

**Office of Border Public Health (OBPH)
Community Health Worker (CHW)
Training Center**

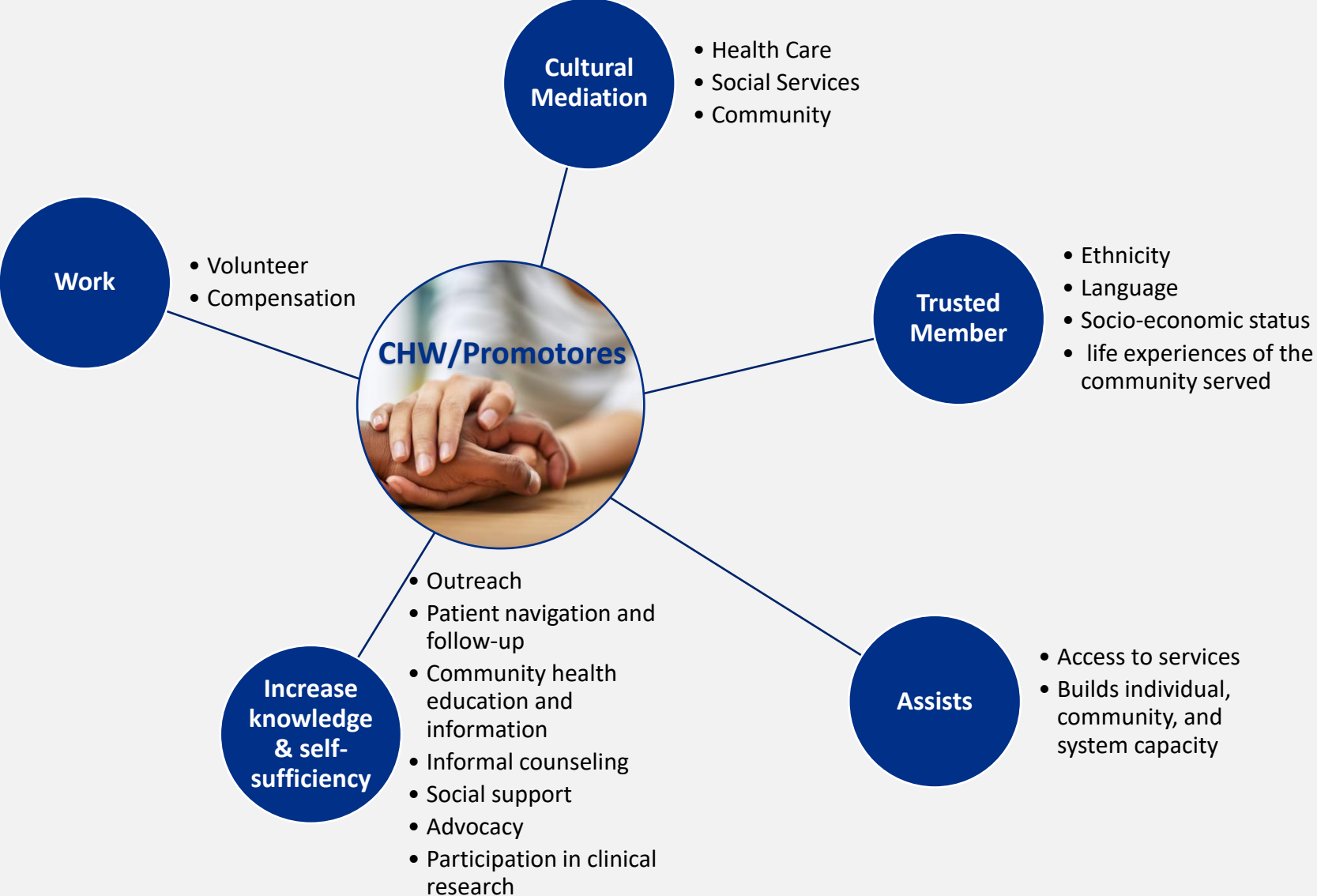
Ursula Solorzano

Community Based Healthy Border Program Coordinator

August 2023

Office of
Border
Public Health

Who are Community Health Workers/Promotores de Salud?



Updates

August 2023



TFBHO Recommendations

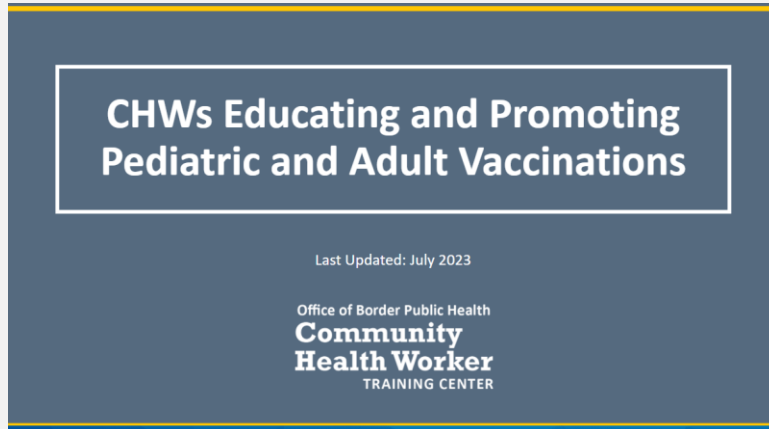
Continuing Education to address:

- TB
- TB Meningitis
- MDR TB
- TB and HIV coinfections
- STD & HIV
- Liver diseases
- Pediatric and adult immunization

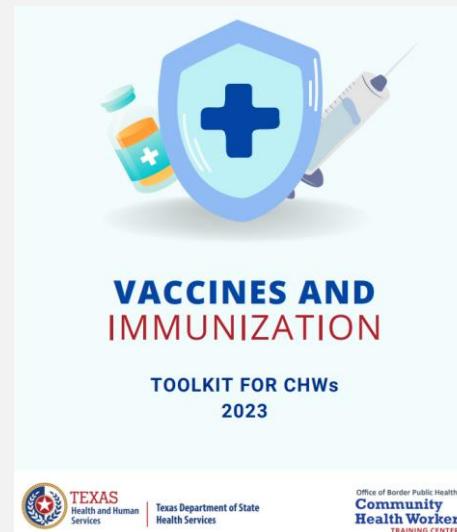
PHWF Grant- Curricula 7 Month Status

Curriculum	SME Collaboration	Curriculum Developed	Data from Epi*	Curriculum Certified	Curriculum Translated	Toolkit	Curriculum Provided	Field work
Pediatric and Adult Vaccinations	Mona Croley, RN LIDS Immunization Section- Clinical Team Lead	✓	✓	✓	✓	✓	Spanish: August 10 th English: August 11 th	August 2023

Training



Toolkit



Fieldwork

Texas School Vaccinations

REQUIRED (for all children):

- Measles, Mumps, Rubella
- Diphtheria, Tetanus, Pertussis
- Polio
- MM (Measles, Mumps)
- MMII (Measles, Mumps, Rubella)
- MMIIII (Measles, Mumps, Rubella, Polio)

RECOMMENDED (for all children):

- MMIIIIII (Measles, Mumps, Rubella, Polio, Hib)
- MMIIIIIIII (Measles, Mumps, Rubella, Polio, Hib, Hepatitis B)

REQUIRED (for 7th-8th grade):

- MMIIIIIIII (Measles, Mumps, Rubella, Polio, Hib, Hepatitis B)
- MMIIIIIIIIII (Measles, Mumps, Rubella, Polio, Hib, Hepatitis B, Meningococcal)

RECOMMENDED (for 7th-8th grade):

- MMIIIIIIIIIIII (Measles, Mumps, Rubella, Polio, Hib, Hepatitis B, Meningococcal, HPV)

REQUIRED (for 9th grade-college):

- MMIIIIIIIIIIIIII (Measles, Mumps, Rubella, Polio, Hib, Hepatitis B, Meningococcal, HPV, Tetanus)

RECOMMENDED (for 9th grade-college):

- MMIIIIIIIIIIIIIIII (Measles, Mumps, Rubella, Polio, Hib, Hepatitis B, Meningococcal, HPV, Tetanus, Varicella)

Common myths about vaccines:

- Vaccines can make you sick
- Vaccine contain toxic ingredients
- When used in infants/children's vaccines can cause autism
- Vaccines are used to track people
- If everyone around me is vaccinated, I don't need to be vaccinated
- Getting the flu shot will give you the flu
- Vaccines are not safe and are not tested long enough to know any real long-term effects

Reasons to vaccinate:

- Vaccine-preventable disease have not gone away
- Vaccine will help you keep healthy
- Vaccination can mean the difference between life and death
- Vaccines are safe
- Vaccines cannot cause the disease they are designed to prevent
- When you get sick, children, grandchildren and parents may also be at risk

Immunization Resources and Education for Adults and Children

Sources:
American Academy of Allergy Asthma & Immunology, <https://www.aaaai.org>
National Foundation for Infectious Diseases, <https://www.nfid.org>

TEXAS Health and Human Services | Texas Department of State Health Services | Office of Border Public Health Community Health Worker TRAINING CENTER

Office of Border Public Health | Oficina de Salud Pública Fronteriza

*Border data slides can be changed to apply to other areas in Texas, great for sharing our training with others.

Binational Immunization Tool

Mexico-Texas

Collaboration

- DSHS
 - Mona Croley, RN Immunization Unit
 - Angel Barrera, RN RLHO
- Mexico: National Center for Children and Adolescent Health/Centro Nacional de Salud de la Infancia y Adolescencia
 - Dr. Rosa Hernandez
 - Dr. Samantha Gaertner, Director
 - Dr. Alfredo Zatarain, Medical Supervisor

2018

MEXICO				CALIFORNIA		
ESQUEMA BÁSICO DE VACUNACIÓN				BASIC IMMUNIZATION SCHEDULE		
VACUNA (Vaccine)	ENFERMEDAD (Disease)	DOSIS (Dose)	EDAD (age)	PREVENTABLE DISEASE	VACCINE USED IN CA	SCHEDULE
BCG	Tuberculosis	Única (only one)	Birth	Tuberculosis	Not Used in California	
Sabin (only)	Poliomielitis	Primera (1) Segunda (2) Tercera (3)	2 m 4 m 6 m	Polio	IPV or Poliovax DTaP + IPV + Hep B	2 m, 4 m, 6-18 m 2 m, 4 m, 6 m
Pentavalente DPT + HB + Hib (DTaP-IPV-Hib)	Difteria Tos Ferina Tétanos Hepatitis B Infecciones por <i>H. influenzae b</i>	Primera (1) Segunda (2) Tercera (3)	2 m 4 m 6 m	Diphtheria Pertussis Tetanus Hepatitis B Hib	DTaP Hep B Poliovax DTaP + IPV + Hep B Comax Hep B + Hib	2 m, 4 m, 6 m 2 m, 4 m, 6 m 2 m, 4 m, 6 m† 2 m, 4 m, 6 m 2 m, 4 m
Triple Viral SRP (MMR)	Sarampión Rubéola Parotiditis	Primera (1)	1 yr	Measles Rubella Mumps	MMR	12-15 m
ESQUEMA COMPLEMENTARIO DE VACUNACIÓN				COMPLEMENTARY IMMUNIZATION SCHEDULE (Boosters and Catch-up Schedule)		
Sabin (only)	Poliomielitis	Adicional (Additional)	Twice a year (up to 20 yr)	Polio	IPV	4-6 yrs
DPT (DTaP)	Difteria Tos Ferina TÉTANOS	Refuerzo 1 (booster) Refuerzo 2	2 yr 4 yr	Diphtheria Pertussis Tetanus	DTaP (Acellular Pertussis)	12-18 m 4-6 yr
Triple Viral SRP (MMR)	Sarampión Rubéola Parotiditis	Segunda (2)	6 yr	Measles Rubella Mumps	MMR	4-6 yr
Td	Tétanos Difteria	Refuerzo (booster)	Booster after 12 yrs	Tetanus Diphtheria	Td or Tdap	11-12 yr
ANTIHEPATITIS B (HB)	Hepatitis B (HB)	Primera (1) Segunda (2)	12h b-day 1 mo. after 1st	Hepatitis B	Hep B*	11-12 yr (2 or 3 doses*)
SR* (MM)	Sarampión Rubéola	Adicional (Additional) Booster	Booster	Measles Rubella	Not Used in California	
No booster doses administered for Hib vaccine. An additional dose needed for children > 1 year of age.					Hib or Comax Hep B + Hib	12-15 m 12-15 m

† Not Used in US ‡ Equivalent Schedule †† Additional Doses Needed ††† Different Schedule, but Valid Doses
 * These vaccines are part of a catch-up schedule for older children and adolescents. † Dose may be skipped if Prevacid HB is exclusively used
 †† Number of doses depend on brand of vaccine used and age of patient. Adolescents between the ages of 11-15 years may receive only two doses.

2005

2018 Binational Immunization Resource Tool for Children from Birth Through 18 Years

Vaccine doses administered in Mexico may be counted as valid in the United States (including vaccines not licensed for use in the U.S.) if the dose or doses are documented in writing (including the date of administration) and comply with the minimum intervals and minimum ages as recommended by the Advisory Committee on Immunization Practices. See www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

MEXICO		USA	
DOSES RECOMMENDED BY AGE		DOSES RECOMMENDED BY AGE	
	Antihpatitis B at birth, 2, 6 months ¹	Hepatitis B	HepB birth, 2, 6 through 18 months
		Meningococcal (Private sector only in Mexico)	MenACWY 2 months through 10 years (high-risk) 11 through 12 years, 15 years
		H. influenzae type b	Hib 2, 4, 6, 12 through 15 months
		Tosferina / Pertussis	DTaP 2, 4, 6, 15 through 18 months, 4 through 6 years
		Difteria / Diphtheria	Tdap 11 through 12 years (preferred if many states for 7th grade entry)**
		Tétanos / Tetanus	IPV 2, 4, 6 through 18 months, 4 through 6 years
		Poliomielitis / Polio	Poliovax 2, 4, 6 months
		Rotavirus	Rotateq 2, 4, 6 months or Rotarix 2, 4 months
		Neumococo / Pneumococcal	PCV13 2, 4, 6, 12 through 15 months, 16 months through 18 years (high risk) PPSV23 2 through 18 years (high risk)
		Influenza	Influenza* (yearly) 6 months of older
		Sarampión / Measles	MMR 12 through 15 months, 4 through 6 years
		Rubéola / Rubella	MMRV 15 months, 4 through 6 years
		Parotiditis / Mumps	
		Varicela / Varicella	Varicella 12 through 15 months, 4 through 6 years
		Hepatitis A	HepA 12, 18 months
		Virus del Papiloma Humano / Human Papillomavirus	HPV 11 through 12 years (can start at 9) 2 or 3 doses
		Tuberculosis (Not offered in the U.S.)	

† For those who have not had the full series by age 11 years, give two doses 1 month apart at 11 years
 † Offered to high-risk groups only
 † Administered after at least 2 doses of IPV (Poliovaccine)
 * Two doses given at least four weeks apart are recommended for children whose age is 6 months through 9 years of age who are getting a flu vaccine for the first time. See influenza recommendations for details: www.cdc.gov/flu/seasonal/flu-scp/ncsc/specif/01a.html
 ** For a listing of Tdap requirements for secondary schools, visit www.hhs.gov/ncsc/tdap. Some children who were hospitalized may have received a dose of Tdap at ages 7 through 10 years.
 † Depending on which Hib vaccine is used, a child may not need the dose at 6 months of age.

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Curriculum	SME Collaboration	Curriculum Developed	Data from Epi*	Curriculum Certified	Curriculum Translated	Curriculum Provided	Field work Provided
TB	Rachel Munoz RN, Nurse Consultant Tuberculosis and Hansen’s Disease Unit	✓	✓	✓	✓	Spanish: 308 Participants	✓
COVID-19	COVID-19	✓	✓	✓	✓	English & Spanish: 193 Participants	
Liver Disease	<ul style="list-style-type: none"> Dr. Kelly FeganBohm, Medical Director Community Health Improvement Division Gilberto Pérez, MPH Program Specialist HIV/STD Section - HIV/STD Prevention and Care Unit 	✓	✓	✓	✓		
STD/HIV	DSHS HIV/STD Prevention and Care Unit Gilberto Pérez, MPH Program Specialist HIV/STD Section - HIV/STD Prevention and Care Unit	✓	✓	Submitted pending approval			

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TFBHO Assistance



Fieldwork/Outreach: providing border residents education on public health topics.

Educational Group Presentation

- Facility
 - Wi-Fi
 - Chairs and tables
 - Projector and screen
 - Speakers and microphone

Education During Events

- Health Fairs
- Conference
- Back to School
- Other

160-hour CHW Certification Course

Curriculum

Community health workers gaining expertise in the field of public health. Allowing them to improve health outcomes and prevent chronic and communicable diseases.

Final Project

Implement a health intervention in their community based on community needs identified.

Field Experience (Exploring this Possibility)

- CHWs collaborating with LHDs
- Increase CHW workforce

Thank you!

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