

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. DO NOT EXCEED FIVE PAGES.

NAME: Tania Pacheco-Werner

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE: Postgraduate Fellow, Central Valley Health Policy Institute, and Lecturer, Sociology, California State University, Fresno

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
California State University, Fresno	B.A.	05/2006	Sociology
University of California, San Francisco	Ph.D.	09/2014	Sociology

A. Personal Statement

I have the sociological expertise in theory, methods, and policy analysis to carry out the necessary qualitative and quantitative research. My areas of expertise include policy analysis, studying the health of vulnerable populations, health-seeking behavior, food and environment systems, and methodology. I have worked on numerous community-based participatory research (CBPR) projects including her own research on health-seeking behavior of Mexican immigrant elder patients across the California Central Valley. For the past 10 years, I have assisted and co-led quantitative and qualitative research on student mentoring, healthcare programming, nutrition, and violence as a public health issue using mixed methods. I use a variety of quantitative and qualitative methods including multilevel modeling, survival analysis, grounded theory/situational analysis, and ethnography. I have published a mixed-methods scholarly paper on the policy discrimination of immigrants, its effect on health care access, and how community health workers can significantly help immigrants overcome systemic barriers. My most recent work is analyzing the community and individual effects of poverty, pollution, race, gender, and age on asthma hospitalizations in Fresno County.

B. Positions and Honors**Positions and Employment**

09/15-present Postdoctoral Fellow, Central Valley Health Policy Institute College of Health and Human Services, California State University, Fresno, CA

01/11-present Lecturer, Sociology Department, California State University, Fresno, CA

08/11-12/14 Lecturer, Women's Studies Program, California State University, Fresno, CA

06/09-12/10 Research Assistant, Central Valley Health Policy Institute College of Health and Human Services, California State University, Fresno, CA

06/08-06/08 Graduate Student Researcher, Bay Area Youth Violence Prevention Network, University of California, San Francisco, CA

Selected Other Experience and Professional Memberships

2007-Present	Member, American Sociological Association
2015	Faculty Research Mentor, College of Social Sciences Honors Program
2010-2011	Fellow, Roots of Change

Honors

2013	Virginia Olesen Dissertation Award at University of California San Francisco
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C. Contribution to Science

1. My early publications document the need to do policy analysis while tracking the impact on the individual. The first publication found that when looking at a policy to reduce violence sought to implement initiatives in a variety of sectors, reduction in violence was only as strong as the funding, level of commitment from leadership, and enforcement codes attached to the initiatives. This was one of the earliest evaluations that attempted to evaluate an initiative looking at violence as a public health issue. Later publications trace the policy impact of health insurance access policies and mandates at the individual level for Mexican immigrants, both documented and undocumented. The research demonstrates that restrictive policies on access and funding for facilities that serve the underserved lead to a personal experience of being made to feel less-than, and that the systems are purposefully confusing. This research also demonstrated that using community health workers known as "Promotoras," participants were able to increase their self-efficacy and effectively navigate the systems to both attain medical insurance and receive care. It also added to the public health knowledge that having access to care goes beyond having medical insurance, and that coverage is not a guarantee of engaging with the medical system.
 - a. Pacheco T, Ramirez M, and Capitman J.A. (2012). Policy barriers to healthcare access fuel discriminatory treatment: The role of Promotoras in overcoming malos tratos. *Journal of Ambulatory Care Management*, 35(1), 1-12. PMID: 22156951
 - b. "Promotoras: Lessons Learned on Improving Healthcare Access to Latinos" with John A. Capitman, Mariana Ramirez, and Alicia Gonzalez. Fresno, CA: Central Valley Health Policy Institute. January 2010
 - c. "Undocumented Latinos in the San Joaquin Valley: Health Care Access and Impact on Safety Net Providers" with John A. Capitman and Diana Traje. Sacramento, CA: California Program on Access to Care. August 2009.
 - d. "Violent Crimes in Alameda County: A Six Year Trend Report" with Howard Pinderhughes. Oakland, CA: Alameda County Public Health Violence Prevention Data and Evaluation Subcommittee. July 2007.
2. This study building on a pilot study of older Mexican immigrants in the California Central Valley found that focused on the conceptualization of health, illness, risk and prevention. The dissertation work continued this conceptualization data gathering and mapped the health seeking process of elder Mexican immigrant men. Through 20 in-depth interviews I found that while active in their own self-defined health regimens, participants rely on women to help them navigate the United States healthcare system. The principal contribution of this work is that autonomy, rather than wellness or health, drove the decision-making of whether or not they sought medical care or adhered to chronic disease management. They saw themselves as adhering patients, did not have overarching negative sentiment about the healthcare system, and yet did not adhere to screenings, lab work, and avoided seeking healthcare. Abstaining from health care or modifying prescribed health regimes was due to distrust of biomedical risk, and the labeling of sick as being an overall impediment to their autonomy. Their autonomy happened within the constraints of systemic barriers to health, economic stability, and a healthy environment.
 - a. Pacheco T. (2014). *Autonomy in Health and Health Seeking Behavior among Older Mexican Immigrant Men in California's Central Valley* (Doctoral Dissertation).

Complete List of Published Work in MyBibliography:

<http://www.ncbi.nlm.nih.gov/sites/myncbi/1vK3Ancr-vjAi/bibliography/46196986/public/?sort=date&direction=ascending>

D. Research support

