 International Journal of Epidemio

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

Irene H Yen[a] and George A Kaplan[b]

Background	Previous evidence from the Alameda County Study indicated t area has an independent effect on risk for mortality, adjusting f important individual characteristics. The current research examin poverty area residence on risk for developing depressive symptor in perceived health status in a sample of 1737.
Methods	Data were from a longitudinal population-based cohort. Multiple log analyses were used.
Results	Age- and sex-adjusted risk for incident high levels of depressive 1974 was higher for poverty area residents (odds ratio [OR] 2. interval [CI] : 1.49–3.06). Those reporting excellent/good health i higher risk for having fair/poor health in 1974 if they lived in a pov and sex-adjusted OR 3.30; CI : 2.32–4.71). Independent of indiv education, smoking status, body mass index, and alcohol consum area residence remained associated with change in outcome varia
Conclusion	These results further support the hypothesis that characteristics health conditions and health status.
Keywords	Poverty, health status, depression
Accepted	13 July 1998

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.[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,[5,6] or all-cause mortality.[7] Later, Haan, Kaplan, and Camacho published one of the first longitudinal studies mortality risk.[8] They reported that residence in was associated with an approximately 50% incre cause mortality over 9 years, even after adjustin level confounders. Since then other researchers associations between residential environment and cause-specific mortality.[9–12] Taken togethe demonstrate a strong association between ch residential environments and risk of death.

If residence in an area is associated with ris is it also associated with risk behaviours and precursors to mortality? Two studies have fou associations between residential environment ar physical activity.[13,14] Some studies have reporte between residential environment and poor he such as low birthweight,[15] long term illness,[16] d poor perceived health.[8] These latter studie sectional, therefore no causal inferences could them. In the present paper, we present find