

Girls born in 2009 will have shorter lives than their mothers in hundreds of U.S. counties

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What does the future hold for the health of America's young girls? Credit: Dave Buckwald

Nationwide, women's lifespans are improving at a much slower pace than men's. In hundreds of U.S. counties, women are living shorter lives today than they did two decades ago, according to new county-by-county estimates of life expectancy released today by the Institute for Health Metrics and Evaluation, an independent global health research center at the UW

The new data also show that life expectancy for black Americans – both men and [women](#) – is improving at a faster rate than for white Americans, especially in large urban areas in New York and California.

Nationwide, whether urban or rural, the gaps in health outcomes are growing, Dr. Ali Mokdad, the head of IHME's U.S. County Performance research team, told a crowd of health reporters and researchers at the Association of Health Care Journalists conference. "It's tragic that in a country as wealthy as the United States and with all the medical expertise we have that so many girls will live shorter lives than their mothers," Mokdad said.

IHME analyzed new mortality data by age, sex, and county for the United States from 1989 to 2009. Across counties, life expectancy in 2009 ranged from 66.1 to 81.6 years for men and 73.5 to 86.0 years for women. From 1989 to 2009, life expectancy for men improved by 4.6 years on average but only by 2.7 years for women. Throughout the country, women were more likely than men to have no progress in life expectancy or to have their lifespans get shorter over time.

In 661 counties, life expectancy stopped dead or went backwards for women since 1999. By comparison, life expectancy for men stopped or reversed in 166 counties. This troubling trend is occurring in 84 percent of counties in Oklahoma, 58 percent of Tennessee counties, and 33 percent of Georgia counties.

The gap between women living the longest lives and those living the shortest lives is growing, too. In Collier, Florida, women live 85.8 years on average. In McDowell, West Virginia, they live to be 74.1. That's an 11.7-year gap. In 1989, the gap was 8.7 years.

For men, the gap is larger – 15.5 years – but it has grown by less than a year since 1989. Men live the longest in Marin, California, at 81.6 years.

They live the shortest lives on average in Quitman and Tunica, Mississippi, at 66.1.

The range of life expectancies is so broad that in some counties, such as Stearns, Minnesota, lifespans rival some of the places where people live the longest – Japan, Hong Kong, and France – while in other counties, life expectancies are lower than places that spend far less on health care – Egypt, Indonesia, and Colombia.

Even within states, there are large disparities. Women in Fairfax, Virginia, have among the best life expectancies in the world at 84.1 years, while in Sussex, Virginia, they have among the worst at 75.9 years.

At the same time, the life expectancy gap between black Americans and white Americans is closing. In 1989, black men could expect to live to be 63.8 on average, while white men had an average lifespan of 72.5, a difference of 8.7 years. In 2009, black male life expectancy improved by nearly a decade to 71.2 years, and white male life expectancy improved at a slower rate to 76.7 years, a 5.5 year gap.

The gap between black women and white women is even narrower: 3.6 years. Black women on average in 2009 had a life expectancy of 77.9 years, compared to 81.5 years for white women.

IHME's research shows that the biggest drivers of health disparities nationwide are preventable causes of death, including tobacco, high cholesterol, high blood pressure, obesity, and alcohol. IHME found that a larger percentage of women than men had inadequately treated high blood pressure and high cholesterol.

Researchers also found differences in the way preventable risk factors for early mortality affected the sexes. An estimated 54,000 women's

lives could be saved annually by simply reducing salt consumption.

In order to better target local solutions to health disparities, IHME is pioneering new methods of harnessing existing data and gathering new data in a partnership with Public Health – Seattle & King County. The Monitoring Disparities in Chronic Conditions Study, one of the largest population surveillance projects in modern history, tracks disparities in diabetes, heart disease, and other conditions at the local level.

The study captures socioeconomic and health risk factors and the resulting hospitalizations, outpatient visits, and adherence to treatments.

“What makes the difference is getting the right medication at the right dose,” Mokdad said. “We screen people for diseases but don’t always follow through to manage the diseases.” The county-level estimates of life expectancy are part of IHME’s broader effort to provide researchers and policymakers with more accurate analysis of mortality and disease burden globally, nationally, and locally.

IHME is the lead institution on the ambitious Global Burden of Diseases, Injuries, and Risk Factors 2010 Study (GBD), which will provide the first comprehensive assessment of health status internationally since the original GBD publication in 1996.

“[Life expectancy](#) by county is just one of the many factors we’re going to be able to map and track with the tools we have developed for GBD,” said Dr. Christopher Murray, IHME Director. “We will be able to go into countries and examine at the very local level why some people are so much healthier than others.”

Provided by University of Washington

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