

# Black gains in life expectancy

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In a Viewpoint published online by *JAMA*, Victor R. Fuchs, Ph.D., Henry J. Kaiser Professor Emeritus, Stanford University, Stanford, Calif., discusses the narrowing life-expectancy gap between the U.S. black and white populations and points out categories of disease and death that could further narrow the gap.

"In recent decades the U.S. black population has experienced substantial gains in [life expectancy](#), now becoming closer to the life expectancy of the white population. Between 1995 and 2014, the increase in black life expectancy at birth was more than double the white increase: a gain of 6.0 years from 69.6 years to 75.6 years for black people compared with a gain of 2.5 years from 76.5 years to 79.0 for white people," Dr. Fuchs writes.

In a study of changes in black-white differences in life expectancy from 1999 to 2013, Kochanek et al found that the gap in life-expectancy closed by 2.3 years, from 5.9 to 3.6 years, and that gains in just 5 causes (cardiovascular disease, cancer, [human immunodeficiency virus](#) (HIV), unintentional injuries, and perinatal conditions) accounted for almost 60 percent of the decrease in the black-white life expectancy gap.

Dr. Fuchs writes that to make a significant contribution to reducing the current gap between black and white life expectancy, a cause must have substantial number of deaths and a significantly higher age-adjusted death rate for blacks than for whites. Eleven causes of death meet those 2 criteria: HIV; homicide; essential hypertension & hypertensive renal disease; nephritis, nephrotic syndrome, and nephrosis; cancer of

prostate; diabetes mellitus; septicemia; cancer of breast; cerebrovascular disease; cancer of colon, rectum, anus; and diseases of the heart. "With a goal of reducing the 17 percent differential in black-white all-cause deaths, it appears that progress in just a few causes probably will not be enough; progress in many causes will be required."

"The very high black-white ratio for age-adjusted homicide deaths suggests another opportunity for reducing the racial gap in all-cause deaths, but realization of the opportunity depends more on public health measures such as gun control than on medical care. Essential hypertension, prostate cancer, kidney disease (nephritis, nephrotic syndrome, nephrosis), and septicemia all have high black-white age-adjusted mortality ratios and a substantial number of total deaths, posing a challenge to research, prevention, diagnosis, and therapeutic interventions. Continued progress in preventing and treating heart disease in black men could also make a substantial contribution because of the large number of these men who die young relative to white men and black women."

"In 1944, Gunnar Myrdahl, Nobel Prize winner in Economics, wrote that black-white differences were arguably the United States' biggest problem. Major advances in life expectancy that bring blacks closer to whites is a significant contribution to its solution."

**More information:** Victor R. Fuchs. Black Gains in Life Expectancy, *JAMA* (2016). [DOI: 10.1001/jama.2016.14398](https://doi.org/10.1001/jama.2016.14398)

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