

Glossary

Age-adjusted rates

Age-adjusted death and hospital discharge rates are presented in many of the tables in this report. All of the age-adjusted rates are per 100,000 Nebraskans, and are age-adjusted to the 2000 U.S. standard population using the direct method applied to eleven age groups. Direct age-adjustment involves the application of age-specific rates in a population of interest to a standardized age distribution (i.e., that of the U.S.), in order to eliminate differences in observed rates that result from age differences between the populations. This adjustment is usually done when comparing two or more populations at one point in time or one population at two or more points in time.

Age-adjusted rates (AAR) are calculated by the direct method as follows:

$$\text{AAR} = \text{Summation of } (\text{ASR}_i * \text{weight}_i)$$

Where ASR_i = the age-specific rates for the population of interest

Weight_i = the standard weight in age group i

Age Adjustment Table

All Ages — Eleven Age Groups

Age	U.S. 2000 Standard Population (1,000s)	Adjustment Weights
All Ages	274,634	1.000000
Under 1	3,795	0.013818
1-4	15,192	0.055317
5-14	39,977	0.145565
15-24	38,077	0.138646
25-34	37,233	0.135573
35-44	44,659	0.162613
45-54	37,030	0.134834
55-64	23,961	0.087247
65-74	18,136	0.066037
75-84	12,315	0.044842
85+	4,259	0.015508

Years of Potential Life Lost

Years of potential life lost (YPLL) is a measure of premature death. In this report, YPLL before age 75 is calculated from the difference between 75 and the age at death. For example, the death of a person 40 years old contributes 35 years of life lost before age 75. YPLL is calculated by summing the years of life lost for all deaths over all ages.

Definition of Terms

Age-adjusted rate: A rate that has been standardized to the age distribution of a particular population, so that it is independent of the age distribution of the population it represents. Age-adjusted rates are used to compare rates over time or between different population groups.

Age-specific rate: A rate for a specified age group is calculated by dividing the actual number of cases in a given period (e.g., 1999-2003) for a specific age group by the population in that age group for that period. The numerator and the denominator refer to the same age group.

Crude death rate or crude hospitalization rate: The number of deaths or hospitalizations in a specified number of population (e.g., per 100,000). Crude rates are not adjusted for differences in demographic distributions among populations, such as age distributions.

E-Codes: The external cause of injury codes (E-codes) are a subset of the International Classification of Diseases, and are used to classify the environmental events, circumstances, and conditions that are the cause of injury, poisoning, or other adverse effects. E-code classifications used in this report are listed in the Appendix (Table 1).

Hospital discharges: Records from hospital discharges; including hospital inpatient and outpatient.

Inpatient

An "hospital inpatient" is a person who has been admitted to a hospital for bed occupancy for purposes of receiving inpatient hospital services. A person is considered an inpatient if he was formally admitted as an inpatient with the expectation that he would remain at least overnight and occupy a bed, even though it later develops that he can be discharged or that he is transferred to another hospital and does not actually use a hospital bed overnight. [Medicare Intermediary Manual §3101.]

Outpatient

A "hospital outpatient" is a person who has not been admitted by the hospital as an inpatient but is registered on the hospital records as an outpatient and receives services (rather than supplies alone) from the hospital. The inpatient of a skilled nursing facility may be considered the outpatient of a participating hospital. However, the inpatient of a participating hospital cannot be considered an outpatient of that or any other hospital. [Medicare Intermediary Manual §3112.1.]

Outpatient ER record

An outpatient record with an Emergency Department Visit Revenue Code (0450-0459) present in locator 42 (Revenue Code) of the UB-92 form, or Loop 2400 SV201 234 of the ANSI 837i transaction, or other electronic equivalent.

Outpatient Non-ER record

If a 0450-0459 Revenue Code is not present on the outpatient record, the record is defined as an outpatient non-ER record.

ICD-9-CM: The International Classification of Diseases, Ninth Revision, Clinical Modification coding system is used to classify diagnoses on inpatient and outpatient care records.

ICD-10: The International Classification of Diseases, Tenth Revision, is the system used to classify the causes of death listed on death certificates beginning in 1999.

Intent of injury: Intentional injuries, such as homicide and suicide, involve acts in which there is intent to kill or harm. Unintentional injuries involve acts in which there is no intent to harm; these injuries are sometimes labeled as "accidental." In some cases, the intentionality has not been determined. These injuries are categorized as "undetermined intent."

Legal intervention: This category includes injuries that were inflicted in the course of performing legal law enforcement actions. In this report, as in National Vital Statistics Reports, injuries due to legal intervention are grouped with homicide and assault.

Mechanism of injury: The activities or circumstances that led to the hospitalization, emergency room treatment, or death (e.g., fall, motor vehicle crash).

Other specified and classifiable: Injuries that may include foreign body entering eye or orifice, caught accidentally in or between objects, accident caused by explosive material, accident caused by electric current, exposure to radiation, or late effects of accidents.

Place of occurrence codes: This code is used to designate the place where the injury occurred (e.g., home, farm, mine and quarry, street and highway, public building, place for recreation and sports, and residential institution).

Rate: The number of cases or records per 100,000 persons.

Underlying cause of death: Defined by the World Health Organization as the disease or injury that initiated the train of events leading directly to death; or the circumstances of the accident or violence, which produced the fatal injury. Most standard mortality data is compiled by underlying cause of death.

Falls: The falls category includes:

- fall on or from stairs or steps,
- fall on or from ladders or scaffolding,
- fall from or out of building or other structure, such as a balcony or roof,
- fall into hole or other opening in surface,
- fall from one level to another including: fall from playground equipment, chairs, beds, and other furniture,
- fall on same level from slipping, tripping, or stumbling,
- fall on same level from collision, pushing, or shoving, by or with other person, including in sports other and unspecified falls.

Overexertion: Overexertion is defined in ICD-9-CM as “overexertion and strenuous movements.” The category includes excessive physical exercise; overexertion from lifting, pulling and pushing; and strenuous movements in recreational and other activities.

Struck by/against: The struck by/against category includes:

- struck accidentally by a falling object
 - collapse of building or
 - object falling from a machine
- striking against or struck accidentally by objects and persons
 - being kicked or stepped on during a game, or being struck by a hit or thrown ball in sports, or
 - caused by a crowd by collective fear or panic (i.e., crushed, stepped on).

Suffocation: The unintentional suffocation category is defined as inhalation and ingestion of food or other object causing obstruction of respiratory tract; or accidental mechanical suffocation including suffocation in a bed or cradle, by a plastic bag, due to lack of air in closed place, or by falling earth or other substance.

Cutting/piercing: The unintentional cutting and/or piercing category is defined as injuries caused by cutting and piercing instruments or objects, including a powered lawn mower, other powered hand tools, powered household appliances and implements, knives, swords, and daggers, other hand tools and implements, hypodermic needles, and other specified cutting and piercing instruments or objects.

Appendix

Table 1. Recommended framework of E-code groupings for presenting injury mortality and morbidity data (February 1, 2007)

This matrix contains the ICD-9 external-cause-of-injury codes used for coding of injury mortality data and additional ICD-9-CM external-cause-of-injury codes, designated in bold, only used for coding of injury morbidity data. In addition, a list of ICD-9-CM external-cause-of-injury codes that have been added since 1994 along with their descriptors is appended to the matrix.

Mechanism/ Cause	Manner/Intent				
	Unintentional	Self-inflicted	Assault	Undetermined	Other ¹
Cut/pierce	E920.0-.9	E956	E966	E986	E974
Drowning/submersion	E830.0-.9, E832.0-.9 E910.0-.9	E954	E964	E984	
Fall	E880.0-E886.9, E888	E957.0-.9	E968.1	E987.0-.9	
Fire/burn³	E890.0-E899, E924.0-.9	E958.1,.2,.7	E961, E968.0,.3, E979.3	E988.1,.2,.7	
Fire/flame³	E890.0-E899	E958.1	E968.0, E979.3	E988.1	
Hot object/substance	E924.0-.9	E958.2,.7	E961, E968.3	E988.2,.7	
Firearm³	E922.0-.3,.8,.9	E955.0-.4	E965.0-4, E979.4	E985.0-.4	E970
Machinery	E919 (.0-.9)				
Motor vehicle traffic^{2,3}	E810-E819 (.0-.9)	E958.5	E968.5	E988.5	
Occupant	E810-E819 (.0,.1)				
Motorcyclist	E810-E819 (.2,.3)				
Pedal cyclist	E810-E819 (.6)				
Pedestrian	E810-E819 (.7)				
Unspecified	E810-E819 (.9)				
Pedal cyclist, other	E800-E807 (.3) E820-E825 (.6), E826.1,.9 E827-E829(.1)				
Pedestrian, other	E800-807(.2) E820-E825(.7) E826-E829(.0)				
Transport, other	E800-E807 (.0,.1,.8,.9) E820-E825 (.0-.5,.8,.9) E826.2-.8 E827-E829 (.2-.9), E831.0-.9, E833.0-	E958.6		E988.6	

	E845.9				
Natural/environmental	E900.0-E909, E928.0-.2	E958.3		E988.3	
Bites and stings³	E905.0-.6,.9 E906.0-.4,.5,.9				
Overexertion	E927				
Poisoning	E850.0-E869.9	E950.0- E952.9	E962.0-.9, E979.6,.7	E980.0- E982.9	E972
Struck by, against	E916-E917.9		E960.0; E968.2		E973, E975
Suffocation	E911-E913.9	E953.0-.9	E963	E983.0-.9	
Other specified and classifiable^{3,4}	E846-E848, E914- E915 E918, E921.0-.9, E922.4,.5 E923.0-.9, E925.0- E926.9 E928(.3-.5), E929.0-.5	E955.5,. 6 ,. 7 ,.9 E958.0,.4	E960.1, E965.5- .9 E967.0-.9, E968.4,. 6 , . 7 E979 (.0- .2,.5,.8,.9)	E985.5,. 6 ,. 7 E988.0,.4	E971, E978, E990-E994, E996 E997.0-.2
Other specified, not elsewhere classifiable	E928.8, E929.8	E958.8, E959	E968.8, E969, E999.1	E988.8, E989	E977, E995, E997.8 E998, E999.0
Unspecified	E887, E928.9, E929.9	E958.9	E968.9	E988.9	E976, E997.9
All injury³	E800-E869, E880- E929	E950-E959	E960-E969, E979 , E999.1	E980-E989	E970-E978, E990- E999.0
Adverse effects					E870-E879 E930.0-E949.9
Medical care					E870-E879
Drugs					E930.0-E949.9
All external causes					E800-E999

¹Includes legal intervention (E970-E978) and operations of war (E990-E999).

²Three 4th-digit codes (.4 [occupant of streetcar], .5 [rider of animal], .8 [other specified person]) are not presented separately because of small numbers. However, because they are included in the overall motor vehicle traffic category, the sum of these categories can be derived by subtraction.

³Codes in bold are for morbidity coding only. For details see table 2.

⁴E849 (place of occurrence) has been excluded from the matrix. For mortality coding, an *ICD-9* E849 code does not exist. For morbidity coding, an *ICD-9-CM* E849 code should never be first-listed E code and should only appear as an additional code to specify the place of occurrence of the injury incident.

References

Injury in Nebraska. December 2005. Lincoln, NE: Nebraska Health and Human Services System; December 2005.

Nebraska Rev. Stat. Section 71-2082

Nebraska Department of Health and Human Services. 186 NAC 3, Rules and Regulations Governing the External Cause of Injury Registry

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