Santa Clara County
PUBLIC HEALTH

Great Things Start with Good Health

Health and Social Inequity

IN SANTA CLARA COUNTY

EXECUTIVE SUMMARY 2011

To the Residents of Santa Clara County,

We are proud to present the first "Health and Social Inequities" report for Santa Clara County. This report focuses on social determinants that influence the health of Santa Clara County residents and communities. A wealth of evidence has shown that factors such as education, income, racism, employment, housing and neighborhood conditions have a significant impact on the health and well-being of individuals and entire populations.

Social determinants create inequities that result in negative health outcomes for many in our community. Unfortunately, people with low incomes and certain racial and ethnic groups are disproportionately affected, resulting in significant health disparities. A more thorough understanding of the social determinants of health in our communities is needed to determine why people experience different health outcomes.

There are two main goals for this report. First, it provides descriptive data and information about the health status, and factors that influence the health status, of Santa Clara County residents. Second, while this report broadly depicts the health experience of many segments of our community, it is meant to begin a community-wide dialogue about the root causes of health inequities, and focus on justice and equity for all.

This report was developed by the Santa Clara County Public Health Department in collaboration with The Health Trust and numerous and diverse stakeholders from multiple sectors, including education, labor, academia, and non-profits who contributed their expertise in the development of this revealing portrait of our county's well-being.

Together with our community partners, the Public Health Department and The Health Trust will continue to work for a healthier Santa Clara County by promoting access to healthy environments, by targeting root causes of health inequities, and by keeping these issues in the forefront.

Best regards,

Marty Fenstersheib
Health Officer

Dan Peddycord
Public Health Director

Frederick J. Ferrer
CEO, The Health Trust

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Executive Summary

The Santa Clara County Public Health Department's mission is to prevent disease and injury and create environments that promote and protect the community's health. American society has made great strides in health over the last century, yet in our work to fulfill this mission, we have observed persistent differences in the health of various population groups.

The root causes of these differences are linked to social, economic, and environmental disadvantages that could be prevented. In addition, several new and very serious threats to our health have arisen that may increase these disparities. We have reached the unavoidable conclusion that we will not continue to see improvements in the health of our entire population—and achieve true equity in health outcomes—without changing the systemic conditions that affect health.

> "Interventions to improve access to medical care and reduce behavioral risk have only limited potential for success if the larger societal and economic context in which people live is not improved."
>
> The Institute of Medicine

To begin, we need to create a much greater awareness that health and well-being are directly and indirectly influenced by more than our genetic make-up or medical care. Our health is fundamentally tied to the social, economic, and institutional conditions in which we live.

This report is intended to be a first step and can be used as a tool with which to begin a community-wide dialogue about the root causes of health inequities. Through future discussion and action, we can build a platform for policies and programs that directly addresses the relationship between social injustices and health. We can then explore and advance policy solutions that reduce or eliminate health inequities.

As a community, we can take a firm position on key issues related to health inequities, and set minimum standards below which no individual or group falls.

An Investment Strategy That Isn't Working

The United States is one of the richest countries in the world, and leads the world in medical research and medical care. We spend more per capita on health care than other industrialized nations by a wide margin, yet our actual health status as a nation is full of contradictions:

- We rank 50th in life expectancy.
- We have a higher rate of maternal deaths than at least 40 other countries.
- More than a third of U.S. adults are obese.

If we dedicate more resources to our health than any other nation, why are we so far from being the healthiest people on the planet? The reason lies primarily in our health investment strategy. Nearly 96 cents of every U.S. dollar spent on health care goes to care and treatment. That leaves very little for public health prevention strategies. This intervention model is not making us healthier as a nation or as a community.

In fact, there is now a large body of research showing that only a small part of health can be attributed to medical care or genes. Other factors contribute more to our health, including employment, income, education, neighborhood conditions, and housing. In other words, where people live, work, learn, and play is even more important than the health care they receive.

Unfortunately, choices and opportunities in these key areas of life are limited by status or privilege in society, and large segments of our population experience persistent discrimination because of race or ethnicity, gender, national origin, and other factors. The resulting socioeconomic inequality contributes to health disparities.

Institutions around the world, including the World Health Organization and local, national, and international public health departments, have uncovered extensive evidence of health disparities and their origins in society. The Resources section of this document contains a list of published articles and reports.

However, until recently, the availability of this research has been limited largely to professionals in public health and related fields. This Health and Social Inequity report, which draws on the work of agencies and foundations across the U.S. as well as data from Santa Clara County, is our first attempt to make this research available to the public and community leaders here in our county.

A New Way of Thinking About Health

1. Health begins where we live, learn, work, and play.
2. Everyone should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background.
3. Our neighborhood or job shouldn't be hazardous to our health.
4. The opportunity for health starts long before we need medical care.
5. The opportunity for health begins in our families, neighborhoods, schools, and jobs.

Source: Robert Wood Johnson Foundation

Defining the Problem in More Detail

While it's true that the U.S. has made great strides in health in the last century, due in large part to public health policies, the benefits of these achievements have not been distributed evenly across various population groups. Researchers have introduced several concepts in describing this situation:

- **Social determinants** of health are factors beyond our genetic make-up and our access to medical care, including social status, employment and income, education, housing and neighborhoods, and access to nutritious foods.
- **Health disparities** are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups.
- **Health inequities** are health differences that are directly related to social inequities, which are systematic, socially produced (and therefore modifiable), and unfair.
- **Health equity** is the highest level of health for all people, which requires the absence of disparities and is therefore an issue of fairness and justice with far-reaching implications in our society.

The Bay Area Regional Health Inequities Initiative (BARHII) is a collaboration of local health departments in the San Francisco Bay Area dedicated to confronting health inequities. BARHII has used Hurricane Katrina and the City of New Orleans to illustrate the concept of health inequities.

In the aftermath of Katrina, our nation saw a different side of New Orleans that shocked and saddened us. We learned that the city was deeply divided along racial and class lines, with large historical pockets of poverty and its attendant social problems experienced over multiple generations. We also saw how Katrina affected the poor much more deeply than others; many of them have yet to recover from the catastrophe more than five years later.

Now BARHII points to what they call "the constant hurricane of public health" in the U.S.: persistent, serious health issues that disproportionately affect the poor and people of color. For example, African-American babies are more than twice as likely as White babies to die in their first year. African-American men live on average 7 years less than White men. And African Americans have higher rates of heart disease, stroke, hypertension, diabetes, asthma, and certain cancers.

In fact, former U.S. Surgeon General David Satcher and his colleagues calculated that over a 10-year period, nearly 177,000 deaths were averted because of advances in medical technology, but more than 886,000 deaths could have been avoided if we eliminated the disparity between African Americans and Whites.

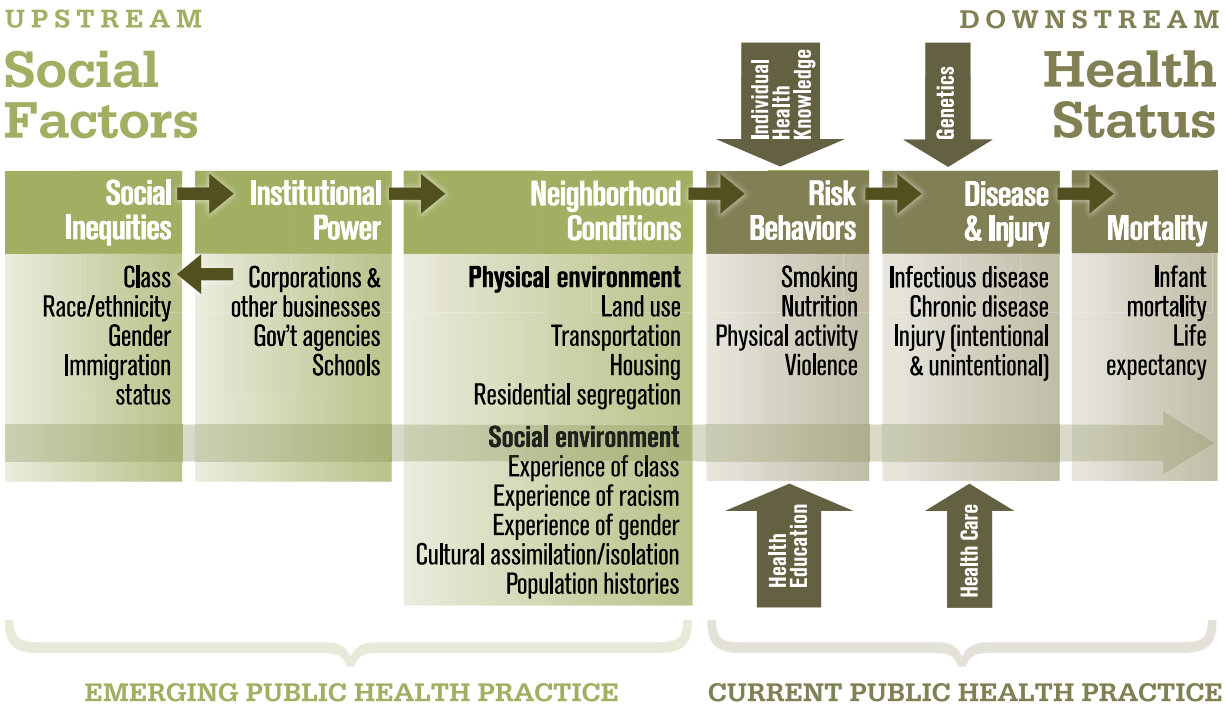
Although racial inequality is a significant source of health inequity, socioeconomic status or class may have a greater influence. The rich are healthier than the middle class, and the middle class are healthier than the poor. Disease and death rates are higher in areas that have the greatest gap in income between the rich and poor.

> **"If poverty were considered a cause of death in the U.S., it would have ranked among the top 10 causes of death in 1991."**
>
> Krieger N, Williams DR, Moss NE. (1997). Measuring social class in US public health research: Concepts, methodologies, and guidelines. *Annual Review of Public Health*. 18, 341-378.

From 1979 to 2007, the income gap tripled between the richest 1% of Americans and the middle and poorest fifths of the country. It is no coincidence that in 1980, the U.S. ranked 11th in the world for life expectancy, but in 2011 we rank 50th. The deterioration of health among the poor appears to offset any gains in health experienced by the rich. The recent economic downturn might increase health inequities even further.

Therefore, we may conclude that the greatest threat to our health in the U.S. today is the large income gap. An investment strategy that redirects resources to eliminating the root causes of health inequities could do more to improve health in the U.S. than improvements in medical care.

Figure ES.1: Framework for Understanding and Measuring Health Inequities



Source: Bay Area Regional Health Inequities Initiative

A New Paradigm: Moving Investment "Upstream"

In Santa Clara County, as in so many other counties across the U.S., health care costs are rising rapidly with no relief in sight. The vast majority of our healthcare dollars are spent on what public health professionals call "direct services," which follow a model of intervention, not prevention. These interventions largely focus on the individual and are only remedial in nature. They don't address underlying conditions or causes in the environment surrounding that individual. They are also expensive and difficult to sustain.

These expenditures haven't made us healthier nor have they solved the dilemma of persistent health inequities. In Santa Clara County, we are particularly concerned about evidence of a rising epidemic in chronic diseases such as diabetes, heart disease, stroke, and some cancers.

During the last century in the U.S., mortality rates were reduced largely by combating infectious diseases. Now we are in danger of losing ground as higher mortality rates from chronic diseases could eclipse these gains in life expectancy. Our only recourse is to find a new paradigm for combating disease that addresses the root causes of health problems and decreases health inequities. BARHII has developed a very helpful framework for understanding and measuring health inequities, which takes into account the complex and interrelated factors that influence the health of a community (Fig. ES.1).

According to the BARHII framework, factors that influence our health are either "upstream" or "downstream," and upstream factors impact downstream factors. Upstream are the social, economic, institutional, and environmental factors that lead to health inequities. Downstream are other factors that impact our health, including individual health behaviors, genetics, health education, disease and injury, and health care, and finally, our overall health status as measured by mortality rates and life expectancy.

As mentioned, social, economic, and environmental factors have a major impact downstream. For example, if we don't earn a high wage and we live in a lower-income neighborhood with higher crime, we don't have the same opportunities to exercise as people who earn higher incomes and can afford to live in safer neighborhoods with abundant parks and walking trails. Therefore, upstream factors impact our ability to make certain health choices and avoid health problems like heart disease, and lack of choice can result in health disparities. Policies that impact these social inequalities, like requiring all neighborhoods to be pedestrian-friendly, would help to improve public health.

Key Findings

Using our own research and the BARHII model as a framework, this report identifies eight social determinants of health in Santa Clara County: race/ethnicity, education, income, employment, immigration, housing, access to health care, and neighborhood conditions.

Chapter 1 provides a brief historical overview of Santa Clara County that explores the origins of some of our local health inequities. This is followed by a chapter about each of the eight social determinants. The key findings from each chapter are summarized here. You can find the sources for our research in the *Resources* section.

The Upstream Parable

People are being swept downstream by a river's raging water. The crowd on shore works to pluck them out of the rushing water, but many are missed and swept away. Lost. As most of the crowd continues its losing battle, a few trailblazers tromp upstream to see exactly why all those people are falling into the river in the first place. They identify the root cause of the problem (people are trying to cross a dangerous river without having the benefit of a bridge), come up with a solution (build a bridge), and put the solution into action. The result: People stop falling into the river. They are no longer at risk and there is no need to focus all the effort on pulling people out of the river one at a time. That's public health policy at work.

Source: Upstream Public Health

Race/Ethnicity

A growing body of evidence points to the fact that differences in health outcomes between racial groups are due to the differences in our lived experiences, and not to genetic differences. The primary reason for this is believed to be a long history of racial discrimination and inequality in the U.S. How groups of people are perceived and treated in society is also associated with their socioeconomic status or class.

Lower socioeconomic status translates into poorer health through social isolation and unequal access to the resources that could help us live healthier, longer lives. Therefore, the issues of race/ethnicity, class, and health are closely related.

Santa Clara County is truly reflective of the multicultural society that America is becoming. Our racial/ethnic composition is 35% White, 32% Asian, 27% Hispanic, and 2.3% African American. In addition, about 3% of the population is identified as "other," which includes two or more races, according to the 2010 Census. While the White population has declined by 19% over the decade since the last Census, the Asian and Hispanic populations have grown by 33% and 19%, respectively.

By 2050, the White population is projected to decline to 27%, Hispanics are projected to increase to 43%, and the Asian and African-American populations are expected to decrease slightly. Hispanics and African Americans are the most affected by unequal access to health resources and by social inequalities that have an impact on health. Therefore, the changing demographics in Santa Clara County will result in greater differences in health, which in turn will impact our health needs and demands for resources in the coming years.

Education
Education opens the doors to opportunities and resources that lead to a higher socioeconomic status or class. More education is associated with higher-paying jobs and the related benefits like financial security, health insurance, healthier working conditions, and social connections.

Education also gives us the tools we need to make informed choices about our health. People who have more years of education tend to live longer and have better health. Education also affects health across generations because children of more educated parents tend to be healthier and do better in school. While Santa Clara County residents are better educated than the rest of the state and nation, there are disparities in educational attainment. The county also suffers from a serious academic achievement gap that could hurt the health of our most vulnerable young residents.

Students in school districts with higher rates of poverty are at greater risk for low academic achievement. As a result, they are more likely to have lower-wage jobs and fewer economic, social, and health resources over the course of their lives, repeating the vicious cycle of poverty and poor health.

Income
Those with higher incomes are more likely to live longer, healthier lives. More income leads to resources that promote better health, including access to health care, nutritious food, safe housing, and nurturing neighborhoods. On the other hand, those living in poverty face a number of hardships that lead to poor health. Poverty also has a significant impact on children and can affect health across generations. Poor children are more likely to suffer poor health, affecting their ability to do well in school and eventually earn a decent wage.

Santa Clara County has the second highest median household income in the state ($88,848 in 2008), but there are significant disparities, particularly when we consider race/ethnicity, gender, and age. For example, median annual earnings vary widely in our county by race/ethnicity and gender, from a high of $70,348 for White men to a low of $22,747 for Hispanic women. Those with lower incomes have poorer overall health as well as higher rates of obesity and smoking, which are risk factors for a number of chronic diseases.

Employment
Employment provides income and other resources that lead to better health. Depending on our jobs, employment can also give us a sense of purpose, social contact, and opportunities for personal growth. Conversely, unemployment has been linked to poor health, and those with lower socioeconomic status are more likely to work in occupations that have unhealthy working conditions and lack the type of benefits needed to help them stay healthy.

While the recent recession has taken a serious toll on Santa Clara County residents—2 in 5 Silicon Valley households have experienced job losses since the recession began three years ago—some workers have been disproportionately affected. Local and national trends indicate that Hispanic residents, immigrants, those with less education, and older adults have been hardest hit by the recession.

In addition, long-term unemployment in California has more than doubled since 2007. Considering that 83% of insured adults in the county get their health coverage through their employer, this has serious implications for health.

Immigration
According to the U.S. Census, 38% of our residents were born outside the U.S., the highest proportion for any county in California. Immigrants reside at every point on the wide spectrum of socioeconomic status in Santa Clara County, from great wealth to extreme poverty. Despite the diversity of our immigrant population, research has shown that simply being an immigrant does have a measurable impact on an individual's health.

The likely reason is that being an immigrant influences every other factor that affects health, including educational attainment, income and employment opportunities, neighborhood and housing options, access to health care, and cultural norms, particularly those that impact diet and other health-related behaviors.

Nearly 3 in 4 immigrants living in Santa Clara County have been settled here for 10 years or longer. This is significant because immigrants initially have an advantage over U.S.-born residents in terms of health, but this does not appear to last past the first five years. In a recent survey, more than half of recent immigrants reported their health as excellent, compared to nearly a quarter of those who have lived in the U.S. more than five years.

The children and grandchildren of immigrants also experience poorer health and reduced life expectancy, perhaps because they are more likely to be poor, have less access to health care, adopt the American diet and sedentary lifestyle, and experience weaker social connections.

Housing
Lower-income families who are persistently exposed to poor living conditions have higher odds of suffering from serious illnesses. Poor living conditions are usually rooted in poverty. They can include structural problems, pest infestations, mold, and toxins in the home, overcrowding, and noise, as well as pollution and crime in the surrounding area.

New research has also revealed a complex relationship between homeownership and our health, with homeowners reporting better health than renters, and those in foreclosure reporting the lowest health status. Homelessness is also a growing problem that can seriously impact the health of individuals and families.

When looking at housing in Santa Clara County, four issues cause the most concern: lack of affordable housing, overcrowding, foreclosure, and homelessness. The recession and the rising rate of foreclosures have exacerbated our local affordable housing crisis, forcing many families into substandard living conditions.

Foreclosure disproportionately affects low-income people, and is considered a cause of disparities in health and health care in the county. In addition, the number of chronically homeless individuals has risen 30% since 2007. Health-related causes (including the cost of health care) play a large role in homelessness.

Access to Health Care
Those of us who have health coverage are much more likely to have access to regular health care, including health screenings and other preventive services that can help us avoid chronic disease. But transportation, language, and cost are also factors in accessing health care. Even if we have health insurance, it may not cover enough of the costs to make it possible to regularly access needed healthcare services. Access can be limited if we aren't able to get to doctor's appointments or can't communicate with our healthcare provider.

While most adults and children in Santa Clara County have health insurance, the number of uninsured has grown at an alarming rate. The percentage of adults without health coverage rose from 8% in 2000 to 18% in 2009. In addition, there are large disparities when we look at coverage rates by race/ethnicity, education, and immigration status. Consider that 37% of Hispanic residents in the county are uninsured compared to only 8% of Whites.

Neighborhood Conditions
Just as conditions in our homes affect our health, the places surrounding our homes also have a relationship with our health. More than 100 years of research reveal that even after accounting for other differences among the people who live in a specific area, the characteristics of their neighborhood can be proven to impact their health. These characteristics are usually divided into three categories: physical, social, and service.

In Santa Clara County, higher percentages of Hispanic and African-American residents live in poor neighborhoods compared to the general population. Residents in low-income areas of our county are also more likely to be exposed to the harmful effects of pollution in their neighborhoods.

The social environment includes crime and other safety concerns, and more than a third of all adults in Santa Clara County reported that crime, violence, and drug activity are a problem in their neighborhood. This not only causes fear and stress, it discourages walking and other forms of exercise. An important aspect of the service environment is retail outlets and our poorer neighborhoods have a high number of stores that sell unhealthy food, alcohol, and cigarettes.

Health is Wealth
As the Robert Wood Johnson Foundation reminds us, "the health of America depends on the health of all Americans." Good health improves our personal productivity and contributions to our communities, which in turn creates a healthier and happier society. Health inequities not only keep us from being as healthy as we should be, they also result in enormous economic, social, and personal costs. This is why we, as a nation and a community, need to be concerned about growing health inequities.

However, these are very complicated issues that raise a number of important questions. This report is intended to be the beginning of a community dialogue about health inequities in Santa Clara County. In the Conclusion, we consider where we might choose to go from here to address health inequities and promote better health for all.

Conclusion

It is clear that social, economic, and environmental conditions, also called social determinants, have a powerful impact on our health. So it stands to reason that inequalities in these areas lead to health disparities. As this report shows, this is true in our community as well as in the rest of the nation and world. Our health is a reflection of the social inequalities and inequities that exist in our society.

Social inequities help to determine where we live, work, learn, and play, which may have a bigger role than medical care in determining how healthy we are. So that means the opportunity for good health starts long before we need medical care. It starts in our neighborhoods, schools, and workplaces. It starts with the causes of social inequalities.

As we have seen, these inequalities are the result of complex, interconnected social and economic factors that shape our lives. These factors include discrimination, racism, public policies, and other upstream factors that ultimately impact our health. So how do we pull them apart and influence them in ways that give everyone equal opportunities for good health?

There have been a number of studies and reports on the social determinants of health and health inequities over the past decade, and policy and systems changes have been suggested that would seem to have a positive impact on health, including universal preschool, living-wage laws, affordable-housing requirements, and pedestrian-friendly land-use policies.

Efforts aimed upstream are already occurring in our county. For example, the Public Health Department is advocating for anti-tobacco policies aimed at reducing the availability of tobacco products and exposure to secondhand smoke, and a number of groups are working to improve educational options and neighborhood conditions.

But most of our investment has been in programs and services designed to change individual behaviors rather than the institutions and systems that help to perpetuate social inequalities. That may be why a significant portion of our investment has produced lackluster results. We have to ask ourselves if we are willing to do what it takes to change the paradigm and focus on the social determinants of health. Are we willing to invest in upstream strategies?

The Public Health Department will always invest in downstream programs and services because our primary role is to protect and improve public health, making sure our most vulnerable residents are not marginalized. The department prevents illness through downstream activities like vaccinations, health education, and disease detection, treatment, and surveillance. We help individuals and health systems manage chronic disease, and help people and organizations change their health behaviors. But public health professionals here and around the globe are considering ways we can impact health upstream so that fewer people need our services downstream.

Now that we have a better understanding of social determinants and their impact on health, our mission to protect public health calls on us to be proactive in our efforts to eliminate social inequities that lead to health disparities. So while much of our resources are dedicated to necessary downstream activities, we must find ways to make an impact upstream.

The Public Health Department is well-positioned to guide this effort in our community. We can provide the data needed to assess local inequalities and measure progress, and we have immense health knowledge and expertise within our ranks. But making real change will require strategic collaborations with other government agencies, community-based organizations, and key stakeholders already working on these issues. It will also require local policy and systems changes that level the playing field so everyone has opportunities for good health, and the Public Health Department can take a leadership role in advocating for these policies. We can also find ways to invest some of our limited resources in upstream efforts, such as grants to organizations that are working to eliminate social inequities.

As we have shown, impacting health upstream goes well beyond the bounds of the Public Health Department. It is an issue that is important and relevant in every corner of our society. Each of us has a stake in reducing health inequities, no matter where we reside on the social gradient.

Health disparities are costing our country billions of dollars every year in health-care expenses and lost productivity. Social inequalities also lead to more crime, blighted neighborhoods, and an ill-prepared workforce. Beyond that, it is a fairness and justice issue. In a country that holds equality and justice for all as core beliefs, how can we continue to allow those of us with fewer resources to suffer such poor health?

America is also a place where we believe in individual responsibility, and ensuring everyone has the opportunity for good health does not run counter to that belief. We are all ultimately responsible for our own health, but there has to be a level playing field. Everyone should have equal access to the choices that allow us to live long and healthy lives. Health starts in families that support each other, safe neighborhoods with parks and sidewalks, jobs that offer a fair wage and are free from hazards, an educational system that provides everyone with the same opportunity to go to college, and health care that is available to all.

While the gap in life expectancy between the rich and poor in Santa Clara County is not as wide as other areas, the time to act is now. There are a number of explanations for the smaller gap that were mentioned in this report, including healthier immigrants, the Latino paradox, integrated neighborhoods, and racial/ethnic diversity. But the report also shows rising rates of chronic diseases and their risk factors. As immigrants spend more time in the U.S., their health tends to decline. In addition, children of immigrants tend to fare worse than their parents and grandparents when it comes to their health. These and other alarming trends compel us to take action now.

This report was meant to start a public dialog about what our community needs to do to impact health upstream so we can all live healthier, more productive lives. We all want better educational opportunities, more affordable housing, a living wage and decent job opportunities, pedestrian-friendly communities, and better health for every Santa Clara County resident. The question is how do we get there? How do we make the systems and policy changes needed to eliminate health disparities? It will require us all—the Public Health Department, policymakers, community-based organizations, government institutions, corporations—to work together to change long-held beliefs and institutional power because social inequalities are deeply ingrained in our society.

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Santa Clara County Board of Supervisors
Supervisor Dave Cortese, President, District 3
Supervisor Donald F. Gage, District 1
Supervisor George Shirakawa, District 2
Supervisor Ken Yeager, District 4
Supervisor Liz Kniss, District 5

County Executive
Jeff Smith, MD

Santa Clara Valley Health & Hospital System
Linda Smith, CEO

Public Health Department
Dan Peddycord, Director
Martin Fenstersheib, MD, Health Officer

Contributors to the Health and Social Inequity Report
Mandeep Baath, Sara Cody, David Hill, Shilpa Jani, Rocio Luna, Kinnery Patel, Aimee Reedy, Maritza Rodriguez, Todd Saretsky, Douglas Schenk, Anandi Sujeer, AsiehZarghami

Advisory Board
SJSU Applied Sciences and Arts Working Partnerships
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Santa Clara County Social Services
County Executive, Santa Clara County
Strong Neighborhoods Initiative
Silicon Valley Leadership Group
FIRST 5 Santa Clara County
Santa Clara University

Writing and Editing
Caitlin Kerk, Kerk Communications
Claire Wagner, Wagner Writes
Technical Report: Catherine Ley, Caradon Consulting

Creative Direction and Design
Nicole Coleman, Nicole Coleman Design, ncolemandesign.com
nicolecoleman@earthlink.net

Photography courtesy of
Nicole Coleman, ncolemandesign.com
Sergio Lopez, Leserge@hotmail.com
Carlos Pérez, Art Origin, ArtOrigin@comast.net
Vic Zikoor, Vic Zikoor Photography, vic.zikoor@gmail.com

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