

'Live free and die?' The sad state of U.S. life expectancy - Script

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MICHEL MARTIN, HOST:

Consider this paradox. The U.S. prides itself on scientific excellence and spends a lot of money on health care. But its population is dying at younger and younger ages. Numbers from the Centers for Disease Control - the CDC - indicate that American life expectancy is dropping while in other rich countries people are living longer. NPR's Selena Simmons-Duffin has been looking into a report from scientists who saw this coming 10 years ago. But they think there's still a chance to turn things around.

SELENA SIMMONS-DUFFIN, BYLINE: The panel of researchers brought together by the National Institutes of Health and the National Academy of Sciences were trying to understand this. Why does living in America make you more likely to die younger than if you lived in a country like the U.K., Switzerland or Japan? In 2013, the nearly 400-page report was published with the title "Shorter Lives, Poorer Health." It made a splash.

(SOUNDBITE OF MONTAGE)

UNIDENTIFIED REPORTER #1: Americans under 50 are dying earlier and live with worse health than their counterparts.

AUDIE CORNISH, BYLINE: That's the conclusion of a blue-ribbon panel at the National Academy of Science.

UNIDENTIFIED REPORTER #2: That statistics drags down the overall American life expectancy.

SIMMONS-DUFFIN: Americans are used to hearing about how they don't eat right or get enough exercise. But the picture painted in this report could shock even those who feel like they know the story. On Page 2 it reads, American children are less likely to live to age 5 than children in other high-income countries. It goes on. Even Americans with healthy behaviors - for example, those who are not obese or do not smoke - appear to have higher disease rates than their peers in other countries.

EILEEN CRIMMINS: We were trying to just say, look; this is an American problem.

SIMMONS-DUFFIN: That's Eileen Crimmins, professor of gerontology at the University of Southern California, who was on the panel. Things aren't just bad for people in the U.S. who are poor or uninsured or racially marginalized.

CRIMMINS: There is data that actually shows that even the top proportion of the U.S. population does worse than the top proportion of other populations.

SIMMONS-DUFFIN: Steven Woolf, who chaired the panel and is professor emeritus at Virginia Commonwealth University, says they didn't just catalog the U.S. health disadvantage, they dug into the reasons why.

STEVEN WOOLF: Some people will say we eat too much. Others might say we don't have universal health care, and all those other countries do. But what we did in our committee is we were very systematic and thorough about how we thought about this.

SIMMONS-DUFFIN: They went through everything from health behaviors to how cities are built and found all sorts of problems.

WOOLF: So Americans, indeed, have more caloric intake than people in other countries. We are more likely to own guns. There's higher rates of drug abuse.

SIMMONS-DUFFIN: They found there are lots of factors at play, like, truly lots.

WOOLF: We found higher child poverty rates, the highest levels of income inequality, systemic racism, social isolation. And I could go on. I don't want to have too long an answer, but you get the point.

SIMMONS-DUFFIN: Not only does all of this mean American families lose loved ones too soon, but having a sicker population cost the country hundreds of billions of dollars every year in extra health care costs. John Haaga was a division director at the National Institute on Aging at NIH before he retired. He says the list of challenges is daunting.

JOHN HAAGA: That might partly be why the issue doesn't grab people. They just go, oh, my gosh. That's depressing. What's on the other channel?

SIMMONS-DUFFIN: When the report was published in 2013, that appears to be what federal health officials wanted to do, even though there were tons of suggestions in the report about what research the federal government could do next to act on these findings. Here's Woolf.

WOOLF: NIH was not involved in trying to promote awareness about the report.

SIMMONS-DUFFIN: Haaga, who was at NIH at the time, agrees the response was lacking.

HAAGA: Not nearly enough has been done given the stakes and given what we could learn.

SIMMONS-DUFFIN: The U.S. Department of Health and Human Services pointed NPR to its work on the drivers of lower life expectancy. In the 10 years since the paper came out, the trends have worsened. The pandemic took a horrible toll. Other countries' life expectancy rebounded in 2021. In the U.S., it did not. This month, new studies show U.S. maternal mortality hit a near record. And child and adolescent mortality is on the rise in America, too. So where does the U.S. rank? Here's Crimmings.

CRIMMINGS: The countries that are ahead of us, Cuba, Lebanon, Barbados, Chile. I mean, it goes on and on and on.

SIMMONS-DUFFIN: Crimmings suggests one problem in addressing this issue is that lawmakers and federal health officials don't like talking about how the U.S. is lagging behind other countries. When she wanted to bring Canadian experts to a meeting on healthy life expectancy, she recalls one health officials' response.

CRIMMINGS: Oh, we can't have anything but an American solution to these issues. We can't listen to other countries.

SIMMONS-DUFFIN: John Haaga says there's another reason why research with other countries can be a tough sell.

HAAGA: International studies are not flavor of the month. They never will be. The problem with foreign countries is they're not in someone's congressional district.

SIMMONS-DUFFIN: If you add up the deaths that have happened because of this life expectancy gap, Woolf says, it dwarfs what happened during COVID-19 in the U.S. He finds the lack of progress frustrating.

WOOLF: If a Martian came down to Earth and saw this situation, it would be very intuitive that you look at other countries that have been able to solve this problem and apply the lessons learned.

SIMMONS-DUFFIN: Dr. Ravi Sawhney, who helped conceive of and launch the "Shorter Lives" study before leaving NIH, says there's a positive way of looking at these problems - not as daunting and unsolvable, but as a code that our peer countries have already cracked.

RAVI SAWHNEY: They've already figured it out. We already do research collaborations with these same countries. We share health data. We can figure out what they're doing that's making such a difference.

SIMMONS-DUFFIN: Some of the ideas Woolf has found in his research that gets results in other countries include universal, better-coordinated health care, strong health and safety protections, broad access to education and more investments to help kids get off to a healthy start. These policies are paying off for them, he says, and could for Americans, too.

Selena Simmons-Duffin, NPR News.

(SOUNDBITE OF THE ALBUM LEAF'S "DESCENT")