

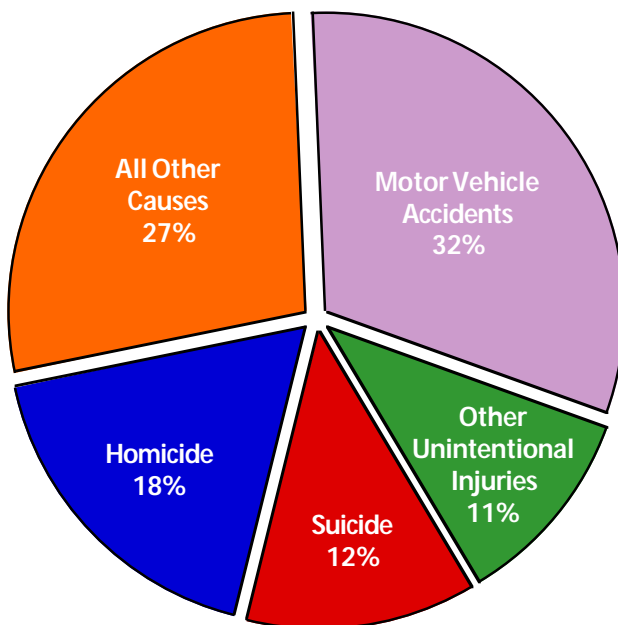


Fact Sheet on Mortality: Adolescents & Young Adults

Highlights:

- ▶ Three-quarters of all adolescent/young adult mortality is preventable.
- ▶ Young adults ages 20-24 have four times the death rate of younger adolescents.
- ▶ Overall mortality rates for male adolescents/young adults are almost three times rates for females.
- ▶ Adolescent and young adult mortality rates vary significantly by race/ethnicity.
- ▶ Mortality rates are at or near all time lows for most racial/ethnic groups.

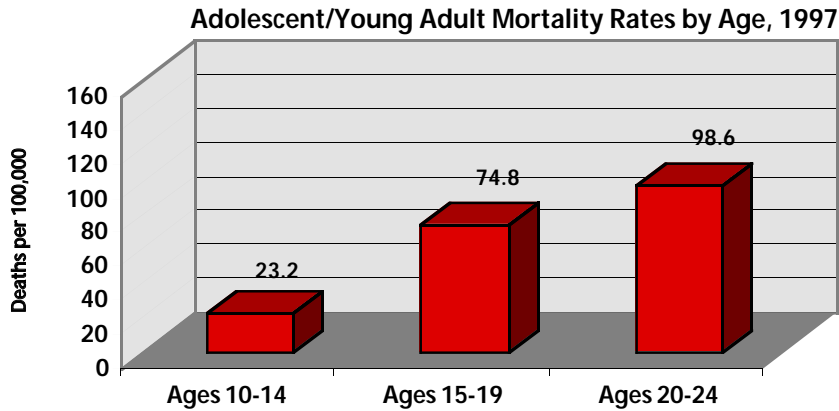
- ▶ Three-quarters of all adolescent/young adult mortality is preventable.



In 1997, the Centers for Disease Control and Prevention (CDC) reported 35,960 deaths among adolescents and young adults ages 10-24. With a total population of 55.6 million adolescents and young adults, this represents a death rate of 64.7 per 100,000. Of these deaths, 26,122, or roughly three-quarters, are due to preventable causes (CDC Wonder, 1999).

**Leading Causes of Mortality:
Adolescents/Young Adults Ages 10-24, 1997**

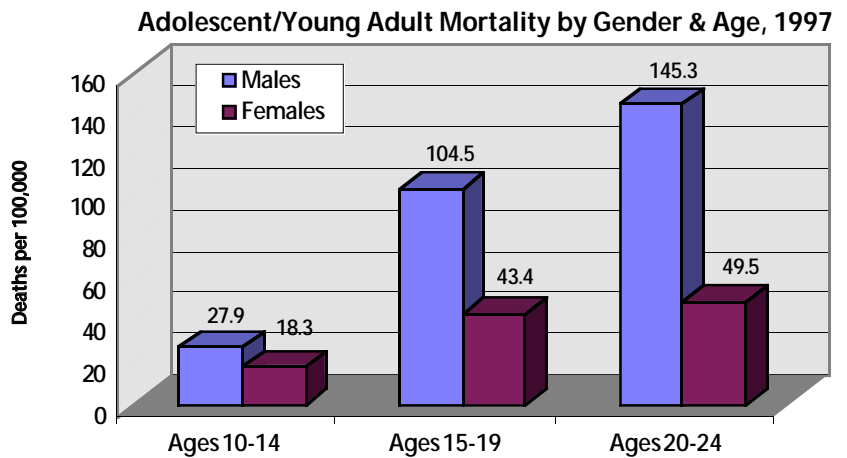
- ▶ Young adults ages 20-24 have four times the death rate of younger adolescents.



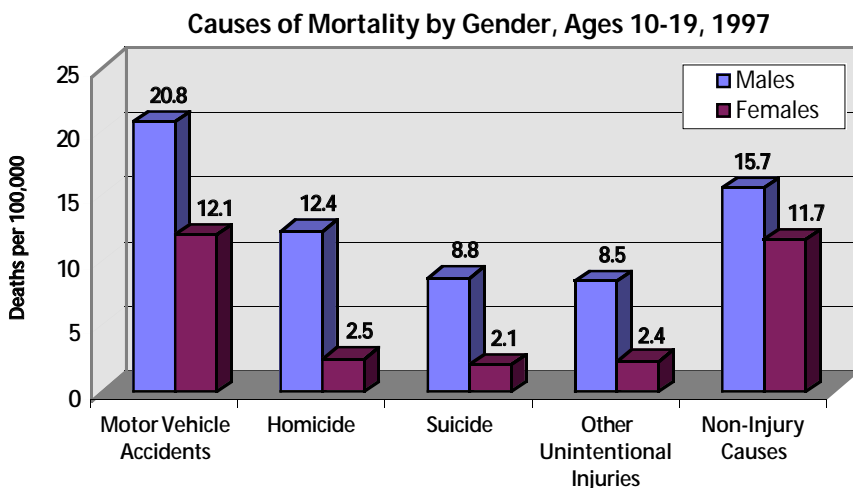
Mortality rates increase throughout adolescence and early adulthood. This trend continues throughout the lifespan (CDC Wonder, 1999).

- ▶ Overall mortality rates for male adolescents/young adults are almost three times rates for females.

In 1997, adolescent males ages 10-24 had a death rate of 91.1/100,000, compared to 36.7/100,000 for same age females. This disparity is greater among older adolescents: For ages 10-14, the male death rate was 1.5 times that of females; at 15-19, males were 2.4 times more likely than females to die, and at ages 20-24, the male death rate was 2.9 times that of females (CDC Wonder, 1999).

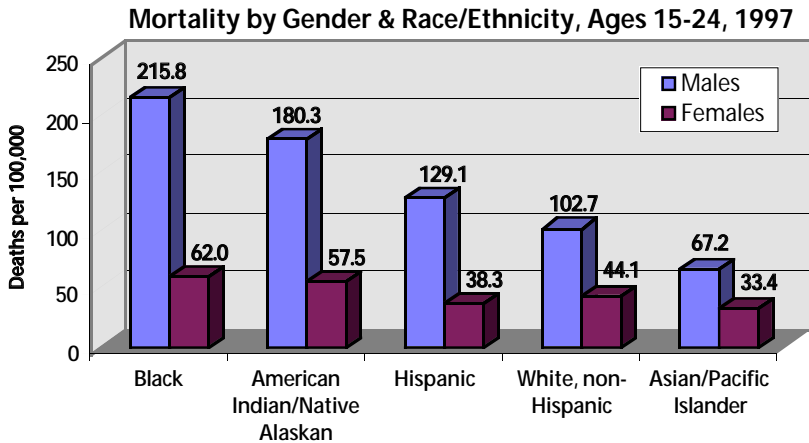


- ▶ Adolescent males are more likely than adolescent females to die from preventable causes.



In 1997, 76% of deaths among males ages 10-19 were due to preventable, injury-related causes. In comparison, only 62% of same-age female deaths were preventable. Motor vehicle accidents were the leading cause of death for both males and females. Among non-injury causes, malignant neoplasms were the most prevalent with a death rate of 3.5/100,000 (males) and 2.7/100,000 (females) (CDC Wonder, 2000).

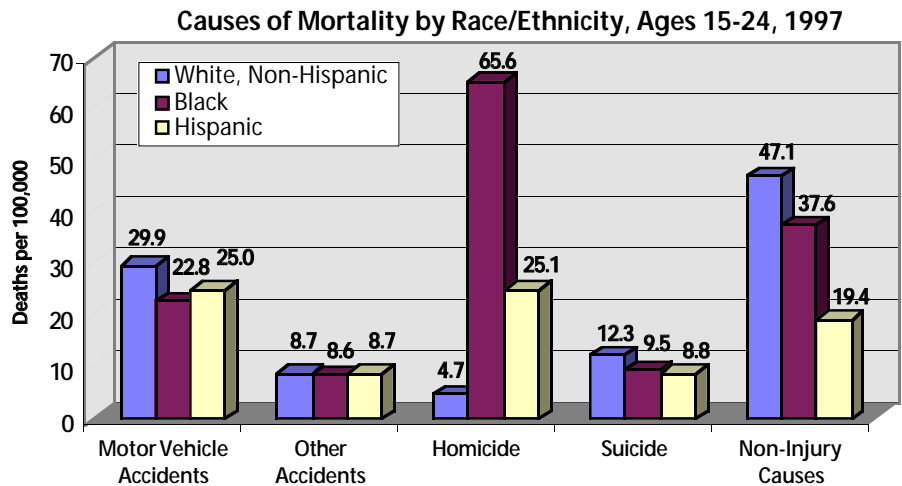
▶ Adolescent and young adult mortality rates vary significantly by race/ethnicity.



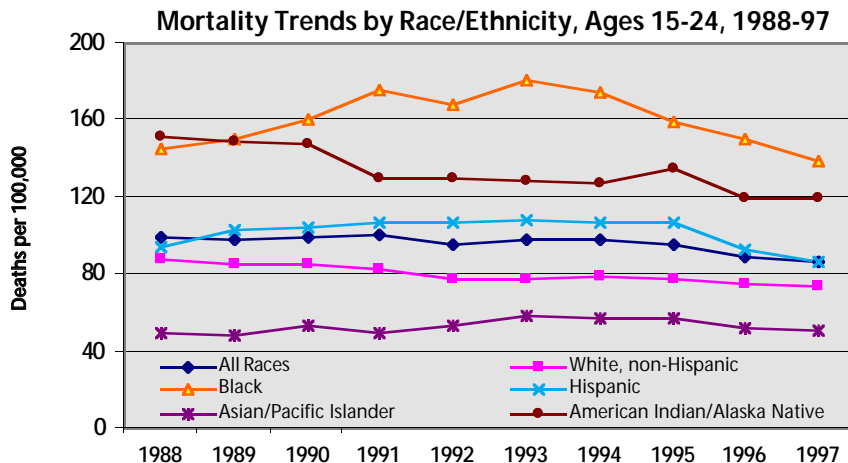
In 1997, the mortality rate for Blacks ages 15-24 was 139.2 deaths/100,000, much higher than rates for the rest of this age group. Asian/Pacific Islanders ages 15-24 had the lowest mortality rate: 50.5/100,000. Blacks ages 15-24 also showed the greatest disparity in mortality rates across gender, with male rates 3.5 times that of females. Asian/Pacific Islanders in this age group have the least gender disparity: male death rates are twice that of females (NCHS, 1999).

▶ Much of the racial/ethnic disparity results from higher homicide rates among adolescent males.

In 1997, homicide resulted in about half of all deaths among Blacks ages 15-24, and largely accounted for the higher mortality rate among this group. Homicide was also largely responsible for higher Hispanic mortality rates. Disproportionally high suicide rates among American Indian/Alaska Natives are responsible for much of the higher mortality for that group. In each case, the higher rates are primarily due to males (NCHS, 1999).



▶ Mortality rates are at or near all time lows for most racial/ethnic groups.



After peaking in the mid-1990s, mortality rates have fallen for all racial/ethnic groups, and are now at or near all time lows for most of these groups. Despite experiencing the steepest recent decline (23% since 1993) in mortality rates, Black rates are still above their historic low of 111.9 per 100,000, reached in 1984 (NCHS, 1999).

Data Sources:

Ventura S J, Anderson R N, Martin J A, Smith B L. (1999). Births and Deaths: Preliminary Data for 1998. National Vital Statistics Reports 47(25). Centers for Disease Control & Prevention, National Center for Health Statistics.

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National Center for Health Statistics. (1999). Health, United States, 1998. Hyattsville, MD: Public Health Service.

In all cases, the most recent available data were used. Some data are released 1-3 years after collection. For questions regarding data sources or availability, please contact NAHIC. For racial/ethnic data, the category names presented are those of the data sources used.

2000 NAHIC Adolescent Fact Sheets

Fact Sheet on Adolescent Demographics

Fact Sheet on Adolescent Mortality

Fact Sheet on Adolescent Homicide

Fact Sheet on Adolescent Suicide

Fact Sheet on Adolescent Injury

Fact Sheet on Preventive Health Services for Adolescents

Fact Sheet on Adolescent Pregnancy Prevention

Fact Sheet on Adolescent Substance Use

Fact Sheet on Adolescent Sexuality

Fact Sheet on Adolescent Health Care Utilization

Fact Sheet on Mental Health

National Adolescent Health Information Center

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Background on NAHIC

The National Adolescent Health Information Center (NAHIC) was established with funding from the Maternal and Child Health Bureau in 1993 (4H06 MC00002) to serve as a national resource for adolescent health research and information to assure the integration, synthesis, coordination and dissemination of adolescent health-related information.

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Copies of any of the listed Adolescent Fact Sheets can be downloaded from the World Wide Web at <http://youth.ucsf.edu/nahic>. Hard copies can be requested at (415) 502-4856, or by email at: nahic@itsa.ucsf.edu.



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