

NCHS Dateline

The National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) has just released vital statistics mortality data for three years: provisional 2006 estimates, preliminary data for 2005, and final data for 2004. Also newly available are files from the National Health Interview Survey (NHIS) and the National Health and Nutrition Examination Survey (NHANES), which have been linked to the National Death Index (NDI) to allow researchers to conduct outcome studies by following participants in the earlier surveys. Two new reports analyze medical care received in the doctor's office or in outpatient departments.

CURRENT MORTALITY DATA

Provisional vital statistics for 2006, including estimates of deaths, births, marriages, and divorces for the U.S., are now available in the annual summary report.¹ Live births, birth and fertility rates, deaths, infant deaths, death and infant death rates, and marriages and marriage rates are presented for each month, as well as yearly cumulative figures. Totals of births, deaths, marriages, and divorces are available by state. These are the latest official vital statistics and are based on a combination of counts of events provided by each reporting area and registered vital events processed into NCHS data files. The report is available on the NCHS website at http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_20.pdf.

More detail is presented in the preliminary reports published each year. "Deaths: Preliminary Data for 2005"² ranks leading causes of death; presents deaths and crude and age-adjusted death rates by various demographic characteristics, including gender and age; and shows the latest and trend data for life expectancy and infant mortality. The report is based on approximately 99% of death records reported in all 50 states and the District of Columbia (DC) for 2005 and documents a record-high life expectancy for the U.S. of 77.9 years.

The increase in life expectancy continues, with life expectancy up from 75.8 years in 1995 and from 69.6 years in 1955. Life expectancy for the white population was 78.3 in 2005, unchanged from 2004's record high. Life expectancy for the black population increased slightly from 73.1 years in 2004 to 73.2 years in 2005. The age-adjusted U.S. death rate fell to less than 800

deaths per 100,000 population in 2005—an all-time low.

Three of the leading causes of death—heart disease, cancer, and stroke—also continued a long downward trend. The age-adjusted death rate from heart disease fell from 217 deaths per 100,000 in 2004 to 210.3 in 2005, while the age-adjusted death rate from cancer dropped from 185.8 deaths per 100,000 in 2004 to 183.8 in 2005. The age-adjusted death rate from stroke declined from 50 deaths per 100,000 in 2004 to 46.6 in 2005. However, the age-adjusted death rates for the seventh-leading cause of death, Alzheimer's disease, and the 14th-leading cause of death, Parkinson's disease, both increased approximately 5% between 2004 and 2005.

Preliminary figures also indicate an increase in the U.S. infant mortality rate, from 6.79 per 1,000 live births in 2004 to 6.89 in 2005. However, this increase is not considered statistically significant. Congenital malformations, or birth defects, were the leading cause of infant mortality in 2005, followed by disorders related to preterm birth and low birth weight. Sudden infant death syndrome was the third-leading cause of infant death in the U.S. The full report is available at <http://www.cdc.gov/nchs/>.

The most detailed compilation of mortality data appears in the report of final statistics, "Deaths: Final Data for 2004."³ Data in this report are based on information from all resident death certificates filed in the 50 states and DC. Tables showing data by state also provide information for Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. Mortality data on specific demographic and medical characteristics, except educational attainment, cover all 50 states and DC. Educational attainment data are provided for 36 states and DC. Measures of mortality in this report include the number of deaths; crude age-specific and age-adjusted death rates; infant, neonatal, postneonatal, and maternal mortality rates; and life expectancy.

Key findings in the report show that death rates declined for nine of the 15 leading causes of death. The 15 leading causes of death accounted for 82.7% of all deaths in 2004. However, significant increases occurred for unintentional injuries, hypertension, and Alzheimer's disease. Differences in mortality between men and women continued to narrow, and the difference between male and female life expectancy was

5.2 years in 2004—the smallest difference since 1946. Differences in mortality between the black and white populations persisted but also narrowed. For almost all of the age groups, there was a decline in the death rate between 2003 and 2004; the most notable was a 5.3% drop in the age-specific death rate for those aged 85 years and older. For 1- to 4-year-old children, there was a 5.1% drop in the death rate. The report can be viewed and downloaded from the NCHS website at www.cdc.gov/nchs.

MORTALITY-LINKED FILES

NCHS has made available files linking the third NHANES and the NHIS to death certificate data found in the NDI. Linkage of the two surveys' participants with the NDI provides the opportunity to conduct a vast array of outcome studies designed to investigate the association of a wide variety of health factors with mortality. NCHS has created two versions of the mortality-linked file: a public-use file that includes a limited set of mortality variables and a restricted-use file that includes more detailed mortality information. This is the first in a series of planned mortality linkages for the NHANES III survey, and the NHIS file is newly updated.

The NDI is a central computerized index of death record information on file in the state vital statistics offices. Working with these state offices, NCHS established the NDI as a resource to aid epidemiologists and other health and medical investigators with their mortality ascertainment activities. It is available to investigators solely for statistical purposes in medical and health research. The NDI contains identifying death record information (beginning with 1979 deaths) compiled from computer files submitted by state vital statistics offices. Death records are added to the NDI file annually, approximately 12 months after the end of a particular calendar year. Data are available through 2005. The NDI contains a standard set of identifying information on each death to be used in searches of the file to identify and locate death records in the state offices.

Check the NCHS website for more information about the mortality-linked files and the NDI.

AMBULATORY CARE IN PHYSICIANS' OFFICES AND OUTPATIENT DEPARTMENTS

Two new reports analyze patterns of health care delivered in physicians' offices and outpatient departments. "National Ambulatory Medical Care Survey: 2005 Summary" tracks the almost 1 billion visits (963.6 million) made to physician offices in 2005.⁴ In that same year, less than a 10th of that number—90 million visits—were made to hospital outpatient departments (OPDs), as reported in "National Hospital Ambulatory Medical Care Survey: 2005 Outpatient Department Summary."⁵ Slightly more than half of the patients visiting the doctors' office and about half of OPD patients had one or more chronic conditions; the most frequent was hypertension.

In doctors' offices, more visits were made by patients aged 45 to 64 years, exceeding the rate for those aged 25 to 44 years—the group with the majority of visits a decade earlier. This is in sharp contrast to the OPD, in which the visit rate is highest for patients younger than 1 year of age. The OPD visit rate for children younger than age 15 increased by 38% from 1995 to 2005. OPD visit rates are higher for black or African American people than any other racial group. There are other key differences in the characteristics of patients, diagnoses, treatment provided, and other aspects of care between the two ambulatory care settings.

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