

State Injury Profile for California

The CDC State Injury Profiles

Gathering and sharing reliable data about the broad range of public health problems is among the many ways the Centers for Disease Control and Prevention protect the safety and health of Americans.

Policy makers and health care workers need access to the best, most current data available so they can make informed decisions about where to allocate limited resources to prevent diseases and injuries. Yet, many people find statistics difficult to understand and interpret. This State Injury Profile offers an easier way to look at statistics. Through maps and graphs, the Profile clearly shows how this state compares with others in the nation and what injury problems are most pressing.

CDC's National Center for Injury Prevention and Control gathers data about a broad range of intentional and unintentional injuries or what many people call 'violence' and 'accidents.' Injuries affect everyone. Injury is the leading cause of death for all Americans ages one to 34, and injury remains one of the leading causes of death, no matter how long someone may live.

Maps and graphs in this State Injury Profile show this state's death rates from in falls, poisoning, drowning, suffocation, fires and burns, suicide, homicide, traumatic brain injury and injuries related to firearms. The graphics show how this state compares with others and with mortality rates in the United States as a whole. You will also find a table showing the Ten Leading Causes of Death for the United States and for this state. **New this year** is a county-by-county map showing locations with higher death rates for each type of injury.

In addition to injury data, you'll also find a list of all CDC-funded injury prevention and research programs in this state for 2001.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

To learn more

After you page through the State Injury Profile, if you want to know more, CDC has made it easy for you to find additional information about any injury and public health. Simply visit www.cdc.gov/ncipc. Or call the CDC National Center for Injury Prevention and Control, Office of Planning, Evaluation and Legislation at 1-770-488-4936.

These other resources offered or funded by the CDC may also interest you:

General information about injury in America

Customized data reports, www.cdc.gov/ncipc/wisqars

Consumer facts and tip sheets, www.cdc.gov/ncipc/safeusa or call the SafeUSA hotline toll free at 1-800-252-7751.

Intentional Injury

National Resource Center on Domestic Violence, 1-800-537-2238

National Sexual Violence Resource Center, www.nsvrc.org, or call 1-877-739-3895

National Violence Against Women Prevention Research Center, www.violenceagainstwomen.org, or call 1-843-792-2945

National Youth Violence Prevention Resource Center, www.safeyouth.org, or call 1-866-SAFEYOUTH (723-3968)

Violence Against Women Electronic Network (VAWnet), www.vawnet.org, or call 1-800-537-2238

Unintentional Injury

National Program for Playground Safety, www.uni.edu/playground, or call 1-800-554-PLAY (7529)

National Resource Center on Aging and Injury, www.nrcai.org, or call 1-619-594-0986

State Injury Profile for California 1989-1998

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United States

10 Leading Causes of Deaths by Age Group: 1996-1998

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 18,771	Unintentional Injuries 6,087	Unintentional Injuries 4,666	Unintentional Injuries 5,392	Unintentional Injuries 40,525	Unintentional Injuries 37,468	Malignant Neoplasms 51,170	Malignant Neoplasms 135,803	Malignant Neoplasms 260,166	Heart Disease 1,824,785	Heart Disease 2,185,194
2	Short Gestation 11,928	Congenital Anomalies 1,791	Malignant Neoplasms 1,557	Malignant Neoplasms 1,514	Homicide 18,200	Suicide 16,898	Unintentional Injuries 43,925	Heart Disease 105,367	Heart Disease 198,361	Malignant Neoplasms 1,150,087	Malignant Neoplasms 1,620,642
3	SIDS 8,863	Malignant Neoplasms 1,227	Congenital Anomalies 662	Suicide 918	Suicide 12,679	Homicide 15,068	Heart Disease 40,037	Unintentional Injuries 31,208	Bronchitis Emphysema Asthma 30,317	Cerebro-vascular 419,998	Cerebro-vascular 478,181
4	Respiratory Distress Synd. 3,958	Homicide 1,194	Homicide 523	Homicide 908	Malignant Neoplasms 4,976	HIV 14,953	HIV 26,456	Cerebro-vascular 17,196	Cerebro-vascular 29,005	Bronchitis Emphysema Asthma 283,777	Bronchitis Emphysema Asthma 327,640
5	Maternal Complications 3,836	Heart Disease 643	Heart Disease 413	Congenital Anomalies 613	Heart Disease 3,124	Malignant Neoplasms 13,837	Suicide 20,308	Liver Disease 16,797	Diabetes 25,504	Pneumonia & Influenza 235,529	Unintentional Injuries 288,427
6	Placenta Cord Membranes 2,870	Pneumonia & Influenza 494	Pneumonia & Influenza 218	Heart Disease 560	Congenital Anomalies 1,252	Heart Disease 9,843	Homicide 11,138	Suicide 14,916	Unintentional Injuries 21,316	Diabetes 142,639	Pneumonia & Influenza 262,047
7	Perinatal Infections 2,348	Septicemia 245	HIV 194	Bronchitis Emphysema Asthma 287	HIV 883	Cerebro-vascular 2,068	Liver Disease 10,518	Diabetes 12,979	Liver Disease 15,844	Unintentional Injuries 95,191	Diabetes 189,154
8	Unintentional Injuries 2,323	HIV 233	Bronchitis Emphysema Asthma 159	Pneumonia & Influenza 180	Bronchitis Emphysema Asthma 677	Diabetes 1,903	Cerebro-vascular 8,159	HIV 12,892	Pneumonia & Influenza 11,228	Alzheimer's Disease 65,647	Suicide 92,013
9	Pneumonia & Influenza 1,358	Perinatal Period 210	Benign Neoplasms 134	Cerebro-vascular 140	Pneumonia & Influenza 638	Pneumonia & Influenza 1,633	Diabetes 5,622	Bronchitis Emphysema Asthma 8,467	Suicide 8,834	Nephritis 65,296	Nephritis 75,817
10	Intrauterine Hypoxia 1,341	Benign Neoplasms 188	Cerebro-vascular 102	HIV 139	Cerebro-vascular 533	Liver Disease 1,592	Pneumonia & Influenza 4,255	Pneumonia & Influenza 6,493	Septicemia 5,704	Septicemia 54,428	Liver Disease 75,414

United States Total Number of Injury Deaths

Cause	Deaths	Percent
Unintentional Injury	288,427	65.6%
Intentional	151,102	34.4%
Total (1996-1998)	439,529	100.0%

Average Number of Injury Deaths per Year
In the United States = **146,510**

California

10 Leading Causes of Deaths by Age Group: 1996-1998

Age Groups											
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Congenital Anomalies 2,459	Unintentional Injuries 682	Unintentional Injuries 417	Unintentional Injuries 463	Unintentional Injuries 3,573	Unintentional Injuries 4,106	Malignant Neoplasms 5,578	Malignant Neoplasms 13,805	Malignant Neoplasms 24,565	Heart Disease 173,797	Heart Disease 206,632
2	Short Gestation 1,061	Congenital Anomalies 268	Malignant Neoplasms 209	Malignant Neoplasms 228	Homicide 2,908	Homicide 2,211	Unintentional Injuries 5,399	Heart Disease 9,906	Heart Disease 17,746	Malignant Neoplasms 107,634	Malignant Neoplasms 154,473
3	SIDS 953	Homicide 169	Congenital Anomalies 95	Homicide 135	Suicide 1,196	Suicide 1,803	Heart Disease 3,581	Unintentional Injuries 3,861	Cerebro-vascular 3,146	Cerebro-vascular 43,374	Cerebro-vascular 49,784
4	Respiratory Distress Synd. 394	Malignant Neoplasms 160	Homicide 75	Suicide 83	Malignant Neoplasms 644	HIV 1,717	HIV 3,266	Liver Disease 2,525	Bronchitis Emphysema Asthma 3,032	Pneumonia & Influenza 33,811	Pneumonia & Influenza 36,853
5	Maternal Complications 323	Heart Disease 64	Heart Disease 49	Congenital Anomalies 73	Heart Disease 275	Malignant Neoplasms 1,622	Suicide 2,251	Cerebro-vascular 1,902	Diabetes 2,411	Bronchitis Emphysema Asthma 30,925	Bronchitis Emphysema Asthma 35,534
6	Placenta Cord Membranes 294	Pneumonia & Influenza 59	Pneumonia & Influenza 25	Heart Disease 57	Congenital Anomalies 164	Heart Disease 936	Liver Disease 1,673	Suicide 1,742	Liver Disease 2,327	Diabetes 12,351	Unintentional Injuries 27,771
7	Perinatal Infections 208	Perinatal Period 33	Bronchitis Emphysema Asthma 18	Bronchitis Emphysema Asthma 42	HIV 84	Liver Disease 297	Homicide 1,357	HIV 1,719	Unintentional Injuries 2,187	Unintentional Injuries 6,782	Diabetes 16,877
8	Unintentional Injuries 201	Meningitis 23	Benign Neoplasms 16	Pneumonia & Influenza 24	Bronchitis Emphysema Asthma 67	Cerebro-vascular 257	Cerebro-vascular 903	Diabetes 1,263	Pneumonia & Influenza 1,397	Alzheimer's Disease 6,035	Liver Disease 10,556
9	Pneumonia & Influenza 161	Meningo-coccal 20	Cerebro-vascular 12	Cerebro-vascular 15	Cerebro-vascular 62	Diabetes 221	Diabetes 577	Bronchitis Emphysema Asthma 965	Suicide 1,025	Atherosclerosis 5,539	Suicide 10,253
10	Intrauterine Hypoxia 133	Benign Neoplasms 19	2 Tied	Anemias 11	Pneumonia & Influenza 61	Congenital Anomalies 167	Pneumonia & Influenza 431	Pneumonia & Influenza 729	HIV 534	Hypertension 4,116	Homicide 8,295

California Total Number of Injury Deaths

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Unintentional Injury	27,771	60.0%
Intentional Injury	18,548	40.0%
Total (1996-1998)	46,319	100.0%

Average Number of Injury Deaths per Year
In California = **15,440**

1996-1998 Leading Causes of Death

Unintentional Injury

United States Unintentional Injury

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
MV Traffic	127,053	44.1%
Fall	35,745	12.4%
Poisoning	30,474	10.6%
Suffocation	13,325	4.6%
Drowning	12,416	4.3%
Fire/Burn	10,809	3.7%
Other Causes	<u>58,605</u>	<u>20.3%</u>
	288,427	100.0%

California Only Unintentional Injury

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
MV Traffic	11,454	41.2%
Poisoning	5,862	21.1%
Fall	3,216	11.6%
Drowning	1,542	5.6%
Fire/Burn	723	2.6%
Other Causes	<u>4,974</u>	<u>17.9%</u>
	27,771	100.0%

Intentional Injury

United States Suicide

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	53,156	57.8%
Suffocation	16,469	17.9%
Poisoning	15,280	16.6%
Other Causes	<u>7,108</u>	<u>7.7%</u>
	92,013	100.0%

California Only Suicide

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	5,142	50.2%
Suffocation	2,140	20.9%
Poisoning	1,887	18.4%
Other Causes	<u>1,084</u>	<u>10.6%</u>
	10,253	100.1%

United States Homicide and Legal Intervention

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	39,951	67.6%
Cut/Pierce	6,955	11.8%
Suffocation	2,147	3.6%
Other Causes	<u>10,036</u>	<u>17.0%</u>
	59,089	100.0%

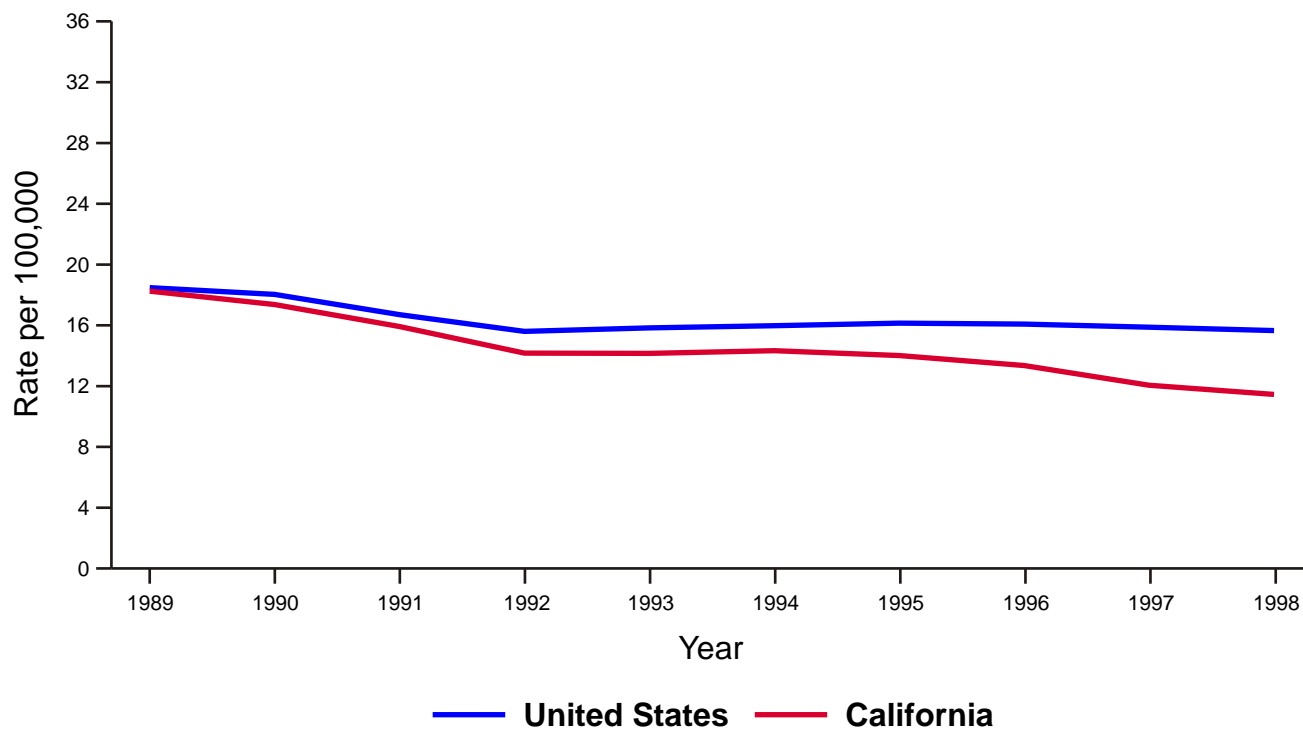
California Only Homicide and Legal Intervention

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	5,859	70.6%
Cut/Pierce	879	10.6%
Suffocation	300	3.6%
Other Causes	<u>1,257</u>	<u>15.2%</u>
	8,295	100.0%

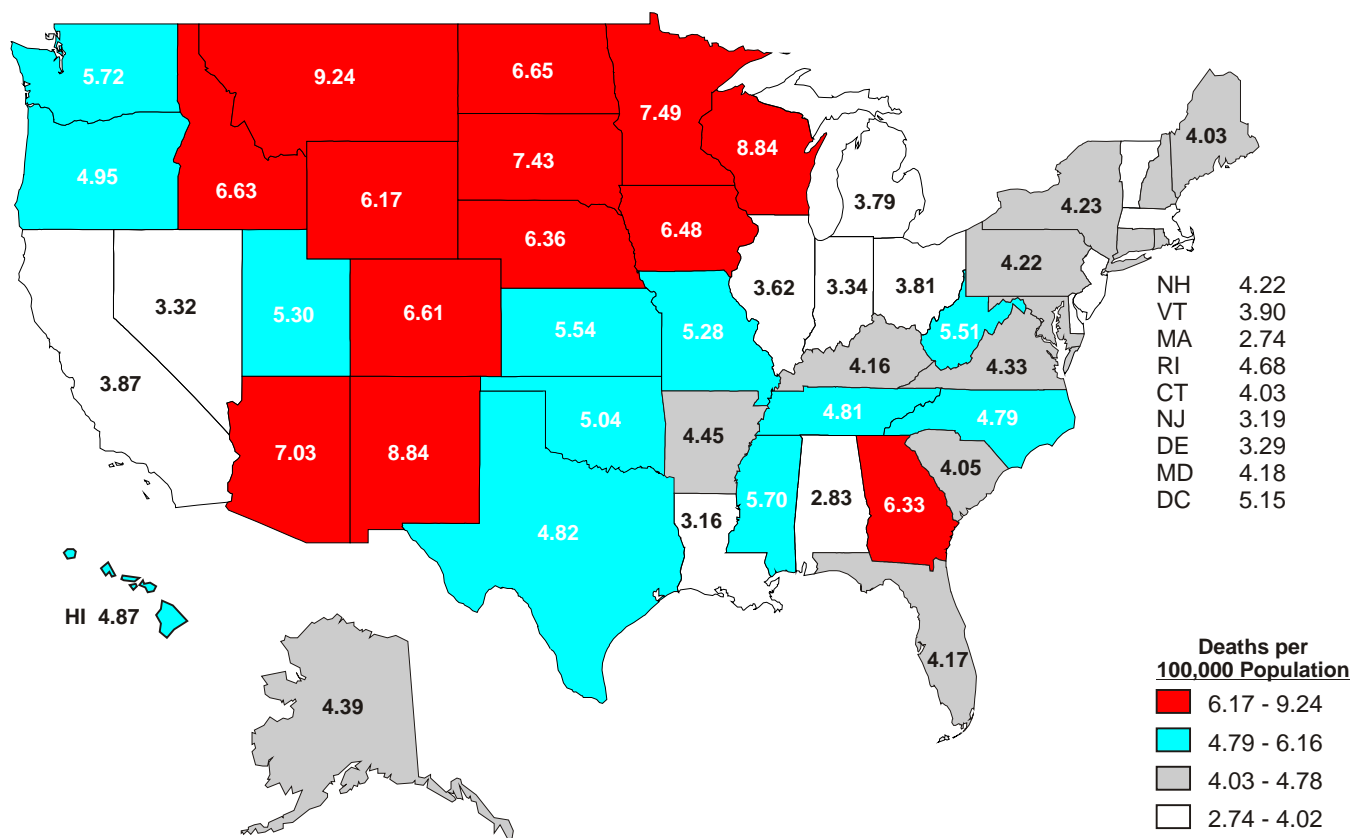
Unintentional Motor Vehicle, Traffic-Related Death Rates United States, 1996-1998



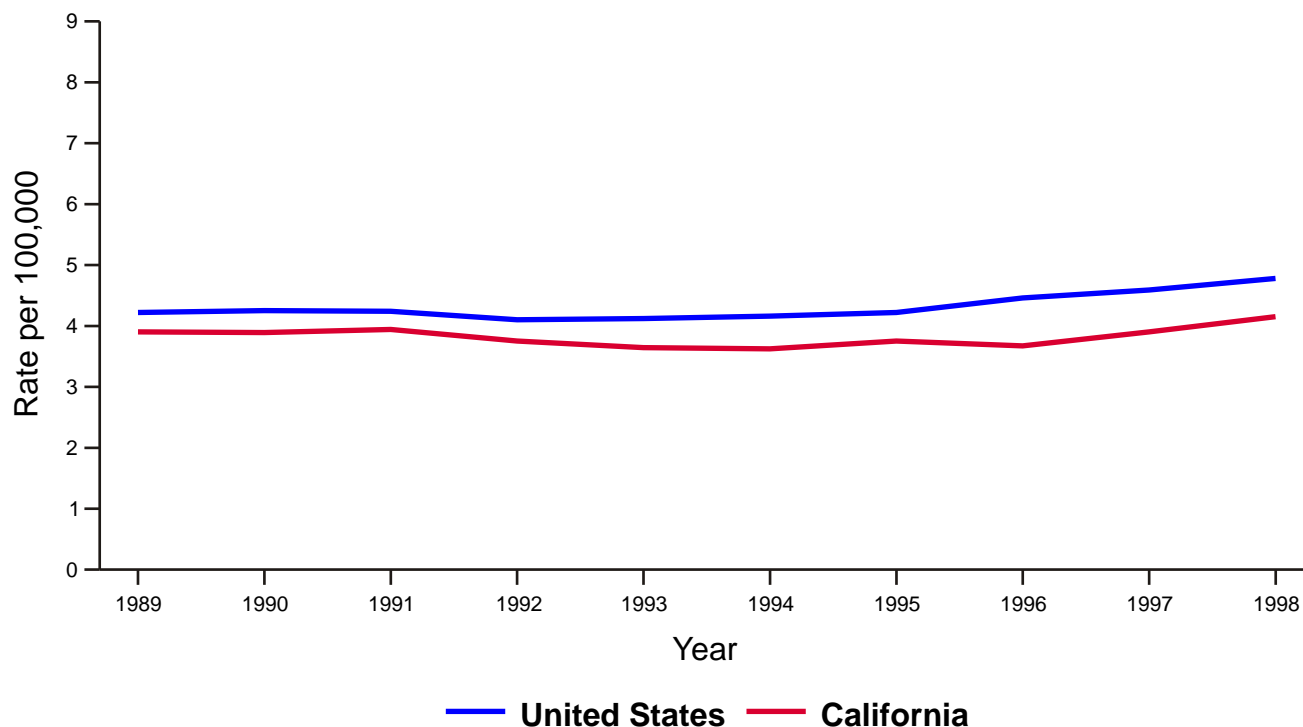
United States and California 1989-1998



Unintentional Fall Death Rates United States, 1996-1998



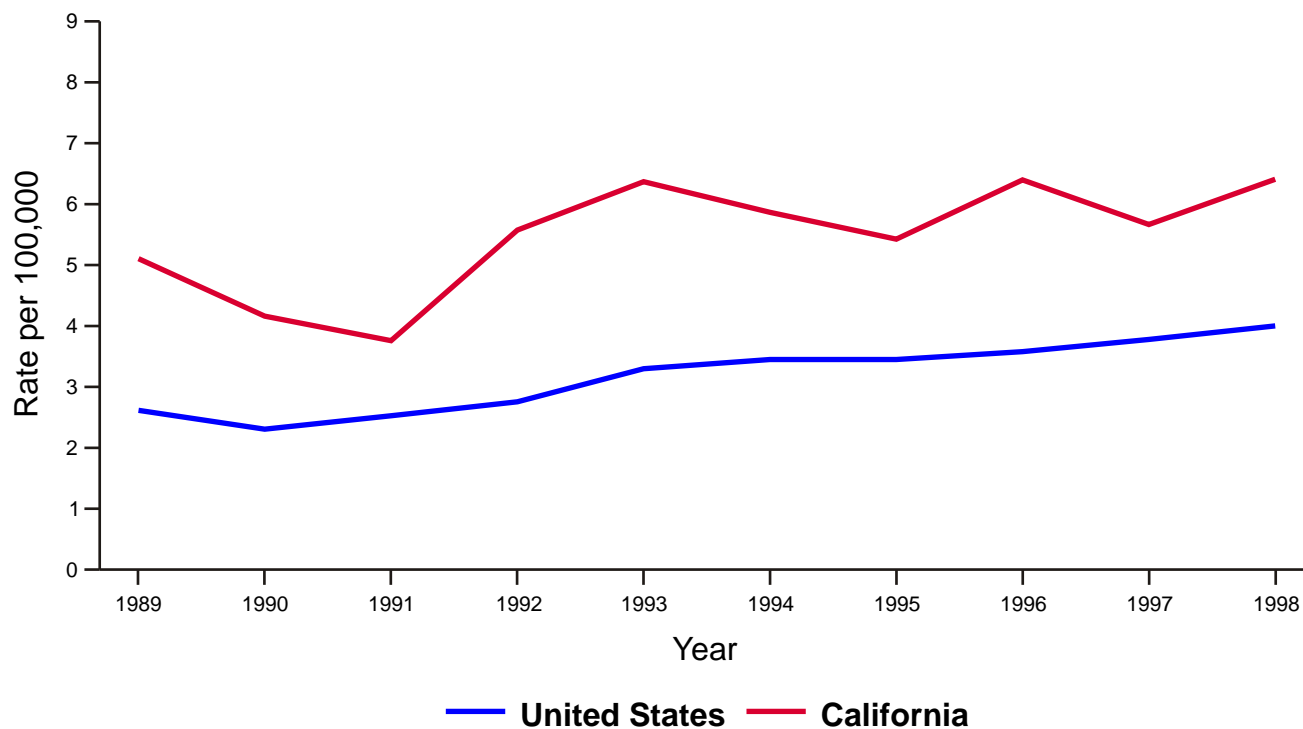
United States and California 1989-1998



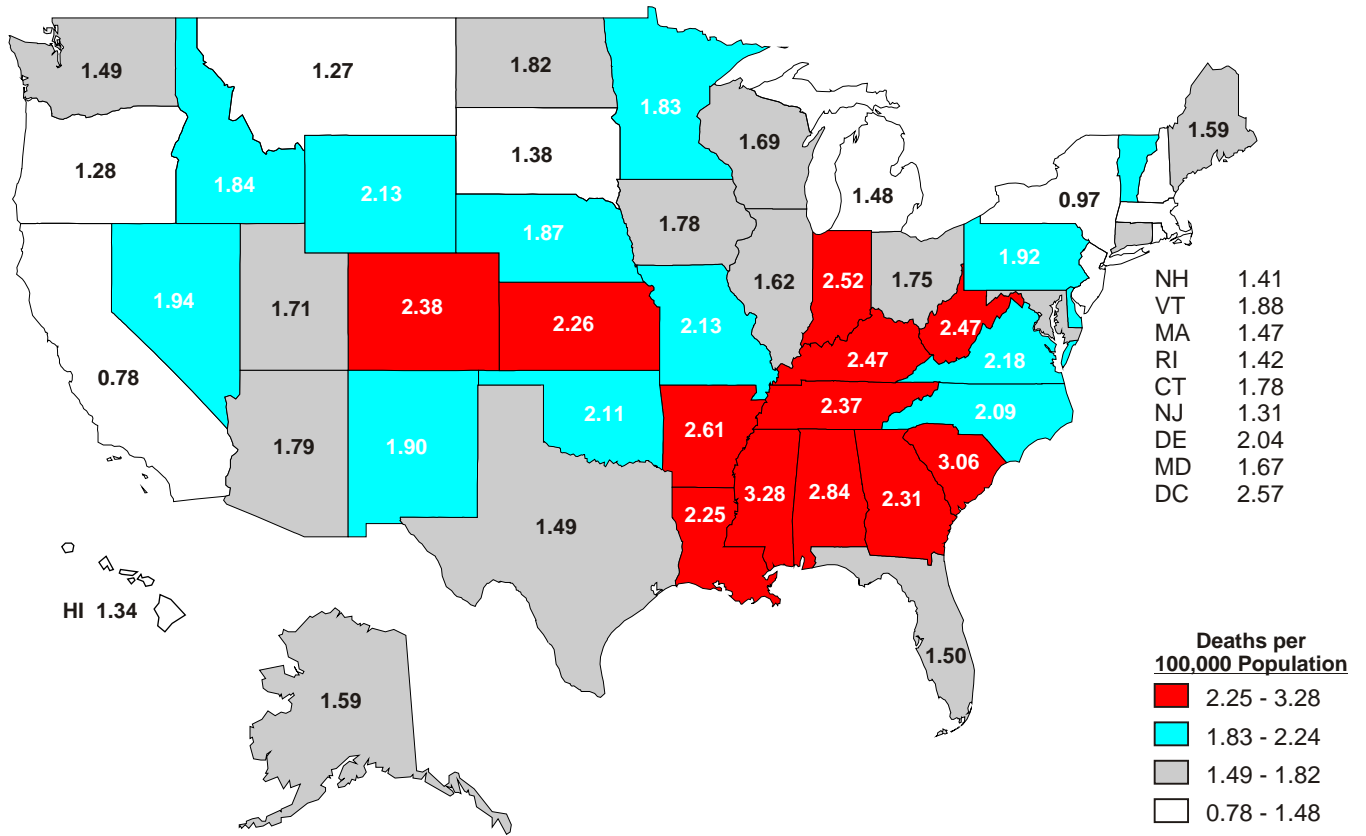
Unintentional Poisoning Death Rates United States, 1996-1998



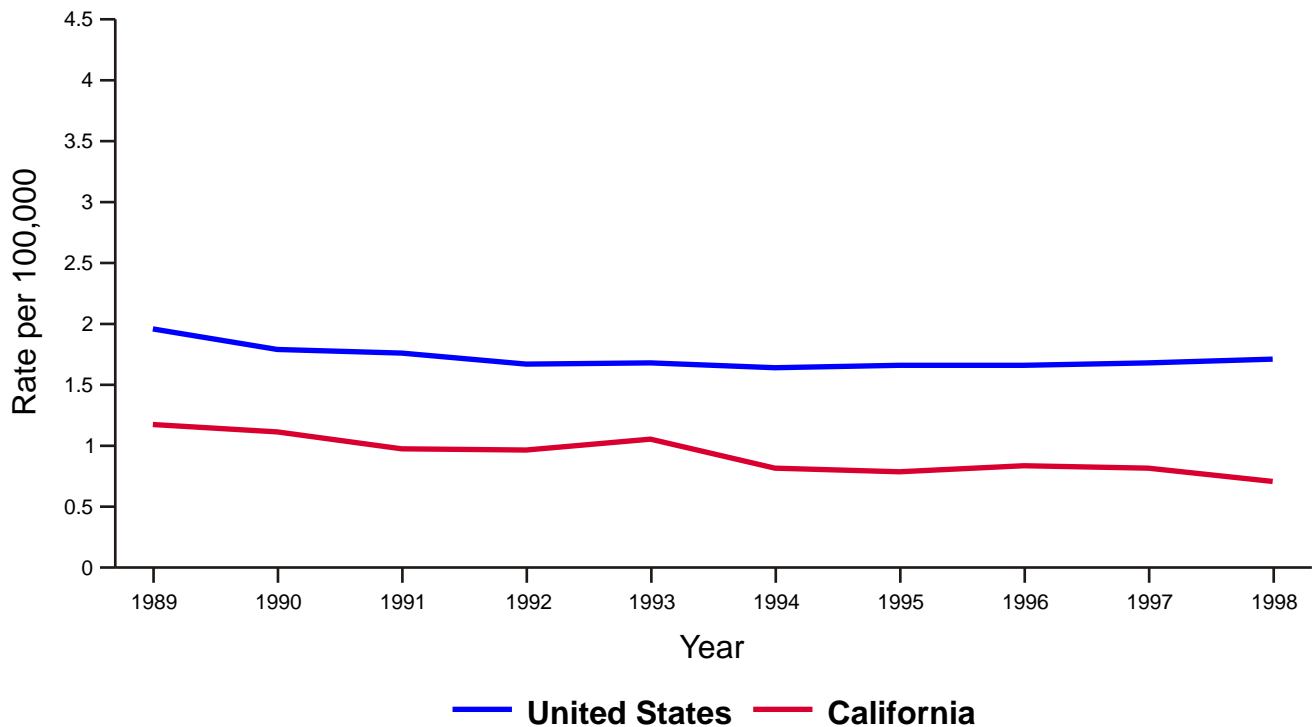
United States and California 1989-1998



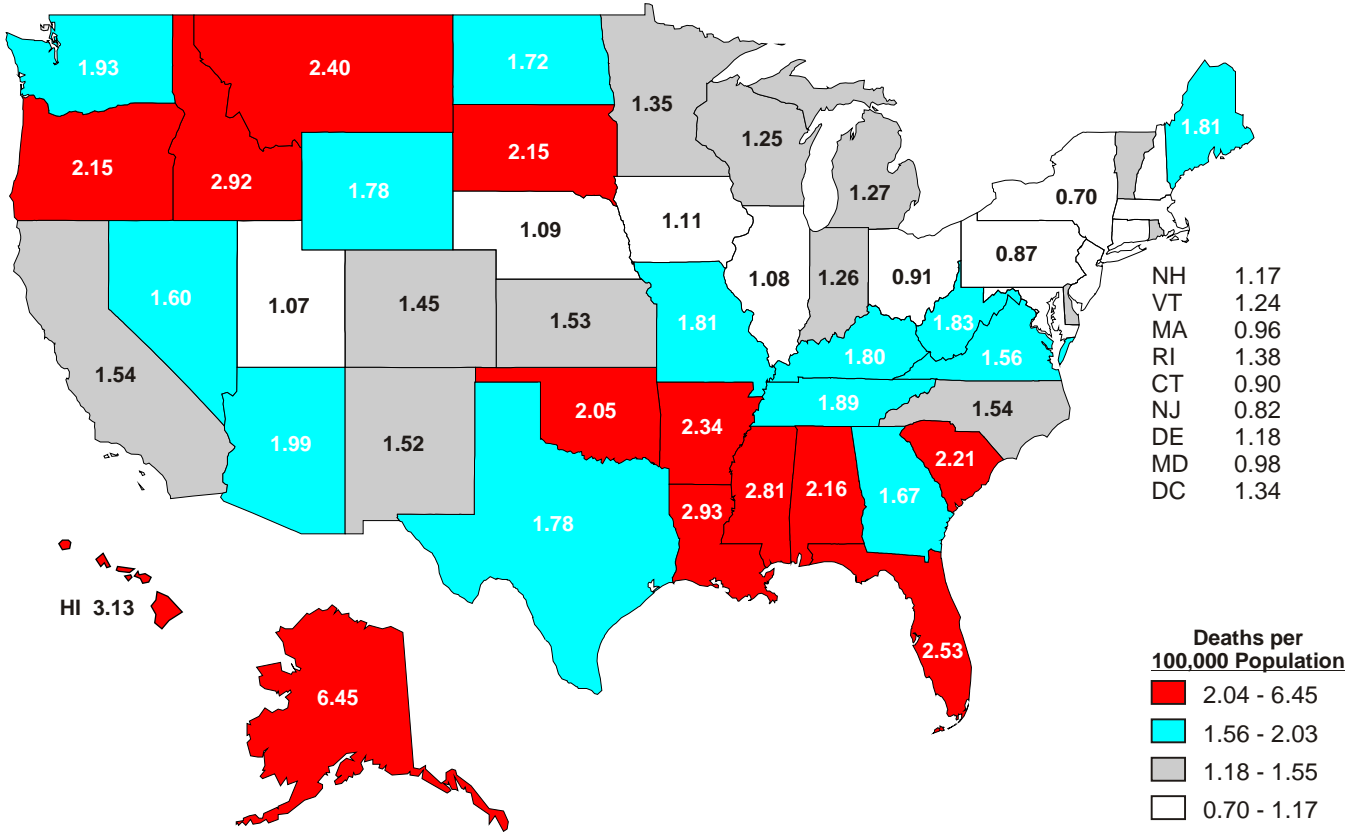
Unintentional Suffocation Death Rates United States, 1996-1998



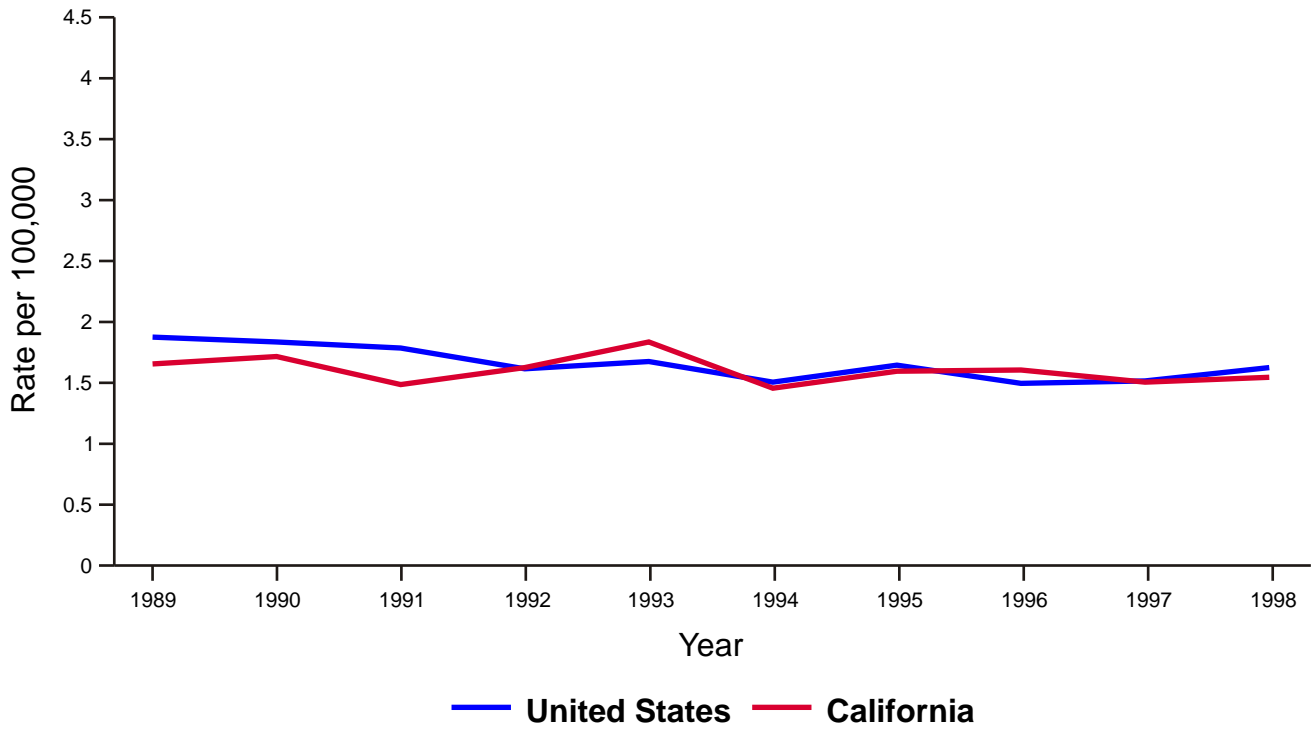
United States and California 1989-1998



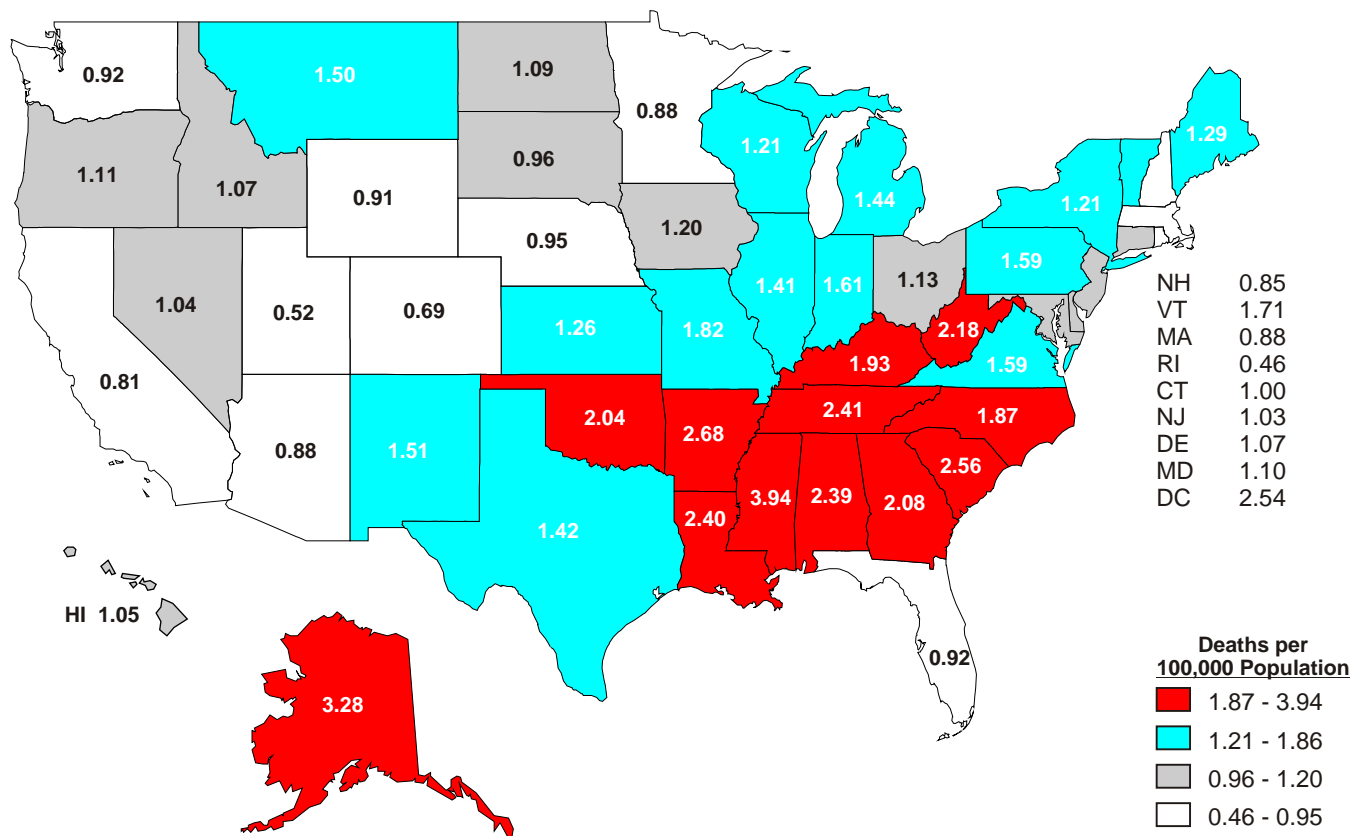
Unintentional Drowning Death Rates United States, 1996-1998



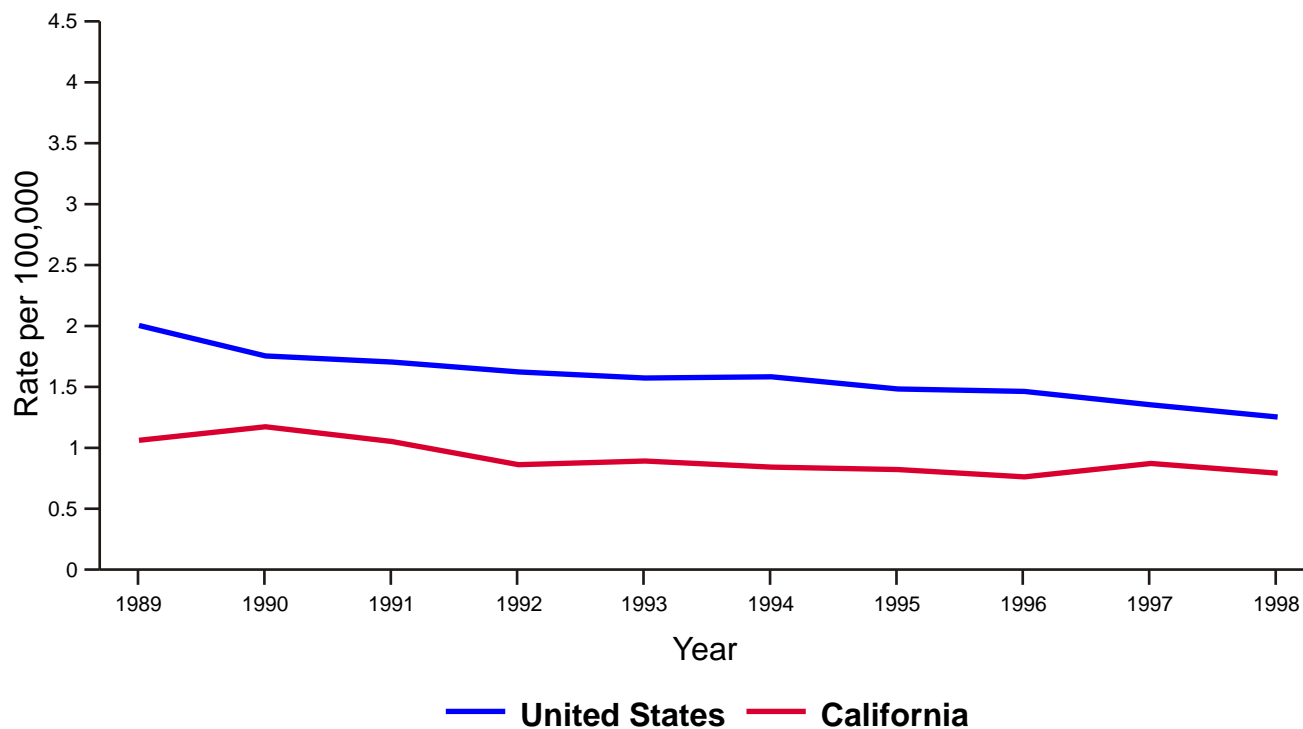
United States and California 1989-1998



Unintentional Fire and Burn-Related Death Rates United States, 1996-1998



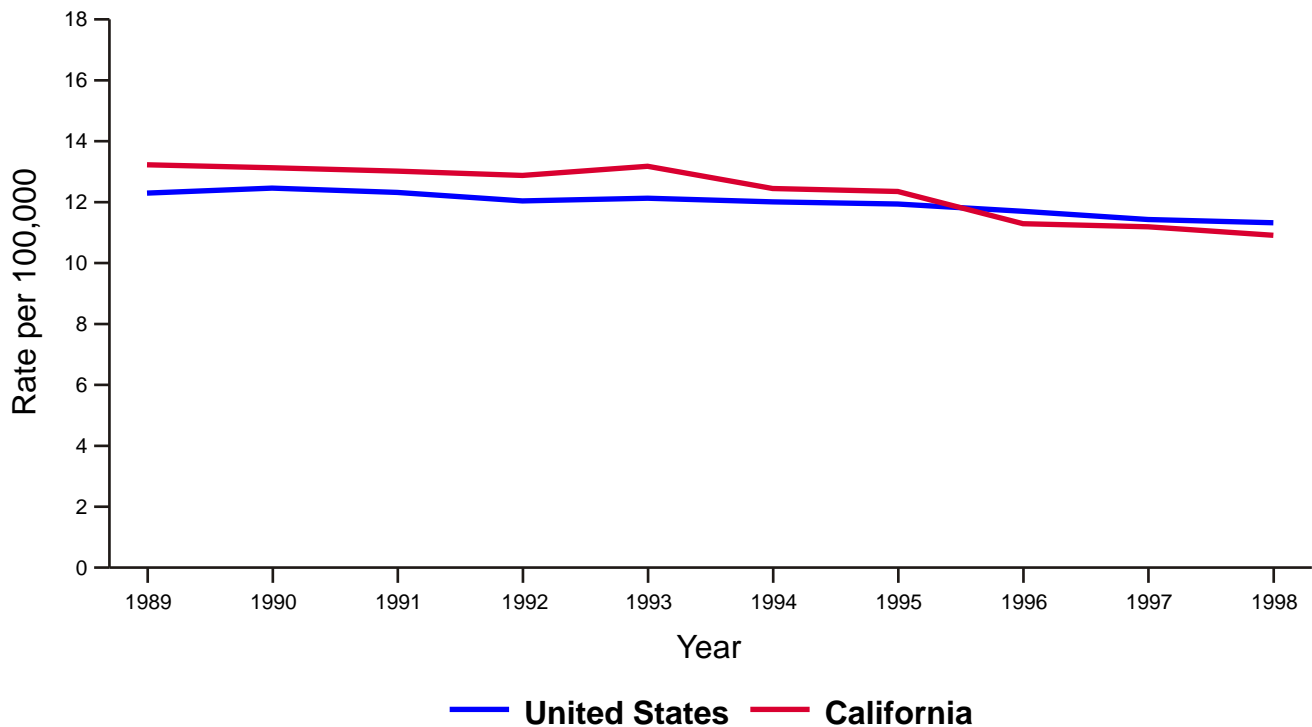
United States and California 1989-1998



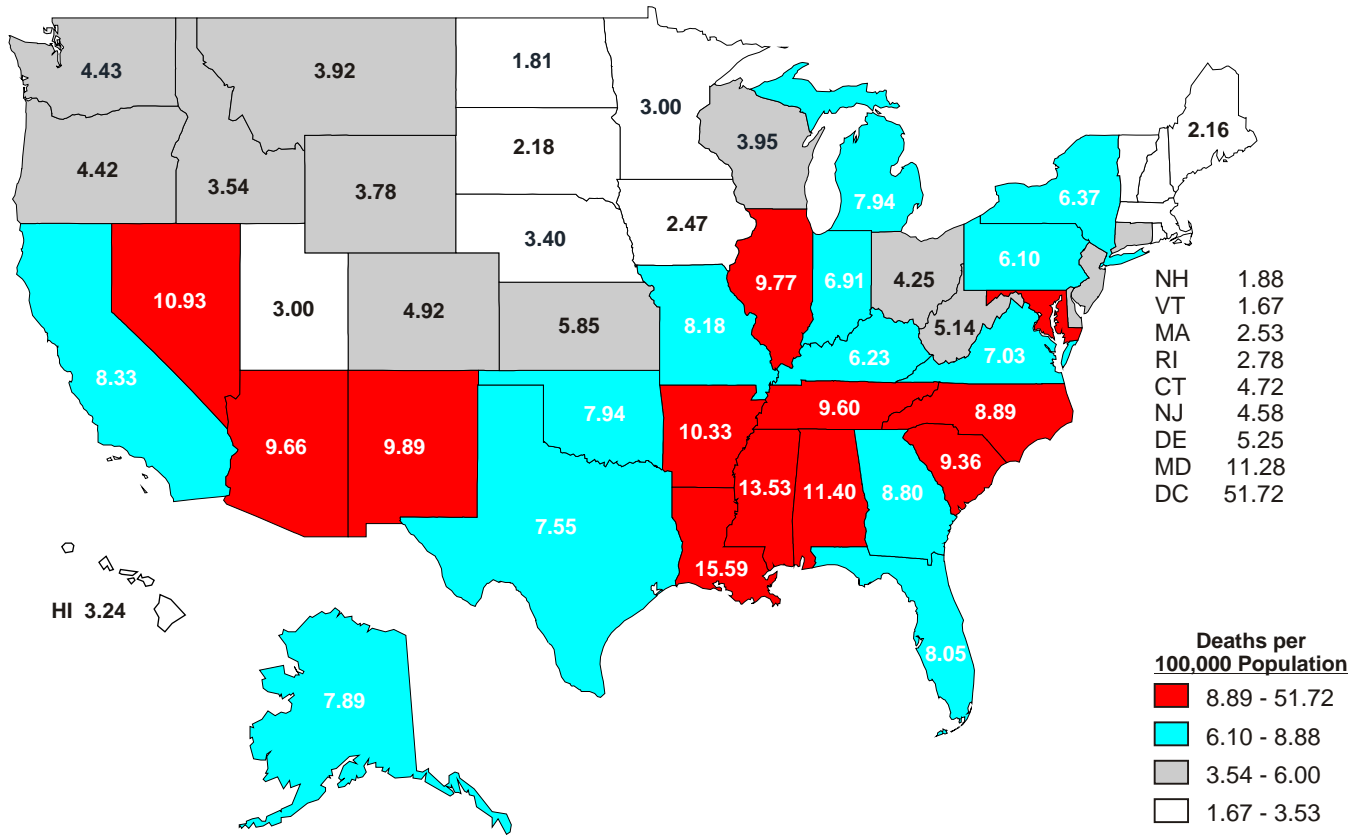
Suicide Death Rates United States, 1996-1998



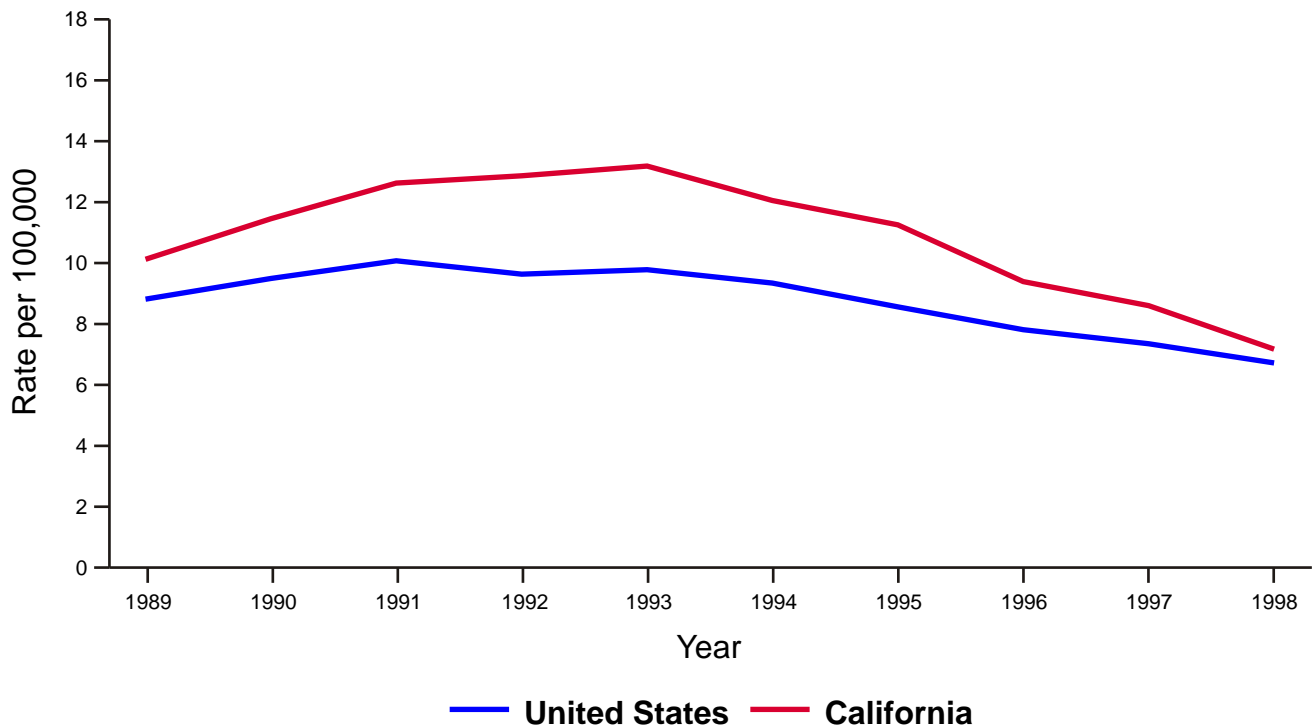
United States and California 1989-1998



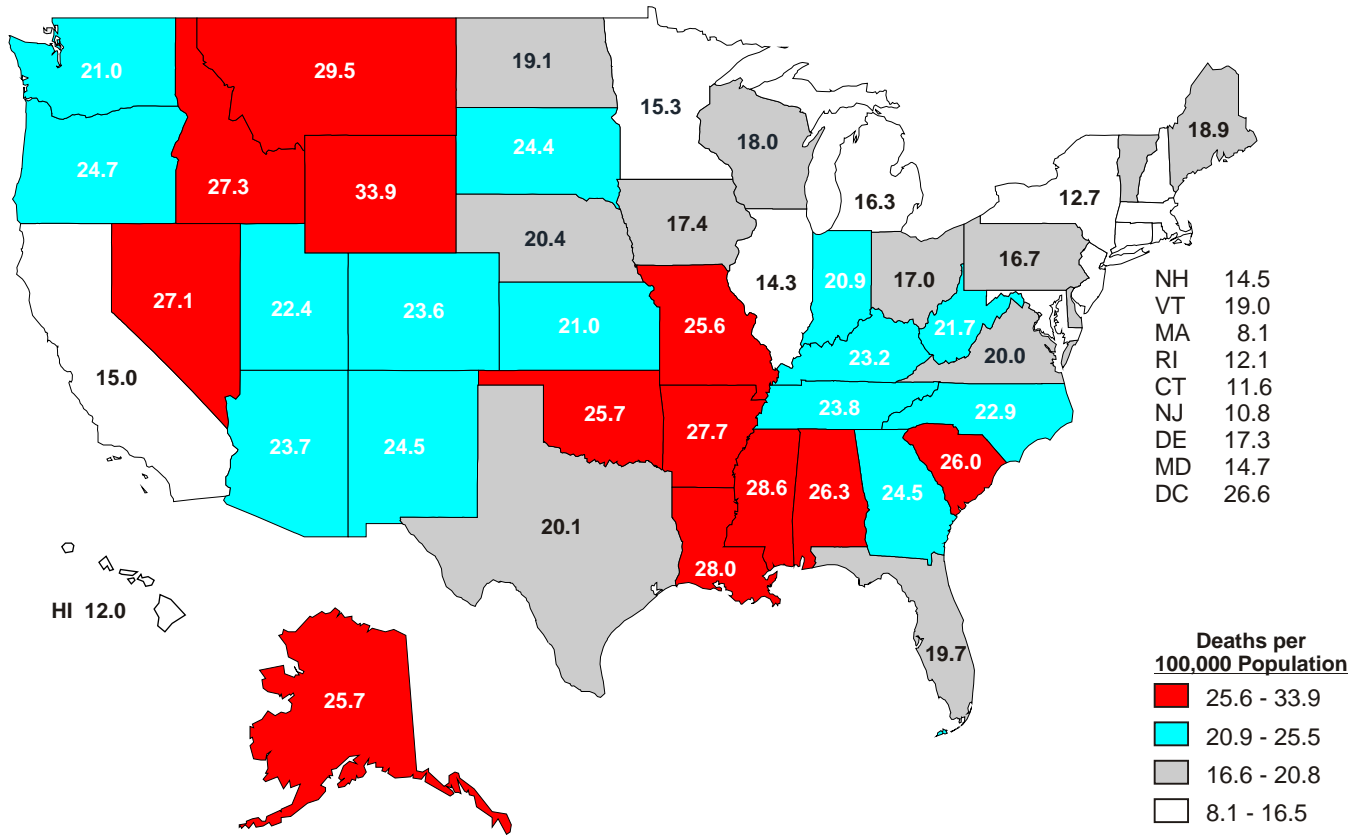
Homicide Death Rates United States, 1996-1998



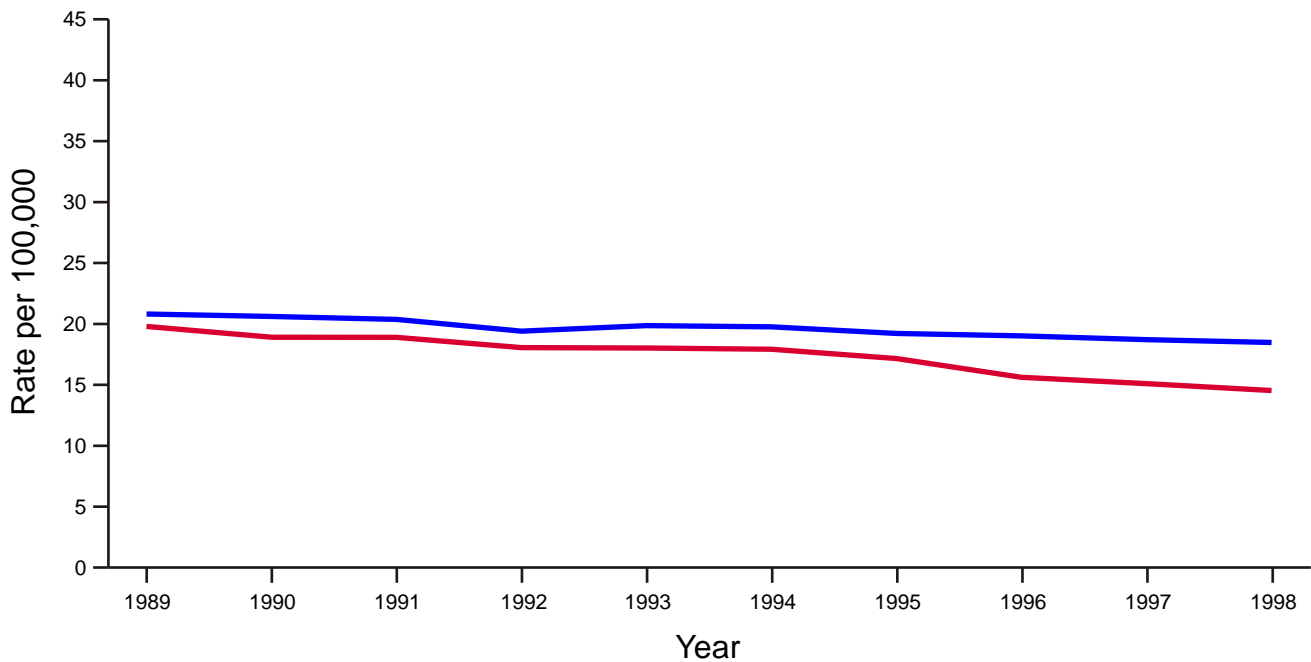
United States and California 1989-1998



Traumatic Brain Injury-Related Death Rates* United States, 1996-1998



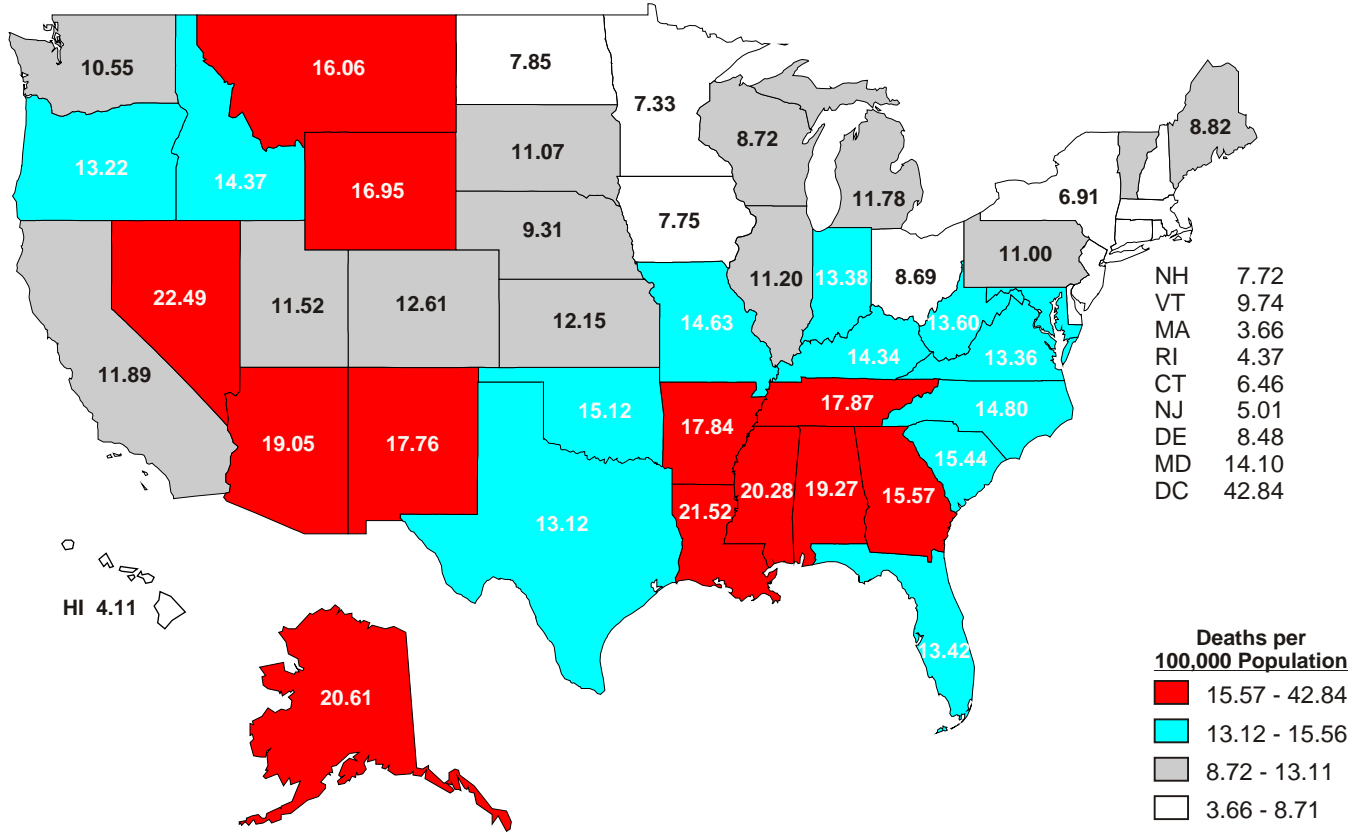
United States and California 1989-1998



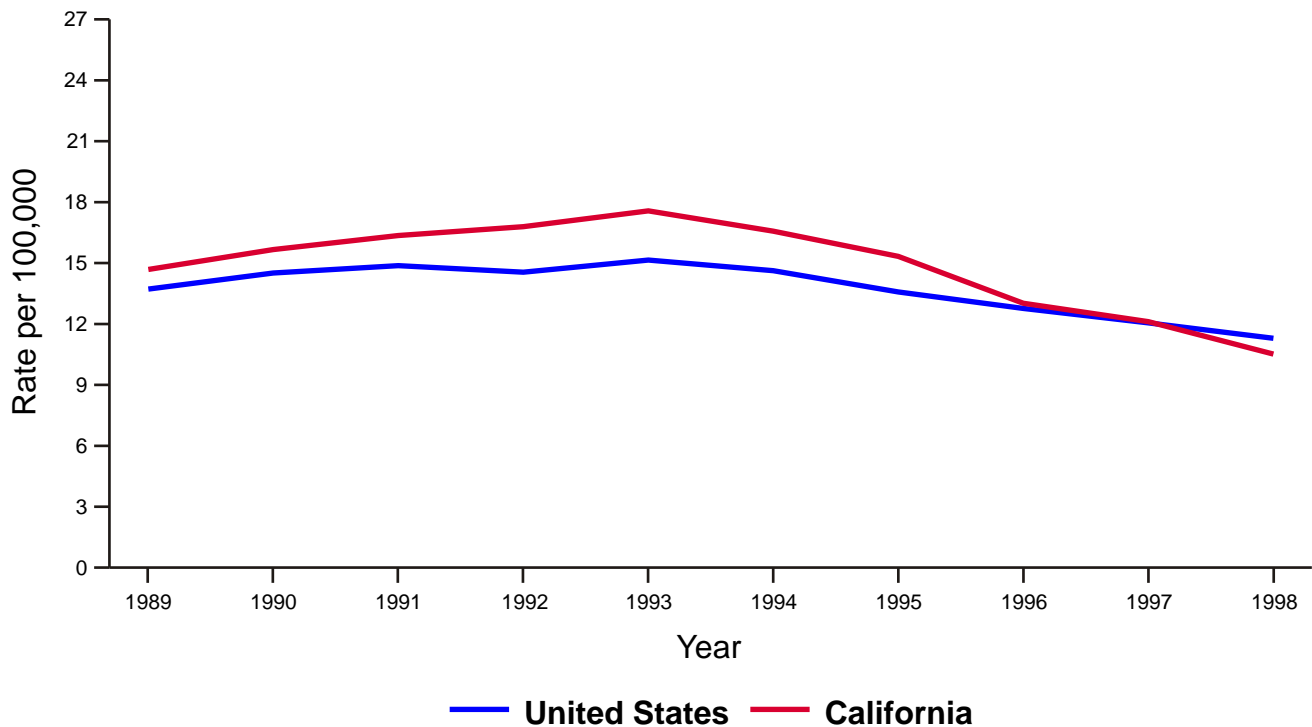
— United States — California

* Includes unintentional and intentional deaths from motor vehicles, firearms, falls, and other causes (of determined and undetermined intent).

Firearm-Related Death Rates United States, 1996-1998

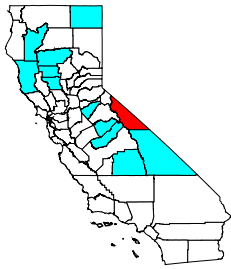


United States and California 1989-1998

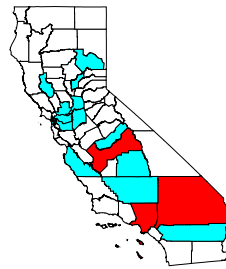


* Includes deaths from firearm suicide, firearm homicide, unintentional firearm-related deaths, and firearm-related deaths of undetermined intent.

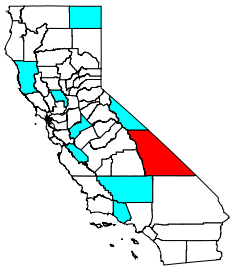
California 1989-1998



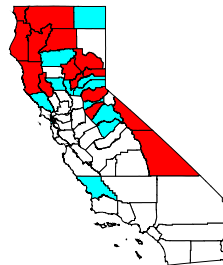
Motor Vehicle
4,433 Deaths/Year
 U.S. 16.4
 CA 14.4



Homicides
3,536 Deaths/Year
 U.S. 8.7
 CA 10.8
 Excess Deaths/Year **656**



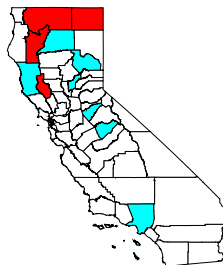
Falls
969 Deaths/Year
 U.S. 4.3
 CA 3.8



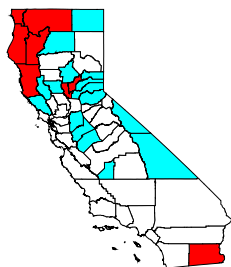
Suicides
3,634 Deaths/Year
 U.S. 12.0
 CA 12.3
 Excess Deaths/Year **112**



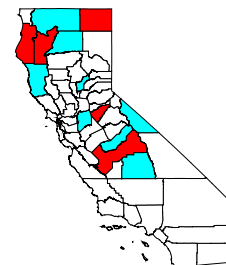
Fires/Burns
273 Deaths/Year
 U.S. 1.6
 CA 1.0



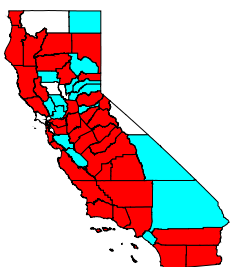
Firearms
4,632 Deaths/Year
 U.S. 13.7
 CA 14.8
 Excess Deaths/Year **339**



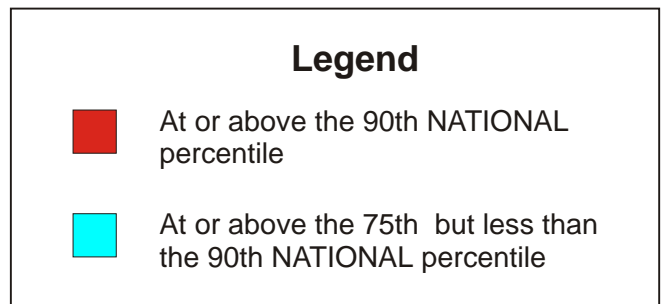
Drownings
505 Deaths/Year
 U.S. 1.7
 CA 1.6



Traumatic Brain Injury
5,299 Deaths/Year
 U.S. 18.5
 CA 17.6



Poisonings
1,709 Deaths/Year
 U.S. 3.2
 CA 5.5
 Excess Deaths/Year **722**



CDC-Funded Injury Control Projects

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CDC-Funded Injury Control Projects in CALIFORNIA

CDC's National Center for Injury Prevention and Control (NCIPC) funds 12 programs in California to build the state's ability to keep its citizens safe. California is home to two of the United States' 10 Injury Control Research Centers. New this year in California are two of the nation's 10, new Academic Centers of Excellence on Youth Violence. These Centers are housed at University of California campuses at Riverside and San Diego. Additionally, CDC funds a national clearinghouse of information about injuries among older Americans at San Diego State University.

Injury Control Research Centers

Injury Control Research Centers conduct research in the three core phases of injury control — prevention, acute care, and rehabilitation — and serve as training and information centers. ICRC research is interdisciplinary, incorporating medicine, engineering, epidemiology, law, and criminal justice, behavioral and social sciences, biostatistics, public health, and biomechanics.

The San Francisco Injury Center for Research and Prevention (SFIC) is unique in its focus on acute care research, while maintaining prominent activities in injury surveillance and prevention. SFIC conducts research in the five phases of acute care management: pre-hospital care, initial resuscitation, definitive surgical care, critical care, and acute rehabilitation. (*San Francisco Injury Center for Research and Prevention*)

The Southern California Injury Prevention Research Center (SCIPRC) develops and supports a multi-disciplinary academic and community effort to examine patterns of injury occurrence in high-risk populations and to control the incidence and consequences of these injuries. This includes surveillance of injury causes; identifying risk factors; developing intervention strategies based on data and community definitions; and evaluating those interventions analytically. Among the key components of this process are epidemiology, public health, biomechanics/bioengineering, behavioral and social sciences, clinical medicine, and health policy. SCIPRC's research, training, and community service components address all three phases of injury prevention — primary, secondary, and tertiary. (*Southern California Injury Prevention Research Center, Los Angeles*)

National Academic Centers of Excellence

National Academic Centers of Excellence on Youth Violence

The University of California at San Diego and the Presley Center for Crime and Justice Studies at the University of California at Riverside were created in October 2000 as “developing” centers to expand non-research activities related to youth violence prevention. These activities include training, technical assistance, program and policy development and evaluation, advocacy, and media outreach. The centers will also coordinate small pilot projects and develop and implement a community response plan and curricula for training health care professionals about youth violence prevention. (*University of California at San Diego and the University of California at Riverside*)

Intentional Injury

Evaluation of Violence Prevention Programs for High-Risk Youth

This program seeks to reduce aggressive and violent behaviors among youth ages 13–18 years attending alternative schools in northern California. This program also closely examines the role social and cultural factors play in aggression and violence. (*Education Training Research, San Mateo, Santa Clara, Santa Cruz*)

Culturally Competent Demonstration Projects for Early Intervention and Prevention of Intimate Partner Violence and Sexual Violence Among Racial and Ethnic Minorities

Focuses on to developing and implementing a model based on scientific evidence for preventing sexual and intimate partner violence among college-aged Asian American women. The program will help the target population build leadership skills and empower them to engage in healthy, non-violent relationships and to advocate for change in responding to sexual and intimate partner violence. The program will also enhance the ability of prevention and support systems that serve Asian American women to use culturally appropriate interventions. (*National Asian Women's Health Organization*)

A second demonstration project will evaluate an early intervention program in sexual violence and intimate partner violence for ninth graders. The program focuses on legal rights and responsibilities and will evaluate the impact on student attitudes, knowledge, victimization, perpetration, and help-seeking behavior. The program will revise the curriculum and outreach services to meet the needs of Latino youth and refine data measures to provide meaningful results. (*RAND Corporation*)

Coordinated Community Response to Prevent Intimate Partner Violence

Colorado hosts one of 10 demonstration projects that examine different community responses to the problem of intimate partner violence. This multifaceted community project focuses on promoting healthy families as it

- 1) provides ongoing training and technical assistance on collaboration;
 - 2) offers 8-week 'Building Healthy Families' workshops in targeted neighborhoods;
 - 3) develops specialized IPV prevention education groups for children, youth, and teens participating in the workshops;
 - 4) conducts neighborhood outreach activities;
 - 5) establishes a youth theater group to educate young people about intimate partner violence;
 - 6) organizes Community Action Teams to implement a community campaign to prevent intimate partner violence;
 - 7) conducts an annual community assessment on intimate partner violence;
 - 8) establishes a Data Advisory Group to provide data for the community assessment and to review the strengths and gaps in the Coordinated Community Response;
 - 9) provides training on mandated reporting for medical professionals; and
 - 10) implements a countywide database to track IPV health statistics and patterns of injury.
- (*Defensa de Mujeres, Watsonville*)

Rape Prevention and Education

A nationwide grant program providing resources to states for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities for:

- 1) educational seminars;
- 2) operation of hotlines;
- 3) training programs for professionals;
- 4) preparation of informational material;
- 5) education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities;
- 6) education and training to increase awareness about drugs to facilitate rapes or sexual assaults; and
- 7) other efforts to increase awareness about, or to help prevent, sexual assault, including efforts to increase awareness in underserved communities and awareness among individuals with disabilities.

(California Department of Health Services)

Unintentional Injury

Program to Assess Injury Interventions Among Older Americans

This program identifies and distributes information about injury research and prevention strategies to reduce unintentional injuries among older adults. Objectives are to:

- 1) establish an infrastructure to foster collaboration among 30 to 50 agencies, businesses, professional organizations, and academic institutions working with older adults and injury control;
- 2) establish and maintain a national repository for information about aging and unintentional injuries with a minimum of 5,000–10,000 entries;
- 3) distribute information about unintentional injuries among older Americans, expanding by 25 percent each year the number of individuals, agencies, and organizations receiving such information;
- 4) identify and disseminate needs for further research and/or new technology; and
- 5) provide technical assistance each year to 20 businesses and national, state, and local agencies to translate research into injury prevention practice.

(San Diego State University Foundation)

Demonstration Program to Reduce Falls Among Older Adults

This project will design and implement a fall prevention program for persons 65 and older. The program is the first to test the effectiveness of combining education about risk factors, environmental and behavioral prevention strategies, and identification and remediation of hazards in the community setting. *(California Department of Health Services)*

Child Safety Seat Non-Users: Issues and Interventions

This project seeks to identify child, parent, family, and psychosocial factors associated with the failure to use child safety seats, seeking to determine prospectively (through a birth cohort) the factors associated with child safety seat use. It will evaluate the effectiveness of education plus fines compared to fines only for those cited for failing to restrain their children. The project will also determine why infants have the highest mortality rate in motor vehicle crashes among children less than 10 years of age, despite having the highest level of restraint use. *(University of California)*

Biomechanics of Injury Prevention During Falls

This research studies specific protective responses to falls among the young and the elderly and identifies the neuromuscular variables governing these responses. The research will test

- 1) whether a young female's ability to reduce severity (as quantified by the orientation and velocity of the pelvis at impact) during unexpected falls onto a gymnasium mat associates with braking the fall with the outstretched hands, or absorbing energy through contraction of lower extremity muscles during descent;
- 2) whether young and elderly subjects' ability to absorb energy in their lower extremity muscles, and reduce impact velocity when descending from standing to sitting, associates with ancillary measures of lower extremity strength, flexibility, and reaction time; and
- 3) whether young and elderly subjects' ability to quickly contact an impact surface with outstretched hands associates with ancillary measures of upper extremity strength, flexibility, and reaction time.

(San Francisco General Hospital)

Acute Care and Rehabilitation

Traumatic Brain Injury Surveillance Program

This program characterizes the risk factors, incidence, external causes, severity, and short-term outcomes of traumatic brain injury (TBI) through population-based surveillance. These data will be used to develop prevention programs to address both the specific causes of TBI and populations at greatest risk. Data may also apply to improve access to health care and other services needed after injury. *(California Department of Health Services)*