

Racial disparity in premature deaths has narrowed since 1990

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The past quarter century has brought a striking decline in earlier-than-expected deaths among blacks in the U.S., according to a first-of-its-kind analysis performed using an extensive death records database maintained by the University of Pittsburgh Graduate School of Public Health.

Declining [heart disease](#), HIV and cancer [death](#) rates, particularly among black adults in their 30s and 40s, are driving the improvement, according to the study, which is published in today's issue of *PLOS ONE* and funded by the Robert Wood Johnson Foundation.

"We were surprised by these findings because they demonstrated such dramatic improvement," said senior author Donald S. Burke, M.D., Pitt Public Health dean and UPMC-Jonas Salk Chair of Global Health. "It is very welcome news that [public health interventions](#) appear to be working to improve [health](#) and save lives. Unfortunately, despite the improvement, there is still a substantial racial gap in early death rates, but if current trends persist, this gap should continue to narrow."

The team used "years of life lost" to measure premature death by summing the number of years each death occurs before a "target" age to which all people could be expected to live. For example, if a man dies of a heart attack at age 56 when he would otherwise be expected to live to age 76, then his years of life lost is 20.

Between 1990 and 2014, years of life lost declined by 28 percent among

blacks.

The calculations were made using data extracted from the Mortality Information and Research Analytics (MOIRA) system, which is a repository and retrieval system housed at Pitt Public Health since 1980. It contains detailed mortality data obtained from the National Center for Health Statistics and the U.S. Census dating back to 1950.

MOIRA allowed the researchers to find population groups that bucked the trend – either positively or negatively. Among the findings:

- Homicide deaths among black 20- to 64-year-old men declined in the 1990s, but have remained level since 1999.
- Years of life lost increased by 26 percent in white adult women 25 to 54 years old, primarily due to drug overdoses.
- Compared to other races, whites had a higher proportion of early deaths due to drug overdose at all ages; blacks had a higher proportion of early deaths due to homicide at younger ages and heart disease at older ages.
- Asians had lower rates of years of life lost for all causes of death for every age group.

"Our study shows that racial disparity in health outcomes is not inevitable. It can change, and the gap can be narrowed," said lead author Jeanine M. Buchanich, Ph.D., research associate professor in Pitt Public Health's Department of Biostatistics. "Now we need to pinpoint what led to these improvements. In the future, we plan to add geography to our analysis to even better direct public health resources, as well as determine if any areas of the U.S. have been more successful in preventing early death and might have lessons that could be extrapolated to other regions."

More information: Jeanine M. Buchanich et al. Improvement in racial

disparities in years of life lost in the USA since 1990, *PLOS ONE* (2018). [DOI: 10.1371/journal.pone.0194308](https://doi.org/10.1371/journal.pone.0194308)

Provided by University of Pittsburgh

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