NCHS Dataline

New reports from the National Center for Health Statistics, Centers for Disease Control and Prevention, provide a detailed look at health behaviors of adults, the latest data on mortality patterns, and trends in health care over the past decade.

HEALTH HABITS EXAMINED IN COMPREHENSIVE REPORT

A new analysis of health habits of U.S. adults presents data on four important health-related behaviors—smoking, alcohol use, body weight, and leisure-time physical activity—by age, gender, race and Hispanic ethnicity, education, income level, marital status, geographic region, and place of residence. *Health Behaviors of Adults: United States*, 1999–2001,¹ from CDC's National Center for Health Statistics, combines data from three years of the on-going National Health Interview Survey to examine—in more detail than usually possible—patterns and differences in health habits for specific groups of the population.

The survey uses several measures to monitor each of the health-related behaviors. The report includes information on current and former alcohol use, usual drinking level, and number of days in the past year on which five or more drinks were consumed. Information on cigarette smoking includes current and lifetime smoking status as well as number of cigarettes currently smoked, age of smoking initiation, and attempts to guit in the past year. Leisure-time physical activity was examined for both frequency and intensity for lightmoderate and vigorous levels; frequency of strengthening activities is also shown. Body weight measures include the categories of underweight, healthy weight, overweight, and obesity. In addition to analyzing differences in these behaviors by many population characteristics, the report compares various population subgroups in terms of healthy and unhealthy behaviors.

Highlights of the report include:

- Alcohol use. Overall, six in 10 U.S. adults were current drinkers in 1999–2001; about one in four were lifetime abstainers. Nearly one-third of adults were classified as light drinkers and about 5% were classified as heavier drinkers. About 20% of adults had five or more drinks in one day at least once in the past year.
- Smoking. About 23% of U.S. adults were current smokers in 1999–2001, another 23% were former smokers, and over half of U.S. adults had never smoked cigarettes. Among all adults, about 19% smoked daily and daily smokers smoked an average of just under a pack a day. Almost a third of adult smokers began smoking before the age of 16. More than 40% of smokers attempted to quit smoking in the past year.
- Leisure-time physical activity. Overall, 61% of adults engaged in at least some leisure-time physical activity. About one-fourth of adults engaged in light-moderate physical activity and about one in 10 engaged in

- vigorous activity at least five times per week. One in four adults engaged in at least some strengthening activity.
- Body weight. In 1999–2001, about 22% of U.S. adults were obese, 35% were overweight but not obese, 40% were in a healthy weight range, and approximately 2% were underweight.

In analyzing patterns of health behaviors, the study showed that rates of obesity were about the same for men and women, men were slightly more likely than women to be smokers, and men were more likely than women to be physically active in their leisure time. Younger adults were more likely to be physically active, and both younger and older adults were less likely to be obese than middle-aged adults.

The report noted significant differences by race and Hispanic ethnicity. Asian adults in general were less likely to have unhealthy behaviors in terms of alcohol use, smoking, and body weight than all other race groups studied. Rates of leisure-time physical inactivity and obesity were higher among black adults than white adults. Black men were more likely than white men to be smokers, but among women the reverse was true. The differences between Hispanic and non-Hispanic adults were particularly noteworthy for women. Hispanic women have low rates of smoking compared with non-Hispanic white women but higher rates of obesity. Adults with higher levels of education and income generally have more favorable health behaviors in terms of cigarette smoking, leisure-time physical activity, and body weight status.

Health behaviors are self-reported by respondents in this large-scale nationwide household interview survey. For more information about the National Health Interview Survey or to view or download a copy of the report, check the CDC website at http://www.cdc.gov/nchs.

LIFE EXPECTANCY IMPROVES BUT INFANT MORTALITY RATE UP IN 2002

Life expectancy in the United States was the highest ever in 2002, but infant mortality increased from a rate of 6.8 infant deaths per 1,000 live births in 2001 to a rate of 7.0 per 1,000 births in 2002, the first year since 1958 that the rate has not declined or remained unchanged. *Deaths: Preliminary Data for 2002*² finds that in 2002, life expectancy in the United States reached a new high of 77.4 years, up from 77.2 in 2001. Life expectancy increased for both men and women, and for African Americans and whites.

The report attributes the rise in infant mortality to an increase in neonatal infant deaths (infants younger than 28 days old), particularly infants who died within the first week of life. However, there was continued decrease in late-term fetal deaths, defined as 28 or more weeks of gestation. Three causes of death accounted for most of the increase in infant mortality: congenital anomalies (birth defects), disorders related to short gestation and low birthweight, and maternal complications of pregnancy. Deaths from sudden infant death

syndrome (SIDS) declined from 2001 to 2002, continuing a long-term downward trend. The preliminary report cited 27,977 infant deaths nationwide in 2002 out of about 4 million births each year, up from 27,568 in 2001. The report tracks more than 130 causes of infant death, but more detailed information will become available later this year when linked birth and death records are analyzed by NCHS, the health statistics center.

Overall, death rates for the total U.S. population dropped in 2002. The national age-adjusted death rate decreased slightly from 855 deaths per 100,000 population in 2001 to 847 deaths per 100,000 in 2002. There were declines in mortality among most racial, ethnic, and gender groups, except for American Indians (both males and females) and non-Hispanic white females, whose death rates remained unchanged from 2001. Among the nation's leading causes of death, there were declines in mortality from heart disease (3%), stroke (nearly 3%), accidents/unintentional injuries (nearly 2%), and cancer (1%). The biggest decline in mortality among the leading cause of deaths was for homicides down 17%. That number had increased sharply in 2001 due to the September 11 terrorist attacks. Excluding the September 11 deaths, the decrease from 2001 to 2002 would have been 3%, which still reflects a continuing downward trend in homicides that began in 1991. There has also been a continued decline in the preliminary age-adjusted death rate from HIV/AIDS, which dropped 2% between 2001 and 2002. HIV mortality has decreased approximately 70% since 1995, but remains the fifth leading cause of death for people ages 25–44. Mortality rates increased for some leading causes of death, including Alzheimer's (up 5.8%), influenza and pneumonia (up 3.2%), high blood pressure (up 2.9%), and septicemia or blood poisoning (up 2.6%).

The new report is based on data recorded from more than 96 percent of state death certificates issued in 2002. CDC also collects annual data from birth records, which document recent trends in low birthweight, cesarean and induced deliveries, and preterm and multiple births—all factors that can have an impact on infant health. The 2002 report and *Supplemental Analyses of Recent Trends in Infant Mortality*, which further analyzes the infant mortality findings, are available at www.cdc.gov/nchs.

NEW CHARTBOOK ON HEALTH CARE TRENDS

A new chartbook presents trends for the past decade in the utilization of health services across the spectrum of care, from ambulatory care, to hospitalization, to nursing home and home health and hospice care. *Health Care in America*,

Trends in Utilization⁴ tracks levels and patterns of use and examines aspects of the health care delivery system that influence health care utilization, such as developments in medical practice, new technologies, changes in payment and delivery systems, new health policy initiatives, and the aging of the U.S. population. Information is presented in easy-to-read charts accompanied by brief text, highlighting key findings. The report integrates data from all of the components of the National Health Care Survey (NHCS), a family of health care establishment and provider-based surveys conducted by NCHS. The NHCS documents and monitors health care provided in physicians' office-based practices, hospital emergency and outpatient departments, short-stay hospitals, nursing homes, and home health and hospice care agencies.

The chartbook is organized around determinants of health care utilization (such as the aging of the U.S. population, supply of health care providers, and changes in technology); selected trends in the utilization of health care services (including ambulatory, inpatient, and long-term care services); and trends in utilization of procedures, drugs, and health care outcomes. Within these major sections of the report, selected diagnoses and conditions (such as diabetes, cancer, ischemic heart disease, and chronic obstructive pulmonary disease, or COPD) are presented. The report highlights topics of interest to public health and health services researchers and policy makers such as injuries, medications ordered or provided during ambulatory care visits, preventive care services, and adverse effects following medical treatment. The purpose of the chartbook is to provide an overview of health care utilization in America, as well as information to help understand utilization patterns in light of factors that affect the delivery of these services. It's available at www.cdc.gov/nchs.

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