



Health and Healthcare Challenges: Public Health and Regional Planning

September 25, 2007
Blueprint Learning Network:
Futures Connected California and its Regions

John Amson Capitman, PhD
Central Valley Health Policy Institute, California State University Fresno

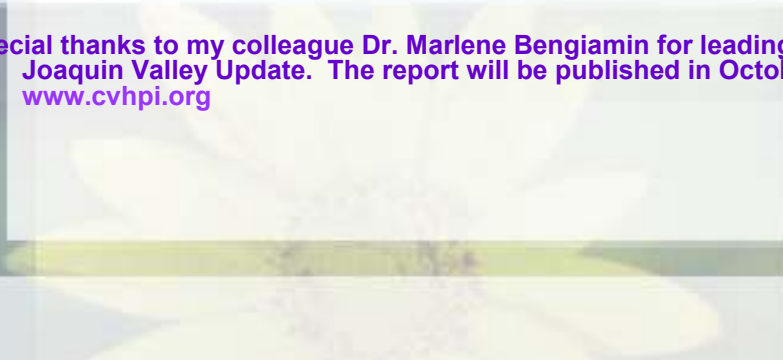
CVHPI is funded by a grant from **The California Endowment**

OVERVIEW



- **Healthy People 2010---Health Indicators for California and the San Joaquin Valley¹**
- **Other Indicators of Health and Healthcare needs in the state and region**
- **Implications for regional**

¹Special thanks to my colleague Dr. Marlene Bengiamin for leading development of the Healthy People 2010: 2007 San Joaquin Valley Update. The report will be published in October, 2007. The 2005 report is available on our website: www.cvhpi.org



Health Indicators



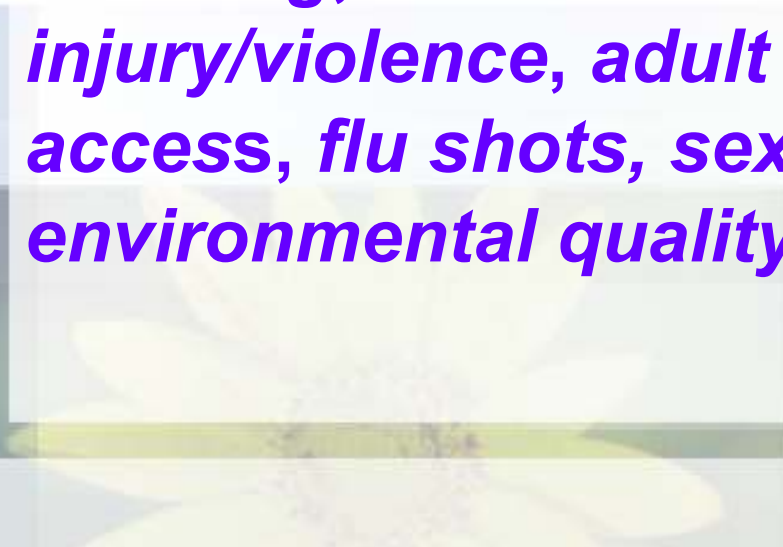
- **Healthy People 2010 Ten Leading Indicators:**
 - **Physical activity**
 - **Overweight and obesity**
 - **Tobacco use**
 - **Substance abuse**
 - **Sexual behavior --- condom use**
 - **Mental health --- depression care**
 - **Injury/violence --- car accidents/murder**
 - **Environmental quality**
 - **Immunization**
 - **Access to care --- insurance, source of care, prenatal care**



Healthy People 2010 Findings



- **California met HP 2010 goals for *adolescent smoking, child and elder healthcare access.***
- **California did not meet HP 2010 goals for *physical activity, overweight, adult smoking, alcohol use, mental health, injury/violence, adult healthcare access, flu shots, sexual behavior, or environmental quality.***



Healthy People 2010 Findings



- **San Joaquin Valley met HP 2010 goals for teen *smoking* and teen *immunization*.**
- **San Joaquin Valley did not meet HP 2010 goals for *physical activity, overweight, adult smoking, alcohol use, mental health, injury/violence, health care access, or environmental quality*.**



Healthy People 2010 Findings



- San Joaquin Valley fared worse than California for adult *obesity*, adult *tobacco use*, *motor vehicle fatalities*, *influenza shots*, *prenatal care*.
- San Joaquin Valley did not fare better than California on any indicators.
- Improvements since 2001 were found for *immunizations* only.



Overweight and Obesity by Age Group San Joaquin Valley and California, 2003-2005



County	Ages 12-17		Ages 18-64		Ages 65+	
	2003	2005	2003	2005	2003	2005
Fresno	13.4	19.8%*	61.7	56.7	67.9	64.7%
Kern	17.1	9.6%*	63.5	66.9	72.5	62.1%
Kings	16.1	7.5%*	67.5	62.9	59.2	70.3%
Madera	16.6	4.8%*	62.7	64.5	63.5	60.8%
Merced	21.4	12.5%*	62.6	66.8	69.0	65.6%
San Joaquin	13.7	12.2%*	61.3	71.6	55.7	59.7%
Stanislaus	8.2	17.0%*	64.5	67.2	71.8	63.0%
Tulare	21.6	27.10%	68.1	66.5	62.0	63.8%
SJV	15.2	15.50%	63.4	65.0	66.4	63.0%
California	12.2	14.20%	55.5	56.2	56.0	55.7%
Healthy People 2010 Objective	5.0	5.0	15.0	15.0	15.0	15.0

Deaths from Motor Vehicle Accidents and Homicide: San Joaquin Valley and California, Averaged 2002-2004



County	# of Deaths from MVC	Rate of MVD per 100,000	# of Deaths from Homicide	Rate of Homicide per 100,000
Fresno	186.7	22.3	66.3	7.5
Kern	144.7	20.6	50.7	7.1
Kings	27.7	20.1	6	4.2*
Madera	34.3	25.8	8	5.8*
Merced	56	24.7	18	7.6*
San Joaquin	113.3	18.4	57	8.9
Stanislaus	93.7	19.1	30	6
Tulare	93.3	25	25.7	6.3
San Joaquin Valley	749.7	22	261.7	7.16
California	4334.3	12.1	2476.3	6.7
HP 2010 Objective		9.2		3

High Ozone Days/Yr, San Joaquin Valley & California



2005

2006

County	# of Orange Days	# of Red Days	# of Purple days	Total High Ozone Days	Grade	# of Orange Days	# of Red Days	# of Purple days	Total High Ozone Days	Grade
Fresno	135	14	0	149	F	179	32	3	214	F
Kern	221	53	2	276	F	242	66	2	310	F
Kings	28	0	0	28	F	50	1	0	51	F
Madera	14	0	0	14	F	31	1	0	32	F
Merced	67	5	0	72	F	116	8	1	125	F
San Joaquin	4	0	0	4	C	6	0	0	6	D
Stanislaus	28	0	0	28	F	46	1	0	47	F
Tulare	210	19	0	229	F	238	25	0	263	F
San Joaquin Valley	88.375	11.375	0.25	100	F	113.5	16.75	0.75	131	F
California	1668	284	49	2001	D-	1907	409	54	2370	D-

Source: American Lung Association, 2006 & 2007.

Comparison YPLL for Selected Diseases <1 through 64 years



Causes of Death	SJV YPLL	SJV Index per 1,000 population	CA YPLL	CA Index per 1,000 population	Nation YPLL	Nation Index per 1,000 population
Diseases of Heart	18,833.5	5.4	132,694	3.7	1,434,511	5.0
Malignant Neoplasm	24,628	7.0	201,176	5.7	1,903,274	6.6
Accidents	34,969	10.0	215,385	6.1	2,159,266	7.5

Healthy People 2010 Findings



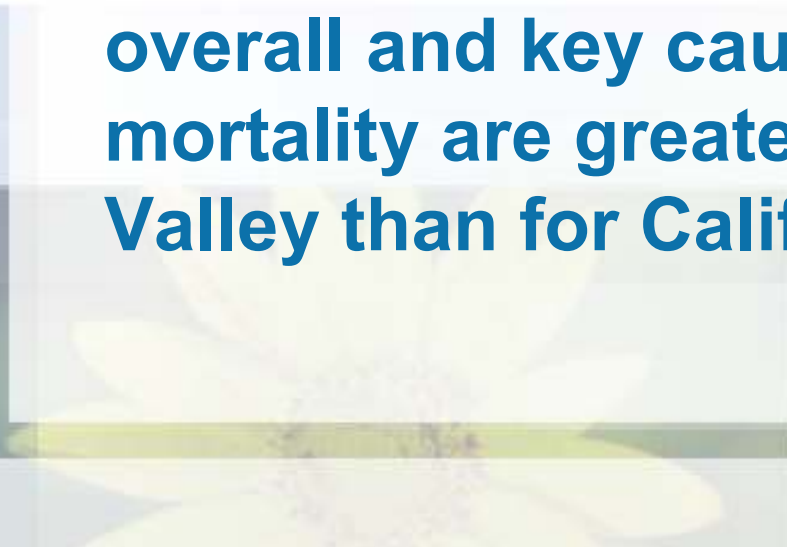
- **Average findings mask disparities by race/ethnicity, insurance status, birthplace and rural residence.**
- **For each of the indicators where comparisons were possible, Latinos, African Americans, American Indians/Alaska Natives and Southeast Asians fared worse.**
- **Those with no or public insurance, born outside US, and rural residence had worse health outcomes.**



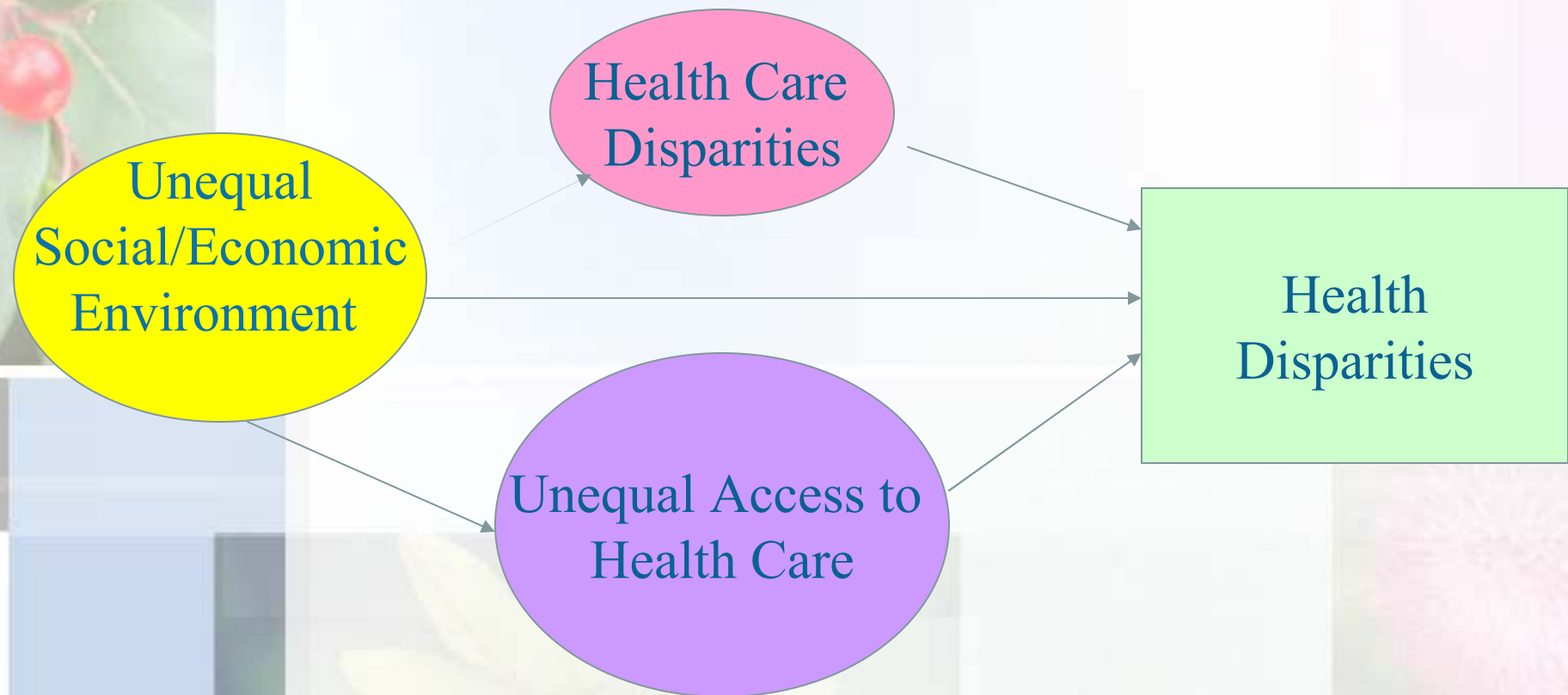
Other Health Indicators--Mortality



- **Age-adjusted overall and key cause-specific mortality rates are higher for San Joaquin Valley than for California and nation (e.g., diabetes, respiratory and cardio-vascular disease)**
- **Racial/ethnic and other disparities in overall and key cause-specific mortality are greater for San Joaquin Valley than for California.**



What Causes Health Disparities?



Health Care Disparities in the Central Valley: One Example



Demographic Characteristics and Adequacy of Care

Payment Source

• Medi-Cal	29.0
• Other Public	32.4
• Private/HMO	17.7
• All Others	41.9

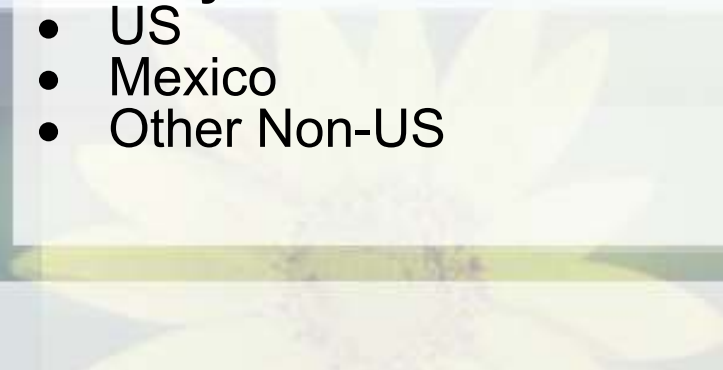
% of Inadequate Pre-Natal Care

Ethnicity

• White	18.8
• Africa American	28.3
• Asian/ Pac. Islander	24.7
• Hispanic	29.5

Nativity

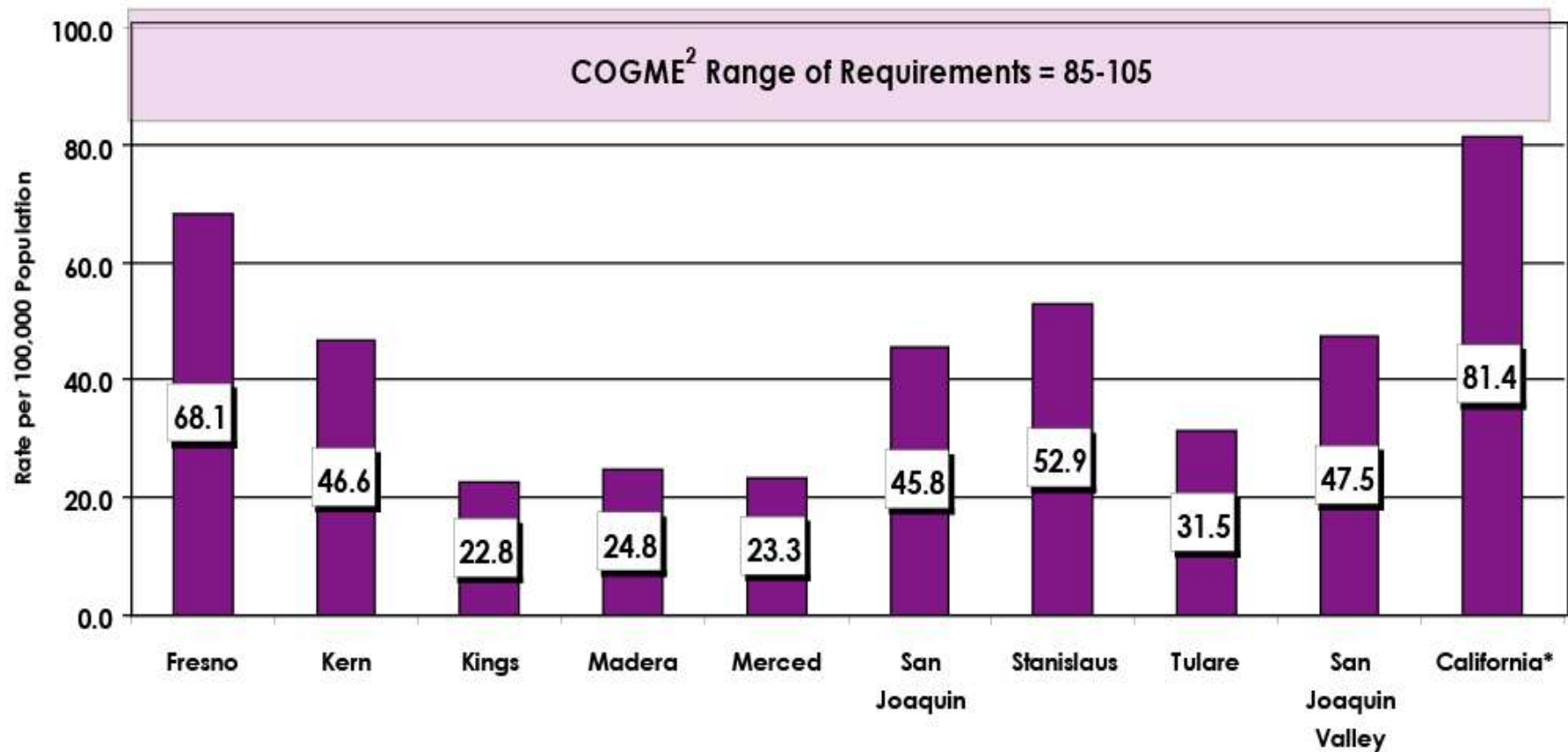
• US	22.9
• Mexico	27.9
• Other Non-US	27.2



Other Health Indicators--Capacity

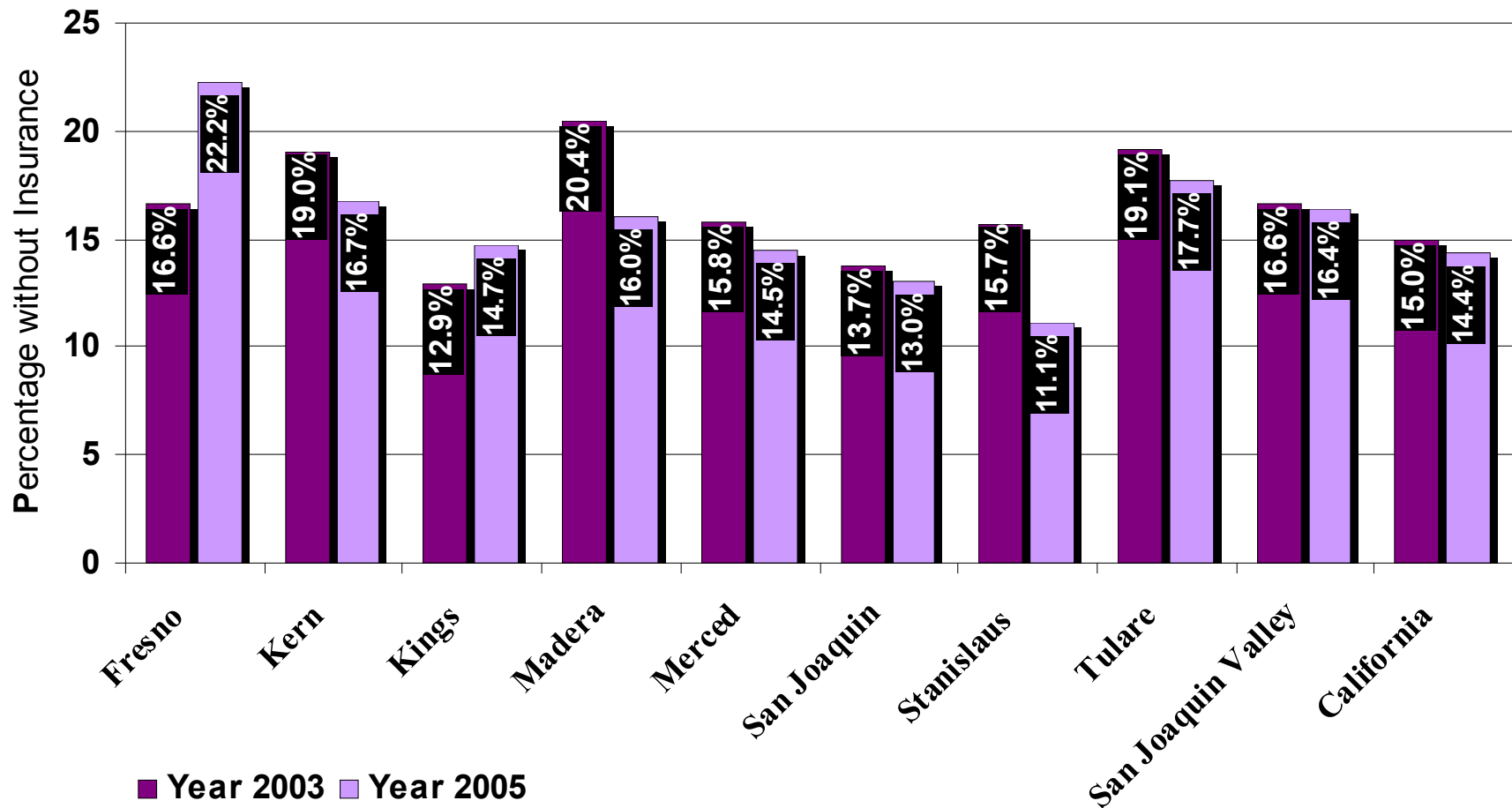


Rate of Specialists w/ Problematic Access
by County, Region and State, 2005¹





Nonelderly Adults, Ages 18-64, in the San Joaquin Valley Without Health Insurance for the Entire Year, 2003 and 2005



Implications for Regional Planning



- **Dramatically poor showing for San Joaquin Valley is comparable to several other regions in California and the nation.**
- **Similar data available for each region but little evidence that planners and health advocates are communicating or cross-training.**
- **Regional and community features (economy, housing, transportation), public health programs, and healthcare policies shape health outcomes.**
- **Many of the linkages of planning to health are well-understood and mysteries remain.**
- **More focused health impact assessment could be included in planning.**