

Life expectancy declines for women in Southern US counties: a consequence of widening inequality

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24 April 2008

In yet another confirmation of the destructive effects of inequality on working class living standards, a new study documents a significant decline in life expectancy relative to the rising overall average for women in 180 US counties from 1983 to 1999. The decline was concentrated overwhelmingly in persistently poor regions of the country.

“The Reversal of Fortunes: Trends in County Mortality and Cross-County Mortality Disparities in the United States,” was co-authored by researchers from Harvard, University of California and the University of Washington. The research, published April 21, found that life spans have shortened for one in five women in the past three decades, with most deaths attributable to diseases that are preventable through early detection and proper treatment.

By virtually every measure, the health of the poor in the America is worsening. In spite of being the wealthiest country in the world, the US ranks at or near the bottom among industrialized nations for indices such as infant mortality, cancer rates, and heart disease.

Obesity—a factor strongly associated with heart problems, diabetes, osteoarthritis, respiratory problems and some forms of cancer—now affects a third of the population. Morbid obesity is most prevalent in the poorest layers of the population, among whom access to lean and fresh foods is limited by income and region and who must instead depend upon cheap, processed and so-called filler foods, heavy in starch and unhealthy fats. Federal data indicate obesity among both adults and children is worsening.

Rates for fatal staphylococcus infections, autism and Alzheimer’s disease also continue to increase, in the face of declining medical research funding and soaring

health costs. In recent years, the country has even seen a resurgence of malaria, cholera, tuberculosis, and other ills that plague developing countries.

The number of Americans without health insurance coverage is approaching a fifth of the population, and the frequency of death from entirely preventable and manageable ailments is rising.

At the same time, life expectancy and medical resources available for the most affluent layer of the population continue to improve.

“The Reversal of Fortunes” study was published on PLoS Medicine, the peer-reviewed open-access web journal of Public Library of Science. Drawing upon four decades of National Center for Health Statistics and federal Census Bureau data, researchers found that overall US life expectancy increased from 1961 to 1999—from 67 to 74 years of age for men, and from 74 to 80 years for women. The period of 1961 to 1983 saw a decline in the death rate that the study attributes to reduced prevalence of preventable diseases, mostly heart disease and stroke.

The largest gains in life expectancy during this period were seen in the poorest regions of the country, reflecting economic gains and the impact of Civil Rights reforms, the establishment of Medicare and programs associated with the “war on poverty” of the 1960s, such as food stamps and the development of regional public health infrastructure in Appalachia.

Beginning in the early 1980s, however, the study noted, “The worst-off counties no longer experienced a fall in death rates, and in a substantial number of counties, mortality actually increased, especially for women.” Between 1983 and 1999, researchers found life expectancy either stagnated or dropped for 4

percent of men and 19 percent of women.

Both male and female life expectancies had a statistically significant decline (in 11 and 180 counties, respectively), averaging a loss of 1.3 years.

According to the study, “This stagnation in the worst-off counties was primarily caused by a slowdown or halt in the reduction of deaths from cardiovascular disease coupled with a moderate rise in a number of other diseases, such as lung cancer, chronic lung disease, and diabetes, in both men and women, and a rise in HIV/AIDS and homicide in men.”

The decline in life expectancy was concentrated overwhelmingly in the Deep South and in counties along the Mississippi River; in the Appalachian region of Kentucky, West Virginia and Tennessee; and in the southern portion of the Midwest and into Texas. From 1983 to 1999, above-average life expectancy increases also became more concentrated geographically in the Northeast and Pacific Coast regions, following the pattern of wealth concentration.

The lowering life expectancy is greatly related to the decline of decent-paying jobs and social infrastructure, tax cuts for the wealthy and subsequent under-funding of welfare provisions under the Republican Reagan and Bush administrations. This trend accelerated in the 1990s under the Democratic Clinton administration with the Personal Responsibility and Work Opportunity Reconciliation Act, which effectively ended welfare as an entitlement program and cut access to public health programs for millions of people.

In nine years following the study’s focus window, all of the precipitating factors of the lower life expectancy have been intensified. Social inequality has never been higher, and medical costs consume an increasing proportion of household incomes. At the same time, employer-paid health insurance programs and millions of decent-paying jobs have been slashed. Many families are priced out of health care altogether.

In fact, the federal Centers for Disease Control reported in December that over 40 million people—nearly one in every five US adults—needed but did not receive medical care, prescription medicines, mental health care, dental care or eyeglasses in 2007 because they could not afford them.

According to the Census Bureau, 47 million Americans are uninsured, up from 40 million in 2001; advocacy group Families USA estimates that nearly 90

million people—nearly a third of the population—were uninsured for at least part of last year. Well over 50 million other lower-income Americans are dependent upon the government-funded Medicaid program.

Moreover, in the face of declining real wages and rising premiums, co-payments, and deductibles, many others who have insurance are deterred from seeking out early and preventive treatment.

As a result, broad layers of the working class look to medical care as an unaffordable luxury and a last resort. Diseases such as cancer and heart disease go undetected until they reach more advanced and less curable stages. According to a 2002 report from the Institute of Medicine, uninsured adults are 25 percent more likely to die prematurely than those with private health insurance, because of the lack of regular preventive care and screenings.

A new, state-by-state analysis of the Institute of Medicine data by Families USA estimated that more than 22,000 adults between the ages of 25 and 64 died because they did not have health insurance.

In Louisiana, for example, Families USA found that two working-age adults died each day—over 4,200 from the years 2000 to 2006—because they lacked health coverage. Over that period, 9,900 uninsured New Yorkers died because of lack of health care. In Texas, an estimated 17,700 died over the period; on average, more than seven working-age Texans died prematurely each day in 2006 because they had no insurance.

“Across the United States, in 2006, twice as many people died from lack of health insurance as died from homicide,” the study concluded.

“The Reversal of Fortunes: Trends in County Mortality and Cross-County Mortality Disparities in the United States” *at the Public Library of Science*

“Health, United States, 2007” *from the CDC’s National Center for Health Statistics*

“Dying for Coverage,” *March-April 2008, by Families USA*



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