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New Study Finds Rising Death Rate for Middle-Aged Whites in North Carolina Suicide and Liver Disease Major Contributors

Morrisville, NC (December 21, 2017)—There was an unprecedented rise in the death rate for whites aged 45–54 years in North Carolina, according to a study published in the current issue of the *North Carolina Medical Journal*. Chris Mansfield and colleagues at East Carolina University (E.C.U.) who authored the study found suicide and liver disease to be major contributors to the rise in deaths for middle-aged whites from 2000 to 2013.

“A large portion of the increase in mortality is attributed to ‘deaths of despair’— suicide, liver disease, drug overdose, and behaviors that lead to these deaths,” said Mansfield, professor emeritus of public health at E.C.U.

The study reported a 52 percent increase in the suicide rate and a 38.8 percent increase in midlife white deaths due to liver disease from 2000 to 2013. For frame of reference, this means that there were 623 more middle-aged whites who died by suicide in this time period than if the 2000 rate held constant. According to the study, these numbers are projected to rise through 2020.

The death rates rose most dramatically for midlife whites in the state’s 40 most economically distressed counties, termed Tier 1 counties by the N.C. Department of Commerce. In these counties, midlife white deaths increased for all causes studied, which included heart disease, lung cancer, diabetes, suicide, and liver disease. These causes of death were linked to a rise in health risk factors like drinking, obesity, and lack of health insurance. (It is of note that this study did not take into account the opioid effect, since authors questioned the validity of the coding on death certificates.)

“The poor get sick, the sick get poorer,” said Mansfield. “There’s an economics circumstance, that’s for sure ... the relationship between poverty or income and health. And we see it play out on the effect on health most in the poorest counties.”

Such findings by Mansfield and colleagues mirror national trends, as the death rates for middle-aged whites have risen across the country. However, the trend is not an international one. There was an increase in life expectancy for midlife whites in Canada and European countries for the same study period, from 2000 to 2013.

“What’s different about European countries? Well, safety net programs,” Mansfield said. “I guess we’re going to have to question the value of our safety net programs, and one of those would be Medicaid. Can we expand Medicaid? Can we preserve access to health care? It doesn’t look like there’s any intention to do that.”

And as midlife white death rates rise nationally, how are nonwhites faring in comparison? This study showed that in North Carolina the rising trend in midlife white deaths is in contrast to nonwhites, even in the poorest counties.

“What was most surprising in this study was not only that the mortality of whites had increased by about 6% over 13 years, but that it had decreased for nonwhites by 30%,” said Mansfield. “And when we draw the graphs and extend out the trends, we could see the possibility of some racial disparities being eliminated in North Carolina.”

This finding that life expectancy was on the rise for middle-aged nonwhites was perplexing when taking into account that risk factors like poor economic circumstance and lack of insurance were reportedly worse for nonwhites than whites. However, Mansfield said that these risk factors don’t seem to have the same effect on health behaviors for nonwhites. For example, there was an increase in binge-drinking among whites but not among nonwhites.

“This study highlights a state and national trend that should be the focus of ongoing study and policy debate,” said Adam Zolotor, President and CEO of the North Carolina Institute of Medicine, a co-publisher of the NCMJ. “However, this paper also shows that nonwhite mortality rates still exceed white mortality rates by 25% in middle age, an ongoing product of poverty and structural racism. Also, by focusing on middle age, the authors do not capture the persistent and tragic inequity still seen in infant mortality rates and among young nonwhite men.”

Mansfield and colleagues conclude their study by posing several questions for researchers, including if it is still appropriate to benchmark improvement for one group against another. For future studies, Mansfield said he wondered if researchers could develop and observe measures of wellbeing like optimism in population groups, life satisfaction, stress, and resilience.

“Does good health depend on hope?” the study authors wrote. “Does hope vary across race, culture, time, and economic circumstance?”

To read the full study, “Increased Mortality and Health Risk Behaviors of Midlife White North Carolinians: A Marked Contrast to Nonwhites,” by Chris Mansfield and colleagues, as well as other NCMJ articles, visit ncmedicaljournal.com.

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