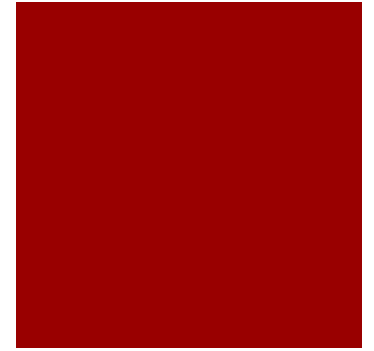


Rising Mortality in Women in the United States: Cause for Alarm

By Susan Dentzer, Senior Policy Adviser to the Robert Wood Johnson Foundation – Presentation to Women's Policy, Inc., July 15, 2014

This Presentation At A Glance



- Americans are at a distinct health disadvantage relative to populations of peer nations
- New research yields particularly troubling trends in female mortality across much of United States
- Trend represents a reversal, for many women, of long-term trend of rising life expectancy
- We know less than we need to know about the causes and what we might do about them, and need more research – and action
- On to our panel

Institute of Medicine Study, January 2013

- “For many years, Americans have been dying at younger ages than people in almost all other high-income countries.”
- “Not only are their lives shorter, but Americans also have a longstanding pattern of poorer health that is strikingly consistent and **pervasive over the life course** – at birth, during childhood and adolescence, for young and middle-aged adults, and for older adults.”

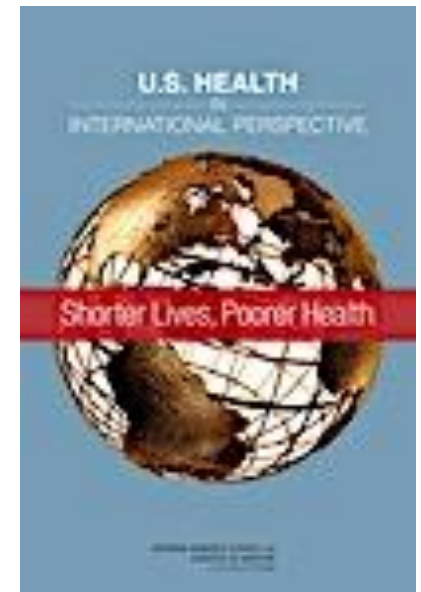
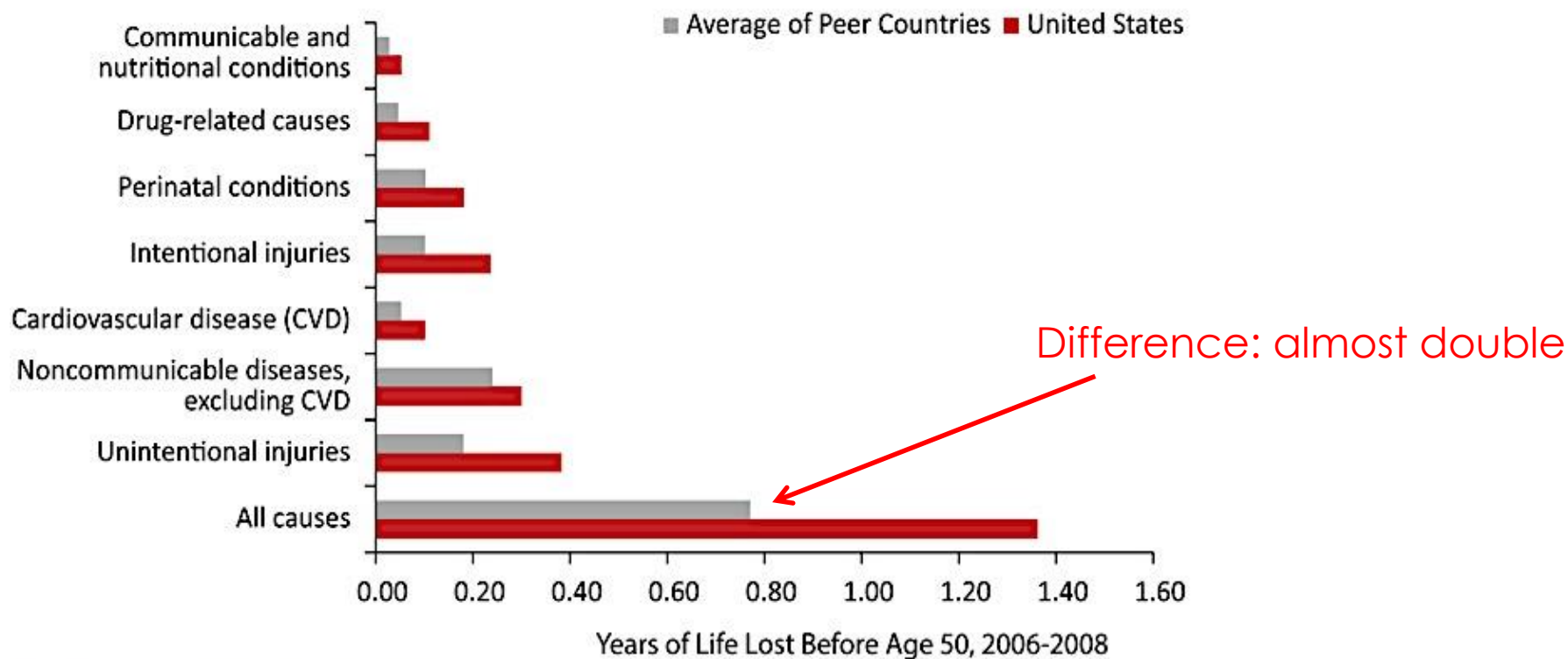


FIGURE: Causes of Death for U.S. Men Before Age 50, Compared with Average of Peer Countries, 2006-2008

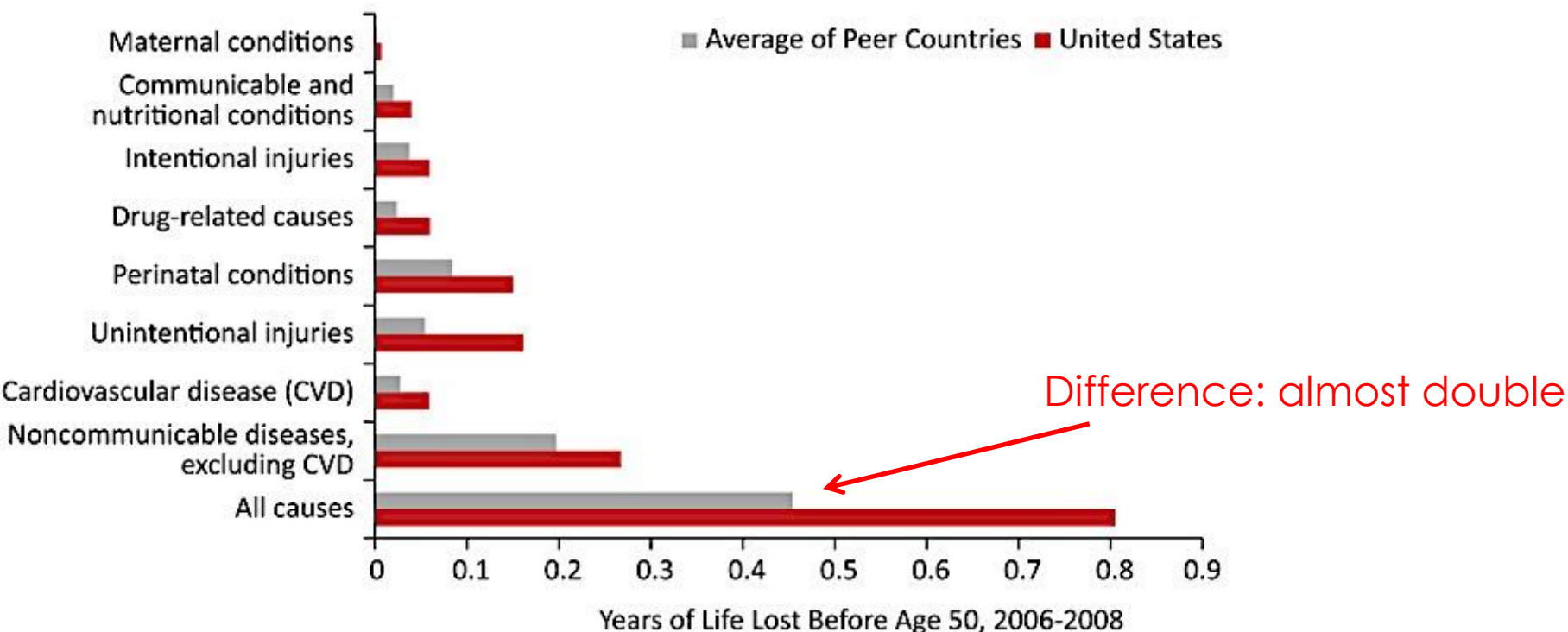


NOTE: CVD is cardiovascular disease

SOURCE: Data from the Human Mortality Database, the World Health Organization Mortality Database, and Statistics Canada, as reported in Ho, J. Y. and S.H. Preston (2011). *International Comparisons of U.S. Mortality*. Data analyses prepared for the National Academy of Sciences/ Institute of Medicine Panel on Understanding Cross-National Health Differences Among High-Income Countries. Population Studies Center, University of Pennsylvania. *U.S. Health in International Perspective: Shorter Lives, Poorer Health*, January 2013

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FIGURE: Causes of Death for U.S. Women Before Age 50, Compared with Average of Peer Countries, 2006-2008



NOTE: CVD is cardiovascular disease

SOURCE: Data from the Human Mortality Database, the World Health Organization Mortality Database, and Statistics Canada, as reported in Ho, J. Y. and S.H. Preston (2011). *International Comparisons of U.S. Mortality*. Data analyses prepared for the National Academy of Sciences/ Institute of Medicine Panel on Understanding Cross-National Health Differences Among High-Income Countries. Population Studies Center, University of Pennsylvania. *U.S. Health in International Perspective: Shorter Lives, Poorer Health*, January 2013

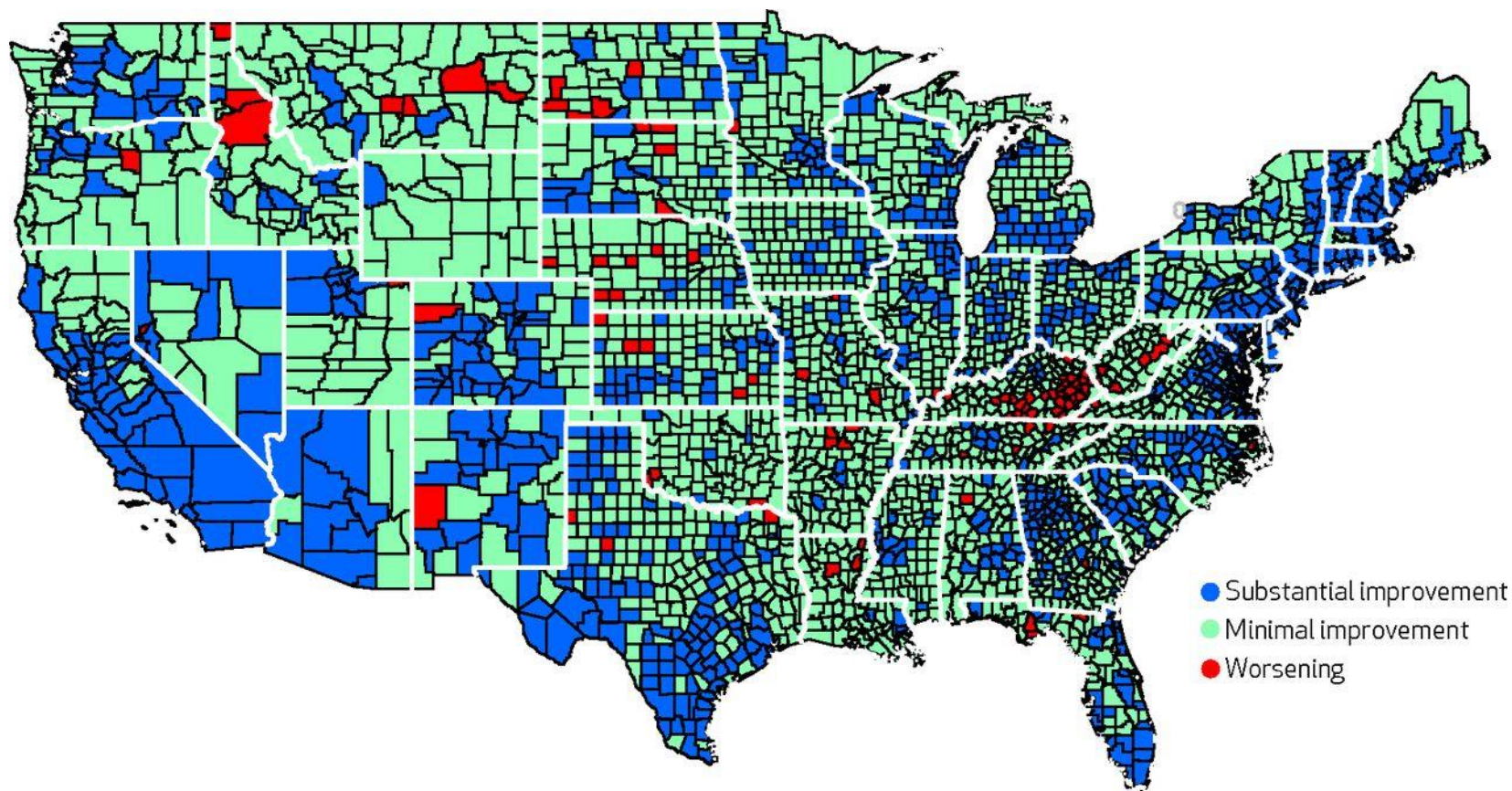
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Rising Mortality, Declining Life Expectancy For Many



- Comparison of trends in male and female mortality rates from 1992–96, and from 2002–06, in 3,140 US counties.
- Female mortality rates increased in 42.8 percent of counties, while male mortality rates increased in only 3.4 percent.
- Factors associated with areas that had lower mortality: higher education levels; low smoking rates
- Source: DA Kindig, ER Cheng, "Even As Mortality Fell In Most US Counties, Female Mortality Nonetheless Rose In 42.8 Percent Of Counties From 1992 To 2006." *Health Affairs*, March 2013

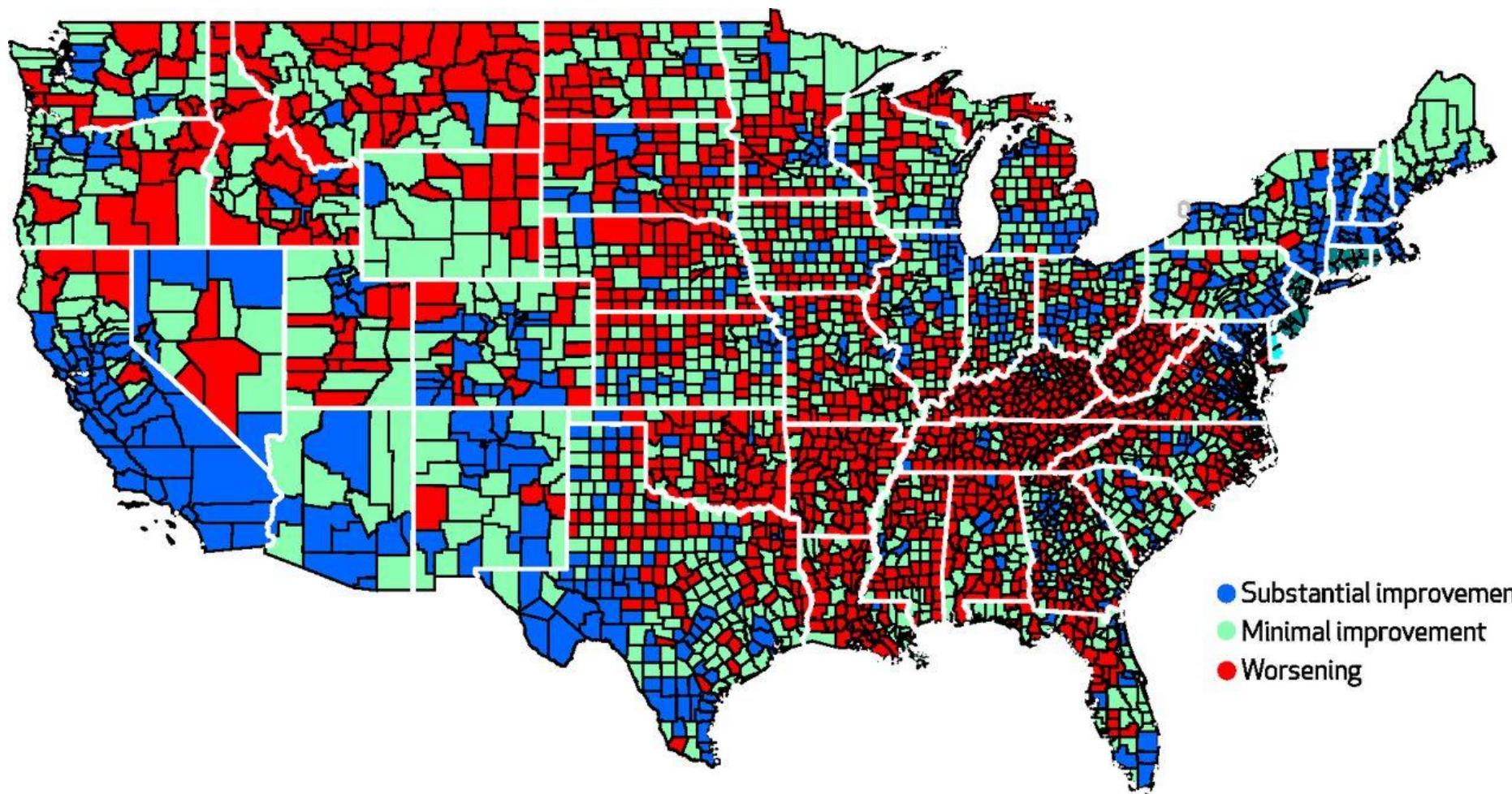
Change In Male Mortality Rates From 1992–96 To 2002–06 In US Counties.



Kindig D A , and Cheng E R Health Aff 2013;32:451-458

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Change In Female Mortality Rates From 1992–96 To 2002–06 In US Counties.



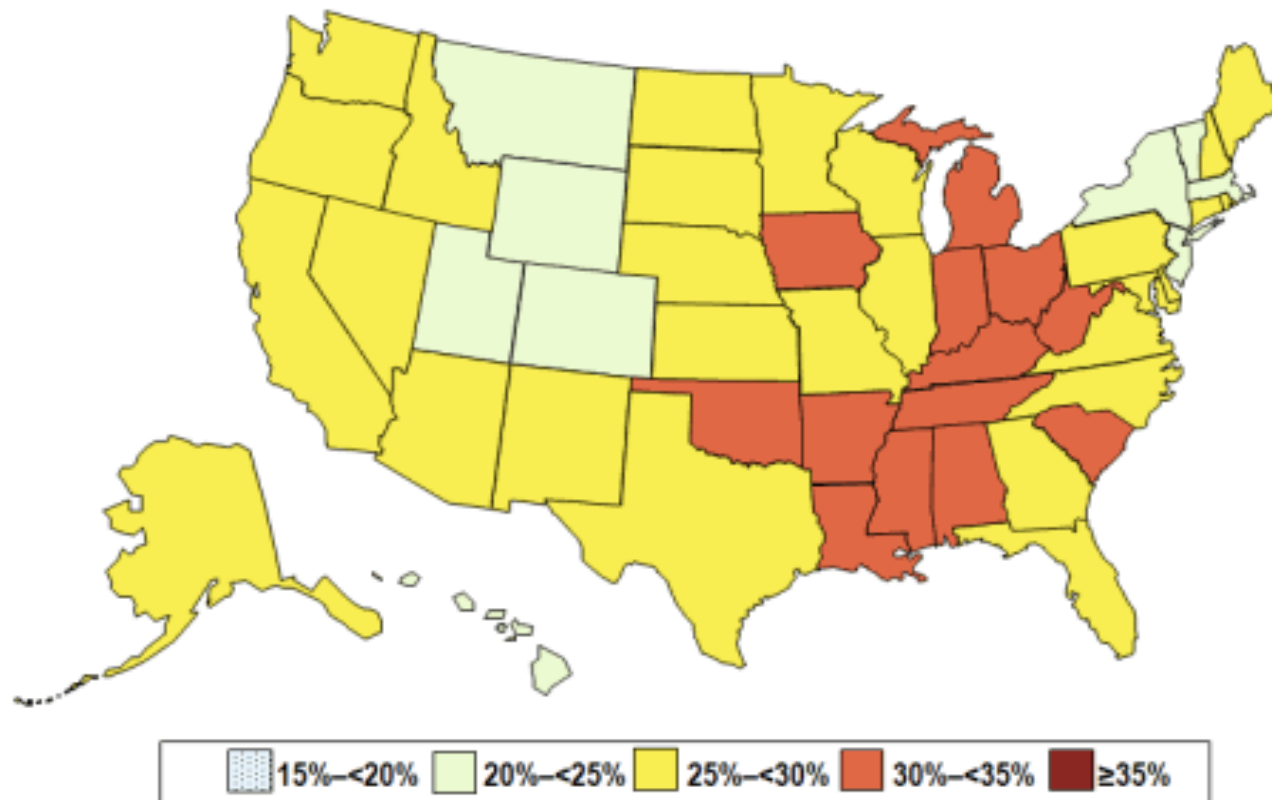
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Prevalence* of Self-Reported Obesity Among U.S. Adults BRFSS, 2012

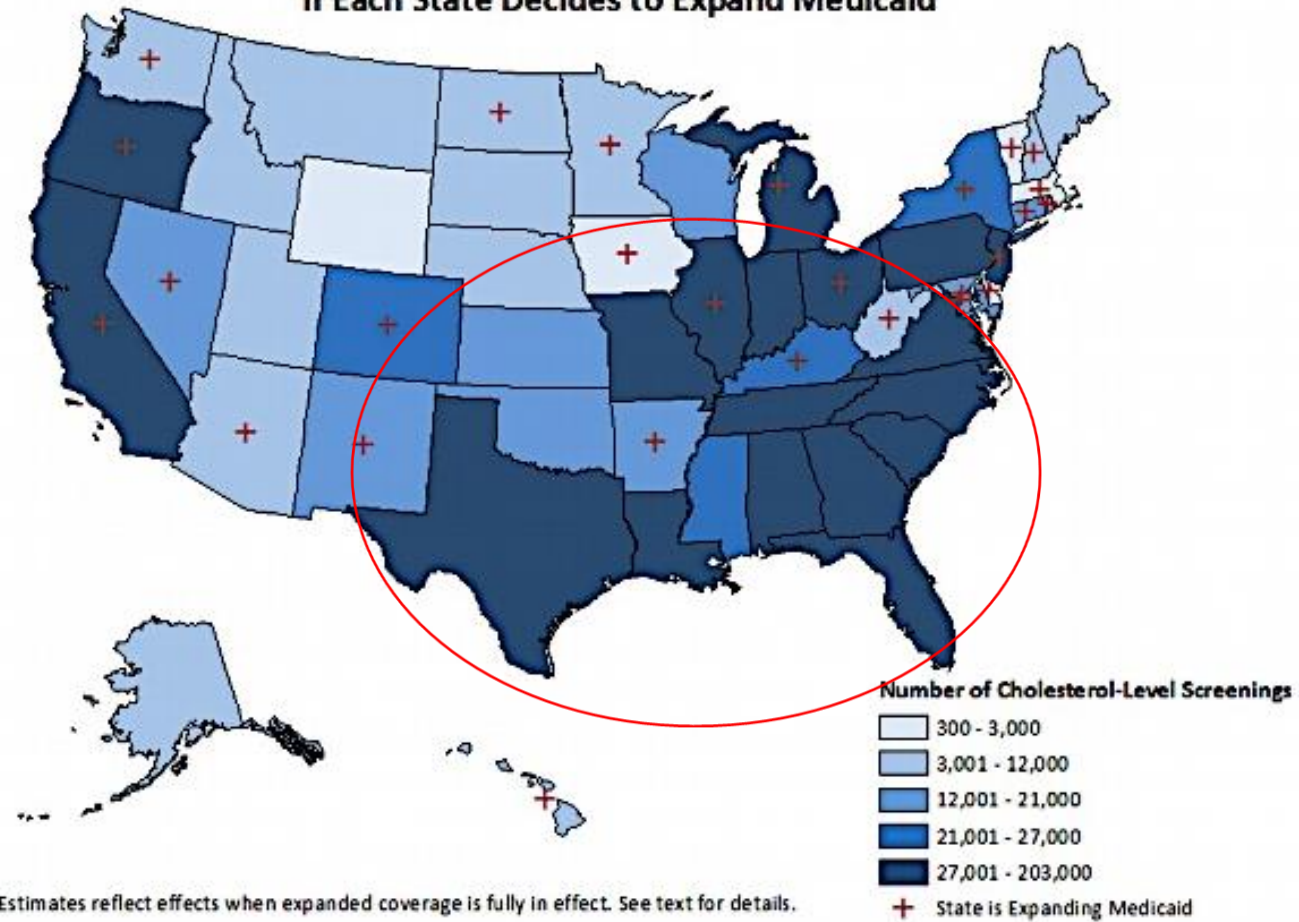
*Prevalence reflects BRFSS methodological changes in 2011, and these estimates should not be compared to those before 2011.



Source: Centers for Disease Control and Prevention



Figure 3. Projected Annual Number of Additional Cholesterol-Level Screenings if Each State Decides to Expand Medicaid



Source: "Missed Opportunities: The Consequences of State Decisions Not to Expand Medicaid," Council of Economic Advisers, July 2014.

Reversing a Trend

Life Expectancy at Birth, Age 65, Age 75, and Age 85 by Race and Sex: 1900 to 2010

Age and year	All races			White		Black	
	Both sexes	Male	Female	Male	Female	Male	Female
At Birth							
1900 ^{1,2}	47.3	46.3	48.3	46.6	48.7	32.5	33.5
1950 ¹	68.2	65.6	71.1	66.5	72.2	59.1	62.9
1960 ¹	69.7	66.6	73.1	67.4	74.1	61.1	66.3
1970	70.8	67.1	74.7	68.0	75.6	60.0	68.3
1980	73.7	70.0	77.4	70.7	78.1	63.8	72.5
1990	75.4	71.8	78.8	72.7	79.4	64.5	73.6
2000	76.8	74.1	79.3	74.7	79.9	68.2	75.1
2010	78.7	76.2	81.1	76.5	81.3	71.8	78.0
At Age 65							
1900–02 ^{1,2}	11.9	11.5	12.2	11.5	12.2	10.4	11.4
1950 ¹	13.9	12.8	15.0	12.8	15.1	12.9	14.9
1960 ¹	14.3	12.8	15.8	12.9	15.9	12.7	15.1
1970	15.2	13.1	17.0	13.1	17.1	12.5	15.7
1980	16.4	14.1	18.3	14.2	18.4	13.0	16.8
1990	17.2	15.1	18.9	15.2	19.1	13.2	17.2
2000	17.6	16.0	19.0	16.1	19.1	14.1	17.5
2010	19.2	17.7	20.3	17.8	20.4	15.9	19.3
At Age 75							
1980	10.4	8.8	11.5	8.8	11.5	8.3	10.7
1990	10.9	9.4	12.0	9.4	12.0	8.6	11.2
2000	11.0	9.8	11.8	9.8	11.9	9.0	11.3
2010	12.2	11.0	12.9	11.0	12.9	10.2	12.5
At Age 85							
2010	6.6	5.9	7.0	5.8	6.9	5.9	7.2

¹ Includes deaths of persons who were not residents of the United States. For Blacks in these years, data refer to the non-White population.

² Includes death registration only in 10 states and the District of Columbia.

Notes: Data are not comparable across all years. Data for 2010 are preliminary.

Sources: 1900–02, Arias, 2002; 1900, 1950 to 2000, National Center for Health Statistics, 2011; 2010, Murphy, Xu, and Kochanek, 2012.

Overall,
a 68%
increase
in life
expectancy
for US
women
(33 years)
since 1900

What are the causes?

- Most likely, a toxic “stew”
- “Toxic stress” – e.g. ,fallout from adverse childhood events
- Socioeconomic stressors; low-wage jobs, poor economic growth
- Smoking
- Obesity; poor diets, lack of exercise
- Resulting chronic illnesses, including diabetes, hypertension, heart disease
- Prescription drug abuse and overdoses
- Other



Where do we go from here?

- More research needed to fully understand causes and drivers
- New interventions need to be developed and tested
- Existing proven interventions need to be used – e.g., obesity and diabetes prevention; prescription drug abuse reduction
- Role for health care providers and public health system acting in concert
- Population health approaches and focus on upstream determinants of health – or building a “culture of health” is critical



Now, to our panel

