

Troubling Trends in Wisconsin: Life Expectancy Down; Alcohol, Drug and Suicide Deaths Up

Life expectancy in Wisconsin has declined slightly for the second straight year, mirroring a national trend and a disturbing shift from the longstanding expectation that newborn babies could be expected to live as long or longer than those born before them. Of particular concern are the state's rates of death due to alcohol, among black residents and people in their 20s and 30s, and due to opioid drugs—especially in Milwaukee County.

The life expectancy for babies born in Wisconsin from 2015-17 was 80 years, down from 80.1 in 2014-16 and from 80.2 in 2013-15, according to the state Department of Health Services. Though slight, these consecutive decreases buck a longstanding trend and may reflect the deeper impact of several troubling issues facing the state.

Wisconsin residents still continue to have a longer life expectancy than the national average. While precise comparison is not possible due to methodological differences, national life expectancy in 2017 was 78.6 years. Yet mortality data from the Centers for Disease Control show Wisconsin losing ground in some areas, including deaths due to alcohol and increased mortality rates among black residents and people in their 20s and 30s.

Our research did not evaluate if the state life expectancy decline is statistically

significant, as that is not calculated by the Department of Health Services. But it is clear that the national life expectancy downturn is something not seen in a century. The last such occurrence was from 1915 to 1918, when U.S. life expectancy briefly declined during a period that included World War I and a global influenza epidemic.

Today's decline comes amid a new epidemic: deaths from overdoses of opioid drugs. CDC experts say overdoses and rising suicide deaths have driven the national decrease in life expectancy, with an increase in alcohol-related deaths also playing a role. These changes have happened at the same time other trends, such as declining rates of death from heart disease or stroke, enabled some to live longer and caused overall mortality rates among older Americans to decline.

In Wisconsin and nationally, the rate of death due to suicide, drugs, or alcohol has increased steadily since 1999. Drug and alcohol death rates in Wisconsin have more than tripled in that span. Total drug and alcohol deaths increased from 593 in 1999 to 1,985 in 2017, the most recent year for which data are available. The rate of increase in such deaths also accelerated the last few years.

CDC data show the rate of alcohol-related deaths in Wisconsin, on par with the national average nearly two de-

cadecades ago, is now higher. Such deaths include those for which the primary cause is alcohol, such as liver disease, alcohol poisoning, or fatal accidents in which the deceased person is intoxicated. In 2017, the state's alcohol-related death rate rose more rapidly than the national rate to more than double what it was in 1999. That year the state had 356 alcohol deaths, which increased to 780 in 2017.

Concerning Trends in Black Mortality, Opioids

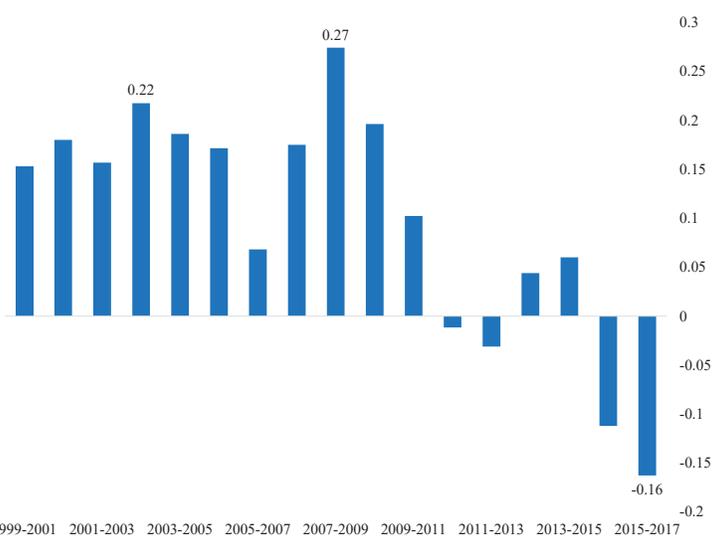
There also are several troubling mortality trends among the state's black residents. The overall mortality rate, or deaths per 100,000 people per year, for those residents increased by 24% from 1999 to 2017 even as mortality among all black Americans declined by nearly 6%. This shift brings Wisconsin, which two decades ago had a black mortality rate well below the national average, much closer to the national rate.

Reflecting a national trend fueled by the opioid epidemic, the state's drug death rate has more than quadrupled since 1999. Opioid deaths increased from 65 that year to 901 in 2017. Yet Wisconsin's patterns of opioid deaths depart from the perception in some quarters that the opioid crisis primarily afflicts white rural and small-town communities.

Wisconsin's opioid-related death rate for black residents in 2017 was nearly twice the national average for blacks. In another departure from national trends, it was significantly higher than the state's opioid death rate for people of all races.

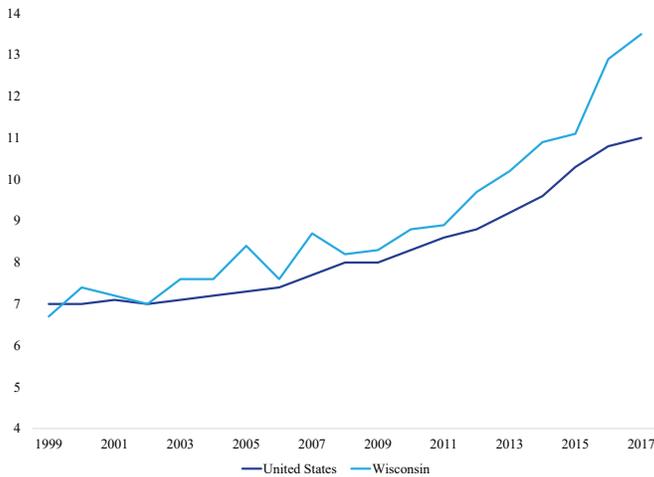
The opioid death rate for all races in Milwaukee County, from 2013-2017, was more than twice the statewide rate, with its white residents having the highest rate of opioid deaths. Milwaukee County's

Fig. 1: Drop in Life Expectancy Reverses Years of Growth
Change in years in life expectancy at birth in WI by three-year cohorts



Source: Wisconsin Department of Health Services

Fig. 2: Alcohol Growing Killer in WI Relative to Nation
Alcohol-Related Deaths per 100,000 in WI and U.S., 1999-2017



Source: Centers for Disease Control WONDER Database

opioid deaths per 100,000 residents in that timeframe, 24.9, was nearly two and a half times the rate for all 63 counties identified as “large central metro counties” by the U.S. Census Bureau, which was 10.5.

Obscuring Positive Trends

In most cases, the increase in deaths due to suicide, drugs, and alcohol cuts across age groups, as well as across urban, suburban, and rural areas. The same is true for a positive trend playing out in the state and nation: decreasing rates of death for frequent killers such as heart disease and stroke.

In Wisconsin, the rate of death from cerebrovascular disease such as stroke dropped 40% from 1999-2017. The rate of death from heart disease, the state and nation’s number one killer, declined by nearly 21% in that span. This put it on a possible course to be surpassed as the number one cause of death by cancer, which also declined as a cause of death in the last two decades but far less sharply, by about 3%. The net effect is that among older people, overall mortality rates have decreased as these declines more than offset rising rates of death for suicide, drugs, and alcohol.

But among adults in their 20s and 30s who are less often subject to heart disease or stroke, the net impact is that mortality rates have risen considerably. The state’s drug and alcohol mortality rate for people ages 20-39, well below the national rate in 1999, steadily crept upward to surpass the national rate in 2016 and 2017. These premature deaths by relatively young adults have a significant impact on life expectancy overall.

Besides the worrisome trends described here, research consistently has shown one of many factors that influences life expectancy is socioeconomic status, a way of understanding social class that the Congressional Research Service said “is commonly measured by income, education, occupation, or some interaction of these concepts.” The consensus, according to the Research Service and others, is that people of higher status live longer on average.

In Wisconsin, life expectancy in 2014 for a man in the bottom income quartile was more than 11 years less than a man in the top income quartile—giving Wisconsin the 18th-largest such gap of any state, according to The Health Inequality Project. For women this gap was nearly seven years, for a rank of 19th among states.

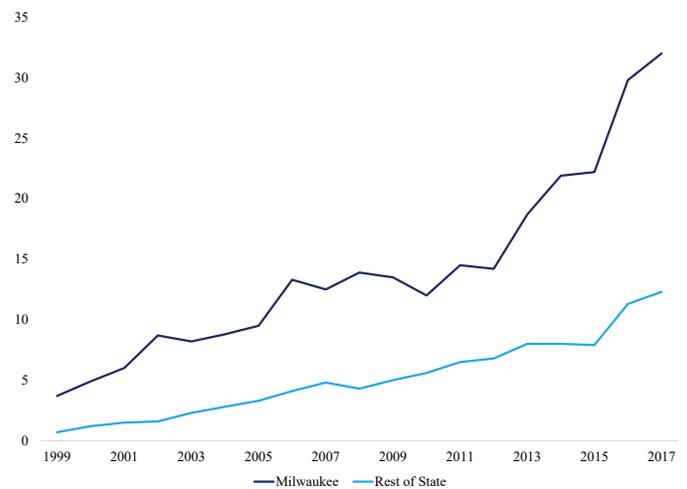
Conclusion

Few if any outcomes should be more important to Wisconsinites than the length of our lives. So the recent decline in life expectancy and increases in mortality among certain groups are sobering. For the time being they overshadow other trends, enabled by medical progress in treatment of heart disease, stroke and other areas, that otherwise would be lengthening life expectancy.

We hope this report adds urgency to the debate around measures that can blunt and ultimately reverse these trends, with a focus on the communities and age groups in which mortality has increased. There are a few signs of progress, such the recent announcement from the state Department of Health Services that opioid deaths in Wisconsin declined by 10% in 2018.

Going forward, more policy efforts to curb drug and alcohol abuse—through bipartisan, evidence-based measures—appear warranted. The aim must be to ensure recent trends do not reverse decades of gains in human lifespans, but rather, become a brief detour in the long arc of history. □

Fig. 3: Milwaukee Co. Opioid Deaths Rise Relative to State
Opioid-Related Deaths per 100,000 in Milwaukee Co. & WI, 1999-2017



Source: Centers for Disease Control WONDER Database



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