

NATIONAL CENTER FOR HEALTH STATISTICS DATA LINE

Childhood deaths in the United States declined in the decade of the 1980s, and the nation recorded a record low infant mortality rate in 1991, according to the National Center for Health Statistics (NCHS). The trends are shown in an overview of the latest available data on the health status of the population, published in a new report from NCHS, part of the Public Health Service's Centers for Disease Control.

"Health, United States, 1991, and Prevention Profile" (7) reports the results of a decade-long effort to achieve the 1990 national health promotion and disease prevention objectives set in 1979 for each major age group (2). Childhood mortality dropped 23 percent from 1977 to 1989 to surpass the national goal. The decline reflected fewer deaths from unintentional injury, such as those caused by motor vehicles, drowning, and fire (fig. 1). Much of the reduction was attributable to the use of children's safety seats in cars.

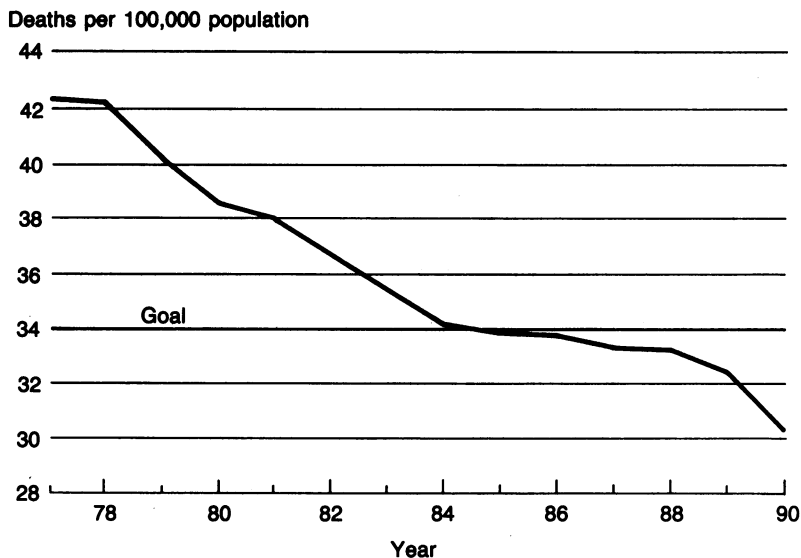
Mortality for adults ages 25-64 years declined from a rate of 532.9 per 100,000 in 1977 to 400 per 100,000 by 1989, reaching the national goal. Factors contributing to the decline included a drop in cigarette smoking, improved control of hypertension and blood cholesterol levels, and a shift in the composite age of members of the group. A decline in deaths from unintentional injury was an important factor for those younger than 55 years.

The report documented rising death rates among teenagers and young adults. After declining in the early 1980s, reflecting fewer deaths from motor vehicles, the death rate for those ages 15-24 years leveled and later increased, primarily owing to increasing homicide deaths of young black men (fig. 2). Between 1985 and 1989, homicides increased 74 percent among black men ages 15-24 years, reaching the highest recorded level for the age group. Suicide rose about 10 percent among people ages 15-24 years in the period 1978-89.

Progress Toward Goals

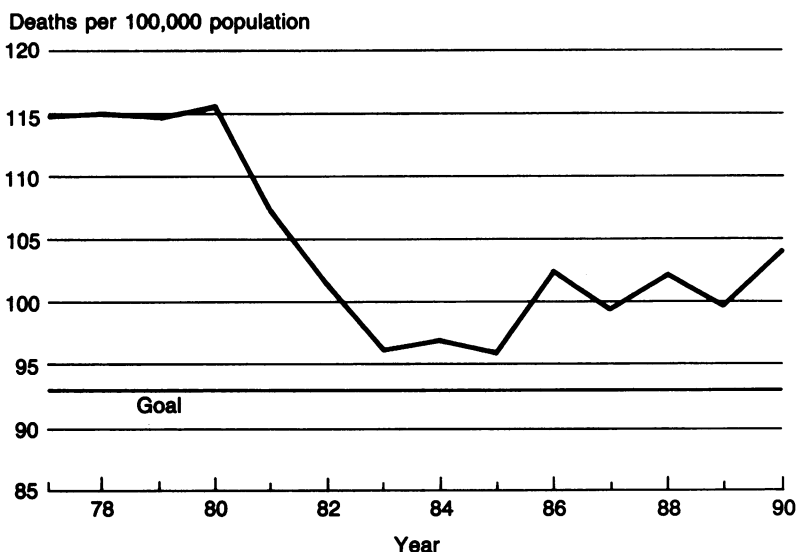
The 1990 objectives set 226 goals in 15 priority areas, such as control of high blood pressure, injury prevention, improved nutrition, and physical fitness and exercise. The report's Prevention

Figure 1. Death rates for children 1-14 years of age, 1977-90 and 1990 goal



NOTE: 1990 data are provisional.
SOURCE: CDC, NCHS, National Vital Statistics System.

Figure 2. Death rates for adolescents and young adults 15-24 years of age, 1977-90 and 1990 goal



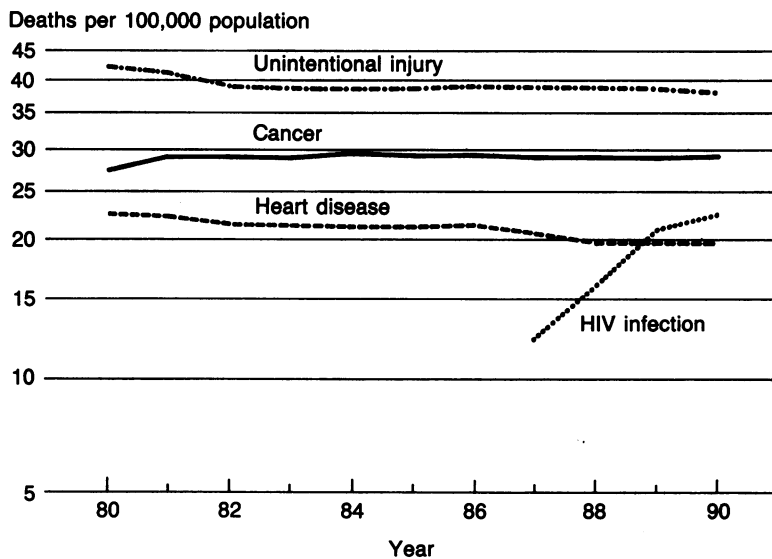
NOTE: 1990 data are provisional.
SOURCE: CDC, NCHS, National Vital Statistics System.

Profile shows that 32 percent of objectives were met or exceeded. Progress was made toward 30 percent of objectives. No progress or adverse increases were seen for 15 percent. There were inadequate data for mea-

suring results for 23 percent of the objectives.

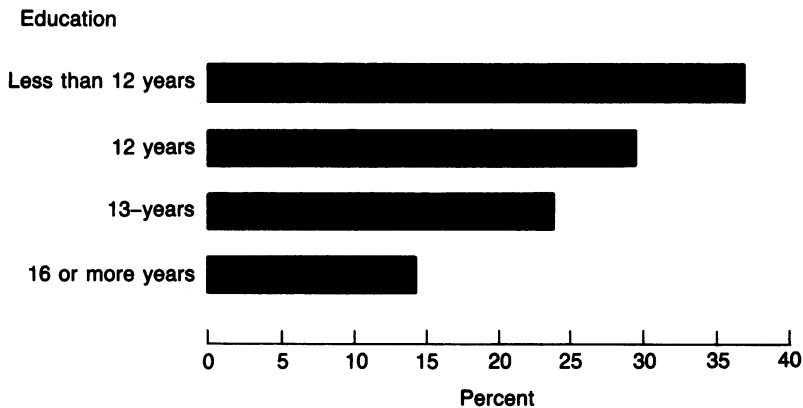
NCHS reported such public health progress as a 24 percent reduction in cigarette smoking, a 28 percent reduction in motor vehicle fatalities among

Figure 3. Leading causes of death for persons 25–44 years of age, 1980–90



NOTE: 1990 data are provisional. HIV = human immunodeficiency virus.
SOURCE: CDC, NCHS, National Vital Statistics System.

Figure 4. Current cigarette smokers among persons 25 years of age and older, 1990



NOTE: Percents are age adjusted.
SOURCE: CDC, NCHS, National Health Interview Survey.

children, and a 38 percent reduction in drowning deaths. But "Health, U.S." noted reversals. Among them were a 79 percent increase in the incidence of syphilis and a total of 28,000 cases of measles for 1990, which is eight times the 1988 measles level and 56 times the 1990 objective of not more than 500 cases.

Minority Health

Data for the 10-year period show continuing disparity between the health of the population and that of members of minority groups. During the 1980s,

gaps in infant mortality and life expectancy widened between whites and blacks. The infant mortality rate for blacks was 18.6 deaths per 1,000 live births in 1989. The rate for white infants declined faster than that for blacks to reach a rate of 8.1 in 1989.

Overall life expectancy at birth increased from 74.9 to 75.3 years between 1988 and 1989. Life expectancy for black men was 64.8 years, continuing the downward trend observed beginning in 1984. Life expectancy for black women was 73.5 years, up slightly from the previous year. Provisional 1990 data show an increase in

life expectancy for black men and women.

Overall, between 1970 and 1989, the age-adjusted death rate for heart disease declined by 39 percent. In 1989, heart disease mortality for white men was almost twice that of white women, and heart disease mortality was almost 60 percent greater for black men than black women. During that period, deaths from stroke declined 58 percent, at about the same rate, for whites and blacks of both sexes.

In 1989, the death rate from human immunodeficiency virus (HIV) infection among black men was three times that of white men, and the death rate for black women was nine times that of white women. The proportion of women with HIV infection almost doubled from 6 to 11 percent of the population in the period 1984–90.

Unknown when the 1990 objectives were set, HIV infection is now the 11th leading cause of death for the population. In 1989, HIV infection overtook heart disease to become the third leading cause of death for those 25–44 years of age, after only injury and cancer (fig. 3).

Health Status and Health Habits

"Health, U.S." gives the most recent analyses of data on health status and health habits from the National Health Interview Survey. About 23 million persons, almost 10 percent of the noninstitutionalized population, said they were in fair or poor health in 1990. Fifteen percent of blacks assessed their health as fair or poor, compared with 8 percent of whites. About 26 percent of the population 25 years and older smoked in 1990, 28 percent of the men and 23 percent of the women. Men and women who did not finish high school were two to three times more likely to smoke than college graduates (fig. 4).

About one-quarter of American adults are overweight. About 46 percent of overweight men and 61 percent of overweight women reported trying to lose weight in 1990. Among the overweight men and women trying to lose weight, about half were both dieting and exercising.

In 1991, an estimated 175,000 new cases of breast cancer were diagnosed among women. Breast cancer is the leading type of cancer for women, with an incidence rate more than twice that of lung cancer. Survival depends on

early diagnosis and treatment. In 1990, about 47 percent of women ages 50 years and older had received a clinical breast examination and mammogram within the past 2 years.

Increased use of the Papanicolaou (Pap) smear for the detection of cervical cancer has contributed to a 50-percent reduction in cervical cancer deaths since 1969, although 4,487 women died of this disease in 1989. In 1990, about 93 percent of all women ages 18 years and older had ever had a Pap test; about 81 percent had a Pap test within the past 3 years. This is by far the highest proportion of adults screened for any type of cancer.

The proportion of women receiving a Pap test was lower among certain population groups. About 77 percent of Hispanic women, 69 percent of women ages 70 years and older, 70 percent of women who did not finish high school, and 72 percent of women with low annual family incomes had a Pap test within the past 3 years.

High blood pressure is a well-known risk factor for heart disease and stroke. About one-third of Americans have hypertension. In 1990, about 69 percent of men and 80 percent of women had their blood pressure checked. The proportion of women having their blood pressure checked did not vary much with age. For men the proportion increased with age.

Workdays lost to occupational injuries were up, an average annual rise of 4 percent from 1983 to 1989. Rates of workdays lost were highest among the construction, mining, and transportation industries.

Changes in Health Care

"Health, U.S." reports on a changing health care environment. Between 1985 and 1990, the number of persons employed in the health service industry grew by 19 percent, compared with 9 percent for all other industries. The report documents the continued shift to outpatient surgery. About half of all surgeries now are performed on an ambulatory basis. Between 1980 and 1988, the number of psychiatric beds in State and county mental hospitals fell 32 percent, while beds in private psychiatric hospitals more than doubled.

In the period 1985-90, the age-adjusted hospital discharge rate declined by 15 percent for noninstitutionalized whites and by 3 percent for noninstitutionalized blacks. In 1990, the hospital discharge rate was 25 percent higher for black persons than for whites, and the average length of stay was 1.3 days longer for blacks than whites.

In 1990, there were 30.8 million discharges from non-Federal short-stay hospitals. Among men, the most common first-listed diagnoses were heart disease, cancer, and pneumonia. Among women, the most frequent causes of hospitalization were delivery, heart disease, and cancer.

In the period 1988-90, the number of discharges from short-stay hospitals with a diagnosis of HIV infection increased 54 percent to 146,000 discharges. Men 20-49 years of age accounted for 70 percent of all HIV-related discharges in 1990, down from 77 percent in 1988. The average length of stay for patients with HIV infection was twice that for all discharges (14.9 days compared with 6.4 days in 1990).

Throughout the 1980s, the average length of stay in smaller hospitals has been shorter than in larger hospitals, but the gap has narrowed. The health care worker has changed. The nursing profession moved to higher levels of training between 1981 and 1989. The percentage of hospital nursing staff who are registered nurses increased from 55 to 65 percent, with a corresponding drop in the percentages who are licensed practical nurses or ancillary nursing personnel.

In the period 1985-89, the number of registered nursing graduates declined by 25 percent to 62,000, after increasing by 11 percent from 1981 to 1985. During the 1980s, the proportion of RN graduates with baccalaureate degrees remained fairly stable at slightly more than 30 percent, while associate degree graduates increased from 50 to 61 percent.

In the past decade, minority enrollment in medical schools increased from 14 to 25 percent of all medical students. Much of the increase was accounted for by rising enrollment of Asian students. In 1989-90, 12 percent of medical students were Asian, 6 percent were black, and 5 percent were Hispanic.

The report summarizes health care expenditures, which were \$666 billion for 1990, an average of \$2,500 per

person. This is more than 12 percent of the gross domestic product, far exceeding the proportion devoted to health care in other countries.

In 1990, rising costs continued to explain the largest portion (63 percent) of growth in personal health care expenditures. Ten percent of the growth was attributed to population increase and 27 percent to changes in the kinds of services and supplies used.

Expenditures for HIV-related activities by the Federal Government increased from \$8 million in 1982 to almost \$3 billion in 1990. Of the total, 39 percent was for research, 38 percent for medical care, 16 percent for education and prevention, and 7 percent for cash assistance.

The report's 143 tables document health status and determinants, utilization of health resources, health care resources, and health expenditures. Appendices describe data sources and provide definitions of terms. An index to the topics in the tables is a new feature. The report reviews "Healthy People 2000," (3), the national prevention plan that was compiled from the 1990 objectives. Future editions of "Health, U.S." will report progress toward the goals and objectives of "Healthy People 2000."

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Obtain copies of a summary of the report from NCHS, Room 1064, 6525 Belcrest Rd., Hyattsville, MD 20782; tel. (301) 436-6500. Purchase copies of the complete report from the U.S. Government Printing Office, Superintendent of Documents, Washington, DC 20402; order number 017-022-01156-5; price \$18.

References.....

1. Centers for Disease Control: Health, United States, 1991, and prevention profile. DHHS Publication No. (CDC) 92-1232. National Center for Health Statistics. U.S. Government Printing Office, Washington, DC, 1992.
2. Public Health Service: Promoting health/preventing disease: objectives for the nation. U.S. Government Printing Office, Washington, DC, 1980.
3. Public Health Service: Healthy people 2000: national health promotion and disease prevention objectives. DHHS Publication No. (PHS) 91-50212. Office of the Assistant Secretary for Health, Office of Disease Prevention and Health Promotion. U.S. Government Printing Office, Washington, DC, 1990.