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Nation in Brief

Kim Krisberg

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Violent deaths led by suicide, homicide

New numbers on violent deaths in 18 states find that the majority are caused by suicide or homicide, with firearms used in the majority of incidents.

Published in February in *Morbidity and Mortality Weekly Report Surveillance Summaries*, the study is based on 2014 data from 18 states included in the Centers for Disease Control and Prevention's National Violent Death Reporting System. Researchers reported nearly 22,100 fatal incidents involving more than 22,600 deaths in the 18 states, with the majority of deaths from suicide, at more than 65 percent, followed by homicide, at 22.5 percent. Ten percent of deaths were of undetermined intent and 1.3 percent involved legal intervention, which is defined as deaths caused by law enforcement or other people with legal authority to use deadly force. Firearms were used in more than 51 percent of violent deaths.

Researchers found that suicides happened at higher rates among men, whites, American Indians and Alaska Natives, people ages 45 to 54 and men ages 75 and older. Primarily, mental health, intimate partner, substance abuse or physical health problems preceded suicides. Homicide rates were higher among men, with rates highest among blacks and American Indian and Alaska Native men. Unintentional firearm deaths were most common among white males ages 10 to 24 and often occurred when the person was playing with a gun.

For more information, visit www.cdc.gov/mmwr.

Health access worse for Mexicans in US

Access to health care gets worse for immigrants and migrants from Mexico after they come to the U.S., finds a study published in January in the *Journal of Health Care for the Poor and Underserved*.

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An immigrant farm worker from Mexico gets a checkup at a mobile clinic in April 2013 in Brighton, Colorado. Access to health care is worse for Mexicans who migrate to the U.S.

Photo by John Moore, courtesy Getty Images

Using data on more than 1,500 people from a survey of migrant flows conducted in Tijuana, Mexico, researchers found that while 84 percent of Mexican immigrants and migrants were insured before crossing the border, it fell into the 25 percent-to-50 percent range after they came to the U.S. In addition, the ability to obtain health insurance dropped from 78 percent among all Mexican adults to between 47 percent and 60 percent after crossing the border.

Also, 68 percent of immigrants and migrants reported having a usual source of care before leaving Mexico, compared with 42 percent of those who returned. Before leaving Mexico, 6 percent of respondents reported forgoing regular care, while more than 16 percent who returned reported going without needed medical care.

"Aspects of health care systems on both sides of the border, such as employer-based health care and minimum-stay requirements for insurance, make it difficult for mobile populations to get health care," said study co-author Félice Le-Scherban, PhD, assistant professor at the Drexel University Dornsife School of Public Health, in a news release.

Scientific advisory committees weakened

Under President Donald Trump, federal scientific advisory committees are in their worst shape in 20 years, according to a new report from the Union of Concerned Scientists.

In January, the nonprofit released a report on 73 science advisory committees across 24 federal departments, agencies and sub-agencies, interviewing current and former advisory board members. The report found that in 2017, such committees met less often than in any year since the government began tracking them in 1997. About two-thirds of the committees met less than their charters direct them to, and membership on the committees decreased by 14 percent in 2016. At the Departments of Energy and Commerce and at the Environmental Protection Agency, fewer experts are serving on science advisory committees than at any time since 1997.

"Federal agencies are supposed to consider the evidence when they're making policy decisions that impact all of us," said APHA member Genna Reed, MA, lead author of the report and a policy analyst at the Center for Science and Democracy at the Union of Concerned Scientists, in a news release. "If we don't have access to the best available science, we can't trust these agencies to protect and inform the public. We can't afford to let these policies be based purely on politics or lobbying by powerful industries."

For a copy of "Abandoning Science Advice: One Year In, the Trump Administration Is Sidelining Science Advisory Committees," visit www.uscusa.org.

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Organ donations hit record high in 2017

Last year, the number of deceased U.S. organ donors topped 10,000 for the first time, according to the Health Resources and Services Administration.



A record number of organ donations were made in 2017. An organ donor card states the wishes of the deceased.

Photo by Michele Late

In January, the agency announced that according to data from the Organ Procurement and Transplantation Network, organs were recovered from more than 10,200 donors in 2017, representing a more than 3 percent increase over 2016 and an increase of 27 percent since 2007.

Also in 2017, more than 34,000 organ transplants were performed using organs from both deceased and living donors, representing a 3.4 percent increase over 2016 and marking the fifth year in a row of record-setting transplants in the U.S. A record number of donor organs were recovered and transplanted for each of the four most commonly transplanted organs: kidney, liver, heart and lung.

"We are grateful that more lives are being saved, year after year thanks to the boundless generosity of organ donors," said Yolanda Becker, MD, president of the Organ Procurement and Transplantation Network and United Network for Organ Sharing Board of Directors, in an agency news release. "We remain committed to increasing the number of transplants still further to help the many thousands of people in need of a transplant to sustain them and vastly improve their quality of life."

About 82 percent of transplants that occurred in 2017 involved organs from deceased donors.

For more information, visit https://unos.org.

US life expectancy falls for second year

American life expectancy has fallen for the second year in a row, reported the National Center for Health Statistics in December.

Based on 2016 data from the National Vital Statistics System, U.S. life expectancy in 2016 was 78.6 years, a decrease of 0.1 year from 2015.

Among males, life expectancy declined from 78.7 years in 2015 to 76.1 years in 2016; among females, life expectancy remained the same at 81.1 years. In 2016, the difference in life expectancy for men and women increased from 4.8 years to 5 years. However, life expectancy at age 65 was 19.4 years, an increase of 0.1 year over 2015.

Researchers also found that age-specific death rates between 2015 and 2016 increased for younger ages and decreased for older age groups. Death rates increased among black males, decreased for white females and did not significantly change among black females, white males, and Hispanic males and females.

The 10 leading causes of death — heart disease, cancer, unintentional injuries, chronic lower respiratory diseases, stroke, Alzheimer's disease, diabetes, influenza and pneumonia, kidney disease and suicide — remained the same in 2016 as they were in 2015. However, unintentional injuries moved up from fourth place to third, trading places with chronic lower respiratory diseases. The U.S. infant mortality rate, at 587 infant deaths per 100,000 live births, did not change significantly from 2015 to 2016.

For a copy of the new data, visit www.cdc.gov/nchs.

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