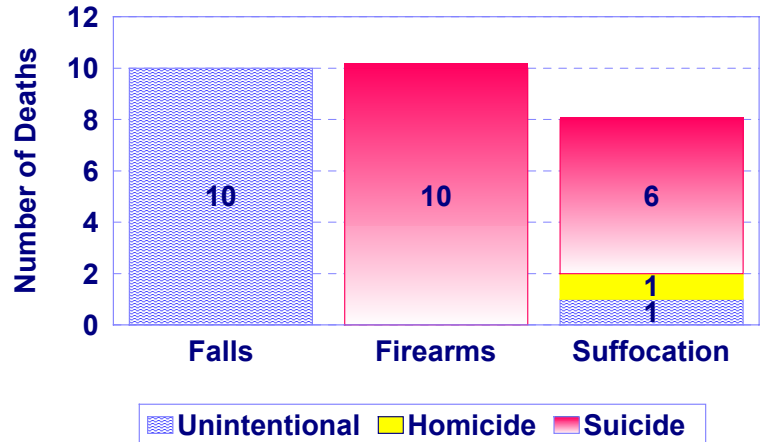


West Service Planning Area Older Adults Injury Fact Sheet, 2001

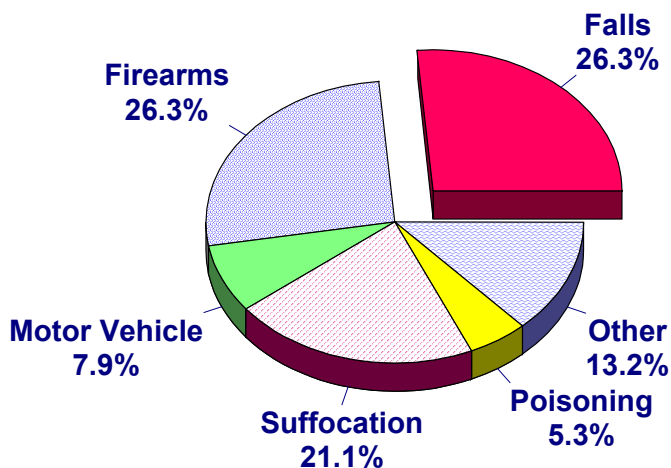
- Injury is a major threat to older adults, causing disproportionate hospitalizations and death among persons 55 and older.^a
- In the United States, falls are the leading cause of injury deaths in the 65 or older age group.^b One in three adults over 65 years of age falls every year.^b Unlike other injuries, the risk of fall injury increases exponentially with age and occurs mainly at home.^c Nationally, in 1998 a total of 9,730 elderly adults died from fall-related injuries at the rate of 28.3 deaths per 100,000 population.^d

**Major Injury Fatalities by Intent
Older Adults (65 and Older)
West Service Planning Area, 1999**



West SPA Epidemiology
Data provided by the LAC Injury and Violence Prevention Program

**Injury Deaths Among Adults 65 or Older
West SPA, 1999**

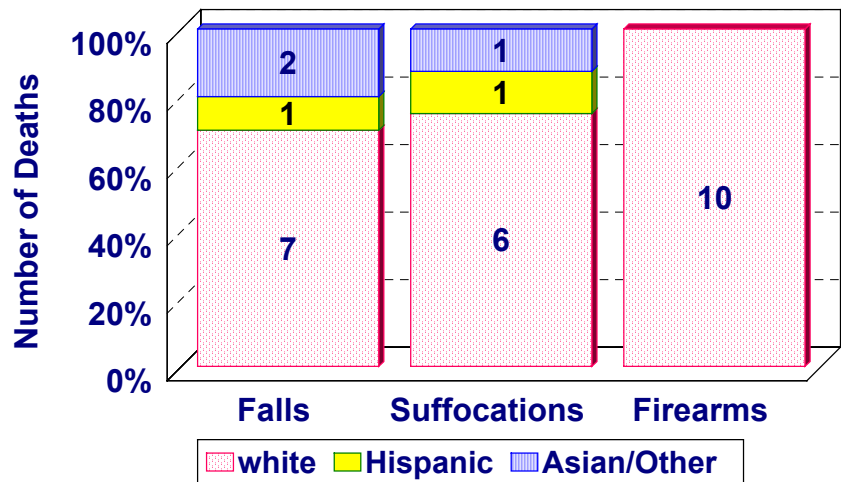


West SPA Epidemiology
Data provided by the LAC Injury and Violence Prevention Program

- In 1999, there were 38 injury fatalities including 10 falls, 10 firearm injury deaths, and 8 suffocations, among adults 65 or older in the West SPA.^e
- All fall-related fatalities in the West SPA were unintentional and occurred more frequently among whites, followed by Asians.
- The majority of fall-related hospitalizations in the West SPA were among whites (89%), followed by Hispanics (4%), and Asians (3.6%). Women constituted 70.5% of all fall-related hospitalizations but 40% of all fall fatalities in 1999.^e
- In 1999, the fall-related hospitalization rate among older women in the West SPA was 1,824.2 versus 987.4 cases per 100,000 population among men.^e This difference is possibly due to higher rates of osteoporosis and the resulting increased fragility among women 65 and older.^c
- Although the overall injury death rates are declining, effective strategies for fall prevention including improvements in physical conditioning, osteoporosis prevention and treatment, monitoring medications that may affect balance, and eliminating fall hazards at home must be an integral part of an effective injury prevention program.^c

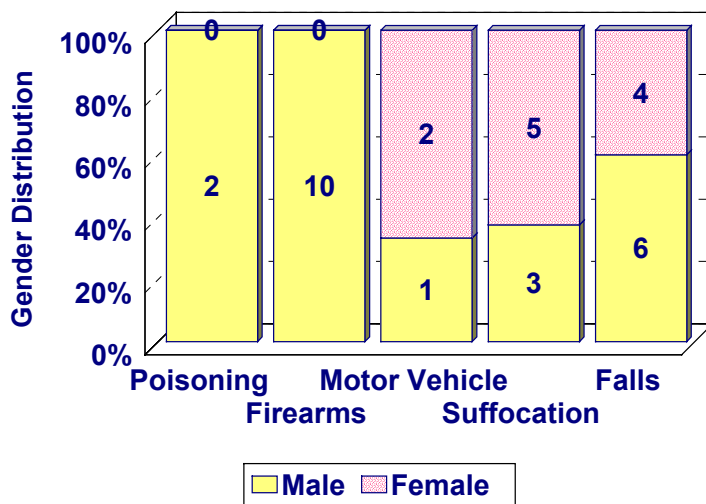
- There were 8 suffocation deaths among the older adults in the West SPA, 6 of which were suicides, one was unintentional and one was a homicide. They occurred equally across both genders, and were mainly among Whites.^e
- In 1999, the older adults in the West SPA suffered 10 firearm fatalities, which were all suicides among white men.^e
- According to CDC, suicide rates increase with age and are highest among white men, 65 or older.^f

Major Injury Fatalities by Race Adults 65 or Older West SPA, 1999



West SPA Epidemiology
Data provided by the LAC Injury and Violence Prevention Program

Injury Deaths by Gender, Adults, 65 or Older West SPA, 1999



West SPA Epidemiology
Data provided by the LAC Injury and Violence Prevention Program

- In the United States, firearms were the most common method of suicide among older adults in 1998.^f
- An estimated 84% of California and US firearm deaths in older adults were among white men.^d
- Compared with non-gun households, people living in households with guns are 5 times as likely to commit suicide.^g Gun ownership in the West SPA is estimated at 18% in comparison to 20% in Los Angeles County and 30% in California.^h

- Due to high rates of suicide among older adults, prevention efforts should be tailored to specific age, sex, and ethnic groups. Suicide prevention strategies should include training primary-care providers to understand and screen for suicidal risk factors and make appropriate referrals, using community based interventions to identify and treat persons at risk, and using senior peer—counseling programs. Other strategies include improvements in mental health programs through suicide prevention centers, increasing risk factor awareness, and augmenting suicide protective factors such as participation in faith or spiritual services.ⁱ

a- <http://www.dhs.ca.gov/cdic/epic/documents/EPICProportions.pdf>
 b- <http://www.cdc.gov/ncipc/factsheets/falls.htm>
 c- <http://www.dhs.ca.gov/dcde/pdf/srfalls2.pdf>
 d- <http://www.cdc.gov/ncipc/osp/data.htm>
 e- LAC DHS Injury and Violence Prevention Program, August 2001.
 f- <http://www.cdc.gov/ncipc/factsheets/suifacts.htm>
 g- <http://www.cdc.gov/ncipc/factsheets/fafacts.htm>
 h- 1997 LACHS, Los Angeles County, Department of Health Services.
 i- <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/ss4808a3.htm>