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Life expectancy of U.S. women slips in some regions

The backsliding for women began before 1997, but researchers find it has accelerated in the last decade. Experts say smoking and obesity are partly to blame.

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Reporting from Washington

Women in large swaths of the U.S. are dying younger than they were a generation ago, reversing nearly a century of progress in public health and underscoring the rising toll of smoking and record obesity.

Nationwide, life expectancy for American men and women has risen over the last two decades, and some U.S. communities still boast life expectancies as long as any in the world, according to newly released data. But over the last decade, the nation has experienced a widening gap between the most and least healthy places to live. In some parts of the United States, men and women are dying younger on average than their counterparts in nations such as Syria, Panama and Vietnam.

Overall, the United States is falling further behind other industrialized nations, many of which have also made greater strides in cutting child mortality and reducing preventable deaths.

In 737 U.S. counties out of more than 3,000, life expectancies for women declined between 1997 and 2007. For life expectancy to decline in a developed nation is rare. Setbacks on this scale have not been seen in the U.S. since the Spanish influenza epidemic of 1918, according to demographers.

"There are just lots of places where things are getting worse," said Dr. Christopher Murray, director of the Institute for Health Metrics and Evaluation at the University of Washington, which conducted the research. "We're not keeping up."

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The backsliding for women began before 1997, but researchers found it had accelerated in the last decade. Only 227 counties saw women's life expectancy decline between 1987 and 1997, according to the study.

The grim trend is fueled largely by smoking, high blood pressure and obesity, according to Murray and other population health experts.

American women historically smoked more heavily than women in other countries, particularly after World War II, said Samuel Preston, a University of Pennsylvania demographer who co-chaired a 2011 National Academies panel that looked at life expectancies in high-income countries.

That had a delayed effect that drove up lung cancer rates among women as those who were young adults in the 1950s aged. The trend may ease as that age group passes and the effects of more recent efforts to reduce smoking are felt, Preston said.

But Preston cautioned that other unhealthy lifestyle choices may undermine that progress. "In place of smoking, we have substituted obesity," he said.

The number of Americans who are classified as obese hit 34% in 2010, more than double the rate in 1980.

The widening gulf between the healthiest and least healthy populations is partly due to wealth. A key finding of the data is that "inequality appears to be growing in the U.S.," said Eileen Crimmins, a gerontologist at USC who also co-chaired the 2011 National Academies panel on life expectancies. "We are different than other countries."

Researchers found substantially fewer geographic disparities in Great Britain, Canada and Japan, for example.

An additional explanation appears to be cultural norms and differences in public health efforts, the researchers found.

Communities with large immigrant populations — Southern California, for example — fared considerably better than average despite relatively high poverty rates. The worst-performing counties were clustered primarily in Appalachia, the Deep South and the lower Midwest. In those places, women died as much as a year younger in 2007 than women did a decade earlier. Life expectancy for women slipped 2 1/2 years in Madison County, Miss., which recorded the biggest regression.

The research is being published in the journal *Population Health Metrics*.

Life expectancies for black men and women have improved faster than for whites since 1987, although blacks continue to have lower life expectancies overall than whites, the data showed.

Nationwide, women's life expectancy at birth in the U.S. hit 81.3 years in 2007, placing the country 35th in the world. That's down from 20th in 1987, according to United Nations data.

Men's life expectancy was 76.7 years, or 24th on the list, up from 32nd two decades earlier.

In general, men and women die youngest in poor, mostly rural parts of the South and in

struggling urban centers like Philadelphia and St. Louis. In Baltimore, men on average live only 66.7 years.

By contrast, Americans in affluent counties near Washington, D.C., the San Francisco Bay Area and elsewhere have among the longest life expectancies in the world, outpacing even international leaders such as Japan and Switzerland.

Women in southwest Florida's Collier County, for example, live to be 86 on average, the highest in the nation. Collier is among a cluster of counties in South Florida with high life expectancies.

Twelve states, including Pennsylvania, Connecticut and the rest of New England, have no counties where life expectancies slipped backward.

Life expectancies for men and women in Los Angeles County rose in the last two decades.

Los Angeles County has among the highest life expectancies in the country despite a poverty rate above the national average. Countywide, women live more than a year longer than they do nationally, and men live more than eight months longer on average.

This may be evidence of what demographers and public health officials call the "Hispanic paradox," a long recognized phenomenon in which Latino immigrants are generally healthier than non-Latinos of similar income.

Nearly half of Los Angeles County's 10 million residents are Latino, and more than a third are foreign born, according to census data. By contrast, less than a sixth of the population nationally is Latino, and less than an eighth is foreign born.

One explanation of that phenomenon is that the people who become immigrants tend to be healthy. "These are not random people. They are the healthiest people who could get here," said Carmen Nevarez, former president of the American Public Health Assn.

But David Hayes-Bautista, who heads the Center for the Study of Latino Health and Culture at UCLA, said other factors, including social support networks, diet and even physical labor, may play a role as well, because not all immigrants have such good health outcomes as Latinos.

Some rural parts of the nation also have done well, with areas of Minnesota, Wisconsin and Iowa having some of the highest life expectancies.

"These are not wealthy communities," Murray said, noting that many benefit from a "cohesive community" that may improve health outcomes.

Murray and other researchers noted that the data also suggest that communities can improve their health outcomes with sustained public health initiatives.

New York City, for example, which has pursued aggressive anti-smoking and anti-obesity campaigns, has among the higher life expectancies in the nation.

Murray and his team also found very high life expectancies among a group of counties in the Mountain West such as Gunnison County, Colo., and Teton County, Wyo., that have become lifestyle destinations.

The changing demographic profile of these counties only explains part of that achievement, Murray said. "They can actually change the environment and the community's values," he said.

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