

#Blacklivesmatter from Birth to Old Age

#Blacklivesmatter and #Sayhername have focused U.S. attention on the shocking deaths of African Americans killed during pursuit by the police or while in police custody. As [reported by the Washington Post](#), “unarmed black men are seven times more likely than whites to die by police gunfire.” Statics like these are horrifying and appropriately make headline news. However news of violence often stays in the public eye longer than more complex policy issues that are of equal significance to equality and social justice for African Americans.

Longevity is a case in point. Although the Center for Disease Control (CDC) reports that the life expectancy gap between non-Hispanic Whites and Blacks has been narrowing over the last three decades, [disparities continue](#). The life expectancy for a white male born in 2013 is 76.5 years; for a Black male it is 71.8; for White females it is 81.2 and for Black females 78.1. The some sources of the differences are easier to pinpoint than others. African Americans death rates for heart disease, cancer, homicide, diabetes, and perinatal conditions are [higher than the death rates for whites](#), according to the National Center for Health Statistics. The higher death rate acute myocardial infarction stems in part from the fact that African Americans are more likely to receive treatment at urban teaching hospitals, which provide inferior services. Other factors are tied to occupational health and safety issues in jobs that include physical labor, exposure to hazardous materials, or work places with inadequate ventilation.

Yet the discrepancies in health outcomes are complex and involve many factors, including genetics, access to health care and healthy behaviors (such as good food and exercise) as well as the quality of health care. Research has uncovered how social factors influence health on a much broader scale. These factors, known as the social determinants of health, include the differences that fuel the discrepancies such as the stress experienced as a result of overt and covert discrimination feeding medical conditions such as hypertension and living the residential segregation that results in less safe neighborhoods and lower quality schools. Economic and social disadvantages are directly linked to disabilities and illnesses that can be avoided. Education is a key determinant of health, affecting health literacy and behavior, the type of work one can get and both the economic and the health benefits associated with that employment, from comprehensive health insurance to whether or not one can take time off from work for a cancer screening.

Poorer health outcomes throughout life mean greater health risks in old age. African Americans experience greater degrees of chronic diabetes, hypertension and obesity than other groups. It is no surprise that a 2014 AARP survey found that an overwhelming majority of African Americans over 50 [named access to good health care as their number one priority](#). Ensuring a healthy age for all Americans, including African Americans, it is necessary to address inequities now through social policies that support and expand the Affordable Care Act, increases minimum wage laws, and eradicating discrimination in housing and laws. In these ways, we can demonstrate that #blacklivesmatter throughout the lifespan.

