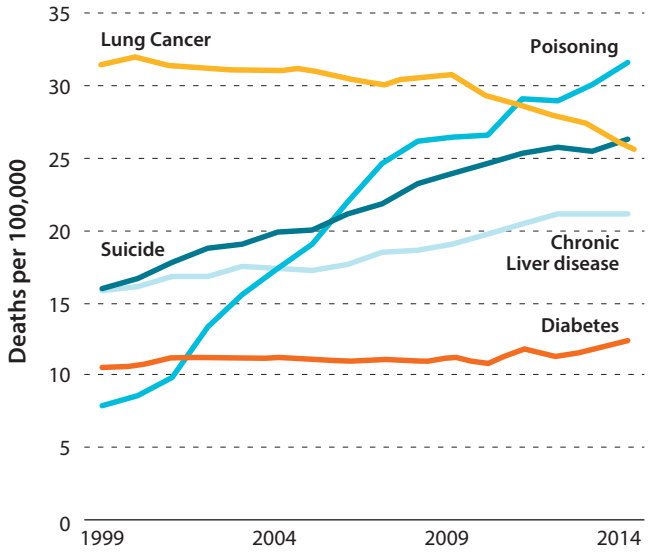
Reversing Rising Death Rates Among Middle-Aged White Adults

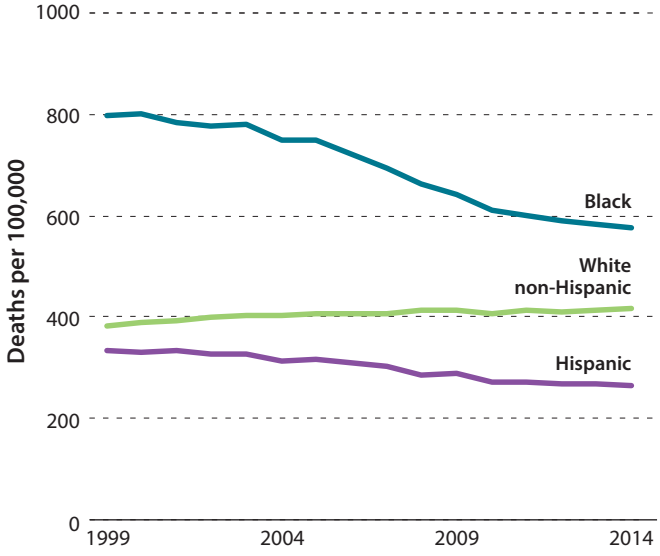
Mortality by Cause, White Non-Hispanics Age 45–54



Source: CDC 1999–2014.

Note: Figure is adapted from Case and Deaton (2015) figure 2. Chronic liver diseases include alcoholic liver diseases and cirrhosis. Poisonings include drug and alcohol poisoning, both accidental and with undetermined intent.

Mortality, Age 45–54



Source: Centers for Disease Control and Prevention 1999–2014.

Note: Mortality data are for all-cause mortality. Figure is adapted from Case and Deaton (2015) figure 1.

IMAGE SOURCE: Schanzenbach, Nunn & Bauer, The Hamilton Project, 2016[806]

After decades of increasing life expectancy rates — the death rate for middle-aged (ages 45 to 54) White men and women increased by 10 percent since 1999.[807]

Key contributing factors have been growths in unintentional injuries (drug overdoses and alcohol poisonings), liver disease and suicide.[808] Deaths from these three factors have tripled among White working age Americans in the past 15 years.[809]

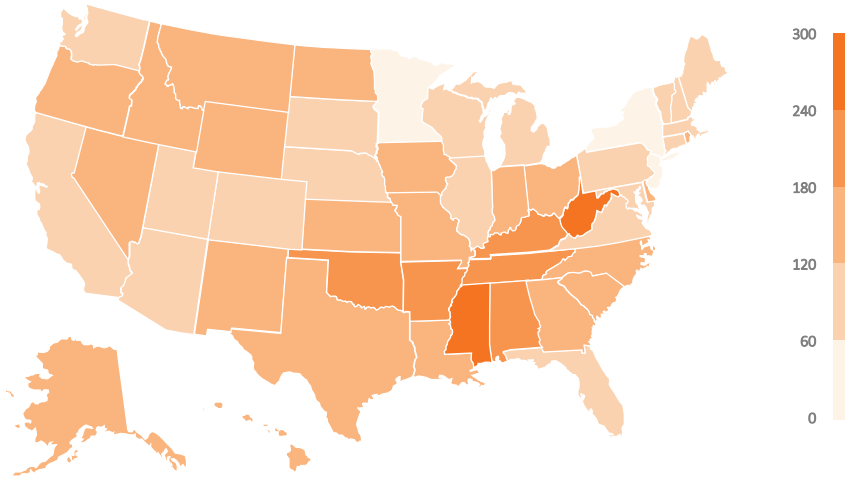
- Drug overdoses and alcohol poisoning passed lung cancer as the leading causes of death among middle-aged Whites in 2011. Nationally, prescription painkiller and heroin related deaths have more than tripled since 1999, and heroin use among middle-aged Whites increased nearly 115 percent from 2002 to 2013.[810]

In 2014, the rates of synthetic opioid deaths and methadone overdose deaths were highest among Whites compared with other racial or ethnic groups.[811, 812] Between 2013 and 2014, rates of synthetic opioid deaths increased 170 percent among Whites in eight high-burden states, and were largely attributable to illicitly manufactured fentanyl.[813]

- Suicides among White females ages 45 to 64 have increased 80 percent and, among White males ages 45 to 64, they have increased by 59 percent since 1999. Middle-aged White females commit suicide more than three times more often than females in other racial and ethnic groups.[814]

Another factor in the increasing death rates among middle-aged Whites is that mortalities caused by diabetes, heart disease and other chronic conditions have remained relatively stagnant in this cohort — particularly among lower-income middle-aged Whites, since 1999.[815] Improvements in disease rates had been a major factor in prolonging life expectancy from the 1900s, and continued progress in these areas are still contributing to longer lifespans among Blacks and Latinos.

The "Mortality Gap" for Middle-Aged Whites Was Particularly Large in Parts of the South



Note: The mortality gap compares states' actual mortality rate for non-Hispanic, middle-aged whites in 2013/2014 with what that rate would have been if it had declined by 1.8% per year since 1999/2000.

Source: CDC WONDER Online Database.

Percent of total deaths for the 5 leading causes of death for Non-Hispanic, Whites, Both Sexes, 45-54 years: United States, 1999 & 2014[819, 820]

Cause of Death	1999	2014	Change in Percent of Total Deaths 1999 to 2014
Cancers	32.7	25.8	-6.9
Heart disease	23.2	19.2	-4.0
Unintentional injuries, including drug overdoses	7.9	12.9	+5.0
Suicide	4.2	6.3	+2.1
Chronic liver disease and cirrhosis	4.1	5.1	+1.0

Education and income levels play a role. The increases in death rates were only among middle-aged Whites with less than a college education.[816]

- Death rates among middle-aged Whites with a high school degree or no degree increased around 20 percent from 1999 to 2013, while Whites with some college or a college degree had lower death rates.
- For middle-aged Whites with a high school degree or less, death rates from drug overdoses and alcohol poisonings grew by 4 times compared to deaths in 1999 vs. a 2.3 time growth among those with a college degree; and deaths from chronic liver cirrhosis increased by nearly 50 percent among the high school or less group while those with a college degree experienced decreases.

The increasing death rates were also highest in a number of states in the South: West Virginia, Mississippi, Oklahoma, Tennessee, Kentucky, Alabama and Arkansas.[817] Five of the six states (all but Oklahoma) with the highest increases in death rates also had the highest poverty rates among Whites as of 2015.[818]

RECOMMENDATIONS

- **Support place-based initiatives that address the underlying social and environmental determinants of substance misuse in high-risk populations.** The trends of increasing middle-aged White deaths are most pronounced among those with lower income and lower educational attainment. To reduce mortality, resources must be devoted to broader community-driven approaches addressing systematic disparities driven by poverty, income and environmental factors.

- **Expand prevention efforts to combat the prescription opioid epidemic.** The prescription opioid epidemic plays a major role in the rising mortality trends among middle-aged Whites. States need to expand evidence-based approaches to reducing substance misuse, particularly in those states in which the mortality gap is the largest. States should increase prevention programs, strengthen prescription drug monitoring programs, make Screening, Brief Intervention and Referral to Treatment a routine practice for young and middle-aged adults and improve opioid prescription and dispensing practices through provider education.

- **Support targeted programs to enhance individual and community social connectedness.** Positive and supportive relationships with individuals have been shown to help prevent depression and suicide.[821 822] Strong social connectedness with community organizations, like schools or faith-based organizations, have also been shown to reduce suicidal behavior and can provide better access to formal preventive resources.[823 824] The National Strategy for Suicide Prevention report by the Surgeon General and National Action Alliance for Suicide Prevention encourages the development of community-based services and programs that promote wellness and resiliency and address the social and environmental risk factors for suicide.[825] Local government entities and community-based organizations can enhance social connectedness by promoting collaborative efforts between schools, workplaces, faith- and community-based organizations, the healthcare sector, law enforcement agencies and other groups to create targeted prevention programming for middle-aged adults in their communities.

- **Promote positive early learning environments through the inclusion of social and emotional learning in early care and school settings.** Research shows that the foundations for mental health are built during early childhood, making these early years a critical intervention period to promote mental well-being.[826] Social and emotional learning programs have been linked to reductions in drug and alcohol abuse and suicide ideation and attempts later in life.[827, 828] These programs provide a cost-effective prevention tool that on average, can yield an 11:1 return on investment.[829]

Endnotes

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