



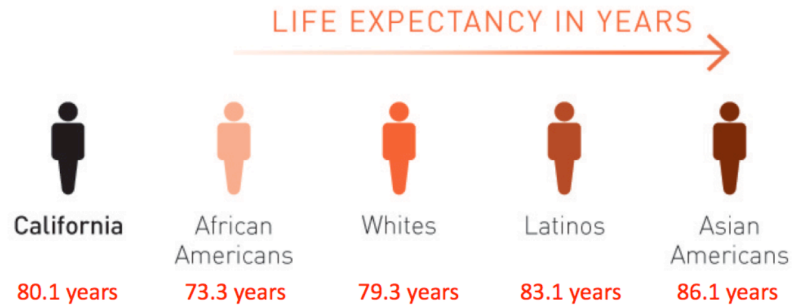
A PORTRAIT OF CALIFORNIA

CALIFORNIA HUMAN DEVELOPMENT REPORT 2011

HEALTH IN CALIFORNIA TODAY

Consider this fact: Whites in California are living significantly shorter lives than Latinos or Asian Americans—nearly seven fewer years than Asian Americans and four fewer years than Latinos.

Health is one of three areas, along with education and standard of living, which make up the American Human Development Index used to measure the well-being of Californians in *A Portrait of California 2011*.



This *Portrait* explores the state of human progress in California, ranking according to the American HD Index the major racial and ethnic groups, women and men, native- and foreign-born residents, and 233 Census-defined neighborhood clusters across the state.

In the American Human Development Index, life expectancy at birth stands as a proxy for the capability to live a long and healthy life. Health is central to the human development concept because being alive is the most fundamental human capability. In addition, people in good physical and mental health have greater real freedom to pursue the goals that matter to them. The American Human Development Project which produced *A Portrait of California* is the only entity calculating life expectancy in America today by state, by congressional district, and by race and ethnicity within each state.

Overall, California fares extremely well in health within the national context. It has the third highest life expectancy among the fifty states and Washington, D.C. A baby born in California today can expect to live to 80.1—a year and a half longer than the U.S. average of 78.6 years. But progress has been uneven; life expectancy varies tremendously by county, metro area, and among racial and ethnic groups within metro areas. Some groups of Californians are enjoying some of the longest life expectancies in the world today; others have life spans typical of the United States as a whole in the late-1960s.

STRIKING FINDINGS IN HEALTH FROM A PORTRAIT OF CALIFORNIA

- A 4.4 year life expectancy gap separates the region with the longest lived in California, the Bay Area (81.6 years), and the region with the shortest lived, Northern California (77.2 years).

- Within the San Francisco metro area, life expectancy at birth ranges from 85 years in the San Mateo communities of Burlingame and Milbrae to only 74 in the Elmhurst section of Oakland, an 11-year gap within the same metro area.
- Nativity also exerts a strong influence on longevity. The foreign-born outlive the native-born by almost four years in California. This pattern of the foreign-born living longer than the native-born holds for every racial/ethnic group except for Asian Americans.

TABLE 1 Life Expectancy in California by Region and Race/Ethnicity

| REGION | ALL RACE/ETHNIC GROUPS | AFRICAN AMERICANS | ASIAN AMERICANS | LATINOS | WHITES |
|-------------------------------|------------------------|-------------------|-----------------|---------|--------|
| United States | 78.6 | 74.3 | 87.3 | 83.5 | 78.7 |
| California | 80.1 | 73.3 | 86.1 | 83.1 | 79.3 |
| Bay Area | 81.6 | 72.9 | 87.4 | 85.0 | 80.9 |
| Central Coast | 81.2 | ... | 85.7 | 83.4 | 80.6 |
| San Diego and Southern Border | 80.7 | 74.6 | 87.1 | 82.7 | 80.2 |
| Southern California | 80.2 | 73.4 | 85.8 | 83.1 | 79.3 |
| Greater Sacramento | 79.3 | 73.2 | 84.4 | 83.5 | 78.9 |
| Central Sierra | 79.1 | ... | ... | ... | 78.4 |
| San Joaquin Valley | 77.5 | 71.4 | 82.2 | 81.2 | 76.4 |
| Northern California | 77.2 | ... | ... | 84.8 | 76.8 |

POLICY LEVERS FOR CHANGE

Many factors fuel gaps in health within California. The good news for a state facing a budgetary crisis: the way to longer lives is not necessarily spending more money. Some, such as supportive housing or cigarette taxes, can save money or generate revenue. Here are a few areas on which to focus to improve Californians' well-being:

- **RESIDENTIAL SEGREGATION** by income, race, and ethnicity creates distinct sets of social determinants of health. California's major cities continue to be among America's most segregated by race and ethnicity. Majority minority neighborhoods tend to have higher rates of concentrated poverty, which is often accompanied by a host of social, economic and environmental factors that breed the conditions that contribute to premature death.
- **"THE FATAL FOUR"**: Poor social and economic conditions fuel the "fatal four" behavioral health risks: smoking, poor diet, physical inactivity, and excessive drinking. These risks account for the lion's share of premature death. Tackling these endemic risk behaviors requires that we identify approaches that encompass the environment in which people live and make decisions about their health. For example, banning smoking in public places and increasing cigarette taxes have substantially reduced smoking rates. Similar interventions are necessary to promote healthier eating and living.
- **HOMELESSNESS**: California has the largest number of homelessness in the nation, at over 133,000 individuals. Health issues are a major contributor to homelessness and once homeless, illness, extreme stress, malnutrition and other conditions reduce the opportunity for the homeless to obtain employment or housing. A rich body of research demonstrates that providing supportive housing—stable, affordable housing units joined with on-site mental health and social integration services—to the chronically homeless costs the same or less than the revolving door of emergency response that results when their underlying conditions are untreated or poorly managed.