

Chronic diseases take their toll among central San Joaquin Valley residents

By Barbara Anderson



Emilio Camarena, 9, who suffers from asthma, plays his clarinet at home.

ERIC PAUL ZAMORA — THE FRESNO BEE | [Buy Photo](#)

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The 2013 Community Health Needs Assessment found self-reported health status worse in the central San Joaquin Valley than statewide. Self-reported health status is associated with mortality.

Area	Adults	Number reporting poor health	Percent reporting poor health
Fresno County	619,334	126,344	20.4%
Kings County	106,151	23,990	22.6%
Madera County	102,167	31,978	31.3%
Tulare County	278,698	73,855	26.5%
California	26,868,769	4,914,924	18.3%

- TO YOUR HEALTH

Editor’s note: This is the first in a four-part series on wellness that outlines significant central San Joaquin Valley health problems and profiles programs that are successfully combating it.

Today: Asthma

April 18: Diabetes

April 25: Heart disease

May 2: Obesity

- *We’ve got it all: bad health and dirty air, bad water, urban sprawl, unsafe places to play and food deserts.*
- *Paying attention to prevention and management of chronic diseases saves us money.*
- *Changing bad health habits takes responsibility and help.*

The central San Joaquin Valley is unhealthy.

Valley residents are more likely to either suffer or die from chronic diseases than people elsewhere in California.

Health experts say the reasons for the Valley’s ills are many: poverty, bad air, foul water, urban sprawl, unsafe places to play, food deserts. And when combined with harmful health habits, they create a landscape for poor health.

Numbers paint the picture:

- [One in six children in the San Joaquin Valley has asthma](#) — an epidemic level.
- Six of 10 Valley counties have the highest percentage of hospital patients with diabetes in California, and [four Valley counties rank among the 10 worst in the state for diabetes deaths](#).
- [140.7 people out of 100,000 die of heart disease in Madera County](#) compared to 103.8 deaths per 100,000 statewide. Madera County is ranked 56th out of 58 counties for deaths due to heart disease. Tulare County ranks 53rd and Merced, Fresno and Kings counties are ranked 45th, 44th and 42nd.
- [68% of nonelderly adults in the Valley are overweight or obese versus 59% statewide, and 43% of children in five](#)

counties are overweight or obese compared to 38% statewide.

“On almost any measure you can come up with, we look quite a bit worse than California on average,” says John Capitman, executive director of the [Central Valley Health Policy Institute](#) at Fresno State.

California is relatively healthy, Capitman says. “But the Valley has not created a climate, an environment, that emphasizes how people can live healthier lives.”

The need to prevent chronic disease is beginning to gain attention among health professionals and people Valley wide. And for good reason: The consequences are costly, both in lives and health care expenses.

For example, [diabetes consumes about \\$598 million in health-care costs in the Valley](#). [Asthma adds \\$150 million in hospitalization costs](#). [Adults who are overweight, obese and physically inactive cost at least \\$1.6 billion a year](#). And the annual cost to treat [cardiovascular disease exceeds \\$1.6 billion](#).

It makes sense to focus on social, behavioral and environmental factors that contribute to people’s health, says Mary Pittman, president and chief executive officer of the Oakland-based Public Health Institute.

Instead of an emphasis on treating disease, the objective should be, “What can we do in a community to keep people healthier so they don’t end up in the health-care system in the first place,” Pittman says.

Illness link to poverty, environment

Research has shown a connection between poverty, the environment and the risk of chronic illnesses.

A [2011 University of California at Davis report, “Land of Risk/Land of Opportunity,”](#) found a toxic stew — dirty air, bad water, pesticides — placed about 1 million people in the Valley at high risk for illnesses and shortened lives.

Other research has shown that lifespan fluctuates by neighborhood in Fresno County. People in more-affluent north Fresno and Clovis live longer lives than those in poorer southwest and southeast Fresno.

In 2013, the U.S. Environmental Protection Agency said people in west Fresno live with higher health risks than anyone in California. Life expectancy there is more than 20 years lower than in northeast Fresno, according to a 2012 study by researchers that included the Central Valley Health Policy Institute at Fresno State.

Health experts say neighborhoods themselves can affect what people eat and how much they exercise, which in turn affects health and prevention of chronic diseases.

The San Joaquin Valley ranks among the worst in the country in terms of air quality, and poorer neighborhoods tend to be closer to freeways and congested streets, which exposes residents to more air pollution that can trigger asthma attacks.

And it’s not a coincidence that health is poorer for people in low-income neighborhoods where there are fewer grocery stores, less park space and more corner convenience stores than in more affluent areas of a city, experts say.

People in poorer communities have more access to alcohol and sodas than low-fat milk and water at nearby corner stores, says Sara Bosse, program manager for policy, planning and communication at the [Fresno County Department of Public Health](#).

Bosse conducted a survey of a typical corner store in Fresno County and found at least nine different displays of chips, pretzels, high-fat dips and three rows of candy. Other options were ice cream, burritos and sandwiches. And another aisle had sugar, artificial sugar, marshmallows, artificial creamer, olives, canned refried beans, noodles in a cup, salt, baking soda, mustard, peanut butter, canned sausages, canned ham and tuna.

“If that’s your only grocery store in 20 miles of your house, what is your diet going to look like?”

Walking ‘deserts’

An area without nearby access to fresh fruits and vegetables is called a food desert, but parks are also missing in many low-income neighborhoods.

[Fresno Building Healthy Communities](#), a health initiative of the California Endowment, surveyed teens last year about how far they had to travel to reach a park.

A majority said the nearest was 10 blocks.

Teens are less likely to go to a park that far away, says Sandra Celedon-Castro, manager of the Fresno health initiative. Walking a long way or riding a bike could be unsafe, she says, and parents don’t want their children to go far by themselves.

A lack of sidewalks also can limit walking for exercise in poorer and rural neighborhoods, she says, citing a study of rural communities with high numbers of pedestrian deaths that found the roads were not safe. “They weren’t built for both vehicle traffic and pedestrian traffic.”

Communities should evaluate neighborhoods on how well they support health, Celedon-Castro says. “It’s not just about providing services, it’s also about making sure how cities and surrounding communities are built in a way that ensures health.”

Programs to help people improve their health or manage chronic diseases can work, says Pittman of the Public Health Institute. For example, communities can create safe routes to school, provide nutrition education, increase access to fresh fruits and vegetables in corner stores or open farmers markets.

“But you need to break it down at a sub-county level to identify pockets of need,” she says. And people in the communities need to be given a broader voice.”

Helping ourselves

The Valley has a number of innovative programs aimed at preventing chronic disease and the management of disease, says Capitman of Fresno State. But the programs don’t help enough people who are in need, he says.

Pang Thao Vang, 50, of Fresno, has changed her eating habits and walks more since having a procedure four years ago to open clogged arteries in her heart. But those changes didn’t happen until her doctor explained the importance of diet and exercise and she joined a nutrition and exercise program offered at that time for women at the [Fresno Center for New Americans](#).

“They helped me help myself,” Thao Vang says through a Hmong interpreter.

The role of personal responsibility in health is crucial, Capitman says. “I can’t overestimate the importance of individual choice.”

Dr. Michael MacLean, health officer for Kings County, says he’d like to see an “honest discussion with the whole society that says, ‘we’re not very healthy. We’re doing some stuff that hurts us.’”

One of the ways we’re hurting ourselves: According to county profiles by the [UCLA Center for Health Policy Research](#), in the central San Joaquin Valley, about one in five adults drink one or more sodas per day. Statewide, only 11% report drinking a soda or more daily.

MacLean encourages people to substitute water for soda, improve their diet, increase their exercise. “You aren’t doomed,” he says. “What you do makes a difference, but you must start early.”

Changing health habits isn't easy, however. "Even as a middle class, older guy, it is challenging to figure out how to best take care of yourself," Capitman says of how even he struggles. "I think what we're learning about personal responsibility is that to make these kind of big changes in your life, it almost means swimming upstream and pushing back against the norms."

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