

Federal Interagency Forum on Child and Family Statistics

**Office of
Management
and Budget**

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**Department of
Agriculture**

Federal Government Issues Key Report on Well-Being of Nation's Children

**Department of
Commerce**

A new Federal report being issued today provides a composite

**Department of
Education**

picture of the well-being of the nation's children.

**Department of
Health and Human
Services**

"America's Children: Key National Indicators of Well-Being,"

**Department of
Housing and
Urban Development**

presents, in a single document, 25 key indicators on critical aspects of

**Department of
Justice**

children's lives, including their behavior and social environment,

**Department of
Labor**

economic security, education, and health. The report, required by the

**National Science
Foundation**

recently issued Presidential Executive Order 13045, is the first in a

planned annual series that will monitor the overall status of the nation's children.

**The forum
was established
in 1994 to
foster greater
coordination
among federal
agencies that
produce data
about children.**

"This new report does more than provide a portrait of the well-

being of our nation's children," said Katherine Wallman, Chief Statistician

at the Office of Management and Budget. "It challenges us to do better

in collecting and reporting data on the nation's most valuable resource:

our children."

"For the first time, the Federal government, paralleling to a degree

the way it reports on the nation's economic status, is taking a composite look at how our nation's children are faring," said Duane Alexander, M.D., Director of the National Institute of Child Health and Human Development. "The report provides a valuable tool for tracking the condition of children and can help inform policy decisions that will affect them."

The indicators, such as child poverty, infant mortality, alcohol and substance abuse, and math and reading proficiency, were chosen because they measure critical aspects of children's lives and are collected rigorously and regularly by Federal agencies. The report also recommends the development of additional indicators, including more accurate measures of child poverty and homelessness, that would contribute to a fuller understanding of the overall condition of the nation's children.

Issued by the Federal Interagency Forum on Child and Family Statistics, the report represents a significant collaborative effort among the various Federal agencies that report regularly on aspects of children's lives.

"We are pleased to be a partner in this first government-wide effort to develop a comprehensive set of national indicators that place education in a larger context," said Pascal D. Forgione, Jr., Ph.D., Commissioner, National Center for Education Statistics.

The report shows some positive trends in the overall health and education of the nation's children. Fewer children are uncertain about where their next meal is coming from, more are being read to by their parents, and an increasing percentage of children are being enrolled in early childhood education programs and graduating college. In addition, there has been an increase in childhood immunization rates and a decrease in infant and child mortality.

There are, however, several areas of children's lives that are not improving, including the use of illicit drugs and cigarette smoking among adolescents. In addition, more youths, particularly black males, have become victims of violent crime since 1980, although the rate decreased slightly in 1994.

In addition to the 25 regular indicators, this year's report includes a "special" indicator on child abuse, for which there is currently limited data available. The 1993 data indicate that 1.6 million children were victims of maltreatment, either abuse or neglect; children from families with annual incomes below \$15,000 were 22 times more likely to experience abuse and neglect than were children from families with annual incomes above \$30,000.

The Federal Interagency Forum on Child and Family Statistics was founded in 1994 and formally established by Executive Order 13045 to foster coordination and collaboration in the collection and reporting of Federal data on children and families. Statistical agencies within the departments of Agriculture, Commerce, Education, Health and Human Services, Housing and Urban Development, Justice, Labor, the National Science Foundation and the Office of Management and Budget make up the Federal forum.

The report will be released at a press conference at the National Press Club, 14th and F. St., on July 2, 1997 at 9:30 a.m. For more information, contact the National Institute of Child Health and Human Development, (301) 496-5133. Copies of the full report can be obtained from the National Maternal and Child Health Bureau Clearinghouse, (703) 356-1964, or via the Internet, on the National Center for Health Statistics home page by July 2, 1997 at 9:30 a.m.: www.cdc.gov/nchswww/nchshome.htm

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File: race.ini

8/20/97

THE PRESIDENT'S INITIATIVE ON RACE

Re: Meeting on data collection efforts--August 20, 2-3pm, Old Executive Office Building,
Room 211

Sample of detailed tables from Health, United States 1996-97

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Table 24: Infant mortality rates, according to race, geographic division, and State: United States, average annual 1983-85, 1988-90, and 1993-95

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SPECIFIC DISEASES

White House key indicator

Data provided

(I only included those in the Secretary's initiative)

Cancer: (Secretary's initiative)

YR2000 16.3,16.4,16.11,16.12:

Figure Y (HPReview chart section)

Diabetes: (Secretary's initiative)

YR2000 17.9, 17.10:

Figure AA (HPReview chart section)

Table 16. Cancer objective status

Objective		Baseline Year	Baseline	1990	1991	1992	1993	1994	1995	Target 2000
16.3	Female breast cancer deaths (age adjusted per 100,000)	1987	23.0	23.1	22.7	21.9	21.5	21.3	21.0	20.6
	a. Black females	1990	27.5	...	27.7	27.0	27.1	26.9	27.5	25
16.4	Cervical cancer deaths (age adjusted per 100,000)	1987	2.8	2.8	2.7	2.7	2.6	2.7	2.5	1.3
	a. Black females	1990	5.9	...	5.7	6.1	5.7	5.0	5.2	3
	b. Hispanic females/1	1977-83	3.6	3.3	3.0	3.4	3.1	3.5	3.1	2

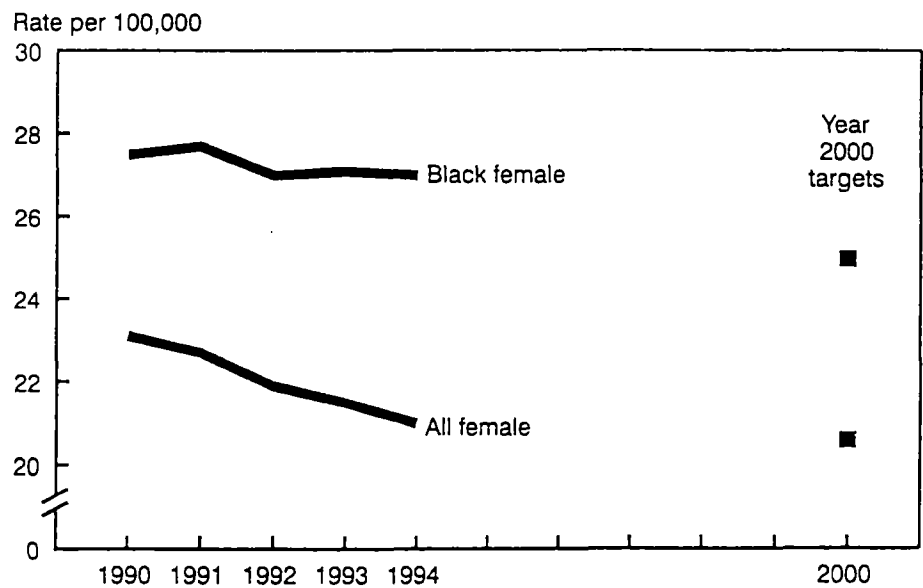
Table 16. Cancer objective status

Objective		Baseline Year	Baseline	1990	1991	1992	1993	1994	1995	Target 2000
Nurse practitioners		...	—	—	—	20%	—	—	—	75%
Obstetricians/Gynecologists		...	—	—	—	28%	—	—	—	75%
Internists		...	—	—	—	50%	—	—	—	75%
Family physicians		...	—	—	—	43%	—	—	—	75%
16.11	Breast examination and mammogram									
	Females 50 years and over (preceding 1-2 years)	1987	25%	49%	—	51%	55%	56%	—	60%
	a. Hispanic females 50 years and over	1987	18%	42%	—	47%	47%	50%	—	60%
	b. Low-income females 50 years and over (annual family income less than \$10,000)/12	1987	15%	32%	—	32%	39%	38%	—	60%
	c. Females 50 years and over with less than high school education	1987	16%	35%	—	35%	42%	42%	—	60%
	d. Females 70 years and over	1987	18%	39%	—	39%	44%	45%	—	60%
	e. Black females 50 years and over	1987	19%	43%	—	48%	54%	56%	—	60%
16.12	Pap test/13									
	Ever received	1987	88%	—	—	93%	95%	94%	—	95%
	a. Hispanic females 18 years and over	1987	75%	—	—	88%	88%	91%	—	95%
	b. Females 70 years and over	1987	76%	—	—	86%	91%	90%	—	95%
	c. Females 18 years and over with less than high school education	1987	79%	—	—	87%	91%	91%	—	95%
	d. Low-income females 18 years and over (annual family income less than \$10,000)/12	1987	80%	—	—	89%	89%	91%	—	95%
	Received within preceding 3 years	1987	75%	—	—	74%	78%	77%	—	85%
	a. Hispanic females 18 years and over	1987	66%	—	—	74%	77%	74%	—	80%
	b. Females 70 years and over	1987	44%	—	—	46%	54%	53%	—	70%
	c. Females 18 years and over with less than high school education	1987	58%	—	—	58%	64%	62%	—	75%
	d. Low-income females 18 years and over (annual family income less than \$10,000)/12	1987	64%	—	—	65%	71%	72%	—	80%

Cancer

In the 5 years between 1990 and 1994, age-adjusted death rates for breast cancer have declined 8 percent for all females. For black females, there has been a 2-percent decline.

Figure Y. Age-adjusted death rates for breast cancer: United States, 1990–94, and year 2000 targets for objective 16.3



Diabetes

Between 1988 and 1993, age-adjusted rates for diabetes-related deaths have increased 5 percent for all persons, 15 percent for American Indians and Alaska Natives, and 7 percent for black persons. From 1990 to 1993, diabetes-related mortality increased 19 percent among Puerto Ricans; rates have fluctuated for Mexican-Americans.

Figure AA. Age-adjusted rates for diabetes-related deaths: United States, 1988–93, and year 2000 targets for objective 17.9

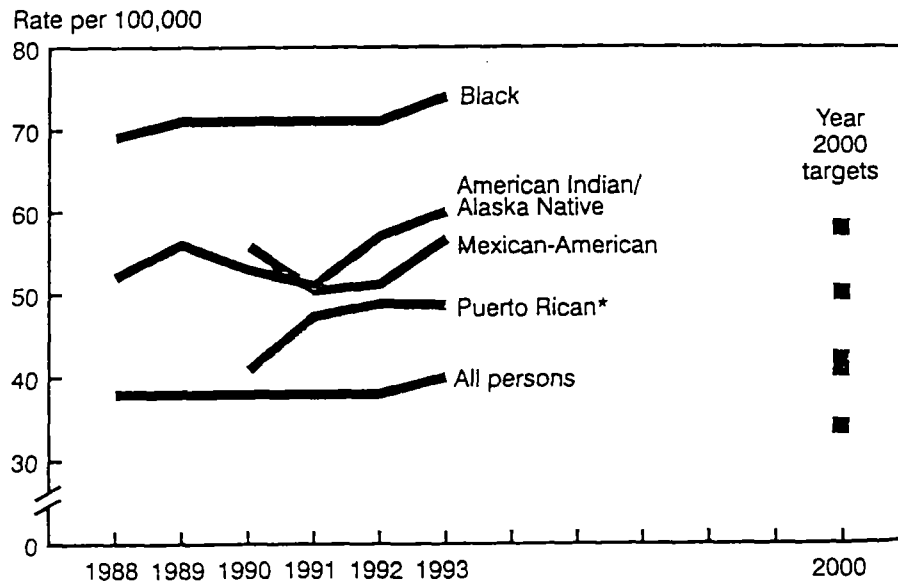


Table 17. Diabetes and chronic disabling conditions objective status

Objective		Baseline Year	Baseline	1990	1991	1992	1993	1994	1995	Target 2000
17.9	Diabetes-related deaths (age adjusted per 100,000)	1988	38	38	38	38	40	40	40	34
	a. Blacks	1986	67	71	71	71	74	73	76	58
	b. American Indians/Alaska Natives	1986	46	53	51	57	60	58	63	41
	c. Mexican Americans /14	1990	a/55.7	...	50.3	51.1	56.6	55.6	56.7	50
	d. Puerto Ricans/14	1990	a/40.7	...	47.2	48.7	48.5	57.8	63.2	42
17.10	Diabetes-related complications									
	People with diabetes									
	End-stage renal disease (ESRD)(per 1,000)	1987	1.5	2.5	2.5	2.7	2.4	—	—	1.4
	Blindness (per 1,000)	1987	2.2	2.5	2.4	2.3	2.1	2.2	—	1.4
	Lower extremity amputation (per 1,000)	1987	8.2	8.6	6.2	7.8	7.3	8.6	9.4	4.9
	Perinatal mortality (among infants of females with established diabetes)	1988	5%	—	—	—	—	—	—	2%
	Major congenital malformations	1988	8%	—	—	—	—	—	—	4%
	ESRD due to diabetes (per 1,000)									
	a. Blacks with diabetes	1983-86	2.2	15/3.1	—	—	16/5.7	—	—	2.0
	b. American Indians/Alaska Natives with diabetes/17	1983-86	2.1	4.2	4.4	5.4	—	—	—	1.9
	Lower extremity amputations due to diabetes									
	c. Blacks with diabetes (per 1,000)	1987	a/9.0	8.0	11.1	8.6	8.6	9.1	10.2	6.1

CHILDHOOD AND YOUNG ADULT

White House key indicator

Data provided

Child mortality rates

Key Indicator (graph from report)

Homicide rates

YR2000 7.1 (Figure H, HPReview chart book)

Prime killers of children

Immunization

Children in household reporting
"not enough to eat"

Teen birth rates

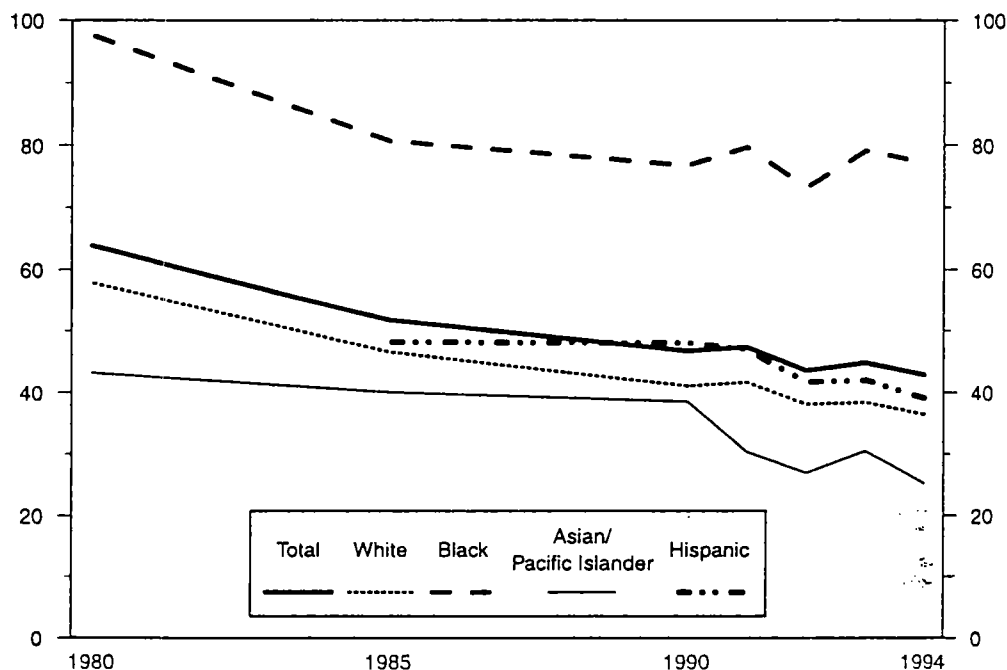
YR2000 5.1

Child Mortality

Injuries accounted for 44 percent of all deaths of 1- to 4-year-olds and 53 percent of all deaths of 5- to 14-year-olds in 1994. Injury-related deaths include deaths from motor vehicle crashes, fires and burns, drowning, suffocation, and injuries caused by firearms, among others. Information about the age and causes of death among children can help prevent injuries and deaths.

Figure HEALTH7.A. Mortality rate among 1- to 4-year-olds by race and Hispanic origin, selected years 1980-94

Deaths per 100,000 resident population



Note: Total includes American Indians and Alaskan Natives. Mortality rates for American Indians and Alaskan Natives are not shown separately because the numbers of deaths were too small for the calculation of reliable rates.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. See related table HEALTH7, this publication.

- In 1994, the mortality rate for 1- to 4-year-old children was 42.9 deaths per 100,000 children, approximately one-third lower than the 1980 mortality rate of 63.9.
- Among 1- to 4-year-olds, black children had the highest mortality rates in 1994 at 77.2 deaths per 100,000 children. Asian-American children had the lowest mortality rate, at 25.3.

Table HEALTH7. Child mortality rates, by age, gender, race, and Hispanic origin,^a selected years 1980-94

(deaths per 100,000 resident population in each age group)

Characteristic	1980	1985	1990	1991	1992	1993	1994
Ages 1-4							
Total	63.9	51.8	46.8	47.4	43.6	44.8	42.9
Male	72.6	58.5	52.4	52.0	48.0	49.5	47.3
Female	54.7	44.8	41.0	42.7	39.0	39.9	38.2
White	57.9	46.6	41.1	41.7	38.1	38.4	36.5
Black	97.6	80.7	76.8	79.7	73.2	79.1	77.2
Asian/Pacific Islander ^b	43.2	40.1	38.6	30.4	26.9	30.5	25.3
Hispanic ^{a,c}	—	48.2	48.1	47.0	41.7	42.0	39.1
Ages 5-14							
Total	30.6	26.5	24.0	23.6	22.5	23.4	22.5
Male	36.7	31.8	28.5	28.7	27.2	27.4	26.9
Female	24.2	21.0	19.3	18.3	17.5	19.1	17.9
White	29.1	24.9	22.3	22.0	20.6	21.4	20.3
Black	39.0	35.5	34.4	34.2	33.7	35.1	34.8
Asian or Pacific Islander ^b	22.5	20.8	16.9	15.1	16.1	17.1	16.2
Hispanic ^{a,c}	—	19.6	21.7	21.5	21.0	22.6	20.1

— = not available

^aPersons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.

^bInterpretation of trends should take into account that the Asian population in the United States more than doubled between 1980 and 1990, primarily due to immigration.

^cTrend data for Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980, to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991-92, and 50 and DC in 1993.

NOTE: Total includes American Indians and Alaskan Natives. Mortality rates for American Indians and Alaskan Natives are not shown separately, because the numbers of deaths were too small for the calculation of reliable rates.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Homicide

Among special population subgroups targeted by *Healthy People 2000* for homicide, the rate for American Indians and Alaska Natives declined 4 percent between 1987 and 1993. Among black males 15–34 years of age, black females, and Hispanic males, the rates increased by 54, 17, and 27 percent, respectively.

Figure H. Homicide rates: United States, 1987–93, and year 2000 targets for objective 7.1

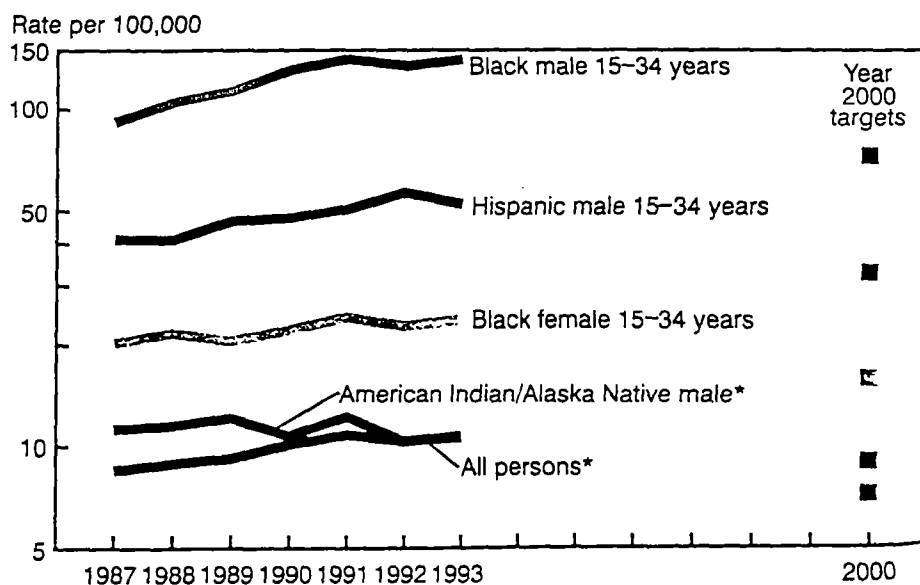


Table 5. Family planning objective status

Objective		Baseline Year	Baseline	1990	1991	1992	1993	1994	1995	Target 2000
5.1	Adolescent pregnancy									
	Pregnancies (per 1,000)/1									
	Females 10-14 years	...	—	3.3	3.2	3.2	—	—	—	...
	Females 15-17 years	1985	71.1	75.5	74.6	72.9	—	—	—	50
	Live births (per 1,000)									
	Females 10-14 years	...	—	1.4	1.4	1.4	—	—	—	...
	Females 15-17 years	...	—	37.5	38.7	37.8	—	—	—	...
	Abortions (per 1,000)									
	Females 10-14 years	...	—	1.5	1.4	1.5	—	—	—	...
	Females 15-17 years	...	—	26.5	24.3	23.1	—	—	—	...
	Fetal losses (per 1,000)									
	Females 10-14 years	...	—	0.4	0.4	0.4	—	—	—	...
	Females 15-17 years	...	—	11.5	11.5	12.0	—	—	—	...
	a. Pregnancies, black adolescents (per 1,000)/1									
	Females 15-19 years/2	1985	169	177	178	173	—	—	—	120
	Females 15-17 years	...	—	158	158	154	—	—	—	...
	Live births (per 1,000)									
	Females 15-19 years/2	1985	85	96	98	95	—	—	—	...
	Females 15-17 years	...	...	85	87	84	—	—	—	...
	Abortions (per 1,000)									
	Females 15-19 years/2	1985	71	87	86	84	—	—	—	...
	Females 15-17 years	...	—	58	55	54	—	—	—	...
	Fetal losses (per 1,000)									
	Females 15-19 years/2	1985	13	14	14	14	—	—	—	...
	Females 15-17 years	...	—	16	16	15	—	—	—	...
	b. Pregnancies, Hispanic adolescents (per 1,000)/1									
	Females 15-19 years	1985	143	170	180	184	—	—	—	105
	Live births (per 1,000)									
	Females 15-19 years/3	...	—	100	107	107	—	—	—	...
	Abortions (per 1,000)									
	Females 15-19 years	...	—	39	40	43	—	—	—	...
	Fetal losses (per 1,000)									
	Females 15-19 years	...	—	31	33	33	—	—	—	...

OLDER AGES

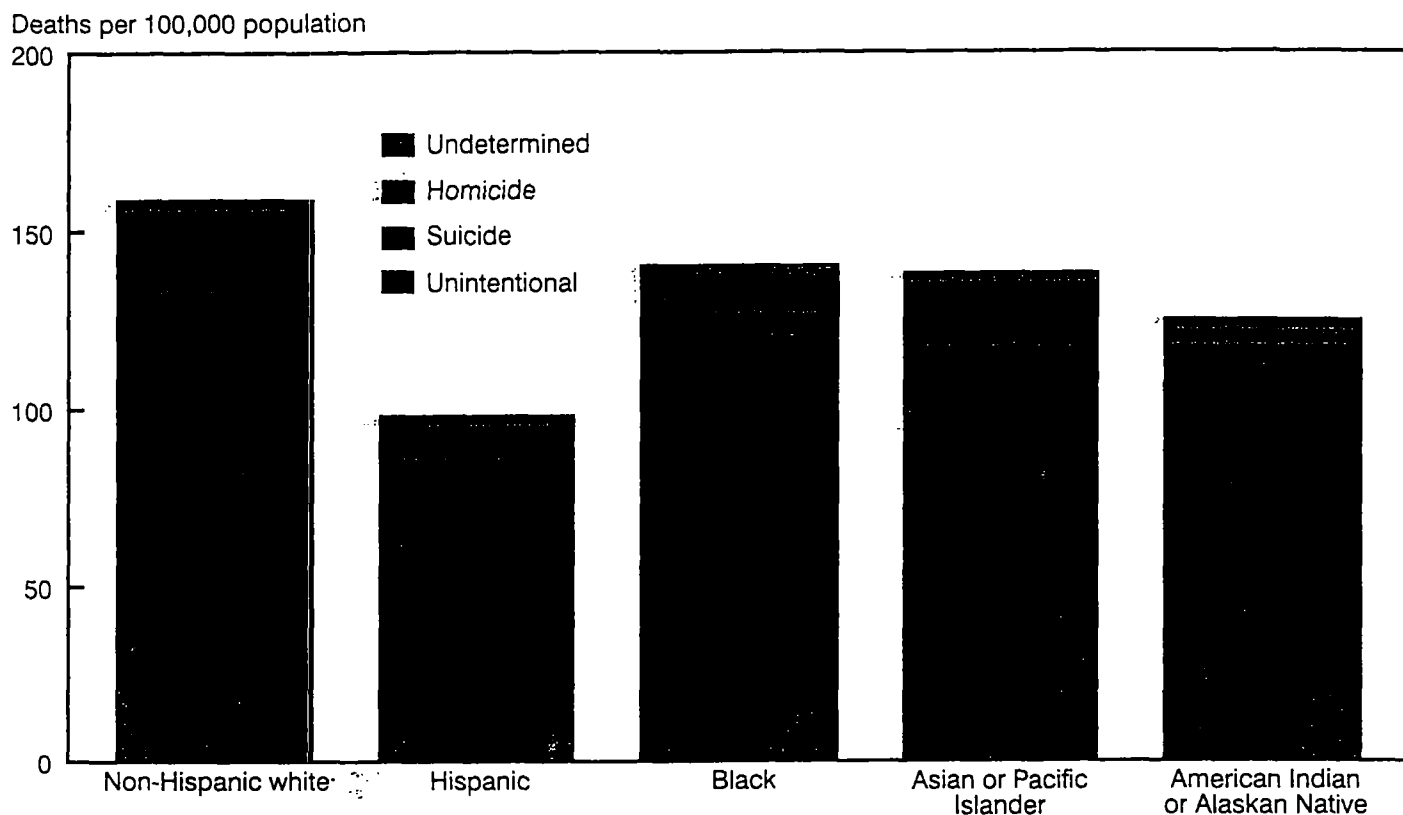
White House key indicator

Data provided

Injury deaths: HUS chartbook fig 5

Mortality

Figure 5. Injury death rates among persons 75 years of age and over by race and ethnicity and manner of death: United States, 1994–95



NOTES: Excludes ICD-9 codes E870–E879 and E930–E949. Undetermined includes intent undetermined and other means of injury. Death rates for the American Indian/Alaskan Native population are based on 3 years of data, 1993–95, to enhance the stability of the rates.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Race and Ethnicity, Ages 75 Years and Over

Among persons 75 years of age and over, there is less variation in race- and ethnic-specific injury mortality than among younger persons. Injury mortality was lowest among Hispanic elderly, 98.6 per 100,000. For each of the other four race and ethnic groups, the average annual injury death rates differed by no more than 21 percent (from 125.7 to 159.0 per 100,000).

In each race and ethnic group, *unintentional* injury accounts for the largest proportion of injury deaths among the elderly. Among the American Indians, 94 percent and in each of the other race and ethnic groups, about 85 percent of the injury deaths were so classified. Motor vehicle traffic injuries and falls were the two leading causes of unintentional injury deaths among the elderly in each race and ethnic group.

The unintentional injury death rate among Hispanic elderly was about 30 to 35 percent lower than the rates for other race or ethnic groups. Compared with non-Hispanic white elderly persons, Hispanic elderly have lower mortality from unintentional falls (29.1 compared with 44.3 per 100,000), unintentional suffocation (6.8 compared with 12.0 per 100,000), and from “fracture, cause unspecified” (ICD-9 E887) (5.7 compared with 22.3 per 100,000).

Low fall mortality among Hispanic elderly compared with non-Hispanic white elderly is in accord with data showing lower hip fracture rates among Hispanic compared with non-Hispanic elderly (1–3).

The *suicide* rate among the elderly was highest for non-Hispanic white people (23.1 per 100,000), 1.3 times the rate for Asians, 2.4 times the rate for Hispanics, and 3.7 times the rate for black persons. Firearms were the leading

method of suicide among the non-Hispanic white, Hispanic and black populations; suffocation (hanging) was more common among Asian elderly.

The *homicide* rate, on the other hand, was highest for the black elderly population, about 5 times the rate for non-Hispanic white people (2.5 per 100,000). For the black elderly population, firearms and cutting and piercing instruments caused similar numbers of homicides.

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1. Villa ML, Marcus R, Delay RR, et al. Factors contributing to skeletal health of postmenopausal Mexican-American women. *J Bone Miner Res* 10:1233–42. 1995.
2. Bauer RL. Ethnic differences in hip fracture: A reduced incidence in Mexican Americans. *Am J Epidemiol* 127:145–9. 1988.
3. Bacon E, Maggi S, Looker A, et al. International comparison of hip fracture rates in 1988–89. *Osteoporosis International* 6:69–75 1996.

PREGNANCY AND INFANCY

White House key indicator

Data provided

Access to early prenatal care

YR2000 14.11 (graph from last year's HP Review)

Infant mortality

YR2000 14.1 (Figure Q, table from HP Review)
- Secretary's initiative

Low birthweight

YR2000 14.5 (2 graphs for low income briefing)

Priority Area 14 Maternal and Infant Health

Background

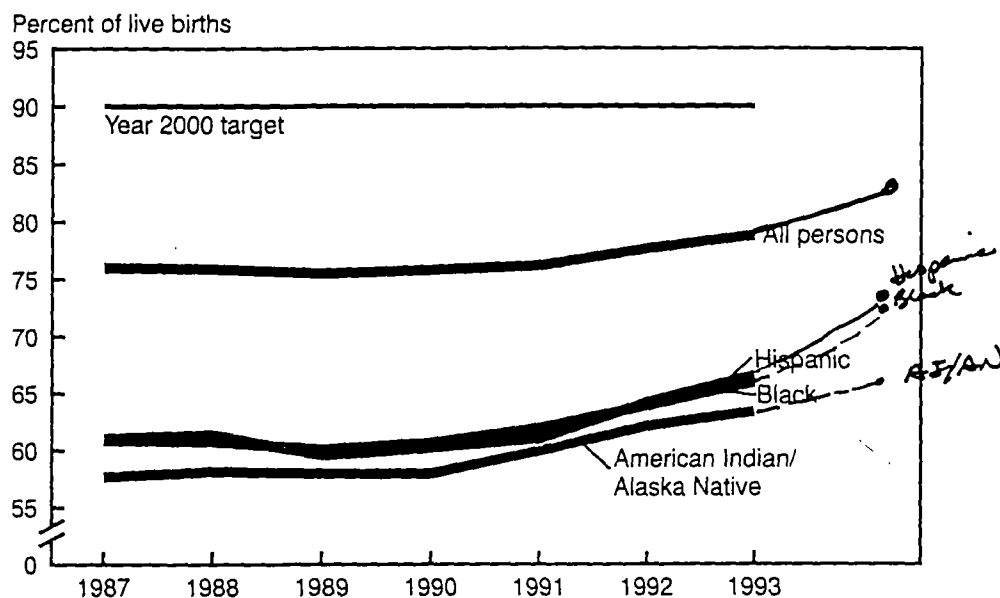
Improving the health of mothers and infants is a national priority. More than 31,000 infants died before their first birthday in 1994 (1). Although the infant mortality rate in the United States continues to decline and has reached an all-time low, the decline has been more rapid for the white population than for the black population. The mortality rate for black infants is more than twice the rate for white infants, and there is evidence that this difference is increasing (2). In the past decade important measures of increased risk of infant death, such as incidence of low/very low birthweight, have shown little or no improvement. An expectant mother with no prenatal care is three times as likely to have a low-birthweight baby. Despite the importance of early prenatal care in protecting against low birthweight and infant mortality, nearly one of every four pregnant women receives no care in the first trimester of pregnancy (3). Further reductions in infant mortality and morbidity will require a focus on strategies to modify the behaviors and lifestyles that affect birth outcomes.

Midcourse Modifications

A new objective (14.17) was added to track the incidence of spina bifida and other neural tube defects (NTD's). The potential to reduce spina bifida and other NTD's has been proven in randomized clinical trials showing the association of risk reduction with consumption of 400 micrograms of folic acid prior to and during pregnancy (4). The targets for objective 14.10 for abstinence from marijuana and cocaine during pregnancy have been revised to 100 percent. The original targets (selected before baseline data were available) sought to increase abstinence by 20 percent over the baseline.

Several special population targets have been added: reductions in low birthweight and very low birthweight for Puerto Ricans (14.5c-d); and decreased pregnancy complications for blacks

Figure 15. Percent of women with prenatal care in the first trimester: United States, 1987-93, objective 14.11



	1987	1988	1989	1990	1991	1992	1993	Year 2000 target	1995
Total population.....	76.0	75.9	75.5	75.8	76.2	77.7	78.9	90.0	81.3
Black.....	60.8	60.7	60.0	60.6	61.9	63.9	66.0	90.0	70.4
American Indian/Alaska Native.....	57.6	58.1	57.9	57.9	59.9	62.1	63.4	90.0	66.7
Hispanic.....	61.0	61.3	59.5	60.2	61.0	64.2	66.6	90.0	70.8

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

(14.7a). Very low birthweight among black infants was broken out as a separate subobjective (14.5b). Prior to the midcourse review, this was included in a single subobjective that targeted both low and very low birthweight for black infants.

Data Summary

Highlights

Infant mortality (objective 14.1) declined slightly in 1993; provisional data indicate a more substantial decline in 1994. The decline in infant mortality was due to a small decrease in neonatal mortality (14.1d); postneonatal mortality (14.1g) was unchanged. In the past several years there have been improvements in some of the important infant health risk factors such as breastfeeding (14.9), receipt of early prenatal care (14.11), smoking during pregnancy (14.10), and screening for fetal abnormalities (14.13). The 1995

figure for breastfeeding in the early postpartum period (14.9) equalled the record rate reported in 1984. Fetal mortality (14.2) and maternal mortality (14.3) also decreased in 1993, although the maternal mortality rate remains substantially above the 1987 baseline level. The rate of hospitalizations for severe complications of pregnancy (14.7) has dropped dramatically and in 1993-94 equaled the year 2000 target. However, the decline for black women (14.7a) has been more modest. Although the rate of all cesarean section (C-section) (14.8) and primary C-section (14.8a) births continues to decline (with substantial declines in 1994), at the present rate, they are unlikely to reach the year 2000 targets. In contrast, the repeat C-section rate (14.8b) is dropping at a pace that would surpass the year 2000 target. The national year 2000 target for C-sections has already been reached in a number of States (5).

Less encouraging has been the steep rise in the rate of fetal alcohol syndrome

Table 14. Maternal and infant health objective status

Objective		Baseline Year	Baseline	1990	1991	1992	1993	1994	1995	Target 2000
14.11	Prenatal care in the first trimester (percent of live births)	1987	76.0%	75.8%	76.2%	77.7%	78.9%	80.2%	81.3%	90%
	a. Blacks	1987	60.8%	60.6%	61.9%	63.9%	66.0%	68.3%	70.4%	90%
	b. American Indians/Alaska Natives	1987	57.6%	57.9%	59.9%	62.1%	63.4%	65.2%	66.7%	90%
	c. Hispanics /2	1987	61.0%	60.2%	61.0%	64.2%	66.6%	68.9%	70.8%	90%

Infant Mortality

Infant mortality in the black population has improved, declining from 18.8 per 1,000 live births in 1987 to 16.5 in 1993. Between 1987 and 1991 the rate among Puerto Ricans was largely unchanged and the rate for the American Indian and Alaska Native population declined from 13.0 to 11.3; however, the rates have been fluctuating in these populations.

Figure Q. Infant mortality rates: United States, 1987–93, and year 2000 targets for objective 14.1

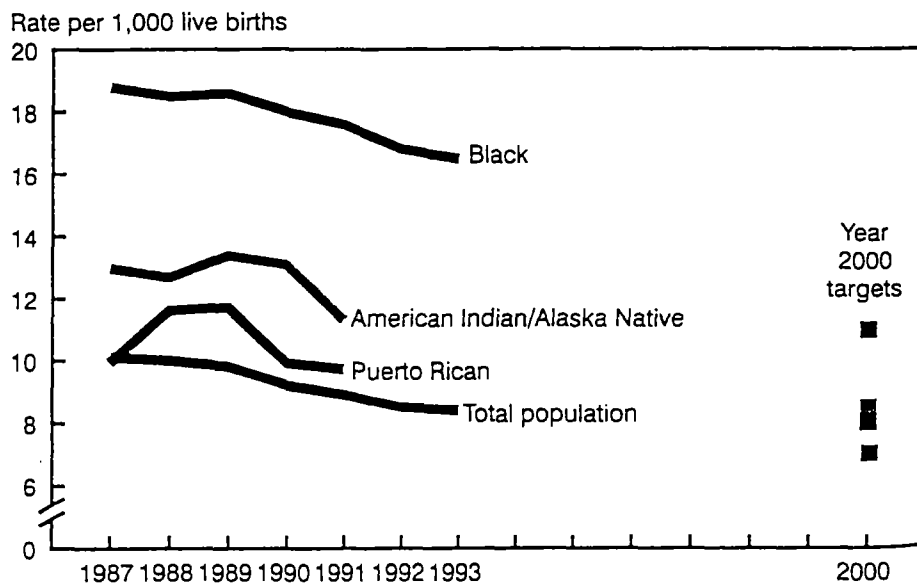
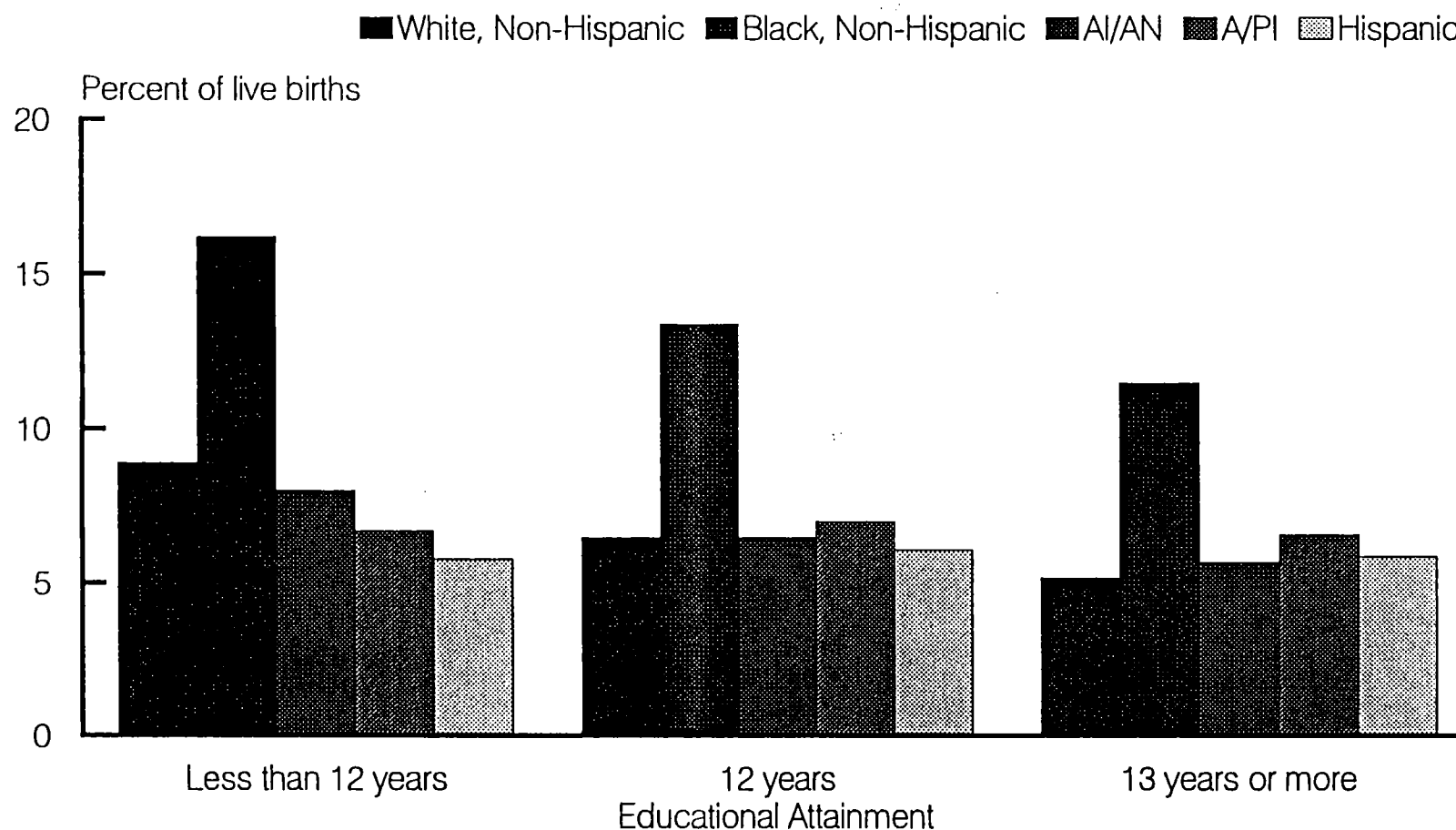


Table 14. Maternal and Infant health objective status

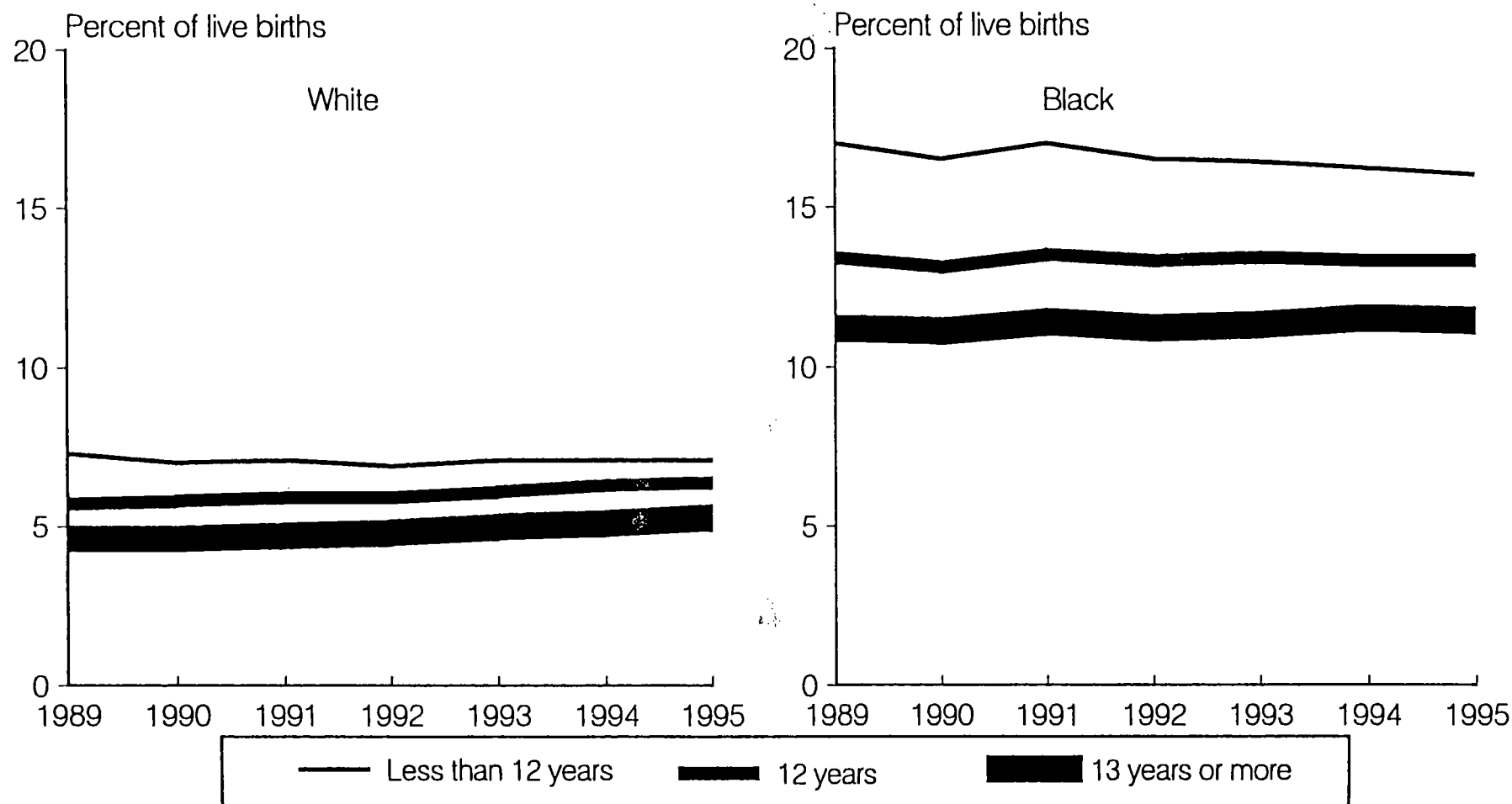
Objective		Baseline Year	Baseline	1990	1991	1992	1993	1994	1995	Target 2000
14.1	Infant mortality (per 1,000 live births)	1987	10.1	9.2	8.9	8.5	8.4	8.0	7.6	7
	a. Blacks	1987	18.8	18.0	17.6	16.8	16.5	15.8	15.1	11
	b. American Indians/Alaska Natives	1984	13.4	13.1	11.3	—	—	—	—	8.5
	c. Puerto Ricans /2	1984	12.9	9.9	9.7	—	—	—	—	8
	d. Neonatal mortality	1987	6.5	5.7	5.6	5.4	5.3	5.1	4.9	4.5
	e. Neonatal mortality among blacks	1987	12.3	11.6	11.2	10.8	10.7	10.2	9.8	7
	f. Neonatal mortality among Puerto Ricans /2	1984	8.6	6.9	6.1	—	—	—	—	5.2
	g. Postneonatal mortality	1987	3.6	3.4	3.4	3.1	3.1	2.9	2.7	2.5
	h. Postneonatal mortality among blacks	1987	6.4	6.4	6.3	6.0	5.8	5.6	5.3	4
	i. Postneonatal mortality among American Indians/ Alaska Natives	1984	7.0	7.0	5.8	—	—	—	—	4
	j. Postneonatal mortality among Puerto Ricans /2	1984	4.3	3.0	3.5	—	—	—	—	2.8

Low-birthweight live births among mothers 20 years of age and over, by mother's race, Hispanic origin, and educational attainment: 1995



Note: AI/AN is American Indian or Alaska Native. A/PI is Asian or Pacific Islander.
SOURCE: CDC/NCHS, National Vital Statistics System, 1995

Low-birthweight live births among mothers 20 years of age and over by mother's race and educational attainment: 1989-95



SOURCE: CDC/NCHS, National Vital Statistics System, 1989-95

Table 14. Maternal and infant health objective status

Objective		Baseline Year	Baseline	1990	1991	1992	1993	1994	1995	Target 2000
14.5	Low birth weight	1987	6.8%	7.0%	7.1%	7.1%	7.2%	7.3%	7.3%	5%
	Very low birth weight	1987	1.2%	1.3%	1.3%	1.3%	1.3%	1.3%	1.4%	1%
	a. Low birth weight blacks	1987	13.0%	13.5%	13.6%	13.3%	13.3%	13.2%	13.1%	9%
	b. Very low birth weight blacks	1987	2.8%	2.9%	3.0%	3.0%	3.0%	3.0%	3.0%	2%
	c. Low birth weight Puerto Ricans /2	1990	9.0%	...	9.4%	9.2%	9.2%	9.1%	9.4%	6%
	d. Very low birth weight Puerto Ricans /2	1990	1.6%	...	1.7%	1.7%	1.7%	1.6%	1.8%	1%

HEALTH BEHAVIORS

White House key indicator

Data provided

Drug

YR2000 4.6

Alcohol

YR2000 4.2 (cirrhosis deaths, Figure E HPReview
chart section)

Tobacco use

YR2000 3.4

Firearm access

Table 4. Substance abuse: Alcohol and other drugs objective status

Objective		Baseline Year	Baseline	1990	1991	1992	1993	1994	1995	1996
4.8*	Use in past month by adolescents and young adults									
	Alcohol									
	12-17 years	1988	25.2%	24.5%	20.3%	15.7%	18.0%	4/21.8%	21.1%	12.8%
	18-20 years	1988	57.9%	52.3%	57.0%	50.3%	49.9%	4/54.6%	—	29.0%
	Hispanics 12-17 years	1991	22.5%	...	...	16.2%	17.5%	4/18.3%	18.7%	12.0%
	Marijuana									
	12-17 years	1988	8.4%	5.2%	4.3%	4.0%	4.9%	4/6.0%	8.2%	3.2%
	18-25 years	1988	15.5%	12.7%	13.0%	11.0%	11.1%	4/12.1%	12.0%	7.8%
	Cocaine									
	12-17 years	1988	1.1%	0.8%	0.4%	0.3%	0.4%	4/0.3%	0.8%	0.8%
	18-25 years	1988	4.5%	2.2%	2.0%	1.8%	1.5%	4/1.2%	1.3%	2.3%
	Hispanics 12-17 years	1991	1.3%	...	...	1.2%	1.0%	4/0.7%	0.8%	0.6%
	Hispanics 18-25 years	1991	2.7%	...	...	1.8%	2.1%	4/2.2%	1.1%	1.0%
	Cigarettes									
	12-17 years	1991	10.8%	...	...	9.6%	9.6%	4/18.9%	20.2%	6.0%

Cirrhosis

Mortality due to cirrhosis improved in most population groups. Among black males, age-adjusted mortality declined nearly 30 percent between 1987 and 1993. Among Hispanic people, the improvement was from 14 per 100,000 population in 1990 to 13.4 per 100,000 population in 1993. However, among American Indians and Alaska Natives, cirrhosis death rates fluctuated during 1987-93 and show essentially no change from baseline.

Figure E. Age-adjusted death rates for cirrhosis: United States, 1987-93, and year 2000 targets for objective 4.2

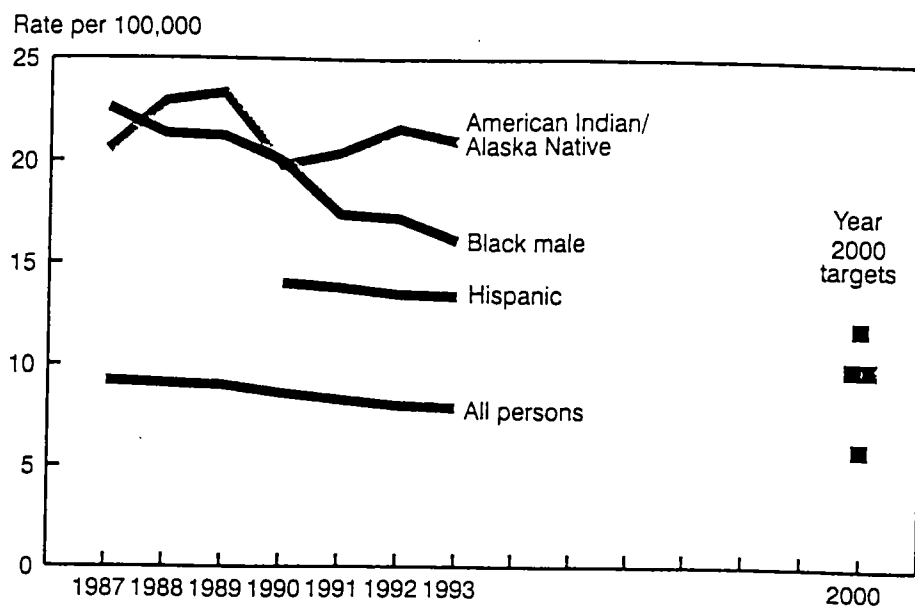


Table 4. Substance abuse: Alcohol and other drugs objective status

	Objective	Baseline	Baseline	1990	1991	1992	1993	1994	1995	Target
		Year								2000
4.1*	Alcohol-related motor vehicle deaths (per 100,000)	1987	9.8	8.9	7.9	6.9	6.8	6.4	6.6	5.5
	a. American Indian/Alaska Native males	1987	40.4	1/35.6	2/32.9	—	—	—	—	35.0
	b. People 15-24 years	1987	21.5	18.5	17.2	14.1	13.8	13.1	12.9	12.5
4.2	Cirrhosis deaths (age adjusted per 100,000)	1987	9.2	—	—	8.0	7.9	7.9	7.6	6
	a. Black males	1987	22.8	20.0	17.4	17.2	18.1	15.9	14.7	12
	b. American Indians/Alaska Natives	1987	20.5	19.8	20.4	21.6	21.0	21.4	24.3	10
	c. Hispanics /3	1990	a/14.2	...	13.8	13.5	13.4	13.7	12.9	10