

Mortality gap found in 3,110 counties across 5 racial-ethnic groups, 19 causes and 20 years

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An analysis of 19 causes of death in the United States has revealed persistent disparities and a familiar pattern across five racial-ethnic groups and 3,110 counties from 2000 to 2019. That's according to peer-

reviewed research published today in *The Lancet*.

The [mortality rates](#) among American Indian or Alaska Native (AIAN) and Black populations were substantially higher than among white populations nationally and in most counties. For example, mortality was higher among the AIAN [population](#) than the [white population](#) in nearly all counties for skin and subcutaneous diseases, and HIV/AIDS and sexually transmitted infections. Mortality was higher among the Black population than the white population in nearly all counties for diabetes and [kidney disease](#), maternal and neonatal disorders, and HIV/AIDS and sexually transmitted infections.

"The consistency of these patterns strongly suggests shared root causes and highlights the widespread, perpetual, and negative impact of systemic racism on health," said study author Dr. Laura Dwyer-Lindgren, Assistant Professor at the Institute for Health Metrics and Evaluation (IHME).

"The time for intervention was yesterday. Every day that goes by without equitable health care, better programs, and new policies, the US records more unnecessary deaths, especially from diseases that are preventable," said Dr. Ali Mokdad, Professor of Health Metrics Sciences at IHME and Chief Strategy Officer of Population Health at the University of Washington.

For certain causes, some groups suffered extremely high mortality compared to their counterparts. The Black population's mortality rate of 8.9 per 100,000 for maternal and neonatal disorders is 2.6 times higher than the Latino population's mortality rate of 3.4, and 2.1 times higher than the AIAN population's mortality rate of 4.2. The AIAN population's mortality rate of 86.2 per 100,000 for digestive diseases was more than double the white population's mortality rate of 35.5 and the national mortality rate of 34.5.

Cardiovascular diseases and neoplasms were the first and second leading cause of death, respectively, overall and for every racial-ethnic group. The only cause of death that was the highest for the white population was neurological disorders, making it the third leading cause of death overall and for all racial-ethnic groups except the AIAN and Black populations. The white population also saw a higher death rate than the Black population for chronic respiratory diseases, which was the fourth-leading cause of death overall and for the white population. Diabetes and kidney diseases caused substantial mortality across all groups, landing in fifth for leading cause of death overall and ranking among the top five in all groups.

Mortality for the Asian and Latino populations, both nationally and in many counties, was lower than for the white population for most causes of death. The lower [death](#) rate for the Asian and Latino populations doesn't mean these two groups do not experience racism and the associated negative effects. Other factors might offset the negative impact of systemic racism. For example, previous research has highlighted the role of migration, which shows that those in good health are more likely to emigrate than those in poor health.

The higher-than-average mortality rates for HIV/AIDS and sexually transmitted infections are concentrated in counties located in states along the Gulf and Atlantic coasts from Texas to North Carolina and in many large metropolitan areas in other parts of the country. For [substance use disorders](#), counties with the highest mortality rates are concentrated in Appalachia, although there are many other counties in the Eastern US, Oklahoma, the Southwest, and parts of the Pacific coast including Alaska that also have relatively [high mortality rates](#).

The large gaps among the racial-ethnic groups are also apparent by county across the country. For example, the highest mortality rate for maternal and neonatal disorders was 14.8 per 100,000 for the Black

population in Champaign County, Ill. That's 12.3 times the lowest mortality rate for the same cause, which was 1.2 for the white population in Arlington County, Va. The AIAN group in Neshoba County, Miss. had the highest [mortality](#) rate of 861.3 for cardiovascular diseases in the US, while the lowest rate was 31.5 for the Latino population in Aleutians East Borough, Aleutians West Census Area in Alaska, a 27.3-fold disparity.

More information: Cause-specific mortality by county, race, and ethnicity in the USA, 2000–19: a systematic analysis of health disparities, *The Lancet* (2023). [DOI: 10.1016/S0140-6736\(23\)01088-7](https://doi.org/10.1016/S0140-6736(23)01088-7)

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