Poverty area residence and changes in depression and perceived health status: evidence from the Alameda County Study

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Background
Previous evidence from the Alameda County Study indicated that area has an independent effect on risk for mortality, adjusting for important individual characteristics. The current research examined poverty area residence on risk for developing depressive symptoms in perceived health status in a sample of 1737.

Methods
Data were from a longitudinal population-based cohort. Multiple logistic analyses were used.

Results
Age- and sex-adjusted risk for incident high levels of depressive symptoms in 1974 was higher for poverty area residents (odds ratio [OR] 2.1, 95\% confidence interval [CI] : 1.49–3.06). Those reporting excellent/good health in 1974 or having fair/poor health in 1974 if they lived in a poor area and sex-adjusted OR 3.30; CI : 2.32–4.71). Independent of individual education, smoking status, body mass index, and alcohol consumption, area residence remained associated with change in outcome variables.

Conclusion
These results further support the hypothesis that characteristics of health conditions and health status.

Keywords
Poverty, health status, depression

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Recently there has been more attention directed toward distal risk factors for morbidity and mortality such as characteristics of areas as contrasted with proximal risk factors which include smoking and other individual health behaviours.\textsuperscript{1–4} Characteristics of areas provide social and physical context. To date, the literature suggests that characteristics of areas are associated with mortality risk over and above individual risk factors. If further research can uncover the mechanisms through which characteristics of areas act to influence mortality risk, perhaps interventions which target areas can be developed. To that end, this paper examines the association between poverty area residence and risk for developing depressive symptoms and declining health status.

Early ecologic studies reported associations between areas with high social disorganization or low community socioeconomic status (measured by a combination of census variables) and cause-specific,\textsuperscript{5,6} or all-cause mortality.\textsuperscript{7} Later, Haan, Kaplan, and Camacho published one of the first longitudinal studies of mortality risk.\textsuperscript{8} They reported that residence in an area was associated with an approximately 50\% increase in mortality over 9 years, even after adjusting for confounders. Since then other researchers have reported associations between residential environment and cause-specific mortality.\textsuperscript{9–12} Taken together, these studies demonstrate a strong association between ecological residential environments and risk of death.

If residence in an area is associated with risk of mortality, is it also associated with risk behaviours and precursors to mortality? Two studies have found associations between residential environment and physical activity.\textsuperscript{13,14} Some studies have reported associations between residential environment and poor health such as low birthweight,\textsuperscript{15} long term illness,\textsuperscript{16} and poor perceived health.\textsuperscript{8} These latter studies are sectional, therefore no causal inferences could be drawn. In the present paper, we present findings from the Alameda County Study that examine whether area residence is associated with risk for depressive symptoms and perceived health status.