



PROGRAM EVALUATION REPORT

Wellness Wednesday Program Evaluation:

*Measuring Health Literacy Gains
in Underserved Communities*

February 2026

FRESNO STATE

Central Valley
Health Policy Institute


READING and BEYOND
BUILDING FOUNDATIONS FOR CHILDREN AND FAMILIES

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Contributing Authors:

Emanuel Alcala, PhD, Assistant Director¹

Stephanie Chan, MPH, Research Analyst¹

Mai Lia Yang, BA, Director of Health and School Success²

Maria Hernandez, BS, Community Health Worker²

Marissa Corpus, BS, Community Health Worker²

Alexandria Sanchez, MPH, Health Program Manager²

Tania Pacheco-Werner, PhD, Executive Director¹

Affiliations: ¹ Central Valley Health Policy Institute. ² Reading and Beyond.

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Background

Fresno residents face substantial barriers that limit their ability to understand and manage their own health, including chronic and reproductive conditions. Persistent poverty, housing burden, and linguistic isolation create structural constraints that make it difficult to access clear, culturally and linguistically appropriate health information and services (Morales et al., 2023). Community Health Workers (CHWs) in Fresno report that many residents mistrust institutions due to a history of neglect and failed interventions, often hesitate to share personal information, and remain confused about which available services offer health and social support (Chan et al., 2024). Low health literacy manifests in misunderstandings about referrals, mental health, and available resources, which in turn undermines chronic disease management and follow-through on preventive care. These challenges are compounded by a lack of local services, transportation barriers, education, and support to manage conditions like diabetes, hypertension, and reproductive health needs.

Wellness Wednesdays is an educational intervention facilitated by Reading and Beyond that brings community residents together to learn about important health topics, including the appropriate management of hypertension, diabetes, and reproductive health. Although created by Reading and Beyond, Wellness Wednesdays is the result of meaningful collaboration with partner agencies who have coalesced under a shared vision of health for Fresno residents. For further reading on the initiatives taken up by the coalitions, please see the following reports: Conley et al. (2021); Megally et al. (2021); Ward et al. (2021). The goal of this report is to describe Wellness Wednesday's educational intervention in the community and to measure its potential impact on improving knowledge of health and health behaviors.

The Wellness Wednesday curriculum comprises 12 health modules identified by community residents as their priority health concerns. The modules cover the following topics:

1. Navigating the Healthcare System
2. Asthma
3. Hypertension
4. Diabetes
5. Mental Health Awareness
6. Adult Lifestyle & Nutrition
7. Childhood Lifestyle & Nutrition
8. Human Reproductive Anatomy

9. Preconception Health

11. Reproductive Cancers

10. Sexually Transmitted Infections

12. Oral Hygiene

The list above is not comprehensive, as modules are modified or appended as needed by community residents. The modules shown here are representative of the events for which data were collected and analyzed.

CHWs are widely recognized as trusted members of the communities they serve, which enables them to build rapport, reduce cultural and linguistic barriers, and effectively connect residents to health and social services. A substantial body of evidence from randomized trials and systematic reviews shows that health education and support delivered by CHWs can improve health knowledge and related behaviors, including better management of chronic diseases, increased uptake of preventive services such as cancer screening, and improved cardiovascular risk profiles (Jack et al., 2017; Scott et al., 2010; & Hill et al., 2018). Overall, studies suggest that CHW-led health education is a promising strategy for promoting healthier behaviors and advancing health equity in historically underserved communities.

The objective of this report was to evaluate the effectiveness of the Wellness Wednesday educational intervention in improving health knowledge among community residents in Fresno, California. Specifically, this report examined whether the 12-module health curriculum, delivered by culturally and linguistically responsive CHWs, successfully increased participants' understanding of priority health topics identified by the community. The analysis measured knowledge gains through pre-test and post-test assessments across diverse health modules spanning chronic disease management, family health, and preventive care. Additionally, this report investigated whether knowledge improvements were consistent across different demographic subgroups—including gender, language preference, and geographic location—to assess the program's effectiveness in reaching historically underserved populations and reducing health information disparities. By documenting participation patterns, measuring statistically significant changes in health literacy, and analyzing participant feedback, this report aims to demonstrate whether Wellness Wednesday achieved its broader goals of enhancing health literacy, fostering community connections, and promoting health equity in neighborhoods facing documented barriers to health education and services.

Methodological Approach

Reading and Beyond convened local community residents at the Mosqueda Community Center weekly on Wednesdays to deliver health education modules. The health modules were developed by the Central Valley Health Policy Institute (CVHPI) to ensure the latest research and best practices in preventative health. The broader goal of the Wellness Wednesday convenings was to:

- Enhance health literacy
- Bring awareness and increase knowledge
- Foster connections among neighborhoods and communities
- Connect participants with resources and health professionals

Wellness Wednesday workshops were facilitated by CHWs who reflect the ethnic, cultural, and linguistic diversity of the communities they serve. CHWs bring extensive community experience and have completed over 80 hours of core training using the health literacy curriculum developed by CVHPI, which complies with the National Culturally and Linguistically Appropriate Services standards (CLAS) for relevance and fidelity. Additionally, CHWs receive ongoing training through the Fresno County Department of Public Health (FCDPH), ensuring they are well-prepared to deliver essential and accurate health information in a culturally sensitive manner.

Workshops were organized throughout the year in six cohorts. Data presented in this report were collected from January 22, 2025, to November 5, 2025. Each cohort spanned three months and included three workshops per month. Participants were recruited through calls with CHWs' clients and through public outreach, including tabling and community events. Sessions were offered in both English and Spanish. A pretest and posttest were created for each module to capture knowledge prior to the module and any change in knowledge after the information was delivered.

The Central Valley Health Policy Institute aggregated the data into a single dataset for analysis. The goal of the analysis was to determine whether overall knowledge changed significantly, and subgroup analyses were conducted for each module and demographic group. Only significant findings are presented in this report.

Findings

A total of 102 individuals participated in Wellness Wednesday courses, resulting in 315 attendance instances across all sessions. Most individuals returned for several educational sessions. For example, 76.5% of individuals returned for at least 2 sessions, 58.8% completed 3 sessions, 46.1% completed 4 or more sessions, and only 23.5% never returned. When compiling the attendance records of the 102 individuals, at least 315 people were present. The following graphs and tables present an analysis of the 102 individuals who consistently participated in the Wellness Wednesday classes.

Demographics

Gender

This figure shows the gender distribution of Wellness Wednesday participants, with the majority identifying as women (72%) and a smaller proportion identifying as men (28%). This pattern aligns with prior community health education efforts that tend to attract more female participants to preventive health programming.

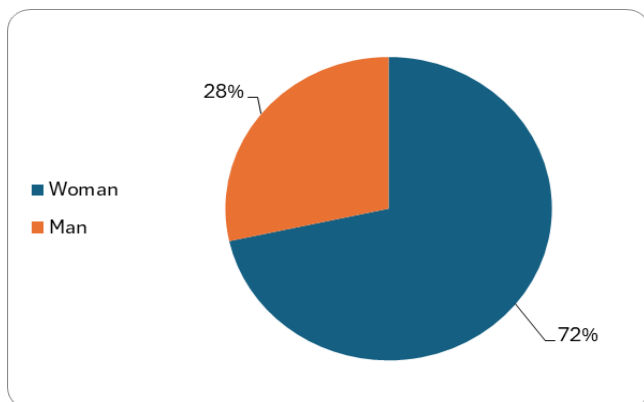


Figure 1. Percentage of Participants by Gender (n=102)

Age Groups

The age distribution shows that Wellness Wednesday attracted participants across the adult lifespan, with the largest concentration in the 65+ age group. Adults aged 65+ represented the single largest group with 40 participants, followed by the 35-44 age group with 22 participants, and the 55-64 age group with 21 participants. Younger adults (18-34) showed lower participation rates, with 7 consistent participants. This

pattern suggests the program successfully reached working-age adults who are navigating family responsibilities, chronic disease prevention, and caregiving roles. The limited participation among the younger generation indicates potential areas for tailored recruitment efforts to ensure health education reaches individuals across all life stages.

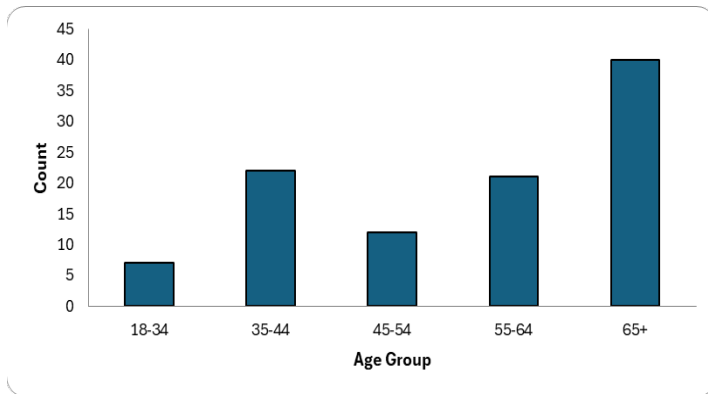


Figure 2. Count of Participants by Age Group (n=102)

Race and Ethnicity

The racial and ethnic composition of participants reflects the diverse communities served by Reading and Beyond. Latino/a participants accounted for approximately 75% of attendees, making them the largest demographic group. White participants accounted for roughly 11%, while Asian/Pacific Islander, Black/African American, and participants identifying with multiple racial or ethnic backgrounds collectively comprised the remaining 14%. This distribution closely mirrors the demographic makeup of high-need Fresno neighborhoods and demonstrates the program's success in reaching Latino/a community members who face documented health disparities and access barriers in the Central Valley region. For additional context, according to the U.S. Census (2024), Fresno is composed of 31.6% white alone, 6.8% Black alone, 1.6% American Indian and Alaska Native alone, 14.5% Asian alone, 0.2% Native Hawaiian and Other Pacific Islander alone, and 50.9% Hispanic or Latino.

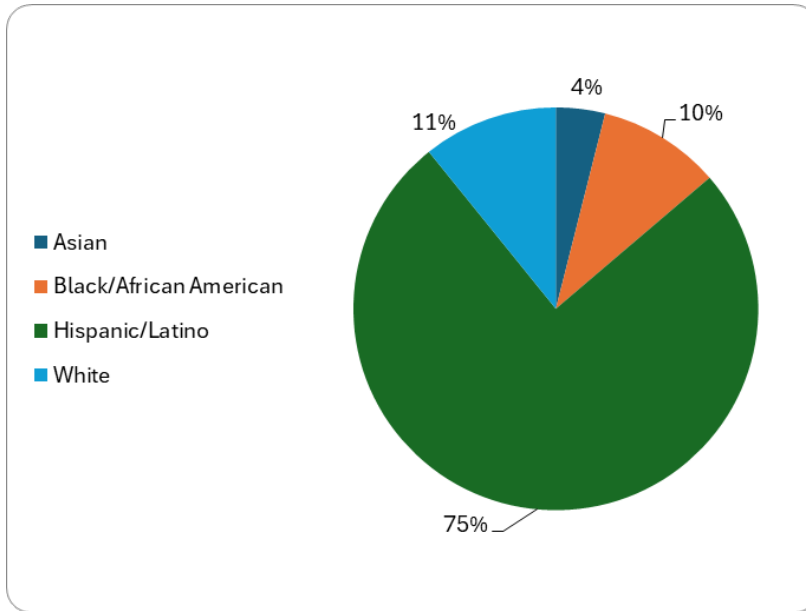


Figure 3. Percentage of Participants by Race/Ethnicity (n=102)

Language

Language preference data indicate that approximately 53% of participants primarily spoke English, while 47% primarily spoke Spanish. This substantial representation of Spanish-speaking participants underscores the critical importance of delivering health education in participants' preferred languages. The nearly balanced distribution validates Reading and Beyond's commitment to linguistic accessibility and cultural responsiveness. The availability of Spanish-language sessions facilitated by bilingual CHWs ensured that language barriers did not prevent community members from accessing vital health information, as evidenced by the significant knowledge gains among Spanish-speaking participants in reproductive health and STI prevention modules.

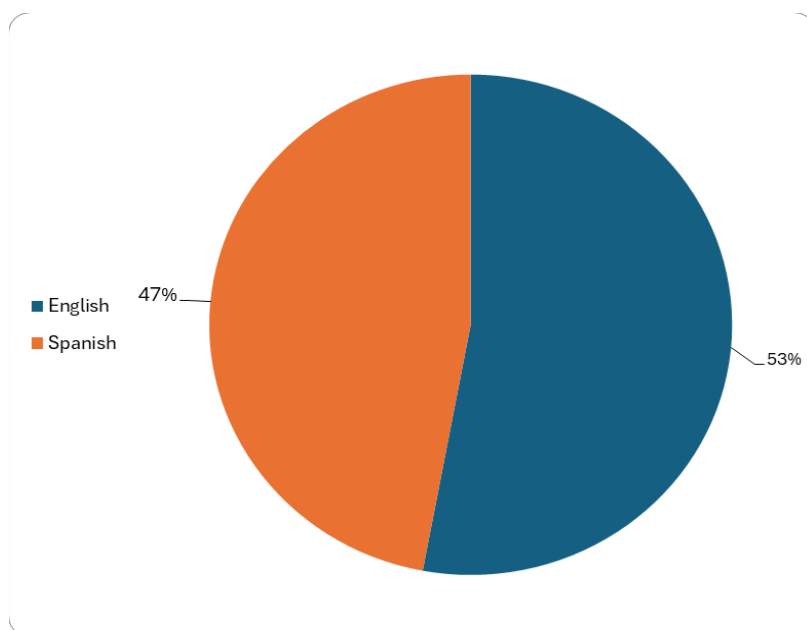


Figure 4. Percentage of Participants by Spoken Language (n=102)

Zip code

Geographic analysis reveals that participants came from concentrated areas within and around Fresno, with the majority residing in specific zip codes identified as high-need communities. The top four zip codes accounted for approximately 76.5% of all participants. The top four zip codes were 93702 (29.4%), 93727 (16.7%), 93725 (15.7%), and 93703 (14.7%). An additional seven zip codes contributed moderate participation levels, while several other neighborhoods had minimal representation. This geographic concentration in historically underserved areas demonstrates that Wellness Wednesday successfully reached priority communities experiencing documented health disparities. The clustering of participants in specific neighborhoods also suggests opportunities for hyper-local outreach and the potential to leverage community networks for expanded participation.

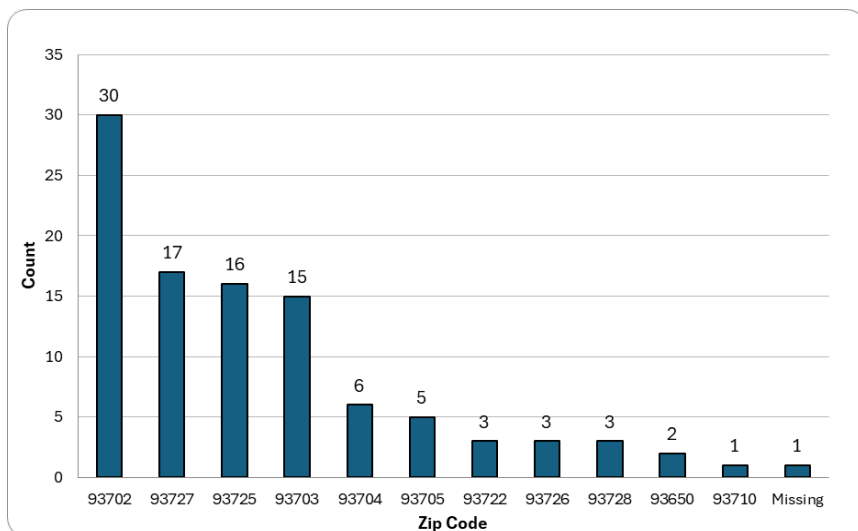


Figure 5. Count of Participants by Zip Code of Residence (n=102)

Attendance Trends

Attendance trends across the year demonstrate sustained community engagement with the Wellness Wednesday program. The graph shows fluctuating but consistent participation levels throughout the months tracked, with monthly attendance ranging from approximately 15 to 56 participants. Peak attendance occurred in October. There were no sessions held in April and August. Despite these variations, the overall pattern indicates reliable community interest and repeat participation. The consistent engagement across multiple cohorts suggests that the program successfully maintained momentum and that participants valued the content enough to return for additional modules, with many individuals attending multiple sessions throughout the year.

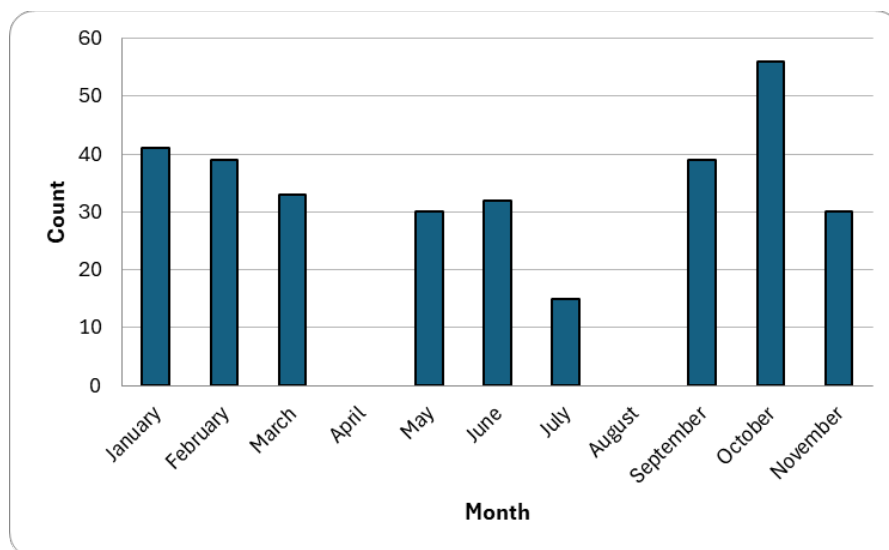


Figure 6. Count of Participants by Month (n=285)

Major Knowledge Findings

Table 1 provides a comprehensive statistical summary of knowledge changes across all Wellness Wednesday modules, organized by the magnitude of improvement from largest to smallest. The overall results demonstrate statistically significant knowledge gains, with participants' average scores increasing from 3.8 to 4.3 (a 0.5-point improvement, $p < .001$) across 285 pre-posttest pairs. This aggregate finding confirms that Wellness Wednesday modules are effectively improving health knowledge across the program.

When examining individual courses, substantial variation emerges in both the magnitude and statistical significance of knowledge gains. The Preventing Heat-Related Illness module produced the largest improvement of any course, with scores increasing by 1.1 points from 3.4 to 4.5 ($p < .001$). This gain suggests that participants had limited baseline knowledge about heat safety—a critical concern in Fresno's climate—and that the practical, actionable information provided was highly effective. Similarly, the Diabetes module showed a 0.9-point improvement ($p < .001$), rising from 3.4 to 4.3, indicating that participants entered with relatively low baseline knowledge but made substantial gains through the workshop.

Several other courses demonstrated moderate but highly significant improvements. Oral Hygiene (0.7-point increase, $p < .01$), STIs and Reproductive Cancers (0.7-point increase, $p < .05$), and High Blood Pressure (0.7-point increase, $p < .01$) all showed

meaningful knowledge gains, with participants moving from scores in the low 3s to the high 3s or low 4s.

Courses where participants entered with higher baseline knowledge showed smaller but still significant gains. The Preconception Health, Human Anatomy, and Birth Control module improved by 0.5 points ($p < .01$), while Adult/Child Nutrition and Lifestyle gained 0.3 points ($p < .001$) despite the already high baseline score of 4.0. The Navigating the Health Care System course, which had the highest pre-test mean of 4.41, still achieved a modest but statistically significant improvement of 0.33 points ($p < .05$), rising to 4.75. This pattern suggests that even when participants have relatively strong baseline knowledge, the workshops provide value by reinforcing and expanding understanding.

Three modules showed smaller, non-significant improvements: Healthy Relationships and Communication (0.5-point increase, $p > .05$), Asthma (0.3-point increase, $p > .05$), Mental Health Awareness (0.17-point increase, $p > .05$), and Winter Wellness (0.12-point increase, $p > .05$). The lack of statistical significance may reflect several factors: smaller sample sizes (particularly for Healthy Relationships with $n=12$), ceiling effects where pre-test scores were already high (4.0 or above), or content that reinforced rather than introduced new knowledge.

The relationship between baseline knowledge and the magnitude of improvement is particularly instructive. Modules addressing topics where participants had the lowest initial knowledge (heart illness, diabetes, STIs, hypertension) produced the largest gains, suggesting these workshops effectively filled critical information gaps. Conversely, topics with higher baseline knowledge showed smaller improvements, which is expected when participants already possess a foundational understanding. The consistency of positive change across nearly all modules, regardless of baseline scores, demonstrates the curriculum's broad effectiveness and the skilled delivery by CHWs, who adapted the content to meet participants at their current knowledge level.

Table 1. Change in Mean Scores by Course (n=285)

Course	Pre-Test Mean Number Correct	Post-Test Mean Number Correct	Mean Difference	n
Preventing Heat-Related Illness	3.4	4.5	1.1***	27
Diabetes	3.4	4.3	0.9***	21
Oral Hygiene	3.7	4.4	0.7**	12
STIs and Reproductive Cancers	3.1	3.8	0.7*	20
High Blood Pressure	3.1	3.8	0.7**	21
Preconception Health, Human Anatomy, and Birth Control	3.8	4.4	0.5**	45
Healthy Relationships and Communication	3.9	4.4	0.5	12
Adult/Child Nutrition and Lifestyle	3.9	4.3	0.4**	40
Asthma	4.0	4.3	0.3	23
Navigating the Health Care System	4.4	4.8	0.3*	16
Mental Health Awareness	4.3	4.5	0.2	31
Winter Wellness	4.4	4.4	0.1	17
Overall	3.8	4.3	0.5***	285

Note. Statistically significant mean differences are noted in bold text as follows: *** is $p < .001$. ** is $p < .01$. * is $p < .05$.

Knowledge Improvement by Zip Code

Table 2 presents a geographic analysis of knowledge gains across the four zip codes that contributed sufficient participants ($n \geq 35$) to enable reliable statistical testing. The results demonstrate that Wellness Wednesday successfully improved health

knowledge across all analyzed neighborhoods, with every zip code showing statistically significant gains. This pattern of consistent improvement across different communities validates that the program's impact extends beyond any single neighborhood and reaches multiple areas facing documented health disparities in Fresno.

Zip code 93702, which contributed the largest number of participants (n=79), showed a 0.4-point improvement from a pre-test mean of 3.9 to a post-test mean of 4.3 ($p<.001$). This significant result, despite being among the smaller improvements observed, reflects the reliability that comes with a larger sample size and suggests consistent moderate gains across numerous workshop sessions in this community. The relatively high baseline score of 3.9 indicates that participants from this zip code entered with somewhat stronger foundational health knowledge than those from other areas, which may have limited the potential for larger gains.

Zip code 93727, with 59 participants, demonstrated a 0.5-point improvement from 3.8 to 4.3 ($p<.001$). This gain matches the overall program average and represents a highly significant improvement. The baseline score of 3.8 was close to the program-wide average, suggesting that this community had typical health knowledge levels upon entry, and that the workshops consistently delivered effective results aligned with broader program outcomes.

Zip code 93725 showed the most substantial knowledge improvement of any analyzed area, with scores increasing by 0.9 points from a pre-test mean of 3.7 to a post-test mean of 4.6 ($p<.001$). This gain—nearly double the program average—indicates that participants from this zip code had notably lower baseline health knowledge but achieved the highest post-test scores of any neighborhood. The 41 participants from this area clearly benefited from the workshops, suggesting that 93725 may have had particularly limited prior access to health education or that the workshops addressed especially critical knowledge gaps in this community.

Zip code 93703, with 35 participants, demonstrated a 0.6-point improvement from 3.8 to 4.4 ($p<.01$). While this improvement was significant at the $p<.01$ level rather than $p<.001$ (likely due to the smaller sample size), the magnitude of gain was substantial and exceeded the program average. Participants from this area achieved strong post-test scores, indicating effective knowledge acquisition.

The geographic consistency of statistically significant improvements across all four zip codes is particularly noteworthy. Despite differences in sample sizes, baseline knowledge levels, and the magnitude of change, every analyzed neighborhood showed meaningful gains in health knowledge. The variation in improvement magnitude (ranging from 0.4 to 0.9 points) may reflect differences in baseline health literacy, prior access to health education resources, or specific workshop topics that resonated most strongly with different communities. The fact that zip code 93725, which had the lowest baseline scores, achieved both the largest improvement and the highest final scores suggests that the program is particularly effective at closing knowledge gaps in communities with the greatest initial need.

Table 2. Change in Mean Scores by Zip Code with Sufficient Sample Size

Zip Code	Pre-Test Mean Score	Post-Test Mean Score	Mean Difference	n
93702	3.9	4.3	0.4***	79
93727	3.8	4.3	0.5***	59
93725	3.7	4.6	0.9***	41
93703	3.8	4.4	0.6**	35

Note. Statistically significant relationships are noted in bold text as follows: *** is $p < .001$. ** is $p < .01$. * is $p < .05$.

Sub-group Findings

Gender - Preconception Health, Human Anatomy, and Birth Control

Figure 6 examines gender and participants' knowledge gains in reproductive health content. There was a significant interaction effect suggesting a difference in increased knowledge by gender, Greenhouse-Geisser adjusted $F(2.8, 24.8) = 4.94, p = 0.032$. The paired bars show that men entered these modules with pre-test scores averaging 2.7, indicating relatively limited baseline knowledge of preconception health, human anatomy, and birth control. On average, women scored 4.1 on the pre-test. Following participation in the workshops, male participants' post-test scores rose to 3.9, representing an average improvement of 1.4 points. These gains are notably larger

than the overall program average of 0.5 points, suggesting that the content addressed significant knowledge gaps. The substantial improvement among male participants is particularly meaningful given that reproductive health education often focuses primarily on women. These results demonstrate that men are receptive to and can benefit greatly from comprehensive reproductive health education when delivered by trusted CHWs in culturally appropriate settings.

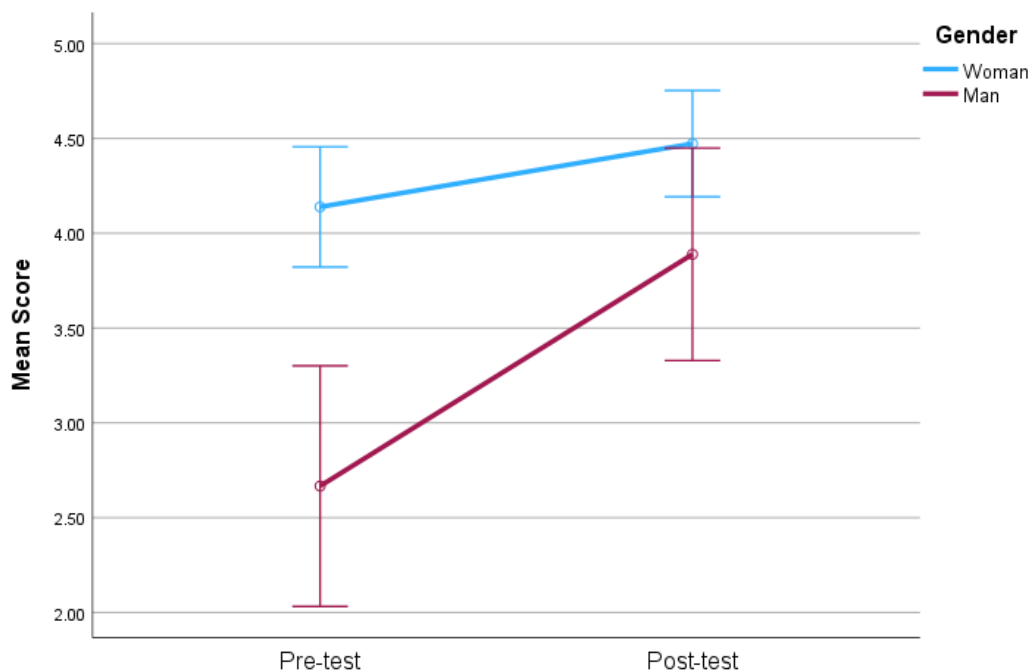


Figure 7. Mean Scores of Preconception Health, Human Anatomy, and Birth Control by Gender and Time (n=45)

Spanish Speakers – Preconception Health, Human Anatomy, and Birth Control

Figure 6 focuses specifically on the language participants use and the knowledge gains in preconception health content. There was a significant interaction effect suggesting a difference in increased knowledge by spoken language, Greenhouse-Geisser adjusted $F(2.5, 25.1) = 4.25, p = 0.045$. The data show that Spanish-speaking participants entered the preconception health module with pre-test scores averaging 3.3, indicating limited baseline knowledge in this area. After completing the Spanish-language workshop, post-test scores rose to 4.3, representing a full 1.0-point improvement on the 5-point scale. This improvement is among the largest observed in

the entire program and significantly exceeds the overall program average of 0.5 points. The substantial knowledge gain suggests that preconception health information was either not previously accessible to Spanish-speaking community members or had not been presented in a culturally relevant manner. These results highlight the critical importance of delivering preconception health education in participants' preferred language using culturally responsive approaches, as this combination can dramatically improve knowledge and potentially support healthier pregnancy planning and outcomes in Spanish-speaking communities.

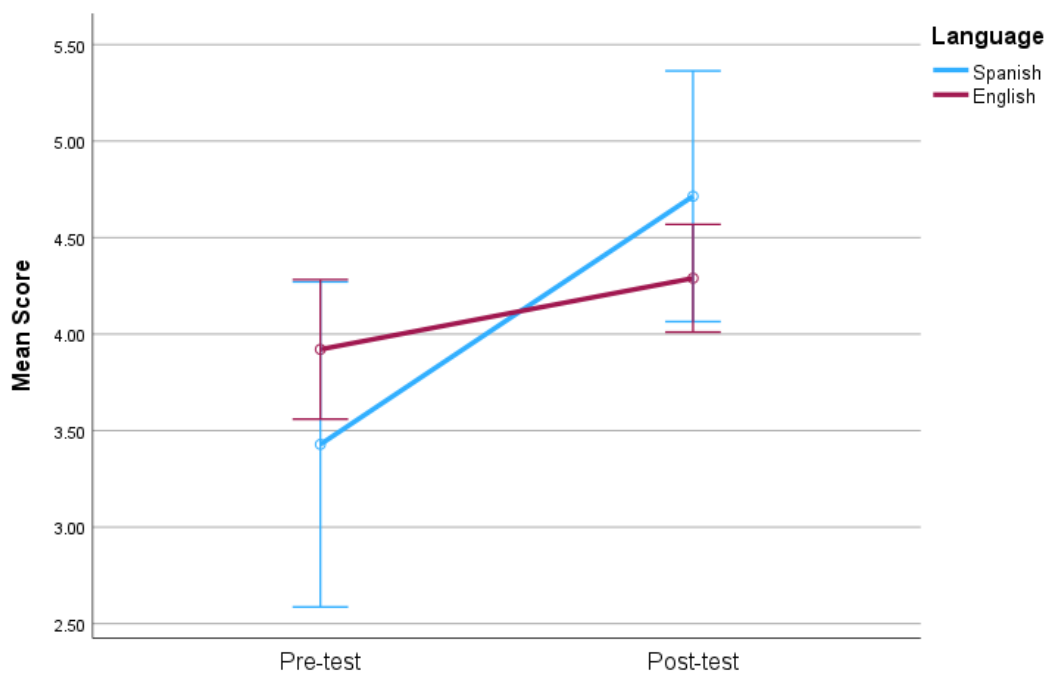


Figure 8. Mean Scores of Preconception Health, Human Anatomy, and Birth Control by Language Spoken and Time (n=45)

Spanish Speakers -STIs and Reproductive Cancers

This comparison graph displays pre-test and post-test scores for Spanish-speaking participants on modules addressing sexually transmitted infections and reproductive cancers. There was a significant interaction effect by spoken language and time, Greenhouse-Geisser adjusted $F(1, 10.2) = 5.02, p = .038$. Spanish-speaking participants

began with pre-test scores averaging 2.7 in these content areas, slightly below the overall program baseline. Following the Spanish-language workshops, post-test scores increased significantly to 4.1, representing improvements of 1.4 points. These gains exceeded the program-wide average and were comparable to or better than improvements seen among English-speaking participants on the same content. The narrowing gap between Spanish-speaking and English-speaking participants' final scores indicates that linguistically tailored instruction helped eliminate language-related disparities in critical reproductive health knowledge. These findings validate the importance of offering modules in Spanish and demonstrate that culturally and linguistically appropriate health education can effectively address knowledge inequities.

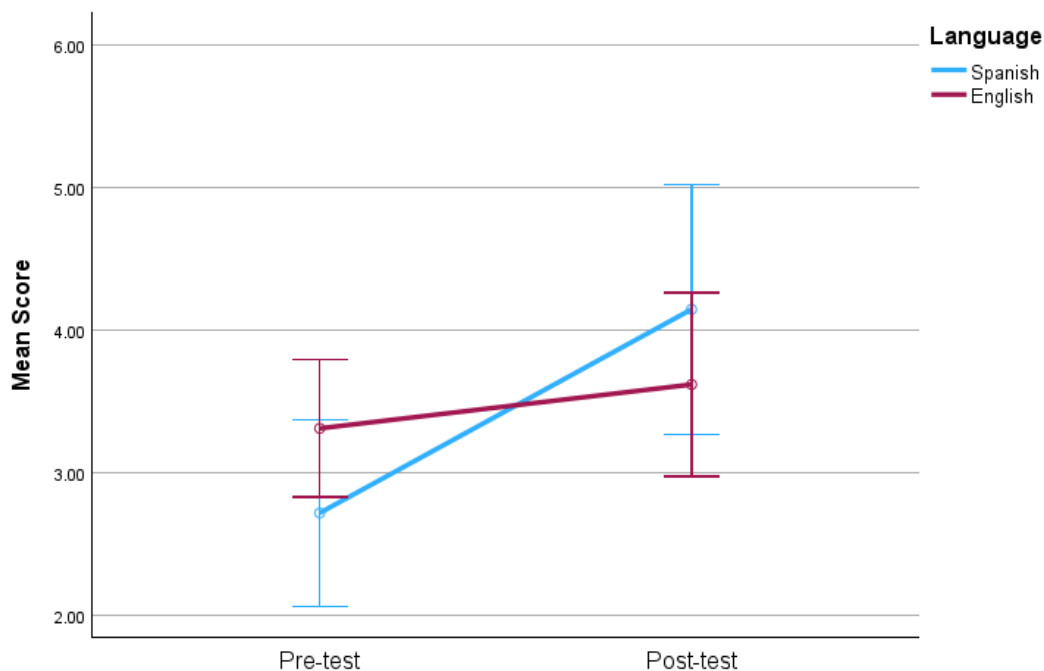


Figure 9. Mean Scores of Sexually Transmitted Infections (STIs) by Spoken Language and Time (n=20)

Themes of Participant Feedback

Participant feedback was collected in both English and Spanish, providing insight into what aspects of Wellness Wednesday were most valued and what improvements participants desired. A thematic analysis of open-ended comments revealed several

consistent themes across both language groups, as well as some unique patterns within each community.

English Themes

Theme 1: Quality and Clarity of Educational Materials (Most Frequent)

English-speaking participants consistently praised the handouts, presentations, and visual materials provided during workshops. Comments emphasized that materials were "easy to understand," "informative," "helpful," and "illustrative." Multiple participants specifically appreciated that handouts were provided in color, making them more engaging and easier to reference. Representative comments included: "I liked the handouts, thank you," "The handouts are easy to understand," and "Handouts always explain it better." The frequency of these comments suggests that tangible, take-home materials were highly valued as reference tools for reinforcing learning after workshops concluded.

Theme 2: Appreciation for Specific Health Information and New Knowledge

Many participants expressed gratitude for learning new health information they had not previously known. Comments highlighted specific topics, including understanding blood pressure numbers, learning about Seasonal Affective Disorder (SAD), distinguishing between Type 1 and Type 2 diabetes, and understanding asthma triggers. Participants frequently noted: "I learned a lot," "Most of this is new information," "Learning about staying hydrated," and "Very helpful, because I am diabetic." This theme demonstrates that workshops successfully filled knowledge gaps and provided actionable health information relevant to participants' lives and health conditions.

Theme 3: Value of Interactive Activities and Practical Application

Participants appreciated hands-on activities, demonstrations, and practical exercises incorporated into workshops. Specific mentions included "SMART goals" activities, "5-minute chair exercise," "plate activity" for nutrition planning, and meal preparation demonstrations. Comments such as "I really liked the SMART goals," "The exercise was fun," and "Making the meal together" indicate that interactive elements enhanced engagement and helped participants envision applying health information in their daily routines.

Theme 4: Professionalism and Quality of Instruction

Participants consistently praised the CHWs and healthcare professionals who facilitated sessions. Comments described instructors as "professional," "great people," and delivering "good explanations." Participants noted: "Great instructors, atmosphere, and class as a whole," "The best. Very Professional. I love this class," and "everyone give[s] good info." This feedback validates the effectiveness of trained, culturally responsive CHWs in delivering health education.

Theme 5: Empowerment and Healthcare Navigation

Several participants specifically valued information about healthcare rights, insurance options, and self-advocacy skills. Comments mentioned learning about "inequities in healthcare," "insurance terms," "doctor notes," "interactions with healthcare professionals," and "healthcare possibilities." One participant noted learning "a lot about my rights and goals," indicating that workshops successfully empowered participants to navigate complex healthcare systems more effectively.

Suggestions for Improvement

English-speaking participants offered limited but constructive feedback for enhancement. Suggestions included: adding more videos, providing larger print on some handouts for easier reading by seniors, fixing audio levels in videos, offering coffee at sessions, managing participants who dominated discussions, and addressing specific content requests (e.g., more emphasis on vitamins for immune health, information about COVID-19 test expiration dates). These suggestions were relatively minor and indicated general satisfaction with the program structure.

Spanish Themes

Theme 1: Quality of Presentations and Explanations (Most Frequent)

Spanish-speaking participants overwhelmingly praised the clarity and quality of presentations and verbal explanations provided by CHWs. The most common phrases included "muy bien explicado" (very well explained), "todo estuvo bien" (everything was good), "excelente presentación" (excellent presentation), and variations emphasizing clear communication. Representative comments included: "Todo muy bien explicado y los folletos excelentes," "La explicación fue muy entendible," and "información adecuada y presentacion clara." This theme appeared even more frequently than

praise for materials alone, suggesting that Spanish-speaking participants particularly valued the interpersonal delivery and oral explanation of content.

Theme 2: Usefulness and Utility of Information (Very Frequent)

Spanish-speaking participants consistently characterized the information as "útil" (useful) and "importante" (important). Comments repeatedly stated "fue muy útil" (it was very useful), "todo fue muy útil" (everything was very useful), and "toda la información fue muy buena" (all the information was very good). This theme was expressed more explicitly than in English comments, with Spanish speakers directly articulating the practical value and applicability of workshop content to their lives and health decisions.

Theme 3: Quality of Educational Materials

Like English speakers, Spanish-speaking participants praised the "folletos" (handouts), "videos," and "ilustraciones" (illustrations). However, these were typically mentioned in conjunction with the quality of presentations, as in "Los folletos y la presentación" or "folletos y videos." Comments included: "Los folletos y videos estaban bien," "Todo bien, los folletos, ilustraciones, y la presentación," and "folletos y videos." The integration of materials with presentation-quality feedback suggests that Spanish speakers valued the complete educational package.

Theme 4: Gratitude and Appreciation

Spanish-speaking participants expressed notably warm gratitude to CHWs, often naming specific facilitators and thanking them for their help. Comments included: "Muchas gracias," "Gracias por ayudarnos a entender," "Gracias por toda su ayuda," and specific acknowledgments such as "Gracias [CHW] por toda su ayuda y me ayudo a obtener mis food stamps" and "Gracia [CHW] por ayudarnos a entender lo que es la precision alta." Several participants thanked CHWs for help with services beyond workshops, such as food stamp applications, indicating that CHWs served as trusted community resources beyond health education delivery.

Theme 5: Learning and Understanding

Spanish-speaking participants frequently mentioned learning new information and gaining a better understanding: "aprendí mucho" (I learned a lot), "me ayudo a obtener" (it helped me obtain), "saber sobre" (to know about), and "entender" (to understand).

Comments emphasized gaining knowledge about specific conditions like asthma, hypertension, sexual health, and nutrition. The personal language used (e.g., "I learned," "helped me understand") suggests that workshops successfully translated complex health concepts into accessible, personal, meaningful knowledge.

Theme 6: Value of Communication and Shared Experience

Several Spanish-speaking participants valued the opportunity for group discussion and sharing experiences. Comments mentioned "intercomunicacion de todos con la ayuda de la presentadora" (intercommunication of everyone with the presenter's help), "me gusta mucho escuchar las experiencias" (I really like listening to experiences), and "La comunicación entre jóvenes y adultos" (communication between youth and adults). This theme was less prominent in English feedback and may reflect cultural values around collective learning and community building.

Suggestions for Improvement and Content Requests

Spanish-speaking participants made few explicit suggestions but did request additional content on specific topics. Requests included: "Me gustaria saber cirrosis" (I would like to know about cirrhosis), "Me gustaria mas información sobre la diabetes" (I would like more information about diabetes), "Hablar sobre diferentes enfermedades del riñon" (talk about different kidney diseases), and "Mas ejercicio" (more exercise). These requests indicate an appetite for expanded content on specific chronic diseases, suggesting opportunities for developing additional modules based on community interest.

Cross-Language Synthesis

Both English and Spanish-speaking participants expressed high satisfaction with Wellness Wednesday programming, though they emphasized different aspects of their experience. English speakers focused heavily on the quality of tangible materials and handouts, while Spanish speakers more frequently praised the verbal explanations and interpersonal quality of instruction. Both groups valued learning new, practical health information and appreciated interactive elements, though Spanish speakers expressed more explicit gratitude toward CHWs as individuals.

The warmth and personalization evident in Spanish feedback—including naming specific CHWs and thanking them for assistance beyond workshops—suggests that the cultural and linguistic responsiveness of Spanish-language sessions fostered

particularly strong rapport and trust. The fact that several Spanish speakers mentioned CHWs helping with food stamp applications and other services indicates that workshops successfully connected participants to broader social support systems, fulfilling one of the program's key goals.

Overall, the thematic analysis confirms that both language cohorts found Wellness Wednesday valuable, accessible, and empowering. The minimal nature of suggested improvements indicates high satisfaction, while specific content requests provide direction for future module development. The feedback validates the program's approach of using trained, culturally responsive CHWs to deliver linguistically appropriate health education with high-quality materials and interactive elements.

Conclusion

The findings presented in this report provide compelling evidence that Wellness Wednesday successfully achieved its core objectives of enhancing health literacy, bringing awareness and increasing knowledge, fostering community connections, and linking participants with health resources and professionals. The program demonstrates substantial impact across multiple dimensions of community health education.

The quantitative analysis reveals statistically significant knowledge gains across nearly all health modules, with participants' overall scores increasing from a pre-test mean of 3.8 to a post-test mean of 4.3 ($p < .001$). This half-point improvement on a five-point scale represents a meaningful enhancement in health literacy across 285 pre-posttest pairs. Notably, the magnitude of improvement varied systematically based on baseline knowledge levels, with the largest gains occurring in modules where participants entered with the least prior knowledge. The Preventing Heat-Related Illness module achieved a remarkable 1.1-point improvement, while Diabetes showed a 0.9-point gain, indicating that Wellness Wednesday effectively filled critical information gaps in areas highly relevant to Fresno residents facing elevated risks for heat exposure and chronic disease.

The program's success in reaching and benefiting priority populations is particularly noteworthy. Demographic analysis confirms strong participation from Latino/a community members (75% of participants), Spanish speakers (47% of participants), and residents of high-need Fresno neighborhoods with documented health disparities.

Geographic analysis demonstrates that knowledge gains occurred consistently across all four zip codes with sufficient sample sizes for statistical testing, with improvements ranging from 0.4 to 0.9 points. Most significantly, zip code 93725, which had the lowest baseline knowledge—achieved both the largest improvement (0.9 points) and the highest post-test scores (4.6), exemplifying the program's effectiveness in closing information gaps in communities with the greatest need.

Subgroup analyses reveal that Wellness Wednesday successfully addressed health knowledge disparities among populations often underserved by traditional health education. Male participants, who entered reproductive health modules with relatively low baseline knowledge ($M=2.7$), achieved substantial gains of 1.1 points, demonstrating that men are receptive to and benefit from comprehensive reproductive health education when delivered in culturally appropriate settings. Spanish-speaking participants showed particularly impressive improvements in critical content areas, with 1.0-point gains in preconception health and 0.8-0.9-point gains in STI and reproductive cancer modules. These results indicate that linguistically and culturally tailored instruction effectively eliminated language-related disparities, with Spanish speakers achieving final knowledge scores comparable to or exceeding those of English speakers.

Qualitative feedback from participants reinforces the quantitative findings and provides insight into the program elements most valued by the community. Both English and Spanish-speaking participants expressed high satisfaction with the educational materials, presentations, and instruction quality. English speakers particularly appreciated the clarity and usefulness of handouts and interactive activities, while Spanish speakers emphasized the quality of verbal explanations and the interpersonal skills of CHWs. The warmth and personalization evident in Spanish feedback—including specific acknowledgments of individual CHWs and gratitude for assistance with services beyond health education—demonstrates that the program successfully built trust and rapport within Spanish-speaking communities. The minimal nature of suggested improvements and the consistent expressions of appreciation indicate that participants found the program accessible, relevant, and empowering.

The consistent engagement demonstrated by attendance patterns further validates the program's value to participants. With 102 individuals generating 315 instances of attendance across sessions, the data shows that many participants returned for

multiple workshops, seeking out additional health education opportunities. This pattern of repeat participation suggests that attendees found the content sufficiently valuable to invest ongoing time and effort, and that Wellness Wednesday created a welcoming environment where community members felt comfortable learning and engaging.

The success of Wellness Wednesday can be attributed to several key programmatic strengths. First, the curriculum was developed by the Central Valley Health Policy Institute to ensure evidence-based, up-to-date content while addressing health topics identified as priorities by community residents themselves. This community-driven approach to content selection ensures relevance and responsiveness to actual community needs. Second, the delivery of education by CHWs reflects the ethnic, cultural, and linguistic diversity of the communities they serve proved essential to building trust, reducing barriers, and facilitating effective learning. CHWs' extensive training—over 80 hours in health literacy curriculum aligned with National CLAS standards, plus ongoing training through Fresno County Department of Public Health—equipped them to deliver accurate, culturally sensitive health information. Third, the availability of workshops in both English and Spanish eliminated language as a barrier to participation and learning, ensuring that health knowledge gains were not limited by linguistic accessibility.

These findings align with and extend the substantial body of evidence demonstrating that CHW-led health education can improve health knowledge, behaviors, and outcomes. The results presented here contribute to this evidence base by documenting effectiveness across a comprehensive range of health topics, demonstrating impact among diverse demographic subgroups, and illustrating success in reaching communities facing documented health disparities and access barriers.

While this report documents significant achievements, it also identifies opportunities for continued growth and refinement. Participants requests for additional content on specific topics—including cirrhosis, kidney disease, and expanded diabetes information—suggest appetite for broadening the curriculum based on emerging community interests. The relatively lower participation among men, younger adults (18-24), and older adults (65+) indicates potential for targeted recruitment strategies to engage these populations more fully. Some modules that showed smaller, non-significant improvements (Mental Health Awareness, Winter Wellness) may benefit

from curriculum refinement, though the high baseline scores in these areas suggest ceiling effects rather than instructional deficiencies.

Looking forward, Wellness Wednesday is well-positioned to expand its reach and deepen its impact on community health in Fresno. The program has established a proven model for delivering culturally responsive, linguistically accessible health education that demonstrably improves knowledge and empowers community members to make informed health decisions. By continuing to center community voices in curriculum development, investing in CHW training and support, and maintaining commitment to health equity, Wellness Wednesday can further contribute to reducing health disparities and advancing health literacy in historically underserved neighborhoods.

In conclusion, this evaluation demonstrates that Wellness Wednesday represents an effective, community-centered approach to health education that successfully reaches priority populations, significantly improves health knowledge across diverse topics, and addresses health information disparities among demographic and geographic subgroups. The program embodies the principles of cultural responsiveness, linguistic accessibility, and community empowerment that are essential to advancing health equity. The documented outcomes—statistically significant knowledge gains, high participant satisfaction, consistent engagement, and particular success among populations facing barriers to health information—provide strong evidence that Wellness Wednesday is achieving its goals and making meaningful contributions to the health and well-being of Fresno residents.

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Appendix A

Description of Modules

Conflict Resolution

This module was designed to offer conflict resolution strategies within a group context, especially among families and peers. The session offered definitional context, including identification of conflict and differentiation between healthy and unhealthy approaches before presenting strategies to facilitate conflict resolution. Once foundational terms and definitions were established, CHWs taught their participants how to address conflict upon occurrence and methods to achieve resolution. Establishment of a sharing space was one of the highlights of this module, working with the participants to build communication and emotional intelligence skills. Sample strategies for this goal included teaching guidelines for public conversations and understanding and acknowledging the types of emotions that arise during conflict and resolution.

Childhood Lifestyle & Nutrition

The Childhood Lifestyle & Nutrition module focused on fostering healthy relationships with food, understanding the connection between weight and health among different stages of youth, the importance of checking ingredients, and the concept of growing with health as a priority. This module was designed with respect to life course theory, in which CHWs taught their participants that health is a priority at every stage of life, with an emphasis on youth for this particular workshop module. Furthermore, the module encouraged participants to reflect on sustainable and accessible means for activity and nutrition among youth.

Adult Lifestyle & Nutrition

Moving forward with life course theory, the Adult Lifestyle & Nutrition module placed an emphasis on the next stage of family health, adulthood. The module covered three main topics: nutrition in adulthood, the impact of lifestyle on health, and strategies for lifestyle management. Similar to Childhood Lifestyle & Nutrition, participants were encouraged to reflect on sustainable and accessible means for activity and nutrition among adults.

Family Dynamics (Female) and Family Dynamics (Male)

Two separate modules on Family Dynamics were presented, one for the female lens and one for the male lens. In each module, activities and discussions specific to its

respective gender were provided. Both modules supported the strengthening of family ties and established intentional communication among individuals of a family unit. Each module provided competencies in: communication and relationships, mental health, parenting and childhood development, and gender and family roles. Communication and relationships walked the participants through the characteristics of healthy communication, various communication styles within families, supportive efforts family members can provide, and signs of an unhealthy or abusive relationship. Mental health included the impact of family dynamics on each gender's mental health, as well as the importance of recognizing and addressing mental health issues. Parenting and childhood development showcased the significance of parents or caregivers talking with their children by gender, fostering healthy teens, and familial support during pregnancies. Finally, these modules enabled participants to reflect on gender roles in familial support, particularly with a life course lens.

Human Anatomy

The Human Anatomy module was designed to provide basics of adult human reproductive biology to the participants. Additionally, it sought to enhance comfort and familiarity with anatomical terminology and physiology of male and female reproductive and endocrine organs. In doing so, this session provided the foundation for the rest of the preconception health segment of Wellness Wednesdays.

Preconception Health: Why Healthy Relationships Matter

Building up from the knowledge gained from the Human Anatomy module, Preconception Health: Why Healthy Relationships Matter was a module aimed at covering key components in preconception health and planning. This module included explanations of biological concepts in preconception health, such as family health history, birth control methods, and prevention of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV). Interpersonal skills such as effective communication about sexuality and family planning were also discussed. Additional topics addressed were sexual orientation and preterm birth coping and management.

Youth and Social Media

As a core component of family living, the Youth and Social Media module was incorporated to teach participants about social media and mental health, particularly among youth and teens. While walking through the experience of growing up in an age of social media, CHWs showcased the advantages and disadvantages of social media. They also highlighted the characteristics of harmful content and mental health

dangers posed by unregulated social media use. A substantial part of this module included sexual content on the internet, and how youth learn about sex, reproductive health, and preconception health. In doing so, recommendations were outlined for safeguarding youth from inappropriate and dangerous content.

Navigating the Healthcare System

The Navigating the Healthcare System module covered several important topics to build participants' confidence in the decision-making process of healthcare insurance and providers, and develop the interpersonal skills necessary for self-advocacy in health systems. The module provided an overview of different health insurance options (Covered California and Medi-Cal) and accessible healthcare centers such as federally qualified health centers. Participants also learned how to switch healthcare providers, schedule appointments, foster strong rapport with providers, effectively communicate with providers, understand patient rights, and self-advocate during appointments. Finally, this module discussed health inequities.

Asthma

The Asthma module encompassed an overview of asthma, including its definition, contributing factors, and recognition of signs and symptoms. Participants were taught how and why asthma attacks happen, as well as management tools, medication, and strategies to lessen serious asthmatic symptoms. Additionally, participants developed their own Asthma Action Plan, learned of treatment alternatives, and discussed common challenges in asthma care.

Diabetes

The Diabetes module taught participants about diabetes and why awareness of its prevalence among families is important. Participants learned about the symptoms and possible complications related to diabetes. CHWs also guided participants in the prevention and management of diabetes, including how to strategize with their medical providers when a diabetes care plan is needed.

Mental Health Awareness

The module on Mental Health Awareness sought to build core competencies among community members in mental health, including definitions, symptoms, cultural and social stigma, and strategies to mitigate depression and anxiety. This module began with key elements in anxiety and depression, including the recognition of their symptoms. CHWs also walked participants through the contributing factors to anxiety

and depression as well as supported their examination of cultural stigma of mental health. Furthermore, they juxtaposed myths and facts regarding mental health while also discussing mental health management strategies and tools, including a support circle activity to build participants' skills. Finally, CHWs highlighted local resources and support services for participants to review in case of mental health needs or crises.

Hypertension

The Hypertension module encompassed a range of topics, starting with the basics of hypertension and its signs and symptoms. Participants were taught hypertension prevention, including lifestyle habits and nutrition, and management strategies such as medication and treatment options. To complement the previous modules of communication with medical providers, participants also discussed accessing hypertension-related healthcare and communicating associated needs, including the resources and services available to support hypertension management.

Other Popular Health Presentations

Heat-Related Illness and Hydration

The core components of the Heat-Related Illness and Hydration module were hydration, heat-related illness, and those who are at risk for heat-related illness. CHWs taught participants about how prolonged heat exposure and dehydration could lead to heat-related illness. Additionally, the CHWs provided practical strategies to support hydration and cooling, such as avoiding alcohol and caffeine, wearing light-colored clothing, and taking breaks in cool or shaded areas. This module also showed participants when to seek immediate medical help.

Winter Illness

The Winter Illness module provided education on commonly circulating winter illnesses and their associated symptoms. The viruses and their associated illnesses covered included the flu, COVID-19, respiratory syncytial virus (RSV), and other circulating viruses. CHWs covered symptoms, including those commonly caused by these viruses, as well as those that are unique to each illness, and when to seek medical attention.

Seasonal Depression

The Seasonal Depression module covered seasonal affective disorder (SAD) symptoms, causes, and diagnosis. As with other modules, medication, lifestyle changes, social support, prevention, and available resources were integrated as well.

Oral Health

The final Wellness Wednesday module covered the importance of oral health care. Basic definitions in mouth anatomy, oral health tools, and prevention of oral diseases were the key concepts addressed in this module. Ultimately, participants learned best practices for teeth brushing, flossing, and other preventative methods to achieve healthier oral hygiene. Additional topics discussed included barriers and oral health disparities, dental insurance, and available resources and low-cost dental treatment options.