A New Angle

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Justin Angle: This is A New Angle, a show about cool people doing awesome things in and around Montana. I'm your host, Justin Angle. This show is supported by First Security Bank, Blackfoot Communications and the University of Montana College of Business.

Justin Angle: Hey, folks, welcome back and thanks for tuning in. Today is our April edition of Incentives & Instincts, a recurring series in which I speak with economist and friend Bryce Ward about some of the broader challenges facing our society. Bryce, how are you today?

Bryce Ward: I'm good, Justin. How are you?

Justin Angle: I'm doing pretty well. Yeah. Today, we're going to dig into the perplexing and inconvenient reality that Americans appear to be dying much younger than our counterparts in other advanced economies. It's a complicated landscape with many interrelated variables. To start, Bryce, let's describe the problem. We hear a lot in the news about declining mortality in the United States, but it's multi-dimensional. What's your best view of the data as you see it?

Bryce Ward: I will just start with the description. So, life expectancy, it's been lower than other developed countries in the U.S. for a long time, and that gap has grown over time.

Justin Angle: Mm hmm. And what do you mean by long time?

Bryce Ward: 30, 40 years. So, it used to be that we were all kind of in the same relative boat. And ours got better, and theirs got better, but they got better at a faster rate. And then starting about a decade ago, things plateaued in those places. But we plateaued at, you know, lower level and then started actually receding slightly. And then COVID comes and causes a big decline.

Justin Angle: Right.

Bryce Ward: But even after you take out what we think are Covid deaths, life expectancy is dropping in the United States and dropping actually by a lot. You know, the gap is now three or four years, right? So, the average American expects to make it to kind of 78, and the average European is in their low eighties. That's just the basic descriptive fact. There is this gap in life expectancy. It has grown over time, and it has grown a lot. You know, the gap has increased by a lot recently. So, I guess that's the first descriptive fact.

Justin Angle: Other countries experienced a Covid related decline, but not to the magnitude of the United States. Right?

Bryce Ward: Ours was substantially larger than, not every country, but many other countries. We had a much larger Covid decline than other people. But, you know, I think for the most part, we're going to take Covid out of this discussion. And let's focus on the bigger structural issues that drive this. You know, so the next layer of facts is this isn't about old people.

Justin Angle: Right. Right. It's not so much that people live longer. It's that they die earlier.

Bryce Ward: Exactly, right. So, if you're basically say, well, what's life expectancy or what's the mortality rate above, say, 80? It's a little higher than other places, but it's pretty much kind of in line. But if you're at 30, you have four times greater risk of dying each year.

Justin Angle: In the United States.

Bryce Ward: In the United States relative to peer countries. Right. You know, and the scary way that this was put in this article in the F.T.

Justin Angle: Financial Times.

Bryce Ward: Financial Times by John Byrne Murdoch. So, one in 25 American five year old's, doesn't make it to 40. The rate in peer countries is you know it's 25% to one and you know it's four times higher than we're seeing. So, if you're looking at 75 year old's. Yeah, it's basically the same. Right. You know so if you can make it past, make it into old age, I'm sure people, we

could have a long discussion about problems with old age and care for old people and health care and all that kind of stuff. But if we're trying to understand the gap in life expectancy, it's what's happening to people in younger ages is that's where the story is. And that's what this article basically, you know, kind of highlights is that there's this just this enormous gap that opens at young ages. It applies throughout the income distribution. Right. So, you know, the article compares the U.S. to England, and it looks at the entirety of the income distribution and basically like, you know, if you are super rich in the United States and super rich typically means like 400,000, the life expectancy for people with that income is basically on par with the top of the distribution in England.

Justin Angle: Okay.

Bryce Ward: But the entire rest of the distribution. Right. So, the median American, you know, it's basically a five year gap. They also looked at it like they actually have these data by community in England.

Justin Angle: Mm hmm.

Bryce Ward: And life expectancy is in the United States is worse than the poorest, most deprived community in England.

Justin Angle: So, let's just draw that out. Life expectancy across the United States is on par with the poorest community in England.

Bryce Ward: Yeah, the place with the lowest life expectancy and which is a huge outlier in England, right? I mean, it is. Think of that bell curve. You think of, you know, that two three standard deviations from the mean. We used to be better than them, but we have trended down over again, in this past decade, to where we're basically equivalent, you know, and that's the U.S. as a whole. Right. If you go find pockets in the U.S. Right. The figure in the article's from West Virginia, you know, is well below.

Justin Angle: Sure. Yeah. Yeah.

Bryce Ward: Essentially, this is our issue, right? We have declining life expectancy relative to what we had a few years ago. And relative to what is happening in other countries, we're getting worse. It's applying throughout the income distribution. And in particular, it is driven by things that are happening and early ages, right?

Justin Angle: So, we are particularly bad at getting our citizens to age 40. It's one way of looking at it.

Bryce Ward: Yeah, you know, and we're moderately bad at getting them from 40 to 75. But once we get you to 75, you're all right. You know, maybe a little bit less than 75, but like, you

know, so. Yeah. So that's basically that's the issue, right? Is well, why are we so bad at keeping people alive from birth until midlife?

Justin Angle: Okay, so given that as a description of the problem, let's start to go through some of the reasons that we know are drivers here. There are so many and some of them are interrelated. Let's start with an obvious one, and that's guns. The reason guns are so deadly in the United States might be a little bit surprising to some. We hear so much about, you know, mass shootings and school shootings. And those are terrible things and they're uniquely American things, but they don't tend to drive this all-cause mortality decline to the extent people think it's more things like suicide by gun. That's a huge problem, but it's driven by availability of guns.

Bryce Ward: The data is very clear. You know, suicide rates and gun ownership rates are highly correlated. And it's not hard to put the theory together, which is that if you want to kill yourself, other methods have a high failure rate. Gun does not. I don't, I can't remember if top of my head the share of gun deaths that are suicide. But if I recall correctly, it is a large majority.

Justin Angle: Think it's something like 40%.

Bryce Ward: You know large share of them, you know. And then, you know, I mean, yeah, the other gun deaths aren't good either. And, you know, to the extent that, you know, you're

dealing with elevated homicide, you know, or from other gun deaths or even accidental gun deaths, you know, it all factors in. But yeah, the availability of guns, particularly with respect to suicide, is a big driver of the share of the gap that is firearm deaths. And you know and again, it's important to know I mean, like it can be hard to parse this precisely, but homicides, suicide, gun deaths, the gap there, you know, we took those out. It gets rid of about 12% of the mortality. So, you know, it's substantial. But even if we got rid of all of that gap, we would still have some big issues call it 10%, which is, you know, roughly 10% of the gap is we have access to something that is an extremely efficient means of ending life.

Justin Angle: Mm hmm. And so, this variable of guns, is it equally distributed across the population in the United States?

Bryce Ward: No, no. You have enormous geographic concentration. Right.

Justin Angle: Okay.

Bryce Ward: You know, I mean, both homicide and suicide deaths are strongly correlated with gun ownership rates. Right. So, in places where you don't have a lot of guns, you have less, you know? I think every place in America has a lot more guns than some of these peer places do. Within the U.S., there is substantial variation in gun ownership rates. And those gun ownership rates, you know, I mean, you hear lots of politically you hear lots of talk about, you know, the high murder rate in these, you know, blue cities. You know, the murder rates in Florida are

substantially higher than the murder rates in New York City. Why? Because there are more guns in Florida than there are in New York City. Right. The murder rates in Louisiana. If I, last time I looked at that, they were they were the winner. But it's Louisiana. Mississippi. You know, these are the places where you have the highest gun death rates. So, the correlation between gun rates and firearm deaths is very strong and not hard to imagine why that those things would come together.

Justin Angle: And obviously, our peer nations do not have the right to bear arms as something codified into their constitutions. But let's move on to the next possible cause or next cause. And one of those is drugs. We've talked about this in various ways on this show. We've described it as deaths of despair, I think attributable that term, attributable to Angus Deaton, is that right?

Bryce Ward: Ann Case and Angus Deaton, who are part time Montana residents.

Justin Angle: Oh, I did not know that.

Bryce Ward: Yeah, they're both at Princeton, but when they are not at Princeton, so i.e., outside of the school year they are fishing in Madison County. They coined the term depths of despair, you know, five, six years ago when we started to note that this trend of life expectancy is not going up and was starting to flatline and then start to go down. And, you know, the broad category of deaths of despair, it's alcohol, drugs and then the suicide ones also then filter in here. So, the firearm deaths that are suicides are also.

Justin Angle: Sure, it's all part of this stew.

Bryce Ward: General part of this stew. And yeah, you know, that's another big portion, you know, just drugs and alcohol, that's about 20% of the gap. You know, the fact that we have this opioid crisis and the deaths related that, you know, we have a lot of deaths from alcohol related, you know, either direct alcohol poisoning or things that are clearly downstream of alcohol. And so, yeah, that's another big part of our story.

Justin Angle: And these are really complex factors. I mean, it's not just that Americans use more drugs. It's a question of access. It's a question of what that access looks like. Is it illicit? Is it supported by our economic models or policies such that corporations can make drugs widely available? And we have a system that does that? It's kind of hard to attribute to a single factor.

Bryce Ward: Yeah. You know, but the framing deaths of despair clearly puts it on as a demand side phenomenon, right? It's that, you know.

Justin Angle: Draw that out. What do you mean by demand side phenomenon?

Bryce Ward: Yeah, so essentially, you know, so there's two parts, right? So, you know, is it available? But drugs are available worldwide to some degree, and we may have them more available. They may be cheaper, maybe a bit easier to access. You know, there may be issues

on the supply side here as well. But the framing deaths of despair basically says, well, it's because something pushed me into consuming these things or doing these things which ultimately harmed me.

Justin Angle: We'll be back to my conversation with Bryce Ward after this short break.

Justin Angle: Welcome back to A New Angle. I'm here with Bryce Ward discussing why the United States is so deadly.

Justin Angle: So according to this deaths of despair framing, you know, Americans are demanding drugs at a different rate than other cultures.

Bryce Ward: Yeah, I think that's the idea, is that there's something in the economy or society or culture that is a proportion of the population is struggling to cope with. And the coping mechanism is a broken coping mechanism which is turned to something which is, again, for at least some people, ultimately self-destructive. That's a useful framing for thinking about it. But in terms of what actually is causing it, you know how much chicken and egg here is, you know, that's harder to get into. And because it's so widespread, but it's not ubiquitous, it's difficult to find an exact story that matches the data precisely. That allows us to say, aha, this is what's really this is about, you know, so it's an ongoing debate, as you know, in terms of, yeah, how much of this is because of economic system problems and how much of this is because of broken social capital and, you know, lack of connection and how much of this is. And, you

know, ultimately my guess is that it's a recipe that includes all of the ingredients. And hence, it's hard to parse them out because. They are interrelated by themselves. You know, they are not just independent. It's not just oh, there's this and that causes this. And then there's this and that. It's like, well, there's this and this. And you put them together, you get new magic. Or in this case, you know, bad magic. And so, you know, it's not an easy question to untangle in terms of getting a nice causal mechanism that social scientists like. But, you know, the patterns that we observe in terms of it tends to be concentrated in particular subpopulations, in particular ages. And it certainly seems related to this collection of ingredients. And think again, to the extent that these are some of these are unique ingredients in the United States, for instance, we do allow more economic inequality, that distribution of life expectancy, comparing England to the United States. You know, one of the things you'll notice is that the England distribution is much narrower. It is lower, the whole thing. But the you know, the U.S. distribution is much wider and it kind of expands to this very high level and this very low level. And so, you know, that may play a role. But then there's also just, you know, things we've talked about, you know, in various past episodes, just people aren't we're struggling to connect with other people and struggling to find happiness and meaning and those things, you know, they also play a role. And it's not just that I don't think it's just an economic story. I think it has to do with, you know, the structures in society that are allowing us to connect with others and ultimately be healthy. This particular category is self-destructive, right? So ultimately, it has to do with something about the individual and the support that they're receiving and how they're processing the world. That, again, we have more of it than other places. So, there's really something that's different here exactly what...

Justin Angle: Yeah, hard to figure out. And as a result, it's hard to create policy or legislation around because that's just kind of the way our system is designed, or at least it's the way our system is executed at the moment. Do we know how big a contributor to the gap, to the mortality gap...

Bryce Ward: That's 20%, I think.

Justin Angle: About 20%?

Justin Angle: Okay. Let's move on to the third cause on our list, and that is cars, automobiles. Americans drive more. We have less restrictive traffic policies, speed limits and so forth. We've arranged our cities and places of work around commuting and driving. Spend more time in a car, car is a dangerous thing. You're more likely to die in a car accident. Fairly simple, but it's all sort of a function of design in many ways.

Bryce Ward: Yeah, and you know, and we also have bigger cars. We drive more, we drive just to get basic places. You know, we spend a lot more of our life in cars than, you know, the average European who may live in a relatively dense, ancient city. That was, you know, again, it's not hard to understand this, right? Europe was built before cars. They had to impose the car into a system, a society that was already there. Most American cities, particularly in the West, were built after cars, you know, or most of their population growth occurred after cars.

Justin Angle: And just a basic geography, too. You've got in Europe a lot more people and a lot less land. In the United States, fewer people and more land. Things are just more spread out by design.

Bryce Ward: Yeah. So, we're going to, you know, drive around more. It is you know, it doesn't have to be inherent. We can choose to change it or whatever it is. But, you know, within the given confines of society, we drive more. And as a result, cars didn't stop being deadly. They are safer than they were a long time ago, but they are still, have immense power to end life. And you know, they do.

Justin Angle: And they're not safer than walking or riding your bike or taking public transportation. And some of that's an availability issue. I mean, many folks would have the ambition or the choice to do that if they could. But, you know, it's just not available to many folks. Okay. Factor four, diet and exercise. We hear a lot about the obesity epidemic in the United States. It is real. And is it unclear that it has an impact on the sort of likelihood of getting to 40? It seems like it's a factor that might take a more acute effect later in life.

Bryce Ward: Yeah, actually, that's a good point. You know, I haven't looked at that. The thing that I've been looking at to do the calculations, it's still just the whole life expectancy. Right. And what we're going to call cardio metabolic diseases. Right. Are about equal to all of those other things combined in terms of explaining the U.S. gap.

Justin Angle: So, if the gap is five years, two and a half of those years are attributable to cardio metabolic diseases and the other two and a half years to all the other things.

Bryce Ward: Yeah, well, you know the things there, there's still some unexplained. Right. But, you know, so essentially, we've got take the drugs violence road and that's 35%, call a third of the gap. And then cardiometabolic diseases by themselves are a third of the gap. And then we have another third, I don't even know where we're going to go with that. But again, whether which how much of that is for this young people, it's got to be some because, you know, it's showing up at the end. Right. But you haven't seen it parsed, exactly. But yeah, I mean, it's not good regardless. It's certainly a big part of, you know, what appears to be the gap between the U.S. and other countries is diet, exercise, yeah, there could be genetic things in here as well. You know? You know, we are not genetically identical to these other countries either. But yeah, it's a big source of life expectancy gaps. You know, at least writ large.

Justin Angle: Next variable we'll talk about is health care. So, Americans like to think we have the best health care in the world. We spend perhaps the most per capita on health care. Fact check me on that. Is that right?

Bryce Ward: Oh, yeah.

Justin Angle: Okay.

Bryce Ward: Yeah. We spend ideally as a share of GDP. Yeah, we are. I mean, there may be some tiny country out there that's competing with us, but, you know, amongst the mean kind of OECD type countries, generally we're 2 to 3 times above anybody else.

Justin Angle: Sure. And we, as we described it earlier, like once you get to 75, you're in pretty good shape relative to other countries, peer countries. The question is, are you going to get to 75? Are you going to get to 40? You know, I think probably American's interaction with the health care system pre age 40 is certainly less than it is post age 40 typically. But how is the health care system affecting this mortality gap as you think about it?

Bryce Ward: It certainly matters. We have, because of the Affordable Care Act, we now have a couple of pretty high quality, almost random or as of random allocations of health insurance. The first had to do with a letter that got randomly sent out to people telling them that they were qualified for things on the exchanges. And the other is just Medicaid expansion. And both of those things appear to reduce mortality by relatively significant amounts. Right. So, access to health insurance and then, therefore, the health care system. I don't know why this should surprise us. It shouldn't. It matters.

Justin Angle: Yeah. And what is the mechanism with the access to insurance? You're just more likely to consume a health care resource if you have insurance.

Bryce Ward: Yeah. I mean, you know, there is an enormous consumption effect. You know, so there's this survey called the Medical Panel Expenditure survey. Right. So we can track the same person over time and literally asked them about health care spending. And so we can see like you got health insurance. And then how much do you, spending do you generate? And it's a lot. So when you don't have health insurance, you skip a lot of care. And that's fine if you didn't need any care. But to the extent that you're not managing something that you know is long term or chronic, you're not treating something that was acute, that could have been treated and, you know, but then becomes chronic and then deadly, you know, all of those things matter and therefore...

Justin Angle: And you're not participating in preventative care in the same way that you might be if you had more regular access.

Bryce Ward: You're missing early diagnosis of things. You know, you're missing all of it. Right. And so certainly access to health care has an effect on health. As we just talked about, you know, I mean, a lot of times when you used to criticize the American health care system, you would say, well, life expectancy is really low and we spend a lot. The health care system is not the primary determinant of road deaths. And, you know, maybe some of the drug and alcohol stuff could have been mitigated with a better health care system. Maybe some of the gun deaths could have been mitigated with a better health care system. So it's not independent of it. But there is a whole host. It is not just exclusively like when you're sick. You don't get better. When you're sick in the United States, you typically get better at the same rate as anybody

else if you're being treated. And for certain things, particular certain cancers. If you're getting treated, you're going to get treated better here than you would in other places. So it is not a uniform like, oh, the U.S. system cannot deliver health. We can deliver a lot of health, We spend a lot of money. And we can if you are able to access the system, particularly if you have a lot of money to access the system, you can buy yourself very good health care in the United States.

Justin Angle: Yeah, at the upper end, you're going to get the best care for any particular ailment. It's just a question of can you get access to that? And we should note that the United States is the only of the peer nations that does not have, are we the only of the peer nations that does not have a nationalized health care system?

Bryce Ward: Not everybody's is a nationalized health care system. They have, you know, most places have at least some form of single payer insurance that is more expansive than Medicare and Medicaid are in the United States. But there are a couple, I think Switzerland and, you know, a few Asian countries where private insurance is still the thing. But it's kind of it's more than through subsidy. You know, so it's not fully you know, so the U.K. is nationalized health care. Right. So they have an actually, you know, formerly state run health care system. Most places have Medicare, but for everyone. So it's just health insurance.

Justin Angle: There's a public option.

Bryce Ward: Yeah, there's just a public provider of health insurance. And then where the gaps are is basically on, you know, how generous is the public payer or the public provider and then what's being topped up in a private market. You can get health care in England outside of the national health. You know the NHS, right? It's just, you know, it's not, you know, because it's not the main system of reason. It's limited, you know, And the same thing holds for, you know, you, yeah. You, if whatever Canadian health insurance doesn't cover it like well you can still like access health care in other ways. Like particularly you can get on a plane and fly to the United States and pay for it out of pocket. Or buy some other secondary insurance product. So, you know, there's you know, but we are different. Yes. In that in terms of just the share of people who lacked health insurance, we've driven that down a ton in the past decade. But we are different in that we have less health insurance. You know, we have more barriers to accessing health care. than other places. And therefore, it is a plausible contributor to the gap in mortality.

Justin Angle: So that largely exhausts the reasons for this mortality grab that we know of. There is a mystery portion of this, and there's a lot more to the reasons why and why they're uniquely American. We're going to tackle that next month because this is a big topic we're going to make this a two parter. But Bryce, thanks for the description today. And listeners, stay tuned for next month where we try to pull the lens back and understand why America seems to be more deadly than other countries.

Bryce Ward: Yeah. You know, stay tuned for exciting discussion of, you know, deaths of abundance and freedom.

Justin Angle: Yeah, it's a great way to start your summer, folks. So happy trails.

Justin Angle: Thanks for listening to A New Angle. We really appreciate it. And we're coming to you from Studio 49. A generous gift from UM Alums Michele and Loren Hansen.

Justin Angle: A New Angle is presented by First Security Bank, Blackfoot Communications and the University of Montana College of Business, with additional support from Consolidated Electrical Distributors, Drum Coffee and Montana Public Radio. Keely Larson is our producer. VTO, Jeff Amentt and John Wicks made our music. Editing by Nick Mott, Social Media by Aj Williams, and Jeff Meese is our master of all things sound. Thanks a lot, and see you next time.