

Your home, and where it's located, may affect your health

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They say home is where the heart is. But can a person's home also play a

role in how healthy that heart is?

A large body of research suggests it can. Experts say housing—where homes are located and if a person has one at all—can make a major contribution to cardiovascular health, impacting numerous risk factors as well as a person's access to the resources needed to maintain good heart health.

"Your ZIP code is far more predictive of [cardiovascular risk](#) than any type of genetic predisposition," said Dr. Boback Ziaeeian, an assistant professor of medicine in the cardiology division of the David Geffen School of Medicine at the University of California, Los Angeles.

"The environment you live in affects the risk factors you develop, and those risk factors can accumulate and affect your health down the road," he said.

Those factors may include access to doctors and [health care facilities](#), daily stressors such as exposure to violence, pollution and discrimination, attitudes toward health-promoting behaviors and educational, recreational and [economic opportunities](#), said Dr. Mario Sims, a professor of social medicine, population and public health at the University of California, Riverside School of Medicine. "It's a multilayered problem."

And not one easily solved. Factors outside a person's control may limit their housing options, creating health disparities associated with income and race, Sims said. He was the lead author of a 2020 American Heart Association scientific statement on the importance of housing for cardiovascular health and well-being. It found housing stability, quality and safety, affordability and accessibility, and [neighborhood environment](#) all played a role.

Studies have shown structural racism and discriminatory practices such as redlining, which historically made it harder for Black people to own homes and kept them segregated in neighborhoods with fewer resources, contribute to poor cardiovascular health and higher mortality rates. A 2014 study published in *Circulation* linked neighborhood-level racial segregation to a 12% higher risk of cardiovascular disease in Black people, compared to their white peers.

"You could be segregated away from primary care facilities, which then determines your access to [medical care](#) and treatment," Sims said.

Living in a lower-income neighborhood also affects a person's educational and employment opportunities, which in turn affects their earning power, Ziaeeian said. Black and Hispanic families are more likely than [white people](#) to live in low-income neighborhoods, which face higher cardiovascular risks than higher-income neighborhoods. A recent study in *Scientific Reports* found the risks for diabetes, [high blood pressure](#), [coronary artery disease](#), heart failure, stroke and mortality decreased as socioeconomic status rose.

Poor neighborhoods may also have higher crime and fewer safe spaces to exercise or be physically active, Sims said. They may lack sidewalks, reducing opportunities to walk around the neighborhood, contributing to a more sedentary lifestyle, which in turn contributes to obesity—two known cardiovascular risk factors.

Living in racially segregated neighborhoods also may affect a person's exposure to attitudes about the health care system, he said. For example, people in historically predominantly Black neighborhoods may grow up exposed to distrust of the medical community, stemming from past events such as the U.S. Public Health Service's Tuskegee syphilis study that misled the Black men participating and withheld a proven treatment for the disease.

Attitudes about [healthy behaviors](#) also may be affected by the people who share a person's home and neighborhood, Sims said. "They may influence your behaviors directly and indirectly," based on their value systems, such as whether they value exercise, [healthy eating](#), seeing a doctor regularly or taking needed medications. Smoking—a major risk factor for cardiovascular disease—also is more prevalent in lower-income neighborhoods.

"When people are socially marginalized and under a lot of strain, they tend to pick up unhealthy habits," Ziaecian said.

And people with [substance use disorder](#) and addiction, which raise the risk for cardiovascular disease, may be more likely to have unstable housing or no homes at all, he said.

Though it may be harder to do while living in neighborhoods with fewer resources, there are steps people can take to reduce their risk for cardiovascular disease, Sims said.

Research has shown that eating a healthy diet, staying physically active, maintaining a healthy weight, not smoking, getting adequate sleep—most adults need seven to nine hours each night—and controlling blood pressure, blood glucose and cholesterol levels can help improve and maintain good cardiovascular health.

But, Sims said, erasing [cardiovascular health](#) disparities related to where one lives won't happen without broad policy changes that influence income distribution, housing stability, education, neighborhood safety and a myriad of other factors.

"We need to change more of the systemic factors that can reduce the risk of heart disease," he said, which takes time. "We didn't get into it overnight, and we can't get out of it overnight."

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