Health in the U.S. Tied to Income and Education

The 22nd edition of Health, United States, the annual report to the President and Congress from the Secretary of Health and Human Services, shows record progress for the nation as a whole but reveals that Americans with lower income or educational levels aren't as likely as more advantaged Americans to share in the good health news. The report, prepared by the National Center for Health Statistics (NCHS), documents record-high life expectancy, with a narrowing life expectancy gap between whites and blacks. It also shows record-low infant mortality as well as declining death rates for a number of the leading causes of death, including heart disease, cancer, and firearm-related injuries.

At the same time, the report includes a special study of socioeconomic disparities in health. For almost all health indicators considered, each incremental increase in either income or education increases the likelihood of being in good health. People at lower income or education levels also have higher prevalences of health risk factors, such as sedentary lifestyles and cigarette smoking; are less likely to have health insurance coverage or receive preventive care; and are more likely to report unmet health care needs.

First NCHS Study to Compare Health Status of Asian Groups

Health Status of Asian Americans: United States, 1992–94 is the first NCHS report to present detailed analyses of the health status of selected groups of people of Asian national origin. The purpose of the report was to compare health status among the major groups within the Asian and Pacific Islander (API) population. Its findings show that looking at the health characteristics of the overall API population masks important differences within the group.

The report pools three years of data from the National Health Interview Survey, a household interview survey of the nation's civilian, noninstitutionalized population, to have sufficient sample size to permit this type of analysis. The report addresses a broad range of health issues, including self-assessed health status; activity limitations and restrictions as measures of long- and short-term disability; physician contacts; hospitalization; smoking; and AIDS knowledge for Chinese, Filipinos, Indians, Japanese, Vietnamese, and Korean population groups. Data in the report were age-adjusted to standardize the comparisons across groups. Since the age distribution is not the same for each group—some groups have higher proportions of older individuals and therefore would be expected to have higher rates of illness and disability—age-adjusting eliminates those differences.

People of Vietnamese national origin reported less favorable outcomes than other groups for a number of health indicators. Just over 17% of Vietnamese Americans had fair or poor health status, compared with 13% of Korean Americans—the next highest group with fair or poor health—and more than double the percentages of people of Chinese, Filipino, and Japanese descent who reported fair or poor health. Activity limitation—a measure of disability—was highest for Vietnamese Americans, at 13%. Chinese Americans reported the lowest rate at 6%. People of Vietnamese descent were also more likely than other groups to report knowing nothing about AIDS (21%), as were people of Indian descent, at 18%—compared with only 5% of people of Japanese descent. Nine out of ten Vietnamese Americans had not been tested for HIV/AIDS, compared with about three-fourths of those in other Asian groups who had not been tested.

Almost a quarter of Korean adults...
reported being current smokers and people of Korean origin were almost three times as likely to smoke as people of Indian origin, who reported the lowest rate of smoking. Among the API groups, people of Japanese descent were most likely to go to the doctor; they also reported the highest level of physician visits. However, the data showed little difference among the groups in terms of hospital utilization.

The API population in the United States is growing rapidly, doubling from 1970 to 1980 and again in the next decade to reach 7.3 million in 1990. Estimates are that the API population will double again by the year 2009. This group is diverse not only in terms of age but also in terms of socioeconomic status, culture, language and language competencies, insurance coverage, access to health care, and many more factors that may influence health status. The authors of this report call for additional research to explore the effects of these and other factors on the health of API groups in the United States.

Disability Data Released

Data are now available from all phases of the National Health Interview Survey on Disability (NHIS-D), with the release of the latest in a series of CD-ROMs and public use data tapes. Designed to meet the data needs of a wide range of users, the NHIS-D represents the efforts of more than a dozen Federal agencies as well as private organizations, academic researchers, and disability advocates. In addition to the broad range of health topics covered by the National Health Interview Survey (an annual survey based on household interviews with a sample of the nation’s civilian, noninstitutionalized population), the NHIS-D had a disability component that included questions addressing chronic conditions and impairments, functional limitations, activities of daily living, personal assistance services, assistive technology devices, transportation, labor force participation, workplace accommodations, and more. Special batteries were developed for children addressing developmental milestones, school attendance, and special health care needs. People found to have moderate to severe disabilities in the initial interview received a follow-up interview, which delved more deeply into the social, policy, and medical aspects of disability.

The NHIS-D was conducted in face-to-face household interviews with 202,000 respondents in 1994 and 1995 and in follow-up interviews during 1994–1997 with 33,000 respondents with disabilities.

Questionnaires, documentation, preliminary analyses, technical information on such issues as variance estimation, and ordering information for the disability files are accessible on the NHIS Home Page at www.cdc.gov/nchs/www/about/major/nhis_dis/nhis_dis.htm

NCHS Launches New Reports on Vital Statistics

National Vital Statistics Reports is a new series of publications presenting data on vital events in the United States, based on data from the National Vital Statistics System. Replacing the Monthly Vital Statistics Reports, issued for many years, the new series takes advantage of improvements in the cooperative national/state/local registration system to automate and speed the flow of data from states to NCHS. As part of the new series, NCHS will publish monthly two-page issues that report provisional data on births, marriages, divorces, and deaths in the United States. The first issue in the series presents data for January 1998. Also in the new series are detailed biennial reports on births and deaths based on preliminary data as well as comprehensive analyses of the final data on births and deaths, data from the linked infant death/birth file, and other data from the vital statistics system. To supplement the monthly summary report, tables previously published in the Monthly Vital Statistics Report will appear on the NCHS Home Page.

Copies of NCHS reports mentioned in this article can be viewed and downloaded from the NCHS Home Page at www.cdc.gov/nchs/www. For copies or ordering information, contact the Data Dissemination Branch, NCHS, at 301-436-8000 or at 6525 Belcrest Rd., Hyattsville MD 20782.

References