



Overall life expectancy at birth reached a record high of 75.4 years in 1990, an increase from

the 75.2 years observed for 1989. After several years of decline, life expectancy for black males has improved for 2 successive years to a high of 66 years, according to newly published provisional data from the National Center for Health Statistics (NCHS) (1).

## 1990 Vital Statistics

For black males, life expectancy rose from 64.9 years in 1988 to 65.2 years in 1989 and 66.0 years in 1990. Life expectancy for black men declined between 1984 and 1988. Life expectancy for white males remained at 72.6 years and rose for white women from 79.1 years in 1989 to 79.3 years in 1990. Even with the recent improvement, however, the gap in life expectancy between black and white men is greater in 1990 than it was in 1984, when life expectancy for black men began its downward turn.

Life expectancy was up for black women, from 73.4 years in 1988 to 74.0 years in 1989 and 74.5 years in 1990. Black women had experienced a decline in life expectancy from 73.7 years to 73.4 years between 1984 and 1988.

The report shows a continued increase in the number and rate of deaths from human immunodeficiency virus (HIV) infection, with the highest death rates in young adults, those 15 to 44 years of age. The estimated 24,120 deaths from HIV infection for 1990 was up 13 percent from 1989, after a 29-percent rise from 1988 to 1989. The age-adjusted death rate for HIV infection increased from an estimated 8.3 deaths per 100,000 population in 1989 to 9.1 in 1990. HIV infection remained the 11th leading cause of death.

Among other leading causes of death, homicide moved from tenth to ninth position, with a 13-percent increase in the age-adjusted death rate, from 9.4 deaths per 100,000 population in 1989 to 10.6 deaths in 1990. The age-adjusted rate for homicide peaked in 1980, declined until the mid 1980s, and has increased since to a

level slightly below the 1980 peak rate of 10.8. In 1990, there were an estimated 25,700 homicides, compared to an estimated 23,020 in 1989.

The infant mortality rate for 1990 was 908.0 per 100,000 live births (9.1 per 1,000 live births), a record low and a 7-percent drop from the 1989 rate of 973.3 per 100,000 live births (9.7 per 1,000 live births). The decline between 1989 and 1990 primarily reflects a decrease in neonatal mortality (infants younger than 28 days). Contributing substantially to the declining infant mortality rate between 1989 and 1990 were fewer deaths from respiratory distress syndrome, known to be concentrated in the neonatal period.

1990 vital statistics are based on counts of vital events and a 10-percent sample of death certificates received from State vital statistics offices. Data in the report are provisional for 1990 and 1989 and final for 1988 and earlier.

## Health Care Coverage

A new report from NCHS on health care coverage shows that an estimated 33.9 million Americans were without health care coverage in 1989 (2). Health care coverage includes private health insurance, Medicare, public assistance (primarily Medicaid) and military or Veteran's Affairs health benefits. Data were collected in the 1989 National Health Interview Survey, a nationwide household interview survey of the nation's civilian, noninstitutionalized population.

Noncoverage was relatively higher for younger persons, males, persons who are not white, those with low incomes, persons 18 years of age and older who are unemployed or who had less than 12 years of education, residents of the South and West regions of the country, and residents of central cities in metropolitan statistical areas. For example, those without health care coverage included almost 40 percent of unemployed workers 18 years of age or older and almost a third of those living below poverty level.

Health care coverage was strongly associated with family income level for those younger than 65 years of age (figure 1). In examining the patterns of

health care coverage by age, young adults, those 18 to 24 years of age, were most likely to be without health insurance or other coverage (figure 2). For those older than 65 years the lack of health care coverage was low (1.2 percent) primarily owing to the widespread coverage of Medicare.

The percentage of those without health care coverage increased from 13 percent in 1984 to 13.9 percent of the population in 1989. Although the proportion of people without coverage is greater for those below the poverty level, the increase in lack of health care coverage was greater for those above the poverty level during this period.

About 76.1 percent of the population was covered by private health insurance, 12.6 percent through Medicare, 6.2 percent by public assistance health care programs, and 2.6 percent were covered by military or Veterans' Affairs health care programs.

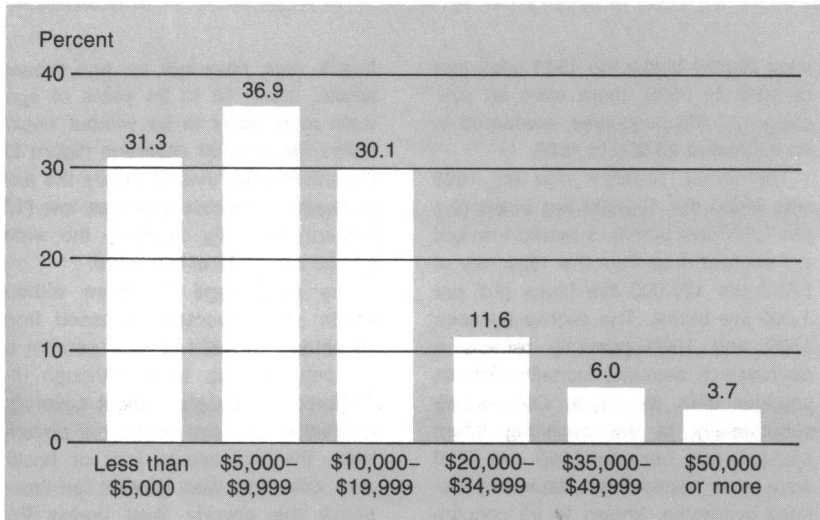
## Children's Exposure to Passive Smoke

The risk of fair or poor health is almost twice as great for children who live in households with current smokers as it is for children who were never exposed to cigarette smoke in the home, according to a new NCHS report. The report showed that in households with current smokers, 4.1 percent of children, or more than a quarter of a million children 5 years old or younger, were in fair or poor health, compared to 2.4 percent of children in households in which no one smoked, and compared to 3.5 percent in families in which smokers had quit.

About half of all children in the United States who are 5 years old and younger have been exposed to cigarette smoke, and more than a quarter of all young children were exposed to passive smoke both before and after birth.

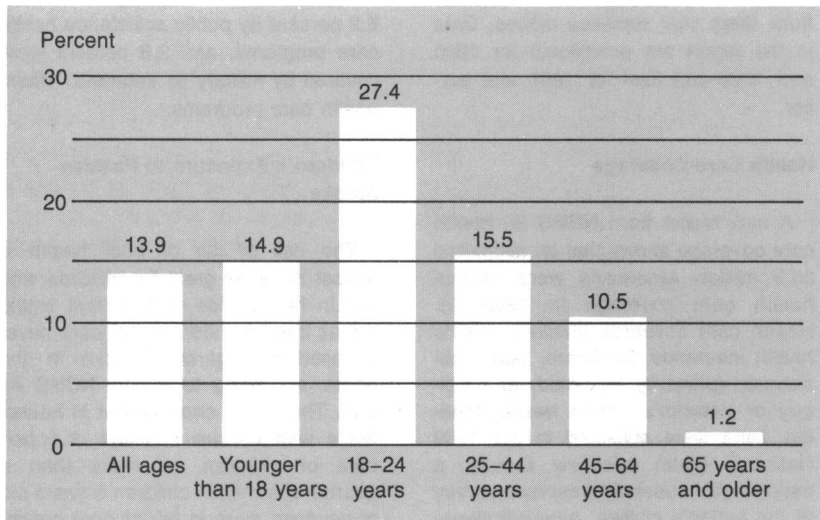
Children in families with lower income and education were more likely to have been exposed to cigarette smoking and were more likely to have experienced fair or poor health. About two-thirds of young children in families with incomes of less than \$10,000 were ever exposed to smoke, com-

Figure 1. Persons younger than 65 years of age without health care coverage, by family income, 1989



SOURCE: NCHS, National Health Interview Survey.

Figure 2. Persons without health care coverage, by age, 1989



SOURCE: NCHS, National Health Interview Survey.

pared to 36 percent of children whose family income was \$40,000 or more.

The report (3) was prepared from information gathered in the 1988 National Health Interview Survey on Child Health conducted by NCHS in collaboration with the National Institutes of Health's National Institute of Child Health and Human Development.

### 1989 Standard Certificates and Reports for Vital Events

Vital statistics of the United States are collected and published through a decentralized, cooperative system. Re-

sponsibility for the registration of births, deaths, fetal deaths, marriages, divorces and annulments, and induced terminations of pregnancy is vested in the States and certain independent registration areas.

NCHS promotes the uniformity necessary for national statistics through the cooperative development and adoption of recommended laws and regulations (Model State Vital Statistics Act and Regulations) and reporting forms (U.S. Standard Certificates and Reports).

A revised NCHS publication (4) examines the procedures followed in the

1989 revision of the standard certificates. It outlines the history and basic principles of the standard certificates and reports and describes the principal additions, modifications, and deletions of items. In addition, it covers changes in the format of the standard certificates and reports as well as the implementation of the new certificates and reporting forms.

The 1989 revisions incorporate major modifications in both content and format. One was the inclusion of an Hispanic identifier on the live birth, death, fetal death, and induced termination of pregnancy forms. The most significant change in format was the extensive use of checkboxes on the live birth certificate and fetal death report to obtain detailed medical and health information about the mother and child. For example, the birth certificate now provides information on 17 specific maternal risk factors, including lifestyle factors of tobacco and alcohol use.

Beginning with data for 1989, NCHS reports will present an array of new information collected using standard certificates and reports.

Copies of NCHS publications may be requested from NCHS Scientific and Technical Information Branch, 6525 Belcrest Rd., Hyattsville, MD 20782; tel. (301) 436-8500.

—SANDRA SMITH, MPH, NCHS Public Affairs Officer

### References

1. Annual summary of births, marriages, divorces, and deaths: United States, 1990. Monthly vital statistics report; Vol. 39, No. 13. National Center for Health Statistics, Centers for Disease Control, Hyattsville, MD, 1991.
2. Ries, P.: Characteristics of persons with and without health care coverage: United States, 1989. Advance Data from Vital and Health Statistics, No. 201. National Center for Health Statistics, Centers for Disease Control, Hyattsville, MD, 1991.
3. Overpeck, M. D., and Moss, A. J.: Children's exposure to environmental cigarette smoke before and after birth: Health of Our Nation's Children, United States, 1988. Advance Data from Vital and Health Statistics, No. 202. National Center for Health Statistics, Centers for Disease Control, Hyattsville, MD, 1991.
4. Tolson, G. C., Barnes, J. M., Gay, G. A., and Kowaleski, J. L.: The 1989 revision of the U.S. standard certificates and reports. National Center for Health Statistics, Centers for Disease Control. Vital Health Stat 4 [28], 1991.