15-7. Reduce nonfatal poisonings.

National Data Source	National Hospital Ambulatory Medical Care Survey (NHAMCS), NCHS, CDC.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 9.8 (Unintentional Injuries).
Changes since the 2000 Publication	Revised baseline (see Comments). Revised target (see Comments).
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline (Year)	343.6 (1997)
Target	288.6
Target-Setting Method	Better than the best racial/ethnic subgroup.
	For a discussion of target-setting methods, see Part A, section 4.
Numerator	Number of emergency room visits for nonfatal poisonings (first-listed ICD-9-CM codes E850-E869, E950-E952, E962, E972, E980-E982).
Denominator	Number of persons.
Population Targeted	U.S. civilian population.
Questions Used To Obtain the National Baseline Data	Not applicable.
Expected Periodicity	Annual.
Comments	Data include all emergency room visits related to poisoning regardless of intent (intentional, unintentional, and undetermined).
	Data (except those by education status) are age adjusted to the 2000 standard population using the age groups 0-18, 18-44, 45-64, 65-74, and 75 years and over. Data by education status are age adjusted using the age groups 25-44, 45-64, 65-74,

and 75 years and over. Age-adjusted rates are weighted sums of age-specific rates. For a discussion of age adjustment see Part A, section 7.

The original baseline of 348.4 poisonings per 100,000 population was revised to 343.6 due to revised age adjustment methodology and a change in the population targeted. The denominator was expanded from the U.S. civilian, noninstitutionalized population to the full U.S. civilian population because persons who visit nonfederal hospital emergency departments can include civilians who reside inside or outside institutional settings. The target of 292.0 poisonings per 100,000 population was revised to 288.6 to reflect the revised baseline using the original target-setting method.

This objective differs from Healthy People 2000 objective 9.8, which used data from NEISS, CPSC that were not age adjusted.

The NHAMCS uses ICD-9-CM codes assigned to the cause of injury to identify poisoning cases in emergency department records (see Part A, section 8 for a discussion of the International Classification of Diseases and ICD-9-CM). NEISS used emergency department admissions related to a specific list of regulated products that were classified as poisons. Hence, NEISS data may have undercounted poisoning admissions. Additionally, when the list of regulated products changed, some cases previously classified as poisonings may have been omitted from the reported rate of poisoning admissions.

For some measures, data do not meet the criteria for statistical reliability, data quality, or confidentiality and have been suppressed. Information on suppression of data for the major Healthy People 2010 data systems has been published in a *Healthy People Statistical Note.*¹

See Part C for a description of NHAMCS and Appendix A for focus area contact information.

1. Klein, R.J.; Proctor, S.E.; Boudreault, M.A.; Turczyn, K.M. Healthy People 2010 Criteria for Data Suppression. *Statistical Notes* No. 24. Hyattsville, MD: National Center for Health Statistics. 2002.