

AJPH Podcast—December 2023
Education is the key to understanding what is ailing the United States
Hosted by Alfredo Morabia, MD, PhD

[musical introduction]

AM Hello and welcome to this new podcast of the American Journal of Public Health. Today, we, our guest is Anne Case. She is a professor emeritus at Princeton University and the author, with Angus Deaton, of the book [about] *Deaths of Despair* that has been discussed so much in the public health arena. Good morning, Anne Case! Nice to have you.

AC Good morning, it's really a pleasure to be here, thank you so much, Alfredo.

A And of course, there is Vickie Mays, professor from UCLA, and I'm always very excited to have Vickie on board with us. I love all her questions and insights. Vickie, how are you doing?

VM I'm wonderful, because I'm excited that we're able to have Professor Case with us today, because this topic is one that, you know, as a mental health person I've studied it; as a person that does big data, I've been interested in it. So, Anne, thank you very much for being with us.

AC Gosh, thanks so much, Vickie. It's really a pleasure.

AM So, Anne, *Deaths of Despair*, you know was associated with a very specific message, and it was about middle-aged, white men specifically living in the old industrial area of the United States, the Appalachia, Utah, and other parts of the country. So, what was the message that you wanted to convey in this book with Angus?

AC It's such a pleasure, in part, to be here because I think the press really distorted our findings; and you know, many people read newspaper or listen to podcasts but can't find the original research. But from the get go, what we found was that mortality from suicide, from alcoholic liver disease, and from drug overdose—so we consider those the deaths of despair—were rising for both men and women. So the press really picked up this idea of white men dying, but if you look at the

trends, the trend upward was almost identical for men and women. And even back in the first paper that we published back in 2015, we focused on one age group, 45-54, because for that age group all-cause mortality had been rising which is just up over a long period of time, and that was news, and that just wasn't supposed to happen. But for every five-year age group from 25-29-year-olds up through 60-64-year-olds, deaths from these causes—alcohol, drugs, and suicide—had been rising for 20 to 25 years, and somehow except for the drug overdoses was somehow under the radar. People, the CDC would write reports about it but they were silo'd, that the people at the CDC will write on suicide would say that was going up. People who wrote on alcohol would say deaths from alcohol were going up. And of course with drugs, but we thought of these as all having possibly some common root that either slowly or quickly people were killing themselves with their own hands. And so, we thought that was something that was worth adding to the conversation about what was happening in the US.

VM Could you talk a little bit about, even though we talk about the people were doing this to themselves, was there any change going on in society that you saw as potentially contributing to this?

AC Oh, absolutely. We think of this as being something—when you pick data apart, and of course this is all us talking here today. This is still evolving, right? So what we talk about today would not necessarily be the way we would describe it five years from now, because things are sadly continuing to worsen. When you pick the data apart, for people with a bachelor's degree or a four-year college degree, they were not suffering this increase in deaths from these causes. It was for people without a four-year college degree, and that includes people with some college. So, there seemed to be this divide, and that gives us some information about what's going on. A BA appears to have been quite protective, but people without a BA were suffering. Now, on the

death certificate, we have education; we've had it since 1989. We don't have income; we don't have wealth or occupation or whether your mother loved you; but we do have education. And it turned out that education not only was it a divide for mortality; it was also a divide for what was happening to wages. That people without a college degree had seen—men for 50 years, women since 2000—had seen wages stagnate. And we know also that from our friends who ran the Fragile Families study at Princeton which is now I think called the Future of Families study—that people without a good job don't feel like they can get married. So, marriage rates plummeted for people without a BA. So, their work situation was deteriorating; their home lives were deteriorating. And if you go back as far as Durkheim, that seems to be recipe for suicide. That the institutions that help people—family life, community life, affiliation with an organized religion which has also fallen quite dramatically, especially for people without a BA. So, we feel that people were just unmoored at partly because of the fact that jobs disappeared with globalization, partly with automation, but we weren't seeing those things happen in European countries. Globalization and automation came to Europe as well, but we didn't see this dramatic increase in death from what we think of as despair. So, then we dug deeper—what is different about the US? And one of the things that is just really always the elephant in the room is that the US has a very different, from the rest of the entire world, of running its healthcare and its healthcare insurance. And when one dollar in five in this country goes to the, you know, medical industrial complex, there's a lot less for people to bring home in their paycheck; there's a lot less for local and state governments to provide services and to run what once were the great state university systems because they have to pay exorbitant costs for Medicaid. So that is one of the things that we think should be being discussed, and in some circles is being discussed, the fact

that we have the most expensive medical system in the world and we have the lowest life expectancy in the developed world.

AM Yeah, I think we should get back to that because it's a very interesting conclusion of your book. The solutions in themselves are extremely interesting. You know, I wondered why people had missed this decline in life expectancy in white populations in particular, and we published data on that, and if you compare the life expectancy of the white people, even despite the death of despair, it's still much better than what you see among the African-American population or people of color in this country. If you think of the Black working class, the industrial Black working class that grew up in the second World War that thrived, it also completely disappeared, so why would the factors that affected white communities also affect African-American workers?

AC When we were writing the book, we struggled with this because here's this most privileged group in the US, and while mortality rates from drugs and alcohol were falling in the Black community and in fact the death rates for drugs and alcohol in the Black communities they were falling, and they were rising in the white community, they changed places starting in about 2007. So, we felt like what is going on here? We actually got good advice from President Obama who said look go back and look at what happened in the Black communities in the 60s and 70s, and this isn't a perfect analogy, I mean whites still don't face the kind of overt and covert discrimination that Blacks do, obviously, but I mean the 60s and 70s, major industries pulled out of big cities. So, jobs which had been good jobs in the Black community disappeared, and that was the point at which marriage rates fell in the Black community, out of wedlock childbearing increased dramatically, and it was punctuated by a crack epidemic. We wonder if now the wheel has come around again; this time it's come for the white working class where marriage rates fell dramatically; out of wedlock childbearing increased dramatically; and it was punctuated by an

opioid epidemic. Now sadly, with the arrival of fentanyl, what happened, real progress in the Black community against drug overdose has, you know, changed dramatically. And that is just a horrible thing to have happened, and it's happening in Black communities and white communities and Hispanic communities. It's pervasive now in the US, and we're seeing rates go up, skyrocketing, for everyone now. But there was a period of time in the 90s and in the 2000s when rates were falling for Blacks and rising for whites. But to go back to your question about life expectancy, Angus and I have a paper where we document the fact that, within racial groups, so if you look at people without a BA, black and white life expectancies are converging. They've both been falling. They fell for almost a decade before the COVID epidemic for both groups, while for blacks and whites with a BA, they are converging at a much higher level, and both were rising before the COVID epidemic. So there seems to be more convergence by education, which some people might call class, and real divergence between these education groups. We don't think it's education itself; it's not like I could pin a BA to you and make you well. We think that education is so intricately linked in this country to the ability to get a good job but also with the esteem with which people hold you, we think that that is really at the heart of it. You know, not everybody wants to go to college. Everyone who wants to should have the capacity and the ability to go to college, but the way we interact with people who, you know, have chosen a different path is very different from what you would find in Europe. And we think that that's a really big part of the story.

VM You know, it's really interesting because I think that President Obama gave you some incredible, insightful advice, and my guess will be ten years from now as you said, things would be quite different, because in the 60s and 70s for blacks there was hope. There was the civil rights movement. So as you said, we can't look on the death certificate and find that. So it's almost

like I'm going to ask you to rub a crystal ball and make a prediction, because we just had the Supreme Court tell us that Affirmative Action in education is going to be struck down, that we have to almost be color blind. So the prediction is that less blacks and Latinos are going to be in institutes of higher education. So, what's your thought about what we might see?

AC Oh boy, you know, my crystal ball is pretty cloudy. If we do not do something to help people feel that they are enfranchised, that their votes count; if we continue to allow money to be the factor that drives all of the political decisions made in this country, I worry about this 250-year experiment that we have with democracy. I think that what we saw on, in January 2021 could happen again. I think that people lately feel that the system is rigged against them. Just use healthcare as an example. There are six healthcare lobbyists for every member of Congress. The idea of that is just stunning to me. Can you imagine six people almost following you around and every move you make? They are always at the table, in the room where it happens. They are the people who are able to say I really don't want to say that there should be any price controls on what we can charge for drugs. They're allowing hospitals to merge, and every time hospitals merge, instead of prices coming down because of synergies, the data show prices go up. So, we're taking money out of the pockets of working people and sending it up the income distribution to this medical industrial complex which is just getting fatter and fatter and fatter. That's just healthcare as an example, but I think a telling example of what's happening right now to our democracy. And I wonder just about the long-term stability of it. Something's gotta break. We can't go on the way we've been going on.

AM And, tell me, Anne, I mean also still for the comparing, you know, black and Hispanic communities with the white community, what are your thoughts about the role of mass incarceration for the black community which has no equivalent for the white community and is

during the same period. I mean, could one have been the actual compensation in some ways, negative compensation for the other?

AC That's a good question and I don't know the answer to that. I mean, mass incarceration is obviously a horrible—that is also us running amok in this country. But there, you know, there's new research coming out of Berkeley that shows that mass incarceration is changing in very much the same way that life expectancies are changing which is that mass incarceration is going up for whites without a BA and coming down for blacks with a BA. So again, we're seeing more convergence by class than by race. Now, I mean obviously that's just again one data point. It's a hard thing. In this country, we act as if, which is obviously not true—well, we'll start on a level playing field and then we let people go and some people go to college and other people choose, big word choose, not to, and then you're on your own. We have always been, I think, a society that places too much on—personal opinion—too much on the individual and too little on community and a community coming to the aid of people who need help.

VM I was just going to say I agree. We're not going for our fill; I think we're trying to contextualize the data. And there's something that Alfredo has raised in previous conversations, and it has to do with the context, the social determinants of health because there was an article that recently came out by some colleagues, Joseph Gomes who is American Indian, and talks about this same phenomena has existed over time but we haven't seen it and that the issue of poverty, the issue of unemployment—so, he starts to contextualize [in at] even more. And I think when you first began this work, you're really looking at employment and now you're looking at education. So, I'm wondering when we really start to think about some of these other groups, how do you think about the social determinants of health as potential factors?

AC That's a really good question. I actually think that from the get go, we were interested in both education, because we had it and we could document the fact that these differences existed by education, but that education is so intricately linked with employment in this country and the ability to get a good job in this country at this point that the two currently go almost hand in hand. Fortunately, the Biden Administration has really started to use the bull horn to say we should not be using the BA to deter people from getting jobs that they could actually handle. And the Governor of Pennsylvania has passed a legislation that for state government if you want to say that this job requires a BA you have to tell us why, because the BA became this screen for jobs. One can imagine part of the reason for that happening was that in the old days newspapers would advertise jobs and you might get a couple hundred applications and now with jobs being advertised online you get many tens of thousands of applications and people started just using the BA as a screen. Well, there's no foundation at work on, called the paper ceiling, trying to stop that from happening to bring back jobs, good jobs for people who have the skills for it but don't have a BA. So we think of education and employment as being very closely linked, but unfortunately in this tangle is also whether or not you have a stable home life, right, whether or not you're getting married, whether or not you are participating in a community which we think is incredibly important and we've never actually thought it was education per se but it's things that education is associated with. There was this very good paper that came out during COVID also which took the American Community survey of 2008 which is like 3.5 million people and they followed them through and attached them to the National Death Index, and then they have a lot of information on those people. And what they see is that for death from suicide or drugs or from alcohol, separately as well as if you join them altogether, that having a job matters, family income matters, education matters, marriage matters. All these things independently matter.

VM Yeah, yeah, I was going to say the difference of the difference here is like what is starting to matter. Because if you read Oliver Shapiro's book on black/white wealth, you see that a black PhD will get paid so much less than a white PhD. So even though education matters, it matters differently, and we know this in terms of men and women; they both can have the same degree and make different amounts of money. We see these arguments from some of your colleagues like Derek Hamilton or Sandy Geraghty when they really argue that educational attainment is very different between blacks and whites and that employment is very different. You can make the same amount of money, but one person is making with stock options and the other, they getting actual income. So over time what you see is their greater life expectancy is less between blacks and whites and that's when Gomes wrote his article, that's I think the push that's there is let us learn these other things. Because I agree with you. In the black community, you can be a garbage collector and that will have weight because of the amount of money you earn and the job itself has longevity; a teacher who's making very little money, those are actually prestigious jobs in some black communities. Whereas in a white community it would be like oh you don't have a degree. So, there are all these differences that I'm just trying to learn particularly in terms of your approaches, how they matter.

AC Yeah, I mean these are really important issues, but it is the case, though, that life expectancy for blacks with a BA is converging with life expectancy of whites with a BA. So, that doesn't mean necessarily their health is better but their longevity is better. The group with the lowest rates of death from drugs, alcohol, suicide combined are blacks with a BA. Now, selection into that group obviously matters as well, but it is the case that it is a marker for better things happening within the black community as well.

VM Yeah.

AM You know, I have, what really convinced me when I read the book or the conclusion, I tell you what, because the argument about the causes of the deaths of despair are very well presented and they would convince anybody. But as a historian, I'm very cautious with great theories that haven't been demonstrated. You know, we had miasma in the 19th century. Air pollution was that and everybody believed it was wrong and it led to terrible policy and there this is where we are now. But in your book, you show how, the complexity or your thinking, when you get to the conclusion because all the solution you propose are universal. I mean, BA, health insurance—there is nothing that is ethnic or race-specific; there is nothing that is age specific; there is nothing that is gender specific. Your solutions are global solutions which would improve life in a capitalistic society or lead to something better. For me, that's the solid part of it, you know? You have the data, you have the solutions, and in the middle there's still need for some research to understand the process. And the discussion between Vickie and you here is really [expert].

AC I mean I would not presume to be able to speak to the kind of racism that people in this country have to live with and what it does to their health. I cannot presume to be able to do that. It is there. It is something that is I mean going back to the original sin of this country, it is something that has been with us and continues to be with us, and no way are we saying or have we ever said that that is not just an enormous problem, but on top of that we now have this other problem which is that two-thirds of the country without a bachelor's degree or a four-year degree are dying in ways that people should never die of. We might want to turn our attention to what we can do that could lift up all these boats. It's a whole bunch of things from changing the education system K-12 which hasn't really been touched in a century. It means actually giving people skills in those years that they can use in the labor force and to become people who have self-esteem because they're doing esteemable things. And also that they're treated with a kind of

dignity that we all deserve. Now, so as if just thinking about that reform of the healthcare system wasn't enough, we also really need to think about what we can do and there are people out there trying to do that in some ways, right. So many high schools have tried new programs where students in high school will also at the same time have internships with firms where that might be able to transition them right from high school into a good job following high school. Well, why aren't we doing more of that?

AM We should do more of that and we should evaluate that so that we have also the data and send it to the American Journal of Public Health, please. So, we have reached the end of this great podcast. We could continue like that for you know a lot of time so because it's so interesting and there's so much to discuss. Vickie, you want to say a few final words before Anne?

VM Sure. One of the things is what Anne's research has done is really to put a alert on this country of what we need to do and to do it quickly, because with the numbers going up and not down, it's almost like we needed Anne to testify and be affirmative action case for example about the importance of a BA. In reality, I think one of the things that's very important about what Anne is saying is that we need to do something soon but the globalness of it is what I think is frightening in this country because I'm not sure we're going to be able to do this, you know, soon. And so in the interim what I'm going to say is we need to improve our data so that as Anne does these studies she will be able also to look at the American Indians and Alaska natives and she will be able to look at the diversity that exists within all these other populations so that the communities themselves can be some of their best advocates.

AC Amen on that. Amen on that. Thank you very much for this invitation. I really, really enjoyed talking with you both, and I just wish we could have been in person, we could go out for coffee.

AM Thank you, Anne, and regards to Angus also, your co-author, and thank you Vickie, my co-host.

VM Thank you.

AM Bye bye everybody!

[musical postlude]