100.0
Cancer	102.3 (13,504)	111.3	130.0
All other causes	60.0 (8,819)	*	*
Cerebrovascular disease	23.0 (4,166)	25.6	20.0
Influenza and pneumonia	15.5 (3,346)	16.8	*
Chronic obstructive pulmonary disease	17.4 (2,863)	20.9	25.0
Unintentional injury	19.1 (2,030)	23.8	29.3
Diabetes	12.9 (1,746)	11.6	34.0
Homicide	14.4 (1,247)	9.3	7.2
Chronic liver disease	9.4 (1,041)	9.2	6.0
Suicide	7.5 (776)	9.6	10.5
AIDS/HIV related	6.4 (680)	5.2	*

* Data not available.

1. Includes Long Beach and Pasadena.

2. Age-adjusted rate per 100,000 to the 1940 census population.

3. 1997 PHIS File, Data Collection and Analysis Unit, Los Angeles County Department of Health Services.

4. 1996 California Death Statistical Master File, Center of Health Statistics, Department of Health Services, California.