

# THE MEASURE OF AMERICA

AMERICAN HUMAN DEVELOPMENT REPORT 2008-2009

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## AMERICAN HUMAN DEVELOPMENT INDEX: HEALTH

### A Long and Healthy Life

The human development approach values the freedom to live a long and healthy life. Good health is required to feel secure and self-confident about the future. Good health is also a means to other ends, including undertaking meaningful work, raising educated and healthy children, and participating in society.

Good health is also essential for the nation as a whole. Healthy people make a productive workforce and contribute to growth and U.S. competitiveness. An effective, affordable health system is predicated on the existence of a predominantly healthy population whose needs will not overwhelm the health care infrastructure or excessively burden employers, patients, or governments.

Despite the significant advances in health, the American Human Development Index reveals stark disparities in longevity among different groups. Critical scientific and technological advances are not enabling long and healthy lives across the full spectrum of American society.

### American Human Development Index and Health

The American HD Index uses life expectancy at birth as a proxy for health. Life expectancy is a statistic that measures how long people are living based on data derived from death certificates and mortality patterns. Mortality data come from the Centers for Disease Control and Prevention, National Center for Health Statistics, and population data from the U.S. Census Bureau.

### Geographic Rankings

Lifespan varies a lot by where a person lives. The region with the longest life expectancy is the West, followed by the Northeast, Midwest and the South.

People in Hawaii live, on average, almost eight years longer than those living in Washington, DC. Hawaii (81.7 years) leads the states in life expectancy, followed by Minnesota (80.5 years), Connecticut (80.1 years), North Dakota (79.8 years), and Massachusetts (79.8 years).

The five bottom-ranked states are Oklahoma (75.1 years), Alabama (74.6 years), Louisiana (74.0 years), Mississippi (73.9 years), and Washington, DC (73.8 years).

No one factor determines these different outcomes. The report describes the following factors as possible reasons that Minnesota is the number two ranked state: high levels of physical activity, healthier newborns, investment in public health, greater income equality, and higher rates of health insurance coverage.

People living in Virginia's Eighth Congressional District (Northern Virginia) lead congressional districts in life expectancy at 82.9 years, followed by Maryland's Eighth (Montgomery County), California's Fifteenth and Sixteenth Congressional Districts (both in Silicon Valley), and Hawaii's First Congressional District (Honolulu area).

There are wide variations in life expectancy within states. In Maryland, a resident of the Eighth Congressional District can expect to live an average of 82.7 years, while a resident of the nearby Seventh Congressional District (parts of Baltimore City, Baltimore County, and Howard County) will live, on average, about seven and a half fewer years.

The bottom-ranked districts are Kentucky's Fifth Congressional District, Louisiana's Second Congressional District (New Orleans area), Mississippi's Second Congressional District (Delta region), Louisiana's Fifth Congressional District (Delta region north of Baton Rouge), and Mississippi's Fourth Congressional District (Hattiesburg and south to the Gulf).

### **Gender and Racial/Ethnicity Rankings**

Asians have the longest life expectancy of the racial/ethnic groups, followed by Latinos, whites, American Indians and Alaska Natives, and African Americans. The gap between Asians and African Americans is 13.3 years.

Overall trends for many aspects of African American lives are positive – including higher college graduation rates and diminishing barriers to careers in a host of fields. Yet African Americans today are living shorter lives than the average American did in the late 1970s.

American females (80.5 years) live just over five years longer than American males (75.4 years), stemming from both biological and behavioral causes found in virtually every country.

When race/ethnicity and gender life expectancy data are combined, Asian females (88.8 years) live the longest, followed by Latino females (85.0 years), Asian males (83.6 years), American Indian and Alaska Native females (81.1 years), white females (80.7 years), Latino males (79.1 years), African American females (76.3 years), white males (75.7 years), American Indian and Alaska Native males (74.7 years) and, last, African American males (69.4 years).

The gap between our longest-living group, Asian females, and our shortest-living group, African American males, is an astonishing 19.4 years – nearly two decades.

### **Determinants of Good Health**

About 95 percent of current health spending is directed at medical treatment and research. Yet changes in behavior and the physical and social environment can help avoid about 70 percent of premature deaths. And non-medical efforts, including public awareness campaigns, laws, and regulations, have had major impacts on health and longevity.

Education is a worthwhile investment for good health. Research shows that one additional year of schooling increases life expectancy at age thirty-five by 1.7 years.

A decent job is a powerful health intervention for individuals, and bringing jobs to a community can be very important for community health and vitality. Unemployment and the deprivations and stress it brings can have many harmful health effects for individuals and their families.

Just like obesity and smoking, lack of health insurance can be an early death sentence. Research shows those who lack health insurance generally live shorter, less healthy lives.

### **Report Conclusions on Health in the United States**

A range of factors that contribute to a healthy society include, but extend beyond, medical solutions. A comprehensive reform of U.S. health care is urgently needed to build a more efficient system and get a higher return on our investment. Priorities include:

- Prevention: Despite overwhelming evidence of its efficacy, preventive medicine continues to be shortchanged.
- Public health campaigns should be given higher priority, targeting specific groups and communities and advocating practices and investments that improve health.
- Information technologies, used judiciously, have tremendous potential to save money and improve health.
- Stronger public reporting and accountability to improve the poor health outcomes for African Americans and for children.
- Suicide and homicide prevention: Fifty-seven percent of suicides and two out of every three homicides are committed with guns. The evidence that the availability of guns in the home is contributing to these two leading causes of death, particularly among youth, is compelling.

- Healthcare insurance for all Americans: Access to health insurance directly influences age at death. In the lower forty-eight states, 43 percent of the variations in age at death can be explained by the percentage of a state's population without health insurance.

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