

LOS ANGELES COUNTY INJURY MORTALITY REPORT 2010 – SPA 8

SPA 8: South Bay

1998 Population: 1,480,951
1998 % of LA County Total: 15.8%

2007 Population: 1,612,512
2007 % of LA County Total: 15.6%

Leading Causes of Injury Death and Age Adjusted Mortality Rates¹ per 100,000, SPA 8, 1998-2007

Leading Cause	Number	Rate
1. Firearms	1,897	12.4
2. Poisoning	1,104	7.2
3. Motor Vehicle Traffic	1,093	7.3
4. Falls	542	4.1
5. Suffocation ²	379	2.5

Overview

Between 1998 and 2007, there were 5,970 injury deaths among SPA 8 residents. These deaths accounted for 15.0% of all injury deaths countywide. 84% of the deaths were attributed to one of the five leading causes of injury death. The firearm mortality rate in SPA 8 (12.4 per 100,000) was higher than the countywide rate, but for all other leading causes of death, the SPA 8 rate was lower than the overall county rate. For more comparisons between SPA 8 and LA County, see the SPA Comparison Table.

SPA 8 Injury Mortality Facts in Brief

- Firearm injury mortality rates were higher in SPA 8 than in LA County overall.
- Firearm injury mortality decreased during the ten-year period in SPA 8.
- Poisonings were the leading cause of injury death among females.
- Whites accounted for just 33% of the SPA 8 population, but for 65% of suicides.
- Among 15-29 year olds, there were more deaths from firearms than from all other injury mechanisms combined.

Figure 1. Trends

- Between 1998 and 2007, the South Bay SPA population increased by 8.9%, while the population of LA County overall increased by 10.1%.
- During the ten-year period in SPA 8, injury mortality rates fluctuated with no clear increasing or decreasing trends, ranging from 37.4 to 41.8 deaths per 100,000.
- Mortality due to poisoning increased during the ten-year period. The 2007 rate (8.3 per 100,000) was an increase of 30% over the 1998 rate (6.4 per 100,000).

¹ Age adjusted mortality rates are shown to facilitate comparisons between SPAs, which may have populations with different age distributions. The age adjusted mortality rates due to motor vehicle traffic is higher than that of poisoning even though there were more poisoning deaths, because age adjusting accounts for the age of decedents, and the average age of people who die from poisoning (44.4 yrs) is much greater than the average age of people who die from motor vehicle traffic (41.7 yrs).

² The suffocation category also includes hanging and strangulation deaths and deaths from the inhalation of food or other objects that block breathing.

LOS ANGELES COUNTY INJURY MORTALITY REPORT 2010 – SPA 8

- The largest decreases in mortality rates were reported among firearm and suffocation injuries. Mortality rates from these causes decreased by approximately one third between 1998 and 2007.
- Despite the decrease in firearm injuries, firearms were the leading cause of injury mortality during each year of the report period.

Table 1. Intent

- Between 1998 and 2007, 51% of injury deaths in SPA 8 were unintentional, 19% were suicides, and 27% were homicides.
- Nearly all fall and motor vehicle traffic (MVT) deaths and over three quarters of poisoning deaths were unintentional.
- Firearms were the leading cause of intentional injury mortality, accounting for 47% of suicides and 80% of homicides.
- Between 1998 and 2007, unintentional injury rates fluctuated between 18.8 and 22.3 deaths per 100,000, with no consistent increasing or decreasing trends.
- Homicide rates fluctuated between 8.4 and 11.5 deaths per 100,000 during the ten-year period.
- Suicide mortality decreased during the report period. The 2007 rate (6.7 per 100,000) was 32% less than the 1998 rate of (9.9 per 100,000).

Table 2. Gender

- Males accounted for 75% of injury deaths in SPA 8, but for only 49% of the South Bay SPA's population.
- Firearms (N=1,711) were the leading cause of injury death among males, followed by MVT (N=760).
- Poisoning (N=377) was the leading cause of injury death among females, followed by MVT (N=333).
- Males accounted for about four-fifths of homicides (85%) and suicides (79%), and over two-thirds of unintentional injury deaths (69%).
- Male mortality rates were over three times as high as female mortality during each year except 2000, when the male mortality rate was nearly three times the female mortality rate.

Figure 2. Race/Ethnicity

- Between 1998 and 2007, the population of the South Bay SPA was 36% Latino, 33% White, 15% Asian/Other, and 16% Black.
- During the same period, South Bay SPA residents who died from injuries were 28% Latino, 41% White, 9% Asian/Other, and 22% Black.
- There was variation in the racial/ethnic distribution by intent.
 - Unintentional: 26% Latino, 48% White, 10% Asian/Other, 16% Black
 - Suicide: 16% Latino, 65% White, 11% Asian/Other, 8% Black
 - Homicide: 40% Latino, 12% White, 7% Asian/Other, 41% Black
- Racial/ethnic distribution also varied for different types of injuries.
 - Latinos accounted for 33% of firearm and MVT deaths, but just 18% of poisonings.
 - Whites accounted for 60% of falls, but just 27% of firearm deaths.
 - Asian/Others accounted for 17% of suffocation deaths, but just 3% of poisonings.
 - Blacks accounted for 33% of firearm deaths, but just 7% of suffocation deaths.
- Males accounted for 83% of deaths among Latinos, 70% among Whites, 70% among Asian/Others, and 79% among Blacks.
- Since 1999, the highest mortality rates have been found among Blacks. Whites had the highest mortality rate during 1998.

Figure 3. Age

- During the ten-year period, the number of injury deaths in SPA 8 peaked among 19 year olds.
- The leading cause of death varied by age group:
 - Among infants (<1 year olds) and 1-4 year olds, other (non-leading) causes of injury were the most common cause of injury death.
 - Among 5-9 year olds, MVT injuries were the leading cause of injury death.
 - Among 10-34 year olds, firearms were the leading cause of injury death.
 - Among 35-64 year olds, poisoning was 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) and 15-29 year olds; among all other age groups, unintentional injuries were more common.
- Mortality rates from unintentional injuries (47.2 per 100,000) and suicides (16.5 per 100,000) peaked among 65+ year olds. Mortality rates from homicide peaked among 20-24 year olds (32.9 per 100,000).

LOS ANGELES COUNTY INJURY MORTALITY REPORT 2010 – SPA 8

- Among 15-34 year olds, male mortality rates were over four times greater than female mortality rates. Among 1-4 and 10-14 year olds, male mortality was less than twice that of females.
- Among Whites and Asian/Others mortality peaked among 65+ year olds, while among Blacks and Latinos rates peaked among 20-24 year olds.
- The average age of victims of injury deaths was 43.1 years.
 - Victims of falls had the oldest average age at death (68.5 years).
 - Homicide victims (29.7 years) had the youngest average age at death.
 - Males (41.2 years) were on average younger than females (48.7 years) at death.



Table 1: Number and Percent of Injury Deaths Attributed to Each Intent, by Leading Cause, SPA 8 Residents, 1998-2007

Leading Cause	Intent								Total
	Unintentional		Suicide		Homicide		Other		
	#	%	#	%	#	%	#	%	
Falls	486	90%	51	9%	0	0%	5	1%	542
Firearms	22	1%	548	29%	1283	68%	44	2%	1897
MVT	1086	99%	5	0%	1	0%	1	0%	1093
Poisoning	864	78%	198	18%	4	0%	38	3%	1104
Suffocation	61	16%	276	73%	38	10%	4	1%	379
Other Causes	549	57%	83	9%	278	29%	45	5%	955
All Injury Deaths	3068	51%	1161	19%	1604	27%	137	2%	5970

LOS ANGELES COUNTY INJURY MORTALITY REPORT 2010 – SPA 8

Table 2: Number of Deaths and Age Adjusted Mortality Rate by Gender and Leading Cause, and Gender Distribution for Each Cause, SPA 8 Residents, 1998-2007

Mechanism	Males			Females		
	Num	Rate	%	Num	Rate	%
Falls	336	5.6	62.0%	206	2.8	38.0%
Firearms	1711	23.0	90.2%	186	2.4	9.8%
MVT	760	10.5	69.5%	333	4.4	30.5%
Poisoning	727	9.7	65.9%	377	4.8	34.1%
Suffocation	285	4.0	75.2%	94	1.2	24.8%
Other Causes	674	9.3	70.6%	281	3.7	29.4%
All Injury Deaths	4493	62.0	75.3%	1477	19.2	24.7%

Figure 2: Racial/Ethnic Distribution of SPA 8 Population and Leading Causes of Injury Death, SPA 8 Residents, 1998-2007

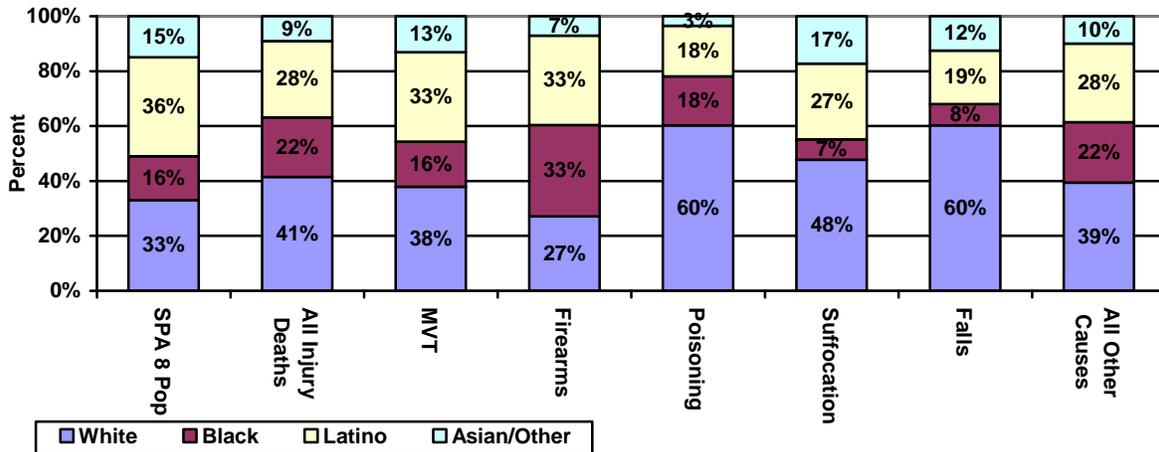
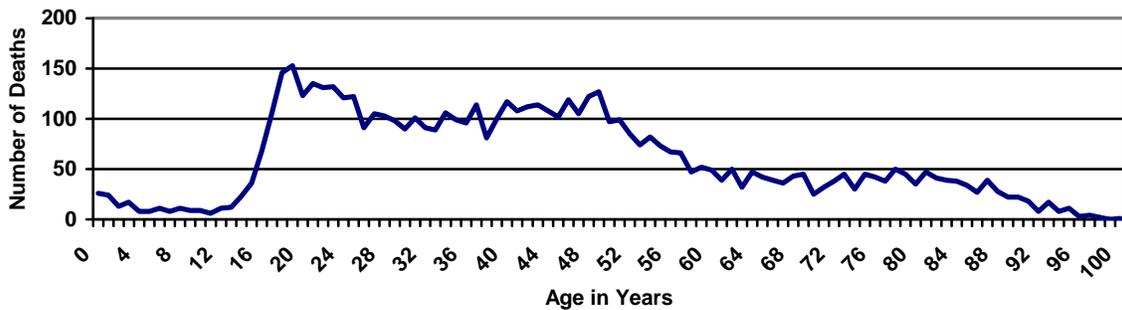


Figure 3: Age Distribution of Injury Deaths Among SPA 8 Residents, 1998-2007



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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