Creating a Healthier Valley: Looking forward the next 100 years of Collaboration

A White Paper

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Introduction

In its 1988 report, “The Future of Public Health” the Institute of Medicine summarized the three core functions for the field as assessment, policy development, and assurance. The evolving role and functions of the field resulted in a 1994 “Public Health in America” statement which delineated the 10 “Essential Services of Public Health.” which include:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.
These seminal documents provide the foundations of modern public health initiatives designed to prevent epidemics, the spread of disease, reduction of environmental hazards, promotion of healthy behaviors, and assurance of accessibility to quality health services among others.

These documents also provide a framework for public health initiatives and call for a multi-disciplinary approach to addressing the health needs of diverse populations in the United States (see Figure 1 below).

Cultivating Town and Gown Partnerships

The Department of Public Health at California State University, Fresno has identified the promotion, preservation, and restoration of health through the education of undergraduate and graduate students to be effective leaders and practitioners at the local, national, and international level as its mission. To that end, the department provides not only a superior educational experience, but also facilitates communication between community partners, government entities, and academia, among others.

The department has a long and distinguished history of partnering with community groups including its work with the Central California Public Health Partnership (http://www.csufresno.edu/chhs/depts_programs/public_health/about/news/publications.shtml).

Department faculty provide many hours of free technical assistance to several community based organizations as well as provide student interns to many of them.
100 Years of Public Health

On November 17, 2010 over 60 public health leaders in the Central California region participated in “The Next 100 Years of Public Health: Collaborating, Networking, and Making a Difference,” an event designed to discuss the challenges and opportunities facing public health practitioners in the region. In addition to hearing from experts in the field, invitees participated in a World Café discussion where they explored ideas to address the region’s most pressing public health needs.

Discussion Results

Population Characteristics

- Inequalities in health care including environmental problems
- Lack of funds to upgrade technology infrastructure.
- Issue is policy reform- to broaden access to care.

Best Practices

- Programs work best when started at the local level.
- School-based education- make children more than just a product of their environment.
- Include families and acknowledged their changing roles in society.

Action Points

- Increased collaboration with researchers to examine and understand data demonstrating widespread health disparities.
- Development of medical programs specifically designed for minorities.
- Train community leaders to better understand community-lack of access to education and training due to inequitable access to higher education and poor schools in rural and low-income communities.
- More holistic view-understanding health and behavior in the context of culture and class.
- Increase the profiles of health education and advocacy.
- Remove barriers to information access.
- Increased school involvement in health issues.
- Explore how “Old public health model” drives and hinders new model-economy.
- Need to increase prevention programs including immunizations.
- Expanding the role of technology including social media to reach diverse groups.
- Educate policy makers about impact they have on community.
Increased communication/education effort between all types of organizations (county, city, non-profit) to work together

NEXT STEPS

- The Action Points developed as a result of this summit indicate a need to strengthen campus-community partnerships. Academic entities can provide technical support to community based organizations (CBOs) and the latter can provide practical training opportunities to students.

- Discussions during the summit indicate a need to have graduate students provide technical assistants to help develop a coordinated, inter-agency blueprint for public health in the Central Valley.

- The Action Points suggest a need to further discussions regarding the future of public health in the Central Valley Region. The Department of Public Health through its Central California Public Health Training Academy is committed to continuing this dialog with its community partners.

- The Action Points outlined in this White Paper provide and impetus for developing sustainable continuing education opportunities for public health professionals in the Central California region.

- Findings from the discussions at this summit suggest a need to strengthen primary prevention initiatives in the Central Valley region designed to address chronic diseases including diabetes and obesity.

Summary

This white paper summarizes findings from the first regional summit on public health issues in the Central Valley. This event provided a unique opportunity for working public health professionals and community leaders to gather in a setting that was not their usual workplace or neighborhood.

The key note speakers set the tone for an open atmosphere that fostered communication across the usual boundaries of agency, profession, social class and ethnicity. The invitees were able to reflect on the major public health issues negatively impacting the Central Valley as well as identify institutional and personal resources that can be rallied even in this resource-poor region.

The Action Points listed by the participants clearly demonstrate that the invitees understand that addressing the long-term health inequities will require a collaborative, multifaceted approach that addresses the broad social determinants of the public’s health.