California Regional Markets: San Joaquin Valley

Race/Ethnicity
Region vs. State Average, 2018

SAN JOAQUIN VALLEY
- White: 29.9%
- Latinx: 56.7%
- Other: 2.6%
- Black: 3.7%
- Asian: 7.1%

CALIFORNIA
- White: 28.7%
- Latinx: 39.3%
- Other: 2.6%
- Black: 3.7%
- Asian: 5.6%

Population Statistics, 2018
San Joaquin Valley California
- Total population (in millions) . . . . . . . . . . . . . . 1.787 39.557
- Five-year population growth . . . . . . . . . . . . . . . 3.2% 3.2%

Economic Indicators, 2018
- Below 100% FPL . . . . . . . . . . . . . . . . . . . . . . . . . 21.5% 12.8%
- 100% to 199% FPL . . . . . . . . . . . . . . . . . . . . . . . 23.8% 17.1%
- Unemployment rate . . . . . . . . . . . . . . . . . . . . . . 8.0% 4.2%
- Able to afford median-priced home . . . . . . . . . . . . 50.0% 31.0%

Health Insurance
Region vs. State Average, 2019

SAN JOAQUIN VALLEY
- Medi-Cal: 44.1%
- Medicare: 14.0%
- Private: 33.9%
- Uninsured: 8.0%

CALIFORNIA
- Medi-Cal: 28.7%
- Medicare: 15.9%
- Private: 47.7%
- Uninsured: 7.7%

Notes: Private includes any other insurance coverage (excluding Medicare and Medi-Cal). Medicare includes dual-eligible enrollees. Asian, Black, White, and Other categories are non-Latinx. Charts may not total 100% due to rounding.

Sources:
California’s San Joaquin Valley is known for rich irrigated farmland and agricultural output. Across the region, which spans five counties, more than 20% of the 1.8 million residents have incomes below 100% of the federal poverty level. In 2019, 44% of San Joaquin Valley residents were covered by Medi-Cal. Despite the expansion of the safety net after implementation of the Affordable Care Act, the San Joaquin Valley continues to face problems with access to care, especially for behavioral health services, and struggles to recruit physicians and other health care professionals.

**KEY FACTORS AFFECTING THE LOCAL HEALTH CARE MARKET INCLUDE:**

- While financial performance improved in larger hospitals, some independent hospitals struggled. Several smaller hospitals have struggled financially, leading one district hospital to close permanently and another to cede management to a larger hospital system after closing temporarily. Given the large and growing share of the region’s Medi-Cal enrollees, almost all hospitals play a significant role in the fabric of the region’s safety net.

- FQHCs and RHCs continue to expand across the region, sparking competitive tensions in some areas. FQHCs now provide services to more than half of the region’s Medi-Cal enrollees. Both FQHCs and RHCs are working with hospitals to improve care integration and access to specialty services for Medi-Cal patients.

- Data sharing among San Joaquin Valley providers remains challenging despite the presence of a health information exchange (HIE) serving the region’s two largest counties, Fresno and Tulare. While hospitals report limited participation in the HIE, many outpatient providers reported limited use. Barriers to adoption include perceived challenges of integrating practices’ electronic health record systems with the platform and a lack of staff resources.

- Access to mental health and substance use disorder services for Medi-Cal enrollees has been improving, though significant gaps in care remain. Inpatient psychiatric beds are in short supply. This shortage may be offset by a new 128-bed inpatient psychiatric facility slated to open in Madera County in 2023. County mental health plans in the region have adopted more holistic approaches to addressing behavioral health needs, developing partnerships with health plans and adding new services.

- Health and income disparities, as well as other sociodemographic factors, have worsened the impact of the COVID-19 pandemic in the San Joaquin Valley. The region’s residents suffer disproportionately from risk factors, such as obesity and asthma, that can lead to worse outcomes if affected individuals contract the virus. The regional economy’s heavy reliance on agriculture and food processing may have softened the pandemic’s initial economic impact in the region but put workers at higher risk of contracting and spreading the virus.

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<table>
<thead>
<tr>
<th>Hospitals (acute care), 2018</th>
<th>San Joaquin Valley</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds per 100,000</td>
<td>157</td>
<td>178</td>
</tr>
<tr>
<td>Operating margin</td>
<td>6.2%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Total operating expenses per adjusted patient day</td>
<td>$2,696</td>
<td>$4,488</td>
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</tbody>
</table>

**Health Professionals**

Per 100,000 Population, 2020

<table>
<thead>
<tr>
<th></th>
<th>San Joaquin Valley</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>130.0</td>
<td>191.0</td>
</tr>
<tr>
<td>Primary care</td>
<td>46.5</td>
<td>59.7</td>
</tr>
<tr>
<td>Specialists</td>
<td>83.3</td>
<td>130.8</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>6.5</td>
<td>11.8</td>
</tr>
<tr>
<td>% of population in HPSA</td>
<td>92.0%</td>
<td>28.4%</td>
</tr>
</tbody>
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Note: HPSA is health professional shortage area.


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**ABOUT THE REGIONAL MARKETS SERIES**

This quick reference guide is based on the full report *San Joaquin Valley: Despite Poverty and Capacity Constraints, Health Care Access Improves* by Len Finocchio and James Paci of Blue Sky Consulting Group.