

## LOS ANGELES COUNTY INJURY MORTALITY REPORT 2010 – SPA 2

### SPA 2: San Fernando

1998 Population: 1,929,379  
1998 % of LA County Total: 20.6%

2007 Population: 2,159,023  
2007 % of LA County Total: 20.9%

#### Leading Causes of Injury Death and Age Adjusted Mortality Rates per 100,000, SPA 2, 1998-2007

Leading Cause	Number	Rate
1. Motor Vehicle Traffic	1,745	8.7
2. Firearms	1,597	7.9
3. Poisoning	1,346	6.4
4. Falls	760	4.2
5. Suffocation <sup>1</sup>	523	2.6

### Overview

Between 1998 and 2007, there were 7,028 injury deaths among SPA 2 residents. These deaths accounted for 17.7% of all injury deaths countywide. 85% of the deaths were attributed to one of the five leading causes of injury death. For each of the leading causes of death, the mortality rate in SPA 2 was lower than the mortality rate for all of LA County. For more comparisons between SPA 2 and LA County, see the SPA Comparison Table.

#### ***SPA 2 Injury Mortality Facts in Brief***

- Fall-related mortality increased and firearm mortality decreased from 1998 to 2007.
- Firearm injuries caused almost half of suicides and three-fourths of homicides.
- Male injury mortality rates were more than 2 times higher than female rates.
- Blacks or Whites had the highest injury mortality rates each year.
- Among 15-29 year olds, male mortality was 4 times higher than female mortality.

### Figure 1. Trends

- Between 1998 and 2007, the San Fernando SPA population increased by 11.9%, while the population of LA County overall increased by 10.1%.
- Injury mortality in SPA 2 did not change much between 1998 and 2007; rates remained between about 34 and 38 deaths per 100,000.
- Fall-related mortality generally increased during the ten-year period. The 2007 rate (4.8 per 100,000) was an increase of 53% over the 1998 rate (3.1 per 100,000).
- Firearm mortality rates decreased 31% between 1998 (9.7 per 100,000) and 2007 (6.7 per 100,000).
- Motor vehicle traffic (MVT) injuries have been the leading cause of injury death in SPA 2 since 2003 and during 2000. Firearms were the leading cause of injury death in 1998-1999 and 2001-2002.

<sup>1</sup> The suffocation category also includes hanging and strangulation deaths and deaths from the inhalation of food or other objects that block breathing.

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### Table 1. Intent

- Between 1998 and 2007, 60% of injury deaths in SPA 2 were unintentional, 23% were suicides, and 15% were homicides.
- Nearly all fall and MVT deaths and three quarters of poisoning deaths were unintentional.
- Firearms were the leading cause of intentional injury mortality, accounting for 47% of suicides and 74% of homicides.
- Unintentional injury mortality generally increased during the ten year period. Rates were less than 20 per 100,000 for 1998-2000, and greater than 20 per 100,000 during the remaining years.
- Homicide rates fluctuated between 3.7 and 6.8 deaths per 100,000.
- Suicide mortality generally decreased during the ten-year period. The 2007 rate (7.8 per 100,000) was 22% less than the 1998 rate of (10.0 per 100,000).

### Table 2. Gender

- Males accounted for 72% of injury deaths in SPA 2, but for only 50% of San Fernando's population.
- Firearms (N=1,391) were the leading cause of injury death among males, followed by MVT (N=1,211).
- MVT (N=534) was the leading cause of injury death among females, followed by poisoning (N=478).
- Males accounted for over four-fifths of homicides (84%), three-quarters of suicides (75%), and more than two-thirds of unintentional injury deaths (68%).
- Male mortality rates were over two times as high as female mortality during each year, and during 2000 male mortality was more than three times higher than female mortality rates.

### Figure 2. Race/Ethnicity

- Between 1998 and 2007, the population of San Fernando SPA was 49% White, 37% Latino, 10% Asian/Other, and 4% Black.
- During the same period, SPA 2 residents who died from injuries were 59% White, 30% Latino, 6% Asian/Other, and 4% Black.

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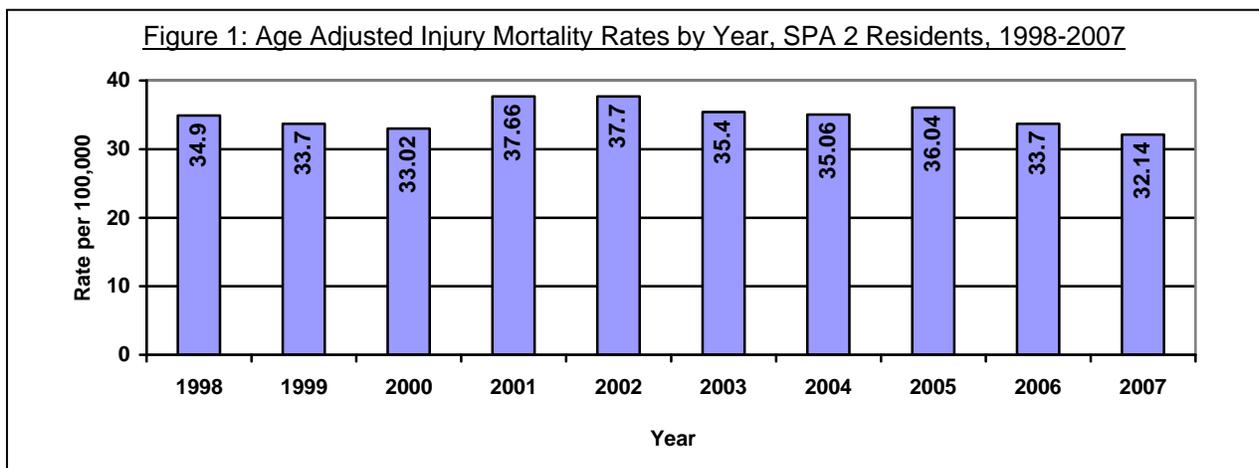
- Although Blacks represented only 4% of the total population, they were disproportionately impacted by injury deaths with a rate of 40.6/100,000 compared to Whites (38.3/100,000), Latinos (30.3/100,000) and Asian/other (20.1/100,000). (These data are found in the SPA Comparison Table)
- There was variation in the racial/ethnic distribution by intent.
  - Unintentional: 62% White, 28% Latino, 6% Asian/Other, 4% Black
  - Suicide: 74% White, 17% Latino, 7% Asian/Other, 3% Black
  - Homicide: 28% White, 58% Latino, 5% Asian/Other, 9% Black
- Racial/ethnic distribution also varied for different types of injuries.
  - Whites accounted for 76% of poisonings, but just 49% of firearm deaths.
  - Blacks accounted for 6% of firearm deaths, but just 2% of falls.
  - Latinos accounted for 40% of firearm deaths, but just 17% of falls.
  - Asian/Others accounted for 9% of suffocation deaths, but just 2% of poisonings.
- Males accounted for 68% of deaths among Whites, 74% among Blacks, 68% among Asian/Others, and 80% among Latinos.
- During 2001 and 2004-2007, Whites had the highest mortality rates; in all other years mortality rates were highest among Blacks.

### Figure 3. Age

- During the ten-year period, the number of injury deaths in SPA 2 peaked among 21 year olds.
- The leading cause of injury death varied by age group:
  - Among 0-4 year olds, other (non-leading) causes of injury was the most common cause of injury death.
  - Among 5-14 and 30-34 year olds, MVT injuries were the leading cause of injury death.
  - Among 15-29 year olds, firearms were the leading cause of injury death.
  - Among 35-54 year olds, poisoning was the leading cause of injury death.
  - Among 55-64 year olds, MVT and poisoning tied for the leading cause of injury death.
  - Among 65+ year olds, falls were the leading cause of injury death.
- Homicide was the leading intent of injury death among infants (<1 year old); among all other age groups, unintentional injuries were the most common.
- Mortality rates from unintentional injuries (48.6 per 100,000) and suicides (14.7 per 100,000) peaked among 65+ year olds. Mortality rates from homicide peaked among 20-24 year olds (19.0 per 100,000).

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- Among 15-29 year olds, male mortality rates were over four times greater than female mortality rates. Among all other age groups, male mortality rates were less than three times greater than female mortality rates.
- Among Whites and Asian/Others mortality peaked among 65+ year olds. Among Blacks and Latinos rates peaked among 20-24 year olds.
- The average age of victims of injury deaths was 44.8 years.
  - Victims of falls had the oldest average age at death (69.2 years).
  - Homicide victims (30.6 years) had the youngest average age at death.
  - Males (42.7 years) were on average younger than females (50.1 years) at death.



**Table 1: Number and Percent of Injury Deaths Attributed to Each Intent, by Leading Cause, SPA 2 Residents, 1998-2007**

Leading Cause	Intent								Total
	Unintentional		Suicide		Homicide		Other		
	#	%	#	%	#	%	#	%	
Falls	690	91%	69	9%	0	0%	1	0%	760
Firearms	18	1%	760	48%	802	50%	17	1%	1597
MVT	1729	99%	12	1%	4	0%	0	0%	1745
Poisoning	1021	76%	271	20%	6	0%	48	4%	1346
Suffocation	84	16%	390	75%	42	8%	7	1%	523
Other Causes	674	64%	111	11%	232	22%	40	4%	1057
<b>All Injury Deaths</b>	<b>4216</b>	<b>60%</b>	<b>1613</b>	<b>23%</b>	<b>1086</b>	<b>15%</b>	<b>113</b>	<b>2%</b>	<b>7028</b>

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Table 2: Number of Deaths and Age Adjusted Mortality Rate by Gender and Leading Cause, and Gender Distribution for Each Cause, SPA 2 Residents, 1998-2007

Mechanism	Males			Females		
	Num	Rate	%	Num	Rate	%
Falls	460	5.5	60.5%	300	3.0	39.5%
Firearms	1391	14.0	87.1%	206	2.0	12.9%
MVT	1211	12.2	69.4%	534	5.2	30.6%
Poisoning	868	8.3	64.5%	478	4.5	35.5%
Suffocation	370	3.7	70.7%	153	1.5	29.3%
Other Causes	759	7.8	71.8%	298	2.9	28.2%
All Injury Deaths	5059	51.5	72.0%	1969	19.1	28.0%

Figure 2: Racial/Ethnic Distribution of SPA 2 Population and Leading Causes of Injury Death, SPA 2 Residents, 1998-2007

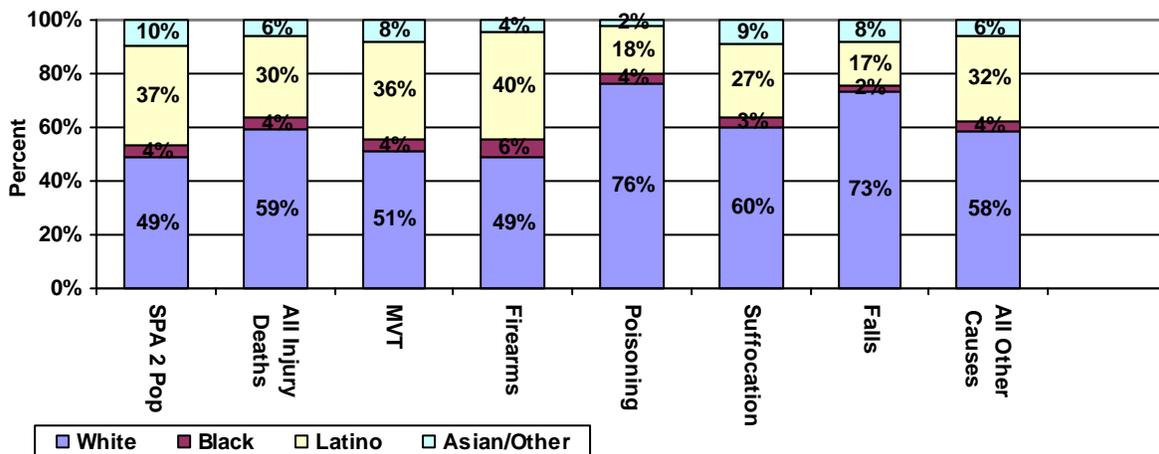
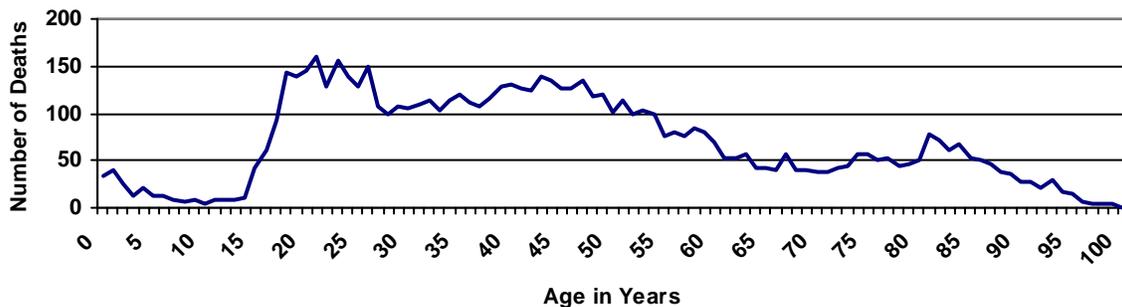


Figure 3: Age Distribution of Injury Deaths Among SPA 2 Residents, 1998-2007



*The small number of deaths among 100+ year olds are not shown.*

Sources: Death Statistical Master File, California Dept of Health Services, Center for Health Statistics; PEPS population data, Los Angeles County Office of Urban Research

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