

# The Context of Health

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A context is the set of interrelated conditions in which something exists or occurs. The context of health includes environmental, social, economic, cultural, and political conditions that contribute to disease, injury, or disability. These factors are among the most important factors affecting health. *The Health of Washington State, 2007* focuses on health indicators and health disparities. This section describes major contextual factors that affect health and disease among the state's individuals, families, and communities.

## Section Overview

Each chapter in *The Health of Washington State, 2007* looks at how one or more health indicators vary in terms of where people live and their individual social and economic characteristics. The three chapters in this section provide a background for interpreting the health disparities discussed in subsequent sections.

- [The State and Its People](#) describes the geography of Washington, its climate, the organization of health care resources, and demographic changes since 1990.
- [Social and Economic Determinants of Health](#) summarizes research linking socioeconomic position and health.
- [Socioeconomic Position in Washington](#) describes disparities in education and economic factors, two indicators of socioeconomic position, in Washington.

## Highlights and Discussion

**The State and Its People.** Washington can experience dramatic geophysical events, such as windstorms, volcanic eruptions, and earthquakes that affect people's health directly through changes in air quality and increased risk of injuries and injury-related deaths. These events can also affect health by disrupting major transportation and communication routes. Models predict that with climate change, flooding, drought, and wildfires will become more common. The state has two climate zones. West of the Cascade Range, the climate is moderate with few temperature extremes, while east of the Cascades, distinct seasons are marked by hot summers and cold winters.

Washington has 39 counties and 29 independent tribes. The tribes provide their own public health services, and 35 local health jurisdictions serve

the remainder of the state's population. Primary care practitioners, local health departments, community health, tribal, and migrant clinics, and hospitals, including 53 publicly funded hospital districts, all provide health care services.

From 1990 to 2006, the state's population grew by 31% to almost 6.4 million residents. About three-quarters of the state's residents lived west of the Cascade Range. Five of the state's six largest cities are in this region, and four of those five make up the Seattle metropolitan area. Spokane, in eastern Washington, and Vancouver, in southwest Washington, are the only cities of 100,000 or more people outside the Seattle metropolitan area.

In the past 15 years, Washington's population has changed in two ways that will affect health indicators. First, the population is slowly aging. In 1990, the median age was 33, and in 2005 it was 36. There are marked differences in age among counties. In six counties, the median age was younger than 33, and in nine others, it was 44 or more. Additionally the proportion of the population in the oldest age groups is increasing. In 2006, about one in ten Washington residents was 65 years or older; the Washington State Office of Financial Management estimates that this will increase to almost one in five by 2030. Second, the population has become increasingly diverse. In 1990, 87% of the state's residents were white, non-Hispanic; by 2006, that figure was 77%. People of Hispanic origin are the next largest group and accounted for 9% of the state's population in 2006. Asian and Pacific Islanders made up 7% of the population, African Americans 3%, and American Indians and Alaska Natives 1-2%. Three percent of Washingtonians were more than one race.

### **Social and Economic Determinants of Health.**

Although life expectancy improved dramatically during the last century, differences in life expectancy and health persist among people with different incomes, levels of education, and occupations. Variations in neighborhood levels of poverty or wealth and education also impact health. These characteristics measure what social scientists refer to as socioeconomic position or SEP.

An extensive body of literature documents the relationship between SEP and health. This

relationship often affects people at all levels of SEP. People with low SEPs have poorer health and die at younger ages than those with mid-range SEPs; those at mid-ranges have poorer health and die at younger ages than those at the highest SEPs. Health researchers suggest the need for a theoretical framework for understanding this relationship in order to develop strategies to reduce SEP-related health disparities.

Components of this framework might include lifestyle, environmental factors that make it relatively easy or difficult to maintain healthy behaviors, income inequality and the size of the gap between the wealthy and poor, chronic stress and racism, social support and social capital, exposure to toxic chemicals, and characteristics of the health care system.

### **Socioeconomic Position in Washington.**

Income and education in Washington, as in the nation, differ by race, Hispanic origin, and county of residence. People of Hispanic origin and American Indians and Alaska Natives have the lowest rates of high school completion. Asian and Pacific Islanders and whites have the highest rates of both high school and college completion. African Americans fall between the two extremes. These educational disparities can affect health directly, and they can lead to income disparities that also affect health. In Washington, the percent of adults living in households with annual incomes of less than \$20,000 is highest for people of Hispanic origin and lowest for Asian and Pacific Islander and white residents. Some health disparities that appear linked to race or Hispanic origin disappear after accounting for income and education. More commonly, racial and ethnic health disparities are smaller at similar levels of income and education, but they do not disappear entirely. Thus, other factors, such as those outlined in Social and Economic Determinants of Health, also play a role.

People with low socioeconomic position are clustered in economically distressed counties where unemployment rates are at least 20% higher than the state average in a given year. Three clusters have been economically distressed for almost all years in the past quarter century. One is in southwest Washington and includes Cowlitz, Grays Harbor, Lewis, and Pacific counties. A second is in central Washington and includes Adams, Franklin, and Grant counties. The third is in northeastern Washington and includes Pend Oreille and Okanogan counties.

The southwestern counties have large white populations and far fewer non-white or people of Hispanic origin than the state average. The central Washington counties have larger-than-average Hispanic populations, and the northeastern counties have larger-than-average American Indian populations.

The fact that such diverse places share the experience of being economically distressed drives home the reality that in Washington, as in the nation, the relationship between race or Hispanic origin and socioeconomic position is complex. While *rates* of socioeconomic disadvantage in Washington are higher among American Indians and Alaska Natives, African Americans, and people of Hispanic origin than among non-Hispanic whites, the largest *numbers* of disadvantaged people are white. Based on the 2000 U.S. Census, more than 60% of Washington residents living below poverty were non-Hispanic whites.

### **Summary**

*The Health of Washington State, 2007* focuses on health disparities for specific indicators. The three chapters in this section set the context for understanding the remainder of this report. Knowing which socioeconomic factors affect specific health indicators and how they work is essential if we are to improve the health of all residents of Washington while reducing health disparities.