



HEALTHY PEOPLE 2010

A 2010 Profile of Health Status in the San Joaquin Valley



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HEALTHY PEOPLE 2010 and the San Joaquin Valley: Project Overview

The Central Valley Health Policy Institute at Fresno State has been tracking the performance of the 8 San Joaquin Valley counties with respect to the US Department of Health and Human Services national health goals for the last 10 years. **Healthy People 2010** provided the nation's health objectives for the year 2010 and focused on two overarching goals: (1) Increase Quality and Years of Healthy Life and (2) Eliminate Health Disparities. These goals illuminate the vision of a healthy nation. These goals provide the leadership and motivation for a systematic approach to health improvement.

We examined the following 10 leading health indicators and 22 selected objectives that are used to measure the progress toward achieving **Healthy People 2010** overall goals. Although new Healthy People goals are now becoming the basis for assessing overall health system performance in the region, state and nation, understanding how the San Joaquin Valley fared on 2010 objectives over the last decade can provide a useful review of recent efforts to promote health in the region and a starting point for assessment of emerging initiatives. This project continues the focus on the 10 leading health indicators shown in Figure 1.

KEY FINDINGS

The newest report in the **Healthy People 2010** series examines progress SJV counties have made in since the 2007 Profile. We compare the Valley to California and the nation, whenever possible. We used existing data from multiple sources. As in prior reviews, there were limitations on available data for comparisons across time, most notably in the health behavior questions in the California Health Interview Survey. Below we highlight the major findings using the most current sources. Table 2 summarized the region's performance on selected indicators over the last decade.

Overall, the findings suggest that the San Joaquin Valley is not meeting most of the Healthy People 2010 objectives and there has been insufficient progress. Specifically, data show that the Valley consistently met or exceeded the national standard for none of the 10 leading health indicators. Further, of the 22 specific objectives considered here, the San Joaquin Valley met or exceeded the national standard for 6 indicators and failed the standard in 16 other objectives.

Physical Activity: The measures for physical activity were inconsistent across years, yet it appears that by 2007, both the San Joaquin Valley and California exceed the national objective for adult physical activity. The objective was 30% of adults engaging in regular, moderate physical activity, and the Valley rate was higher at about 37%. Although the percentage of SJV adolescents who engaged in vigorous physical activity was comparable to that of the state and the nation, they did not meet the HP 2010 objective of 85%.

Overweight and Obesity: In 2009, the San Joaquin Valley had a higher percentage of overweight/obese nonelderly adults, ages 18-64, and seniors, age 65 and over, than the state as a whole. The SJV and the state failed to meet the **Healthy People 2010** objective of reducing the proportion of adults who were overweight or obese to 15% of the population. The percentage of Valley adolescents who were overweight or obese was almost 10%, higher than the state and similar to the nation. The Valley failed to meet the national objective of reducing the proportion of children and adolescents who are overweight or obese to 5% of the population.

Tobacco Use: Adults in the Valley, the state, and the nation failed to meet the HP 2010 objective of reducing cigarette smoking by adults to 12% of the population. About 41% of adults in the San Joaquin Valley were smokers in 2009. At over 20% of adolescents reporting current smoking, the region also failed to meet the **Healthy People 2010** of 16%.

Figure 1: *Healthy People 2010* Goals and Leading Indicators

Goal Area	Leading Indicators
Physical Activity	<ul style="list-style-type: none"> a. Increase to 30% the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day. b. Increase to 85% the proportion of adolescents who engage in vigorous physical activity that promotes cardio-respiratory fitness three or more days per week for 20 or more minutes per occasion.
Overweight and Obesity	<ul style="list-style-type: none"> a. Reduce the proportion of adults who are obese to 15% of the population. b. Reduce the proportion of children and adolescents who are overweight or obese to 5% of the population.
Tobacco Use	<ul style="list-style-type: none"> a. Reduce cigarette smoking by adults to 12% of the population. b. Reduce cigarette smoking by adolescents to 16% of the population.
Substance Abuse	<ul style="list-style-type: none"> a. Increase to 89% the proportion of adolescents that are not using alcohol or any illicit drugs during the past 30 days. b. Reduce the proportion of adults using any illicit drug in the past 30 days to 2% of the population. c. Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month to 6% of the population.
Responsible Sexual Behavior	<ul style="list-style-type: none"> a. Increase to 50% the proportion of sexually active persons who use condoms. b. Increase to 95% the proportion of adolescents who abstain from sexual intercourse or use condoms, if currently sexually active.
Mental Health	<ul style="list-style-type: none"> a. Increase to 50% the proportion of adults with recognized depression who receive treatment.
Injury and Violence	<ul style="list-style-type: none"> a. Reduce deaths caused by motor vehicle crashes to 9.2 per 100,000 persons. b. Reduce homicides to 3.0 per 100,000 persons.
Environmental Quality	<ul style="list-style-type: none"> a. Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health based standards for ozone to 0%. b. Reduce the proportion of nonsmokers exposed to environmental tobacco smoke to 45% of the population.
Immunization	<ul style="list-style-type: none"> a. Increase to 80% the proportion of young children who receive all vaccinations that have been recommended for universal administration for at least five years. b. Increase to 80% the proportion of adolescents ages 13 to 15 years who receive the recommended vaccinations. c. Increase to 90% the proportion of non-institutionalized adults who are vaccinated annually against influenza and those ever vaccinated against pneumococcal disease.
Access to Care	<ul style="list-style-type: none"> a. Increase to 100% the proportion of persons with health insurance. b. Increase to 96% the proportion of persons who have a specific source of ongoing care. c. Increase to 90% the proportion of pregnant women who begin prenatal care in the first trimester of pregnancy.

Substance Abuse: Both adolescents and adults in the San Joaquin Valley met the national objectives around alcohol use. For teens, 96% reported not using alcohol, better than the national goal of 89%. This represented an improvement over the decade. Data show similar progress in the region's adult use of illicit drugs. Nonetheless, the percentage of persons ages 12-20, who reported binge drinking was higher than the nation but lower than the state. The proportion of Valley adults who reported no binge drinking was 68% slightly better than the national objective.

Responsible Sexual Behavior: Data specific to condom use among adults were not available to measure against the *Healthy People 2010* goal of 50% of sexually active adults using condoms. As a surrogate indicator we examined the rate of chlamydia and gonorrhea cases in the SJV, which increased between 2001 and 2005, and were higher than the state as a whole for those between the ages 15-24. The Valley, the state, and the nation came close to meeting the HP 2010 objective of increasing to 95% the proportion of adolescents who either abstain from sexual intercourse or use condoms during sexual intercourse.

Mental Health: The percentage of SJV adults who suffered from depression and sought help was lower than the state (5.6% and 8.3% respectively). The Valley, the state, and the nation failed to meet the *Healthy People 2010* objective of increasing to 50% the proportion of adults with recognized depression who receive treatment.

Injury and Violence: The rates of death from motor vehicle accidents in almost all San Joaquin Valley counties was approximately twice that of the state as a whole and the *Healthy People 2010* objective of 9.2 deaths per 100,000 persons. The county rates for death due to homicide varied widely in the region from a low of 3.6 to a high of 7.9 per 100,000 persons.. Four of the eight counties had homicide rates that were higher than the state. The region as a whole had similar homicide rates to the nation. Significantly, the an Joaquin Valley, the state, and the nation still exceeded the national goal of 3.0 homicide deaths per 100,000 persons.

Environmental Quality: The San Joaquin Valley remains one of the worst air quality regions in the nation. Ozone levels continue to exceed federal one-hour and eight-hour standards. Recent data on smog emissions show the valley leads the nation with the most days of polluted air. In 2010 California had all ten of the most polluted counties in the nation. Of the counties, four were in the Valley. None of the valley counties came close to meeting the *Healthy People 2010* objective of 0% exposure to air that does not meet the EPA health-based standards for ozone. About 45% of Valley residents appear exposed to second-hand smoke, similar to the national objective.

Immunization: The San Joaquin Valley, the state, and the nation failed to meet the *Healthy People 2010* objective of 80% of young children receiving all the recommended vaccines. A study of 7th graders in California found that half of the eight valley counties met or exceeded the 80% goal. When compared to the state a slightly lower percentage of Valley seniors, age 65 and over received an annual influenza vaccination.

Access to Care: The SJV had a higher percentage (23.4%) of uninsured nonelderly adults, ages 18-64, as compared to the state as a whole. Notable age, race/ethnicity, and income disparities in insurance coverage mirrored national patterns. Similar percentages of nonelderly adults in the Valley, the state, and the nation reported having a usual source of care. At about 76% of pregnant women receiving adequate, timely pre-natal care, the Valley performed worse than California and the nation, and failed the national objective of 90%.

HEALTHY PEOPLE 2010 REPORT CARD FOR THE SAN JOAQUIN VALLEY

While data limitations make some comparisons over time difficult, successful performance on the *Healthy People 2010* national objectives includes both meeting the standard and demonstrating progress towards improved population. Figure 2 provides a report card for 6 national goal areas and 13 specific indicators. For only two indicators, **adult physical activity** and **adolescent alcohol use** did the region meet the national standard and demonstrate progress (A), while we met the national standard for only one additional measure, **exposure to second-hand smoke** (B). Although we did not meet the national standard, there was evidence of progress towards healthier outcomes for two measures, **adolescent obesity** and **adolescent tobacco use**. The region showed neither success in meeting the

Healthy People 2010 nor sufficient progress for **adolescent physical activity, adult obesity, adult tobacco use, adult binge drinking, air quality, access to care, and prenatal care.**

Figure 2: SAN JOAQUIN VALLEY **HEALTHY PEOPLE 2010** REPORT CARD

Health Indicator	San Joaquin Valley 2001	San Joaquin Valley 2009	San Joaquin Valley Compared with Healthy People 2010 Target	Progress Since the 2001 Profile	Grade
Physical Activity					
Adults	26%	37%	Met Target (30%)	Better?	A
Adolescents	73%	64%	Did not meet Target (85%)	Worse	F
Overweight and Obesity					
Adults	26%	32%	Did not meet Target (15%)	Worse	F
Adolescents	15%	10%	Did not meet Target (5%)	Better	C
Tobacco Use					
Adults	44%	41%	Did not meet Target (12%)	Similar	D
Adolescents	72%	20.6%	Did not meet Target (16%)	Better?	C
Substance Abuse					
Adults - NO Binge Drinking	80.3%	67.6%	Met Target (65%)	Worse	F
Adolescents* - NO Alcohol Use	70.5%	96.7%	Met Target (89%)	Better	A
Environmental Quality					
Air Quality	109 days	150 days	Did not meet Target (0%)	Worse	F
Second Hand Smoke	45%	45%	Met target (45%)	Same	B
Access to Health Care					
Health Insurance	84.4%	85%	Did not meet Target (100%)	Similar	D
Source of Care	87.3%	84.0%	Did not meet Target (96%)	Worse	F
Prenatal Care	77%	76%	Did not meet Target (90%)	Similar	D

? Changes in the California Health Interview Survey may partially explain this difference

MOVING FORWARD TO 2020

While this project summarizes progress towards the nation's health goals for the last decade, its primary use will be in focusing regional attention on the leading health indicators as we move forward. Despite disappointing progress, in individual communities and small projects throughout our region, we have demonstrated repeatedly that population health can improve through community engagement in policy change. Till now, our region has not successfully brought these initiatives together. The US Department of Health and Human Services has already promulgated goals for **Healthy People 2020**. To meet these new goals will require broad regional and community commitment to bringing these successful, health promoting initiative to county and regional scale. We have the tools to make the healthy choice the easy choice for all right now. The challenge for San Joaquin Valley communities and institutions is working collaboratively to apply these tools.