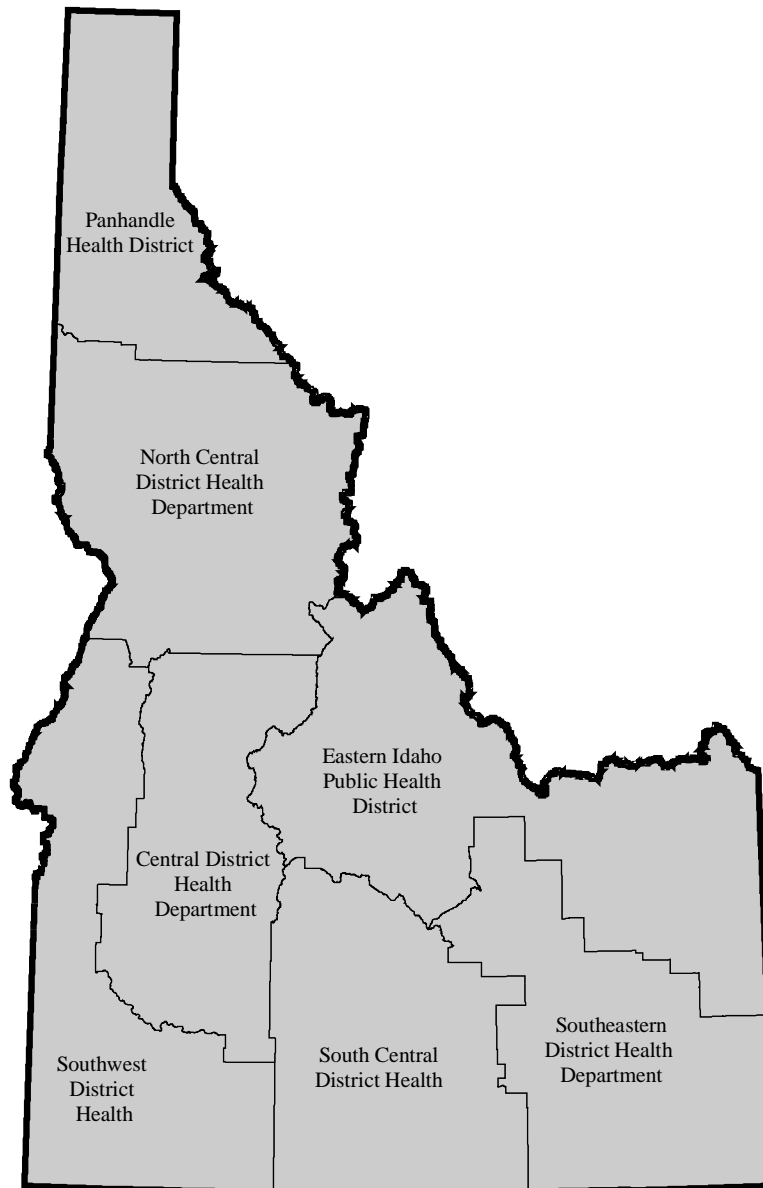


IDAHO VITAL STATISTICS HEALTH DISTRICT REPORT

Three-Year Aggregate Data
1996-1998, 1999-2001, and 2002-2004



Division of Health
Bureau of Health Policy and Vital Statistics

April 2007



IDAHO DEPARTMENT OF
HEALTH & WELFARE

TABLE OF CONTENTS

	Page
PURPOSE	1
NATALITY	
<i>(U.S. Rates in 1997, 2000, and 2003 and Idaho and District Three-Year Numbers and Rates in 1996-1998, 1999-2001, and 2002-2004)</i>	
Percent First Trimester Prenatal Care.....	3/4
Percent Preterm Births.....	5
Percent Low Birth Weight Births.....	6
Percent Out-Of-Wedlock Births.....	7
Percent Mothers Who Smoked During Pregnancy.....	8/9
Teen Pregnancy Rate.....	10
MORTALITY	
<i>(U.S. Age-Adjusted Rates in 1997, 2000, and 2003 and Idaho and District Three-Year Numbers and Average Annual Age-Adjusted Rates in 1996-1998, 1999-2001, and 2002-2004)</i>	
Diseases of the Heart.....	11
Malignant Neoplasms (Cancer).....	12
Lung Cancer.....	13
Colorectal Cancer.....	14
Female Breast Cancer.....	15
Prostate Cancer.....	16
Cerebrovascular Diseases (Stroke).....	17
Chronic Lower Respiratory Diseases.....	18
Accidents.....	19
Motor Vehicle Accidents.....	20
Diabetes Mellitus.....	21
Alzheimer's disease.....	22
Influenza and Pneumonia.....	23
Intentional Self-Harm (Suicide).....	24
Chronic Liver Disease and Cirrhosis.....	25
Nephritis, Nephritic Syndrome and Nephrosis (Diseases of the Kidneys).....	26
Homicide.....	27
Injury by Firearm.....	28
Alcohol-Induced Deaths.....	29
Drug-Induced Deaths.....	30
Infant Deaths.....	31
Congenital Malformations (Birth Defects).....	32
Sudden Infant Death Syndrome (SIDS).....	33
DISTRICT SUMMARIES	
<i>(Idaho and district natality and mortality rates and significance, 2002-2004)</i>	
District 1 Natality.....	34
District 1 Mortality.....	35
District 2 Natality.....	36
District 2 Mortality.....	37
District 3 Natality.....	38
District 3 Mortality.....	39
District 4 Natality.....	40
District 4 Mortality.....	41
District 5 Natality.....	42
District 5 Mortality.....	43
District 6 Natality.....	44
District 6 Mortality.....	45
District 7 Natality.....	46
District 7 Mortality.....	47

DEFINITIONS AND FORMULAS	48
TECHNICAL NOTES	50
Natality	50
Mortality.....	51
Statistical Methods.....	55
Health Districts	57
HEALTH DISTRICT MAP	58

IDAHO VITAL STATISTICS HEALTH DISTRICT REPORT

Purpose

There are two main purposes of this report. First, the report provides Idaho resident death trends by district of residence that are comparable over time. Second, this report provides birth and death rates and 95 percent confidence intervals of the rates for the purpose of determining statistical differences in the years shown and among districts and Idaho as a whole.

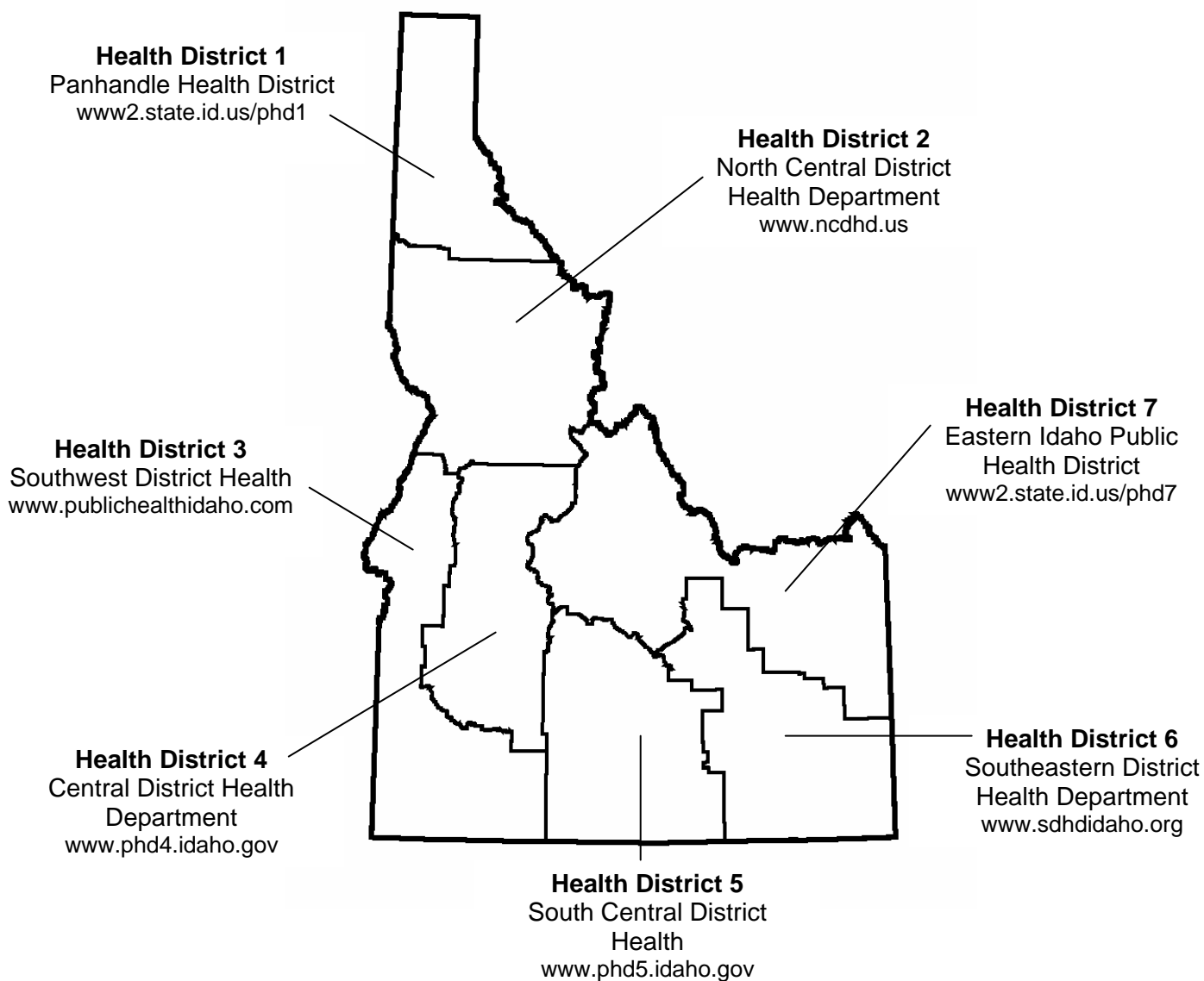
Nativity data in this report are for the most part represented by three-year aggregate time periods: 1996-1998, 1999-2001, and 2002-2004. However, due to a change in the birth certificate in 2004 some measures have changed and are not comparable to those prior to 2004. The two measures in this report that changed were; 'First Trimester Prenatal Care' and 'Mothers Who Smoked During Pregnancy'. For these two measures three-year aggregate data were provided for 1996-1998 and 1999-2001; and two-year aggregate data were provided for 2002-2003 and 2004-2005. With the change in reporting on the certificate in 2004, data for 2004-2005 are not comparable with 1996-2003 and are provided on a separate table. See Technical Notes at the end of this report for more information on the changes of the birth certificate in 2004.

Mortality data in this report are provided by three three-year aggregate time periods: 1996-1998, 1999-2001, and 2002-2004. In 1999 there was a major change in the way causes of death are classified and coded. The tenth revision of the International Classification of Diseases (ICD-10) was implemented in the United States, replacing the ninth revision of the ICD (ICD-9), which was used from 1979 through 1998. Mortality statistics based on ICD-10 codes are not directly comparable to mortality statistics based on ICD-9 codes without modification of data based on ICD-9 codes. The numbers of deaths and age-adjusted rates in 1996-1998 have been modified by comparability ratios and are comparable with data in 1999-2001 and 2002-2004. See Technical Notes at the end of this report for more information on ICD and comparability ratios.

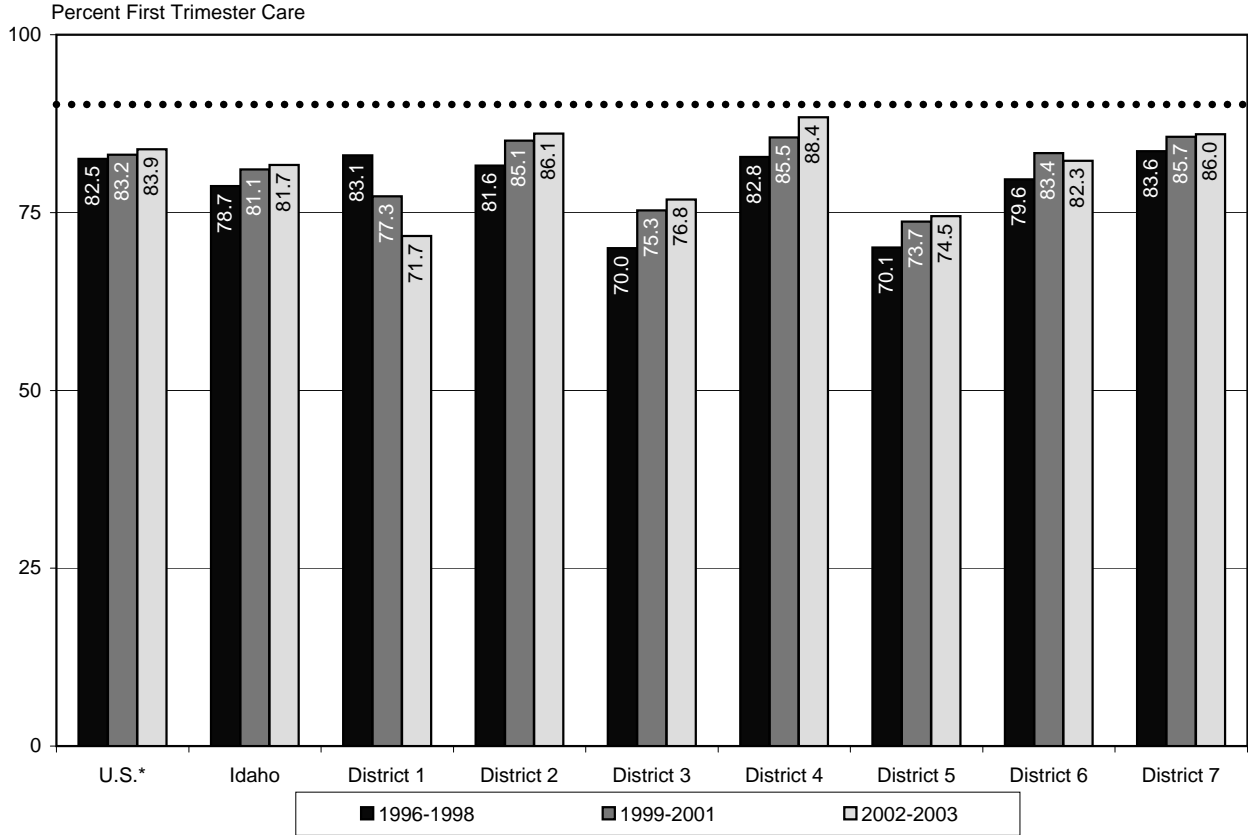
Nativity data are shown for selected maternal characteristics, birth outcomes, and teen pregnancy. Death statistics are provided for the leading causes of deaths to Idahoans. Also shown are Lung, Prostate, Colorectal, and Female breast cancer, which are subsets of Malignant neoplasms. Deaths due to Motor vehicle accidents, which is a subset of Accidents is also provided. In addition, the categories of Homicide, Firearm-injury, Alcohol-induced, and Drug-induced deaths are included in the tables. Infant death data are provided for all infant deaths, Congenital malformations (birth defects), and Sudden infant death syndrome (SIDS).

Each table includes two interpretations of the data. The first interpretation is the comparison of the Idaho rate in 2002-2004 with the rate in 1996-1998 and 1999-2001. Percent of change in the rates and statistical difference or non-difference are noted. The second interpretation is based on district data for 2002-2004. The district with the highest rate is compared with the Idaho rate and rates for all other districts.

Idaho Health Districts



**U.S., Idaho and District Resident Live Births
Percent First Trimester Prenatal Care (Early Care)
1996-1998, 1999-2001, and 2002-2003**



*U.S. percent in 1997, 2000, and 2003.

..... U.S. Healthy People 2010 Target

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Total Births	56,451	6,356	3,532	8,924	14,634	7,469	7,817	7,719
	Early Care	42,930	5,230	2,830	6,008	11,652	5,099	6,077	6,034
	Percent ¹	78.7	83.1	81.6	70.0	82.8	70.1	79.6	83.6
	95% CI ²	78.4 - 79.1	82.1 - 84.0	80.3 - 82.9	69.0 - 70.9	82.2 - 83.4	69.0 - 71.1	78.7 - 80.5	82.8 - 84.5
1999-2001	Total Births	60,861	6,827	3,385	10,146	16,408	7,743	8,247	8,105
	Early Care	47,532	5,084	2,839	7,316	13,367	5,631	6,571	6,724
	Percent ¹	81.1	77.3	85.1	75.3	85.5	73.7	83.4	85.7
	95% CI ²	80.8 - 81.4	76.3 - 78.3	83.9 - 86.3	74.4 - 76.2	85.0 - 86.1	72.7 - 74.7	82.5 - 84.2	84.9 - 86.4
2002-2003	Total Births	42,767	4,492	2,291	7,529	11,387	5,277	5,641	6,150
	Early Care	33,801	2,903	1,886	5,580	9,745	3,884	4,542	5,261
	Percent ¹	81.7	71.7	86.1	76.8	88.4	74.5	82.3	86.0
	95% CI ²	81.3 - 82.1	70.3 - 73.1	84.6 - 87.5	75.9 - 77.8	87.8 - 89.0	73.3 - 75.7	81.3 - 83.3	85.2 - 86.9

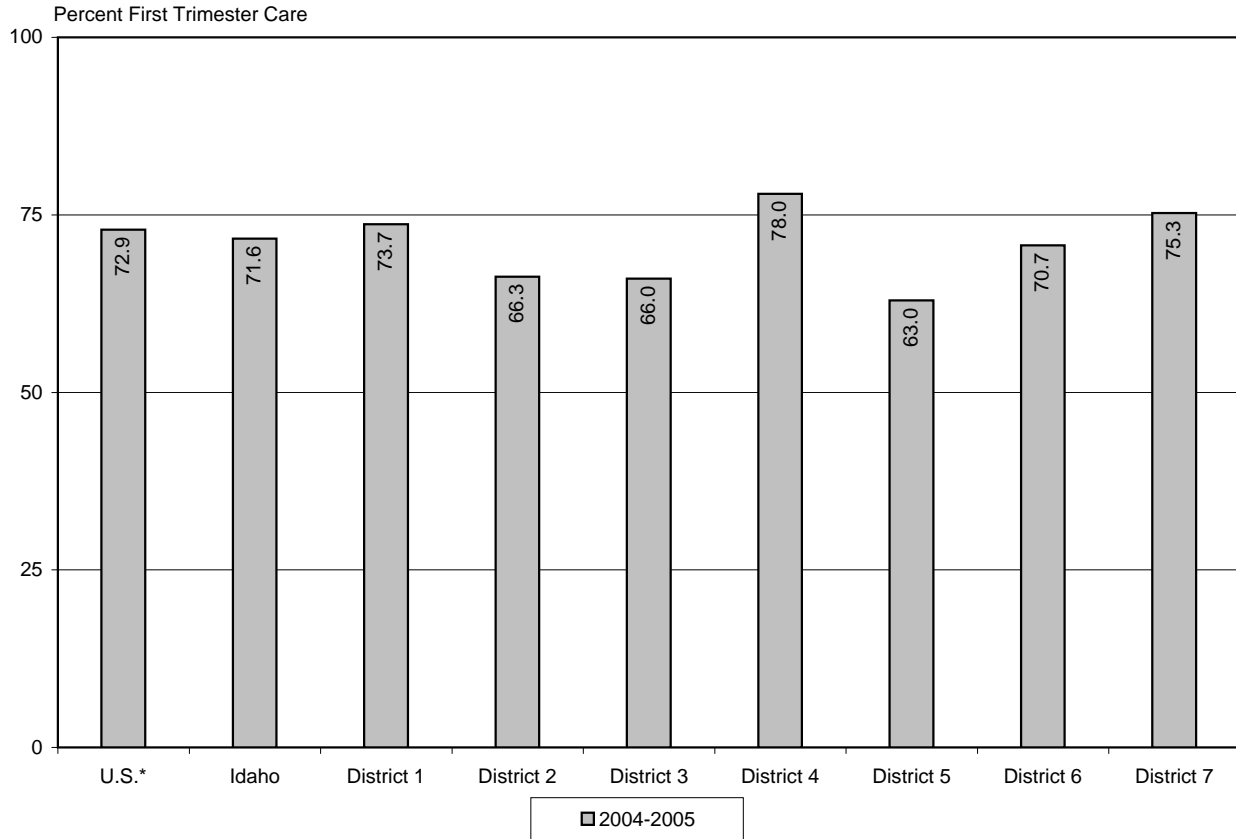
The Healthy People 2010 target is 90 percent of pregnant women receiving prenatal care in the first trimester.

1. Percents are based on records with known data for prenatal care.
2. 95 percent confidence interval. This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In Idaho the percent of births to mothers receiving first trimester prenatal care increased 3.8 percent from 1996-1998 (78.7 percent) to 2002-2003 (81.7 percent); the percent in 2002-2003 was significantly higher than the percent in 1996-1998.

Interpretation 2: In 2002-2003 the percent of births to mothers receiving first trimester prenatal care was significantly higher in District 4 (88.4 percent) than Idaho (81.7 percent), District 1 (71.7 percent), District 2 (86.1 percent), District 3 (76.8 percent), District 5 (74.5 percent), District 6 (82.3 percent), and District 7 (86.0 percent).

U.S., Idaho and District Resident Live Births
Percent First Trimester Prenatal Care
2004-2005



*U.S. percent in 2004 is for 7 states that reported based on revised certificate.

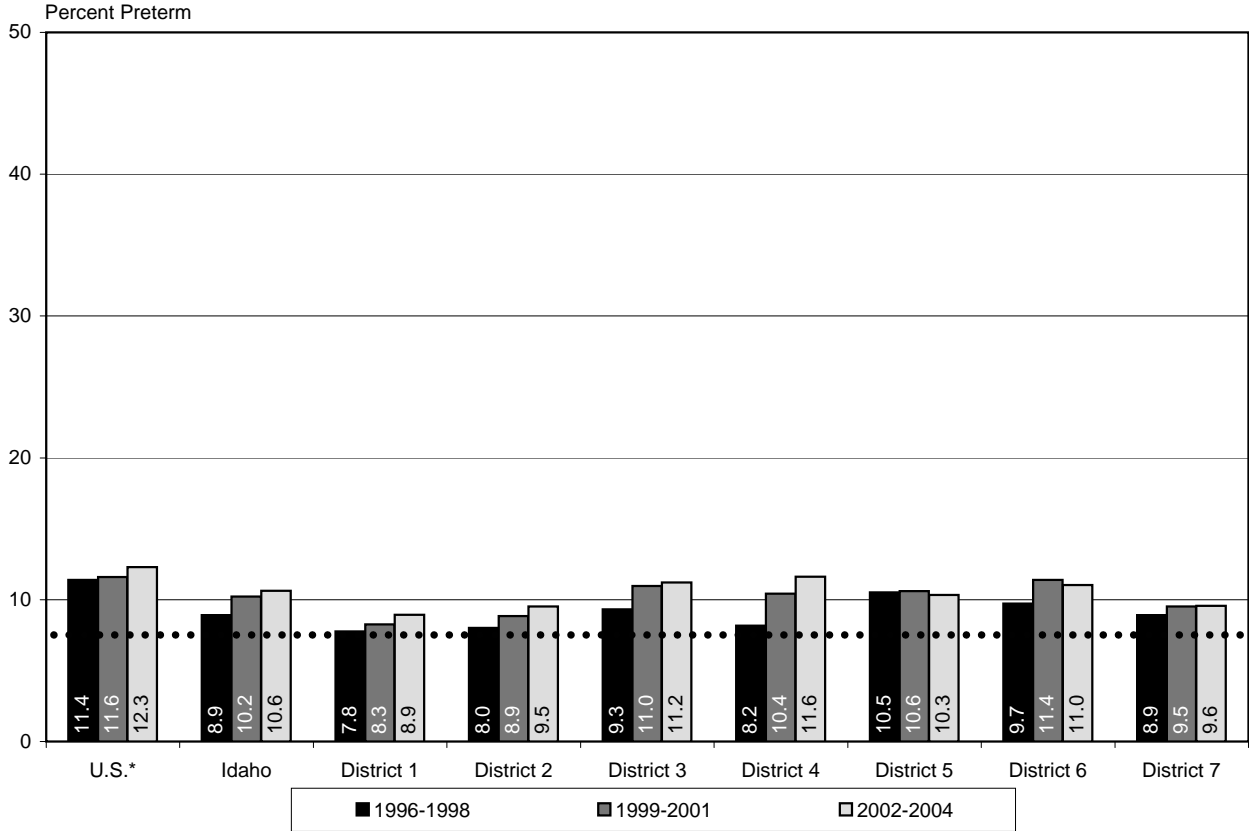
		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
2004 - 2005	Total Births	45,593	4,651	2,266	8,143	11,932	5,716	5,832	7,053
	Early Care	31,344	3,353	1,484	4,925	9,118	3,552	3,772	5,140
	Percent ¹	71.6	73.7	66.3	66.0	78.0	63.0	70.7	75.3
	95% CI ²	71.2 - 72.1	72.4 - 75.0	64.4 - 68.3	65.0 - 67.1	77.2 - 78.7	61.7 - 64.2	69.5 - 71.9	74.3 - 76.3

1. Percents are based on records with known data for prenatal care.
2. 95 percent confidence interval. This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation: In 2004-2005 the percent of births to mothers receiving first trimester prenatal care was significantly higher in District 4 (78.0 percent) than Idaho (71.6 percent), District 1 (73.7 percent), District 2 (66.3 percent), District 3 (66.0 percent), District 5 (63.0), District 6 (70.7 percent), and District 7 (75.3 percent).

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with data based on month prenatal care began, which was collected prior 2004. For more information see Technical Notes.

U.S., Idaho and District Resident Live Births
Percent Preterm Births
1996-1998, 1999-2001, and 2002-2004



*U.S. percent in 1997, 2000, and 2003.

..... U.S. Healthy People 2010 Target

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Total Births	56,451	6,356	3,532	8,924	14,634	7,469	7,817	7,719
	Preterm	4,950	472	280	815	1,191	781	753	658
	Percent ¹	8.9	7.8	8.0	9.3	8.2	10.5	9.7	8.9
	95% CI ²	8.7 - 9.2	7.1 - 8.4	7.1 - 8.9	8.7 - 9.9	7.7 - 8.6	9.8 - 11.2	9.1 - 10.4	8.3 - 9.6
1999-2001	Total Births	60,861	6,827	3,385	10,146	16,408	7,743	8,247	8,105
	Preterm	6,181	554	298	1,108	1,705	821	925	770
	Percent ¹	10.2	8.3	8.9	11.0	10.4	10.6	11.4	9.5
	95% CI ²	10.0 - 10.5	7.6 - 8.9	7.9 - 9.8	10.4 - 11.6	10.0 - 10.9	9.9 - 11.3	10.7 - 12.1	8.9 - 10.2
2002-2004	Total Births	65,296	6,859	3,421	11,580	17,246	8,132	8,469	9,589
	Preterm	6,920	610	325	1,295	2,001	839	934	916
	Percent ¹	10.6	8.9	9.5	11.2	11.6	10.3	11.0	9.6
	95% CI ²	10.4 - 10.9	8.3 - 9.6	8.5 - 10.5	10.6 - 11.8	11.1 - 12.1	9.7 - 11.0	10.4 - 11.7	9.0 - 10.1

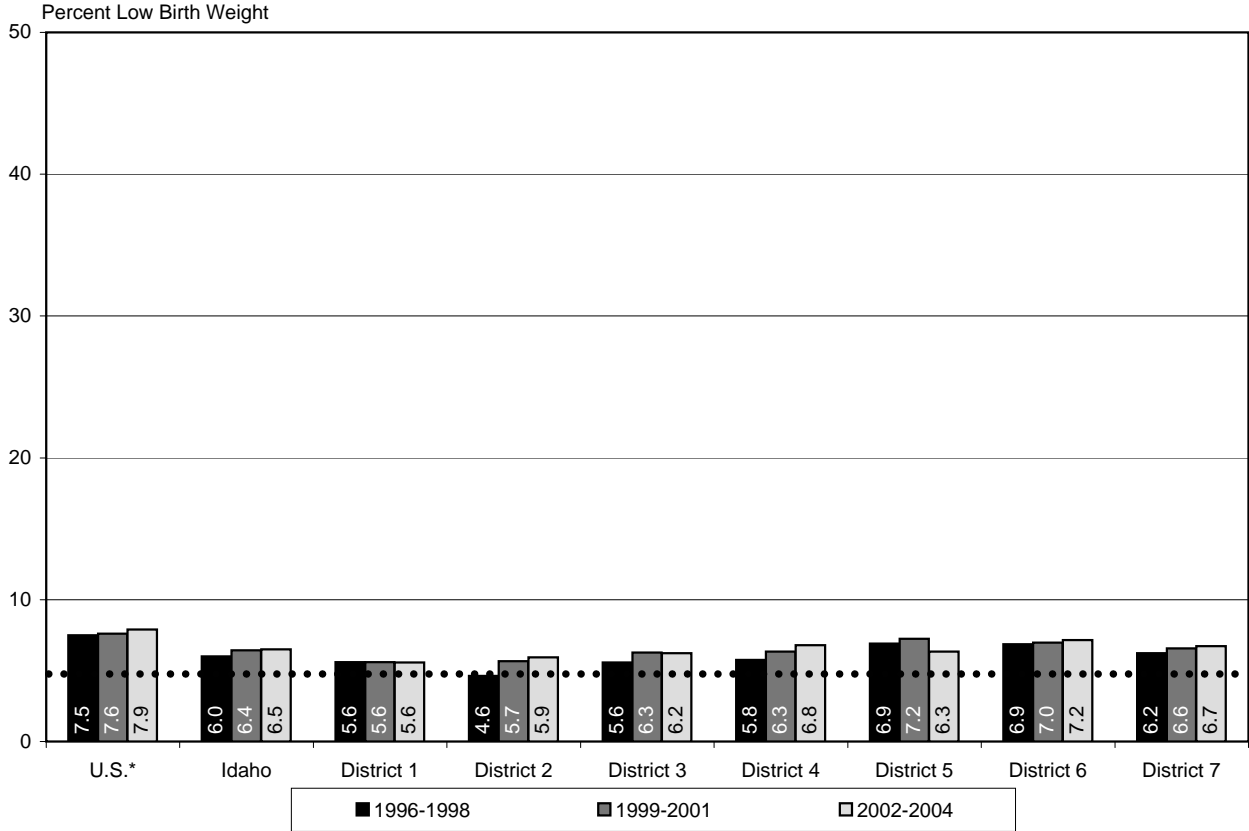
The Healthy People 2010 target is 7.6 percent of live births born preterm (less than 37 weeks of gestation).

1. Percents are based on records with known data for gestation.
2. 95 percent confidence interval. This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In Idaho the percent of preterm births in 2002-2004 (10.6 percent) was significantly higher than in 1996-1998 (8.9 percent). During that same period the percent of preterm births increased 19.0 percent.

Interpretation 2: In 2002-2004 the percent of preterm births was significantly higher in District 4 (11.6 percent) than Idaho (10.6 percent), District 1 (8.9 percent), District 2 (9.5 percent), District 5 (10.3 percent), and District 7 (9.6 percent).

**U.S., Idaho and District Resident Live Births
Percent Low Birth Weight Births
1996-1998, 1999-2001, and 2002-2004**



*U.S. percent in 1997, 2000, and 2003.

..... U.S. Healthy People 2010 Target

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Total Births	56,451	6,356	3,532	8,924	14,634	7,469	7,817	7,719
	LBW ¹	3,385	355	163	496	842	515	536	478
	Percent ²	6.0	5.6	4.6	5.6	5.8	6.9	6.9	6.2
	95% CI ³	5.8 - 6.2	5.0 - 6.2	3.9 - 5.3	5.1 - 6.0	5.4 - 6.1	6.3 - 7.5	6.3 - 7.4	5.7 - 6.8
1999-2001	Total Births	60,861	6,827	3,385	10,146	16,408	7,743	8,247	8,105
	LBW ¹	3,915	381	192	635	1,040	561	575	531
	Percent ²	6.4	5.6	5.7	6.3	6.3	7.2	7.0	6.6
	95% CI ³	6.2 - 6.6	5.0 - 6.1	4.9 - 6.5	5.8 - 6.7	6.0 - 6.7	6.7 - 7.8	6.4 - 7.5	6.0 - 7.1
2002-2004	Total Births	65,296	6,859	3,421	11,580	17,246	8,132	8,469	9,589
	LBW ¹	4,242	381	203	720	1,171	516	606	645
	Percent ²	6.5	5.6	5.9	6.2	6.8	6.3	7.2	6.7
	95% CI ³	6.3 - 6.7	5.0 - 6.1	5.1 - 6.7	5.8 - 6.7	6.4 - 7.2	5.8 - 6.9	6.6 - 7.7	6.2 - 7.2

The Healthy People 2010 target is 5 percent of live births born at low birth weight (less than 2,500 grams).

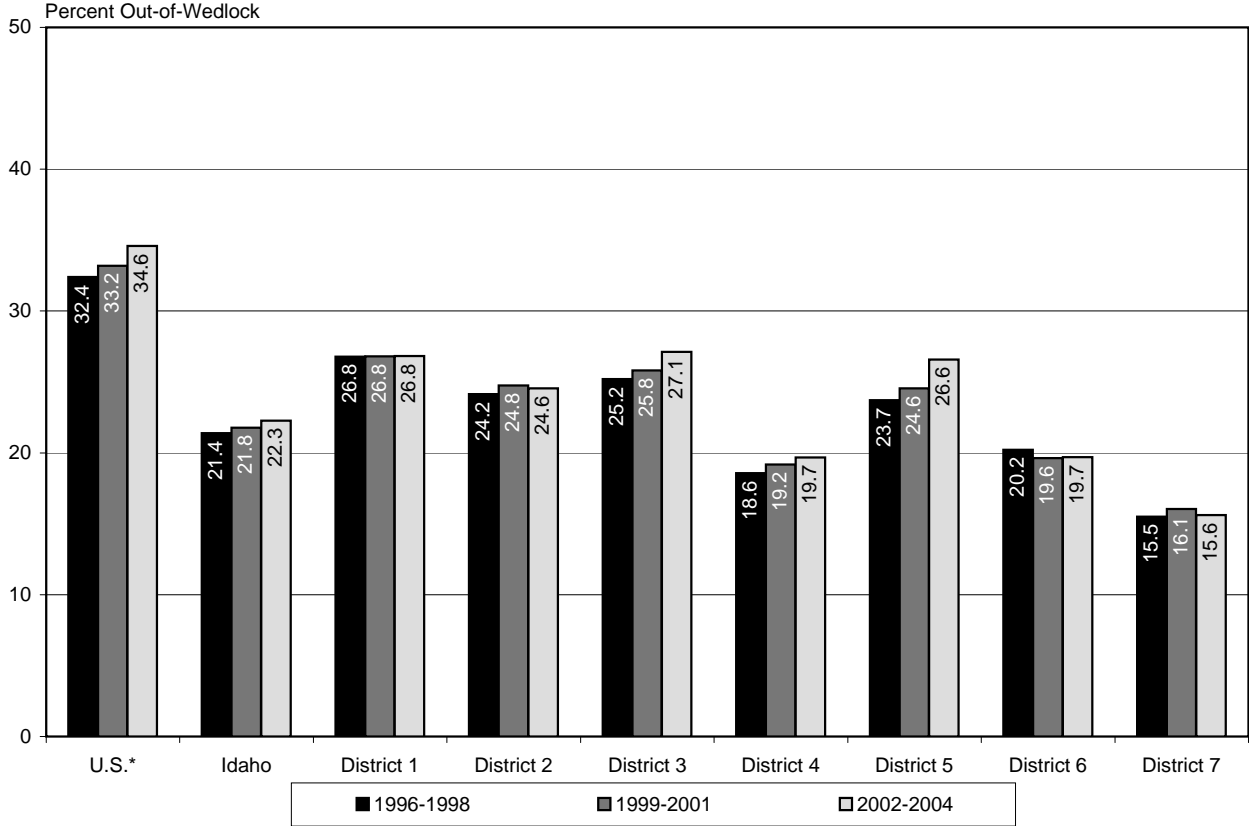
1. LBW (Low Birth Weight): Babies born weighing less than 2,500 grams
2. Percents are based on records with known data for birth weight.
3. 95 percent confidence interval. This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In Idaho the percent of births born weighing less than 2,500 grams increased 8.2 percent from 1996-1998 to 2002-2004.

The percent of low birth weight in 2002-2004 (6.5 percent) was significantly higher than in 1996-1998 (6.0 percent).

Interpretation 2: In 2002-2004 the percent of births born weighing less than 2,500 grams was significantly higher in District 6 (7.2 percent) than Idaho (6.5) and in District 1 (5.6 percent).

**U.S., Idaho and District Resident Live Births
Percent Out-of-Wedlock Births
1996-1998, 1999-2001, and 2002-2004**



*U.S. percent in 1997, 2000, and 2003.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Total Births	56,451	6,356	3,532	8,924	14,634	7,469	7,817	7,719
	Unmarried	12,069	1,703	853	2,249	2,716	1,771	1,581	1,196
	Percent ¹	21.4	26.8	24.2	25.2	18.6	23.7	20.2	15.5
	95% CI ²	21.0 - 21.7	25.7 - 27.9	22.7 - 25.6	24.3 - 26.1	17.9 - 19.2	22.7 - 24.7	19.3 - 21.1	14.7 - 16.3
1999-2001	Total Births	60,861	6,827	3,385	10,146	16,408	7,743	8,247	8,105
	Unmarried	13,256	1,830	838	2,619	3,148	1,901	1,619	1,301
	Percent ¹	21.8	26.8	24.8	25.8	19.2	24.6	19.6	16.1
	95% CI ²	21.5 - 22.1	25.8 - 27.9	23.3 - 26.2	25.0 - 26.7	18.6 - 19.8	23.6 - 25.5	18.8 - 20.5	15.3 - 16.9
2002-2004	Total Births	65,296	6,859	3,421	11,580	17,246	8,132	8,469	9,589
	Unmarried	14,541	1,840	840	3,141	3,393	2,162	1,668	1,497
	Percent ¹	22.3	26.8	24.6	27.1	19.7	26.6	19.7	15.6
	95% CI ²	22.0 - 22.6	25.8 - 27.9	23.1 - 26.0	26.3 - 27.9	19.1 - 20.3	25.6 - 27.5	18.8 - 20.5	14.9 - 16.3

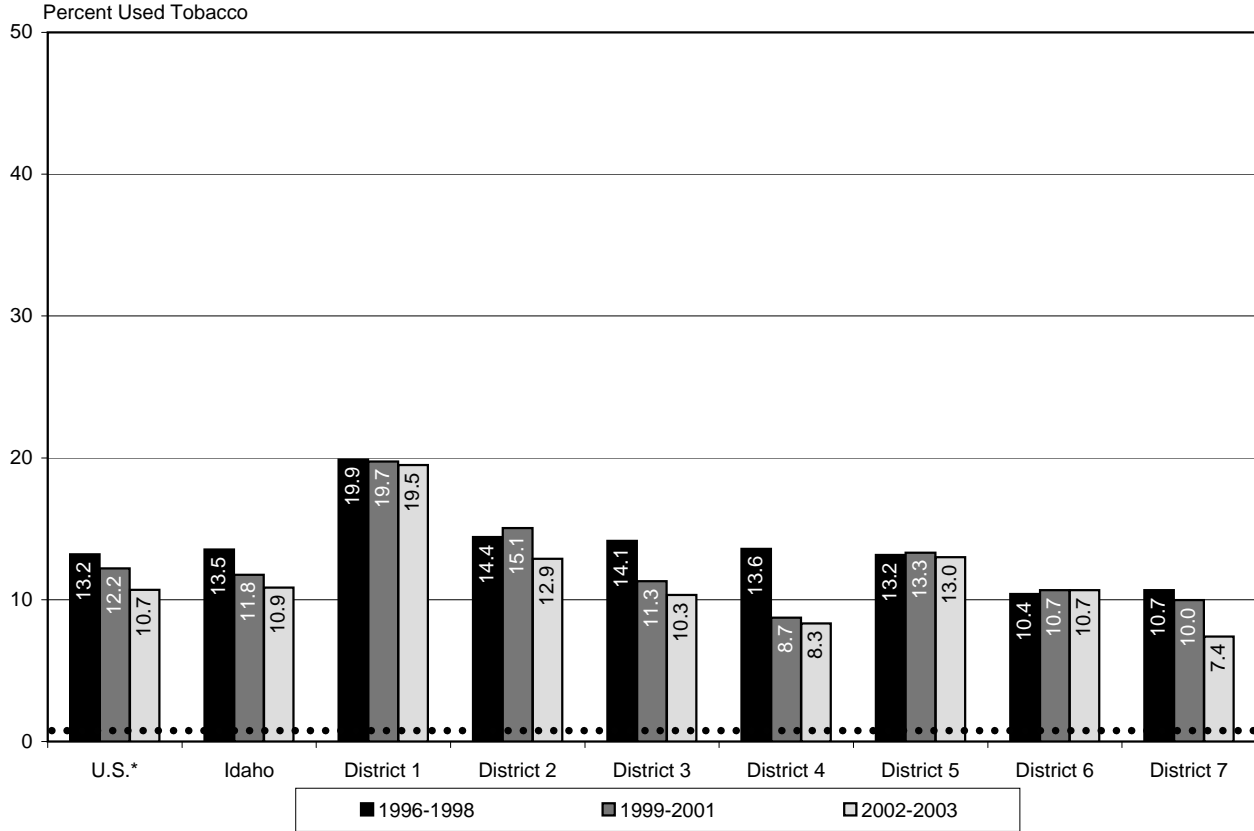
1. Percents are based on records with known marital status.

2. 95 percent confidence interval. This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In Idaho the percent of births to unmarried mothers in 2002-2004 (22.3 percent) was significantly higher than in 1996-1998 (21.4 percent) and increased 4.2 percent between the two time periods.

Interpretation 2: In 2002-2004 the percent of births to unmarried mothers was significantly higher in District 3 (27.1 percent) than Idaho (22.3 percent), District 2 (24.6), District 4 (19.7), District 6 (19.7) and District 7 (15.6 percent).

U.S., Idaho and District Resident Live Births
Percent of Mothers Who Used Tobacco During Pregnancy
1996-1998, 1999-2001, and 2002-2003



*U.S. percent in 1997, 2000, and 2003.

..... U.S. Healthy People 2010 Target

	Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7	
1996-1998	Total Births	56,451	6,356	3,532	8,924	14,634	7,469	7,719	
	Tobacco Use	7,533	1,260	507	1,243	1,921	974	819	
	Percent ¹	13.5	19.9	14.4	14.1	13.6	13.2	10.4	10.7
	95% CI ²	13.3 - 13.8	18.9 - 20.9	13.3 - 15.6	13.4 - 14.9	13.0 - 14.1	12.4 - 13.9	9.7 - 11.1	10.0 - 11.4
1999-2001	Total Births	60,861	6,827	3,385	10,146	16,408	7,743	8,247	8,105
	Tobacco Use	7,118	1,339	508	1,137	1,431	1,027	871	805
	Percent ¹	11.8	19.7	15.1	11.3	8.7	13.3	10.7	10.0
	95% CI ²	11.5 - 12.0	18.8 - 20.7	13.8 - 16.3	10.7 - 11.9	8.3 - 9.2	12.6 - 14.1	10.0 - 11.3	9.3 - 10.6
2002-2003	Total Births	42,767	4,492	2,291	7,529	11,387	5,277	5,641	6,150
	Tobacco Use	4,623	874	294	773	946	683	598	455
	Percent ¹	10.9	19.5	12.9	10.3	8.3	13.0	10.7	7.4
	95% CI ²	10.6 - 11.1	18.3 - 20.7	11.5 - 14.3	9.6 - 11.0	7.8 - 8.8	12.1 - 13.9	9.9 - 11.5	6.7 - 8.1

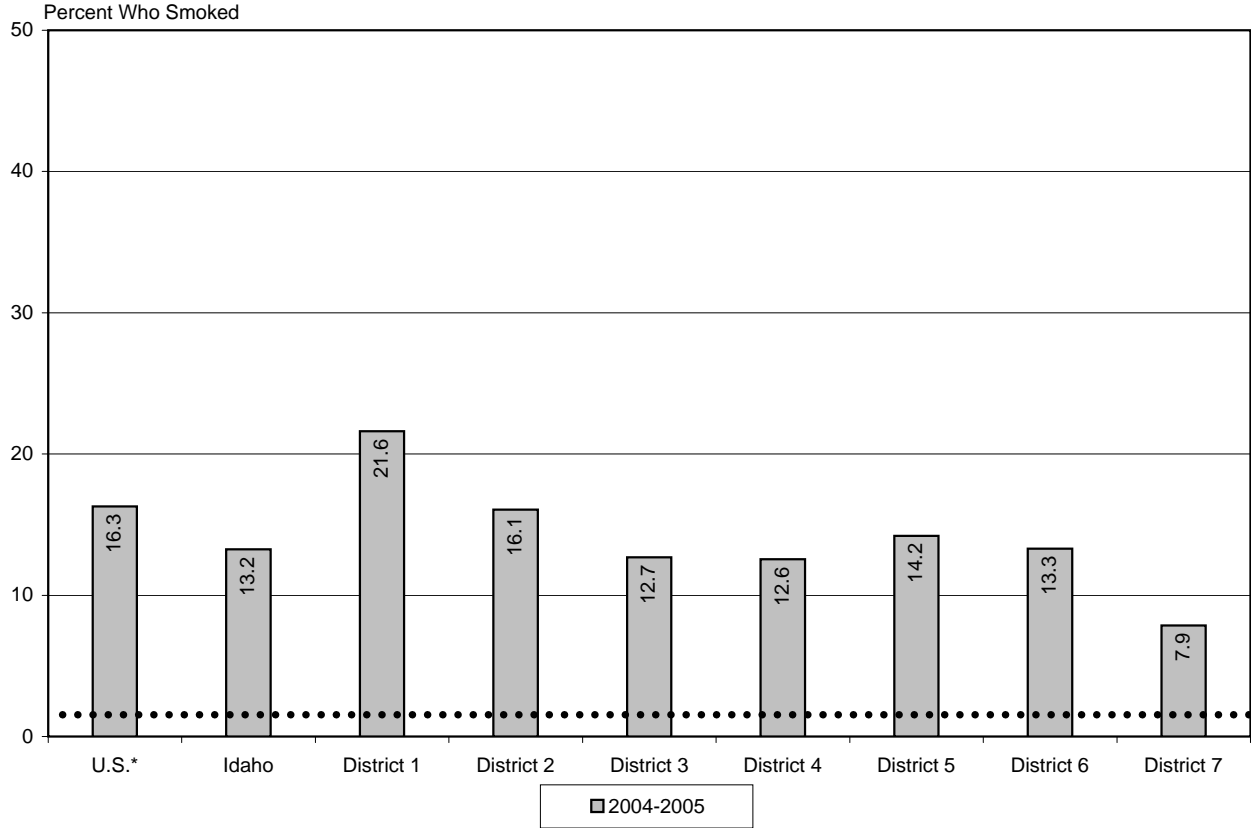
The Healthy People 2010 target is 99 percent abstinence from smoking by pregnant women.

1. Percents are based on records with known data for tobacco use.
2. 95 percent confidence interval. This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: Idaho saw a 7.7 decrease in the percent of mothers who used tobacco during pregnancy between 1999-2001 and 2002-2003 and a 19.8 percent decrease between 1996-1998 and 2002-2003. In Idaho the percent of mothers who used tobacco during pregnancy in 2002-2003 (10.9 percent) was significantly lower than in 1999-2001 (11.8 percent).

Interpretation 2: In 2002-2003 the percent of mothers who used tobacco during pregnancy was significantly higher in District 1 (19.5 percent) than Idaho (10.9 percent), District 2 (12.9 percent), District 3 (10.3 percent), District 4 (8.3 percent), District 5 (13.0 percent), District 6 (10.7 percent) and District 7 (7.4 percent).

U.S., Idaho and District Resident Live Births
Percent of Mothers Who Smoked During Pregnancy
2004-2005



*U.S. percent in 2004 is for 7 states that reported based on revised certificate. •••••••• U.S. Healthy People 2010 Target

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
2004 - 2005	Total Births	45,593	4,651	2,266	8,143	11,932	5,716	5,832	7,053
	Smoked	6,009	995	362	1,025	1,494	809	770	554
	Percent ¹	13.2	21.6	16.1	12.7	12.6	14.2	13.3	7.9
	95% CI ²	12.9 - 13.6	20.4 - 22.8	14.5 - 17.6	12.0 - 13.4	12.0 - 13.1	13.3 - 15.1	12.4 - 14.2	7.2 - 8.5

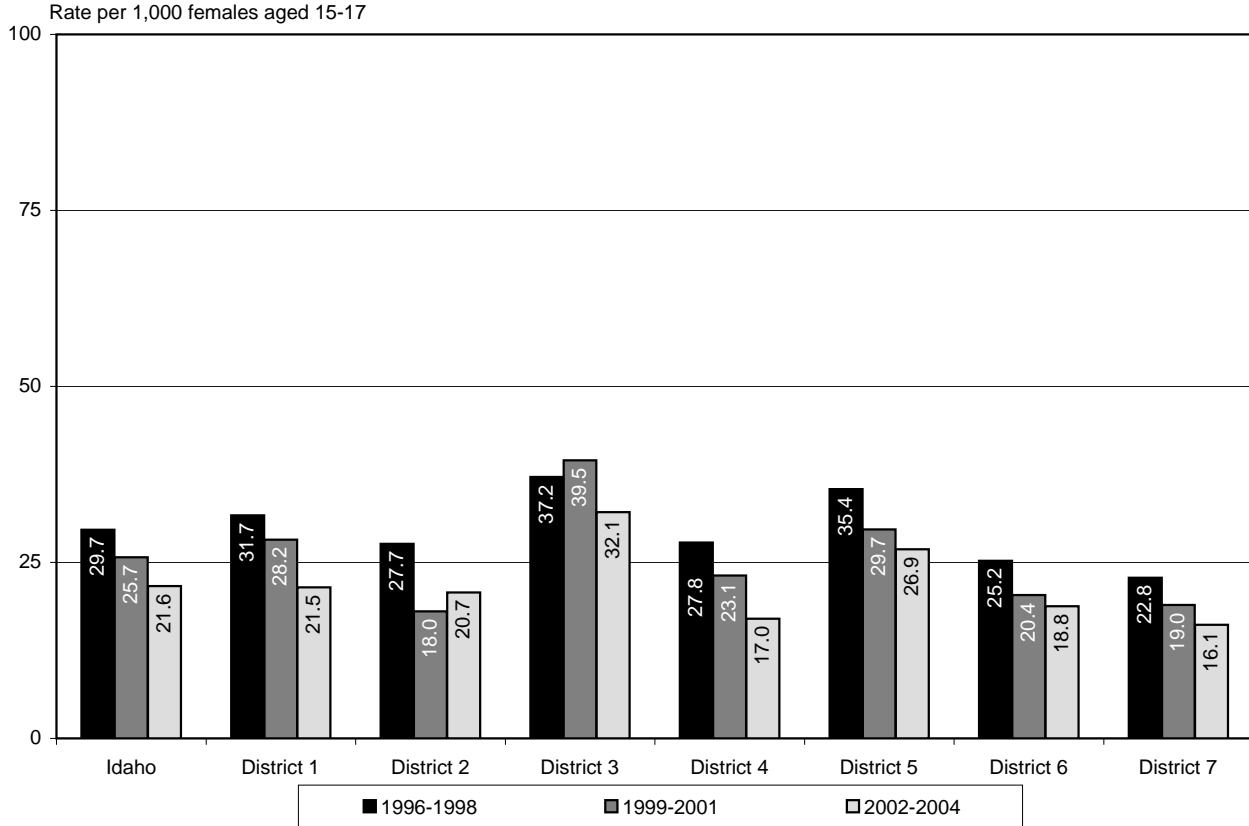
The Healthy People 2010 target is 99 percent abstinence from smoking by pregnant women.

1. Percents are based on records with known data for mothers who smoked during pregnancy.
2. 95 percent confidence interval. This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation: In 2004-2005 the percent of mothers who smoked during pregnancy was significantly higher in District 1 (21.6 percent) than Idaho (13.2 percent), District 2 (16.1 percent), District 3 (12.7 percent), District 4 (12.6 percent), District 5 (14.2), District 6 (13.3 percent), and District 7 (7.9 percent).

In 2004, the collection process for tobacco use changed on the revised Idaho birth certificate. Beginning in 2004, data are not comparable to data collected prior to 2004. For more information see Technical Notes.

Idaho and District Resident Teen Pregnancy
 Teen Pregnancy Rate, Teens Aged 15-17
 1996-1998, 1999-2001, 2002-2004



U.S. data are not comparable, therefore are not provided.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Pregnancies	2,850	392	182	542	613	457	357	307
	Rate ¹	29.7	31.7	27.7	37.2	27.8	35.4	25.2	22.8
	95% CI ²	28.6 - 30.7	28.6 - 34.8	23.6 - 31.7	34.0 - 40.3	25.6 - 30.0	32.2 - 38.6	22.6 - 27.9	20.3 - 25.4
1999-2001	Pregnancies	2,463	354	116	550	531	379	279	254
	Rate ¹	25.7	28.2	18.0	39.5	23.1	29.7	20.4	19.0
	95% CI ²	24.7 - 26.8	25.3 - 31.2	14.7 - 21.3	36.2 - 42.8	21.2 - 25.1	26.7 - 32.7	18.0 - 22.8	16.6 - 21.3
2002-2004	Pregnancies	2,022	273	119	475	392	326	224	213
	Rate ¹	21.6	21.5	20.7	32.1	17.0	26.9	18.8	16.1
	95% CI ²	20.7 - 22.6	18.9 - 24.0	17.0 - 24.4	29.2 - 35.0	15.3 - 18.7	24.0 - 29.8	16.3 - 21.2	14.0 - 18.3

1. Rate: Total number of pregnancies per 1,000 females aged 15-17.

2. 95 percent confidence interval. This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

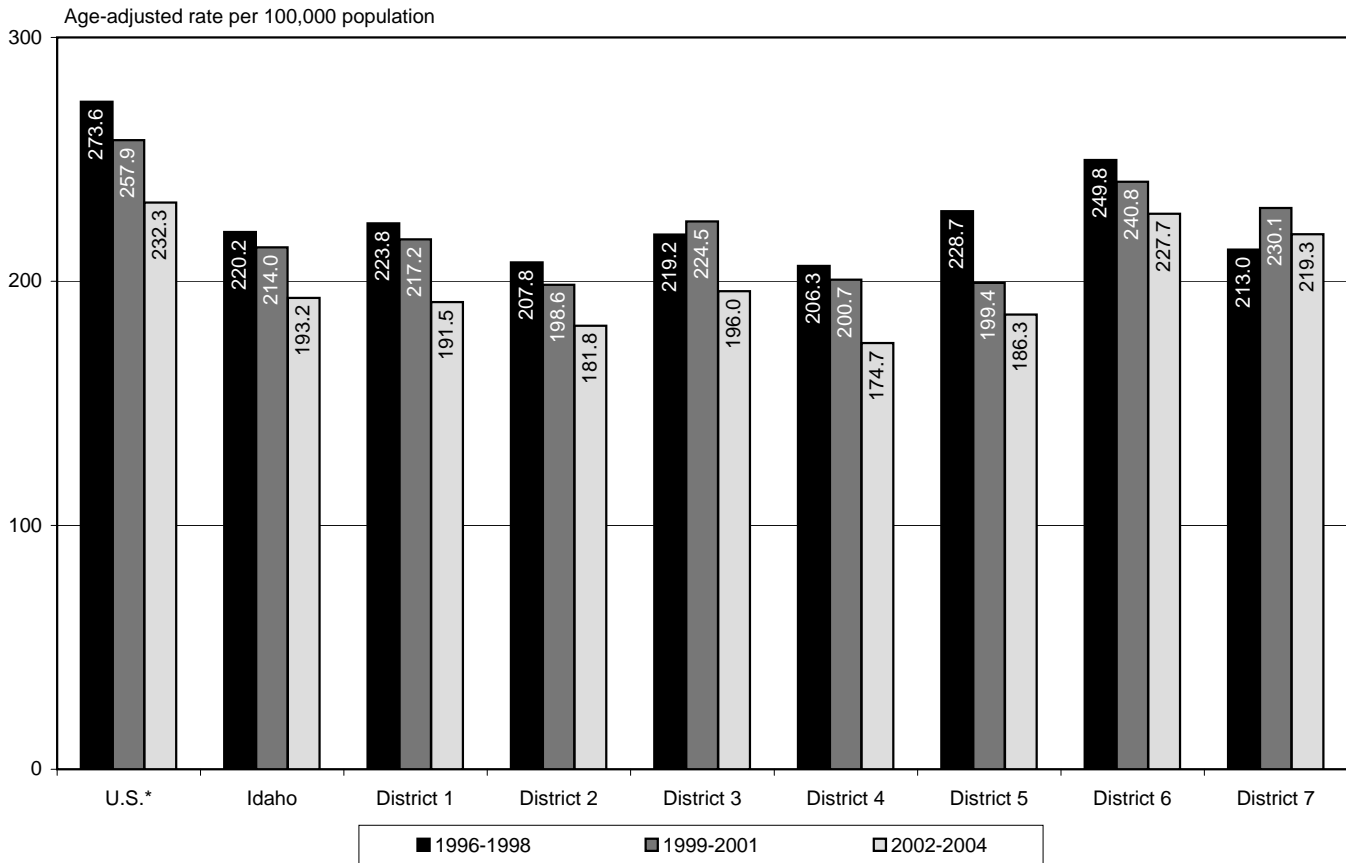
Interpretation 1: In Idaho the pregnancy rate for teens aged 15-17 in 2002-2004 (21.6) was significantly lower than in 1999-2001 (25.7).

The teen pregnancy rate decreased 16.0 percent from 1999-2001 to 2002-2004.

Interpretation 2: In 2002-2004 the pregnancy rate for teens aged 15-17 was significantly higher in District 3 (32.1) than in Idaho (21.6) and all other districts except District 5 (26.9).

The data bases for Idaho teen pregnancy from 1996-2004 were revised in 2006. See Technical Notes for methodology and more information.

U.S., Idaho and District Resident Deaths
Diseases of Heart
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	7,151	1,094	685	1,168	1,427	1,051	984	742
	Rate ¹	220.2	223.8	207.8	219.2	206.3	228.7	249.8	213.0
	95% CI ²	215.1 - 225.3	210.6 - 237.0	192.3 - 223.3	206.7 - 231.7	195.7 - 217.0	215.0 - 242.5	234.3 - 265.3	197.8 - 228.3
1999-2001	Deaths	7,516	1,179	685	1,264	1,545	1,013	985	845
	Rate ¹	214.0	217.2	198.6	224.5	200.7	199.4	240.8	230.1
	95% CI ²	209.1 - 218.8	204.8 - 229.7	183.7 - 213.5	212.2 - 236.9	190.7 - 210.8	187.1 - 211.7	225.8 - 255.9	214.5 - 245.7
2002-2004	Deaths	7,541	1,169	676	1,240	1,539	1,031	997	889
	Rate ¹	193.2	191.5	181.8	196.0	174.7	186.3	227.7	219.3
	95% CI ²	188.8 - 197.6	180.5 - 202.5	168.0 - 195.6	185.1 - 207.0	165.9 - 183.4	174.9 - 197.8	213.6 - 241.9	204.9 - 233.8

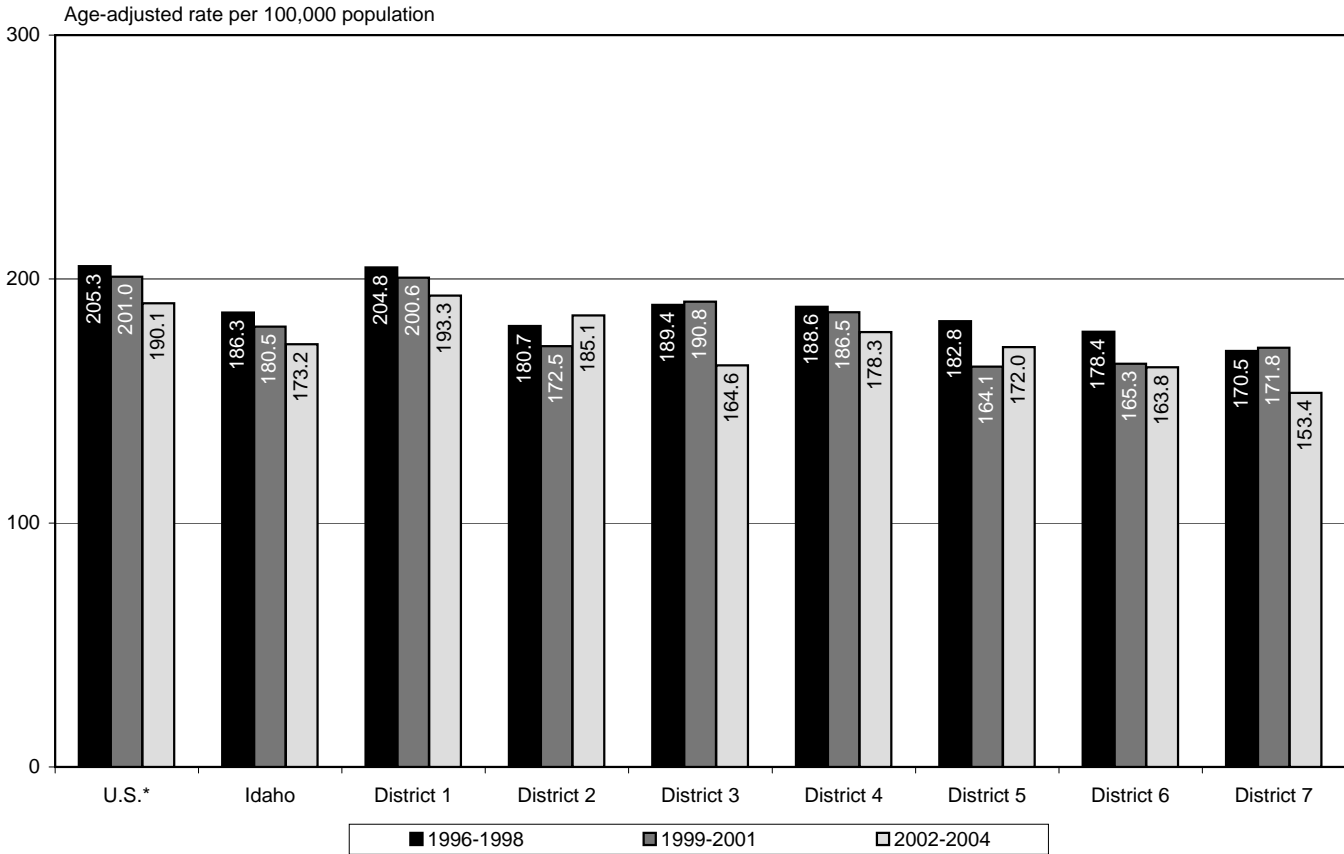
1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In 2002-2004, the age-adjusted death rate for Idaho (193.2) was significantly lower than the Idaho rate in 1996-1998 (220.2) and in 1999-2001 (214.0). The age-adjusted rate for Idaho had a 12.3 percent decrease from 1996-1998 to 2002-2004.

Interpretation 2: In 2002-2004, District 6 had the highest rate (227.7); the rate for District 6 was significantly higher than the rate for Idaho (193.2), District 1 (191.5), District 2 (181.8), District 3 (196.0), District 4 (174.7), and District 5 (186.4).

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Diseases of the heart is 0.9852. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

U.S., Idaho and District Resident Deaths
Malignant Neoplasms (Cancer) Deaths
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	6,139	1,038	574	988	1,353	850	714	622
	Rate ¹	186.3	204.8	180.7	189.4	188.6	182.8	178.4	170.5
	95% CI ²	181.6 - 190.9	192.2 - 217.3	165.8 - 195.6	177.5 - 201.3	178.4 - 198.7	170.4 - 195.1	165.3 - 191.6	157.0 - 184.0
1999-2001	Deaths	6,386	1,119	575	1,050	1,481	817	682	662
	Rate ¹	180.5	200.6	172.5	190.8	186.5	164.1	165.3	171.8
	95% CI ²	176.0 - 184.9	188.8 - 212.4	158.4 - 186.7	179.2 - 202.3	176.9 - 196.0	152.9 - 175.4	152.9 - 177.7	158.7 - 185.0
2002-2004	Deaths	6,687	1,198	654	998	1,590	905	709	633
	Rate ¹	173.2	193.3	185.1	164.6	178.3	172.0	163.8	153.4
	95% CI ²	169.1 - 177.4	182.3 - 204.3	170.8 - 199.4	154.3 - 174.8	169.5 - 187.2	160.8 - 183.3	151.7 - 175.9	141.4 - 165.4

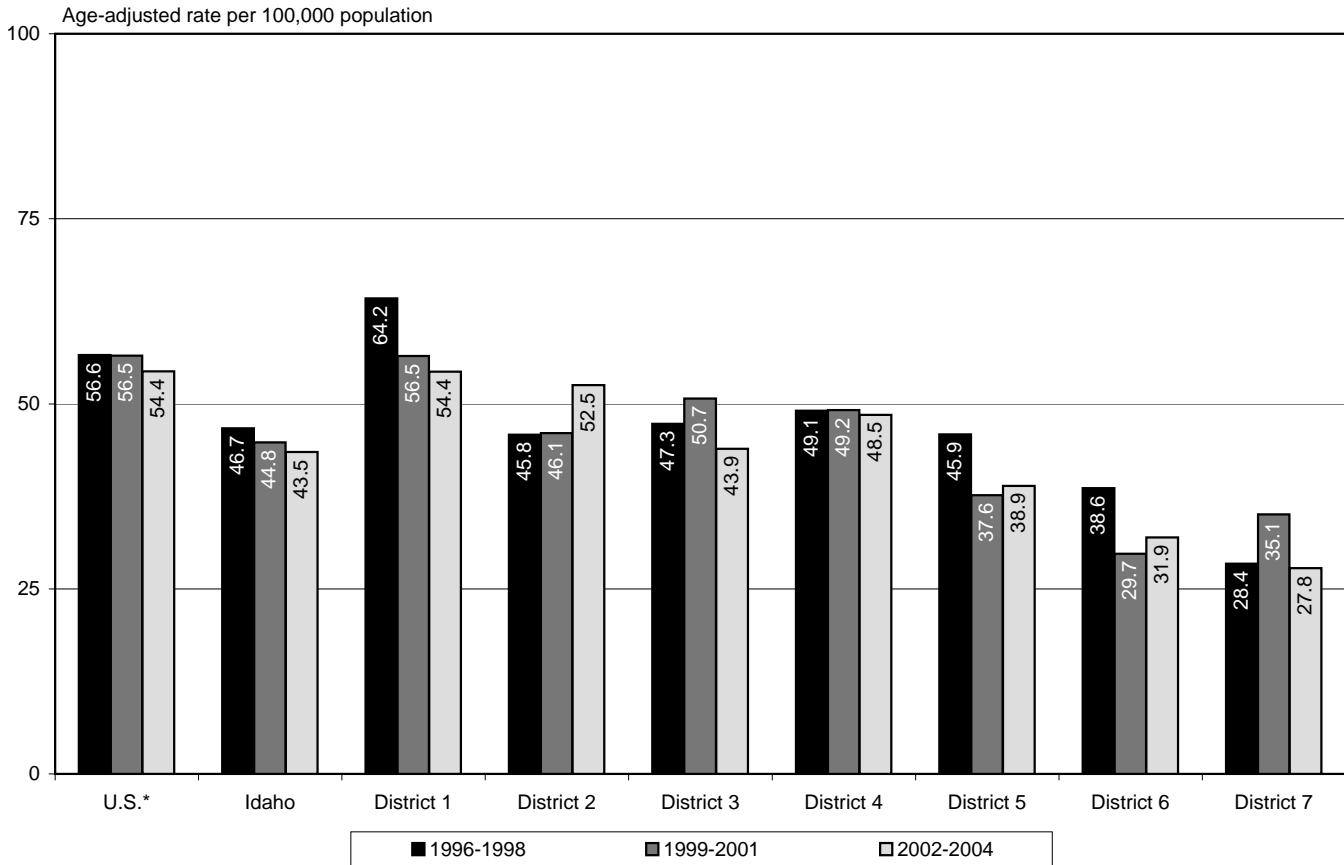
1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: The 2002-2004, the age-adjusted death rate for Idaho (173.2) was significantly lower than the Idaho rate in 1996-1998 (186.3), but was not significantly different from the rate in 1999-2001 (180.5). There was a 7 percent decrease in Idaho's age-adjusted rate between 1996-1998 and 2002-2004.

Interpretation 2: In 2002-2004, District 1 had the highest rate (193.3); the rate for District 1 was significantly higher than the rate for Idaho (173.2), District 3 (164.6), District 6 (163.8), and District 7 (153.4).

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Malignant neoplasms is 1.0093. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

U.S., Idaho and District Resident Deaths
Malignant Neoplasms of Trachea, Bronchus and Lung
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	1,543	329	144	245	349	215	156	105
	Rate ¹	46.7	64.2	45.8	47.3	49.1	45.9	38.6	28.4
	95% CI ²	44.4 - 49.0	57.3 - 71.1	38.4 - 53.3	41.4 - 53.2	44.0 - 54.2	39.8 - 52.0	32.6 - 44.6	23.0 - 33.8
1999-2001	Deaths	1,579	317	153	278	386	187	122	136
	Rate ¹	44.8	56.5	46.1	50.7	49.2	37.6	29.7	35.1
	95% CI ²	42.6 - 47.0	50.2 - 62.7	38.7 - 53.4	44.7 - 56.7	44.2 - 54.1	32.2 - 43.0	24.5 - 35.0	29.2 - 41.0
2002-2004	Deaths	1,666	338	185	261	424	205	137	116
	Rate ¹	43.5	54.4	52.5	43.9	48.5	38.9	31.9	27.8
	95% CI ²	41.4 - 45.6	48.5 - 60.2	44.9 - 60.1	38.6 - 49.3	43.8 - 53.2	33.6 - 44.3	26.6 - 37.3	22.7 - 32.9

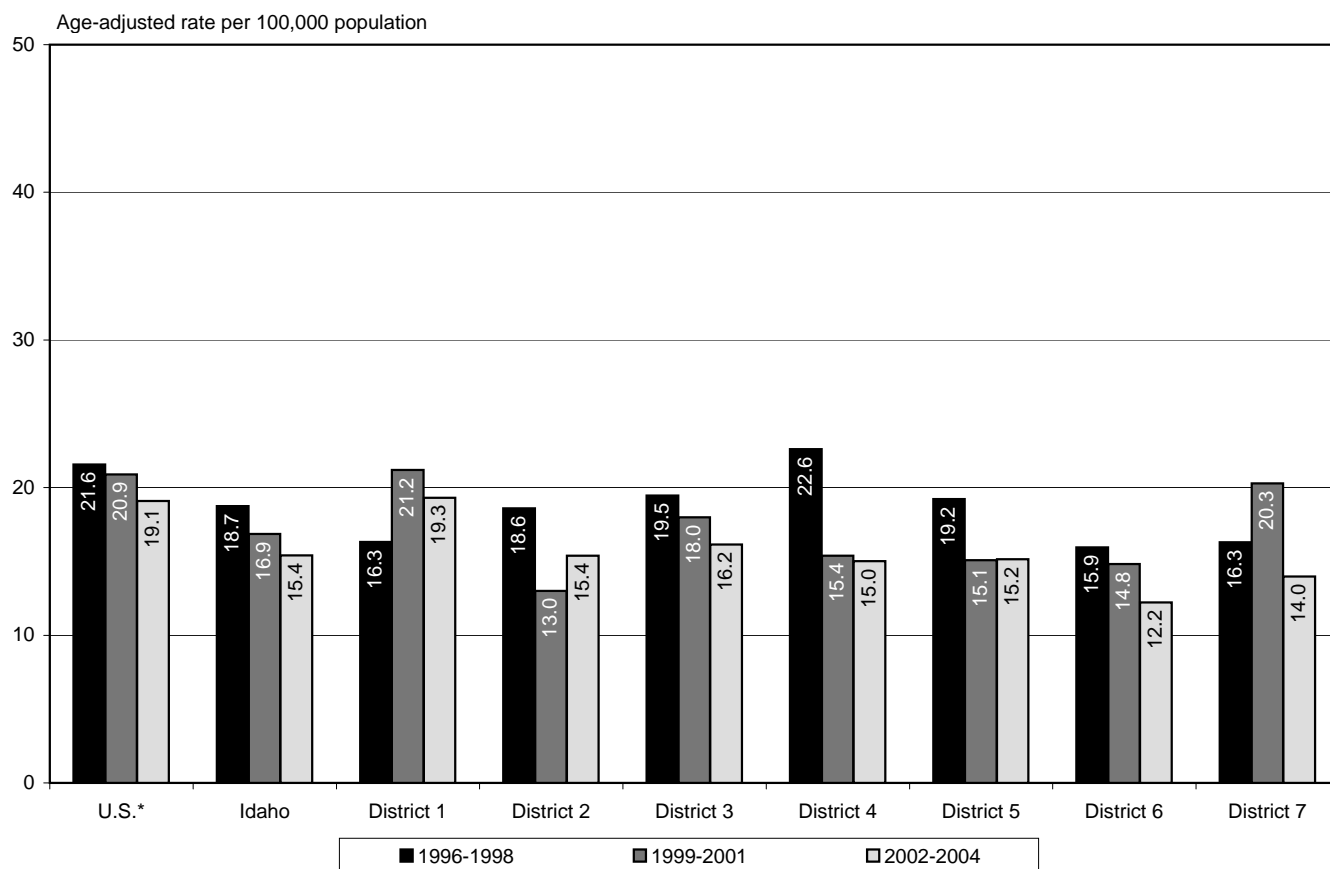
1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: The Idaho rate in 2002-2004 (43.5) did not change significantly from 1996-1998 (46.7) or the rate in 1999-2001 (44.8). The 2002-2004 age-adjusted rate for Idaho did decrease by 6.9 percent from the rate in 1996-1998.

Interpretation 2: In 2002-2004, District 1 had the highest rate (54.4); the rate for District 1 was significantly higher than the rate for Idaho (43.5), District 5 (38.9), District 6 (31.9), and District 7 (27.8).

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Malignant neoplasms of trachea, bronchus and lung is 0.9844. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

U.S., Idaho and District Resident Deaths
Colorectal Cancer
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	614	82	60	103	159	89	63	59
	Rate ¹	18.7	16.3	18.6	19.5	22.6	19.2	15.9	16.3
	95% CI ²	17.3 - 20.2	13.0 - 20.3	14.2 - 24.0	15.7 - 23.2	19.1 - 26.1	15.4 - 23.7	12.2 - 20.4	12.4 - 21.1
1999-2001	Deaths	594	117	44	100	120	76	61	76
	Rate ¹	16.9	21.2	13.0	18.0	15.4	15.1	14.8	20.3
	95% CI ²	15.5 - 18.2	17.3 - 25.0	9.4 - 17.5	14.5 - 21.5	12.6 - 18.2	11.9 - 18.9	11.3 - 19.0	16.0 - 25.4
2002-2004	Deaths	595	119	54	99	133	80	53	57
	Rate ¹	15.4	19.3	15.4	16.2	15.0	15.2	12.2	14.0
	95% CI ²	14.2 - 16.7	15.8 - 22.8	11.6 - 20.1	13.1 - 19.7	12.4 - 17.6	12.0 - 18.9	9.2 - 16.0	10.6 - 18.1

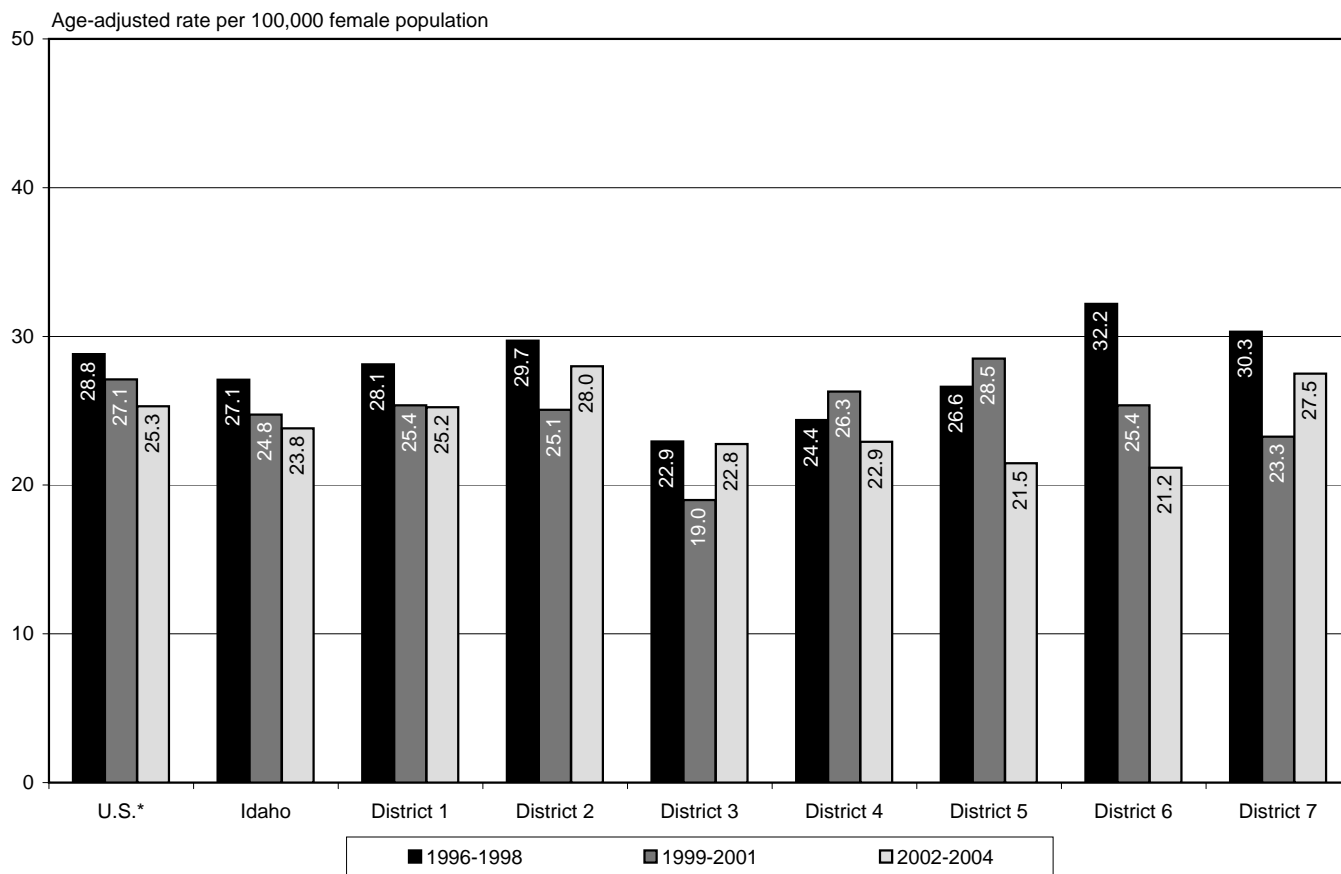
1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In 2002-2004, the age-adjusted death rate for Idaho (15.4) was significantly lower than the Idaho rate in 1996-1998 (18.7), but was not significantly different from the rate in 1999-2001 (16.9). The Idaho age-adjusted rate decreased 17.7 percent from 1996-1998 to 2002-2004.

Interpretation 2: In 2002-2004, District 1 had the highest rate (19.3); the rate for District 1 was significantly higher than the rate for Idaho (15.4), but did not differ significantly from any other district.

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Colorectal Cancer is 0.9988. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

U.S., Idaho and District Resident Deaths
Female Breast Cancer
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	485	77	48	63	100	67	70	59
	Rate ¹	27.1	28.1	29.7	22.9	24.4	26.6	32.2	30.3
	95% CI ²	24.7 - 29.5	22.2 - 35.2	21.9 - 39.4	17.6 - 29.3	19.8 - 29.7	20.6 - 33.8	25.0 - 40.7	23.1 - 39.1
1999-2001	Deaths	477	77	46	57	119	73	56	49
	Rate ¹	24.8	25.4	25.1	19.0	26.3	28.5	25.4	23.3
	95% CI ²	22.5 - 27.0	20.0 - 31.7	18.3 - 33.4	14.4 - 24.6	21.5 - 31.0	22.3 - 35.8	19.2 - 32.9	17.2 - 30.8
2002-2004	Deaths	507	84	52	78	119	61	50	63
	Rate ¹	23.8	25.2	28.0	22.8	22.9	21.5	21.2	27.5
	95% CI ²	21.7 - 25.9	20.1 - 31.3	20.9 - 36.7	18.0 - 28.4	18.8 - 27.1	16.4 - 27.6	15.7 - 27.9	21.1 - 35.2

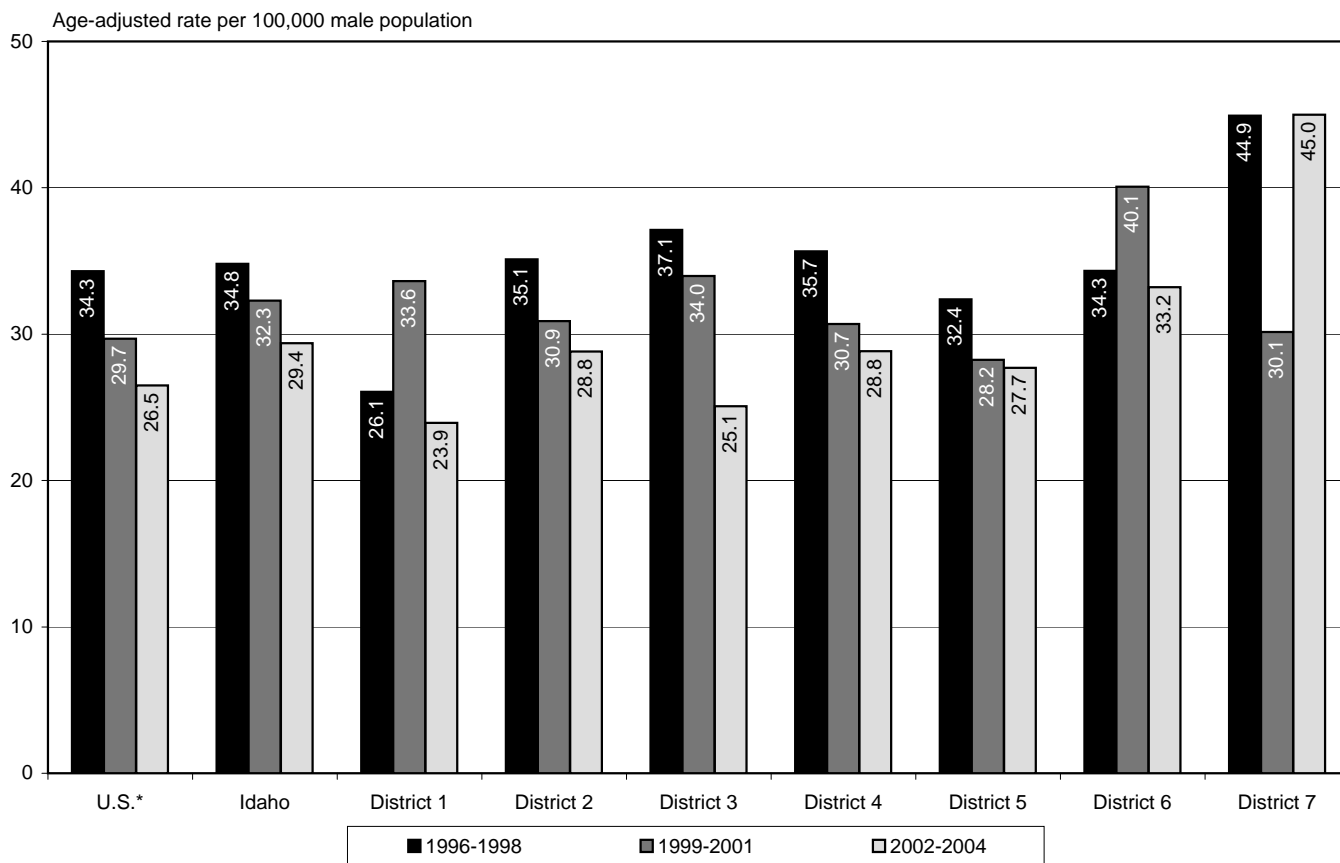
1. Rate: Average annual age-adjusted death rate per 100,000 female population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In 2002-2004, the age-adjusted death rate for Idaho (23.8) was not significantly different than the Idaho rate in 1999-2001 (24.8) or the Idaho rate in 1996-1998 (27.1). There was a 12.1 decrease in the Idaho rate between 1996-1998 and 2002-2004.

Interpretation 2: In 2002-2004, District 2 had the highest rate (28.0); the rate for District 2 was not significantly higher than the rate for Idaho or any other district.

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Breast Cancer is 1.0073. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

U.S., Idaho and District Resident Deaths
Male Prostate Cancer
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	454	53	47	82	94	60	56	63
	Rate ¹	34.8	26.1	35.1	37.1	35.7	32.4	34.3	44.9
	95% CI ²	31.5 - 38.1	19.5 - 34.2	25.7 - 46.8	29.5 - 46.1	28.8 - 43.6	24.6 - 41.8	25.9 - 44.7	34.4 - 57.6
1999-2001	Deaths	454	74	44	78	89	60	66	43
	Rate ¹	32.3	33.6	30.9	34.0	30.7	28.2	40.1	30.1
	95% CI ²	29.3 - 35.3	26.4 - 42.2	22.5 - 41.5	26.9 - 42.4	24.6 - 37.8	21.6 - 36.4	31.0 - 51.0	21.8 - 40.6
2002-2004	Deaths	456	60	45	64	92	64	58	73
	Rate ¹	29.4	23.9	28.8	25.1	28.8	27.7	33.2	45.0
	95% CI ²	26.7 - 32.1	18.3 - 30.8	21.0 - 38.6	19.3 - 32.0	23.2 - 35.4	21.3 - 35.4	25.2 - 42.9	35.3 - 56.6

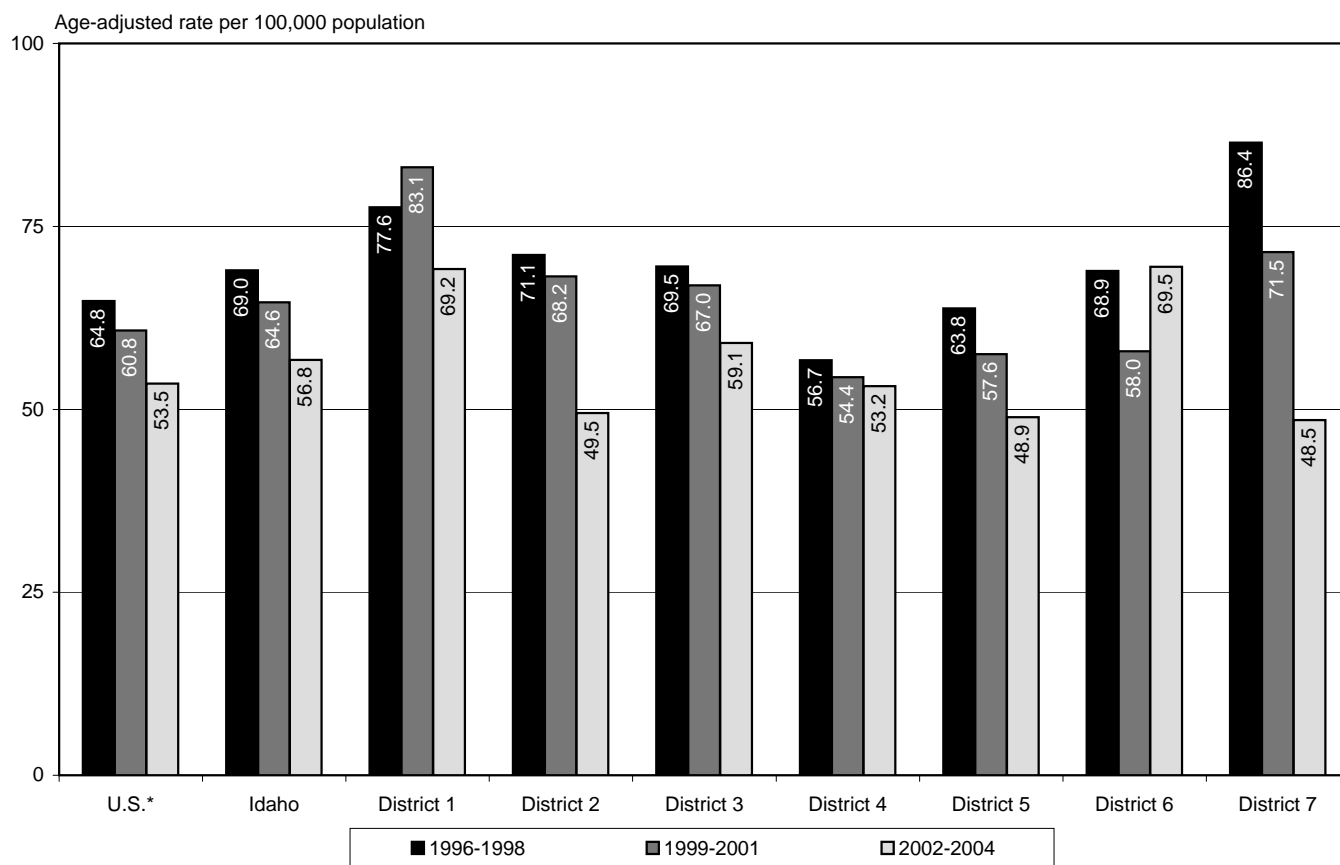
1. Rate: Average annual age-adjusted death rate per 100,000 male population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In 2002-2004, the age-adjusted death rate for Idaho (29.4) was not significantly different than the Idaho rate in 1996-1998 (34.8) or the rate for Idaho in 1999-2001 (32.3). There was a 15.6 decrease in the Idaho rate between 1996-1998 and 2002-2004.

Interpretation 2: In 2002-2004, District 7 had the highest rate (45.0); the rate for District 7 was significantly higher than the rate for Idaho (29.4), District 1 (23.9), and District 3 (25.1).

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Prostate Cancer is 1.0144. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

U.S., Idaho and District Resident Deaths
Cerebrovascular Diseases (Stroke)
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	2,226	371	239	373	391	292	270	291
	Rate ¹	69.0	77.6	71.1	69.5	56.7	63.8	68.9	86.4
	95% CI ²	66.1 - 71.9	69.5 - 85.7	61.8 - 80.3	62.3 - 76.8	50.9 - 62.5	56.3 - 71.3	60.5 - 77.3	76.2 - 96.6
1999-2001	Deaths	2,259	441	237	383	412	295	236	255
	Rate ¹	64.6	83.1	68.2	67.0	54.4	57.6	58.0	71.5
	95% CI ²	62.0 - 67.3	75.3 - 90.8	59.5 - 76.9	60.2 - 73.7	49.1 - 59.7	51.0 - 64.1	50.6 - 65.4	62.7 - 80.3
2002-2004	Deaths	2,207	415	188	375	458	275	302	194
	Rate ¹	56.8	69.2	49.5	59.1	53.2	48.9	69.5	48.5
	95% CI ²	54.4 - 59.1	62.5 - 75.8	42.4 - 56.6	53.0 - 65.1	48.3 - 58.0	43.1 - 54.7	61.6 - 77.3	41.7 - 55.4

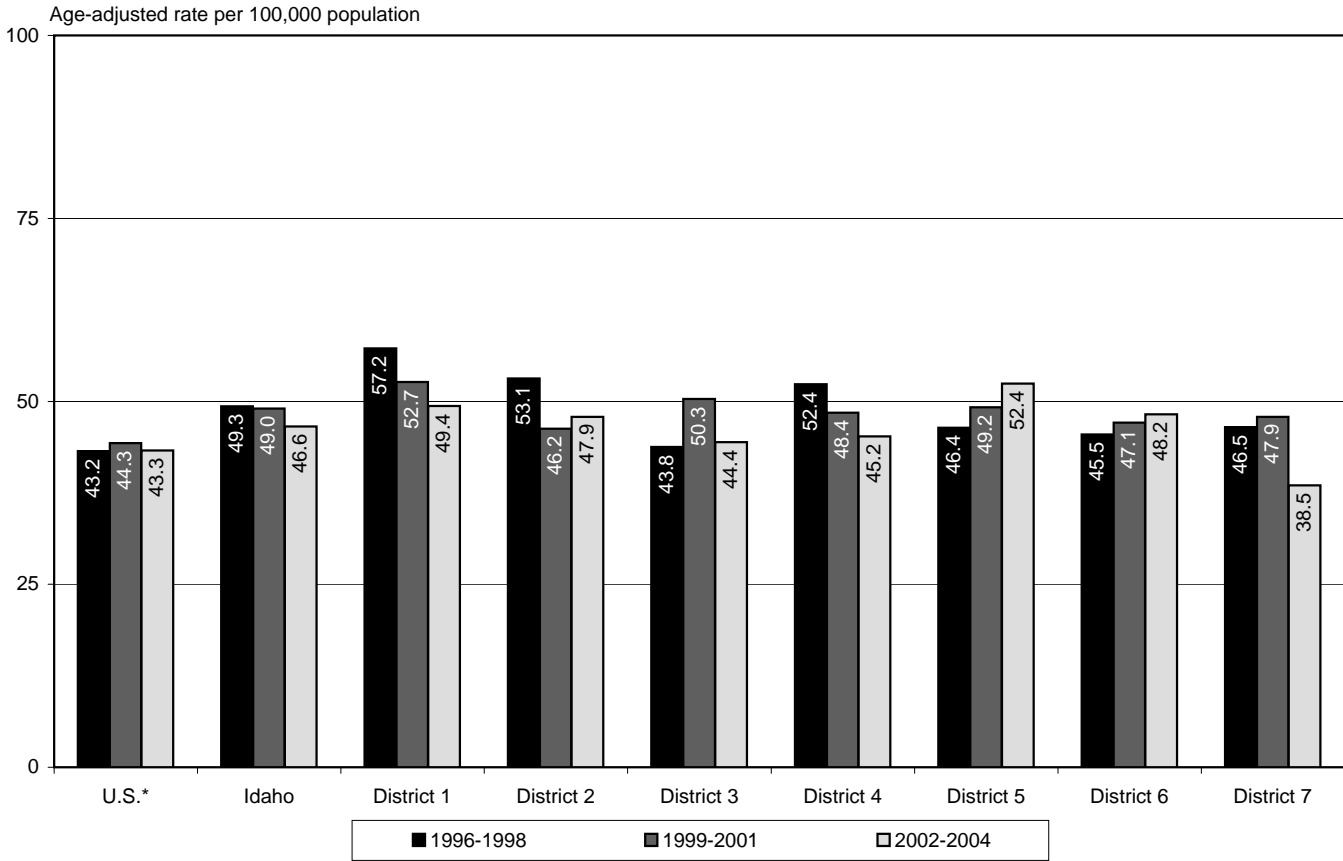
1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In 2002-2004, the age-adjusted death rate for Idaho (56.8) was significantly lower than the Idaho rate in 1996-1998 (69.0) and the Idaho rate in 1999-2001 (64.6). There was a 17.7 percent decrease in the Idaho rate between 1996-1998 and 2002-2004.

Interpretation 2: In 2002-2004, District 6 had the highest rate (69.5); the rate for District 6 was significantly higher than the rate for Idaho (56.8), District 2 (49.5), District 4 (53.2), District 5 (48.9), and District 7 (48.5).

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Cerebrovascular Diseases is 1.0502. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

U.S., Idaho and District Resident Deaths
Chronic Lower Respiratory Diseases
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	1,612	284	172	231	361	217	181	166
	Rate ¹	49.3	57.2	53.1	43.8	52.4	46.4	45.5	46.5
	95% CI ²	46.9 - 51.8	50.4 - 64.0	45.0 - 61.2	38.0 - 49.5	46.8 - 57.9	40.1 - 52.7	38.7 - 52.3	39.2 - 53.7
1999-2001	Deaths	1,715	285	159	281	369	249	193	179
	Rate ¹	49.0	52.7	46.2	50.3	48.4	49.2	47.1	47.9
	95% CI ²	46.7 - 51.4	46.5 - 58.8	39.0 - 53.4	44.5 - 56.2	43.5 - 53.4	43.1 - 55.3	40.5 - 53.8	40.8 - 54.9
2002-2004	Deaths	1,774	301	172	275	383	280	206	157
	Rate ¹	46.6	49.4	47.9	44.4	45.2	52.4	48.2	38.5
	95% CI ²	44.4 - 48.7	43.8 - 55.0	40.7 - 55.1	39.1 - 49.7	40.7 - 49.8	46.2 - 58.6	41.6 - 54.8	32.5 - 44.6

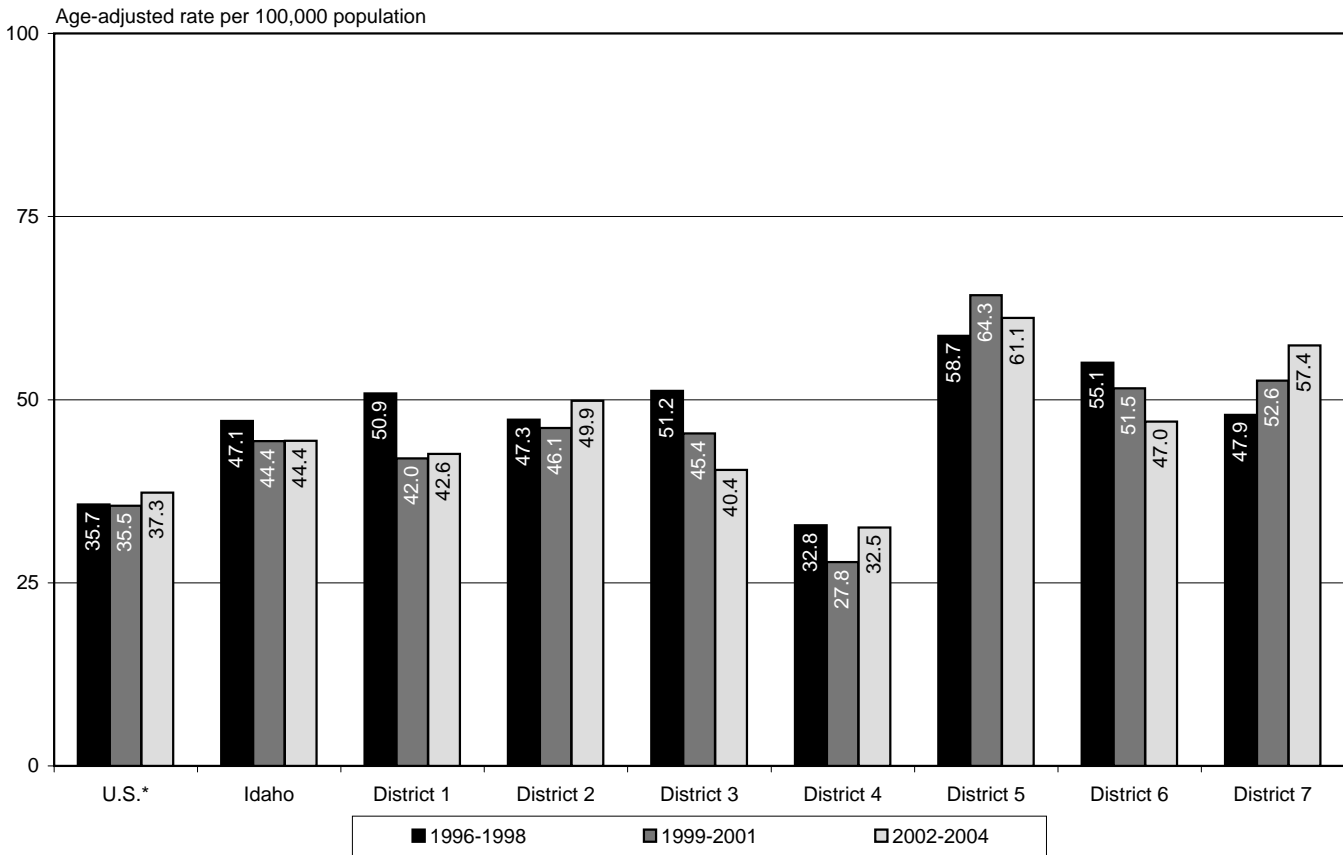
1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In 2002-2004, the age-adjusted death rate for Idaho (46.6) was not significantly different than the Idaho rate in 1996-1998 (49.3) or from the Idaho rate in 1999-2001 (49.0). There was a 5.6 percent decrease in the Idaho rate between 1996-1998 and 2002-2004.

Interpretation 2: In 2002-2004, District 5 had the highest rate (52.4); the rate for District 5 was not significantly different from the rate for Idaho but was significantly different from District 7 (38.5).

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Chronic Lower Respiratory Diseases is 1.0411. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

U.S., Idaho and District Resident Deaths
Accidental (Unintentional Injury)
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	1,661	249	145	266	288	272	245	197
	Rate ¹	47.1	50.9	47.3	51.2	32.8	58.7	55.1	47.9
	95% CI ²	44.8 - 49.4	44.4 - 57.3	39.4 - 55.1	44.9 - 57.5	28.9 - 36.7	51.6 - 65.8	48.0 - 62.1	41.0 - 54.8
1999-2001	Deaths	1,671	224	145	257	267	314	228	236
	Rate ¹	44.4	42.0	46.1	45.4	27.8	64.3	51.5	52.6
	95% CI ²	42.2 - 46.5	36.4 - 47.5	38.5 - 53.7	39.8 - 51.0	24.4 - 31.2	57.1 - 71.4	44.8 - 58.3	45.7 - 59.5
2002-2004	Deaths	1,788	246	162	255	338	310	215	262
	Rate ¹	44.4	42.6	49.9	40.4	32.5	61.1	47.0	57.4
	95% CI ²	42.3 - 46.4	37.2 - 48.0	42.0 - 57.7	35.4 - 45.4	29.0 - 36.1	54.3 - 68.0	40.7 - 53.4	50.3 - 64.5

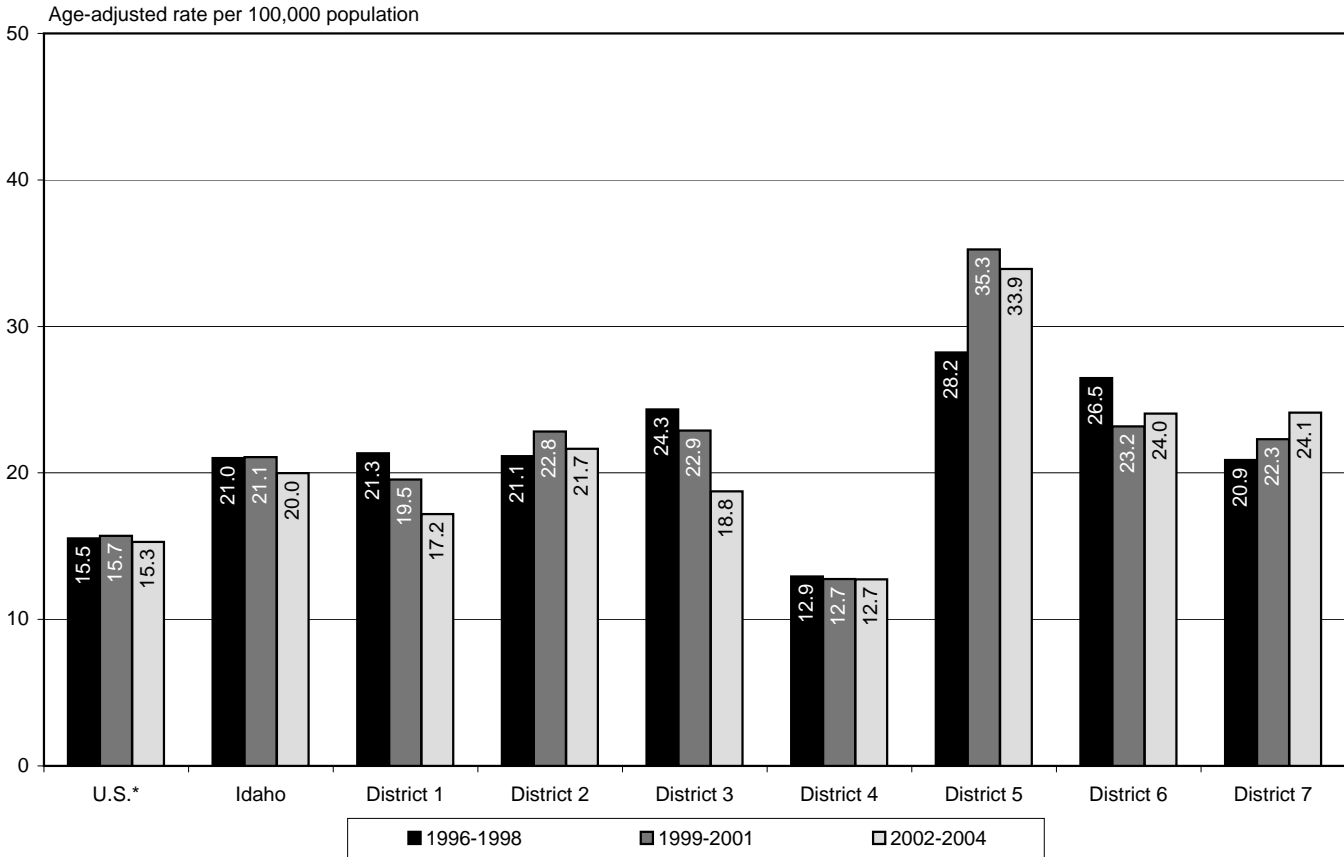
1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In 2002-2004, the age-adjusted death rate for Idaho (44.4) was not significantly different than the Idaho rate in 1996-1998 (47.1) or from the Idaho rate in 1999-2001 (44.4). There was a 5.8 percent decrease in the Idaho rate between 1996-1998 and 2002-2004.

Interpretation 2: In 2002-2004, District 5 had the highest rate (61.1); the rate for District 5 was significantly higher than the rate for Idaho (44.4), District 1 (42.6), District 3 (40.4), District 4 (32.5), and District 6 (47.0).

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Accidental (Unintentional Injury) is 1.0251. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

U.S., Idaho and District Resident Deaths
Motor Vehicle Accidents
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	761	106	64	127	120	131	123	91
	Rate ¹	21.0	21.3	21.1	24.3	12.9	28.2	26.5	20.9
	95% CI ²	19.6 - 22.5	17.4 - 25.3	16.2 - 27.0	20.2 - 28.5	10.7 - 15.2	23.5 - 32.9	21.8 - 31.1	16.8 - 25.7
1999-2001	Deaths	815	102	70	130	127	170	107	109
	Rate ¹	21.1	19.5	22.8	22.9	12.7	35.3	23.2	22.3
	95% CI ²	19.6 - 22.5	15.7 - 23.4	17.8 - 28.9	18.9 - 26.8	10.5 - 15.0	29.9 - 40.6	18.7 - 27.6	18.0 - 26.6
2002-2004	Deaths	815	97	69	118	137	169	111	114
	Rate ¹	20.0	17.2	21.7	18.8	12.7	33.9	24.0	24.1
	95% CI ²	18.6 - 21.4	13.9 - 21.0	16.9 - 27.4	15.3 - 22.2	10.6 - 14.9	28.8 - 39.1	19.5 - 28.6	19.6 - 28.6

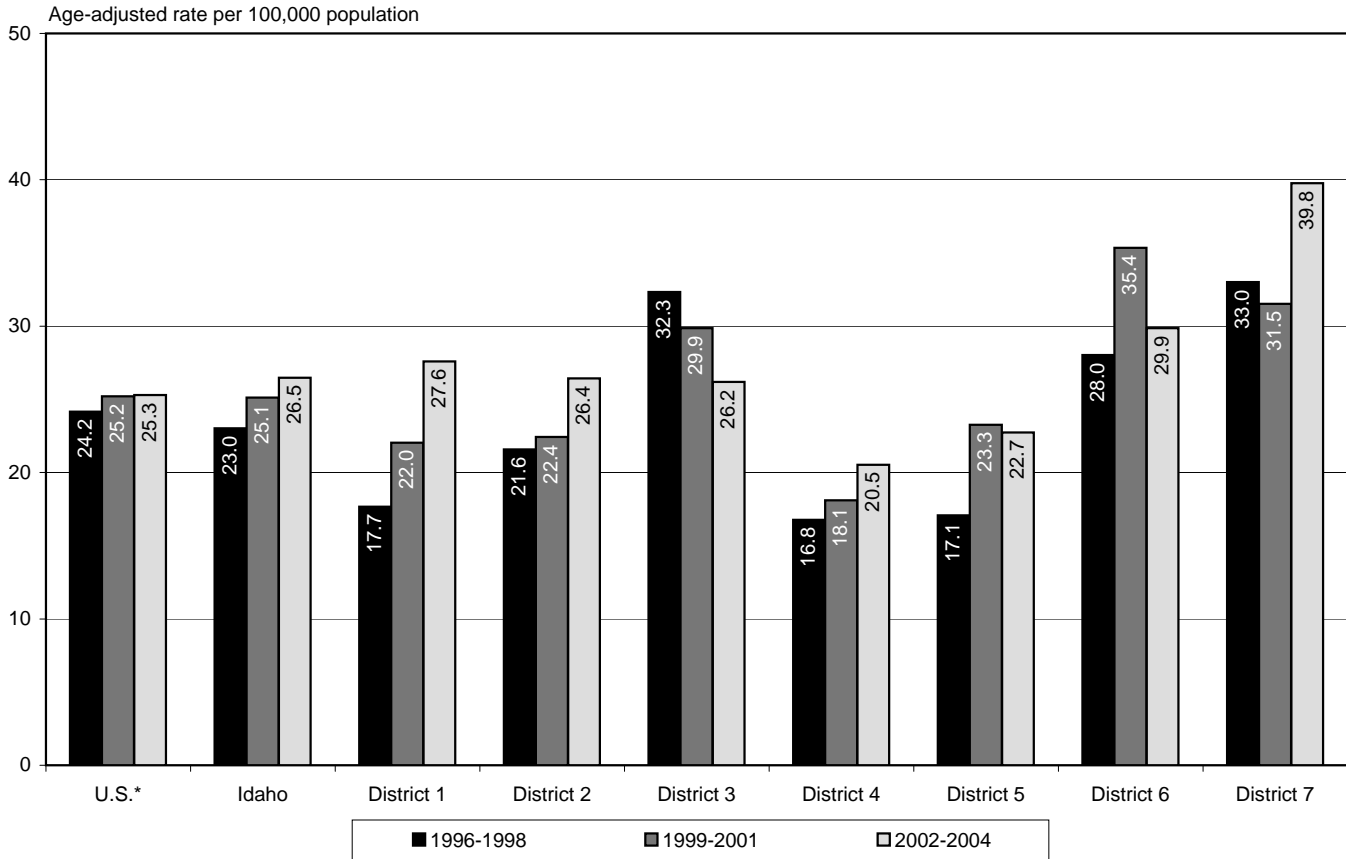
1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In 2002-2004, the age-adjusted death rate for Idaho (20.0) was not significantly different than the Idaho rate in 1999-2001 (21.1), or from the Idaho rate in 1996-1998 (21.0). There was a 4.9 decrease in the Idaho rate between 1996-1998 and 2002-2004.

Interpretation 2: In 2002-2004, District 5 had the highest rate (33.9); the rate for District 5 was significantly higher than the rate for Idaho (20.0), District 1 (17.2), District 2 (21.7), District 3 (18.8), District 4 (12.7), District 6 (24.0), and District 7 (24.1).

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Motor Vehicle Accidents is 0.9527. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

U.S., Idaho and District Resident Deaths
Diabetes Mellitus
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	755	89	70	169	120	78	112	116
	Rate ¹	23.0	17.7	21.6	32.3	16.8	17.1	28.0	33.0
	95% CI ²	21.4 - 24.7	14.2 - 21.8	16.8 - 27.3	27.4 - 37.3	13.7 - 19.8	13.5 - 21.3	22.8 - 33.3	26.9 - 39.1
1999-2001	Deaths	886	121	76	166	144	117	145	117
	Rate ¹	25.1	22.0	22.4	29.9	18.1	23.3	35.4	31.5
	95% CI ²	23.5 - 26.8	18.1 - 26.0	17.7 - 28.1	25.3 - 34.4	15.1 - 21.1	19.0 - 27.5	29.6 - 41.1	25.8 - 37.3
2002-2004	Deaths	1,020	168	94	160	186	120	130	162
	Rate ¹	26.5	27.6	26.4	26.2	20.5	22.7	29.9	39.8
	95% CI ²	24.8 - 28.1	23.4 - 31.8	21.4 - 32.3	22.1 - 30.3	17.5 - 23.5	18.7 - 26.8	24.7 - 35.0	33.6 - 45.9

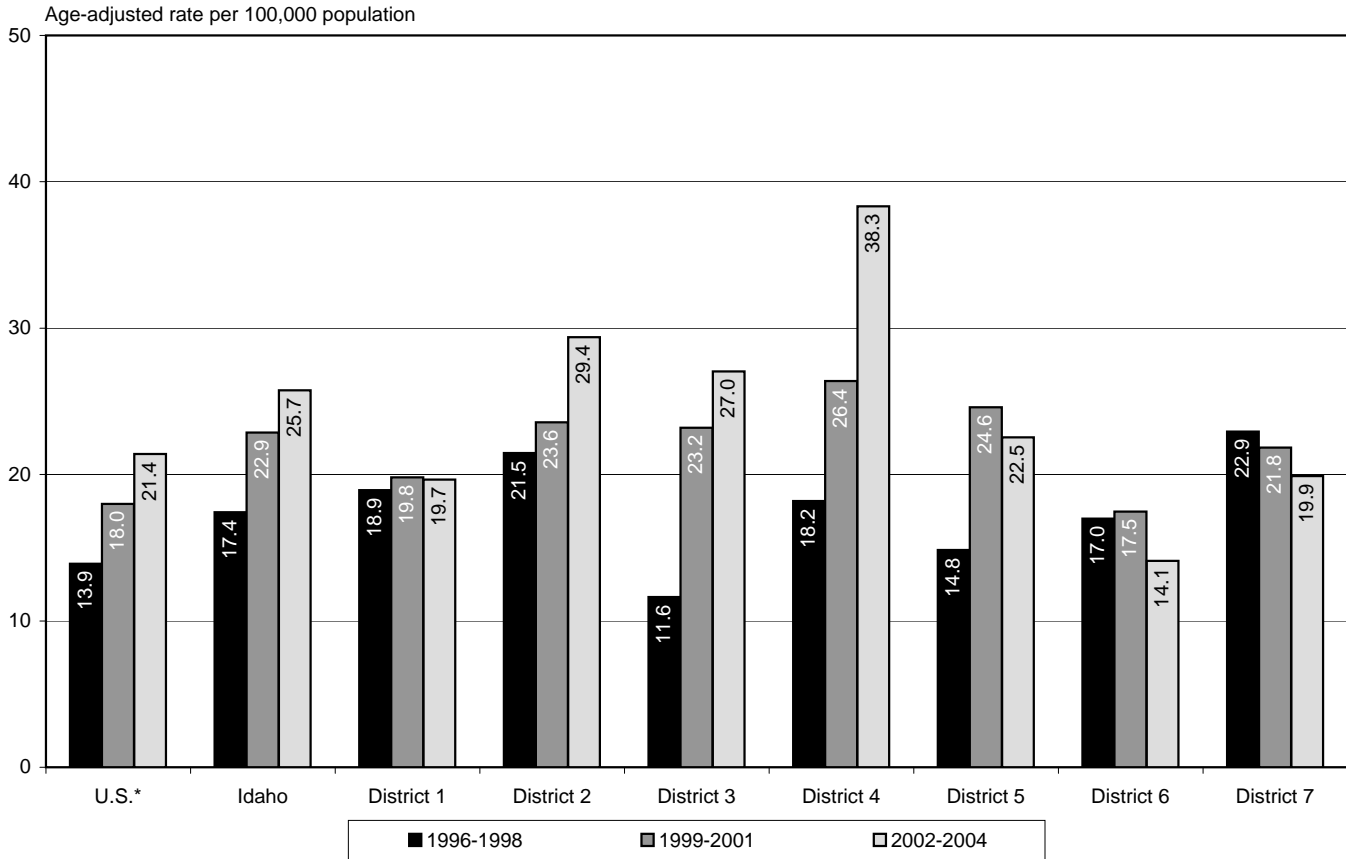
1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In 2002-2004, the age-adjusted death rate for Idaho (26.5) was not significantly different than the Idaho rate in 1999-2001 (25.1), but was significantly higher than the Idaho rate in 1996-1998 (23.0). The rate for Idaho increased 15 percent from 1996-1998 to 2002-2004.

Interpretation 2: In 2002-2004, District 7 had the highest rate (39.8); the rate for District 7 was significantly higher than the rate for Idaho (26.5), District 1 (27.6), District 2 (26.4), District 3 (26.2), District 4 (20.5), and District 5 (22.7).

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Diabetes is 1.0193. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

U.S., Idaho and District Resident Deaths
Alzheimer's Disease
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	557	89	74	63	120	68	65	77
	Rate ¹	17.4	18.9	21.5	11.6	18.2	14.8	17.0	22.9
	95% CI ²	15.6 - 19.2	15.2 - 23.3	16.9 - 27.0	8.9 - 14.9	14.1 - 22.3	11.5 - 18.8	13.1 - 21.7	18.1 - 28.7
1999-2001	Deaths	797	104	85	134	197	128	71	78
	Rate ¹	22.9	19.8	23.6	23.2	26.4	24.6	17.5	21.8
	95% CI ²	21.3 - 24.5	16.0 - 23.6	18.8 - 29.1	19.3 - 27.1	22.7 - 30.1	20.3 - 28.9	13.6 - 22.0	17.3 - 27.3
2002-2004	Deaths	1,011	117	116	179	329	130	62	78
	Rate ¹	25.7	19.7	29.4	27.0	38.3	22.5	14.1	19.9
	95% CI ²	24.2 - 27.3	16.1 - 23.2	24.0 - 34.8	23.1 - 31.0	34.2 - 42.5	18.6 - 26.4	10.8 - 18.1	15.7 - 24.8

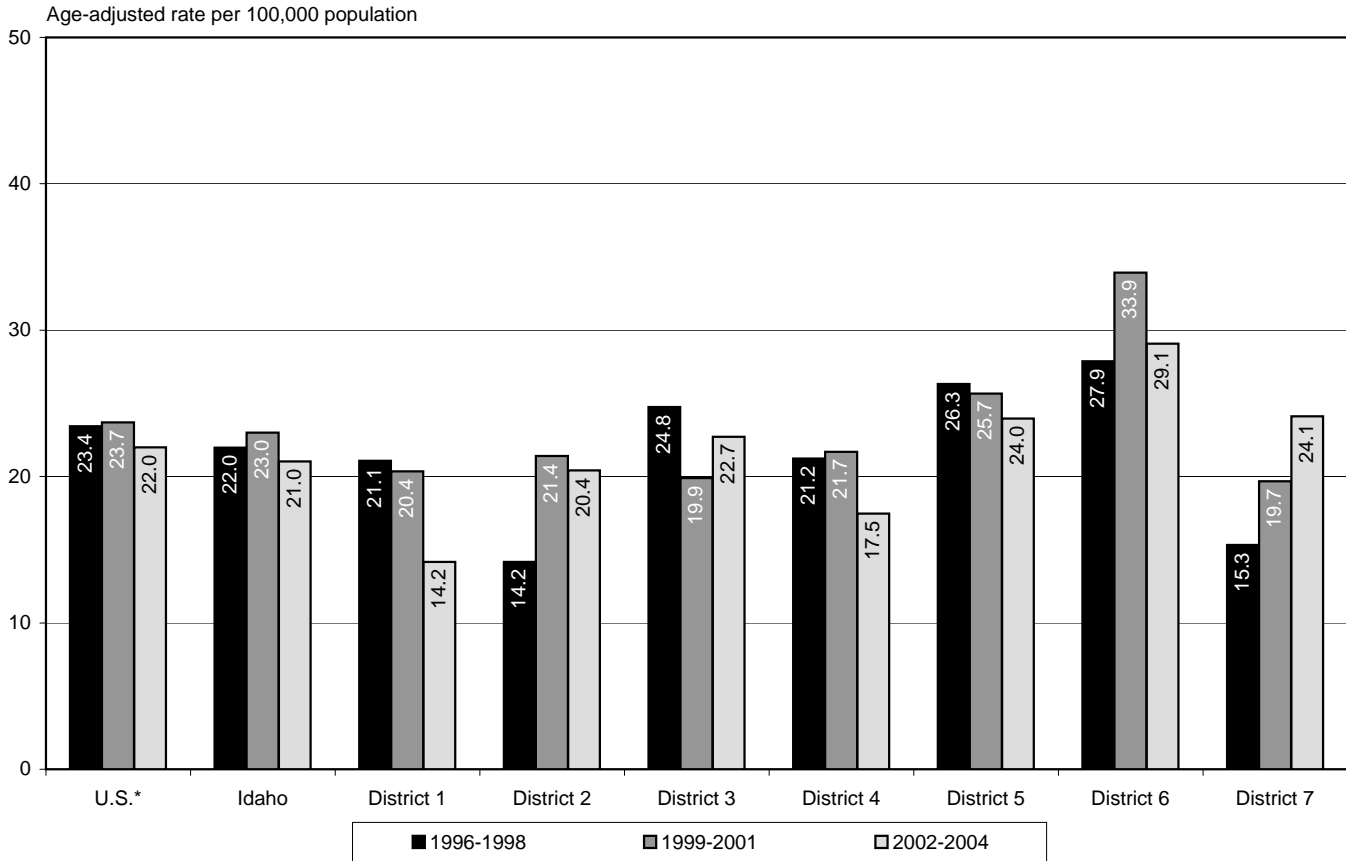
1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In 2002-2004, the age-adjusted death rate for Idaho (25.7) was significantly higher than the Idaho rate in 1996-1998 (17.4), but was not significantly different than the Idaho rate in 1999-2001 (22.9). The Idaho rate increased 47.9 percent from 1996-1998 to 2002-2004.

Interpretation 2: In 2002-2004, District 4 had the highest rate (38.3); the rate for District 4 was significantly higher than the rate for Idaho (25.7), District 1 (19.7), District 3 (27.0), District 5 (22.5), District 6 (14.1), and District 7 (19.9).

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Alzheimer's Disease is 1.5812. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

U.S., Idaho and District Resident Deaths
Influenza and Pneumonia
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	707	99	48	134	145	120	109	52
	Rate ¹	22.0	21.1	14.2	24.8	21.2	26.3	27.9	15.3
	95% CI ²	20.6 - 23.3	17.1 - 25.7	10.5 - 18.8	21.2 - 28.3	18.3 - 24.1	22.4 - 30.3	23.5 - 32.3	11.4 - 20.1
1999-2001	Deaths	806	108	76	115	165	132	139	71
	Rate ¹	23.0	20.4	21.4	19.9	21.7	25.7	33.9	19.7
	95% CI ²	21.4 - 24.6	16.5 - 24.2	16.9 - 26.8	16.3 - 23.5	18.4 - 25.0	21.3 - 30.0	28.3 - 39.6	15.4 - 24.8
2002-2004	Deaths	825	84	79	147	152	139	128	96
	Rate ¹	21.0	14.2	20.4	22.7	17.5	24.0	29.1	24.1
	95% CI ²	19.6 - 22.5	11.3 - 17.5	16.2 - 25.4	19.0 - 26.4	14.7 - 20.2	20.0 - 28.0	24.0 - 34.1	19.5 - 29.5

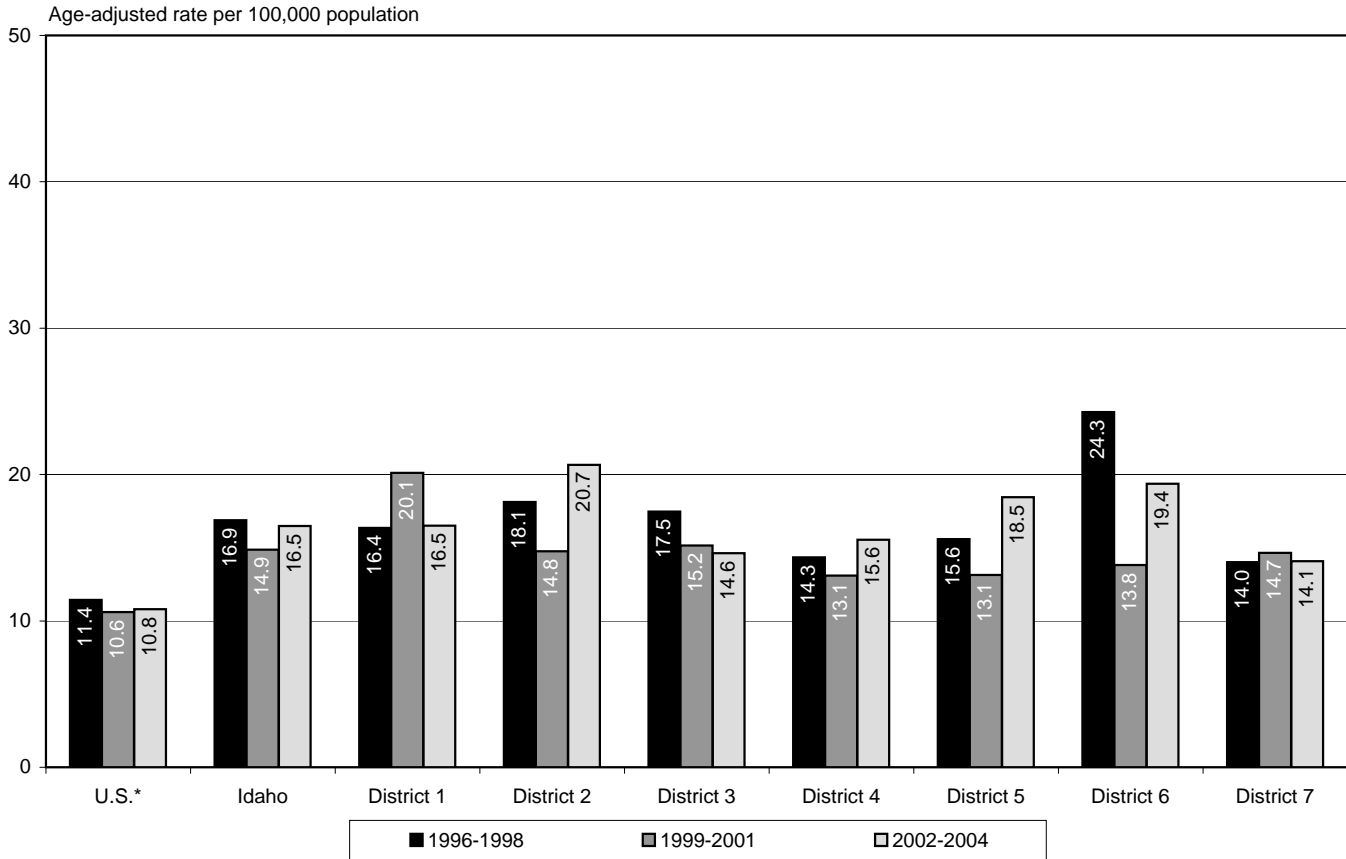
- Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
- 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In 2002-2004, the age-adjusted death rate for Idaho (21.0) was not significantly different than the Idaho rate in 1999-2001 (23.0) and was not significantly different than the Idaho rate in 1996-1998 (22.0). The Idaho rate decreased 4.3 percent from 1996-1998 to 2002-2004

Interpretation 2: In 2002-2004, District 6 had the highest rate (29.1); the rate for District 6 was significantly higher than the rate for Idaho (21.0), District 1 (14.2) and District 4 (17.5).

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Influenza and Pneumonia is 0.6974. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

U.S., Idaho and District Resident Deaths
Intentional Self-Harm (Suicide)
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	591	82	56	89	129	71	103	60
	Rate ¹	16.9	16.4	18.1	17.5	14.3	15.6	24.3	14.0
	95% CI ²	15.5 - 18.2	13.0 - 20.3	13.7 - 23.5	14.0 - 21.5	11.8 - 16.9	12.2 - 19.7	19.5 - 29.0	10.7 - 18.0
1999-2001	Deaths	559	106	49	82	130	63	62	67
	Rate ¹	14.9	20.1	14.8	15.2	13.1	13.1	13.8	14.7
	95% CI ²	13.6 - 16.1	16.3 - 24.0	10.9 - 19.5	12.1 - 18.8	10.8 - 15.4	10.1 - 16.8	10.6 - 17.7	11.4 - 18.6
2002-2004	Deaths	659	97	62	88	171	89	85	67
	Rate ¹	16.5	16.5	20.7	14.6	15.6	18.5	19.4	14.1
	95% CI ²	15.2 - 17.8	13.4 - 20.1	15.8 - 26.5	11.7 - 18.0	13.2 - 17.9	14.8 - 22.7	15.5 - 24.0	10.9 - 17.9

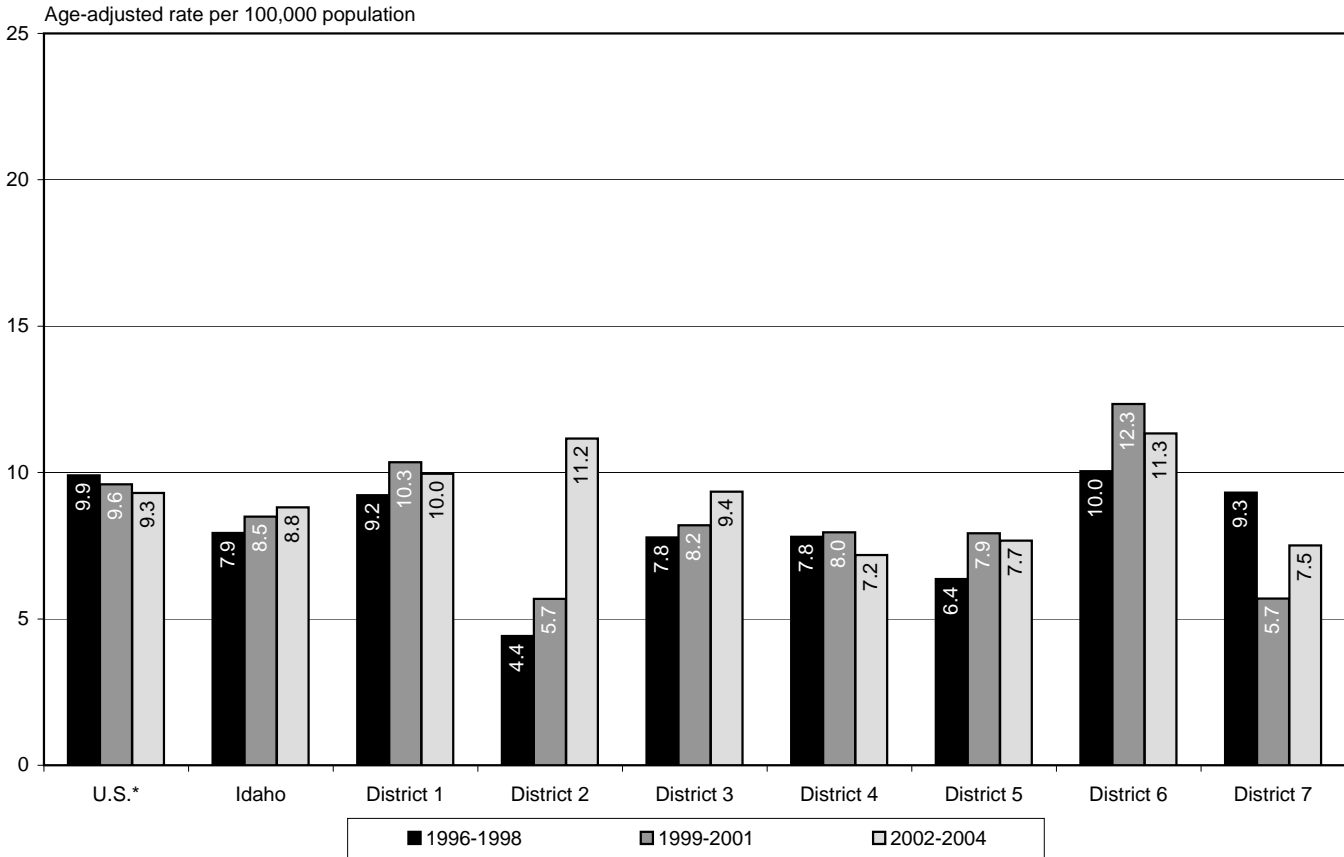
1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: In 2002-2004, the age-adjusted death rate for Idaho (16.5) was not significantly different than the Idaho rate in 1999-2001 (14.9) and was not significantly different than the rate of Idaho in 1996-1998 (16.9). The Idaho rate decreased 11.9 percent from 1996-1998 to 1999-2001 and had a 10.9 percent increase from 1999-2001 to 2002-2004.

Interpretation 2: In 2002-2004, District 2 had the highest rate (20.7); the rate for District 2 was not significantly different than the rate for Idaho or any other Health District.

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Intentional Self-Harm (Suicide) is 1.0022. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

U.S., Idaho and District Resident Deaths
Chronic Liver Disease and Cirrhosis
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	265	47	13	39	61	29	40	35
	Rate ¹	7.9	9.2	4.4	7.8	7.8	6.4	10.0	9.3
	95% CI ²	7.0 - 8.9	6.8 - 12.3	2.4 - 7.6	5.5 - 10.6	6.0 - 10.0	4.2 - 9.2	7.2 - 13.7	6.5 - 13.0
1999-2001	Deaths	306	60	18	44	72	38	51	23
	Rate ¹	8.5	10.3	5.7	8.2	8.0	7.9	12.3	5.7
	95% CI ²	7.5 - 9.4	7.9 - 13.3	3.4 - 9.0	6.0 - 11.0	6.2 - 10.0	5.6 - 10.9	9.2 - 16.2	3.6 - 8.5
2002-2004	Deaths	351	64	38	55	71	39	50	34
	Rate ¹	8.8	10.0	11.2	9.4	7.2	7.7	11.3	7.5
	95% CI ²	7.9 - 9.7	7.7 - 12.7	7.9 - 15.3	7.0 - 12.2	5.6 - 9.1	5.5 - 10.5	8.4 - 15.0	5.2 - 10.5

1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

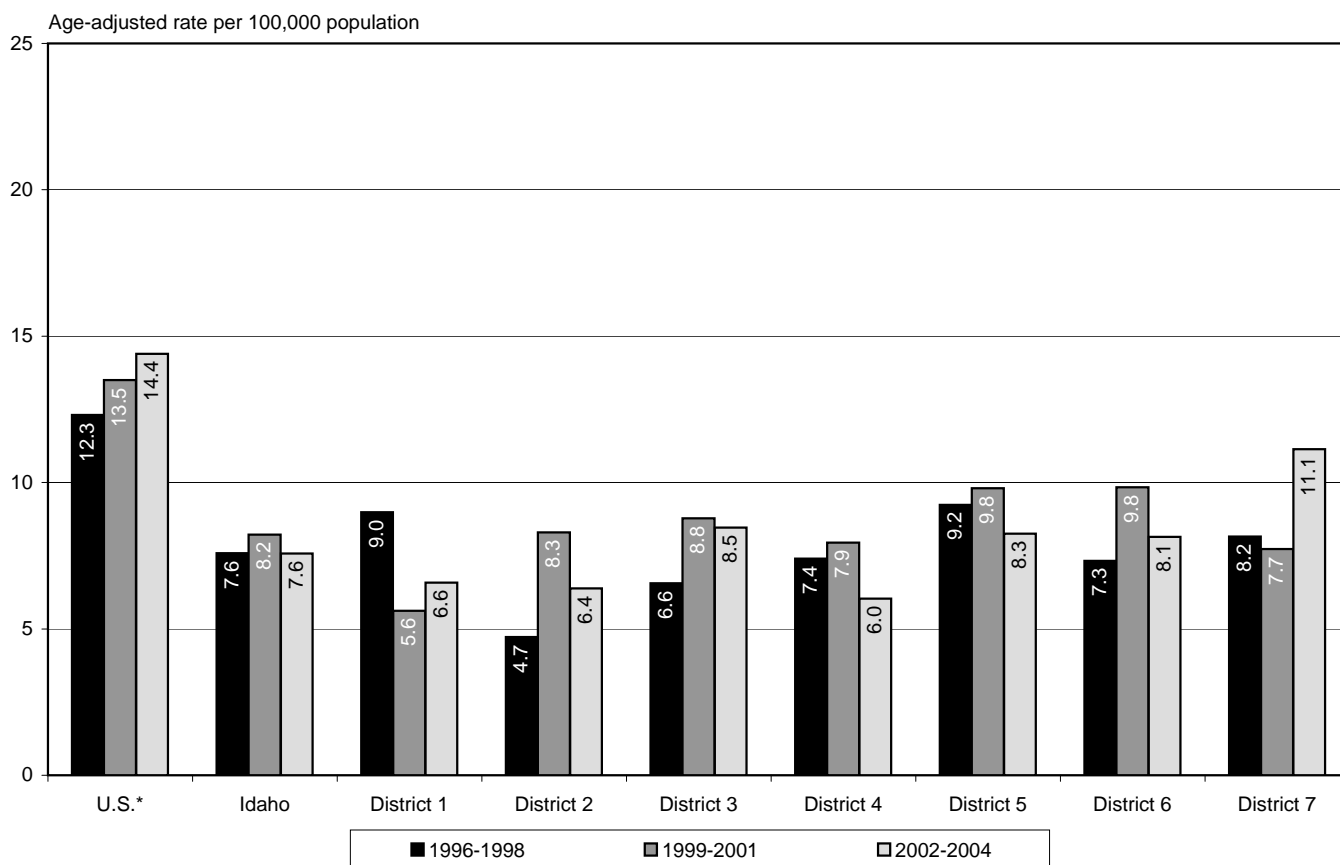
Interpretation 1: In 2002-2004, the age-adjusted death rate for Idaho (8.8) was not significantly different than the Idaho rate in 1999-2001 (8.5) or than the Idaho rate in 1996-1998 (7.9). There was a 11 percent increase in the Idaho rate between 1996-1998 and 2002-2004.

Interpretation 2: In 2002-2004, District 6 had the highest rate (11.3); the rate for District 6 was not significantly different than the rate for Idaho or any other Health District.

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Chronic Liver Disease and Cirrhosis is 1.0321. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

Caution should be exercised when interpreting rates based on small numbers (< 20 deaths).

U.S., Idaho and District Resident Deaths
Nephritis, Nephrotic Syndrome and Nephrosis (Diseases of Kidneys)
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	246	43	16	35	51	43	29	29
	Rate ¹	7.6	9.0	4.7	6.6	7.4	9.2	7.3	8.2
	95% CI ²	6.5 - 8.7	6.5 - 12.1	2.7 - 7.7	4.6 - 9.1	5.5 - 9.7	6.7 - 12.5	4.9 - 10.6	5.4 - 11.8
1999-2001	Deaths	288	30	29	50	61	50	40	28
	Rate ¹	8.2	5.6	8.3	8.8	7.9	9.8	9.8	7.7
	95% CI ²	7.3 - 9.2	3.8 - 8.0	5.6 - 11.9	6.5 - 11.6	6.1 - 10.2	7.3 - 12.9	7.0 - 13.4	5.1 - 11.2
2002-2004	Deaths	294	40	23	52	52	47	36	44
	Rate ¹	7.6	6.6	6.4	8.5	6.0	8.3	8.1	11.1
	95% CI ²	6.7 - 8.4	4.7 - 9.0	4.0 - 9.6	6.3 - 11.1	4.5 - 7.9	6.1 - 11.0	5.7 - 11.3	8.1 - 15.0

1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

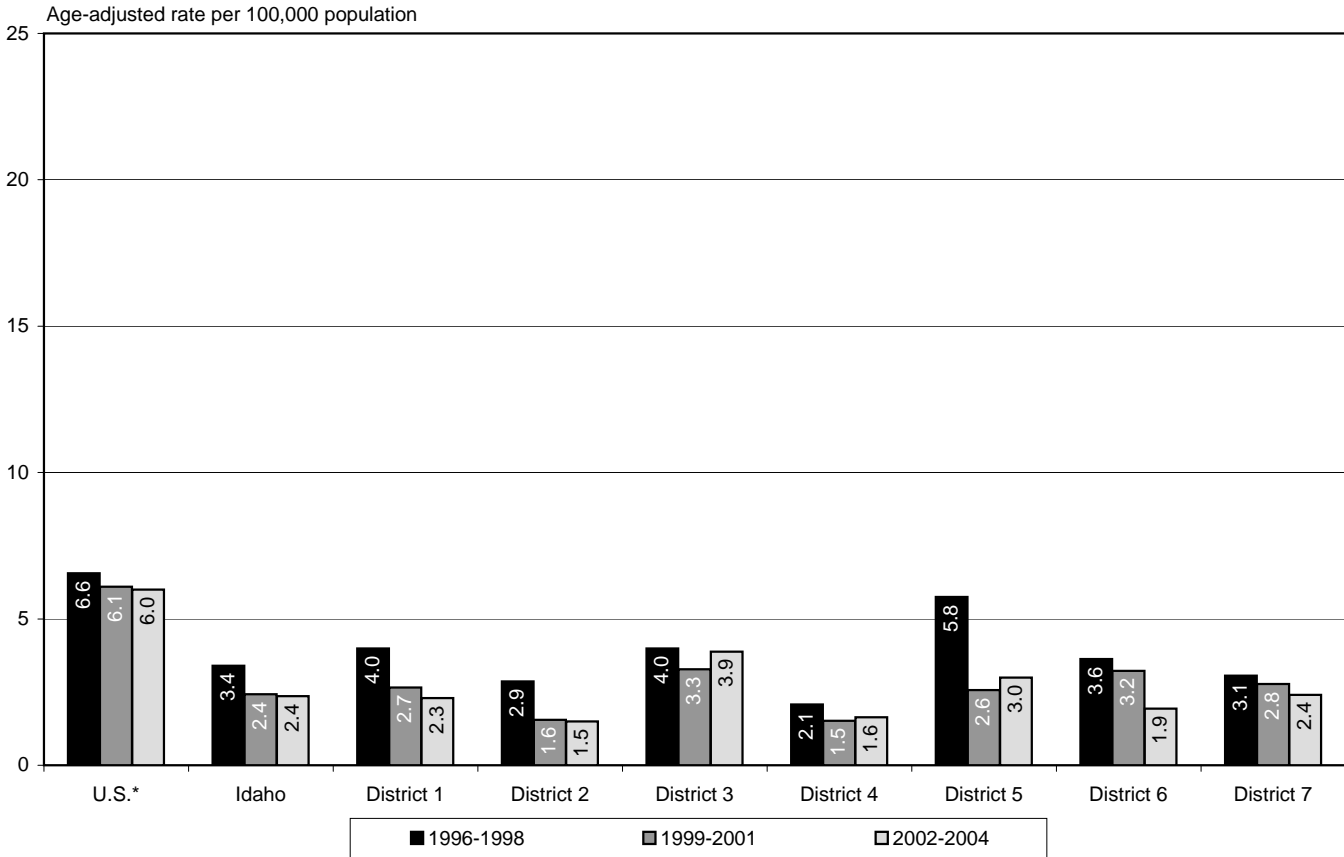
Interpretation 1: In 2002-2004, the age-adjusted death rate for Idaho (7.6) was not significantly different than the Idaho rate in 1999-2001 (8.2) or the Idaho rate in 1996-1998 (7.6). There was a 8.3 percent increase in the Idaho rate between 1996-1998 and 1999-2001. Then between 1999-2001 and 2002-2004 there was a 7.9 percent decrease in the Idaho rate.

Interpretation 2: In 2002-2004, District 7 had the highest rate (11.1); the rate for District 7 was significantly higher than the rate for Idaho (7.6) and District 4 (6.0).

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Nephritis, Nephrotic Syndrome and Nephrosis is 1.2555. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

Caution should be exercised when interpreting rates based on small numbers (< 20 deaths).

U.S., Idaho and District Resident Deaths
Assault (Homicide)
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	123	20	8	20	20	27	15	13
	Rate ¹	3.4	4.0	2.9	4.0	2.1	5.8	3.6	3.1
	95% CI ²	2.8 - 4.0	2.4 - 6.2	1.2 - 5.6	2.4 - 6.2	1.3 - 3.2	3.8 - 8.4	2.0 - 6.0	1.6 - 5.2
1999-2001	Deaths	94	14	5	19	17	12	14	13
	Rate ¹	2.4	2.7	1.6	3.3	1.5	2.6	3.2	2.8
	95% CI ²	2.0 - 3.0	1.5 - 4.5	0.5 - 3.6	2.0 - 5.1	0.9 - 2.4	1.3 - 4.5	1.8 - 5.4	1.5 - 4.8
2002-2004	Deaths	98	13	5	25	19	15	10	11
	Rate ¹	2.4	2.3	1.5	3.9	1.6	3.0	1.9	2.4
	95% CI ²	1.9 - 2.9	1.2 - 3.9	0.5 - 3.5	2.5 - 5.7	1.0 - 2.6	1.7 - 4.9	0.9 - 3.6	1.2 - 4.3

1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

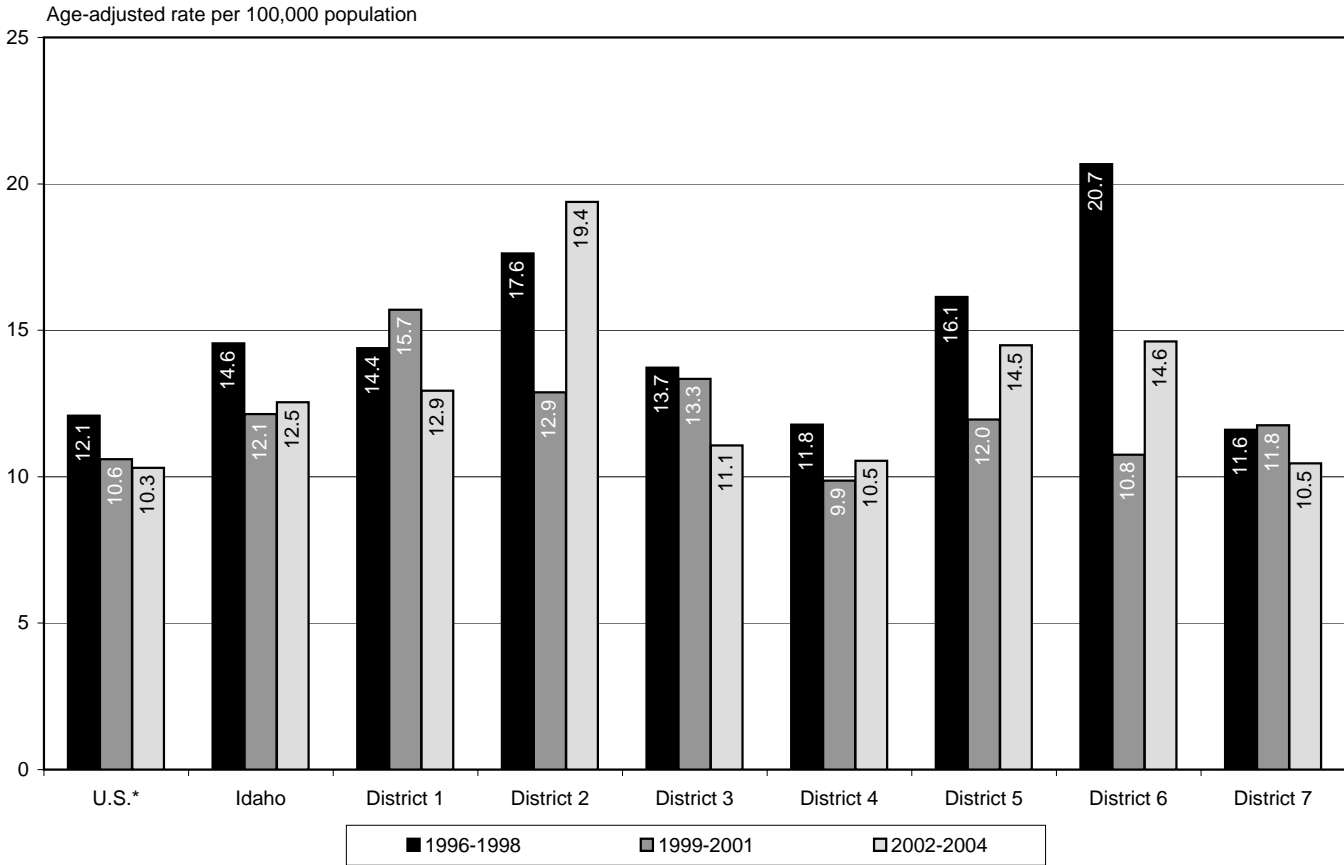
Interpretation 1: In 2002-2004, the age-adjusted death rate for Idaho (2.4) was not significantly different than the Idaho rate in 1999-2001 (2.4) or than the Idaho rate in 1996-1998 (3.4). The Idaho rate decreased 30.5 percent from 1996-1998 to 2002-2004.

Interpretation 2: In 2002-2004, District 3 had the highest rate (3.9); the rate for District 3 was significantly higher than the rate for Idaho (2.4), but did not differ significantly from any other District.

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Assault (Homicide) is 1.0020. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

Caution should be exercised when interpreting rates based on small numbers (< 20 deaths).

U.S., Idaho and District Resident Deaths
Injury By Firearm
Average Annual Age-Adjusted Rates
1996-1998, 1999-2001, and 2002-2004



*U.S. age-adjusted rate is for 1997, 2000, and 2003; the rate for 1997 has been modified by the comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths	515	72	55	70	106	75	87	49
	Rate ¹	14.6	14.4	17.6	13.7	11.8	16.1	20.7	11.6
	95% CI ²	13.3 - 15.8	11.3 - 18.1	13.3 - 22.9	10.7 - 17.3	9.5 - 14.1	12.7 - 20.2	16.6 - 25.5	8.6 - 15.3
1999-2001	Deaths	458	84	42	73	98	58	48	55
	Rate ¹	12.1	15.7	12.9	13.3	9.9	12.0	10.8	11.8
	95% CI ²	11.0 - 13.3	12.5 - 19.4	9.3 - 17.4	10.5 - 16.8	8.0 - 12.0	9.1 - 15.5	7.9 - 14.3	8.9 - 15.3
2002-2004	Deaths	505	77	59	68	114	71	65	51
	Rate ¹	12.5	12.9	19.4	11.1	10.5	14.5	14.6	10.5
	95% CI ²	11.4 - 13.6	10.2 - 16.2	14.8 - 25.0	8.6 - 14.0	8.6 - 12.5	11.3 - 18.3	11.3 - 18.6	7.8 - 13.8

1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

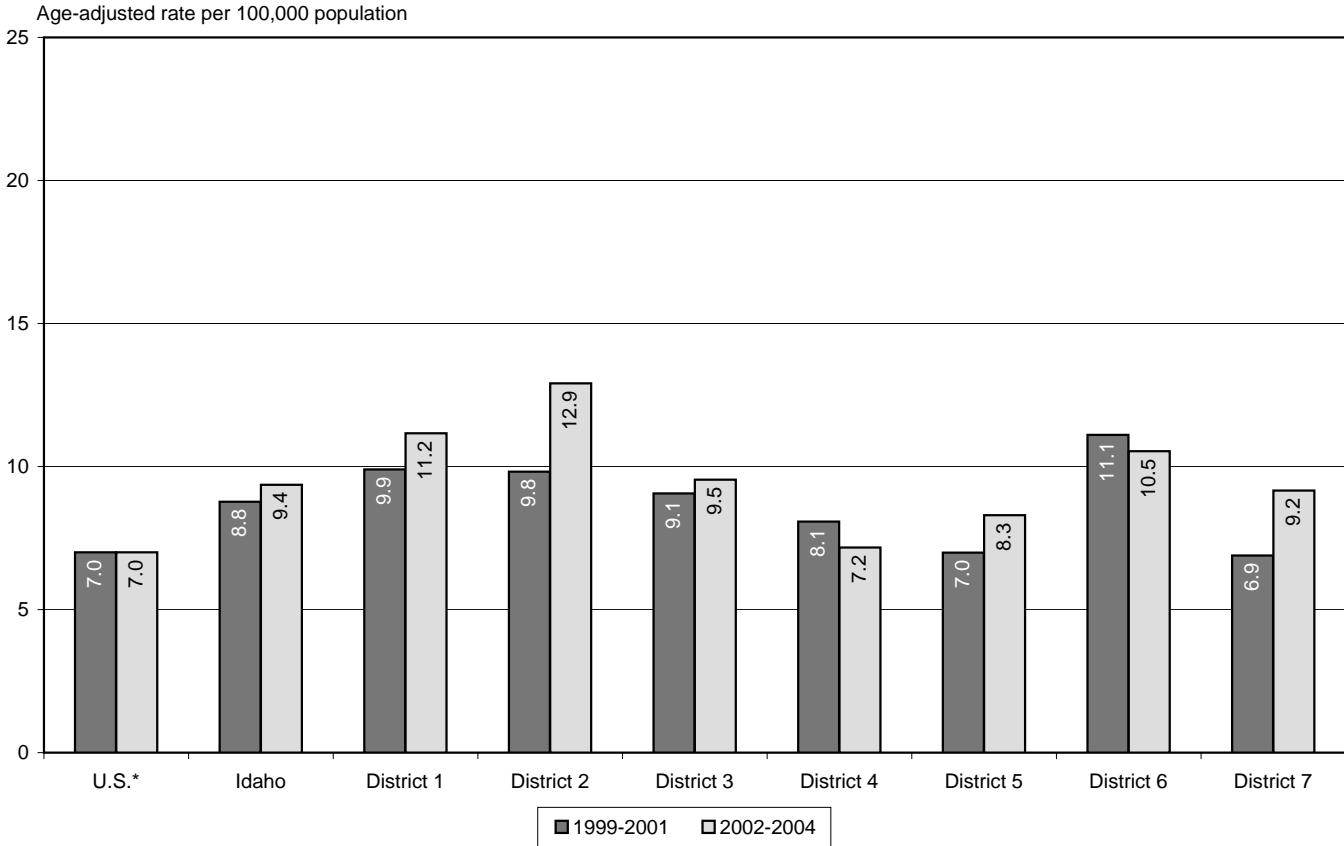
Interpretation 1: The Idaho rate in 2002-2004 (12.5) did not differ significantly from the Idaho rate in 1999-2001(12.1) or the Idaho rate in 1996-1998 (14.6). The Idaho rate decreased 16.6 percent between 1996-1998 and 1999-2001 and then increased 3.3 percent between 1999-2001 and 2002-2004.

Interpretation 2: In 2002-2004, District 2 had the highest rate (19.4); the rate for District 2 was significantly higher than the rate for Idaho (12.5), District 3 (11.1), District 4 (10.5), and District 7 (10.5).

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The ICD-10 to ICD-9 comparability ratio for Injury by firearm is 1.0013. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

Injury by firearms includes death by firearms that are accidental discharge, homicide, suicide, legal intervention or undetermined intent.

U.S., Idaho and District Resident Deaths
Alcohol-Induced
Average Annual Age-Adjusted Rates
1999-2001 and 2002-2004



*U.S. age-adjusted rate is for 2000 and 2003.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1999-2001	Deaths	318	58	31	48	74	33	46	28
	Rate ¹	8.8	9.9	9.8	9.1	8.1	7.0	11.1	6.9
	95% CI ²	7.8 - 9.7	7.5 - 12.8	6.7 - 13.9	6.7 - 12.0	6.3 - 10.1	4.8 - 9.8	8.1 - 14.8	4.6 - 10.0
2002-2004	Deaths	375	71	44	56	73	42	47	42
	Rate ¹	9.4	11.2	12.9	9.5	7.2	8.3	10.5	9.2
	95% CI ²	8.4 - 10.3	8.7 - 14.1	9.4 - 17.3	7.2 - 12.4	5.6 - 9.0	6.0 - 11.2	7.7 - 14.0	6.6 - 12.4

1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).

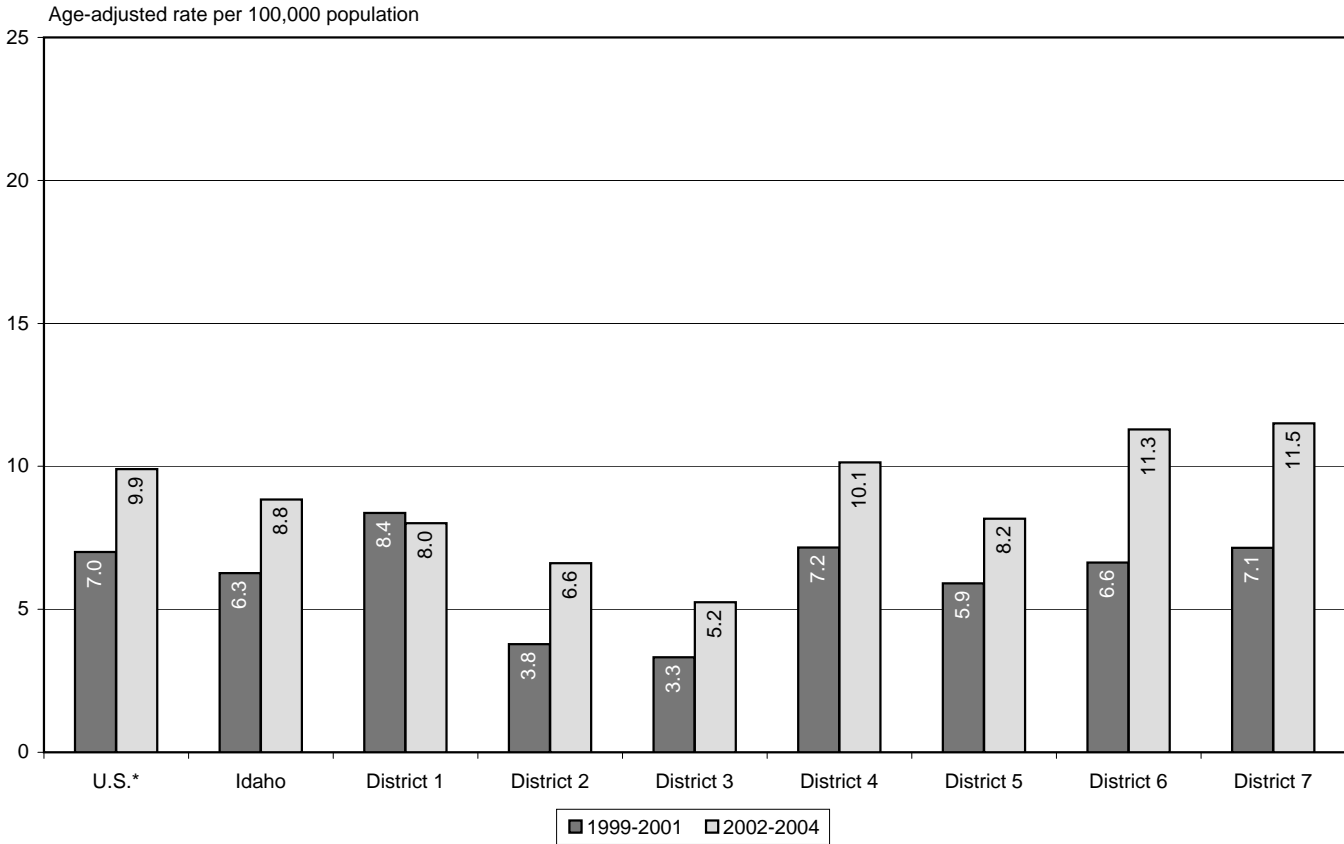
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: The Idaho rate increased 6.8 percent from 8.8 in 1999-2001 to 9.4 in 2002-2004; the increase was not significant.

Interpretation 2: In 2002-2004, District 2 had the highest rate (12.9); the rate for District 2 was not significantly different from the Idaho rate (9.4), but was significantly higher than the rate in District 4 (7.2).

Rates for alcohol-induced deaths prior to 1999 are not comparable with the rates for 1999 or after due to the change in the classification of causes of death attributable to alcohol-induced mortality between ICD-9 and ICD-10. For further information on alcohol-induced deaths see Technical Notes.

U.S., Idaho and District Resident Deaths
Drug-Induced
Average Annual Age-Adjusted Rates
1999-2001 and 2002-2004



*U.S. age-adjusted rate is for 2000 and 2003.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1999-2001	Deaths	233	46	11	18	74	27	28	29
	Rate ¹	6.3	8.4	3.8	3.3	7.2	5.9	6.6	7.1
	95% CI ²	5.5 - 7.1	6.1 - 11.2	1.9 - 6.8	2.0 - 5.3	5.6 - 9.0	3.9 - 8.6	4.4 - 9.6	4.8 - 10.3
2002-2004	Deaths	348	46	20	30	112	39	49	52
	Rate ¹	8.8	8.0	6.6	5.2	10.1	8.2	11.3	11.5
	95% CI ²	7.9 - 9.8	5.9 - 10.7	4.0 - 10.2	3.5 - 7.5	8.3 - 12.0	5.8 - 11.2	8.4 - 14.9	8.6 - 15.1

1. Rate: Average annual age-adjusted death rate per 100,000 population standardized to the U.S. 2000 standard population (see Technical Notes).

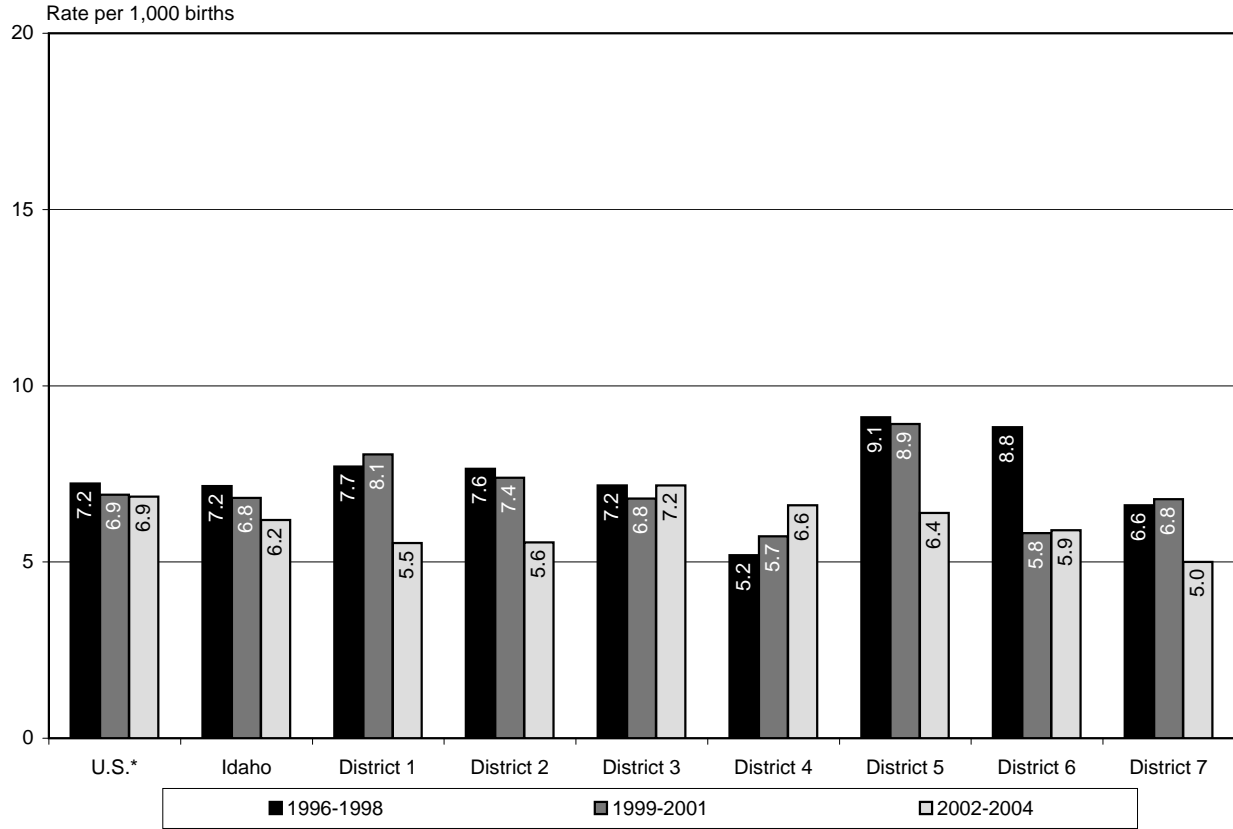
2. 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: The Idaho rate increased significantly from 1999-2001 (6.3) to 2002-2004 (8.8) this was a 41.1 percent increase in the rate.

Interpretation 2: In 2002-2004, District 7 had the highest rate (11.5); the rate for District 7 did not differ significantly from the Idaho rate, but was significantly higher than the rate for District 3 (5.2).

Rates for Drug-Induced deaths prior to 1999 are not comparable with the rates for 1999 or after due to the change in the classification of causes of death attributable to drug-induced mortality between ICD-9 and ICD-10. For further information on drug-induced deaths see Technical Notes. Caution should be exercised when interpreting rates based on small numbers (< 20 deaths).

U.S., Idaho and District Resident Deaths
 Infant Deaths
 Three-Year Infant Mortality Rates
 1996-1998, 1999-2001, and 2002-2004

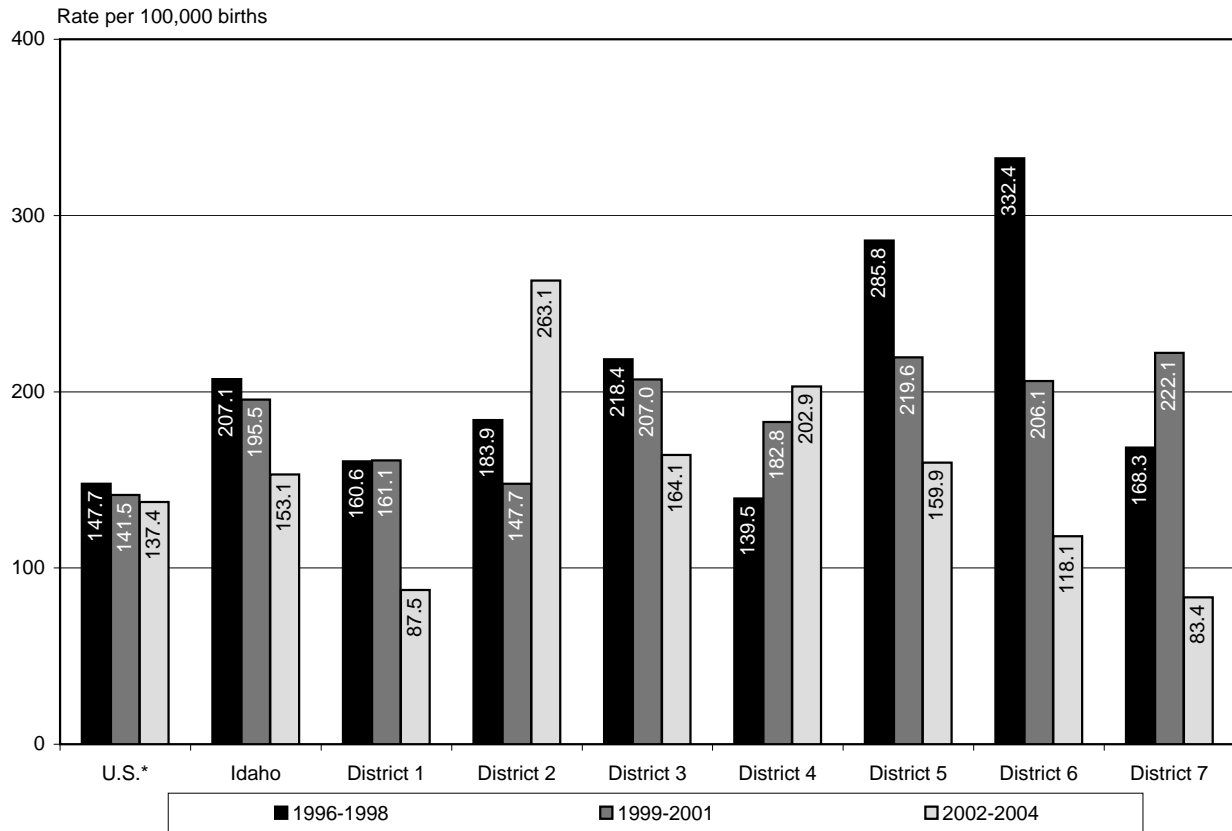


*U.S. infant mortality rate in 1997, 2000, and 2003; the rate for 1997 have been modified by comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths ¹	404	49	27	64	76	68	69	51
	Rate ¹	7.2	7.7	7.6	7.2	5.2	9.1	8.8	6.6
	95% CI ²	6.5 - 7.9	5.7 - 10.2	5.0 - 11.1	5.5 - 9.2	4.1 - 6.5	7.1 - 11.6	6.9 - 11.2	4.9 - 8.7
1999-2001	Deaths ¹	415	55	25	69	94	69	48	55
	Rate ¹	6.8	8.1	7.4	6.8	5.7	8.9	5.8	6.8
	95% CI ²	6.2 - 7.5	6.1 - 10.5	4.8 - 10.9	5.3 - 8.6	4.6 - 7.0	6.9 - 11.3	4.3 - 7.7	5.1 - 8.8
2002-2004	Deaths ¹	404	38	19	83	114	52	50	48
	Rate ¹	6.2	5.5	5.6	7.2	6.6	6.4	5.9	5.0
	95% CI ²	5.6 - 6.8	3.9 - 7.6	3.3 - 8.7	5.7 - 8.9	5.4 - 7.8	4.8 - 8.4	4.4 - 7.8	3.7 - 6.6

- Total number of infant deaths and three-year infant death rate per 1,000 births. Infant death is death to infant aged less than one year.
 - 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).
- Interpretation 1: The Idaho rate did not change significantly from 1996-1998 (7.2) or from 1999-2001 (6.8) to 2002-2004 (6.2). There was a 13.5 percent decrease in the Idaho rate between 1996-1998 and 2002-2004.
- Interpretation 2: In 2002-2004, District 3 had the highest infant death rate (7.2 per 1,000 births); the rate for District 3 was not significantly higher than the rate for Idaho (6.2) or any other district.
- Caution should be exercised when interpreting rates based on small numbers (< 20 deaths).

U.S., Idaho and District Resident Deaths
 Infant Deaths - Congenital Malformations (Birth Defects)
 Three-Year Infant Mortality Rates
 1996-1998, 1999-2001, and 2002-2004



*U.S. rate for Congenital malformation deaths in 1997, 2000, and 2003; the rate for 1997 have been modified by comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths ¹	117	10	6	19	20	21	26	13
	Rate ¹	207.1	160.6	183.9	218.4	139.5	285.8	332.4	168.3
	95% CI ²	169.5 - 244.7	77.0 - 295.3	67.5 - 400.3	131.5 - 341.0	85.2 - 215.5	176.9 - 436.8	217.1 - 487.0	89.6 - 287.8
1999-2001	Deaths ¹	119	11	5	21	30	17	17	18
	Rate ¹	195.5	161.1	147.7	207.0	182.8	219.6	206.1	222.1
	95% CI ²	160.4 - 230.7	80.4 - 288.3	48.0 - 344.7	128.1 - 316.4	123.4 - 261.0	127.9 - 351.5	120.1 - 330.0	131.6 - 351.0
2002-2004	Deaths ¹	100	6	9	19	35	13	10	8
	Rate ¹	153.1	87.5	263.1	164.1	202.9	159.9	118.1	83.4
	95% CI ²	123.1 - 183.2	32.1 - 190.4	120.3 - 499.4	98.8 - 256.2	141.4 - 282.2	85.1 - 273.4	56.6 - 217.1	36.0 - 164.4

- Total number of infant deaths and three-year infant death rate per 100,000 births. Infant death is death to infant aged less than one year.
- 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

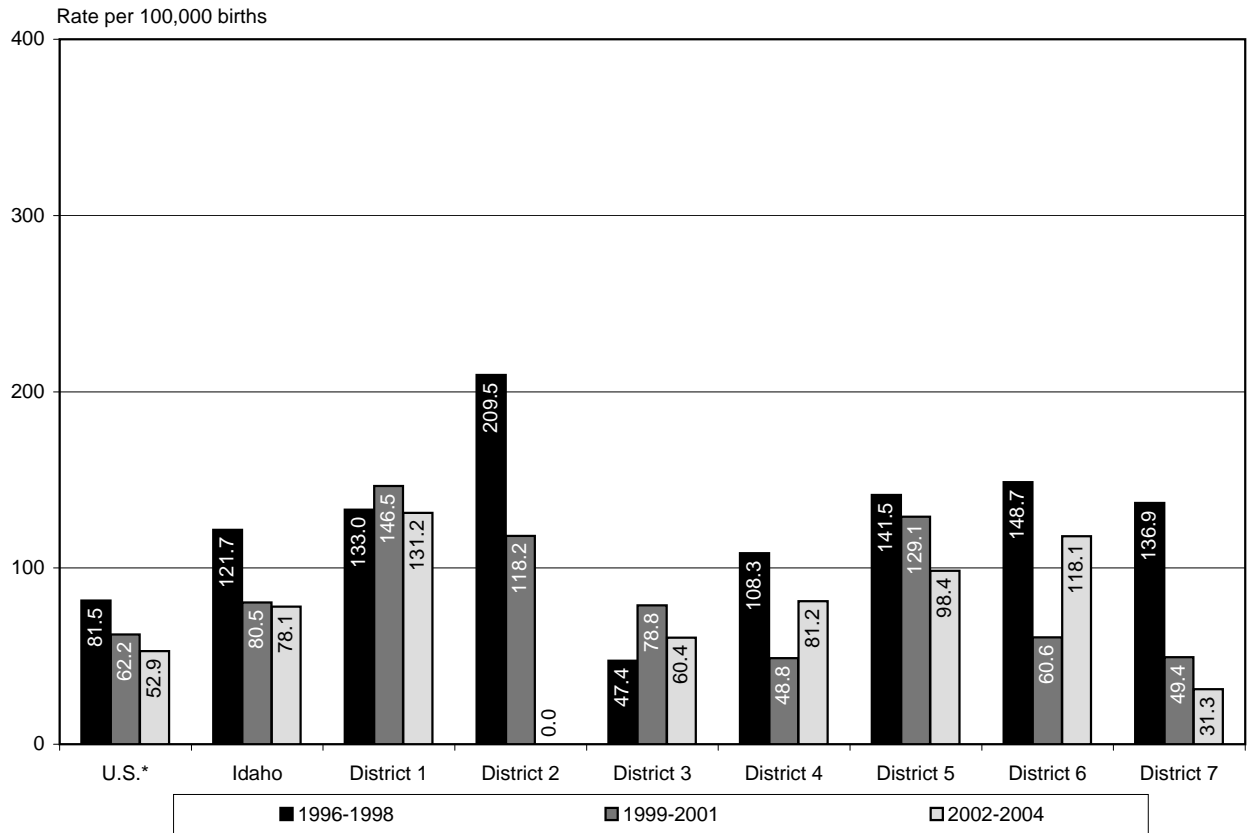
Interpretation 1: The Idaho rate in 2002-2004 (153.1) did not differ significantly from the Idaho rate in 1996-1998 (207.1) or from the Idaho rate in 1999-2001 (195.5). The Idaho rate decreased 26.1 percent from 1996-1998 to 2002-2004.

Interpretation 2: In 2002-2004, District 2 had the highest infant death rate due to congenital malformations (263.1 per 100,000 births); the rate for District 2 was not significantly higher than the rate for Idaho (153.1) or for any other district.

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The comparability ratio for Congenital malformation deaths is 0.9280. For additional information regarding Modified ICD-9 codes, comparability ratios ICD-10 codes and/or age-adjustment, see Technical Notes at the end of the report.

Caution should be exercised when interpreting rates based on small numbers (< 20 deaths).

U.S., Idaho and District Resident Deaths
 Infant Deaths - Sudden Infant Death Syndrome (SIDS)
 Three-Year Infant Mortality Rates
 1996-1998, 1999-2001, and 2002-2004



*U.S. SIDS deaths in 1997, 2000, and 2003; the rate for 1997 have been modified by comparability ratio.

		Idaho	District 1	District 2	District 3	District 4	District 5	District 6	District 7
1996-1998	Deaths ¹	69	8	7	4	16	11	12	11
	Rate ¹	121.7	133.0	209.5	47.4	108.3	141.5	148.7	136.9
	95% CI ²	94.7 - 154.0	57.4 - 262.1	84.2 - 431.6	12.9 - 121.3	61.9 - 175.9	70.6 - 253.2	76.9 - 259.8	68.4 - 245.0
1999-2001	Deaths ¹	49	10	4	8	8	10	5	4
	Rate ¹	80.5	146.5	118.2	78.8	48.8	129.1	60.6	49.4
	95% CI ²	59.6 - 106.4	70.2 - 269.4	32.2 - 302.6	34.0 - 155.4	21.0 - 96.1	61.9 - 237.5	19.7 - 141.5	13.4 - 126.4
2002-2004	Deaths ¹	51	9	0	7	14	8	10	3
	Rate ¹	78.1	131.2	0.0	60.4	81.2	98.4	118.1	31.3
	95% CI ²	58.2 - 102.7	60.0 - 249.1	0.0 - 87.7	24.3 - 124.5	44.4 - 136.2	42.5 - 193.8	56.6 - 217.1	6.5 - 91.4

- Total number of SIDS deaths and three-year infant death rate per 100,000 births. Infant death is death to infant aged less than one year.
- 95 percent confidence interval (CI). This interval can be interpreted to mean that there is a 95 percent certainty the true age-adjusted rate falls within the confidence interval. Comparison between rates were done using the confidence intervals to test for significant differences between the rates (see Technical Notes).

Interpretation 1: The Idaho rate in 2002-2004 (78.1) did not change significantly from the Idaho rate in 1996-1998 (121.7) or from the Idaho rate in 1999-2001 (80.5). The Idaho rate decreased 35.8 percent from 1996-1998 to 2002-2004.

Interpretation 2: In 2002-2004, District 1 had the highest SIDS rate (131.2 per 100,000 births); the rate for District 1 was not significantly higher than the rate for Idaho (78.1) or any other health district.

Statistics for 1996-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The comparability ratio for SIDS is 1.0570. For additional information regarding Modified ICD-9 codes, comparability ratios, and ICD-10 codes see Technical Notes at the end of the report.

Caution should be exercised when interpreting rates based on small numbers (< 20 deaths).

Idaho and District 1 Resident Live Births
Average Annual Percent Summary

Nativity Indicator	Idaho Percent of Births	District 1 Percent of Births		
		District 1 is Significantly Higher than the State	District 1 Does Not Differ Significantly from the State	District 1 is Significantly Lower than the State
First Trimester Prenatal Care ¹ (2004-2005)	71.6	73.7		
Preterm Births ² (2002-2004)	10.6			8.9
Low Birth Weight ³ (2002-2004)	6.5			5.6
Births to Unmarried Mothers ⁴ (2002-2004)	22.3	26.8		
Smoking During Pregnancy ⁵ (2004-2005)	13.2	21.6		

1. First trimester prenatal care is a positive indicator. The higher percent of mothers receiving first trimester prenatal care is the preferable outcome.
2. Percents are based on records with known data for gestation. Preterm: Babies born prior to 37 completed weeks of gestation.
3. Percents are based on records with known data for birth weight. Low Birth Weight: Babies born weighing less than 2,500 grams.
4. Percents are based on records with known data for marital status.
5. Percents are based on records with known data for smoking during pregnancy.

Idaho and District 1 Resident Teen Pregnancy
Three-Year Average Annual Rate per 1,000 females aged 15-17, 2002-2004

	Idaho Rate Per 1,000 females	District 1 Rate per 1,000 females		
		District 1 is Significantly Higher than State	District 1 Does Not Differ Significantly from the State	District 1 is Significantly Lower than the State
Teen Pregnancy Rate ¹	21.6		21.5	

1. Teen Pregnancy Rate: Total number of pregnancies for teens age 15-17 per 1,000 females aged 15-17.

Idaho and District 1 Resident Deaths
Three-Year Average Annual Age-Adjusted Death Rates, 2002-2004

Cause of Death	Idaho Average Annual Age-Adjusted Death Rate ¹	District 1 Average Annual Age-Adjusted Death Rate ¹		
		District 1 Rate is Significantly Higher than the State Rate	District 1 Rate Does Not Differ Significantly from the State Rate	District 1 Rate is Significantly Lower than the State Rate
Diseases of heart	193.2		191.5	
Malignant neoplasms (cancer)	173.2	193.3		
Lung cancer	43.5	54.4		
Colorectal cancer	15.4	19.3		
Female breast cancer	23.8		25.2	
Prostate cancer	29.4		23.9	
Cerebrovascular diseases (stroke)	56.8	69.2		
Chronic lower respiratory diseases	46.6		49.4	
Accidents	44.4		42.6	
Motor Vehicle Accidents	20.0		17.2	
Diabetes mellitus	26.5		27.6	
Alzheimer's disease	25.7			19.7
Influenza and pneumonia	21.0			14.2
Intentional self-harm (suicide)	16.5		16.5	
Chronic liver disease and cirrhosis	8.8		10.0	
Nephritis, nephrotic syndrome and nephrosis (diseases of the kidneys)	7.6		6.6	
Homicide	2.4		2.3	
Injury by Firearm	12.5		12.9	
Alcohol-induced	9.4		11.2	
Drug-induced	8.8		8.0	

1. Average annual age-adjusted rate per 100,000 population, with the exception of the female breast cancer rate which is per 100,000 females and prostate cancer rate which is per 100,000 males.

Infant Deaths	Idaho Rate	District 1		
		District 1 Rate is Significantly Higher than the State Rate	District 1 Rate Does Not Differ Significantly from the State Rate	District 1 Rate is Significantly Lower than the State Rate
Infant death rate per 1,000 births ¹	6.2		5.5	
Congenital Malformations (birth defects) ²	153.1		87.5	
Sudden Infant Death Syndrome (SIDS) ²	78.1		131.2	

1. Infant death rate: Number of deaths to infants under one year of age per 1,000 live births.
2. Cause-specific infant death rate: Number of infant deaths by cause per 100,000 live births.

Special Note: Infant death rates for District 1 are based on a small data base. From 2002-2004, there were 38 deaths to District 1 infants under age of one. Of those deaths, 6 were due to birth defects and 9 were due to SIDS. Note that infant death rates based on small numbers (<20 deaths) are subject to wide variability in the confidence interval on the rate. Even though the District 1 SIDS rate is much higher than the Idaho rate, the difference is not statistically significant because the test for significance is based on the wide variability in the confidence interval of the rate. In other words, the smaller the number, the wider the confidence interval, and the more stringent the test for significance.

Note: See Technical Notes for information on age-adjusted rates and testing for significance.

Idaho and District 2 Resident Live Births
Average Annual Percent Summary

Nativity Indicator	Idaho Percent of Births	District 2 Percent of Births		
		District 2 is Significantly Higher than the State	District 2 Does Not Differ Significantly from the State	District 2 is Significantly Lower than the State
First Trimester Prenatal Care ¹ (2004-2005)	71.6			66.3
Preterm Births ² (2002-2004)	10.6			9.5
Low Birth Weight ³ (2002-2004)	6.5		5.9	
Births to Unmarried Mothers ⁴ (2002-2004)	22.3	24.6		
Smoking During Pregnancy ⁵ (2004-2005)	13.2	16.1		

1. First trimester prenatal care is a positive indicator. The higher percent of mothers receiving first trimester prenatal care is the preferable outcome.
2. Percents are based on records with known data for gestation. Preterm: Babies born prior to 37 completed weeks of gestation.
3. Percents are based on records with known data for birth weight. Low Birth Weight: Babies born weighing less than 2,500 grams.
4. Percents are based on records with known data for marital status.
5. Percents are based on records with known data for smoking during pregnancy.

Idaho and District 2 Resident Teen Pregnancy
Three-Year Average Annual Rate per 1,000 females aged 15-17, 2002-2004

	Idaho Rate Per 1,000 females	District 2 Rate per 1,000 females		
		District 2 is Significantly Higher than State	District 2 Does Not Differ Significantly from the State	District 2 is Significantly Lower than the State
Teen Pregnancy Rate ¹	21.6		20.7	

1. Teen Pregnancy Rate: Total number of pregnancies for teens age 15-17 per 1,000 females aged 15-17.

Idaho and District 2 Resident Deaths
Three-Year Average Annual Age-Adjusted Death Rates, 2002-2004

Cause of Death	Idaho Average Annual Age-Adjusted Death Rate ¹	District 2 Average Annual Age-Adjusted Death Rate ¹		
		District 2 Rate is Significantly Higher than the State Rate	District 2 Rate Does Not Differ Significantly from the State Rate	District 2 Rate is Significantly Lower than the State Rate
Diseases of heart	193.2		181.8	
Malignant neoplasms (cancer)	173.2		185.1	
Lung cancer	43.5	52.5		
Colorectal cancer	15.4		15.4	
Female breast cancer	23.8		28.0	
Prostate cancer	29.4		28.8	
Cerebrovascular diseases (stroke)	56.8			49.5
Chronic lower respiratory diseases	46.6		47.9	
Accidents	44.4		49.9	
Motor Vehicle Accidents	20.0		21.7	
Diabetes mellitus	26.5		26.4	
Alzheimer's disease	25.7		29.4	
Influenza and pneumonia	21.0		20.4	
Intentional self-harm (suicide)	16.5		20.7	
Chronic liver disease and cirrhosis	8.8		11.2	
Nephritis, nephrotic syndrome and nephrosis (diseases of the kidneys)	7.6		6.4	
Homicide	2.4		1.5	
Injury by Firearm	12.5	19.4		
Alcohol-induced	9.4		12.9	
Drug-induced	8.8		6.6	

1. Average annual age-adjusted rate per 100,000 population, with the exception of the female breast cancer rate which is per 100,000 females and prostate cancer rate which is per 100,000 males.

Infant Deaths	Idaho Rate	District 2		
		District 2 Rate is Significantly Higher than the State Rate	District 2 Rate Does Not Differ Significantly from the State Rate	District 2 Rate is Significantly Lower than the State Rate
Infant death rate per 1,000 births ¹	6.2		5.6	
Congenital Malformations (birth defects) ²	153.1		263.1	
Sudden Infant Death Syndrome (SIDS) ²	78.1		-	

1. Infant death rate: Number of deaths to infants under one year of age per 1,000 live births.
2. Cause-specific infant death rate: Number of infant deaths by cause per 100,000 live births.

Special Note: Infant death rates for District 2 are based on a small data base. From 2002-2004, there were 19 deaths to District 2 infants under age of one. Of those deaths, 9 were due to birth defects and none were due to SIDS. Note that infant death rates based on small numbers (<20 deaths) are subject to wide variability in the confidence interval on the rate. Even though the District 2 Birth defects rate is much higher than the Idaho rate, the difference is not statistically significant because the test for significance is based on the wide variability in the confidence interval of the rate. In other words, the smaller the number, the wider the confidence interval, and the more stringent the test for significance.

Note: See Technical Notes for information on age-adjusted rates and testing for significance.

Idaho and District 3 Resident Live Births
Average Annual Percent Summary

Nativity Indicator	Idaho Percent of Births	District 3 Percent of Births		
		District 3 is Significantly Higher than the State	District 3 Does Not Differ Significantly from the State	District 3 is Significantly Lower than the State
First Trimester Prenatal Care ¹ (2004-2005)	71.6			66.0
Preterm Births ² (2002-2004)	10.6		11.2	
Low Birth Weight ³ (2002-2004)	6.5		6.2	
Births to Unmarried Mothers ⁴ (2002-2004)	22.3	27.1		
Smoking During Pregnancy ⁵ (2004-2005)	13.2		12.7	

1. First trimester prenatal care is a positive indicator. The higher percent of mothers receiving first trimester prenatal care is the preferable outcome.
2. Percents are based on records with known data for gestation. Preterm: Babies born prior to 37 completed weeks of gestation.
3. Percents are based on records with known data for birth weight. Low Birth Weight: Babies born weighing less than 2,500 grams.
4. Percents are based on records with known data for marital status.
5. Percents are based on records with known data for smoking during pregnancy.

Idaho and District 3 Resident Teen Pregnancy
Three-Year Average Annual Rate per 1,000 females aged 15-17, 2002-2004

	Idaho Rate Per 1,000 females	District 3 Rate per 1,000 females		
		District 3 is Significantly Higher than State	District 3 Does Not Differ Significantly from the State	District 3 is Significantly Lower than the State
Teen Pregnancy Rate ¹	21.6	32.1		

1. Teen Pregnancy Rate: Total number of pregnancies for teens age 15-17 per 1,000 females aged 15-17.

Idaho and District 3 Resident Deaths
Three-Year Average Annual Age-Adjusted Death Rates, 2002-2004

Cause of Death	Idaho Average Annual Age-Adjusted Death Rate ¹	District 3 Average Annual Age-Adjusted Death Rate ¹		
		District 3 Rate is Significantly Higher than the State Rate	District 3 Rate Does Not Differ Significantly from the State Rate	District 3 Rate is Significantly Lower than the State Rate
Diseases of heart	193.2		196.0	
Malignant neoplasms (cancer)	173.2		164.6	
Lung cancer	43.5		43.9	
Colorectal cancer	15.4		16.2	
Female breast cancer	23.8		22.8	
Prostate cancer	29.4		25.1	
Cerebrovascular diseases (stroke)	56.8		59.1	
Chronic lower respiratory diseases	46.6		44.4	
Accidents	44.4		40.4	
Motor Vehicle Accidents	20.0		18.8	
Diabetes mellitus	26.5		26.2	
Alzheimer's disease	25.7		27.0	
Influenza and pneumonia	21.0		22.7	
Intentional self-harm (suicide)	16.5		14.6	
Chronic liver disease and cirrhosis	8.8		9.4	
Nephritis, nephrotic syndrome and nephrosis (diseases of the kidneys)	7.6		8.5	
Homicide	2.4	3.9		
Injury by Firearm	12.5		11.1	
Alcohol-induced	9.4		9.5	
Drug-induced	8.8			5.2

1. Average annual age-adjusted rate per 100,000 population, with the exception of the female breast cancer rate which is per 100,000 females and prostate cancer rate which is per 100,000 males.

Infant Deaths	Idaho Rate	District 3		
		District 3 Rate is Significantly Higher than the State Rate	District 3 Rate Does Not Differ Significantly from the State Rate	District 3 Rate is Significantly Lower than the State Rate
Infant death rate per 1,000 births ¹	6.2		7.2	
Congenital Malformations (birth defects) ²	153.1		164.1	
Sudden Infant Death Syndrome (SIDS) ²	78.1		60.4	

1. Infant death rate: Number of deaths to infants under one year of age per 1,000 live births.
2. Cause-specific infant death rate: Number of infant deaths by cause per 100,000 live births.

Special Note: Infant death rates for District 3 are based on a small data base. From 2002-2004, there were 83 deaths to District 3 infants under age of one. Of those deaths, 19 were due to birth defects and 7 were due to SIDS. Note that infant death rates based on small numbers (<20 deaths) are subject to wide variability in the confidence interval on the rate.

Note: See Technical Notes for information on age-adjusted rates and testing for significance.

Idaho and District 4 Resident Live Births
Average Annual Percent Summary

Nativity Indicator	Idaho Percent of Births	District 4 Percent of Births		
		District 4 is Significantly Higher than the State	District 4 Does Not Differ Significantly from the State	District 4 is Significantly Lower than the State
First Trimester Prenatal Care ¹ (2004-2005)	71.6	78.0		
Preterm Births ² (2002-2004)	10.6	11.6		
Low Birth Weight ³ (2002-2004)	6.5		6.8	
Births to Unmarried Mothers ⁴ (2002-2004)	22.3			19.7
Smoking During Pregnancy ⁵ (2004-2005)	13.2			12.6

1. First trimester prenatal care is a positive indicator. The higher percent of mothers receiving first trimester prenatal care is the preferable outcome.
2. Percents are based on records with known data for gestation. Preterm: Babies born prior to 37 completed weeks of gestation.
3. Percents are based on records with known data for birth weight. Low Birth Weight: Babies born weighing less than 2,500 grams.
4. Percents are based on records with known data for marital status.
5. Percents are based on records with known data for smoking during pregnancy.

Idaho and District 4 Resident Teen Pregnancy
Three-Year Average Annual Rate per 1,000 females aged 15-17, 2002-2004

	Idaho Rate Per 1,000 females	District 4 Rate per 1,000 females		
		District 4 is Significantly Higher than State	District 4 Does Not Differ Significantly from the State	District 4 is Significantly Lower than the State
Teen Pregnancy Rate ¹	21.6			17.0

1. Teen Pregnancy Rate: Total number of pregnancies for teens age 15-17 per 1,000 females aged 15-17.

Idaho and District 4 Resident Deaths
Three-Year Average Annual Age-Adjusted Death Rates, 2002-2004

Cause of Death	Idaho Average Annual Age-Adjusted Death Rate ¹	District 4 Average Annual Age-Adjusted Death Rate ¹		
		District 4 Rate is Significantly Higher than the State Rate	District 4 Rate Does Not Differ Significantly from the State Rate	District 4 Rate is Significantly Lower than the State Rate
Diseases of heart	193.2			174.7
Malignant neoplasms (cancer)	173.2		178.3	
Lung cancer	43.5	48.5		
Colorectal cancer	15.4		15.0	
Female breast cancer	23.8		22.9	
Prostate cancer	29.4		28.8	
Cerebrovascular diseases (stroke)	56.8		53.2	
Chronic lower respiratory diseases	46.6		45.2	
Accidents	44.4			32.5
Motor Vehicle Accidents	20.0			12.7
Diabetes mellitus	26.5			20.5
Alzheimer's disease	25.7	38.3		
Influenza and pneumonia	21.0			17.5
Intentional self-harm (suicide)	16.5		15.6	
Chronic liver disease and cirrhosis	8.8		7.2	
Nephritis, nephrotic syndrome and nephrosis (diseases of the kidneys)	7.6		6.0	
Homicide	2.4		1.6	
Injury by Firearm	12.5		10.5	
Alcohol-induced	9.4			7.2
Drug-induced	8.8		10.1	

1. Average annual age-adjusted rate per 100,000 population, with the exception of the female breast cancer rate which is per 100,000 females and prostate cancer rate which is per 100,000 males.

Infant Deaths	Idaho Rate	District 4		
		District 4 Rate is Significantly Higher than the State Rate	District 4 Rate Does Not Differ Significantly from the State Rate	District 4 Rate is Significantly Lower than the State Rate
Infant death rate per 1,000 births ¹	6.2		6.6	
Congenital Malformations (birth defects) ²	153.1		202.9	
Sudden Infant Death Syndrome (SIDS) ²	78.1		81.2	

1. Infant death rate: Number of deaths to infants under one year of age per 1,000 live births.
2. Cause-specific infant death rate: Number of infant deaths by cause per 100,000 live births.

Special Note: Infant death rates for District 4 are based on a small data base. From 2002-2004, there were 114 deaths to District 4 infants under age of one. Of those deaths, 35 were due to birth defects and 14 were due to SIDS. Note that infant death rates based on small numbers (<20 deaths) are subject to wide variability in the confidence interval on the rate. Even though the District 4 Birth defects rate is much higher than the Idaho rate, the difference is not statistically significant because the test for significance is based on the wide variability in the confidence interval of the rate. In other words, the smaller the number, the wider the confidence interval, and the more stringent the test for significance.

Note: See Technical Notes for information on age-adjusted rates and testing for significance.

Idaho and District 5 Resident Live Births
Average Annual Percent Summary

Nativity Indicator	Idaho Percent of Births	District 5 Percent of Births		
		District 5 is Significantly Higher than the State	District 5 Does Not Differ Significantly from the State	District 5 is Significantly Lower than the State
First Trimester Prenatal Care ¹ (2004-2005)	71.6			63.0
Preterm Births ² (2002-2004)	10.6		10.3	
Low Birth Weight ³ (2002-2004)	6.5		6.3	
Births to Unmarried Mothers ⁴ (2002-2004)	22.3		26.6	
Smoking During Pregnancy ⁵ (2004-2005)	13.2	14.2		

1. First trimester prenatal care is a positive indicator. The higher percent of mothers receiving first trimester prenatal care is the preferable outcome.
2. Percents are based on records with known data for gestation. Preterm: Babies born prior to 37 completed weeks of gestation.
3. Percents are based on records with known data for birth weight. Low Birth Weight: Babies born weighing less than 2,500 grams.
4. Percents are based on records with known data for marital status.
5. Percents are based on records with known data for smoking during pregnancy.

Idaho and District 5 Resident Teen Pregnancy
Three-Year Average Annual Rate per 1,000 females aged 15-17, 2002-2004

	Idaho Rate Per 1,000 females	District 5 Rate per 1,000 females		
		District 5 is Significantly Higher than State	District 5 Does Not Differ Significantly from the State	District 5 is Significantly Lower than the State
Teen Pregnancy Rate ¹	21.6	26.9		

1. Teen Pregnancy Rate: Total number of pregnancies for teens age 15-17 per 1,000 females aged 15-17.

Idaho and District 5 Resident Deaths
Three-Year Average Annual Age-Adjusted Death Rates, 2002-2004

Cause of Death	Idaho Average Annual Age-Adjusted Death Rate ¹	District 5 Average Annual Age-Adjusted Death Rate ¹		
		District 5 Rate is Significantly Higher than the State Rate	District 5 Rate Does Not Differ Significantly from the State Rate	District 5 Rate is Significantly Lower than the State Rate
Diseases of heart	193.2		186.3	
Malignant neoplasms (cancer)	173.2		172.0	
Lung cancer	43.5		38.9	
Colorectal cancer	15.4		15.2	
Female breast cancer	23.8		21.5	
Prostate cancer	29.4		27.7	
Cerebrovascular diseases (stroke)	56.8			48.9
Chronic lower respiratory diseases	46.6		52.4	
Accidents	44.4	61.1		
Motor Vehicle Accidents	20.0	33.9		
Diabetes mellitus	26.5		22.7	
Alzheimer's disease	25.7		22.5	
Influenza and pneumonia	21.0		24.0	
Intentional self-harm (suicide)	16.5		18.5	
Chronic liver disease and cirrhosis	8.8		7.7	
Nephritis, nephrotic syndrome and nephrosis (diseases of the kidneys)	7.6		8.3	
Homicide	2.4		3.0	
Injury by Firearm	12.5		14.5	
Alcohol-induced	9.4		8.3	
Drug-induced	8.8		8.2	

1. Average annual age-adjusted rate per 100,000 population, with the exception of the female breast cancer rate which is per 100,000 females and prostate cancer rate which is per 100,000 males.

Infant Deaths	Idaho Rate	District 5		
		District 5 Rate is Significantly Higher than the State Rate	District 5 Rate Does Not Differ Significantly from the State Rate	District 5 Rate is Significantly Lower than the State Rate
Infant death rate per 1,000 births ¹	6.2		6.4	
Congenital Malformations (birth defects) ²	153.1		159.9	
Sudden Infant Death Syndrome (SIDS) ²	78.1		98.4	

1. Infant death rate: Number of deaths to infants under one year of age per 1,000 live births.
2. Cause-specific infant death rate: Number of infant deaths by cause per 100,000 live births.

Special Note: Infant death rates for District 5 are based on a small data base. From 2002-2004, there were 52 deaths to District 5 infants under age of one. Of those deaths, 13 were due to birth defects and 8 were due to SIDS. Note that infant death rates based on small numbers (<20 deaths) are subject to wide variability in the confidence interval on the rate. Even though the District 5 SIDS rate is much higher than the Idaho rate, the difference is not statistically significant because the test for significance is based on the wide variability in the confidence interval of the rate. In other words, the smaller the number, the wider the confidence interval, and the more stringent the test for significance.

Note: See Technical Notes for information on age-adjusted rates and testing for significance.

Idaho and District 6 Resident Live Births
Average Annual Percent Summary

Nativity Indicator	Idaho Percent of Births	District 6 Percent of Births		
		District 6 is Significantly Higher than the State	District 6 Does Not Differ Significantly from the State	District 6 is Significantly Lower than the State
First Trimester Prenatal Care ¹ (2004-2005)	71.6		70.7	
Preterm Births ² (2002-2004)	10.6		11.0	
Low Birth Weight ³ (2002-2004)	6.5	7.2		
Births to Unmarried Mothers ⁴ (2002-2004)	22.3			19.7
Smoking During Pregnancy ⁵ (2004-2005)	13.2		13.3	

1. First trimester prenatal care is a positive indicator. The higher percent of mothers receiving first trimester prenatal care is the preferable outcome.
2. Percents are based on records with known data for gestation. Preterm: Babies born prior to 37 completed weeks of gestation.
3. Percents are based on records with known data for birth weight. Low Birth Weight: Babies born weighing less than 2,500 grams.
4. Percents are based on records with known data for marital status.
5. Percents are based on records with known data for smoking during pregnancy.

Idaho and District 6 Resident Teen Pregnancy
Three-Year Average Annual Rate per 1,000 females aged 15-17, 2002-2004

	Idaho Rate Per 1,000 females	District 6 Rate per 1,000 females		
		District 6 is Significantly Higher than State	District 6 Does Not Differ Significantly from the State	District 6 is Significantly Lower than the State
Teen Pregnancy Rate ¹	21.6			18.8

1. Teen Pregnancy Rate: Total number of pregnancies for teens age 15-17 per 1,000 females aged 15-17.

Idaho and District 6 Resident Deaths
Three-Year Average Annual Age-Adjusted Death Rates, 2002-2004

Cause of Death	Idaho Average Annual Age-Adjusted Death Rate ¹	District 6 Average Annual Age-Adjusted Death Rate ¹		
		District 6 Rate is Significantly Higher than the State Rate	District 6 Rate Does Not Differ Significantly from the State Rate	District 6 Rate is Significantly Lower than the State Rate
Diseases of heart	193.2	227.7		
Malignant neoplasms (cancer)	173.2		163.8	31.9
Lung cancer	43.5			
Colorectal cancer	15.4		12.2	
Female breast cancer	23.8		21.2	
Prostate cancer	29.4		33.2	
Cerebrovascular diseases (stroke)	56.8	69.5		
Chronic lower respiratory diseases	46.6		48.2	
Accidents	44.4		47.0	
Motor Vehicle Accidents	20.0		24.0	
Diabetes mellitus	26.5		29.9	
Alzheimer's disease	25.7			14.1
Influenza and pneumonia	21.0	29.1		
Intentional self-harm (suicide)	16.5		19.4	
Chronic liver disease and cirrhosis	8.8		11.3	
Nephritis, nephrotic syndrome and nephrosis (diseases of the kidneys)	7.6		8.1	
Homicide	2.4		1.9	
Injury by Firearm	12.5		14.6	
Alcohol-induced	9.4		10.5	
Drug-induced	8.8		11.3	

1. Average annual age-adjusted rate per 100,000 population, with the exception of the female breast cancer rate which is per 100,000 females and prostate cancer rate which is per 100,000 males.

Infant Deaths	Idaho Rate	District 6		
		District 6 Rate is Significantly Higher than the State Rate	District 6 Rate Does Not Differ Significantly from the State Rate	District 6 Rate is Significantly Lower than the State Rate
Infant death rate per 1,000 births ¹	6.2		5.9	
Congenital Malformations (birth defects) ²	153.1		118.1	
Sudden Infant Death Syndrome (SIDS) ²	78.1		118.1	

1. Infant death rate: Number of deaths to infants under one year of age per 1,000 live births.
2. Cause-specific infant death rate: Number of infant deaths by cause per 100,000 live births.

Special Note: Infant death rates for District 6 are based on a small data base. From 2002-2004, there were 50 deaths to District 6 infants under age of one. Of those deaths, 10 were due to birth defects and 10 were due to SIDS. Note that infant death rates based on small numbers (<20 deaths) are subject to wide variability in the confidence interval on the rate. Even though the District 6 SIDS rate is much higher than the Idaho rate, the difference is not statistically significant because the test for significance is based on the wide variability in the confidence interval of the rate. In other words, the smaller the number, the wider the confidence interval, and the more stringent the test for significance.

Note: See Technical Notes for information on age-adjusted rates and testing for significance.

Idaho and District 7 Resident Live Births
Average Annual Percent Summary

Nativity Indicator	Idaho Percent of Births	District 7 Percent of Births		
		District 7 is Significantly Higher than the State	District 7 Does Not Differ Significantly from the State	District 7 is Significantly Lower than the State
First Trimester Prenatal Care ¹ (2004-2005)	71.6	75.3		
Preterm Births ² (2002-2004)	10.6			9.6
Low Birth Weight ³ (2002-2004)	6.5		6.7	
Births to Unmarried Mothers ⁴ (2002-2004)	22.3			15.6
Smoking During Pregnancy ⁵ (2004-2005)	13.2			7.9

1. First trimester prenatal care is a positive indicator. The higher percent of mothers receiving first trimester prenatal care is the preferable outcome.
2. Percents are based on records with known data for gestation. Preterm: Babies born prior to 37 completed weeks of gestation.
3. Percents are based on records with known data for birth weight. Low Birth Weight: Babies born weighing less than 2,500 grams.
4. Percents are based on records with known data for marital status.
5. Percents are based on records with known data for smoking during pregnancy.

Idaho and District 7 Resident Teen Pregnancy
Three-Year Average Annual Rate per 1,000 females aged 15-17, 2002-2004

	Idaho Rate Per 1,000 females	District 7 Rate per 1,000 females		
		District 7 is Significantly Higher than State	District 7 Does Not Differ Significantly from the State	District 7 is Significantly Lower than the State
Teen Pregnancy Rate ¹	21.6			16.1

1. Teen Pregnancy Rate: Total number of pregnancies for teens age 15-17 per 1,000 females aged 15-17.

Idaho and District 7 Resident Deaths
Three-Year Average Annual Age-Adjusted Death Rates, 2002-2004

Cause of Death	Idaho Average Annual Age-Adjusted Death Rate ¹	District 7 Average Annual Age-Adjusted Death Rate ¹		
		District 7 Rate is Significantly Higher than the State Rate	District 7 Rate Does Not Differ Significantly from the State Rate	District 7 Rate is Significantly Lower than the State Rate
Diseases of heart	193.2	219.3		
Malignant neoplasms (cancer)	173.2			153.4
Lung cancer	43.5			27.8
Colorectal cancer	15.4		14.0	
Female breast cancer	23.8		27.5	
Prostate cancer	29.4	45.0		
Cerebrovascular diseases (stroke)	56.8			48.5
Chronic lower respiratory diseases	46.6			38.5
Accidents	44.4	57.4		
Motor Vehicle Accidents	20.0		24.1	
Diabetes mellitus	26.5	39.8		
Alzheimer's disease	25.7			19.9
Influenza and pneumonia	21.0		24.1	
Intentional self-harm (suicide)	16.5		14.1	
Chronic liver disease and cirrhosis	8.8		7.5	
Nephritis, nephrotic syndrome and nephrosis (diseases of the kidneys)	7.6	11.1		
Homicide	2.4		2.4	
Injury by Firearm	12.5		10.5	
Alcohol-induced	9.4		9.2	
Drug-induced	8.8		11.5	

1. Average annual age-adjusted rate per 100,000 population, with the exception of the female breast cancer rate which is per 100,000 females and prostate cancer rate which is per 100,000 males.

Infant Deaths	Idaho Rate	District 7		
		District 7 Rate is Significantly Higher than the State Rate	District 7 Rate Does Not Differ Significantly from the State Rate	District 7 Rate is Significantly Lower than the State Rate
Infant death rate per 1,000 births ¹	6.2		5.0	
Congenital Malformations (birth defects) ²	153.1		83.4	
Sudden Infant Death Syndrome (SIDS) ²	78.1		31.3	

1. Infant death rate: Number of deaths to infants under one year of age per 1,000 live births.
2. Cause-specific infant death rate: Number of infant deaths by cause per 100,000 live births.

Special Note: Infant death rates for District 7 are based on a small data base. From 2002-2004, there were 48 deaths to District 7 infants under age of one. Of those deaths, 8 were due to birth defects and 3 were due to SIDS. Note that infant death rates based on small numbers (<20 deaths) are subject to wide variability in the confidence interval on the rate. Even though the District 7 SIDS rate is much lower than the Idaho rate, the difference is not statistically significant because the test for significance is based on the wide variability in the confidence interval of the rate. In other words, the smaller the number, the wider the confidence interval, and the more stringent the test for significance.

Note: See Technical Notes for information on age-adjusted rates and testing for significance.

DEFINITIONS AND FORMULAS

AGE-ADJUSTED DEATH RATE (DIRECT METHOD) -- number of deaths per 100,000 standard population.

Age-adjusted death rates are artificial measurements and should be used only to compare to other age-adjusted death rates calculated using the same standard population. Idaho and U.S. age-adjusted rates shown were calculated using the 2000 population estimate as the standard population.

$$\frac{\text{Sum of (age-specific death rates per 100,000 for selected population x standard population in corresponding age groups)}}{\text{Sum of standard population}}$$

ALCOHOL-INDUCED DEATHS -- includes alcoholic psychoses, alcohol dependence syndrome, nondependent abuse of alcohol, alcoholic polyneuropathy, alcoholic cardiomyopathy, alcoholic gastritis, chronic liver disease and cirrhosis – specified as alcoholic, excessive blood level of alcohol, and accidental poisoning by alcohol, not elsewhere classified. Alcohol-induced deaths do not include accidents, homicides, and other causes indirectly related to alcohol use. This category also excludes newborn deaths associated with maternal alcohol use.

DRUG-INDUCED DEATHS -- includes deaths due to drug psychosis, drug dependence, nondependent use of drugs not including alcohol and tobacco; accidental poisoning by drugs, medicaments, and biologicals; suicide by drugs, medicaments, and biologicals, assault from poisoning by drugs and medicaments, and poisoning by drugs, medicaments, and biologicals, undetermined whether accidental or purposely inflicted. Drug-induced deaths do not include accidents, homicides, and other causes indirectly related to drug use. Also excluded are newborn deaths associated with mother's drug use.

FIREARM INJURY DEATHS -- includes accidental, intentional self-harm (suicide), assault (homicide), undetermined intent, and legal intervention involving firearm discharge. Deaths from injury by firearms exclude deaths due to explosives and other causes indirectly related to firearms.

FIRST TRIMESTER CARE -- beginning prenatal care in the first 3 months of pregnancy

FIRST TRIMESTER CARE RATE (percent) -- number of live births to women receiving prenatal care in the first trimester care of pregnancy per 100 live births with known data for prenatal care

$$\frac{\text{live births to women receiving first trimester care}}{\text{live births with known data for prenatal care of mother}} \times 100$$

INFANT DEATH -- death of an infant under 1 year of age

INFANT MORTALITY RATE -- number of infant deaths per 1,000 live births

$$\frac{\text{infant deaths}}{\text{live births}} \times 1,000$$

DEFINITIONS AND FORMULAS (continued)

CAUSE-SPECIFIC INFANT MORTALITY RATE -- number of infant deaths from a specific cause per 100,000 live births

$$\frac{\text{infant deaths from specific cause}}{\text{live births}} \times 100,000$$

LOW BIRTH WEIGHT -- a live birth weighing under 2,500 grams (5½ pounds or less)

LOW BIRTH WEIGHT RATE (percent) -- number of low birth weight live births per 100 live births with stated birth weight

$$\frac{\text{low birth weight live births}}{\text{live births with stated birth weight}} \times 100$$

OUT-OF-WEDLOCK BIRTH -- a live birth to a woman who was not married at conception, birth, or anytime between

OUT-OF-WEDLOCK RATE (percent) -- number of out-of-wedlock live births per 100 live births

$$\frac{\text{out-of-wedlock live births}}{\text{live births with stated mother's marital status}} \times 100$$

PRETERM BIRTH -- a baby born at less than 37 completed weeks of gestation

PRETERM BIRTH RATE (percent) -- number of preterm live births per 100 live births with known data for length of gestation

$$\frac{\text{preterm live births}}{\text{live births with stated gestation}} \times 100$$

RESIDENCE DATA -- data allocated by place of residence of the registrant, or by place of residence of the infant's mother (births, stillbirths)

TEEN PREGNANCY -- includes live births, induced abortions, and stillbirths. In this report, teen pregnancy is based on teens aged 15-17.

TEEN PREGNANCY RATE -- number of pregnancies to teens aged 15-17 per 1,000 females aged 15-17

$$\frac{\text{live births + stillbirths + abortions}}{\text{female population aged 15-17}} \times 1,000$$

TECHNICAL NOTES

Nativity

Percents and Rates

Births for which a particular characteristic is unknown were subtracted from the total number of births which was used as the denominators to calculate the percents and rates.

Revision of the Certificate of Live Birth

The U.S. Standard Certificate of Live Birth was revised in 2003. In 2003, Pennsylvania and Washington were the first two states to implement the 2003 revision. In 2004, Idaho implemented the 2003 U.S. Standard Certificate of Live Birth. Some items on the certificate were added or changed from previous years and some items were removed from the Idaho certificate in 2004.

Two items that changed in 2004 were prenatal care and smoking during pregnancy. For these two items, the data for 2004 and after are not comparable with data prior to 2004; there are two graphs and tables are shown for these items.

Date of first prenatal care visit

In 2004, the prenatal care item was revised from collecting month prenatal care began to collecting date of first prenatal care visit. With the revision, the calculation of trimester prenatal care began is based on date of the first prenatal care visit and the date of the last menstrual period (LMP). If LMP date is not stated, the date of first prenatal care visit, the clinical length of gestation in weeks, and the baby's birth date are used to estimate the onset of prenatal care. If the day of first prenatal visit is missing, the day is imputed for statistical purposes based on the previous birth record with the same month of first prenatal care visit. If either month or year of prenatal care is missing or implausible, date of visit is coded to unknown.

According to the National Center for Health Statistics (NCHS), the change in data collection yields more accurate data because the timing for care is based on a date in the mother's medical record rather than based on mother's recollection of month of first visit¹. Because of the changes in sources for these data, prenatal care based on the date of first visit is not comparable to prenatal care based on month prenatal care began.

Cigarette smoking before and during pregnancy

Prior to 2004, tobacco use during pregnancy (yes or no) and average number of cigarettes per day were reported on the birth certificate. Beginning in 2004, the Idaho birth certificate includes four data items for cigarette smoking before and during pregnancy. The revised certificate collects data on average number of cigarettes smoked per day during the three months before pregnancy, the first three months of pregnancy, the second three months of pregnancy, and the third three months of pregnancy. For births occurring out of state in states with unrevised certificates, if mother used tobacco during pregnancy, the birth record was coded to mother smoked cigarettes

during all three trimesters of pregnancy. There were 34 records in 2005 in which mother smoked during pregnancy and birth occurred in a state which does not ask for cigarette smoking data by trimester of pregnancy. Data for cigarette smoking prior to pregnancy were not collected on the unrevised certificate and were coded to “not stated” for data analysis.

Data based on mother’s cigarette smoking status during the three trimesters of pregnancy were used to generate a data item for mother smoking during pregnancy. Mother’s who smoked during the first three months of pregnancy, the second three months of pregnancy, or the third three months of pregnancy were coded to “yes” smoked cigarettes during pregnancy for data analysis. Because of changes in the method data are collected for smoking during pregnancy, Idaho data for 2004-2005 are not comparable with Idaho data prior to 2004 or other data based on tobacco use during pregnancy.

Teen Pregnancy Data Revision

In 2006, additional stillbirth records were received from Washington and Utah for Idaho residents who had stillbirth deliveries in these states from 1993 to 2004. The Idaho data bases were revised with these additional records and these revised data are included in the district statistics.

Mortality

Age-Adjusted Mortality Rates Standardized to the Year 2000 U.S. Standard

Age adjustment is a statistical technique used to standardize rates. The technique is employed when comparing two or more populations with different age distributions. Age-adjusted rates are recommended when making comparisons in the rates of age-related health events, such as deaths, between different populations or for comparing trends in a given population over time. Age-adjusted rates are artificial measures for comparison purposes only and should not be used to measure the absolute magnitude of a health issue. To allow for comparison, the same standard population must be used. If different standard populations are used to compute the age-adjusted rates (1940 and 2000, for example), then the age-adjusted rates are NOT comparable. Statistically, an age-adjusted rate is a weighted average of the age-specific death rates, where the weights represent the fixed population proportions by age.

Beginning with data (calendar) year 1999, the National Center for Health Statistics (NCHS) implemented a new standard for age-adjusted death rates. The new standard is based on year 2000 U.S. population, and it replaces the existing 1940 standard million population that has been widely used for over 50 years. The reasons for changing to the year 2000 standard are two-fold. One, although the 1940 standard was widely used, at least three different standards have been employed by federal and state agencies. The use of a single age-adjustment standard by federal agencies will help alleviate confusion and misunderstanding among data users. Two, the 1940 standard has been perceived as outdated and incompatible with the current and older age structure of the population.²

Average annual age-adjusted rates for 1996-1998, 1999-2001, and 2002-2004 in this report were standardized to year 2000 U.S. standard million population (shown as proportion of the population or weights). The mid-year population for each three-year period was used to calculate the average-annual rates. Rates were developed using the following steps for the direct method:

- 1) Calculate **age-specific rates** for the 11 age groups used in the 2000 standard million:

$$\left[\frac{\text{Annual number of deaths in age group}}{(\text{Midyear population of age group for corresponding years}) \times (\text{number of years})} \right] \times 100,000$$

- 2) Calculate **expected number of deaths** for each age group.

$$(\text{2000 U.S. standard million population (weight) of age group}) \times (\text{Age-specific rate})$$

- 3) Calculate **age-adjusted rate per 100,000 persons**.

$$(\text{Sum of expected deaths for all age groups})$$

Age-adjusted Rate Example:

Age Group	Total Idaho Deaths due to Diseases of the Heart (2002-2004)	Midyear Population (April 1, 2003)	Average Annual Age-Specific Rate Per 100,000	Year 2000 U.S. Standard Weights	Expected Deaths (Age-Specific Rate x U.S. Standard Weight)	Average Annual Age-Adjusted Rate
Total	7,541	1,366,332		1		193.2
<1	9	20,089	14.9	0.013818	0.2	
1-4	2	81,443	0.8	0.055317	0.0	
5-14	4	206,271	0.6	0.145565	0.1	
15-24	14	217,325	2.1	0.138646	0.3	
25-34	21	179,230	3.9	0.135573	0.5	
35-44	133	190,514	23.3	0.162613	3.8	
45-54	438	188,092	77.6	0.134834	10.5	
55-64	711	127,716	185.6	0.087247	16.2	
65-74	1,158	80,015	482.4	0.066037	31.9	
75-84	2,145	54,432	1,313.6	0.044842	58.9	
85+	2,906	21,205	4,568.1	0.015508	70.8	

Cause-of-Death Classification

Mortality statistics are compiled in accordance with the World Health Organization (WHO)

regulations, which specify that member nations, including the United States, classify and code causes of death in accordance with the International Statistical Classification of Diseases and Related Health Problems. The tenth revision of the International Classification of Diseases (ICD-10) was implemented in the United States beginning with deaths occurring in 1999 and replaces the ninth revision of the ICD (ICD-9), which was used from 1979 through 1998. Some changes from ICD-9 to ICD-10 include:

1. ICD-10 is far more detailed than ICD-9, with about 8,000 categories compared with 4,000 categories.
2. ICD-10 uses 4-digit alphanumeric codes, compared with 4-digit numeric codes in ICD-9.
3. Some cause-of-death titles have been changed, and conditions have been regrouped.
4. Some cause-of-death coding rules have been changed.

Comparability Ratio

The change from ICD-9 to ICD-10 may result in discontinuities in cause-of-death trends. These discontinuities are measured using comparability ratios. The National Center for Health Statistics developed comparability ratios to measure the level of agreement between classification systems for causes of death. The comparability ratio is the result of a study completed by the NCHS in which a sample of U.S. mortality records were coded by both the new (ICD-10) and the old revision (ICD-9) codes.

$$\text{Comparability ratio: } \frac{\text{Number of deaths for a cause of death based on ICD-10 code(s)}}{\text{Number of deaths for a cause of death based on the most comparable ICD-9 code(s)}}$$

A comparability ratio of 1.00 indicates that the same number of deaths was assigned to a particular cause whether ICD-9 or ICD-10 was used. A comparability ratio of less than 1.00 indicates fewer deaths would be coded to the cause of death using ICD-10 compared with ICD-9, solely because of the revision of the ICD. For example, a ratio of 0.83 indicates there were 17 percent fewer deaths ($1.00 - 0.83 = .17$) for this cause because of the code revision. A comparability ratio of more than 1.00 indicates more deaths occurred from this cause using ICD-10 compared with ICD-9, only because of the implementation of ICD-10. A ratio of 1.19 indicates 19 percent more deaths (absolute difference of $1.00 - 1.19 = -.19$) were attributed to the cause using ICD-10 than would have been using ICD-9.

Because ICD-10 is more detailed than ICD-9, and because of changes in the coding rules, the ICD-9 codes most comparable to ICD-10 codes may or may not be the ICD-9 codes used to categorize cause of death from 1979-1998. The ICD-9 codes most comparable to ICD-10 codes are called Modified ICD-9 codes. For example, from 1979-1998, the ICD-9 codes used for Diseases of the heart were 390-398, 402, and 404-429. To compare with ICD-10, the Modified ICD-9 codes for Diseases of the heart changed to 390-398, 402, 404, and 410-429. Other examples of causes of death that were modified are Major cardiovascular diseases, Ischemic heart disease, All other forms of Chronic ischemic heart disease, Cerebrovascular diseases (stroke), Chronic lower respiratory diseases (formally called Chronic obstructive pulmonary disease), Other chronic lower respiratory diseases, and Accidents. For more information on Modified ICD-9 codes refer to the NCHS website at <http://www.cdc.gov/nchs/>.

ICD-9 Modified Data Example

From 1999-2001 there were 806 Idaho resident deaths from Influenza and pneumonia,

deaths based on ICD-10 codes (J10-J18). In 1996-1998, there were 1,014 deaths from Influenza and pneumonia, based on the ICD-9 codes (480-487). Without modification, one would conclude the number of Influenza and pneumonia deaths decreased from 1996-1998 to 1999-2001. However, because of changes in coding rules for ICD, these two counts are not comparable. Beginning in 1999, a change in Rule 3, called the direct sequel rule, changed the way deaths are coded when pneumonia is listed as a condition leading to death. When pneumonia is listed on the death certificate with another cause of death, and it is obviously a direct consequence of that other cause, then the other cause is selected as the underlying cause of death. In ICD-10, this rule is applied more broadly than in ICD-9 and specifies many more causes for which pneumonia is considered a direct consequence. Thus, deaths classified as pneumonia in ICD-9 are classified in ICD-10 to many other causes.

The ICD-10 to ICD-9 comparability ratio for Influenza and pneumonia is 0.6974. In other words, the counts and rates for Influenza and pneumonia, when coded using ICD-10, were expected to decrease 30 percent beginning in 1999 only because of the introduction of ICD-10. To compare the number of Influenza and pneumonia deaths in 1996-1998 with the number of deaths in 1999-2001 one would need to multiply the 1996-1998 data based on Modified ICD-9 codes by the comparability ratio.

Number of deaths in 1996-1998 based on Modified ICD-9 Codes (not comparable with 1999-2001 data)	X	Comparability Ratio	=	Number of deaths in 1996-1998, comparable with number of deaths in 1999-2001 (rounded)	Number of deaths in 1999-2001
1,014		.6974		707	806

The number of influenza and pneumonia deaths increased 14 percent from 1996-1998 to 1999-2001, rather than a decreased of 21 percent if the comparability ratio was not applied to number of deaths based on ICD-9 codes.

Because of the comparability ratio being applied to the number of death in 1996-1998 the district number of deaths may not sum to Idaho's total due to rounding.

Firearm Injury, Alcohol-Induced, and Drug-Induced Deaths

Deaths attributed to firearm injury, alcohol-induced, and drug-induced causes are sub-sets of mortality categories used to rank leading causes of death such as accidents, intentional self-harm (suicide), and assault (homicide). Firearm injury, alcohol-induced, and drug-induced deaths are not used to rank leading cause of death.

Firearm Injury Deaths

Causes of death attributable to firearm-injury deaths include ICD-10 codes: U01.4, W32-W34, X72-X74, X93-X95, Y22-Y24, and Y35.0. Firearm injury deaths include terrorism involving firearms (homicide); accidental discharge of firearms, intentional self-harm (suicide) by discharge of firearms, assault (homicide) by discharge of firearms, discharge of firearms, undetermined intent, and legal intervention involving firearm discharge. Death from injury by firearms exclude deaths due to explosives and other causes indirectly related to firearms.

Alcohol-Induced Deaths

The list of ICD-10 codes included in alcohol-induced causes was expanded in 2003 to include the ICD-10 codes of E24.4, G72.1, and K86.0 with the codes used prior to 2003: F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, and Y15. Alcohol-induced deaths include mental and behavioral disorders due to alcohol use, degeneration of nervous system due to alcohol, alcoholic polyneuropathy, alcoholic cardiomyopathy, alcoholic gastritis, alcoholic liver disease, alcohol-induced chronic pancreatitis, findings of alcohol in blood, accidental poisoning by and exposure to alcohol, intentional self-poisoning (suicide) by exposure to alcohol, poisoning by exposure to alcohol, and poisoning by exposure to alcohol, undetermined intent. Alcohol-induced deaths do not include accidents such as falls and motor vehicle crashes, homicides, and other causes indirectly related to alcohol use. This category also excludes newborn deaths associated with maternal alcohol use.

Drug-Induced Deaths

In 2003, NCHS expanded the list of ICD-10 codes for drug-induced causes to be more comprehensive. Drug-induced ICD-10 codes include: D52.1, D59.0, D59.2, D61.1, D64.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0- F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, G62.0, G72.0, I95.2, J70.2-J70.4, L10.5, L27.0, L27.1, M10.2, M32.0, M80.4, M81.4, M83.5, M87.1, R78.1- R78.5, X40-X44, X60-X64, X85, and Y10-Y14. Drug-induced deaths include deaths due to drug psychosis, drug dependence, nondependent use of drugs not including alcohol and tobacco, accidental poisoning by drugs, medicaments, and biologicals, suicide by drugs, medicaments, and biologicals, assault from poisoning by drugs and medicaments, and poisoning by drugs, medicaments, and biologicals, undetermined whether accidental or purposely inflicted. Drug-induced deaths do not include accidents, homicides, and other causes indirectly related to drug use. Also excluded are newborn deaths associated with mother's drug use. Types of drugs listed on the death certificate include prescriptions, over-the-counter drugs, and narcotics.

Statistical Methods

Percent Change in Rate Over Time

To calculate percent change over time:

$$\frac{(\text{Most current year } (Y^2) - \text{Earliest year } (Y^1))}{\text{Earliest year } (Y^1)} \times 100$$

Percent change in District 1 rates for Diseases of Heart from 223.8 in 1996-1998 to 191.5 in 2002-2004:

$$\frac{(191.5-223.8)}{223.8} \times 100 = 14.4\% \text{ decrease}$$

The percent changes calculated and reported within this report are based on non-rounded numbers.

Statistical Testing

District data may be compared with state data, other district's data, or district and state data may be reviewed over time. When reviewing the tables on mortality, keep in mind the mortality rate from 1996-1998 are based on modified ICD-9 codes and rates from 1999-2001 and 2002-2004 are based on ICD-10 codes. In addition, some rates are based on large number of births or deaths (100+) and some rates are based on small number of births or deaths (1-99) for the three-year period. While using the term 'rates' in describing the statistical tests, if percents are the measure being tested then they would follow the same statistical test methodology as rates.

For this report conservative statistical significant tests were used; the independent rate test (confidence interval overlap test) and the dependent rate test. For each rate, a 95% confidence interval was calculated and is shown on the table. The confidence intervals were used to evaluate the significance of the rates. Confidence intervals are a measure of the variability in the data and are used to describe the uncertainty around a point estimate of a quantity, for example, an age-adjusted mortality rate.

Significant Testing for Independent rates:

An independent rate is where there are two rates from two different populations and the population base does not overlap each other, they are independent of each other. For example, District 1 and District 6 have an independent population base another example is the population in Idaho for 1999-2001 and the Idaho population for 2002-2004. When the rates are independent then the Confidence Overlap Test was used, which compares the 95% confidence intervals of two rates.

If the confidence intervals for two rates do not overlap, then the difference between the two rates would be significant at the 0.05 level. If the confidence intervals for two rates overlap, then there is no significant difference between the rates.

Significant Testing for Dependent rates:

A dependent rate is where one of the population base falls within the other's population base; they are dependent of each other. For example, the population for District 1 is a subset of Idaho's population or District 1 is dependent to Idaho's population. When the rates are dependent the Dependent Rate Test was used, which compares an observed rate to a standard rate to determine if the rates significantly differ from each other. If the standard rate is included in the confidence intervals of the rate to be compared, then there is no significant difference between the rates. If the standard rate is not included in the confidence intervals of the observed rate, then the difference between the two rates would be significant at the 0.05 level.

Confidence Overlap Test Example:

The Idaho Diabetes Mellitus rate was 23.0 1996-1998 and 26.5 in 2002-2004. The 95% confidence interval in 1996-1998 was 21.4 - 24.7, which does not overlap with the confidence interval in 2002-2004 (24.8 – 28.1); therefore the rate was significantly higher.

Idaho, Diabetes Mellitus 1996-1998		Idaho, Diabetes Mellitus 2002-2004		The 95% confidence intervals do not overlap; the rates did change significantly over time at the 0.05 level.
Rate	95% Confidence Interval	Rate	95% Confidence Interval	
23.0	21.4 – 24.7	26.5	24.8 – 28.1	

Dependent Rate Test Example:

The age-adjusted rate for Diabetes Mellitus for Idaho was 26.1 deaths per 100,000 people and the 95% confidence interval was 24.8 – 28.1 in 2002-2004. During that time period, District 7 had the highest age-adjusted rate for Diabetes (39.8). The 95% confidence interval for District 7 was 33.6 – 45.9. The Idaho Diabetes age-adjusted death rate of 26.5 does not lie within the confidence interval of District 7 (33.6 – 45.9); therefore, there is a significant difference between the District 7 rate and the Idaho rate.

Idaho, Diabetes Mellitus 2002-2004		District 7, Diabetes Mellitus 2002-2004		The rate for Idaho does not lie within the confidence intervals of the district; the rates are significantly different at the 0.05 level.
Rate	95% Confidence Interval	Rate	95% Confidence Interval	
26.5	24.8 – 28.1	39.8	33.6 – 45.9	

Please note that the smaller the number of events upon which the rate is based, the larger the confidence interval will be. This clearly demonstrates the wider variability (and less reliability) of rates based on smaller numbers. **As a general rule, age-adjusted rates based on less than 20 events should be considered unstable and are not recommended for comparative use or in determining significance.**

SPECIAL NOTE: The use of the Confidence Overlap Test and the Dependent Rate Test is crude and conservative. There are other statistical tests which take into account the larger pooled sample size of the two populations together, and therefore may provide a different result. This error is conservative; in some cases an appropriate statistical test would indicate a statistically significant difference even though the confidence intervals do overlap, falsely implying no significant difference. However, if two confidence intervals do not overlap using the Confidence Overlap Test, a comparable statistical test would always indicate a statistically significant difference.

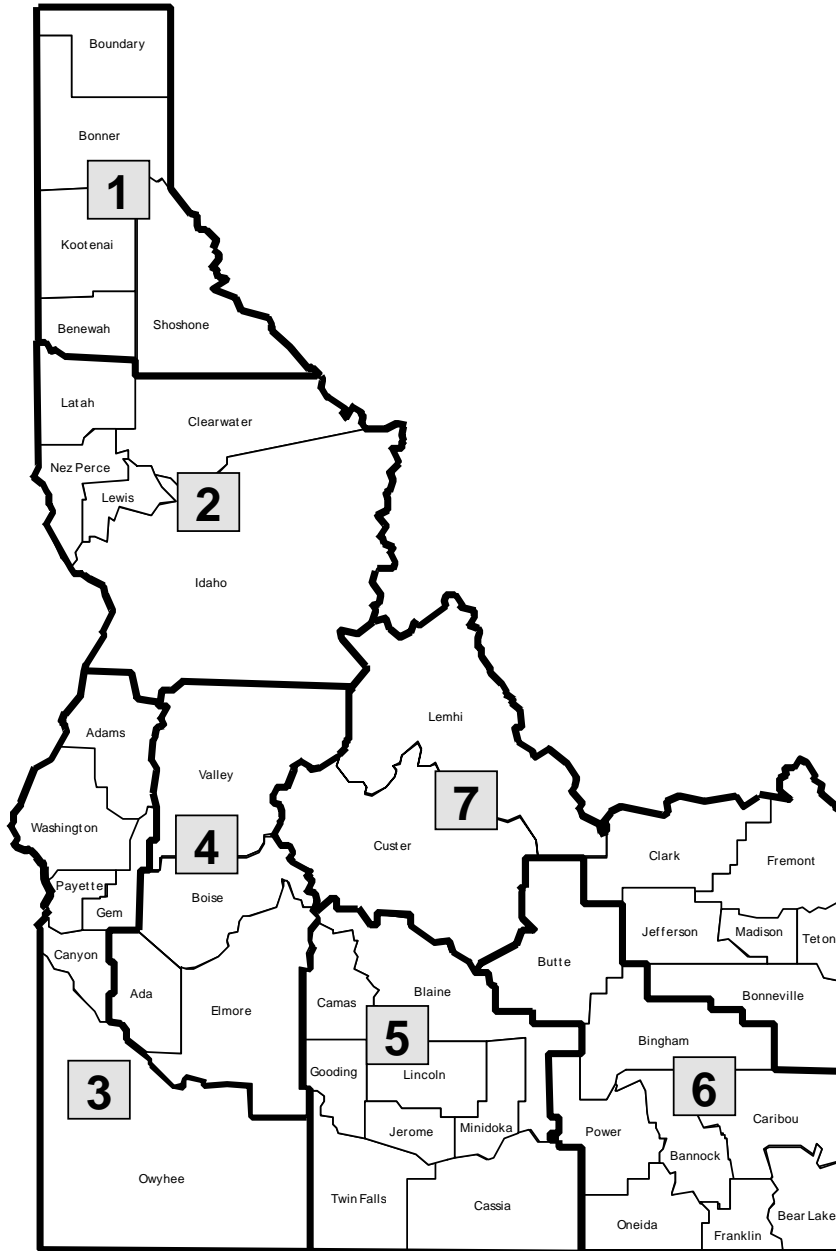
Health Districts

Idaho is comprised of seven Health Districts and seven Regions. The counties in each are the same with one exception. Butte County is located in Health District 6, but is in Region 7. This report provides data based on the Health Districts. See page 58 for a District map and a list of counties in each district.

1. "Report of the Panel to Evaluate the U.S. Standard Certificates," National Center for Health Statistics, Division of Vital Statistics, April 2000, Addenda, November 2001.

2. "Age Standardization of Death Rates: Implementation of the Year 2000 Standard," National Center for Health Statistics, Division of Vital Statistics, Vol. 47, Number 3, October 7, 1998.

Counties Comprising Idaho Public Health Districts



Panhandle Health District	North Central District Health Department	Southwest District Health	Central District Health Department	South Central District Health	Southeastern District Health Department	Eastern Idaho Public Health District
District 1	District 2	District 3	District 4	District 5	District 6	District 7
Benewah Bonner Boundary Kootenai Shoshone	Clearwater Idaho Latah Lewis Nez Perce	Adams Canyon Gem Owyhee Payette Washington	Ada Boise Elmore Valley	Blaine Camas Cassia Gooding Jerome Lincoln Minidoka Twin Falls	Bannock Bear Lake Bingham Butte Caribou Franklin Oneida Power	Bonneville Clark Custer Fremont Jefferson Lemhi Madison Teton



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