

More African-Americans die from causes that can be prevented or treated

April 23 2009

Two-thirds of the difference between death rates among African Americans and Caucasians are now due to causes that could be prevented or cured, according to a new study appearing in the *Journal of Epidemiology and Community Health*. The study, "Black-White Differences in Avoidable Mortality in the United States, 1980-2005," found that death from preventable or treatable conditions represented half of all deaths for individuals under age 65 and accounted for nearly 70 percent of the black-white mortality difference.

"People should not be dying prematurely from stroke, hypertension, diabetes, colon cancer, appendicitis or the flu. Our study shows that while much progress has been made, our health care system is still failing to meet the very basic needs of some Americans. Many disparities can be conquered by focusing more on public policies that promote prevention and by ensuring that all Americans have access to good quality health care," said James Macinko, who conducted the research as a Robert Wood Johnson Foundation Health & Society Scholar at the University of Pennsylvania. He is the lead author of the study.

The major reason for the black-white mortality gap—representing about 30 percent of the gap for men and 42 percent for women—is due to conditions that have effective treatments, the study found. Disparities were most pronounced for conditions or diseases for which deaths can be prevented, such as diabetes, stroke, infectious and respiratory diseases, preventable cancers, and circulatory diseases like hypertension.

The conditions analyzed included premature deaths from common infectious diseases, cervical cancers, appendicitis, maternal deaths, hypertension, stroke, diabetes, peptic ulcers and traffic accidents, all of which could be avoided through medical care or health policy changes. The study suggests that the reinforcement of policies that improve access to quality medical care will be important to reducing death disparities.

"As the nation turns its attention to health care reform, we now know that much can be done to reduce racial and ethnic health care disparities and to improve the health care for all Americans," said Macinko. "We also have a lot to learn from other health care systems that measure performance based on preventable deaths."

To analyze the death disparity among [African Americans](#) and [Caucasians](#), the scholar used "avoidable mortality," a commonly used measure of health system performance in Europe. It is defined as premature death under age 65 from conditions responsive to [medical care](#), changes in public policy, or behaviors. Over the last decade, avoidable mortality has declined less rapidly in the United States than in other industrialized nations.

"Avoidable mortality gives us one way to assess the shortcomings of our [health care](#) system, particularly in the area of prevention," said Irma T. Elo, Ph.D., co-author on the report and an associate professor of sociology at the University of Pennsylvania. "It can help to identify where preventable disparities are greatest and aid in directing resources to where they can improve the health of vulnerable populations."

Source: RWJF Health & Society Scholars Program

Citation: More African-Americans die from causes that can be prevented or treated (2009, April

23) retrieved 5 May 2024 from <https://medicalxpress.com/news/2009-04-african-americans-die.html>

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