

We must reverse drop in U.S. life expectancy that preceded pandemic

AUG 20, 2021

Gerald E. Harmon, MD

President

We are all tragically aware of the devastating death toll from COVID-19, which continues to rise. But another painful truth is that life expectancy in the U.S. has been steadily declining since 2014, and we are years behind our closest allies in Europe, Asia and even parts of the Middle East.

As physicians, we understand that a person's opportunity for a long and healthy life is influenced by circumstances all too often outside his or her control—access to quality medical care, food, job and housing security, community resources like public transportation and high-speed internet connectivity and other factors known to be social determinants of health.

This is the complex, modern environment in which we live and work. And while these challenges may seem too large for any one physician to take on, it is precisely the kind of challenge that physician leaders can confront by leveraging the power, voice and resources of organized medicine—both locally and at the national level.

The AMA is committed to vigorous advocacy and broad-based collaboration to help people everywhere live longer, healthier lives. Our longstanding efforts targeting heart disease and type 2 diabetes—two of our country's most common and most devastating chronic diseases—bring physicians in multiple practice settings and specialties together with patients, community groups, and both public- and private-sector organizations to better treat those struggling with these conditions, and also to prevent at-risk individuals from developing them.

The AMA Opioid Task Force and our Pain Care Task Force work with lawmakers and policymakers to guide their decision-making, to shift the perspective from responding to overdoses to preventing them, and to develop clinical best practices to reverse and eventually end the epidemic of fatal overdoses that worsened once the pandemic began.

Additional AMA efforts target:

- behavioral health integration and suicide prevention.
- firearm safety.
- reducing maternal mortality.
- eliminating racial and ethnic disparities in health care.
- ensuring that digital health technology improves patient care and health outcomes.
- transforming medical education to ensure physicians are prepared to meet patient needs today and tomorrow.

What life expectancy means

As defined by the Centers for Disease Control and Prevention (CDC), life expectancy is the average number of years a person who has reached a given age can expect to live. Some aspects of life expectancy have remained constant for decades now, such as the fact that women generally outlive men, and that factors such as education and income greatly influence how long we live.

Researchers over the years have pointed to a number of factors—largely based on socio-economics—that are at the root of America’s alarming decline in life expectancy. For example, a well-researched viewpoint published in *JAMA* earlier this year highlighted several economic concerns driving this downward trend.

The first is stagnant wages for most Americans that simply have not kept pace with inflation, let alone reflected gains in productivity. According to data published by the U.S. Bureau of Labor Statistics, the average hourly wage today commands roughly the same purchasing power as it did in 1978. The wage gains that have been recorded since then have largely flowed to the highest earners, further aggravating income inequality.

Another factor driving down life expectancy is the precipitous drop in employment opportunities in manufacturing, warehousing and related sectors. Where it had once been possible to feed, clothe and house a family with a single blue-collar breadwinner, those days disappeared with offshore outsourcing and ever-increasing automation. As a result, poverty became even more concentrated in historically marginalized and minoritized communities that continue to experience higher death rates from suicide, fatal drug overdoses and homicides.

A third factor is an ineffective social safety net that has focused primarily on the needs of employed individuals, to the detriment of working-age adults who have fallen out of the labor force due to the pandemic or other reasons. An emphasis on employment status versus income level, such as the

expanded unemployment benefits contained in federal COVID relief packages, left many Americans even further behind.

Unequal impact of COVID-19

We would certainly expect that the pandemic worsened the impact of each of these factors, just as we know that U.S. life expectancy dropped by a full year and half last year. But that decline was for all Americans; the impact was much greater among Black men and women (a loss of 2.9 years) and the Latinx population (three years).

The figures bear out the disproportionate impact the virus has inflicted on historically marginalized communities. A higher incidence of heart disease, obesity, hypertension and diabetes, as well as mortality related to COVID-19, together create a syndemic—multiple epidemics whose impact is magnified when they interact synergistically to worsen health outcomes.

Social determinants of health

Health care alone will not reverse our decline in life expectancy, let alone allow us to match the gains posted in nations like ours in recent decades. Our renewed focus on social determinants of health—the conditions into which people are born, grow, work, and age, and the wider forces that shape their daily lives—will help us address the root causes of poorer health outcomes.

The opportunities to mitigate and eventually remove adverse social determinants must be identified and vigorously pursued. One path lies with integrating the health care workforce with the social care workforce, with an emphasis on interoperability and shared resources. We also know that policies enacted by units of government can help us reach our desired goals in improved public health, based on the fact that socio-economic differences in mortality have been reduced among children and teens—but worsened for adults—based on the success of publicly funded efforts such as the Children’s Health Insurance Program.

Our AMA is committed to creating a more just and equitable future in health care by dismantling structural racism and other barriers that impede access to care. There’s plenty of work to do, but together we can succeed in creating better health outcomes for all.