

Reducing disparities in life expectancy: what factors matter?

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Outline

- Topics covered in the report
 - Approach taken / data used
 - Some of the issues that emerge from the report
 - Some expectations of how Roundtable will use the report
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- Opportunities for questions and comments

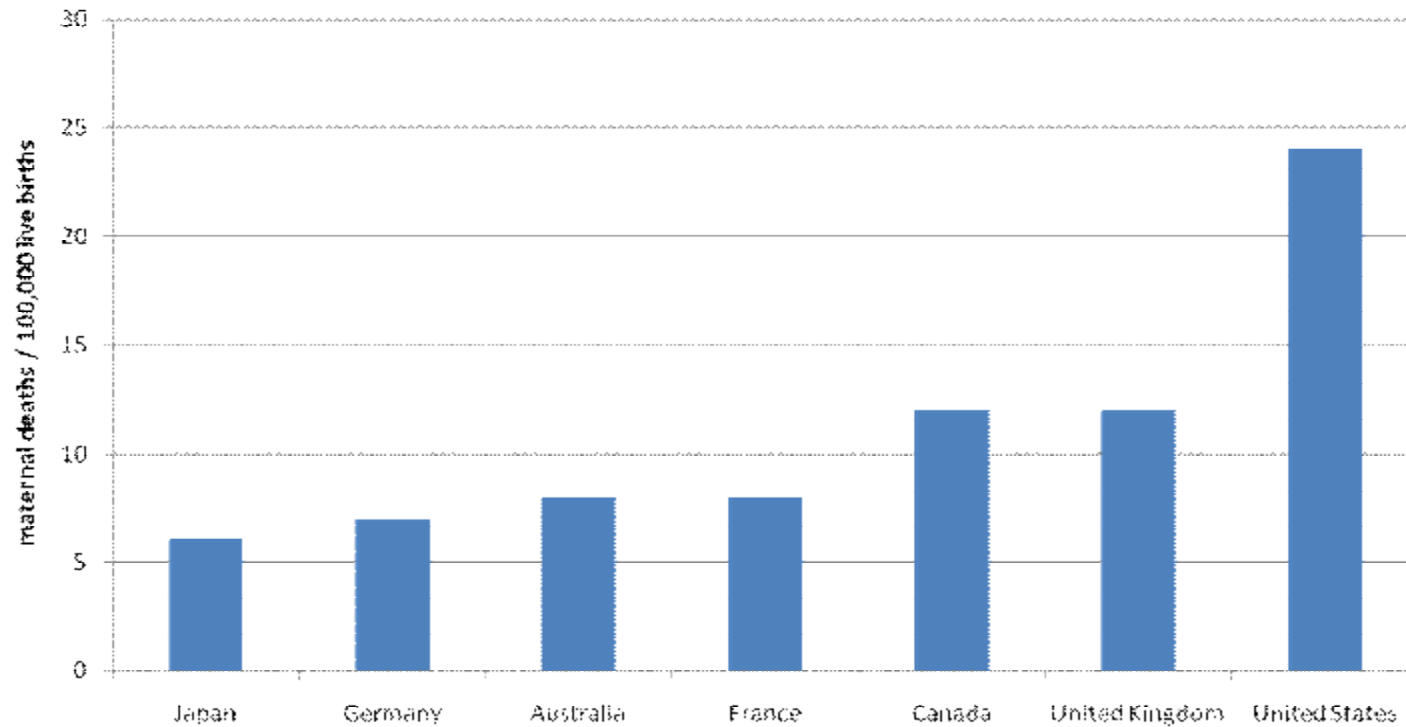
How the paper is put together

- No new data has been generated
- Some synthesis of data
- Trends over time where possible – are things getting better or worse?
- International comparisons where relevant
- Key references for further, more detailed, information
- Focus is only on racial and ethnic disparities

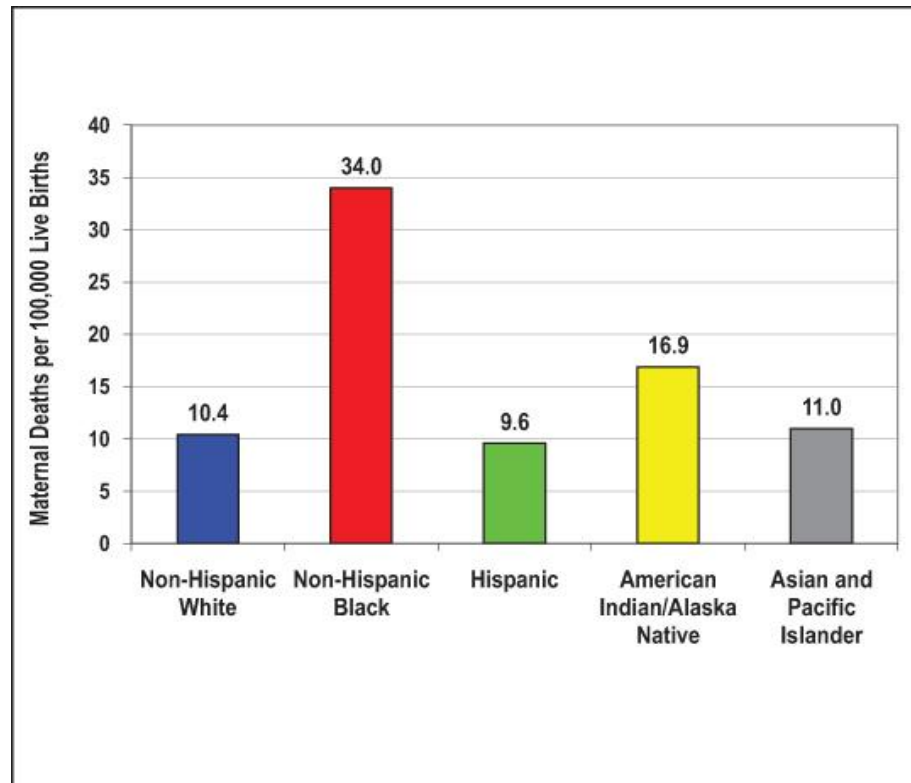
Factors that underpin health disparities

- Socio-economic status
 - The built environment
 - Access to health care
 - Healthy food systems
 - Genetics
 - Culture and acculturation
 - Discrimination and racism
- BUT – how do these interact?

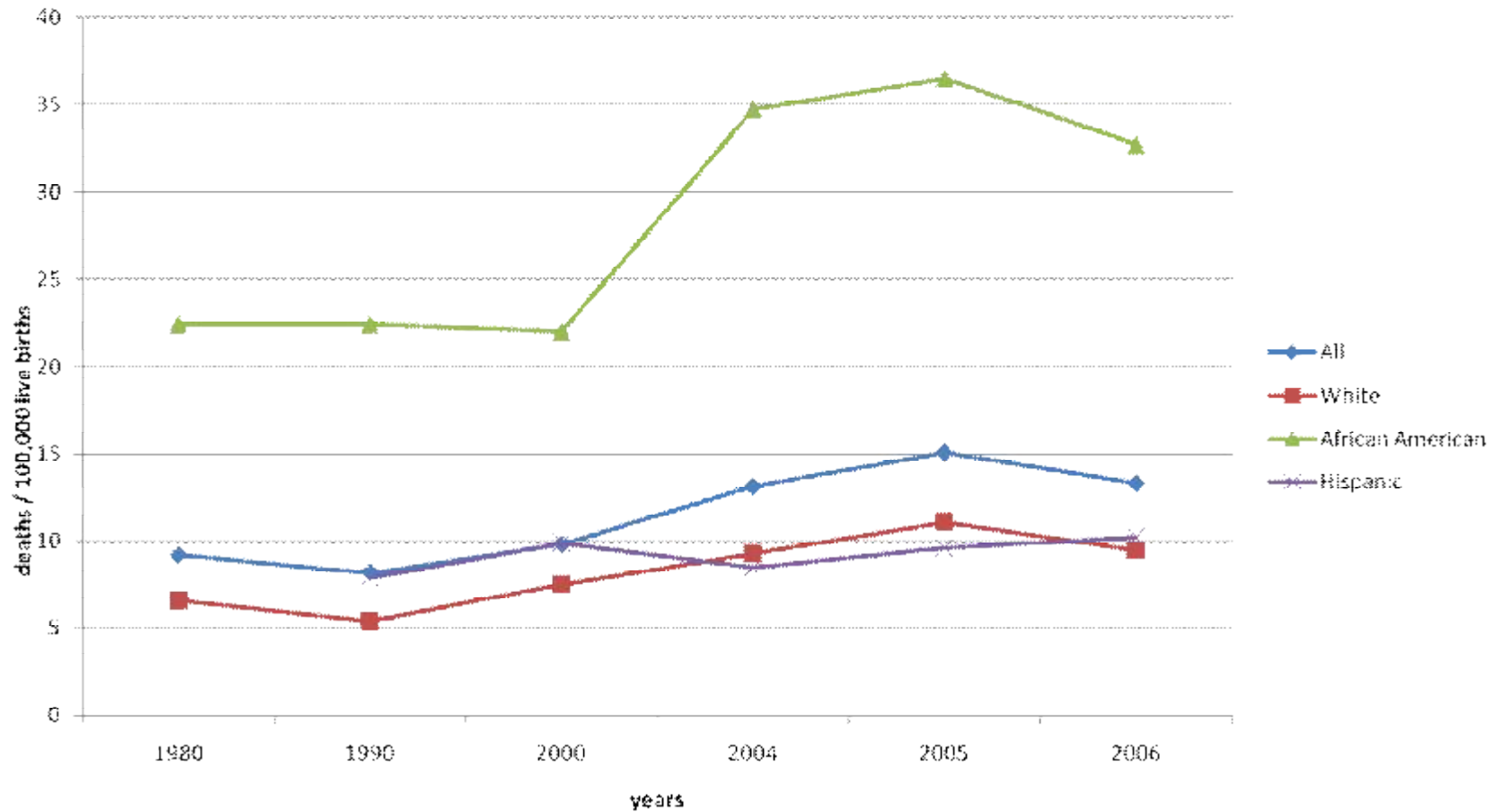
International comparison of maternal mortality rates, 2008



U.S. Maternal mortality, by race and ethnicity, 2005-07



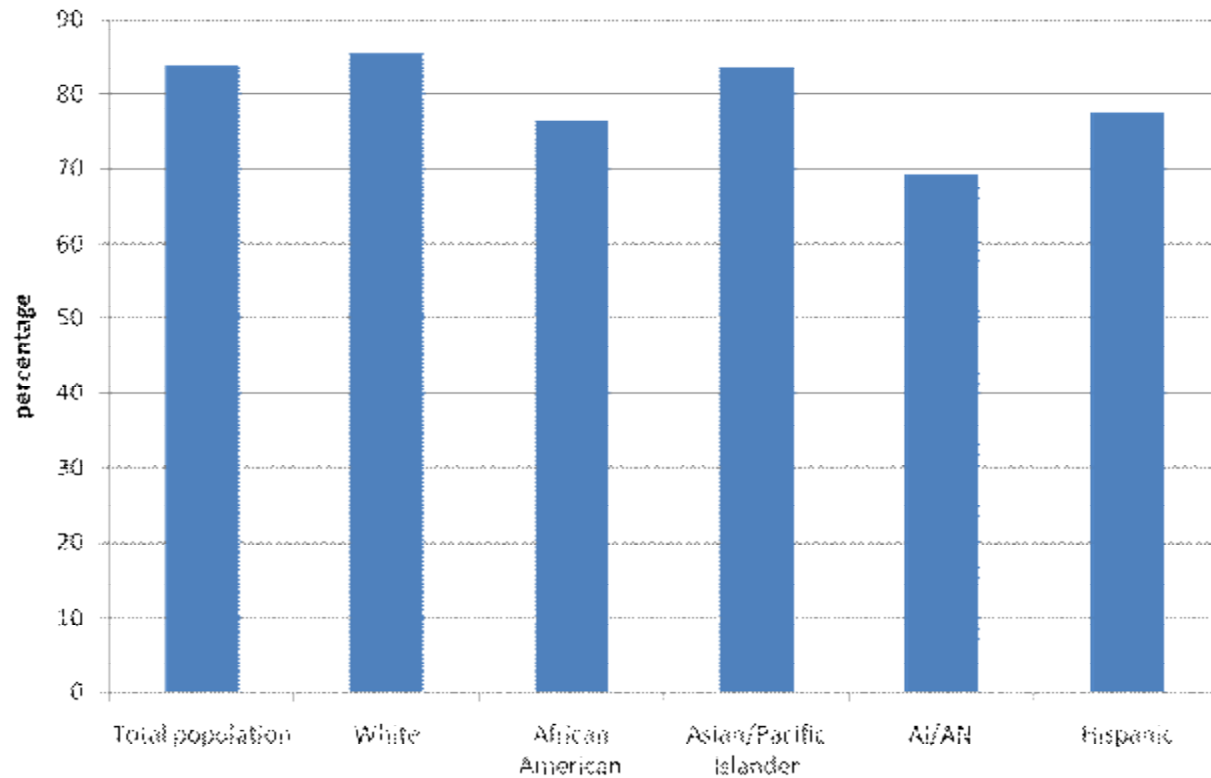
Trends in maternal mortality rates, by race and ethnicity, 1980-2006



Why are maternal mortality rates increasing?

- Improvements in how pregnancy status is recorded on the death certificate (implies not a real increase?)
- Older mothers, more high-risk pregnancies
- More caesarian sections
- Avoidable medical errors
- Lack of access to (quality) prenatal care

Access to prenatal care, by race and ethnicity, 2008



Some questions

- Why are maternal mortality rates so bad for African American women?
- What are the key causative factors?
- What are the key protective factors?
- What are the links between maternal mortality and infant mortality?
- Why aren't we more shocked?
- Why aren't we more curious?
- What will it take to make MMRs a priority issue?

The economic costs of health disparities

2003-2006

Direct medical costs

\$229.4 billion

Indirect costs

\$1.24 trillion

lost productivity, lost wages, absenteeism,
family leave, premature death

Thomas LaVeist et al (2009). The economic burden of health inequalities in the United States.
Joint Center for Political and Economic Studies

What is needed - 1

Improved data collection and analysis to:

- track trends over time
- drive both targeted interventions and population-based programs
- recognize synergies, interactions and offsets
- account for the changing racial profile
- increase involvement of all stakeholders

What is needed - 2

A whole-of-government approach to improving life expectancy.

Ø What are examples that work?

- ACTNow strategy to tackle obesity (British Columbia)
- Sure Start childhood development program (United Kingdom)
- Closing the Gap on Indigenous disadvantage (Australia)

What is needed - 3

The data highlight priorities for action:

- where there are disparities
- where there are not disparities
- when and where disparities emerge

What is needed - 4

A communications strategy is needed around racial and ethnic health disparities to:

- Raise public awareness
- Drive the policy agenda
- Enlist all stakeholders as participants in initiatives to close the gap
- Ensure needed funding and resources over the long term