NATIONAL CENTER FOR HEALTH STATISTICS DATA LINE

National Health Overview Shows One in Five Without Health Insurance Coverage

More than 38 million Americans younger than 65 years, nearly one in five persons, did not have health insurance coverage in 1992, according to the most recent overview of the state of the nation's health.

In the period 1980–92, the age-adjusted proportion of Americans younger than 65 without health care coverage increased from 12.5 percent to 17.2 percent of the population. In 1992, the percent of Hispanic persons without coverage was almost twice the national average. Nearly one-fourth of black Americans were without health care coverage. People in the lowest income group were about nine times more likely to be without health care coverage than those at the highest levels.

These and other details of the population's health profile are from new reports from the National Center for Health Statistics (NCHS). "Health, United States, 1993" and "Healthy People 2000 Review, 1993" document notable progress, especially against chronic diseases, but show continuing disparities in health status and access to care by race and ethnicity, income, and educational level (1,2).

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.

"Health, United States, 1993" is the most recent in the series of annual updates on the nation's health status and health determinants and on the supply and use of health resources and health expenditures. The report provides the latest data as well as analyses of trends in major health indicators. The new edition contains data of special interest in planning for health care reform, such as findings on health insurance coverage, medical care costs, and access to and availability of health services.

In the period 1991–92, the cost of health insurance increased for employers in the private sector as well as in State and local governments. In 1993, health insurance cost to private industry of \$1.10 per employee-hour constituted 7 percent of total compensation in private industry. Health insurance constituted a higher percent of total compensation for private employers with 500 or more employees than for those with 1 to 99 employees.

The rate of increase in the medical care component of the Consumer Price Index slowed from 7.4 percent in 1992 to 5.9 percent in 1993. Despite the slowdown, the medical care inflation rate in 1993 was nearly twice the overall inflation rate. The hospital services inflation rate was nearly three times the overall inflation rate in 1993 and continued to outpace other components of the medical care Consumer Price Index.

Health Disparities

The annual health assessment shows that serious disparities continue to exist among people of different racial, ethnic, and socioeconomic backgrounds. Children who live near or below the poverty level see a physician less frequently than children in families with higher income. Vaccination levels for children between 19 and 35 months of age were lower for poor children and black children than for nonpoor children and white children.

There has been no improvement since 1980 in the proportion of mothers who receive early prenatal care, and substantial disparities remain along racial and ethnic lines. In 1991, about 60 percent of black and American Indian mothers received early prenatal care, compared with almost 80 percent of white mothers. Among Hispanic mothers, only 59 to 65 percent of Mexican American, Central and South American, and Puerto Rican mothers received early prenatal care in 1991, compared with 85 percent of Cuban mothers.

The report reflects racial and ethnic disparities in death rates. In 1989–91, the death rate for black adults ages 25–44 years was more than 2.5 times higher than for white adults. Among American Indian adults, the death rate

was 39 percent higher than for white adults

HIV infection was the leading killer of black adults ages 25–44 years in 1989–91, and the second leading killer among Hispanic adults. Death rates from HIV infection were more than three times higher for black adults than for white adults and 35 percent higher for Hispanic than for white adults.

The homicide rate was highest among black youth ages 15–24 years and was eight times higher for black youth than for white youth. Hispanic youth had the second highest homicide rate in that age group, more than three times higher than that for white youth.

Births to unmarried mothers are increasing, and such births are at elevated risk for adverse health outcomes. In the period 1970-91, the percent of live births to unmarried women in the United States increased nearly threefold to 30 percent. In the white population, the percent of births among unmarried women guadrupled in 1970-91 to reach 22 percent. In 1991, more than two of three live births in the black population (68 percent) were to unmarried women. More than half of live births among Puerto Ricans (58 percent) and American Indian populations (55 percent) were to unmarried women.

Advances in Health

"Health, United States" documents these advances in health:

- Provisional data for 1992 show life expectancy for Americans is now 75.7 years, the highest ever.
- There was a significant decline in the percent of American adults with hypertension, from 39 percent in 1976–80 to 23 percent in 1988–91.
- For the second year in a row, the number of cases of measles decreased sharply. In 1992 the number of reported measles cases decreased 77 percent to 2,000 cases.
- In 1980-93, the percent of high school seniors reporting binge drinking (consuming five or more drinks in a row in the previous 2-week period) declined by one-third to 28 percent.
- In 1980-91, age-adjusted rates for deaths attributed to unintentional injury

declined 27 percent to 31 deaths per 100,000 population.

 In 1988–91, the age-adjusted rate for deaths from motor vehicle crashes declined 14 percent to 17 deaths per 100.000.

Healthy People 2000 Review

Healthy People 2000 is a national program designed to meet more than 300 national health promotion and disease prevention objectives by the vear 2000. The program sets special objectives for groups at greatest risk or those underserved. The Public Health Service coordinates the Year 2000 Program, which seeks to increase the healthy span of life, reduce disparities in health, and increase access to preventive health services for all Americans. "Healthy People 2000 Review, 1993," is the second annual report on the national effort and shows significant progress in reducing some chronic diseases and their risk factors.

Mortality from coronary heart disease and stroke continues to decrease. In the period 1987-91, the age-adjusted death rates for both diseases declined for the total population and for the black population. However, improvements in those leading causes of death were less substantial for the black population, resulting in widening the already large disparities with the total population. The stroke death rate for the black population in 1991 was almost twice that for all Americans: the heart disease death rate was 30 percent higher.

Risk factors for heart disease and stroke show improvement. Today, one in five Americans has a high cholesterol level, down from one in four more than a decade ago. The number of people being treated for high blood pressure who have that condition under control is up by 30 percent.

Deaths from motor vehicle crashes have declined, in part because of a 25-percent drop in death rates for alcohol-related motor vehicle crashes in the period 1987–92. Use of seat-belts increased during that period and may have contributed to decreased fatalities.

More Americans are seeking preventive health care. Cancer screening has increased since 1987. The proportion of women 50 years or older who had a clinical breast examination and

a mammogram in the past 2 years doubled from 25 percent in 1987 to 51 percent in 1992. In the past 5 years there was an 83 percent increase in the proportion of women 40 years or older who have ever had those cancer screening tests (from 36 percent to 66 percent in 1992). Fewer than half of all low-income women 40 years or older have ever had a mammogram.

In 1992, three-quarters of all women had been screened for cervical cancer in the past 3 years, but the proportion screened drops to 58 percent for those without a high school education, 65 percent for low-income women, and only 4 percent for women 70 years or older.

Progress has been made against several sexually transmitted diseases. In the period 1989-92, gonorrhea rates declined in the total population to surpass the year 2000 goal with 202 cases per 100,000 population. Primary and secondary syphilis rates have declined as well. The pelvic inflammatory disease hospitalization rate dropped dramatically, from 311 hospitalizations per 100,000 women 15-44 vears old to 213 in 1992, surpassing the year 2000 objective in 1991. The rates of viral hepatitis B and C have declined and surpassed the year 2000 objectives: the rate also was down for henatitis A.

Gains were made in preventable childhood diseases. Although the reported number of cases has fluctuated in recent years, measles declined to a record low in 1992 (2,237 cases). Reported cases of mumps consistently declined since 1989 and reached a record low in 1992 (2,572 cases).

In 1992, more than three-quarters of the population, up from less than half in 1988, lived in counties where pollutant levels did not exceed air quality standards set by the Environmental Protection Agency. Standards for air quality covered ozone, carbon monoxide, nitrogen dioxide, sulfur dioxide, lead, and particulates.

Some serious health problems and risk factors have not improved or have moved away from the year 2000 objectives. Homicide and all weapon-related violent death (intentional and unintentional) rates increased in 1987–91. The overall homicide rate rose from 8.5 to 10.8 deaths per 100,000 population. Among black males 15 to 34 years old, the homicide rate jumped more than 50 percent in the 5-year period, from 91.1 to 140.8. Firearm-

related death rates were up 17

Although infant mortality rates continue to improve, several important indicators of maternal and child health show setbacks or no improvement since 1987. Low birth weight, a significant factor in infant mortality, has remained relatively stable at about 7 percent of all live births, but among the black population, low birth weight increased from 12.7 percent to 13.6 percent.

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NCHS publications and assistance in obtaining printed and electronic data products are available from the NCHS Data Dissemination Branch, Room 1064, 6525 Belcrest Rd., Hyattsville, MD 20782; tel. (301) 436–8500.

Copies of "Health, United States, 1993" are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; order stock no. 017-022-01252-9, price \$19.

A pocket version with highlights of the full report is available without charge from NCHS.

The complete report is available on diskette in two electronic formats from either GPO or the National Technical Information Service, Springfield, VA, 22161. The 156 detailed tables and index are on diskette in Lotus 1-2-3 worksheet files. Ordering information: GPO, stock no. 017-022-01257-0, price \$15; and from NTIS (check NCHS for stock no. and price). The text, charts, and tables are available in a Folio Infobase for use in Windows (check NCHS for price).

Copies of "Healthy People 2000 Review, 1993" are available only from NCHS.

- National Center for Health Statistics: Health, United States, 1993. DHHS Publication No. (PHS) 94–1232. Centers for Disease Control and Prevention, Hyattsville, MD, 1993.
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