

Policy polarization is rewriting the American geography of longevity

Anneliese N. Luck | February 9, 2026



The United States is becoming increasingly heterogeneous, a tendency also reflected in mortality trends. Perhaps unexpectedly, one of the driving forces behind these trends is state political orientation, as Anneliese N. Luck illustrates.

Over the past several decades, the United States has witnessed an extraordinary widening of policy divides across its states (Grumbach, 2019). And because where you live is increasingly tied to *how* you live, as state policy contexts within the country pull farther apart, so too do the patterns of American longevity (Montez et al, 2020). While the former geographic divides of the 20th century, especially those separating Black and White life chances, have not disappeared, they have begun to reorganize themselves along a new axis, that of states' policy orientations.

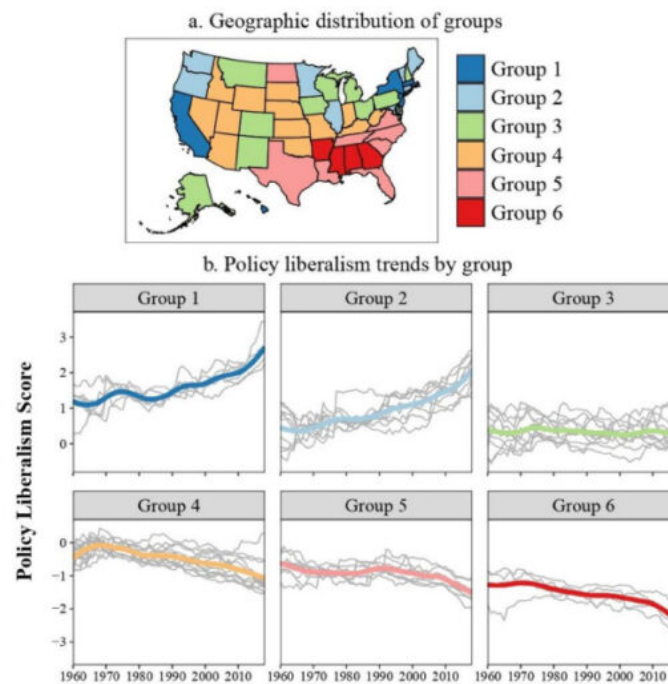
Mapping 60 years of policy polarization

In a recent study (Luck, 2025) I show how polarized state policy regimes translate into longevity inequalities. By pairing 60 years of historical policy orientation data with three decades of vital statistics records, my research tracks longevity among non-Hispanic Black and White men and women across clusters of states that share similar long-term trajectories of policy liberalism.

Figure 1 illustrates this changing policy landscape within the United States. Policy liberalism increases progressively from Group 6, representing the most conservative policy environments, to Group 1, the most liberal, but over the 60 years of study, these divides widen considerably. The spatial pattern of these shifts is also recognizable: the most conservative-shifting clusters lie mostly in the South, the most liberal in the West and Northeast, and more moderate contexts across parts of the Midwest. Importantly, because Black and White populations are unevenly distributed across these regions, they are also unevenly distributed

across policy regimes, a key demographic underpinning of today's policy-linked health divides.

Figure 1. Identification of state policy groups

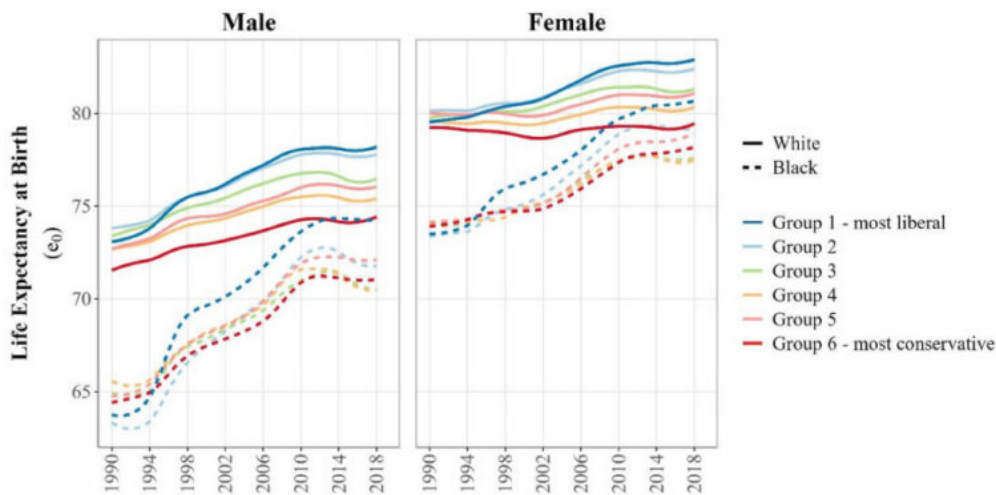


Source: Luck (2025)

Varied growth in the liberal longevity advantage

Figure 2 shows how Black and White life expectancy has changed between 1990 and 2019 across these state policy clusters. Across all race-sex groups, more liberal states achieved far larger gains in life expectancy between 1990 and 2019 than their conservative counterparts. In the most liberal states, life expectancy rose by 3.4 years for White women and an extraordinary 10.7 years for Black men. Meanwhile, the most conservative states registered modest improvements at best, and for White women, there was essentially no progress at all.

Figure 2. Trends in life expectancy by race, sex, and state policy group



Source: Luck (2025)

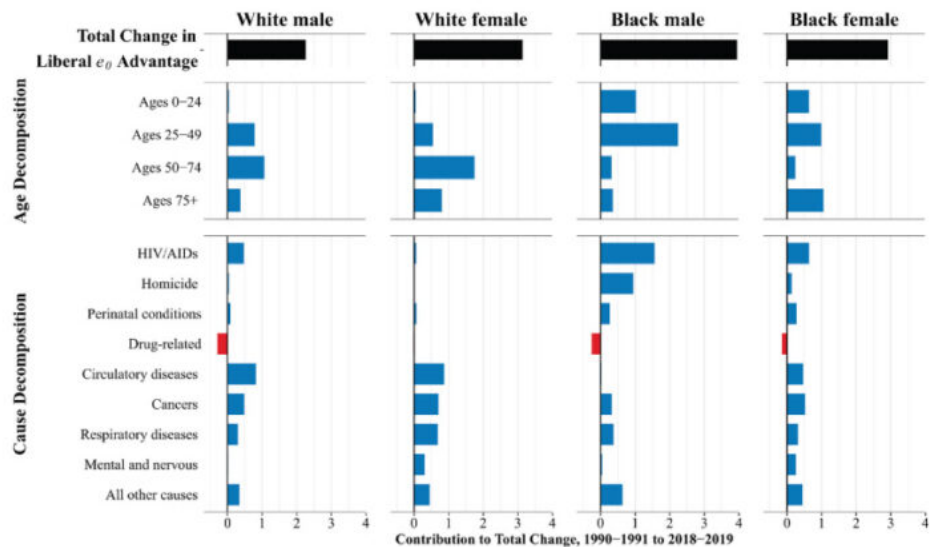
Yet the most striking finding is not just the widening gap, but the reordering of long-standing racial patterns when looking across policy environments. By 2019, Black residents in liberal states had life expectancies equal to or exceeding those of White residents in certain conservative states. Black women in these liberal states outlived White women in the most conservative states by more than a year, a dramatic break from patterns that defined the late twentieth century.

Among White men and women, the relationship between policy and longevity resembles a smooth gradient: each step toward more liberal policy regimes corresponds with higher life expectancy. But for Black populations, patterns are more complex. Life expectancy advantage for Black men, in particular, is concentrated in the most liberal policy cluster. Notably, the lowest life expectancies for Black residents are not in the most conservative Southern states but in certain more moderate policy Midwestern groups, states identified to have particularly troubling trends for Black mortality in recent decades (Elo et al, 2025).

What's driving the divides?

My study also takes a deeper look at which age groups and causes of death contributed to the growing divide (Figure 3). For Black men, the liberal advantage is rooted in improvements below age 50. Declines in HIV/AIDS and homicide mortality were especially powerful, adding about 2.5 extra years of life expectancy in liberal compared with conservative states. Black women also saw meaningful gains at younger ages, though less pronounced. For White residents, the story shifts to midlife and older adulthood. Improvements between ages 50 and 74, driven by reductions in circulatory disease, cancer, and respiratory illness, account for most of the growing liberal advantage among both White men and women. Among women of both races, gains at ages 75+ and reductions in deaths linked to mental and nervous system disorders, including dementias, also played a meaningful role.

Figure 3. Age group and cause-of-death contributions to change in liberal advantage



Source: Luck (2025)

Notes: Liberal advantage was calculated as the absolute difference in life expectancy at birth between the most liberal policy cluster (Group 1) and the most conservative policy cluster (Group 6). Change is between 1990–1991 and 2018–2019. Mental and nervous = mental and nervous system disorders, including dementias and Alzheimer's disease. Perinatal conditions = prenatal conditions, perinatal conditions, and congenital anomalies.

One countervailing pattern cuts across every population group: drug-related deaths narrowed the liberal advantage. Across every race-sex group, drug mortality contributed negatively to the growth of the liberal advantage, meaning the gaps would have been even larger were it not for the opioid epidemic.

Looking forward

Taken together, these findings highlight a profound shift in the U.S. population health landscape. State policy environments have become a powerful upstream determinant of mortality and crucially, not all populations are affected equally (Luck, 2025a; Luck, 2025b). Findings show that the greatest gains in liberal states accrue to Black populations, who have historically faced the steepest mortality risks, but also reveal a troubling stagnation of White life expectancy, particularly among women, in conservative states.

These divides are unlikely to narrow. As states continue to drift apart along partisan and policy lines, the health consequences of these divergent contexts will grow even sharper, especially if conservative states continue to lag in areas such as chronic disease prevention, social welfare provision, health care access, and violence and injury prevention.

In a polarized era, the ideological path of a state's policy context is increasingly intertwined with the length and quality of the lives of its residents, reshaping both the racial and geographic contours of longevity in America.

References

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