

SPECIAL TOPICS

ORIGINAL RESEARCH: FEATURED ABSTRACT FROM THE
19TH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL

Getting the Most Out of Vital Statistics Data: Diabetes-related Heart Disease Mortality in New Mexico

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Track: Methods and Surveillance

The objective of this study was to illustrate how multiple-cause mortality data can enhance interpretation of heart disease (HD) mortality among racial/ethnic groups.

Multiple-cause mortality files for New Mexico from 1999–2001 were obtained from the National Center for Health Statistics at the Centers for Disease Control and Prevention. Deaths from HD for New Mexico residents were identified by the International Classification of Diseases, Tenth Revision (ICD-10) codes I00–I09, I11, I13, and I20–I51. Premature heart disease (PHD) was defined as any underlying HD death occurring in persons aged less than 65 years. Diabetes-related HD was classified as any death where the underlying cause of death was HD, and diabetes (ICD-10 codes E10–E14) was reported as any of up to 20 contributing causes of death. Residents were grouped into four racial/ethnic categories: non-Hispanic white, Hispanic of any race, non-Hispanic American Indian, and other. All death rates for HD were calculated with bridged-race population estimates and age-adjusted to the 2000 U.S. Standard Population.

From 1999 to 2001, 24% of all deaths in New Mexico reported HD as the leading cause of death. Of these deaths, 16.6% occurred in persons aged less than 65 years and were therefore classified as premature. The proportion of PHD deaths was substantially higher in the American Indian (29.2%) and Hispanic (20.8%) populations than in whites (13.7%). Diabetes contributed to almost 18% of PHD deaths in American Indians and Hispanics and to 10% of PHD deaths among whites.

Multiple-cause mortality data indicate that the contribution of diabetes to PHD is disparate among racial/ethnic groups in New Mexico. These results support continued analysis of these data in a consistent manner and further underscore the growing threat of diabetes to communities in the United States. Much of the progress in decreasing cardiovascular disease in the United States may be lost as increasing diabetes and obesity lead to PHD death in many populations.

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