

Positive Trends Seen in 2007 U.S. Mortality Rates

BY ELIZABETH MEHCATIE

Data detailing a recent drop in the age-adjusted death rate and other positive trends regarding life expectancy and deaths in the United States were released in a report by the Centers for Disease Control and Prevention.

The report, by the CDC's National Center for Health Statistics, provided preliminary data on deaths, death rates, life expectancy, leading causes of death, and infant mortality in the United States in 2007, based on information from almost 90% of the nation's death certificates.

In 2007, the life expectancy was 77.9 years, an increase from 77.7 years in 2006, which "represents a continuation of a trend," according to a statement by the CDC. Life expectancy has increased by 1.4 years since 1997, when it was 76.5 years. Life expectancy at birth also rose, to 77.9 years, an increase of 0.2 years from 2006.

The age-adjusted death rate dropped to 760.3 deaths/100,000 population, from 776.5 deaths/100,000 population in 2006. This is half of what the rate was in 1947: 1,532/100,000 population.

There was a significant drop in age-adjusted death rates for 8 of the 15 leading causes of death, including heart disease (a 4.7% drop from 2007), cancer (1.8%), cerebrovascular diseases (4.6%), accidents (5%), diabetes mellitus (3.9%), in-

fluenza and pneumonia (8.4%), essential hypertension and hypertensive renal disease (2.7%), and homicide (6.5%), the CDC reported. Another positive trend was life expectancy for black men, which reached 70 years for the first time.

However, from 2006 to 2007, there were no significant changes in the age-adjusted death rates for Alzheimer's disease, septicemia, suicide, chronic liver disease and cirrhosis, Parkinson's disease, and nephritis, nephrotic syndrome, and nephrosis.

But the death rate for chronic lower-respiratory diseases, the fourth leading cause of death, increased by 1.7% in 2007 from 2006.

Mortality from HIV/AIDS dropped by 10% between 2006 and 2007, "the biggest 1-year decline" since 1998, according to the CDC. In 2007, approximately 11,000 people died of HIV/AIDS, which remains the sixth-leading cause of death among people aged 25-44 years.

Infant mortality in 2007 was 6.77 infant deaths/1,000 live births, which is a statistically insignificant increase (1.2%) from 2006. In 2007, the leading cause of infant deaths was birth defects, followed by preterm birth and low birth weight, and the third leading cause, sudden infant death syndrome. ■

The full report, titled "Deaths: Preliminary Data for 2007," is available at www.cdc.gov/nchs.

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Florida: No Subbing Levothyroxine

The Florida Board of Pharmacy has voted to reaffirm levothyroxine's place on the state's negative formulary, making it illegal to substitute a generic product when a physician writes a branded prescription for the drug. The action was in response to a ruling by Florida's First District Court of Appeal. The state had in effect removed levothyroxine from the negative formulary in April 2008 after an administrative law judge ruled, in *Mylan v. Abbott*, that generic levothyroxine could be substituted because it was "A" rated for therapeutic equivalence in the federal Orange Book. But the appeals court disagreed in its June ruling. "To minimize confusion, it is recommended that physicians write 'Brand Medically Necessary' on prescriptions when branded products are wanted," the American Thyroid Association advised in a press release.

More HIPAA Goes to Rights Office

The Health and Human Services' Office for Civil Rights will now enforce the confidentiality of electronic health information as well as other patient records, HHS Secretary Kathleen Sebelius announced. The office already had responsibility for enforcing the HIPAA's "privacy" rule, which guards nonelectronic personal health information. But enforcement of HIPAA's "security" rule for electronic health information had been delegated to the Centers for Medicare and Medicaid Services. Legislation approved as part of the Recovery Act of 2009 mandated better enforcement of both rules. Ms. Sebelius noted in a statement that electronic and nonelectronic health information increasingly overlaps. "Combining the enforcement authority [for both rules] in one agency within HHS will facilitate improvements by eliminating duplication and increasing efficiency," she said. The CMS will continue to have authority for the administration and enforcement of other HIPAA regulations.

Obesity Medicine Exam to Come

Ten professional societies are jointly developing an Obesity Medicine Physician Certification Examination to credential physicians who care for obese adults and children. The societies have begun writing questions for the exam, scheduled to be completed by March 2010, according to the Obesity Society. The 10 groups are the Obesity Society, the American Academy of Pediatrics, the American Association of Clinical Endocrinologists, the American Diabetes Association, the American Gastroenterological Association, the American Heart Association, the American Society for Parenteral and Enteral Nu-

trition, the American Society for Metabolic and Bariatric Surgery, the American Society for Nutrition, and the Endocrine Society.

Lilly Payment Data Now Public

Eli Lilly & Co. will publish how much it pays physicians and other health care professionals in consulting fees, honoraria, and the like. The drug-maker detailed the payments for the first quarter of 2009 at www.lillyfacultyregistry.com. The company listed 3,400 people in the database. The average payment per service was \$1,000, and each professional conducted an average of six activities, according to Lilly. The company's "faculty" members provide a wide variety of services, including patient and professional education and advising Lilly on clinical trials and how to communicate results. In September 2008, Lilly said it would voluntarily make physician payments public, but by February of this year, the company was required to do so as part of a Corporate Integrity Agreement with the federal government.

Family Insurance Tops \$12K

Employer-sponsored insurance for a family of four in 2008 cost employers and workers an average of \$12,298, according to the Agency for Healthcare Research and Quality. The employees' contribution averaged \$3,394 for family-of-four plans and \$882 for single workers, the agency reported. Employers paid the entire premium for 22% of workers with single-coverage plans, for 11% of workers with family-of-four plans, and for 9% of employees with one covered family member. About 31 million of the more than 62 million workers enrolled in employer-based insurance in 2008 had single plans, whereas 20 million had family-of-four coverage.

Medical Bankruptcy Would Ease

A bill introduced last month by Sen. Sheldon Whitehouse (D-R.I.) would eliminate some hurdles for families forced to file for bankruptcy because of medical debt. The Medical Bankruptcy Fairness Act (S. 1624) would allow a family to retain at least \$250,000 of its home's value through bankruptcy. The bill includes a provision that would deem credit counseling unnecessary when the cause of bankruptcy is a medical crisis rather than poor financial management. The bill also would make it easier for families to enter Chapter 7, the simplest bankruptcy process. "As we work to fix the larger problems with our broken health care system, it's equally important that we help those already struggling" with medical expenses, the senator said.

—Joyce Frieden