

US Department of Health and Human Services report

## The prosperous live longer

Debra Watson  
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Income inequality has created a substantial gap between the life expectancy of the poor and that of the better off according to a recent US government report. The National Longitudinal Mortality Study for 1979-1989 showed white men who were 45 years of age during any year from 1979 to 1989, and who had a family income of at least \$25,000, could expect to live 6.6 years longer than those with family incomes less than \$10,000 (33.9 years longer compared with 27.3 years). Black men lived 6.6 fewer years than white men, but wealthy black men lived 7.4 years longer than poor black men. Women lived on average 6 years longer than men.

The cited study makes up part of the health statistics compiled by US government researchers into a report entitled *Health, United States, 1998*. The US Department of Health and Human Services (HHS) sends a report on the health status of the US population annually to the president and Congress. It is the first time since such reports were instituted that the HHS has reported the effect of income inequality on the health of the US population.

For the 1998 report, SES (socioeconomic status) was determined using household income, education level or occupational status to compile data on a broad range of health issues. Researchers determined, 'Each increase in social position, measured either by income or education, improves the likelihood of being in good health. For most of the health indicators, this SES gradient was observed in persons in every race and ethnic group examined.'

The report adds: 'Although progress is occurring toward most targets, data presented in this chart book demonstrate that, for many objectives, only the higher socioeconomic groups have achieved or are close to achieving the target, while lower socioeconomic groups

lag farther behind.'

Social inequality was found to impact on areas such as infant mortality, death rates, and incidence of poor health. There were also great differences in the death rate for different areas of the United States. For example, the death rate was 15 percent higher than the national average in the East South Central division, which comprises the acutely impoverished areas of America's South.

Infant mortality in the US declined between 1983 and 1995. However, infants born to white mothers with less than 12 years of education were 2.4 times as likely to die in the first year of life as those whose mothers had at least 16 years of education. For minority populations the gap in infant mortality has widened, in some cases moving away from the target.

Some environmental risk factors are reported. Children one to five years of age living in poor families were over seven times as likely to have an elevated blood lead level as children in high income families, and one in five poor black children had an elevated blood lead level. There are substantially higher blood lead levels in lower income adults, who are often exposed to lead in the workplace. Also in 1996, nearly one in five Americans still lived in counties that did not meet the Environmental Protection Agency's standards for environmental pollutants.

Other risk factors such as smoking, overweight, and sedentary lifestyle were followed. A passage in the 'Highlights' narrative speculates on the effect wealth has on 'having knowledge and time to pursue healthy behaviors, having sufficient income to assure access to comfortable housing, healthy food, and appropriate health care, access to safe and affordable locations to exercise or relax, and living and working in a safe, healthy environment.' In other words, the majority of

the working population do not have the time, financial resources or opportunity to pursue a lifestyle advantageous to better health.

Pronounced inequality exists in access to medical care in the US. In 1993, 41 percent of those over 18 and considered low income had seen a dentist in the previous year compared with 77 percent of the wealthy. Well-off women over 50 were 70 percent more likely to have had a mammogram in the past two years than low-income women of the same age group.

The US Census bureau recently released figures showing that from January 1993 to January 1996 nearly three out of every ten Americans had no health insurance for at least one month. Nearly one in six had none for five months or longer, and half of those people below the poverty level had no health insurance for at least one month.

The HHS study also found more people either without insurance or paying higher premiums and out-of-pocket costs. The burden of the cuts falls disproportionately on the working poor. Between 1989 and 1996 the number of people with health care insurance in the US dropped from 76 percent to 71 percent. The number of people relying on Health Maintenance Organizations to pay for healthcare is steadily increasing. In 1997 one-quarter of the insured were enrolled in HMOs, double the 1991 enrollment.

Children living in poverty in 1994-95 were five times more likely to be without health insurance. And in the states of Arkansas, Louisiana, Texas, New Mexico, Arizona and California one in five people had no medical coverage of any kind.

The entire HHS report can be downloaded as a PDF file using Adobe Acrobat. Access the web site at [www.cdc.gov/nchswww/products/pubs/pubd/hs/hs.htm](http://www.cdc.gov/nchswww/products/pubs/pubd/hs/hs.htm)



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