Class divide in US life expectancy reaches 9 years for elderly

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23 October 2025

American life expectancy has stagnated since 2010 after decades of steady progress. While recent research has characterized this trend as a "double jeopardy" affecting both working-age adults and retirees, mortality at retirement ages has proven more consequential to the nation's life expectancy crisis than trends among younger populations.

This failure of longevity gains for older Americans stems directly from the nation's extreme economic inequality. Overwhelming evidence demonstrates that wealth has become the single most powerful predictor of survival.

A 2025 analysis by the National Council on Aging (NCOA) and the Leading Age LTSS Center, titled "Low-Income Older Adults Die 9 Years Earlier than Those with Greatest Wealth," quantifies these lethal consequences. Drawing on Health and Retirement Study data from 2018 to 2022, the report found that low-income older adults die on average nine years earlier than their wealthiest peers. Older adults earning $20,000 or less annually had mortality rates nearly double those earning $120,000 or more.

"It is shocking and unacceptable that in the United States in 2025, poverty steals almost a decade of older Americans' lives," said Ramsey Alwin, president of the National Council on Aging.

The study documents a graded mortality risk tied directly to wealth. Older adults in the lowest 60 percent income group—those earning below $60,000—had mortality rates of 17.6 to 21 percent, nearly double the 10.5 to 11 percent rate among the top 20 percent of earners. The bottom 20 percent faced a 21 percent mortality rate and died nine years earlier than the wealthiest decile.

The analysis captured the ongoing COVID-19 pandemic, during which the wealthiest 20 percent saw substantial asset gains while most older households experienced minimal financial advancement. The pandemic continues to exact a devastating toll, with tens of thousands of deaths annually in the United States alone and ongoing global transmission. In the US alone, there were over 1 million excess deaths in the first two years of the pandemic, part of an estimated 14.9 million to 18.2 million globally. The pandemic's health consequences extend far beyond acute illness, with Long COVID currently afflicting 7.2 percent of US adults. Pandemic deaths have concentrated heavily among lower-wealth populations.

The longevity gap in the US fundamentally stems from structural financial insecurity affecting most older Americans. The report shows that 80 percent of older households—approximately 34 million—cannot withstand major financial shocks, such as widowhood, serious illness or the cost of long-term care.

Over 19 million older households, representing 45 percent of the total, live below the Elder Index, a measure calculating the actual cost of living for older adults. These households lack income to cover basic necessities. Though not classified as poor by federal standards, this financial instability produces lethal health consequences.

Unable to afford preventive care, medications and treatment, these older adults defer medical attention. Sustained financial stress inflicts chronic physiological harm. The conclusion is unavoidable that under capitalism elderly people without wealth are treated as having little social value.

Furthermore, the wealth divide continues widening. Throughout the pandemic, vulnerable populations have seen no recovery. These outcomes reflect policy choices prioritizing profits over human life, as capitalism treats longevity not as a universal right but as a function of wealth accumulation.

This divergence in longevity is not new among retirees but represents the culmination of a half-century of deepening economic stratification. While overall US mortality rates declined between 1969 and 2010, progress stalled after the 2008 financial crisis, leading to a dramatic slowdown in life expectancy gains that contrasts sharply with peer nations.

Economists Anne Case and Angus Deaton have used education as a proxy for socioeconomic position, documenting how the four-year college degree has become the defining line between "two Americas" in terms of survival. Since 1992, the mortality gap between adults with and without a bachelor's degree has widened consistently.

Progress for the non-college-educated majority—approximately two-thirds of the adult population—stalled and reversed after 2010, while the educated elite continued seeing longevity gains, though at a slower pace. By 2021, this gap reached a devastating 8.5-year difference in adult life expectancy.

Multiple factors drive this divergence, concentrated overwhelmingly among the less educated. “Deaths of despair,” especially suicide, drug overdose and alcoholic liver disease, are rising sharply. Meanwhile, mortality improvements for cardiovascular disease and cancer have decelerated, with gains benefiting the college-educated far more.

This widening educational gap manifests wealth inequality that has intensified since the 1980s. Research confirms that wealth predicts survival more powerfully than income or education, allowing families to buffer financial shocks. The deterioration of labor markets for less-educated workers, falling real wages and the destruction of dignified work have stripped the working class of social structures necessary for successful lives, fostering environments conducive to self-destruction.

As the gap in real family income and wealth expanded—with college graduates now owning three-quarters of all wealth compared to equal holdings in 1990—the mortality gap followed.

The nine-year mortality gap separating rich and poor retirees is sustained by a deeply flawed US healthcare system optimized for profit rather than population health. Despite spending $4.9 trillion annually—$14,570 per person in 2023, the United States achieves the worst health outcomes, including the lowest life expectancy, among peer high-income nations.

This massive outlay far exceeds the 7.5 percent of GDP threshold beyond which additional spending yields diminishing or negative returns. The structural inefficiency manifests as colossal waste and fraud, estimated at $760 billion to $935 billion annually, or approximately 25 percent of all healthcare expenditures.

The largest source of waste is administrative complexity, consuming $265.6 billion per year—five times higher than peer nations with less fragmented systems. These hundreds of billions serve primarily to manage market competition, verify insurance and maintain complex billing infrastructure that rations care and extracts private profit.

This staggering waste stands in sharp relief against paltry prevention resources. Public health receives less than 3 percent of total healthcare spending, despite chronic diseases—which are largely preventable—driving 90 percent of the nation’s annual health costs.

Investments in public health and prevention demonstrate extraordinary cost effectiveness. Studies consistently show a median return on investment exceeding 14 to 1 for public health interventions. Investing just $10 per person annually in community-based prevention could save more than $16 billion over five years. In some contexts, local public health spending yields $67 to $88 of societal benefit for every dollar invested.

If even a fraction of the $265 billion wasted on administrative overhead were redirected to prevention, the societal benefits could reach hundreds of billions annually, drastically improving population health and reducing total costs.

The persistence of this catastrophic misallocation reflects capitalism’s inability to prioritize collective welfare. Public health provides public goods—clean air, sanitation, prevention—while medicine provides private goods that generate gratitude and political credit. Political and economic mechanisms systematically oppose prevention. Benefits lie far in the future, beyond electoral terms, and save “statistical lives” rather than identifiable patients.

Powerful industries, including the pharmaceutical and insurance monopolies, actively oppose cost-effective prevention while promoting costly medical care. Treating health as a commodity translates directly into policy choices that tolerate avoidable suffering and premature death for the poor.

The nine-year mortality gap between wealthy and poor older adults expresses structural social inequality entrenched by capitalism. This failure extends beyond the United States. Austerity policies adopted across high-income countries following the 2008 financial crisis systematically increased death rates and slowed mortality improvements.

Research consistently demonstrates that governmental austerity harms all-cause mortality, life expectancy and specific causes of death. Privatization, deregulation and reduced public spending produce worse collective health outcomes and greater inequality, creating tiered systems where access to quality care and survival depend on socioeconomic status.

The ongoing COVID-19 pandemic has functioned as a stress test, disproportionately killing the poor while calculations reveal the resulting excess deaths have saved federal entitlement programs like Social Security hundreds of billions of dollars. This exposes the inherent financial logic of social murder within the capitalist system.

The necessity of a revolutionary perspective is confirmed by the data in these studies. Meaningful social equality in all aspects of life requires a fundamental economic transformation to a socialist system that prioritizes human needs and social well-being over the fatal imperatives of profit accumulation.