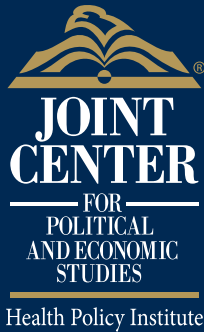


MARCH 2012



PLACE MATTERS FOR HEALTH IN THE SAN JOAQUIN VALLEY:

Ensuring Opportunities for Good Health for All

A Report on Health Inequities in the San Joaquin Valley



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Place Matters for Health in the San Joaquin Valley: Policy Brief

Prepared by the Joint Center for Political and Economic Studies, its Health Policy Institute
and the San Joaquin Valley PLACE MATTERS Team

In Conjunction with the Center on Human Needs, Virginia Commonwealth University and the
Virginia Network for Geospatial Health Research

Introduction

PLACE MATTERS for health in important ways. Research demonstrates that neighborhood conditions—the quality of public schools, housing conditions, access to medical care and healthy foods, levels of violence, availability of exercise options, exposure to environmental degradation—powerfully predict who is healthy, who is sick, and who lives longer. And because of patterns of residential segregation, these differences are the fundamental causes of health inequities among different racial, ethnic and socioeconomic groups. This study examined the relationship between social conditions, environmental factors, and health outcomes in the context of the unique demographic characteristics of the area.

Conclusions

The San Joaquin Valley has a sizeable immigrant population with high poverty and low educational attainment. Disparities in health status within the San Joaquin Valley reflect, in part, historical geographic patterns that have resulted in vulnerable populations living in areas where conditions such as exposure to environmental hazards create greater health risks. The overall pattern suggests that socio-economic conditions in low-income and non-white neighborhoods make it more difficult for people in these neighborhoods to live healthy lives. The study found that:

- The percentage of the population without a high school diploma in the San Joaquin Valley (30%) is more than twice the percentage of people in the U.S. (14.7%) without a high school diploma.
- The rate of premature deaths (years of potential life lost before the age 65) in the lowest-income zip codes of the San Joaquin Valley is nearly twice that of those in the highest-income zip codes.
- Life expectancy varies by as much as 21 years in the San Joaquin Valley depending on zip code.
- Areas of the San Joaquin Valley with the highest levels of respiratory risk have the highest percentage of Hispanic residents (55%), while areas with the lowest level of respiratory risk have the lowest percentage of Hispanic residents (38%).
- One in six children in the San Joaquin Valley is diagnosed with asthma before the age of 18, an epidemic level.

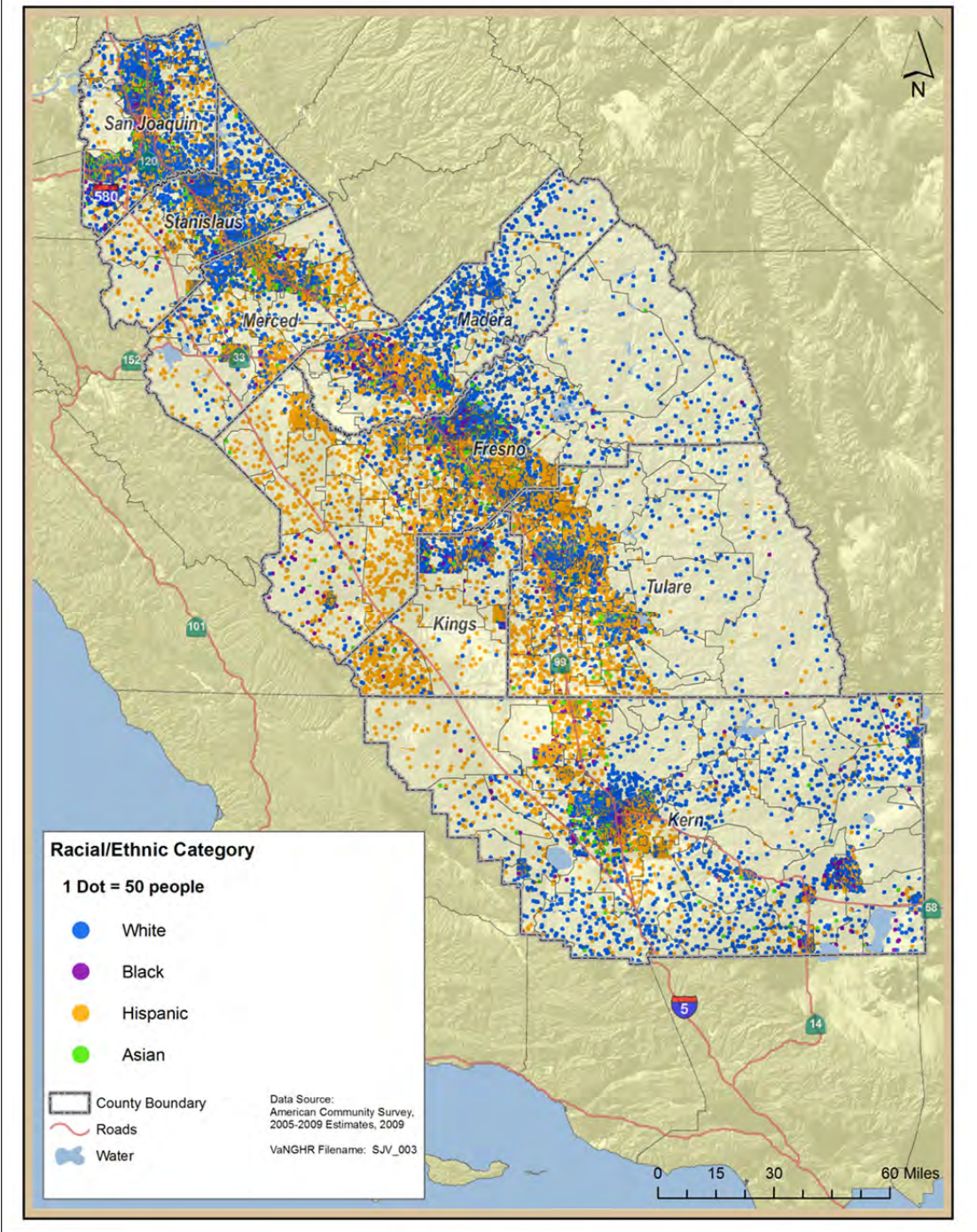
Recommendations

The overall pattern suggests that the clustering of social, economic, and environmental health risks in low-income and non-white neighborhoods severely limits opportunities for people in these communities to live healthy lives. To address these risks the San Joaquin Valley PLACE MATTERS Team recommends that elected officials, policymakers, planners, philanthropic organizations, and other stakeholders should:

- Re-orient the agricultural economy to promote social and environmental sustainability.
- Increase understanding and application of the social determinants framework among elected policy makers, community leaders and health, social service, education and community/economic development professionals through professional education and other tools.
- Monitor on an on-going basis environmentally challenged and socio-economically vulnerable communities and increase public sector efforts to engage with—and invest in—these communities.
- Focus increased attention on enforcement of existing air quality standards and on helping individuals and communities understand and mitigate environmental risks.
- Seek to provide equitable expenditures throughout the school systems in the San Joaquin

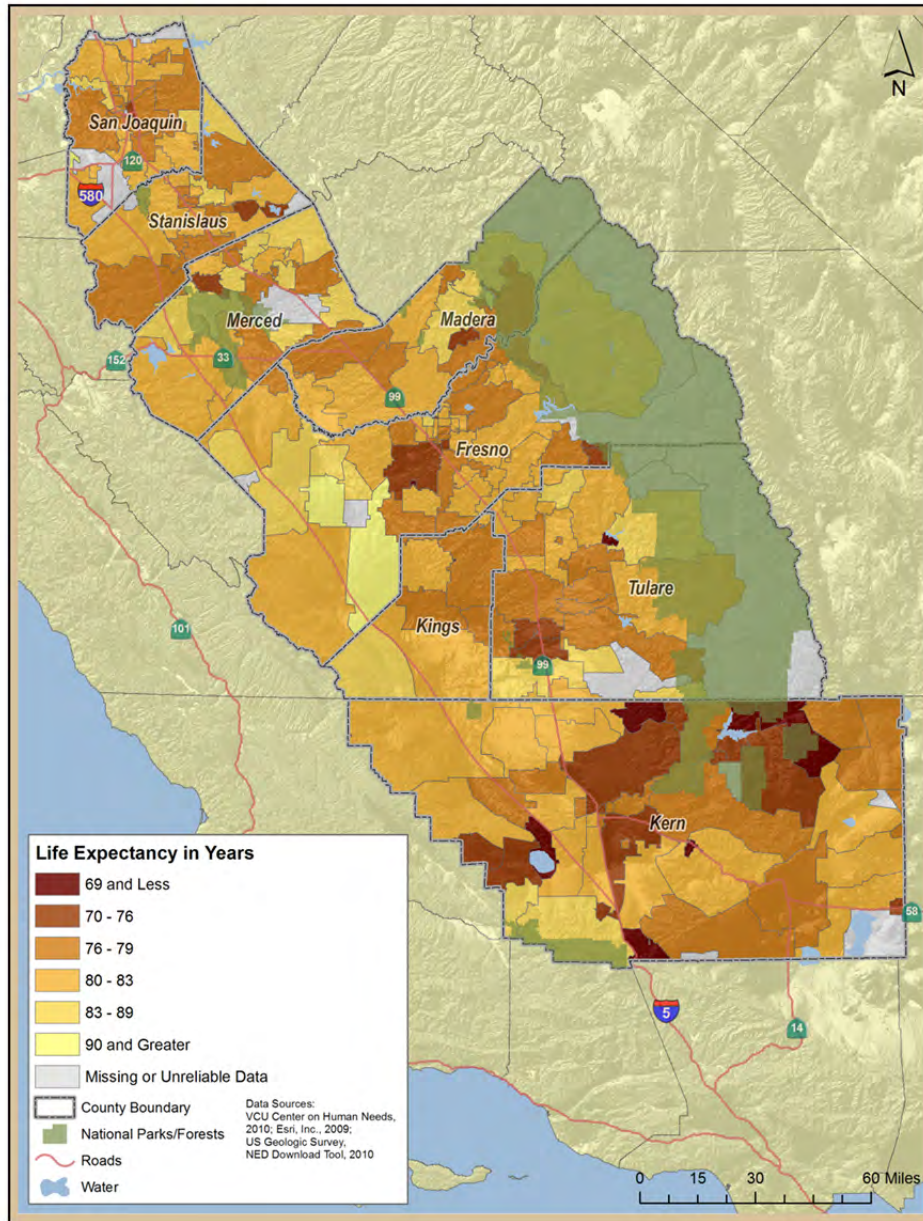
continued on page 4)

Map 2: Racial and Ethnic Distribution, San Joaquin Valley, 2005-2009



The San Joaquin Valley, located in the Central Valley of California, is home to San Joaquin, Stanislaus, Merced, Madera, Fresno, Kings, Tulare and Kern Counties and had a combined population of 3,951,814 in 2009. In 2009, 48.5% of the population was Hispanic, and an estimated 21.0% of the population was foreign born. Several census tracts in the western portions of Kern, Fresno and Tulare counties are more than 90% Hispanic. In the western portion of Madera and southern and western regions of Kern many census tracts are over 80% non-Hispanic white. The majority of the Asian population resides in San Joaquin County, while the Black population is concentrated in Fresno, Kern, and San Joaquin counties.

Map 7: Life Expectancy by Zip Code, San Joaquin Valley, 2009



In the zip codes with lowest life expectancy, people may live to be only about 69 years or less, while people can live to be 90 years or more in zip codes with the highest life expectancy. Zip codes with the lowest life expectancy tend to have a higher percentage of Hispanic and low-income residents. Zip code areas in the San Joaquin Valley with lower median incomes suffer substantially more premature deaths than those with higher incomes; the rate of premature deaths (years of potential life lost before the age of 65) for the lowest earning zip codes is nearly twice that of the highest income zip codes (58 per 10,000 deaths versus 30 per 10,000). A lower level of educational attainment also is a predictor of a high rate of premature deaths.

- Valley, and in particular, to provide adequate resources for a quality education, including early childhood education, in those schools that serve poor and immigrant populations.
- Seek to create greater equity of resources and opportunities in both urban and rural communities while alleviating socio-economic, racial/ethnic, and gender discrimination.
 - Adopt land use policies that reflect an emphasis on smart and equitable growth, facilitate access to affordable housing for poor and immigrant populations, and promote housing mobility to help reduce the clustering of immigrants in neighborhoods of concentrated poverty and in areas where exposure to environmental risks is highest.
 - Ensure that all communities, including those that are unincorporated, have access to safe drinking water and the institutional capacity to manage water systems, and create a process for cities/counties to consider the infrastructure needs—including clean drinking water access—of disadvantaged and unincorporated communities in planning efforts.
 - Increase availability of data on social determinants of health and develop ways to better assess health consequences of toxic water and other assaults on small rural communities.
 - Increase the capacity of communities “... to hold decision makers accountable—not just the water service provider, but also local, regional, and state government officials”¹ through building the capacity of grassroots/community leaders and through encouraging support for collaborative decision-making and advocacy to address regional challenges.
 - Require public decision-makers and program implementers to consider the impacts of proposed actions on racial/ethnic equity in life opportunities, health and well-being and to adjust actions to maximize this goal. This **equity in all policies** approach should also be adopted by philanthropic and religious groups and other organizations serving the region.

While there is a strong moral imperative to enact policies to improve health for all, there also is a powerful economic incentive. A study released by the Joint Center for Political and Economic Studies in 2009 found that direct medical costs associated with health inequities among African Americans, Hispanic Americans, and Asian Americans approached \$230 billion between 2003 and 2006. When indirect costs, such as lowered productivity and lost tax revenue resulting from illness and premature death, were included, the total cost of health inequities exceeded \$1.24 trillion. Thus, for both moral and economic reasons, we must address health inequities and their root causes now.

About this Policy Brief:

This policy brief is based on a technical report prepared collaboratively by the Joint Center for Political and Economic Studies, its Health Policy Institute, and the San Joaquin Valley Place Matters Team, utilizing the research and data analysis capabilities of the Center on Human Needs, Virginia Commonwealth University and the Virginia Network for Geospatial Health Research (see note below). The PLACE MATTERS Team includes:

- Mr. Ralph B. Everett, Esq., President and CEO of the Joint Center for Political and Economic Studies
- Dr. Brian Smedley, Vice President and Director, Joint Center Health Policy Institute
- Felicia Eaves, PLACE MATTERS Project Manager
- Dr. John Capitman, Leader, San Joaquin Valley PLACE MATTERS Team
- Michael Wenger, Joint Center Senior Fellow and editorial consultant for report.

Note: The entire technical report, as well as explanations of data sources and analytical method, is found on the Virginia Commonwealth University Center for Human Needs web site, <http://www.humanneeds.vcu.edu/>.

¹ Francis, Rose and Firestone, Laurel (2011) “Implementing the human right to water in California’s Central Valley: Building a democratic voice through community engagement in water policy decision making” Willamette Law Review. Accessed 11/11/2011 <http://www.communitywatercenter.org/files/WLR%2047-3%20Firestone.pdf>





Health Policy Institute

Joint Center for Political and Economic Studies
1090 Vermont Avenue, NW, Suite 1100
Washington, DC 20005
www.jointcenter.org



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