

DEFINITIONS (Listed Alphabetically)

Acute Alcohol Drinking: Respondents who reported that they have had alcoholic beverages in the past month and have had alcoholic drinks on one or more occasions in the past month.

Adult Dental Insurance Coverage: All adults, aged 19 and over, including Medicare and the military, who reported they have dental insurance coverage.

Adult Health Insurance Coverage: All adults, aged 19 and over, including Medicare and military, who reported they currently have medical insurance coverage.

Annual Incidence: The number of new cases in a given year, divided by the county population estimate for that year, multiplied by 100,000.

Births to Adolescents: Number of births to teenage females, aged 15-17 years, per 1,000 females aged 15-17 per year.

Child Dental Insurance Coverage: All respondents reporting they currently have dental insurance coverage for all children aged 18 years and younger living in their household (including military dependents).

Child Health Insurance Coverage: All respondents reporting they currently have medical insurance coverage for all children aged 18 years and younger living in their household (including military dependents).

Chronic Alcohol Drinking: Derived by calculating the total number of drinks consumed per month: number of drinks per month = number of days respondent drank alcohol multiplied by the number of drinks per occasion.

Cigarette Use: Respondents who reported that they have smoked at least 100 cigarettes in their lifetime and currently smoke (everyday or some days).

Consensus Health Indicators: To address both the requirements of the Year 2000 Health Objectives Planning Act and Objective 22.1 of Healthy People 2000, a consensus set of 18 health status indicators was developed to assist communities in assessing their general health status and in focusing local, state, and national efforts in tracking the year 2000 objectives. Refer to *MMWR* 1991 July 12; Vol. 40(No. 27).

Death (Mortality) Rate: Death rates are per 100,000 population and adjusted to 2000 Standard U.S. Population. The 1999 mortality data is the first release to use ICD-10 to code underlying cause of death (COD) and differs from the ICD-9 classification used for the 1995-1998 data. Due to lack of comparability between the ICD-9 and ICD-10 versions, the differences in deaths and rates between pre-1999 and 1999 may result in major discontinuities in trend data. Care should be used when interpreting data across these two revisions. Trends should not be calculated for data that includes 1999 data with pre-1999 data; the data may not be comparable. Rates were not calculated for fewer than five deaths.

International Classification of Diseases (ICD): The purpose of the International Classification of Diseases (ICD) is to promote international comparability in the collection, classification, processing, and presentation of mortality statistics. New revisions of the ICD are implemented periodically so that the classification reflects advances in medical science.

A new revision (ICD-10) was established starting with 1999 mortality data to reflect changes in medical knowledge.

A consistent use of the consensus set of health status indicators has been facilitated by reference to the causes of mortality coded according to the International Classification of Diseases, Ninth Revision (ICD-9) and Tenth Revision (ICD-10):

DISEASE	ICD-9	ICD-10 (based upon NCHS 358 COD grouping)
All Cancer.....	140-208	56-108
Breast cancer (female).....	174	82
Colon-rectum cancer.....	153-154	63-64
Prostate cancer.....	185	89
Coronary heart disease.....	402, 410-414, 429.2	162, 165-168
Cerebrovascular disease (Stroke).....	430-438	182-186
Diabetes.....	250	124
Drowning (0-14 years).....	E830, E832, E910	317*
Drug-induced.....	292, 304, 305.2- 305.9, E850-E858, E950-E950.5, E962.0, E980.0-E980.5	139, 327, 331, 338, 347
Falls (65+ years).....	E880-E886, E888	312-314
Homicide	E960-E969	338-346
Lung Cancer.....	162	73
Motor vehicle crashes.....	E810-E819	296-306
Suicide.....	E950-E959	331-337
Unintentional injuries.....	E800-E869, E880- E929	295-330
All cause mortality.....	001-999	1-358

* Exact comparison in this cause of death category between the two revisions of International Classification of Diseases (ICD) is not possible due to differences in the classification of deaths. For further information about the new ICD changes and the new ICD-10, please check out the following web page: www.cdc.gov/nchs/about/otheract/icd9/abtcd10.htm.

Dental Care: Respondents indicating a need for dental care were asked how well their dental needs were met based on three levels of fulfillment: all, some, or none. The percent indicating they received all of the needed dental care is reported.

Domestic Violence: Rates represent reports of law-enforcement responses to domestic violence. Reports are per 1,000 households.

Exercise: Respondents who reported physical activity or pair of physical activities that were done for 30 minutes or more per session, five or more times per week, regardless of intensity.

Inadequate Prenatal Care: Prenatal care not begun during the first trimester of pregnancy or no prenatal care.

Infant Mortality: Infant deaths that occurred during the first year of life. Number of infant birth rates and infant death rates were expressed as rates per 1,000 live births. Infant death rates show the true risk of dying and allow direct comparisons between areas of interest.

Low Birth Weight: Birth weight less than 2,500 grams or 5.5 pounds for live births.

Frequent Mental Distress (FMD): The percentage of respondents reporting that their mental health (including stress, depression, and problems with emotions) was not good 14 or more days in the past month.

Number of Cases: The number of new cases of the disease with an onset in the respective years; if the onset was unknown, the date of report was used.

Overweight: Derived from the body mass index (BMI), which is computed as weight in kilograms divided by height in meters squared: (weight / height²). BMI is an intermediate variable used in calculating this measure.

Physical Activity in Adults: Three or more sessions per week, 20 minutes or more per session, at 50% or more capacity.

Race/Ethnicity: Persons were classified into the following mutually exclusive race/ethnicity categories: White, Hispanic, Black, Asian & Other. Persons of Hispanic origin were classified as Hispanic, regardless of racial identification. All other groups do not include Hispanics in their enumeration. Asian and Others includes Asians, Pacific Islanders, and Native Americans (to include American Indian, Alaskan Native, and Aleuts). Racial/ethnic assignments were based on self-identification.

Race-Specific Rates: Estimates were available from SANDAG for the four race/ethnic groups (White, Hispanic, Black, Asian & Other) and were based on the 1990 U.S. census, using SANDAG's non-census year population estimates. For certain conditions and certain racial/ethnic groups, the number of events may be quite small. Caution should be taken when interpreting rates calculated from small numbers due to the instability of resulting rates. The National Center for Health Statistics (NCHS) recommends not using rates when the frequency is less than 20. Race-specific rates were expressed as rates per 100,000.

Stratified Data: Information stratified by age, sex, race/ethnicity, seasonality, trends in disease incidence, and geographic location may be presented. In calculating rates, cases of unknown race/ethnicity, age, or geographic area are allocated among the categories in proportion to the relative number of known in the categories. Following guidelines by the Centers for Disease Control and Prevention (CDC), category-specific disease incidence rates were not given when over 25% of cases could not be classified among the known categories.

Year 2010 Objectives: National target for lowering disease incidence (adjusted to year 2000 population standards) by the year 2010. Objectives were established by the U.S. Public Health Service.