Race and Place Can Contribute to Shorter Lives, Research Suggests

The findings come as the Trump administration attacks equity programs.

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There's growing evidence that some American demographic groups need more help than others to live longer, healthier lives.

American Indians in Western and Midwestern states have the shortest life expectancy as of 2021, 63.6 years. That's more than 20 years shorter than Asian Americans nationwide, who can expect to live to 84, according to a recent study by the Institute for Health Metrics and Evaluation at the University of Washington.

White residents live shorter lives in Appalachia and some Southern states, as do Black residents in highly segregated cities and in the rural South, the study found.

The data illustrates how Americans' life expectancy differs based not only on race, but also on geography.

"Not everybody in this country is doing exactly the same even within a racial group, because it also depends on where they live," said Dr. Ali Mokdad, an author of the study and the chief strategy officer for population health at the University of Washington.

"Eliminating these disparities will require investing in equitable health care, education, and employment, and confronting factors that fuel inequalities, such as systemic racism," the report, which was published in November, concluded.

Yet the United States is seeing a surge of action this month to pull back on public awareness and stem investments in those areas.

In President Donald Trump's first two weeks, he has stripped race and ethnicity health information from public websites, blocked public communication by federal health agencies, paused federal research and grant expenditures, and ordered a ban on diversity, equity and inclusion programs across the board, all of which can draw attention — and funding — to the needs of specific demographic groups.

The administration has removed information about clinical trial diversity from a U.S. Food and Drug Administration website, and has paused health agencies' communications with the public and with medical providers, including advisories on communicable diseases, such as the flu, that disproportionately affect underserved communities.

The new administration's policies are headed the wrong way, said Dr. Donald Warne, a physician and co-director of the Johns Hopkins Center for Indigenous Health. "With the stroke of a pen, they're gonna make it worse."

One of Trump's actions on his first day in office was to dismantle equity programs, including reversing a 2021 Biden executive order promoting more federal support for Indigenous education, including tribal colleges and universities.

The problems Indigenous people face are inextricably linked to "toxic stress" and "just pure racism," Warne said. "Less access to healthy foods, just chronic stress from racism and marginalization, historical trauma — all of these things lead to poor health outcomes."

The South Dakota county where Warne grew up as a member of the Oglala Lakota tribe (the county is named after the tribe) has one of the lowest life expectancies in the country, 60.1 years as of 2024, according to localized estimates from County Health Rankings & Roadmaps, an initiative of the University of Wisconsin's Population Health Institute.

'10 Americas'

The Institute for Health Metrics and Evaluation study parceled the country into what it called "10 Americas," each with different 2021 life expectancies.

Black Americans were represented by three groups; those in the rural and low-income South had the worst life expectancies (68 years) compared with those living in highly segregated cities (71.5) and other areas (72.3).

Asian Americans nationwide have the longest life expectancy at 84, yet can also suffer from stereotypes and locality based problems that prevent them from getting the best care, said Lan Đoàn, an assistant professor in the Department of Public Health Section for Health Equity at New York University's Grossman School of Medicine.

Considering Asian Americans as a single entity masks health differences, such as the high incidence of heart disease among South Asians and Filipino Americans, she said, and discourages the necessary study of individual groups.

"It perpetuates the 'model minority' myth where Asian people are healthier, wealthier and more successful than other racial groups," Đoàn said.

That's another reason for alarm over the new administration's attitude about health equity, said

Dr. Mary Fleming, an OB-GYN and director of Harvard T.H. Chan School of Public Health's Leadership Development to Advance Equity in Health Care program.

"With DEI (diversity, equity and inclusion programs) under attack, it hinders our ability to name a thing, a thing," Fleming said. "Racism is still a major contributor to inequitable health outcomes, and without naming it and addressing it, it will make it more difficult to uproot it."

Among white people and Hispanics, lifespans differ by region, according to the "10 Americas" in the Institute for Health Metrics and Evaluation study. Latinos live shorter lives in the Southwest (76) than elsewhere (79.4), and white people live longer (77.2) if they're not in Appalachia or the lower Mississippi Valley (71.1), or in rural areas and low-income Northern states (76.7).

An earlier Stateline story reported that policy, poverty, rural isolation and bad habits are shortening lives in West Virginia compared with New York. Even though the states had very similar life expectancies in 1990, West Virginia is projected to be at the bottom of the rankings by 2050, while New York is projected to be at the top.

Hyperlocal health problems

More research at a very local level is needed to find the policies and practices needed to start bridging longevity gaps, said Mokdad, the study author.

Since poverty seems to dictate so much of life expectancy, it's fruitful to look at places where lifespans have grown in recent decades despite high poverty, Mokdad said. For example, lifespans have increased in the Bronx, New York, and Monongalia County, West Virginia, despite high poverty. By contrast, they have dipped in relatively high-income areas such as Clark County, Indiana, and Henry County, Georgia.

Clark County, on the Kentucky border, has a mix of urban and rural health issues that belie the relatively high income of some residents near Louisville, said Dr. Eric Yazel, health officer for the county and an emergency care physician.

Part of the county is also very rural, in a part of Indiana where there was an HIV outbreak among intravenous drug users in 2014.

"In a single county we see public health issues that are both rural and urban," Yazel said. "As with a lot of areas along the Ohio River Valley, we were hit hard by the opioid epidemic and now have seen a resurgence of methamphetamine, which likely contributed to the [life expectancy] decreases."

Nationally, a spike in overdoses has begun to ease in recent years, but only among white people. Overdose death rates among Black and Native people have grown.

Indigenous people also were the hardest hit during the COVID-19 pandemic, with expected

lifespans dropping almost seven years between 2019 and 2021.

Calvin Gorman, 50, said several friends his age in Arizona's Navajo Nation died needlessly in the pandemic. He blames it on alcohol and pandemic isolation.

"They said to just stay inside. Just stay inside. Some of them took some bottles into the house and they never came out again. I heard they died in there," said Gorman, who commutes on foot and by hitchhiking from his home in Fort Defiance, Arizona, to a job at a gas station in Gallup, New Mexico.

Warne, the Oglala Lakota physician from South Dakota, said alcohol and substance use may have been one factor in Native deaths during the pandemic, as people "self-medicated" to deal with stress. But overall, he said, the main drivers of early deaths in Native communities are high rates of infant mortality, road accidents and suicides.

Warne now lives and practices medicine in North Dakota.

"There's a huge challenge for people who grow up in these settings, but many of us do move forward," Warne said. "A lot of us wind up working in other places instead of in our home, because there just aren't the opportunities. We should be looking at economic development as a public health intervention."

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