

Deaths of Teenagers from Firearms Reach Historic High

The highest rate of deaths resulting from firearms among 15–19-year olds in the United States occurred in 1990, with 4,200 teenagers killed, according to a new report (7) from 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 unhealthy 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.

Guns were involved in one in four deaths of both teenagers and young adults ages 15–24 years, and were responsible for more deaths than all natural causes for that group. Only motor vehicle fatality, with nearly 13,000 deaths, was ranked higher as a killer of teenagers and young adults. For both homicide and suicide by firearm, rates for men were 5 to 10 times those for women. Death rates among teenagers continued to be higher for firearm-related deaths than for disease, with 39 percent more deaths recorded from firearms than natural causes in 1990. Driving that trend was an increasing firearm death rate coupled with a stable rate for deaths from natural causes among white teenage men.

The firearm death rate among all those 15–19 years of age increased 77 percent in the period 1985–90, reaching the highest level of 23.5 per 100,000 persons. The firearm homicide rate for black teenage men nearly tripled in the same period. While firearm homicide rates are highest and still rising among black men the annual rate of increase of firearm homicide in recent years has been greatest for white teenage men.

Lois A. Fingerhut, the NCHS analyst responsible for the study, points to an average annual increase of 24 percent in the firearm homicide rate for white teenage men in the period 1988–90, compared to average increases of only 4 percent per year in 1985–88.

Sixty percent of all deaths among those ages 1–34 years resulted from intentional and unintentional injury, and about 30 percent (nearly 20,000 in 1990) of those fatalities were firearm-related. Firearms were the second leading cause of death, following motor vehicle injuries, for all those 10–34 years of age, and firearm death was the leading cause for black men 10–34 years. Firearm homicide was the second leading cause of death for those 15–24 years of age; for black men 15–34 years it was the leading cause of death. Among all those 15–19 years of age, whose rates for death by firearm homicide are rising the fastest of any age group, the rate for black men of 105.3 deaths per 100,000 persons was 11 times the rate for white men of 9.7 per 100,000. For suicide, the racial pattern was reversed. The rate for firearm suicide for white men 15–19 years of age was 13.5 per 100,000 persons, 1.5 times the rate for black men of 8.8.

Young black men ages 15–24 years had the highest firearm mortality rates, 5 times that for white men and 10 times that for black women. For those ages 25–34 years, the rate for black men was four times the rate for white men and seven times the rate for black women. Firearm death rates for black children were higher than for white children as well. Rates for white girls were the lowest at every age group.

Progress Toward Objectives

Significant progress toward national goals for health promotion and disease prevention set by the Public Health Service was recorded by a recent survey. A new report by NCHS (2) updates an earlier study and draws comparisons between 1985 and 1990. The report describes 41 measures of health-related behaviors and preventive care that are cross-classified by sex, age, and 7 socio-demographic variables. Information is provided on general health habits, such as diet and exercise, smoking and alcohol use, breast cancer awareness and screening, prevalence of stress, and injury control. Some of the findings include:

- Thirty percent of men and 26 percent of women surveyed exceeded by

20 percent or more their desirable body weight. However, women apparently are more likely to do something about it. Sixty-two percent of women reported they were actively trying to lose weight, compared to 45 percent of men.

- Two out of five persons older than 18 years said they exercised or played sports regularly, 44 percent of men and 38 percent of women.
- Fifty-six percent of persons reported they ate breakfast almost everyday, and one in four said he or she rarely or never ate snacks.
- Twenty-eight percent of the men and 23 percent of the women were cigarette smokers. Twenty-nine percent of women ages 18–24 years reported they had smoked during pregnancy.
- Eighty-eight percent of women reported that they knew how to do breast self-examination, but only 43 percent performed the procedure 12 or more times a year.
- Fifty percent of women had a Papanicolaou test (Pap smear) in the past year, and 53 percent reported having a breast examination by a health professional.
- Fifty-eight percent of women 35 years and older had ever had a mammogram, and 51 percent had a mammogram in the past 3 years.

The report summarizes these trends in 1985–90:

- The percent of women 40 years and older who ever had a mammogram increased from 38 percent in 1985 to 61 percent in 1990.
- The percent of persons 18 years or older who smoked cigarettes decreased from 30 percent in 1985 to 26 percent in 1990.
- The percent of current drinkers who drove after having too much to drink declined from 17 percent in 1985 to 12 percent in 1990.
- In 1985, 36 percent of adults wore seat belts most of the time while riding in a car, while in 1990, 67 percent reported wearing seat belts regularly.
- The number of persons who were protected by at least one working smoke detector at home increased from 60 percent in 1985 to 79 percent in 1990.

Not all news was good. The percent of adults who exceeded their desirable weight by 20 percent or more increased from 24 percent in 1985 to 28 percent in 1990.

Utilization Analyzed

New analyses reveal differences and trends in the use of hospital and physician care. NCHS reports that in 1991 the average length of hospital stay was 6.4 days, resulting in 199 million days of inpatient care that year (3). The National Hospital Discharge Survey reports on the estimated 31 million inpatients discharged from short-stay hospitals. The report from that survey shows the number, rate, and average length of stay by age, geographic region, and sex. Those 31 million patients include an estimated 12.5 million men and 18.6 million women. The hospital discharge rate of 144 per 1,000 women was 41 percent higher than the rate of 103 per 1,000 men, primarily because of deliveries and pregnancy-related conditions.

Another report looks at the 4 percent of patients hospitalized for more than 3 weeks (4). The long-stay patients used more than a quarter of the days of care in short-stay hospitals. Despite an overall decline in hospitalization and length of stay, an analysis of long-stay patients in 1980 and 1990 shows little change for that group. Short-term hospital use declined during the 1980s, but long-stay patients continued to account for the same disproportionately large share of hospital days in 1990 as in 1980. More than 50 percent of long-stay patients were diagnosed with diseases of the circulatory system, mental disorders, neoplasms, and injury or poisoning.

Hospitalization for septicemia, psychosis, and miscellaneous complication of surgical and medical care were more frequent in 1990 than in 1980 for all patients and long-stay patients. Long-stay patients were more likely to have surgery. The rate of procedures was 50 percent higher for long-stay patients than for all patients.

Most long-stay patients had Medicare as their expected principal source of payment in 1980 and 1990. Medicaid covered a larger share and private insurance covered a smaller share of long-stay discharges and all discharges in 1990 than in 1980. The proportion of discharges transferred to other health care facilities was higher

in 1990 than in 1980 for both long-stay and all patients. Long-stay patients were more likely to be transferred or discharged at death than were all patients.

A series of reports from NCHS's National Ambulatory Medical Care Survey profiles office visits to general surgeons, obstetricians and gynecologists, otolaryngologists, and cardiovascular disease specialists (5-7). Based on data from a continuing probability sample survey of the private office-based, non-Federal physician, the reports provide analyses for 1989 and 1990 of numbers of office visits, shown by patient characteristics, expected source of payment, reason for visit and diagnosis, diagnostic services and counseling provided, medication therapy and duration, and disposition of the visit. Data are adjusted to represent average annual statistics and do not represent 2-year totals.

There were an estimated 60 million visits annually to physicians who specialized in the practice of obstetrics and gynecology, ranking in the total number of visits just after physicians in the practices of general and family medicine, internal medicine, and pediatrics. The most frequent reason for a visit to an obstetrician or gynecologist was routine prenatal examination. More than 85 percent of those visits were made by women ages 15-44 years.

During 1989-90, there was an estimated annual average of 24 million visits to general surgeons. This total is down significantly from the estimated annual average of 30.5 million visits in 1980-81 and a further decrease from the estimated 41.2 million visits in 1975.

There were about 11 million visits annually to physicians specializing in cardiovascular disease during the period 1989-90. The visit rate was highest among persons 65 years and older. Nearly two-thirds of all visits resulted in a principal diagnosis classifiable to a disease of the circulatory system. The most frequently listed diagnosis was "other forms of chronic ischemic heart disease," occurring for 20 percent of visits, followed by essential hypertension, listed at 13 percent. Medication was the most frequently provided therapeutic service. Medication was ordered or provided at more than 80 percent of the visits to cardiovascular specialists, compared to about 60 percent for all other specialists.

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NCHS publications and assistance in obtaining printed and electronic data products are available from the NCHS Scientific and Technical Information Branch, Room 1064, Hyattsville, MD 20782; tel. (301) 436-8500.

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