

U.S. Life Expectancy – What Factors Contribute to Low Rates?

The U.S. currently ranks 50th for both female and male life expectancy, continuing to fall short compared to other developed countries.¹ Despite more than doubling the average per capita healthcare expenditures and spending a larger percentage of gross domestic product than other industrialized nations, the average life expectancy in the U.S. is just 78 years, while countries such as the United Kingdom, Canada, France, and Japan all exceed 80 years.² Many critics argue that comparably low U.S. life expectancy rates are not only attributable to the current healthcare system, but also to the social and behavioral factors prevalent in the U.S., e.g., smoking, obesity, traffic accidents, and homicides.³

A study conducted by the Mailman School of Public Health at Columbia University examined the extent to which international survival rates may be explained by risk factors, such as smoking and obesity, unrelated to the healthcare system as a whole. In the U.S., obesity has grown at a slower rate and smoking prevalence has declined in comparison to other countries.⁴

Obesity is an increasingly visible risk determinant of overall health. The U.S. has a heavier population with an adult obesity rate of 33.8%, as compared to 3.4% in Japan and 24.2% in England.⁵ However, current U.S. obesity trends do not appear to be increasing fast enough to explain the overall decline of U.S. life expectancy. The growth of obesity in the U.S. is relatively slower than in many comparable countries.⁶

Current evidence fails to support the assumption that the decline in U.S. life expectancy rates is primarily attributable to smoking. Although the U.S. smoking prevalence is comparable to Australia, the population outpaces Americans in the 15 year survival window. When researchers compared risk factors among 13 industrialized countries, small differences in smoking rates were observed, and smoking rates in the U.S. declined faster than in most developed countries.⁷ In 2006, the U.S. smoking rate for women and men was 15% and 19%, respectively, compared with rates in Japan as low as 14% for women to as high as 41.3% for men.⁸ Although the study did indicate that the amount of cigarette consumption by American smokers was relatively higher than comparison countries, cigarette consumption was not found to be linked to decreased life expectancy.⁹

The Columbia University study did not support that the decline in life-expectancy rates in the U.S. is primarily attributable to major social and behavioral risk factors, increasing the support that life expectancy rates are indeed tied to challenges in the current U.S. health system.¹⁰ While some have suggested increasing rates of healthcare spending may reduce the number of uninsured persons in the U.S. and lead to increasing life expectancy rates, there is still uncertainty as to the impact of health insurance on population mortality. Studies similar to the RAND Health Insurance Experiment provide evidence that although insurance coverage affects health services, it appears to have small effect on overall population life expectancy.¹¹ Evidence indicates an association between increased risk of mortality and lack of insurance.¹²

At a community level, increased health spending may redirect funds from public health programs that could affect overall U.S. population health. Many critics argue that current investments in areas such as safety nets, public health, education, and community programs may lead to larger benefits for the population, extending life expectancy rates.¹³

The differences in social and behavioral risk factors across developed countries have drawn concerns regarding how effective the current U.S. health system truly is. While many critics point fingers at U.S. lifestyle choices as the primary factor decreasing life expectancy rates, studies assessing health outcomes for the treatment of these “high risk” behaviors show that the U.S. treatment outcomes surpass Germany and the United Kingdom.¹⁴ Generalized conclusions regarding factors contributing to decreased life expectancies should be carefully assessed before drawing any certain public health conclusions.

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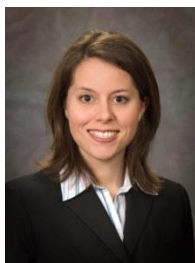
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