

SERVING FROM THE HEART ACROSS THE WORKFORCE

*A symposium on the integration of promotores and
community health workers in different settings*

Visión y Compromiso™



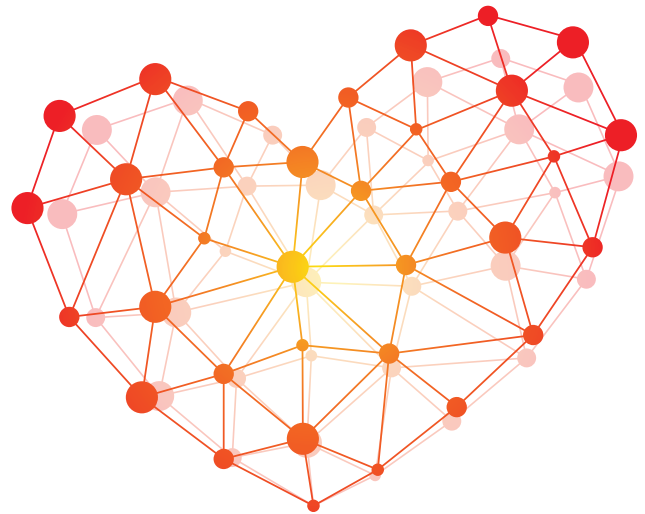
An opportunity to meet and learn
from colleagues in the clinic, county,
academic and non-profit sectors

THURSDAY, OCTOBER 18, 2018

9:30 a.m.–1:00 p.m.

SAN MANUEL GATEWAY COLLEGE
FIRST FLOOR-RM 1&2
250 SOUTH 'G' STREET
SAN BERNARDINO, CA, 92450

Over the last several years, there has been an increase in interest from clinics, non-profits and researchers wanting to integrate promotores into their work. As a result, there are many questions, uncertainties and requests for consultations and work to determine what roles are most relevant for a promotor or community health worker. The goal of this symposium is to facilitate rich discussions to help clarify some of these questions through panel and round table dialogues.



- Setting the stage—El Corazón of the Promotor and Community Health Worker
- Emerging Trends in the Promotor and Community Health Worker Models
- Exemplary Examples: What Works, Challenges and Solutions
- Workforce Challenges and Solutions

For questions please contact Ana Velazquez at ana@visionycompromiso.org

Attendance is limited, register now: <http://tinyurl.com/servingfrmthhrt>

WHAT IS THE PROMOTOR MODEL?

Promotores are community members who act as natural helpers and liaisons to meaningful information and resources for their neighbors and neighborhoods.



HOW IS HEALTH DEFINED?

HYPERTENSION **CANCER** DIABETES HOUSING ALZHEIMER'S
PREGNANCY EDUCATION **MENTAL HEALTH** SUBSTANCE ABUSE
DISABILITIES LITERACY **JOBS** DOMESTIC VIOLENCE
FINANCIAL LITERACY PRENATAL, PRECONCEPTION
KIDNEY DISEASE INCARCERATION OBESITY **ISOLATION**

WHY ARE PROMOTORES EFFECTIVE?

Person-to-Person Conversations



HOW DOES VISION Y COMPROMISO HELP?

Supporting and Connecting Promotores

Visión y Compromiso partners with Promotores to celebrate their contributions and elevate their voices and impact in the community.



4,000

The number of Promotores in the network across California.

120,000

The estimated number of Californians who receive referrals and health information from VyC Promotores each month.

** Paying Promotores increases influence with healthcare systems and provides economic stability for Promotores and their families.*

16^{ta} Conferencia Anual • 16th Annual Conference

Visión y Compromiso™



“Construyendo puentes para
una comunidad unida y resiliente”

“Building Bridges for a United and Resilient Community”



4, 5 y 6 de Octubre del 2018 • October 4–6, 2018

Ontario Convention Center, 2000 E Convention Center Way, Ontario, California 91764

¡Bienvenidos!

Tenemos una tremenda oportunidad de estar reunidos y reunidas el día de hoy como líderes en la lucha por el bienestar de nuestras comunidades. Comunidades que son representativas de diversos países, razas, lenguas, Y costumbres diversAs, pero que comparten una misma lucha por la misma lucha por la vida digna y sana de nuestras familias.

Los y las promotores somos gestadores de la salud y como tal, tenemos la oportunidad hoy de compartir, aprender y convivir con nuestros compañeros que andan en la misma lucha, promoviendo la salud completa, sembrando la esperanza, la paz y la alegría en nuestras comunidades.

Estos tiempos requieren mas de nosotoros. Nos suplican construir mas y mejores puentes, construir mas y para responder, proteger y seguir luchando por los derechos de todos. Nuestra fortaleza esta en los lazos comunitarios y, fomentarlos es nuestro deber. Construyamos puentes mantengamos una firme resiliencia para continuar cosechando comunidades sanas.

Aprovechen estos dias, que estan llenos de aprendizajes, herramientas y Amistad. Esta conferencia anual ha sido planeada por un grupo dedicado y comprometido, conformado por voluntaries del estado de California. Ellos y ellas han hecho este evento posible. Les damos un fuerte abrazo y bienvenidos.

Vamos juntos y juntas adelante en la lucha!

Con admiracion,



Maria Lemus
Executive Director

Welcome!

We have the tremendous opportunity to be gathered together as peers and leaders fighting for the well-being of our communities. Communities that are representative of different countries, races, languages, and customs, and share a cause for the dignified and healthy life of our families.

We are the promotores/as of healthy communities and as such, we have the opportunity today to share, learn and experience the promise of full health and the sowing of hope, peace and joy in our communities.

These times require more of us. They beg us to build more and better bridges so as to respond, protect and continue fighting for the rights of all. Our strength lies in the bonds we share as a community, and our duty is to nurture them. Let's build bridges and stand firmly resilient in the harvesting of healthy communities.

Benefit from these three days, which are full of learning, tools and friendship. This annual conference has been planned by a dedicated and committed group, made up of volunteers from the state of California. It is they who have made this event possible, and it is in their name that we embrace and welcome you all.

Let's go together and let's go onward in our fight!

With admiration,



Maria Lemus
Executive Director

Programa • Program

JUEVES, 4 DE OCTUBRE • THURSDAY, OCTOBER 4

3:30–5:00	Pre-inscripción de la conferencia • Conference Pre-Registration	EXHIBIT HALL A FOYER
5:30–6:00	Inscripción: Evento de Bienvenida • Welcome Event Registration	EXHIBIT HALL A
6:00–10:00	Recepción de Bienvenida • Welcome Reception	EXHIBIT HALL A

VIERNES, 5 DE OCTUBRE • FRIDAY, OCTOBER 5

7:00–8:30	Inscripción • Registration	EXHIBIT HALL A FOYER
9:00–9:30	Bienvenida • Welcome <i>Maria Lemus, Directora Ejecutiva • Executive Director, Visión y Compromiso</i> <i>Melinda Cordero-Bárzaga, Directora Asociada • Associate Director, Visión y Compromiso</i> <i>La Honorable Asambleísta Eloise Reyes • The Honorable Assemblymember Eloise Reyes</i> <i>El Honorable Senador Kevin de Leon • The Honorable Senator Kevin de Leon</i>	EXHIBIT HALL A
9:30–10:45	Plenaria: El racismo estructural en nuestra sociedad • Plenary: Structural Racism in Our Society <i>Moderador • Moderator: Teresa Nier, R Director of Communications, University Health System, San Antonio, Texas</i> <i>Rosa Martha Zarate, Señora del Canto, Activista y Enlace/Coordinación • Señora del Canto, Activist and Liaison/Coordinator, Alianza de Ex-Braceros del Norte</i> <i>Flojaune G. Cofer, PhD, MPH, Directora de Política Pública Estatal y Investigación • Director of State Policy & Research, Public Health Advocates</i>	EXHIBIT HALL A
10:45–12:00	Exámenes de Salud, Mesas de Exhibición, Bailoterapia • Health Screenings, Exhibitor Tables, Bailoterapia	EXHIBIT HALL A
12:00–1:15	Almuerzo • Lunch	EXHIBIT HALL A
1:30–3:30	Talleres A • Workshops A	
3:45–5:45	Talleres B • Workshops B	
7:00–12:00	Cena/Baile • Dinner/Dance	EXHIBIT HALL A

SÁBADO, 6 DE OCTUBRE • SATURDAY, OCTOBER 6

7:00–8:00	Talleres de Actividad Física • Physical Activity Workshops	EXHIBIT HALL A
6:30–7:45	Inscripción • Registration	EXHIBIT HALL A FOYER
9:15–10:15	Plenaria: Nuestras acciones generan cambio social • Plenary: Our Actions Generate Social Change <i>Veronica Camacho, Gerente de la Red • Network Manager, Visión y Compromiso</i> <i>Alma Esquivel, Directora de Capacitación y Educación • Director of Training and Education, Visión y Compromiso</i> <i>Miriam Hernandez, Gerente de Capacitación de la Fuerza Laboral • Workforce Training Manager, Visión y Compromiso</i> <i>Hugo Ramirez, Director de Programas • Director of Programs, Visión y Compromiso</i>	EXHIBIT HALL A
10:30–12:30	Talleres C • Workshops C	
12:45–2:00	Almuerzo • Lunch	EXHIBIT HALL A
2:15–3:15	El voto y nuestro papel como promotores y trabajadores comunitarios • Voting and our Role as Promotores and Community Workers <i>Randy Villegas, Estudiante de Doctorado de la Universidad de California en Santa Cruz • PhD student, UC Santa Cruz</i>	EXHIBIT HALL A
3:15–4:00	Los deseos de los promotores y trabajadores comunitarios para nuestro mundo • The Wishes of Promotores and Community Workers for Our World <i>Hugo Ramirez, Director de Programas • Director of Programs, Visión y Compromiso</i> <i>Melinda Cordero-Bárzaga, Directora Asociada • Associate Director, Visión y Compromiso</i>	EXHIBIT HALL A

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Health Net®



MESA EN LA PREMIACIÓN • AWARDS DINNER TABLE



Workshops A

FRIDAY, OCTOBER 5 • 1:30PM–3:30PM

201B

Prevenção de acoso sexual en el lugar de trabajo

Prevention of Sexual Harassment in the Workplace

Teresa Andrews

105

Respetar mi salud, respetar mi dignidad: Construyendo una cultura de derechos humanos

Respect My Health, Respect My Dignity: Building a Culture of Human Rights

Dinorah Martinez

200A

Entre mujeres

Among Women

Dulce Muro Vieyra y Alfonso Muro

107B

Recuperación sostenible de la nutrición de los niños menores de dos años en la comunidad

Sustaining the Nutrition of Children Two Years of Age and Younger in the Community

Angelica Calel y Nelida Cal

106

Promoviendo elecciones saludables: Estrategias para promotores de salud

Promoting Healthy Choices: Strategies for Promotores de Salud

Karolina Schantz

200B

Mentalidad empresarial

Business Mindset

Humberto Perez

200C

Seamos inteligentes en torno a los incendios y los terremotos: Preparación de desastre para familias y sus seres queridos

Be Fire Smart and Earthquake Smart: How to Prepare Your Loved Ones for a Possible Disaster

Anat Louis y Chris Nevil

100AB

SanaMente: La campaña de salud mental de California: Recursos y materiales disponibles para nuestra comunidad

SanaMente/Each Mind Matters: The California Mental Health Campaign

Rocio Pedroso y Mariana Baserga

104A

Abogamos unidos: Promotores al pie de la mesa de abogacía

Advocating Together: Promotores at the Head of the Advocacy Table

Herminia Ledesma y Rosa Flores

201A

La pérdida de memoria, demencia y la enfermedad de Alzheimer: Recursos para ayudar a la comunidad latina

Loss of Memory, Dementia and Alzheimer: Resources for the Latino Community

Judith Martinez

107A

El promotor y el modelo de transformación comunitaria

Promotores and the Community Transformation Model

THIS WORKSHOP WILL BE IN ENGLISH ONLY

Melinda Cordero-Bárcaga y Gerry Balcazar

105

Nada sobre nosotros sin nosotros: promotores conversando sobre sostenibilidad y financiamiento

Nothing About Us, Without Us: Engaging CHWs/Promotores in Insightful Conversations on Sustainability and Financing

THIS WORKSHOP WILL BE IN ENGLISH ONLY

Betsy Rodriguez y Magon Saunders

100AB

Las marcas del tiempo: Hasta que lo bueno sea mejor y lo mejor excelente

The Hands of Time: Until the Good Is Better and the Better Is Best

Natalia Solache

201A

Como preparate para tu futuro financiero

How to Prepare for Your Financial Future

Godofredo De Leon

104A

Arriba la salud sexual: Previene las infecciones de transmisión sexual en nuestra comunidad

Preventing Sexually Transmitted Infections in Our Community

Edwin Chojolan y Hilda Garcia Baltazar

107A

Las enfermedades crónicas y sus riñones

Chronic Disease and Your Kidneys

Franco Reyna

201B

Salud Reproductiva y Sexual: Conoce tus Derechos

Reproductive and Sexual Health: Know Your Rights

Sylvia Castillo

200C

Como Hablar en Público

How to Speak in Public

Humberto Perez

104B

La energía sanadora del perdón: Superando el abuso físico, emocional y sexual

The Healing Energy of Forgiveness: Overcoming Physical, Emotional and Sexual Abuse

Jose Arturo Palato

200A

Comenzar de nuevo, no otra vez: Convirtiendo la pérdida y la pena en pérdida y ganancia(ia)

Start Again, Not Over: Turning Loss and Grief to Loss and Gain

Dr. Leticia Ximénez

200B

“Cuidando a los nuestros”: Cuidar a un ser querido cambia la vida

Taking Care of Ours: Taking Care of a Loved One, Changes Lives

Adriana Mendoza, Josefa Rios y Eva Medina

106

La Salud Holística con el Dr. Cesar

Holistic Health with Dr. Cesar B

Dr. Cesar Alberto Caballero González

201B

El medio ambiente y tu salud:
Como evitar la exposición
ambiental dañina antes y
durante el embarazo

The Environment and Your
Health: Strategies for Avoiding
Harmful Environmental
Exposures Before and During
Pregnancy

Jose Camacho

104A

¡Viva el promotor que habla de
la prevención del cáncer! Una
charla sobre la vacuna contra
el VPH

Hurray for Promotores
Who Speak Out About
Cancer Prevention! How a
Conversation About the Human
Papilloma Virus Can Save Lives

104B

La resiliencia desde un enfoque
espiritual

A Spiritual Approach to
Resilience

Brenda Monzon

200C

Cómo cultivar la resiliencia en
nuestros clientes usando la
entrevista motivacional

How to Cultivate Resilience in
Our Clients Using Motivational
Interviewing

Yadira Benjelloun

105

El bienestar en la era digital: Un
taller para crear contenido

Well-being in the Digital Age:
A Workshop to Create Healthy
Online Content

Rocio López

107A

Del miedo al amor: El
desarrollo de habilidades para
liberar del círculo de violencia

From Fear to Love: Coaching
and the Development of
Interpersonal Skills to Prevent
and Liberate the Circle of
Violence

Annel Delgado Ayala

100AB

Familiares, amigos y vecinos
como proveedores de cuidado
infantil: Un trabajo del corazón

Caring from the Heart: Family,
Friends and Neighbors as
Child-care Providers

Hugo Ramirez y Alejandra Reyes

201A

¿Cómo trabaja la abogacía?
Una perspectiva de una
estudiante universitaria

Advocacy, How Does It Work?
A Perspective from a College
Campus

**THIS WORKSHOP WILL BE IN
ENGLISH ONLY**

*Alexandra Olvera y Niousha
Farhangi*

200B

Una sonrisa saludable nunca
envejece

A Healthy Smile Never Gets Old

*Conrado Bárzaga y Shanti
Bhaskara*

106

La integración del promotor a
la fuerza laboral

The Integration of the Promotor
into the Workforce

Miriam Hernandez

200A

La voz del corazón: Celebrando
la canción, el canto y la salud
del cantor

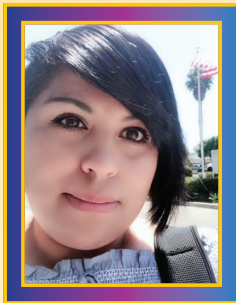
Songs from the Heart:
Celebrating the Verse, the
Voice and the Health of the
Singer

Antolin Rodriguez



Con gran placer Visión y Compromiso reconoce cada año a individuos y organizaciones que han contribuido significativamente al movimiento de promotores. El Premio Corazón de Servicio se otorga a las personas que han demostrado cualidades excepcionales tanto en lo personal como en lo profesional.

With great pleasure every year, Visión y Compromiso recognizes individuals and organizations that have contributed significantly to the promotores movement. The Corazón de Servicio award is given to people who have demonstrated exceptional qualities personally and professionally.



Alejandra
González



Adolfo
Martínez



Laura
Salgado



Patricia
Rizo



Aidee
Flores-
Fernandez



Josette
Guzman



Blanca
Rivera



Beatriz
Basulto



Ana
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Molano

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SOBRE EL ARTE

Nuestro proyecto de arte resume el lema de la conferencia de muchas formas. Para empezar, es **construido** con la unión de elementos extraídos de varias pinturas hechas por promotoras como yo, al igual que por personas con la enfermedad de Parkinson y sus familiares. Esas pinturas son el resultado de talleres expresivos que permiten que las personas con Parkinson y los que los apoyamos descubramos nuevos talentos, exploremos nuestras fortalezas y nos sintamos capaces de influir sobre nuestro bienestar y el de nuestra comunidad.

Unimos múltiples elementos de nuestras pinturas para crear la comunidad que deseamos ver: construida con las fortalezas, el compromiso y la visión de todos los promotores. Una comunidad diversa, saludable y llena de esperanza para las nuevas generaciones. Para llegar a ella tuvimos que construir un puente cuyos cimientos y materiales están hechos con el esfuerzo de nuestras promotoras y voluntarios que están representados con sus pinturas.

ABOUT THE ARTWORK

Our art project summarizes the theme of the conference in many ways. To begin with, it is built with the union of elements extracted from several paintings made by promoters like me, as well as by people with Parkinson's disease and their relatives. These paintings are the result of expressive workshops that allow people with Parkinson's and those who support them to discover new talents, explore their strengths and feel able to influence our well-being and that of our community.

We combined multiple elements of our paintings to create the community we want to see: built with the strength, commitment and vision of all the promoters. A diverse community, healthy and full of hope for the new generation. To reach this community we have to build a bridge whose foundations and materials are made with the efforts of our promoters and volunteers who are represented in their paintings.

NOMBRE DEL ARTISTA • ARTIST NAME:

VOCES DEL PARKINSON

[@vocesdelparkinson](https://www.instagram.com/vocesdelparkinson)



California Health Care Foundation is proud to support Visión y Compromiso.

Thank you for strengthening the fabric of our community.



CHCF

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www.facebook.com/visionycompromiso

www.vyconference.org

We believe in a healthy future.

At Kaiser Permanente, our commitment to well-being goes beyond health care. We're also committed to improving the communities we serve. That's why we support Visión y Compromiso.

Together we make a difference.



community.kp.org

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Thank you for your unwavering dedication
and commitment to supporting our communities.

*At AltaMed, we are committed to providing quality health care
and community services to help families live a healthier life.*

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**Agradecemos su presencia.
Acompáñenos el próximo
año—su participación hace
la diferencia.**

**3, 4, 5 de octubre
del 2019**

**en el Centro de
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**October 3-5, 2019
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**We are grateful for your
presence. Join us next
year— your participation
makes the difference.**

The Promotor Model

A Model for Building Healthy Communities

A Framing Paper March 29, 2011



Funded by:

**The
California
Endowment**

Prepared by:
Latino Health Access
Visión y Compromiso
Esperanza Community Housing Corporation

Acknowledgments

This framing paper is the result of the efforts of many individuals and organizations. Esperanza Community Housing, Latino Health Access and Visión y Compromiso are the primary visionaries and co-authors of this Framing Paper. The California Endowment provided funding and invaluable support. Deborah Arthur, MPH participated throughout the information gathering process and contributed writing and editing to this project. Rosa Benedicto translated this document from English to Spanish in both draft and final form. Over 125 Promotores from San Diego, Riverside, Orange, Los Angeles, Stanislaus, Alameda, San Francisco, San Mateo and Contra Costa Counties shared their wisdom based on a lifetime of experiences as community leaders. This paper would not have been possible without the participation of the following expert Promotores and other leaders in the Promotor movement who contributed their knowledge, their vision and dedication to guide this process on every step of the journey:

Adela Montañez,
Promotora/Coordinator
Pasa la Voz
Latino Health Access
Santa Ana

Alma Esquivel, Promotora
Southern California
Network Director
Visión y Compromiso
Los Angeles

Aracely Robles, Promotora
Latino Health Access
Santa Ana

Lupe Gonzalez Hernandez
Promotora
Director of Health Programs
Esperanza Community Housing
Los Angeles

Chely Romero,
Promotora
Northern California
Network Director
Visión y Compromiso
Oakland

Gabriela Gonzalez,
Promotora
Esperanza Community Housing
Los Angeles

América Bracho, MPH, CDE
Executive Director
Latino Health Access
Santa Ana

María Lemus
Executive Director
Visión y Compromiso
El Cerrito

Melinda Cordero-Bárzaga
Associate Director
Visión y Compromiso
Los Angeles

Nancy Halpern Ibrahim, MPH
Executive Director
Esperanza Community
Housing
Los Angeles

Rosalía Piñón, Promotora/
Coordinator
Latino Health Access
Santa Ana

Sarai Arpero,
Promotora
Latino Health Access
Santa Ana

The California Endowment (TCE) is a foundation committed to improving the health of all Californians, especially those in underserved communities. TCE has made thousands of grants since our inception in 1996. Our experience over the past 15 years has taught us that:

- Health doesn't begin in a doctor's office; and
- Where we live has an enormous impact on health.

In 2010, TCE made a strategic decision to invest in 14 communities across the state so that they can take action to make where they live healthier. Some of the key areas of focus are:

- Improving employment opportunities;
- Improving access to quality education;
- Access to affordable and quality housing;
- Improving neighborhood safety;
- Improving unhealthy environmental conditions; and
- Increasing access to healthy foods.

Our goal for BHC is to create places where children are healthy, safe and ready to learn.

Over the years, TCE has supported and funded a variety of projects incorporating the promotores model in programmatic activities including quality of health care services, access to health care, community engagement around food availability, quality of food in schools, physical activity, and quality housing.

As we move into the implementation phase of our BHC plan in our 14 sites, we

realized it was time to take a deeper look at the role of promotores using social determinants of health frame, while capturing the voices of those most touched by this model.

One of our major assets in BHC is our partners, who recognize and value the impact promotores have in their communities. This paper was prepared by the talent we have in our BHC sites. They are tireless advocates for BHC. Further, this report was commissioned from the most experienced organizations in this field and together, we present how this approach is important to improving health because promotores educate, empower and advocate for change.

Beatriz Solís, M.P.H., Ph.D.

Director, Healthy Communities, South Region
The California Endowment

The Promotor Model

A Model for Building Healthy Communities

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Introduction

Where we live, work and play has a direct impact on our health. Clean air, affordable housing, healthy food, strong social networks, and safe neighborhoods are critical to guarantee the health and well being of all families. Communities that reduce inequities and improve health environments for children and youth improve opportunities for everyone in those communities. The California

“Promotores are community experts. They are caring, credible, and trusted by the community. They are concerned about the well-being of others and capable of creating egalitarian relationships in order to help others - and themselves. This process of relationship building has the capacity to transform the community.”

Endowment has embarked on a cooperative community effort to ensure that all children and youth are healthy, safe and ready to learn. Through the Building Healthy Communities (BHC) strategic initiative, The California Endowment is deepening its commitment to make sustained community-driven investments in 14

geographic areas impacted by poverty. Creating healthy communities is a long-term process that requires ongoing and in-depth community participation and engagement. Innovative models for community engagement are needed. This framing paper, *The Promotor Model: A Model for Building Healthy Communities*, highlights the role of grassroots community leaders called Promotores de Salud in engaging families, particularly low-income and immigrant families, to improve the built environment, increase awareness about factors that affect health, and transform their communities so that all persons can thrive.

Promotores de Salud (Promotores, Promotora or Promotor) are highly trained community leaders. Characterized by *servicio de corazón* - service from the heart - (Vision y Compromiso, 2003), Promotores share a desire to serve their community and improve conditions so that their children, and all children, may know a better way of life. Living in the communities where they work, Promotores are powerful advocates for individual and community transformation. They share information with community residents about local resources and have the capacity to influence policies related to critical issues facing their

communities. The role of the Promotor extends far beyond the disease-related functions of community health to a passion for human rights and social justice. However, the quality that makes Promotores uniquely effective is their ability to establish profound relationships based on mutual understanding, mutual respect and mutual empathy. By cultivating meaningful relationships, Promotores build community trust, the foundation for engagement in a process of community transformation.

The testimony provided in this framing paper shares voices from the field and represents the collective experience and “wisdom that comes from life” of Promotores throughout California. In order to maintain the integrity of their unique voice, this framing paper is presented in much of the original language and sentiments shared by the Promotores.

Project Background

Esperanza Community Housing (Esperanza) in Los Angeles, Latino Health Access (LHA) in Santa Ana, and Visión y Compromiso (VyC), a statewide association, are recognized leaders who work with, train, and represent Promotores and other grassroots community health workers. These organizations have developed training programs and community health initiatives that have had a profound impact on urban, suburban and rural Latino communities and have influenced local, state and national policy. (See Appendix B for a description of their work and contact information.)

In order to inform the community engagement practice of the Building Healthy Communities Initiative of The California Endowment, Esperanza, LHA and VyC asked Promotores throughout California to share their opinions about what makes the Promotor model so effective at engaging communities. This framing paper is based on their unique experiences and highlights the following:

- Characteristics and values of Promotores;
- Outreach, education, advocacy and community engagement roles of Promotores;
- Integrating a Promotor program (recruitment, training, supervision, career development);
- Institutional readiness; and
- Promotor best practices for community transformation.

In order to develop the vision for this framing paper, Esperanza, LHA and VyC (the Leadership Team) met with a consultant in August 2010 to design a Promotor retreat and plan the information gathering and analysis phase of the project. In September, the Leadership Team hosted 12 expert Promotores from Northern and Southern California in a two-day retreat to: 1) engage Promotores in dialogue about the Promotor model and Promotor best practices in California; 2) establish the criteria and shared language for this paper; 3) develop research

questions for discussion with Promotores in other regions; and 4) finalize a written survey to gather data from Promotores.

During September 30 through October 15, 2010, the Leadership Team convened 125 Promotores from San Diego, Riverside, Orange, Los Angeles, Stanislaus, Alameda, San Francisco, San Mateo and Contra Costa Counties in facilitated conversations (charlas) conducted in Spanish. The size of the charlas varied from 7 Promotores in Coachella Valley to over 40 Promotores in Los Angeles. To ensure consistency, the team of expert Promotores from the retreat facilitated all charlas. All conversations were recorded, transcribed and reviewed in Spanish by team members. Transcriptions were translated from Spanish to English. In November, the Leadership Team met once again with the consultant and expert Promotores to discuss the results of these statewide conversations and to deepen the understanding of how Promotores build healthy communities.

A written survey was distributed at Promotor meetings and during the charlas and returned by 259 Promotores. Survey data was entered into an Excel database for descriptive analysis. Survey results (summarized throughout this paper) offer a snapshot of roles, training, compensation and benefits among a sample of Promotores in California today. Qualitative and quantitative data were analyzed by the consultant and reviewed by the Leadership Team and expert Promotores in order to ensure accuracy and relevancy. Project results were translated into Spanish, distributed to the Promotores in November for review, and finalized as this framing paper in March 2011.

Characteristics and Values of Promotores

Promotores are highly trained leaders from the communities where they live. They share a desire to improve the community so that their family, and all families, may have a better quality of life. Experts about local resources and critical issues facing their community, Promotores may be formally or informally affiliated with organizations as paid, stipended or volunteer community workers. They are known by diverse job titles such as peer educator, advocate, outreach

worker, community educator, patient navigator, community health worker, parent volunteer, comadre and Promotor.

The role of the Promotor extends far beyond the disease-related functions of community health and is driven by a passion for justice and equality. Promotores have a range of talents and skills and a unique ability to establish profound relationships with individuals based on mutual understanding, mutual equality, mutual respect and mutual empathy. They communicate in the language of the people, address access barriers that arise from cultural and linguistic differences and lack of trust, and they reduce stigma and incorporate cultural supports that improve health outcomes and help community members cope with stress and adverse events.

At a minimum, Promotores know the community, share information, and improve access to resources. In order to identify the characteristics that distinguish Promotores from other community workers who share these same roles (i.e. a community organizer or patient navigator), over 125 Promotores in California engaged in conversations to respond to the following questions:

- What characteristics are unique to Promotores?
- What is the magic that makes a Promotor effective?
- What roles do Promotores play in transforming communities?
- Promotor best practices for community transformation.

In large and in small group sessions, Promotores shared their opinions and experiences about what makes a Promotor an effective guide for community transformation. From this data, 10 primary characteristics and values have been identified and are summarized here:

Primary Characteristics and Values of Promotores

1. Promotores create and cultivate egalitarian relationships based on mutual trust, understanding and respect.
2. Promotores are committed to sharing information and resources.
3. Promotores approach the community with empathy, love and compassion.
4. Promotores are accessible and trusted members of the community where they live.
5. Promotores share similar life experiences as the community.
6. Promotores have a profound desire to serve the community, are tireless in their service, and limitless in their generosity of spirit.
7. Promotores communicate in the language of the people and are knowledgeable about the community's cultural traditions.
8. Promotores are a two-way bridge connecting the community to resources and ensuring that institutions respond to community needs.
9. Promotores are natural advocates who are committed to social justice.
10. Promotores are effective role models for community change.

1. Promotores Create Egalitarian Relationships

The work of a Promotor is the work of building relationships with other community members based on mutual trust, mutual understanding and mutual respect. “We help each other. We listen to each other.” Cultivating meaningful relationships is a long-term investment that takes time and may not fit within the limitations of a grant-funded community health program. Building community trust requires Promotores to participate in community activities, visit people in their homes, spend time sitting with people, listen to their experiences, and share information. Over time, Promotores and the people they meet deepen their commitment to each other. This

“The problem of clean water isn’t just my neighbor’s problem, it is mine also. What happens to her, matters to me. What I want for my family is the same thing she wants for hers - we are equal. Promotores work with the community so that all of us can be better off.”

long-term process is the foundation of the Promotor model and holds the potential for individual and community transformation. The egalitarian nature of this relationship is in contrast to the relationship of a health worker and a patient. The health worker may speak the same language as a patient and take their medical history with understanding and compassion; however, the health worker and the patient do not participate in a mutual process of relationship building.

2. Promotores Share Information and Resources

Promotores are committed to sharing information with a network of people including family, friends, neighbors, co-workers and others in the community. Promotores share information with their community because they don't want

"The work of Promotores is knocking on doors when you have no idea what you will find on the other side, knocking on doors when they are not ready to hear what you have to say, sharing information that, one day, will be exactly what they need to hear."

other people to live through the same difficulties they experienced such as where to find good childcare, how to navigate the Emergency Room, or what to do about abuse. "If someone else can learn something from what I have lived in my life, then I will share it with them."

3. Promotores Approach the Community with Empathy and Love

Promotores develop relationships based on empathy, love and compassion.

"When I see a need, it becomes my need too. I can't just walk by without doing something."

"We know how to put ourselves in the shoes of others."

This love for the community is unique to Promotores. It is what motivates them to listen, empathize and do what they

can to help others. Empathy and love arise naturally and without pity enabling Promotores to empower community residents to take steps to create change in their lives.

4. Promotores are Accessible, Trusted Members of the Community

Promotores are not outsiders - they live in the community or in a similar community nearby. "The community trusts us, they know our families. Creating trust is the foundation of our work - it is what Promotores do." Because Promotores are a part of the community, they are available and accessible. "People have to be able to reach us when they need to. Our job is not just 9-5. It takes whatever it takes." Promotores are responsive out-of-the-box thinkers expert at meeting the community in the circumstances in which they live. While each

"Yes, it is important to have the right information to share with people. But it is more important to have their trust so that people will believe in you and trust what you say."

Promotor has her/his unique style for working with the community, all Promotores connect with people, listen to what they need, and dedicate time to people when they need it. The amount of time spent talking to families responds to what that family needs, not to an external measure of service. "I cannot be concerned only with the number of people who attend my class. When someone says, 'my husband beat me up last night' or 'my son is in a gang', I cannot say 'Well, that is not on my agenda for today.' As Promotores, we carry our agenda of what we want to teach that day, but it may not be the agenda of the community. Therefore, we have to change it based on the needs of the families we meet each day and all of their pain, needs, hopes, and talents." If Promotores cannot be flexible in this way, they will lose the opportunity to build quality relationships that help people create changes in their lives. "I know that when people come to my agency, they are looking for me, not whomever. They come not just for the resources I can provide, but also because of the relationship we have developed."

Promotor has her/his unique style for working with the community, all Promotores connect with people, listen to what they need, and dedicate time to people when they need it. The amount of time spent talking to families re-

5. Promotores Share Similar Life Experiences

Promotores identify with the same problems as the people in the community and, because they share similar life experiences, they understand the context in which people live and are able to deliver their message with respect and in ways they know people will hear. Promotores are real people embracing and working for personal and community change and community residents respond by opening up to Promotores and exploring possibilities for change without judgment or fear. By sharing their stories, Promotores use their own lives as an inspiration to others. “We are examples of change and can show people what we have done, the paths that we took, and the mistakes that we made. When people identify with us they say, ‘If you can do it, I can do it too.’”

6. Promotores Have a Profound Desire to Serve the Community

Promotores believe they can make a difference in other people’s lives. “My goal is not just my own need, I want to help others improve their lives too.” They

“Warmth and an attitude of service is something we have been raised with - it is not something you can get from a training.”

exceed service expectations and routinely go the extra mile. “I am not limited by

the resources - I give whatever I can.”

For many Promotores, community service is an important cultural and family value and they have “witnessed this spirit of service since childhood.”

Survey Results

Number of Years as Promotor (n=259)

Most Promotores in this survey have been a Promotor for less than 10 years:

- 0-5 years: 63%
- 6-10 years: 22%
- 11-15 years: 4%
- 16-20 years: 2%

Less than 50% of Promotores surveyed are paid for their community work:

- Paid: 48%
- Volunteer: 46%

Few Promotores affiliated with organizations work full-time:

- Full-time: 17%
- Part-time: 35%
- Other: 11%

7. Promotores Speak in the Language of the People and Know their Cultural Traditions

Promotores build on the cultural strengths and practices of the community, value and respect the wisdom of those cultural traditions, and work from within and not against culture which ‘helps the community to accept us.’ Speaking without technical jargon, without arrogance and without interpreters, Promotores communicate complex ideas, i.e. how social and economic determinants of health influence diabetes disease management, using “simple examples that everyone can relate to helping them to see how they can make changes in their own lives.” Promotores may say, “we know we need to exercise to lower our blood sugar but if we don’t have safe parks, it is very difficult to exercise.” In this way, community residents can understand the impact that the built environment and public safety have on community health outcomes.

8. Promotores are Two-Way Bridges Connecting Communities and Resources

Promotores connect community residents to information, resources, clinics, institutions and government agencies to make community change possible,

“We are a bridge to services, but we have a role to play in making sure that the right services get to our community.”

bridging barriers of fear, language, culture and poverty and engaging communities in social, political, health, education, and civic systems. In order for this two-way bridge to operate, Promotores must also be able to bring infor-

mation from the community back to the appropriate institution. Where clinical service providers are genuinely invested in providing quality of care that results in improved health outcomes, Promotores are a valued and critical sounding board. As Promotores inform the community about vaccines, people may respond that they need activities for youth. Institutions committed to community transformation will maximize the full potential of Promotores and ensure that the programs and services developed are actually the ones the community needs.

9. Promotores Are Natural Advocates Who Are Committed to Social Justice

Promotores are natural advocates for the dignity and rights of all people, “I get angry when I see someone else abusing another person’s rights.” They see their

“We are from the community - we are the voice for so many people who dare not come out and speak.”

role as “defending, protecting and including” the community in decision making. They speak out against domestic violence, advocate for nutritious food in schools, or help

improve community relations with local police. For many Promotores, Promotor-specific training is what converted them from natural advocates into Promotores helping them to develop skills to think strategically and ask questions “that get at the root of the problem and help us see what the community needs.”

10. Promotores Are Effective Role Models for Community Change

Promotores plant seeds so that conditions in the community, and in their own lives, can change. The transformative work of Promotores begins with meaningful and respectful community relationships. Promotores build individual

“We also have to be willing to take action and make changes in our own lives. I cannot do what I want to do if I stay the way I am.”

capacity for creating change by engaging not just individuals, but their families and whole communities empowering people “to understand their role in being able to change their own situation.” This is a transformative and

mutually beneficial process that occurs over time and takes place within each Promotor and, by active extension, within the community. In order to be effective and stimulate community change, Promotor programs must provide Promotores opportunities and resources for personal and leadership development and sufficient time to develop these trust-based relationships.

Survey Results

Promotores were asked to identify three essential characteristics of a Promotor. Their responses are categorized as follows:

1. Community service, commitment, caring, understanding, empathy and concern for the community. (25)
2. Honesty, integrity, responsibility, humility, respect, open mindedness, and persistence. (20)
3. Training, preparation, and knowledge of the issues. (20)
4. Love, passion, and devotion. (13)
5. Communication, public speaking, and confidence. (11)
6. Leadership, example to others, and voice of the community. (11)
7. Bridge to services and resources, available, accessible, and spend time with people. (10)
8. Change agent, advocate, and harvest seeds for community transformation. (7)
9. Enthusiastic, friendly, and supportive. (7)
10. Know and identify with the community. (5)

The Role of Promotores in Building Healthy Communities

In 1986, the World Health Organization (WHO) defined a healthy community as:

... one that is continually creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.

Healthy communities are defined by a process that includes: 1) A high degree of public participation in and control over decisions affecting one's life, health and well-being; 2) A clean, safe, high-quality physical environment (including housing quality); 3) The meeting of basic needs (food, water, shelter, income, safety,

work) for all people; and 4) A strong, mutually supportive and non-exploitative community. In this way, health promotion “requires the empowerment of individuals and communities, enabling them to exert more control over all of the factors that contribute to their health and well-being. This means that the community - both as individuals and as members of community and neighborhood organizations - has to be centrally involved in the process of creating a healthier environment. They, or their representatives, need to be at the table as active participants.” (Breslow, 2002)

The WHO further calls upon world leaders and communities to address the social determinants of health in order to reduce health inequities:

“The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.”

While the United States has embraced Promotores and community health workers within the health care system, their scope of work, to date, has not been to address health inequities. Rather, their community role has been limited to disease prevention and health promotion connecting people in the community with “professionals” in the health clinic or other institution. However, in order for Promotores to be centrally involved in creating a healthy community, they must be able to fully embrace the primary characteristics and philosophical values inherent in their community role as Promotor. If they are unable to be consistent with these dynamic and interactive values within their daily practice, due to either lack of knowledge or institutionally imposed limitations, it will be more difficult to apply the Promotor model in the community and Promotores will not be successful at creating substantive community changes that have the capacity to address the social determinants of health and reduce health inequities.

Therefore, the dynamic and engaging role of the Promotor must be recognized by organizations that recruit, hire, train and supervise them. These organizations must: 1) provide Promotores with sufficient time to build mutually beneficial, trusting relationships; and 2) establish a process that encourages collaboration and cross-sector information sharing in response to specific community needs. For example, Promotores affiliated with a diabetes prevention program should also be able to address domestic violence or economic justice. Further,

“Institutions need to consider how they will provide the scope of work, training, support, and supervision that Promotores need to be able to do this kind of community change work.”

when Promotores share input from the community about service gaps, institutions need to respond appropriately. Promotores must be guaranteed a seat at the decision-making table so that they can participate equally in every activity associated with the process of creating a healthier community including

planning, implementation, data analysis, policy creation, and evaluation. For the majority of service delivery agencies, this shift in how Promotores are viewed within organizations requires systematic and institutional change. In short, it represents a paradigm shift away from a disease management framework and “top-down services for specific diseases” towards a “community engagement framework for health equity and healthy communities” that invests in Promotores and develops inclusive programs with and for community residents. This community engagement framework for health equity is philosophically aligned with and can be advanced by the Promotor model.

The Promotor Model and The Theory of Change

The transformative work of Promotores begins with meaningful community relationships based on mutual empathy, trust, respect and understanding. In developing this framing paper, expert Promotores from Esperanza, LHA and VyC contributed lessons learned and best practices to describe the explicit role that Promotores play in creating individual and community change. This information, confirmed during *charlas* with Promotores throughout California, illustrates step-by-step how the Promotor model functions in a successful Promotor program. Regardless of the issue, the three stages of the Promotor model can be described by the following theory of change:

Theory of Change

Three Stages of the Promotor Model

1. Relationship Building
2. Information Sharing
3. Community Participation through Individual and Collective Action

The Promotor model in California is a social change model. It can be implemented with any issue (i.e. diabetes, neighborhood safety, breast cancer) because it is the quality of the relationships, not a particular issue area, which has the potential to create community change. If the Promotor model is allowed to function according to the theory of change, Promotores will: 1) build profound relationships over time based on mutual respect, empathy and understanding; 2) share information and local resources; and 3) create opportunities for community members to participate in individual and collective actions.

Stage 1. Relationship Building:

As previously discussed, the work of Promotores is characterized by relationship building. When a Promotor knocks on Doña Maria's door for the first time, both

people may at first relate to each other only through their children: “I understand what you say, I have children too.” Through deepening conversations that take place over time, Doña Maria recognizes that the Promotor not only understands her life, but lives it too.

Key Point: In contrast to other professions, relationship building is a mutual process that requires Promotores and community residents to get to know each other. When you “get to know your primary care provider,” your doctor asks you questions about your health behaviors in order to better understand your medical history. When you “get to know your child’s teacher,” the teacher asks you questions about your child’s life at home in order to better understand your child’s readiness to learn. But when you get to know the Promotor, both people ask each other questions and listen and engage in mutual conversations about their own and their community’s needs. Both people share information, both people share resources, and both people provide each other with social support which contributes to changes in their own, and in each other’s, quality of life.

Stage 2. Information Sharing

Promotores share information and resources with the community. However, the type of information that is shared must respond to real community needs and reflect the circumstances in which people live. When the Promotor invites Doña Maria to attend a nutrition class that is being held in her neighborhood, Doña Maria, who may be living with abuse and worried about her children’s safety (for example), may not necessarily be interested (at that particular moment) in learning how to cook healthier meals for her family.

Key Point: Building mutual relationships and sharing information that responds to community needs is an iterative process that takes time and results in increased trust. When the Promotor returns to Doña Maria’s house with information about how to create a safety plan for when she or her children are in danger, her relationship with the Promotor deepens, their empathy and understanding for each other builds, and the level of trust they share increases. Doña

Maria may then ask for advice about problems her child is having at school. The Promotor can now share stories about her own children and provide information about where Doña Maria can find culturally relevant, low-cost counseling or other resources. The mutual support, understanding and commitment between the Promotor and Doña Maria continue to increase over time.

In this model, relationship building is not a one-time event. It is an iterative process composed of many different, repetitive, evolving and involving events over time that leads both community residents and Promotores through a process of self-discovery. As the Promotor engages with the community, s/he becomes more aware of the community's needs and, in this way, the personal and professional work of a Promotor becomes the same thing: community transformation. In order for this model to reach its full potential, however, Promotor programs must be sufficiently supported by the organization, must not be limited to one issue area, and must be flexible enough to allow both Promotores and community members to be transformed through this self-discovery process.

Stage 3. Community Participation Through Individual and Collective Action

Over time, as the relationship between the Promotor and Doña Maria deepens and their trust and commitment to each other increases, Doña Maria may become more willing to participate in individual and community events. “Yes,

One Promotor's Experience

“Promotores reflect the community. When I joined a committee, it was because I identified with the issue of affordable health insurance - it was my problem too. I had no idea what a Promotor did. I volunteered with this committee because I had a problem and because I wanted to be part of a solution, not necessarily because I knew it was good for the community. But, I liked it and now, I am a paid Promotora. Little by little, through a process of training, education and self-discovery, I have become more involved and now I am connected to people who work in other areas. We began with health insurance and now, 14 years later, we are working on health reform.”

“Being a Promotora is part of my identity, like being a mom or a professional. It is who I am. Just because I am a Coordinator now, doesn’t mean I stop being a Promotor.”

I will sign up for the nutrition and diabetes class.” “Yes, I will come to the community meeting about neighborhood safety.” “Yes, I will attend a meeting with the City Council to advocate for a public park in our community.” These individual and collective actions are outcomes that are made possible

only by the Promotor’s work of building relationships. As Promotores ready the community to participate in these activities, both Promotores and community members become more aware of the need for the community to participate in collective action.

Key Point: When a community shares common interests and are personally invested in making a difference for the future, the parallel processes of self-discovery, reflection and empowerment will also give rise to new Promotores who will discover their identities as community leaders through a parallel process of self-discovery, empowerment and identity:

- Process of Self-Discovery: “I am a mother who will do anything I can to improve my children’s lives. And, I live in a neighborhood with other mothers who feel the same way.”
- Process of Empowerment: “I can take steps to improve my own life and, as I do, I become more confident in my ability to make those changes. Working with others in my community who feel the same way, together we can identify what improvements are needed, and take steps to change institutions too.”
- Process of Identity Creation: “As I identify who I am and I begin to feel more confident in my own (and my community’s) abilities, I strengthen my identity ‘as a mother, as a mother in the community with other mothers, as a community leader, and as a Promotor.’”

The Promotor Model Transforms Institutions

The Promotor model calls for community leaders who are caring, credible, trusted, respected, concerned about the well-being of others, and capable of creating relationships that are egalitarian in nature. These characteristics are not enough, however, to create community change. Institutions need to recognize their own interests and motivation before deciding to work with Promotores. Those institutions that have a genuine interest in creating healthy communities must be committed to an institutionalized vision for social justice and social change within their own organizational environment. They must also ensure that outside their organization they practice partnership and collaboration with the community and advocate for egalitarian political and institutional systems that foster equity and opportunities for all.

Promotor Programs Use a Team Approach

Promotor programs that aim to create healthy communities will be more effective when agencies have embraced a vision consistent with the Promotor model and the values of health equity explained in this paper. In this way, Promotor programs will reflect the values of the entire organization and not just the values of individual Promotores hired to engage the community. A Promotor program requires the support of a multi-disciplinary team of people committed to social justice that includes directors, administrators, evaluators, clinical providers, volunteers, and Promotores. With the Promotor model at the center, all team members engage in setting the institutional agenda and work together to identify the strategies that will achieve their vision. As Promotores conduct the work of building mutual and egalitarian relationships with community members, sharing information and engaging them in personal and community change they are supported by a multi-disciplinary team where:

1. Supervisors write a scope of work that is connected to a community engagement framework for healthy communities and a larger vision of health equity. Programmatic activities allow for relationship building, community

education, engagement, and community mobilization in addition to inter agency collaborations that support an expanded role for Promotores;

2. Evaluators develop evaluation tools in collaboration with Promotores that document the impact of the relationship building process and ultimately measure community health within the health equity framework taking into consideration changes in the social determinants of health and community participation; and
3. The identity of the organization supports an active role for Promotores in transforming their communities. Every person in the organization, including Promotores, contributes to the creation of the vision and mission and every person in the organization has a role to play in building relationships and ensuring that relevant decision makers promote public policies continuously informed by the Promotores' experiences and the community's input.
4. Executive Directors and boards of directors articulate the vision and mission of the institution to include health equity, create healthy communities, and engage communities as main elements guiding the organization. Executive Directors have ultimate authority to ensure that the organization embraces the Promotor model and that every person in the organization plays a role in building relationships and promoting policies informed by Promotores' experiences and the community's input.

The Role of the Promotor Within the Institution

Institutions need to recognize their own interests and motivation before deciding to work with Promotores. Does the Healthy People Community Clinic hire Promotores so that patients will comply with their diabetes treatment regimen? Or, does the Healthy People Community Clinic want to change the community conditions that contribute to high diabetes rates in the community? Training community leaders to take a patient's blood pressure will not result in long-term community change. A breast cancer education program that limits Promotores to distributing information about breast cancer will not result in long-term community change. However, a breast cancer education program that hires, entrusts, trains and empowers Promotores to create healthy communities also has the capacity to:

"If you recruit Promotores from the school of transformation, they are a poor fit for sitting in front of a computer."

- Build empathetic and trusting relationships (over time) with women and their families;
- Share both personal experiences and education about breast cancer and breast health;
- Develop social support networks and system navigation supports for women who need screening and treatment;
- Engage residents in individual and collective action to improve access to screening and detection services for all women;
- Teach women, and their families, to advocate for environmental justice, safe open spaces and access to fresh, healthy food;
- Involve residents in evaluating their environment to understand why so many women are affected by breast cancer;
- Advocate for access to affordable, quality health care for all community residents;
- Train community residents so that they can become better leaders and effectively represent their communities; and

- Advocate for the inclusion of trained community residents in decision making bodies where they can represent their own communities with their own voices.

Institutional change does not result from hiring well-trained Promotores. A typically hierarchical organizational model does not prepare institutions to embrace the unique community expertise of Promotores and only results in a frustrating interface between employer and Promotor. The level of organizational change required to embrace the healthy communities paradigm can challenge any organizational culture, but the potential rewards are great. Agencies who are committed to social justice and integrate the Promotor model and the theory of change are likely to increase the impact of their services while also becoming better employers with increasingly fair work and decision making practices.

Promotores Are Equal Partners

A well-run Promotor program has the potential to reduce costs, use fewer resources, improve health outcomes, reduce disparities, impact social and economic determinants of health, and bring justice to many communities. It also requires organizations to make a long-term commitment to elevate the Promotor to a position as an equal and respected partner throughout the organization and to:

1. Value Promotores' unique skills and expertise.
2. Include Promotores in the development and evaluation of program strategies, work plans and evaluation tools.
3. Create institutional mechanisms for Promotores to inform the organization in an ongoing way about what they are learning from their interactions with community members.
4. Provide opportunities for Promotores to build relationships within the organization and within the community.
5. Allow Promotores to engage in self-discovery and personal growth and transformation.

6. Hire supervisors who understand the role of Promotores and support their ongoing personal and professional training and development needs.
7. Develop a team approach that engages all staff in the iterative relationship building, self-discovery and reflection processes.
8. Remove barriers that limit the Promotor's role and community impact (such as requiring Promotores to work only on one issue, only in an office, or only within inflexible hours).
9. Promote interagency and cross-program collaboration in order to respond more effectively to community needs.
10. Allow Promotores time to attend trainings associated with professional networks and associations.
11. Support a vision of social justice and health equity.

Survey Results

Promotor Compensation

Among 259 Promotores surveyed:

- 6% are paid a salary (\$16,800/yr to \$40,000/yr).
- 26% are paid an hourly wage: average \$13.70/hr (\$8/hr to \$30/hr).
- 4% receive a stipend (i.e. \$150/mo, \$600/mo).
- 4% receive gift certificates or vouchers (\$10-\$20 per activity).
- 20% are paid for mileage (.50/mi) or bus passes.

Achieving Project Results

It is true that organizations must be able to produce results, be accountable to their funders, and meet the demands of the community and other stakeholders. However, Esperanza, LHA and VyC argue that by incorporating a community engagement framework for healthy equity and healthy communities and by developing a Promotor program that invests in the theory of change, utilizes a team approach, promotes Promotores as equal partners, and allows Promotores the time they need to build relationships, provide information, and create opportunities for action, organizations will not only create an environment that supports community change, but they will also increase:

- Community engagement and participation;
- Relevancy of programs and services that meet community needs and include all sectors of the community;
- Understanding of and support for policy changes; and
- Community action.

An organization that lacks the institutional readiness to adopt the healthy communities paradigm and is not committed to community inclusion in the organization's decision making process, will not be able to integrate community experts (Promotores) as equal partners and will have difficulty mobilizing community residents on behalf of the policy changes that are needed to improve communities. Organizations that want to integrate Promotores to advance a social change strategy must: 1) invest in and understand the health equity vision and the healthy communities framework; 2) be familiar with the Promotor model and how it functions; and 3) make institutional changes and investments so all staff are aligned with the mission and vision. Furthermore, short- and long-term substantive social changes will result in healthier and more equitable communities only when organizations are also able to incorporate meaningful participation by community residents and increased multi-sector collaboration.

What Promotores Need to be Successful

Organizations that want to hire Promotores to transform communities through a healthy communities framework may need to revise their recruitment, training, supervision, documentation and evaluation practices so that Promotores and Promotor programs have: 1) sufficient financial and human resources; 2) technical assistance; 3) flexible schedules; 4) innovative and ongoing training; 5) relevant collaborations and partnerships; 6) relationships that foster creativity; 7) timely and responsive systems that do not jeopardize community momentum; and 8) supervisors who understand community mobilization and are adept at including Promotores and community residents in all aspects of program planning, implementation, evaluation and dissemination.

Recruiting Promotores

Promotor recruitment often targets only those visibly active leaders who naturally serve the community, i.e. parents who regularly attend community meet-

“I had it inside me to be a Promotor all along, but I never knew it since I never had the chance to let it out.”

ings or volunteer in their children’s schools. However, there are people “who have never been exposed to opportunities for engagement and activism, who may be afraid to participate, and who have no idea where to go

or what to do” who may be those people who share similar experiences with the community and are most capable of building mutually respectful and empathetic relationships. Promotores possess a set of qualities and skills that are incrementally developed, strengthened over time and potentiated by the parallel and iterative processes of self-discovery, reflection and empowerment. “When I took the training I thought I would become a Promotor, but what I learned is that I have been a Promotor since I was 6 years old.” Promotores come from different circumstances and are motivated to become Promotores for many different reasons. Some Promotores have good information-gathering skills and want to share what they know. Others, inspired by their parents’ or grandparents’ community service, receive personal satisfaction knowing they helped a neighbor to leave an abusive relationship, for example. While not everyone will become a Promotor, many people have the essential qualities. By expanding the panorama of who can be a Promotor and welcoming all people without judgment “you realize that this person - that might not be thinking of herself as a leader - may be just the person who can do so much more in the future.”

*“I don’t recruit skills.
I don’t recruit brains.
I recruit hearts.”*

Training Promotores

For many Promotores, participation in a Promotor training feeds the seeds that have been planted but have not yet blossomed. “I had something inside me, but I didn’t know it was there.” For others, participation in a Promotor training helps them recognize the community work they already do, “I brought my

own roots, the training added to what I already had, and helped me identify as a Promotor.” Throughout California, Promotores say that good training helps them be more effective and meet the needs of the community. “We have a lot of heart to do our work, but if we don’t have adequate training, knowledge and tools to serve the community, then what?” While ongoing training builds skills important in the Promotor model, simply strengthening these skills is not enough to support the Promotor model. “Trainings are tools that reinforce us. But you can’t get love and passion from a training.”

Training Promotores to transform communities is a continuously evolving and deliberate process. It requires formative education that respects the relationship building process of the Promotor model and increases the abilities of Promotores to use what they know in order to increase the capacity of individuals and families in their communities. Good Promotor training respects the knowledge and experience that people bring to the table, is participatory, and creates a learning atmosphere that stimulates dialogue, creativity, inclusion, reflection,

and action among all participants about how to improve their lives and create healthier communities.

Survey Results

Number of Years as Promotor (n=259)

Among Promotors surveyed 75% received some form of initial training 19% had none. The number of hours of initial Promotor training varied:

- 0-20 hours: 25%
- 21-40 hours: 19%
- 41-60 hours: 35%
- Other: 8%
- No answer: 4%

What type of training do Promotors need to advance professionally?

- Mental Health (13%)
- Nutrition (12%)
- Computer Skills (10%)
- Public Speaking (9%)
- English (9%)
- Domestic Violence (7%)
- Obesity (7%)
- Working with the Media (6%)
- Product Management (6%)
- Advocacy (5%)
- Medical Insurance (5%)
- Time Management (4%)

Rather than exclusively providing instructional details and facts about oral health, congestive heart failure, or how a bill becomes a law, comprehensive and relevant training includes skills that promote positive human relationships and help community leaders find solutions to the problems they face. Promotor training curricula that develops “team work, positive attitudes, leadership from a non-paternalistic, strength-and-asset-based model; and skills in outreach, health promotion, disease prevention, family dynamics, community mobilization, problem solving, and program administration” (Bracho, 2000) improves the ability of Promotores to be leaders and facilitators in the process of developing a healthier community. Training in systems integration, systems change, community organizing, advocacy, and understanding the U.S. political system (i.e. local, state and national governments, the election process, and voter mobilization) is also needed and can improve the skills of the entire organization. Promotores who receive this level of training, skills and competencies, can develop their own leadership abilities, engage the theory of change associated with the Promotor model, transform themselves, and build community capacity. Organizations who provide Promotores with this level of training will also increase the competency of their team to implement strategies for community transformation and help them achieve their outcomes for a healthy community.

Supervising Promotores

Promotores are hired to lead the community. “Traditional and rigid styles of supervision based on business as usual with top-down relationships clash with this philosophy of community work and force (Promotores) into boxes where they are immobilized.” (Bracho, 2000). Furthermore,

“Having the right supervisor is vital for a strong Promotor program. Organizations need to assure that the person has the right qualifications as listed in the job description. Candidates must have prior experience in a type of job where they were able to show commitment and concern to vulnerable families such as the ones in our partner communities. In this type of program, supervisors lead together with promoters and communities. The interview process needs to be such that allows for the discussion of case scenarios where values, logic and common sense can be assessed. It is critical to understand what is the leadership and supervising style of the candidates to assess if they can supervise and train leaders without becoming defensive and if they can provide work structure without being oppressive.” (Bracho, et al. Latino Health Access, 2011)

Promotor Programs that will be successful will be those that are able to develop workable supportive management and supervision systems that include:

- Personal Support: The supervisor needs to develop relationships with the Promotor where they feel accepted and respected. Conflicts and frustrations must be handled without delay.
- Technical Support: Supervisors must assure that the philosophy of the program is respected, that learning happens in an atmosphere of critical and creative thinking, that the Promotores' expertise is valued by everyone in the organization and their point of view informs the overall strategy of the program and the organization. Supervisors must also assure that Promotores receive ongoing and appropriate training and that the training plan facilitates the development of core competencies. Program activities must be planned and carried out together with Promotores to assure relevance and avoid unrealistic expectations.
- Administrative and Financial Supervision: Supervisors must assure, through training and coaching, that all program documentation is complete and submitted in a timely way. Supervisors must also teach Promotores about budgets and where (and how) the organization gets its funding. (Bracho, et al. Latino Health Access, 2011)

"I have supervised Promotores for 5 years - and they do not need much supervision. They have something else: natural skills. They are not afraid to seek whatever it is the family needs - even if it is on the weekend or after 5:00."

Initially, Promotores may need a lot of support and guidance from their peers, their supervisor, and each member of the team. They may at first feel overwhelmed and fearful, “I want to do this, but I have no idea where to start or how to do it.” Supervisors of Promotores have a role as mentors supporting the Promotor as she builds confidence and skills and “can find her own wings and fly.” Supervisors must encourage and support Promotores to take on more leadership in the community. Little by little, and with ongoing and continuous opportunities for personal and professional development, Promotores will grow in their skills and responsibilities even becoming Promotor Coordinators, Promotor Program Directors, Promotor Evaluators, Promotor Data Analysts, and Promotor Executive Directors.

Three Case Studies: How Promotores Change Institutions

Case Study #1: Latino Health Access

One Promotora's Story

Latino Health Access (LHA) began working with the Promotor model in Santa Ana in 1993. Today, we have 32 full-time Promotores (all receiving health benefits) and over 150 volunteer adult, children and youth Promotores - the youngest is 6 years old, the oldest is 76. LHA recruits Promotores from the communities we serve. The majority of LHA-paid Promotores come from low-income families, have themselves been clients of LHA services, and have previously worked with LHA as volunteers. They share similar experiences with families they serve and, therefore, can understand and relate to their fears and hopes. LHA uses a comprehensive, culturally- and linguistically competent approach to working with families and is known for its advocacy on behalf of low-income families and immigrants. Our programs build on community strengths: the importance and honor of family, a desire to improve opportunities for children, a commitment to mutual assistance and solidarity, a strong work ethic, and an appreciation for and honor of cultural roots and practices. We believe in inclusion and participation for all and create mechanisms for individual and family participation, organization and representation. Community members become

involved in our programs and are invited to develop their leadership and self-advocacy skills. Only after we have built relationships, created trust, and offered assistance do we engage in deeper discussions about the dreams and opportunities that brought us here, and about behavioral change. After engaging and building a relationship, many participants begin to hear the message and we are able to offer our programs, which have been created in response to the needs and desires of the community. Creative ideas guide our efforts: we place tables in the middle of an apartment building where people receive half a dozen tortillas with the message “tortillas are part of our culture, but violence is not” accompanied with information about domestic violence. Our large grassroots campaign on alcohol misuse has a sarape (a long, brightly colored shawl) as a symbol of warmth and family unity. Families come by the hundreds to post stories on how alcohol has affected their loved ones and the sarape takes on the role of a sanctuary. We believe in mutual help and reciprocity. Families do not want a hand out and are grateful for opportunities to contribute and reciprocate with volunteer work (i.e. preparing snacks for the children’s program, doing outreach, advocating for others, assisting with classes, sharing stories, and more). Children are always welcome at classes, groups and events and childcare is always provided. At LHA gatherings, you will always find food, coffee, tea, music, conversation, and a friendly face.

Aracely’s Story

I arrived in this country disconnected from everyone, including my husband who I rejoined after 6 years of geographic separation. My new home was a room in my mother-in-law’s apartment where my husband, my 2 children and I ate and did their homework on the floor, hoping for something better. I was lonely, having left my sister and mother in Mexico. One day, as I was dropping off my kids at school, an LHA Promotora approached me and invited me to join a women’s exercise class. I decided to join as a way to meet new people. Soon I became a volunteer for LHA teaching kids about nutrition. I took computer classes at LHA and became a school volunteer. Then, LHA started the Children’s Initiative (the Children and Youth Initiative is the LHA Youth Leadership program). I was so

excited! It was the first program for children and youth in my neighborhood. I helped with the outreach and recruitment efforts. I registered my kids and the Children's Initiative became "my space" every afternoon before returning to our one-room home. In addition to helping me with the needs of my family, LHA always made me feel welcomed and accepted.

Unfortunately, my family's situation grew increasingly problematic. My children had behavioral problems at home and in school - I did not know what to do. A psychologist at LHA provided guidance and my husband and I became involved in the LHA Mental Health Program. I was invited by the psychologist and the Promotores to help other families on a volunteer basis. I thought "how can I help others when my own family is such a mess?" But that was precisely the point - we are not all perfect but they made me feel that I was smart and helpful, that my life was important and I had something valuable to offer to others. While I did not see myself as a Promotora, I did want to help. For the first time, I remembered my community work in Mexico, how my parents had always helped others and how I had fought for access to clean water. Later, I joined the Padres Promotores program at Santa Ana College and became a paid Promotora for LHA. Since then, my family has had many problems: one son has a mental health condition and another son suffers from depression. But, thanks to the trainings and support from other Promotores and the staff at LHA, I am now familiar with their school, the mental health department, the police, and many other social services. I have learned about my rights and I know how to approach each system even when I feel afraid or intimidated. Throughout my life, I never saw myself as a smart person or even as a leader, but today, I can help others by sharing information, offering my own experiences, and listening to and accepting others the same way the Promotoras at LHA listened to and accepted me.

Furthermore, having a job at LHA has allowed me to move into a small apartment with my husband and children. My husband's respect for me grew when he saw me as a provider able to make important decisions. Now I have health

insurance and benefits for my family and, since my husband has been unemployed for several months, we can support our family on my salary. My self-perception has also improved now that I see myself as financially independent. In 2009, The California Endowment selected Santa Ana for the Building Healthy Communities Initiative (SABHC). At first, I did not understand a lot of the words and conversations as organizations in the city tried to figure out how to engage residents. However, I understood that this was a once-in-a-lifetime opportunity to concentrate efforts in our neighborhoods so that our children could have safe, positive spaces to be children. I shared my vision that “I want to go out of my house and smell flowers and not marijuana, to hear birds and not bullets. I want to live in a neighborhood where we know each other, help each other and are not afraid of each other. I want my children, and other children, to live a normal life with good schools and parks without gangs or drugs.” The SABHC Initiative became what I call “A Life Project” not a project in our life. I became a member of the Steering Committee and recruited other people in the community. Today, the SABHC Initiative’s Steering Committee is composed of 40 members: 30 are community residents (15 adults and 15 youth). We have received many trainings and I can feel the transformation in my mind as I start to identify the root of many of the problems we face. It has been amazing to see so clearly the connection between my children’s problems and the lack of coordination among the systems that could, and should, help families like mine. Today, I am a stronger mother, a more active neighbor, a Promotora, and a representative of my community in the new Steering Committee as we start 10 great years that will transform Santa Ana.

Case Study #2: Esperanza’s Healthy Homes Model **Promotores as Environmental Health Leaders**

In 1998, Esperanza Community Housing (Esperanza) began an environmental health project with graduate Promotores de Salud (Promotores) from Esperanza’s Community Health Promoter Training. Starting in one South Los Angeles (LA) census tract, home to some of LA’s oldest and poorest housing stock,

Promotores went door-to-door, building relationships with families, providing information and resources about the hazards of lead paint, and listening to families' concerns and priorities. Promotores learned that most children had never been tested for lead and, if they had been tested, they were often misled about the test results. Recognizing that the County had failed to protect all children from lead poisoning, Esperanza's Promotores developed the "Zero-Tolerance for Lead" campaign. Thus began Esperanza's Healthy Homes model and our partnership with St. John's Well Child Clinic serving mostly low income, uninsured Latino families. The vast majority of community residents in Esperanza's neighborhood are renters. In addition to our response to neighborhood lead hazards, Esperanza began to develop national protocols to address Healthy Homes - asthma triggers, structural damage, vermin infestation, and other housing code violations that adversely impact family health. In order to protect the tenancy of community residents, Esperanza expanded the partnership to include tenant organizers from SAJE (Strategic Actions for a Just Economy). This partnership has been extremely productive and has been recognized as a national Healthy Homes leader. This project has since yielded tremendous results:

- St. John's changed the way children are tested for lead. Now, all children at St. John's are tested, all levels of blood lead are recorded, and all perceptible levels above 3 ul/dl are referred to Promotores for in-home environmental assessment, education and follow-up.
- St. John's expanded their mission to include adults: St. John's Well Child and Family Centers' 9 LA clinics now serve more than 35,000 unduplicated patients per year.
- St. John's is now the second largest employer of Promotores in South LA and has become an advocate for integrating Promotores into the clinical setting and training them to conduct case management and home visitation.
- The Healthy Homes Promotores have contributed to decreased local lead poisoning, improved household conditions, successful litigations against slumlords, and improved asthma management for children and adults in South LA.

- Advocacy following a case of lead poisoning in this neighborhood resulted in changes to California state environmental policy: SB 460 (D. Ortiz, 1/2002).
- The Healthy Homes Promotores have mobilized many residents into community land-use organizing campaigns and the South LA Health and Human Rights movements.
- Esperanza has expanded the Healthy Homes model to the Southside Coalition of Community Health Centers, clinical practices (California Hospital; QueensCare Pediatric Asthma Clinics) and university research environments (USC School of Preventive Medicine; UCLA Labor and Occupational Health and Safety).

Today, Esperanza Community Housing has a team of 12 Healthy Homes Promotores and has raised the profile, importance and value of Promotores in South LA. The Promotores' work contributes to improved health outcomes for families, improved physician satisfaction, and increased civic engagement while they apply their passion and commitment to earning salaries that support their families and their own aspirations for health, insurance, higher education, and a healthy home.

*The CDC has a lead poisoning threshold of 10 ul/dl; LA County Environmental Health recognizes a poisoning threshold of 15-20 ul/dl. However, irreversible damage to children ages 0-6 years occurs at levels of 3-5 ug/dl.

engagement while they apply their passion and commitment to earning salaries that support their families and their own aspirations for health, insurance, higher education, and a healthy home.

Case Study #3: Visión y Compromiso and The Promotoras and Community Health Workers Network Leadership and Capacity Building for Promotores

Founded in 2000 as a statewide organization, Visión y Compromiso (VyC) is dedicated to supporting Promotores as community experts through the Promotoras and Community Health Workers Network (Network), the first statewide

association to respond to the support, development, communication and legitimacy concerns of Promotores in California. Because of its unique partnership with over 4,000 Promotores living in both urban and rural areas, VyC has a keen understanding of the social, economic and environmental determinants affecting health in these communities. By integrating Promotores into different aspects of the health care delivery system, VyC aims to increase the capacity to improve health for greater numbers of poor, working poor and un/underinsured communities. VyC utilizes a multi-pronged model to improve opportunities for Promotores that includes: 1) Promotor training and support based on personal and professional development interests and regionally identified needs; 2) Technical assistance to workforce partners to improve the integration of Promotores into diverse industries; and 3) Advocacy for public policies that promote long term, sustainable improvements in health.

In Her Own Words

Today, Irma is a Promotora Coordinator of a program for older adults at a Southern California health clinic. In 2001, she was a volunteer with the clinic sharing information and resources with families related to oral health care. Invited to attend a VyC Regional Committee meeting (Comité) by a friend - personal networks and word-of-mouth are powerful outreach strategies for Promotores - Irma's participation and leadership in the organization grew. She attended monthly meetings with other Promotores where she could share her experiences and best practices, helped develop a community assessment, planned trainings and community forums to build capacity among the other Promotores in her region, and traveled to the annual Legislative Day in Sacramento. A natural leader, Irma benefited from the leadership and skill building opportunities offered by VyC and was soon selected by the general membership of the Comité to represent them at VyC regional and state convenings. Her enthusiasm, knowledge, skills and community expertise were also recognized by the clinic where she worked and was offered a part-time position as a stipended and then as a paid Promotora. She is an excellent example of how community members can learn about a specific topic area, apply their expertise about the

community, and provide outreach and education that responds to the needs of the local community. The community relies on her, and others like her - their credibility and expertise are unquestioned and they are sought out for advice, direction, information and resources. Irma describes Promotores as “a bridge to the community and, although we may not have a college degree, Promotores are the ones the community looks to for information and guidance.” The self-realization, support and empowerment opportunities provided by the VyC Network enables Promotores to increase their knowledge and skills “and allows us to give the best of ourselves to our families and our communities.” As a Promotora Coordinator, Irma is now helping to identify additional training that will improve her understanding of program development, budgeting and evaluation that will bolster her ability to further integrate the Promotora program into the community.

Barriers that Limit the Promotor Model

Many of the barriers that Promotores encounter stem from a limited understanding of the Promotor model and this expanded role of the Promotor. Most Promotor models currently in use by organizations throughout California do not allow adequate time for the critical relationship building work of a Promotor. Promotores who participated in the conversations in preparation for this paper identified the following barriers and limitations that do not allow the Promotor models used by most organizations to create community change:

- Limiting the amount of time that Promotores can spend with people: “When I spend one hour with a family, my supervisor says I should have spent that same amount of time with 4 families. But this does not allow me to talk about what the family really needs.”
- Restricting the “unique tools and techniques” of Promotores limits the essence of who Promotores are: “My agency believes that community building activities and cultural events are not work related.”
- Limiting the issues that Promotores can discuss with families and the types of training that Promotores can attend: “My supervisor will only approve

training directly related to nutrition and physical activity so I cannot attend a networking event with other Promotores to share and learn about best practices.”

- Limiting the type of work a Promotor can do: “A Promotor program is not a program to make copies, pass out brochures, or focus on only one issue area.”
- Limiting the hours a Promotor can work: “My boss can’t tell me when to be a Promotor. My telephone numbers are out there. People call me, not just 9-5 and in the office, but on weekends or at night.”
- Too much emphasis on skills and qualifications that do not lend themselves to building community relationships (i.e. computer skills, diploma, English): “The job description requires that Promotores be bilingual, have a high school diploma, and possess a valid drivers license.”
- Lack of willingness to invest in training Promotores for leadership and social change: “Agencies often tell me, ‘I want you to train my Promotores to be able to create more meaningful relationships - but I want you to do it in six weeks.’ ”
- Promotores are often undervalued and stigmatized as uneducated: “Promotores are the volunteers who don’t speak English and are undocumented.”
- As Promotores advance, they may internalize the stigma and no longer identify as a Promotor: “I get really frustrated when I hear, ‘I am not a Promotora anymore, now I am a Coordinator, I am not that Promotor any longer.’ ”
- Promotores often mistrust the institutions they work for and feel exploited by them: “Sometimes institutions use Promotores, but they don’t believe in them. They see them as cheap labor. They say that if we provide food and speak in the community’s language, then people will come to the meeting and then they will be able to meet their program objectives.”

- Many Promotores feel undervalued. They want more respect, dignity, recognition for their work, better pay, health insurance, and leadership opportunities.
- Promotores fear mandatory certification will open the field to those who can pass the certification requirements but who do not have the essential qualities or share the primary characteristics and values that are required to be a Promotor. “Just because someone has a degree or ‘those little letters after their name’ does not mean that they can be a Promotor.”
- As funding and support for Promotor programs begins to increase, some Promotores fear that their ideas will be commercialized but their own struggles for recognition and economic benefits will continue. Recommendations from the Field

Recommendations from the Field

Building a healthy community requires the participation of all residents and allied partners. The emerging role of Promotores as “leaders of wellness and transformation is one that brings hope to entire neighborhoods.” (Bracho, 2000) The well-run Promotor program has the potential to reduce costs, use fewer resources, improve health outcomes, reduce disparities, impact the social and economic determinants of health, and bring justice to many communities. Promotores from throughout California have offered the following recommendations for the future:

- Institutions and organizations that recruit, hire, train and supervise Promotores must recognize and value their unique skills and ability to engage the community.
- Promotores must be able to fully embrace the primary characteristics and values inherent in their community role as Promotor.
- Organizations must provide Promotores with sufficient time to build mutually beneficial and trusting relationships, and establish a process that encourages cross-sector sharing of information in response to specified community needs.

- Community input must be valued and respected.
- Agencies who wish to create a healthy community by integrating a Promotor program will benefit if they employ the Promotor model and understand the theory of change.
- Promotores must be guaranteed a seat at the decision-making table as an equal and respected partner centrally involved in every activity associated with the process of creating a healthier community including planning, implementation, data analysis, policy creation, and evaluation.
- Supervisors must understand the community engagement role of Promotores and support their ongoing personal and professional training and development needs.
- Promotores need time and flexibility to attend meetings, conferences and ongoing trainings associated with professional networks or associations that respond to community-identified priorities.
- A team approach that engages all staff in the self-discovery and reflection processes and promotes interagency and cross-program collaboration will best serve community needs.
- Promotores and Promotor programs need: 1) access to sufficient financial and human resources; 2) technical assistance; 3) flexible schedules; 4) innovative and ongoing training; 5) relevant collaborations and partnerships; 6) relationships that foster creativity; 7) timely and responsive systems that do not jeopardize community momentum; and 8) supervisors who understand community mobilization and are adept at including Promotores and community residents in all aspects of program planning, implementation, evaluation and dissemination.
- Community change requires an institutionalized vision for social justice and social change - a paradigm shift away from a disease management framework and “top-down services for specific diseases” towards a “community engagement framework for health equity and healthy communities” that invests in Promotores and develops inclusive programs with and for community residents.
- Training Promotores to transform communities requires formative education

that respects the personal and community relationship building process of the Promotor model and is needed for all agency staff.

- Supervisors of Promotores offer considerable guidance and support while encouraging the Promotor's natural leadership skills to develop.
- Provide Promotores and organizational staff with training related to the required institutional changes associated with the health equity framework and the Promotor model so that all staff can fully understand and support Promotores and Promotor programs in the context of developing healthier communities.

Appendix A

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Appendix B Description of Lead Agencies

Esperanza Community Housing: Esperanza Community Housing Corporation (Esperanza) was founded in 1989 as a result of a four-year organizing effort by community residents around land use and housing rights. Based on the area in which those residents lived - the Figueroa Corridor of South Central Los Angeles - Esperanza's target neighborhood was established. Esperanza's health and human rights work remains rooted in and focused on South Los Angeles. Esperanza addresses the needs of its community comprehensively through five core program areas: housing, health, economic development, education, and arts & science. Esperanza began its Promotora de Salud training program in 1995. To date, Esperanza has graduated 356 bi-lingual women and men as Promotores de Salud, twenty-five of whom serve on the staff of Esperanza, including the organization's Director of Health Programs, a promotora from the class of 1996. Serving approximately 100,000 individuals per year, in all of its activities, Esperanza strives to build hope with community.

For more information about Esperanza Community Housing Corporation, please contact:

Nancy Halpern Ibrahim
Executive Director
nancy@esperanzacommunityhousing.org
2337 South Figueroa Street
Los Angeles, California 90007
(213) 748-7285 Lupe Gonzalez Hernandez
Director of Health Programs
lupe@esperanzacommunityhousing.org

Latino Health Access: Established in 1993, Latino Health Access (LHA) is an award winning, non-profit organization created to assist with the multiple health needs of Latinos in Orange County. LHA assists in improving the quality of life and health of

uninsured, under-served people through quality preventive services and educational programs, emphasizing full participation in decisions affecting health.

For more information about Latino Health Access, please contact:

America Bracho
Executive Director
450 West 4th Street, Suite 130
Santa Ana, Ca 92701
(714) 542-7792
www.latinohhealthaccess.org

Visión y Compromiso: Established in 2000, Visión y Compromiso (VyC) provides leadership development, capacity building and advocacy training for Promotores de Salud (Promotores) in California and in selected sites throughout the United States. In 2001, VyC created the Promotoras and Community Health Workers Network (Network) as a forum for Promotores to exchange support, information and best practices related to access to healthcare, health disparities, quality of care, current and emerging issues in the field of community health, relevant health policy and professional development. Today, VyC represents over 4,000 Promotores and Community Health Workers in California.

For more information about Visión y Compromiso or the Promotoras and Community Health Workers Network, please contact:

María Lemus
Executive Director
2536 Edwards Avenue
El Cerrito, CA 94530
(510) 303-3444
mholl67174@aol.com
www.visionycompromiso.org

Melinda Cordero-Bárzaga
Associate Director
1000 North Alameda Avenue
Los Angeles, CA 90012-1804
(626) 864-6117
promotorasinca@aol.com



Visión y Compromiso and the Network of Promotoras and Community Health Workers

Organization Background: Established in 2000, Visión y Compromiso (VyC) is dedicated to reducing disparities and improving the health and well-being of underrepresented communities. Today, we represent over 4,000 *promotoras de salud* and community health workers (who are referred to here as *promotores*). We are the only organization in California providing comprehensive and ongoing leadership development, capacity building, advocacy training and support to *promotores*. Highly trained community experts and trusted members of their communities, *promotores* are characterized by *servicio de corazon* (service from the heart). *Promotores* educate, empower and advocate for community change in linguistically and culturally responsive ways and share a desire to improve their communities so that all families have improved health and quality of life. They are often affiliated with community-based organizations, clinics, hospitals and health departments where they work under diverse job titles (i.e. peer educators, outreach workers, advocates, patient navigators, community organizers).

The Network of Promotoras and Community Health Workers (CHWs): Founded by VyC in 2001, the Network of Promotoras and CHWs (Network) brings together *promotores* and the organizations they represent united as one voice behind a vision of healthy and dignified living for all. Currently active in 14 urban and rural regions of California, the Network was a direct response to *promotores* who identified these priorities: 1) Survival, not health, is the most important priority for many families; 2) *Promotores* need improved compensation and benefits and greater respect for their work; 3) More resources are needed for *promotores* and CHW programs; and 4) *Promotores* desire an organization to represent their interests. VyC addresses these priorities through the Network's 5 key strategies:

1. Advocacy: The Network educates decision makers about the Promotor Model and promotes policies and systems change to reduce disparities and improve well being.
2. Capacity Building: VyC created the *Promotores Institute* to provide culturally and linguistically relevant training and curricula for *promotores* delivered by expert trainers.
3. Collaboration: The Network builds strong relationships among *promotores*, agencies, institutions, and leaders with the potential to transform communities.
4. Communication: The Network increases access to and utilization of published research, best practices and local community based resources.
5. Validation of the Promotor Model: The Network advocates for diverse integration of the Promotor Model in a dignified manner that respects *promotores'* contributions to the civic, health, education and social services systems in our communities.

The Network validates *promotores* (not the academics, medical providers, executive directors or policy makers) as the community experts who determine priority issues for the community via a consensus building process developed by VyC. Growing in leadership and experience, the Network provides *promotores* with the skills to understand and interpret the theory, methodology and evaluation associated with their community work enabling them to feel confident in a changing world. VyC brings together *promotores* and the organizations they represent, in California and in a growing number of states, united as one voice behind a vision of a life with dignity for all.

WHO ARE PROMOTORES?

Promotores and community health workers are liaisons or links between their communities and health and social service providers.

Because they share the same language, culture, ethnicity, status and experiences of their communities, promotores are able to reduce the barriers to health education and services that are common for native-born and immigrant communities. The result is better health for more individuals, families and communities.

Promotores may be volunteers or paid workers, and are also known as patient liaison, peer educator, health advocate, family educator, outreach worker or system navigator. Regardless of what they are called, promotores build and maintain relationships of trust and respect within their communities, and understand the reality of how people live and the obstacles that keep them from success.

Promotores work to improve conditions so that their children, and all children, will be healthy, better educated and productive citizens.

WHAT IS THE PROMOTOR MODEL?

Promotores are community members who act as natural helpers and liaisons to meaningful information and resources for their neighbors and neighborhoods.



Visión y Compromiso™

STAFF

Maria Lemus

Executive Director

maria@visionycompromiso.org

Melinda Cordero-Barzaga

Associate Director

melinda@visionycompromiso.org

Alma Esquivel

Director of Training and Education

alma@visionycompromiso.org

Chely Romero

Director of the Network of Promotoras

and Community Health Workers

chely@visionycompromiso.org

Hugo Ramirez

Director of Programs

hugo@visionycompromiso.org

Northern California

1970 Broadway, Suite 760
Oakland, CA 94612

Southern California

1000 North Alameda St.
Los Angeles, CA 90012
213-613-0630

Central Valley

(844) 289-8150

info@visionycompromiso.org

www.visionycompromiso.org

Visión y Compromiso™



Visión y Compromiso is committed to community well being by supporting promotores and community health workers.



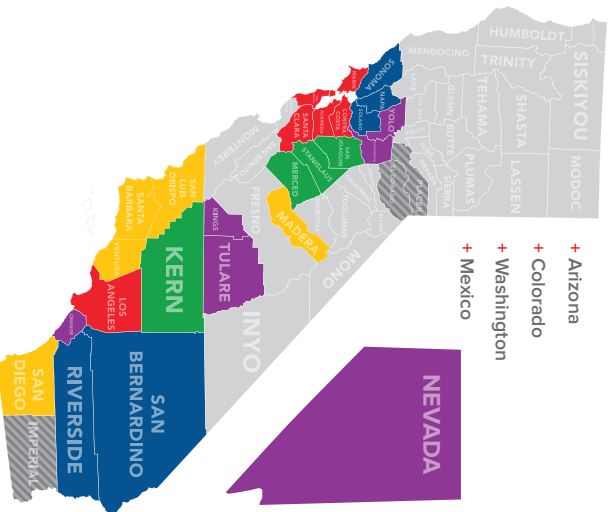
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OUR NETWORK

In 2001 we established the first and only Network of Promotoras and Community Health Workers in California.

The Network now includes more than 4,000 promotores in 12 regions of California and one region in Mexico. In 2015 we also expanded to a National Network to include additional community networks in five states: Washington, Oregon, Colorado, Nevada, and Arizona. The Network provides leadership, training and advocacy for promotores and community health workers.

Regional Committees, divisions of the Network, provide promotores with workforce development and professional training. They help to build leadership and peer support and develop organizing and advocacy skills. The Regional Committees offer a structure that brings individual promotores together and allows them to share resources and best practices.



TECHNICAL ASSISTANCE

We conduct organizational assessments and offer support to public and private agencies interested in integrating promotores into their workforce.

- **Workforce and Career Development**
Develop training curricula and career pathways that support the personal and professional needs of promotores, promote a living wage, advancement/upward mobility, and guaranteed benefits for promotores.
- **Employer Engagement**
Technical assistance and training to institutionalize the Promotor Model among health care agencies and community based organizations.
- **Leadership Development**
Provide mid-level training for promotores, offer advanced training to experienced promotores, identify and disseminate opportunities for leadership and career development.
- **Research and Evaluation**
Collaborate with university, agency and community partners to promote culturally relevant research and evaluation that integrates promotores as equal partners in conducting research.

TRAINING

Our innovative training programs are designed to give promotores the information, skills and understanding they need to communicate with and advocate for their communities.

POLICY & ADVOCACY

Visión y Compromiso prepares promotores to participate with other stakeholders in decision making and policy development, convenes forums that support policies reflective of community needs and beneficial to promotores, hosts an annual policy conference in Los Angeles, collaborates with California policy organizations, and organizes the annual Promotores Legislative Day in Sacramento.

PROJECT MANAGEMENT

Visión y Compromiso collaborates with diverse partners representing the private and public sectors to provide project management services, focusing on a variety of health topics. Visión y Compromiso integrates the Community Transformational Promotor Model and supports the workforce development of promotores through the projects we manage.

Visión y Compromiso™

KEY WORKFORCE PRIORITIES FOR THE COMMUNITY TRANSFORMATION MODEL

EXECUTIVE SUMMARY

The concept of community transformation is intended to describe significant change in a community in terms of human health, social justice, income, employment, educational attainment, environmental quality, population retention, business environment, access to capital, entrepreneurial activity, accountable governance, and/or civic participation. The community transformation model is a social change model. (For more information about the community transformation model, please see Visión y Compromiso's website.) It has the capacity to address health inequities in communities of color and under resourced and immigrant communities by challenging negative impacts resulting from inequitable distribution of power and resources, the social determinants of health and institutionalized racism. Promotores, community health workers and other leaders whose scope of practice is consistent with the community transformation model (referred to collectively in this report as "promotores") are natural leaders

from the communities where they live. Characterized by *servicio de corazón* (heartfelt service), they share information and resources and build mutually respectful and mutually beneficial relationships with residents in their community. Their roles extend beyond the disease-related functions of community health and are driven by a passion for social justice and health equity.

A MODEL FOR COMMUNITY TRANSFORMATION

Since the passage of the Affordable Care Act (ACA), promotores and community health workers have seen a surge in popularity.^{2,3} Increasing evidence indicates that interventions delivered by promotores and other community leaders who work within the community transformation model (a workforce that includes peer leaders, family health advocates, community outreach workers, patient liaisons, and so many other titles) hold great promise for improving the health of racial and ethnic minority communities.⁴ Yet, there

is little consensus in California about how best to advance the workforce associated with this model. It is Visión y Compromiso's belief that full integration of the community transformation model into hospitals, clinics, community based organizations, behavioral health care, and other sectors requires: (1) tailored workforce development strategies and institutional changes to support the model; and (2) training and technical assistance to support organizational staff not previously exposed to the model.⁵ This report endeavors to bring the voices of those who work with and support the community transformation model into the center of a national discourse on workforce development.

WORKFORCE PRIORITIES

During 2014-2015, Visión y Compromiso invited leaders from the promotor movement in California to participate in an advisory group. Consisting of directors of promotor programs, educators, trainers and representatives from community organizations, hospitals, clinics, behavioral health agencies, and advocacy groups, the advisory group was tasked with reviewing the workforce development landscape and identifying the most critical issues for the community transformation model. Visión y Compromiso presented the following six key workforce priorities in four regional convenings with 58 people, experts on the community transformation model. The findings in this report reflect the major systemic challenges and opportunities for the workforce engaged with the community transformation

model including:

1 The Promotor Model is a Model for Community Transformation

The community transformation model is a social justice model for improving individual and community health and well being. The model depends on local community residents who share similar characteristics as the communities they serve.

- The community transformation model is widely misunderstood.
- Popular education methodology is the foundation of the model.
- Community engagement requires time to build trust and relationships.
- Organizations who wish to integrate the model may first need to initiate institutional change and assess their readiness to work with the model.
- Just compensation for the workforce engaged with the model is essential.

2 Training and Professional Development

Training and professional development must meet the personal and professional needs of promotores and the demands of employers and other workforce partners.

- Promotores must be engaged to identify core competencies for the model.
- The workforce needs both core skills and specialized training.
- Evidence-based trainings need to align with community needs.
- One entity that understands the needs of the workforce engaged with the model can deliver statewide coordination.

3 Core Competencies and Curricula
Core competencies are specific skills promotores need to carry out the transformational aspects of the model.

- Core competencies that are promotor-centered and promotor-defined are more likely to reflect community needs.
- Training staff at all levels of an organization about the model can help create the paradigm shift needed to reduce institutional barriers.

4 Credentialing and Qualifications
The community transformation model needs an alternative pathway to credentialing that is promotor-centered and promotor-controlled and monitored by an entity that understands the workforce and the model.

- Credentialing programs may result in a two-tiered system excluding some promotores and eliminating jobs for others.
- State-mandated credentialing cannot ensure that the workforce is trusted.
- Parallel pathways to credentialing may be needed.

5 Supervision of Promotores
Many supervisors are unfamiliar with the community transformation model and need specialized training.

- A non-hierarchical leadership style can be effective with the model.
- Promoting promotores into supervisory roles can support the model.

- Supervisors need training that is relevant to the setting where they work.

6 Funding and Program Sustainability
Long-term sustainability can be a challenge for the community transformation model. Funding to sustain the model must also support the model's relationship-building activities.

- A culture of sustainability ensures that all the costs of the model are met.
- The model requires long-term funding.
- Competition for funding can create professional separations.

NEXT STEPS

This report is a learning document that brings the workforce priorities for the community transformation model into sharper focus in order to change the discourse about the promotor and community health worker workforce at local, state and national levels. Visión y Compromiso believes that it will take strong leadership, innovative partnership and a multicultural movement guided by promotores, community leaders and agencies engaged with the community transformation model to bring to life the recommendations highlighted in this report and fully support and sustain a workforce dedicated to addressing the social determinants of health, reducing inequities in health status, and promoting social justice.

Based on the findings from this project, Vision y Compromiso calls for strategic efforts to ensure the long-term sustainability of the community transformation model and move the understanding, practice and support for the model forward in California and in other regions across the United States. Vision y Compromiso's priority recommendation and focus areas (please see pages 25–26 of the report for more details) are:

Recommendation

Improve long-term sustainability for the community transformation model and ensure that workforce opportunities for promotores and other community leaders are meaningful and economically just.

Focus Area 1:

→ Advocate for the unique workforce development needs of the community transformation model.

Focus Area 2:

→ Promote changes to organizational policies and practices that will support full integration of the community transformation model into health and other sectors.

Focus Area 3

→ Foster sustainable partnerships to guide research and evaluation efforts that will support the community transformation model.



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Visión y Compromiso
1000 N. Alameda Street
Los Angeles, CA 90012
(213) 613-0630
info@visionycompromiso.org