NATIONAL CENTER FOR HEALTH STATISTICS DATA LINE

NCHS Redesigns National Health Interview Survey

The National Health Interview Survey (NHIS) by the National Center for Health Statistics (NCHS), a major source of information on the health of Americans, is undergoing an extensive redesign.

In operation since 1957, it provides current and trend data to describe the extent of illness and disability; use of health services; health care coverage; and the health habits, knowledge, and attitudes of the U.S. population.

As the largest population-based health survey in the United States, the NHIS collects data on many of the nation's critical public health issues, and NCHS works closely with other agencies to develop the survey's content and scope.

The goal of the NHIS redesign is to improve its capacity to provide data on all aspects of health required for monitoring, research, and policy purposes. The survey redesign updates content to meet current data needs, includes additional aspects of health, reduces the respondents' burden, and employs state-of-the-art questionnaire development.

It will be administered through computer-assisted personal interviewing that will facilitate data processing and analysis as well as speed and improve access to the data. The redesign will also enhance linkages with other data systems and surveys. It will be implemented in January 1996. During the past 2 years, the NHIS included the largest-ever survey of disability in the United States and contained a component to measure access and barriers to care.

Cigarette Smoking and Other Unhealthy Behaviors

America's young people are engaged in risky health behaviors, and those who smoke cigarettes are the most likely to have many poor health habits. In a study of the unhealthy behaviors of youth ages 12-21, NCHS found that more than one-quarter of adolescents and young adults were smokers, almost half drank alcohol, and about 40 percent had engaged in a physical fight.

The National Health Interview of Youth Risk Behavior documented an association between smoking and other unhealthy behaviors (*1*). This relationship was particularly striking for the use of other addictive substances such as alcohol, marijuana, and smokeless tobacco.

Current smokers were to 3–17 times more likely than adolescents who had never smoked to have used the other substances recently. Smokers were more likely to have engaged in binge drinking and to have been involved in physical fighting and in carrying weapons, including guns and knives.

The survey was designed to focus on the adolescent period when many life-long habits and attitudes are set. It is based on household interviews with a sample representative of the national population ages 12-21. The survey is a component of the Youth Risk Behavior Surveillance System (YRBSS) developed by the Division of Adolescent Health at the Centers for Disease Control and Prevention (CDC) and NCHS.

The majority of the YRBSS is school-based and has been tracking behaviors of in-school youth since 1990. The 1992 household survey component added a new dimension to the study of health risk behaviors among American youth by providing estimates of risk behavior for out-of-school youth.

Other highlights from the survey:

- About 29 percent of males ages 12-21 and 26 percent of females of that age were current smokers. Another 28 percent of boys and 30 percent of girls had experimented with cigarettes.
- Failure to eat at least five servings of fruits and vegetables daily was the most frequent unhealthy behavior, reported by 87 percent of youth.
- Cocaine use was reported by only about 1 percent.
- Almost two-thirds failed to use a seat belt regularly.
- Nearly half exercised less than 3 times a week.
- Some 60 percent had engaged in sexual intercourse.
- Some behaviors differed markedly between the sexes. Males were more likely than females to have engaged in a physical fight (48 percent versus 29 percent), more likely to have carried a weapon in the past month (24 percent compared to 6 percent), and to have used smokeless tobacco and marijuana. Girls were more likely than boys to get inadequate exercise.

Birth Characteristics for Asian-Pacific Islanders

A new report by NCHS provides first-time information on pregnancy and birth characteristics among Vietnamese, Asian Indian, Korea, Samoan, and Guamanian women in the United States (*2*). The study covers the States of California, Hawaii, Illinois, New Jersey, New York, Texas, and Washington that account for 72 percent of all Asian or Pacific Islander births in 1992.

The report documents significant variations among the Asian groups and in comparison with births of all races. Less than 2 percent of Asian Indian and Korean births were to teenagers, compared with 12 percent of all races. Only 8 percent of Asian Indian births and less than 5 percent of Korean births were to unmarried women, compared with 30 percent of all races.

Most Vietnamese, Asian Indian, and Korean mothers who gave birth in 1992 were born outside the United States. These mothers tended to be older and were more likely to be married than U.S.-born mothers. The percent of cesarean deliveries was lower for Vietnamese and Samoan mothers (just under 17 percent each) than for most other Asians or Pacific Islanders, compared with 23 percent for all races.

Among Asians or Pacific Islanders, Korean and Samoan mothers had the lowest percentage of low-birth weight babies (4.2 and 4.5 percent), while Asian Indian mothers had the highest (9.6 percent). For all races, the proportion was 6.7 percent. More than three of four Asian Indian, Korean, and Vietnamese mothers received prenatal care in the first trimester of pregnancy compared with two of three Guamanian mothers and less than one-half of all Samoan mothers.

The finding of wide variation in pregnancy risk factors and birth out-

comes for the Asian or Pacific Islander subgroups suggests special problems during pregnancy and distinct maternal health care needs. This further underscores the importance of individually characterizing each racial or ethnic subgroup to meet their unique needs better. These data are based on birth certificates filed in State vital statistics offices. The data are provided to NCHS through the Vital Statistics Cooperative System.

New Data Guides for Healthy People 2000

The Healthy People 2000 national public health strategy depends on accurate, reliable statistics to set goals, measure progress, refine and modify programs, and evaluate final results. Some of the data needed are available, but much of the needed statistics will have to be collected and analyzed. Comparable methods and terminology must be used to increase both the analytical potential and comparability of the data.

Healthy People 2000 Statistical Notes provide guidance and technical assistance in the development of data needed for the Year 2000 health promotion, disease prevention initiative. This periodical features updates on statistical techniques and summaries of new methodological approaches. Two new issues cover the calculation and application of the measure of "years of healthy life" (*3*) and the direct standardization of age-adjusted death rates (*4*).

Increasing the span of healthy life for Americans is one of the three broad goals of Healthy People 2000. The years of healthy life measure has been selected for monitoring progress toward this goal. The sources and methods used for calculating years of healthy life are described as well as the development of the healthy life measure. The healthy life measure uses data from the National Health Interview Survey on limitation of activity and perceived health status to create an operational definition of health-related quality of life.

Data on these two variables are available from 1984 to the present, and plans are to collect these data through the year 2000 to permit trend analyses. The Statistical Note describes the procedure for combining the health-related quality of life measure with mortality and provides estimates for the U.S. institutionalized and noninstitutionalized population. Finally, methods for applying these techniques to State-level data are described.

Most population-based mortality objectives and subobjectives in Healthy People 2000 are tracked using age-adjusted mortality data. Healthy People Statistical Note Number 6 provides technical assistance on the calculation and application of age-adjusted data. The report covers why and when to use age-adjusting, methods of standardization, selection of a standard population, how to deal with small numbers, and when adjusting is inappropriate.

Divorce Update

The divorce rate in the United States has remained fairly stable since 1988, and provisional data for 1993 show the rate to be 4.6 divorces per 1,000 population. The divorce rate had risen steadily from 2.5 in 1966 to a peak of 5.3 in both 1979 and 1981. The rate has declined in the early and mid-1980s and leveled off at around 4.7 during the 1988-93 period. A new report with an analysis of final divorce data through 1990 shows patterns by demographic and marital characteristics (*5*).

First marriages ending in divorce lasted an average of 11 years for both men and women, while remarriages ending in divorce lasted an average of 7.4 years for men and 7.1 years for women. Nationally, all marriages ending in divorce lasted an average of 9.8 years, ranging from a duration of 8.2 years in Alaska to 11.6 years in Maryland.

Divorce numbers are highest among men ages 30–34 and women 25–29. The divorce *rate*, however, is highest among men ages 20–24 and women ages 15–19. The average age of men divorcing after the first marriage was 35; for women 33. The average age for men divorcing from their second marriage was 42; for women 39. For those divorced three or more times, the average age of men was 46.5; women, 42. The largest proportion of divorces were granted to men and women who had married between the ages of 20 and 24. First-time male divorcees on average were 24 when they married; women were 22.

In 27 reporting States and the District of Columbia, white persons in the 15-24 age group had substantially higher divorce rates than black persons of the same group. Among people ages 25 and older, the black population had higher rates than the white population.

Divorce rates per 1,000 population ranged from 2.7 in Massachusetts to 10.8 in Nevada. Because of differences in reporting among the States, however, there is no means for accurately ranking all 50 States.

Divorce had a varying impact on family structure from State to State. A greater percentage of children were involved in divorces in Nebraska and Utah than in other reporting States. Sixty-four percent of divorces in Nebraska and 63 percent in Utah involved at least one child. Meanwhile, the greatest percentage of divorces involving no children occurred in the District of Columbia and Maryland. In 19 reporting States, 72 percent of custody cases were awarded to the wife, while 9 percent were awarded to the husband. Joint custody was awarded in 16 percent of the cases.

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. Publications are listed and can be downloaded directly from the NCHS Home Page on the Internet; the URL address through the CDC Home Page is http://www.cdc.gov.

—SANDRA SMITH, Public Affairs Officer, and JEFFREY LANCASHIRE, Public Affairs Specialist, NCHS

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