Valley Health Snapshot: Fresno
Race/Ethnicity, Poverty and Health in Fresno’s Neighborhoods
A focus on Diabetes & Mental Health

As the Central Valley’s largest city, Fresno is situated in the heart of California. Fresno is a regional hub for a thriving agricultural economy and other valuable industries. The city is powered by a diverse population, ranging from long-time residents to recent immigrants. Many waves of immigrants and refugees have settled in Fresno, bringing more than 100 spoken languages to the city. While Fresno’s neighborhoods reflect this diversity, there are also dramatic socio-economic and health disparities across the city and surrounding communities. Depending on residential location, city residents face broad differences in living conditions and quality of life.

Demographic Differences
Fresno’s population is segregated by race/ethnicity and poverty status.

• A total of 67% of Fresno’s children reside in high poverty areas, defined as zip codes where 25% or more of families with children have incomes at 125% below the Federal Poverty Level (FPL). Depending on family size, FPL ranges between $11,000-$39,000 per year.

• High poverty zip codes are primarily in the southern portion of the city.

• Predominantly white areas, defined as census tracts with 30% or higher proportion of white residents, are primarily in northwest Fresno. These areas also have the lowest rates of poverty.

Examples of Disease Differences
Rates of hospitalization for chronic conditions, such as diabetes or mental health, measure the burden of disease: communities with higher hospital use have more people experiencing life disruption and costs of illness. The two maps show results from a larger analysis of neighborhoods and chronic disease hospitalization in the Central Valley. In this study, we statistically control for differences between communities on many factors associated with hospitalizations. The maps show that racial/ethnic segregation and poverty still interact to shape health disparities.

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In 2010, Fresno’s hospitalization rate for diabetes was three times higher than the statewide rate of 14/10,000. The Edison neighborhood (zip code 93706) had the highest rate in Fresno (39/10,000), while the Woodward park neighborhood (zip code 93730) had the lowest rate (1/10,000).

- Fresno neighborhoods with high proportions of children and older adults have higher rates of diabetes hospitalizations.
- Neighborhoods with higher concentrations of people of color (Latinos, African Americans, Asian Americans, and Native Americans) and poverty have significantly higher rates of diabetes hospitalizations, while neighborhoods with higher concentration of whites and low poverty have significantly lower rates of diabetes hospitalization.

In 2010, Fresno’s hospitalization rate for mental health, such as severe depression or psychosis, was slightly lower, at 58/10,000, than the statewide rate of 66/10,000. The downtown neighborhood (zip code 93721) had the highest rate in Fresno (148/10,000), while the Woodward park neighborhood (zip code 93730) had the lowest rate (19/10,000).

- Neighborhoods that have a higher proportion of people of color have higher rates of mental health hospitalizations than neighborhoods that are majority white.
- Neighborhoods with fewer children and fewer older adults have more mental health hospitalizations.
- Neighborhoods with higher concentrations of people of color and poverty have significantly higher rates of mental health hospitalizations, while neighborhoods with higher concentrations of whites and lower poverty rates have significantly lower rates of mental health hospitalization.

Why this matters

The geography of health and well-being is receiving new attention. Prior research in the San Joaquin Valley has shown that life expectancy varies by zip code, with more affluent and white neighborhoods experiencing notably fewer burdens, and neighborhoods with lower income and lower proportions of white residents experiencing more disease burden. We don’t know exactly why poverty and racial/ethnic segregation are associated with more chronic disease burden but living conditions (environmental quality, housing, access to services, discrimination) and access to needed preventive health services have been shown to be key factors. Over the next few years, as Fresno implements new regional development, human services and health care policies with the goal of building a prosperous, healthy and fair community, attention can be focused on improving quality of life and preventive care for residents of communities at greatest risk for chronic disease.