



Address influences life expectancy, study says

Bucking trends, San Mateo County residents less affected than others

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Your address strongly influences your longevity, according to a groundbreaking report released Tuesday on the life expectancies of Bay Area residents.

On average, residents living in a county's poorest neighborhoods live 10 years less than their more affluent counterparts, according to the report, "Health Inequities in the Bay Area."

Some local health officials said they were surprised by the degree of the disparity.

"I wasn't prepared to see that difference," said Bob Prentice, director of the Bay Area Regional Health Inequities Initiative, a collaboration of eight Bay Area public health agencies that authored the report. "You're talking a decade or more of life expectancy," Prentice said. "It's still stunning to read something like this."

The publication of the report was timed to coincide with the airing of the four-week PBS TV series, "Unnatural Causes: Is Inequality Making Us Sick?" The next episode runs at 10 p.m. Thursday on KQED, with the final show airing April 17.

The report provides several examples to support its longevity claim.

West Oakland residents, for example, live on

average a decade less than their distant neighbors in the Berkeley hills, the report says.

San Franciscans living in Bayview/Hunters Point lag 14 years in life expectancy compared with their Russian Hill counterparts, and residents of Bay Point in Contra Costa County can expect to live 11 years less than people in Orinda, the report says.

On the affluent Peninsula, the poorest residents lost on average two years of life expectancy, compared with their wealthier neighbors.

But some Peninsula neighborhoods may have more dire statistics than those revealed in the report, Prentice added.


"At this level of analysis, you lose East Palo Alto," he noted. "There are pockets of poverty in San Mateo County, but it's not sufficiently large enough where you can capture a whole neighborhood."

The surprise finding of the report? Access to health care accounts for only 10 to 15 percent of overall health and longevity. And where a person lives has far greater influence on an individual's health than how often he or she visits a doctor.

"I don't mean to disparage all the emphasis on health care, or the reasons we need universal access," Prentice said. "But when we think about health, we have to think about more than just going to the doctor or hospital."

The generation of Americans born at the start of the 21st century, he explained, can expect to live 30 years longer than those born at the turn of the 20th century. But only five years of that increase is attributed to advances in medical technology and sharp declines in infectious-disease rates through antibiotics and vaccines, said Prentice, citing statistics in the report.


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Instead, policy initiatives such as food and water sanitation, restrictions on tobacco product sales and use, and improvement in housing conditions and workplace safety account for most of the longevity increases, he said.

The report reflects an expanding awareness of what health policy experts call "social determinants of health," which seek to get at the root causes of chronic illness, such as chronic stress from economic hardship, overt or subtle racism, poor nutrition and lack of physical activity.

Neighborhoods near ports, rail yards and freeways get exposure to a disproportionate share of toxic pollutants, the report noted. Socially segregated housing leads to higher rates of violence, and poorer areas have a higher concentration of liquor stores and fast food outlets, and far fewer stores selling fresh foods.

Wealthier neighborhoods are more likely to have ample open space where residents can unwind while safely enjoying physical activities such as walking or biking.

These factors play pivotal roles in a person's risk of encountering violence, succumbing to drug or alcohol addiction or developing chronic conditions such as heart disease, cancer and asthma, the report says.

"By the time you get to treatment, you're up against a disease process already under way," Prentice said. "It's one thing to manage diabetes, and it's another thing to prevent it in the first place."

African Americans in the Bay Area, reflecting nationwide statistics, fared the worst in life expectancy, with those in the poorest neighborhoods having an average lifespan of about

67 years.

Asians and Hispanics living in neighborhoods with a high percentage of households at or below poverty had far better health on average than blacks and white in similar circumstances.

Puzzled health experts first called this the "immigrant paradox," but concluded that a sense of optimism in these populations that they'd rise above their circumstances accounted for part of their relatively robust health. These recent immigrants also often have stronger family structures and tend to stick more closely to healthful traditional diets.

But as the generations pass, evidence shows that this immigrant health advantage slips away as "family and cultural support erodes and as the physical environment takes its toll," Prentice said.


This new view of health care not only compels public health agencies to re-orient their strategies to reduce income-based disparities in life expectancies but also puts the onus on virtually every other public agency to do the same, the report stressed.

"Social policy is health policy," the report noted. "Economic policy is health policy. Education policy is health policy."

Agencies are taking their first tentative steps with factoring in effects of their projects on the health of residents.

Members of Bay Area Regional Health Inequities Initiative met with city and county planning directors in 2006 to strategize on ways to work collaboratively. Some housing developers, Prentice said, are incorporating more open space and retail outlets into new neighborhoods, and the City of San


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Francisco developed a "Healthy Development Measurement Tool" to assess the health effects of various types of development.

State programs to increase high school graduation rates among blacks and Hispanics will improve the economic outlook for those graduates, which has a direct effect on lifetime health, the report noted.

Health policy experts quoted in the report also point to the effect of tax policies on health, as the gap between the rich and poor in the United States reaches historic highs. Policies regarding minimum wage, transportation and housing also influence health outcomes, it emphasized.

Prentice recognized the challenges inherent in altering entrenched bureaucracies and established practices.

"It's going to take decades, but we also see signs of optimism," he said.


Prentice also stressed the role of neighborhood residents in generating change.

"If you feel like you're stuck (in your neighborhood), you probably won't get very far," he said. "But if you see this (report) as a source of neighborhood activism, there's reason for a good deal of hope."

To view the report "Health Inequities in the Bay Area," visit the Web site <http://www.barhii.org>.

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