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Definitions and Technical Notes

DEFINITIONS

ACRONYMS

- **CPH** – Community Public Health, MDCH
- **DVRHS** – Division for Vital Records and Health Statistics, MDCH
- **MDE** – Michigan Department of Education
- **MHSAS** – Mental Health and Substance Abuse Services, MDCH
- **MSA** – Medical Services Administration, MDCH
- **MSP** – Michigan State Police

ASSETS – Individual, agency or community qualities and resources, that when used, positively impact community health assessment and improvement efforts.

BEHAVIORAL RISK FACTOR SURVEY (BRFS) – The BRFS is a random, digit-dialed telephone, or mailed, survey of adults. The purpose of the survey is to monitor the prevalence of adult risk behaviors.

FISCAL YEAR – A 12-month agreement period, starting October 1 and ending September 30 of the following year, for the Community Health Assessment and Improvement program.

HEALTHY MICHIGAN FUND – In 1994, Michigan law set up the Healthy Michigan Fund -- a trust from a percentage of tobacco taxes to support public health and prevention programs.

HEALTHY PEOPLE 2010 – A comprehensive, nationwide health promotion and disease prevention agenda developed by the U.S. Department of Health and Human Services. Healthy People 2010 builds on similar initiatives pursued over the past decades and includes objectives for 28 focus areas, each representing an important public health area.

KESSNER INDEX

- **Adequate prenatal care** is defined as care which began within the first trimester and which included an average of at least one or two additional prenatal visits per month of gestation, depending on the length of gestation.
- **Intermediate prenatal care** is defined as care which began during the second trimester of the pregnancy with correspondingly fewer visits, or which began during the first trimester but with fewer visits than would be appropriate for the length of gestation.
- **Inadequate prenatal care** is when no care was received or if care began during the third trimester. It is also inadequate if care began during the first or second trimester but less than five visits occurred, when the length of gestation was 34 weeks or more. When the length of gestation was less than 34 weeks, care is defined as inadequate when care began during the first or second trimester but a number of visits less than four occurred, that number depending on the actual weeks of gestation.

KIDS COUNT IN MICHIGAN – Michigan data book for specific childhood indicators developed and produced by the Michigan League for Human Services (MLHS).

MULTI-PURPOSE COLLABORATIVE BODY (MPCB) – Established in 1995, the Multi-Purpose Collaborative Body (MPCB) is an inclusive planning and implementation body of stakeholders at the county or multi-county level that works to improve outcomes for children and families (also referred to as Human Services Coordinating Council or body).

YOUTH RISK BEHAVIOR SURVEY (YRBS) – The YRBS is conducted by the Michigan Department of Education and the MDCH, and coordinated with the Centers for Disease Control and Prevention. The survey is administered to students in randomly selected public high schools. The purpose of the survey is to monitor the prevalence of youth risk behaviors.

RATES AND RATIOS

AGE-ADJUSTED DEATH RATE - A summary rate of death that is developed by using a standardized population distribution that allows for improved comparability between areas or population subgroups with differing age distributions. Age-adjusted death rates represent the mortality experience that would have occurred in a population had the age-specific rates of the area or subgroup been standardized. Age-adjusted death rates are calculated per 100,000 population.

CHILDHOOD IMMUNIZATION RATE – Immunization levels are based on the percentage of children two years of age who had received four doses of a vaccine containing diphtheria, tetanus and pertussis components (DTP or DtaP); three doses of polio vaccine; one dose of a vaccine containing measles, mumps and rubella components (MMR); three doses of *Haemophilus influenzae* type b vaccine (Hib); and three doses of hepatitis B vaccine (Hep B).

INFANT MORTALITY RATE – Based upon the number of deaths of individuals less than 1 year of age, the infant mortality rate is the number of resident infant deaths divided by total resident live births x 1,000. Rates are calculated per 1,000 live births.

LOW BIRTHWEIGHT RATIO – Based upon the number of live births with a birthweight less than 2,500 grams (approximately 5 lbs., 8 oz.), the low birthweight ratio is the number of resident low birthweight live births divided by total resident live births x 1,000. Rates are calculated per 1,000 live births.

MORBIDITY – Disease or the rate of incidence of a disease.

MORTALITY – Death or the death rate.

TEEN PREGNANCY RATE – Pregnancies are the sum of live births, abortions and estimated miscarriages. Miscarriages are estimates adapted from a model developed by C. Tietz and J. Bongaarts of the Population Council (20% of the live births and 10% of abortions). Teen pregnancy rates are calculated per 1,000 females, age 15 to 19 years.

RELIABILITY OF RATES - Care should be taken in drawing specific inferences from comparisons of rates for different areas or different periods of time. Rates based on a small number of events or for a small area tend to exhibit considerable variation. Excessive variation in rates not only negates their utility as estimators of the probability of an event occurring but also their usefulness for comparative purposes.

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