

# Place Matters: San Joaquin Valley Regional Equity Forum

May 26, 2010

St. Paul Newman Center  
Fresno, California





## Meeting Objectives

- 1) Share new research on equity in health and well-being in the San Joaquin Valley
- 2) Spotlight the work of San Joaquin Valley regional AND neighborhood initiatives addressing living conditions and health
- 3) Explore development of a collaborative regional equity policy and systems change agenda



# **Agenda Overview**

## **Morning**

- 1) Equity in Health and Well-being in the San Joaquin Valley: New Approach---**John Capitan**
- 2) Building Stronger Communities for Better Health Moving from Science to Policy and Practice ---**Brian Smedley**
- 3) Regional Initiatives Panel Discussion---**Genoveva Islas-Hooker, Keith Bergthold, Phoebe Seaton, Cassandra Joubert, Jenny Saklar**





# Agenda Overview

## Afternoon

- 1) Small Group Discussions: Regional Initiatives and Equity, Goals for Collaboration
  - ❖ Environmental Quality
  - ❖ Healthy Living/Human Development
  - ❖ Community/Economic Development
  - ❖ Neighborhood Leadership for Change
- 2) Small Group Discussions: Creating a Collaborative Regional Agenda, Next Steps
- 3) Summary and Closure



# Health and Well-Being Equity in the San Joaquin Valley

## A New Approach

John Capitman\*  
Armando Cortez\*  
Mathilda Ruwe\*  
Marlene Bengiamin\*

Steve Sedlock\*\*  
Kenneth Studer\*\*  
Rexford Anson-Dwamena\*\*

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\*\* Virginia Network for Geospatial Health Research, Inc.



# Disparities in Health and Well-being: Why Place Matters

- Mounting evidence: people of color, rural and inner-city residents, and less affluent have worse life outcomes (survival, chronic disease, well-being, appropriate care).
- **Traditional Approach: Cause**→ genetics, individual behavior. **Solutions**---Help individuals adopt better behavior
- Mounting evidence: social, environmental, economic development, and infrastructure factors---social determinants—explain group differences in life outcomes
- **New Approach: Cause**→ places, policies, and environments in addition to individual differences. **Solutions**-- Help communities have better living conditions and opportunities



## Health and Well-being Disparities: San Joaquin Valley Findings

- A decade of reports: Valley has worse health and well-being outcomes than California and nation.
- Bengiamin et al Healthy People 2010 shows worse outcomes than state, failed national standard for **9 out of 10** health indicators, little progress over last decade.
- Multiple reports highlight barriers to health and well-being for many Valley communities





# Race/Ethnicity and Health Outcomes

	SJV	SJV
	YPLL (per 1,000)	Avoidable Hospitalizations (per 10,000)
All	42.47	154.28
Range	17-75	48-480
Latino	43.39	317.50
Non-Latino	41.39	57.69
White	61.47	207.35
African American/Asian	70.60	210.30^

*^Avoidable hospitalizations for African American only*



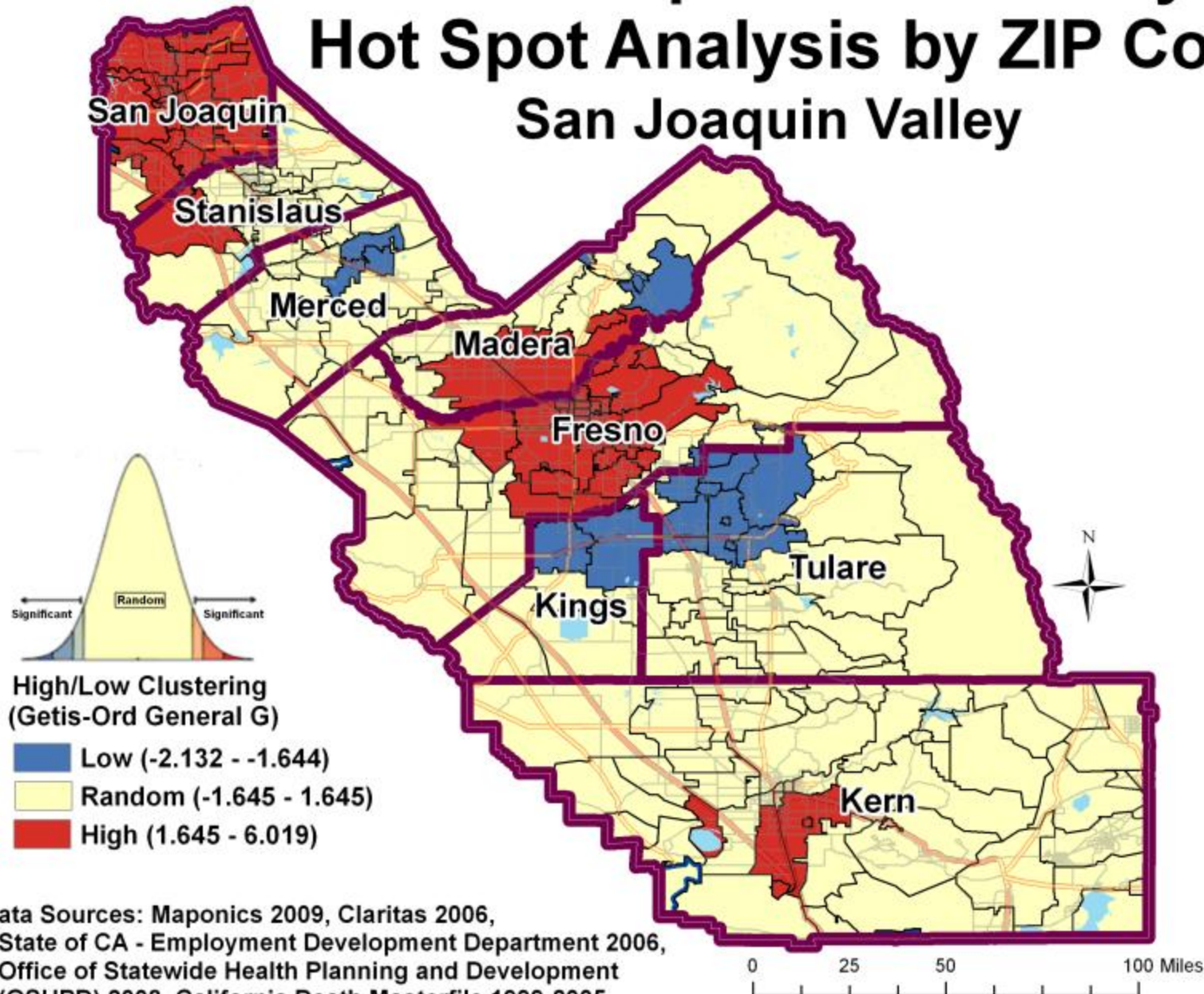


# Place-Based Approach

1. How do Valley places differ on health and well-being outcomes?
2. What explains these differences?
  - **CVHPI Data Warehouse:**
    - birth, death by zip code over 7 years
    - hospitalization by zip code over 9 years
    - race/ethnicity, median income, density by zip code
    - economic, education, environmental
  - **Analysis by place –traditional epidemiology methods**
  - **Analysis by place- spatial analysis methods**

STABLE Multi-year MEASURES, BEFORE the RECESSION

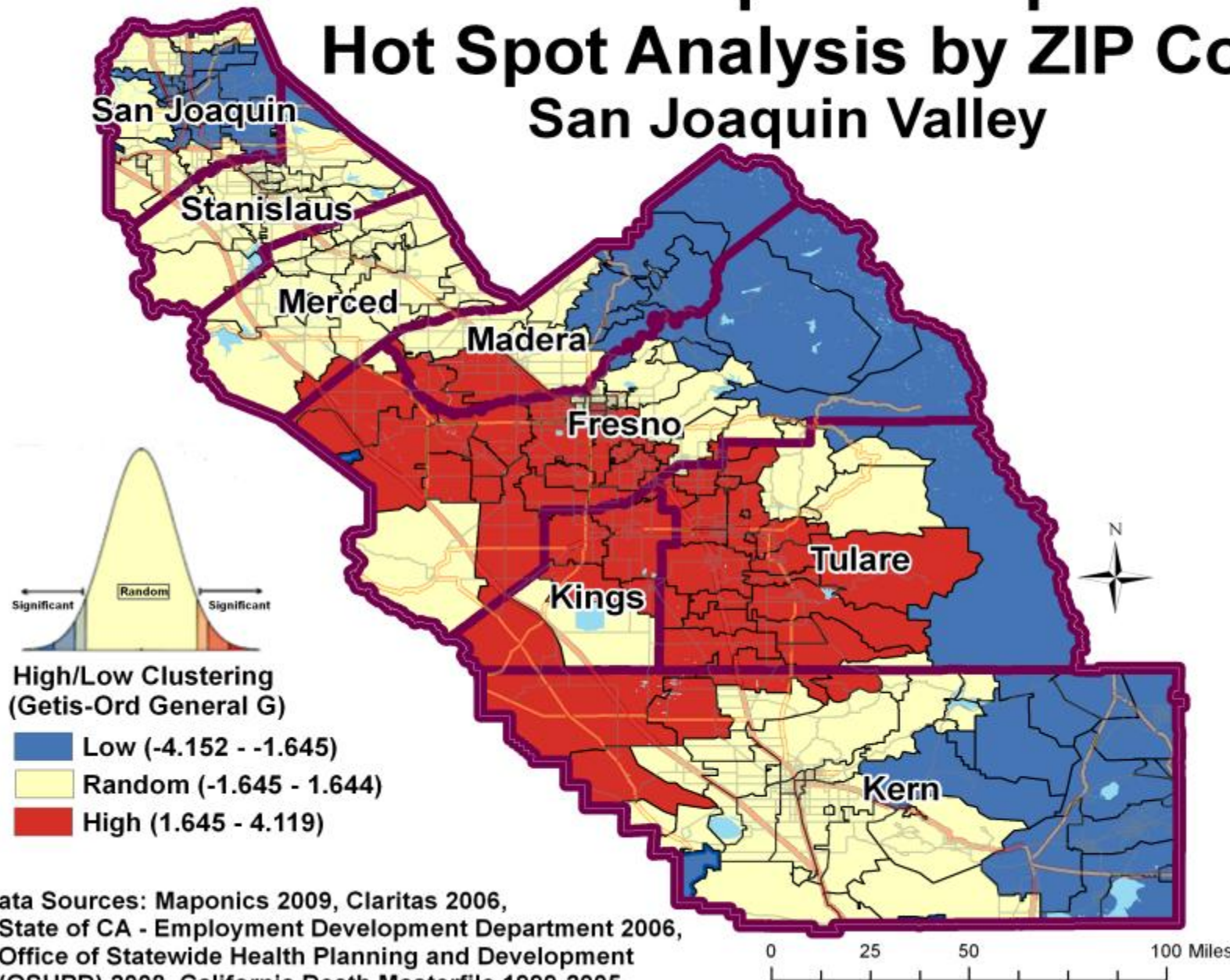
# Total Population Density Hot Spot Analysis by ZIP Code San Joaquin Valley



\* Data Sources: Maponics 2009, Claritas 2006,  
State of CA - Employment Development Department 2006,  
Office of Statewide Health Planning and Development  
(OSHPD) 2008, California Death Masterfile 1999-2005,  
OSHPD 1998-2006

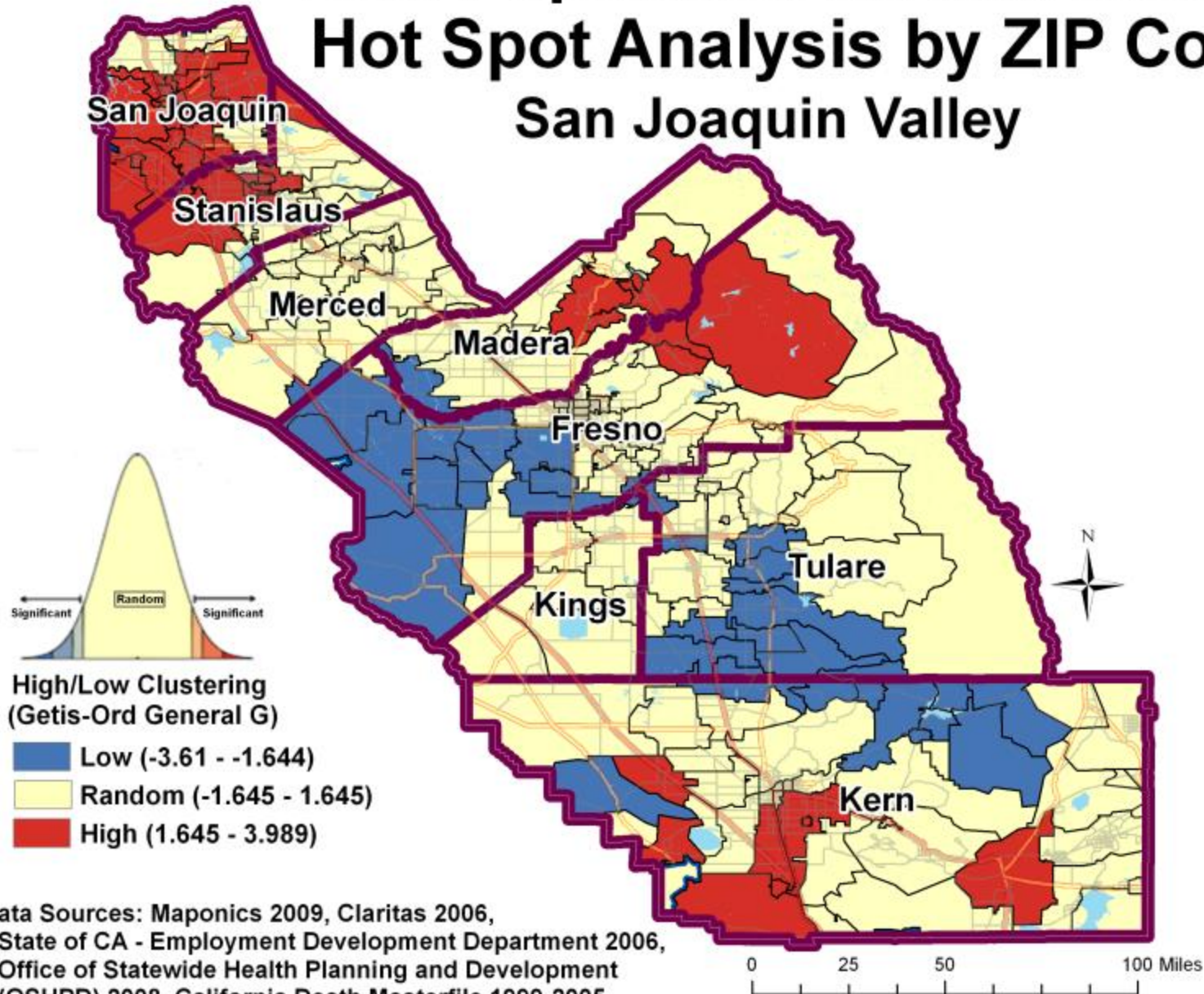


# Percent Hispanic Population Hot Spot Analysis by ZIP Code San Joaquin Valley



Data Sources: Maponics 2009, Claritas 2006,  
State of CA - Employment Development Department 2006,  
Office of Statewide Health Planning and Development  
(OSHPD) 2008, California Death Masterfile 1999-2005,  
OSHPD 1998-2006

# Total Population Median Income Hot Spot Analysis by ZIP Code San Joaquin Valley



\* Data Sources: Maponics 2009, Claritas 2006,  
State of CA - Employment Development Department 2006,  
Office of Statewide Health Planning and Development  
(OSHPD) 2008, California Death Masterfile 1999-2005,  
OSHPD 1998-2006





## Years of Potential Life Lost by Place

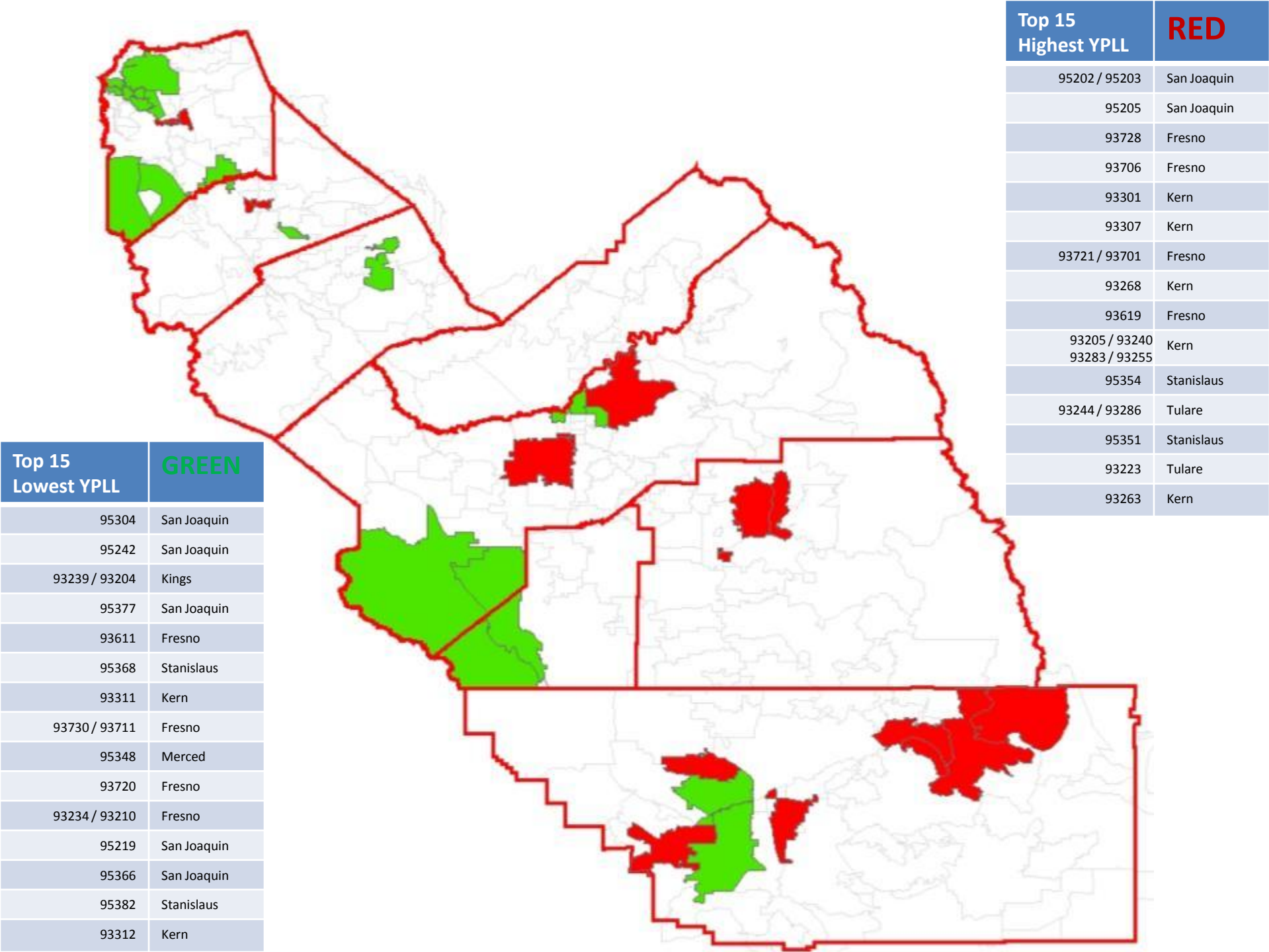
Overall mean=42.47

Range=17-75 years lost/1,000



# Community Features and YPLL

- More years of life lost in segregated Latino communities (15 years/1,000)
- More years of life lost in segregated African American and Asian communities (6 years/1,000)
- More years of life lost in poor communities (26 years/1,000)

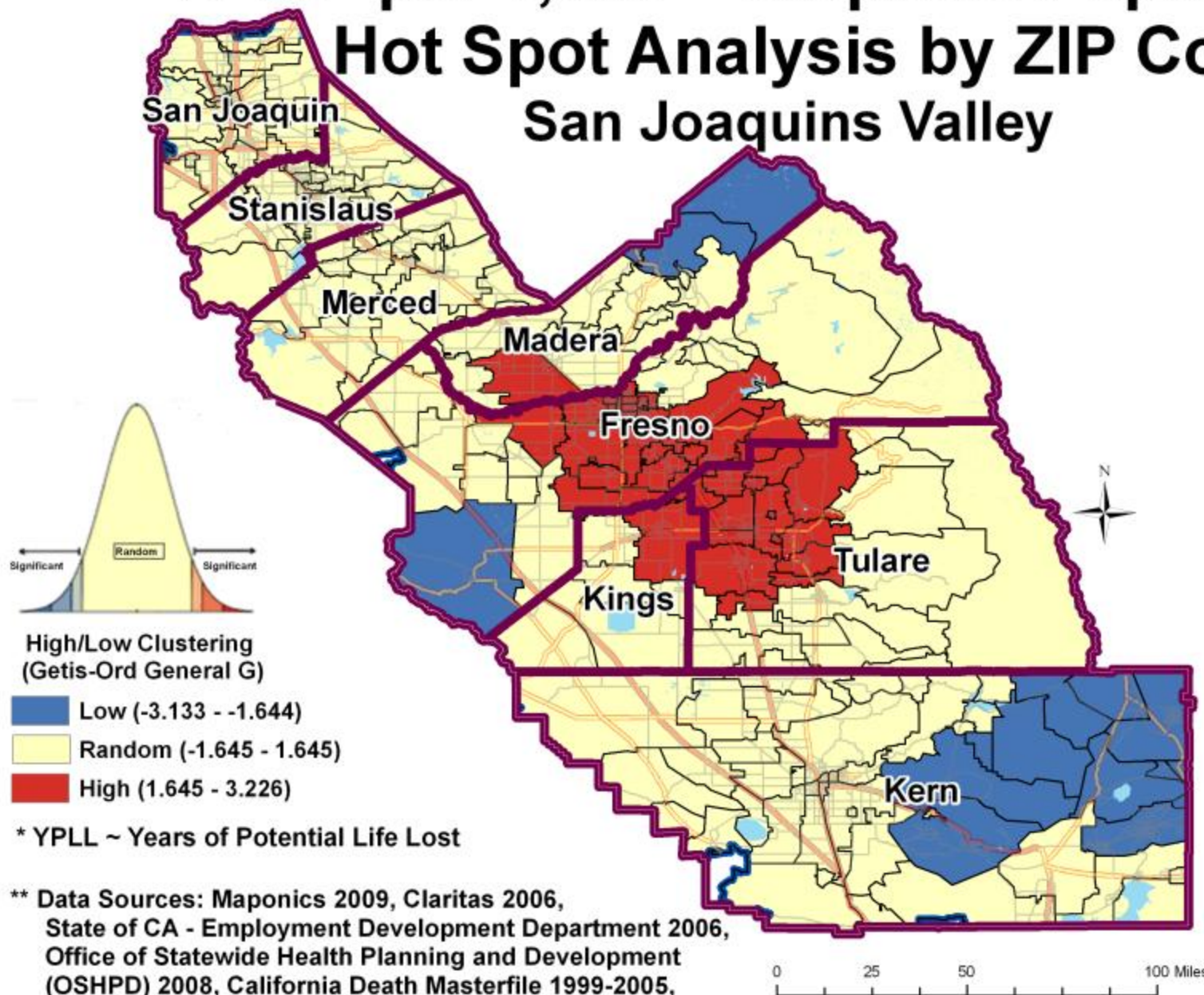




# YPLL\* per 1,000 ~ Hispanic Population \*\*

## Hot Spot Analysis by ZIP Code

### San Joaquins Valley







# Multivariate Findings--YPPL

- Years of life lost increases with poverty (20 year mean YPPL difference between poorest and richest community)
- Controlling for Poverty, Segregated Urban/Suburban communities lose more years of potential life

	Rural	Urban/Suburban
Not Segregated	42.3	42.1
Segregated	39.5	44.5



## Avoidable Hospitalizations

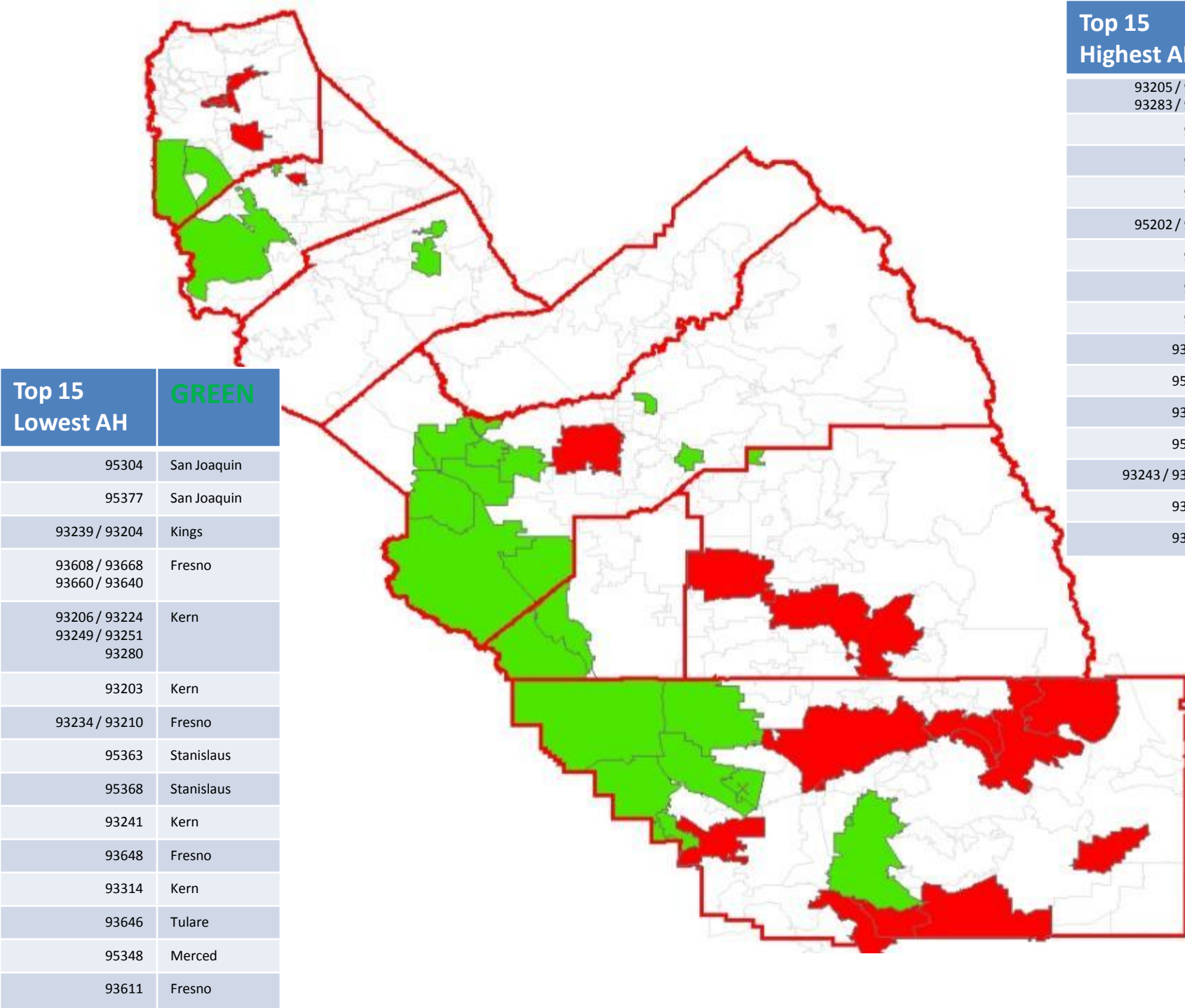
Mean=154.28

Range-48-480 avoidable admissions /10,000



## Community Features and Avoidable Hospitalizations

- More ACSC admits in segregated African American and Asian communities (11 admits/10,000)
- More ACSC admits in high poverty communities (75 admits/10,000)
- More ACSC admits in elder communities (39 admits/10,000)
- Less ACSC admits in segregated Latino communities ( 30 admits/10,000)
- Less ACSC admits in immigrant communities ( 37 admits/10,000)

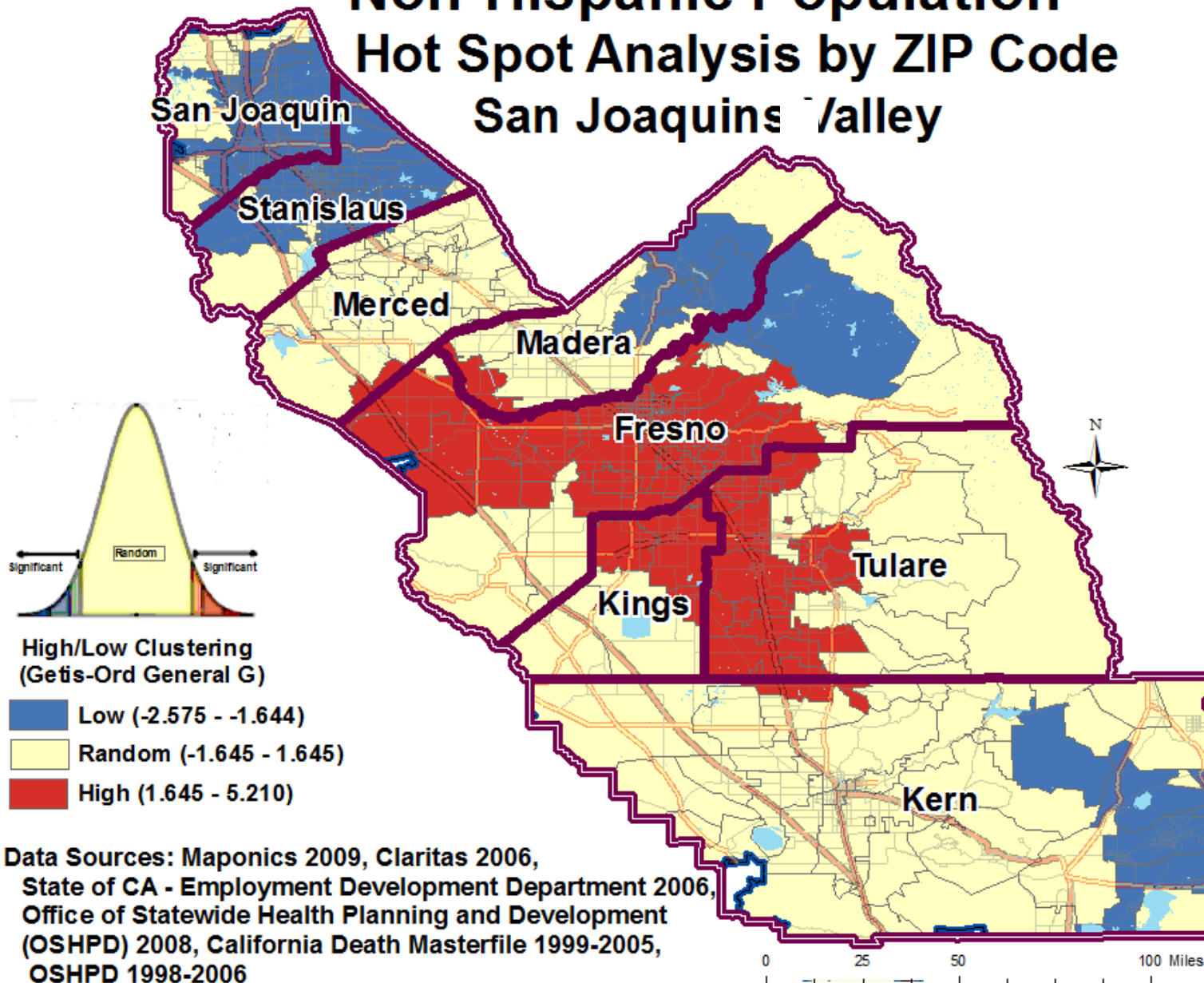


Top 15 Lowest AH		GREEN
95304	San Joaquin	
95377	San Joaquin	
93239 / 93204	Kings	
93608 / 93668 93660 / 93640	Fresno	
93206 / 93224 93249 / 93251 93280	Kern	
93203	Kern	
93234 / 93210	Fresno	
95363	Stanislaus	
95368	Stanislaus	
93241	Kern	
93648	Fresno	
93314	Kern	
93646	Tulare	
95348	Merced	
93611	Fresno	

Top 15 Highest AH		RED
93205 / 93240 93283 / 93255	Kern	
93301	Kern	
93308	Kern	
93268	Kern	
95202 / 95203	San Joaquin	
95205	San Joaquin	
95212	San Joaquin	
95204	San Joaquin	
93505	Kern	
95350	Stanislaus	
93706	Fresno	
95336	San Joaquin	
93243 / 93560	Kern	
93257	Tulare	
93274	Tulare	



# Avoidable Hospitalization per 10,000 Non-Hispanic Population\* Hot Spot Analysis by ZIP Code San Joaquin Valley



\* Data Sources: Maponics 2009, Claritas 2006,  
State of CA - Employment Development Department 2006,  
Office of Statewide Health Planning and Development  
(OSHPD) 2008, California Death Masterfile 1999-2005,  
OSHPD 1998-2006



## Multivariate Findings—Avoidable Hospitalizations

- Avoidable Hospitalizations increases with poverty (20% mean difference between poorest and richest community)
- Avoidable Hospitalizations increases with immigrant concentration (15% difference between low and high % of births to immigrant mothers)
- Controlling for Poverty, avoidable hospitalizations were lowest in rural segregated communities. Not segregated communities had lower immigrant concentration and much older populations.

	Rural	Urban/Suburban
Not Segregated	180	152
Segregated	100	136



## Equity in Health and Well-being Before the Recession

1. Worse health outcomes for Valley as a whole
2. Huge differences in health outcomes between Valley communities.
3. Low-income and segregated urban communities lose more years of potential life.
4. Low-income, older, segregated African American/Asian communities had more preventable hospitalizations.
5. Rural, immigrant communities are much younger and have less avoidable hospitalizations



## Place Matters: San Joaquin Valley Regional Equity Forum



# IS NOW THE TIME FOR A FAIR HEALTH MOVEMENT IN CALIFORNIA'S HEARTLAND?

### New Finding:

The SJV's poor performance on health and well-being indicators reflects **broad and unfair differences** in health and well-being outcomes across groups and places. Well-known **inequalities** in social, economic, environmental, and supportive service conditions **across Valley places** are linked to these outcomes.

### Continuing Challenge:

Regional and neighborhood efforts to improve living conditions and health often work in **isolation**. Their concerns often receive **too little attention** from powerful community leaders and policy-makers who still view health and well-being in individual terms.

### A San Joaquin Valley Fair Health Movement?

A SJV Fair Health Movement could bring together and support diverse regional and neighborhood efforts to address **social determinants of health** and improve living conditions across all Valley places through a shared **regional equity agenda**, ongoing collaboration **for solution framing**, and new **partnerships** for policy and systems change.

# **Place Matters:** **San Joaquin Valley Regional Equity Forum**



## **APPENDIX**

### **Additional Data**



## Data Sources And Approach

- OSHPD Birth and death data records 1999-2005
- OSHPD Hospital discharge records 1998-2006
- Claritas 2006, Maponics 2009 for demographic data
- Defined places using zip codes
- Clustered contiguous zip codes if population too small
- Defined 117 places for region

STABLE Multi-year MEASURES, BEFORE the RECESSION





## Outcome Measures

### 1) Years of Potential Life Lost before Age 65 (YPLL)/1,000

Higher values mean more people are dying before reaching age 65...overall health and well-being

### 2) Avoidable Hospitalization/10,000

Higher values mean more people are going into hospital for conditions that could be prevented or managed in community...overall burden of chronic disease....more prevalent for middle aged and older adults



## Place-based Predictors

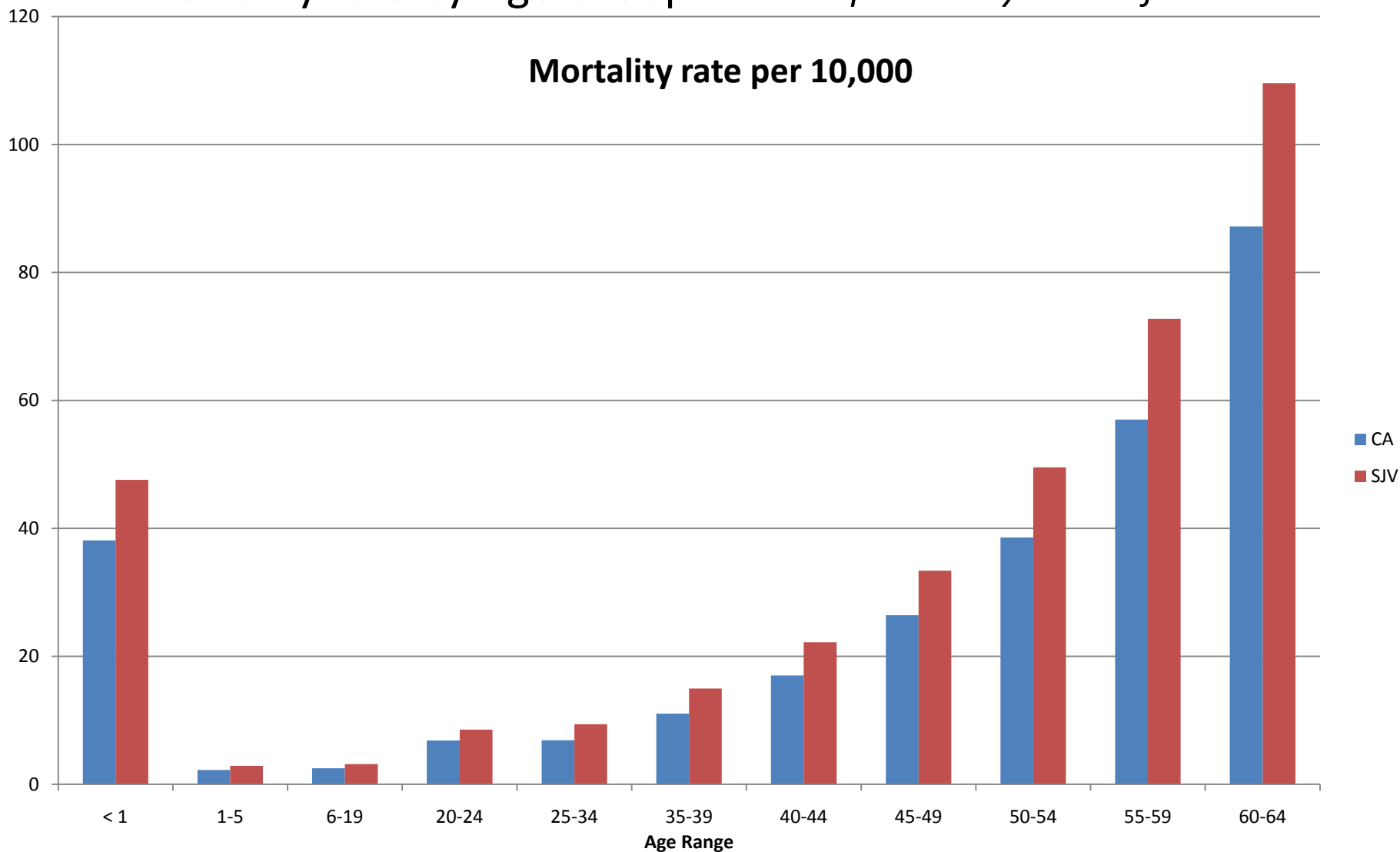
- Density --- people/square mile
- Segregation --- % Latino
- Segregation --- % African American and Asian
- Poverty --- Median Household Income
- Immigrants --- % of births to mothers born outside of US
- Elders --- % age 65 and older

# Place Matters: San Joaquin Valley Regional Equity Forum



## Mortality rate by Age Group: *San Joaquin Valley vs. California*

**Mortality rate per 10,000**







# Avoidable Hospitalizations

Top 10 San Joaquin Valley Avoidable Hospitalizations	San Joaquin Valley Admission rates <i>per (10,000)</i>
Bacterial pneumonia admissions	269.7
Congestive heart failure admissions	256.4
Hysterectomy	179.8
Laminectomy	136.4
Chronic obstructive pulmonary disease admissions	126.2
Urinary tract infection admissions	90.9
Low birth weight	81.8
Diabetes long-term complication admissions	78.2
Dehydration admissions	64.9
Adult asthma admissions	60.3
Total for Top 10 conditions	134.46



# Community Features and YPLL

San Joaquin Valley (8 counties – 117 clusters)	Years of Potential Life Lost (per 1,000)
Density	
Rural (Density < 110 ) N = 23	42.51
Suburban / Urban (Density > 110 ) N = 94	42.00
Segregation -Latino	
Concentrated Latino ( >= 60% ) N = 30	56.31*
Non-Concentrated Latino ( < 60% ) N = 87	41.06

\*significant at  $p=.05$



# Community Features and YPLL

San Joaquin Valley (8 counties – 117 clusters)	Years of Potential Life Lost (per 1,000)
Segregation--African American and Asian	
Concentrated ( $\geq 12\%$ ) N = 14	47.57*
Non-Concentrated ( $< 12\%$ ) N = 103	41.36

*\*significant at  $p=.05$*



# Place Matters: San Joaquin Valley Regional Equity Forum



## Community Features and YPLL

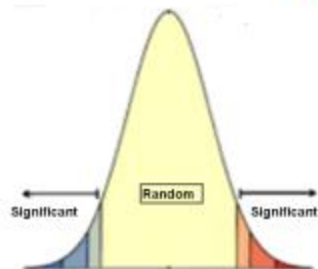
San Joaquin Valley (8 counties – 117 clusters)	Years of Potential Life Lost (per 1,000)
Median Household Income	
Low (16661 – 27270) N = 7	57.79*
(27271 – 39125) N = 41	46.33
Medium (39126 – 48739) N = 31	40.82
(48740 – 60033) N = 26	37.72
High (60034 – 85691) N = 12	31.31
% Births by Immigrant Parent(s)	
Low ( ≤ 30% ) N = 39	39.92
Mid ( 30% - 48% ) N = 39	41.80
High ( > 48% ) N = 39	44.59

\*significant at  $p=.05$

# YPLL\* per 1,000 ~ Total Population \*\*

## Hot Spot Analysis by ZIP Code

### San Joaquins Valley

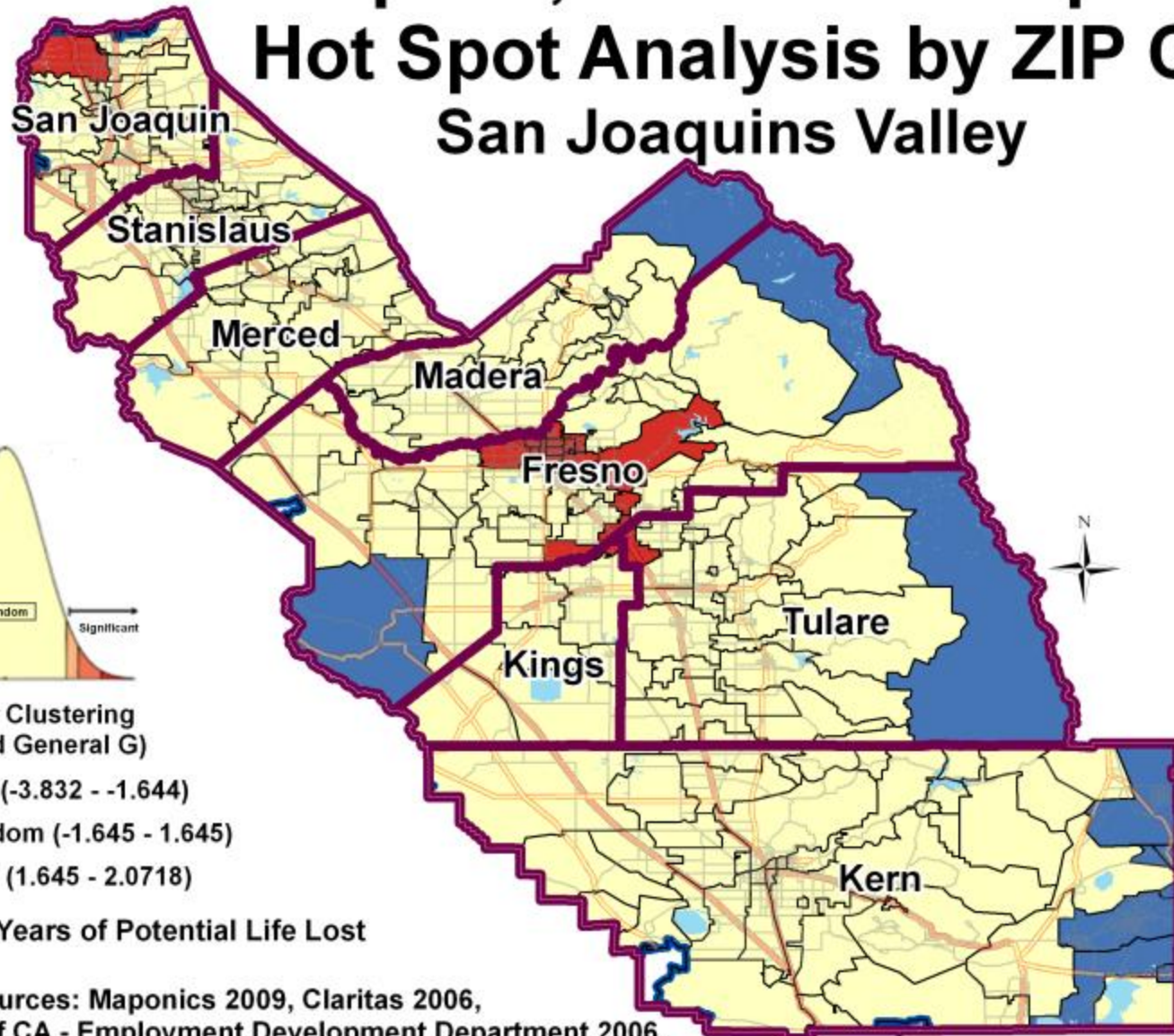


High/Low Clustering  
(Getis-Ord General G)



\* YPLL ~ Years of Potential Life Lost

\*\* Data Sources: Maponics 2009, Claritas 2006,  
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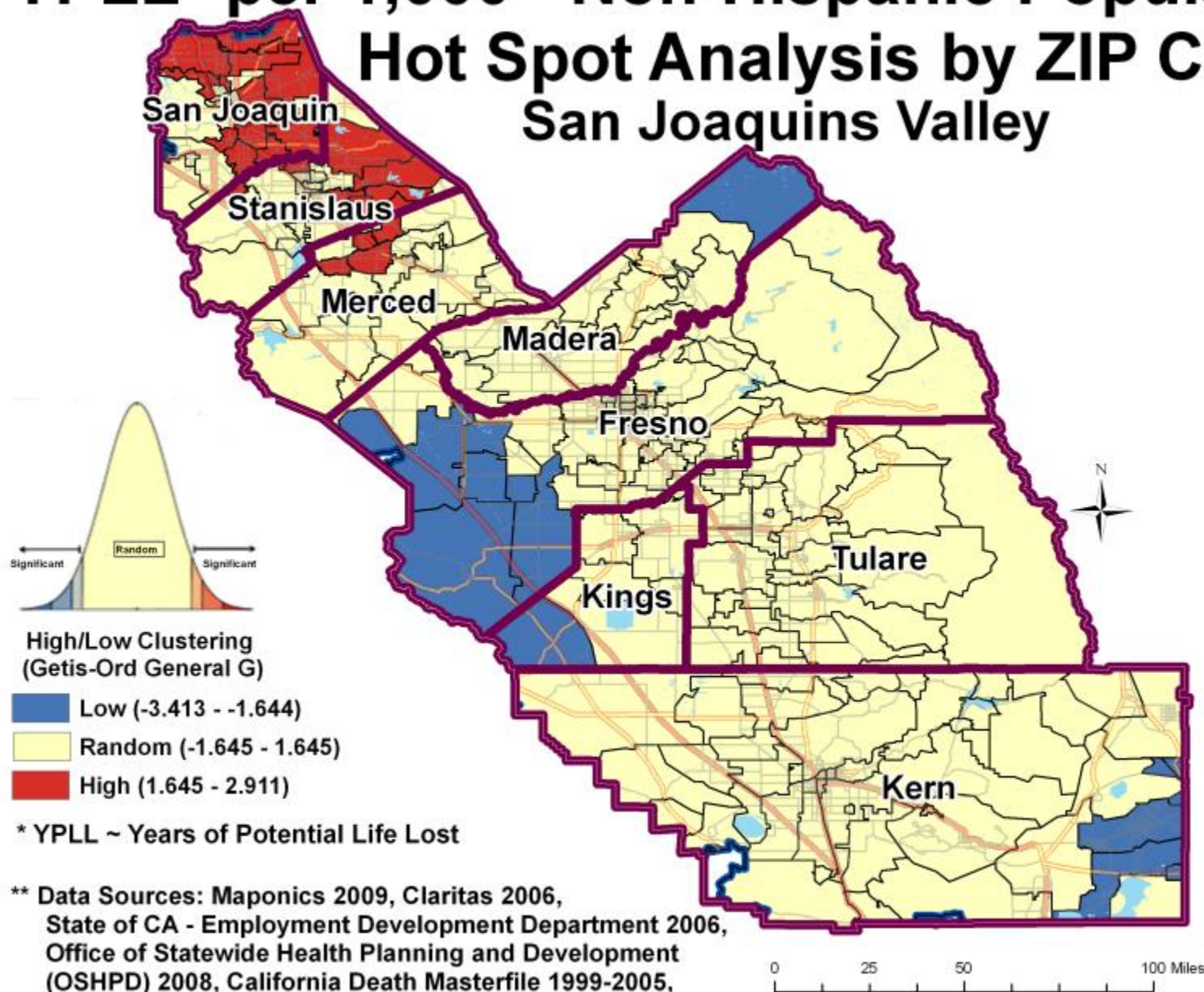




# YPLL\* per 1,000 ~Non-Hispanic Population \*\*

## Hot Spot Analysis by ZIP Code

### San Joaquins Valley





# Community Features and ACSC

San Joaquin Valley (8 counties – 117 clusters)	Avoidable Hospitalizations (per 10,000)
Density	
Rural (Density < 110 ) N = 23	159.67
Suburban / Urban (Density > 110 ) N = 94	150.81
Segregation - Latino	
Concentrated Latino ( >= 60% ) N = 30	130.78*
Non-Concentrated Latino ( < 60% ) N = 87	160.06

\*significant at  $p=.05$





# Community Features and ACSC

San Joaquin Valley (8 counties – 117 clusters)	Avoidable Hospitalizations (per 10,000)
Segregation--African American and Asian	
Concentrated ( $\geq 12\%$ ) N = 14	162.59*
Non-Concentrated ( $< 12\%$ ) N = 103	151.19
Elder Concentration	
Concentrated ( $>10\%$ ) N = 46	176.00*
Non-Concentrated ( $<10\%$ ) N = 71	137.36

\*significant at  $p=.05$



# Community Features and ACSC

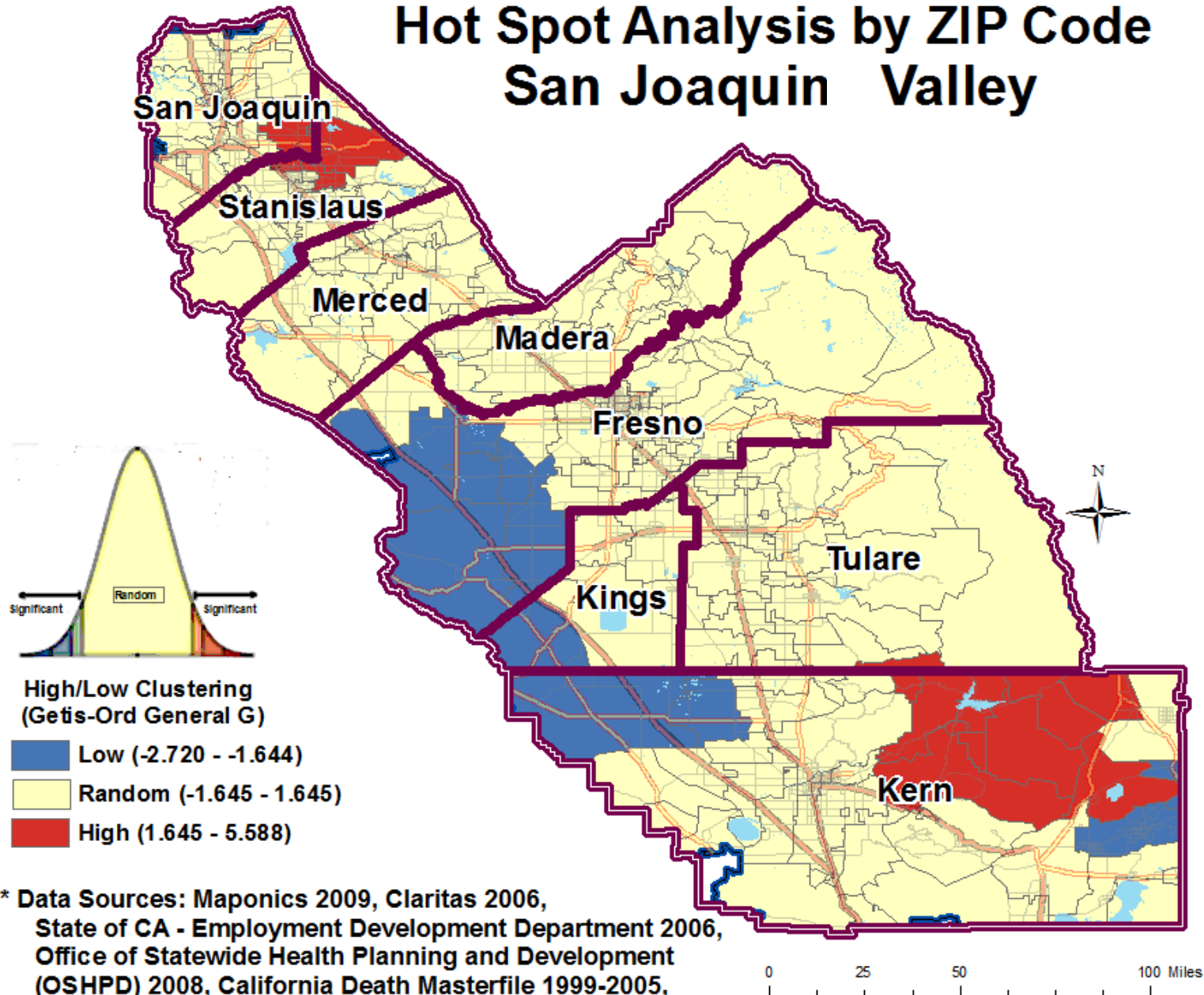
San Joaquin Valley (8 counties – 117 clusters)	Avoidable Hospitalizations (per 10,000)
Median Household Income	
Low (16661 – 27270) N = 7	204.14*
(27271 – 39125) N = 41	149.22
Medium (39126 – 48739) N = 31	154.89
(48740 – 60033) N = 26	153.18
High (60034 – 85691) N = 12	126.47
% Births by Immigrant Parent(s)	
Low ( ≤ 30% ) n = 39	171.42*
Mid ( 30% - 48% ) n = 39	152.27
High ( > 48% ) n = 39	133.98

\*significant at  $p=.05$

# Avoidable Hospitalization per 10,000~Total Population\*

## Hot Spot Analysis by ZIP Code

### San Joaquin Valley

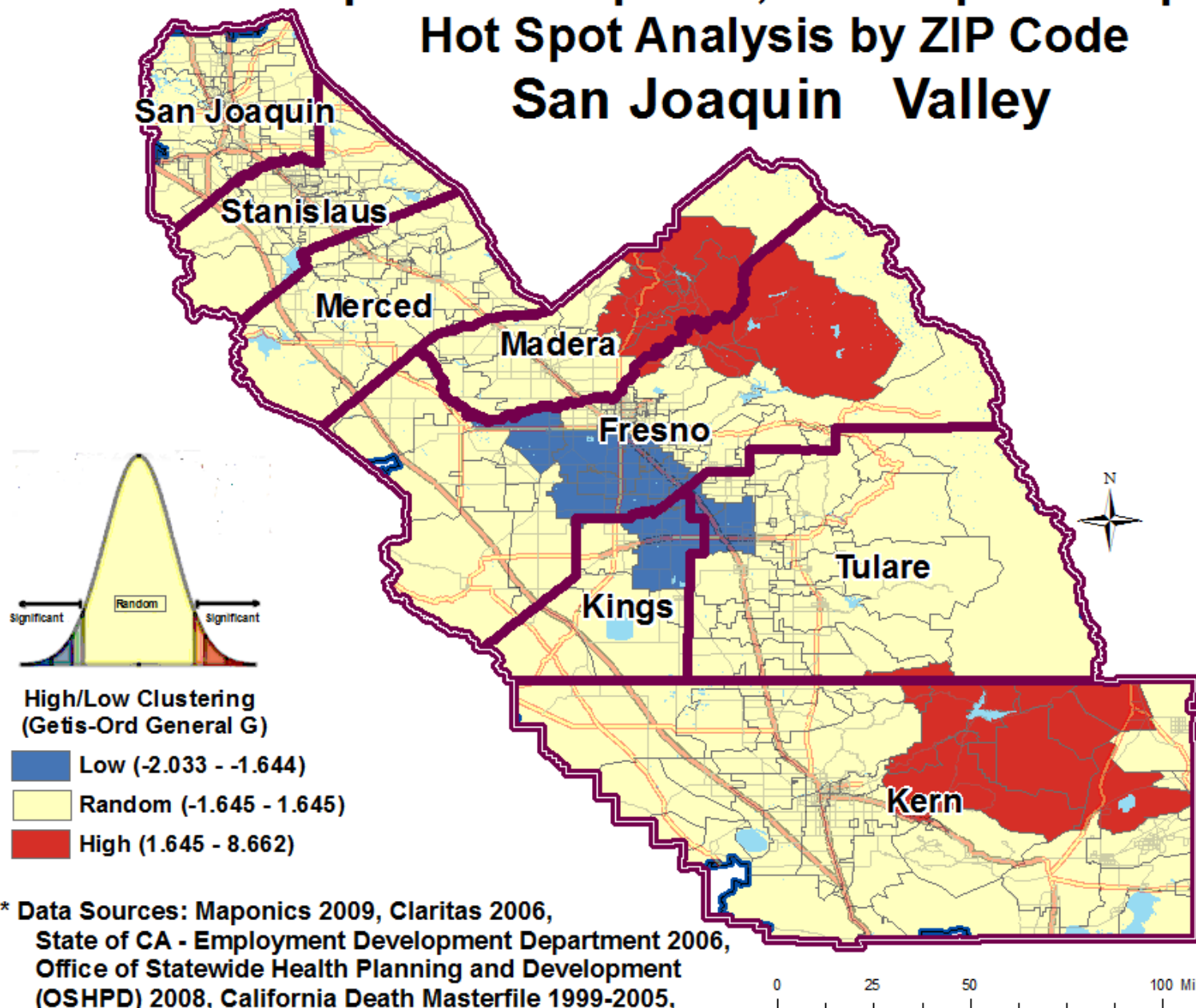


\* Data Sources: Maponics 2009, Claritas 2006,  
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(OSHPD) 2008, California Death Masterfile 1999-2005,  
OSHPD 1998-2006

# Avoidable Hospitalization per 10,000~Hispanic Population\*

## Hot Spot Analysis by ZIP Code

### San Joaquin Valley



\* Data Sources: Maponics 2009, Claritas 2006,  
State of CA - Employment Development Department 2006,  
Office of Statewide Health Planning and Development  
(OSHPD) 2008, California Death Masterfile 1999-2005,  
OSHPD 1998-2006





## Limitations

- 1) Before the recession---Need current data
- 2) Models are moderately strong --- More analysis
- 3) Need to consider additional predictors and ground truthing
- 4) Method inadequate to see health outcomes in smaller communities.
- 5) Need to identify the policy and systems that create /sustain