

A LANDSCAPE ANALYSIS OF THE PROMOTOR MODEL IN BOYLE HEIGHTS

Prepared for The California Endowment by

Visión y Compromiso



FEBRUARY 2013

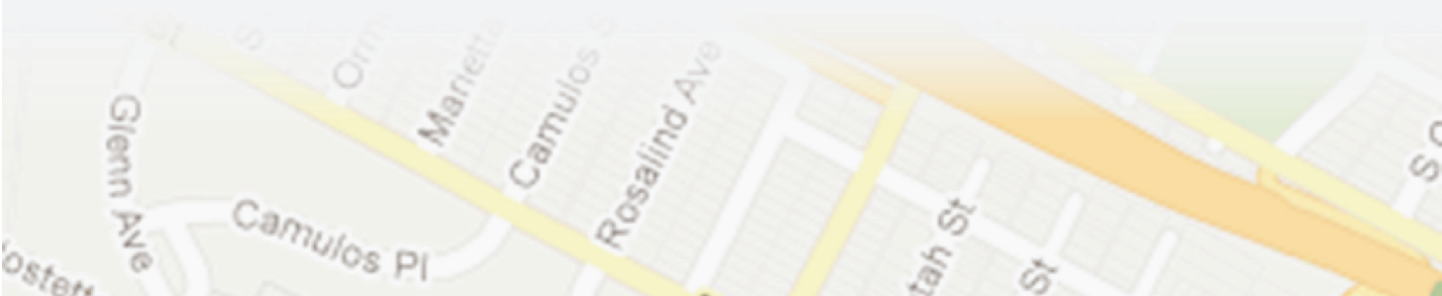




TABLE OF CONTENTS

Acknowledgements 2

Introduction 3

Characteristics of Boyle Heights 5

Who are Promotores?..... 7

The Roles Promotores Play in Boyle Heights 11

Recruitment and Training of Promotores 13

How the Promotor Model Function in Boyle Heights 16

Challenges Associated with the Promotor Model 19


Recommendations for the Future of Promotores in Boyle Heights ... 22



ACKNOWLEDGEMENTS

Vision y Compromiso would like to thank the staff from the following organizations for their contribution to this document: AltaMed Clinic, American Diabetes Association (ADA), Clinica Monseñor Romero, East LA Women’s Center, Planned Parenthood of Los Angeles, and Proyecto Jardin. Melinda Cordero-Bárzaga, Assistant Director of Visión y Compromiso guided the interviews. Deborah Arthur, MPH, analyzed the qualitative data and wrote and edited the final document. The California Endowment provided funding and support.

This paper would not have been possible, however, without the promotores, advocates, and leaders who contributed their knowledge, their experience, and their vision to this project. We thank you for your patience during the interview process and for your willingness to be honest and forthcoming. Above all, we thank you for your dedication and commitment to this work.



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

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 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 has deepened its commitment to make sustained community-driven investments in 14 geographic regions impacted by poverty. Creating healthy communities requires ongoing and in-depth community participation and innovative models for engaging communities. Grassroots community leaders or *promotoras de salud* can play an important role in engaging low-income and immigrant families in community transformation so that all persons can thrive.

Promotoras de salud are highly trained community leaders. Also known as *promotora* or *promotor*, are collectively referred to as *promotores* in this document. 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 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, improve access to local services, and have the capacity to influence policy. However, the role of the *promotor* extends far beyond the disease-related functions of community health to a passion for human rights and social justice.¹

Promotores Can Support Residents in Boyle Heights

All 14 BHC sites in California have identified the *promotor* model as a potential community engagement strategy for their community. The logic model narrative, developed by residents of Boyle Heights, includes *promotoras/es* as one of two strategies identified under **Outcome #1: All Children Have Health Coverage** in order to increase health coverage for children by:

1. Linking local residents and community stakeholders to policy advocacy networks “to educate and mobilize residents in support of a unified policy effort to expand eligibility for public health coverage”; and
2. Reducing barriers to enrollment in public health coverage for children and their families.

Furthermore, *promotores* were also identified in Boyle Heights as critical to two crosscutting community engagement and mobilization strategies, specifically:

1. Building a coordinated community engagement infrastructure that supports the training and mobilization of residents; and
2. Developing capacity of the local network of organizations to advocate for health policies that improve the lives of immigrants and for immigration policies that improve the health of residents.²

1. The Promotor Model: A Model for Building Healthy Communities, A Framing Paper published by The California Endowment, March 29, 2011.

2. Building a Healthy Boyle Heights, July 2010.




Purpose of This Investigation

The objective of this Landscape Analysis was to investigate how the promotor model currently functions in Boyle Heights and to identify factors that may influence the future planning, development, and implementation of the promotor model in the Boyle Heights community. The California Endowment contracted Visión y Compromiso to conduct an investigation to identify and assess promotores programs located within Boyle Heights or working with residents in Boyle Heights that: 1) currently train, integrate and/or employ promotores, or 2) are considering training, integrating and/or employing promotores.

Based on this investigation, the number of promotores affiliated with agencies and working in Boyle Heights at any one time may be as few as eight or as many as 40. The number of promotores in Boyle Heights can vary based on fluctuations in recruitment, training, retention, and funding. From August to October 2012, Melinda Cordero-Bárzaga, Associate Director of Visión y Compromiso and consultant

Deborah Arthur, MPH, met with 17 people including promotoras, executive directors, program coordinators and trainers at five organizations in person or by telephone to explore the role(s) of promotores within these organizations based in Boyle Heights or doing work in Boyle Heights. During these interviews, participants reflected upon their experience with promotores and promotores' programs and made recommendations about how a place-based, community-driven promotor model might respond to the specific circumstances, conditions, resources, and priorities identified by the residents of Boyle Heights. All interview conversations were recorded, transcribed, and translated from Spanish to English where necessary. Qualitative data were coded for common themes. Consultant Deborah Arthur, MPH, analyzed the qualitative data and wrote and edited the final document. In order to maintain the integrity of the interviewees' voices, data presented here are in much of this original language. Key recommendations based on these data are included at the end of this report.



The Boyle Heights BHC (BHBHC) collaborative is a “network of neighborhood and building communities where working families get together to SEE the conditions of their neighborhood, REFLECT on the root causes for these conditions and ACT to bring about real, concrete change.”

CHARACTERISTICS OF BOYLE HEIGHTS

A small, densely populated urban community east of downtown Los Angeles, Boyle Heights is one of the oldest areas in the city. For over 40 years, Boyle Heights has been home to one of the largest Latino and Mexican immigrant populations in the United States. Today, 98% of Boyle Heights’ 73,297 residents are Latino.

Historically, Boyle Heights has lagged behind other Los Angeles communities in education, health care, economic well being and public safety. “The first concern for many families here is survival.” According to 2010 U.S. Census data, at least 1 in 3 families live below the federal poverty level, and 70% of adults have less than a high school education. The California Endowment selected Boyle Heights as one of 14 regions identified for the Building Healthy Communities (BHC) Initiative. Boyle Heights’ committed leaders, vibrant culture, and local assets make this community an ideal spot for positive change.

Boyle Heights Is Unique

Boyle Heights has its own character, culture, challenges, and strengths. It is distinct from East LA, South LA or the San Fernando Valley. Different, even, than other communities “just across the bridge.” Residents of Boyle Heights have extended family throughout Los Angeles: “Everywhere we go in LA, we see familiar faces.” Many people here walk a lot and don’t “go across the bridge,” and some people fear they may be stopped or have their car taken away.

There are a lot of monolingual Spanish speakers who are comfortable here because of the resources and services. Sometimes people are not motivated to take the next step to learn English or move outside their community...and they can become very isolated.

Individual Health Outcomes Are Poor

Limited access to health care persists throughout Boyle Heights, and access to resources is restricted by physical borders (freeways, bridges and industries) that cut through the community. Asthma rates among children and youth are high. Obesity rates in Boyle Heights are higher than other areas of Los Angeles County: 35% of adults in Boyle Heights are obese compared to 21% in Los Angeles County and California. A sedentary lifestyle contributes, at least in part, to high rates of chronic disease among both adults and children (childhood obesity, diabetes, heart disease, and high blood pressure). Anecdotal reports of community and domestic violence are high and not necessarily reflected in the number of calls for police assistance. “We know it is happening, and we know people are scared to talk about it for many reasons including ignorance that it is a crime.” Many people in Boyle Heights live in fear of the police and have limited knowledge about the judicial system. A history of immigration presents unique challenges and opportunities: more than half of residents were born outside the U.S. and, although many high school students are native born, one in three high school students are English Language Learners (ELL).⁴

3. The California Endowment, Building Healthy Communities, Boyle Heights Health Profile, 2011.

4. Boyle Heights Promise Neighborhood <http://www.proyectopastoral.org/domains/proyectopastoral.org/html/BHPN.php>



Information about Community Resources Is Limited

Even though community resources are growing, there are always people who need extra support to do things like enroll their child in an exercise class or seek assistance from the local food bank. “I think we need even more navigators who can guide people to these resources.”

I think you need to go directly to the people. First, just to get them out of the house, but then so that they can come and receive the information. People need to know that they are not alone, and they don't need to be ashamed or feel isolated.

“Because many people here do not know how to read and write well, we need different ways to share information so they can hear it.” And “even though people have lived here 10 to 15 years, there is still a lot of isolation.” There is less transportation and less mobility, and it can be hard for people to leave their small circle.

Young People in Boyle Heights Are a Key Asset

Boyle Heights residents care about this community, see themselves as stakeholders, and will come to a community event and take a stand on issues they really care about. Nevertheless, engaging adult leadership “to manage and sustain projects and movements connected to something that the people need” can be challenging. Young people in Boyle Heights (teens, young professionals, and those with a strong connection to the arts) were repeatedly highlighted as a key community asset: “Many young people want to create change in the community.”

Young people have a little bit more freedom and are free of the cynicism of their parents, the adults, who are bogged down with working two and three jobs to survive. Our youth are just as capable at doing the work.


However, part-time jobs for youth are needed. A few young people often volunteer and want to be involved, but with few resources, it is hard to keep some youth involved. Yet “they have so much to learn and so much to teach us!” Stipends can enable youth to attend meetings and participate in activities.

Promotores Can Link Residents and Resources

The promotor model is a very “community-centered approach.” In Boyle Heights, residents and partners (community based organizations and other institutions working in Boyle Heights but based outside the city’s boundaries) came together to create a detailed Logic Model identifying strategies they expect will lead to improvements in key outcomes. Promotores were identified as a strategy to support community transformation:

...a cadre of promotores to educate, organize, and mobilize residents and other community stakeholders to support a unified policy approach to expand public health coverage for children. This strategy uses promotores to create a link between policy advocacy networks and local residents and other community stakeholders.

The BHBHC is developing a plan to work with community partners to establish multiple entry points in the neighborhood (eg. churches, hospitals, and schools) to help children and families enroll in and maintain public health coverage. Promotores can be a critical bridge to access expanded coverage options and are already being trained in Los Angeles to facilitate enrollment in Medi-Cal and the California Health Benefit Exchange and to educate communities about what is (and what is not) contained in the Patient Portability and Affordable Care Act (ACA).



Promotores are community experts. They are caring, credible, trusted by the community, and concerned about the well-being of others.

WHO ARE PROMOTORES?

In 2010, 125 promotores participated in conversations across California to share their ideas and experiences about how promotores guide community transformation. From these data, the following ten primary characteristics and values of promotores were identified.⁵

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.

Promotores Work Under Different Job Titles

Promotores are highly trained leaders from the communities where they live. They share a desire to improve the community so that their children—and all children—may know 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/a. 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, equality, respect, and empathy. They communicate in the language of the people, address access barriers that arise from lack of trust and cultural and linguistic differences, and they reduce stigma and incorporate cultural supports that improve health outcomes and help community members cope with stress and adverse events.⁶

Promotores have changed from 20 years ago. The urban promotor in LA is not your regular promotor—s/he has to change with the times and survive with new technology.

5. The California Endowment. The Promotor Model, A Framing Paper, 2011.

6. The California Endowment. The Promotor Model, A Framing Paper, 2011.



Promotores Are Role Models

“Someone who really wants to be a promotora will be one despite whatever obstacles are in the way.” In addition to delivering a service or promoting an agenda, promotores freely share their “natural gifts and talents” and give service to their community. Promotores demonstrate love, connection to the community, and understand the “reality of how people live.” A promotor/a will be most successful if s/he understands the obstacles keeping people from success and works with them to “take down those barriers one by one.”

People feel comfortable coming here, like they are with family. Sometimes I just listen. As a promotor, you have to be a little bit of a psychologist. Each person is different, and you have to figure out what is really happening with them and how you can help.

Promotores must be able to listen, meet people where they are at, and share their own experiences in order to be a role model for change in their communities.

I began as a patient—I am a diabetic myself. At that time, there was a promotor just like me who taught us a lot about diabetes. Through these classes I learned to control my own symptoms, and I got better. Sometimes, if we share what we have experienced ourselves, patients hear it better. They learn from us and see that they can do it too. I tell my patients, ‘I am just like you. I was a patient, and now I am here because I practiced what I learned. You can do it too.’ For me, seeing people change their lives is like living it all over again. I did it, and now I can help other people do it too—wow!

Our promotores are ambassadors and leaders in their communities.

Promotores Are Local Experts

Promotores working in Boyle Heights have been trained by different organizations and address different issues. The primary issues identified by this investigation include diabetes, HIV/AIDS, intimate partner violence, reproductive health, and sexual assault. However, promotores may attend many trainings and be “certified” in different topic areas. Their local expertise is indispensable: “You have to know the culture of the community. You have to know that Watts is totally different from Downey and Boyle Heights is different from East LA.” Sometimes promotores move back and forth between organizations: “I work for two organizations,” and across topic areas: “I was trained in HIV, but I wanted more experience, so now I work in domestic violence.” As they work in the community, promotores deliver “value-based messaging such as ‘every human being deserves healthcare.’” Unfortunately, promotores can be an “undervalued” and “underused” resource: “They have a certain image to folks who don’t really understand who they are and think they are just people with low skills.”



Promotores Are Community Leaders

Before they are even recruited and trained, promotores are often the “go to” people in their neighborhoods, natural leaders that others go to for information and resources. “Promotores offer connections and links to other resources and services. We are part of the network of engaging community and improving access.” Organizations working in the Boyle Heights community to further their own mission also provide promotores with the structure, training, and support that allows them to do what they naturally do.

These women are already promotoras in their neighborhood. We do not make her a promotora. She already is one. We do not do anything to her. We merely create a framework for these women to operate and support her family and her community.

The following analogy further illuminates the promotores’ role in the community:

A promotora is like a ‘companion plant,’ like a marigold who keeps the bugs off the tomatoes just by being who she is and doing what she does. As the marigold breathes out her essence and supports the tomatoes, the tomatoes soak up that essence and put it back out. You can either plant the marigold with the tomatoes or you can train people to go out and pick all the bugs off the tomatoes by hand. I think that is similar to the promotora. She is native to the community and she naturally gives off her essence to nurture and support the community so that other people can thrive.

Promotores Respond to Community Needs

Promotores require support from the organizations they represent. “Knowing that we are supported by the agency helps us be even more successful.” They do their best work in an environment where they can respond to the needs of the community, as those needs occur. Promotores want to work on “issues that arise from parents in the community who are struggling. They want to learn more and share more information to be able to help.” Unfortunately, however, these types of issues do not always fall within the promotores’ scope of work. “We need flexibility. What works best for me is to be able to dedicate time to what people need.” As a result, they sometimes feel restricted by their prescribed role(s): “I have had experiences at some organizations where I have been very limited in the work that I can do.” Since many families in need are most focused on day-to-day survival, sometimes promotores find that there is a disconnect between the issue they bring to the community and the highest priorities for the family.

SELECTED SURVEY RESULTS | PROMOTORES IN LOS ANGELES COUNTY, 2007

In 2007, Visión y Compromiso implemented a survey with 101 promotores from 49 zip codes in LA County to assess promotores' interests and needs.

- Most promotores were women (91.1%) between the ages of 36-50 (80.2%).
- Most promotores identified as bilingual English and Spanish speakers (72%).
- Educational attainment varied from some elementary to university degrees.
- Promotores' educational training was broad, e.g. child development, education, business administration, cosmetology, accounting, mental health, nursing, pediatrics, and psychology from schools in the U.S. and across Latin America.
- Promotores were certified in many topics such as breast cancer, HIV/AIDS, lactation counselor, First Aid/CPR, asthma, heart health, diabetes and nutrition.

Survey respondents were both relatively inexperienced and very experienced promotores:

- 72.3% worked or volunteered for an agency or program and over one-quarter were unaffiliated (volunteer) promotores.

- 32% had less than 5 years experience, 34% had 5–9 years experience, 16% had 10–14 years experience, and 18% had more than 15 years experience.
- The majority of promotores provide education and outreach; other activities are clinical services, advocacy and community organizing.
- 48% of promotores reported that they receive an hourly wage; the average pay rate in 2007 was \$12.20 per hour.
- 41% of promotores received a stipend (gift cards (21%), gas vouchers, per-class payments (35%), expense reimbursements, one-time payment).
- Barriers promotores encounter include limited English, low pay, few financial resources, no medical benefits for part-time workers, resident apathy, and lack of computer skills.

Only half of promotores (55.4%) had some form of health insurance coverage and many had been diagnosed with a medical condition. In the past year:

- 82.2% reported having had a medical exam of some type.
- 49.5% received a disease diagnosis, e.g. diabetes, high blood pressure or cholesterol, chronic anemia, migraines, gout, rheumatoid arthritis, asthma or acid reflux.

SELECTED SURVEY RESULTS PROMOTORES IN CALIFORNIA, 2010

Results from a 2010 survey of 259 promotores across California were published in a framing paper prepared for The California Endowment, The Promotor Model, A Model for Building Healthy Communities. The most common job title reported by 44% of promotores surveyed was promotor/a. However, promotores work under a variety of job titles: Community Health Workers (8.3%), Volunteers (7.4%), Health Educators (5.5%), Parent Educators (4.3%), Community Organizers (2.5%), System Navigators (2%), and Case Managers (2%).

Among promotores surveyed, 45% work across different issues and 40% concentrate on one particular issue area: nutrition (13%), diabetes (12%), obesity (10%), physical activity (8%), mental health (7%), childhood obesity (5%), domestic

violence (5%), HIV/AIDS (4%), and environmental health (4%).

Only 48% of promotores surveyed are paid for their community work; 46% work as volunteers. Among 259 promotores surveyed:

- 26% are paid an hourly wage averaging \$13.70 per hour and ranging from \$8 to \$30 per hour.
- 20% are paid for mileage (50 cents per mile) or bus passes.
- 6% receive a salary ranging from \$16,800 to \$40,000 per year.
- 4% receive a stipend (i.e. \$150 or \$600 per month)
- 4% receive gift certificates or vouchers \$10 to \$20 per class or presentation



Promotores are really popular right now, people know about us
and agencies want us to come talk to the community.

THE ROLES PROMOTORES PLAY IN BOYLE HEIGHTS

The role(s) that promotores play in an organization varies based on each organization's mission, budget, the amount and type of funding available to support promotores and promotores programs, restrictions and/or minimum requirements set by funders, the amount and quality of supervisors' support, training and individual skills of promotores, knowledge of best practices, a constantly shifting policy landscape such as healthcare reform, immigration, institutional barriers (e.g., hiring practices, lack of familiarity with the promotor model, organizational priorities), community needs and obstacles, the setting where promotores do their work, and barriers experienced by promotores themselves.

Promotores Educate the Community

This investigation found that most promotores working in Boyle Heights are affiliated with issue-specific organizations.

We work with (promotoras) to enhance their leadership capacity and use those leadership skills on behalf of sexual and reproductive health. We are a sexual and reproductive health organization, our promotores are not diabetes or literacy educators ... So we work with promotores who have an interest and an understanding of how that area is important to women and to families. They become spokespeople for our agency and for their community to advance access and improve the sexual and reproductive health of women.

These findings also demonstrated that most promotores in Boyle Heights are engaged in roles associated with community outreach, education and resource sharing, particularly related to "sensitive topics" such as domestic violence, sexual assault, incest, HIV/AIDS, and sexual and reproductive health. Promotores in Boyle Heights conduct educational presentations (pláticas, charlas, o clases) with parent groups, in churches, at schools, and in people's homes.

Promotores are our bridge to the community. They go door to door and do outreach about our services. They look like and sound like the people in the community

and can get to places that we can't. They raise awareness about sensitive topics such as domestic violence or incest, talk about the problem, offer solutions, and help people through situations.

Areas identified for expanding promotores' role(s) were as paid staff, hotline volunteers, support group facilitators, court or hospital advocates, and media spokespersons. To date, very few promotores have been trained to use advocacy tools to affect long-term policy and systems changes.

Right now, there are three basic things we do where promotores play a role: outreach, awareness, and education. Later on ... it would be nice to get them involved in advocacy and expand their role in the community and what they can get involved in.

Promotores Work in Clinical Settings

Promotores can play a critical role in a Patient-Centered Medical Home (PCMH) model. This is a team-based model of care led by a personal physician who provides continuous and coordinated care throughout a patient's lifetime to maximize health outcomes.⁷ The promotor functions as "the eyes and ears of the patient" and as a "health coach" providing patients with individualized time and attention that doctors' schedules do not permit. In order to improve lifestyle behaviors and individual health outcomes, promotores help patients design a personalized self-management plan that takes into account the assets and challenges of the patient and the family. Promotores in this environment must be "articulate, bilingual, great with patients, and able to interact well with diverse clinic staff." The schedule of a promotor in a clinical setting typically conforms to the 8 a.m. to 5 p.m. workday. And while s/he may have some flexibility about how to manage her time (e.g., one-on-one patient visits, classes in the clinic or community, health fairs, community outreach), as with other clinic providers, there are general expectations about the number of patients a promotor will see during the day.

7. The California Endowment, March 29, 2011.



Before, promotores were based at our corporate office. They would go to a diabetes clinic one day a week to talk with patients waiting to see a provider. With PCMH there is much better integration of the promotor who is on site and available to the patient, the doctors and other staff.

Promotores Conduct Marketing

In addition to community outreach, promotores “market the services of the agency directly to the community” and bring in business. “They play a key role in marketing and outreach and have really helped us access residents in Boyle Heights because they go into the community and make referrals to us.”

Our department can be overlooked because we don't generate revenue and our patient visits are non-billable. But if promotores were able to do more outreach and bring in more patients, they would see that she is not just helping people change their lives but she is also bringing in new business to the clinic. She is a marketer, a moneymaker.

Promotores benefit from an infrastructure and support. Networking helps promotores communicate their work in the community to other promotores and organizations so that they can deliver on promised services and respond appropriately to referrals.

As promotores are increasing the knowledge in the community about our health center, we need to know that we can provide services to all who need it. Our organization's connections with our partners must be solid too, so we can meet the needs that arise.

Promotores Deliver Other Benefits to Organizations

Because of their skills, community access, local expertise, and grassroots nature, promotores deliver many benefits to the organizations they represent: “We know the agency needs what they bring.”

The women themselves ... are our best resource. They provide sexual and reproductive health education to the community, which is not something people really seek out, it has to be brought to them. Promotores create opportunities to talk about these issues.

Promotores are able to speak to the media in an authentic voice based on personal experience that represents community concerns: “They know how to present their perspectives and views to the media in a way that we

cannot.” Their outreach skills are often recognized by other staff who may ask for training and capacity building. “I still go to the promotores as a resource, for outreach tips and for information from the trainings.” Promotores provide valuable input to the organization about services that are needed in the community and firsthand evaluation and feedback about what is and is not working.

Promotores are the resource people for the community and they are also the resource people for us as an agency. They come back with ideas for ongoing resource development, and they are key to evaluating what works, how we need to adjust, and what we need to do to get the core of our message out in a way that the community will hear it.

Nevertheless, promotores often report that they remain an undervalued, unrecognized, and poorly compensated workforce.


Promotores Benefit from Emotional Support

Promotores reported that, regardless of the type of agency s/he works for, the work of a promotor presents emotional challenges. “When I have had a really difficult case, I need to talk to someone about it.”

Sometimes the community thinks the promotor/a is a therapist, a lawyer, a doctor, and a social worker and that I will solve all their problems. But I cannot do all of that! The promotor has so many different roles. We need to prepare and empower promotores with everything the community is going to need but also be clear about our role, 'I am not a therapist, a doctor or social worker. But if we figure out that bipolarity is your problem, I can help you because then I know where the resources are.'

Ongoing training and support can help prepare promotores with the tools, resources, and skills they need to minimize feeling overwhelmed and powerless. We are not a “psychological program or a counseling agency but we recognize that we have to support people and so we do it by listening to ourselves.”

With training and support, promotores can be empowered to sit at the table with other staff and contribute to organizational decision making: “They have a seat at the table and the clinic team understands their role, values what they can do, and they are really assimilating them.”



The skill of a promotora is dependent on her commitment, the training she receives and the support she gets.

RECRUITMENT AND TRAINING OF PROMOTORES

Most promotores are recruited by other promotores and by word of mouth. Some organizations regularly host orientations and/or interviews that help gauge interest, commitment, skills, and knowledge of potential applicants. Many people who want to be trained as a promotor “were participants in our classes first. They know about this program and they know we speak frankly and honestly.” Sometimes, however, agencies find that community members who want training as a promotor don’t always understand their role: “We don’t send them away. It is great to get them in the door, but we may refer them to a counseling program or a support group instead. Later, if they want to give back, this is often a good source of recruitment for promotores.”

While the recruitment and selection of promotores differs somewhat among organizations serving Boyle Heights, some programs report that they no longer need to recruit: “We have a waiting list, people come to us and request the opportunity to be a promotora.”

We have trained over 200 promotoras in the past three years and have 40 active promotoras now. Anyone who is interested first comes to an orientation. If they want to apply, we gauge their interest and commitment in a one-on-one interview where we ask, ‘What do you know about being a promotora? Why does this topic interest you?’

The interview process “allows us to pinpoint the qualities we are looking for” in a promotora and the internship “gives us an opportunity to help promotores maneuver in the community.”

***There are things you can teach
and things the individual
brings to the table.***

The Content of Promotores’ Training Varies Widely

While the content of promotores’ initial (or formative) training varies among organizations included in this analysis, most training is offered in Spanish and open to people over 18. It may be held in an office or community-based setting. Training programs may include an orientation to the role of the promotor, issue-specific curricula, presentation development, outreach strategies, on-the-job training, shadowing, observation, feedback, and ongoing training. The reported number of training hours that promotores receive ranges from 12 hours to more than 200 hours.

The first three to four weeks is orientation, training, and shadowing health educators to get familiar with the programs. We also train promotores to use the electronic medical records system. Once they feel comfortable with the material, they present to us and we give feedback. When we feel they are ready, they start educating full time at their site.

Some programs conduct large-scale trainings for groups of promotores who progress through the training as a cohort. For example, a 12-hour HIV/AIDS training may reach 200 women, however, only 50 women will stay active throughout the year. Several organizations reported that promotores who attend their trainings have had prior training and experience as a promotor: “About 25% of the people in each training are already experienced promotores.” At least one program incorporates lead promotores who help train new promotores.

In addition to education about the issue, training may also offer a “set of tools about ‘how to be a promotora,’ how to present, and how to answer questions.” Promotores “also need basic computer skills, social media skills, and communication skills. They need to know how to write a letter to an official, how to update a Facebook page, and how to open their email.”



As promotoras, we know that training and education is important, especially those that enrich our own mental health and that we can pass on to others. This helps us drive the promotor model.

There is a constant monitoring process with auditing and evaluation to make sure that the information we provide is up-to-date scientifically speaking, that it is sinking in, and that it resonates with the community. It is a complex puzzle.

Discussions to increase understanding and awareness of the history of the promotor model and how it functions in other countries and in other regions are generally not included in the training.

Most Promotores Training Is Unpaid

Most initial training or internship programs are unpaid. Participation in training may be viewed as an investment, an indicator of success, or sometimes a sacrifice that promotores must make. “Not paying promotores for training helps ensure that we get what we are looking for.”

Proof of the success of the program is that there is a waiting list for our lengthy and unpaid training. They must make a big investment to be trained. And this is on their own. We have debated about what is fair and not fair. And we continue to have a wait list. For me, there is something very important that keeps them wanting to be on the wait list for the training.... This is a way of highlighting that it is successful.

We observe how promotores manage certain things and at least three people discuss and evaluate each person. Then, there is a three-month unpaid internship and we observe and evaluate where we need to give added support. ... During those three months, they give classes to the community as part of the commitment. They don't get paid. We need to see them in action, how they interact with the community, and how they present. We want them to succeed. We've invested, and they've invested.



Supervision of Promotores Varies

Successful promotores programs develop supportive management and supervision systems that include personal and technical support for promotores, as well as administrative and financial supervision.⁸ In Boyle Heights, the degree of supervision and oversight that promotores receive varies quite a bit.

We trained 26 to 30 people during a sustained three-month training, twice a week for six hours, beginning with the basic skills needed to implement the program in the community. The core group was monolingual Spanish speakers. Once they were trained, we set them loose in the community. Some already had relationships in schools, churches, and at parks and recreation, and they utilize those relationships to develop workshops and make presentations in the community.

Training and technical assistance for supervisors of promotores can create benefits for both long-term and emerging promotores programs and their affiliate agencies.

Additional Training “Drives The Promotor Model”

Most promotores programs working in Boyle Heights provide ongoing training for promotores as needed or as information, policies, and community concerns change. “They always want to know more: ‘What else can we learn? What other trainings can we have?’”

We host information forums monthly and provide some problem solving when issues come up. We do a little bit of follow up training at our monthly meetings where a police officer, a mental health provider, or another promotora might come in and give a talk. We also share information about other trainings for promotores in LA.

We do monthly trainings and add more depending on current events. We retrain on certain topics when necessary, and we make it part of their development. We reinforce it at in-services, and people come from the outside. The media does training too.

Rather than use valuable—and limited—agency resources to train promotores, some agencies (e.g., Visión y Compromiso, Kaiser Permanente’s Tomando Control de su Salud) take advantage of “already established promotores programs who know how to give more capacity building to our promotores.” “I am a firm believer in not duplicating

already existing services.” Promotores may also participate in online training modules or attend ESL classes.

Training Increases Promotores’ Marketable Skills

Promotores gain leadership experience and professional skills that they can take from one organization to another and from one issue area to another. “A lot of promotores grow up here and then take their skills and go elsewhere.”

Once our promotores are certified, the HIV/STD Prevention Center comes and does a testing training so they can also get certified as test counselors. With this certification, they can apply for a job somewhere else.

An association of promotores can “bring everyone together under an umbrella organization and provide professional development opportunities for the full spectrum of promotores.” By providing additional training and support to those people who are “already talking their heads off to people,” programs in Los Angeles like Visión y Compromiso or the Esperanza Community Housing Corporation could give promotores advanced training and skills in a particular area as promotores specialists “similar to a graduate studies program.”

If we know that all promotores have access to a basic curriculum that includes public speaking, presentation skills, group facilitation, community outreach, and health education. Then I think our program might be like a ‘graduate studies’ program using our own curriculum. We could call it Food Security with an Emphasis on Food Justice.



Today, the name “promotora” opens doors.

HOW THE PROMOTOR MODEL FUNCTIONS IN BOYLE HEIGHTS

The promotor model continues to evolve, integrating the full spectrum of promotores (those with full-time salaried jobs and those who volunteer their time) in different ways in order to meet the needs of the community and the organizations they represent. Most organizations included in this Landscape Analysis integrate the promotor model as a strategy to advance the organization’s mission. Promotores conduct outreach and education related to a specific topic area in order to engage the community and improve individual and community health. Budget, funding mechanisms, organizational infrastructure, recruitment, supervision, and training can each affect the model which can also be influenced by local conditions and circumstances. “You have to be sensitive to what really works for their community.” Everyone interviewed for this report was asked to think about the characteristics of a promotor model that would work best in Boyle Heights. The information presented below represents the different promotor models that are either already being implemented in Boyle Heights or are characteristic of a model that has the potential to succeed in Boyle Heights.

A Peer Education Model

The American Diabetes Association (ADA) uses a promotor model adapted from the tobacco cessation model. Activities associated with “diabetes prevention and education may be similar.” However, due to management of the disease over time, “some content is very structured and requires supervision and buy-in from health providers.” Trained individuals from the community or familiar with the community who understand the circumstances and conditions of the community and who also exhibit these same qualities, serve as resources to local providers in Boyle Heights and help coordinate services. “The peer education model gives people living with diabetes the tools, skills and resources they need to support them to help others.”

Many diabetes centers operating in hospitals or specialized clinics have limited resources for outreach, education, and patient support. Trained promotores who can share their

personal experiences and role model behavior help link the traditional health education model operating in the community to clinical services and providers through long-term relationships that foster self management of the disease.

Most national associations function on a volunteer model, and it “goes against the grain to stipend a person. This was a big battle because it looked like we were paying our volunteers.” At first, people did not have the understanding about promotores and the work they do, and “we still have to educate a lot of people inside inside the organization.”

A Patient-Centered Model

AltaMed is a patient-centered primary care medical home (PCMH). Promotores at AltaMed are the “health coach” on a multi-disciplinary team of medical providers operating in a clinical setting during typical clinic hours.

Promotores work in the clinic, and the community comes to us. Some promotores like to do classes while others prefer to work one-on-one with patients. They may stay later to accommodate an evening class, but that is not the norm.

Promotores require basic equipment such as “their own workspace, a computer, a direct telephone line so patients can reach them, and storage space for their materials.” Promotores in the PCMH Model can be full-time employees who receive a salary and benefits (health insurance, medical leave, paid time off, and merit increases) as part of the clinic’s site budget. These activities may be billable and reimbursed by Medi-Cal and/or managed care. Support from Clinic Administrators is critical to their potential for success.

Promotores will be successful if they have the support of a good administrator and key staff. The Clinic Administrator reminds other staff that the promotora is there and pushes staff to work with her.



An Empowerment Model

The East LA Women's Center uses a promotor model to “empower women to empower other women, especially around violence against women.”

The reason we use a promotor model is to break the silence and reach women who do not seek services and who do not come forward. That's why we have chosen to embrace the model. It is what works for women in the neighborhood.

Working with Lead Promotores who are paid an hourly rate, this “holistic, relational model” supports women who come into this role as volunteers and “want to be a promotora to give their time and reach out to others to share their heart and soul.” It is the way the promotor model “has evolved in our organization, and the staff always volunteer.” By building a relationship with promotores, “we learn about them, about how they got here, and their own personal journey.” And it helps us think differently “about our focus of empowering women and building strong support networks for women who have been impacted by violence.” Promotores require individual support to be successful.

The majority of our promotoras are survivors of domestic violence, and they need a support system. This work is different than health education. Personal experiences surface. Sometimes we must stop and work with them to resolve some of their own issues. Many women think that by helping others they can resolve their own problems, but they learn that they need support. We have the staff, counselors, and resources to provide this. It is an integral part of what we do and it is what makes this model so successful.

Clínica Monseñor Romero also employs an empowerment model to address HIV/AIDS prevention and awareness. In addition to emotional support, flexibility to work around promotores' busy schedules was highlighted as essential to this model.

An Independent Contractor Model

At Planned Parenthood of Los Angeles (PPLA), the promotores program has a long history and is the “grassroots Latino community engagement component of the agency.” Trained promotores work in different regions of Los Angeles, although if they are from Boyle Heights they “may work best with the community in that region.” As a large organization with more than 400 employees and 19 health centers serving a large geographic region, PPLA has 35 to 40 promotores who work in five regions of LA County. A Program Coordinator supervises the activities of five regional coordinators “who coordinate the work of the promotores.”

The approach that we chose over time ... is to have promotores as part of a cadre of independent contractors. It wouldn't be sustainable as a program if we had everybody on payroll as a staff. So, we have a group of staff, and then we have about 35 independent contractors. ... The reality is that we cannot support a larger number of promotores and provide high quality service.

By providing promotores with access to a training model that offers concrete tools, support to maneuver in the community, internships, supervision, evaluation, leadership opportunities and ongoing training, PPLA offers promotores the “keys to be successful” and “an opportunity to have a career as a promotora.”

The fact that they are independent contractors helps them maintain flexibility. Our requirement for them is not a lot. If you want to be a promotora independent contractor, our requirement is that you go through the training and you do two classes a month. It is up to you. This is the minimum requirement... And as independent contractors, they have the opportunity to contract with other people and other agencies. That is a sign of the success of this program that they can, and are, taking it elsewhere and there is an understanding that they have a certain level of training and value.



An Entrepreneurial Model

While this model does not (yet) exist in Boyle Heights, Proyecto Jardin recommended a promotor model that might operate similar to a small business or microenterprise such as a street food vendor. In the proposed model, promotores would “advance our mission through their own microenterprise” and other organizations could support their self-employment by providing opportunities to connect promotores with local community partners.

Through a pathway of entrepreneurship where they are their own free agents and we contract with them to do the work, promotores could become self-employed and self-sufficient. We might choose to hire a few as staff and then they can become part of the organization.

A Community-Driven Model

Several promotoras recommended a community-driven model for Boyle Heights. This model has the capacity to offer promotores flexibility to respond to community-identified needs and priorities as they arise and based on families’ individual circumstances.

Each community is different, and there are a lot of needs. If we orient the work of the promotores to respond, more or less, to the problems that exist in the community, we could really help families address stress, improve communication with their children, and prevent teen pregnancies, graffiti, or gangs.

Promotores programs based in the community also have the capacity to encourage information sharing between generations where “the elders teach the youth passing on their experience and knowledge to others.”

A Social Change Model

In 2010, expert promotores from Esperanza Community Housing, Latino Health Access, and Visión y Compromiso contributed lessons learned and best practices to a framing paper for The California Endowment about the Promotor Model in California, with particular emphasis on the explicit role that promotores play in creating individual and community change. Promotores discussed the potential of the promotor model in California to be a social change model. This transformative work begins with meaningful community relationships based on mutual empathy, trust, respect, and understanding. The model can be implemented with any issue (e.g., diabetes, neighborhood safety, breast cancer) because it is the quality of the relationships, not a particular topic area, which has the potential to create community change. Regardless of the issue, if this 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.⁹ (This was not a model discussed during interviews for this project, although it could prove useful in Boyle Heights.)

Recommendation for a Pilot Model for Boyle Heights

Perhaps the BHBHC could develop a pilot program with a shared agenda. This model would focus on key areas identified by a workgroup (e.g., food security, access to health care, healthcare reform). Working together, the BHBHC could identify and train two to three promotores for this pilot program. “We could begin by talking to the community about the concerns of the agencies in the BHBHC.”

The BHBHC could identify the women and provide them with training to educate their families and their neighbors about these issues, which would be some of the same issues the collaborative is working on.

9. The California Endowment. The Promotor Model, A Framing Paper, 2011.



CHALLENGES ASSOCIATED WITH THE PROMOTOR MODEL

Survival and Family Schedules Come First

In Boyle Heights, many, if not most, adults are engaged in the simple act of survival. With at least one in three families living below the federal poverty level, some parents must work several jobs to make ends meet, and it can be difficult for adults to attend community meetings regularly.

If a parent has two to three hours a week to escape from their obligations, they don't always want to come to a meeting, and it can be difficult to sustain their engagement due to the different stressors in their lives. You have to be very creative. We try to connect meetings to workshops we know they are interested in. Our challenge is to make our program rich with classes and opportunities.

Furthermore, families have many commitments and “when parents do have time, they are at classes for their kids—soccer, swimming, dance, catechism.” Some parents try to keep their kids busy and off the street. “Tutoring enables more parents to participate because they know their children are doing their homework, and this is a family priority.” Programmatic flexibility to schedule trainings, meetings, and presentations around family schedules is critical to support promotores and engage community residents.

A Volunteer Model Makes Long-Term Change Difficult

Building community requires a long-term commitment to communication, trust, and problem solving and a long-term commitment to promotores and the promotor model. Unfortunately, organizations committed to long-term community change are “challenged through the use of a model that runs primarily on volunteers.” While this model “may have originated as a ‘cost effective’ volunteer model, it provides little or no reimbursement for promotores’ time and community expertise. Working as a promotor with little or no financial compensation can be a challenge for households with limited incomes. “We need to pay an hourly rate that is fair and that legitimizes and dignifies her work,” said one director. “We need to be fair and honest about paying promotores for their time, not just as a token,” said another.

These women live in poverty. They have difficult family situations and no health care. This model is becoming very popular, but we don't want to take advantage of these individuals so that we can have more effective programs. Funders embrace this model, but they don't give me authority to pay them. Agencies who use this model need to care for the women and respect their work just as any other professional.

Promotores Need Fair Compensation for Their Work

Research has documented inequities in compensation and benefits for promotores and community health workers in Los Angeles. (The California Endowment Grantee Convening, 2000; Visión y Compromiso 2007 Survey of Promotores in Los Angeles County) Similarly, different compensation levels exist for promotores working in Boyle Heights where many promotores work as volunteers, some are paid as independent contractors, some earn an hourly wage, others are paid stipends or receive gift cards based on the number of classes they provide. Only one promotor was identified in the Boyle Heights region who earns a full-time salary with paid benefits. (For more information, see Selected Survey Results presented above in the section entitled Who Are Promotores?)

Promotores need to survive, and they need to be paid. Recognizing their work—not just a token—helps them and gives them a more legitimate place within the agency. Because they are so involved in the community and want to give, sometimes they make sacrifices to do this work. But we don't want to continue to promote their sacrifice. We must help others understand that they have an impact beyond the dollars and cents, and that impact is extremely valued.

Different opinions exist about compensating promotores for their work “like everyone else.” And, in fact, even within the same agency, promotores may be paid differently for different activities.

When they come to the marketing side, we train them as community outreach workers. We don't call them promotores. They get trained in marketing and they bring their information about the community. We send

9. The California Endowment. The Promotor Model, A Framing Paper, 2011.



them out as community outreach workers, but they are actually doing the promotores' work. They bring a new level of insight to the job, and we have a budget to pay them to talk to residents directly.

Organizations find that they have to be creative about how they compensate promotores by hiring them as “independent contractors,” developing unrestricted funds through “targeted fundraising activities,” developing a system of “sponsorships,” exploring how to “bill Medi-Cal or other managed care plans under ACA for preventive and other services,” and/or advocating for funders to more proactively include promotores as part of a continuum of care.

We are taking small steps to seek funding for honoraria and stipends. My vision is to develop a funding structure to go after opportunities that will go into a stipend program. This is a big deal ... to accept the concept of giving stipends to what has historically been viewed as a 'volunteer' position.

Furthermore, the ability of promotores programs to create sustainable community transformation is directly linked to the compensation of promotores.

Individuals have a survival need. They need to put food on the table for their families. Usually what happens is they work for a couple of months and then that consistency wanes, which impacts the effectiveness of the long-term program. Stipends help a long-term program be consistent and persistent. That was something we learned early on. In order to have a program show benefits, we need to have some way to guarantee that the promotores we train will stay. It is always a struggle, but the institutionalization of compensation needs to be supported by the program. And it will help our program's long-term sustainability too.

Promotores Deserve Recognition

Promotores say they want others to “recognize their work, admire it, thank them, and value them.” It helps them feel good, and it lets them know “they were noticed and that they are making a difference.” Incentives of all types can make a big difference too: “A nice plate of fruit at a meeting, a well-planned training, a certificate of completion,” deliver the message that “we believe in you and will support you.”

Funders Need Education About the Role(s) of Promotores

Nonprofit organizations with limited resources encounter institutionalized barriers from funders who “don’t want to pay salaries for promotores.”

We have always tried to find a way to provide stipends and it was almost impossible to get funding to directly stipend a lay educator. In 2004 this concept was not accepted. Eventually The California Endowment and others began to understand and appreciate the value of this resource and began to accept it and create direct funding that we could use for stipends.

While many funders say they embrace the model, they also severely limit the scope of work (e.g., promotores may perform outreach activities only). Additionally, funders seeking the most “cost effective” programs may not see promotores programs as sustainable if promotores are on payroll as staff, “so we differentiate between services staff provide” and services promotores provide as “independent contractors.”

The BHBHC can work collaboratively to build consensus about how to educate the funding community about promotores and their different roles. “It is not enough for [funders] to say that they embrace the model” but then limit promotores’ scope of work and compensation. “They need to agree to fund all of the line items” associated with the promotor model.



Growing Professionalism of the Model Creates Tension

“What I see happening with all this interest in promotores is that you are moving into a direction of professionalizing what has traditionally been a grassroots community-based model.” This growing professionalism may be incongruent with existing promotor compensation, infrastructure, and expectations.

You cannot separate an agency from the work that promotores do. There has to be some structure that exists to maintain the integrity of the program and what it is funded to do. Promotores must adhere to those minimum requirements. Sometimes, because of the necessities in the community, promotores start to do all kinds of things, and, in the process, certain things start to fall. We are seen as part of the community, but we are still responsible for what we bring to the community.

Good Evaluation Supports Promotores Programs

Organizations develop systems that allow for quality assurance and feedback mechanisms: “We have checks and balances—we train, we check, and we reinforce the training.” One organization evaluates promotores yearly via a routine performance evaluation conducted by a supervisor which is tied to a merit increase. Some agencies feel that they are breaking ground by building awareness among foundations and government agencies about using the promotor model because it is an effective model. But they need “real evaluation about why we use this model and the effectiveness of it.”

To date, there are still very few “evidence-based models related to promotores. We could really use an evaluation bank where we can work with other organizations who are using the model and learn from them.” Opportunities to share evaluation resources, outcomes, problem solving, and feedback across organizations and across models could facilitate cross-collaboration and strengthen the promotor model in Boyle Heights, Los Angeles County and beyond.

Promotores Are Successful Despite Barriers

Promotores have much to offer despite institutional barriers that can threaten their ability to be successful. These institutional barriers may include, but not be limited to:

- Promotores have limited job security;
- Within organizations and among supervisors there is still a lack of understanding about the promotor model, how it functions, and the role of promotores in the community;
- Adequate space and resources for promotores to provide counseling and one-on-one education to families is not prioritized;
- Parents need quality childcare provided on-site to attend and participate fully in the classes, community engagement, and/or counseling activities of promotores;
- Tension exists about whether promotores should be “doing outreach” or “doing the work” (these activities are not necessarily mutually exclusive);
- More male promotores are needed to talk to the community about sensitive topics;
- Job descriptions may inadequately describe promotores’ full community role(s);
- Funders require more information in order to understand all of the costs associated with the promotor model (including, but not limited to, stipends); and
- Promotores may require linguistically and culturally relevant supervision and support to meet the “personal and professional needs” associated with their work.

In addition to the many potential institutional barriers, personal barriers relevant to each promotor’s individual circumstances also exist for promotores (e.g., immigration status, acceptance by partner). Promotores who earn over \$600 must have a social security number, which can limit which promotor candidates can apply for and be selected as Lead Promotores earning a higher wage.



RECOMMENDATIONS FOR THE FUTURE OF PROMOTORES IN BOYLE HEIGHTS

✓ Community Outreach and Education

- Develop innovative strategies to recruit and support young people as promotores.
- Create opportunities for promotores to share their outreach skills with and provide technical assistance to staff and volunteers at other agencies.
- Develop and utilize health education, community organizing, advocacy, and policy-related materials that take into consideration different literacy levels of both promotores and the community.
- Incorporate adult learning theory, popular education methodology, and diverse learning styles into outreach, education, and training.
- Create opportunities for promotores to share their work with other agencies and improve resource referrals.
- Increase education related to the federal Affordable Care Act (ACA) including awareness about health coverage options.
- Reduce barriers to enrollment in health coverage for children and their families.

✓ Training and Support for Promotores

- Provide promotores with comprehensive initial training and ongoing training and professional development.
- Train more promotores who are able to focus on the survival needs of families.
- Provide training and compensation to support the marketing role of promotores.
- Share strategies and resources for training promotores across agencies.
- Provide opportunities for promotores to provide and receive emotional support (from their peers and others).
- Create cross-training experiences for promotores within the agency and across agencies.
- Develop much-needed technology, social media skills and media advocacy training and materials for promotores.
- Increase training and support related to implementation of the federal Affordable Care Act (ACA) in California.
- Share lessons learned from Lead Promotores who are trainers (Promotor Trainers).



✓ Community Engagement and Mobilization

- Assess, support and value existing skills and education of community residents as promotores.
- Communicate the work of promotores more broadly to the community, other agencies and local and regional decision makers.
- Build a coordinated community engagement infrastructure to support the training and mobilization of residents.
- Link promotores to networks of other promotores to communicate their work and share best practices.
- Advocate for health and immigration policies that improve the health and quality of life of residents.
- Reduce barriers to enrollment in public health coverage for children and their families.

✓ Advocacy

- Provide more advocacy training and tools for promotores and other community residents (e.g., how to write an effective letter, how to testify at a committee meeting, how to communicate the role of civic participation).
- Identify opportunities for promotores to engage in advocacy for long-term policy and system change.
- Support promotores to link residents to policy advocacy networks and educate residents about identified policy agenda (e.g., expand eligibility for public health coverage).

✓ Compensation

- Develop strategies to improve inequities in compensation levels for promotores.
- Promote a living wage as a desirable and equitable compensation goal.
- Identify unrestricted funding streams to support promotores' community work.
- Identify billing mechanisms and training for administrators in order to reimburse for prevention and other services provided by promotores through the ACA, Medi-Cal and/or managed care.
- Develop collaborations to educate funders about the role of promotores and the need for long-term commitment and sustained funding for the promotor model.

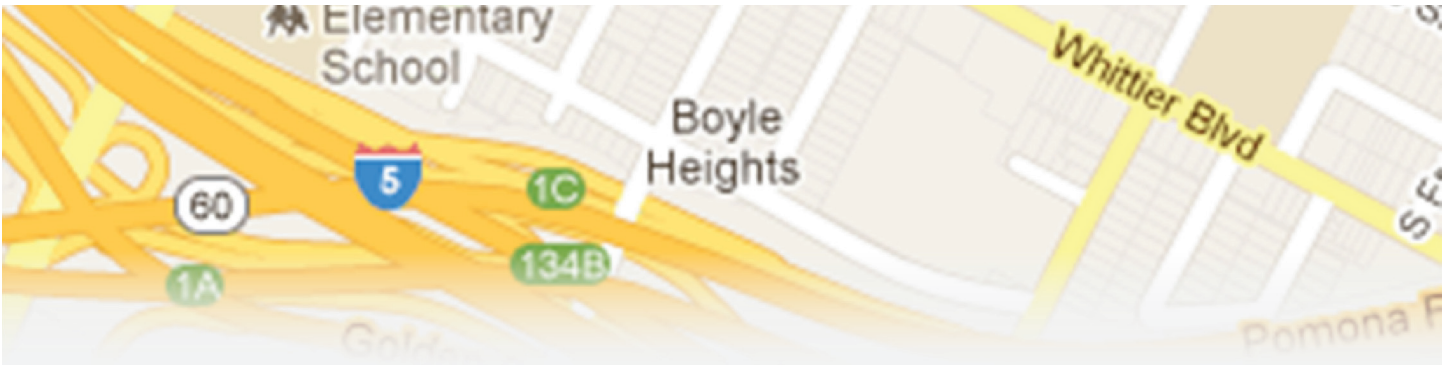


✓ Evaluation

- Provide regular, structured opportunities for promotores to share community feedback and participate in the evaluation of agency programs and services.
- Create an “Evaluation Bank” to share evaluation resources and outcomes and promote cross-collaboration between agencies with promotores programs.
- Share evaluation that documents the effectiveness of the promotor model.
- Train promotores as “Promotor Evaluators.”
- Disseminate best practices develop evidence-based programs.
- Share lessons learned in Boyle Heights with promotores at local, regional and statewide convenings and conferences.

✓ Long-Term Sustainability

- Institutionalize the role of promotores within agencies’ scope of work.
- Provide technical assistance and training for supervisors of promotores.
- Invest in ongoing workforce and professional development for promotores.
- Develop long-term employment and career ladder opportunities for promotores in diverse fields (e.g., “Promotor Supervisors,” “Promotor Administrators”).
- Institutionalize funding mechanisms that will support equitable pay for promotores.
- Provide opportunities to engage with other agencies to share best practices, collaborate, problem solve, and advocate for promotores and the promotor model.



Visión y Compromiso



1000 North Alameda Street
Suite 350
Los Angeles, CA 90012
213-613-0630
info@visionycompromiso.org

