

Conservative State Policies Damage U.S. Life Expectancy

Jennifer Karas Montez

(collaborators listed in acknowledgments)

Americans die younger than people in other high-income countries.¹ This gap in life expectancy between the U.S. and other countries emerged in the 1980s and has grown ever since.¹ Since that time, gaps in life expectancy between U.S. states also expanded.² The difference between the highest and lowest life expectancy states has grown to 7.0 years—the largest ever recorded.³ These two trends are related: the dismal life expectancy trends of some states have been an anchor on overall U.S. life expectancy.

For instance, between 1980 and 2017, life expectancy rose by just 2.2 years in Oklahoma (73.6 to 75.8 years) but 5.8 years in Connecticut (74.9 to 80.7 years) [See Figure 1]. Life expectancy in Oklahoma now falls between that of Serbia and Brazil, while Connecticut falls between Denmark and Costa Rica.

Oklahoma and Connecticut differ in other ways. While these two states were diverging in life expectancy, they were also diverging in their policy orientation.⁴ Oklahoma made one of the largest transitions toward a conservative state policy environment among all 50 states. Conversely, Connecticut made one of the largest transitions toward a liberal state policy environment. This polarization in state policy environments has occurred across the U.S. and helps to explain the growing gap in life expectancy between states and the troubling trends in U.S. life expectancy since the 1980s.

This study⁵ examined how state policy environments contributed to U.S. life expectancy trends from 1970 to 2014. It used information on 18 policy domains such as abortion and guns, each measured on a liberal-to-conservative scale, for every state and calendar year (all domains are listed below under Data and Methods). The analysis then predicted U.S. life expectancy trends from all policy domains, controlling for characteristics of states and their residents.

KEY FINDINGS

- U.S. state policy trends since the 1980s have cut short American lives, particularly for women.
- U.S. life expectancy gains since 2010 would be 25% greater for women and 13% greater for men if states policies had not changed in the way they did, with many becoming more conservative.
- Liberal state policies could raise U.S. life expectancy by over 2 years; conservative state policies could reduce it by 2 years.

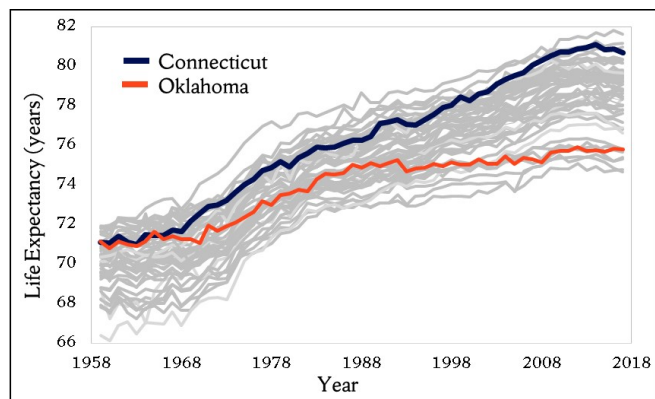


Figure 1. Life Expectancy Trends for 50 US States

Source: United States Mortality Database

Many Conservative State Policies Cut Short American Lives

Among the 18 policy domains studied, 10 strongly predict life expectancy. More liberal versions of those policies generally predict longer lives and more conservative versions generally predict shorter lives. This is especially the case for policies on tobacco, immigration, civil rights, labor (e.g., Right to Work laws, minimum wage), and the environment. For instance, by changing its labor laws from the most conservative to the most liberal orientation, a state could experience a large 1-year increase in life expectancy. State policies have particularly important consequences for women's life expectancy. This finding reflects the reality that state policies such as minimum wage, EITC, abortion laws, and Medicaid are more relevant for women's than men's lives.

During the 1980s and after 2010, overall changes in state policies had a negative impact on U.S. life expectancy. After 2010, the small gains in U.S. life expectancy would have been 13% steeper among men and 25% steeper among women if state policies had not changed in the way that they did, with many becoming more conservative.

Conservative state policies are estimated to decrease U.S. life expectancy by 2 years.

If all 50 states enacted either liberal or conservative policies, what would happen to U.S. life expectancy? If all states enacted liberal policies across the 18 domains, our study estimated that U.S. life expectancy would increase by 2.8 years for women and 2.1 years for men. However, if all states enacted conservative policies, U.S. life expectancy would decline by 2.0 years for women and 1.9 years for men. If all states followed current national policy trends, there would continue to be little improvement in life expectancy. This is partly due to countervailing forces: gains in U.S. life expectancy associated with some national policy trends (e.g., toward liberal policies on the environment and civil rights) would be offset by losses associated with other trends (e.g., toward conservative policies on abortion and guns).

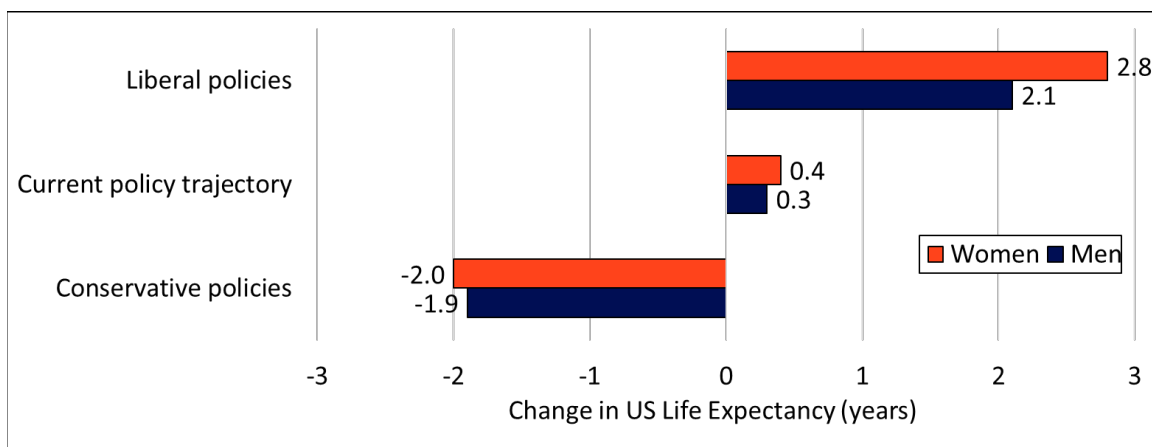


Figure 2. How Changing State Policies Might Affect U.S. Life Expectancy

Source: Estimates are from "[US State Policies, Politics, and Life Expectancy](#)", *The Milbank Quarterly* 98(3):1-34.

Putting Profits Over People Cuts Lives Short

Trends in state policies since the 1980s have cut short many lives. Improving U.S. health and longevity requires changing many of those policies. In particular, it is essential to enact policies that protect the environment, regulate tobacco and firearms, and ensure labor, reproductive, and civil rights. Enacting these changes in state policies will not be easy. On the contrary: policymakers in many states have put the interests of corporations and their lobbyists—particularly the American Legislative Exchange Council [ALEC]—and wealthy donors over the interests and health of their constituents.⁶ Oklahoma, for example, is one of the most active states in terms of enacting the corporate-friendly and politically-

conservative policies promoted by ALEC, while Connecticut is among the least active states.⁶ Policymakers and the public must recognize that putting profits over people cuts lives short.

Data and Methods

Data on life expectancy come from the U.S. Mortality Database ([available here](#)). Data on state policies ([described here](#)) are from Dr. Jacob M. Grumbach. Using annual data on states' life expectancies and policies from 1970 to 2014, the analyses predict life expectancy from policies, controlling for immigration and stable characteristics of states and their populations. Among the 18 policy domains, 10 significantly predicted life expectancy. **More liberal versions** of policies related to abortion, civil rights, environment, gun control, immigration, LGBT rights, private sector labor, and tobacco tax, as well as a measure of policy innovation, predict longer lives. **More conservative versions** of marijuana (and possibly voting) policies predict longer lives. Seven policy domains did not significantly predict life expectancy: tax, education, housing and transportation, criminal justice, campaign finance, public sector labor, and health and welfare. For details, see the published study, "[US State Policies, Politics, and Life Expectancy](#)", *The Milbank Quarterly* 98(3):1-34.

References

1. National Research Council. (2011). *US health in international perspective: Shorter lives, poorer health*. Woolf, S.H. & Aron, L. (Eds.). National Academies Press.
2. Wilmoth, J.R., Boe, C., & Barbieri, M. (2011). Geographic differences in life expectancy at age 50 in the United States compared with other high-income countries. In Crimmins, E.M., Preston, S.H., & Cohen, B. (Ed.), *International differences in mortality at older ages: dimensions and sources*. National Academies Press.
3. United States Mortality Database. Retrieved July 25, 2020, from <https://usa.mortality.org/>
4. Grumbach, J.M. (2018). From backwaters to major policymakers: policy polarization in the states, 1970-2014, *Perspectives on Politics*, 16(2), 416-435.
5. Montez, J.K., Beckfield, J. Cooney, J.K., Hayward, M.D., Grumbach, J.M., Kozyak, H.Z., Woolf, S.H., & Zajacova, A. (2020). US state policies, politics, and life expectancy. *The Milbank Quarterly* 98(3):1-34.
6. Hertel-Fernandez, A. (2019). *State capture: How conservative activists, big businesses, and wealthy donors reshaped the American states - and the nation*. Oxford University Press.

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About the Author

Jennifer Karas Montez (jmontez@maxwell.syr.edu) is Professor Sociology, Director of the NIA-funded Center for Aging and Policy Studies, Co-Director of the Policy, Place, and Population Health (P3H) Lab, and Research Affiliate with the Lerner Center for Public Health Promotion in the Maxwell School of Citizenship and Public Affairs at Syracuse University (SU).

The mission of the Lerner Center for Public Health Promotion at Syracuse University is to improve population health through applied research and evaluation, education, engaged service, and advocating for evidence-based policy and practice change.

426 Eggers Hall | Syracuse | New York | 13244
syracuse.edu | lernercenter.syr.edu