H.E.L.P. HARVESTING EMPOWERMENT OF LEARNING PARTNERS

6/20/2012

Bridging the Gap Between Health Care Systems and Communities through Community Health Workers

Helda Pinzon-Perez, Ph.D., FNP, MCHES.
Professor and Director Undergraduate Community Health Option, Department of Public Health, Fresno State

Miguel A. Perez, Ph.D., MCHES. Professor and Chair, Department of Public Health, Fresno State

H.E.L.P. Harvesting Empowerment of Learning Partners

BRIDGING THE GAP BETWEEN HEALTH CARE SYSTEMS AND COMMUNITIES THROUGH COMMUNITY HEALTH WORKERS

SUMMARY

The H.E.L.P. training program was developed by the Central California Public Health Training Academy in the Department of Public Health at California State University, Fresno. The purpose of the H.E.L.P. program was to design a standardized curriculum to be used as a basis for the certification of Community health Workers (CHWs) in the Central California region.

The training program was developed under contract with the Tulare Workforce Investment Board (TCWIB) and included the College of the Sequoias, the Fresno Regional Workforce Investment Board, and the West Fresno Family Resource Center. Additional partners included health care providers who provided internship sites for the program participants and potential employment upon program completion.

PERSONNEL

- Helda Pinzon-Perez, Ph.D., MCHES, FNP
  Dr. Pinzon-Perez is a professor and the undergraduate program director for community health in the Department of Public Health at California State University, Fresno. She is also an instructor with the Central California Public Health Training Academy.

- Miguel A. Perez, Ph.D., MCHES., FAAHE
  Dr. Perez is a professor and the chairperson in the Department of Public Health at California State University, Fresno. He is also an instructor with the Central California Public Health Training Academy.

- Suzanne Kotkin-Jaszi, DrPH
  Dr. Kotkin-Jaszi is an associate professor in the Department of Public Health at California State University, Fresno. She is also an instructor with the Central California Public Health Training Academy.

- Janice Mathurin, MA
  Ms. Mathurin is the Director of Operations with the West Fresno Family Resource Center [Formerly known as the West Fresno Health Care Coalition]. She served as an instructor with the Central California Public Health Training Academy.

- Yolanda Randles, MPH
  Ms. Randles is the Executive Director of the West Fresno Family Resource Center. [Formerly known as the West Fresno Health Care Coalition]. She served as an instructor with the Central California Public Health Training Academy.

- Alma Torres-Nguyen, MPH
  Ms. Torres-Nguyen is a Community Outreach Worker with Kaweah Delta Health Care District. She served as an instructor with the College of the Sequoias.

- Louann Waldner, Ph.D.
  Dr. Waldner is the Director of the Business, Industry & Community Services in the College of the Sequoias.

- Teresa Alvarado, CAA
  Ms. Alvarado is a Certified Application Assistant Instructor. She was an independent contractor for this project.

- Teresa Wyble, EMT1, RPSGT
  Ms. Wyble is an Instructor for CPR and First Aid. She served as an independent contractor for this project.

TABLES

Table 1 – Curriculum Topics
Table 2 – Participant Demographics
Table 3 – Knowledge Change Fresno Participants
Table 4 – Knowledge Change Tulare Participants
Table 5 – Self-efficacy Results
Table 6 – Leadership Council Members

FIGURES

Figure 1 – H.E.L.P. Program Development Steps
Figure 2 – Textbooks Utilized

APPENDICES

Appendix 1 – Program Introduction: Presentation to Community Partners
Appendix 2 – Individualized Plan of Action
Appendix 3 – Self-Efficacy Assessment Instrument
Appendix 4 – Certificate of Completion
Appendix 5 – Cultural and Academic Graduation Program

INTRODUCTION

Community health workers (CHWs), also known as *promotora*s and community health advisors, play an integral role in the delivery of preventive programs to underserved populations. While no national data exists specifying the number of CHWs in the United States, many health promotion and disease prevention programs utilize them to reach marginalized communities who often lack access to quality health care programs including monolingual, new immigrant, and other disenfranchised groups.

CHWs are often residents of the communities where they serve as advocates for a variety of causes, including health services, often without monetary compensation. One of the most important roles played by CHWs is empowering community members to identify their problems, helping develop innovative solutions, and moving these solutions to practice. Because CHWs are usually recruited from the communities they represent, they are a crucial link in the chain between health care providers and the target communities. Given their background, CHWs are often able to deliver culturally and linguistically appropriate services to their communities and as a result can contribute to the decrease in health disparities.

Traditionally CHWs have assisted individuals with health promotion activities and facilitated access to health care services. Those traditional roles, however, are being re-examined and efforts are underway to fully integrate CHWs into the US health care system. In 2008, the State of Minnesota became a pioneer when it expanded CHWs roles under the new Centers for Medicare & Medicaid Service rules. In fact, the State of Minnesota concluded that CHWs "…may provide and be paid for diagnosis-related patient education when provided under the supervision of a dentist or a certified public health nurse." Despite their newly expanded roles and acceptance, CHWs continue to be underutilized and misunderstood in part because there is no accepted standardized educational program that leads to either licensing or certification.

A few states including Alaska, Indiana, Texas and Ohio have established certification programs for CHWs. The impetus for this certification programs include the need to integrate CHWs into the health care system and to develop a qualified workforce. In describing the development of the certification program in Texas, Nichols (2005) concluded that "Institutions are at a greater legal risk if their CHWs are not certified, because many of these workers visit clients in their homes and are at a greater personal risk if they cannot visibly and legitimately identify themselves with an organization" (p. 5).

The lack of an established licensing or even a credentialed training program for CHWs presents unique challenges to their acceptance and incorporation into the health care system. A review of literature dealing with training programs for CHWs conducted by O'Brien and colleagues in 2009 revealed that most CHWs may be selected based on desired personal qualities, language abilities, and previous experience. The authors found that "the most commonly used pedagogic methodologies for training CHWs were role playing, didactic sessions, and mentored one-on-one learning" (p. S265).

THE H.E.L.P. Program

The Central California region is one of the largest rural agricultural areas in the nation. The region is one of the most culturally and ethnically diverse housing more than 70 ethnicities and speaking over 100 languages. The region suffers from a large number of health care disparities, shortages in health care professionals, and

a dearth of culturally appropriate services due to its geography, diversity, lack of representation, and limited financial resources allocated to public health issues. The many needs affecting Central California residents require the development of a strong infrastructure, including public health agencies, academic institutions, and community groups, to support ongoing regional public health planning as well as workforce development.

The **H**arvesting **E**mpowerment of **L**earning **P**artners (H.E.L.P) training program is an effort to develop a sustainable qualified lay workforce that can be incorporated into the existing health care infrastructure. The training program was developed following a comprehensive process designed to take into account local needs and is based on standards developed in states with certification criteria. The HELP program is also based on best practice models employed not only in the US, but also in Latin America where the *promotora* model has successfully been used for many years.

The H.E.L.P. training program is the result of a unique collaboration between workforce development boards in two counties, academic institutions of higher learning, and local employers. Figure 1 shows the steps followed in the development of the H.E.L.P. program. The Central California Public Health Training Academy retained overall responsibility for curriculum development.

Figure 1
H.E.L.P. Program Development Steps

Consultation between academic institutions, workforce development agencies, and employers.

Discussions to establish the program parameters, potential partners, and target populations resulted in a strong foundation which guided the program development.

Review of existing Certification Standards in the US

The State of Texas has one of the most comprehensive certification programs in the nation. Primary curriculum requirements in the State of Texas include completion of an approved competency-based training. Alaska and Indiana also have statewide certification programs for CHWs and provided a strong foundation for the curriculum standards adopted in the H.E.L.P. training program.

Review of existing training curriculum and job analysis.

Reviewed curriculum included those developed in Indiana which emphasizes maternal and infant health and those developed in Alaska and Texas which follow the eight core skills and knowledge competencies identified in the National Community Health Advisor Study of 1998. Curriculum developed at California State University-Fresno and by the California Endowment were also included in this review. Similarly, the authors reviewed curriculum developed by the Fundación Santa Fé de Bogotá in Colombia and conducted a review of job announcements for CHWs.

Input from Potential Employers

In an effort to ascertain participant employability, health care community partners were invited to an introductory program presentation where they had an opportunity to provide input into the program development process. Information presented to these individuals is found in Appendix 1. Input from community partners revealed that program participant marketability would increase if they also received training in First Aid/CPR as well as certification as an Application Assistant for the State of California.

Program Participant Screening and Selection

Two sites were selected for implementation of the training program to accommodate the geographical needs of participants. The training program was developed at the College of the Sequoias in Tulare and at the Regional Workforce Investment Board office in Fresno.

The Recruitment, screening, and selection of participants for the Fresno and Tulare groups were conducted in partnership with the Fresno Regional Workforce Investment Board and the Tulare County Workforce Development Board. Many of the participants were referred by employers and CBOs who have utilized *promotoras* either as employees or volunteers in their programs. Additional recruitment took place through mass emails sent to partner organizations. Some of the participants were walk-ins to the One Stop Offices who expressed interest in the program.

Criteria for participation included having the right to work in the US, for males it also included being registered for the selective service. Program applicants also had to be literate in English and Spanish, have basic computer knowledge, have a minimum of a 9th grade reading level and math skills, and have earned a HS Diploma or GED. This last requirement was important as the program envisions a career and educational path that would enable CHWs to pursue higher educational opportunities in the future.

By suggestion of the potential employers in the planning coordination meetings, participants in the H.E.L.P. program were required to be proficient in English and Spanish to serve the needs of the populations in the Central California Valley. Once a person was identified as being interested in the

program they took WorkKeys, a computer literacy test and a bi-literacy test (English and Spanish). The Work Keys scores were set at 4 (Math), 5 (locating information), 5(reading for information). In Tulare, if a potential candidate didn't pass on the first try they received additional training using the Key Train software and they were able to take the test again to get the necessary score. In Fresno, they were granted a waiver if they didn't get a Work Keys Score of 4,5,5. The students in Tulare were all given a basic computer literacy test and all passed. In Tulare there were two potential participants that chose not to go through the entire screening process. Program participants were given a Spanish language and cultural literacy assessment in both counties. Once the students went through the screening process, they were then enrolled in the class.

A total of 39 individuals were selected to participate in the program (22 in Fresno and 17 in Tulare). From them, 35 participants (89.7%) completed the training in both training sites. Only four of the Fresno participants did not complete the program and all of the participants in Tulare completed the program.

Curriculum Implementation and Evaluation

H.E.L.P. curriculum was implemented and evaluated by the instructors in both sites (Fresno and Tulare). The evaluation of the training described in this report assessed changes in knowledge and self-efficacy among program participants and was independent of the general evaluation conducted by a third party (Central Valley Health Policy Institute-CVHPI).

The evaluation of the training phase was designed and conducted by the instructors of the H.E.L.P. program to determine educational gaps among participants and to establish timely corrective actions. The evaluation of the training phase focused on the cognitive domain and measured knowledge and self-efficacy gained as a result of the program. Knowledge data for each participant was collected through a pre-test, a mid-term test, and a post-test. This instrument was developed by the instructors from the Fresno site. The pre-test was done in the first day of instruction and provided a baseline to determine the level of knowledge of the participants. The mid-term served as an assessment to determine knowledge gaps among participants and to develop an individualized plan of action which allowed for correcting deficiencies during the various educational sessions following the mid-term. The instructors met with each participant between March 6 and 20, 2012 to complete a plan of action to reinforce the learning process (Appendix 2).

The post-test allowed for a measurement of knowledge gained as a result of the program. The post-test was done during the last educational session of the basic training and was followed with an individual meeting with each participant to create a plan to continue with the educational reinforcement of the knowledge and skills acquired in the training sessions.

Concurrent with the pre-mid-post test systems, participants completed a self-efficacy assessment at the beginning and at the end of the program (Appendix 3). The self-efficacy instrument was developed by the instructors from the Tulare site-College of the Sequoias. It was designed to measure participants' confidence to apply the concepts learned in the H.E.L.P. training program.

Participant Placement in Internship Sites

Upon satisfactory completion of the training, H.E.L.P. program participants were placed in paid internships with community health partners in the Central California area. These internships were supervised by the Workforce Investment Board of Tulare County and the Fresno Regional Workforce Investment Board. This task was done during the months of May and June 2012 and is being conducted at the time this report is prepared.

THE CURRICULUM

The H.E.L.P. training program is a competency-based curriculum built upon a comprehensive review of job descriptions for CHWs and other allied professionals in various states. The review also included an analysis of CHWs programs in the US and in selected countries, and a review of accreditation requirements in states that provide such credential.

A first draft of the curriculum was presented and discussed with potential employers in the region to ascertain the training would fulfill their employee needs. Based on their input multiple drafts of the curriculum were presented prior to implementation.

The final H.E.L.P. training program consisted of 115 competency-based hours and six hours of reinforcement of the learning process, for a total of 121 interactive classroom hours delivered over an 18 week period. From them, 16 hours were allocated for participants to complete a CPR/First Aid training, as well as the Certified Application Assistant training (see Table 1). Program content also incorporated selected competencies from the Responsibilities and Competencies for Health Education Specialists.

The program was delivered in both Tulare and Fresno Counties by trained instructors. Coordination between the two sites was critical to maintain uniformity of content and program delivery process.

Table 1. Curriculum Topics

Topic	Content Covered	Number of Hours
Roles and Responsibilities for Community Health Workers	Describe the role of CWHs, the population they work with, and the characteristic they must possess for their effective work with the individual and the community.	6 hours
Health Conditions	Recognize the physiological and anatomical elements involved in the leading morbidity and mortality indicators. Identify the preventative health screenings according to age groups. Recognize the environmental risks in the Central Valley.	15 hours
Service Coordination	Analyze the scope of practice for CWHs in case management. Identify methods for medical records and other forms of documentation. Analyze principles of medical documentation. Ascertain basic knowledge of the computer programs most commonly used by CHWs	6
Capacity Building	Discuss methods for effective leadership among CHWs	3 hours
Advocacy	Understand the principles of advocacy and community organizing. Establish the relationship between advocacy and community health work Recognize the principles for effective communication with the media	6 hours
Teaching and Learning	Understand the various models for individual and group change. Understand effective mechanisms to teach adults. Develop skills in oral, poster, and community presentations.	9 hours
Organizational Competencies	Develop abilities to set goals and plans. Develop abilities to juggle priorities and time management. Develop worksite professional skills	6 hours
Communication	Practice skills on effective empathic communication with individuals and communities	3 hours
Interpersonal Skills and Competencies	Define the terms of conflict and conflict resolution. Discuss solutions to real life events that may	3 hours

	generate conflict.	
Assessment and Outreach	Discuss methods for health outreach. Recognize medical, financial, and social resources. Learn to conduct needs assessments. Develop plans based on need assessment results.	6 hours
The Health Care System	Understand the health care reform. Recognize methods for health care financing Identify the roles of CHWs in health care.	9 hours
Medical Terminology & Interpreting	Identify forms to infer medical terms based on prefixes, suffixes, and root words. Identify common medical terminology in English and Spanish. Practice pronouncing common medical terminology.	12 hours
Health Literacy	Explore the value of health literacy for CHWs	3 hours
Legal and Ethical Responsibilities for Community Health Workers	Recognize HIPAA principles as they apply to the work of CHWs.	3 hours
Sustainability	Recognize the organizations available for referrals. Identify the role of CHWs in program funding.	3 hours
Cultural Competence & Humility	Serve as a bridge for the interaction between people of different cultures. Manage language issues in multicultural settings.	3 hours
Overview of Health Disparities	Recognize the principles of cultural competence and humility and their applications to CHWs. Identify the role of Healthy People 2020 in reducing health disparities.	3 hours
First Aid	Practice how to provide first aid. Identify when to call 9-1-1	4 hours
CPR	Practice how to provide CPR Identify when to call 9-1-1	4 hours
Application Assistant Training	Recognize available State programs to increase community members access to health services	8 hours

All program sessions include a variety of didactic methodologies appropriate for adult learners. In addition to the traditional lecture system, sessions included the use of videos, case studies, discussion groups, and role-play. Participants seemed to respond well to the methodologies employed specially the role play.

Textbooks

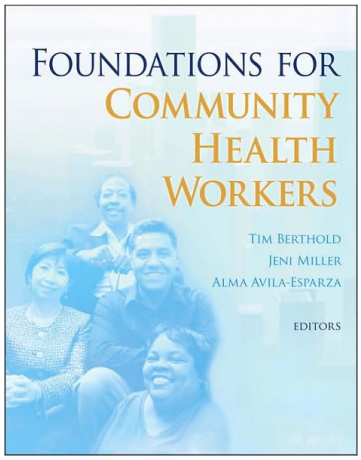
Two textbooks were utilized as the basis for the curriculum and were distributed free of charge to the program participants (see figures 2).

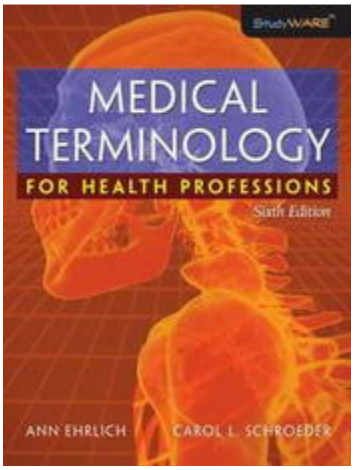
- Berthold, T., Miller. J., Avila-Esparza, A. (Eds). (2009). Foundations for Community Health Workers. San Francisco, CA: Jossey-Bass Publishing.

- Ehrlich, A. & Schroeder, C (2009). Medical Terminology for Health Professions (6th Ed.) Clifton Park, NY: Delmar Cengage Learning.

The textbooks were selected for their applicability to the trainings being provided to the participants. Some of the power point slides and videos provided in the Medical Terminology book were utilized in the training.

Figure 2. Textbooks Utilized





Slides

H.E.L.P. training program instructors developed their own slides based on the content for their respective sessions. All materials for each class were shared and reviewed prior to program delivery. Appendices 7 and 8 contain the slides utilized during the training sessions.

Participants and Attendance

Twenty-two participants were selected to participate in the Fresno County training group. Seventeen were selected for the Tulare County training site. All 17 participants who started in the Tulare site completed the program. In the Fresno site, 18 participants satisfactorily completed the program, out of the 22 who started. One of the participants who dropped the program in the Fresno site indicated that her reason for leaving the program was that she had obtained full-time employment and needed to discontinue participation. There is no information on the reasons for the other three participants who dropped the program in Fresno.

The vast majority of participants who completed the training in Fresno County were females (n=17) with the only male participant also having the distinction of being the youngest in the group. All of the Tulare County participants were females (n=17). Attendance at the training sessions was strong in both groups.

Five of the Tulare County participants were already employed by an agency as either a *Promotora*, or a Community Relations Specialist, and as a Medical Assistant at the start of the program. One of the participants was employed by the county as a clerk, and some of them were unemployed and were referred to the program through the WIB.

In the Fresno group, one of the participants had medical office experience. Three were students of community health, child development, and Physical Therapy and a fourth wanted to become a doctor in the future. The rest of the participants were stay-at-home mothers who were ready to get back into the workforce.

Table 3. Participant Demographics

	Number Fresno County	Percent Fresno County	Number Tulare County	Percent Tulare County
Participants Enrolled	22	100%	17	100%
Participants Completed	18	82%	17	88%
Participants Dropped	4	18%	0	12%
Gender of those who completed				
Males	1	5.5%	0	0%
Females	17	95.5%	17	100%

A CERTIFICATE OF COMPLETION (Appendix 5) was awarded to participants who attend 85% or more in the H.E.L.P. training (93.5 hrs).

A CERTIFICATE OF PARTICIPATION was intended to be awarded to participants who attended less than 85% of the hours in the H.E.L.P. training (less than 93.5 hrs)

Certification in First Aid and CPR was given to those participants who attended the eight hours of training and passed satisfactorily the two exams required by the certification agency.

Certification as CAA (Certified Application Assistant) was given to those participants who attended the 8 hours of training and passed satisfactorily the exam required by the trainer.

ASSESSMENTS FRESNO COUNTY

As previously indicated, the evaluation results presented in this report assess knowledge and self-efficacy changes among participants. An additional comprehensive evaluation report will be provided by the CVHPI. The H.E.L.P. training program evaluation focused on the cognitive domain and measured knowledge (Appendix 2) and self-efficacy (Appendix 3) gained as a result of the program. Knowledge data for each of the program participants was collected through a pre-test, a mid-term test, and a post-test.

Data related to knowledge and self-efficacy levels in the pre-assessment and the post-assessment as well as the knowledge mid-term assessment for Fresno and Tulare Counties is summarized in Tables 3, 4 and 5 respectively.

Table 3. Knowledge Change Fresno Participants

PARTICIPANT #	PRE-TEST CORRECT ANSWERS (N, %)	MID-TERM CORRECT ANSWERS (N, %)	POST-TEST CORRECT ANSWERS (N, %)	% GAIN (+) OR LOSS (-) BETWEEN PRE AND POST TEST
Participant # 1	40 (66.7%)	No data	58 (96.7%)	+ 30%
Participant # 2	48(80%)	53 (88.3%)	59 (98.3%)	+18.3%
Participant # 3	51 (85%)	50 (83.3%)	60 (100%)	+ 15%
Participant # 4	41 (68.3%)	No data	No data	Dropped
Participant # 5	34 (56.7%)	No data	No data	Dropped
Participant # 6	37 (61.7%)	50 (83.3%)	59 (98.3%)	+ 36.6%
Participant # 7	25 (41.7%)	41 (68.3%)	53 (88.3%)	+ 46.6%
Participant # 8	35 (58.3%)	44 (73.3%)	57 (95%)	+ 36.7%
Participant # 9	41 (68.3%)	No data	No data	Dropped
Participant # 10	37 (61.7%)	37 (61.7%)	58 (96.7%)	+ 35%
Participant # 11	47 (78.3%)	48 (80%)	No data	Dropped
Participant # 12	44 (73.3%)	43 (71.7%)	55 (91.7%)	+ 18.4%
Participant # 13	39 (65%)	46 (76.7%)	58 (96.7%)	+ 31.7%
Participant # 14	38 (63.3%)	No data	52 (86.7%)	+ 23.4%
Participant # 15	41 (68.3%)	50 (83.3%)	59 (98.3%)	+ 30%
Participant # 16	44 (73.3%)	42 (70%)	57 (95%)	+ 21.7%
Participant # 17	32 (53.3%)	41 (68.3%)	55 (91.7%)	+ 38.4%
Participant # 18	41 (68.3%)	44 (73.3%)	59 (98.3%)	+ 30%
Participant # 19	44 (73.3%)	45 (75%)	53 (88.3%)	+ 15%
Participant # 20	49 (81.7%)	53 (88.3%)	59 (98.3%)	+ 16.6%
Participant # 21	32 (53.3%)	44 (73.3%)	57 (95%)	+ 41.7%
Participant # 22	42 (70%)	50 (83.3%)	58 (96.7%)	+ 26.7%

Table 4. Knowledge Change Tulare Participants

NAME	PRE-TEST CORRECT ANSWERS (N, %)	POST-TEST CORRECT ANSWERS (N, %)	% GAIN (+) OR LOSS (-) BETWEEN PRE AND POST TEST
Participant # 1	45 (75%)	50 (83%)	+8%
Participant # 2	46 (76.7%)	60 (100%)	+23.3%
Participant # 3	40 (66.7%)	56 (93.3%)	+26.6%
Participant # 4	47 (78.3%)	56 (93.3%)	+15%
Participant # 5	52 (86.7%)	58 (96.7%)	+10%
Participant # 6	41 (68.3%)	52 (86.7%)	+18.4%
Participant # 7	52 (86.7%)	59 (98.3%)	+11.6%
Participant # 8	43 (71.7%)	53 (88.3%)	+16.6%
Participant # 9	46 (76.7%)	50 (83%)	+6.3%
Participant # 10	52 (86.7%)	58 (96.7%)	+10%
Participant # 11	52 (86.7%)	59 (98.3%)	+11.6%
Participant # 12	44 (73.3%)	57 (95%)	+21.7%
Participant # 13	28 (46.7%)	49 (81.7%)	+35%
Participant # 14	51 (85%)	58 (96.7%)	+11.7%
Participant # 15	34 (56.7%)	51 (85%)	+17%
Participant # 16	46 (76.7%)	51 (85%)	+8.3%
Participant # 17	40 (66.7%)	56 (93.3%)	+26.6%

Data from the Fresno and Tulare counties group indicate an increase in knowledge for most program participants. In fact, the data shows that participants' knowledge increase between 15% and 45% for the Fresno group and between eight percent and 35% for the Tulare county participants. These findings indicate that H.E.L.P., training program participants obtained the required knowledge to obtain an entry level position as community health workers.

In addition to the cognitive assessment, H.E.L.P. training program participants were given a self-efficacy assessment in order to determine the confidence experienced by participants to apply the knowledge gained as part of the program. A pre-test for self-efficacy was given on the first day of the intervention and a post-test for self-efficacy was administered on the last day of the intervention. Results are presented on Table 5.

Table 5. Self-Efficacy Results

	Fresno							Tulare						
	Gained		Lost		No Change		Total	Gained		Lost		No Change		
	N	%	N	%	N	%	N	N	%	N	%	N	%	Total
I feel empowered to be an advocate for a person who needs health services	5	27.8	2	11.1	11	61.1	18	3	18.8	7	43.8	6	37.5	17
I believe I can interact comfortably with people and use Spanish terminology to discuss health issues	4	22.2	6	33.3	8	44.4	18	3	17.6	7	41.2	7	41.1	17
I believe I have the resources to research health information and put together a presentation for relevant target audience	7	38.9	4	22.2	7	38.9	18	7	41.2	1	5.9	9	52.9	17
I feel I have the knowledge and skill to work with people of cultural backgrounds different than my own	7	38.9	2	11.1	9	50	18	7	41.2	2	11.8	8	47.1	17
I can provide input that would assist my employer and colleagues assess the needs of any community for which I live and work	7	38.9	4	22.2	7	38.9	18	5	29.4	5	29.4	7	41.2	17
I can state in my own words the general concepts of the work required of a community health worker	14	77.8	1	5.6	3	16.7	18	7	41.2	4	23.5	6	35.3	17
I can explain to other in the class the concept of health disparities and how they affect communities	16	88.9	0	0	2	11.1	18	11	64.7	0	0	6	35.3	17
I feel I can have the skills to be an effective community health worker/promotora and can be a leader in the role within my community	6	35.3	1	2.8	10	42.5	17	6	35.3	4	23.5	7	41.2	17
I can take a topic (like nutrition), research it and put together and deliver an effective presentation at a local community event	8	47.1	1	5.7	8	22.7	17	3	17.6	6	35.3	8	47.1	17
I feel comfortable speaking with my peers, agency staff, nurses, and doctors about a specific patient	9	50	4	22.2	5	27.8	18	6	35.3	2	11.8	9	52.9	17
Although I don't have formal medical traning I would feel comfortable providing information to a client about a topic such as diabetes	5	27.8	4	22.2	9	50	18	7	41.2	1	5.9	9	52.9	17

Note: Level of confidence goes from 1 to 7 (1 is the highest level of confidence and 7 the lowest level of confidence)

Gains in self-confidence were not uniform with some constructs showing a higher level than others. Participants in both Fresno and Tulare showed gains in:

- ✓ Construct 6. I can state in my own words the general concepts of the work required of a community health worker
- ✓ Construct 7 - I can explain to others in the class the concept of health disparities and how they affect communities), and
- ✓ Construct 10 - I feel comfortable speaking with my peers, agency, staff, nurses, and doctors about a specific patient.

Lower levels of confidence were found among Fresno participants in:

- ✓ Construct 2 - I believe I can interact comfortably with people and use Spanish terminology to discuss health issues.

Mid-term evaluations asked program participants to provide some input into the process. The following quotes are used to illustrate their responses:

- ➢ " I really like that some of the instructors make us role play on how we will deal with a certain situation after learning the skills."
- ➢ "A lot of interesting material. Learned a lot. I also liked the group activities."
- ➢ "The broad range of instructors from various backgrounds. Community speakers. Various topics covered that relate to 'real-life' experiences."

The pre- post-test self-efficacy results reveal the need for participants to reinforce in the internships, the knowledge obtained in the training sessions. It is expected that the internship phase of this project will help participants achieve a higher level of self-efficacy/confidence, as this will give them the opportunity to practice and see the real life application of the concepts learned in the training.

OUTCOMES

1. Eighteen of the Fresno participants (82%) obtained a "Certificate of Completion." One of the participants who did not complete the project was offered a job and left for that reason.
2. Seventeen of the Tulare participants (100%) obtained a "Certificate of Completion." Two of the graduates were unable to attend the graduation ceremony.
3. All of the Tulare participants were females and ages ranged from 19 – 55.
4. In the Fresno group, only one participant was a male.
5. In the Fresno group, participants' ages ranged from 20 to 67 years old.

6. In the Fresno group, from the 18 participants who completed the basic training, 17 (95%) obtained certification in CPR, 16 (89%) obtained certification in First Aid, and 15 obtained certification as Application assistants (83.3%).
7. In the Tulare group, 100% of the participants obtained the CPR and first aid certification.

H.E.L.P. training program participants meet with instructors at approximately half-point for the program to create a plan of action. This plan of action included specific steps needed by the program participants to develop their skills and knowledge which would enable them to become effective CHWs. Appendix 3 presents the self-analysis and plan of action completed by participants and instructors. They also discussed their future goals/interests and the agency they would like to complete their experience.

Empowerment was a big component of the H.E.L.P. training program and program participants took full advantage of it. Program participants advocated for themselves and created a Leadership Council in each of the two groups. The purpose of the leadership councils was to promote program sustainability once the training concluded and to serve as a structure to motivate and help each other. The leadership council members for each of the groups is listed in Table 6. Only initials are included in Table 6 to maintain confidentiality of program participants.

Table 6. Leadership Council Members

Fresno	Tulare
President: E.R.	Chair: L.D.
Vice President: A.T.	Co-Chair: A.E.
Historian: A.O.	Secretary: A.L.
Secretary: G.H.	
Treasurer: J.L.	
Elderly Advisors: V.H., C.R., G.P., Z.P.	

The Tulare County participants met two times after completion of the training and will be joining a local Tulare County network of Promotores sponsored by Vision y Compromiso, Health Net and other organizations who work with paid and non-paid Promotores. The Fresno county participants expressed their desire to meet once during the internship phase and continue with bi-monthly meetings after completion of the entire program. In addition, the Fresno participants expressed interest in creating a Facebook page to continue communication and support among CHWs.

RECOMMENDATIONS

The H.E.L.P. training program is a pilot effort to develop a systematic competency-based curriculum for CHWs in the State of California. Few programs of this nature exist and the development of the H.E.L.P. program

provides some insights as to next steps and modifications necessary for the developed curriculum. These recommendations include:

- Increase the overall training time for the program from 18 weeks to six months. Participants met in three hour blocks twice a week creating a short time frame for program implementation.

- Expand the recruitment component for the program. H.E.L.P. training program participants were recruited through flyers, word-of-mouth and convenience as they stopped at workforce development offices. Future recruitment efforts should include mass media outlets such as Spanish television channels (Univision and Telemundo) and the Bilingual Radio station (Radio Bilingue).

- Modify the curriculum to increase the number of hours for the clinically/medically related concepts, especially for the training on medical terminology. Increased time in these concepts may affect participants' self-efficacy perceptions.

- Replicate the H.E.L.P., training program experience with other cultural groups. Given the demographic composition of the Central California region this program was focused on Latinos, however, CHWs are expected to reach diverse ethnic and racial groups throughout the state and nation. A need to expand the curriculum for other cultural groups is evident.

- Replicate the H.E.L.P. training program in diverse geographical locations. The Central California region has utilized CHWs in past programs, therefore, it would be important to replicate the program in areas which have less familiarity with the concept.

- Increase the time spent on "presentation development" and "presenting skills" for groups and individuals.

- Create a local network of Community Health Workers that provide support and reinforcement for the newly trained CHWs.

- Employ a comprehensive evaluation that collects data three, six, nine, and 12 months following program completion. The report being presented in this document includes some mechanisms for evaluation such as pre/mid-term/post assessments for knowledge and self-efficacy levels, but other long-term elements must be assessed such as employment rates for the trainees, strengths and weaknesses of the internship program, and sustainability mechanisms. Impact and outcomes evaluation are amply needed to measure the full impact of the H.E.L.P. program.

REFERENCES

Nichols, D.C., Berrios, C., & Samar, H. (2005). Texas' community health workforce: From state health promotion policy to community-level practice. Preventing Chronic Disease, 2:1-7.

O'Brien, M.J., Squires, A.P., Bixby, R.A., Larson, S.C. (2009). Role development of community health workers: An examination of selection and training processes in the intervention literature. American Journal of Preventive Medicine, 37: S262-S269.

Texas Department of State Health Services. (2001). Report on the feasibility of voluntary training and certification of promotores(as) or community health workers. Austin, TX: Texas Department of State Health Services.

Tersptra, J., Coleman, K.J., Simon, G., & Nebeker, C. (2009). The role of community health workers (CHWs) in health promotion research: Ethical challenges and practical solutions. Health Promotion Practice, 10:1-8.

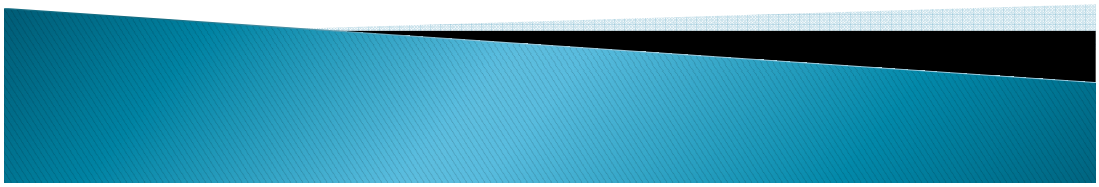
Appendix 1

PROGRAM INTRODUCTION: PRESENTATION TO COMMUNITY PARTNERS AUGUST 22, 2011

COMMUNITY HEALTH WORKERS PROPOSED CURRICULUM

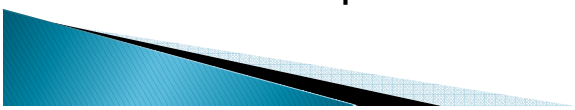
110 HRS
2 TIMES/WEEK
3 HRS/TIME
18 WEEKS

Presented by Helda Pinzon-Perez, Ph.D.
Public Health Training Academy- CSUF



PROCESS

- Job Delineation
- Occupational classification and description
- Job titles and job descriptions
- Requirements for Certification
- Requirements for Training
- Revision of curriculum used in other parts of the U.S. and the world
- Revision of possible textbooks



JOB DELINEATION

- January 2009
  - Office of Management and Budget officially published the 2010 Standard Occupational Classifications (SOC) listing in the Federal Register.
  - The 2010 SOC includes a unique occupational classification for Community Health Worker (SOC 21-1094).
  - http://explorehealthcareers.org/en/Career/157/Community_Health_Worker

Job Delineation

- CHW most often found working in underprivileged marginalized communities where people may have limited resources, lack access to quality health care, lack the means to pay for health care, do not speak English fluently, or have cultural beliefs, values and behaviors different from those of the dominant western health care system
- In these communities, CHWs play an integral role in helping systems become more culturally appropriate and relevant to the people they are to serve.

Job Titles

- Community health advisor
- Family advocate
- Health educator
- Liaison
- Promoter
- Outreach worker (Most common in SJV)
- Peer counselor
- Patient navigator
- Health interpreter
- Public health aide.
- In Spanish-speaking communities, CHWs are often referred to as health promoters or promotores(as) de salud.

Characteristics and Salaries

- Community health workers (CHWs) often live in the community they serve. They spend much of their time traveling within the community, speaking to groups, visiting homes and health care facilities, distributing information and otherwise connecting with local people.
- Trust in the community- conflict of interests
- In major metropolitan areas recommended starting CHW annual salaries range from $35,000 to $42,000, while Senior CHWs can earn $42,000 to $52,000 and supervising CHWs may earn $52,000 to $60,000. Manager CHWs generally earn salaries above $60,000.

New Jobs

- Navigators- Patient Protection and Affordable Care Act (PPACA)-March 13, 2010
- Promote check-ups and preventive care among members of the community
  - Need to know and understand the health care system
  - Need to know preventive care and annual check ups
  - Basic , English, Spanish & Hmnong health terminology
- Job Prospect- Excellent-- Competition

Job Descriptions for CHWs- Example # 1

Qualifications:

- High School Diploma and experience working with adolescents and/or young children; Bachelor's Degree preferred in Social Work or related field with experience

Summary:

- Provide comprehensive wraparound services to pregnant and parenting teens that are linguistically and culturally sensitive through outreach and participation in the multi-disciplinary team. Direct services as well as referrals to appropriate resources as required. The CHW provides direct services and is the liaison between all partner and community providers

Responsibilities:

- CHW will carry an average caseload of 25 of which she/he will be responsible for assessment and case management.
- Responsible for the intake paperwork, which includes assessment, service plan, etc. Assessments will be completed in 30 working days and an individualized service plan will be developed with the client and will be strengths-based.
- CHW is also responsible for progress notes, all program relevant paperwork as well discharge paperwork. All paperwork must be completely in a timely manner within 30 days.
- Will ensure that appropriate referrals and service coordination occurs with partner providers and other community resources.

Example # 2

- HealthWorker/Promotora will be employed as on-call employees of Project HOPE's HABITS for Life initiative and participate in HABITS for Life orientation and program trainings.
  ·Provide support services to underserved, at-risk patients with chronic diseases in Community and Rural Health Clinics.
  ·Work under the supervision and direction of Supervisors and Health Educators from the NM Field Office and follow protocol for setting up and delivering health events at pre-determined locations and dates.
  ·Assist Health Educators and Supervisors in pre-event planning and preparation.
  ·Work with HABITS for Life team on health screenings (blood glucose screening, blood pressure, body mass index, cholesterol, retinal eye screening, etc.)
  ·Conduct educational workshops/classes/fairs with the HOPEmobile Training Unit. This includes working with the Mobile Unit's Operator in setting up technical aspects of the mobile unit and educational materials.
  ·Participate in training for working on HOPEmobile (Training Mobile Unit) and program development.
  ·Work with HABITS for Life staff on registering individuals for membership of HABITS for Life using computer technology.
  ·As needed, work with team on delivering "Train-the-Trainer" programs.
  ·Follow protocol and use provided tools for collecting information for monitoring and evaluating the program's impact.
  ·Responsible for ensuring that all company policies and procedures are followed.
  ·Demonstrate a commitment to providing high quality support and services the project's field programs and local community partners. .

  MINIMUM QUALIFICATION:

  ·High School diploma or equivalent -- Bilingual Spanish/English
  ·Knowledge of health promotion and disease prevention approaches

Example # 3

Position Purpose:
Provide a link between members and available resources to provide the necessary resources in a cost effective manner.

Knowledge/Experience:
High school diploma/GED or equivalent work experience. At least 1 year of experience working with community agency to provide services encompassing the 6 basic competency areas of health care (community resources, communication skills, individual and family advocacy, health education, services skills and responsibilities). Member of Ohio Community Health Worker Association.

Licenses/Certifications:
Community Health Worker certification through college level program.
Current state driver's license.

Position Responsibilities:

. Provide home visits to risk members and families for evaluation of needs in an effort to provide direction of care for desired outcomes in a cost effective manner.
. Report specific health & social information back to the case management team to assit in development of care pathways.

. Assist members with accessing needed services, recognize potentially serious problems to prevent poor health and social outcomes.

Other Examples

- Hmong Community Health Worker
- Community Health Worker II- http://sh.webhire.com/servlet/av/jd?ai=612&ji=2558809&sn=I
  - Mental Health skills
  - Data input in Electronic Medical Record
  - HIV and STI education

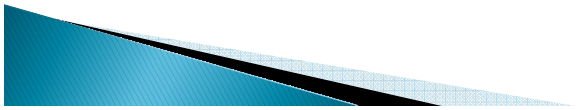
EXAMPLES OF CERTIFICATION PROGRAMS

- School of Public Health –Texas A&M university- National Survey

http://www.srph.tamhsc.edu/centers/srhrc/PDF/CHW_cert_final.pdf

  - 17 states have training or certification: Alaska, Arizona, California, Connecticut, Florida, Indiana, Kentucky, Massachusetts, Mississippi, North Carolina, New Mexico, Nevada, Ohio, Oregon, Texas, Virginia, and West Virginia – FOCUS ON ONE SPECIFIC AREA (HEALTH OR SOCIAL PROBLEM)- Specialized CHWs.
  - Alaska, Indiana and Texas have a systematic, state-sponsored certification program.
  - Arizona, California, Kentucky, Massachusetts, Nevada, New Mexico, and Ohio are considering state-level certification of CHWs.

- Certification at the state level recognizes and legitimizes the work of CHWs, and opens up potential reimbursement opportunities for CHW services.
- Training program vs Certification program



Training

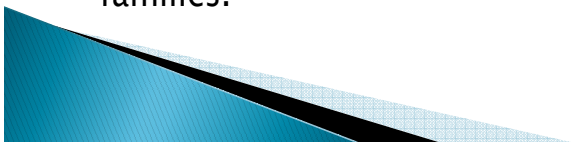
- All training involves four intensive, 3-4 week sessions- skills and knowledge

Example- Indiana:

Section 1-Understanding the law, guidelines and definitions and how to conduct outreach and home visits.

Section 2-Specialized-pregnancy, prenatal care, anatomy, physiology, SIDS, preterm labor, low birth weight, health risk behaviors, disease, admission to the hospital, labor and delivery, breastfeeding, post partum care, finding a pediatrician, immunizations, and well child care.

Section 3 highlights mental health, cultural competency, communication, and working with families.



Certification

- Texas: Legislation--HB 1864, SB 751 and HB 1051--Wide range of hours--From 18 hours to 800 hours. One curriculum – set in a community college – required two years and 64 academic credits.
- Primary requirement
  - Completing an approved competency-based training
  - Not engaged in unethical conduct
  - No incapacity that would prevent them from practicing Promotore(a) or CHW services with reasonable skill, competence and safety.

CURRICULUM REVIEWED

- CVHPI- English and Spanish
- Colombia/Mexico-- Spanish
- Alaska, Indiana and Texas- Certification
- Ohio & Arizona
- WFHCC
- Andrews and Bittar-California Endowment
- Other programs

Colombia/Mexico

- Units:
  - First Aid
  - Health Knowledge: Nutrition, Vaccines, oral health, respiratory infections, diarrhea, annual checkups and exams, prenatal and postnatal care, birth control
  - Community Health Work
  - Environmental Health

INDIANA

- The curriculum emphasis is on prenatal health up to 60 days post partum. The first section of the curriculum pertains to the relevant laws, guidelines, definitions, how to do outreach and conduct home visits. The second section focuses on pregnancy, prenatal care, anatomy, physiology, nutrition, SIDS, health risk behaviors, preterm labor, low birthweight, labor and delivery, old wives tales related to child bearing, admission to hospital, breastfeeding, post partum care, immunizations, finding a pediatrician, and well child care. Finally, the third section introduces the CHWs to topics about culture, communication, Maslow's hierarchy of needs, working with families, mental health, and use of resource materials.

ALASKA & TEXAS

- Certified Health Aide Competencies:
  - Community Health Aide
  - Dental Health Aide
- Eight core skill and knowledge competencies, identified in the *National Community Health Advisor Study, June 1998 for Promotores(as) or* CHWs: Communication, interpersonal skills, service coordination, capacity-building, advocacy, teaching and organizational skills and knowledge base (Minimum of 20 hrs per competency)
- Certification of:
  - Promotores-CHWs
  - Trainers
  - Training Institution

- The National Community Health Advisor Study, conducted by the University of Arizona and the Annie E. Casey Foundation (Wiggins & Borbon 1998), reached almost 400 CHWs across the country to help identify the core roles, competencies, and qualities of CHWs. The following seven core roles were identified:
  - Bridging cultural mediation between communities and the health care system;
  - Providing culturally appropriate and accessible health education and information, often by using popular education methods;
  - Assuring that people get the services they need;
  - Providing informal counseling and social support;
  - Advocating for individuals and communities within the health and social service systems;
  - Providing direct services (such as basic first aid) and administering health screening tests; and
  - Building individual and community capacity.

Certification–Other Models

- Four sessions of basic training, a 30-week-minimum preceptorship of supervised clinical experience, completion of a critical skills list, completion of both a written and practical exam, documentation of the completion of at least 15 patient encounters as the primary provider, and an evaluation of the CHA/P's [community health aide] clinical performance by an approved evaluator.
- This credential is bestowed by the CHAP training centers on qualified health aides and must be renewed every six years. There is no state license required for CHA/Ps to practice.
- CAAs

Future Concerns

- Certification of Trainers
- Certification of Training Institutions
- Certification Body
- Continuing Education for CHWs

APPENDIX 2

INDIVIDUALIZED PLAN OF ACTION

COMMUNITY HEALTH WORKER TRAINING

Individual Self- Assessment

Feedback Form

Name of Community Health Worker_____

Instructor Giving Feedback_____

Date_____

Student's Strengths:

Student's Challenges:

Remediation Plan:

Monitored by_____

COMMUNITY HEALTH WORKER TRAINING

Individual Self-Assessment

Instructions: In preparation for your short mid-course progress assessment meeting with your instructor(s), please take a few moments to answer the following questions. Your responses will be confidential and help the instructor to give you individual feedback concerning your progress to-date. Thank you for completing the short questionnaire.

Overall, on a scale of 1 to 5, with 5 being the highest grade you could assign, how would you rate this training course?

1 2 3 4 5

Is this course meeting your expectations? With 5 meaning, "exceeding my expectations" and 1 meaning, "not meeting my expectations at all", how would you rate this training course?

1 2 3 4 5

How would you grade what you have learned? With 5 meaning, that "you have learned a great deal" and 1 meaning that" you have not learned anything at all", how would you rate this training course?

1 2 3 4 5

What do you think are some of the strengths of the course to date?

What do you think are some of the weaknesses of the course to date?

What are some of the areas that are still difficult for you to understand?

What areas/topics do you believe need to be reviewed/repeated/re-inforced?

Appendix 3

SELF-EFFICACY ASSESSMENT INSTRUMENT

Self-Efficacy Assessment for

Community HealthCare Worker (Promotores) Training

This information is collected to assist in evaluating the effectiveness of the Community HealthCare Worker training. The data is collected for training evaluation purposes only and will not impact your success in this training class. The data from this assessment will not be shared with others, except in aggregate form for the purpose of evaluating the training.

I. PARTICIPANT INFORMATION

Instructions: Please respond to the following questions about your background.

1. How long have you worked as a Community Health Worker?
   - ☐ Have not worked as a Community Health Worker
   - ☐ Less than one year: Number of months _____
   - ☐ One or more years: Number of years _____

2. How long have you worked for your present organization?
   - ☐ Less than one year: Number of months _____
   - ☐ One or over one year: Number of years _____

3. What is your educational level?
   - ☐ 2-3 year of high school work
   - ☐ High school diploma
   - ☐ Some University/College
   - ☐ University/College degree
   - ☐ Master's degree
   - ☐ Other.

4. Please print your name:

   First Name _____ Last Name: _____

5. Today's date: _____

6. Training Location (please circle): College of the Sequoias or CSU-Fresno

II. CHW TRAINING SELF-EFFICACY**

Instructions: Based on your knowledge of the work required of a Community Healthcare Worker, rate your confidence to achieve the following training outcomes with a *"1" meaning you have a "High" level of confidence in your skills* and *"7" meaning you have a "Low" level of confidence in your skills.*

(Circle Your Response)

Training Outcome	Level of Confidence High Low
1. I feel empowered to be an advocate for a person who needs health services.	**1 2 3 4 5 6 7**
2. I believe I can interact comfortably with people and use Spanish terminology to discuss health issues.	**1 2 3 4 5 6 7**
3. I believe I have the resources to research health information and put together a presentation for relevant target audiences.	**1 2 3 4 5 6 7**
4. I feel I have the knowledge and skill to work with people of cultural backgrounds different than my own.	**1 2 3 4 5 6 7**
5. I can provide input that would assist my employer and colleagues assess the needs of any community for which I live and work.	**1 2 3 4 5 6 7**
6. I can state in my own words the general concepts of the work required of a Community Health Worker.	**1 2 3 4 5 6 7**
7. I can explain to others in the class the concept of health disparities and how they affect communities.	**1 2 3 4 5 6 7**
8. I feel I can have the skills to be an effective Community Health Worker/Promotora and can be a leader in the role within my community.	**1 2 3 4 5 6 7**
9. I can take a topic (like nutrition), research it and put together and deliver an effective presentation at a local community event.	**1 2 3 4 5 6 7**
10.I feel comfortable speaking with my peers, agency staff, nurses and doctors about a specific patient.	**1 2 3 4 5 6 7**
11. Although I don't have formal medical training, with specific training I would feel comfortable providing information to a client about a topic such as diabetes.	**1 2 3 4 5 6 7**

Source: *Waldner, C.L. and Nugyen-Torres, A., College of the Sequoias, unpublished*

Thank you for taking the time to complete this questionnaire.
Your assistance in providing this information is very much appreciated

APPENDIX 4

CERTIFICATE OF COMPLETION

Central California Public Health Training Academy

CERTIFICATE OF COMPLETION

Awarded to

[INSERT NAME HERE]

In recognition of your academic achievement and work in health promotion and disease prevention as a participant in the 2012 Community Health Workers Training Program

Presented on May 22, 2012

Miguel A. Perez, Ph.D., MCHES Chairperson Department of Public Health	Adam Peck, Executive Director Workforce Investment Board of Tulare County	Blake Konczal, Executive Director Fresno Regional Workforce Investment Board

COLLEGE OF THE SEQUOIAS

Business, Industry & Community Services Division

Visalia, California

Training Certificate of Completion

This certifies that

Griselda Angeles

has successfully completed 98 hours of instruction
and has been found qualified in the content of the course.
Training began on December 6, 2011 and was completed on
April 12, 2012.

Community Health Workers Training

April 26, 2012

_____
Alma Torres-Nguyen, Instructor

_____
Dr. C. Louann Waldner, Director - Business, Industry & Community Services

_____
Adam Peck, Executive Director – Tulare County Workforce Investment Board

APPENDIX 5

CULTURAL AND ACADEMIC

GRADUATION PROGRAM

Felicidades Graduados!!!

FRESNO STATE Discovery Diversity Distinction

Central California Public Health Training Academy

Fresno Regional Workforce Investment Board

WIB Workforce Investment Board of Tulare County *Driving Economic Success*

GRADUATES

1. Micaela Hernandez
2. Ana Tapia
3. Ana Ordaz
4. Yessenia Reyes
5. Nora Gomez
6. Virginia Hernandez
7. Marta Pereera
8. Jesus Lopez
9. Veronica Vazquez
10. Victoria Partida
11. Christina Rodriquez
12. Andrea Espinosa
13. Celia Pineda
14. Gloria Hopie Pineda
15. Maria Teresa Lemus
16. Felicia Valdez Morales
17. Maria De La Luz Serrano
18. Olivia Barron
19. Guillermina Hernandez
20. Elizabeth Ragsdale

Tuesday, May 22, 2012

1:00 - 4:00 p.m.

AGENDA

Fresno

I.	National Anthem - Himno Nacional	All - Todos
II.	Welcoming Words - Palabras de Bienvenida	
	a. Fresno	Fresno Instructors - Profesores de Fresno Dr. Helda Pinzon de Pérez Dr. Suzanne Kotkin-Jeszi Mrs. Yolanda Randles Ms. Ms. Janice Mathurin
	b. Financiera	Granting Agency - Entidad Mr. Adam Peck Ms. Phyllis Stogbauer
	c. State Jefe del Departamento de Salud Publica	Interim Department Chair at Fresno Dr. Vickie Krenz
III.	Words by Class Representative Palabras del representante del Grupo	Ms. Elizabeth Ragsdale
IV.	Leadership Council Presentation Presentación del Consejo de Lideres	Virginia Hernandez Christina Rodriguez Gloria Pineda Zelia Pineda
V.	Certificate Presentation Presentación de Certificados	Dr. Marlene Benjamin
VI.	Folkloric Presentation - Ballet Folclorico Aztec Dancing group - Grupo Azteca	Dr. Victor Torres, CSUF Leader Aztec Group, Community
VII.	Student Cultural Presentation Presentación cultural del grupo de estudiantes	Students Estudiantes
VIII.	Closing Words - Palabras Finales	Ms. Kristy Fairfax,Tulare WFIB
IX.	Reception - Recepción	


RECOGNITION
The Community Health Care Worker Training was made possible through a collaboration between the following partners:
WIB
Workforce Investment Board
COLLEGE of the SEQUOIAS
business & industry services
Central California Public Health Training Academy
California State University, Fresno
Employment Connection
DEPARTMENT OF LABOR
UNITED STATES OF AMERICA


COMMUNITY HEALTH CARE WORKER TRAINING
Recognition Ceremony
THURSDAY, APRIL 26, 2012
6:00 P.M.
COLLEGE OF THE SEQUOIAS
PONDEROSA, ROOM 350

Student Recognition Celebration

Welcome/Opening Remarks	Kristy Fairfax Workforce Development Consultant
Guest Speakers	
	Adam Peck Executive Director, WIB
	Kerry Hydash Family Health Care Network
	Alma Torres-Nguyen—Instructor Kaweah Delta Hospital
Student Speakers	Angie Garcia CHW Student
	Elia Escalante CHW Student
Performance	Ballet Folklorico Sol De America Directed by John Gonzales
Recognition of Student Completion	Alma Torres-Nguyen Instructor
Closing Remarks	Debbie Castro Program Manager, COS BICS

RECEPTION TO FOLLOW

Immediately following the ceremony refreshments will be served in front of Room 350

CHW Students

Griselda Angeles	Anna Lopez
Consuela Avila	Maria Martinez
Maria Cerda	Claudia Martinez
Melissa Cruz	Delia Sanchez
Cynthia Dixon	Lupita Sanchez
Linda Duran	Veronica Serrano-Valencia
Elia Escalante	Anai Valdovinos
Connie Flores-Ortega	Connie Vela-Solorio
Angie Garcia	

Special Thanks

We want to take this opportunity to thank the following sponsors for helping make this event possible.

Family HealthCare Network

Kaweah Delta Health Care District