



**Improving Health in Central  
California: Central Valley  
Health Policy Institute**

***The Public Health Profession:  
Making a Difference in the 21<sup>st</sup> Century***

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**CVHPI Mission**

The Central Valley Health Policy Institute integrates community and University resources to improve **equity in health and healthcare** in the San Joaquin Valley by developing the region's capacity for policy analysis and program development.

## CONTEXT---Socio-Economic

- Population of 8 county San Joaquin Valley approaching 4 million.
- 2 of the poorest counties in the nation
- If a separate state, would be middle-sized and the poorest in nation
- Most Valley counties are “minority-majority” and boast richest racial/ethnic mix in nation
- Rates of uninsured higher than state and nation—more dependence on public financing of healthcare
- One of the most productive agricultural regions in world---home to some of the richest US families
- Region’s economy is more dependent on immigrant labor/has a higher proportion of non-US born than California or nation.

## Context--- Health Indicators

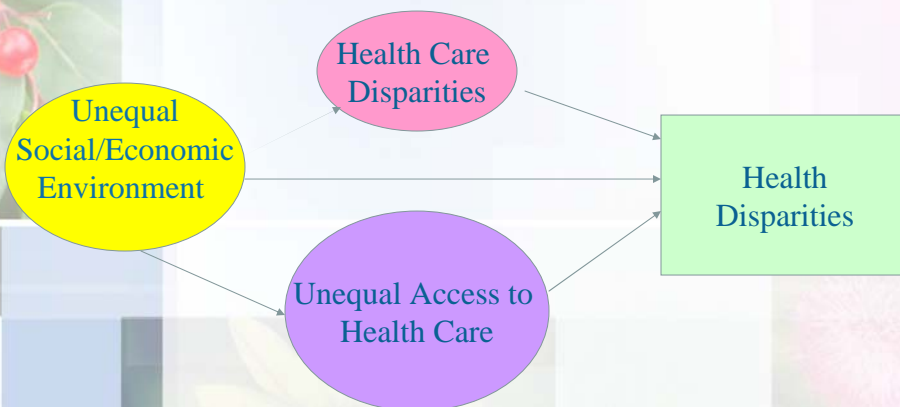
### Healthy People 2010 Findings

- San Joaquin Valley met HP 2010 goals for two measures: teen *smoking* and teen *immunization*.
- San Joaquin Valley fared worse than California and nation for adult *obesity*, adult *tobacco use*, *motor vehicle fatalities*, *influenza shots*, *prenatal care*, *environmental quality*, *insurance*, *usual source of care*.
- San Joaquin Valley did not fare better than California on any indicators.
- Improvements since 2001 were found for *immunizations only*.

## Context---Disparities in Health

- Average findings mask disparities by race/ethnicity, insurance status, birthplace and rural residence.
- For each of the indicators where comparisons were possible, Latinos, African Americans, American Indians/Alaska Natives and Southeast Asians fared worse.
- Those with no or public insurance, born outside US, and rural residence had worse health outcomes on these same measures.

## What Causes Health Disparities?



## CVHPI Research Priorities

1. Uninsured/underinsured adults
2. Health professional shortages
3. Environmental influences on health

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1. Mental health and substance abuse services
2. Culturally-responsive chronic disease management
3. Immigration, self-care, and health outcomes

## CVHPI Selected Current Projects I

### Uninsured/Underinsured Adults

- Access to Adequate Pre-Natal Care
- Latino Healthcare Access—Promotora Demonstration
- Breast Cancer Navigators
- California Healthcare Financing Reform—Implications for the Valley

## CVHPI Selected Current Projects II

### Healthcare Professional Shortages

- Clinic Staffing and Efficiency Study
- Health Empowerment Zone
- Telemedicine Preparedness and Policy
- Dental Care Access
- Cultural Competence Assessments

## CVHPI Selected Current Projects III

### Environmental Influences on Health

- Barriers to Public Engagement in Environmental Policy
- Wood Burning Rule Evaluation
- Built Environment and Obesity Prevention
- Rural Motor Vehicle Accidents: Causes for Racial/Ethnic Disparities

## Toward the Future: Opportunities

- **Public Health is a rapidly changing field**
  - root causes of health and illness
  - Inequalities
  - integrating biological, social, political and economic approaches
- **Public Health will be around:**
  - chronic disease prevention
  - demographic change
  - global warming impacts
  - new epidemics
- **Public Health needs you:**
  - focus on diversity/multiculturalism
  - global focus
  - aging public health workforce
  - cool range of jobs/chances to apply new technology
  - Current projects can benefit from your perspective and wisdom