



San Joaquin Valley

Health Equity Research Opportunities

Fresno State Faculty Health Cohort

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Central Valley Health Policy Institute

California State University, Fresno

www.cvhpi.org



Central Valley Health
Policy Institute

Overview

- Background on CVHPI
- My perspective on Cities, Health and Justice
 - Assumption of Political Equality
 - Place, Equity and Public Health
- Place, Demography and Health in Fresno and the Valley
- Opportunities for Collaborative Research

CVHPI Background

- Established in 2005 with support from The California Endowment.
- Research, technical assistance and training projects.
- Collaboration with regional Public Health Consortium.
- Health Policy Leadership Program
- Selected Current Projects:
 - Support to BHC
 - Evaluation of Teaching Health Centers
 - Evaluation of Tulare Teen Pregnancy Program
 - Performance Management for Valley LHDs
 - Child Health and Air Pollution Study
 - Place Matters: Addressing Health Inequities through Food System Policies



Assumption of Political Equality

JUSTICE is **fairness** in both policy making **process** and distributional **outcomes**.

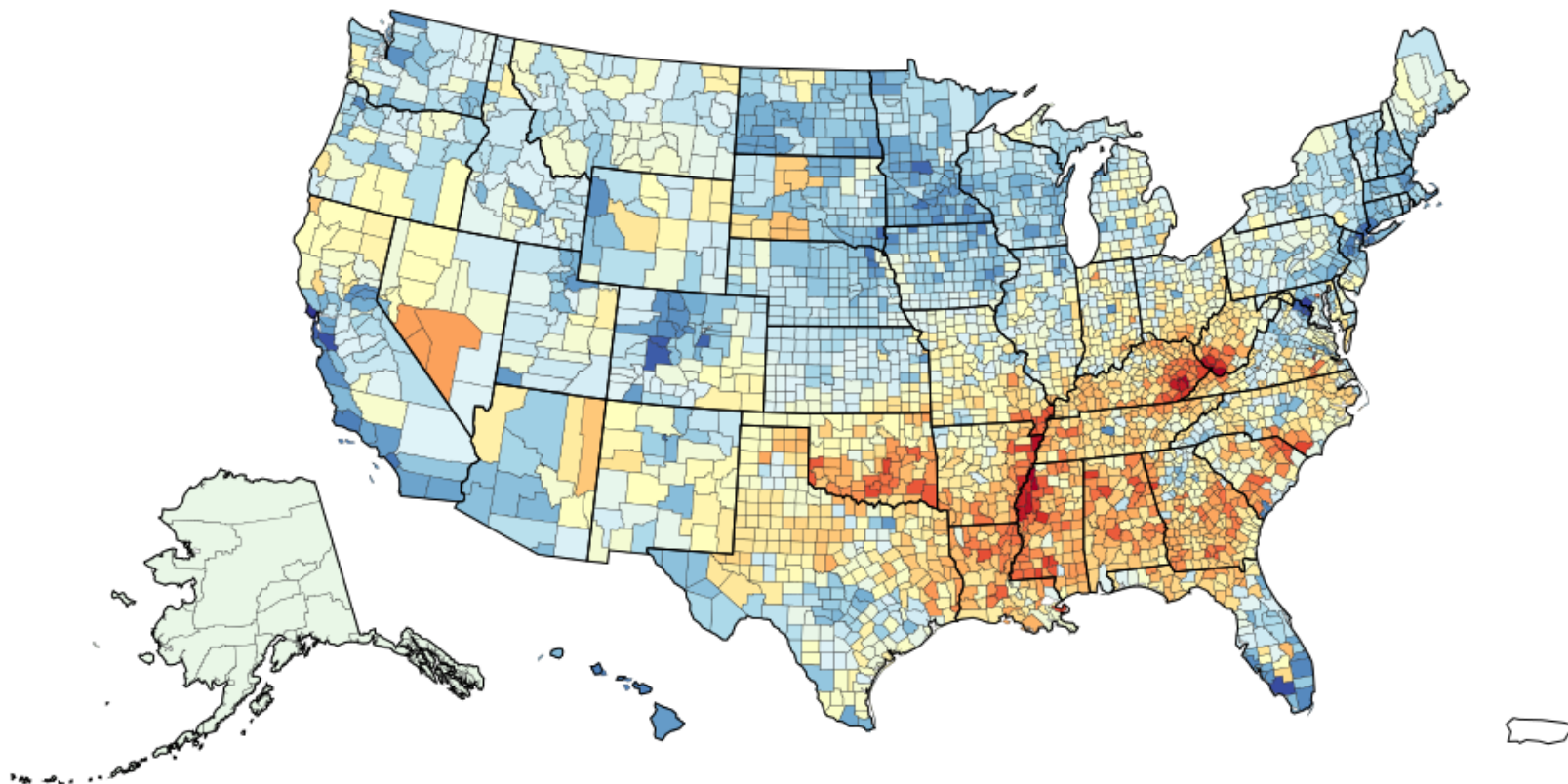
In planning a future for this region, we can ask two questions:

- 1) Are all groups and neighborhoods treated equally in the distribution of environmental benefits and burdens?
- 2) Do all groups and neighborhoods have equal opportunity for consideration in decision-making?



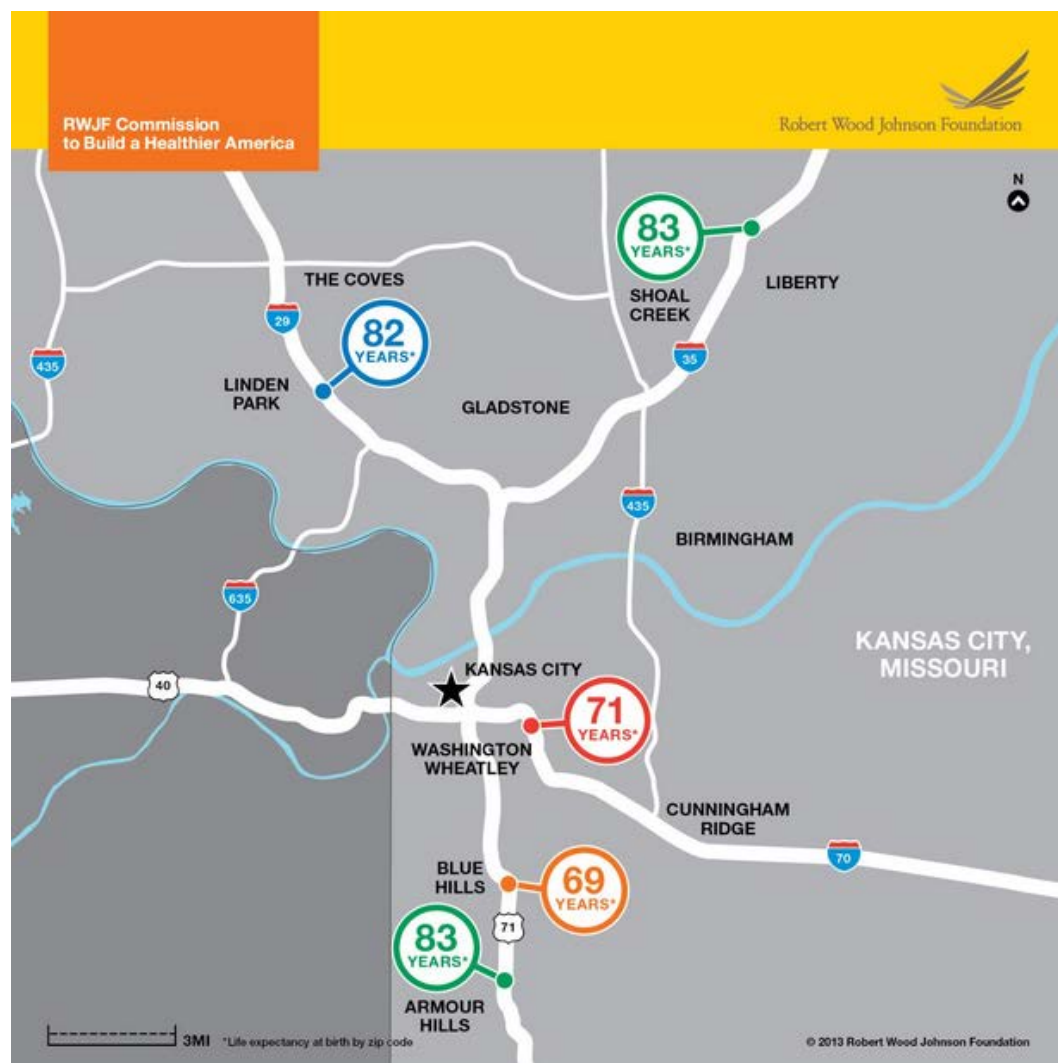
Life Expectancy Varies Across the Country

Life expectancy, Females, 2010





Within Cities and Counties, Life Expectancy Varies



Just a few miles can mean a 14-year difference in life expectancy for babies born in Kansas City.



Within Cities and Counties, Life Expectancy Varies

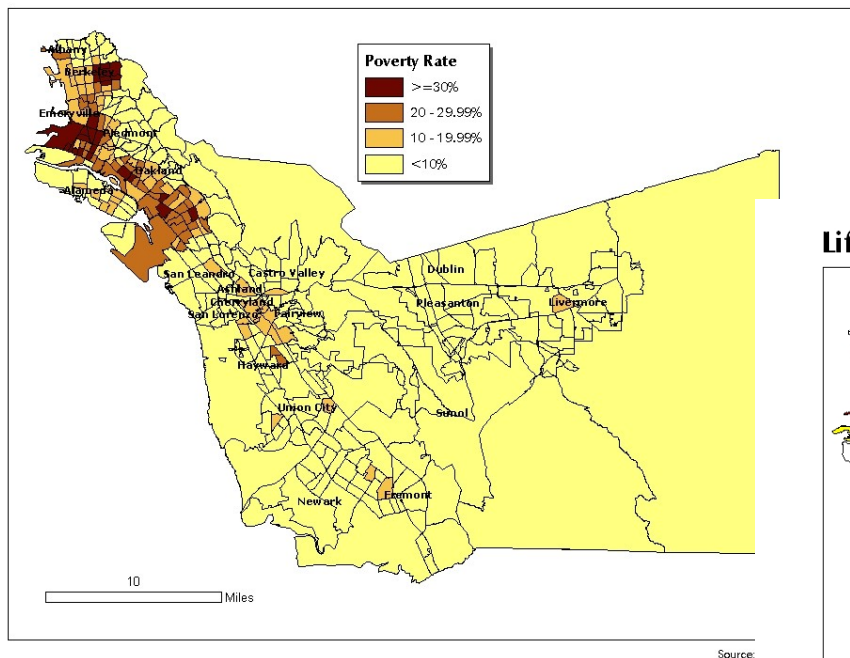


The average life expectancy in New Orleans can vary by as much as 25 years across neighborhoods just a few miles apart.

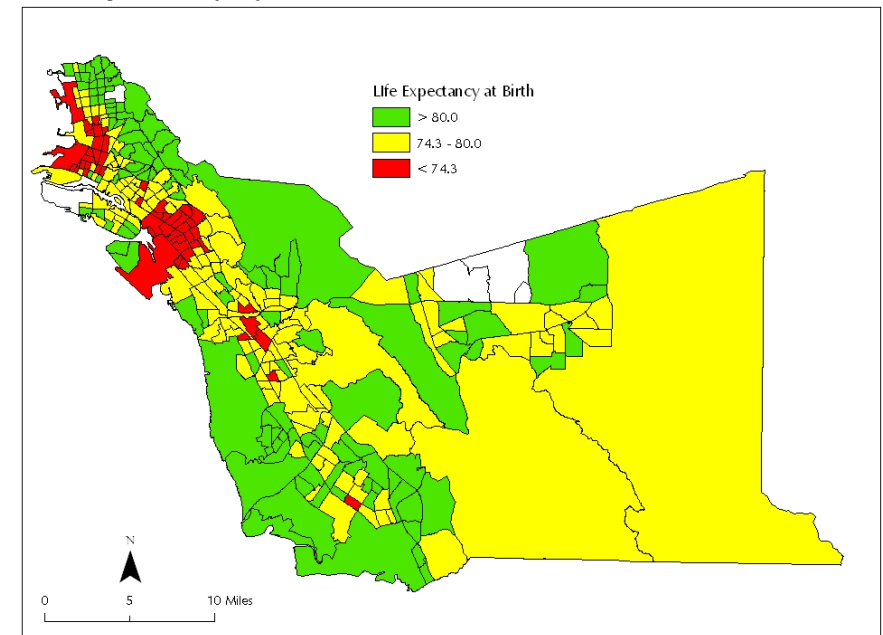


In Alameda County, life expectancy differences are linked to neighborhood income and race/ethnicity

Alameda County Poverty



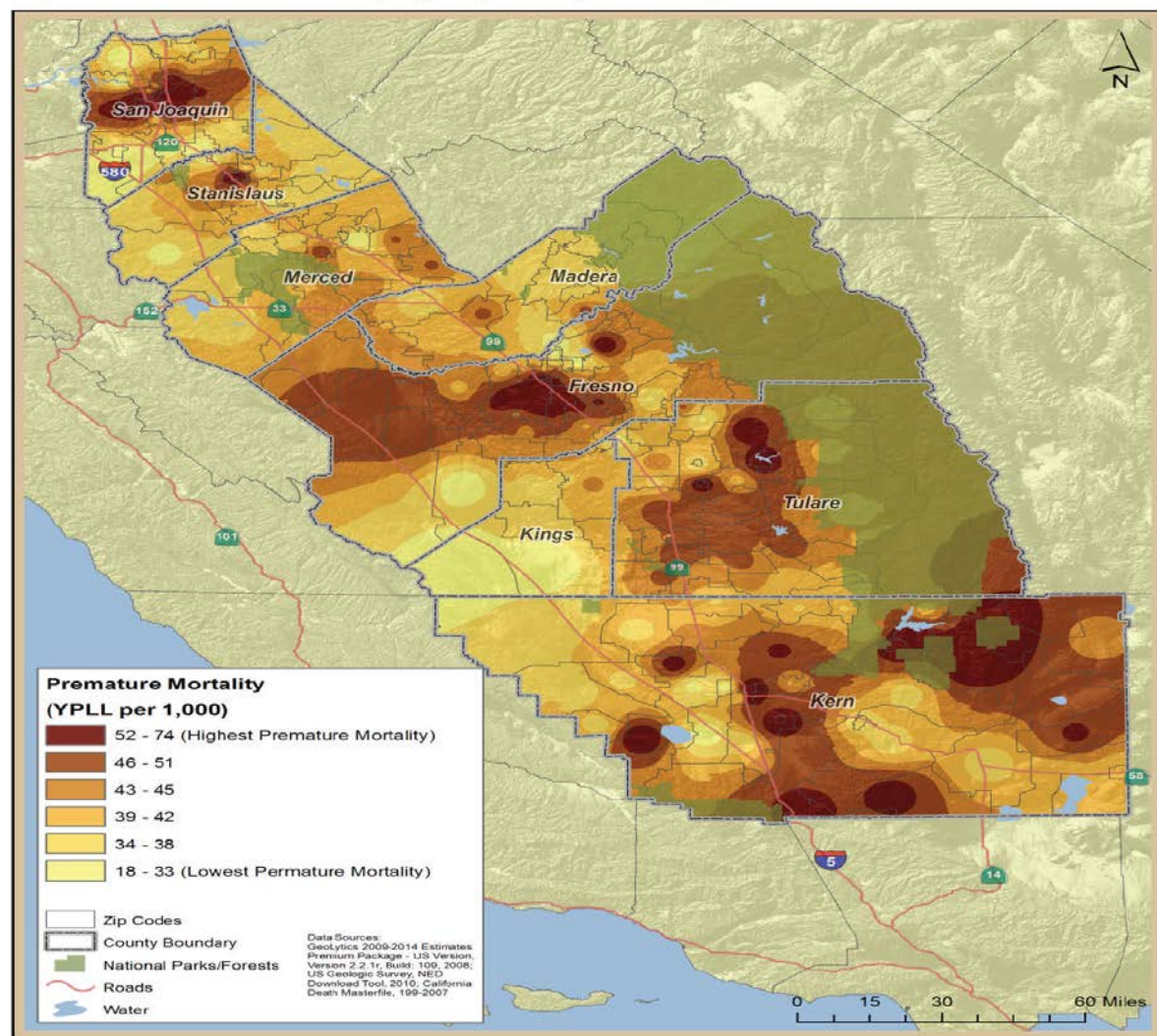
Life Expectancy by Tract



Source: CAPE, with data from vital statistics 1999-2001.



Map 6: Premature Mortality by Zip Code, San Joaquin 1999-2007



In the San Joaquin Valley, communities with higher rates of poverty, more immigrant families, and greater segregation had higher rates of premature mortality.

Communities less than 10 miles apart have life expectancy differences of 25 years or more



An Emerging Consensus on Causes


- Growing and consistent findings across diverse domains: air and water, transportation, housing, economic development, education, and human services disparities by place account for differences in life outcomes.
- SJVs health inequalities are partly explained by **historical forces** and **current policies** that **concentrate** low-income people, people of color, and recent immigrants in urban and rural areas that lack many of the most fundamental supports for health and well-being.
- Regional and local policies have not consistently focused on achieving equity by improving living conditions and life opportunities in the communities facing the worst conditions.


Place, Demography and Health in Fresno


- Fresno Planners have highlighted poverty, lack of employment options, and poor health as challenges to be addressed by the General Plan.
- These challenges are distributed differently and concentrated in some areas.
- Looking at demography and morbidity (hospital use) underscores how much Fresno works differently across its neighborhoods.

Legend: [Show](#) | [Hide](#)

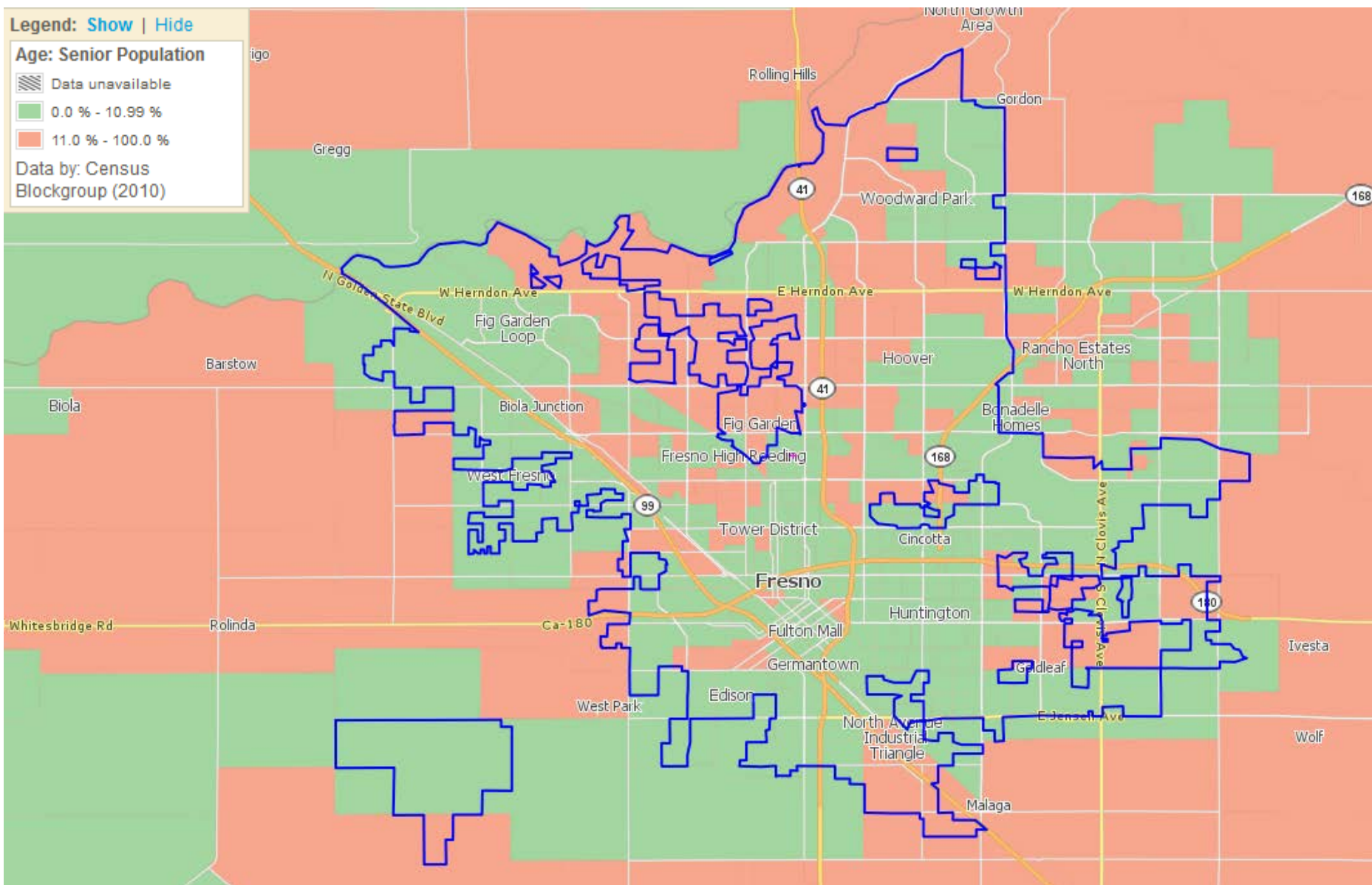
Age: Senior Population

 Data unavailable

 0.0 % - 10.99 %

 11.0 % - 100.0 %


Data by: Census
Blockgroup (2010)





CA average: 11% of population is +65

Legend: [Show](#) | [Hide](#)

Ethnicity / Race: White alone

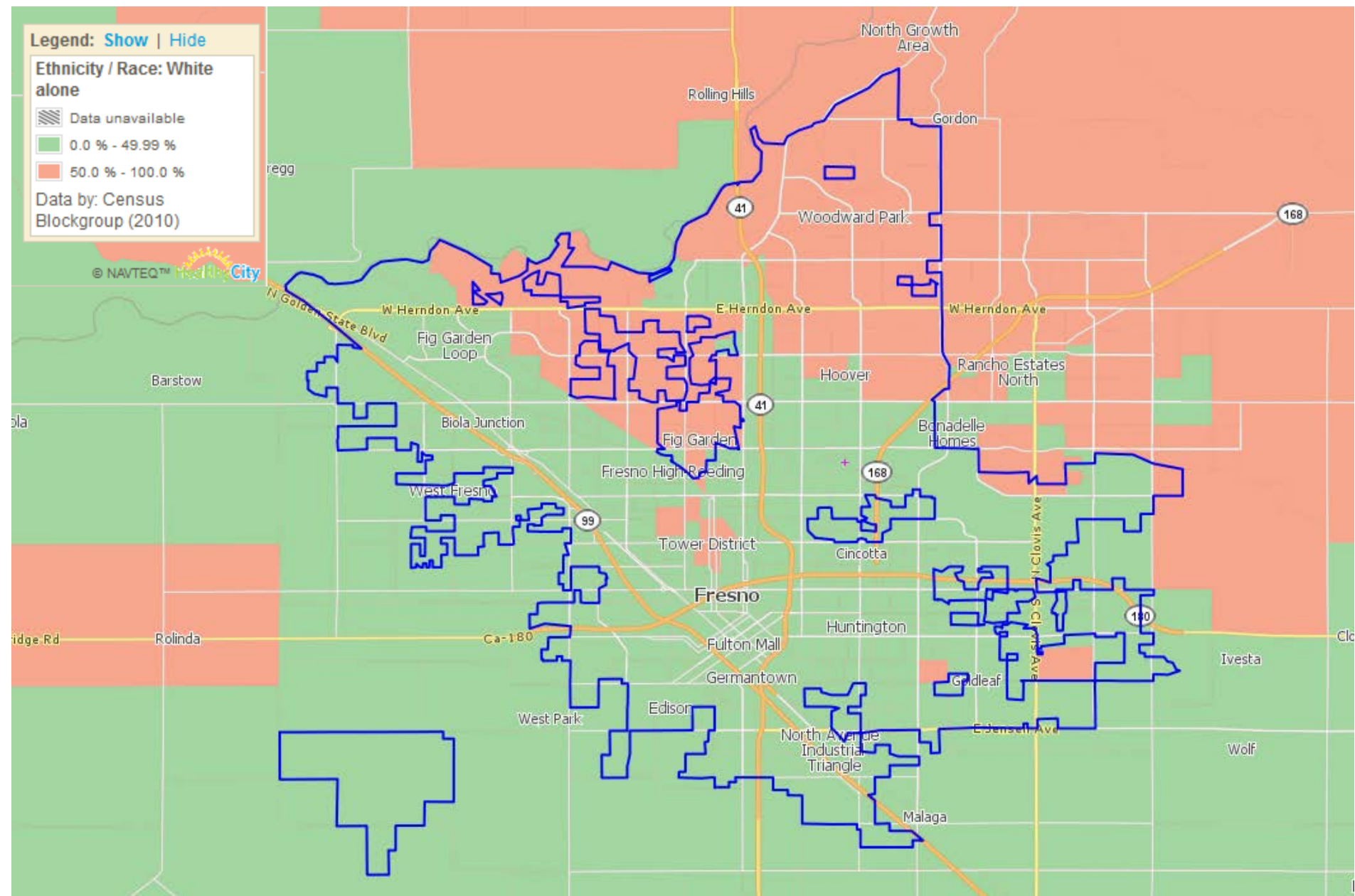
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Data by: Census
Blockgroup (2010)


© NAVTEQ™  Mapbox



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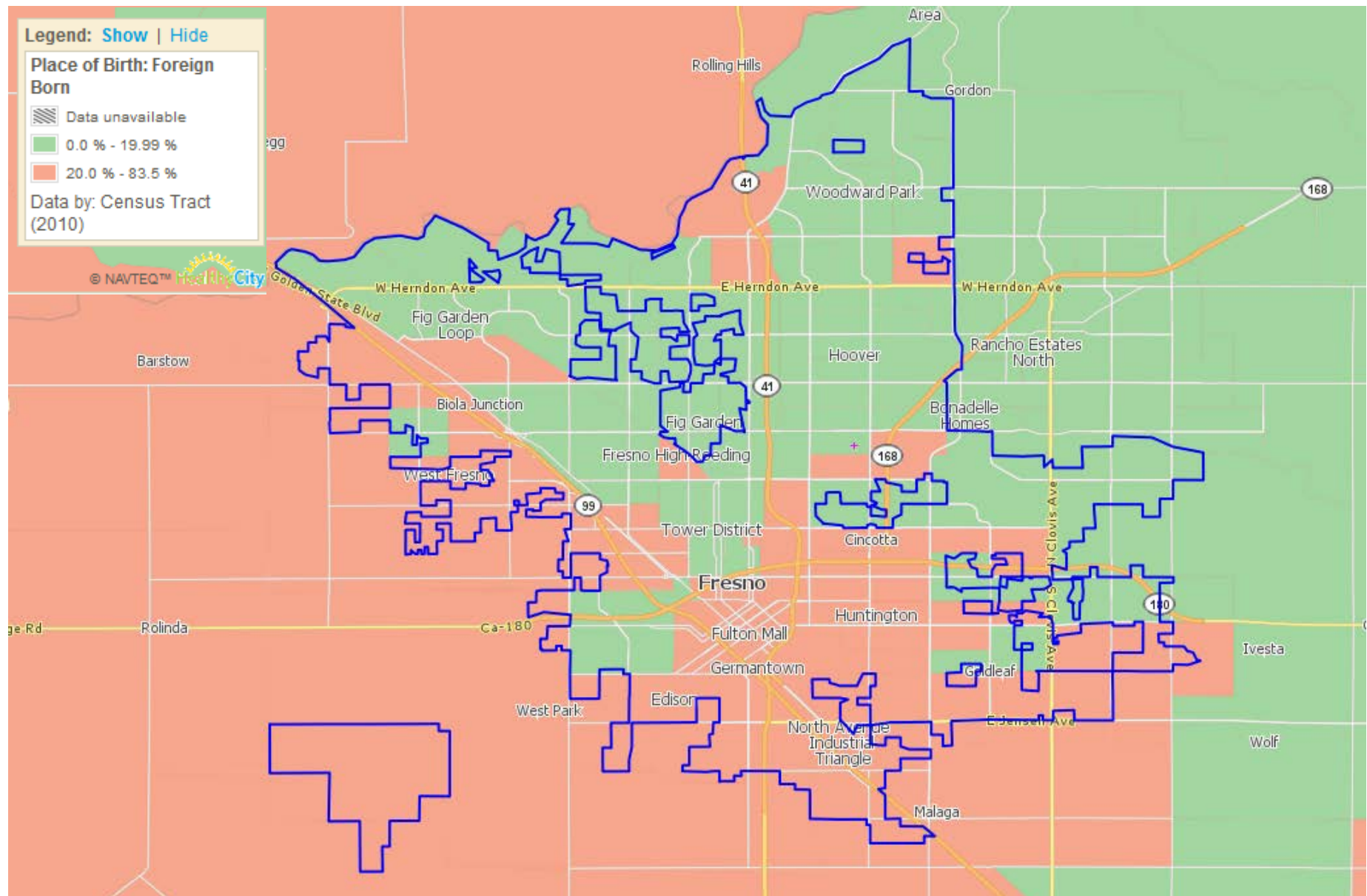
Place of Birth: Foreign Born

 Data unavailable

 0.0 % - 19.99 %

 20.0 % - 83.5 %

Data by: Census Tract
(2010)



Languages Spoken at Home in Fresno


SPANISH (230,400)	CANTONESE (455)	NORWEGIAN (95)
MIAO, HMONG (22,510)	GREEK (400)	ROMANIAN (90)
PANJABI (5,475)	HINDI (370)	TURKISH (80)
LAOTIAN (5,200)	MIAO-YAO, MIEN (320)	SAMOAN (80)
MON-KHMER,	KRU, IBO, YORUBA (310)	HEBREW (80)
CAMBODIAN (4,085)	THAI (305)	SYRIAC (80)
ARMENIAN (3,780)	DUTCH (285)	BISAYAN (75)
TAGALOG (3,580)	INDONESIAN (245)	BASQUE (75)
CHINESE (2,635)	AMHARIC (235)	HUNGARIAN (75)
GERMAN (2,415)	UKRAINIAN (215)	SINHALESE (60)
VIETNAMESE (2,025)	INDIA, N.E.C. (210)	DANISH (60)
JAPANESE (1,990)	ILOCANO (205)	LITHUANIAN (60)
ARABIC (1,335)	SWEDISH (175)	SWAHILI (60)
FRENCH (1,155)	GUJARATHI (160)	MONO (55)
PORTUGUESE (1,130)	MANDARIN (135)	TAMIL (50)
ITALIAN (1,005)	URDU (125)	FINNISH (45)
KOREAN (980)	CUSHITE (125)	CROATIAN (45)
RUSSIAN (955)	SERBOCROATIAN (115)	MUSKOGEE (45)
PERSIAN (855)	FORMOSAN (105)	MANDE (40)
OTO - MANGUEN (620)	POLISH (100)	AMERICAN INDIAN (40)
	AZTECAN (100)	BURMESE (40)

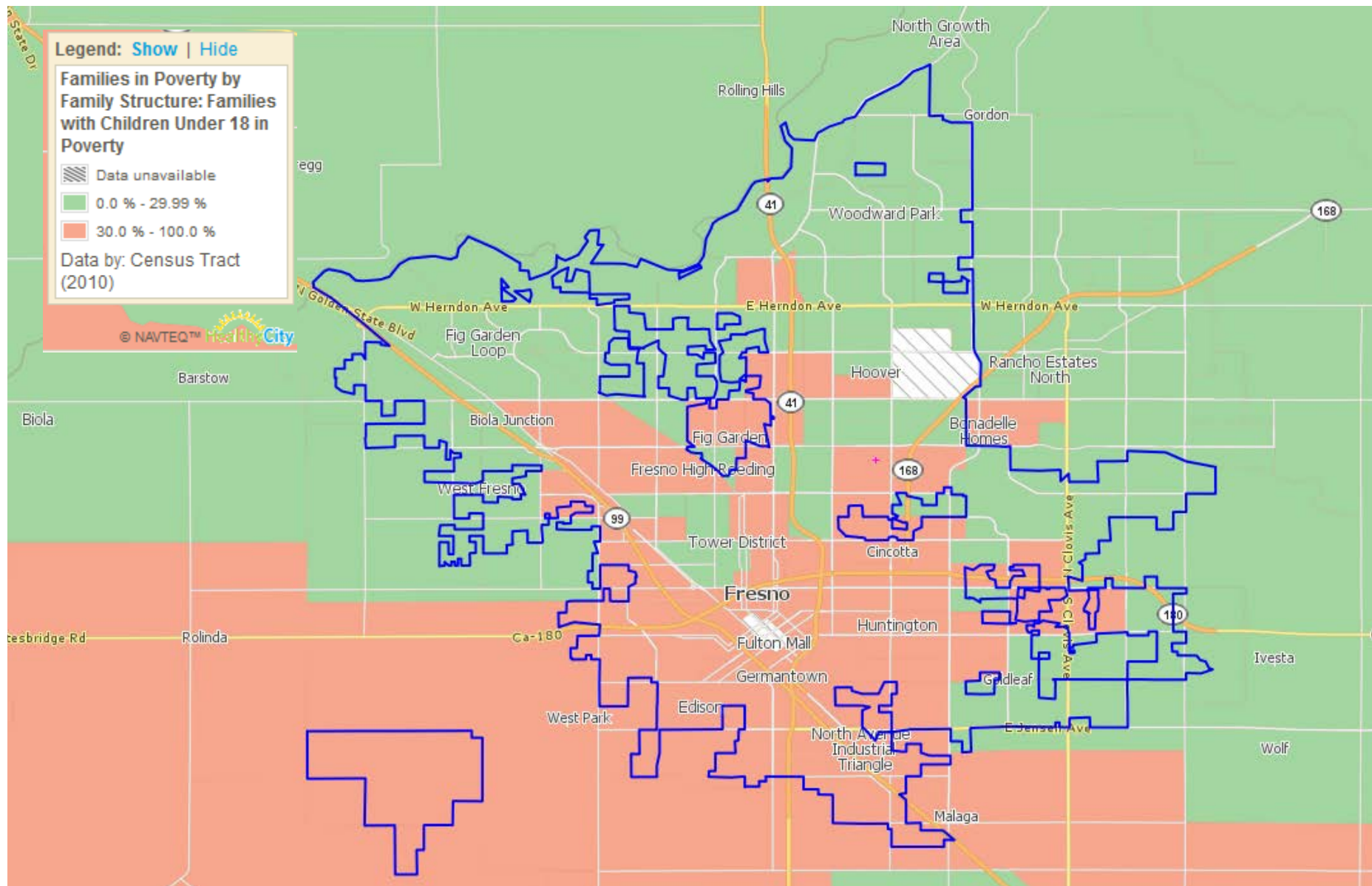
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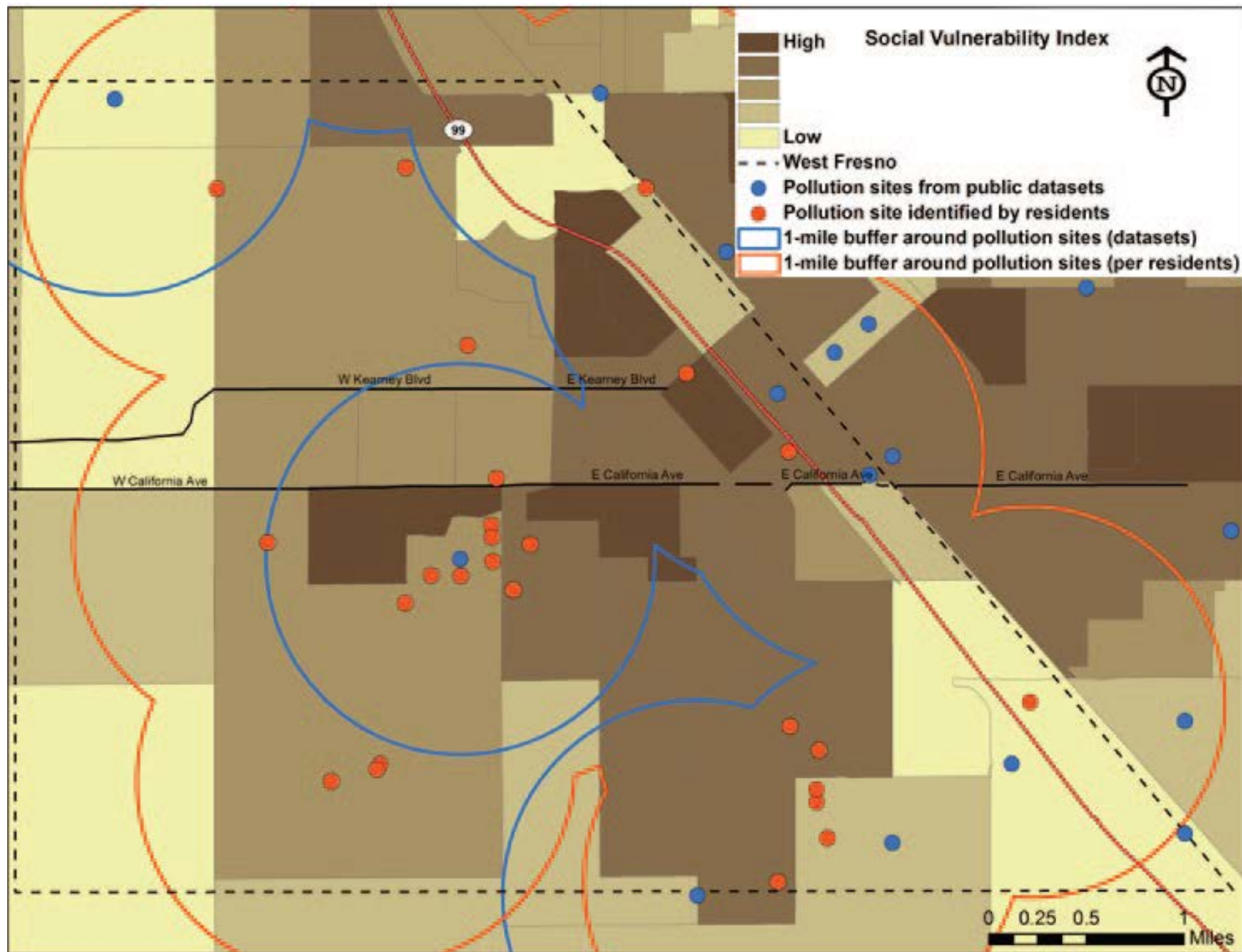
**Families in Poverty by
Family Structure: Families
with Children Under 18 in
Poverty**

-  Data unavailable
-  0.0 % - 29.99 %
-  30.0 % - 100.0 %

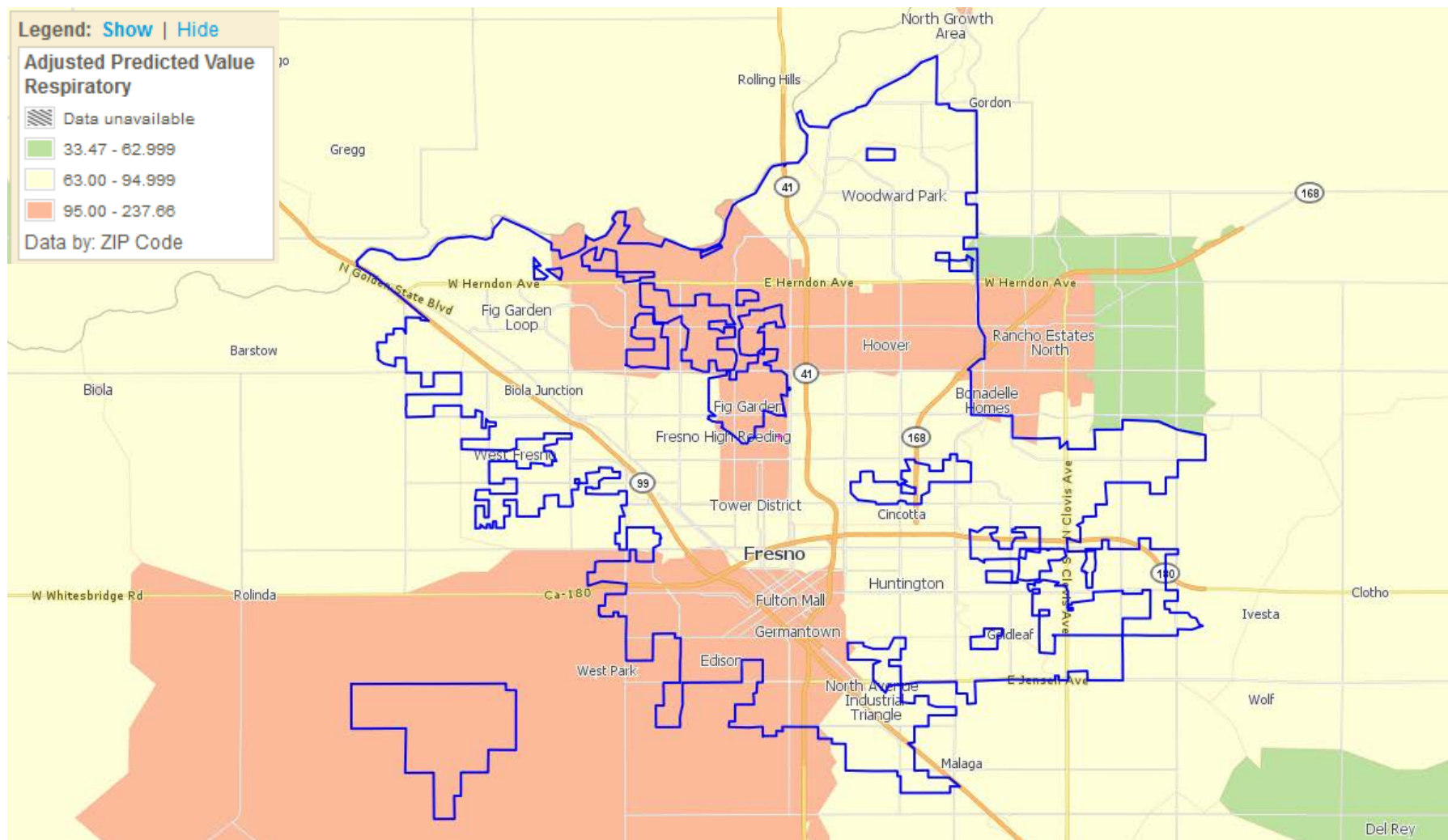
Data by: Census Tract
(2010)

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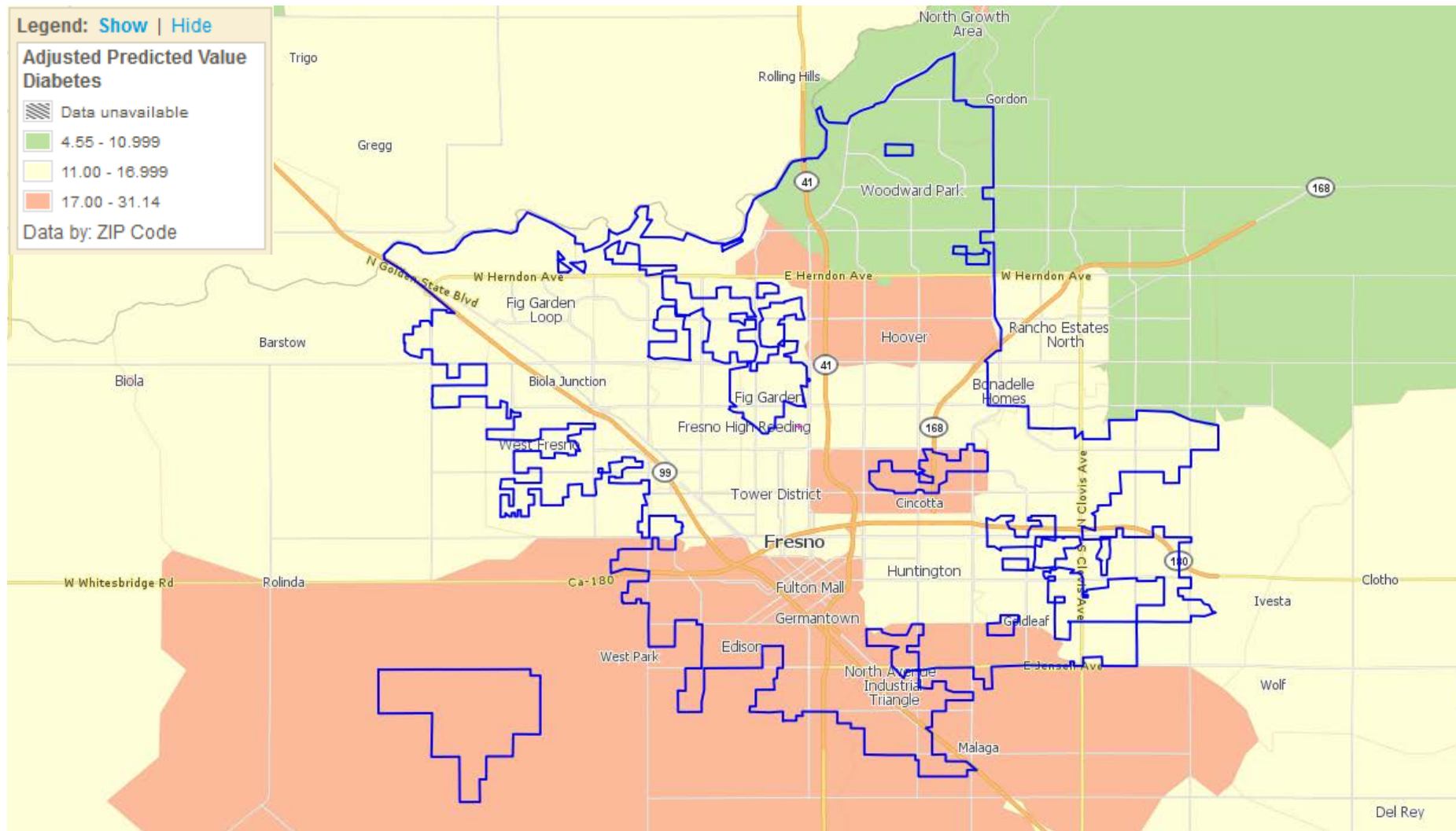


Respiratory Hospitalization Rates per 10K: Adjusted Values



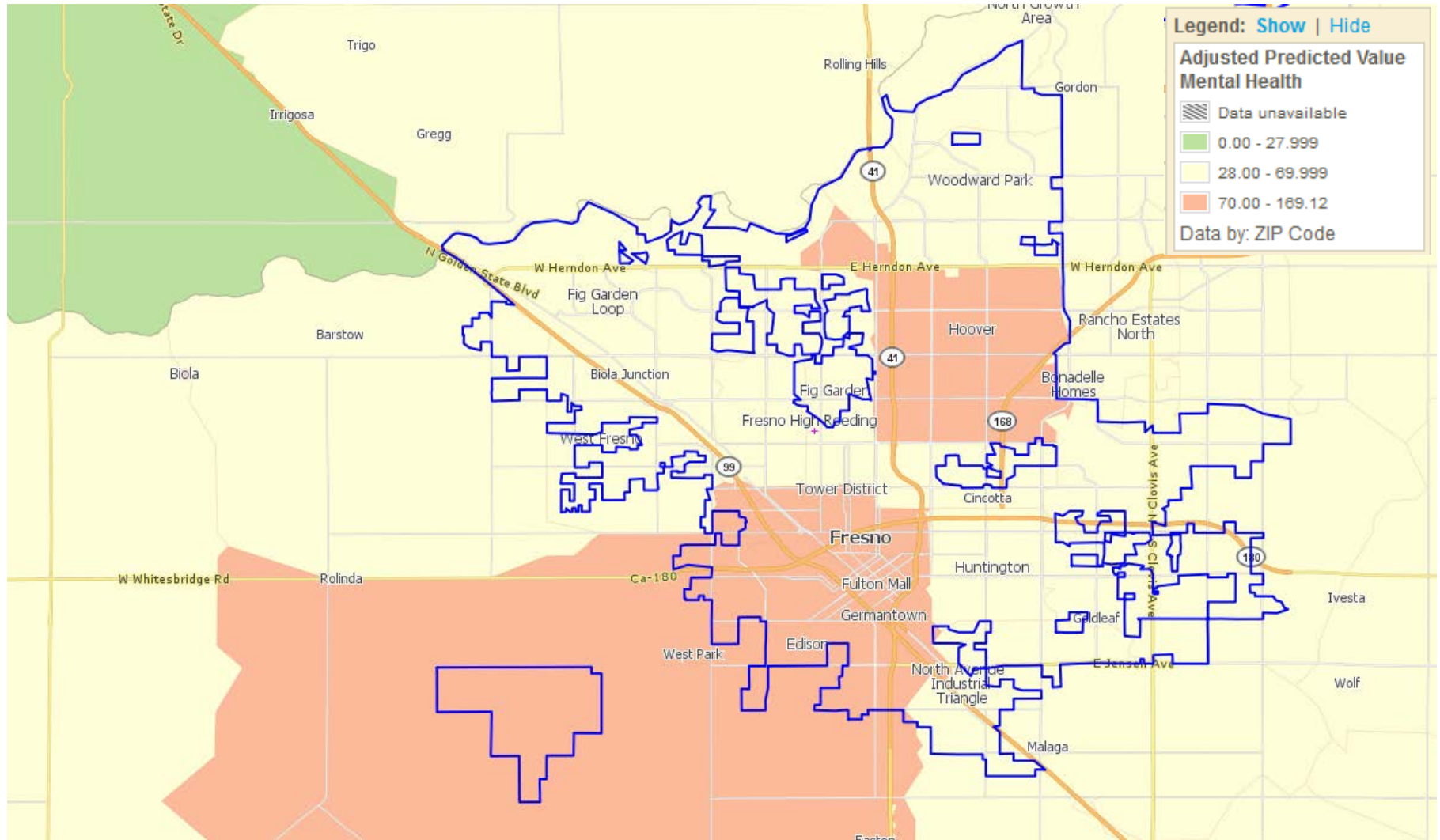
Categories represent +/-1 SD above Average rate of Respiratory Hospitalizations per 10K for County of Fresno
Adjusted model controlling for Age, Race and Poverty Status

Diabetes Hospitalization Rates per 10K: Adjusted Values



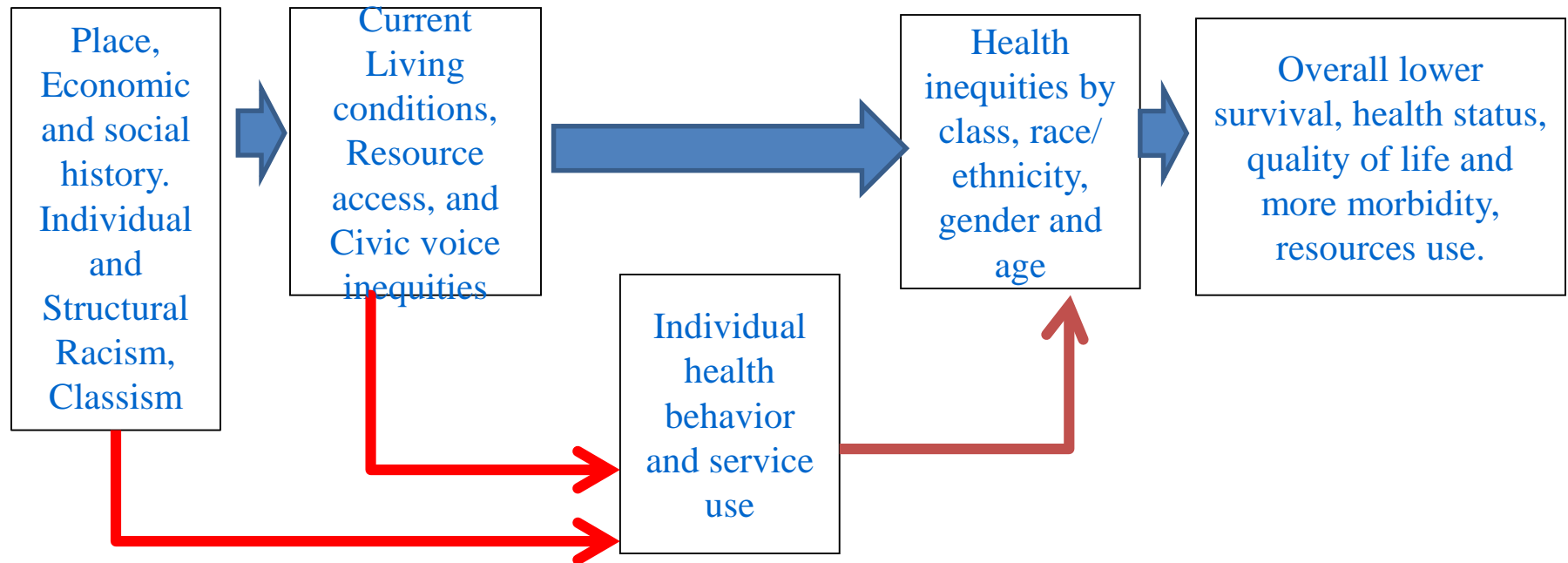
Categories represent ± 1 SD above Average rate of Diabetes Hospitalizations per 10K for County of Fresno
Adjusted model controlling for Age, Race and Poverty Status

Mental Health Hospitalization Rates per 10K: Adjusted Values



Categories represent ± 1 SD above Average rate of Mental Health Hospitalizations per 10K for County of Fresno
Adjusted model controlling for Age, Race and Poverty Status

What Causes Health Inequity: Place, History, Behavior



Opportunities for Collaborative Research

- Better secondary analyses of place and morbidity/mortality...better stats, more place based data
- Linking specific historical and current policies to inequalities. Understanding interactive effects on health/health care use of culture/class/oppression and policies.
- Tracking/addressing consequences of agriculture dominant economy: pollution, bad jobs, hunger/obesity
- Community roles in policy-making/understanding ideology and practice of regime maintenance



Place Matters

San Joaquin Valley

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Thank you

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STATE

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