Population Well-Being tied to Longevity (Shocker!)

By Jamie Wells, M.D. — November 11, 2016

Excited to report that a new study in *Health Affairs* provides us with another metric that we have previously known and repeatedly been shown in the literature (and in medical practice): Life expectancy and well-being are positively linked.

If you have ever practiced medicine, then you are used to constant email or text alerts from hospitals, the Centers for Disease Control and Prevention (CDC) or the Department of Health, to name a few. Most say urgent or emergent in the header. Since patient results and inquiries are nonstop, being tethered to the phone is a modern reality for the practicing physician. Often, while running between patients, procedures, facilities and electronic medical records (EMR), these distractions would be relevant and effective conduits for incredibly useful information — Ebola or Pertussis arrive in NYC, for example. Too numerous to count, however, they sometimes include pieces like “researchers discover eating well and exercising improves longevity” or “heart disease shortens lives.”

Admittedly, these would drive me bananas as I would inevitably pause to reflect that brilliant minds spent significant time and resources dedicated to notions not only formerly examined, but also readily and easily expanded by a simple conversation with any number of doctors who genuinely know their specific populations on such unique, profound and informative levels. But, they are rarely if ever asked.

In a time where the du jour focus is “data” and its incessant— routinely purposeless — collection and the promotion of “collaboration,” it amazes me that simple bidirectional communication is at a deficit. Both could inform the other.

The report I will imminently address identifies its intended audience to be policy makers at all
levels of government. I would argue until discussions are integrated and not run in parallel the ever widening gap between policy and practice will not narrow. And, in the real world, this adversely impacts well-being—of all the players.

The researchers here set out to explore whether population well-being—defined by a comprehensive measure of physical, mental and social health independent of and as a mediator of race, poverty and education—helped explain the substantial geographic variation in life expectancy. It concluded local initiatives focused on enhancing population well-being and its listed features could benefit quality and quantity of life in a community.

They used the dependent variable of county-level life expectancy in 2010 (measured in years and distinguished by sex) estimating from models that contained five years of historic information (obtained from the Global Health Data Exchange) and geographic patterns. The independent variables included the composite county-level well-being score and the six domain scores from the 2010-2012 Gallup-Healthways Well-Being Index (GHWBI). The domains being: physical health, emotional health, healthy behaviors, life evaluation, basic access and work environment. A national telephone survey of those over 18 years of age, GHWBI conducted roughly 1,000 land and cell phone calls per day.

The most significant challenge to this study design is that life expectancy is impacted by cumulative experiences throughout an individual’s lifetime. The authors acknowledge this and further posit that certain interrupted modes of data collection restricted their interpretations as they encourage future work to span greater time frames. Other obstacles included the known effect of neighboring communities on well-being, heterogeneity within a specific county and methods of adjusting the data were limiting.

They found physical health to have the strongest association with longevity and affirmed “population well-being was associated with life expectancy, even after race, poverty, and education were controlled for. Well-being also mediated the relationships of these socioeconomic and demographic factors with life expectancy.” Of their demographic tested characteristics, poverty was most strongly linked. All associations of the varying components were more robust for males than females. They recognize “although our study uniquely linked population well-being and life expectancy, many prior studies performed at the individual level have shown similar results.” Their contribution being “to our knowledge, this is the first study to establish a relation between a summary measure of population well-being and life expectancy in a national sample of communities.” (1)

In terms of application, the researchers suggested local programs like the development of community gardens, sporting events to encourage activity, mental health awareness and healthy cooking lessons could aid in well-being. They recommend use of their publication in determining health initiatives.
Greater exploration of physician engagement in multiple regions throughout the country and practice types (beyond merely the author’s one or two academic centers) might have genuinely enhanced a deeper understanding of population issues. Those on the frontlines are a lost opportunity whose contribution might better refine program recommendations.

As a tool to benefit actuaries, this study might offer some utility. In terms of influence to the literary canon, it simply provides more data. But, not all numbers tell the entire or the right story, as evidenced by the polls in our recent presidential election season —there can be deficiencies in interviewing people on the phone, for instance.

As much as we desire “metrics” to measure everything for risk stratification and governance, they in situations like well-being may tell an extremely limited tale.

Where is the study on common sense’s impact on longevity and well-being? Does it even have a role in science? Now, that data I would like to see.

SOURCE: