

# The divide between socioeconomic status and life expectancy in the United States

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An April 2016 JAMA article by Chetty et al<sup>1</sup> explored the association between income and life expectancy in the United States. This study examined tax returns and Social Security Administration death records from 1999 to 2014. They found that men in the top 1% lived 15 years longer than those in the bottom 1% of earners. Women in the top 1% lived 10 years longer than those in the bottom 1%. In addition, there was significant geographic variation with life expectancy that varied by approximately 4.5 years depending on where low income earners lived. Furthermore, they found these disparities increased between 2001 and 2014. They attributed most of this variation in life expectancy to differences in smoking, obesity, and exercise.

What should physicians do about these disparities? Woolf and Purnell<sup>2</sup> state in an editorial, “Clinicians must consider socioeconomic circumstances in patient care... play an active role in their communities by advocating policies to address social determinants...[and] can help ‘connect the dots’ by persuading officials in Congress, statehouses, and corporate boardrooms that the health of patients—and health care costs—depend on social and economic policy decisions and business practices”.

In order to help address these disparities, the American College of Preventive Medicine (ACPM) held its annual meeting this year in Washington, D.C., where they hosted Advocacy Day on the Hill. During this daylong event, 28 ACPM members ranging from medical students, residents, young physicians and senior physician members lobbied over 90 congressional offices to stir discussion and encourage support for Preventive Medicine and Lifestyle Medicine programs and funding. One program specifically was Medicare/YMCA's Diabetes Prevention Program (DPP).<sup>3</sup> This program works with Preventive Medicine physicians and other providers to help identify and enroll high-risk pre-diabetic individuals into effective lifestyle change programs to help manage and ultimately reverse their pre-diabetes diagnosis. ACPM's Advocacy Day participants were able to garner the support of 48 representatives who pledged to sign on to funding these programs into the future. Through supporting programs like the DPP which take into account the social, economic, and cultural circumstances of pre-diabetic

individuals, health care providers and policy makers in the U.S. come closer to finding effective solutions when addressing socioeconomic status, health patterns, and life expectancy.

1. <http://jama.jamanetwork.com/article.aspx?articleid=2513561>
2. <http://jama.jamanetwork.com/article.aspx?articleid=2513559>
3. <http://www.hhs.gov/about/news/2016/03/23/independent-experts-confirm-diabetes-prevention-model-supported-affordable-care-act-saves-money.html>

PHOTO OF ADVOCACY DAY PARTICIPANTS 2016, WASHINGTON D.C. ACPM CONFERENCE

