Visión y Compromiso™

KEY WORKFORCE PRIORITIES FOR THE COMMUNITY TRANSFORMATION MODEL

2017

This work was made possible by the generous support of
The California Endowment, Kaiser Permanente Northern California Community Benefit Program, Y&H Soda Foundation, and The Women's Foundation of California.

Key Workforce Priorities for the Community Transformation Model

Printed in the USA, January 2017

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FROM THE EXECUTIVE DIRECTOR

Dear Colleagues, Partners and Friends:

Visión y Compromiso is committed to community well being by supporting promotoras and community health workers. Today, Visión y Compromiso's Network of Promotoras and Community Health Workers (Network) represents over 4,000 promotoras/es and other community leaders in California and in a growing number of regions nationwide. Primarily women, promotores are trusted and respected community leaders who provide *servicio de corazón,* service from the heart, the "essence of their work." Known as outreach workers, systems navigators, peer educators, resource specialists, and by many more titles, they are local experts of particular importance to communities of color, immigrant communities, and underserved and under resourced communities.

The community transformation model is a social justice model for improving the health and well being of individuals, their families and whole communities. The model depends upon local community residents—moms, dads, neighbors, coaches and leaders who share similar characteristics as the communities they serve. It has been our experience that research, legislation and funding for community health work more commonly reflect a model commonly typically seen in health care settings. Unfortunately, promotores have been largely absent at the policy table when decisions about their work have been made.

For years, we have had the privilege to work most closely with the workforce of promotores and community health workers. This report represents our move to engage more closely with employers, executive leadership, department heads, program managers and supervisors of this workforce, and it is based on the voices of leaders in the promotor movement in California, a movement rich with vision and leadership. This report represents our effort to formally and powerfully bring the collective voices of those who work with and support the community transformation model into the center of a national discussion on workforce development, and the quotes included herein are an important, and missing, part of the conversation. We hope you will read to the end and consider the many recommendations proposed for changing institutional policies and practices, changes that have the potential to not only improve training and increase promotores' skills but also create long-term and meaningful changes to impact the social determinants of health and bring justice and a life with dignity and health to all families in California.

With warm regards,

Maria Lemus
Executive Director, Visión y Compromiso

EXECUTIVE SUMMARY

The concept of community transformation is intended to describe significant change in a community in terms of human health, social justice, income, employment, educational attainment, environmental quality, population retention, business environment, access to capital, entrepreneurial activity, accountable governance, and/or civic participation. The community transformation model is a social change model. It has the capacity to address health inequities in communities of color and under resourced and immigrant communities by challenging negative impacts resulting from inequitable distribution of power and resources, the social determinants of health and institutionalized racism. Promotores, community health workers and other leaders whose scope of practice is consistent with the community transformation model (referred to collectively in this report as "promotores") are natural leaders from the communities where they live. Characterized by *servicio de corazón* (heartfelt service), they share information and resources and build mutually respectful and mutually beneficial relationships with residents in their community. Their roles extend beyond the disease-related functions of community health and are driven by a passion for social justice and health equity.[1]

A MODEL FOR COMMUNITY TRANSFORMATION

Since the passage of the Affordable Care Act (ACA), promotores and community health workers have seen a surge in popularity.[2,3] Increasing evidence indicates that interventions delivered by promotores and other community leaders who work within the community transformation model (a workforce that includes peer leaders, family health advocates, community outreach workers, patient liaisons, and so many other titles) hold great promise for improving the health of racial and ethnic minority communities.[4] Yet, there is little consensus in California about how best to advance the workforce associated with this model. It is Visión y Compromiso's belief that full integration of the community transformation model into hospitals, clinics, community based organizations, behavioral health care, and other sectors requires: (1) tailored workforce development strategies and institutional changes to support the model; and (2) training and technical assistance to support organizational staff not previously exposed to the model.[5] This report endeavors to bring the voices of those who work with and support the community transformation model into the center of a national discourse on workforce development.

WORKFORCE PRIORITIES

During 2014-2015, Visión y Compromiso

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

1 The Promotor Model is a Model for Community Transformation

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

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

2 Training and Professional Development

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

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

3 Core Competencies and Curricula

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

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

4 Credentialing and Qualifications

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

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

5 Supervision of Promotores

Many supervisors are unfamiliar with the community transformation model and need specialized training.

- → A non-hierarchical leadership style can be effective with the model.
- → Promoting promotores into supervisory roles can support the model.
- → Supervisors need training that is relevant to the setting where they work.

6 Funding and Program Sustainability

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

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

NEXT STEPS

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

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

Recommendation

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

Focus Area 1:

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

Focus Area 2:

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

Focus Area 3

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

THE COMMUNITY TRANSFORMATION MODEL

The concept of community transformation is intended to describe significant change in a community in terms of human health, social justice, income, employment, educational attainment, environmental quality, population retention, business environment, access to capital, entrepreneurial activity, accountable governance and civic participation.

The community transformation model (also known as the promotor model or the community-based model) has a long history of community work around the world:

- In 17th century Russia, lay people or outreach workers called feldshers were trained to care for civilians and military personnel.[6]
- In the 1960s, Chinese farm workers were trained as "barefoot doctors" to provide health care in rural communities.[7]
- Heightened political activism across Latin America in the 1960s and 1970s resulted in an increased number of promotores trained by popular organizations and church groups.[8]
- In the U.S., the first formal community health worker programs were established in the 1950s to deliver accessible and appropriate health resources to communities not being served by the traditional medical system.[9]

We are promotoras, community leaders, community health workers, advocates, outreach workers, navigators, and so much more. Regardless of our job title, the principles and values of this model for community transformation are still the same.
—San Francisco Bay Area

In 1986, the World Health Organization (WHO) called upon world leaders and communities to reduce health inequities by addressing the social determinants of health, "the conditions in which people are born, grow, live, work and age, including the health system" and which are "mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries."[10] Today, interventions integrating the community transformation model have demonstrated promise in addressing the social determinants, particularly among underserved communities and communities of color.[11] With the potential to reduce costs, use fewer resources, improve health, reduce disparities and address the social determinants of health, these programs can bring justice to many communities. However, the way the community transformation model is integrated into an organization may institutionalize barriers that, often unintentionally, restrict the full scope of practice of the model limiting its capacity to create change. The following is excerpted from *The Promotor Model: A Model for Building Healthy Communities,* a framing paper prepared by Visión y

Compromiso, Latino Health Access and Esperanza Community Housing and published by The California Endowment in 2011:

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

Central to the transfomation process is the promotor or other representative from the community. Promotores are natural leaders from the communities where they live and central to reducing health inequities.[12,13,14] Characterized by their *servicio de corazón* (heartfelt service), they share a desire to improve their community so that all families will know a better way of life. Known by a great diversity of titles (i.e. leaders, peer educators, outreach workers, advocates, community educators, patient navigators, community health workers, comadres, and many more), they may be formally, informally or not at all affiliated with organizations as paid or volunteer community workers. Their role extends beyond the disease-related functions of community health to a passion for community empowerment, social justice and equality.[1]

THE THEORY OF CHANGE

The community transformation model in California is a social change model that can be utilized with any issue (i.e. diabetes, neighborhood safety, breast cancer). The theory of change begins with a natural community leader who wants to improve the quality of life in her/his community.

The problem of clean water isn't just my neighbor's problem, it is mine too. What happens to her, matters to me. What I want for my family is what she wants for her family too—we are equal. As a promotora, I work with my community so that all of us can be better off.

—Los Angeles County

As s/he exchanges stories and personal experiences with other residents, often visiting them in their homes and engaging in community activities, both the promotor/a and the people s/he meets engage in a process of building trust that "takes time and patience. You don't just walk into a family's house and start talking about chronic disease, you need to develop a relationship first." The model's potential for change arises from these mutually respectful and mutually beneficial relationships that are built and sustained in communities—not resulting from any one health issue—and often requires a paradigm shift by most institutions to fully integrate and support the community transformation model:

... the dynamic and engaging role of the promotor must be recognized by organizations that recruit, hire, train and supervise them. These organizations must: 1) provide

10 CHARACTERISTICS AND VALUES OF PROMOTORES

1. Create egalitarian relationships based on mutual trust, understanding and respect.
2. Committed to sharing information and resources.
3. Approach the community with empathy, love and compassion.
4. Accessible and trusted members of the community where they live.
5. Share similar life experiences as the community.
6. Desire to serve the community, tireless in their service and limitless in their generosity of spirit.
7. Communicate in the language of the people and knowledgeable about their cultural traditions.
8. Two-way bridge connecting the community to resources and ensuring institutions respond to community needs.
9. Natural advocates committed to social justice.
10. Effective role models for community change.

promotores with sufficient time to build mutually beneficial, trusting relationships; and 2) establish a process that encourages collaboration and cross-sector information sharing in response to specific community needs. For example, promotores affiliated with a diabetes prevention program should also be able to address domestic violence or economic justice. Further, when promotores share input from the community about service gaps, institutions need to respond appropriately. Promotores must be guaranteed a seat at the decision-making table so that they can participate equally in every activity associated with the process of creating a healthier community including planning, implementation, data analysis, policy creation, and evaluation. For the majority of service delivery agencies, this shift in how promotores are viewed within organizations requires systematic and institutional change. In short, it represents a paradigm shift away from a disease management framework and 'top-down services for specific diseases' towards a 'community engagement framework for health equity and healthy communities' that invests in promotores and develops inclusive programs with and for community residents. This community engagement framework for health equity is philosophically aligned with and can be advanced by the promotor model.[1]

THE WORKFORCE DEVELOPMENT LANDSCAPE

In California and elsewhere, there is little consensus about how best to advance the workforce associated with this model. Many national studies designed to identify community health workers' roles, core competencies and training needs[15,16] have simply under-represented or excluded characteristics important to the community transformation model.

The community-based model has not always benefited from the growing support for federal funding and reimbursement enjoyed by clinical programs. If we convert the model solely to a medical model and take all the promotoras out of the community, we are in danger of losing the essence of the community promotora.

—Los Angeles County

Institutions who wish to integrate the community transformation model will do well to strengthen their commitment to social justice, health equity and a long-term effort to elevate promotores as equal and respected partners. And they must be willing to adopt the popular education philosophy associated with the model, change policies and practices to engage the workforce in internal decision making, and ensure that sufficient resources exist to support the community building activities of the model.

METHODS

During 2014-2015, Visión y Compromiso engaged an advisory group of promotor experts (The Partnership) from throughout California to review the workforce development landscape and identify the workforce related challenges for the community transformation model. Consisting of directors of promotor programs, educators, trainers and representatives of clinics, hospitals, behavioral health agencies, community organizations, and advocacy groups, this group identified 6 key workforce priorities for the community transformation model: (1) The Promotor Model is a Model for Community Transformation, (2) Training and Professional Development, (3) Core Competencies and Curricula, (4) Credentialing and Qualifications, (5) Supervision of Promotores, and (6) Funding and Program Sustainability.

Visión y Compromiso designed a statewide engagement strategy bringing together fifty-eight (58) people from thirty-nine (39) programs that utilize the community transformation model in four regional convenings in order to solicit feedback about the challenges and opportunities for the six workforce priorities identified by The Partnership. A short survey of practices yielded the following results: 78% of convening participants were executive leaders, program directors or program managers who represented close to 2,000 promotores or other community workers. Although job titles used by these programs vary, 74% say their programs use “the promotor model” (see Table 1).

In Spanish, in English and in both languages, participants were presented information about the six key workforce priorities and, in small groups, engaged in discussion about: (1) Opportunities for developing each priority in ways that support the community based model, (2) Challenges posed by each priority to promotores and the community based model, and (3) Regional distinctions relevant to each priority. Convenings were recorded for accuracy, transcribed, translated from Spanish to English (where needed), and coded for common themes. Preliminary results were shared with the advisory group for review and discussion. Findings in this report support Visión y Compromiso’s position that the community transformation model is an effective model for promoting social justice and health equity but the model has a unique set of characteristics and requires tailored workforce development strategies. Strong leadership is critical if California is to promote the long-term sustainability of the community transformation model that has the potential to positively transform communities, particularly in immigrant and under resourced communities of color.

Table 1: Description of Programs Represented in the Regional Convenings

(N=39 programs)

Program Location

Los Angeles County	37%
San Francisco Bay Area	30%
San Diego County	18%
Inland Empire (San Bernardino, Riverside Counties)	8%
Orange County	8%
Tijuana, Mexico	1%

Type of Organization

Community based organization	41%
University/college program	21%
Community clinic	15%
Hospital/health plan	8%
National non-profit organization	8%
Employment/workforce development agency	5%
City/county program	2%

Job Titles Used by Program (n=63)

Promotor/a/Health Promoter*	53%
Community health worker	13%
Leader/Community Leader	5%
Other (includes 17 additional titles)	28%

of Promotores Associated with Program

< 10 promotores	31%
10-25 promotores	33%
25-50 promotores	15%
> 50 promotores	18%
Unknown	3%

Employment Status of Promotores in Program**

Employed	64%
Full-time	36%
Part-time	28%
Salary	23%
Hourly wage (range: $10-$25/hour)	44%
Volunteer	46%
Receive an incentive, stipend, mileage, gift card	38%

Activities Performed by Promotores in Program***

Community outreach	90%
Health education	82%
Community organizing	56%
Clinic-based activities	23%

Training Provided to Promotores by Program

Train residents to do the work of promotores	85%
Provide additional training	74%

**Includes promotor/a, promotor/a de salud, promotor/a de salud mental, health promotor/a, community health promotor/a, promotor/a peer educator*

***Sum > 100% because some work more than one job, may be compensated differently*

****Sum > 100% because participants could select "all that apply"*

FINDINGS

1. THE PROMOTOR MODEL IS A MODEL FOR COMMUNITY TRANSFORMATION

The promotor model is a community-driven model for wellness, health equity and social justice. (For more information about the community transformation model, please see Visión y Compromiso's website at www.visionycompromiso.org.) At its core, are the caring, credible, trusted, and respected community leaders whose essence is their *servicio de corazón* (heartfelt service). As they share information and resources with families, "they meet people where they are at, bridging communication gaps and listening non-judgmentally." This model begins with the personal transformation of one individual who "changes personally, improves her own life and creates change in her community by sharing her experiences with others."

Many of us are leaders in our community. We are compassionate and have this desire to serve. We don't just work in an office from 9 to 6. We live in the community and we have to be able to go and talk to people whenever they are in need—late at night or during the day. This is the work of a promotor and we give it with all our hearts.

—Orange County/Inland Empire

Known by many job titles, the promotor workforce is being integrated into multiple sectors, including but not limited to health care settings, where they strengthen social support networks, reduce cultural and linguistic barriers, and reinforce cultural values and norms. A two-way bridge to information and resources, they provide a wide range of services and have been shown to improve health care access, improve health outcomes, increase health and screening behaviors, improve patient satisfaction with care received, and reduce health care costs.[15,16]

CHALLENGES AND OPPORTUNITIES

Misunderstanding about the model. Promotores build mutually beneficial relationships with individuals and families in their community. However, the egalitarian nature of these relationships is distinct from the relationship between a health worker and a patient who, although they may be from the same community and speak the same language, do not engage in ongoing and mutual relationship building. In fact, these activities are often discouraged in a medical setting.

Everyone loves promotoras and they all want to work with us, but they don't really know what we are. Sometimes they call a really good outreach worker who speaks Spanish a 'promotora.' But an outreach worker in a health clinic is different from a promotora who is a model for community transformation.

—Los Angeles County

Organizations have limited information about the community transformation model: what it is, how it works, and how to effectively support and integrate it. "Training to raise awareness about

promotores and their roles should be offered to the whole agency so that everyone understands the model, even if they don't work with it directly."

Barriers that limit full integration of the model can be institutionalized such as job descriptions that require a bachelor's degree, competence in English or a driver's license. These qualifications may actually eliminate expert community leaders from consideration who are very knowledgeable about the community, skilled liaisons, and trusted by local families.

There is no one-size-fits-all approach to adapting the model, and it is clear that some adaptations preserve the essence and full scope of practice of the model better than others. Many convening participants said, "We must be honest about the characteristics of the model, what type of support it needs, and what we will absolutely not compromise on."

Popular education is critical. The popular education pedagogy of Paolo Freire is the foundation of the model, "Organizations who truly understand promotores use popular education methodology appropriate for the community transformational model." As promotores build relationships and share information and resources with other community members, they contribute to community empowerment and social change through a participatory process that includes consciousness raising, dialogue and reflection that integrates their lived experience and builds social connections.[17] In turn, their increased capacity and empowerment contributes to improved access to and utilization of health knowledge, resources, and services and helps decrease health disparities.

The philosophy of any curricula must be based in popular education, whether it is an immunization campaign or domestic violence. The critical analysis popular education brings is transformative and helps us create a space for people to begin to analyze the root causes of issues affecting their communities and to recognize their own roles and responsibilities ... Then, they can think about what they need to do to change their own lives and help others to change their lives too.

—San Francisco Bay Area

The model needs time. Community engagement and community building, key components of the model, require an investment in the "time it takes to build relationships and trust which are needed before you can create change," and which "might not happen before the end of a grant."

The true promotor model respects time for individual learning and community change. Sometimes (agencies) have unrealistic expectations because they don't understand the model, they don't appreciate the time it takes to change behaviors.

—San Diego County

System readiness. The community transformation model benefits from a systems change approach that is grounded in social justice and aims to address systemic inequities. Those agencies that understand the importance of organizational readiness may be better adapted to working with the promotor model. "System readiness means you already have in place values and principles that support the model and you understand what the model needs to be successful."

Agencies want to know more about the model. This is an opportunity for us to articulate how the model works, as well as situations where the model will not work. We have to be able to say to people, 'Because you can't support the changes inside your organization that are needed, the promotor model is just not going to work well here.'

—San Diego County

Just compensation. Promotores are not just a "cost effective" workforce. They are a nationally recognized and proven strategy for reducing health disparities, particularly in communities of color.[18] Engaged as full-time and part-time workers, independent contractors and volunteers, promotores may receive a salary, an hourly wage, or a stipend (e.g., gift card, mileage reimbursement) for their work. Still considered by many to be a volunteer workforce, some promotores say, "they see us as an immigrant and mostly female workforce, our bilingualism is not valued and our work is not given the respect it deserves."

There is disagreement in the field about the role of compensation. The debate centers on whether economic compensation changes the "dynamic of the model" and the "essence of promotores' heartfelt service to the community." Others believe that not compensating promotores for their community expertise is exploitive and ignores their need for economic self-sufficiency. This debate notwithstanding, promotores do need to support their families and most participants agreed that sustaining a volunteer workforce is difficult and can reduce the impact of the model.

How long can we sustain a volunteer workforce? There are too many women who work for little or nothing. They need to be able to support their families too. If we do not pay promotores then we are exploiting their skills.

—San Francisco Bay Area

Other financial mechanisms that may support this workforce include hiring promotores as consultants for their local expertise in the assessment, program development, implementation or evaluation phases. They can help "define the recipe for success" by bringing community concerns to the table, providing technical assistance about how to adapt and integrate the model, and "identifying gaps where the model is not very well implemented."

2. TRAINING AND PROFESSIONAL DEVELOPMENT

Training and professional development for promotores must be flexible enough to respond to the needs of local communities, address the personal and professional needs of promotores while also meeting the demands of employers and other workforce partners. However, not all promotores have access to formative core skills training and, for many, career pathways and continuing education programs can be difficult or even impossible to access. Furthermore, few promotora jobs supply a living wage, job security is extremely tenuous, and fringe benefits are practically non-existent.

CHALLENGES AND OPPORTUNITIES

Core skills training. Communication, leadership skills and personal qualities such as the ability to provide community members with social support are some of the core skills needed by the community transformation model.

People need different types of training: those who work in diabetes need to know how to do blood tests and interpret the results. Those who work in mental health need training to recognize depression and anxiety. And, if you work in community engagement, you need specialized training in leadership and policy advocacy.

—Orange County/Inland Empire

Training that supports and sustains the promotor workforce "helps community leaders use education and skills they already have to create a transformational process." But not all agencies can provide the training and support needed by the community transformation model. As a result, many promotores have had little training in popular education or have gaps in core skills that would help them "apply structure to their heartfelt service."

Each promotora has personal and family challenges that are unique to her experience. You can offer training as a group but they still need individual training and support. First, we focus on their individual self-esteem and identity. Then, we focus on their preparation to work in the community. Only then can we raise their awareness about the issue we want to address and build their advocacy skills.

—San Francisco Bay Area

Advanced training. Many promotores are great trainers and others are good mentors. Some would like to be more engaged "at a more advanced level participating in research and sitting at the table where decisions are made." Opportunities that elevate promotores into these leadership roles help them bring forward the issues that are most relevant to other promotores.

Promotores are professionals. Their field is working with families and they want to learn the language others are using to describe their work. It opens doors for them to see how their work is analyzed in evaluation terminology that is also reflected in job descriptions, core competencies, grant applications, program reports, and case studies.

—Orange County/Inland Empire

Promotores say keeping up with emerging research and best practices can be a challenge. Specialized training (i.e. computer, social media or research skills) positions them to take part in activities such as "gathering information about community needs or community-based participatory research."

Evidence-based practice. Convening participants expressed concern that evidence-based curricula do not always align with the needs of the community or the community transformation model. In fact, the "rush to evidence-based" can leave behind well-respected community programs and local trainers that, while they may not have been measured empirically, have the support of the community. As the community transformation model increases in popularity, funding and evaluation research is needed to validate its impact in diverse settings.

Innovative partnerships. Increased demand for the community transformation model can open doors, generate partnerships and foster communication between promotores, employers and new workforce partners that are both knowledgeable about and new to the model.

We could partner with industry leaders to design programs and services that are reimbursable while working with promotores to identify the core competencies, on-the-job training and mentoring opportunities they need.

—Los Angeles County

Statewide coordination needed. Convening participants articulated the need for one entity, "recognized among promotores and knowledgeable about the community transformation model," to provide statewide coordination, set minimum standards, and work with promotores to "develop core skills and advanced trainings" in different regions of the state and via multiple platforms that would meet the needs of both promotores and agencies interested in integrating the community transformation model.

3. CORE COMPETENCIES AND CURRICULA

Successful promotor training programs incorporate curricula that utilize a self-discovery and empowerment process based on popular education methodology and core competencies that will serve to prepare promotores as community change agents.

CHALLENGES AND OPPORTUNITIES

Promotor-centered and promotor-defined. Convening participants underscored the importance of engaging promotores in a process to identify those core competencies that are important to the community transformation model. And, a process that is promotor-centered and promotor-controlled is most likely to result in core skills and competencies that "reflect the needs of the local community."

We should be the ones to identify core skills, lead the credentialing conversation, set the standards for the community-based model, and help define what the outcomes must be. Programs that are based on an understanding of what the community really needs must start with the promotores' perspectives, even before creating a new curriculum.

—San Francisco Bay Area

Proficiency. Innovative strategies are needed to link assessment tools, core competencies and evaluation measures to the community transformation model in a way that reflects "promotores' service from the heart." Admittedly, this is a challenge. "How do you demonstrate 'values and principles'? How do you assess 'heart' or 'social justice'?" Convening participants struggled with how to balance knowledge, skills and curriculum content with the ideal characteristics and values of the workforce.

Institutional barriers. If agencies are proactive and take steps to increase awareness about the model among all staff, they will be in a better position to recognize how institutionalized policies and practices create barriers for the promotor workforce, "We need to do more to prepare agencies about what they need to do and what systems they need to have in place in order to improve how they will work with the promotor model." Perhaps making templates, tools, policies, and technical assistance widely available could improve how the model is integrated.

We have a career pathway for promotores with higher hourly rates, internal advancement and sufficient funding and we adapt job descriptions to reflect the needs we see in our hospital setting. As we define core competencies, they are incorporated into the job descriptions. At each level, we assess what changes are needed to reduce or eliminate barriers and we find ways to challenge established hiring requirements such as requiring a high school diploma or a driver's license. And, we have made it a minimum requirement that 'and/or equivalent certificate or experience' be included in all of our job descriptions.

—Los Angeles County

4. CREDENTIALING

The Patient Protection and Affordable Care Act (ACA) increased demand for workers who are knowledgeable about their local communities bringing renewed attention to how the promotor and community health worker workforce is regulated, certified or credentialed. The regional convenings gave voice to concerns that many program managers have about college certificate programs which may, in fact, change the essence of the community-based promotor while also devoting insufficient resources to strengthening the skills needed for their community transformation role.

CHALLENGES AND OPPORTUNITIES

Preserve the essence. "What is the best way to translate the essence of a promotora into language that the state, or other credentialing body, will recognize?" This was a common inquiry.

No one agency can say who can be a promotor or not because this validation does not come from a piece of paper—it is the community who validates their role. A promotor is a natural born leader and her passion comes from within. To put a label on us and say, 'OK, now that you have a credential, you can do this work' fails to recognize our core values.

—Los Angeles County

Two-tiered system. There will always be promotores who "want to study and advance inside the organization where they work," and there will always be those who are "happy to be the resource person that people in their neighborhood know they can turn to." It is true that, for some promotores, a community college (or similar) program is an important goal; however, not everyone has the pre-requisites, legal status, financial resources, or desire to pursue a college credential. Moreover, college-level certification programs are offered in English and inaccessible to promotores who speak another language.

Requiring a credential would take the soul out of the promotores program. Some people can legally take college classes and others cannot. I think we need to think carefully about how we do this, and whether it is even necessary, so that we do not turn people away who can really make a difference in their community.

—San Diego County

Exclusion. Hiring a credentialed workforce may eliminate jobs for some highly skilled promotores who know well how to reach the community. Participants asked, "How can a credential account for a lifetime of experience?" Promotores in California have worried for years that "credentialing will only serve to separate people" by their experience, education, income, race/ethnicity, and/or immigration status.[19]

Some promotores will always be hungry for more training and education. But, even among promotores at our agency, there are differing opinions about the role of certification. Our concern is that this would change the heart, passion and connection to the community that promotoras have—promotoras who know the issues, live the issues, and are passionate about making change in the community because it is their community too.

—Orange County/Inland Empire

Because promotores are not just engaged in the health care sector, they worry about the potential economic costs, "Will promotores need to repeatedly go back to prove themselves?" Others expressed concern about whether a credential would be recognized by the other fields where promotores work.

Community trust. The risks, costs and benefits to the community transformation model of a required credential or certificate are unclear. State-mandated credentialing will not ensure that the workforce will be able build relationships with other residents in a natural and holistic way. "Even though you have a credential and you speak the language spoken in the community does not guarantee that you will be trusted."

Even if I have to hire a credentialed workforce, I am still going to need someone who is a local expert and who knows how reach those people in the community who will not be reached by staff who may have a credential, but who are not promotores.

—San Diego County

Economic justice. Promotores need jobs with dignity that include a living wage and other benefits; it benefits no one if they must work several jobs to support their families. While a credential may increase opportunities for some, employers need to be aware of the "economic reality in which many promotores live."

Alternative pathways. Parallel pathways and promotor-controlled solutions are needed, particularly for those who cannot, or do not wish to, "access college certification." Designed in partnership with promotores, these alternative pathways could maintain the core values of the community transformation model and validate promotores' life experience while also ensuring that core competencies, training and curricula are closely aligned with community needs, promotores' interests, and the demands of employers and other workforce partners.

5. SUPERVISION

Supervisors of promotores may need specialized training, such as how to incorporate popular education methodology, in order to support the community transformation model and implement it with fidelity.

Training for supervisors must be based on the core competencies and skills needed to manage the community change activities of the community transformation model.

CHALLENGES AND OPPORTUNITIES

Non-hierarchical leadership. Convening participants explained that successful supervisors have a non-hierarchical leadership style and guide by example. Experienced at working with underserved communities, they are knowledgeable about local needs, share a high regard for promotores' community work, and can make decisions as a team.

People who want to implement the model should know what it takes to apply servant leadership. This leadership style tends to work well with promotores but it does not work well in all agencies. This may be another opportunity to tease out organizations that may not be ready to work with the model.

—San Diego County

Promote from within. Promotores who already have credibility with promotores and the community, know the model, and are familiar with how the agency works often make skilled supervisors. And programs developed with their input may better reflect community needs. Moreover, promotores who have degrees or licenses from other countries and are already familiar with the community transformational model may also be successful trainers and supervisors. However, systems change may be needed to ensure that they can move into these supervisory roles and participate in organizational decisions.

The best supervisors I've seen are those who are promotores. They are leaders, they have certain gifts and a way of expressing themselves that works well with promotores. And they already know how to work with the community – in fact, they are the translators for the whole organization.

—Orange County/Inland Empire

Specialized training. Universities don't train their students how to supervise promotores. Many supervisors need specialized training to support the promotor workforce and the community and relationship building activities of the community transformation model. Moreover, those who work in clinical settings may require different training than those who work in community-based organizations; supervisors who manage paid staff may need a different model of supervision than those who work with community volunteers. Promotores who move into supervisory roles from within the agency may need support as they grow into these new positions.

6. FUNDING AND PROGRAM SUSTAINABILITY

Long-term sustainability is a challenge for the community transformation model and ongoing policy advocacy is needed to ensure that promotores' interests are well represented. In the past several years, convening participants noted that competition for limited resources has increased as new entities have become interested in the model, "Agencies we work with see the effectiveness of the model and now they want to adopt our program." However, limited understanding about the model leads to grant deliverables that do not reflect community needs or promotores' roles that may be inappropriate for the model.

People are talking about the promotor model because it works. They know promotores are really good at bringing leadership into the community. My concern is how we will sustain these programs when the organization may not have the structure, resources or understanding about what it takes to support the model.

—Orange County/Inland Empire

CHALLENGES AND OPPORTUNITIES

Increased awareness among funders. Funders need more opportunities to hear from promotores and their employers, "Those who fund the work need to know what activities are necessary and they also need to hear about the consequences of some of their funding decisions."

Many agencies know the terminology associated with the promotor model and they can use it in a grant application. But when they get funded they don't have the skills, understanding, or the infrastructure they need to implement the model appropriately.

—San Diego County

A culture of sustainability. Inconsistent and short-term funding that promises deliverables such as "systems change by the end of the year" does not foster long-term sustainable programs. In contrast, a culture of sustainability seeks to support all costs of the model including formative skills training, popular education, core competencies and outcomes linked to the model, relationship building and community engagement, and fair and equitable compensation for promotores who "do so much more work than what we are budgeted for."

Funds for promotores should be leveraged, matched and included in operational budgets so that we don't have to grant write every year to fund their work. Institutionalizing promotores programs results in a culture of sustainability where promotores are staff members, barriers to full participation are addressed, the right kind of support is provided, programmatic impact is documented, and the true costs of the model are understood.

—Orange County/Inland Empire

As discussed earlier, training to increase awareness about the community transformation model among all staff can help to validate promotores' work and leverage resources. More research and evaluation to capture the long-term effects of the model is needed as well as outreach to increase understanding about the impact of the model and foster more sustainable programs.

NEXT STEPS

Visión y Compromiso has a Network of over 4,000 promotores, community health workers, outreach workers, community health advocates, leaders, family resource specialists, peer educators, systems navigators, victim advocates, patient liaisons, and more. Committed to validating the rights of promotores and other community-based leaders, Visión y Compromiso is uniquely qualified to lead this effort, has a history of leadership, is knowledgable about the community transformation model, and has the internal capacity, training expertise, understanding of the workforce development issues, and longstanding relationships with key partners in California.

Visión y Compromiso is recognized in the field, knowledgeable about the promotor model and knows the community. They can help set the standard, develop basic core skills training, and provide more advanced training that will meet the needs of many different promotores, their supervisors and the agencies they work with.

—San Francisco Bay Area

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

Based on the findings from this project, Visión y Compromiso calls for strategic efforts to ensure the long-term sustainability of the community transformation model and move the understanding, practice and support for the model forward in California and in other regions across the United States. Visión y Compromiso's key recommendation and priority focus areas are as follows:

RECOMMENDATION

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

Focus Area 1

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

- Develop strategies to validate promotores' community work and transform "heartfelt service" into language recognized by funders, hospitals, and state and federal agencies.
- Create community feedback mechanisms (i.e., assessment tools, training, community forums) to incorporate community needs and understand what works.
- Lift up the community transformation model and share voices and stories from the grassroots to challenge how the workforce is being discussed, studied, codified, funded, and institutionalized.
- Develop technical assistance and training to improve organizations' understanding of and support for the community transformation model.

- Identify effective strategies to integrate community-based models that reflect a social justice framework into health care settings and other sectors.
- Develop tools and disseminate best practices (i.e. job descriptions, templates) to ensure candidates are hired that are familiar with the model.
- Establish baseline compensation standards within the scope of promotores' roles that are commensurate with different levels of experience.
- Educate funders about how to structure requests for proposals so activities essential to the community transformation model are funded and supported.
- Assess current financial mechanisms that will work for promotores who are undocumented.

Focus Area 2

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

- Shift the perception of the promotor model as a volunteer model.
- Change institutional policies and practices (i.e. immigration and labor laws) to support legal compensation for promotores that is equitable and just.
- Pioneer alternative pathways to statewide credentialing, as needed, that is promotor-centered and promotor-controlled.
- Partner with universities and other researchers to study financing and reimbursement (payment) mechanisms and revenue generating programs that can support the model.
- Ensure that promotores and promotores programs are equal partners at decision making tables to participate in setting priorities and guiding activities.
- Encourage philanthropic, public and private agencies to make long-term investments.

Focus Area 3

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

- Encourage community based participatory research strategies to bring promotores' and community members' experiences to the table; use data to plan and evaluate programs and develop policies to impact the model.
- Develop and disseminate strategies and tools that demonstrate the need for the model, the effectiveness of the workforce, and the true costs of the model.
- Document the effectiveness, costs, benefits, and the return on investment associated with the community transformation model and the impact of promotores' work on improving health outcomes and reducing inequities.

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ACKNOWLEDGEMENTS

Visión y Compromiso is grateful for the commitment, expertise, participation and unflagging support of so many people who so generously gave their time and their vision to this project.

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We also wish to thank the directors, managers, supervisors, professors, and community leaders who shared their experiences with us in four regional convenings conducted in the San Francisco Bay Area, Los Angeles County, Orange County and the Inland Empire, and San Diego County. Their thoughtful consideration about the challenges and opportunities encountered by the workforce engaged with the community transformation model in their communities was invaluable and has been incorporated, in their voices, throughout this document.

And we thank our facilitation team of Angela Castillo-Gallegos and Deborah Arthur who provided continual support and expert facilitation to engage the advisory group and implement the statewide strategy gathering feedback from throughout California. We are grateful to them for their work and their constant companionship throughout this process.

This project was made possible by the generous support of The California Endowment, Kaiser Permanente Northern California Community Benefit Program, Y&H Soda Foundation, and The Women's Foundation of California.

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