NATIONAL CENTER FOR HEALTH STATISTICS DATA LINE

NCHS Annual Summary Shows Drop in Life Expectancy

The most recent provisional data from the National Center for Health Statistics (NCHS) show that for the first time since 1980 life expectancy dropped in the United States, from 75.7 years in 1992 to 75.5 years in 1993 (*1*).

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.

The decline in life expectancy is documented in the NCHS's "Annual Summary of Births, Marriages, Divorces, and Deaths: United States, 1993." Data show that life expectancy at birth for the white population declined by 0.2 years from 1992 to 1993 for both males and females. For the black population, life expectancy at birth declined by 0.8 years for males, but did not change significantly for females.

Influenza Targeted for Decline

The decline in life expectancy is believed to be associated with elevated mortality from influenza. Death rates from pneumonia and influenza had dropped from 1988–92, but increased from 1992 to 1993, which may be attributed to influenza epidemics in the first and last quarters of 1993.

Overall, death rates in the United States increased 3 percent in 1993, from 853.3 deaths per 100,000 population in 1992 to 879.3 in 1993. Age-adjusted death rates were higher in 1993 for four leading causes of death: chronic obstructive pulmonary diseases and allied conditions, pneumonia and influenza, diabetes mellitus, and human immunodeficiency virus (HIV). Mortality from chronic obstructive pulmonary diseases and allied conditions has generally shown an upward trend since 1950, while age-adjusted death rates from diabetes mellitus have increased since 1988 after stabilizing for much of the 1980s. Death rates from HIV have been increasing steadily each year since the acquired immunodeficiency syndrome (AIDS) epidemic emerged during the early 1980s.

Although motor vehicle accident mortality continued its downward trend in 1993, death rates from all other accidents and adverse effects increased by 7 percent between 1992 and 1993.

More than 40,000 Americans were killed by firearms in 1993, a 2 percent increase from 1992. Of the estimated 40,230 firearm deaths in 1993, 58 percent were for white males, 25 percent for black males, 11 percent for white females, and 4 percent for black females. However, the highest death rates for firearm injuries were for black males, followed by white males, black females, and white females. The largest numbers of firearms deaths for both males and females were for the age groups 15–24 and 25–34 years.

The annual summary also documents some positive indicators as well. Despite the increase in firearm mortality, the number of deaths from homicide and legal intervention dropped in 1993 to 25,470, down from 26,570 in 1992.

In addition, the infant mortality rate in the United States declined to a new record low of 8.3 deaths per 1,000 live births, continuing a downward trend that has been observed annually since 1940.

Marriages and Divorces

The divorce rate in the United States dropped to 4.6 divorces per 1,000 population in 1993, the lowest rate since 1972. Divorce rates soared during the mid-1960s and through much of the 1970s, reaching a peak of 5.3 in 1979 and 1981. Between 1981 and 1988 the divorce rate dropped 11 percent to 4.7, where it remained through 1991. The rate increased slightly in 1992 (4.8) before dropping to its current level.

The marriage rate in the United States, however, dropped for the third straight year to 9.0 marriages per 1,000 population—the lowest rate since 1964.

Between 1950 and 1960 the marriage rate dipped sharply, from 11.1 in 1950 to 8.4 in 1958, but then rose again throughout the 1960s to 10.6 in 1969. During the 1970s and the first half of the 1980s, the marriage rate twice rose to relative peaks and then declined while remaining above 10.0 for most years of the period. Starting with 1987, the marriage rate fell below 10.0 and has since declined to its current level of 9.0 in 1993. One explanation for the recent decline in the rate is the aging of the baby boom population past the years where marriage is most likely to occur. Thus, there are proportionately fewer men and women in their 20s, the peak marriage years, than in the recent past. Compounding this is the fact that studies have estimated that fewer Americans will marry during their lifetimes than in the past, although the majority will still eventually marry.

Hospital Visits for Substance Abuse

An NCHS study shows that in 1992, 90 million visits were made to emergency departments of non-Federal, short-stay and general hospitals in the United States, or about 357 visits per 1,000 persons (*2*). An estimated 4.1 million of these visits, or 4.5 percent, were for alcohol or drug-related reasons—about 16 visits per 1,000 persons.

These findings come from the first-ever National Hospital Ambulatory Medical Care Survey, which will be conducted annually. The results were drawn by combining visits that indicated alcohol or drug problems, or both, with visits that indicated specific alcohol and drug-related diagnosis.

The study shows that half of all alcohol and drug-related emergency department visits are made by patients between the ages of 25 and 44. Males have higher visit rates than females, with the highest rates for black males ages 25–44.

An injury is three times more likely to be classified as "homicide and injury purposely inflicted" in an alcohol and drug-related emergency department visit than in all other visits. More than three-quarters of emergency de-

partment visits for suicide and self-inflicted injuries were alcohol and drug-related.

The study presents a synergized look at two of the more pressing health issues in the country today, substance abuse and its impact on the nation's health care delivery system. Other recent studies have shown that there were nearly 120,000 emergency room visits for cocaine use alone in 1992 (*3a*). Because the largest proportion of alcohol and drug-related emergency department visits are by people between ages 25 and 44, there have been other concerns raised pertaining to lost productivity in the American work force and the role of substance abuse in the escalation of health care costs in the United States.

Mental Health Problems Documented

One-quarter of alcohol and drug-related visits to emergency departments were for symptoms referable to psychological and mental disorders, such as depression and neurotic disorders. The treatment and detoxification of patients exposed to alcohol or poison were accomplished with several procedures and agents. The most frequently used were gastric lavage, metabolic and nutrient agents to correct complications such as prolonged malnutrition and adsorption of the toxin on activated charcoal.

Injury and poisoning accounted for the largest proportion of all alcohol and drug-related emergency department visits. More than 1.7 million visits were for injury and poisoning. A further breakdown shows 289,000 of these visits were related to motor vehicle accidents; 224,000, accidental poisoning by drugs, medicinal, and biological substances; 208,000, accidental falls; 121,000, suicide and self-inflicted injury; 122,000, fights, brawls, or rape; and 182,000, other types of assault.

Along geographic lines, the largest percentage of alcohol and drug-related emergency department visits occurred in the Midwest (30 percent); the Northeast had the lowest percentage (19 percent).

The survey also documents alcohol and drug-related emergency department visits according to type of payment. More than a quarter of these visits were paid for by the patients. Another quarter were paid for by private, commercial insurance. Medicaid and Medicare were the source of payment for more than 1.3 million of these visits.

Women, Insurance, Cancer Screening

Health insurance coverage is an important factor associated with the use of preventive health care services. Uninsured persons use less preventive health care than do those with insurance. Among persons with insurance, use of preventive care varies with the type of coverage.

During the 1980s, there were substantial changes in health insurance coverage as well as use of preventive health care in the United States. Between 1980 and 1992 the age-adjusted percent of the U.S. population younger than 65 years who were uninsured increased from 12.5 to 17.2 percent. Over this period, enrollment in health maintenance organizations (HMOs) rose from 4 to 14 percent of persons in the United States (*3b*).

A recent study by NCHS showed that women older than 50 who are enrolled in HMOs are more likely to receive cancer screening procedures than women with fee-for-service coverage (*4*). In 1992, among women ages 50 to 64 with 12 or fewer years of education, HMO enrollees reported higher levels of mammography and Pap testing than did those with fee-for-service coverage. Higher rates of cancer screening were also shown for women ages 65 and older in HMOs, regardless of educational level.

In 1992, 62.1 percent of women ages 50–64 who were enrolled in HMOs reported having a recent mammogram and 64.7 percent reported a recent Pap test, regardless of their educational level. In contrast, among women ages 50–64 with 12 or fewer years of education and fee-for-service coverage, only 48.1 percent reported recent mammography and 52.1 percent reported recent Pap testing.

Reporting Mammography

In 1992, only 49.6 percent of women ages 50–64 reported a mammogram within the past year, while 53 percent reported a Pap test, and 61 percent reported a clinical breast examination. The percent of women reporting these procedures was lowest for uninsured women and highest for women enrolled in HMOs. Only 19 percent of uninsured women 50–64 years reported recent mammography, 32 percent reported Pap testing, and 38 percent reported clinical breast examination.

Screening levels for Pap testing, mammography, and clinical breast examination were 11 to 18 percentage points lower for women 65 years or older than for women 50–64 years, despite the higher risk of disease among older women.

Women 65 or older with only Medicare coverage were also substantially less likely to report any of the three screening techniques than women with Medicare and private insurance. Women 65 years or older who were enrolled in HMOs were more likely to report recent mammography and Pap testing than women with fee-for-service coverage. Use of both procedures was 13 percentage points greater for HMO enrollees than women with fee-for-service coverage.

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

—JEFF LANCASHIRE, NCHS Acting Public Affairs Officer

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