# NATIONAL CENTER FOR HEALTH STATISTICS DATA LINE

Births to teenagers increased for the third consecutive year and rates declined for 10 of the 15 leading causes of death. Those and other trends were apparent in statistics on natality and mortality patterns released recently by the National Center for Health Statistics (NCHS).

**Teenage Birth Increase**

Statistics on birth patterns showed continued increases in births to unmarried and to older women, and provided striking evidence of the recent upturn in births to teenagers. The 1989 birth rate for women 15 through 19 years of age had not been seen for 15 years and was 8 percent more than the previous year. Births to unmarried women were up 9 percent.

The birth rate for women 15 through 17 years of age in 1989 was 36.5 per 1,000, which was 8 percent higher than for 1988 and 19 percent higher than for 1986, when the rates for teenagers began to rise after more than a decade of general decline. The birth rate for women 18 and 19 years of age for 1989 was a 6 percent increase to 86.4 births per 1,000 persons. That rate was higher than for any year since 1974. The rate for older teenagers had been relatively stable in the period 1976–88. Births to teenagers totaled 517,989, 13 percent of the 4,040,958 infants born in 1989.

NCHS documented a trend among women in their 30s that is believed to reflect previously delayed childbearing. The birth rate for women 30 through 34 years of age has risen steadily since the mid-1970s to a rate of 76.2 in 1989, the highest level observed since 1967. Reflecting a sustained growth in the number of women in their early 30s, the 842,395 births during 1989 to women in that age group was the largest annual total.

Between 1988 and 1989, birth rates increased 6 percent for women 35 through 39 years of age and 8 percent for women 40 through 44 years. During the 1980s, the rates for women aged 35 through 39 years rose 50 percent, and increased by more than a third for those 40 through 44 years. Birth rates increased for women in the peak childbearing ages of 20 through 29, but not by as great a percentage as for those older or younger.

Births to unmarried women totaled 1,094,169 in 1989, a 9 percent increase from 1988, accounting for 27 percent of all births. This was the fifth consecutive year that nonmarital births increased by 5 percent or more; births to unmarried women have risen more than 60 percent in the past decade.

The prevalence of low birth weight infants and the use of early prenatal care are major indicators of maternal and infant health. Those statistics showed no improvement during the past decade. Low birth weight rates increased slightly between 1988 and 1989, from 6.9 to 7.0 percent of all births, the highest level observed since 1978.

Racial differences in low birth weight rates remained substantial. Among births to black mothers, 13.5 percent were low birth weight, more than twice the rate of 5.7 percent for white mothers. Hispanic mothers had a remarkably favorable incidence of low birth weight of 6.2 percent, considering their relatively high rate of births to teenaged mothers and their low proportion (60 percent) of mothers receiving early prenatal care. Mothers of Chinese racial background had the lowest incidence of low birth weight (4.9 percent) of any racial or ethnic group.

The percentage of women obtaining prenatal care during the first months of pregnancy declined slightly from 76 percent for 1988 to 75 percent for 1989. During the 1970s there was continued improvement, but little change since 1979.

The 4,040,958 infants born in 1989 was the highest number reported since 1963. The 1989 total was 3 percent higher than 1988. Another 3-percent increase is expected for 1990 on the basis of provisional statistics.

The data reported are based on all birth certificates of all States and the District of Columbia. The data were provided NCHS through the Vital Statistics Cooperative Program. Copies of "Advance Report of Final Natality Statistics, 1989" *(1)* are available from NCHS.

**Mortality Patterns**

Death rates were down for 10 of the 15 leading causes of death in 1989, as well as for most age groups, according to recently released final mortality statistics. The age-adjusted death rate, which eliminates the effect of the aging of the population, reached a record low of 523.0 per 100,000 population in 1989.

Life expectancy at birth reached a record high of 75.3 years, according to data compiled by NCHS and provided through the Vital Statistics Cooperative Program. However, death rates for those 25 through 44 years of age were up, owing primarily to a 31 percent increase in the death rate for acquired immunodeficiency syndrome (AIDS) and a slight increase in the homicide rate. The death rates were up 2 percent for those 25 through 34 years and up 1 percent for those 35 through 44 years for 1989, continuing the trend observed during the past few years of rising death rates for those age groups.

There were 2,150,466 deaths in 1989, down from the record high of 2,167,999 in 1988. AIDS accounted for 22,082 deaths; almost three-fourths of those were among persons 25 through 44 years of age.

Declines in age-adjusted death rates between 1988 and 1989 for 10 of the 15 leading causes of death were led by reductions for atherosclerosis, septicemia, and kidney disease. Heart disease, the leading cause of death, and stroke, the third leading cause, continued long-term declines.

For the third consecutive year, the suicide rate declined slightly. Mortality from unintentional injury, including motor vehicle crashes, pneumonia and influenza, chronic liver disease and cirrhosis, and certain conditions of the perinatal period, declined from 1988 to 1989.

Death rates for all ages combined were up sharply for human immunodeficiency virus (HIV) infection, the 11th leading cause of death (a 32 percent increase); diabetes, the 7th leading cause of death (14 percent); and homicide, the 10th leading cause of death (4 percent)

The age-adjusted death rate for cancer, the second leading cause of death, increased slightly. There was no change in the death rate for the fifth leading cause of death, chronic obstructive pulmonary disease, from 1988 to 1989. The first four leading causes of death, heart disease, cancer, stroke, and injury, accounted for almost three out of four deaths in 1989.

The difference in life expectancy at birth between the sexes has narrowed since the late 1970s. However, women outlive men by an average of 6.8 years. The age-adjusted death rate for men is about 70 percent higher than for women for all causes of death combined. For men, rates were higher for each of the 15 leading causes of death. The greatest sex differential was for HIV infection, for which the rate for men was almost nine times that for women.

Life expectancy for whites increased in 1989 and remained unchanged for blacks, resulting in a widening gap in life expectancies between the two populations, contrary to provisional data that had indicated a slight increase in black life expectancy for 1989. Overall, blacks had age-adjusted death rates that exceeded those of whites by about 60 percent. Rates among blacks were higher for most of the leading causes of death, particularly homicide, which was nearly seven times that of the whites. Blacks had lower rates than whites for chronic obstructive pulmonary disease and suicide.

There were important differences in the rankings of leading causes of death between the Hispanic and non-Hispanic white populations. For the Hispanic population, homicide was the fifth leading cause of death, and HIV infection was sixth; neither of these causes were among the 10 leading causes for the non-Hispanic white population. This difference reflects in part the younger age of the Hispanic population. Mortality data on Hispanics for 1989 is for a reporting area of 44 States and the District of Columbia, an area that includes about 97 percent of the country's Hispanic population.

The infant mortality rate in 1989 was a record low of 9.8 per 1,000 live births, down from 10.0 in 1988. The rate declined for whites, but there was essentially no change in the rate for blacks between 1988 and 1989. In 1989 the mortality rate for black infants remained more than twice that for whites. The ratio of black to white infant mortality rates has increased since the early 1970s. More than 40 percent of the difference between black and white infant mortality rates was accounted for by significantly higher rates for black infants from three causes of infant death, disorders relating to short gestation and unspecified low birth weight, sudden infant death syndrome, and respiratory distress syndrome.

Copies of "Advance Report of Final Mortality Statistics, 1989" (*2*) are available from NCHS.

### Current Estimates of Health Statistics

"Current Estimates from the National Health Interview Survey, 1990" *(3)* provides estimates of a range of health measures. It includes the incidence of acute conditions, injuries, disability days, physician contacts, prevalence of chronic conditions, limitation of activity, number of hospitalizations, and respondent-assessed health status. Estimates are presented by age, sex, race, family income, geographic region, and place of residence.

In 1990 the incidence of acute conditions was 171.9 per 1,000 persons. About 63 percent of the conditions received some medical attention. The average person experienced 7 days of restricted activity in the year associated with acute conditions. Among chronic conditions, sinusitis, arthritis, deformity or orthopedic impairment, and hypertension, had the highest rates. Overall, the estimates for 1990 for respondent-assessed health status were similar to the estimates for 1988 and 1989. The proportion of persons assessing their health in 1990 as "excellent" was 39.5 percent and as "very good" was 28.6 percent. Only 2.6 percent of respondents evaluated their health as "poor."

The National Health Interview Survey is a continuous, nationwide household survey of the civilian, noninstitutionalized population of the United States. Data on health and other characteristics are obtained for each household member. A description of the survey design, methods used in estimation, and general qualifications of the data obtained from the survey are provided in the appendix. Copies of the report are available from the U.S. Government Printing Office. Information for ordering is available from NCHS.

### NCHS Received Award

The National Death Index was awarded the first Dow Chemical Company Epidemiology Supplier Award, in recognition of services provided Dow's epidemiology group. The award was established in 1991 and NCHS is the first recipient. One of the key components of Dow's epidemiology function is to provide timely evaluation of potential human health effects associated with exposure to chemical agents. Information provided by NDI for use in mortality studies has helped the company to set up employee registries for research purposes.

NDI is a central computerized index of death record information on file in the State vital statistics offices. The index facilitates medical and health research by reducing time and expense involved in ascertaining mortality. NDI includes records on deaths beginning with 1979. Since its development 10 years ago, NDI has assisted mortality ascertainment activities in more than 350 epidemiologic studies.

### NCHS Plans Data Users Conference

The NCHS Data Users Conference will be held August 5–7, 1992, at Bethesda, MD. The conference provides information on data resources to current and potential users of NCHS vital and health statistics. The conference focuses on current and potential applications for public use data sets, technical and analytical issues, and information exchange. More than 600 NCHS public use data files are available on tape, CD-ROM, and diskette from more than a dozen separate data systems. There is no charge for conference attendance. Advance registration is required. Registration information is available from NCHS, Barbara Hetzler, Room 1100, 6525 Belcrest Rd., Hyattsville, MD 20782; tel. (301) 436-7122.

*Copies of NCHS publications are available from NCHS Scientific and Technical Information, Rm. 1064, 6525 Belcrest Rd., Hyattsville, MD, 20782; tel. (301) 436-8500.*

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### *References*

1. Advance report of final natality statistics, 1989. Monthly vital statistics report; Vol. 40, No. 8, suppl. National Center for Health Statistics, Centers for Disease Control, Hyattsville, MD, 1991.
2. Advance report of final mortality statistics, 1989. Monthly vital statistics report; Vol. 40, No. 8, suppl. 2. National Center for Health Statistics, Centers for Disease Control, Hyattsville, MD, 1992.
3. Current estimates from the National Health Interview Survey, 1990. Vital Health Stat [10] No. 181 (1990).