

Death rates higher for poor black Americans

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In 2000, a black, working-aged resident of a poor neighborhood was significantly more likely to die than a white American — a situation that essentially remained unchanged from 20 years earlier, according to a study in the April issue of the *American Journal of Public Health*.

“The public health profession has been committed to reducing, if not eliminating, racial disparities in health and according to these measures, the glass of progress is at best half full,” said Arline Geronimus, ScD, lead study author.

The failure to reduce the toll of chronic illness is of particular concern, said Geronimus, a professor of health behavior and health education at the University of Michigan.

The researchers analyzed death-certificate data for three predominantly black, poor, urban neighborhoods, two comparable rural communities and a poor white urban, and a poor white rural community.

Yearly death rates for black men and women ages 16 to 65 in these communities were higher than for whites nationwide — nearly three times higher, for example, for a resident of eastside Detroit.

A 16-year-old male in Detroit, Chicago's South Side or Harlem had a 50 percent to 62 percent chance of surviving to age 65, compared with 80 percent for a typical white male the same age, the researchers found.

White working-aged residents of poor urban communities and residents of poor rural areas also died sooner than most Americans, although the difference was not as marked.

[Death rates](#) in groups studied had declined from 1990 to 2000, but this latest finding essentially meant a return to 1980 levels.

While reasons for persistent disparities in mortality remain unclear, the analysis suggested that illnesses like cancer, diabetes and heart disease are a main factor. “We haven't adequately addressed prevention and management of chronic disease” in these communities, Geronimus said.

The largest improvement in mortality from 1990 to 2000 was among urban black males and largely reflected fewer homicides. Gains for black women were small and their cancer rates actually increased, Geronimus said.

Brian Smedley, Ph.D., vice president and director of the Health Policy Institute at the Joint Center for Political and Economic Studies in Washington, said that these findings spotlight the importance of community factors. “If you live in a high-poverty area, your risk of early

death rises substantially,” he said. “In many cases your ZIP code is more important than your genetic code.”

While most health promotion efforts focus on individual behavior, “this research expands our lens,” Smedley said. Beyond the direct impact of factors like pollution and violence, local variations in accessibility of fresh foods, recreational facilities and medical care “often shape what individuals do.”

Geronimus said a vital need is research that disentangles links between race, poverty and mortality, but in the meantime, “we should target urban high-poverty areas for better diagnosis and management of chronic disease to prevent excess deaths.”

More information: Geronimus AT, Bound J, Colen CG. Excess black mortality in the United States and in selected black and white high-poverty areas, 1980-2000. *Am J Public Health* 101(4), 2011.

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