

Life expectancy declining in many parts of US

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Average life expectancy is falling in many parts of the United States and for many demographic groups, most notably women, according to a study being published Wednesday in the journal *Population Health Metrics*, and conducted by the Institute of Health Metrics and Evaluation (IHME) at the University of Washington in Seattle.

The results of the study are particularly striking in terms of women's health. One quarter of all US counties saw an actual reduction in life expectancy for women between 1997 and 2007, meaning that girls born today are expected to live shorter lives than their mothers. As the *Los Angeles Times* wrote, "For life expectancy to decline in a developed nation is rare. Setbacks on this scale have not been seen in the U.S. since the Spanish influenza epidemic of 1918, according to demographers."

This trend has accelerated over the past two decades. From 1987 to 1997, there were 314 counties out of more than 3,000 with either a loss of female life expectancy or no growth in it. From 1997 to 2007, there were 860 counties in which that was the case, compared to only 84 counties where male life expectancy decreased or stagnated.

These 860 counties form a broad swath across Appalachia (parts of Pennsylvania, West Virginia, Virginia, Kentucky, North Carolina) and the entire rural South, from the Carolinas to north Texas, as well as portions of the border states, including 82 percent of all counties in Oklahoma, 66 percent in Tennessee, and 59 percent in Kentucky.

In Mississippi, long the poorest and most unhealthy state, there are five counties where life expectancy for women is the same as that in Honduras, El Salvador and Peru, among the most impoverished countries in Latin America. Madison County, Mississippi, just north of Jackson, saw a staggering drop of two and a half years of life expectancy for women in just the past decade.

For one county in Mississippi, male life expectancy, for whites and blacks combined, was lower than the average male life expectancy in sub-Saharan Africa. For five Mississippi counties, male life expectancy was the equivalent of the Philippines and Brazil.

The report, entitled "Falling behind: life expectancy in US counties from 2000 to 2007 in an international context," compared life expectancy data for 3,138 U.S. counties and 10 cities with a previous survey from 1987 to 1997.

US life expectancy over a 20-year period, 1987-2007, continued to rise in absolute terms, up 4.3 years for men and 2.4 years for women, in large part because of declining rates of smoking and improvements in medical technology. But the United States lagged behind other industrialized countries, falling from 20th in the world in terms of life expectancy in

1987 to 37th in 2007.

The “falling behind” spoken of in the title of the study is particularly pronounced when data on the United States is compared with equivalent data from the 10 nations with the highest life expectancy. The 10 countries, 7 in western Europe, include Iceland, Switzerland, Sweden, Japan, Australia, Norway, Canada, Spain, France and the Netherlands.

The study calculated historical averages for life expectancy, year by year, for the top 10 countries, and then rated each US county against that scale—in other words, how many years behind (or in a few cases, ahead) each county was, compared to what the study called the health “frontier,” i.e., the average of the top 10 countries.

Some of the Mississippi counties, for example, had life expectancies equal to those achieved in the top 10 countries as far back as 1957, giving them a rating of 50 years “behind” the frontier. A few wealthy areas, such as Fairfax County, Virginia, were actually better than the average of the top 10 countries today, and received a rating of 16 years “ahead” of the frontier.

The overall trend was a wider and wider gap between the US performance and the top 10 countries. In 2007, only 78 US counties had improved their ranking for male life expectancy on this international scale, while 1,406 counties fell further behind and 1,663 counties were essentially unchanged. For female life expectancy, the figures were even worse: only 45 counties improved, 2,054 fell further behind, and 1,048 counties stayed the same.

Another striking feature of the report was the scale of inequality in health outcomes. A relative handful of affluent suburban counties, mainly in the Northeast and West Coast, have life expectancies better than or equal to those in Japan and western Europe. But overall, some 80 percent of US counties were behind the average for the top 10 countries, and this proportion has increased dramatically over the last decade.

One part of the study looked at local variations in Britain and Canada, and found that the United States had much greater internal disparities. While 17 percent of US counties were 30 years or more behind the world’s best countries, only 2 percent of Canadian localities were that far behind—mostly among the Inuit population in the far north—and in Britain, with its National Health Service, only two tenths of 1 percent of local jurisdictions were more than 30 years behind.

There were some positive findings in the study:

*Despite high poverty rates, Southern California and other parts of the Southwest have relatively better life expectancy because the Hispanic immigrant population is much healthier than the US average.

*Twelve states, including the whole of New England, Pennsylvania, and the Upper Midwest, have not a single county where life expectancy has declined.

*Life expectancy increased sharply in New York City, in large measure because of better treatment of AIDS patients, which drastically cut the mortality rate.

Overall, the report on life expectancy underscores the catastrophic effects of economic slump and growing social inequality on the physical survival of large portions of the working

class population in the United States. Capitalism is not only inflicting unemployment, poverty, homelessness and hunger, it is literally killing young people, the elderly and people of working age.

Press accounts of the IHME study claimed that the authors discounted the impact of poverty and lack of education and emphasized the significance of behavioral factors such as smoking and obesity. This reporting demonstrates more the bias of the corporate-controlled media than a fair reading of the actual outlook of the scientists involved.

They write in the report summary: “Strong relationships have been documented between race/ethnicity, individual or community income, income inequality, and mortality in the US.” Later, they add, “Any analysis of causes of disparities will draw substantial attention to poverty, inequality, race, and ethnicity, but some of the poor performance and falling performance must be related to other factors.”

Dr. Ali Mokdad, an IHME official who is researching causal factors affecting life expectancy, listed four reasons for the trends found in the report: poverty and lack of education, access to health care, quality of medical care, and preventable risk factors.

The preventable conditions like obesity, untreated high blood pressure and smoking, are also correlated indirectly with poverty and lack of education, as well as lack of access to health care, which is particularly pronounced in isolated rural areas.

The tobacco companies cultivated the women’s market in the United States with heavy advertising in the decades after World War II. Despite the overall decline in smoking from 1965 on, after the Surgeon General’s report identified smoking as a major cause of cancer and lung disease, American women have ever since had a higher rate of smoking than women in other countries, which has had long-term consequences for their health.

Even more dangerous is the enormous increase in obesity, which has doubled in the past 30 years, from 17 percent to 34 percent of the population. Obesity is linked to low incomes, lack of access to healthy food choices, particularly fresh fruit and vegetables, and the dominance of fast-food outlets in poorer areas.

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