

When it comes to your health, where you live matters

23 January 2018, by Jessica Young



Shoppers browsing vegetables at a farmers market.
Credit: Pixabay

According to [a recent report](#), Alabama, Arkansas, Louisiana, Mississippi and West Virginia have the worst health in the U.S. These states have higher rates of premature deaths, chronic diseases and poor health behaviors year after year.

Why are people in some places in the U.S. consistently less healthy than those in others? If you look to health and fitness magazines, it may seem like poor diet, lack of exercise and other bad behaviors are to blame. Genetics and access to health care are also commonly cited reasons for why some people are healthier than others.

But where a person lives, works and plays also matters. As a public health researcher interested in how society affects our health, my research shows where you live plays a powerful role on your health.

Economic distress

Public health experts often talk about the "[social determinants of health](#)": community traits like housing quality, access to nutritious and fresh food, water and air quality, education quality and employment opportunities. These factors are

thought to be [among the most powerful influences](#) on a person's health.

Alabama, Arkansas, Louisiana, Mississippi and West Virginia also share a similar economic environment. [Data from the Economic Innovation Group \(EIG\)](#), a bipartisan public policy organization in D.C., shows that these states are the top five most economically distressed states in the U.S.

In fact, Alabama and Mississippi have the highest shares of people living in distressed zip codes.

CLOSE

The U.S. has experienced economic prosperity since the end of the Great Recession. But not all states have shared equally in this economic growth. In North Dakota, for example, employment rates increased almost 20 percent between 2010 and 2013. During the same time period, residents in Alabama have seen only about four percent growth in employment.

Local communities in every state across the U.S. face similar poor economic realities: 52.3 million Americans [live in economically distressed zip codes](#). This means that about 17 percent of the U.S. population lives in places with limited opportunities for education, good housing and employment. These factors are essential for good health.

Prosperous zip codes tend to have [social resources](#) that distressed zip codes do not, like access to [fresh and nutritious foods](#), [cleaner air](#) and [high-quality schools](#).

Place and health

[Analysts at the Economic Innovation Group](#) found that people in prosperous counties live, on average, five years longer than those living in distressed counties. In distressed counties, deaths from

mental and substance abuse are 64 percent higher compared to prosperous counties.

My own analysis of EIG data and the [2017 County Health Rankings](#) follow this pattern. The more economically distressed a county is, the worse their health outcomes are. This is true across measures of clinical care, quality of life, mortality, chronic conditions, [health behaviors](#) and health environments.

I am currently researching a range of health outcomes across the U.S. My unpublished results show that infants are about 20 percent more likely to die before their first birthday in distressed counties. Adults in distressed counties are 18 percent more likely to report poor or fair health than those in prosperous counties.

Those in distressed counties are also more likely to live in places with fewer resources for good health. For example, distressed counties are 26 percent more likely to have limited access to healthy foods and have about 24 percent fewer opportunities for exercise. They also have about 20 percent fewer primary care providers than prosperous counties.

Investing in solutions

Shared economic prosperity is good for our health and [good for the economy](#).

Improving population health requires more than changing health behaviors or increasing [health care access](#). Similarly, if we want to increase shared [economic prosperity](#) among those who need it most, we need to focus on more than employment rates and average incomes.

As public health researcher David Williams and Robert Wood Johnson Foundation Executive Vice President James Marks [wrote](#), "reaching America's full health potential will require that targeted initiatives have a dual focus" on health and community economic development. This means that the health and economic sectors must collaborate, which is often made difficult by separate funding streams and political battles.

Despite challenges, there are successful examples

of communities working together to improve health and foster economic opportunity. In Sacramento, California, [the Building Healthy Communities program](#) worked with community members to develop bike paths and expand community gardens. This effort was a part of an initiative to transform formerly contaminated land into healthy, livable and usable property.

More investments in the social determinants of health will help close the [health](#) gaps we see across the U.S.

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