

# Visión y Compromiso™



## Promotores' Perspectives on Training Programs in California

### A SUMMARY OF 2012-2013 FOCUS GROUP FINDINGS



JANUARY 2015

## **ACKNOWLEDGEMENTS**

This study would not have been possible without the efforts of many individuals, first and foremost the promotores who willingly shared their experiences and insight related to training and professional development opportunities for promotores in California. Members of the Advisory Committee of The Promotores Institute, launched by Visión y Compromiso in 2012 and guided by Melinda Cordero-Bárzaga, provided the guidance and vision for this study identifying the key training issues and facilitating the focus groups; the Network of Promotoras and Community Health Workers helped recruit promotores to participate in this focus groups study; Kaiser Permanente in Northern California provided funding; Deborah Arthur, MPH, conducted the data analysis and wrote the final document; and Yvonne Day-Rodriguez of Y. Day Designs developed the layout and graphics.

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# INTRODUCTION

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## *Visión y Compromiso*

Visión y Compromiso (VyC) is recognized as a leader in California for the training, leadership development and capacity building of promotoras and community health workers (who will be collectively referred to in this document as promotores). Dedicated to addressing the social and economic determinants that contribute to health inequities, the mission of VyC is *Hacia Una Vida Digna y Sana* or Healthy and Dignified Living for All. In 2001, VyC established The Network of Promotoras and Community Health Workers (Network) in California to support the legitimacy, self-determination and personal and professional development interests of promotores. Today, the Network represents over 4,000 promotores in 14 urban, suburban and rural areas throughout California. VyC's multi-pronged approach aims to improve community well-being and increase opportunities for promotores through:

- Culturally and linguistically relevant training and support for promotores based on their personal and professional interests and regionally identified needs;
- Technical assistance to workforce partners to increase integration of promotores into multidisciplinary fields; and
- Advocacy for sustainable improvements in public policy and workforce development.

## *Promotores and Community Health Workers*

Promotores are highly trained representatives of the communities they serve. Characterized by their leadership and *servicio de corazón* (service from the heart), 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 give their time, their charisma and their passion—they are powerful advocates for individual and community transformation. Acting as cultural, linguistic and socioeconomic allies to community residents, promotores have first-hand knowledge about community needs and resources. They share culturally relevant health information and are the bridge to local resources and healthcare providers. Promotores use personal contacts, trust and respect to address sensitive topics, counter misinformation, and advocate for quality health care. Their community role extends far beyond disease-related activities to a passion for human rights and social justice. Promotores volunteer in their communities and work in paid and stipended positions with job titles that include community health worker, peer educator, leader, outreach worker, systems navigator, and parent educator.

## *The Promotores Institute (El Instituto de Promotores)*

Diverse in many ways (i.e. race, ethnicity, country of origin, desire for formal education or upward mobility, income, household size, professional goals, practice orientation, training, etc.) promotores' professional development needs and interests do indeed differ. To date, training and career pathways for promotores in California have been limited and differ widely in content and by discipline, agency and region. Furthermore, career opportunities and job security are limited, continuing education programs can be difficult to access, few promotor jobs supply a living wage, and guaranteed health benefits are practically non-existent.

In 2008, VyC invited over 100 promotores and their allies from across California to attend a Workforce Summit in Sacramento to analyze issues relevant to promotor training, certification, career advancement and workforce development. Promotores in attendance at the Summit identified VyC as the most appropriate agency to convene promotores, agencies and educational institutions in a process to develop basic standards and core competencies critical to the creation of uniform curricula. In 2012, VyC launched The Promotores Institute (*El Instituto de Promotores*) in California, a promotores-driven effort to:

1. Validate promotores and their diverse community roles;
2. Develop standards and core competencies relevant to promotores;
3. Disseminate best practices;
4. Develop curricula to meet regionally identified needs;
5. Promote pathways for continuing education and professional development;
6. Expand the promotor model through technical assistance and training; and
7. Ensure that the role of promotores is linked to the transformation of communities.

An Advisory Committee of expert promotores, trainers and curricula developers meets regularly to advise the development of The Promotores Institute. With expertise in diverse topic areas and well-versed in popular education methodology, this Committee has developed a framework for vetting curricula and assessment standards to establish a common curriculum for promotores and community health workers that identifies core competencies and incorporates popular education, adult learning methodologies, evaluation tools and performance indicators. Promotores and representatives of agencies who train promotores will be integrated into the curricula review and assessment process through development and implementation of a statewide survey of promotores training programs and focus groups. This is a critical step in defining and validating a common curriculum that reflects both promotores' and organizational needs. In order to enhance this process, the Advisory Committee decided to survey promotores training programs in California and conduct focus groups with veteran promotores who would provide much needed data related to promotores training programs and promotores' experiences with training.

## *A Survey of Promotores Training Programs in California*

The Advisory Committee developed a survey instrument to gather information about existing promotores training programs, to make recommendations to improve future training programs, and to guide the development of training curricula of The Promotores Institute. The Advisory Committee developed a list of 65 people in agencies throughout California who are actively involved in training promotores and community health workers. Survey questions were prepared in both Spanish and in English and entered into an online survey tool created by Survey Monkey. A bilingual e-mail message was sent to each person on the list introducing The Promotores Institute and presenting a link to the online survey. By May 2013, 42 people (65%) had completed the survey in either English or Spanish. Key findings from the survey, a summary of the survey results and recommendations for the future are presented separately.

## *Focus Groups with Promotores About Their Training Experiences in California*

In a series of meetings and conference calls, the Advisory Committee developed focus group questions which were pilot tested with 23 promotores at the San Francisco Bay Area Regional Promotores Conference in Berkeley. One hundred sixteen (116) promotores shared their experiences with VyC in 12 focus groups conducted during September 2012 through March 2013 in the regions of San Diego County, Coachella Valley, Los Angeles County, Tulare County/Visalia, Stanislaus County, the San Francisco Bay Area, Napa County and Humboldt County. Focus groups gathered information from promotores about their training experiences, employment, community roles, individual and institutional barriers, and community needs. Written surveys gathered demographics of focus group participants. Qualitative data analysis was conducted coding for common themes. A draft summary document was prepared and submitted to VyC for review. While these results may not be generalizable to all promotores in California, promotores share similar attributes regardless of their job title, gender or geographic region.

Both qualitative and quantitative data are presented in this summary document, including tables and figures, from the focus groups. VyC developed recommendations for the future based on the survey and focus group findings to guide the development of The Promotores Institute. These are presented in the next section.

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## EXECUTIVE SUMMARY

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**F**ifteen years ago, in 2000, The California Endowment brought together promotores and their allies in a Los Angeles convening in order to gather input from them about the components of a successful promotor program. Promotores articulated the need for models that are more holistic and less medical, not reliant upon grant funding, and integrated into organizations to address the social and economic determinants of health. At that time, promotores recommended that training for promotores address issues such as “outreach, mental health services, program management, literacy, writing and leadership.” Some suggested developing training modules that reflect common skill sets and career paths for all promotores and creating a training institute that would validate community workers’ experiences.

A growing body of research is documenting the effectiveness of promotores and community health workers (CHWs) to improve access to preventive services and culturally specific follow-up and disease management that has had a positive affect on health care, care outcomes and cost-effectiveness (particularly with respect to birth outcomes, child wellness and chronic conditions). Studies show that when promotores and CHWs are integrated into team-based health care delivery systems, patient engagement and overall community health are improved.

Today, promotores continue to report that, although they receive much training on many topics, the training they do receive does not always meet their needs and, in fact, they receive little training about how to do the work of a promotor. In fact, while the training content, duration and trainer qualifications vary considerably, according to promotores most training continues to relate to health education and/or disease prevention—topics that primarily reflect the missions of the organizations they are affiliated with or grant-funded programs and not local community concerns. What promotores say they need is more professional

*When promotores and CHWs are integrated into team-based health care delivery systems, patient engagement and overall community health are improved.*

development including topics such as public speaking, meeting facilitation, public relations, technology, critical thinking, written communication, and budget management.

Our focus group study *Promotores’ Perspectives on Training Programs in California: A Summary of 2012–2013 Focus Group Findings* provides qualitative data to deepen our understanding about the ongoing disparity between what promotores report their communities need, what training promotores say they need to continue to be effective, and what training organizations say they need to be able to provide in order to fulfill their missions, goals and objectives. While both of these views are valid, this gap in needs and expectations must be reduced if we are to continue to assure the effectiveness of promotores’ and CHWs’ efforts to improve the health and quality of life of communities throughout California as well as increase access to care and reduce costs. Among the many recommendations arising from this study, we advocate to:

- Develop standards, core competencies and training curricula relevant to the training needs of promotores in urban, rural and resource-limited communities.
- Create training, continuing education and professional development pathways for promotores that build individual and community capacity.
- Validate diverse promotor models and promotores’ varied community roles.
- Provide training and technical assistance to build the capacity of organizations to integrate promotores into their workforce teams and implement the promotor model.

- Reduce employment inequities and improve benefits for promotores.
- Increase local and statewide capacity to evaluate and report outcomes linked to the promotor model.

Visión y Compromiso and the Network of Promotoras and Community Health Workers is uniquely positioned to raise awareness about this disparity, advocate on behalf of promotores' interests, and bring organizations, promotores and decision makers together in conversation to create lasting and positive changes in individual and community health and well-being. In response to promotores' diverse personal and professional interests and their workforce development needs, we are also pleased to announce the creation of the Promotores Institute in California which will focus our expertise and leadership in order to:

- Validate promotores and their diverse community roles.
- Develop standards and core competencies relevant to promotores.
- Disseminate best practices.
- Develop curricula to meet regionally identified needs.
- Promote pathways for continuing education and professional development.
- Expand the community-based promotor model through technical assistance and training.
- Ensure that the role of promotores is linked to the transformation of communities.

Visión y Compromiso is pleased to share the results of this study with you and we welcome your comments and discussion. We look forward to hearing from you. Thank you.

Sincerely,



Maria Lemus  
Executive Director  
Visión y Compromiso



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## RECOMMENDATIONS FROM THE FIELD

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**F**rom September 2012 to March 2013, Visión y Compromiso (VyC) conducted 12 focus groups with 116 promotores and community health workers (collectively referred to here as promotores) in California. During these facilitated conversations, promotores discussed their work, their lives, their experiences and their recommendations for the future. As they talked, four major themes began to emerge about their training experiences:

- Promotores have heart (*corazón*).
- Promotores share their own experiences with their community.
- Service to the community is a shared value among promotores.
- Training provides promotores with peer support, new skills, access to resources and the self-confidence they need to do their work in the community.

Promotores reported that the initial training they receive does not always meet their needs and little training exists about how to perform the work of a promotor. Promotores report that they attend many trainings, often voluntarily, on many different topics but that most trainings are related to health education and/or disease prevention (other topics include mental health; social, economic and political issues; advocacy and leadership).

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### RECOMMENDATIONS

**Develop standards, core competencies and uniform training curricula relevant to the training needs of promotores' in urban, rural and resource-limited communities.**

- Create a bridge to increase promotores' access to training, certification and/or other professional requirements.
  - Partner with public and private agencies, institutions and community colleges as needed to develop curricula and identify training, educational and career pathways that incorporate the personal and professional needs of promotores.
  - Design an educational and formative process that incorporates interactive curricula and promotes personal, professional and community development.
  - Ensure that training programs are culturally and linguistically relevant and incorporate adult learning theory, popular education and empowerment methodologies, and take into consideration diverse learning styles.
  - Support employers to develop and maintain opportunities for upward mobility for promotores.
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Promotores say they need more training in professional development such as public speaking, organizing and facilitating meetings, building public relationships, computer skills, critical thinking, written communication and managing budgets. Further, barriers include both individual (time, financial compensation, transportation) and institutional level (lack of support for training promotores, limited understanding about the role of promotores) barriers which can limit promotores' full participation.



**RECOMMENDATIONS**

**Create training, continuing education and professional development pathways for promotores that build individual and community capacity.**

- Promote the promotor model as a community based model focused on health, wellness and community transformation (as opposed to deficiency and disease).
- Develop and implement continuing education pathways to promote professional and personal development and increase promotores' knowledge and skills.
- Increase access to local, regional and statewide trainings on diverse topics based on the needs of promotores throughout California.
- Provide training and curricula to increase the advocacy, organizing and policy and systems change skills of promotores.
- Provide mid-level and advanced training opportunities for experienced promotores.
- Identify and disseminate opportunities for leadership and career advancement.
- Engage providers, organizations, decision makers and promotores in dialogue to reduce the gap between training promotores say they need to improve community health and training organizations say they need to provide to fulfill their mission, goals and objectives.

**Validate diverse promotor models and promotores' varied community roles.**

- Raise awareness about the role of promotores among community residents, organizations, educational institutions and government agencies so that promotores are understood, recognized and integrated into public health, clinical teams and other workforce disciplines.
- Devise strategies to ensure that the roles of promotores are linked to the transformation of communities.
- Communicate the unintended consequences associated with promoting a community health worker model in a health care setting.



Promotores say they work under a great diversity of job titles within different types of organizations; however, few organizations are truly prepared to support the full potential of their community roles and even fewer still have fully integrated promotores into their organizations and work teams.

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## **RECOMMENDATIONS**

**Provide training and technical assistance to build the capacity of organizations to integrate promotores into their workforce teams and implement the promotor model.**

- Widely disseminate best practices about how the promotor model functions in California.
- Advocate on behalf of polices and practices that maintain the integrity of the promotor model.
- Promote cross-collaboration and problem solving support to agencies relevant to the promotor model.
- Create opportunities to share strategies and resources across training programs, agencies, disciplines and models.
- Create a support system for promotores that incorporates experienced mentors who provide ongoing professional development.

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Promotores report that full-time, paid employment as promotores is limited and they must often volunteer and work more than one job to support their families. Workforce development issues relevant to promotores include increased demand for limited employment and few full-time jobs, compensation inequities, practically non-existent benefits and limited long-term job security.

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## **RECOMMENDATIONS**

**Improve employment inequities and benefits for promotores.**

- Promote a living wage as a desirable and equitable compensation goal that values promotores' critical connection to the community.
  - Advocate for policy and systems changes to improve compensation, guaranteed benefits and job security for promotores.
  - Advocate for the long-term sustainability of promotores programs.
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Training programs are most commonly evaluated based on participant satisfaction surveys and process measures (i.e. the number of participants who start and complete training) and may also use field observations, pre- and post-tests, and one-on-one interviews.



## **RECOMMENDATIONS**

### **Increase local and statewide capacity to evaluate and report outcomes linked to the promotor model.**

- Promote opportunities for promotores to speak as experts on behalf of the promotor model.
- Dedicate resources to evaluating the capacity of promotores training to increase the effectiveness of the promotor model.
- Promote culturally relevant research and evaluation that uses community-based and participatory approaches to integrate promotores as equal partners in conducting research.
- Train promotores as evaluators, researchers and data analysts.
- Develop an evaluation bank and trained evaluators knowledgeable about the promotor model.
- Create, identify and adapt models and instruments for outcomes measurement to evaluate the short- and long-term impact of promotores programs.
- Promote cross-collaboration and share evaluation resources, outcomes, problem solving and feedback across organizations and across models.



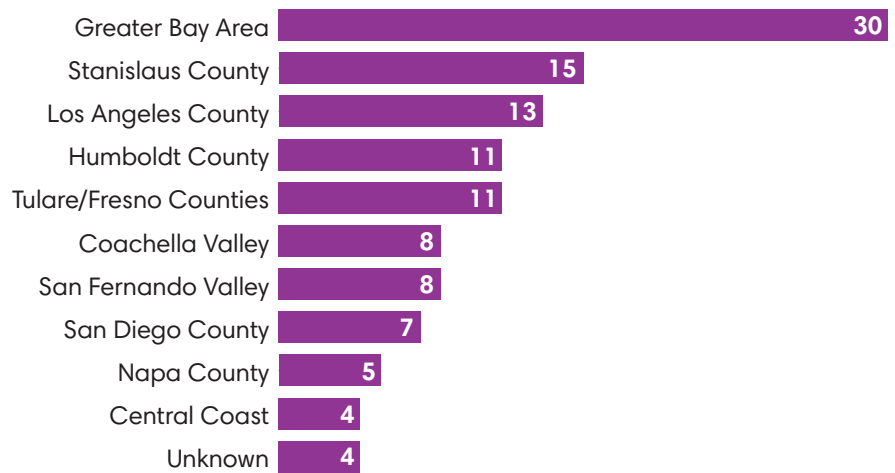
# PARTICIPANT DEMOGRAPHICS

The strategic aim of these focus groups was to gather information from promotores about their experiences with training programs in California in order to inform the development of training curricula and training models for The Promotores Institute created by Visión y Compromiso (VyC). From September 2012 to March 2013, VyC conducted 11 focus groups with 116 promotores representing regions throughout California (see Figure 1).

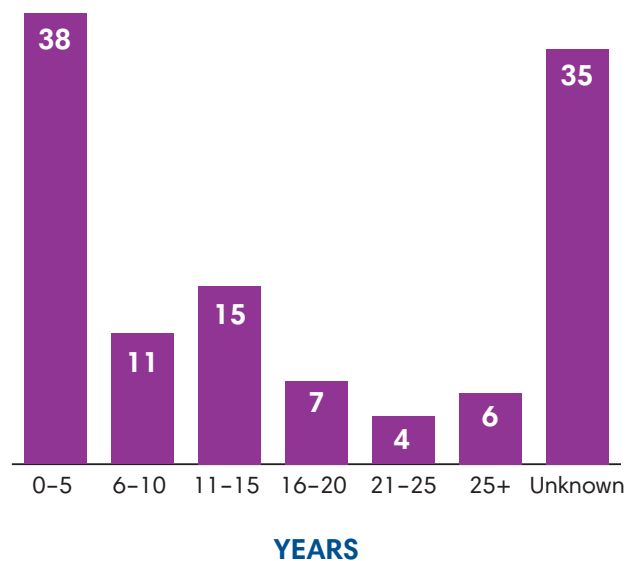
Focus groups participants were 72% female and varied somewhat by age although most were between 31–60 years. Over half of participants were born in Mexico. Educational attainment levels varied: 28% had a high school diploma or fewer years of formal schooling. Over half (58%) had completed or were working towards a college or post-graduate degree or other license or title (i.e. community college, technical or vocational school). Diverse fields of study were represented such as business administration, biology, counseling, law, accounting, cosmetology, education, registered nurse, health navigator, industrial hygiene, human psychology, communications, public health, computer programming, CMA, commercial secretary, social worker, stenographer and teacher’s aide.

Thirty-seven percent of focus group participants reported six or more years experience as a promotor/a. However, one-third of participants (33%) had less than five years experience (see Figure 2). It is not known whether, and in what ways, this may have impacted the data quality.

**FIGURE 1: FOCUS GROUPS: REGIONS REPRESENTED (N=116)**



**FIGURE 2: NUMBER OF YEARS AS A PROMOTOR/A (N=116)**



# JOB TITLES AND PROMOTORES' ROLES

Promotores are climbing the career ladder. However, full-time paid opportunities as promotores are still limited: “most work for promotores is temporary with no benefits and little job security,” said one participant. “There is a lot of volunteer and not much paid work,” says another. And, “it is hard to support my children on volunteer community health work.”

*“Many people think promotores are just volunteers and work for free. But they are not. They need to value the Promotor Model and pay for the services and resources that we can provide.”*

Although promotores work in different types of organizations and under a great diversity of job titles, at least 31 job titles were mentioned, few promotores actually work in positions where their job title is “promotor/a” (see Table 1). “There are no jobs called ‘promotora’ although you might see the things a promotor does listed in the job description.”

**TABLE 1: JOB TITLES & PROMOTORES' ROLES**

<i>Promotor/a de salud</i> (promotores)
Health promotor
Health educator
Promotora coordinator
Facilitator of parent education
Counselor
Community health worker (CHW)
Advocate
Domestic violence investigator
<i>Navigador en salud</i> (health navigator)
<i>Promotor de salud comunitaria</i> (community health promotor)
Parenting class instructor
Promotora activist
Community health technician
<i>Promotora de educación</i> (education promotor)
<i>Trabajadores de alcance</i> (outreach workers)
Lideres comunitarias (community leaders)
Promotora pro-salud
<i>Promotor de salud mental</i> (promoter of mental health)
Outreach specialists
Educators
Lead promotora
<i>Promotora verde</i> (green promoter)
Perinatal health educator
Mediator
Practitioner
Resource facilitator
Community education specialist
Ministry ( <i>ministra</i> )
Systems navigator
Change agent

Focus group participants described their community roles as a “bridge from the community to the agencies,” a “resource facilitator,” an “advocate for the community,” and a “change agent.” “My title is always changing, but the title is not important—what is most important is being able to reach the community.” “Many jobs for promotores arise based on community needs which have been identified by promotores.”

Although some promotores report that their job description or supervisor limits their community role; many promotores are driven by their commitment to serving the community.

*“When we go out to talk to the community, we start out talking about one need and we end up at another. Sometimes (my employer) tries to restrict my role to one specific program. But the families really need information and if I have it, I have to share it.”*

Because “promotores can do more than just educate the community,” some promotores report that their role is transitioning from primarily outreach and education to one that reflects the needs of diverse industries and both continuum of care and service delivery models,

*“When I went to the conference in Los Angeles I learned how many people are working as promotores. It was amazing to see that they are in all areas, not just in health but in education, violence prevention and more.”*

However, in most regions, even promotores who have extensive job training and diverse skills find that their responsibilities can still be very limiting, “there are no jobs for promotores where they are integrated into the agency,” “they still don’t feel confident that promotores can do the work” or “we need to be involved in managing the programs and administering the grant funds.”

Training programs provide promotores with skills, knowledge, technical assistance and support that prepares them to help themselves, help their families and help other people. They may receive training where they work and frequently attend training voluntarily that is offered by different organizations. However, focus group participants indicated that there is considerable variation among training programs throughout California such as differences in the length and duration of training programs (both the number of hours and the number of training sessions), training content, and qualifications of trainers who deliver the training. One promotora said, “there are organizations who say they are training promotores but, really, they are not.” Surveys conducted by VyC have resulted in similar findings.

### *Initial Training*

Initial training or *formación* refers to promotores’ formative training combined with a continual process of personal growth and development. Promotores often speak about *formación* as something developed and nurtured in the community.

*“This process of becoming a promotor is about identifying yourself and, as you put into practice what you are learning, this process is ongoing and continues.”*

Focus group participants talked about when they first became aware of the significance of their role as a promotor/a, when they realized what it means to be a promotor/a, and whether this identification resulted from any one particular training or from their own experience working in the community.

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## PROMOTORES' TRAINING EXPERIENCES VARY

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*“A part of my own growth and development has been really coming to understand what it means to work in the community. While it is one thing to know the theory, we have developed our own understanding by working in the streets and in our communities.”*

Four primary themes emerged from these conversations about promotores' initial or formative training (see Table 2).

### *Additional Training*

Table 3 lists many additional training topics promotores say they have received, grouped here into six categories (in no particular order). Promotores report that most of the training they receive relates to Health Education and Disease Prevention.

1. Health Education and Disease Prevention
2. Mental Health and Wellness
3. Policy, Social, Economic and Political Issues
4. Advocacy and Leadership
5. Professional Development
6. Life Skills and Other Types of Training



**TABLE 2: FOUR PRIMARY THEMES ASSOCIATED WITH INITIAL TRAINING FOR PROMOTORES**

**1. Promotores have heart and are “motivated by their love for the community.”**

Many participants talked about their natural abilities and personal interests: “I was born with the desire to help others.” They shared family stories that influenced their work today as a promotor/a. They talked about the importance of having “a heart of a promotor/a.” Several people mentioned that they always wanted to do something to “help people improve their own lives.”

*“Although you can learn to be a promotor, really you are born with it. It is in your blood. We don’t become promotores because we get paid for it.”*

**2. Promotores share their own experiences in order to help others.**

Promotores see their role as sharing information and personal experiences with the community so that other people don’t have to live through the same difficulties they experienced themselves.

*“I needed resources myself and so I got interested in being trained as a promotora. Then, I wanted others to know the information, too.”*

*“It started with my own suffering and experience with domestic violence. It grew from sharing information about domestic violence with others to working with other women to lift up our voices united against violence.”*

**3. Community service is a shared value among promotores.**

Among promotores there is a shared consciousness about the importance of community service: “Helping others is a cultural value.”

*“Promotores give mutual support. They give and receive, give and receive.”*

*“People know that they can always come to my house and I have flyers and information.”*

**4. Training provides support, increases skills, builds linkages to other resources and increases promotores’ self confidence.**

Training provides promotores with knowledge and skills to prepare them to help themselves, help their families and help their community.

*“I started with enrolling people into health insurance and then helping them to get medical services and I moved on from there.”*

*“The right training helps people know that they can do this—they have the heart and now they have something to give to the community.”*

*“We started in clinics and have learned to put our skills to work in other areas.”*

**TABLE 3: ADDITIONAL TRAINING TOPICS REPORTED BY PROMOTORES**

<b>HEALTH EDUCATION AND DISEASE PREVENTION</b>			
Domestic violence	Sexual and reproductive health	Elder abuse	Reproductive justice, sexuality
Breast cancer	Obesity	Bullying	Downs Syndrome, special needs
Nutrition, 5-a-Day	Chronic disease	STIs	Teeth brushing and oral health
Physiology	Pesticides	Teen health	Older adult health
Exercise/physical activity	Vision exams	Gangs	Safety in the workplace
Tobacco prevention/smoking	Alcoholism, drug addiction	CPR	Asthma
Diabetes	Child abuse, child sexual abuse	Lead poisoning	Disabilities
Immunizations	Hand washing	Heart disease	H1N1 flu
Sexual assault and harassment	Rethink your drink (drink water)	HIV/AIDS	Fraud targeting older adults
		Family planning	
		Heat-related illnesses	
<b>MENTAL HEALTH AND WELLNESS</b>			
Suicide awareness and prevention	How to take care of yourself, set limits	Meditation, relaxation and breathing	Stress
<b>POLICY AND SOCIAL, ECONOMIC AND POLITICAL ISSUES</b>			
Immigration	Civic education	Labor laws, workers' rights	Housing rights
Healthcare reform	Economic development	Social structure	Understanding about colleges
Human rights	Public education system		
<b>ADVOCACY AND LEADERSHIP</b>			
Leadership	Advocacy	Three-month organizing class	
<b>PROFESSIONAL DEVELOPMENT</b>			
Communication	How to organize a meeting	How to be a promotor	How to use educational materials
Public speaking	How to create an agenda	How to complete forms	Child development
Time management	Critical thinking	Confidentiality	Conflict mediation
Learning theory	Computer skills	Reporting (child abuse, suicide)	English for community health workers
Popular education	Training as interpreters	How to work with the community	Telecommunications
Facilitation			Environmental trainings
<b>LIFE SKILLS AND OTHER TRAINING</b>			
How to help families be independent	Exchange programs with promotores in Mexico	How to give people the tools they need to make changes in their own lives	Open education (Mexico)
Anger management	CERT training in natural disasters	How to find a job	Marriage counseling (Christian)
College CHW certificate			Recycling and Conservation

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## PROMOTORES' ROLES REQUIRE DIFFERENT TRAINING

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**H**owever, in order to meet the demands of their increasing community roles in today's economy and health care climate, promotores in each region recommended the types of training that they feel they need in order to improve their job readiness, performance, marketability, quality of service, and community leadership (see Table 4). In contrast to the training topics in Table 3, most of the promotores' recommendations are in the area of Professional Development (because training experiences are so diverse and because promotores in different regions have access to different training, there is some overlap between Tables 3 and 4). Promotores' recommendations have been grouped into six categories (in no particular order).

1. Professional Development
2. Policy Development
3. Advocacy Skills and Leadership
4. Health Education and Disease Prevention
5. Mental Health and Wellness
6. Other Trainings

Topics presented in Table 4 appear to justify VyC's intention to create The Promotores Institute and design a common curricula emphasizing formative training and core skills and competencies over any one particular topic associated with health promotion, health education and/or disease prevention or treatment.

**TABLE 4: PROMOTORES' RECOMMENDATIONS FOR THE TRAINING THEY NEED**

<b>PROFESSIONAL DEVELOPMENT</b>			
GED	Text messaging	Cultural diversity	How to write a press release, arrange a press conference, do an interview
Public speaking, oratory	How to use Powerpoint	Creating a resource directory	
How to present yourself	How to use Excel	Creating a business plan	How to work with public radio
How to run a meeting	Written communication (reports, letters, flyers, health education materials)	Entrepreneurship	Resume writing
Creating an agenda		How to bring jobs to the community	Interviewing skills
Group facilitation and managing interruptions	How to train	Recreational activities for youth	Using different strategies to present information (videos, drama, activities)
Conflict resolution	How to create community	How to translate materials	Bringing education into the workplace
Public relations	How to form relationships	How to change the literacy level	How to get businesses involved
How to create contacts	Educacion popular	How to do outreach	Managing budgets (at work, home)
How to use technology	Community organizing	Where to find resources	
Using email and internet (opening, sending and responding to emails and attachments)	Time management	Working with the media	
	English		
<b>POLICY DEVELOPMENT</b>			
Civic education	Popular Education/ Research	Human rights	Healthcare reform
Labor Rights			
<b>ADVOCACY SKILLS AND LEADERSHIP</b>			
What is advocacy	How to advocate	Team building	Leadership building
<b>HEALTH EDUCATION AND DISEASE PREVENTION</b>			
Men's health issues (i.e. prostate/testicular cancer)	Healthy options for youth	Heat stress	Drug addiction
	Prevention of chronic diseases	Substance abuse	Gangs
<b>MENTAL HEALTH AND WELLNESS</b>			
Self-care	Depression	How to talk to someone who is suicidal	Stress management and reduction
How to leave work and not bring it home to your family	How to give support to people in crisis	What to say/do at a person's hospital bedside	Yoga, meditation
How to establish limits	Anxiety		Child abuse
	Psychology		
<b>OTHER TRAININGS</b>			
Holistic approaches	Training to start a promotora program: what is a promotor/a, community health roles, financial reasons why agencies should support promotoras	Literacy programs	Environmental health (e.g. recycle, compost, conservation, water use, dispose oil in the streets, dispose of medicines in the toilet)
Spiritual programs		How to train people so that they earn enough money	
Ethics		Create a specialization in environmental health	
How to work with young people			

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# INDIVIDUAL & INSTITUTIONAL LEVEL BARRIERS TO TRAINING

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**P**romotores identified many barriers related to access to and participation in training. Some of these barriers include organizational staff with limited understanding about promotores' role(s), internal hierarchies that exclude promotores, individual/personal challenges that limit promotores' potential, and barriers endemic to the region where they live (i.e. geography).

*“Promotores need support which includes tools, equipment, funding and job security. All of these things are necessary to improve community health and education.”*

The individual and institutional level barriers identified by promotores reflect the following six themes, in no particular order (see Table 5):

**TABLE 5: INDIVIDUAL AND INSTITUTIONAL LEVEL BARRIERS TO TRAINING FOR PROMOTORES**

## 1. CERTIFICATION AND PROFESSIONAL DEVELOPMENT

**Promotores need high quality training and support that validates their community role and responds to their diverse personal and professional needs.**

*“We need to identify better so that people have security and their work is validated and recognized, even if they don't work for a formal organization.”*

*“If I go outside my community, I have nothing that validates my work and my training. We need certificates to show that we have taken these trainings. I don't have to go to school to study mental health, I am already doing it! And here is the organization that trained me.”*

*“We need quality training. Some trainings are very confusing. Professionals may have a lot of information but the way they talk often makes it too complicated.”*

## 2. FEW JOB OPPORTUNITIES AND INADEQUATE COMPENSATION

**Promotores need access to more jobs, benefits and a living wage.**

*“We have volunteer opportunities but there are no jobs.”*

*“Sometimes we get small incentives to do our work. But we need and deserve to be paid.”*

*“We need to be reimbursed for our preparation, travel and recruitment time.”*

*“Most jobs are part-time, and they want more presentations. You can work two to three jobs and none of them have benefits.”*

### 3. LIMITED INSTITUTIONAL SUPPORT AND INTEGRATION

**Promotores want recognition for their work, integration into organizations and support from sustainable funding sources.**

*“Promotores are not being integrated into organizations yet. It is very limited and tied to the organization that gives out the money. So, when the money goes, the promotores go. Too many programs end in hard times and they lose good promotores.”*

*“We need an Institute to validate promotores and provide security, even if we don’t work for an agency formally.”*

*“If you are supported by an agency that trains promotores that is outside your workplace, this validates your work and your potential to do more.”*

*“There is work as an independent contractor. But it is not the same as being an employee.”*

### 4. EMOTIONAL AND PEER SUPPORT

**Ongoing emotional and peer support validates promotores’ community work and helps improve their job performance.**

*“We need to build a system where promotores can face the challenges in the community and we can provide the peer support they need.”*

*“I never used to think going to meetings was important. Now I know that this is where information gets shared. It is important to maintain connections.”*

*“The community has a lot of needs that can be challenging for us to deal with.”*

### 5. LOGISTICAL CHALLENGES

**Promotores face barriers that may be exacerbated by geography and family circumstances.**

*“Transportation can be a challenge, we travel long distances and gas is very expensive.”*

*“Many people don’t have a car or driver’s license. In areas where women don’t drive, free transportation is really important.”*

*“Childcare is very important; trainings need to be during the school day so mothers can attend.”*

### 6. INDIVIDUAL/PERSONAL BARRIERS

**Skills, language, documentation status, self-esteem and abusive partners may limit promotores’ ability to participate in training and employment.**

*“A lot of jobs require that you be bilingual. Even though we have skills, experience, transportation and a social security number, if we don’t speak English well, we can’t get the job.”*

*“Some promotores don’t know how to read or write but they are great presenters, have a heart of service and relate well to the community.”*

*“Sometimes controlling husbands don’t let their wives come to training.”*

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## EMPLOYMENT OPPORTUNITIES

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**P**romotores in the focus groups were asked to discuss their experiences with finding employment and the role that training plays, if any, in helping them to obtain their job(s). Many promotores shared their frustration with agencies that all want to train promotores their own way, regardless of the training, skills and experience that many promotores already have.

Three primary themes related to employment emerged from promotores during these conversations and they are presented in Table 6.

*“I can’t go to an organization and say, ‘Here are all the trainings I’ve done,’ and get a job. They want to train you in their own classes before they certify you. First, maybe you work as a volunteer and then, if there is an opportunity, they’ll give you work. I have a folder full of certificates, but they don’t mean anything.”*

**TABLE 6: THREE PRIMARY THEMES ASSOCIATED WITH EMPLOYMENT**

**1. Promotores are climbing the career ladder; however, full-time, paid employment opportunities are few and far between.**

Many promotores volunteer in the community in addition to caring for their own families and working several jobs required sometimes to make ends meet. They expressed frustration that “most work for promotores is temporary with no benefits and little job security.” Over time, and with a lot of hard work, many promotores work their way into more permanent positions.

*“I work two jobs part-time and I also volunteer in the community.”*

*“Most promotores are unpaid although that is changing because there are more opportunities for systems navigators through ACA.”*

*“I started as a volunteer when I was mostly at home. Then I worked for a non-profit. Now I work in the city as a promotora for education.”*

**2. Most promotores do not work in positions where their job title is “promotor/a.”**

Promotores work as volunteer, stipended and paid employees as family advocates, systems navigators, parent educators, nutritionists, case managers, outreach workers, and more. Few promotores are actually employed as a “promotor/a.”

*“There are no jobs called promotora, although you might see the things a promotor does listed in the job description.”*

*“Promotoras can do much more than just educate the community.”*

*“Some promotores have advanced to positions as nutritionists, case managers, social workers and teachers. But because these jobs don’t let them work in the community, they often lose their community focus.”*

**3. Promotores are still not integrated into the organization.**

Even though promotores have extensive experience and skills, most find that their job responsibilities are still very limited, supervision is variable and there is little support. Some promotores are frustrated that they are still viewed primarily as a volunteer workforce.

*“There are no jobs where promotores are integrated into the agency.”*

*“I know a lot of promotores who have finished their training and not been able to find work. There has to be follow up and support for promotores.”*

*“Many people think promotoras are just volunteer and work for free, but they are not. Agencies need to value the promotor model and pay for what we provide.”*

*“Employers still don’t feel confident that promotores can do the work.”*



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## COMMUNITY NEEDS

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Promotores know that many residents in their community are focused on day-to-day survival for themselves and their families.

*“There are so many needs! We live in a county with very few job opportunities. Many jobs are temporary or seasonal with no benefits. As promotores, when we try to talk to people about diabetes and eating better, we need to remember that sometimes it’s the last thing on people’s minds—they are just trying to survive.”*

Community needs identified by promotores included:

- basic economic survival (food, affordable housing, unemployment, lack of jobs)
- seasonal and/or temporary jobs with little pay, no job security and no benefits
- deportation leaves some mothers alone with children
- there are few resources for people who are sick, especially those without documentation
- health insurance
- immigration status
- parenting education
- child and adolescent development
- adult education
- literacy
- access to quality education
- childcare
- stereotypes and discrimination related to sexual orientation especially with youth
- diabetes
- environmental awareness
- mental health issues: stigma, self-esteem, depression, stress, anxiety and panic attacks
- hunger
- overcrowding

- gentrification
- physical and mental health needs of older adults
- police brutality
- and more

In addition to identifying existing community needs, focus group participants also proposed some strategies that they think may better prepare promotores in their region to effectively address some of these community needs (see Table 7).

**TABLE 7: PREPARING PROMOTORES TO RESPOND TO COMMUNITY NEEDS**

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Create a statewide database accessible to promotores

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Create a website or referral instrument

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Develop clear and simple health reform information

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Provide access to computers

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Promote shared values (i.e. respect for our elders, customs and traditions that are healthy)

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Learn how to organize ourselves and the community

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Train promotores in self-care techniques

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Develop support groups for promotores to share experiences and talk about their own lives

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Get more involved in local politics

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Get to know the local community resources

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Understand how local, regional, state and national political and educational systems function

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Support people who are afraid to come out of the shadows because of immigration

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Demonstrating creativity, dedication, motivation and tremendous potential for ongoing personal growth and professional development, focus group participants shared information during these groups about some of the opportunities that have helped them to grow into their current role as promotores. Many of their responses are included in Table 8.

**TABLE 8: PERSONAL AND PROFESSIONAL DEVELOPMENT**

Availability to attend trainings	Getting involved in the community
Opportunities to participate in local government and advocate for changes	Listening to the community and their needs
Knowing the educational system and what is needed to go to college	Learning, practicing, teaching
Seeing results from my presentations	The Network strengthens my ability to do my work, relationships
Love for the community	Universities have helped me a lot.
Wanting to see the community improve	Personal support and encouragement from a supervisor can be really important.
Passion for helping people	Practice, videotapes, feedback can help you feel prepared and less nervous talking in front of a group.
The community supports you and drives you to do more	Jokes and a sense of humor help too!
Wanting to share what you know with people	Motivation and sacrifice
I want to be an example to others & ensure they have access to the same benefits I do.	This group helps us to get to know the resources, each other and feel united about what we are doing.
The lack of resources I see make me want to stand up and demand change so people get what is their right.	Be able to develop to my full potential
Satisfaction from the community who receives the services.	My husband and children
I am motivated by the appreciation, gratitude and happiness of the community.	Learning to help others helps me and my family
My bosses are happy, my community is healthy.	
People telling me how they have changed (get a mammogram, changed their parenting strategies)	
Support from institutions to continue learning	



For more information about the statewide survey and these focus groups,  
please direct your questions or comments to Visión y Compromiso:

**MARIA LEMUS, EXECUTIVE DIRECTOR**

2536 Edwards Avenue, El Cerrito, CA 94530  
(510) 303-3444

**MELINDA CORDERO-BÁRZAGA, ASSOCIATE DIRECTOR**

1000 North Alameda St., Suite 350, Los Angeles, CA 90012  
(213) 613-0630

[info@visionycompromiso.org](mailto:info@visionycompromiso.org)  
[www.visionycompromiso.org](http://www.visionycompromiso.org)