

APPENDIX A: DEFINITION OF TERMS

Age-Adjusted Death Rate. A summary of age-specific death rates standardized to one age distribution (such as the 2000 standard population). This summary allows comparisons to be made between populations with different age distributions (see Appendix B for specific instructions on calculating age-adjusted rates).

Age-Specific Rate. The number of events (live births or deaths) for a specific age group divided by the population for the same specific age group, multiplied by a constant of proportionality (usually 1,000).

Birth Cohort Infant Mortality Rate. The birth cohort method of calculating infant mortality tracks all infants born within a calendar year throughout their first year of life. When calculating the 2006 birth cohort rate, all infants who were born during 2006 and died prior to their first birthday, whether in 2006 or in 2007 are included in the numerator. The denominator includes total live births in 2006. The relatively long timeframe necessary to report infant mortality rates using the birth cohort makes it less practical than the death cohort.

Cause of Death. The cause of death reported is the underlying cause of death and is based on information contained on the death certificate, defined by the World Health Organization's International Classification of Diseases - Tenth Revision as the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury (see Appendix C for specific categories).

Comparability Ratio. About every 10–20 years the International Classification of Diseases (ICD) is revised to stay abreast of advances in medical science and changes in medical terminology. Each of these revisions produces breaks in the continuity of cause-of-death statistics. Discontinuities across revisions are due to changes in classification and rules for selecting underlying cause of death. Classification and rule changes impact cause-of-death trend data by shifting deaths away from some cause-of-death categories and into others. Comparability ratios measure the effect of changes in classification and coding rules. For example, if influenza and pneumonia has a comparability ratio of 0.6982, this indicates that influenza and pneumonia is 30 percent less likely to be selected as the underlying cause-of-death in ICD-10 than in ICD-9; and HIV disease with a comparability ratio of 1.1448,

indicates that HIV disease is more than 14 percent more likely to be selected as the underlying cause using ICD-10 coding. See Appendix C for more information.

Constant of Proportionality. A number (often 1,000 or 100,000) which is used for calculating a rate so that comparisons are possible and more understandable. (It is easier to compare 21.7 to 21.3 than it is to compare 0.0217 to 0.0213.)

Crude Rate. The number of events (live births, deaths, divorces, marriages, or adoptions) divided by the estimated population, multiplied by a constant of proportionality (usually 1,000 or 100,000 for deaths).

Death Cohort Infant Mortality Rate. The death cohort method is determined by dividing the number of infant deaths by the number of live births in a calendar year. For example, to calculate the death cohort infant mortality rate for 2006, divide the number of infant deaths that occurred in 2006 by the number of live births that occurred during 2006, and multiply the result by a constant of proportionality (usually 1,000). By using the death cohort infant mortality method, some infant deaths will be counted in 2006 when the infant was actually born in 2005. Other deaths to infants born in 2006 who died before their first birthday in 2007 will not be counted. Since the death cohort method of calculating infant mortality does not reflect the number of deaths to infants born in a given year, the birth cohort is the preferred calculation method.

Fertility Rate. The total number of live births divided by the number of women in the estimated population between ages 15 and 44, multiplied by a constant of proportionality (usually 1,000).

Gestation. The period beginning with the first day of the last normal menstrual period and ending with the day of birth. Births occurring between 37 and 41 weeks gestational age are considered full-term.

ICD-10. International Classification of Diseases - Tenth Revision. The official classification system which codifies all diseases and injuries. ICD-10 was first introduced in 1999. All deaths between 1979 and 1998 were coded using ICD-9. (Refer to Appendix C.)

Infant Mortality Rate (IMR). The number of infant deaths divided by the number of live births, multiplied by

a constant of proportionality (usually 1,000). The IMR can be calculated using either the birth cohort or the death cohort method. The infant mortality rate is the same as the sum of the neonatal infant mortality rate and the post-neonatal infant mortality rate.

Live Birth. A birth where the baby exhibits signs of life after delivery. These signs include breathing, beating of the heart, pulsation of the umbilical cord and movement of voluntary muscles.

Location of Occurrence. The place or location where a vital event occurred.

Location of Residence. Most tables report Alaska resident information and are based upon or are categorized by location of actual residence. The location of actual residence; i.e., census area or Native Regional Corporation, is not necessarily the same as a person's "legal residence". The location of residence during a tour of military duty or while attending college is considered actual residence.

Low Birth Weight. An infant born weighing less than 2,500 grams. Also see Very Low Birth Weight.

Native. Includes Alaska Natives, Native mixed, Aleuts, Eskimos, Canadian Eskimos and Indians, and American Indians.

Natural Increase. Population change that results when the number of births exceed the number of deaths. Natural increase does not include population changes as a result of migration in and out of Alaska.

Neonatal Infant Mortality Rate. The number of deaths to infants less than 28 days of age divided by the number of live births, multiplied by a constant of proportionality (usually 1,000). The sum of the neonatal infant mortality rate and the postneonatal mortality rate is the infant mortality rate.

Postneonatal Infant Mortality Rate. The number of deaths to infants from 28 days up to one year old divided by the number of live births, multiplied by a constant of proportionality (usually 1,000).

Race of Child. The first reported race of the mother is considered the race of the child. Prior to 1989, races of both parents were taken into consideration when determining the race of the child using a look-up table. Beginning in 1989, the National Centers for Health Statistics (NCHS)

recommended that all states adopt the same standard for determining the race of the child at birth.

Residence. See Location of Residence.

Standard Population. The 2000 standard population is used in this publication for age-adjusted rates. (See Table A.1 on page 185.)

Teen Birth Rate. The number of births to females ages 15–19 divided by the estimated population of females ages 15–19, multiplied by a constant of proportionality (usually 1,000).

Underlying Cause of Death. The disease or injury which initiated the sequence of events that led to death.

Very Low Birth Weight. Infants born weighing less than 1,500 grams.

Years of Potential Life Lost. For all deaths occurring before age 65, the difference between 65 (assumed potential life span) and the age at death. (See Appendix B for calculation of years of life lost.)

TABLE A.1 2000 STANDARD POPULATION

AGE	POPULATION	WEIGHT
Under 1 year	13,818	0.013818
1–4 years	55,317	0.055317
5–14 years	145,565	0.145565
15–24 years	138,646	0.138646
25–34 years	135,573	0.135573
35–44 years	162,613	0.162613
45–54 years	134,834	0.134834
55–64 years	87,247	0.087247
65–74 years	66,037	0.066037
75–84 years	44,842	0.044842
85 & over	15,508	0.015508
TOTAL	1,000,000	1.000000