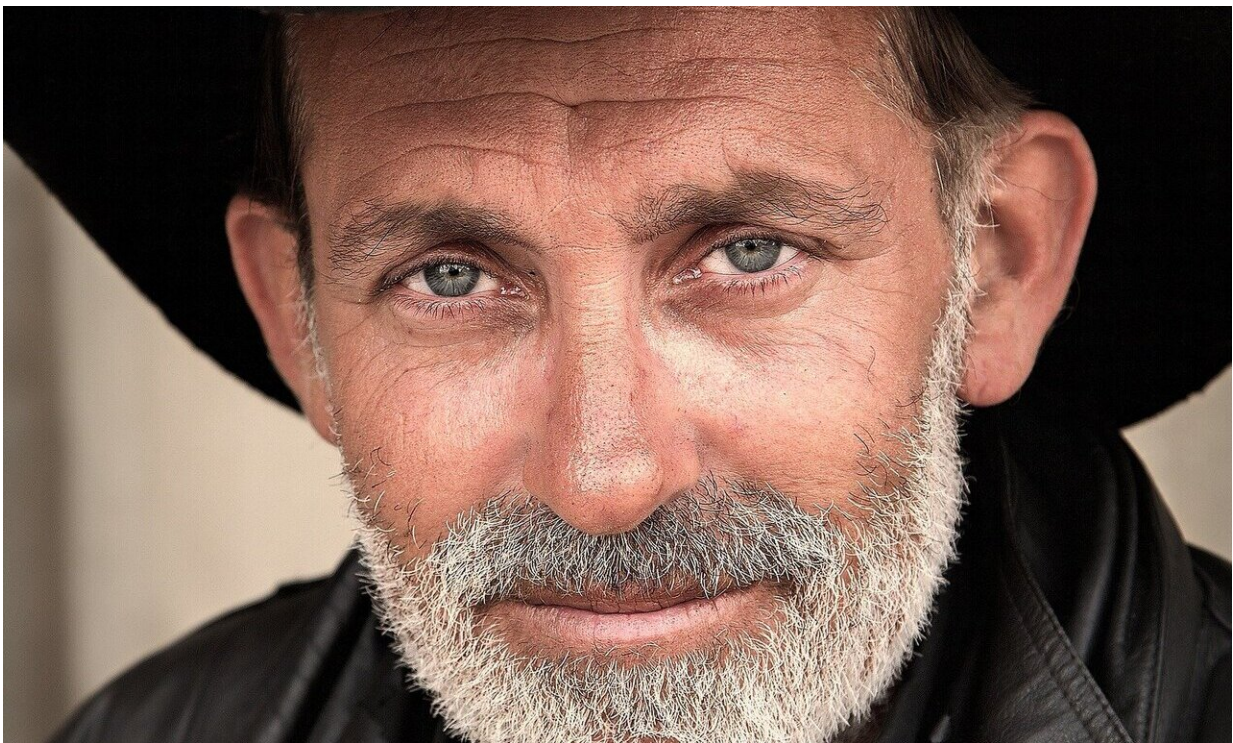


# Working-age Americans dying at higher rates, especially in economically hard-hit states

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Mortality rates among working-age Americans continue to climb, causing a decrease in U.S. life expectancy that is severely impacting certain regions of the United States, according to a Virginia

Commonwealth University study set to publish Tuesday in *JAMA*. The report, "Life Expectancy and Mortality Rates in the United States, 1959-2017," is one of the most comprehensive 50-state analyses of U.S. mortality.

Deaths among Americans ages 25 to 64 are increasing, particularly in Rust Belt states and Appalachia. These deaths, which have fueled a decline in U.S. [life expectancy](#) since 2014, are linked to several major causes of [death](#). Compared to the 1990s, working-age adults are now more likely to die before age 65 from drug overdoses, alcohol abuse and suicides—sometimes referred to as "deaths of despair"—but also from an array of organ system diseases. Mortality rates have increased for 35 causes of death, said lead author Steven Woolf, M.D., director emeritus of the VCU Center on Society and Health.

"Working-age Americans are more likely to die in the prime of their lives," Woolf said. "For employers, this means that their workforce is dying prematurely, impacting the U.S. economy. More importantly, this trend means that children are losing their parents and our children are destined to live shorter lives than us."

The paper calls for a better understanding of the root causes of these deaths, including the role of drugs, obesity, the health care system, stress and the economy. The impact of rising death rates is far-reaching from a public health perspective, as well as for the nation's future, said Woolf, a professor in the Department of Family Medicine and Population Health in the VCU School of Medicine.

The study shows that some of the largest increases in working-age mortality since 2010 occurred among women and adults without a high school diploma. The industrial Midwest and other regions that have been hard-hit by changes in the economy since the 1980s, such as job losses in manufacturing and other sectors, are experiencing the largest increases

in mortality. The study lists socioeconomic pressures and unstable employment among possible explanations for increased working-age mortality in these areas.

Woolf and his VCU team published a paper in 2018 that showed that the increase in working-age mortality was affecting all racial groups. The new *JAMA* report uses data from the U.S. Mortality Database and Centers for Disease Control Wide-ranging Online Data for Epidemiologic Research, going back to 1959, to examine which regions and states have been most affected.

Woolf and co-author Heidi Schoomaker, now at Eastern Virginia Medical School, found that life expectancy decreased in some regions, such as northern New England (Maine, New Hampshire and Vermont) and the Ohio Valley (Indiana, Kentucky, Ohio and Pennsylvania), but increased along the Pacific coast. The four Ohio Valley states are responsible for one-third of excess deaths—the number of deaths greater than the number of deaths projected by U.S. [mortality rates](#)—since 2010.

Eight of the 10 states with the largest number of excess deaths for ages 25 to 64 were in the Rust Belt or Appalachia, Woolf said, and the 13 Appalachian states accounted for half of excess deaths.

A chart book publishing in *JAMA* with the paper contains 120 graphs of life expectancy trends for nine census divisions and each state in the United States.

Woolf found that the trend of increasing [mortality](#) goes back decades. U.S. life expectancy lost pace with other wealthy countries in the 1980s, stopped increasing in 2011 and has been falling since 2014.

"The notion that U.S. death rates are increasing for working-age adults is

particularly disturbing because it is not happening like this in other countries," Woolf said. "This is a distinctly American phenomenon."

**More information:** *JAMA* (2019). [DOI: 10.1001/jama.2019.16932](https://doi.org/10.1001/jama.2019.16932)

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