DATA GUIDE

Important Information for Data Users

Please Review This Section before Using the Following Public Health Data

For abbreviations used in data sources, see Data Sources.

Diagnoses:

Disease definitions for most indicators are based on ICD-CM coding. Two versions of ICD coding are used in this document depending upon the data source, ICD-9 or ICD-10. ICD-CM based data for San Diego is comparable whether obtained using the 9th or 10th revision; codes used are listed in footnotes for appropriate tables. Healthy People 2020, USA, California data are shown if available and comparable to local data.

The death data used in this document only include underlying cause of death. That means that deaths are categorized only by the disease or injury that initiated the chain of events leading to death and not by the immediate cause or any other contributing causes. For example, a diabetic who died of heart disease resulting from complications of diabetes would only be included among diabetes-related deaths. Similarly, Hospital Discharge and Emergency Department Discharge data is reported by the primary diagnosis at time of discharge for which the medical encounter occurred. In some cases, indicators are based on case definitions; meeting specified clinical and/or laboratory criteria not ICD-CM coding.

Comparing Data:

Caution must be used when exploring data from multiple sources or even the same data prepared by different analysts; comparisons may not be appropriate. Attention to accompanying information is important in order to note differences, including, but not limited to: data sources, data preparation, diagnoses/case definitions, rate constant (i.e. per 100,000 or 1,000), geographic units, persons included in the data (i.e. location of occurrence vs. location of residence, or among live births not total pregnancies).

Data from different tables must not be modified (i.e. aggregated or subtracted). For example, pedestrian deaths cannot be added to nonfatal pedestrian injuries to determine total injuries. In this case, one database is recorded by location of residence, while the other is by location of occurrence. If you need assistance or additional data not contained here, please contact the Community Health Statistics unit.

Geography: Understanding Geographic Units used in Health Data

Many different geographic units are used throughout San Diego County. In this document, boundaries for Regions and Subregional Areas (SRAs) used here are based on census tracts and approximate Health and Human Service Agency Region (HHSA Region)

boundaries which are based on zip codes. The exception to this is California Health Interview Survey (CHIS) data, which use zip code based HHSA Regions.

Many data users have expressed the desire for community level data, beyond the HHSA Region (which are large aggregations of zip codes). Several levels of geography may be considered, such as Subregional Area, Census Tract, Zip Code, or City. In order to provide community level health data and compare populations, it is important to have stable geographic units and units that are compatible with population data estimates.

While most health data is reported by zip code, zip codes may change at any time throughout the year – making annual aggregated estimates difficult. Additionally, since zip codes may change from one year to the next, comparing zip code data over time may introduce a level of imprecision. Subregional Areas (SRAs) are small, community level geographic units based on census tracts which are stable between census years (i.e. change only every 10 years, if at all). Population estimates are available at this level with high level of accuracy. However, health data for an SRA must be estimated based on reported zip code data.

Types of data available for Geographic Boundaries

Zip Codes:	**Census Tracts:**
HHSA Region	Subregional Area (SRA)
Health Services	Major Statistical Area (MSA)
	Region (approximated HHSA Region)

In this document, community level (SRA) data is aggregated to larger regional levels. Currently, Region aggregations based on SRAs closely approximate, but do not directly correspond to HHSA Regions. In order to have more accurate community level data and enable reliable comparisons over time and place, SRA Region aggregations are used in lieu of HHSA Regions. A list of Subregional Areas (SRAs) representing each Region, as well as to zip code, is included at the end of this section.

Other data preparers that provide direct HHSA Region level data may differ slightly from the data presented here; however, any difference would not be expected to impact any decisions related to policy, planning, or resources for any particular area. There are 3 zip codes which are primarily affected by the differences in method of aggregation to Region or HHSA Region (see table below). Again, the only data in this document to which the above information *does not* apply is the CHIS (California Health Interview Survey) data in the Public Health Data Section. Data in this survey is collected by HHSA Region and cannot be estimated for SRA based Regions.

Methods of Aggregating Data

HHSA HHSA REGION ←	Zip Code	→ Community Profiles Subregional Area (SRA)	→ Region
North Coastal	92014	Del Mar-Mira Mesa	North Central
North Coastal	92091	North San Diego	North Inland
North Central	92131	Poway	North Inland

Harbison Crest/El Cajon
Due to data aggregation methods, health data for the Harbison Crest SRA may be misleading. Health data are presented as an aggregate of the two SRAs, Harbison Crest/El Cajon for better data stability and representation of the area.

Rates, Age Adjusted Rates: Understanding Rates and Age Adjusted Rates
The public health data in the Community Profiles includes crude rates (from this point forward referred to as rates) for Regional and Subregional (SRA) level data. Additionally, age adjusted rates are provided for County level data in many cases.

For comparison, Healthy People 2020 Targets are included, along with comparable USA and California rates. Many Healthy People 2020 Targets are based on age adjusted rates; these are indicated by "age adjusted population". When a Healthy People target listed is based on an age adjusted rate, the comparable rates for USA and California are also age adjusted.

A rate is the number of cases divided by the population, usually multiplied by a constant. For example 987 cases, divided by population of 654,321 multiplied by 100,000 would be a rate of 150.8 per 100,000 population. This means for every 100,000 people, 150-151 cases would be expected.

Calculations of age adjusted rates are slightly more complex. They take into account the age of each case relative to a standard age distribution of a reference population. Recently a new reference population was determined referred to as "2000 US standard population", previously used was a reference population from 1940. The 2000 US standard population proportions more closely reflect the current age distribution of the entire US population.

Age adjusted rates represent the rates that would be expected if a population of interest had the same age distribution as the standard population. This removes the effect of age when comparing rates to identify risk in a population. This is important in many cases when comparing risk "across populations with different underlying age structures."[1]

Since many causes of mortality disproportionately affect older persons, disease mortality is often reported as age adjusted rates. This is the case with many Healthy People 2010 Targets, particularly death rates.

Age adjusted rates are used to compare relative risk (over time or between populations), while removing the effect of differences in the age of a population. Age-adjusting shows differences between groups that are not due to differences in age distribution. "Age adjusted rates should be viewed as relative indexes rather than as direct or actual measures" of risk.[2]

For many users of this data the magnitude of an issue is important, not only the risk outside of age. Often planning and resource needs are based on data. In this case, knowing that a group contains an older population is valid and important for planning for those diseases which affect different aged population sectors.

Additionally, differences may be due to other reasons besides age, such as gender or race/ethnicity. One may want to consider several of these demographic factors when examining a health issue. Each Profile contains demographic data for each Region and SRA, including: age, gender, race/ethnicity distributions, income, occupation, housing, and education data. Many of these factors have been implicated at the roots of health disparities.

1: http://wonder.cdc.gov/wonder/help/ucd.html
2: http://wonder.cdc.gov/wonder/help/faq.html#6

Region	Subregional Area (SRA)	Enclosing Zip Code(s)*
Central	Central San Diego	92101, 92102, 92103, 92104, 92134, 92136
	Mid City	92105, 92115, 92116, 92182
	Southeastern San Diego	92113, 92114, 92139
East	Alpine	91901
	El Cajon	92019, 92020
	Harbison Crest/El Cajon**	92019, 92020, 92021
	Jamul	91917, 91935, 91978
	La Mesa	91941, 91942
	Laguna-Pine Valley	91916, 91931, 91948
	Lakeside	92040
	Lemon Grove	91945
	Mountain Empire	91905, 91906, 91934, 91962, 91963, 91980
	Santee	92071
	Spring Valley	91977
North Central	Coastal	92037, 92093, 92109
	Del Mar-Mira Mesa	92014, 92126, 92130
	Elliott-Navajo	92119, 92120, 92124
	Kearny Mesa	92108, 92110, 92111, 92117, 92123
	Miramar	92145
	Peninsula	92106, 92107, 92140, 92147
	University	92121, 92122, 92161
North Coastal	Carlsbad	92008, 92009, 92010, 92011
	Oceanside	92054, 92056, 92057, 92058
	Pendleton	92055, 92672
	San Dieguito	92007, 92024, 92067, 92075
	Vista	92081, 92083, 92084
North Inland	Anza-Borrego Springs	92004, 92036, 92259
	Escondido	92025, 92026, 92027, 92096
	Fallbrook	92003, 92028
	North San Diego	92091, 92127, 92128, 92129
	Palomar-Julian	92066, 92070, 92086, 92536
	Pauma	92059, 92061
	Poway	92064, 92131
	Ramona	92065
	San Marcos	92069, 92078
	Valley Center	92082
South	Chula Vista	91910, 91911
	Coronado	92118, 92135, 92155
	National City	91950
	South Bay	91932, 92154, 92173
	Sweetwater	91913, 91914, 91915

*Zip code(s) to Subregional Areas are subject to change at any moment and include enclosing zip codes only. This list is valid for data years 2010, 2011, and 2012.

**Harbison Crest/El Cajon is an aggregation of the Harbison Crest and El Cajon SRAs. Due to geographical limitations, Harbison Crest is not shown alone. See data guide for more information.

Data Sources

Health and demographic data are available from a variety of sources, represented by three different categories of data. Population data, such as the census, are collected from the entire population. Sample or survey data are collected from a portion of the population and extrapolated to represent the entire population. Administrative data are collected based on an organization's day-to-day operations, such as the prehospital database. The following data sources were used in the preparation of this report.

American Community Survey (ACS): ACS is a new nationwide survey designed to provide communities a fresh look at how they are changing. It is intended to eliminate the need for the long form in the 2010 Census. The ACS collects information from U.S. households similar to what was collected on the Census 2000 long form, such as income, commute time to work, home value, veteran status, and other important data. Information is available by county.

Emergency Department Data (ED Data): ED data is collected and maintained for most emergency hospitals in San Diego County. ED data elements include patient's home zip code, demographic information, source of payment, disposition, diagnoses, and procedures performed for all patients treated and discharged from the ED.

HIV/AIDS Reporting System (HARS): HARS is used to report HIV and AIDS cases in San Diego County. HIV reporting began recently (July 2002), has not been evaluated, and therefore is not available for zip code level analysis. The number of AIDS cases is available by zip code if the total is 5 or more.

Hospital Discharge Data: Discharge data is collected and maintained for most inpatient facilities in San Diego County. Discharge data elements include patient's home zip code, demographic information, source of payment, disposition, diagnoses, and procedures performed for all patients admitted to the hospital for any condition.

Medical Examiner's Data: The County of San Diego's Emergency Medical Services (EMS) receives an Investigative Summary and Autopsy for every individual who dies in San Diego County from a traumatic injury. Medical Examiner's Records contain injury related information, including date and time of injury, incident location, patient home zip code, external cause of injury (ICD-9 CM Ecode), age, sex, race/ethnicity, vehicle make and type, law enforcement agency and report number, mechanism of injury, and detailed narrative of injuries sustained.

Prehospital Database: The County of San Diego's Emergency Medical Services (EMS) receives a prehospital patient record (PPR) for every patient seen by a paramedic or emergency medical technician from 911 calls. The PPR contains information including

demographics, incident zip code location, chief complaint, patient status, injury event information, restraint use, contributing factors, times and outcomes. At this time, only those calls in which a paramedic or EMT made contact with a Mobile Intensive Care Nurse (MICN) at a base hospital are included in this data.

San Diego Association of Governments (SANDAG): SANDAG creates and maintains a tremendous quantity of demographic, economic, land use, transportation, and criminal justice information about the San Diego region. Demographic data includes population characteristics like age, education, and employment. SANDAG develops annual demographic estimates and long range forecasts in addition to maintaining census data files. Data is available by County, SRA, zip code, and census tract.

STD Morbidity Surveillance Data: Data is available for three STDs: chlamydia, gonorrhea and syphilis (primary and secondary). Information on age, gender, and race/ethnicity are available for all 3 diseases. Data is also available at the zip code level, although this data is incomplete.

Statewide Integrated Traffic Record System (SWITRS): SWITRS is traffic collision data collected by the California Highway Patrol. Collisions with personal injury on public roads are included. Detailed information on the circumstances of the crash, drivers, passengers, and other victims are available by incident zip code.

Trauma Registry: EMS receives a Trauma Registry for every trauma patient admitted to any of the designated trauma center hospitals who meets one or more of the following criteria: length of hospitalization of 24 hours or more, death due to traumatic injuries, or transfer to or from another acute care hospital.

Vital Records Data: A birth certificate is required for every live birth in San Diego County; a death certificate is completed for every person who dies in San Diego County. Vital records data includes information on birth (e.g. weight) or death (e.g. underlying and contributing causes of death) and basic demographic information by zip code.

Additional abbreviations used in sources:
CDPH – State of California, Department of Public Health
CDC – Centers for Disease Control and Prevention
CHIP – Community Health Improvement Partners
HASD & IC – Hospital Association of San Diego & Imperial Counties
NCHS – National Center for Health Statistics
NVSS – National Vital Statistics System
OSHPD – California Office of Statewide Health Planning and Development

Glossary of Health Indicator Terms

The following are definitions of health indicator terms for population and service data used in this document, including which databases data comes from (noted in italics). For more information, see **Data Sources.**

Disease data here represent only principal diagnoses (or underlying cause of death) and do not include secondary diagnoses. Injury data using ICD-10 coding (death) only uses underlying cause of death; injury data using Ecodes from Emergency Department and Hospital discharges include only primary Ecode (mechanism of injury).

The majority of the data here are reported by location of residence of the subject. Non-fatal motor vehicle injury data from SWITRS is reported by location of occurrence; while motor vehicle death data (from Death Statistical Master Files) is reported by location of residence.

Population and Service Data Definitions by Profile:

Non-Communicable (Chronic) Disease Profile

Arthritis: ICD-9 codes 95.6, 95.7, 98.5, 99.3, 136.1, 274, 277.2, 287.0, 344.6, 353.0, 354.0, 355.5, 357.1, 390, 391, 437.4, 443.0, 446, 447.6, 696.0, 710-716, 719.0, 719.2-719.9, 720-721, 725-727, 728.0- 728.3, 728.6-728.9, 729.0-729.1, and 729.4. *Hospital, Emergency Department.*

Asthma: ICD-9 code 493; ICD-10 codes J45-J46. *Death, Hospital, Emergency Department.*

Cervical Cancer: ICD-10 code C53. *Death.*

Colorectal Cancer: cancer of the colon, rectum or anus, ICD-10 codes C18-C21. *Death.*

Chronic Obstructive Pulmonary Disease (COPD): ICD-9 codes 490-492, 496; ICD-10 codes J40-J44. *Death, Hospital, Emergency Department.*

Coronary Heart Disease: ischemic and hypertensive heart disease, ICD-9 codes 402, 410-414, 429.2; ICD-10 codes I11, I20-I25. *Death, Hospital, Emergency Department.*

Cardiac Provider Impressions: cardiac chest pain, congestive heart failure, palpitations and STEMI (st-elevation myocardial infarction). *Prehospital (911).*

Diabetes: diabetes mellitus, includes insulin-dependent and non-insulin dependent diabetes, ICD-9 code 250; ICD-10 codes E10-E14. *Death, Hospital, Emergency Department.*

Diabetes Provider Impressions: hypoglycemia. *Prehospital (911).*

Dorsopathy: ICD-9 codes 720-724. *Hospital, Emergency Department.*

Female Breast Cancer: ICD-10 code C50. *Death.*

Lung Cancer: cancer of the trachea, bronchus or lung, ICD-10 codes C33-C34. *Death.*

Overall Cancer: ICD-10 codes C00-C97. *Death.*

Parkinson's Disease: ICD-9 codes 332.0 – 332.9. *Hospital, Emergency Department.*

Prostate Cancer: ICD-10 code C61. *Death.*

Respiratory-Related Provider Impressions: asthma, chronic obstructive pulmonary disease (COPD) and respiratory distress. *Prehospital (911).*

Stroke: cerebrovascular disease, ICD-9 codes 430-438; ICD-10 codes I60-I69. *Death, Hospital, Emergency Department.*

Stroke Provider Impressions: cerebrovascular accident (CVA), CVA onset within 2 hours, or CVA onset within 3 hours. *Prehospital (911).*

Communicable Disease

AIDS Incidence: new cases reported by providers* to County Public Health Services, cases need not be investigated and confirmed, see CDC clinical case definition. *HIV/AIDS Reporting System.*

Chlamydia Incidence: new cases reported by providers* to County Public Health Services, cases need not be investigated and confirmed, see CDC clinical case definition. For estimated Chlamydia (Regional Tables), cases with unknown residence are statistically distributed to Regions to better estimate Regional needs.
SRA Tables do not include a substantial number of cases reported in San Diego County, due to cases with unknown residence. Approximately 30%, or 2500 Chlamydia cases per year, are missing residence data. Chlamydia numbers are underestimated at the SRA level. *STD Reporting.*

Chronic Hepatitis C: cases reported by providers* to County Public Health Services, see CDC clinical case definition. *Hepatitis Reporting.*

Gonorrhea Incidence: new cases reported by providers* to County Public Health Services, cases need not be investigated and confirmed, see CDC clinical case definition. For estimated Gonorrhea, cases with unknown residence are statistically distributed to Regions to better estimate Regional needs.
SRA Tables do not include a substantial number of cases reported in San Diego County, due to cases with unknown residence. Approximately 30%, or 600 gonorrhea cases per year, are missing residence data. Gonorrhea numbers are underestimated at the SRA level. *STD Reporting.*

HIV Incidence: new cases reported by providers* to County Public Health Services, cases need not be investigated and confirmed, see CDC clinical case definition. HIV/AIDS Reporting System.

Influenza: ICD-9 codes 487-488; ICD-10 codes J10-J11. *Death, Hospital, Emergency Department.*

Pneumonia: ICD-9 codes 480-486; ICD-10 codes J12-J18. *Death, Hospital, Emergency Department.*

Primary and Secondary Syphilis: new cases reported to and confirmed by County Public Health Services, see CDC clinical case definition. *STD Reporting.*

Tuberculosis (TB) Incidence: new active cases reported to and confirmed by County Public Health Services, see CDC clinical case definition. *TB Registry.*

Injury

Active Restraint Use: those injured in motor vehicle crashes occurring on public roads where active restraints were used. Rates are calculated amongst those whose status of restraint use/non-use was known. Data applies to those ages 6 years and older. Data is by location of occurrence. *SWITRS.*

Alcohol-involved Motor Vehicle Crashed: those injured in motor vehicle crashes occurring on public roads where alcohol was involved. The drinking driver need not be injured and need not be declared at fault, nor tested for being under the influence of alcohol. Data is by location of occurrence. *SWITRS.*

Assault Injury: injuries that are intentionally inflicted by another, ICD-9 codes E960-E969. *Hospital, Emergency Department.*

Child Restraint Use: those injured in motor vehicle crashes occurring on public roads where child restraints were used. Rates are calculated amongst those whose status of

restraint use/non-use was known. Data applies to those ages 0-5 years. Data is by location of occurrence. *SWITRS.*

Dental-related: injury as well as non-injury medical/dental primary diagnoses, ICD-9 codes 521-523, 525.3, 525.9, 873.63, 873.73. *Emergency Department.*

Drinking Drivers Motor Vehicle Crashes: drivers noted as drinking, involved in motor vehicle crashes occurring on public roads with injury to any party. The drinking drivers need not be injured and need not be determined to be at fault nor impaired. Data is by location of occurrence. *SWITRS.*

Drowning: Accidental drowning and submersion, including those caused by accident to watercraft or related to water-transport, ICD-10 codes W65-W74, V90, V92. *Death.*

Exposure to smoke, fire or flame: ICD-10 codes X00-X09. *Death.*

Fall-related: accidental falls, ICD-9 Ecodes E880-E886, E888; ICD-10 codes W00-W19. *Death, Hospital, Emergency Department.*

Firearm-related: all intents, ICD-9 Ecodes E922, E955.0-E955.4, E965.0-E965.4, E970, E985.0-E985.4; ICD-10 codes W32-W34, X72-X74, U01.4, X93-X95, Y22-Y24, Y35.0. *Death, Hospital, Emergency Department.*

Hip Fractures: ICD-9 code 820; ICD-10 code S72. *Death, Hospital, Emergency Department.*

Homicide: deaths that are intentionally inflicted by another, ICD-10 codes U01-U02, X85-Y09, Y87.1. *Death.*

Motor Vehicle Injury: unintentional injury of anyone involved in a motor vehicle crash (collision or non-collision) on a public road, including occupants, pedestrians, and cyclists, ICD-9 Ecodes E810-819; ICD-10 codes V30-V39 (.4-.9), V40-V49 (.4-.9), V50-V59 (.4-.9), V60-V69 (.4-.9), V70-V79 (.4-.9), V81.1, V82.1, V83-V86 (.0-.3), V20-V28 (.3-.9), V29 (.4-.9), V12-V14 (.3-.9), V19 (.4-.6), V02-V04 (.1, .9), V09.2, V80 (.3-.5), V87 (.0-.8), V89.2. *Death, Hospital.*

Overdose/Poisoning: all intents, ICD-9 Ecodes E850-E869, E950-E952, E962, E972, E980-E982; ICD-10 codes X40-X49, X60-X69, X85-X90, Y10-Y19, Y35.2, Y40-59, Y60-69, U01.6-U01.7. *Death, Hospital, Emergency Department.*

Pedalcycle Injury: unintentional injury of persons using pedal-driven vehicles involved in motor vehicle crashes on public roads. *SWITRS.*

Pedestrian Injury attributed to Motor Vehicle Accidents: unintentional injury of pedestrians involved in motor vehicle crashes on a public road, ICD-9 codes E810-

819(.7); ICD-10 codes V02-V04 (.1, .9), V09.2. *Death, Hospital, Emergency Department, SWITRS.*

Self-inflicted Injury: injuries that are intentionally inflicted by self, ICD-9 Ecodes E950-E959. *Hospital, Emergency Department.*

Suicide: deaths that are intentionally inflicted by self, ICD-10 codes U03, X60-X84, Y87.0. *Death.*

Total Motor Vehicle Accident Injuries: those injured in motor vehicle crashes occurring on public roads; injured may be cyclists, pedestrians or occupants of motor vehicles (such as cars, trucks, or buses). Data here is based on injuries involving a motor vehicle in transport (in motion or readiness for motion) and is not defined by ICD codes of collision or non-collision. Data is by location of occurrence. *SWITRS.*

Unintentional Injury: ICD-9 Ecodes E800-E869, E880-E929; ICD-10 codes V01-X59, Y85-Y86. This generalized unintentional injury may overlap with specific indicators below, such as drowning, smoke/fire, suffocation, falls, motor vehicle or pedestrian deaths, as well as the unintentional portion of overdose/poisoning and firearm injuries. *Death, Hospital, Emergency Department.*

Unintentional Suffocation: ICD-10 codes W75-W84. *Death.*

Maternal & Child Health

Early Prenatal Care: care beginning during the 1st trimester of pregnancy.
Rates (%) are calculated amongst those births whose start time of prenatal care is known (i.e. those whose start time of care is unknown or missing are excluded from the denominator). *MCFHS.*

Fetal mortality: number of deaths of fetuses at least 20 complete weeks gestation per 1,000 live births and fetal deaths. *MCFHS.*

Infant mortality: number of deaths of infants under one year of age per 1,000 live births. *MCFHS.*

Live Birth: a product of conception, which after complete expulsion or extraction from the mother, breathes or shows any other evidence of life. This is not synonymous with the term "pregnancy", which can result in a miscarriage, fetal death, induced abortion or live birth. *MCFHS.*

Low birth weight: birth weight less than 2,500 g (approximately 5lbs, 8oz). *MCFHS.*

Maternal Complications: ICD-9 codes 641, 642.0-642.7, 642.9, 643.2, 646.2, 646.6, 646.7, 648.0, 648.5, 648.6, 648.8, 658.4, 659.2, 659.3, 664.2, 664.3, 664.5, 665.0-665.9, 666, 668, 669.0-669.4, 670, 671.3-671.5, 672, 673, 674.0-674.3, 674.50-674.54, 674.8-674.9. *Hospital, Emergency Department.*

Preterm birth: birth prior to 37 completed weeks of gestation. *MCFHS.*

Sudden Infant Death Syndrome: the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and a review of the clinical history. *Death.*

Very low birth weight: birth weight less than 1,500 g (approximately 3lbs, 5oz). *MCFHS.*

Behavioral Health

Acute Alcohol-Related Disorders: ICD-9 codes 291, 305.0, 980.0. *Emergency Department.*

Acute Substance-Related Disorders: ICD-9 codes 292, 305.2-305.9. *Hospital, Emergency Department.*

Alzheimer's Disease: ICD-9 code 331; ICD-10 code G30. *Death, Hospital, Emergency Department.*

Anxiety Disorders: ICD-9 codes 293.84, 300, 308, 309.81, 313.00-313.22, 313.3, 313.83-313.84. *Hospital, Emergency Department.*

Attention-Deficit, Conduct, and Disruptive Behavior: ICD-9 codes 312.00-312.23, 312.4, 312.8,312.9, 313.81, 314. *Hospital, Emergency Department.*

Chronic Alcohol-Related Disorders: ICD-9 code 303. *Hospital, Emergency Department.*

Chronic Substance-Related Disorders: ICD-9 code 304. *Hospital, Emergency Department.*

Dementia: ICD-9 code 290; ICD-10 codes F10, F03. *Death, Hospital, Emergency Department.*

Developmental Disorders: ICD-9 codes 307.0, 307.9, 315, 317-319, V40.0-V41.0. *Hospital, Emergency Department.*

Disorders Usually Diagnosed in Infancy, Childhood, or Adolescence: ICD-9 codes 299, 307.2, 307.3, 307.6, 307.7, 309.21, 313.23, 313.89, 313.9. *Hospital, Emergency Department.*

Impulse Control Disorder: ICD-9 code 312.3. *Hospital, Emergency Department.*

Mood Disorders: ICD-9 codes 293.83, 296, 300.4, 311. *Hospital, Emergency Department.*

Overdose/Poisoning: all intents, ICD-9 Ecodes E850-E869, E950-E952, E962; ICD-10 codes X40-X49, X60-X69, X85-X90, Y10-Y19, Y35.2, Y40-59, Y60-69, U01.6-U01.7. *Death, Hospital, Emergency Department.*

Personality Disorders: ICD-9 code 301. *Hospital, Emergency Department.*

Schizophrenia and Other Psychotic Disorders: ICD-9 codes 293.81, 293.82, 295, 297, 298. *Hospital, Emergency Department.*

Self-inflicted Injury: injuries that are intentionally inflicted by self, ICD-9 Ecodes E950-E959. *Hospital, Emergency Department.*

Suicide: deaths that are intentionally inflicted by self, ICD-10 codes U03, X60-X84, Y87.0. *Death.*

***** Providers may refer to health care providers (e.g. physicians, nurses, or hospital administrators), laboratories, or school administrators who are legally mandated to report diseases indicated in CCR, Title 17, sections 2500, 2508, and 2505.

For more information, contact the Community Health Statistics Unit:

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