

## Appendix B

# DEFINITION OF TERMS

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| <p><b>Age Adjustment<sup>1</sup></b><br/> <i>Also referred to as Age Standardization</i></p> | <p>A procedure for adjusting rates, e.g., death rates, designed to minimize the effects of differences in age composition when comparing rates for different populations. <i>For example</i>, although La Mesa has a higher rate of deaths due to cancer than other areas, it may be because they have more seniors in the area.</p> <p>An “<b>age adjusted</b>” rate has been standardized for age distribution so that is independent of the age structure of the population.</p> <p>A rate that is “<b>not age adjusted</b>” has not been standardized to remove the effects of the age structure of the population.</p>  |
| <p><b>Case Fatality Rate<sup>1</sup></b></p>   | <p>The proportion of cases of a specified condition which are fatal within a specified time.</p> $\text{Case Fatality Rate (usually expressed as a percentage)} = \frac{\text{Number of deaths from a given disease (in a given period)}}{\text{Number of diagnosed cases of that disease (in the same period)}} \times 100$   |
| <p><b>Community Concern</b></p>  | <p>The degree to which the community identifies a particular health concern, condition or disease as problematic, especially as described in the 1998 CHIP Community Input Report.</p>   |
| <p><b>Healthy People 2000</b></p>  | <p><i>Healthy People 2000</i> is the prevention agenda for health of the United States – a comprehensive agenda with 319 objectives organized into 22 priority areas. The overarching goals are to increase years of healthy life, reduce disparities in health among different population groups, and achieve access to preventive health services. <i>Healthy People 2000</i> provides a framework for measuring performance by outcomes. It is a strategic management tool for the Federal Government, states, communities, and many private sector partners. Success is measured by positive changes in health status or reductions in risk factors as well as improved provision of certain services.</p> |
| <p><b>Incidence<sup>1</sup></b></p>  | <p>The number of instances of illness commencing, or number of persons falling ill, during a given period in a specified population. More generally, the number of <b>new events</b>, e.g., new cases of a disease in a defined population, within a specified period of time.</p>   |

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| <p><b>Mortality Rate<sup>1</sup></b><br/> <i>Also referred to as Death Rate</i></p> | <p>An estimate of the proportion of a population that dies during a specified period. The numerator is the number of persons dying during the period; the denominator is the number in the population, usually estimated as the midyear population. The death rate in a population is generally calculated by the formula:</p> $\frac{\text{Number of deaths during a specified period}}{\text{Number of persons at risk of dying during the period}} \times 10^n$ <p>This rate is an estimate of the person-time death rate, i.e. , the death rate per 10<sup>n</sup> person-years. If the rate is low, it is also a good estimate of the cumulative death rate. This rate is also called the crude death rate.</p> |
| <p><b>Prevalence<sup>1</sup></b></p>  | <p>The numbers of events, e.g., instances of a given disease or other condition, in a given population at a designated time period or point in time. It includes cases of the disease beginning prior to but extending into or through the designated time period as well as those having their inception during the designated time period.</p>   |
| <p><b>Quality of Life<sup>1</sup></b></p>   | <p>The degree to which persons perceive themselves able to function physically, emotionally and socially. Quality of life is considered to be a more of a subjective than objective measure. In a general sense, Quality of Life is that which makes life worth living. In a more “quantitative” sense, quality of life is an estimate of remaining life free of impairment, disability or handicap.</p>   |

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| <b>Race/Ethnicity<sup>3</sup></b>  | <p>For the purpose of this document, the race/ethnicity categories are as follows:</p> <p><i>White</i>                      White, Canadian, German, Italian, Lebanese, Near Easterner, Arab or Polish.</p> <p><i>Black</i>                        Black, Negro, African American, Afro-American, Black Puerto Rican, Jamaican, Nigerian, West Indian or Haitian.</p> <p><i>Native American</i>        American Indian, American Indian Tribe, Eskimo, or Aleut.</p> <p><i>Asian or Pacific Islander</i>    Chinese, Filipino, Japanese, Asian Indian, Korean, Vietnamese and Other Asian. Pacific Islander includes Hawaiian, Samoan, Guamanian, and Other Pacific Islander such as Tahitian, Northern Mariana Islander, Palauan, or Fijian.</p> <p><i>Hispanic</i><sup>Error! Reference source not found.</sup>    Persons born in Puerto Rico, Cuba, Mexico, or other Spanish-speaking countries; persons whose ancestors came from a Spanish-speaking country; persons who identify themselves as Spanish-speaking or Spanish-surnamed. Hispanic persons can be of any race.</p> |
| <b>Seriousness of problem</b>      | The degree to which a health concern, condition or diseases is affecting a population. It may be determined by the case fatality rate, the years of productive life lost, economic costs, social impact, and impact on quality of life.  |
| <b>Size of problem</b>             | The incidence or prevalence of a particular health concern, condition or disease. Size may be considered greater if the trend is increasing.   |
| <b>Standardization<sup>1</sup></b> | A set of techniques used to remove as far as possible the effects of differences in age or other confounding variables when comparing two or more populations. The common method uses weighted averaging of rates specific for age, sex or some other potentially confounding variable(s) according to some specified distribution of these variables.   |

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| <b>Sub-Regional Areas (SRAs)</b>   | <p>County areas correspond to the San Diego Association of Governments (SANDAG) Sub Regional Areas (SRAs). Sub-regional areas (SRA) are locally-defined areas that are aggregations of census tracts. They are designed to divide the region into major community areas, and are named for the largest city or community in the SRA. There are 41 SRAs in the region. Except for minor census tract boundary changes, SRA boundaries do not change. (Refer to attached map of SRAs).</p>  |
| <b>Years of Productive Life Lost (YPLL)</b><br><i>also referred to as Productive Years of Life Lost (PYLL)</i> | <p>A measure of the relative impact of various diseases and lethal forces on society. YPLL highlights the loss to society as a result of youthful or early deaths. For the purpose of this report, YPLL is calculated as the years of productive life lost relative to age 65, the typical year of retirement. It is calculated as follows:<sup>1</sup></p> <p style="padding-left: 40px;">Total YPLL = Age 65 minus the age when the person died, totaled for all persons dying from that cause.</p> <p style="padding-left: 40px;">Average YPLL = Total YPLL divided by the total number of deaths.</p> |

**References:**

1. A Dictionary of Epidemiology, Third Edition. John M. Last, Editor. New York: Oxford University Press. 1995
2. Lavin, Michael R. Understanding the Census: A Guide for Marketers, Planners, Grant Writers and Other Data Users. New York: Epoch Books, Inc. 1996
3. 1990 Census of Population and Housing Guide: Part B. Glossary. U.S. Dept of Commerce Document No. 1990 CPH-R-1B. January 1993.