

United States National Report for ECE Regional Population Meeting Budapest, Hungary

Perception and Policy Related To Family, Fertility and Reproductive Health

Marriage and Fertility

In 1993, about 1.2 million births occurred outside of marriage in the United States. These births accounted for nearly a third of all births. The non-marital birthrate has been rising for nearly five decades. This increase reflects changes in marital behavior as much or more than changes in fertility behavior. Social and economic factors make marriage less desirable or necessary contributing to more cohabitation outside of marriage, delayed marriage, increased divorce and separation. One-half of all first out-of-wedlock births occur to teens. Each year about 200,000 teens aged 17 years and younger have children. The pace, however, seems to be slowing given that between 1980 and 1990 the total number of non-marital births rose by six percent annually and between 1990 and 1993 the number increased by only two percent. The birth rate for unmarried teens has dropped by 12 percent since 1991.

The negative effects of non-marital births are difficult to isolate, but in general, children of young unmarried mothers are at higher risk of having adverse birth outcomes such as low birth weight and infant mortality. Children of adolescent mothers are also more likely to live in poverty due to failure to complete schooling, under-employment, poor parenting skills, and poor mental and physical health.

The President and Congress, recognizing that teen pregnancy is a problem that impacts nearly every community, have called for a national strategy to prevent out-of-wedlock teen pregnancies. In addition, the new welfare law that went into effect in 1996 requires that at least 25 percent of the communities in the United States have teen pregnancy prevention programs in place.

The Department of Health and Human Services has built on the strength of several government programs to respond to the strategy to prevent teen pregnancy, including the Title XX Adolescent Family Life Program; Community Coalition Partnership Program for the Prevention of Teen Pregnancy (United States Centers for Disease Control and Prevention); and the Abstinence Education Block Grant Program (United States Department of Health and Human Services, Maternal and Child Health Bureau). The Title X Family Planning Program has provided services to adolescents since it was enacted in 1970; approximately 30 percent of Title X clients are less than 20 years of age. Adolescents also make up a substantial portion of the Medicaid program and the Child Health and Social Services Block Grant Programs also provide funds for family planning and reproductive services. One of the promising new initiatives that supports the national strategy is the Community Coalition Partnership Program for the Prevention of Teen

Pregnancy, which tries to mobilize the communities with highest rates of teen pregnancy to develop locally sustainable strategies.

The United States has a diverse and growing population. Despite fertility levels below replacement, it is the fastest growing industrialized nation due to the momentum of past growth and increasing immigration. The United States has not had a national population policy or any policies aimed consciously and directly at these demographic trends. Various U.S. national policies, such as immigration policies, are recognized as having a demographic impact. Increasingly, consideration of the demographic, economic and social impact of immigration is playing a role in the formulation of immigration policy.

The United States Government is also concerned about the impact of other demographic changes on the health and well being of the nation's population. In particular, low levels of fertility and mortality have resulted in an aging population. The government has supported studies of the impact of aging and has developed policies to maintain strong programs of social security and other care for the elderly as called for in the ICPD Programme of Action. The government has not sought to determine the most desirable balance among age groups or to design policies to influence the balance.

Work and Families

In their "1997 National Study of the Changing Workforce," the Families and Work Institute found that 46 percent of American workers have children under 18 who live with them at least half time. Nearly one in five employed parents is single and 27 percent of those single parents are men. The United States Bureau of Labor Statistics, in 1990, determined that only 37 percent of all working women in firms with 100 employees or more were eligible for unpaid maternity leave upon the birth of a child.

The Family and Medical Leave Act (FMLA) of 1993 was created to help American working families care for their children and cope with serious illnesses without losing their jobs or health insurance. The law guarantees that people working for companies with more than 50 employees can take up to 12 weeks unpaid leave to care for a newborn, a newly adopted child, or certain seriously ill family members or to recover from their own serious health condition.

June 1996, the President directed the executive departments and agencies to set the pace in transforming the culture of the American workplace by developing a plan of action, utilizing existing policies, to provide a more family-friendly work environment. The focus of their efforts included expanding the government's ability to provide federal employees with assistance in securing safe, affordable child care, elder care information and referral services, flexible work hours that meet the needs of families, opportunities to telecommute, and mechanisms for employees to suggest new practices that strengthen families and improve productivity.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 instituted a dramatic change in the nation's welfare system. The key element of this law, Temporary Assistance for Needy Families (TANF) requires that recipients work in exchange for time-limited assistance. The new program completely replaces the Aid for Dependent Children and the Federal JOBS programs. TANF is funded by a Federal block grant but the programs are completely operated by the states and territories. In support of the program, a Welfare to Work Tax Credit has been offered to employers as an added incentive to hire long-term welfare recipients.

In 1997, women headed 54 percent of all families below the poverty level. Currently only about one-half of the custodial parents due child support receive full payment. Legislation was passed as part of the Personal Responsibility and Work Opportunity Act of 1996 to insure that all children born out-of-wedlock have paternity established and that non-custodial parents provide financial support for their children. The legislation strengthens and improves state child support collection activities by instituting tough penalties for non-payers, seizing federal tax refunds, and denying federal loans and guarantees for the delinquent parent. The program has increased child support collections to \$13.4 billion thus far, a 68 percent increase from 1992.

Recent governmental actions that have assisted families include the \$500 Child Tax Credit to families with incomes below \$30,000, the extension of the Earned Income Tax Credit in 1997, and raising the minimum wage for the general population. Although the later two actions were not specifically directed at families, an estimated 4.3 million people were raised out of poverty and income increased for the lowest paid workers, many of whom are female single parents.

The National Partnership for Reinventing Government (NPR) is working to develop partnerships with federal agencies, state and local governments, nonprofit organizations and the private sector to strengthen American families and the communities they live in. This work includes reinventing federal policy, programs and practices to strengthen American families and support federal participation in the annual Family Re-Union Conferences that are designed to give the Vice President, as moderator, and others who make policy at the federal state and local level an opportunity to learn from the experience of families themselves and those who work with them.

There is no one agency responsible for issues related to the family in the United States. The NPR Team works with the legislative bodies and the various federal agencies to implement the policy implications and recommendations derived from these conferences. Issues addressed by the conferences to date and on an ongoing basis include local flexibility for family centered programs, strengthening fatherhood and the role of men in their children's lives, impact of media on families and children, the need to balance work and family life, and the importance of involving families as partners in children's learning and health care. Policy actions that result from the Family Re-Union Conferences are acted upon and evaluated by the individual agencies. Since the work of NPR is collaborative

with state and local government as well as non-governmental organizations, many policy actions are undertaken independent of the federal government.

Perception and Policy Concerning Mortality and Health

Health Status: Morbidity and Mortality

The leading causes of death according to a December 1996 publication from the National Center for Health Statistics, “Atlas of United States Mortality,” are the following: 1. heart disease; 2. all cancer (lung cancer, colorectal cancer, prostate cancer, breast cancer); 3. stroke; 4. unintentional injuries, motor vehicle injuries; 5. chronic obstructive pulmonary diseases; 6. pneumonia and influenza; 7. diabetes; 8. suicide, firearm suicide; 9. liver disease; 10. HIV/AIDS; and 11. homicide, firearm homicide.

Heart disease and cancer are the leading causes of death for males and females, among all racial and ethnic groups, causing over half of the deaths in the United States each year. However, the order of other causes varies by race and ethnicity, and to some extent by sex. Homicide among African-American and Hispanic-American males, and intentional injuries among Caucasian, African-American and Hispanic-American males cause the greatest years of potential life lost before age 65. Since 1991, the proportion of people who experience a limitation in major activity due to chronic conditions has been increasing for all populations. Populations whose mortality level is of specific concern to the United States Government are those who are low-income and those from specific racial and ethnic groups – African-Americans, American Indians, Asian and Pacific Islander Americans, and Hispanic Americans for particular diseases.

Tobacco use is responsible for approximately one out of every five deaths in the United States and is the single most important preventable cause of death and disease in our society. Cigarette smoking accounts for approximately 430,000 deaths yearly. If current smoking patterns continue, an estimated 25 million persons in the United States who are alive today will die prematurely from smoking-related illnesses, including an estimated 5 million persons now under 18 years of age. Smoking contributes substantially to chronic morbidity and disability as well. In 1993, smoking-related illnesses cost the United States \$50 billion in health care costs.

HIV/AIDS is of major concern for the Government. Approximately 40,000 new HIV infections occur in the United States every year. More than 50 percent of the new HIV infections in the United States are in racial and ethnic minority populations, despite the fact they constitute approximately 25 percent of the United States population. Of considerable concern are the increasing rates of HIV infection in women, youth, and heterosexuals.

The Health System

In 1994, the Clinton administration began major efforts to reform health care. One principal goal of these efforts was to ensure some form of health insurance for every single American. Unfortunately these efforts did not succeed: however, there have been legislative acts that have established incremental reforms and changes to the United States health care system.

The proportion of people, particularly children, who do not have a specific source of primary care to coordinate preventive and episodic health care, is of considerable concern to the United States Government. In 1995, when the state Children's Health Insurance Program (CHIP) legislation was passed, there were 10.5 million children under the age of 19 who were uninsured. The majority live in families whose annual income is less than 150 percent of the federal poverty line. The 1997 Balanced Budget Act (BBA) provided 24 billion dollars over five years to CHIP. This funding increased enrollment in Medicaid of eligible insured children, expanded coverage to children of low-income families who are not Medicaid-eligible, restored Medicaid coverage for children with disabilities, and established a pediatric diabetes program. The CHIP program so far has given access to health care for as many as five million of these previously uninsured children. The program provides coverage for a comprehensive set of benefits, including inpatient and outpatient hospital services, physician services, laboratory and x-ray services, and well-baby and well-child care.

Private insurance coverage of family planning services in the United States is inadequate. At present, most private insurance companies do not cover screening and contraceptive services. Fully half of the large insurance plans cover no method of prescription contraception. As a result, women of reproductive age in the United States pay 68 percent more in out-of-pocket health care costs than men of the same age. Congress passed legislation in October 1998 requiring insurance companies that provide health care coverage for the nearly 1.2 million federal government employees to cover prescription contraceptives.

Reproductive Health

Recent Supreme Court decisions have reaffirmed their *Roe v. Wade* decision of 1973, which legalized abortion in the United States. Their rulings do not allow states to restrict abortion during the first trimester, but do allow for states to impose certain restrictions, such as waiting periods, parental consent and notice requirements for minor children to have abortions, Medicaid funding bans, and bans on certain abortion procedures.

Sterilization procedures, both male and female and if performed using federal funds, have the following restrictions: the person being sterilized must be 21 years of age; informed consent must be obtained; there is a 30 day waiting period from the time informed consent is given and sterilization is performed; a sterilization cannot be performed in conjunction with a delivery of other surgical procedure; and sterilization may not be performed on

institutionalized persons. These restrictions are not applicable for sterilization procedures performed without Federal funding.

A significant change in birth control practices has been the recent Food and Drug Administration's (FDA) approval of the packaging and sale of oral contraceptives as emergency contraception.

Perception and Policy Related to Population Aging, Including Change in Population Age Structure

Demographic Shifts: The Aging Population

Longevity and aging of the population will have a profound impact on the United States. The older American population, people 65 years and older (65+), represented 12.8 percent of the United States population (33.9 million) in 1996. Future projections show that this population will dramatically increase between 2010 and 2030 as the baby boomer generation enters the 65+ group. By 2050, the elderly will represent 20 percent of the population. Because of the dramatic increases of the older population, more than forty United States federal agencies are working collaboratively to increase the visibility of longevity and active aging issues as well as move forward policy and program agendas that address these concerns.

The United Nations (UN) has designated 1999 as the Year of the Older Person. In conjunction with the UN celebration, the United States Government, led by the Department of Health and Human Services (DHHS), has planned a number of activities which will raise awareness about the implications of human longevity and promote new initiatives on issues of Older Americans. A federal-wide conference, tentatively titled "Longevity and Active Aging," will focus on how federal agencies can work collaboratively in aging-related areas of long term care and disabilities, aging in place, older Americans as a resource, economic security, and health care, promotion, and disease prevention. The conference will take place in June 1999. Media roundtables, hosted by federal agencies, will be held throughout the year to discuss key issues associated with an aging society, such as the impact of new technologies, shaping of new images of older persons, mobility and transportation issues.

Although life expectancy has increased dramatically over recent decades, and there is evidence that disability rates among the elderly are falling, labor force participation rates in the United States and other developed nations have fallen. The majority of older workers in the United States retire on or before age 65. Some are no longer able to work, but others are responding to incentives that favor withdrawal from the labor force, such as early retirement packages.

The United States Government has several initiatives that benefit and protect the aging labor force. The Age Discrimination in Employment Act (ADEA) ensures that Older Americans age 40 and over do not face discrimination in recruitment, hiring, pay, benefits,

training, promotion, job retention, and other employment practices. Employers are prohibited from recruiting only young job applicants, withholding training and/or opportunities from older workers, firing or forcing older workers to retire, or giving benefits to younger workers while denying them to older workers.

Participants in the Senior Community Service Employment Program (SCSEP), funded under Title V of the Older Americans Act and administered at the Department of Labor, are persons age 55 and over who have low-incomes and poor employment prospects. The program provides services including part-time employment in community service assignments, job training and related educational opportunities, and opportunities for placement into unsubsidized jobs. Community service assignments include social, health, welfare, and educational services; legal and other counseling services; tax and financial counseling; conservation, maintenance, or restoration of the environment; and economic development.

Because of the growing older population, there is increased emphasis on the part of the government to promote the health and well being of older Americans. Medicare, the nation's largest health insurance program has funded health care for the elderly for over 30 years. Currently, Medicare provides health insurance to people age 65 and over, those who have permanent kidney failure, and certain people with disabilities, representing 37 million Americans. Part A of the program covers inpatient hospital services, skilled nursing facilities, home health services and hospice care. Part B helps pay for the cost of physician services, outpatient hospital services, medical equipment, and other health services and supplies. Although Medicare does not provide long term care, it does help cover long term care through its Medicaid program for low-income people.

The 1997 Balanced Budget Act (BBA) included provisions that allow the Medicare program to contract with a greater variety of health plans. This legislation allows older Americans to choose from more types of health care coverage including coordinated care plans (health maintenance organizations, preferred provider organizations, and provider-sponsored organizations), religious and fraternal benefit society plans, private fee-for-service plans, and medical savings account options.

Besides the Medicare program, the United States also has an entire federal agency in the Department of Health and Human Services, the Administration on Aging, devoted to handling the interests and needs for older Americans. This agency, established by the Older Americans Act (OAA), serves as a vehicle for providing social, nutritional, and other home and community-based services to older Americans as well as an advocacy agency for their concerns. The Administration on Aging is also exploring ways to modernize the services and programs of the OAA to address the diverse needs of the older population of the future.

The vulnerability of older people has prompted the government to increase efforts in eliminating another concern: elder abuse. Congress passed the 1992 Family Violence Prevention and Services Act, which called for the development of the National Elder

Abuse Incidence Study (NEAIS). The NEAIS studied domestic setting "elder maltreatment," which generally refers to seven types of abuse and neglect: physical abuse, sexual abuse, emotional or psychological abuse, financial or material exploitation, abandonment, neglect, and self-neglect. The findings were only recently published in September 1998. The NEAIS found the best national estimate of people aged 60 years and older who have experienced abuse, neglect, and/or self-neglect in domestic settings in 1996 is 551,011 elderly persons. As a result, the government has created a new National Center on Elder Abuse that will train social workers to detect elder abuse and neglect, provide information regarding the issue, and develop strategies to stop this problem. Undoubtedly, future policy development will be forthcoming as a result of this study.

Pensions: Social Security

Social Security has historically provided retirement income to those aged 65 years and older. Because of the increasing elderly population, though, it is projected that Social Security trust funds will be exhausted by 2032. The government is taking steps to ensure that this situation does not develop and that Social Security will remain solvent. Continuing payroll taxes and income from taxes on benefits will continue to cover three-fourths to two-thirds of benefits.

President Clinton highlighted Social Security reform as one of the year's top priorities in his 1998 State of the Union address. Since then, there have been forums, discussions, and conferences throughout the country to solicit ideas as well as raise awareness of the Social Security program and its challenges in the next millennium. In June, the National Summit on Retirement Savings, established by the 1997 Savings Are Vital to Everyone's Retirement Act (SAVER), was held. Future plans include two more summits scheduled for 2001 and 2005, a bipartisan White House conference on Social Security in December, and negotiations with congressional leaders in 1999.

A number of steps have been taken already to improve the long-term viability of the Social Security System. The full retirement age currently is age 65, but this will rise gradually until it reaches age 67 for persons born after 1959. The actuarial reduction on retirement benefits at the early retirement age of 62 will rise gradually from the present 20 percent to 30 percent. At the same time, Congress has increased the amount that retirees can earn from paid work that is not subject to reductions in Social Security benefits. Such reforms provide incentives for older workers to remain in the labor force and/or to obtain paid employment after retiring.

Besides the Social Security program, other retirement issues such as employer pension plans and personal savings are being addressed. The 1994 Retirement Protection Act requires pension plan administrators to notify participants and beneficiaries of the plan's funding status. This requirement will ensure the soundness of the defined benefit system and the Pension Benefit Guaranty Corporation. In 1996, the Small Business Jobs Protection Act was passed into law to allow simplified pension plans for small businesses.

Also, the 1997 Taxpayer Relief Act raised income limits on deductible individual retirement accounts (IRAs).

Perception and Policy Concerning International Migration

Immigration to the United States is strongly rooted in the humanitarian principles of family reunification and refugee resettlement. During fiscal year 1996, the latest period for which statistics are available, nearly 80 percent of immigration was based solely upon these two principles. Even within the admissions systems designed to meet employment needs and increase the national diversity of immigration flows, provisions have been made to admit the immigrant's immediate family, i.e., their spouse and unmarried minor children. There is no official position or policy on emigration.

In 1992, the Immigration Act of 1990 (IMMACT 90) went into effect and generally increased legal migration flows, both temporary and permanent. One of the major changes as result of IMMACT 90 was the increase in annual numbers for employment-based migration, primarily for skilled workers, from 54,000 to 140,000. The law also provided for the Diversity Immigrant Program, which authorizes the issue of 55,000 additional immigrant visas, beginning in 1995, depending upon the previous level of immigrant admissions from the specific country and region of the world, via lottery.

About 915,000 immigrants were granted lawful permanent residence in the United States during fiscal year 1996. Close to one-third of the immigrants admitted (300,400) were immediate relatives of citizens. Nearly as many (294,200) gained admission under family preferences (close relatives of citizens or permanent resident aliens).

The United States has a strong commitment to the resettlement of refugees. During the past decade, over 1 million refugees have been admitted to the United States for permanent residence and eventual United States citizenship. In fiscal year 1998, we admitted nearly 77,000 refugees. In addition, the United States has a generous asylum program covering aliens in the United States who are unable or unwilling to return to their home country because of persecution or a well-founded fear of persecution.

The undocumented resident population is estimated to be growing by about 275,000 a year. The Immigration and Naturalization Service estimates that between 4.6 and 5.4 million undocumented immigrants resided in the United States in October 1996. The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 is a legislative effort intended to control illegal immigration to the United States. A few key provisions of this law are increased penalties for smuggling people into the United States and misuse of government identification documents; the requirement for affidavits of financial support, at a prescribed minimum level, from sponsors of incoming immigrants; and increased law enforcement activities at United States borders.

The United States has actively participated in international trade agreements, many of which have a migration component. Most notable is the North American Free Trade

Agreement (NAFTA) which allows for temporary entry of businesspersons from Canada and Mexico. Additionally, the United States has made substantial commitments on temporary entry and stay in the General Agreement on Trade in Services (GATS) of the World Trade Organization (WTO).

The United States Government recognizes the benefits of migration and promotes confidence- building measures, especially with new governments and countries that are popular destinations for migrants, to increase their knowledge and comfort with migration issues. The United States actively uses the informal structures such as Intergovernmental Consultations on Asylum, Refugee and Migration Policies in Europe, North America, and Australia (IGC), the North and Central American Regional Consultations on Migration (RCM), and the United States-European Union New Transatlantic Agenda (NTA) to discuss migration policy and cultivate support for basic human rights and fundamental freedoms of migrants. Participation in these and other organizations compliment the Government's formal efforts to gain support from other countries to protect vulnerable migrants including prevention of trafficking in women and children, protection of victims of traffickers, and prosecution of migrant traffickers.

Perception and Policy of the Government Related to Population Growth

The United States considers population growth, size and age structure, closely interrelated with social and economic development. These relationships vary, however, according to a country's level of development and its institutions. The United States has a diverse and growing population; despite fertility levels below replacement, it is the fastest growing industrialized nation due to the momentum of past growth and increasing immigration. The United States does not have a national population policy or any policies that consciously and directly attempt to alter these demographic trends. Various United States national policies, such as immigration policies, are recognized as having a demographic impact, however. Increasingly, consideration of the demographic, economic and social impact of immigration is playing a role in the formulation of United States immigration policy.

The United States Government recognizes the impact of population growth in the United States on the prospects for environmentally sustainable development and is taking measures to, among other things, reduce greenhouse gas emissions, promote energy efficiency and alternative fuels, and develop more sustainable agriculture. National standards are in place to regulate, for example, pesticides, effluents, ambient air quality, water quality, noise emissions, and ocean dumping. A few measures such as restrictions on housing in national parks directly affect human settlements. At the state and local levels, authorities may implement zoning, infrastructure requirements, taxation and other measures to influence housing or economic activity in geographic areas under their jurisdiction.

Perception of the Government Regarding the Need for Policy-Related Collection of Data and Research

The federal structure of the United States and the separation of powers between the executive, legislative and judicial branch shapes the policymaking process. As result there is considerable decentralization of authority especially on matters of social policy. Data collection, analysis and research necessary to formulate implement and monitor policy is equally as decentralized with data collection, analysis and reporting gathering occurring at all levels of government.

Despite the extensive information available, in an effort to make the most informed policy decisions, there is always a need for new and additional information. The Department of Health and Human Services (DHHS) has the Centers for Disease Control and Prevention (CDC) and the National Center for Health Statistics (NCHS) which conduct periodic national surveys of health-related topics, and provide disease surveillance. The National Institutes of Health, also part of DHHS, funds basic research, with biomedical, clinical and behavioral aspects.

Many other federal departments have major research components. The Department of Labor funds the Bureau of Labor Statistics collects data and prepares reports on employment and workers in all economic sectors. Bureau of the Census, within the Department of Commerce, is responsible for the decennial census and chronicles other domestic and international population based data. In addition, agencies have internal oversight through their Office of the Inspector General (IG) and many have offices for evaluation and research. The General Accounting Office (GAO) role has greatly expanded over the years from providing audit functions to studying the effectiveness of various government programs on behalf of Congress. Through the federal contracting and grants process, most agencies and departments solicit academic institutions, private consulting firms, research institutes, and other non-governmental organizations to conduct investigations and collect data on various topics and issues. In addition, the research activities of private corporations and philanthropic foundations often provide useful data that informs government at all levels.