

More than 13 million Americans use assistive devices to accommodate physical impairments, and 7 million persons live in homes specially adapted for access by the handicapped, according to the National Center for Health Statistics (NCHS).

NCHS is the Federal Government's principal vital and health statistics agency. NCHS data systems cover the health field from birth to death, including overall health status, lifestyle and exposure to unhealthful influences, the onset and diagnosis of illness and disability, and the use of health care. NCHS is part of the Public Health Service's Centers for Disease Control and Prevention (CDC).

The use of assistive devices, such as wheelchairs, artificial limbs, braces, and hearing aids, has increased significantly during the past decade, and many homes have handrails, ramps, and extra-wide doors. However, 2.5 million persons do not have devices that they need, primarily because they cannot afford them.

A survey by NCHS and the National Institute for Disability and Rehabilitation Research of the Department of Education was conducted in 1990 to learn more about the population with physical impairments and to aid government and business in responding to the special needs of those with disability. The survey showed that 13.1 million persons (5.3 percent of the civilian population, excluding those in nursing homes and other institutions) use assistive technology. The reason most often cited for use of a device is to aid mobility. About 6.4 million persons use some kind of mobility aid, including 4.4 million persons who use a cane or walking stick, 1.7 million who use a walker, and 1.4 million who use a wheelchair. Other devices frequently used are hearing aids, reported for 3.8 million persons, and back braces, worn by 1.2 million persons.

Because the need for assistive technology increases with age, most of those who report using such devices are older than 65 years. However, some devices are used more frequently by those younger than 25 years, such as foot and leg braces, artificial limbs, and adapted typewriters or computers. About 7 million people live in homes that have special equip-

ment for persons with an impairment. The most common home adaptations are handrails (3.4 million persons report their use), ramps (2.1 million), and extra-wide doors (1.7 million).

While many rely on such so-called low-tech devices as canes and crutches, technological advances have brought an array of sophisticated equipment, one of which is the myoelectrical prosthesis, an artificial limb controlled by the wearer's muscles. The use of assistive devices has increased during the past decade because of the aging of the population and improvements in the design and manufacture of devices, making them more effective and easier to use.

The survey showed that finances are a barrier to obtaining assistive devices, and that devices and home accessibility features are likely to be paid for by the users or their families. About 2.5 million persons need, but do not have, such devices, mostly because of their inability to pay and because the devices are not covered by their health insurance or health care programs. More than a million persons of working age have an unmet need for assistive devices, and those whose family income is below the poverty line are twice as likely to be without one.

National estimates on the uses of assistive technology were based on information collected through interviews in the homes of a nationally representative sample of nonmilitary persons living in households. Copies of the report of the survey are available from NCHS (1).

Estimates of Serious Mental Illness

Mental illness severe enough to interfere with a person's daily life affects more than 3 million adults, according to NCHS. The 1989 survey of the extent of mental illness in the noninstitutionalized population was undertaken in cooperation with the National Institute of Mental Health, which estimates that serious mental illness affects 4 to 5 million adults nationwide, including the institutionalized population.

Some 3.3 million adults reported a mental disorder during the past year that seriously interfered with their ability to work, attend school, or manage their day-to-day activities. Serious

mental illness was usually associated with current disability.

Almost half of those with serious mental illness were reported to be unable to work or to be limited in work because of their mental disorder. Both poverty and low educational attainment were strongly related to the disability associated with serious mental illness. About a quarter of the adults with serious mental illness received disability payments through a government program because of their mental disorder. Black adults with serious mental illness were more likely to be unable to work than white adults, and blacks were almost twice as likely (44 percent) as whites (21 percent) to receive disability payments.

About 77 percent of those with serious mental illness had seen a mental health professional for the mental disorder. Among those who had not seen a mental health professional, most saw a physician or other health professional. About 68 percent of those who received medical care were using prescribed drugs for the disorder. Antidepressants were used by almost 41 percent of the 1.9 million persons using prescription medication for a serious mental illness, and antidepressants were the most commonly reported type of drug used. Antianxiety and antipsychotic drugs each were used by about a quarter of those using medication. Almost half of those taking prescription drugs had taken more than one drug during the past year.

The newly published report on the survey (2) provides estimates of serious mental illness that differ from previous estimates, which focused primarily on work-related disability.

Life Expectancy at Record High

Life expectancy for all Americans in 1991 matched the 1989 record high of 75.7 years. For black men, however, life expectancy dropped 0.4 years, continuing the general downward trend since the mid-1980s. Age-adjusted death rates fell for four of the six leading causes of death. Heart disease and stroke continued to decline, and there was a drop in the death rate for unintentional injuries as well as pneumonia and influenza.

For the first time, human immunode-

iciency virus (HIV) infection appeared among the 10 leading causes of death, moving from 11th to 9th in 1991. There was a 24 percent increase in HIV deaths from 1990 to 1991. Homicide, the 9th leading cause of death in 1990, fell to 10th in 1991, despite the fact that the age-adjusted death rate for homicide rose to a new peak in 1991.

NCHS reports a 3 percent drop in the birth rates from 1990 to 1991 (3). There were an estimated 4,111,000 births in the country in 1991.

The 1991 marriage rate dropped 4 percent from 1990 to reach the lowest level since 1965. The divorce rate remained steady at 4.7 divorces per 1,000 population, the same as each year since 1988.

Trends in Pregnancy

The number of pregnancies among U.S. women reached a high of 6.3 million in 1988. Using data on live births, fetal loss, and abortions, NCHS researchers analyzed pregnancy patterns during the last decade and reported that the number of pregnancies in 1988 was 7 percent higher than in 1980, primarily reflecting the large number of baby-boom women of childbearing age (4). Overall, 1 in 10 women ages 15–44 years had a pregnancy that ended in 1988, but for women in their 20s, the number was almost 1 in 5. Slightly more than a million teenagers had a pregnancy in 1988. Despite the continued rise in births to older women, and a recent increase in the teenage birth rate, most births and abortions occurred to women in their 20s.

The annual number of abortions stayed at about 1.6 million during the 1980s. Despite small increases in the abortion rates in each 5-year age group (except 40–44 years), the overall abortion rate declined by about 7 percent from 1980 to 1988. This overall decrease was caused by the aging of the baby boom generation, most of whom were in their 20s in 1980 and in their 30s in 1988; the report noted that abortion rates for women in their 30s are much lower than for women in their 20s.

Of the more than 6 million pregnancies in 1988, 62 percent ended with a live birth, 13 percent with a fetal loss, and 25 percent with an induced abortion. The proportion of pregnancies ending in abortion rose to 40 percent for women ages 15–19 years. The report notes striking differences in

childbirth and abortion by age and race or ethnicity. The analysis compares white women with all other women (predominantly blacks) because of the lack of data on abortions for specific racial or ethnic groups. There was a 13 percent drop for white women and no significant change in the abortion rate for all other women during the 1980s. In both 1980 and 1988, the abortion rate for all other women was more than double the rate for white women. For all other women, the rates of pregnancy, live birth, and fetal loss were also higher. The pregnancy rate for all other women was about 70 percent higher than for white women in both 1980 and 1988.

The report notes that all other women were less likely than white women to be using a contraceptive and more likely to have an unintended pregnancy while using contraception. The pregnancy rate for teenagers remained about the same in 1988 as in 1980 (about 110 per 1,000 persons). The lack of change from 1980 to 1988 occurred among both white teenagers and others, but for different reasons. Among white teenagers, premarital sexual activity increased, but condom use increased as well, producing a fairly stable pregnancy rate (about 93 per 1,000 in 1988). Between 1980 and 1988, the percent of white women 15–19 years of age who had premarital sex rose from 41 to 51 percent. Condom use at first intercourse was up from 28 to 45 percent among whites. Among all others, the percent having premarital sex was about the same (59 percent) in both 1980 and 1988, but condom use remained the same at about 30 percent. So the pregnancy rate for all other teenagers remained the same (about 184 per 1,000 in 1988).

The report noted delayed childbearing among women in their 30s. The pregnancy rates increased for women ages 30–34 years from 95 pregnancies per 1,000 women in 1980 to 110 in 1988. For women 35–39 years old, the increase was from 36 in 1980 to 47 in 1988. These increases were attributable primarily to increases in live birth rates at those ages. They reflect the trend toward delayed childbearing in the 1980s, although birth and pregnancy rates for women in their 20s remain higher than the rates for women in their 30s.

The source of the data for live births was the statistics on registered births,

published annually by NCHS. Data on induced abortion were derived from published reports of the Alan Guttmacher Institute and data from CDC's abortion reporting system. The National Survey of Family Growth, conducted periodically by NCHS among women in the childbearing ages to obtain data on reproductive health, provided the data on fetal loss as well as the data on contraceptive use and sexual activity.

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Copies of publications and information on the availability of NCHS data are available from the NCHS Scientific and Technical Information Branch, 6525 Belcrest Rd., Room 1064, Hyattsville, MD 20782; tel. (301) 436-8500.

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