

# NCHS Dataline

New studies provide the latest data and trends in mortality in the United States; a report on patterns in body weight finds significant differences by race, ethnicity, gender and education; and an array of new data resources are available on the NCHS website.

## MORTALITY DATA FOR 2000

The Centers for Disease Control and Prevention's National Center for Statistics (NCHS) has released final 2000 mortality statistics for the United States in two new reports. "Deaths: Final Data for 2000"<sup>1</sup> and "Deaths: Leading Causes for 2000"<sup>2</sup> feature a comprehensive analysis of data for 2000, based on death certificates filed in state vital statistics offices and reported to NCHS through the National Vital Statistics System. The reports document a record high life expectancy and a record low infant mortality rate, plus point to changes in overall death rates and the leading causes of death, analyzed in five-year age groups by race and sex.

Highlights of the reports show:

- The age-adjusted death rate in the U.S. reached an all-time low in 2000 of 872 deaths per 100,000 population.
- Life expectancy in 2000 reached a record high of 76.9 years at birth, surpassing the previous high of 76.7, recorded in 1998. Both black males and females achieved a record high life expectancy in 2002, as did white males. In the past decade, the gap between black and white life expectancy has narrowed; since the 1970s the sex differential (with higher life expectancy for women) has decreased.
- Heart disease and cancer continued to be the leading and second leading causes of death, together accounting for over one-half of all deaths in 2000. Cancer is the leading cause of death in the Asian/Pacific Islander population, and is second after heart disease for the white, black, and American Indian population. Pneumonitis appeared in the top 15 causes of death for the first time in 2000 and aortic aneurysm, the 15th leading cause of death in 1999, dropped out.
- Accidents (unintentional injuries) are the fifth leading cause of death overall, but are the leading cause of death for those ages 1–34. Three

out of four deaths for young people ages 15–24 are injury-related, either from unintentional injuries, suicide, or homicide.

- Nearly 20,000 Americans died of drug-induced causes in 2000 and another 20,000 died of alcohol-induced causes.
- More than 5,000 Americans died from injuries suffered while at work. The age-adjusted death rate for injuries at work decreased nearly 4% from 1999 to 2000.
- A total of 28,663 people died from firearms in 2000. Among those ages 19 and under, the number of firearm deaths decreased by more than 10% compared with 1999.
- A total of 14,478 people died from HIV/AIDS in 2000. The age-adjusted death rate from HIV declined nearly 2% from 1999 to 2000. HIV ranks fifth among the leading causes of death for all persons ages 35–44, but second among Hispanic males of that age group and first among African-American males of that age.

The two reports are available at the CDC/NCHS website at <http://www.cdc.gov/nchs>.

## VARIATIONS IN BODY WEIGHT PATTERNS

An analysis of patterns in body weight for the U.S. adult population shows significant differences by race, ethnicity, gender, education, and region of the country. The data are based on self-reported height and weight collected in the National Health Interview Survey. The report classifies adults by relative body weight (underweight, healthy weight, overweight, and obese). The 1997–98 survey found that more than one-half of adults were overweight (including about 20% who were obese), about 40% were at a healthy weight, and only 2% were considered underweight, according to standard body mass index (BMI) classifications.

Some of the key differences noted:

- Men were considerably more likely than women to be overweight—63% compared with 47%—but no difference was found in the prevalence of obesity.
- Women were more likely than men to be of a healthy weight and four times as likely to be underweight.

- Young adults (18–24 years of age) were significantly less likely than older adults to be overweight; middle-aged men and women were the most likely. Among adults ages 45–64, about seven in 10 men and almost six in 10 women were overweight.
- The youngest adults (ages 18–24) and the oldest (65 and over) were about twice as likely as adults in other age groups to be underweight.
- Overweight was about twice as prevalent among black non-Hispanic (66%) and Hispanic adults (62%) than among Asian/Pacific Islanders (32%). Slightly more than half of white non-Hispanic adults were overweight.
- About six in 10 adults who did not graduate from high school were overweight, compared with about four in 10 who had a graduate degree.
- Men with incomes below the poverty level were somewhat less likely than men in the highest income group to be overweight. In contrast, women living below or just above the poverty level were more likely to be overweight than women with higher incomes.
- Married men were less likely—but married women more likely—to be in the healthy weight range than those who were single, separated, or divorced.
- Adults in the Western region of the United States were less likely to be overweight or obese.

Height and weight data are collected in the NCHS National Health Interview Survey to study the associations between relative body weight status and a variety of other health characteristics, including health limitations, chronic conditions, injuries, health care, and other health-related behaviors. The categories of body mass index used in this analysis are consistent with standard BMI classifications, with obese adults defined as those with a BMI of 30 or greater; adults who were overweight but not obese had a BMI of greater than or equal to 25 and less than 30; healthy-weight adults had a BMI of greater than or equal to 18.50 and less than 25; and adults who were underweight had a BMI of less than 18.50. The survey is conducted annually through interviews in about 40,000 households to reach a sample of the nation's civilian, noninstitutionalized population. For more information on the survey conducted or to view and download a copy of "Body Weight Status of Adults: United States, 1997–98,"<sup>3</sup> check the NCHS website at <http://www.cdc.gov/nchs>.

## NEW DATA RESOURCES

Many new public-use data files from NCHS data systems, including those with 2000 data from the National Health Care Survey, the National Health Interview Survey, and the National Vital Statistics System, as well as the 1999–2000 file from the National Health and Nutrition Examination Survey, are available now and can be downloaded from <http://www.cdc.gov/nchs> or ordered on CD-ROM. Among the files now available are the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey data on visits to physicians and hospital outpatient and emergency departments. In addition to the usual data items covering characteristics of the patient (age, race, symptoms), characteristics of the provider, and information on the visit (diagnostic tests, treatments, drugs prescribed or ordered), these files contain sample design variables which will allow researchers to use sophisticated statistical software that takes the complex design of the survey into account. Files of those surveys from earlier years have been similarly enhanced and re-issued to improve the analytical potential of the files. In addition, the ambulatory care drug database system is available to researchers. This query system allows analysts to search for drugs mentioned in these surveys by entry name, by generic name, and by ingredients. It can provide information on drug characteristics including therapeutic class, composition status, prescription status, and control status.

The National Health Interview Survey's findings from household interviews with a sample of the nation's civilian, noninstitutionalized population on the extent of illness and disability in the population, health behaviors, use of health services, and other health characteristics have also been released for 2000. The website also features the survey instruments and information about the surveys conducted in 2001 and 2002.

NCHS has decided to produce and release public use data sets from the continuous National Health and Nutrition Examination Survey (NHANES) in two-year groupings. The first release of public use data from NHANES 1999–2000 is now available for analysis. While it contains many of the key components of the survey, it does not contain all of the data collected on participants in the survey during those two years due to data processing, methodological, and disclosure concerns. Additional data for 1999–2000 will be released in the future, however.

Vital statistics files include the detailed data on births

and deaths and a file linking births and infant deaths. Exploring trends and analyzing patterns by demographic and other characteristics are just two approaches for analyzing these data.

## REFERENCES

1. Minino A, Arias E, Kochanek K, Murphy S, Smith B. Deaths: final data for 2000. *Natl Vital Stat Rep* 2002 Sep 16; 50;18.
2. Anderson R. Deaths: leading causes for 2000. *Natl Vital Stat Rep* 2002 Sep 16; 50;16, Number 16, September 16, 2002, National Center for Health Statistics.
3. Schoenborn C, Adams P, Barnes P. Body weight status of adults: United States, 1997–98. *Advance Data* No. 330, September 6, 2002, National Center for Health Statistics.

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