



NCHS Healthy Women Statistics: Heart Disease Mortality by State

About NCHS

The CDC's National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides multiple perspectives to help understand the population's health, influences on health, and health outcomes.

Healthy Women: State Trends in Health and Mortality

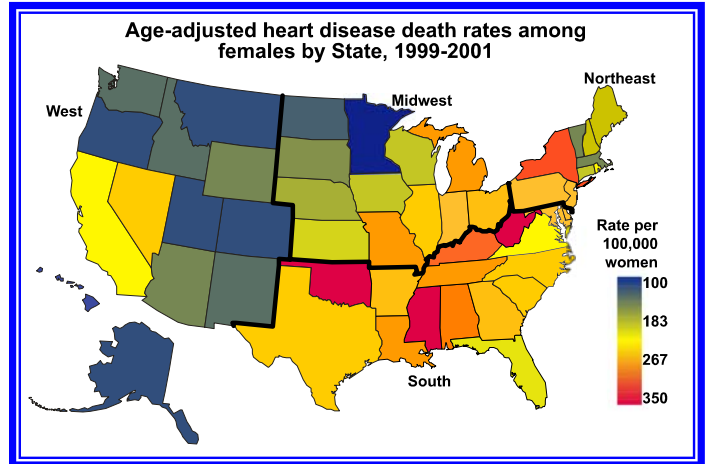
NCHS, in conjunction with the U.S. Department of Health and Human Services' Office on Women's Health, produces *Healthy Women: State Trends in Health and Mortality*. This data project highlights state health data by gender, age, and race/ethnicity and is a useful tool for policy makers, researchers, and students to identify health issues in specific population groups within a state. This fact sheet highlights the data from the *Healthy Women: State Trends in Health and Mortality* website.

Heart Disease Mortality

Heart disease is a form of cardiovascular disease and is the leading cause of death for both women and men in the United States. During the three year period 1999-2001, there were a total of 1,100,575 heart disease deaths among females.

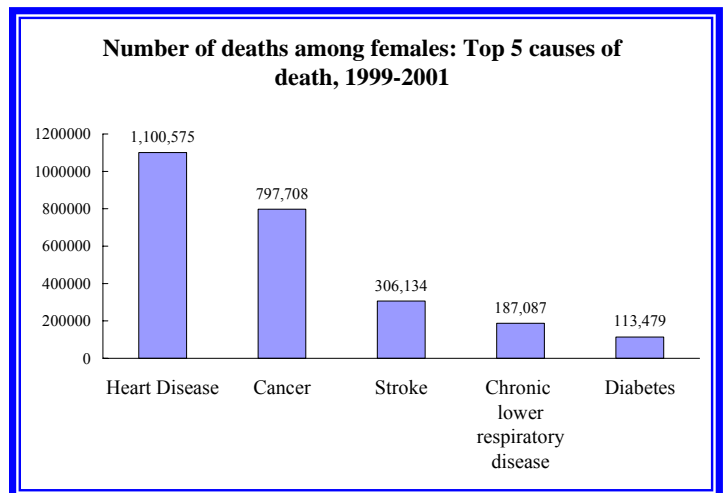
Heart disease includes the following conditions: rheumatic fever and rheumatic heart diseases, hypertensive heart and renal diseases, ischemic heart disease, pulmonary heart disease and diseases of pulmonary circulation, and other forms of heart disease.

Key Findings



Source: National Vital Statistics System—mortality data, 1999-2001. Healthy Women: State Trends in Health and Mortality.

- ◆ Death rates among women due to heart disease are generally higher in states in the Northeast and the South than in the Midwest or West.
- ◆ Minnesota (181.3 per 100,000 women) had the lowest age-adjusted heart disease death rate, while Mississippi (339.8 per 100,000 women) had the highest.



Source: National Vital Statistics System—mortality data, 1999-2001. Healthy Women: State Trends in Health and Mortality.

◆ Heart disease was the leading cause of death for women in 1999-2001. Over 35 percent more women died of heart disease than from cancer of all types, the second leading cause of death.

◆ Heart disease mortality varies by race. Nationally, the death rate for heart disease is 36 percent higher among non-Hispanic black women (281.1 per 100,000 women) than among non-Hispanic white women (207.3 per 100,000).

◆ As with many causes of death, the heart disease death rate increases sharply with age from 11.8 per 100,000 women among those 25-44, to 5,719.0 per 100,000 women among those 85 years and older. Heart disease is the leading cause of death among women 75 years and over, and the second leading cause of death among women 45-74 years of age.

Data Sources

National Vital Statistics System - collects information from birth and death certificates in all 50 states and the District of Columbia, including detailed race/ethnicity characteristics. Because all births and deaths are part of this database, it provides the detail needed for research on differentials. (<https://www.cdc.gov/nchs/nvss.htm>)

Healthy Women: State Trends in Health and Mortality provides data tables that can be manipulated using free software called Beyond 20/20™. The software allows data to be nested and pivoted, and maps and graphs are easily created. (<https://www.cdc.gov/nchs/healthywomen.htm>)



Challenges and Future Opportunities

- ◆ Build the *Healthy Women* project data warehouse with tables on new subjects, such as pregnancy risk factors as well as additional causes of mortality that are important for both women and men. In addition, maintain the tables already in existence by adding new data years as they become available.
- ◆ Work with state vital statistics offices to implement the new Office of Management and Budget classification of race and ethnicity. As a key source of data on disparities, vital statistics must be comparable to the 2000 Census to maintain the ability to compare population groups and track trends in disparities.
- ◆ Conduct research on new methods for obtaining data on racial and ethnic populations, both through in-house design research and through support of academic Centers for Excellence in Health Statistics.

For further information about NCHS and its programs, visit us at <http://www.cdc.gov/nchs>, or call the Office of Planning, Budget and Legislation at 301-458-4100.

For further information on the *Healthy Women* project, visit their website at:

<http://www.cdc.gov/nchs/healthywomen.htm>

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