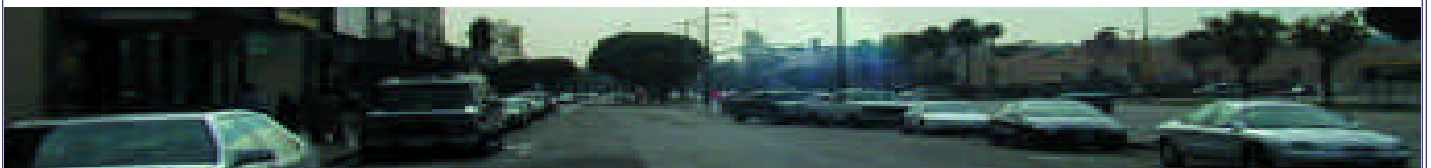




HIGHLIGHTS FROM  
**PROMOTORES/COMMUNITY HEALTH WORKERS  
GRANTEE CONVENING**

**JUNE 7-8, 2000  
LOS ANGELES, CALIFORNIA**





# TABLE OF CONTENTS

**FOREWORD** ..... 2

**INTRODUCTION** ..... 4

**FINDINGS FROM GRANTEE DISCUSSIONS: KEY POINTS**

**PROMOTORES/CHW PROGRAMS**

    Overview of Promotores and CHW programs ..... 5

    Vision for Promotores Programs ..... 6

    Characteristics of Successful Programs ..... 7

    Professional Training ..... 8

    Professional Development/Certification ..... 9

    Wages and Remuneration ..... 10

    Personal Support for Promotores/CHWs ..... 11

    Additional Challenges for Promotores Programs ..... 12

    Sustainability/Leveraging Future Funding/ Funding Timelines ..... 13

    Collaboration ..... 14

**EVALUATION**

    Funders' Roles ..... 16

    Outcomes ..... 17

    Methods/Models ..... 18

    Technical Assistance Support ..... 19

**OTHER ISSUES**

    Policy Issues (Advocacy, Access to Policy-makers) ..... 20

    Cultural Competency and Language ..... 21

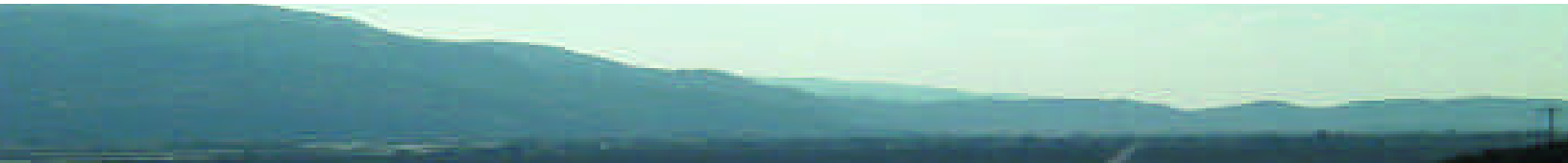
    Immigration Status/Human Rights ..... 22

    Social Justice ..... 23

    Foundations ..... 24

    Resources ..... 25

    Closing ..... 26



Fifty-nine Executive Directors, Project Directors and several Promotoras from 30 different organizations with projects funded by The California Endowment sat down with us and each other for two days of discussion about Promotores/Community Health Outreach models serving underserved California communities. They came from urban and rural neighborhoods, mountains and desert communities. They spoke about their programs - what has worked, what has not worked - and about the particulars of health service needs in more isolated, excluded from the mainstream, communities in California. They listened intently to one another, built on each other's discussion and swapped tips on what they have learned about real issues in addressing communities' health problems.

In small groups and large, they spoke of visions for community health, the unrecognized assets of communities and culturally indigenous ways of community organizing for better health. As you will see from the content within the pages of this document, these participants brought forth lessons to be understood and incorporated, and named challenges to be overcome.

To all facilitators, thank you for your hard work. To all participants, we thank you for your patience, honesty, openness, forthrightness and attention to the details. Your deep concern for these issues and the communities that you serve are reflected in the time, effort, attention and care which you gave to one another and this convening.

Readers, enjoy. Be challenged. Make something constructive from these words.

Sincerely,

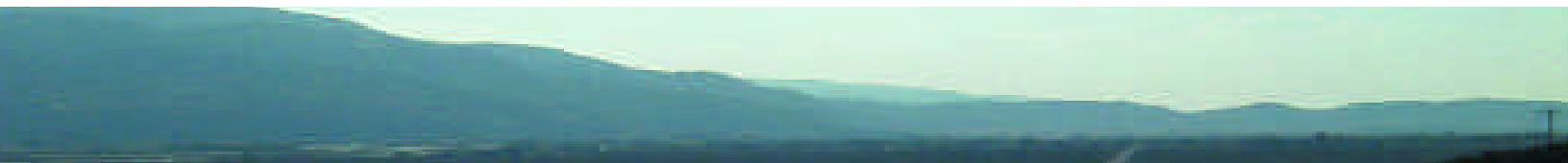


Gwen Walden  
Senior Program Officer  
The California Endowment





*The California Endowment is honored that 59 representatives from 30 community based promotores and/or community health outreach worker programs, participated equally in the convening. The photos used in this report have been purposefully altered in order to capture the tone of the meeting without highlighting any particular individual or group.*



As of June 2000, The California Endowment (The Endowment) had funded 36 projects that use some variety of Promotores/Community Health Worker (CHW)<sup>1</sup> models. Twenty-three of these grants were active, and 13 had already come to an end. The Endowment invited the executive directors and project directors of these projects throughout the state to convene in Los Angeles for two days (June 7-8, 2000).<sup>2</sup> The goals of the convening were to provide an opportunity for grantees to share and learn from each other, to discuss issues in the delivery of services to diverse communities, and to discuss major key factors that are central to the maintenance, success and evaluation of the programs. This was an opportunity for grantees to collectively reflect upon and assess issues surrounding use of the Promotores/CHW model and its impact on a wide variety of communities, both urban and rural.

The scope of the participants' projects addressed a variety of topics ranging from chronic diseases, reproductive, maternal and child health, to pesticides and other environmental health hazards. Many of these projects served primarily Spanish-speaking populations. The format encouraged interaction among the attendees in a small group setting with a facilitator; sharing the history and vision of their Promotores/CHW programs and their programs' experiences with evaluation. These work groups reconvened to give feedback to the plenary session and to hold further discussion.

The salient ideas emerging from the work group sessions and the plenary discussion have been summarized into key points. These collective ideas have been drawn from 77 pages of raw notes taken by The Endowment's evaluation staff throughout the convening. While all ideas expressed at the convening are not included in this document, the following key points are representative of the most common topics that were discussed, and participants' views on these topics.

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<sup>1</sup>Although the majority of workers are women, the term "Promotores" will be used throughout to include both male and female Promotores workers. The term "Community Health Workers (CHWs)" used here is synonymous with the term "Community Health Outreach Workers (CHOWs)." In raw notes from the sessions, the terms "Promotores," "CHWs" and "Promotores/CHWs" were used. This summary attempts to be consistent with the raw notes of the sessions.

<sup>2</sup>The names of participating organizations can be found in Attachment A.



## Overview of Promotores and CHW Programs



There are many common characteristics among Promotores and Community Health Workers (CHW) programs, although the two terms "Promotores" and "CHWs" are not necessarily the same. The participants referred to Community Health Workers, Community Health Outreach Workers (CHOWs) and Promotores when speaking of their work in the community. Generally, Promotores/CHWs bear similar characteristics: they are paid and volunteer health promoters who receive special training that enables them to provide health information and education. They link people in health service organizations — whether community, county or managed care based — to people in various geographic, cultural, age groups, ethnic and other communities. They are knowledgeable about and sensitive to the communities and cultures they serve and are often from those communities. There was some discussion on these similarities and differences between Promotores and CHWs in work groups and in the larger group. There are differing opinions on this topic. One participant described this distinction: *"Promotores are not CHWs working out of a clinic. Promotores are nominated by the community, anointed to be a promoter. They bring specific knowledge."* Participants suggested convening Promotores and CHWs to discuss similarities, differences and other related issues.

### Vision for Promotores Programs

Participants stated that they would like to see Promotores' programs institutionalized; no longer relying on grant money to fund their programs. They also would like to see the work of Promotores integrated into all aspects of an agency's work and respected in health care settings. They would like to address larger socio-economic issues facing communities such as jobs, pollution, crime, etc. They suggested changing the medical model to a more holistic model.

Other comments included:

*"Develop a holistic vision of community transformation."*

*"Create mechanisms for the information gathered by CHWs to feed the vision of the organization and community, in terms of transformation."*

*"Move from a needs-based to an assets-based strategy to change neighborhoods."*

*"Community members speak to [program] board members/evaluators/program coordinators in order for them to be responsive to needs."*

*"Programs should be aimed at transforming communities in a way that integrates evaluation and feedback systems that shape strategy for both the organization and the community."*

*"Understand the history of the Promotores programs as they developed/are developing in the U.S., especially the ones that provide treatments. Learn how they got to be where they are."*

*"Recognize and value the work of CHWs. They are an integral part of the team."*

*"Establish working relationships with a variety of institutions, (working towards less social isolation)."*





### Characteristics of Successful Programs

In the words of the participants, successful programs originate in communities; provide outreach and education, support and referrals; deliver information to communities using personal contact; and build trust and respect in residents. Some provide case management. Programs provide ongoing training and services to Promotores/CHWs. Successful programs have a common vision, hold the trust of the community and adapt to respond to new health concerns and needs in the community. They also share information and resources with programs in the same region and with programs that address similar topics. Both a challenge and a success for some programs is that after gaining skills and experience, many Promotores transition to part-time and full-time work, and are referred to other agencies for work.

Other statements about successful programs included:



*"The key issue to successful Promotores is developing trust."*

*"Use of Promotores is a natural vehicle to disseminate health information."*

*"The training and work of CHWs is about empowerment and transforming their communities."*

*"I think an important outcome of Promotores programs is reducing social isolation."*

*"CHWs are members of health teams and use the magic of relationships to provide follow-up. CHWs bring needed supplies to homes; [they] do not just give referrals. They help solve system problems (such as school-related, [or other] non-medical problems) and explain what rights families have."*

### **Professional Training**

Participants reported that training was both important for the Promotores/CHWs and for building the capacity of an organization. They suggested that programs share training, knowledge and techniques with each other and across state and international borders. Proposed training ideas included: outreach, psychosocial or mental health services, program manager training, literacy and writing, and leadership development. Some participants suggested involving universities /colleges /schools in the area for independent courses and educational needs. Beyond basic presentation skills and outreach, training might include how to interface with other organizations and community leaders, access resources and enhance basic job skills (such as filling out timesheets). There were a number of suggestions for a training institute provided by or funded by The Endowment or other funders. This institute would recognize the experience of community workers and provide training modules that reflect the skill sets that are most common to all projects. There was discussion about providing credibility in a way that will help with Promotores'/CHWs' career paths. Participants stated that Promotores should have opportunities to obtain additional training. They referred to individual capacity building as key to program capacity building.

Other comments included:

*"Need a network of staff, leaders and Promotores on statewide scale to assist in ongoing training. Many resources are wasted by each organization reinventing the wheel."*

*"The focus needs to be on skill building in the areas of health, communication and documentation."*

*"A lot of Promotores would like to continue with employment, vocational counseling, English and computer classes. Through collaboratives, training and placement this can take place."*

*"The Promotoras need to be trained in all kinds of skills: business skills, INS skills, health skills, psychosocial skills (depression, etc.); that's why we need five years [of funding]."*



### **Professional Development/Certification**

In addition to the training components of programs, participants also discussed professional development opportunities and certification of Promotores/CHW's. One suggestion for agencies and funding sources was to recognize that Promotores/CHW's might need flexible job hours to allow for growth potential. In a Promotores/CHW program *"more people may need to be hired so that Promotores/CHWs can have flex time to attend school and training programs."* *"Programs need to be flexible to meet the needs of the Promotora and funders need to allow for this flexibility."* The topic of certification of Promotores/CHW's was controversial; participants expressed differing opinions about whether or not and how Promotores/CHWs should be certified.

Participants' recommendations and experiences included:

*"Certification is really a discussion we need to have. Definitional issues of the profession — remuneration, benefits, ownership, scope of work."*

*"The administration from some organizations/hospitals compete or feel threatened by the Promotores . . . The selection of Promotores is a crucial first step. The professionalization of community work is destroying the empowerment of the community. Certification of Promotores is a bad idea: while training in specific areas (diabetes, heart disease, etc.) is fine, keeping the standards out of the schools and institutions is critical to avoid compromising the Promotores' ability to work within their community."*

*"As far as certification, there are examples out there that work. We need to learn from those . . . Center for Sustainable Health Outreach in Washington, D.C.; in India, the government pays CHWs."*

*"The Promotores could do glucose monitoring, blood taking . . . allow certification/training of Promotores for specific duties."*

*"Funding sources (public health departments; clinics, etc . . .) [should] not only value academic degrees for positions – truly value the experience and outcomes of grassroots leadership."*

*"We work with a community college. The Promoters can take an Associate degree. It is an independent study course, where the Promoters construct their own education."*

### Wages and Remuneration

Programs would like to be able to pay Promotores/CHWs a living wage for their work and also have them recognized as an integral part of the health care team, as these women are often undervalued and under-compensated. Currently, Promotores/CHW programs rely on grants/soft money. Different payment scales include: \$20,000 - \$30,000 a year, sometimes plus benefits; \$6 - \$11 an hour, sometimes plus benefits; \$250 per session/presentation; a stipend; and volunteer. After hearing the work group discussion, one individual whose organization is just starting up stated that s/he would revisit what they were paying Promotores/CHWs.

Other comments included:

*"Promotoras should be seen as people with skills, equal parts of programs, and deserving of good salary and benefits."*

*"It is disrespectful to expect community workers to do the work that doctors have failed at without adequate compensation."*

*"[Promotores/CHWs] need compensation that is fair: living wage, benefits, opportunities for professional development, [and] flex time for continued education (degrees, trainings)."*



### **Personal Support for Promotores/CHW's**

Participants reported that the Promotores model, in particular, empowers Latina women, helps to build self-esteem, provides an opportunity for them to get involved and offers them an entry-way to community work. They also reported that Promotores need support for their own health and well-being (i.e., cultural programs, fitness, social support and support groups for issues). Many Promotores/CHWs get involved in the lives of their clients and can become overburdened with the variety of issues they face in the community. This often leads to burnout. Participants reported a need for internal support mechanisms for Promotores/CHWs, as well as for workers on every level.

Other comments included:

*"Offer opportunities for CHWs to rejuvenate."*

*"Need health promotion for the Promotores themselves, a big transition in lifestyle to become a Promotora, gaining weight, no time, etc. Promote physical activity of Promotoras. [Provide] support group for Promotoras."*

*"Tension between Promotores and their husbands: not being available, having to leave after dinner or before . . . need to find ways to support the need of the women in this area."*

*"If they [Promotores/CHWs] volunteer time to organize events and teams they shouldn't have to pay for the dresses and soccer balls, etc. as well."*

*"Need more staff to supervise, encourage and validate Promotores' work, as well as back up Promotores with professional and specialist work."*

*"Our focus is the client, the client, the client, and we're failing our Promotora. I'm starting to feel like I'm taking advantage of our Promotora. Not fair to put so much responsibility on the Promotores."*

**Additional Challenges for Promotores Programs**

Participants reported several challenges in the implementation of their Promotores/CHW programs. In addition to finding the ability to compensate Promotores/CHWs with a fair living wage, (including benefits), and not being able to hire women who are undocumented, participants described other challenges. These challenges included transportation for isolated communities, and public health departments questioning the validity of the work of the Promotores because the Promotores don't have degrees. Programs want funding sources to stop requiring degrees and give equal weight to Promotores'/CHWs' years of experience, types of experience and performance outcomes. *"The structure of the organization should allow and embrace the vision, philosophy of Promotores."* They also stated that when programs are funded by multiple organizations, it is difficult to collect data on different outcomes and follow different standards for reporting and/or evaluating the work.

Other reported challenges included:

*"How to integrate [the] Promotores program into other programs."*

*"Integrating community workers into clinical settings/systems."*

*"Coordinating with other agencies providing similar services."*

*"Legal and liability issues—related to medical model."*

*"Varying types of training."*

*"Retention of staff—limited number of staff to do the work."*

*"How to evaluate the non-medical [model] . . . How we made a difference in the lives of the people we reach?"*



### **Sustainability/Leveraging Future Funding and Funding Timelines**

Participants requested the following from funders (including The Endowment): consistent funding guidelines, longer funding timelines and assistance in identifying future funding. Executive Directors reported that they spend too much time on resource development, as most small Community Based Organizations (CBO's) do not have development staff. Funders need to make long-term commitments that include sufficient time for collaboration and planning. Trust and relationship building are important components to Promotores/CHW programs, and require time to develop. It is very difficult to sustain programs that are funded for one year; funding for five years was recommended.

Other statements included:

*"CBO's are accountable to the community – community members question the validity of programs that are only around such a short time, and yet they [community members] are constantly asked for personal information and trust. Promotores face a challenge with this in the field; they can't build any real relationships and trust with the community because they're out of there so fast."*

*"A partnership is not seed money. Foundations need to be involved longer."*

*"It takes time and money to form collaborations. Foundations should fund collaboratives."*

*"Need multi-year/longer-term funding. Time frames for programs [are] not realistic to achieve goals and raise money."*



### **Collaboration**

Participants reported that they have had experiences with collaborations and that there is a problem on the part of funders not understanding what a collaboration is (i.e., a small organization partnering with the Public Health Department is not always a collaboration). Collaboration does not work when collaborative partners are forced upon them; collaboration is useful when it is with like-minded organizations that have already built trust among one another. Participants also stated that collaborations should happen among equals, must demonstrate respect for programs using CHWs and CHWs must be at the table. Collaboratives also require more long-term funding. Participants offered that work is jeopardized when the collaboration ends and that a collaborative dies the day the money dies, unless there are shared vision and values. They also reported that they would like to talk further about collaboration, partnerships and cooperation.

Other comments included:

*"What is collaboration? What does it look like? Equal partnership or subcontract? Whose collaboration is right?"*

*"Academic agencies must demonstrate respect for the community, the community organization and the Promotores."*

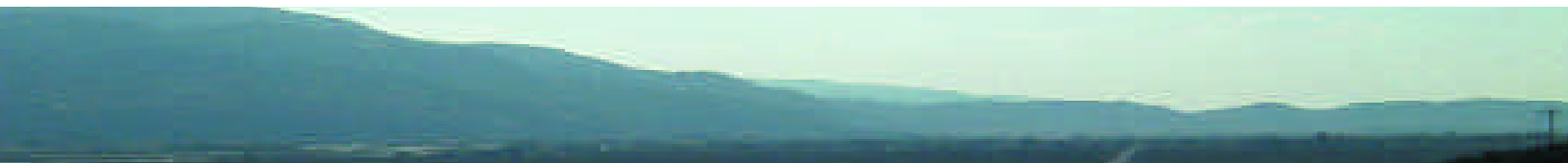
*"Collaboratives require . . . more time in the beginning, but once a collaborative is put in place, it can have long run benefits."*

*"The collaboration is like a quilt, each member has its own personality, but they can work together."*

*"Organizations should exchange skills and training in specialty areas for one another. [Funders] should have forums for this work to happen – do it to make it more relevant."*







### **Funders' Roles in Evaluation**

Participants suggested that funders should: fund staff time to conduct/develop evaluations; provide suggestions for culturally competent evaluators; share evaluation best practices with grantees; and provide feedback on interim and final reports submitted by grantees. They stated a need for foundation staff with knowledge about evaluation and what methods work with community programs. They also requested that funders be clear about what is expected and what types of outcomes are required.

Suggestions included:

*"It is important for the funder to be flexible in order to work with what's happening with the program."*

*"Program officers should do site visits every six months because reports don't capture it all."*

*"The California Endowment can be supportive of hiring evaluators with cultural competency and knowledge who know what it is that you're looking for."*

*"The Endowment can take a leadership role in best practices and evaluation of community outreach work."*



## Outcomes

Participants stated that outcomes should be relevant to the time frame of the project. The evaluation should be able to tell them what they did and how they did it, and it should look at changes in individuals, not just the number of services provided. Promotores/CHW's should be trained to develop and collect data on indicators for projects. Participants would like more information about intellectual property rights related to publishing and disseminating their work. Knowing more about this topic would allow an organization to benefit from the work of the organization. Funds also should be provided for sharing results, evaluation findings and lessons learned from their projects with others.

Other comments included:

*"It takes a long time to see outcomes, especially if you are going to the root of problems, not just Band Aids."*

*"If you are funding for a year, how can you expect valid outcomes? We can show numbers but not real, measurable outcomes."*

*"For grassroots organizations, evaluation from the beginning can be challenging because programs develop as you go."*

*"We all want to know how we are doing, but results may not be seen for a long time . . . we need a new, authentic evaluation model."*

*"The evaluation should be relevant to the community. Progress reports should be divided into short-term and long-term measures."*

*"Some programs have great outcomes and no resources to submit to articles and journals . . . There are intellectual property issues too. We need education on this."*



#### Methods/Models

Participants reported that evaluation should use a variety of accurate and sensitive methods that are appropriate to community oriented programs. It should also be flexible and expansive to include or reflect changes within the individual project. Given the nature of these Promotores/CHW programs, some standard evaluation methods, such as using control groups, are not best practices for this work. Participants suggested that *"considerations should be given to the intrusive nature of [standard] evaluation and the potential for negative impact."* They also recommended that evaluation should be designed from the beginning of the program and provide ongoing feedback. *"The evaluator should go through the whole process, not just tell what's happening one or two years down the line."* Program staff members should be trained in evaluation and community members should be included on the evaluation team.

Other statements included:

*"The people best to evaluate are people receiving the services. Evaluation should include input and feedback from community: those receiving services."*

*"Evaluation should be community driven and use an asset - or strength-based approach."*

*"Evaluation is very important, to have qualitative and quantitative data, but it's hard for us to do it on our own."*

*"Rarely is cultural sensitivity taken into account with evaluation. [There] needs to be a more accurate and sensitive way of dealing with issues of community oriented programs."*

*"Don't limit our choices of outside evaluators to academic people. Train the community to do it."*

*"We need to engage in and insist on participatory evaluation so our knowledge is our knowledge and our evaluation is our evaluation."*

*"Evaluation needs to have a team that meets regularly throughout the project, that visits the project regularly and sees what's going on, that asks the right questions, that works with the project to the end."*

*"Evaluation should include all the variables, not just numerical outcomes."*



### Technical Assistance/Support

The participants identified numerous areas for support including: funding and technical support for evaluation design from the RFP stage, evaluation consultants available for contact throughout the course of the project (who could serve as liaisons and assist with identifying best practices in this type of work), and more information on community and participatory evaluation. Resources are needed for evaluation up-front and separately for program development, training, technical support, technology support, database and infrastructure. They also wanted to know best practices from other programs involved in this work.



Other suggestions were:

*"Ongoing consultation from The California Endowment with linkage to better practices. The Endowment can take a leadership role - best practices and evaluation of community outreach work."*

*"Concerning the challenges section of the proposal: tell us what to do about those. What are other programs doing? Where can we go to get help with those?"*

*"Get feedback from the foundation on the final reports. How did we do? Feedback on what we did well and did not do well and what we can do about that."*

*"Need external evaluation team that is available to service providers and that can work with grantors."*

### Policy Issues (Advocacy and Access to Policymakers)

Many of the participants identified policy issues as central to their Promotores/CHW programs' work. One suggestion that participants made was to establish a coalition of Promotores to advocate for themselves. This association of Promotores could lobby for law changes and advocate on political issues, *"especially the issues of labor laws and documentation relevant to the Promotores."* Other suggestions were to provide information related to immigration, such as a list of trusted lawyers, and to advocate for long-term program funding such as third party payers. The foundations could also provide access to policymakers and lobbyists to advocate for changes.

Other comments included:

*"There is proven literature on CHWs/Promotores – [we] need advocacy to stabilize funding. Currently Promotores/CHW programs have to prove themselves all the time."*

*"Foundations should facilitate resources that will spearhead policy change on hiring/status of Promotores (for example, facilitate work permits; show economic impacts Promotores/CHWs have in the community)."*

*"Unrealistic to think we're even going to change in any big way in five years, when we speak of advocacy and policy issues."*

*"Get foundations that fund for advocacy and policy education to educate their peers in the foundation world about all of the work that's allowed in this area by not-for-profits and how very critical it is for good health outcomes."*

*"It is hard to get funders to understand community economic development. I could get rid of asthma and malnutrition in my community if I could get jobs [for the community]."*

*"We have to show return on investment to policymakers. This gets back to evaluation—we have to show that outputs are greater than the inputs."*

*"Get 501(c)3s educated about ways they can impact policy and not fear 'political' work — it is education about the issue from root to service, and getting people to work on health that way from root to service delivery."*



### **Cultural Competency and Language**

Participants stated that Promotores/CHWs respect the cultures of the communities in which they work. Some programs originally serving Latino populations are growing to serve other ethnicities such as Vietnamese and African-American populations. One issue raised was that differences exist between what the community residents want/need and what professionals think community residents want/need; if no effort is made on the part of professionals to learn from communities about the community's needs, there is a problem. *"You don't provide effective services when you say, 'you come over here and we'll give you what you need.' You have to get out there."* These programs exist within a larger socio-economic and socio-cultural framework that must be addressed.

Comments that touch this issue included:

*"Community health workers do work in the language, culture of people being served."*

*"The supervisors' competence is a major issue. Promotores may not be hired if they don't speak English because their supervisors don't speak Spanish."*

*"You can't stipend illegal [workers] and it is difficult to find documented workers. We fill our English-speaking positions quickly but it takes three months to fill positions for Spanish speakers."*

*"Spanish is a primary, not a foreign language . . . We don't live in an English only world."*

*"We've found that we can't apply the same model for different cultural groups, for example, the Russian— or Mien-speaking communities."*

*"Take into account cultural and linguistic differences—issues of appropriate language and levels of language [when sharing knowledge across borders]."*



### **Immigration Status/Human Rights**

Participants stressed that access to health care should be considered a basic human right. Undocumented women have few rights. Promotores programs need access to information about Internal Revenue Service (IRS) requirements, immigration, etc.

Participants also made the following comments:

*"Include undocumented women [as Promotores/CHWs]; they have no rights and few opportunities. [They] can't because of stipends that are taxable."*

*"It shouldn't be that work permits are an issue for those who are working for the community good — the undocumented people we want to hire are precisely the kind of people who do the job best."*

*"The organization may train, and the [women who are undocumented] may be trusted and represent the community, but fear by the organization of an IRS audit creates problems. The limitations placed by immigration, IRS, and so forth, limit who can be hired."*

*"Need to further discuss immigration issues and inclusivity, fundamental human rights and universal access."*



## Social Justice



Many of these programs have social justice issues attached to them and are trying to address these issues in their programs. These contexts cannot be separated from health issues.

Some comments that touch on this included:

*"Clients cannot focus on the issues of health when they have more immediate problems like food or rent facing them. The community residents are also faced with high levels of depression."*

*"Dump sites, . . . prisons, etc. are being built . . . Why in our community?"*

*"Build the community's capacity to respond to the needs, and organize to access the resources and accountability required to have community health (bigger than disease-specific, why are we building schools next to fumigated fields?)."*

**Funders**

Participants stated that programs need foundations and other funders to be in their corner and involved for the long-term. Foundations should be a resource for dissemination of best practices and provide other types of support in addition to grants. Foundations should fund small CBOs, support capacity building and give money directly to community organizations, rather than through larger ones (i.e., universities). Foundations can help leverage other types of funding. These may include funders working with grantees to come up with meaningful indicators so the programs can get government funds and working with third-party payers to recognize and reimburse CHWs/Promotores. Funders need to have the same vision about community work and have a better understanding of the issues.

Participants also made the following suggestions:

*"Help us to become better at what we are doing."*

*"Funders can help to raise the larger organizations' views of the value of this work."*

*"Funders [should] view programs as partners instead of grantees; share knowledge."*



### **Information Resources**

Participants suggested that Promotores programs network with each other, work with programs in other states and across the border, and share information and training materials, including lessons learned, so that they don't "reinvent the wheel". Some participants suggested resources they have found in the literature; others developed resources that they were willing to share with other programs. The following were cited as useful resources: *Asset Evaluation and Resource Mapping* (John McKnight), *Rapid Assessment Procedure* (Susan Scrimshaw), a new measure of standards put out by the Attorney General's office, *The Community Toolbox Website* (University of Kansas), and the *Healthy Start Evaluation Manual* (California Office of Education).

Other participant comments included:

*"Need funds to do the collaboration and exchange of information (example: rural areas would like to learn from urban areas)."*

*"Create an online resource for programs using technology for Promotores/CHW programs in California. Also look at Promotores activities in other states (such as New Mexico)."*

*"Need to incorporate new technologies (laptops, Palm Pilots), and have in-house databases in which to store the data."*

*"Possibly create a resource center. The Endowment may be able to play a role in this."*

*"Need resources/forums to present and share models that work so that evaluation serves broader health goals."*



#### Closing

The group as a whole was appreciative of The Endowment for the convening. They felt The Endowment took a leading role and made an important first step in bringing them together and discussing their issues. They suggested a reconvening of this group with more time, and more convenings on a regular basis. One convening could focus on evaluation issues alone; another could focus on accreditation for Promotores/CHWs. They suggested that Promotores and CHW's need to be in on these discussions. One participant said, "*We're on the edge of some - thing magnificent.*"



Other comments included:

*"Need more Promotores convenings like this."*

*"Need to convene within the local community projects, this would invest the money in a hosting community agency rather than a hotel, make it more dynamic, provide a more meaningful and real setting."*

*"Want to talk about best practices."*

*"Want more technical assistance and cross-pollination."*

*"The role of the Promotores and community health workers may be creating a paradigm shift. If we want new health, we need a new map, a new way to work together."*



**ATTACHMENT A**  
*List of Participating Organizations*



California Association of Community Health Outreach Workers  
*San Francisco, CA*

Campeños Unidos, Inc.  
*Brawley, CA*

Catholic Charities Diocese of Fresno  
*Fresno, CA*

Colaborativo SABER-Instituto de Promotoras  
*San Diego, CA*

CommuniCare Health Centers  
*Davis, CA*

Comprehensive Health Center  
*San Diego, CA*

El Concilio of San Mateo County  
*Burlingame, CA*

Economic Opportunity Commission for San Luis Obispo County, Inc.  
*San Luis Obispo, CA*

Environmental Health Coalition  
*San Diego, CA*

Escondido Community Health Center  
*Escondido, CA*

Esperanza Community Housing Corporation  
*Los Angeles, CA*

Family Health Centers of San Diego  
*San Diego, CA*

Health Care Consortium of Central Los Angeles  
*Los Angeles, CA*

Homeless Prenatal Program, Inc.  
*San Francisco, CA*

Institute for Community Health Outreach  
*San Francisco, CA*



Latino Health Access  
*Santa Ana, CA*

Los Angeles Educational Partnership  
*Los Angeles, CA*

Maternal Outreach Management Systems  
*Santa Ana, CA*

MotherNet L.A.  
*Compton, CA*

Olive View-UCLAMedical Center Foundation  
*Sylmar, CA*

Organizacion en California de Lideres Campesinas  
*Pomona, CA*

Parent Institute for Quality Education  
*San Diego, CA*

Planned Parenthood of Los Angeles  
*Los Angeles, CA*

Planned Parenthood of San Diego and Riverside Counties  
*San Diego, CA*

Redwood Community Health Coalition-Project REACH Out  
*Santa Rosa, CA*

San Diego Youth & Community Services, Inc.  
*San Diego, CA*

San Ysidro Health Center  
*San Ysidro, CA*

Ventura County Public Health Department  
*Ventura, CA*

The Whittier Institute for Diabetes and Endocrinology  
*La Jolla, CA*

Yes We Can Urban Asthma Partnership  
*San Francisco, CA*





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