

THE SAN JOAQUIN VALLEY

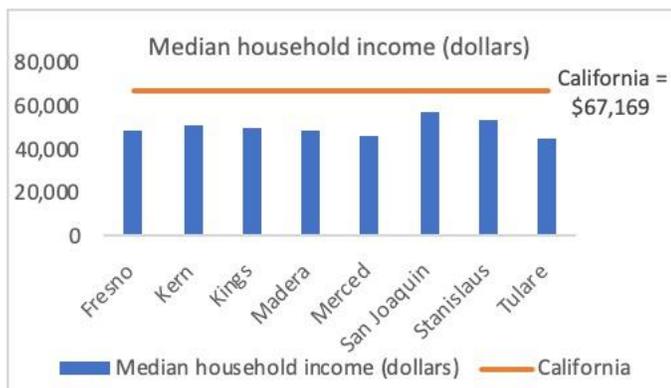
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INTRODUCTION

Health disparities in the San Joaquin Valley region are shaped by changing demographics, historical land use patterns, and dominant industrial sectors that contribute to economic growth. This configuration of forces and patterns presents unique challenges in achieving community health, well-being, and equity for this region’s population. Health outcomes are determined by a combination of social, economic, environmental, genetic, and behavioral factors.ⁱ All of these factors create difficult conditions for residents in the San Joaquin Valley.

DEMOGRAPHIC AND SOCIO-ECONOMIC CONDITIONS IN THE SAN JOAQUIN VALLEY

The valley currently accounts for 10.62% of California’s population.ⁱⁱ By the year 2050, the valley is expected to account for 25% of the state population.ⁱⁱⁱ The percentage of the population under the age of 18 years old is greater in the valley (28.8%) than the percentage of children in the state overall (23.4%).^{iv} The region’s population is also predominantly Hispanic/Latino, ranging from 45% to 63.6% across the eight valley counties.^v This is larger than the percentage of the Hispanic/Latino population in the state overall (38.8%).^{vi} The next largest racial/ethnic group in the valley is Non-Hispanic/Latino Whites, comprising 29.5% to 43.4% of the population.^{vii} With the exception of Stanislaus County, the percentage of the White population for each county in the valley is smaller than the percentage for the state overall (37.9%).^{viii} By 2060, the population is projected to grow at more than twice the rate of the state as a whole, with the greatest growth expected among the valley’s multiracial, Asian, and Latino populations.^{ix} Considering the size of the valley’s population (and its projected growth), the region’s political and community power has not been fully realized. In the 2018 general election, the voter turnout as a percentage of all eligible voters was 41.7%, which was lower than the voter turnout for the state overall (50.5%).^x



Source: American Community Survey 2017 5-year estimates

Socio-economic conditions in the San Joaquin Valley place residents at risk for negative long-term outcomes. The median household income of the region (ranging from \$44,871 to \$57,813 for the eight valley counties) is far below the median income for the state (\$67,169).^{xi} Additionally, a large percentage of children qualify for school meals programs, ranging from 56% to 79% across the eight valley counties.^{xii} The percentage of eligible students for each county in the valley is greater than the percentage of eligible students for the state overall (59%), reflecting high rates of child poverty in the region.^{xiii}

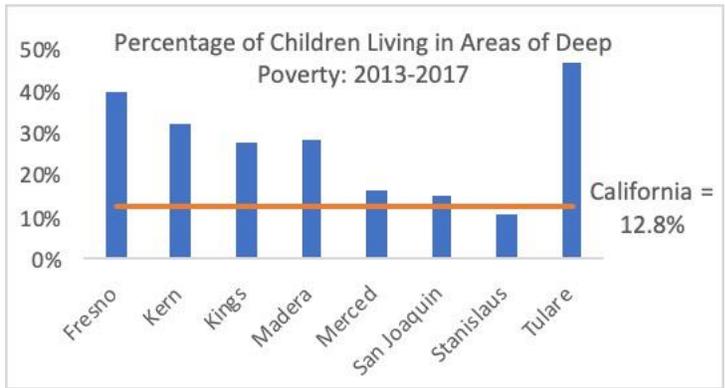
The percentage of the valley’s population age 25 years and over that holds only a high school degree (including equivalency) is 26%.^{xiv} This is higher than the percentage for the state overall (20.6%) and reflects the disparities that exist in educational attainment (primarily in higher education).^{xv} Additionally, the percentage of households with limited English proficiency (10.3%) is higher than the percentage statewide (9.2%).^{xvi} These linguistically diverse households are faced with barriers to accessing resources and services. These characteristics shape the health and well-being of the valley’s residents and will play a large part in California’s future vitality.

DRIVERS OF HEALTH DISPARITIES

The following factors have long-lasting effects on the community and regional health and well-being of San Joaquin Valley residents.

Concentrated Poverty

Residents in the San Joaquin Valley experience high levels of poverty. In all eight valley counties, the percentage of people living below the poverty line (ranging from 25.4% - 27.1%) is higher than the percent statewide (15.1%). The valley also has a large percentage of children who live in areas of concentrated poverty, where more than 30% of people have incomes below the Federal Poverty Level. Seven of the valley's eight counties have a higher percentage of children in such areas (ranging from 15.5% - 47%) than the percentage statewide (12.8%). Although the percentage of children living in areas of concentrated poverty has declined for select counties since 2011–2015, it is still higher than the percentage statewide.^{xvii}

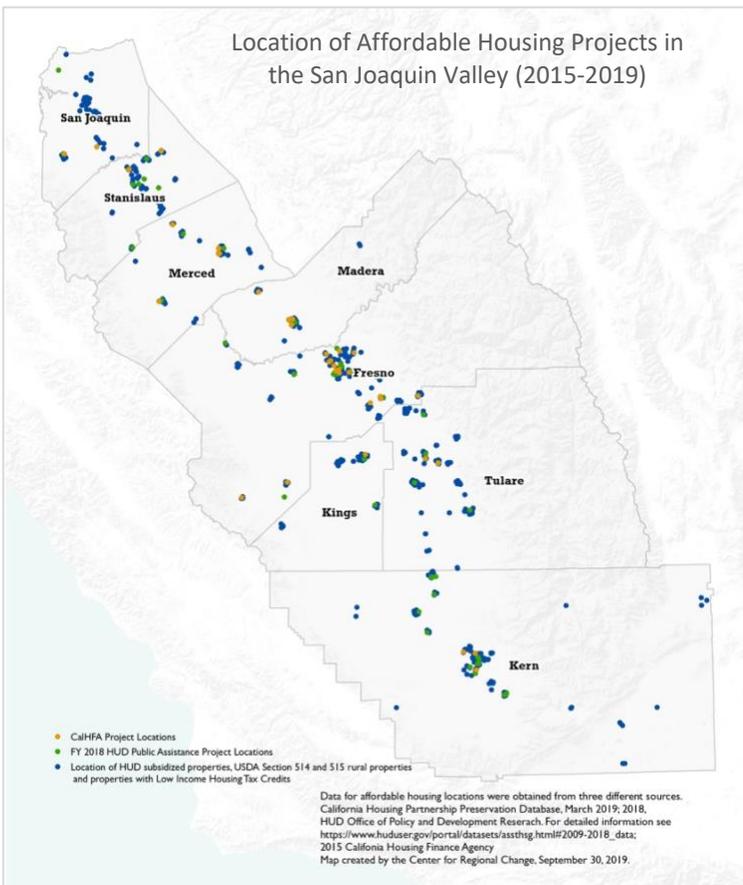


Source: As cited on kidsdata.org, US Census Bureau, American Community Survey (Dec 2018).

Access to Early Childhood Education

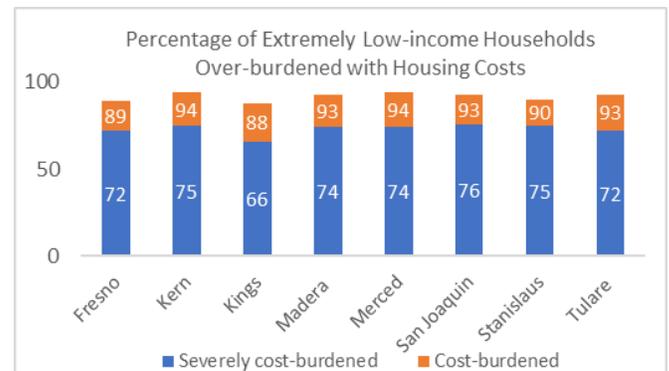
Educational attainment has a significant, lifelong influence on a child's socio-economic mobility. Children who enter kindergarten with strong social and academic skills have already accomplished the first step to ensuring positive educational outcomes. Children's participation in quality early education programs has been shown to positively impact their academic achievement and social behavior, and can improve health outcomes for at-risk children.^{xviii}

However, in the San Joaquin Valley, 3 and 4 year-olds are not enrolling in high numbers in government-funded pre-kindergarten programs such as Head Start, Transitional Kindergarten, and the California State Preschool Program. Almost 75% of income-eligible 3 year-olds, and 20% of income-eligible 4 year-olds, are not enrolled in government-sponsored preschool programs.^{xix} Improving access to early childhood education can help reduce early disparities in cognitive development, providing a more equitable start for young children as they enter school. Improvements can be made by increasing program availability, reducing the cost of enrollment, addressing transportation barriers, and providing more information about program eligibility.



Affordable Housing Supply

In the San Joaquin Valley, the inability of local governments to provide affordable housing, coupled with a lack of adequate inclusionary housing policies and the legacies of racial segregation, have all led to an undersupply of affordable housing. The region experienced a drop of 66% of state and federal funding for housing production and preservation in the decade from fiscal year 2007-2008 to fiscal year 2017-2018.^{xx} Existing affordable housing projects are not equally distributed across the region, and many neighborhoods with vulnerable populations have either no affordable housing projects, or very few.



Source: California Housing Partnership, 2019

Housing Cost Burden

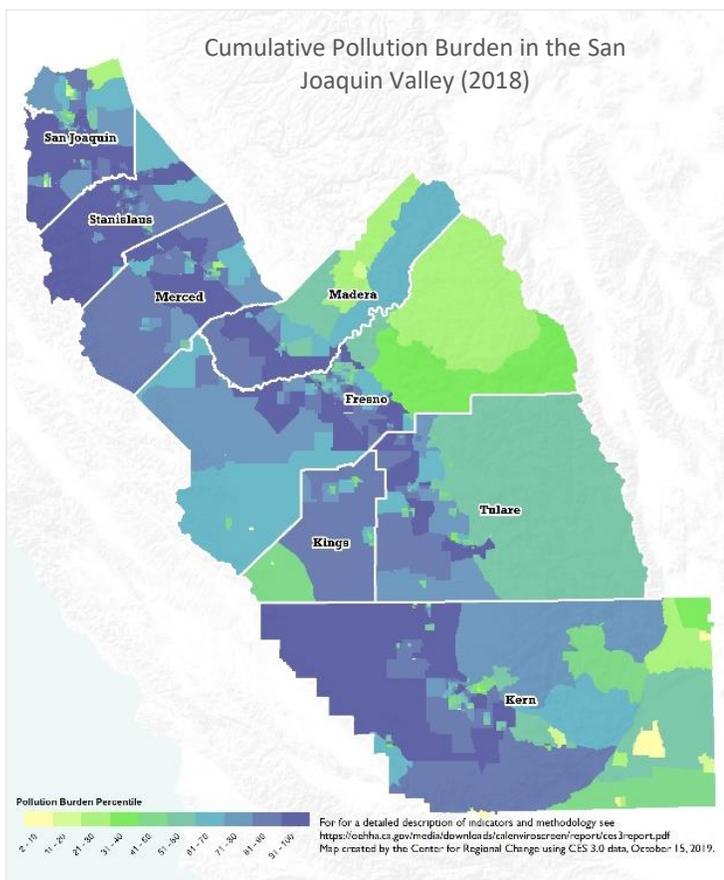
As a contributing factor, the inadequate supply of affordable housing in the valley has resulted in extremely low-income households that are severely burdened by housing costs (spending 50% or more of their income on housing). In the valley, San Joaquin County has the highest percentage (76%) of extremely low-income households that are severely burdened by housing costs and Kings County has the lowest percentage (66%). The percentage of households in the valley that are cost-burdened (spending more than 30% of their income on housing) ranges from 88% to 94%.

Food Deserts

The location of full-service grocery stores shapes whether residents can access healthy and affordable food: this plays a significant role in the health of communities in the San Joaquin Valley. Many low-income neighborhoods in the valley also have high numbers of residents who live more than one mile (in urban areas) or ten miles (in rural areas) from the closest supermarket, making access difficult. Between 2010 and 2015, the percentage change in low-income neighborhoods with low access to grocery stores has varied across the valley.^{xxi} The largest decrease in access took place in Madera (24.5%), Merced (33.2%), and San Joaquin (33.1%) Counties.^{xxii} During that same time period, some improvements in access have taken place, with the greatest increase in Fresno (23.7%) and Kings (13.8%) Counties.^{xxiii}

Access to Open Space

The legacies of racial segregation and redlining have placed noxious land uses in and near many low-income communities and communities of color.^{xxiv} At the same time, there is an inequitable distribution of access to health-promoting resources, such as access to open space. Overall, there are 32 acres per 1,000 residents of open space.^{xxv} However, many under-served people, typically in the region's cities, have very low levels of access to open space.



Cumulative Pollution Burden

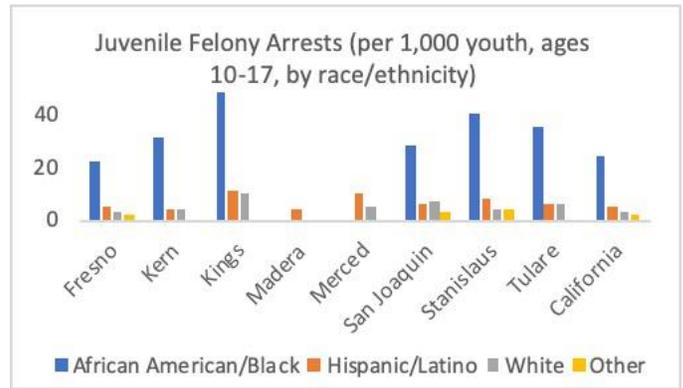
The major industries driving the valley's economy (e.g., agriculture, transportation, oil and gas) produce pollution that threatens the health and well-being of the region's residents.^{xxvi} As a result, many valley residents – in particular, low-income people and people of color – are burdened by high levels of pollution, compared to people in the state as a whole.^{xxvii} Notably, residents in 51% of neighborhoods in the San Joaquin Valley are burdened by high levels of pollution (ranking at or above the 70th percentile). This pollution burden includes a combination of adverse environmental exposures, including poor air quality, drinking water contamination, high traffic density, and the concentration of cleanup sites and hazardous waste.^{xxviii}

High School Achievement

The graduation rate across the eight counties in the San Joaquin Valley is similar to the state average of 83%.^{xxix} However, the percentage of students in each of the eight counties who meet UC/CSU eligibility requirements (ranging from 31.1% to 46.3%) is lower than the percentage of eligible students statewide (50%).^{xxx}

Juvenile Felony Arrests

A high rate of juvenile felony arrests, in combination with unfairly punitive and racially biased school discipline, are major contributing factors in creating a prison pipeline for disadvantaged students. The juvenile felony arrest rate is higher in many counties in the San Joaquin Valley than the arrest rate in the state as a whole. African-American youth are arrested at a higher rate in the valley than youth of other racial/ethnic identities. However, as a share of the total juvenile felony arrests across the valley, a large percentage of youth are Hispanic/Latino (59.5%), which is greater than the percentage for the state overall (52%).



Source: As cited on kidsdata.org, California Department of Justice, Criminal Justice Statistics Center, Monthly Arrest and Citation Register (MACR) Data Files; CJSC published tables (July 2015). California Department of Finance, Race/Ethnic Population with Age and Sex Detail (July 2015).

ADVERSE HEALTH CONDITIONS

As a result of the above social determinants of health (coupled with other factors not included here due to limitations of data and space) there are a wide variety of health disparities in the San Joaquin Valley.

Asthma

Based on the CalEnviroScreen statewide assessment tool, all San Joaquin Valley counties rank in the 60th percentile or above for the rate of asthma related-emergency department visits.^{xxxix} CalEnviroScreen uses percentiles to assign scores for a given indicator, representing a relative score for a given geographic area. Higher scores indicate higher risk or exposure for that specific indicator. Kings and Merced Counties have the highest rate of visits in the valley, ranking above the 75th percentile.^{xxxix} The rate of asthma-related emergency department visits serves as an indicator of how susceptible the population is to environmental pollutants. It also provides valuable clues about health care access (or lack thereof), since emergency room visits can more often be avoided when asthma is managed with consistent care and proper medication.

Diabetes

In each of the eight counties in the San Joaquin Valley, the percentage of adults age 20 years or older who have been diagnosed with diabetes (ranging from 9.3% to 14.2%) is higher than the percentage of adults diagnosed statewide (8.5%).^{xxxix} Fresno, Kings, Madera, Merced, and Stanislaus Counties have the highest rates in the valley. Diabetes can lead to kidney failure, vision loss, heart attack, stroke, and loss of limbs.^{xxxix}

Life Expectancy

As of 2019, life expectancy in the San Joaquin Valley ranges from 77.6 to 79.9 years.^{xxxix} This remains lower than the overall life expectancy in California of 81.5 years.^{xxxix} In addition, there are significant disparities in life expectancy across demographic groups and neighborhoods, reflecting a cumulative impact of social and environmental factors.^{xxxix}

REGIONAL OVERVIEW

- The social vulnerability of communities in the San Joaquin Valley is higher than communities in the state as a whole. Low-income communities and communities of color in the San Joaquin Valley are disproportionately affected by poor health outcomes.
- Residents of the San Joaquin Valley are disproportionately affected by poor air quality, high levels of pesticide exposure, and drinking water contamination compared to the state as a whole.
- Over the past three decades, rapid urban and suburban development has converted large amounts of agricultural land in the San Joaquin Valley to urban and suburban uses. In the past three decades, 25% of the valley's land has been converted from agricultural to urban uses.
- Children of color and low-income children in the San Joaquin Valley are confronted with significant barriers to achieving academic success, including low enrollment in early childhood education programs, linguistic isolation, and high juvenile felony arrest rates.
- Families in the San Joaquin Valley who speak limited English face language barriers that can lead to student disengagement in the classroom, difficulty communicating with teachers and administrators, and higher risk of language-based discrimination.
- As of 2016, the San Joaquin Valley accounted for 11.6% of the undocumented population and 12.5% of the population in California that is eligible for the Deferred Action for Childhood Arrivals (DACA) program.
- Affordable housing projects are unequally distributed across the valley's neighborhoods. Extremely low-income households in the San Joaquin Valley are severely burdened by housing costs.
- Health-promoting amenities such as parks and grocery stores are inequitably distributed across the valley.
- Residents in the San Joaquin Valley have a shorter life expectancy on average compared to the population statewide.

Citations are available at [The Center web site](#).