The fatal outcomes of failed prevention

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Most premature deaths can be attributed to a failure of prevention, especially in wealthy nations that have high-quality educational, social service, and health-care systems. Overall premature death rates in US adults have long been in decline, thanks to public health efforts to reduce the burden from motor vehicle crashes, HIV, cardiovascular disease and cancer, crime, and tobacco.[1] Moreover, although striking disparities among certain populations remain, our research showed that premature deaths in black people have been steadily decreasing in recent decades.[2] At the same time, we showed that rising or stagnating premature death rates among white people were due to increases in suicides, accidental poisonings, and liver disease deaths, alongside a slowdown in the decline of chronic disease deaths.[2] Compared with other wealthy nations, these unfavourable trends in premature deaths that affect large swathes of the population are unparalleled.[3]

In *The Lancet Public Health*, Ana Best and colleagues[4] contribute to existing literature by using age–period–cohort modelling to project trends in all-cause deaths and specific deaths among working age Americans (25–64 years) by age, race or ethnicity, and sex through 2030. The authors estimated the number of excess deaths in each subgroup and calculated how many lives would be saved if hypothetical interventions reduced accident-specific deaths by 2% annually. This allows readers to understand recent death trends by group and consider what the future holds should these trends continue.

The authors predict that all racial or ethnic groups of both sexes will have increases in deaths from suicides, accidents (which includes accidental poisonings and overdoses), and liver disease. These increases were found to be steepest among white people and American Indians. Although white people are projected to have subtle declines in such chronic disease deaths, overall premature deaths will stagnate among men and increase among women because of the continued increases in the above-mentioned deaths.

Best and colleagues[4] shed light on the reduced death rates in black and Hispanic people, largely through substantial reductions in cardiovascular and cancer deaths. A striking outcome of these projected trends is that black, white, and Hispanic people will reach an equilibrium in premature death rates just 12 years from now. Considering the stark differences in life expectancy that have persisted between white and black people in the USA since the slave trade began,[5] this projection is a groundbreaking finding. The good news is that if this projection is true we can celebrate the end of hundreds of years of premature death disparities. The bad news is that we must shift our focus to new battles.

The future battle will no longer be narrowing the mortality gap between black people and white people; rather, it will be to narrow the gap between rich and poor. By 2040, America will be race plural.[6] Middle class America will be shared by all races, with no dominant group defining the typical America.[6] It is estimated that white and black people with a high school degree or less already have an equal risk for premature death in adulthood, suggesting that income level is becoming a stronger predictor of wellness in midlife than race.[3] Additionally, studies suggest that within low-income groups, life outlook and cultural attitudes might be an even stronger risk factor for premature death, with correlations observed between communities with increased mortality and higher reported amounts of desperation, stress, and worry.[7]

The steep increases in American Indian death rates observed and projected by Best and colleagues suggest that disease disproportionately affects low-income individuals living in areas of concentrated poverty.[4] The authors calculated death rates in American Indians using a method that restricts counts to individuals on reservations only, which inflates death rates by including the most low-income and rural individuals and filtering out upwardly mobile, more educated individuals that move to prosperous areas. This limitation is also a strength in that it highlights the sharply escalating premature death rate in some of the country's most vulnerable populations, and suggests that places of concentrated poverty are an important area of future research.

Increasing overdose, suicide, and liver disease deaths are fatal outcomes of a culture increasingly plagued by hopelessness and despair, with its victims killing themselves either overtly, recklessly, or gradually through high-risk behaviours. During a time of unparalleled national economic growth and prosperity, these premature death trends—occurring alongside

rising poverty rates, intergenerational downward mobility, and stagnating wages for low-income and middle-income Americans—suggest that many people are being left behind.[8]

Best and colleagues show that interventions to curb accidental deaths from drug overdoses could save 178 700 lives over the next thirteen years.[4] However, at the same time, they project that the recent increases in suicide will continue and result in the loss of 426 400 lives among those aged 25–64 years between 2017–30, with an even steeper rise in deaths than for accidental deaths. These alarming projections should prompt policy makers to bolster suicide and overdose prevention efforts and make wellness and longevity accessible to all.

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