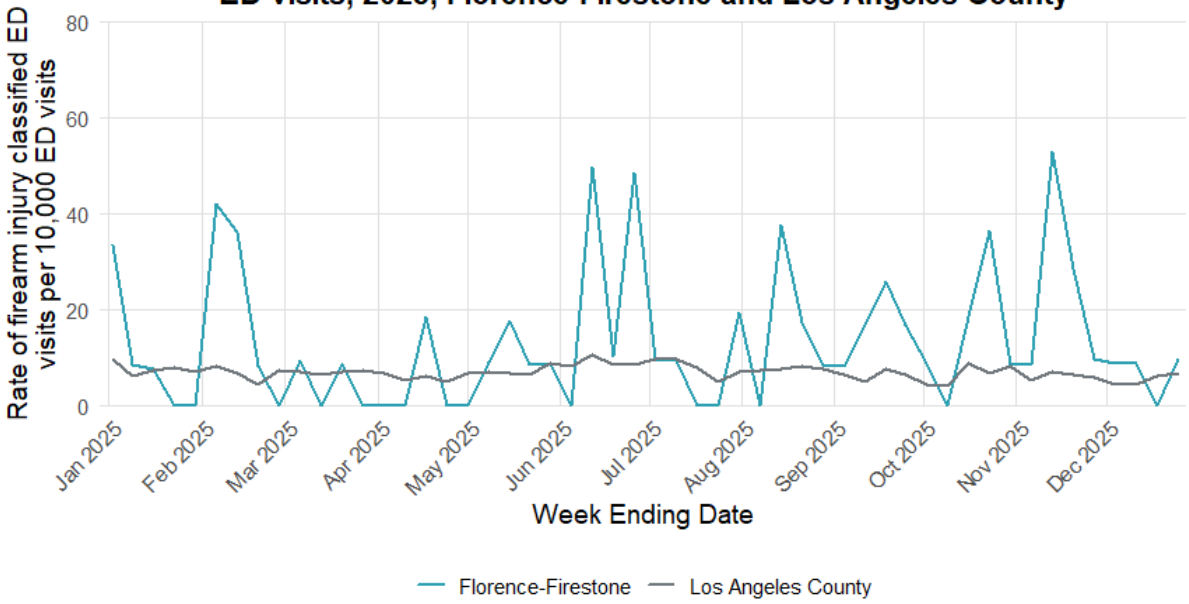
Summary of Firearm Injury Classified Emergency Department Visits, 2025, Florence-Firestone

In 2025, the overall rate of firearm injury classified emergency department (ED) visits in Florence-Firestone residents was **14.0 per 10,000 ED visits**. Of these firearm injury classified ED visits, 7% were coded as sequelae events, representing long-term, chronic, or permanent complications and medical conditions that follow, and are directly caused by, a previous gunshot wound. This report excludes these sequelae events and instead focuses on acute firearm injuries. The rate of acute firearm injury classified ED visits in Florence-Firestone was **13.1 per 10,000 ED visits**.

The trend of acute firearm injury classified ED visits in Florence-Firestone residents for 2025 can be seen by week in Figure 1, compared with the trend for the whole county. The trend in Florence-Firestone residents fluctuates between 0 and 53 firearm injury classified ED visits for every 10,000 ED visits per week, with rates highest in June and November.

Figure 1. Weekly firearm injury classified ED visits per 10,000 ED visits, 2025, Florence-Firestone and Los Angeles County



Demographics

The breakdown of acute firearm injury classified ED visits compared with total ED visits in Florence-Firestone residents in 2025 can be seen by age, sex, and race and ethnicity in Figures 2-4 below. Our data shows firearm injury classified ED visits are higher in younger individuals (age 15-34), males, and black populations. These demographics are consistent with firearm injury classified ED visits nationwide.

Figure 2. Firearm injury classified ED visits and all ED visits, by age group (years), 2025, Florence-Firestone

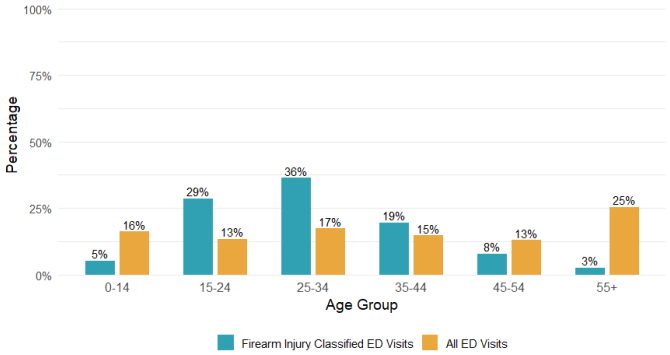


Figure 3. Firearm injury classified ED visits and all ED visits, by sex, 2025, Florence-Firestone

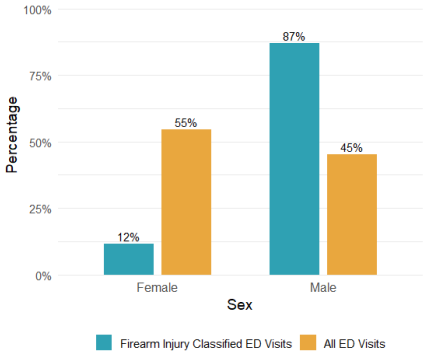
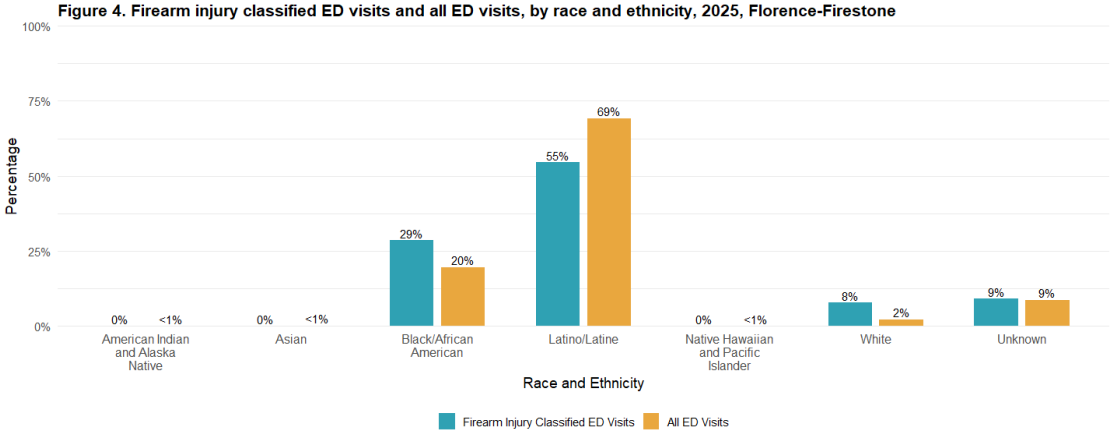


Figure 4. Firearm injury classified ED visits and all ED visits, by race and ethnicity, 2025, Florence-Firestone



Gun Safety

A recent report from the California Department of Justice highlighted the effectiveness of Community Violence Intervention (CVI) programs in reducing firearm homicides among young men of color, the same populations this data brief identified as accounting for a larger proportion of firearm-related ED visits. Public Health's Office of Violence Prevention has invested in CVI work in 9 communities across Los Angeles County through the Trauma Prevention Initiative (TPI). Data reports are available for the other individual TPI communities on the OVP website. OVP also invests in gun violence prevention by ensuring communities have the tools needed to keep guns away from children and those at risk of harming themselves or others. This work includes promoting secure storage for guns and ammunition (locked and unloaded with ammunition locked separately) and increasing awareness of Gun Violence Restraining Orders, which can temporarily remove guns from individuals threatening to harm themselves or others.

Technical Notes

Public Health utilizes self-reported symptoms and diagnosis codes (i.e. syndromic data) from patients presenting to local emergency departments. As of 2026, 97% of hospitals with emergency departments in Los Angeles County share their syndromic data with Public Health. Firearm injury classified ED visits were identified by searching patient chief complaints and diagnosis codes for specific search terms. The list of search terms was adapted from the Center for Disease Control and Prevention's Firearm Injury Definition version 2.0.

Syndromic data does not capture the true number of firearm injuries in Los Angeles County. It likely underestimates the true burden of firearm injuries because it is restricted to events where treatment is sought at an emergency department that reports data to Public Health and it relies on information provided in the chief complaint and diagnosis codes, which are not as comprehensive as full patient health records. Additionally, address information in syndromic data is limited to patient address and does not necessarily reflect the location where the firearm injury occurred. Therefore, the rates and percentages shown in this report are estimates.