PRELIMINARY DATA BRIEFING

Preliminary data from an ongoing statewide study

An Epidemic of White Death: A Canary in the Coal Mine?

*An alarming national trend wreaks havoc in California’s South Central Valley*
For the first time in decades, we’re seeing a decline in life expectancy across the United States

- In California’s Central Valley, conditions are even more dire — especially in poorer counties like Kern, Tulare, Fresno and Kings.

- Among young (25-34) and middle-aged (40-64) whites across California, death rates are decreasing, but in the southern Central Valley, white death rates are increasing.

- Residents in this region are suffering from multiple social stressors: unemployment, wage stagnation and high poverty rates.

- Rising death rates in whites are driven by acts of despair: drug overdoses, chronic alcohol abuse, and suicide.
Death rates from these “stress-related conditions” have climbed faster in the Southern Central Valley than they have statewide. Here are some examples:

- In Fresno County, the rate at which middle-aged adults (ages 40-64 years) are dying from accidental drug poisoning has increased by 212.3% since the 1990s; and in Kern County it has increased 163.7% over the same period.

- In Tulare County, the death rate from viral hepatitis has increased by 166.5% since the 1990s.

- White women are most impacted. In Kern County, the rate at which young white men (ages 25-34 years) are dying from accidental drug overdoses has increased by 248% since the 1990s. Among women, the death rate appears to be rising faster.

- Suicides by hanging, strangulation and suffocation have increased by 121% in the region since the 1990s.

- We cannot blame these deaths simply on the opioid epidemic. These are deaths of despair.
Among the most severely impacted regions of California is the San Joaquin Valley, a region facing difficult economic challenges.

We focus here on the four southernmost counties—Kern County, Tulare County, Kings County, and Fresno County—where median household income has been stagnant for the past decade and poverty rates have steadily risen.
Death rates among middle-aged whites in Kern and Tulare are the highest in the Southern Central Valley region and have risen 11.2% since 1995.
Stress-related Deaths | Southern Central Valley sees dramatic increase among middle-aged whites ages 40-64

Diseases, injuries, and deaths that occur when people become depressed, turn to tobacco, drugs, or alcohol for relief, or commit suicide in desperation represent stress-related conditions. It is these causes of death that appear to be driving increasing death rates for middle age whites, particularly in communities struggling with economic challenges. Fatal drug overdoses have increased by 151%, viral hepatitis by 180%. Alcohol poisoning has increased 15-fold. These increases far exceed state averages.
Suicides by Method | Sharp increases in Southern Central Valley since 1995

Persistent economic stresses can invoke stress, anxiety, depression, and despair. The suicide rate in the Southern Central Valley has increased sharply since 1995. The uptick has been most pronounced for suicides involving hanging, strangulation, or suffocation, which increased by 121.3% in the region and by 133.1% in Kern and Tulare counties.
Younger Adults Impacted in Kern | Increased death rates among young white adults (ages 25-34)

In Kern County, death rates have also increased among young people. The all-cause mortality rate among whites ages 25-34 years increased by 29% between 1995-1999 and 2010-2014. Most of the increase in this age group occurred among men.

![Graph showing unadjusted (crude) death rate (per 100,000) for males, females, and males + females from 1995-99 to 2010-14.](image-url)
The overall white death rate for ages 40-64 was 512 per 100,000 from 2010-2014.

During that same period, in the four California counties from the study (shown in red), the overall white death rate was almost 40% higher. That difference, and the rapid rate of increase among middle age whites, is stunning health experts.

512 deaths / 100,000 people
White death rate for ages 40 – 64 from 2010 – 2014

708 deaths / 100,000 people (almost 40% higher)
White death rate for ages 40 – 64 in Fresno, Kings, Kern and Tulare from 2010 – 2014
We must stand together to reweave our tattered social compact. Access to high-quality affordable healthcare is a crucial cornerstone of that **social compact**. The shocking statistics from this preliminary data indicate that these deaths are preventable, and prevention must be the focus of our public policy.

- **HEALTH AND SOCIAL SERVICES**
  - Residents in Southern Central Valley have the highest rates of participation in the Affordable Care Act in California
  - Addressing this crisis requires increased effort to expand coverage and connect residents to:
    - medical homes for primary care and chronic disease
    - behavioral health services to address stress-related disease
  - The entire social safety net – from access to food to access to high quality childcare – needs to be strengthened if we are to turn these trends around

- **ECONOMIC MOBILITY**
  - Health burden from suicides and substance abuse are poverty related
    - Stagnant incomes, low wages, unemployment, rising poverty rates, and poor opportunities for education erode hope for a better tomorrow
    - Policies to improve state and local economy, increase wages, and reduce economic inequality, are important to alter these health trends

- **COMMUNITY EMPOWERMENT**
  - Increasing community voice and agency is critical to improving health outcomes. More resources to support community-based health and wellbeing are an important piece of the prevention puzzle.
    - The California Endowment continues to support grassroots community efforts to improve health outcomes through its 10-year, $1 billion place-based initiative called Building Healthy Communities (BHC). Building Healthy Communities (BHC) is a 10 year, $1 billion comprehensive community initiative launched by The California Endowment in 2010 to advance statewide policy, change the narrative, and transform 14 of California’s communities most devastated by health inequities into places where all people have an opportunity to thrive. Three of the 14 BHC sites are located in the San Joaquin Valley.
Questions?

Learn more at www.buildinghealthycommunities.org #ChangeTheOdds

Twitter: https://twitter.com/dr_tonyiton
         @dr_tonyiton

Facebook: https://www.facebook.com/drtonyiton/ @drtonyiton

Media Inquiries: Sarah Reyes, Director of Communications
                 sreyes@calendow.org, W: (559) 443-5306
                 C: (559) 470-4545

Additional Questions: Paula Braveman, MD, MPH, Professor, Family Community Medicine, UCSF School of Medicine
                      paula.braveman@ucsf.edu, W: (415) 476-6839
                      Mark Cullen, MD, Professor of Medicine, Biomedical Data Science, Health Research & Policy, Senior Fellow Stanford Institute for Economic Policy Research
                      mrcullen@stanford.edu, W: (650) 721-6209