Public Health Agendas for 2007

Three legislators offer preview

Some state legislators hope to have the opportunity to address obesity, health disparities and other public health issues during the 2007 legislative session. But three public health champions interviewed for this article expect concerns about health care insurance coverage and health care financing to occupy much of their legislative time and efforts.

Obesity

Ohio state Sen. Ray Miller, the ranking minority member of the Senate’s Health, Human Services and Aging Committee, said he’d rejoin the effort to combat childhood obesity by introducing legislation to regulate school vending machines.

He said he ran into a roadblock of sorts with his bill during a previous legislative session.

“ ‘The industry came in—the beverage association in particular—and put forth a policy to do exactly what my legislation said: that young people can’t purchase sodas and high-calorie snacks during school hours,’ Miller said. ‘But I’m still going to be pushing for the passage of legislation. It’s one thing to have a policy that’s put forth by the industry that is voluntary as far as compliance by the school systems versus a state law.’

States are also addressing the obesity epidemic by seeking to make physical activity a part of everyday life for young and old alike.

“ ‘One of the things we have done is try to institute physical education in the schools so that the kids have at least one compulsory

Almost 21 years.

That’s how much longer one group of Americans (Asian women) can expect to live on average than another group of Americans (black men living in high-crime urban areas), according to a new study about health disparities.

But that longevity gap was just one of the striking—and sometimes surprising—disparities in life expectancies found in the study, which examined data through 2001. The study, “Eight Americas: Investigating Mortality Disparities Across Races, Counties and Race-Counties in the United States,” also showed that:

- People who live in what the study calls “Black Middle America”—that is, African-Americans who live outside inner cities and the rural South—can expect on average to live five fewer years than people who live in Middle America, a category that includes most urban and suburban whites.
- The life expectancy of a black man living in a high-crime urban area in America is closer to the life expectancy of people living in West Africa than it is to most white Americans.
- White people living in the northern plains and the Dakotas live longer than whites in Middle America despite having a lower per capita income.

Eight Groupings of Americans

The study, conducted by a group of seven researchers including Christopher Murray from the Harvard School of Public Health, sorted the population of the United States into eight demographic groupings. These groupings were based on characteristics such
as race, location of county of residence and income. The researchers called these groupings the “eight Americas.”

According to the researchers, the approach they took to the study—an approach that added location variables to race and income variables—enabled them to reveal more differences across and within racial and socioeconomic groups than many previous studies of health disparities, which focused mainly on race or income alone.

As defined in the study, the eight Americas are: Asians, Northland low-income rural whites, Middle America, low-income whites in Appalachia and the Mississippi Valley, western Native Americans, Black Middle America, low-income Southern rural blacks and high-risk urban blacks.

The study was published in PlosMedicine, an online peer-reviewed journal. The study was funded, in part, under a cooperative agreement awarded by the Centers for Disease Control and Prevention (CDC).

What Causes the Disparities?

So, what causes the gaps in life expectancy among the eight Americas? What explains the disparities?

It’s not single causes of death such as HIV/AIDS or homicide. Nor can the disparities be attributed to children and the elderly. According to the study, the mortality disparities are largely associated with young and middle-aged men and women, and are mostly the result of chronic diseases with well-known risk factors.

“The diseases with the largest contribution to mortality disparities across the eight Americas,” say the authors in their study, “are chronic diseases and injuries with well-established risk factors, including alcohol use, tobacco smoking, overweight and obesity and elevated blood pressure, cholesterol and glucose.”

Problems in merging data sets prevented researchers from creating a separate category for Hispanic populations. However, most Hispanics are counted in America 3 (Middle America) and America 6 (Black Middle America), depending on whether they were white or black Hispanics.

Policy Implications

As part of the study, the researchers examined health plan coverage in the eight groups of Americans. They found that the highest coverage was in Northland low-income rural whites and the lowest in Western Native America. They note, however, that the difference in health plan coverage is small compared to the large gaps in life expectancies across all eight groupings.

They conclude that while increasing insurance coverage probably would help narrow disparities, it’s likely that “expanding insurance coverage alone would still leave huge disparities (in health outcomes) in and middle-aged adults.”

The researchers called for further study to identify cost-effective health care policies and programs that would make the biggest difference to each of the eight Americas. They suspected that some of the public health responses would be common across all the groupings—for example, heart disease and stroke prevention efforts—and that some might be more specific to particular groups.

On the Web


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