



**City of Seattle**  
Office of City Auditor

**MEMORANDUM**

Date: October 2, 2019

To: City Councilmember Lorena González, Chair, Gender Equity, Safe Communities, New Americans and Education Committee

From: David G. Jones, City Auditor

RE: Gun Safe Storage Ordinance: Baseline Statistical Report

[Ordinance 125620](#) directs the City Auditor to work with Public Health – Seattle & King County (PHSKC) and the Chief of the Seattle Police Department (SPD) to produce a series of reports over a five-year period containing descriptive statistics on:

1. Firearm-related hospitalizations and deaths in Seattle for the overall population and among youth, and
2. Guns reported to or recorded by SPD as stolen in Seattle.

This first report provides baseline information (i.e., before the ordinance took effect) from 2017 on those two topics. PHSKC obtained and analyzed the data on firearm-related hospitalizations and deaths from the Washington State Department of Health, and SPD used its records to generate the data on guns reported as stolen.

According to the timeline specified in the ordinance, the baseline report is due to the City Council's Gender Equity, Safe Communities, New Americans and Education Committee or its successor within 60 days of August 18, 2019 (i.e., 8/18/19 – 10/18/19).

**Seattle 2017 Firearm-related Hospitalizations and Deaths**

The table below provides the data requested in the ordinance covering 2017 on firearm hospitalizations and deaths for the overall and youth populations in Seattle.

## Firearm Deaths and Non-fatal Hospitalizations — Seattle, WA, 2017

	All Ages — Seattle, WA, 2017					Youth (< 18 years) — Seattle, WA, 2017				
	Number	Population	Rate	Lower CI	Upper CI	Number	Population	Rate	Lower CI	Upper CI
<b>Firearm deaths</b>										
Total	54	714,216	6.5	4.8	8.8	0	103,424	0	0	0
Homicide	14	714,216	1.5	0.8	2.9	0	103,424	0	0	0
Suicide	38	714,216	4.8	3.3	6.8	0	103,424	0	0	0
Other (unintentional, undetermined, legal intervention)	2	714,216	0.2^	0	1.3	0	103,424	0	0	0
<b>All injury deaths</b>	405	714,216	52.4	47.2	58.1	7	103,424	6.8^	2.7	14.0
<b>Firearm non-fatal hospitalizations</b>										
Total	45	671,421	5.7	4.1	7.9	1	96,262	1.0^	0	5.8
Assault	20	671,421	2.7	1.6	4.4	0	96,262	0	0	3.1
Unintentional	18	671,421	2.2	1.3	3.8	0	96,262	0	0	3.1
Other (self-inflicted, undetermined, legal intervention)	7	671,421	0.8^	0.3	2.1	1	96,262	1.0^	0	5.8
<b>All injury non-fatal hospitalizations*</b>	3,071	671,421	457.1	440.6	474.3	91	96,262	94.5	76.1	116.1

**Notes:**

In Seattle in 2017, suicide by firearm was fatal around 95% of the time.

The hospitalization data are hospital admissions and not distinct patients or injuries. Non-fatal hospitalizations exclude deaths that occurred while hospitalized.

Seattle defined by Health Reporting Areas for death data and ZIP codes for non-fatal hospitalization data. Total population counts can differ due to geographic definitions.

CI = 95% Confidence Interval. The CI is the range of values that include the true rate 95% of the time.

Rate is per 100,000 Seattle residents and age-adjusted to 2000 U.S. population.

^Unstable rate; interpret with caution, sample size is small, so the estimate is imprecise.

\*Due to ICD-10-CM coding changes for 2016 forward, counts and rates for **all injury** non-fatal hospitalizations are **underestimated** due to exclusion from the Washington State Community Health Assessment Tool hospitalization injury module of the following injury mechanisms: Fire/Burn, Bite/Sting, Natural Environment, Overexertion, Not Specified, Suffocation, Other Specified, Poisoning, Poisoning-Drug, and Poisoning-Nondrug.

**Data Sources:**

Deaths: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2017, Community Health Assessment Tool (CHAT), 6/2019.

Nonfatal hospitalizations: Washington State Department of Health, Center for Health Statistics, WA Hospital Discharge Data, Comprehensive Hospitalization Abstraction Reporting System (CHARS), 2017, Community Health Assessment Tool (CHAT), 6/2019.

Population estimates: Washington State Office of Financial Management, Forecasting Division, single year intercensal estimates 2001-2009; 2011 – 2018, Community Health Assessment Tool (CHAT), 6/2019.

**Prepared by:** Public Health — Seattle & King County, Assessment, Policy Development & Evaluation, 7/29/2019.

PHSKC summarized its findings from the 2017 data as follows:

1. Firearm suicides accounted for 70% of all firearm deaths among Seattle residents.

2. Among Seattle residents, the firearm suicide death rate was three times higher than the firearm homicide death rate.
3. There were no firearm deaths among Seattle youth under 18 years.
4. Assaults accounted for 44% of the non-fatal firearm hospitalizations among Seattle residents.
5. Unintentional firearm injuries accounted for 40% of the non-fatal firearm hospitalizations among Seattle residents.
6. Among Seattle youth under 18 years, there was one non-fatal firearm hospitalization.

### SPD Data on Stolen Guns

The data provided by SPD indicated that in 2017, 344 guns were reported to SPD as stolen. SPD noted that the submission date on the SPD Property Report form was used as the date a gun was stolen. In accordance with SPD reporting standards, SPD used the National Crime Information Center (NCIC) Firearm Item and NCIC Firearm Type fields to distinguish qualifying stolen firearm records (guns) from stolen firearm records that document stolen ammunition, stolen BB guns, etc.

### Future Reports

PHSKC indicated that they cannot obtain and process firearm-related hospitalizations and death data from the Washington State Department of Health (DOH) that covers the first year after the ordinance's effective date (i.e., after August 17, 2018) until June or July of 2021. The data lag is a function of the State of Washington's data collection and processing systems that includes: 1) obtaining out-of-state death certificates for Washington state residents who die out-of-state, and 2) a reporting period of 45 days after each calendar month for hospitals to submit inpatient hospitalization data to DOH. Also, both PHSKC and DOH have data systems that are based on the calendar year. Therefore, PHSKC needs to provide the data on a calendar year basis rather than the non-calendar year schedule (e.g., August 2018 to August 2019) suggested by the ordinance.

PHSKC also reported that the approximate 18 to 19-month lag in obtaining and analyzing DOH data would continue throughout the duration of the reporting period specified by the ordinance. The following table shows the effect of this lag on the report's approximate delivery dates.

Period Covered by Report	Estimated Period Report Provided to City Council
2017 (i.e., Baseline)	3 <sup>rd</sup> Quarter 2019
2019	3 <sup>rd</sup> Quarter 2021
2020	3 <sup>rd</sup> Quarter 2022
2021	3 <sup>rd</sup> Quarter 2023
2022	3 <sup>rd</sup> Quarter 2024
2023	3 <sup>rd</sup> Quarter 2025

Please contact me if you have any questions about the information provided in this memo.