

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.

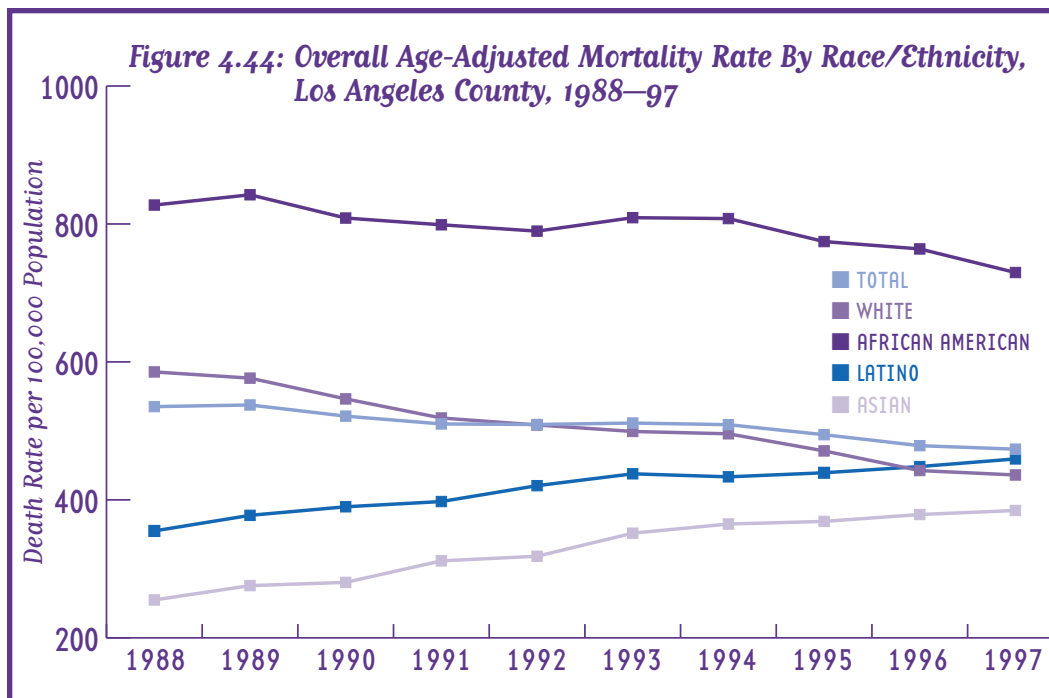
1. Includes Long Beach and Pasadena.

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.

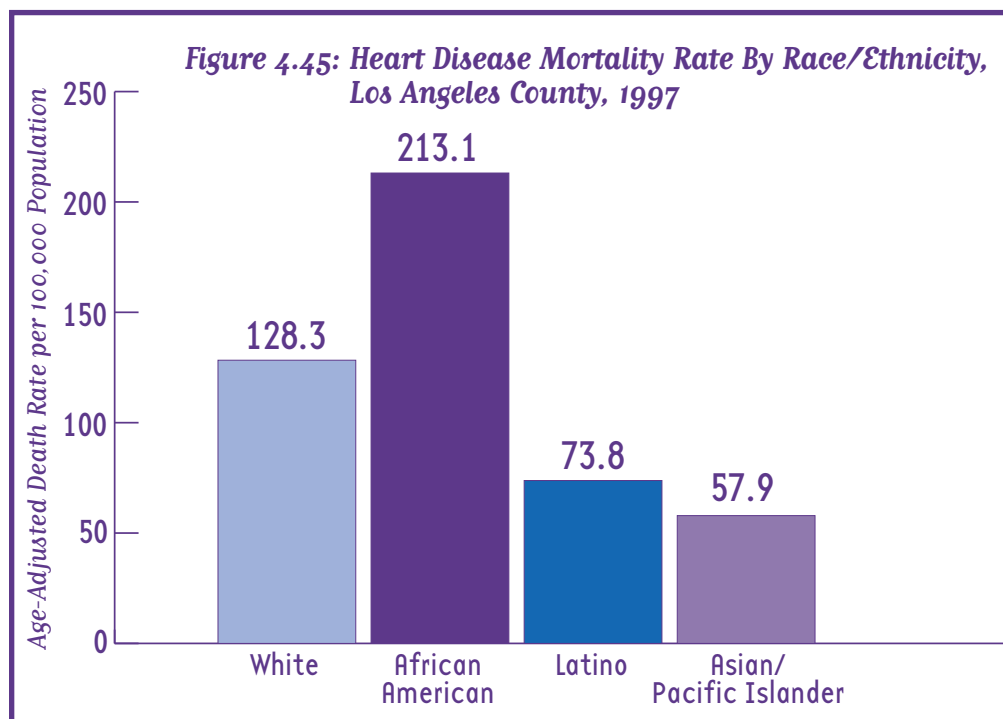
4. 1996 California Death Statistical Master File, Center of Health Statistics, Department of Health Services, California.

Over the last half century the United States has observed a decline in mortality rates. In the early 1900s, the major causes of mortality in this country were attributed to communicable diseases such as measles, polio, and tuberculosis. In this century, the picture has changed dramatically; chronic diseases such as heart disease and cancer are now inarguably the leading causes of death. This transition is related not only to advances in medicine and technology, but also to significant improvements in the social and physical environments, including sanitation, and general hygiene practices. In addition, behavioral practices, for example, tobacco use, diet and activity patterns are recognized as important contributors to the leading causes of mortality in the United States (see Table 4.6).¹⁷



Source: Los Angeles County Department of Health Services, Data Collection and Analysis Unit. Rates are standardized to the 1940 U.S. population.

Traditionally, mortality has been used as the principal measure of health status in populations. In particular, public health has used mortality data to identify problem areas and to assess longevity among various population groups. Mortality statistics are especially useful for identifying groups that bear a disproportionate burden of death or disease. Despite the overall decline in mortality rates, disparities between certain population groups persist. For example, diabetes-related deaths are highest among African-American populations,¹⁸ and homicide mortality is highest in young adults, ages 15 to 24.¹⁹



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

→ From 1988 through 1995, the overall mortality rate declined in Los Angeles County. The mortality rate was highest among African-Americans throughout this period (see Figure 4.44).

→ Heart disease is the leading cause of death among

Table 4.7: Cancer Mortality

Age-Adjusted Mortality Rates, 1996	L.A. County ¹	California ²	HP 2000 ³	
All cancer deaths (Deaths per 100,000 persons)	144.4	147.2	*	
Lung cancer deaths (Deaths per 100,000 persons)	37.0	40.4	42.0	
Breast cancer deaths (Deaths per 100,000 women)	22.2	23.1	20.6	
Cervical cancer deaths (Deaths per 100,000 women)	3.1	2.5	1.3	
	African-American	4.2	4.2	3.0
	Latino	3.8	2.9	2.0
Prostate cancer deaths (Deaths per 100,000 men)	21.1	21.2	*	
Colorectal cancer deaths (Deaths per 100,000 persons)	14.0	14.3	13.2	

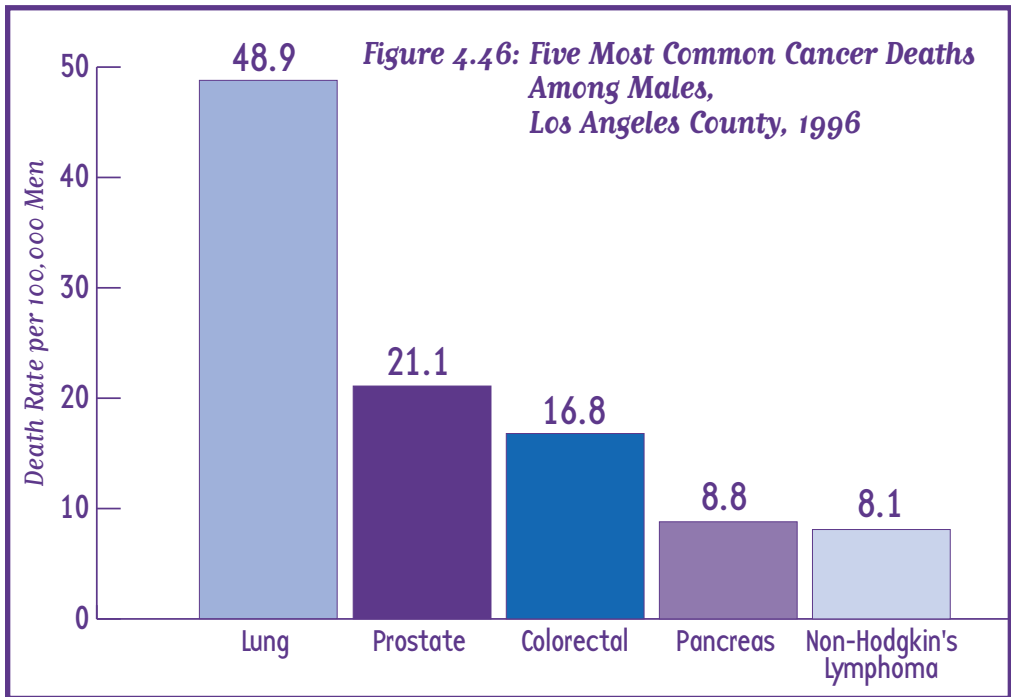
*HP 2000 objectives not estimated.

1. 1996 data obtained from *Cancer in Los Angeles County: Incidence and Mortality by Race/Ethnicity 1988–1996*, Los Angeles County Cancer Surveillance Program, University of Southern California, 1999. All incidence rates were age-adjusted and standardized to the 1970 Census population.

2. 1996 data obtained from *Cancer in California: 1988–1996*, California Department of Health Services, Cancer Surveillance Section, April, 1999. All incidence rates were age-adjusted and standardized to the 1970 Census population.

3. HP 2000 death rates shown are age-adjusted to the 1940 U.S. population.

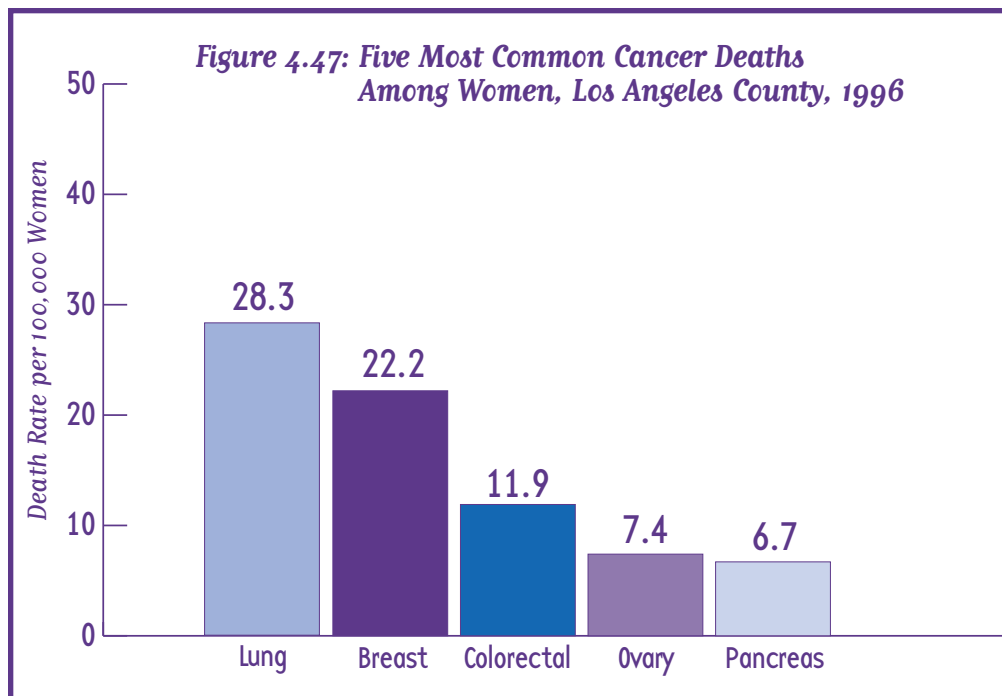
all Los Angeles County residents. African-Americans experience the highest rate of mortality from heart disease in Los Angeles County, 218.1 deaths per 100,000 (see Figure 4.45).



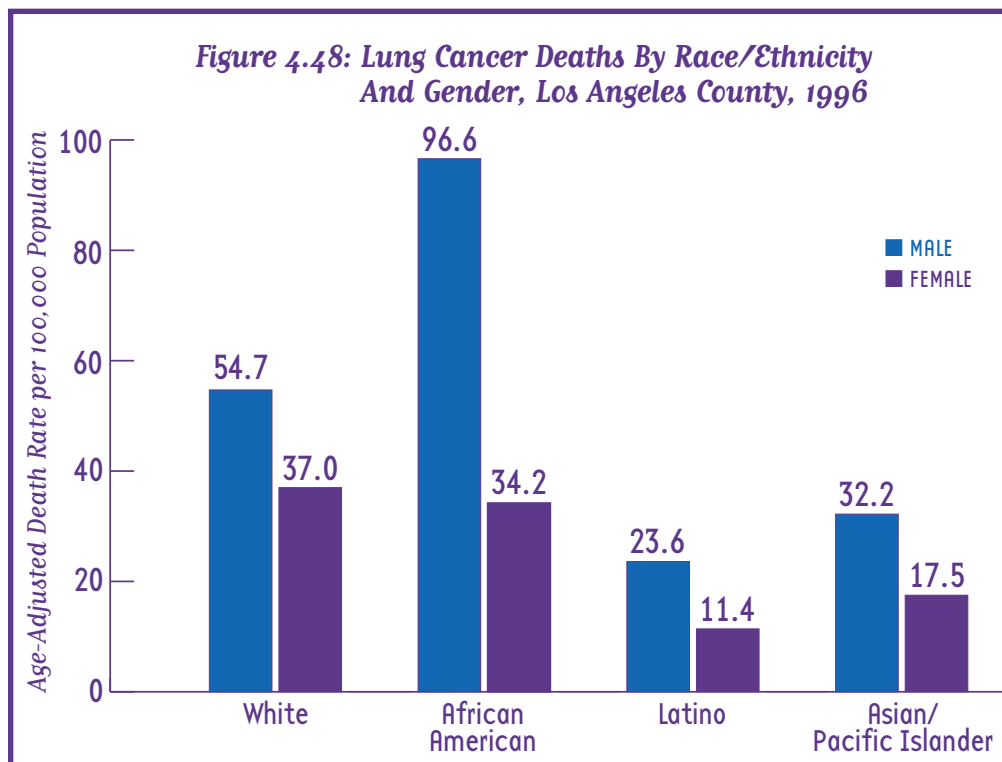
Source: 1996 data obtained from *Cancer in Los Angeles County: Incidence and Mortality by Race/Ethnicity 1988–1996*, Los Angeles County Cancer Surveillance Program, University of Southern California, 1999. All incidence rates were age-adjusted and standardized to the 1970 Census population.

→ Overall, cancer is the second leading cause of death in both California and Los Angeles County (see Table 4.7). However, it is important to examine type-specific since different types of cancer have multiple etiologies and because they affect gender and racial/ethnic groups differently. According to 1996 data, the most common form of cancer mortality for both men and women was lung cancer, 48.9 and 28.3 deaths per 100,000 men and women, respectively (see Figures 4.46 and 4.47).

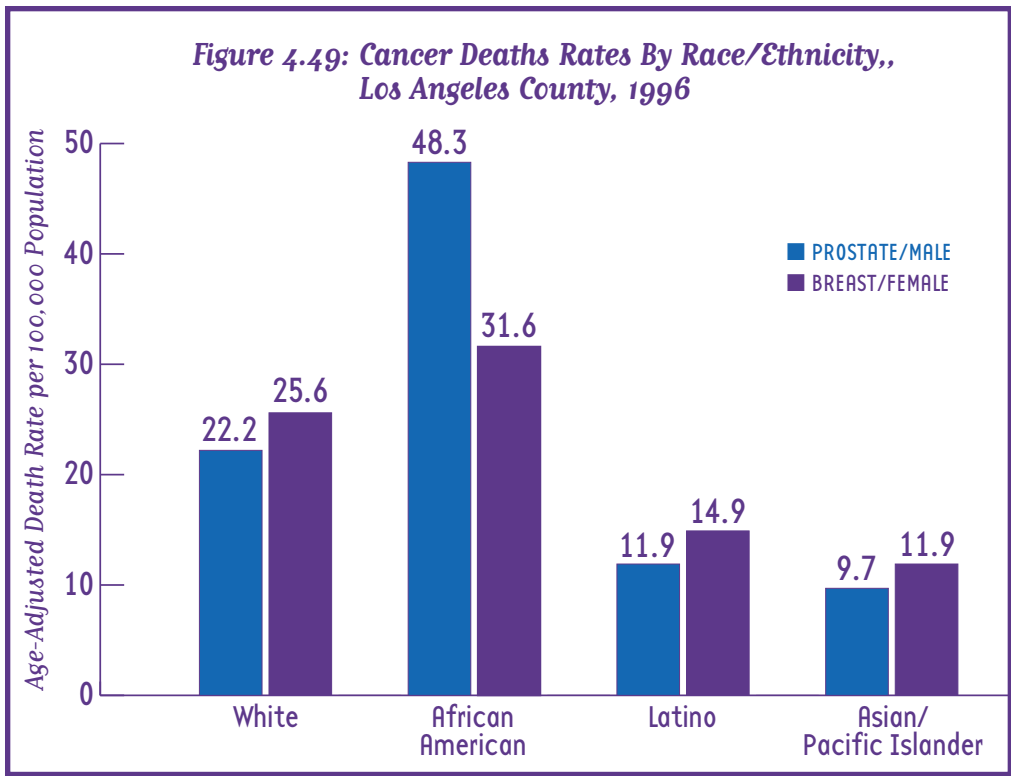
→ Men in Los Angeles County have higher rates of death from lung cancer than women. Lung cancer death rates are highest among African-American men (see Figure 4.48).



Source: 1996 data obtained from *Cancer in Los Angeles County: Incidence and Mortality by Race/Ethnicity 1988–1996*, Los Angeles County Cancer Surveillance Program, University of Southern California, 1999. All incidence rates were age-adjusted and standardized to the 1970 Census population.



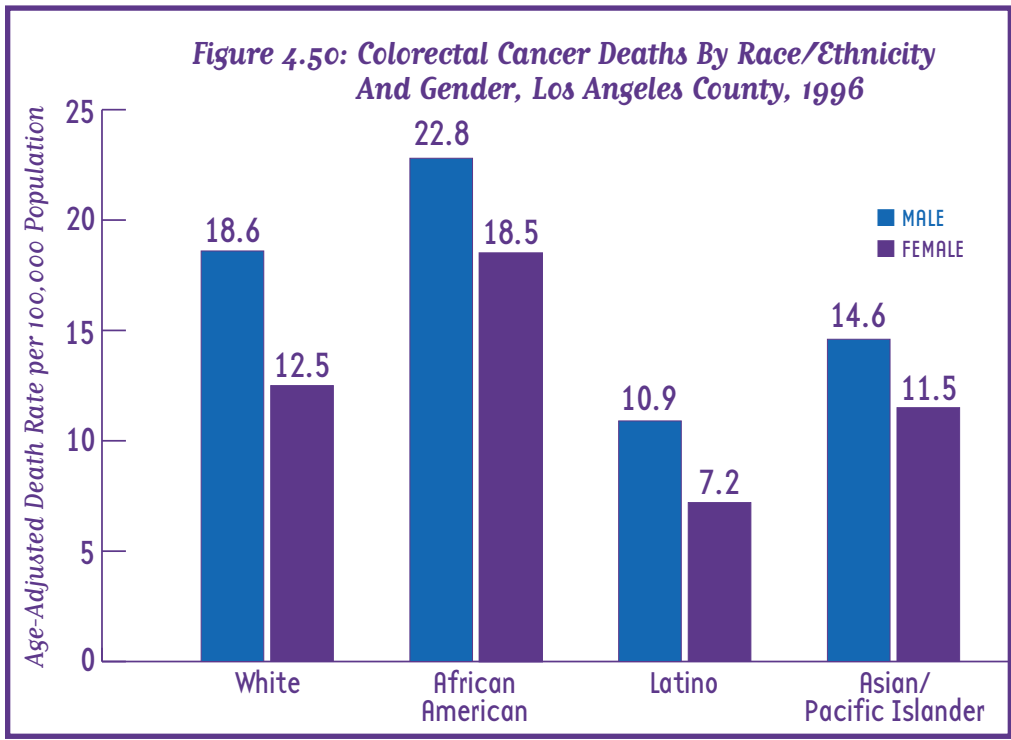
Source: 1996 data obtained from *Cancer in Los Angeles County: Incidence and Mortality by Race/Ethnicity 1988–1996*, Los Angeles County Cancer Surveillance Program, University of Southern California, 1999.



Source: 1996 data obtained from *Cancer in Los Angeles County: Incidence and Mortality by Race/Ethnicity 1988–1996*, Los Angeles County Cancer Surveillance Program, University of Southern California, 1999. All incidence rates were age-adjusted and standardized to the 1970 Census population.

→ In Los Angeles County, African-American women had higher death rates than any other racial or ethnic group from breast cancer. African-American men had the highest rate of prostate cancer (see Figure 4.49).

→ Rates of death from colorectal cancer are lower in women than in men (see Figure 4.50).



Source: 1996 data obtained from *Cancer in Los Angeles County: Incidence and Mortality by Race/Ethnicity 1988–1996*, Los Angeles County Cancer Surveillance Program, University of Southern California, 1999. All incidence rates were age-adjusted and standardized to the 1970 Census population.

Table 4.8: Age-Adjusted Mortality Rates (per 100,000) By Gender And Race/Ethnicity, Los Angeles County, 1997

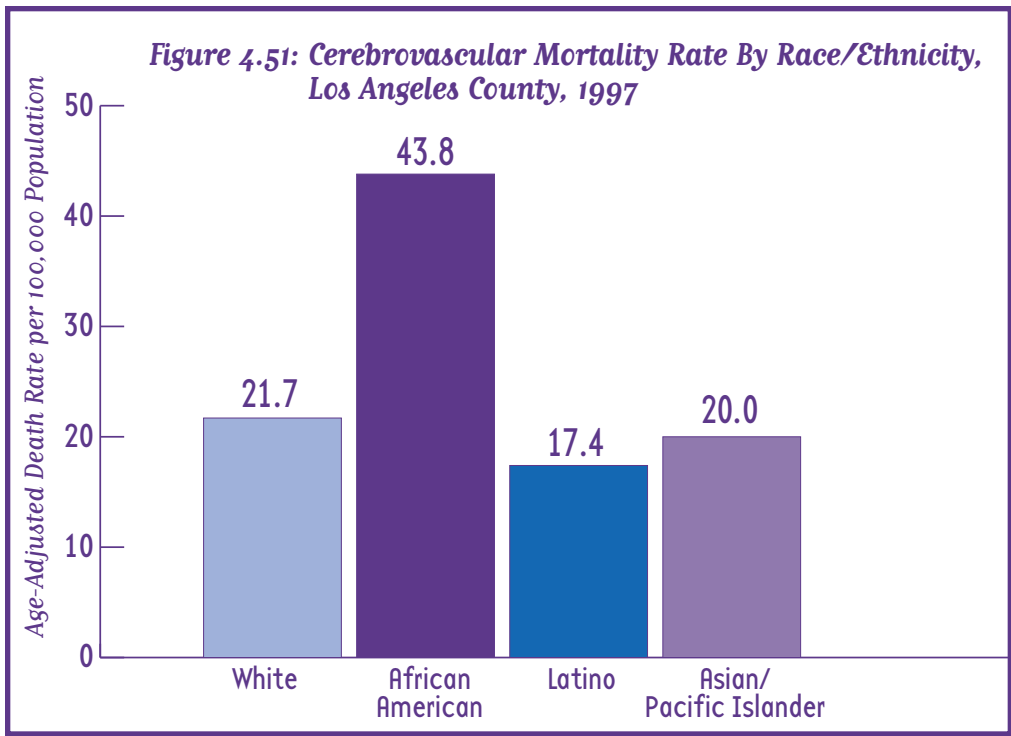
All Causes	402.3	Chronic Obstructive Pulmonary Disease*17.4	Homicide	14.4
Males	500.3	Males	Males	25.0
Females	317.2	Females	Females	3.2
Whites	438.2	Whites	Whites	5.8
African-American	727.2	African-American	African-American	48.1
Latino	290.4	Latino	Latino	15.3
Asian/Pacific Islander	227.7	Asian/Pacific Islander	Asian/Pacific Islander	4.1
Heart Disease	114.4	Influenza/Pneumonia	Unintentional Injury	19.1
Males	150.0	Males	Males	27.3
Females	84.8	Females	Females	11.0
Whites	128.3	Whites	Whites	21.9
African-American	213.1	African-American	African-American	27.0
Latino	73.8	Latino	Latino	16.9
Asian/Pacific Islander	57.9	Asian/Pacific Islander	Asian/Pacific Islander	11.4
Cerebrovascular Stroke	23.0	Diabetes Disease	All Other Causes	60.0
Males	24.5	Males	Males	67.3
Females	21.7	Females	Females	53.8
Whites	21.7	Whites	Whites	64.1
African-American	43.8	African-American	African-American	112.2
Latino	17.4	Latino	Latino	46.9
Asian/Pacific Islander	20.0	Asian/Pacific Islander	Asian/Pacific Islander	31.7
Cancer	102.3	AIDS		
Males	116.5	Males		
Females	92.1	Females		
Whites	119.7	Whites		
African-American	175.1	African-American		
Latino	63.8	Latino		
Asian/Pacific Islander	65.5	Asian/Pacific Islander		
Liver Disease	9.4	Suicide		
Males	13.7	Males		
Females	5.4	Females		
Whites	9.4	Whites		
African-American	8.9	African-American		
Latino	12.8	Latino		
Asian/Pacific Islander	2.7	Asian/Pacific Islander		

Note: Age-adjusted rate per 100,000 to the 1940 population. Heart disease (390-398, 402, 404-429), stroke (430-438), cancer (140-208), COPD (490-496), influenza/pneumonia (480-487), chronic liver disease (571), diabetes (250), unintentional injury (E800-E949), suicide (E950-E959), homicide (E960-E978), AIDS (040-044), and all other causes (remaining codes).

*COPD

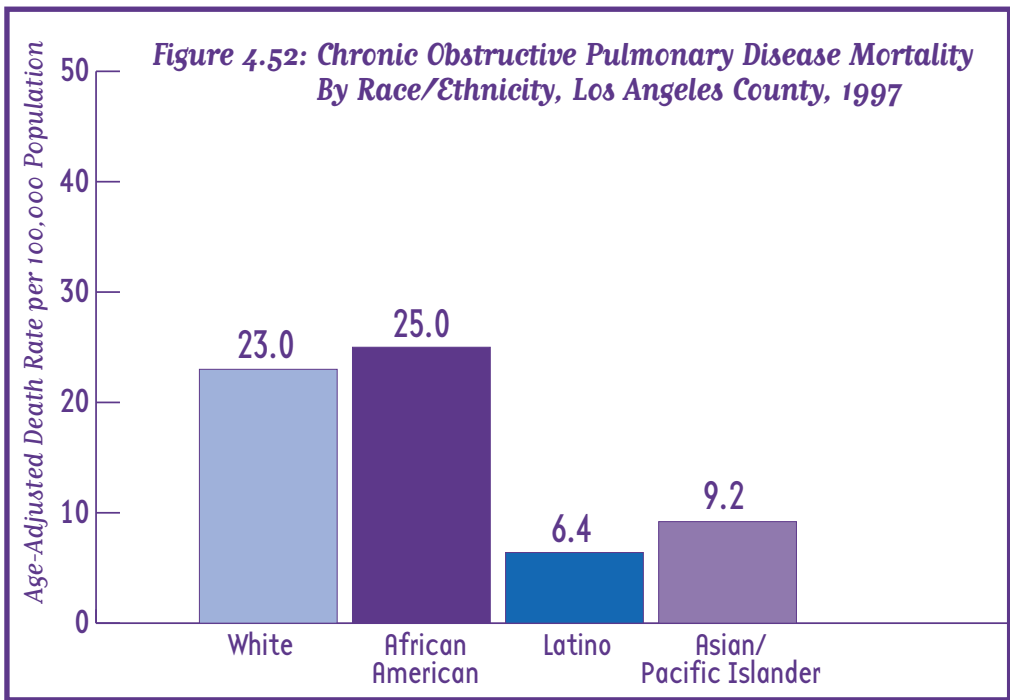
Source: Department of Health Services, Los Angeles County, Data Collection and Analysis Unit.

- Mortality due to influenza and pneumonia was highest among African-American (21.1 deaths per 100,000) and white (16.8) population groups in 1997 (see Table 4.8).
- In Los Angeles County, death due to chronic liver disease was highest among Latinos (12.8 deaths per 100,000). Also, women have a lower mortality rate due to chronic liver disease than do men (5.4 vs. 13.7 per 100,000) (see Table 4.8).

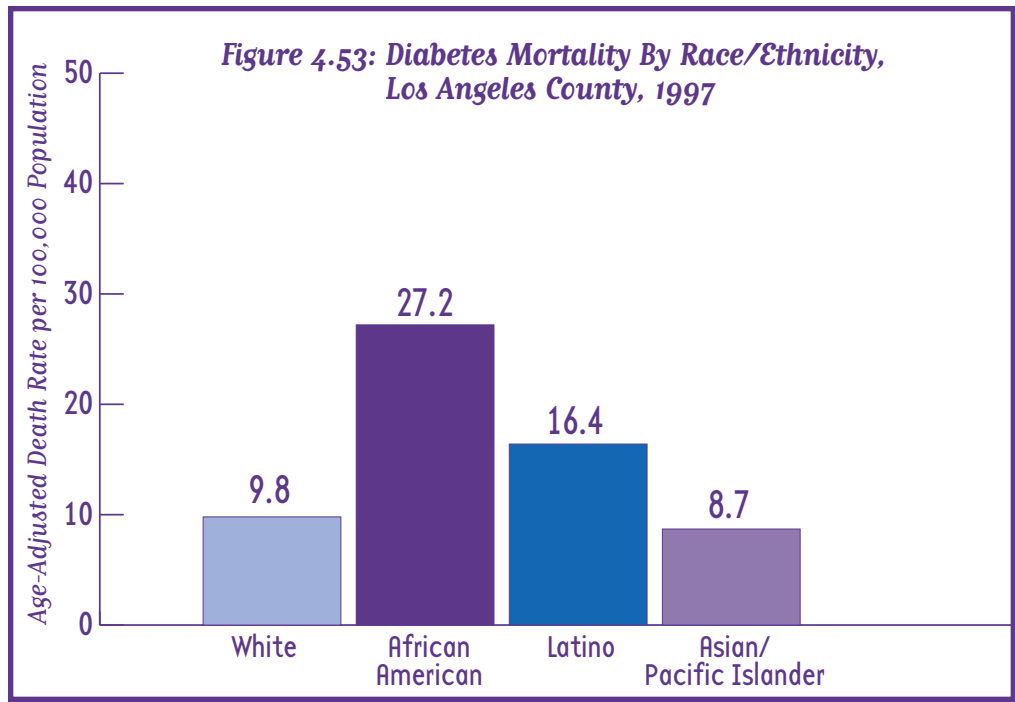


Source: Department of Health Services, Los Angeles County, Data Collection and Analysis Unit, PHIS Data File.

- In 1997, the African-American population in Los Angeles County had a significantly higher mortality rate (43.8 deaths per 100,000 people) from cerebrovascular disease (stroke) than did other ethnic groups (see Figure 4.51).
- In 1997, African-Americans (25.0 deaths per 100,000) and whites (23.0) had higher mortality rates from chronic obstructive pulmonary disease (COPD) than did other ethnic groups (see Figure 4.52).

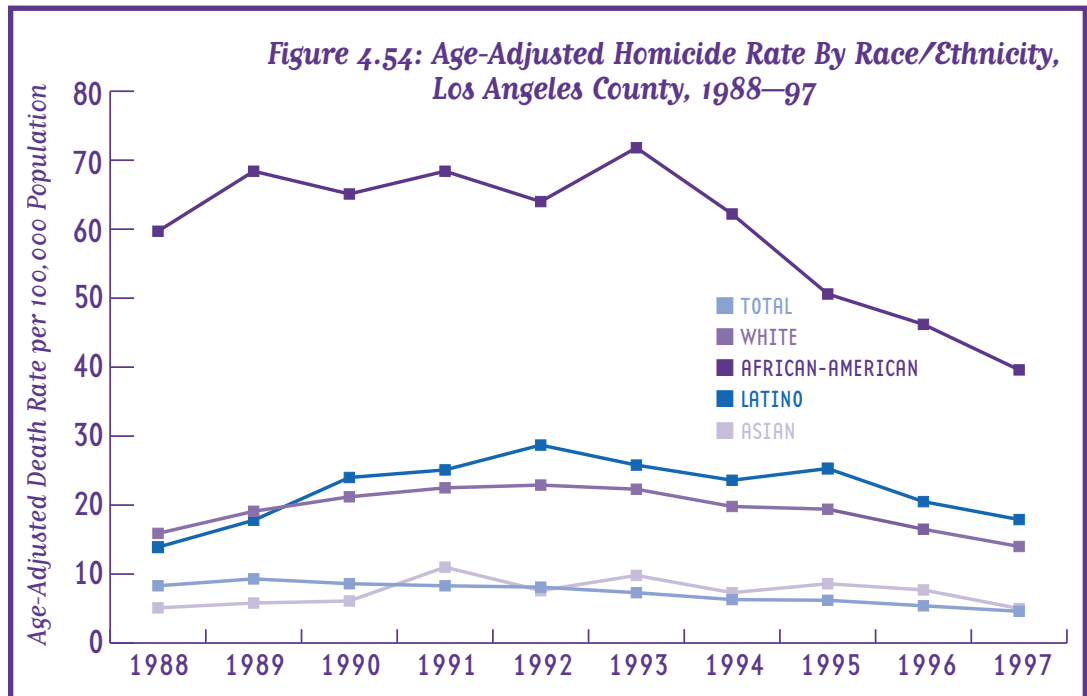


Source: Department of Health Services, Los Angeles County, Data Collection and Analysis Unit, PHIS Data File.

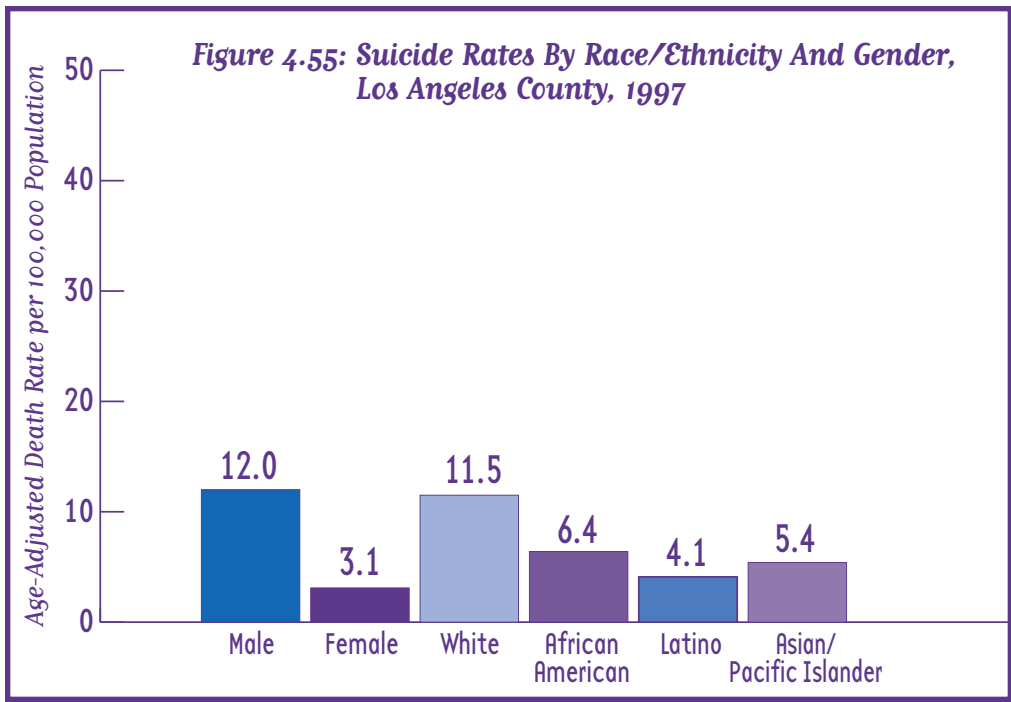


Source: Department of Health Services, Los Angeles County, Data Collection and Analysis Unit, PHIS Data File.

- In 1997, the diabetes mortality rate was highest among African-Americans (27.2 deaths per 100,000), followed by Latinos (16.4 deaths per 100,000) (see Figure 4.53).
- From 1988 through 1997, the homicide rate remained highest among African-Americans although the rate declined by 45% in this population from 1993 to 1997 (see Figure 4.54).

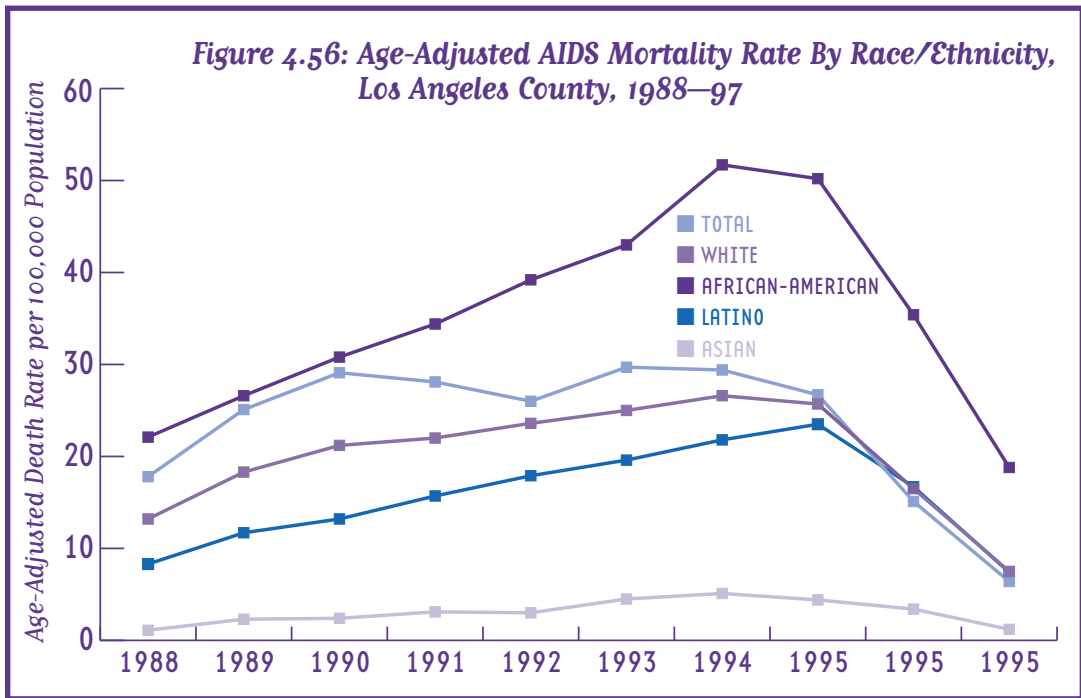


Source: Los Angeles County Department of Health Services, Data Collection and Analysis Unit. Rates are standardized to the 1940 U.S. population.



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

- In 1997, the suicide rate was higher among men (12.0 deaths per 100,000) than women (3.1 deaths per 100,000), and was higher in whites (11.5 deaths per 100,000) than in Asians (5.4), African-Americans (6.4), or Latinos (4.1) (see Figure 4.55).
- After years of increasing AIDS mortality rates, trend data show that the death rate from AIDS in Los Angeles County has started to decline. The death rate from AIDS has sharply declined since 1994 (see Figure 4.56). This sharp decline is largely due to improved treatments for HIV, which prolong the life of infected individuals.



Source: Los Angeles County Department of Health Services, Data Collection and Analysis Unit. Rates are standardized to the 1940 U.S. population.

Table 4.9: Cause-Specific Mortality By Age, Los Angeles County, 1997

Age	Cause of Death	Number	Rate	Age	Cause of Death	Number	Rate
0-4	Unintentional injury	65	8.8	45-64	Cancer	3,552	238.1
	Homicide	31	4.2		Heart disease	2,844	190.6
	Heart Disease	26	3.5		Stroke	477	32.0
	Cancer	26	3.5		Liver disease	471	31.6
	Pneumonia/influenza	17	2.3		Unintentional injury	442	29.6
	Cerebrovascular disease	5	0.7		Diabetes	409	27.4
	COPD	2	0.3		COPD	328	22.0
	AIDS	2	0.3		Suicide	219	14.7
	Chronic liver disease	1	0.1		AIDS	208	13.9
	All other causes	978	132.8		Pneumonia/influenza	156	10.5
	Total	1,153	156.6		Homicide	127	8.5
5-14	Unintentional Injury	66	5.4	All other causes	1,296	86.9	
	Cancer	41	3.3	Total	10,529	705.7	
	Homicide	20	1.6	65-74	Cancer	3,730	735.0
	Heart disease	13	1.1		Heart disease	3,678	724.8
	Suicide	7	0.6		Stroke	706	139.1
	COPD	5	0.4		COPD	678	133.6
	AIDS	2	0.2		Diabetes	502	98.9
	Cerebrovascular disease	1	0.1		Pneumonia/influenza	438	86.3
	Pneumonia/influenza	1	0.1		Liver disease	196	38.6
	All other causes	57	4.6		Unintentional injury	155	30.5
	Total	213	17.3		Suicide	70	13.8
15-24	Homicide	496	34.3		Homicide	18	3.6
	Unintentional injury	255	17.6		AIDS	14	2.8
	Suicide	94	6.5	All other causes	1,261	248.5	
	Cancer	73	5.1	Total	11,446	2,255.6	
	Heart disease	29	2.0	75+	Heart disease	12,812	3,629.5
	AIDS	10	0.7		Cancer	5,409	1,532.3
	Cerebrovascular disease	7	0.5		Stroke	2,840	804.5
	Pneumonia/influenza	6	0.4		Pneumonia/influenza	2,690	762.0
	COPD	5	0.4		COPD	1,799	509.6
	Chronic liver disease	2	0.1		Diabetes	746	211.3
	All other causes	124	8.6		Unintentional injury	298	84.4
Total	1,106	76.5	Liver disease		138	39.1	
25-44	Unintentional injury	749	24.2		Suicide	87	24.6
	Cancer	673	21.7		Homicide	12	3.4
	Homicide	540	17.4		AIDS	2	0.6
	Heart disease	450	14.5	All other cause	4,430	1,255.0	
	AIDS	442	14.3	Total	31,263	8,856.4	
	Suicide	299	9.6				
	Liver disease	232	7.5				
	Stroke	130	4.2				
	Diabetes	84	2.7				
	COPD	46	1.5				
	Pneumonia/influenza	38	1.2				
	All other causes	673	21.7				
	Total	4,356	140.5				

1. Rate per 100,000 population in specific age group. Deaths where age is not known are not included in the table.

Age-specific mortality rates are shown in Table 4.9. The following summarizes some of the key findings.

- In 1997, the major cause of death for children under five years of age was unintentional injury (8.8 deaths per 100,000). Unintentional injuries include falls, burns, poisonings, drownings, and motor vehicle-related injuries.
- For young adults ages 15 to 24, homicide is the leading cause of death (34.3 deaths per 100,000) in Los Angeles. The rate for homicide is almost twice as high as the mortality rate associated with unintentional injury (17.6) and nearly five times higher than the rate of suicide (6.5).
- Mortality due to chronic conditions becomes significantly higher after age 45. Among people 45 to 64 years of age, cancer (238.19 deaths per 100,000) remains the leading cause of death, followed closely by heart disease (190.6 per 100,000).

Leading Causes of Mortality Data Sources

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

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

Los Angeles County Cancer Surveillance Program

Department of Preventive Medicine

University of Southern California

Cancer Surveillance Section, Cancer Control Branch

Division of Chronic Disease and Injury Control

California Department of Health Services

Office of Health Information and Research

Center for Health Statistics, California Department of Health Services

Monthly Vital Statistics Report Series, Division of Vital Statistics

Centers for Disease Control and Prevention

National Center for Health Statistics

United States Department of Health and Human Services

Endnotes

1. *Committee on Using Performance Monitoring to Improve Community Health. Improving health in the community: A role for performance monitoring.* Institute of Medicine, National Academy Press, 1997.
2. *For a family of four, the 1997 federal poverty level was \$16,050 per year.*
3. *Mild to moderate overweight is defined as a Body Mass Index (BMI) of >25.0; severe overweight is defined as a BMI of >30.0.*
4. Murray, CJL, Lopez, AD, eds. *The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected 2020.* Cambridge: Harvard University Press, 1996.
5. *Los Angeles County Department of Health Services and the UCLA Center for Health Policy Research. The Burden of Diseases in Los Angeles County: A Study of the Patterns of Morbidity and Mortality in the County Population. January 2000.*
6. Bird, ST, Bauman, KE, et al. *State-level infant, neonatal and postneonatal mortality: the contribution of selected structural socioeconomic variables.* *Int J Health Serv* 1998; 28(1):13–27.
7. Ventura SJ, Curtin, SC. *Recent trends in teen births in the United States.* *Stat Bull Metrop Insur Co* 1999; 80(1):2–12.
8. Knoches, Am, Doyle, LW. *Long-term outcome of infants born preterm.* *Baillieres Clin Obstet Gynaecol* 1993; 7(3):633–51.
9. *1997 California Behavioral Risk Factor Surveillance System.* Cancer Surveillance Section. California Department of Health Services.
10. *National Center for Health Statistics. Healthy People 2000 Review, 1997.*
11. *Centers for Disease Control and Prevention. 1988–1994 National Health and Nutrition Examination Survey.* National Center for Health Statistics.
12. *See note 10 above.*
13. Rice, DP, and MacKenzie, EJ. *Cost of Injury in the United States: Report to Congress.* San Francisco, CA: Institute for Health and Aging, University of California and Injury Prevention Center, The Johns Hopkins University, 1989.
14. *1996 California Office of Statewide Health Planning and Development (OSHPD) Hospital Discharge Dataset.*
15. *See note 14 above.*
16. *Domestic Violence Survey of Los Angeles County Female Employees.* Los Angeles County Commission for Women, 1998.
17. McGinnis, M, Foegen, WH. *Actual causes of death in the United States.* *JAMA* 1993;270(18):2207–12.
18. *Center for Disease Control and Prevention. Diabetes Surveillance, 1997.* Atlanta, GA. Department of Health and Human Services, 1997.
19. *PHIS Data File, Data Collection and Analysis Unit, Los Angeles County Department of Health Services.*