

## EpiCenter - Fatal, PDD, and ED variables

	Fatal Data	Non-Fatal Hospitalization	Non-Fatal Emergency Department Data
<b>Exclusions (criteria used when excluding certain cases from EpiCenter data)</b>	Cases with unknown age and ages that seem to be coding mistakes (such as ages over 120)	Cases with unknown age and ages that seem to be coding mistakes (such as ages over 120)	Cases with unknown age and ages that seem to be coding mistakes (such as ages over 120)
	Cases of deaths due to iatrogenic causes (also known as adverse effects of medical care and drugs)	Cases of deaths due to iatrogenic causes (also known as adverse effects of medical care and drugs)	Cases of deaths due to iatrogenic causes (also known as adverse effects of medical care and drugs)
	Cases of non-residents of California	Cases of non-residents of California	Cases of non-residents of California
	not applicable	Cases with primary e-codes that identify the place where the event took place (between 8490-8499) are excluded, as these are likely coding errors.	Cases with primary e-codes that identify the place where the event took place (between 8490-8499) are excluded, as these are likely coding errors.
	not applicable	Cases in which the patient died are excluded, since they are included in the Fatal Data.	Cases in which the patient died are excluded, since they are included in the Fatal Data.
	not applicable	Hospitalizations/ED visits of newborns are excluded, since these are likely in the data due to being born in the hospital/ED.	Hospitalizations/ED visits of newborns are excluded, since these are likely in the data due to being born in the hospital/ED.

## EpiCenter - Fatal, PDD, and ED variables

	Fatal Data	Non-Fatal Hospitalization	Non-Fatal Emergency Department Data
<b>Age (3 different formats)</b>	<p>You can select the age of the victim at the time of death in three different formats. Please note that if you have selected a specific age range in the boxes above, you will not be able to use the single age, SAC age groupings, or 5-year age groupings. Also, if you select different formats for age in the different boxes, you will get unpredictable results.</p> <p>Single year of age: Each year of age will appear on it's own line (for example: 0, 1, 2, 3, 4 ... all the way to the maximum age).</p> <p>SAC age: These are categories we've use in many of our publications: &lt;1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-44, 45-64, 65-84, and 85+</p> <p>5-year age groups: These start with "0-4" and go to "95-99". Persons over 99 years old are included in the category "100+"</p>	<p>You can select the age of the victim at the time of death in three different formats. Please note that if you have selected a specific age range in the boxes above, you will not be able to use the single age, SAC age groupings, or 5-year age groupings. Also, if you select different formats for age in the different boxes, you will get unpredictable results.</p> <p>Single year of age: Each year of age will appear on it's own line (for example: 0, 1, 2, 3, 4 ... all the way to the maximum age).</p> <p>SAC age: These are categories we've use in many of our publications: &lt;1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-44, 45-64, 65-84, and 85+</p> <p>5-year age groups: These start with "0-4" and go to "95-99". Persons over 99 years old are included in the category "100+"</p>	<p>You can select the age of the victim at the time of death in three different formats. Please note that if you have selected a specific age range in the boxes above, you will not be able to use the single age, SAC age groupings, or 5-year age groupings. Also, if you select different formats for age in the different boxes, you will get unpredictable results.</p> <p>Single year of age: Each year of age will appear on it's own line (for example: 0, 1, 2, 3, 4 ... all the way to the maximum age).</p> <p>SAC age: These are categories we've use in many of our publications: &lt;1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-44, 45-64, 65-84, and 85+</p> <p>5-year age groups: These start with "0-4" and go to "95-99". Persons over 99 years old are included in the category "100+"</p>
<b>County of Residence</b>	<p>This field is the county of residence of the injured person. It is not safe to assume that this is the county where the injury occurred.</p>	<p>This field is the county of residence of the injured person. It is not safe to assume that this is the county where the injury occurred.</p>	<p>This field is the county of residence of the injured person. It is not safe to assume that this is the county where the injury occurred.</p>
<b>Race/Ethnicity</b>	<p>We combine two separate fields, race and Hispanic ethnicity, into a single race/ethnicity field. For fatal data, we also combine some levels of detail (such as combining Asian sub-groups into a single "Asian" category), so that we have comparable groups both across time and between fatal and nonfatal data. On EpiCenter, the injury data may be also categorized differently based on whether you are generating rates, to be comparable with the population data from the California Department of Finance that we use to calculate rates.</p>	<p>We combine two separate fields, race and Hispanic ethnicity, into a single race/ethnicity field. For fatal data, we also combine some levels of detail (such as combining Asian sub-groups into a single "Asian" category), so that we have comparable groups both across time and between fatal and nonfatal data. On EpiCenter, the injury data may be also categorized differently based on whether you are generating rates, to be comparable with the population data from the California Department of Finance that we use to calculate rates.</p>	<p>We combine two separate fields, race and Hispanic ethnicity, into a single race/ethnicity field. For fatal data, we also combine some levels of detail (such as combining Asian sub-groups into a single "Asian" category), so that we have comparable groups both across time and between fatal and nonfatal data. On EpiCenter, the injury data may be also categorized differently based on whether you are generating rates, to be comparable with the population data from the California Department of Finance that we use to calculate rates.</p>

## EpiCenter - Fatal, PDD, and ED variables

	Fatal Data	Non-Fatal Hospitalization	Non-Fatal Emergency Department Data
<b>Sex</b>	This is the gender of the injured person. For fatal data, this is either "Male" or "Female". For hospitalization and ED data, this can be "Male", "Female", or "Unknown/Other".	This is the gender of the injured person. For fatal data, this is either "Male" or "Female". For hospitalization and ED data, this can be "Male", "Female", or "Unknown/Other".	This is the gender of the injured person. For fatal data, this is either "Male" or "Female". For hospitalization and ED data, this can be "Male", "Female", or "Unknown/Other".
<b>Year</b>	This is the year of death.	This is the year of hospitalization based on discharge date.	This is the year of admission to the ED based on discharge date.
<b>Cause</b>	This is the injury event that is coded as the underlying cause of death on the death certificate. You can break down the cause of injury into either groups/topics (e.g. "Unintentional - Fall", "Suicide - Poisoning", "Assault - Firearm") or by ICD9/10 codes (E-Codes and V, W, X, Y codes). Data from 1999 and later use ICD-10 codes while earlier years use ICD-9. Use caution in comparing causes across time as the coding systems are different and not all definitions are compatible across time (particularly transportation-related injuries). Keep in mind that the SAC groups are similar to, but not identical to, injury definitions used by CDC and other injury researchers.	You can break down the cause of injury into either groups/topics (e.g. "Unintentional - Fall", "Suicide - Poisoning", "Assault - Firearm") or by ICD9/10 codes (E-Codes and VWXY codes). All years of hospitalization data use ICD-9 coding. Be aware that death data from 1999 and later use ICD-10 codes while earlier years use ICD-9. Because of this coding difference, use caution in comparing hospitalizations to deaths in 1999 and later as the coding systems are different and not all definitions are compatible (particularly transportation-related injuries). Keep in mind that the SAC groups are similar to, but not identical to injury definitions used by CDC and other injury researchers.	You can break down the cause of injury into either groups/topics (e.g. "Unintentional - Fall", "Suicide - Poisoning", "Assault - Firearm") or by ICD9/10 codes (E-Codes and VWXY codes). All years of ED data use ICD-9 coding. Be aware that death data from 1999 and later use ICD-10 codes while earlier years use ICD-9. Because of this coding difference, use caution in comparing ED data to deaths in 1999 and later as the coding systems are different and not all definitions are compatible (particularly transportation-related injuries). Keep in mind that the SAC groups are similar to, but not identical to injury definitions used by CDC and other injury researchers.

## EpiCenter - Fatal, PDD, and ED variables

	Fatal Data	Non-Fatal Hospitalization	Non-Fatal Emergency Department Data
<b>Education</b>	<p>This is the highest level of education completed. They are recorded on the death certificate as the number of years completed. Most researchers only look at persons 25 and older to exclude those people who are still going to school, so the data here only includes ages 25+. We have grouped the values into the following categories:</p> <p>12th grade or less, no diploma                      High school graduate/GED                      Some college credit or associate degree                      Bachelor's degree                      Masters or doctorate degree                      Unknown</p>	not applicable	not applicable
<b>Veteran status</b>	Ever in U.S. Armed Forces	not applicable	not applicable
<b>Intent</b>	Intent of the injury is coded as: Unintentional, Self-inflicted/Suicide, Assault/Homicide, or Other.	Intent of the injury is coded as: Unintentional, Self-inflicted/Suicide, Assault/Homicide, or Other.	Intent of the injury is coded as: Unintentional, Self-inflicted/Suicide, Assault/Homicide, or Other.
<b>Day of week</b>	not applicable	Day of the week of admission based on admission date	Day of the week of treatment based on admission date
<b>Month</b>	Month of the year of death	Month of the year of admission	Month of the year of treatment
<b>Disposition on Discharge</b>	not applicable	Disposition of patient at discharge (e.g., discharged home, transferred to speciality facility, etc.)	Disposition of patient at discharge (e.g., discharged home, transferred to speciality facility, etc.)
<b>Expected Source of Payment</b>	not applicable	The expected source of payment is the type of payer that is expected to pay or did pay for the greatest portion of the bill for the hospital or ED stay.	The expected source of payment is the type of payer that is expected to pay or did pay for the greatest portion of the bill for the hospital or ED stay.
<b>Primary Diagnosis</b>	not applicable	This is either the nature of the injury (fracture, burn, sprain, open wound, etc.) or the body part injured based on the principal code assigned as the primary cause/reason for the admission.	This is either the nature of the injury (fracture, burn, sprain, open wound, etc.) or the body part injured based on the principal code assigned as the primary cause/reason for the admission.