Visión y Compromiso™

A Survey of Promotores Training Programs in California

A SUMMARY OF SURVEY FINDINGS 2012-2013

2014

ACKNOWLEDGEMENTS

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

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INTRODUCTION

Visión y Compromiso

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

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

Promotores and Community Health Workers

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

The Promotores Institute (El Instituto de Promotores)

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

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

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

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

A Survey of Promotores Training Programs in California

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

Focus Groups with Promotores About Their Training Experiences in California

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

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

EXECUTIVE SUMMARY

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

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

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

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

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

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

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

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

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

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

Sincerely,

Maria Lemus
Executive Director
Visión y Compromiso

A SUMMARY OF FINDINGS + RECOMMENDATIONS

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

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

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

RECOMMENDATIONS

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

- Create a bridge to increase promotores' access to training, certification and/or other professional requirements.
- Partner with public and private agencies, institutions and community colleges as needed to develop curricula and identify training, educational and career pathways that incorporate the personal and professional needs of promotores.
- Design an educational and formative process that incorporates interactive curricula and promotes personal, professional and community development.
- Ensure that training programs are culturally and linguistically relevant and incorporate adult learning theory, popular education and empowerment methodologies, and take into consideration diverse learning styles.
- Support employers to develop and maintain opportunities for upward mobility for promotores.

Promotores say they need more training in professional development such as public speaking, organizing and facilitating meetings, building public relationships, computer skills, critical thinking, written communication and managing budgets. Further, barriers include both individual (time, financial compensation, transportation) and institutional level (lack of support for training promotores, limited understanding about the role of promotores) barriers which can limit promotores' full participation.

RECOMMENDATIONS

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

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

Validate diverse promotor models and promotores' varied community roles.

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

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

RECOMMENDATIONS

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

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

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

RECOMMENDATIONS

Improve employment inequities and benefits for promotores.

- Promote a living wage as a desirable and equitable compensation goal that values promotores' critical connection to the community.
- Advocate for policy and systems changes to improve compensation, guaranteed benefits and job security for promotores.
- Advocate for the long-term sustainability of promotores programs.

Training programs are most commonly evaluated based on participant satisfaction surveys and process measures (i.e. the number of participants who start and complete training) and may also use field observations, pre- and post-tests, and one-on-one interviews.

RECOMMENDATIONS

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

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

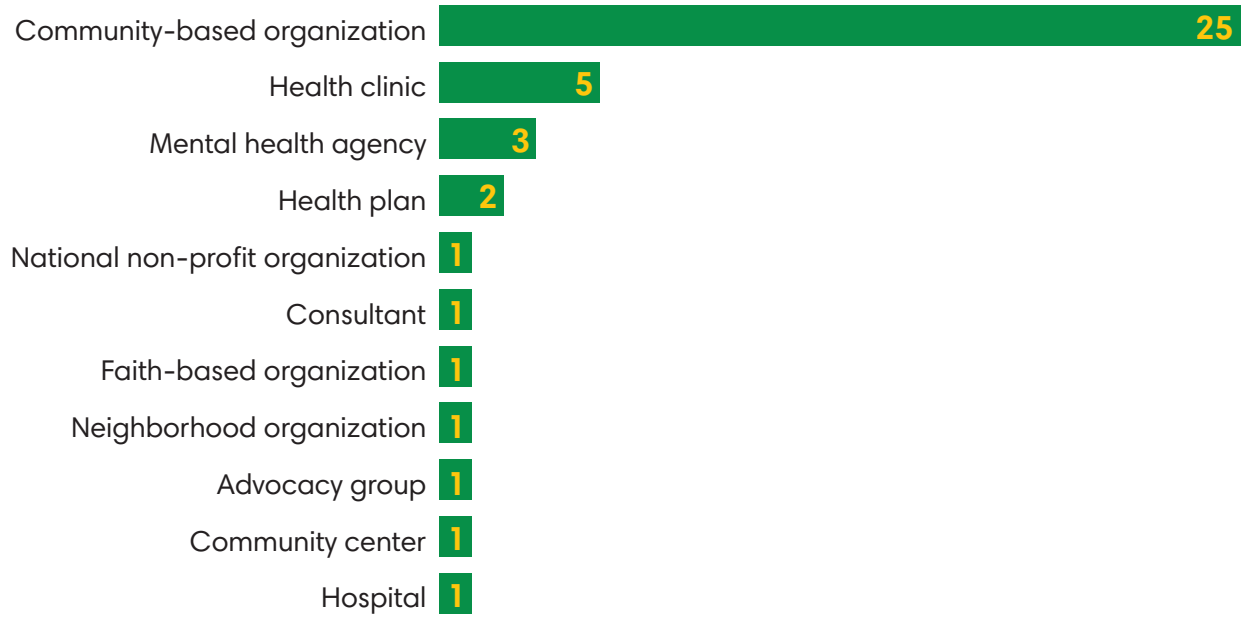
PRESENTATION OF FINDINGS

A Description of Survey Respondents

Forty-two people (65% response rate) responded to VyC's survey about training programs for promotores in California. Survey respondents represent 41 agencies and 1 consultant; most of these agencies are community-based organizations (60%) or health clinics (12%) (see Figure 1).

Coordinated by staff that have a range of job titles (i.e. Program Manager, Program Coordinator, Promotores Program Director, Lead Promotora, Outreach Coordinator, Health Education Specialist, Community Health Worker, Neighborhood Advisor), these promotores programs represent a combined 408 years of experience operating in California (average number of years in operation: 10 years; range: 2 years to 25 years).

FIGURE 1: TYPE OF ORGANIZATION REPRESENTED (N=42)



Promotores programs surveyed estimate that they have trained over 4,802 promotores in California (average number of promotores trained per program: 120 promotores, median 50, range: 4 to 1,000). There is wide variation in the number of promotores trained by each program; in fact, over half of respondents have never trained more than 50 promotores (see Figure 2).

FIGURE 2: NUMBER OF PROMOTORES TRAINED BY RESPONDENT AGENCIES (N=40)

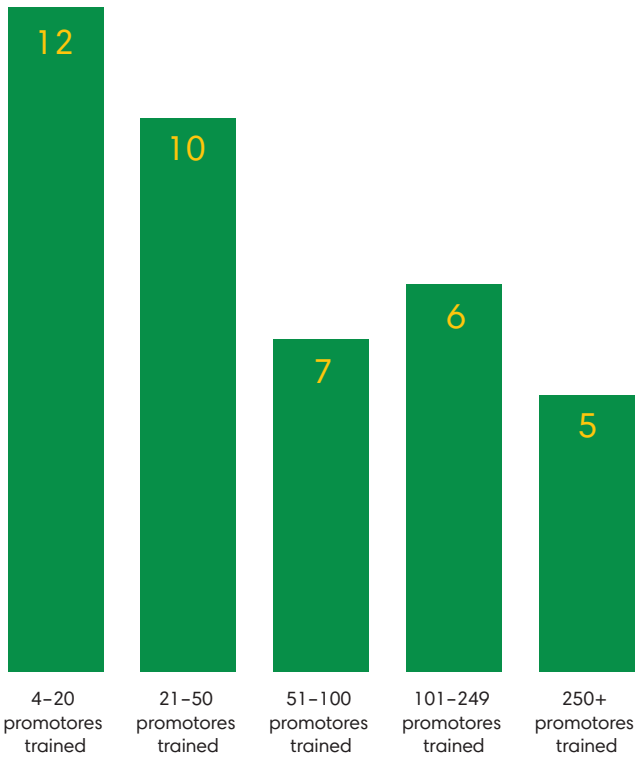
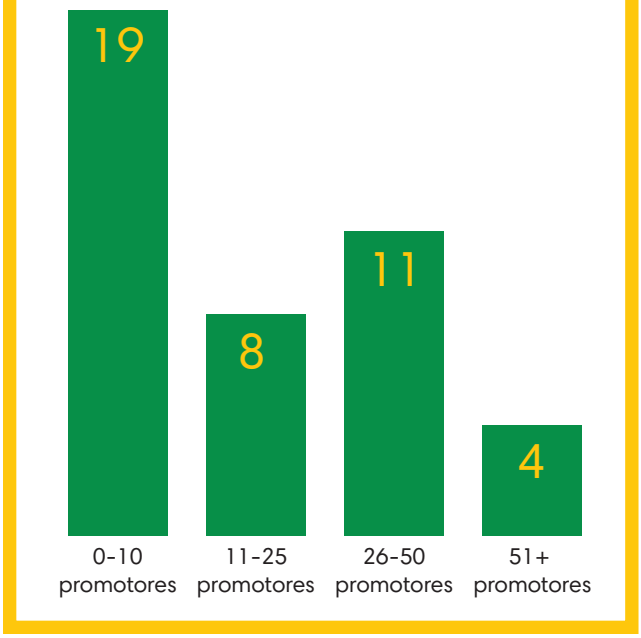


FIGURE 3: NUMBER OF PROMOTORES CURRENTLY ACTIVE, BY PROGRAM (N=42)



Survey respondents report 3,861 promotores who are associated with their organizations (average: 97, median: 30 and range: 2-1000), and at least 1,944 promotores currently active (average 47, median 13, range: 0-1000). Among programs with promotores who are currently active, 45% of programs report 0-10 promotores currently active in their program and 10% report more than 50 promotores who are currently active (see Figure 3).

Survey respondents were geographically distributed across California representing Southern California (42.3%), Central Coast (18.8%), Central California (including Central Valley and Central Mountain regions) (5.8%), Greater San Francisco Bay Area (28.2%), and Northern California (4.7%). More responding programs operate in urban counties, particularly in Southern California. One agency operates statewide (see Table 1).

TABLE 1: COUNTIES REPRESENTED BY SURVEY RESPONDENTS (N=42)

COUNTIES	# OF PROGRAMS	% OF TOTAL
SOUTHERN CALIFORNIA		
Los Angeles	13	
Riverside	8	
Orange	7	
San Bernardino	4	
San Diego	3	
Imperial	1	
Total	**36**	**42.3%**
CENTRAL COAST		
Monterey	8	
Santa Cruz	4	
Santa Barbara	3	
Ventura	1	
Total	**16**	**18.8%**
CENTRAL CALIFORNIA		
Stanislaus	2	
Tulare	1	
Kern	1	
Calaveras	1	
Total	**5**	**5.8%**
GREATER SAN FRANCISCO BAY AREA		
Alameda	4	
San Mateo	4	
Santa Clara	4	
Contra Costa	3	
Marin	3	
San Francisco	2	
Sonoma	2	
Napa	1	
Solano	1	
Total	**24**	**28.2%**
NORTHERN CALIFORNIA		
Sacramento	1	
Yuba	1	
Sutter	1	
Humboldt	1	
Total	**4**	**4.7%**

Reasons for Starting a Promotores Program

While promotores programs are initiated for different reasons, most programs surveyed (respondents marked all that apply) were started to improve the overall health of the community (83%), provide health education (76%), improve access to health services (71%), increase community outreach (69%), empower the community (64%), in response to community needs (64%), and to improve individual health outcomes (64%); (see Table 2).

TABLE 2: REASONS FOR STARTING A PROMOTORES PROGRAM (N=42)

REASONS	% OF RESPONSES
IMPROVE HEALTH	
Improve the overall health of the community	83%
Provide health education	76%
Improve individual health outcomes	64%
INCREASE ACCESS TO SERVICES	
Improve access to health services	71%
Increase community outreach	69%
Create liaison between schools and families	33%
Provide patient navigator services	31%
Increase access to health insurance	29%
Increase enrollment in health insurance	24%
IMPROVE DELIVERY OF SERVICES	
Improve delivery of agency programs	52%
Improve delivery of health services	48%
Improve cultural relevance of agency programs	40%
BUILD CAPACITY OF PROMOTORES AND LOCAL LEADERS	
Provide initial training for promotores	60%
Provide ongoing training for promotores	55%
Provide job opportunities	50%
Workforce training and development	24%
EMPOWER LOCAL COMMUNITIES	
Community empowerment	64%
In response to community needs	64%
Community organization and mobilization	43%
OTHER	
Community development	43%
Required by a funder	19%

Other responses included: 1) Recognition and celebration of promotores' efforts and personal service; 2) Training and education on other topics; 3) Cultural exchange; 4) Educate families about the importance of children's academic success; 5) Connect immigrant families to community resources (especially for children 0-5); and 6) Civic engagement.

Job Titles Associated with the Role of Promotores

Training programs report that promotores, active with their programs, hold many different job titles. The most commonly cited job titles were promotor/a or promotor/a de salud (38%), community health worker (14.3%) and leader (14.3%) (see Figure 4).

Other job titles listed by survey respondents included: community outreach specialist, promotores verdes (green), health care access coordinator, mobile health coordinator, certified nurse assistant, health advisor, patient navigator, and volunteer.

Primary Issue Areas Addressed by Programs

Training programs for promotores generally address more than one topic. The most frequently cited issue areas addressed by promotores programs represented in this survey are related to chronic disease prevention (e.g. nutrition, diabetes, physical activity) and mental health. Education/schools and health insurance access were also mentioned frequently. Skills or strategies that ranked highly include: advocacy, community organizing and civic engagement (see Table 3).

FIGURE 4: JOB TITLES USED BY TRAINING PROGRAMS (N=42)

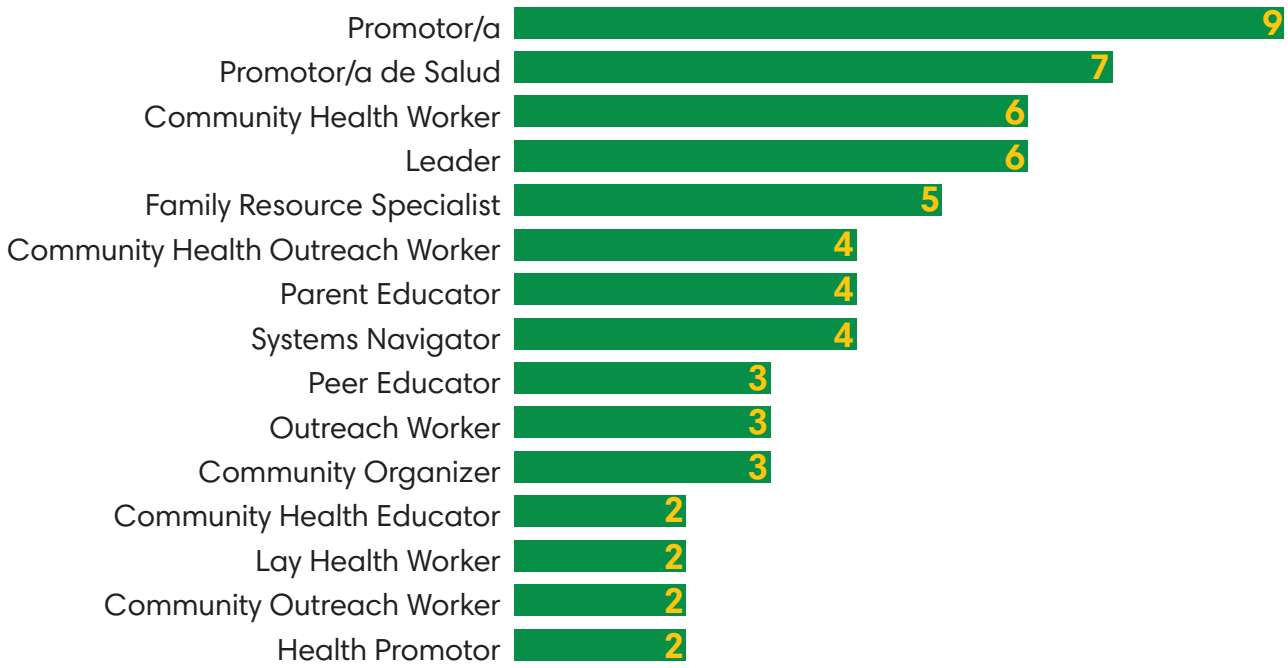


TABLE 3: PRIMARY ISSUE AREAS ADDRESSED BY PROMOTORES TRAINING PROGRAMS (N=42)

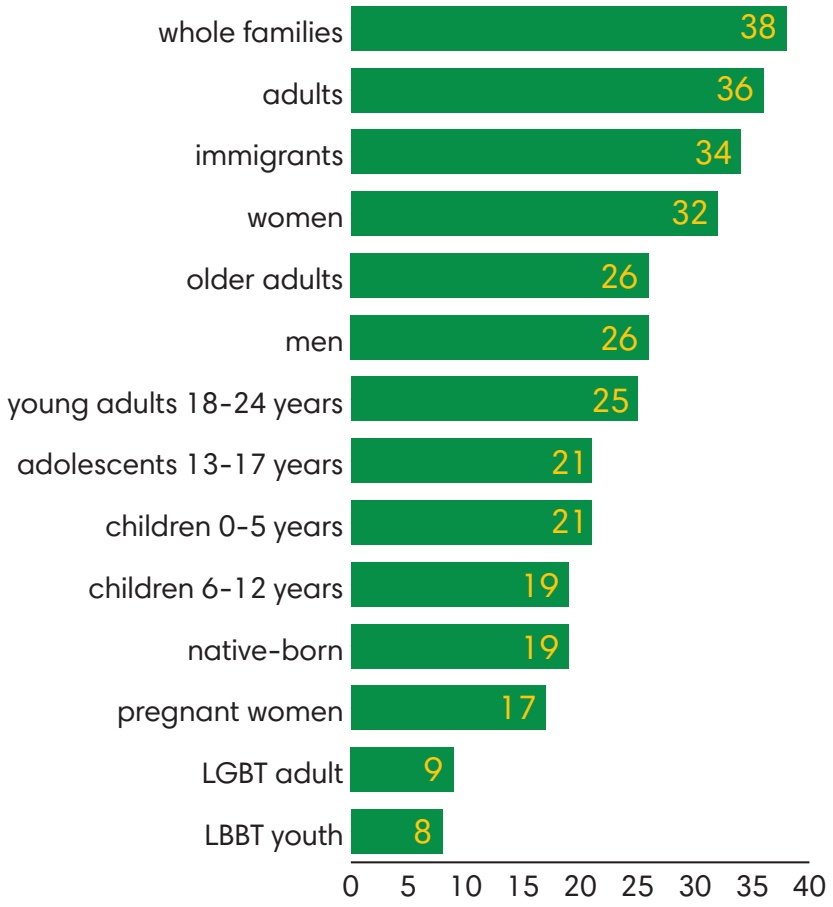
PRIMARY ISSUE AREA	#	%
NUTRITION	24	57.1%
ADVOCACY	23	54.8%
CHRONIC DISEASE PREVENTION	22	52.4%
COMMUNITY ORGANIZING	22	52.4%
DIABETES	22	52.4%
PHYSICAL ACTIVITY	21	50.0%
MENTAL HEALTH ISSUES	20	47.6%
EDUCAITION/SCHOOLS	19	45.2%
HEALTH INSURANCE ACCESS	17	40.5%
CIVIC ENGAGEMENT	17	40.5%
DOMESTIC VIOLENCE	16	38.1%
BREAST CANCER	16	38.1%
HEART DISEASE	15	35.7%
OBESITY	15	35.7%
CHILDHOOD OBESITY	15	35.7%
FOOD (IN)SECURITY	14	33.3%
PARENTING EDUCATION	14	33.3%
EARLY CHILDHOOD DEVELOPMENT	13	31.0%
ENVIRONMENTAL HEALTH	12	28.6%
HIV/AIDS	11	26.2%
LEAD POISONING PREVENTION	11	26.2%
SUBSTANCE ABUSE	10	23.8%
ADOLESCENT HEALTH	9	21.4%
IMMUNIZATIONS	9	21.4%
SPECIAL NEEDS CHILDREN	7	16.7%
ASTHMA	7	16.7%
ORAL HEALTH	7	16.7%
REPRODUCTIVE JUSTICE	5	11.9%
SEXUAL ASSAULT	5	11.9%
TOBACCO CONTROL	5	11.9%
PREGNANCY PREVENTION	3	7.1%

Other topics cited include: outreach related to hospice services, information/access to community resources, healthcare system navigation, building a medical home, well child visits, Alzheimer's disease, brain health, research studies, social integration, and holistic health and well being based on community interests.

Target Population

The primary communities that engage the majority of programs are: whole families (90.4%), adults (85.7%), immigrants (80.9%), and women (76.1%) (see Figure 5). They are least likely to be involved with lesbian, gay, bisexual, transgender (LGBT) adults (21.4%) and youth (19%).

FIGURE 5: TARGET POPULATION OF PROMOTORES PROGRAMS (N=42)



Recruitment

By far, the most commonly reported strategy for recruiting promotores to participate in training programs is word of mouth (90%) followed by promotores who are already in the program (77.5%) and referrals from other agencies (40%) (see Table 4).

Program Pre-Requisites

Most promotores programs prefer that promotores be a resident of the local community (78.6%) and share a desire to serve the commuity (69%); however, they may also require additional qualifications or skills (see Figure 6).

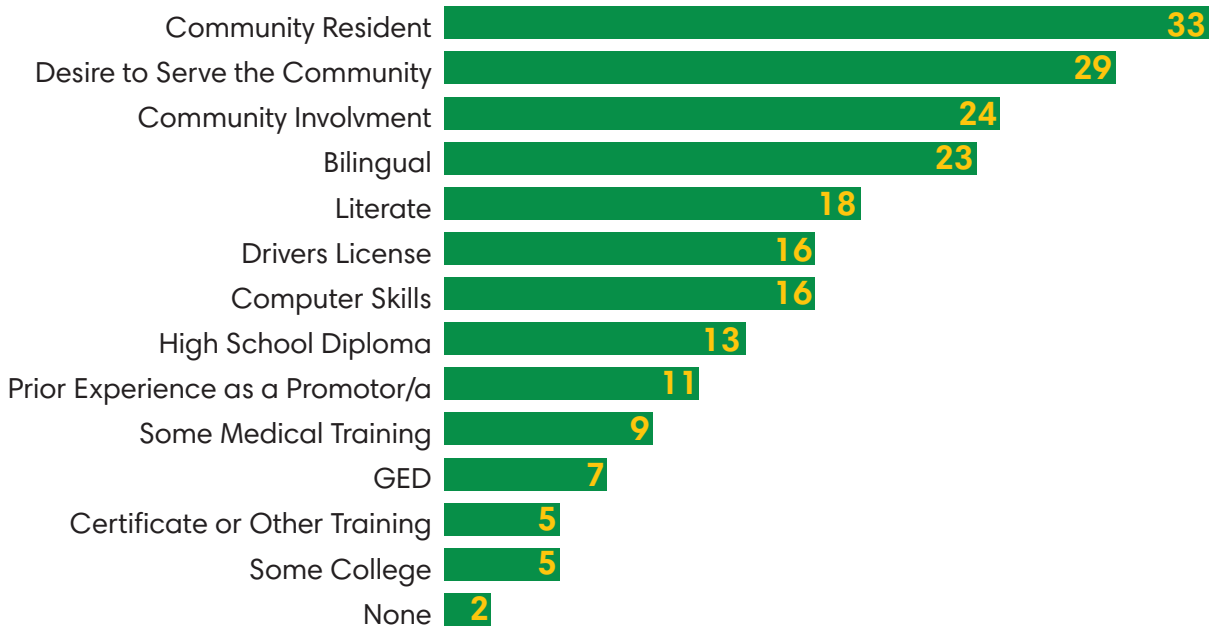
Other responses include: demonstrates promotor/a qualities such as service-oriented, knowledge of resources, community-centered, leadership, public speaking; medical assistant certificate; speak English (although not necessarily as a primary language); willingness to advocate and or engage in community organizing to take action; graduate of a specific program; bilingual in Spanish and an indigenous language; monolingual; additional training; complete the promotor training; and volunteer experience.

TABLE 4: RECRUITMENT OF PROMOTORES (N=40)

RECRUITMENT STRATEGY	#	%
WORD OF MOUTH	36	90%
EXISTING PROMOTORES	31	77.5%
REFERRALS FROM OTHER AGENCIES	16	40%
FLYERS/POSTERS	15	37.5%
EMAIL	12	30%
AGENCY WEBSITE	8	20%
PATIENTS/CLIENTS OF AGENCY	8	20%
INTERNET	4	10%
NEWSPAPER ADS	3	7.5%
SOCIAL MEDIA	2	5%

Other responses were: promotores emerge from the program (participants), and TV ads.

FIGURE 6: QUALIFICATIONS REQUIRED OF PROMOTORES (N=42)



Initial Training for Promotores

Initial training or formación refers to formative training in combination with a continual and ongoing process of personal growth, reflection and development. Promotores may receive this initial training where they work or attend trainings and workshops at other organizations. Most programs (73%) provide some form of initial training for promotores at their agency (see Figure 7) or make arrangements for promotores to attend training elsewhere.

However, VyC's survey found that there was considerable variation in the length, content and curricula associated with initial training throughout California.

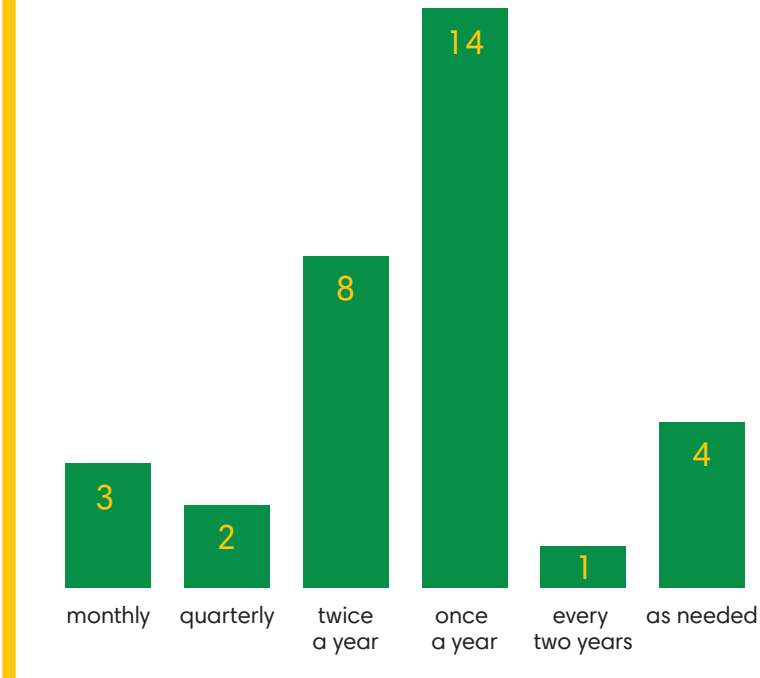
HOURS: For example, the number of hours of initial training provided to promotores ranged from 0 hours to 250 hours (average 63 hours, median 40 hours). Sixteen programs provide 30 hours or less of initial training to promotores, 10 programs provide 40-50 hours of training, 7 programs offer 60-100 hours of training and 7 programs provide 150-250 hours of initial training for promotores (this training is typically in addition to any administrative training or new staff orientation).

LENGTH OF TIME: Training can be both time- and labor-intensive requiring from 1 to 30 weeks to complete (average 8 weeks, median 6 weeks). Fourteen programs provide 4 weeks or less of initial training, fifteen programs provide 5-10 weeks of initial training, 8 programs offer 11-20 weeks of initial training and 3 programs provide more than 20 weeks of initial training.

FREQUENCY: Given this intensive commitment of resources, it is perhaps not surprising that many programs (47%) report that they are able to offer initial training only once a year (33.3%) or even once every 2 years (see Figure 8). Some agencies noted that they provide this training as needed, depending upon when they hire or bring on new staff.

FIGURE 7: INITIAL TRAINING OFFERED TO PROMOTORES (N=41)

FIGURE 8: FREQUENCY OF INITIAL TRAINING (N=42)



Written Curricula

Fifty-six percent (56%) of respondents say they use a written training curriculum in their promotores training program (see Figure 9). Table 6 lists the curricula identified by respondents.

FIGURE 9: TRAINING PROGRAM USES A WRITTEN TRAINING CURRICULUM (N=41)

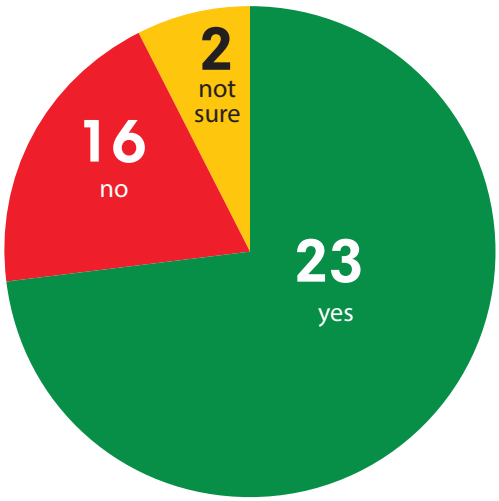


TABLE 6: TRAINING CURRICULA USED BY PROMOTORES TRAINING PROGRAMS IN CALIFORNIA

Advocacy and Referrals
Aprendiendo como Promover la Salud (Werner & Bower)
Aprendiendo Sobre la Vida/Learning About Life*
Basic Promotor training
BRIDGE curriculum
Civic Promotors in Education
Core Training for Promotores
Curso de Introducción/Introductory Course
El Trabajo y Vidas Saludables/Work and Healthy Lives*
Entrenamiento Avanzado de Promotores/Advanced Promotores Training (2)
Entrenamiento de Promotores/Promotores Training
Escuela para Promotores/School for Promotores (2) (La Clinica de la Raza)
Health Promoter Training
LCC Bingo Manual
Latina Saludable es Family Saludable/Healthy Latina is a Healthy Family (2)*
Livestrong Promotores Training
Manual de Capacitación para Lideres Latinas/Training Manual for Latina Leaders
Medi-Cal Healthy Families
Models of Effective Helping
Mujeres Decididas/Determined Women
Popular Education
Por Tu Familia/For Your Familiy Diabetes Prevention
Promotores Academy Curriculum
Salud para Todos/Health for All Mental Health Training* (2)
Senior Peer Promotora
Son 27
Sonrisa
What is a Community Health Worker?
What is Cultural Competency?
Other comments included: "We include concepts of Community Capacity Building (CCB), Results Based Accountability (RBA), and Gifts training;" "We created our own although it does incorporate some elements (from other curricula)"; and "We make sure that the promotoras have the hands on leadership training, research, events, referrals, advocacy, etc. All of it based in Popular Education."
*= Visión y Compromiso

Content of Initial Training Programs for Promotores

One of the aims of this survey was to gather information about the content of initial training programs for promotores. Questions about training content were categorized as:

1. Presentation Skills
2. Physical Health Education
3. Mental Health Education
4. Other Education
5. Program Development
6. Professional Skills
7. Community Development

Within each category, survey respondents selected the topics in each category that their training programs cover (they could mark all that apply) and also marked the box next to the number of hours their training program dedicates to each topic.

In general, this survey found that:

- Presentation Skills training most often merits less than 5 hours of training.
- More hours of Physical Health Education training are dedicated to chronic disease prevention (nutrition, diet, physical activity, diabetes, obesity, childhood obesity, heart disease) and substance abuse.
- Most agencies provide less than 5 hours of training related to mental health.
- Promotores training programs are least likely to focus on issues related to LGBT adults or youth.
- The fewest number of training hours are dedicated to topics in the Program Development category such as grant writing, data analysis, budget management, policy development, and project management.
- In addition to some Physical Health Education topics, the greatest number of training hours are in the Community Development category including the following: the history of the Promotor Model, social and economic determinants of health, popular education, and community organizing.

Figures 10–16 on the subsequent pages depict the cumulative number of hours of training reported by survey respondents on each topic within each of the 7 categories. Bold numbers in Tables 7-12 highlight the topics where agencies dedicate more of their training hours. Topics highlighted as "Other" beneath the tables were taken directly from comments provided by survey respondents in the "Other, Please Specify" space on the survey instrument.

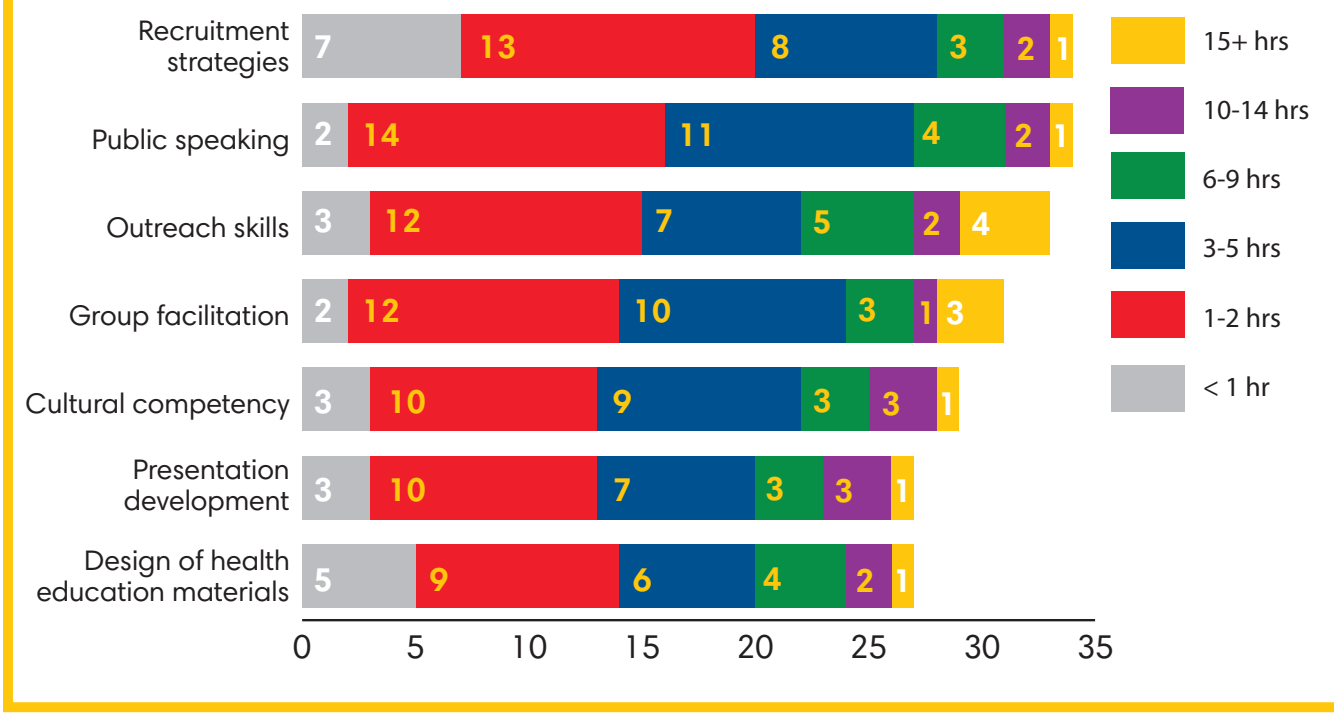
PRESENTATION SKILLS

TABLE 7: PRESENTATION SKILLS TOPICS INCLUDED IN TRAINING

TOPICS	< 1 hr	1-2 hrs	3-5 hrs	6-9 hrs	10-14 hrs	15+ hrs	TOTALS
Outreach skills	3	**12**	7	5	2	4	**33**
Recruitment strategies	7	**13**	8	3	2	1	**34**
Public speaking	2	**14**	11	4	2	1	**34**
Cultural competency	3	**10**	9	3	3	1	**29**
Group facilitation	2	**12**	10	3	1	3	**31**
Presentation development	3	**10**	7	3	3	1	**27**
Design of health education materials	5	**9**	6	4	2	1	**27**
GRAND TOTAL							**215**

Other: Self-management principles and specific chronic conditions (diabetes, hypertension, cholesterol, etc), community organizing (10 hours), school wellness (10 hours), education system (5 hours), adult education, strength-based models, interpreter skills, developing a political analysis, shared values, understanding of key issues facing our community, and how to develop their own project.

FIGURE 10: PRESENTATION SKILLS TOPICS INCLUDED IN TRAINING (N=39)

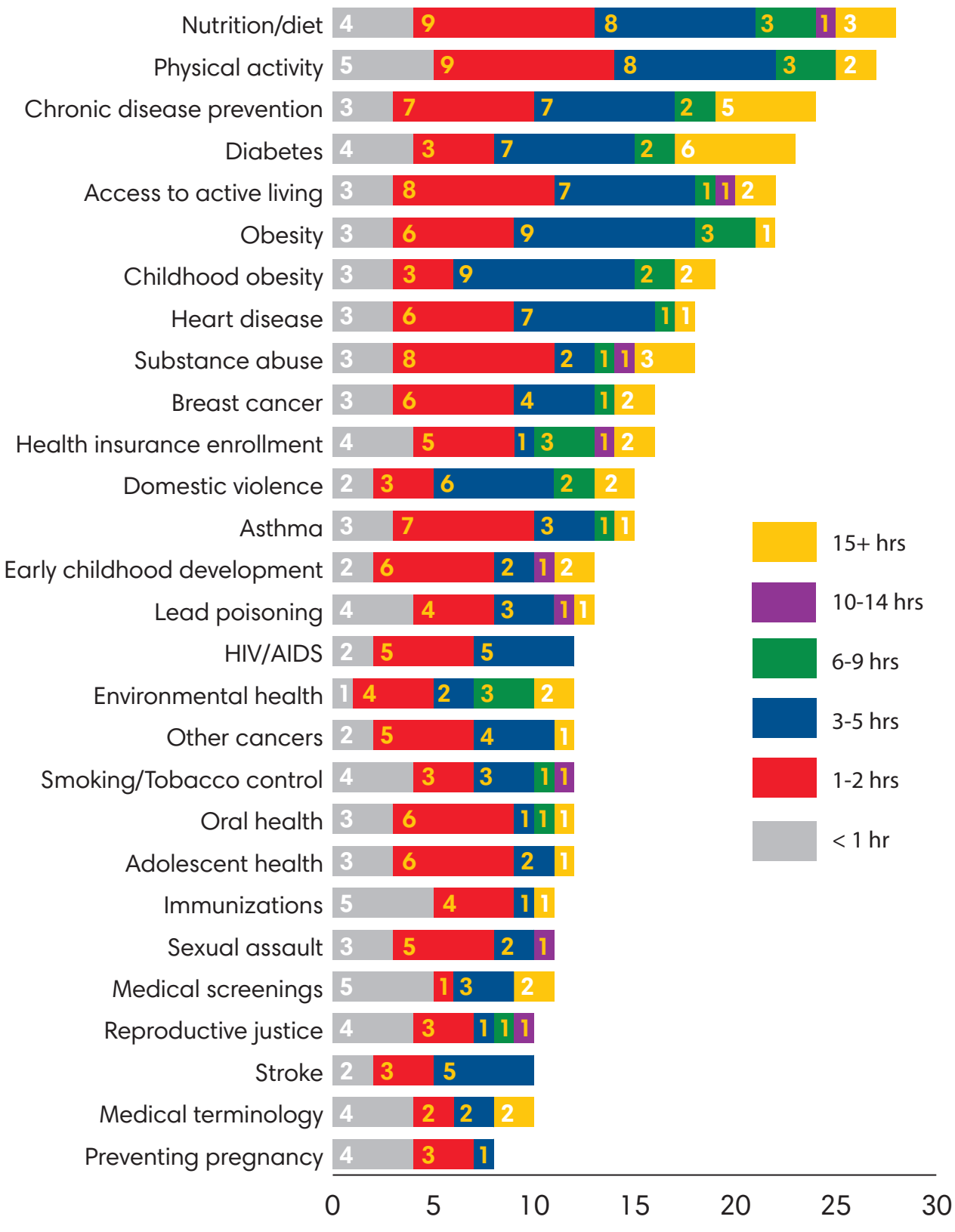


PHYSICAL HEALTH EDUCATION

TABLE 8: PHYSICAL HEALTH EDUCATION TOPICS INCLUDED IN TRAINING

TOPICS	< 1 hr	1-2 hrs	3-5 hrs	6-9 hrs	10-14 hrs	15+ hrs	TOTALS
Nutrition/diet	4	**9**	8	3	1	3	**28**
Physical activity	5	**9**	8	3	0	2	**27**
Chronic disease prevention	3	**7**	**7**	2	0	5	**24**
Diabetes	4	4	**7**	2	0	6	**23**
Access to active living	3	**8**	7	1	1	2	**20**
Obesity	3	6	**9**	3	0	1	**22**
Childhood obesity	3	3	**9**	2	0	2	**18**
Heart disease	3	6	**7**	1	0	1	**18**
Substance abuse	3	**8**	2	1	1	3	**18**
Breast cancer	3	**6**	4	1	0	2	**16**
Health insurance enrollment	**4**	5	1	3	1	2	**16**
Domestic violence	2	3	**6**	2	0	2	**15**
Asthma	3	**7**	3	1	0	1	**15**
Early childhood development	2	**6**	2	0	1	2	**13**
Lead poisoning	**4**	**4**	3	0	1	1	**13**
HIV/AIDS	2	**5**	**5**	0	0	0	**12**
Environmental health	1	**4**	2	3	0	2	**12**
Other cancers	2	**5**	4	0	0	1	**12**
Smoking/Tobacco control	**4**	3	3	1	1	0	**12**
Oral health	3	**6**	1	1	0	1	**12**
Adolescent health	3	**6**	2	0	0	1	**12**
Access to healthy foods	4	**5**	3	0	1	2	**12**
Immunizations	**5**	4	1	0	0	1	**11**
Sexual assault	3	**5**	2	0	1	0	**11**
Medical screenings	**5**	1	3	0	0	2	**11**
Reproductive justice	**4**	3	1	1	1	0	**10**
Stroke	2	3	**5**	0	0	0	**10**
Medical terminology	**4**	2	2	0	0	2	**10**
Preventing pregnancy	**4**	3	1	0	0	0	**8**
GRAND TOTAL							**441**

FIGURE 11: PHYSICAL HEALTH EDUCATION TOPICS INCLUDED IN TRAINING (N=38)



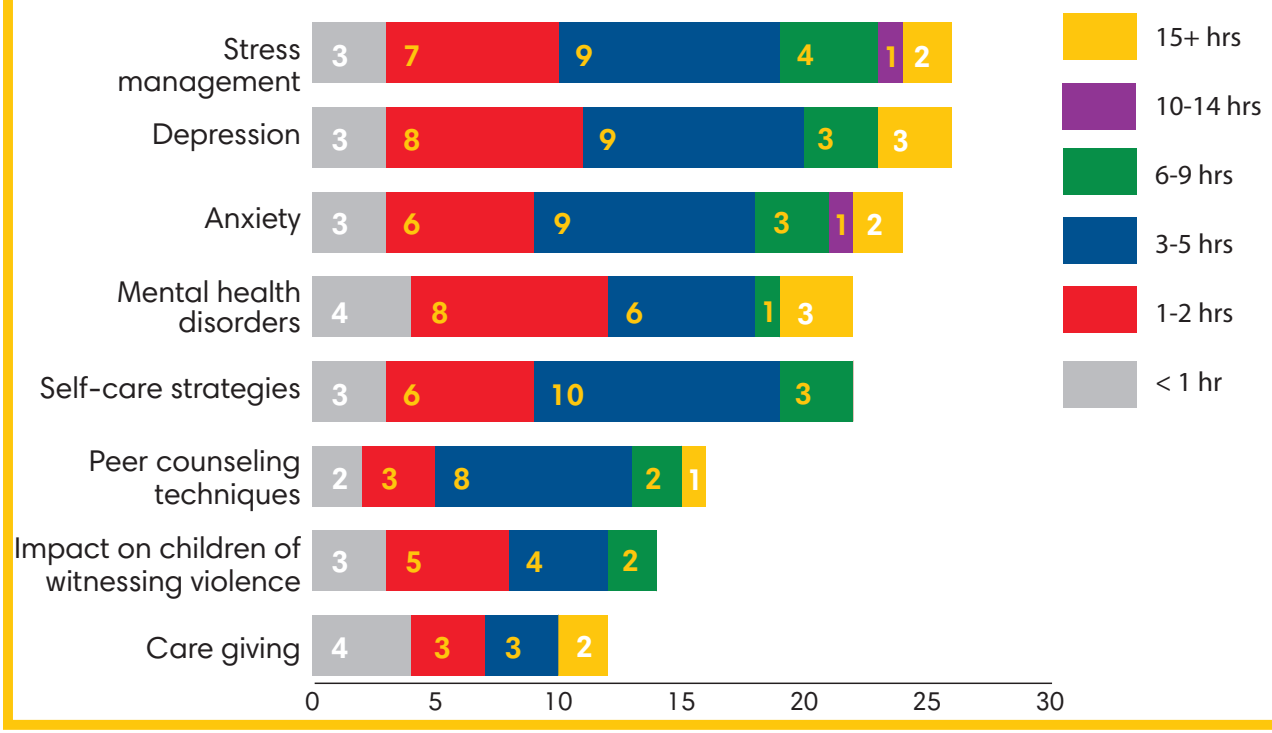
MENTAL HEALTH EDUCATION

TABLE 9: MENTAL HEALTH EDUCATION TOPICS INCLUDED IN TRAINING

TOPICS	< 1 hr	1-2 hrs	3-5 hrs	6-9 hrs	10-14 hrs	15+ hrs	TOTALS
Stress management	3	7	**9**	4	1	2	**26**
Depression	3	8	**9**	3	0	3	**26**
Anxiety	3	6	**9**	3	1	2	**22**
Mental health disorders	4	**8**	6	1	0	3	**22**
Self-care strategies	3	6	**10**	3	0	0	**22**
Peer counseling techniques	2	3	**8**	2	0	1	**16**
Impact on children of witnessing violence	3	**5**	4	2	0	0	**14**
Care giving	**4**	3	3	0	0	2	**12**
GRAND TOTAL							**160**

Other: One respondent mentioned the impact of internalized oppression, 5 respondents do not include mental health education topics in their initial training, some agencies include it as "additional training."

FIGURE 12: MENTAL HEALTH EDUCATION TOPICS INCLUDED IN TRAINING (N=38)



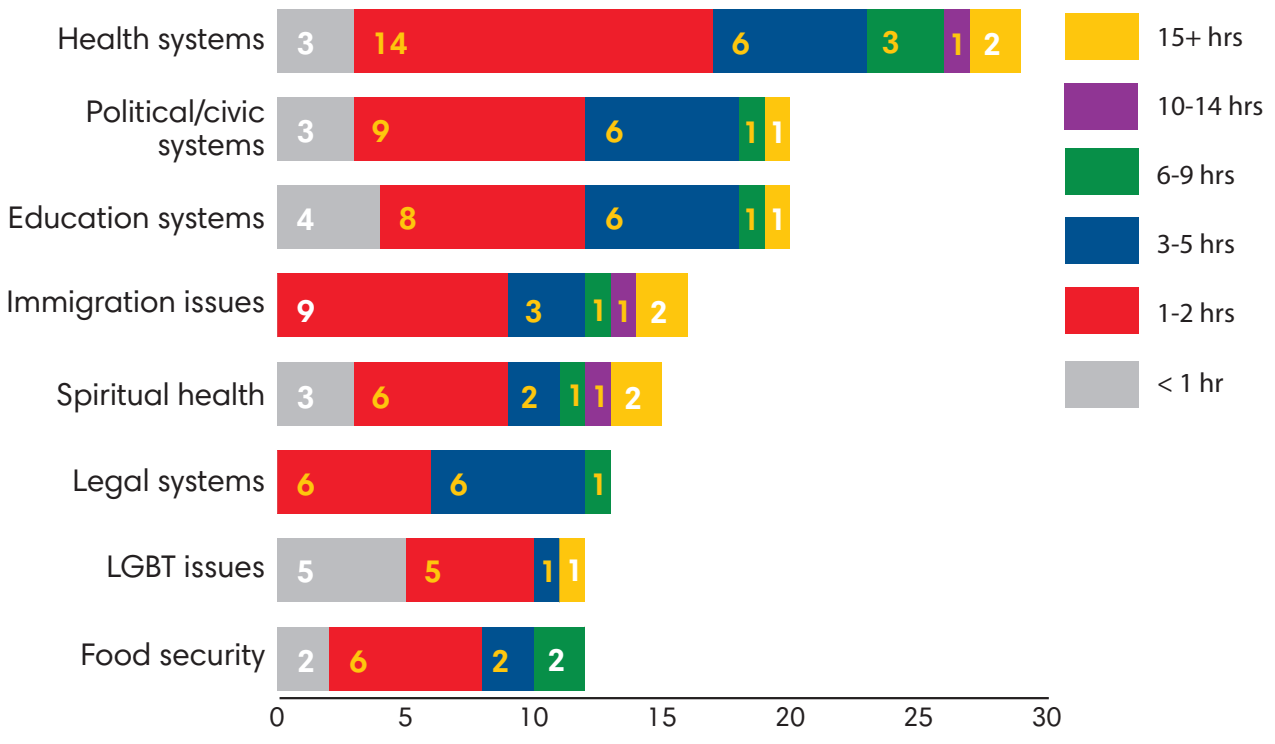
OTHER EDUCATION TOPICS

TABLE 10: OTHER EDUCATION TOPICS INCLUDED IN TRAINING

TOPICS	< 1 hr	1-2 hrs	3-5 hrs	6-9 hrs	10-14 hrs	15+ hrs	TOTALS
Health systems	3	**14**	6	3	1	2	**29**
Political/civic systems	3	**9**	6	1	0	1	**20**
Eucation systems	4	**8**	6	1	0	1	**20**
Immigration issues	0	**9**	3	1	1	2	**16**
Spiritual health	3	**6**	2	1	1	2	**15**
Legal systems	0	**6**	**6**	1	0	0	**13**
LGBT issues	**5**	**5**	1	0	0	1	**12**
Food security	2	**6**	2	2	0	0	**12**
GRAND TOTAL							**137**

Other: Leadership development, referral systems.

FIGURE 13: OTHER EDUCATION TOPICS INCLUDED IN TRAINING (N=38)



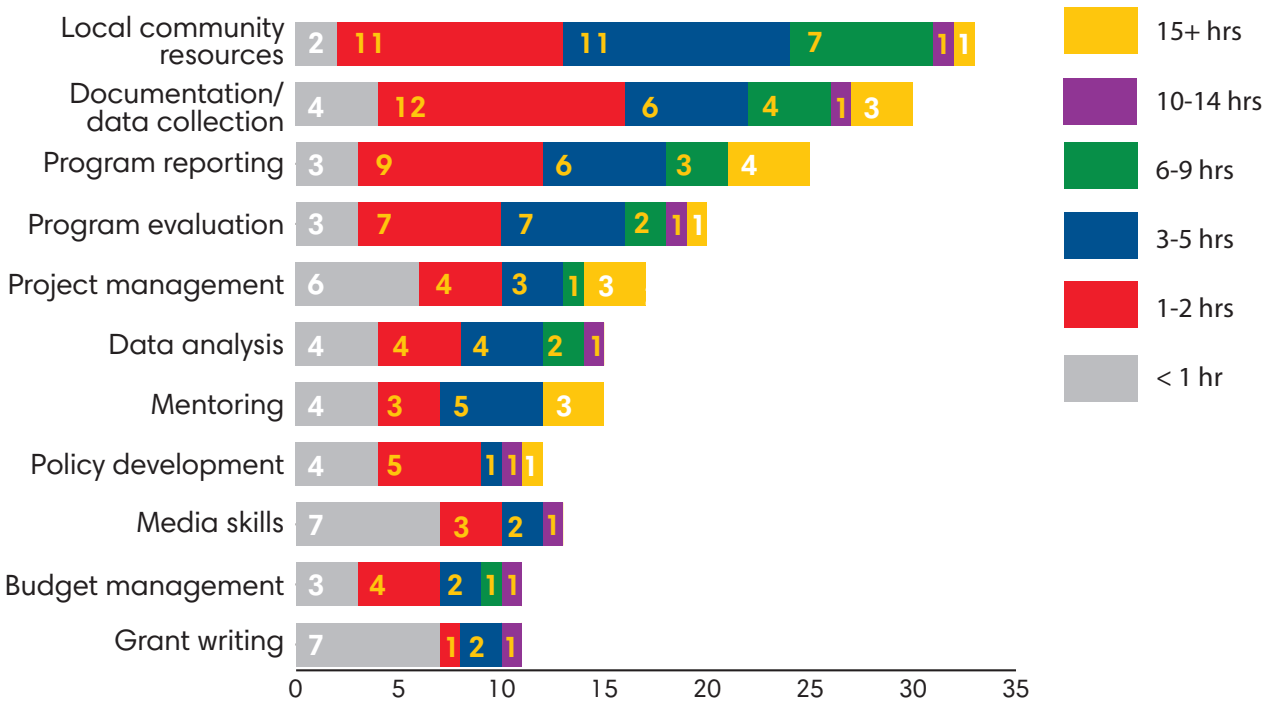
PROGRAM DEVELOPMENT

TABLE 11: PROGRAM DEVELOPMENT TOPICS INCLUDED IN TRAINING

TOPICS	< 1 hr	1-2 hrs	3-5 hrs	6-9 hrs	10-14 hrs	15+ hrs	TOTALS
Local community resources	2	**11**	11	7	1	1	**33**
Documentation/data collection	4	**12**	6	4	1	3	**30**
Program reporting	3	**9**	6	3	0	4	**25**
Program evaluation	3	**7**	6	2	1	1	**20**
Project management	**6**	4	3	1	0	3	**17**
Data analysis	**4**	**4**	4	2	1	0	**15**
Mentoring	4	3	5	0	0	3	**15**
Media skills	**7**	3	2	0	1	0	**13**
Policy development	4	**5**	1	0	1	1	**12**
Budget management	3	**4**	2	1	1	0	**11**
Grant writing	**7**	1	2	0	1	0	**11**
GRAND TOTAL							**202**

Other: Use of technology

FIGURE 14: PROGRAM DEVELOPMENT TOPICS INCLUDED IN TRAINING (N=38)



PROFESSIONAL SKILLS

TABLE 12: PROFESSIONAL SKILLS TOPICS INCLUDED IN TRAINING

TOPICS	< 1 hr	1-2 hrs	3-5 hrs	6-9 hrs	10-14 hrs	15+ hrs	TOTALS
Leadership training	0	**7**	5	4	3	4	**23**
Professional ethics	1	6	**9**	2	0	3	**21**
Conflict resolution	1	8	**9**	1	0	2	**21**
Home visiting	3	**5**	**5**	3	0	4	**20**
Computer skills	2	4	2	**6**	1	1	**16**
Case management	3	4	**4**	3	0	1	**15**
Patient navigation	2	5	**5**	1	0	2	**15**
Writing a resume	**4**	4	3	1	2	0	**14**
Writing a good letter	4	5	2	1	1	1	**14**
Research skills	**4**	2	2	1	0	2	**11**
ESL	2	5	0	1	0	2	**9**
GRAND TOTAL							**179**

FIGURE 15: PROFESSIONAL SKILLS TOPICS INCLUDED IN TRAINING (N=38)

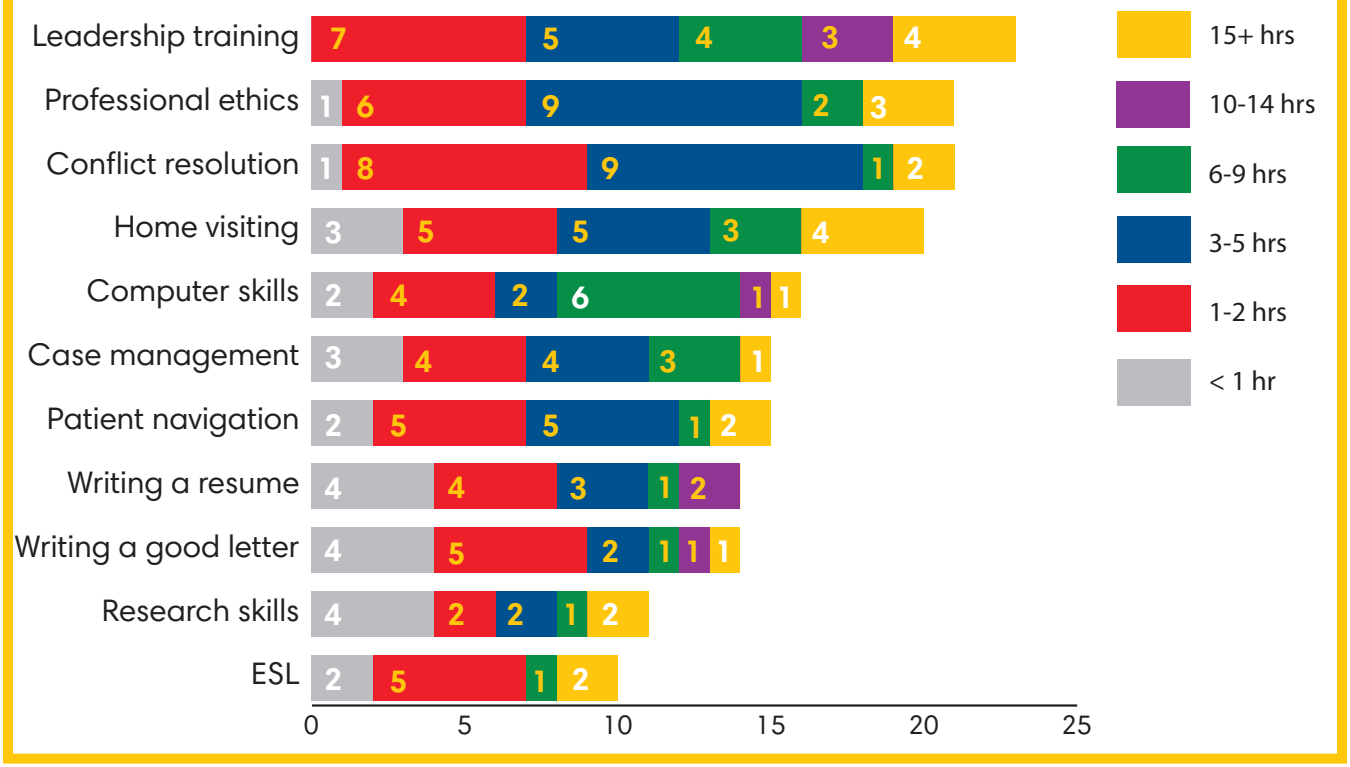
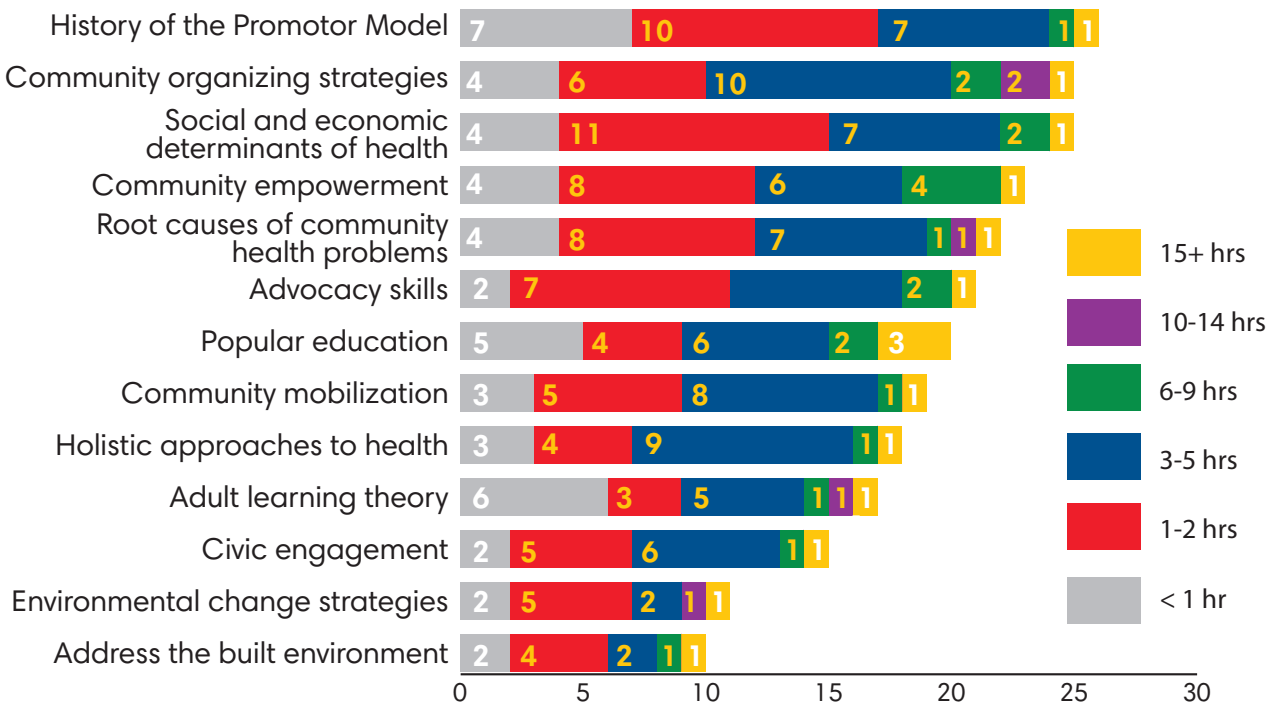


TABLE 13: COMMUNITY DEVELOPMENT TOPICS INCLUDED IN TRAINING

TOPICS	< 1 hr	1-2 hrs	3-5 hrs	6-9 hrs	10-14 hrs	15+ hrs	TOTALS
History of the Promotor Model	7	**10**	7	1	0	1	26
Community organizing strategies	4	6	**10**	2	2	1	25
Social and economic determinants of health	4	**11**	7	2	0	1	25
Community empowerment	4	**8**	6	4	0	1	23
Root causes of community health problems	4	**8**	7	1	1	1	22
Advocacy skills	2	**9**	7	2	0	1	21
Popular education	5	4	**6**	2	0	3	20
Community mobilization	3	6	**8**	1	0	1	19
Holistic approaches to health	3	4	**9**	1	0	1	18
Adult learning theory	**6**	3	5	1	1	1	17
Civic engagement	2	5	**6**	1	0	1	15
Environmental change strategies	2	**5**	2	0	1	1	11
Address the built environment	2	**4**	2	1	0	1	10
GRAND TOTAL							**252**

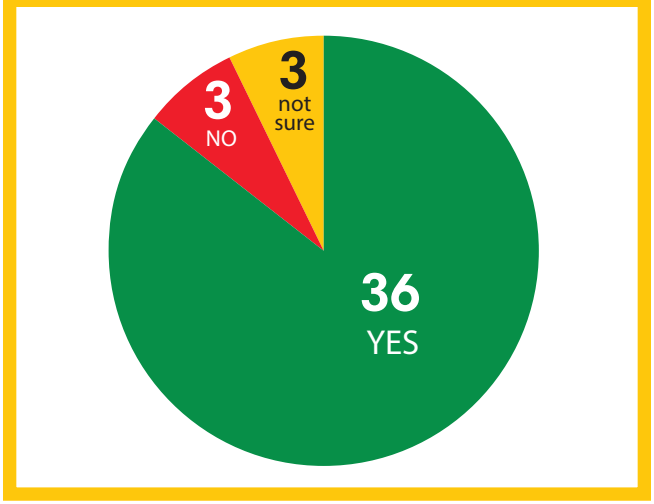
FIGURE 16: COMMUNITY DEVELOPMENT TOPICS INCLUDED IN TRAINING (N=38)



Additional Training Opportunities for Promotores

Most promotores programs surveyed (86%) report that they provide promotores with additional and ongoing training (see Figure 17) that represents a cumulative total of over 1,000 hours (1,084) each year (average 37 hours, median 25 hours, range 2-100 hours). Sixteen respondents (38.0%) provide 2-25 hours of additional training each year, 7 respondents (16.6%) provide 25-50 additional hours of training, and 7 agencies (16.6%) provide 50-100 additional hours of training every year (other agencies provide additional training weekly or as needed).

FIGURE 17: ADDITIONAL TRAINING (N=42)



Survey respondents were asked to describe the type of additional training, support and capacity building that they believe is needed to improve promotores' knowledge, skills and capacity to do their work (see Table 14).

TABLE 14: RECOMMENDED TRAINING NEEDED TO IMPROVE PROMOTORES' SKILLS

PHYSICAL HEALTH EDUCATION	
Breast cancer	Holistic health
Nutrition	CPR
Domestic violence	Physical Fitness Certifications (Yoga, Zumba, Tai-Chi, AFEP)
Child abuse	
Immunizations	
MENTAL HEALTH EDUCATION	
Immigration and mental health	Personal mental health
Art and healing	Mindfulness
PROFESSIONAL SKILLS	
Active listening	Basic nursing skills
Building relationships	Research techniques
Boundaries	Motivational interviewing
Managing difficult cases	Critical analysis
Rights and responsibilities	Working in partnerships and collaborations
Confidentiality	Time management
HIPPA	Professional ethics
Healthcare interpreting	
OTHER EDUCATION	
Parenting education	Human development
Financial education/ literacy	Conferences and special events
OSHA and safety requirements	How to honor collective wisdom
County, state and federal health insurance	Balancing work, family and community service
Understanding how non-profits work	
COMMUNITY DEVELOPMENT	
Language rights advocacy	Community Capacity Building (CCB)
Community organizing	
PRESENTATION SKILLS	
Cross cultural facilitation	

Evaluation of Promotores Training Programs

Training programs use both quantitative and qualitative methods to evaluate their training programs such as:

1. debriefing at the end of a session,
2. participant satisfaction surveys,
3. evaluations of trainer/facilitator,
4. process measures (number of participants recruited, number of participants who start/complete training),
5. field observations,
6. pre- and post-test results, and
7. individual interviews (see Table 15).

Other evaluation strategies reported by survey respondents include internships, job placement, and adoption and modeling of individual behaviors and practices.

TABLE 15: EVALUATION OF PROMOTORES TRAINING (N=38)

EVALUATION METHOD	#	%
QUANTITATIVE MEASURES		
# of promotores who start and complete training	**20**	**64.5%**
Comparison of pre- and post-tests	16	51.6%
# of promotores retained	11	35.5%
# of promotores who find employment	6	19.4%
QUALITATIVE MEASURES		
Participant evaluations (can be quantitative too)	**23**	**74.2%**
Field observations	**18**	**58.1%**
Individual interviews	14	45.2%
Evaluation by peers	12	38.7%
In-person follow up	5	16.1%
Focus groups	8	25.8%
Telephone follow up	6	19.4%

Among programs that evaluate the training of promotores (6 replied that they do not), participant evaluations (74.2%), process measures such as the number of promotores who start and complete training (64.5%), field observation (58.1%), and pre- and post-tests (51.6%) are the most commonly utilized forms of evaluation (see Figure 18, they marked all that apply).

Other comments from respondents about evaluating training for promotores include:

- Final project presentations
- Self-evaluation
- Oral evaluation after every session or day of training
- Internship program that begins immediately upon completion of training is evaluated by individual interviews, successful placement of promotores in internship positions, and the longer term result of finding employment.
- Promotores adopting practices they are promoting in the community.
- Group meetings every 6 months to evaluate what is working well and whether additional training is needed.
- Capacity to continue to offer "heartfelt service"

FIGURE 18: EVALUATION OF PROMOTORES TRAINING (N=31 RESPONDENTS THAT EVALUATE TRAINING)

Individual and Institutional Level Barriers to Training

Individual barriers that prevent promotores from participating fully in training include limited time (87.1%), lack of financial compensation (83.9%) and little or no child care (67.6%) (see Figure 19).

Other personal or individual level barriers identified by respondents include: resistance or lack of support from husband/partners (i.e. problems at home), on-call jobs, and training programs that are located too far from home.

Almost half (43.2%) of survey respondents agreed that organizational or institutional level barriers also limit promotores' full participation in training (see Figure 20).

FIGURE 19: INDIVIDUAL TRAINING BARRIERS (N=39)

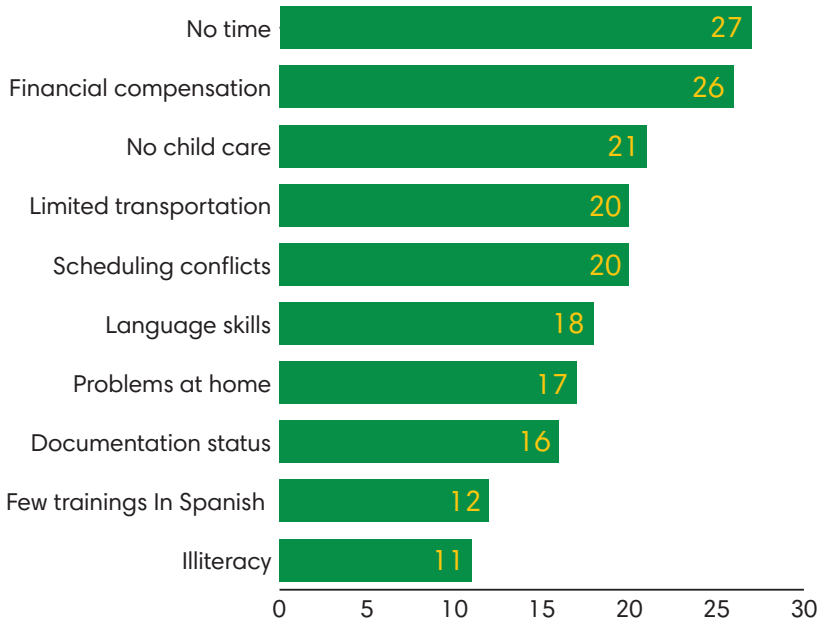
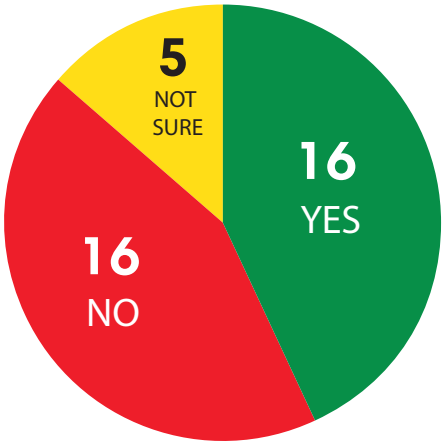


FIGURE 20: DO INSTITUTIONAL BARRIERS LIMIT PROMOTORES' PARTICIPATION IN TRAINING? (N=37)



Among respondents who believe that institutional barriers limit promotores' participation in training, identified barriers included:

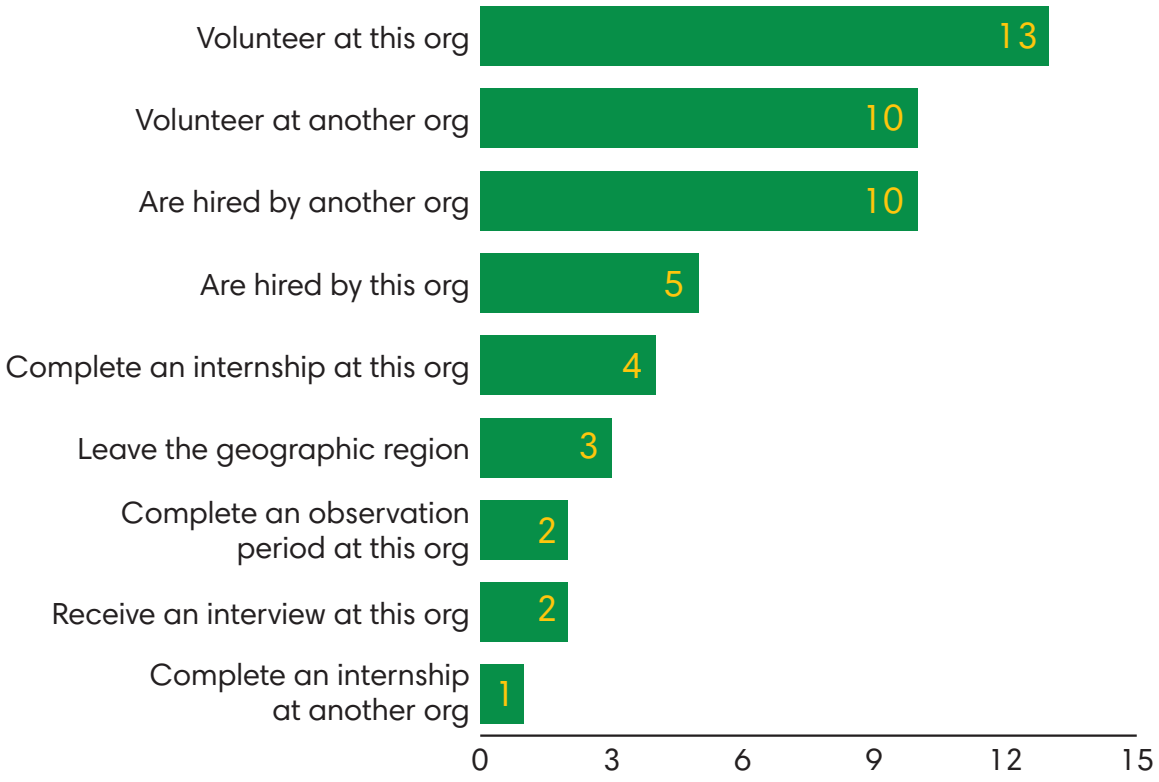
- Limited funding for training promotores
- Limited support for training promotores outside their scope of work
- Administrative barriers such as payment method (i.e. contractors vs. employees)
- Lack of understanding within the agency about the promotores' community role
- Trainings do not meet promotores' needs
- Too many trainings in English only
- Limited funding for hiring promotores into expanded roles

At least one person surveyed said that promotores are often viewed as a part of the staff team yet do not have access to the same benefits. Another survey respondent suggested that not having a job placement program for promotores who need jobs is a barrier. Other barriers include: IRS reporting requirements that prohibit promotores from earning higher stipends without a work permit, and agencies who don't value continuing education for promotores,

Employment Opportunities

According to survey respondents, after completing the initial training, promotores search for employment, share information with their communities in formal or informal ways, join a regional network, take more training, and/or initiate a project that is meaningful to them. Most survey respondents report that promotores volunteer at the organization where they received their training (34.2%) or are hired by or volunteer at another organization (26.3%) such as a hospital, clinic, health department, community based organization or school (see Figure 21).

FIGURE 21: WHAT PROMOTORES DO AFTER INITIAL TRAINING (N=38)

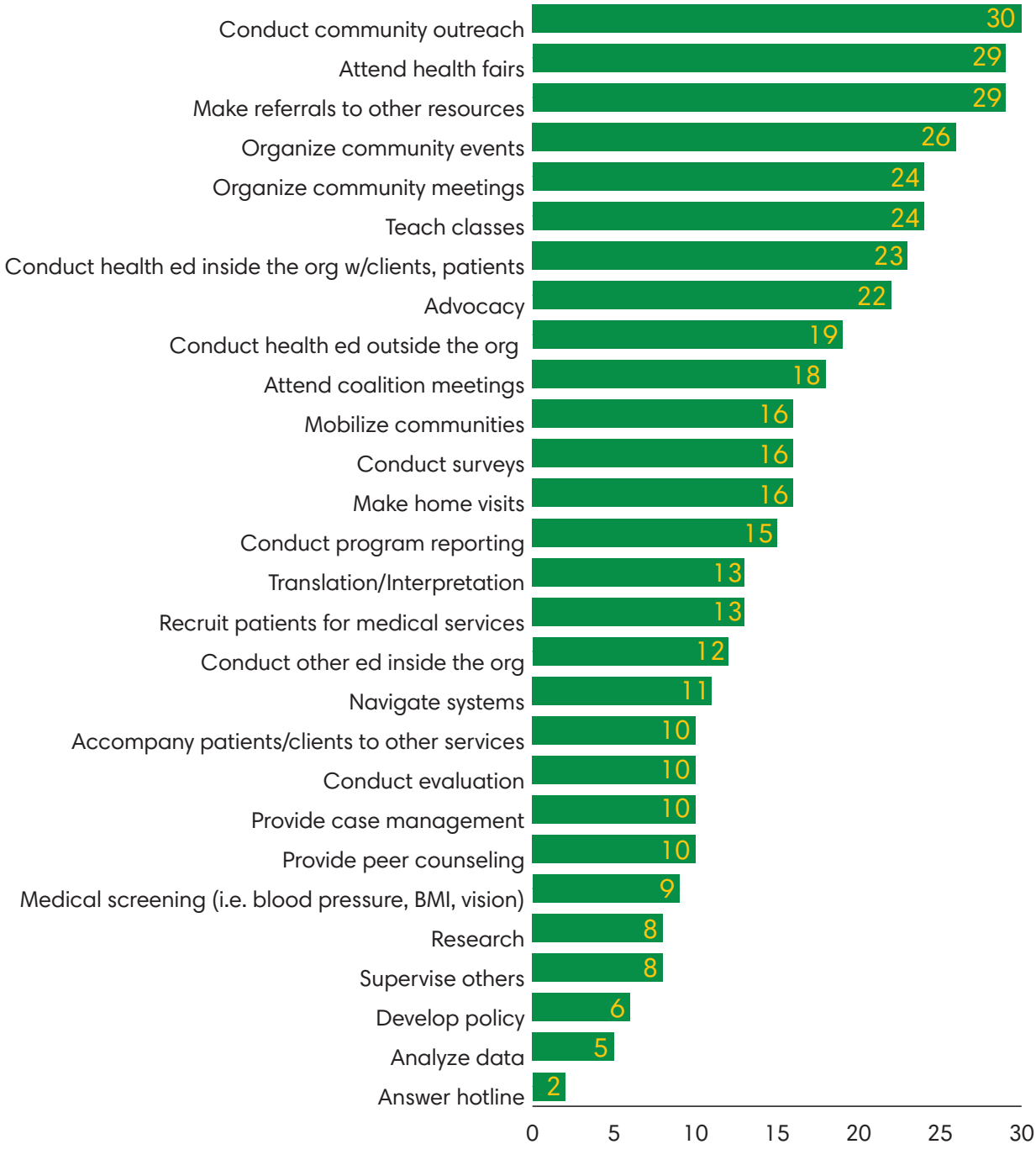


Other responses included: apply knowledge in their personal lives to make positive changes in their own and in their families' health; work in a regular job, personal business or in agriculture; and "some promotores do not search for employment but rather go to their communities and share information with their neighbors."

Promotores' Community Roles

Promotores carry out many different roles in their communities and within their affiliated organizations. The roles most frequently cited by survey respondents include: conduct community outreach (78.9%), make referrals to other resources (76.3%), attend health fairs (76.3%) and organize community events (68.4%) (see Figure 22).

FIGURE 22: PRIMARY ROLES AND ACTIVITIES PERFORMED BY PROMOTORES (N=38)



The majority of roles and activities that most promotores already perform tend to be primarily related to community outreach, health education, patient care and organizing. Fewer activities relate to research and evaluation, policy development, and program management (see Table 16).

Other activities or roles that promotores perform are mentoring; participate in other organizational activities and programs such as annual fundraisers; participate on panel discussions and other presentations; participate in organizational strategic planning and community assessments; community organizing; collect samples from a variety of sources including human subjects for research in collaboration with accredited institutions and principle investigators; deployment of equipment for environmental research; packaging and shipping to laboratories including delivering results to participants; and presenting research results to the public and to policy makers.

TABLE 16: PRIMARY ROLES AND ACTIVITIES PERFORMED BY PROMOTORES

COMMUNITY OUTREACH		
Conduct community outreach	78.9%	
Attend coalition meetings	47.4%	
Recruit patients for medical services	34.2%	
Recruit community members for classes		
Translation/Interpretation	34.2%	
HEALTH EDUCATION AND PATIENT CARE		
Make referrals to other resources	76.3%	
Attend health fairs	76.3%	
Teach classes	63.2%	
Conduct health education inside the organization	60.5%	
Conduct health education outside the organization	50%	
Make home visits	42.1%	
Conduct other education inside the organization	31.6%	
Navigate systems	28.9%	
Provide peer counseling	26.3%	
Provide case management	26.3%	
Accompany patients/clients to other services	26.3%	
Medical screening	23.7%	
Answer hotline	5.3%	
COMMUNITY ORGANIZING		
Organize community events	68.4%	
Organize community meetings	63.2%	
Advocacy	57.9%	
Mobilize communities	42.1%	
RESEARCH AND EVALUATION		
Conduct surveys	42.1%	
Conduct evaluation	26.3%	39.4%
Research	21.1%	45.5%
Analyze data	13.2%	39.4%
POLICY DEVELOPMENT		
Develop policy	15.8%	39.4%
PROGRAM MANAGEMENT		
Conduct program reporting	39.5%	
Supervise others	21.1%	

Other Roles and Activities for Promotores

Survey respondents were asked about other roles and activities promotores could perform given appropriate training, support, funding and/or supervision. The most frequently cited responses were: research (45.5%), evaluation (39.4%), data analysis (39.4%), and policy development (39.4%) (see Column 3 of Table 16). Grant research and non-profit management were also noted.

Additional responses about the type of support promotores need in order to be able to perform some of these other roles and responsibilities include:

- The CHWs are already doing many of these roles but have limited time for additional training and additional job responsibilities.
- A Program Coordinator would be needed to supervise promotores and hold them accountable for these additional functions as well as provide additional and ongoing training.
- Some promotores need to improve their writing and communication skills.
- More training and more funding, not only for a coordinator but so that promotores can afford to dedicate time to these activities.
- Guidance, supervision, mentoring.
- These roles would need to fit within the organizational goals and mission.
- Financial compensation.
- Immigration reform.
- More support staff.
- Support from administrators higher up in the organization.
- Greater capacity building for existing promotores.
- Need to consider some of these issues and develop the capacities of more promotores in a very intentional way.
- Create a course that values the experiences that promotores already have in some of these topic areas.
- Training about the language and content expected by funders and required in grant reports.
- Payment incentives, more funds to hire more promotores.
- Training in response to promotores' interests.
- Mental health, community development and presentation skills training.
- Improve leadership among promotores.
- Improved access to and use of technology.
- Understand and practice social and community development as part of a holistic approach.
- Create a networking system between agencies and existing community resources.
- Improved communication.
- Promotores' opinions must be taken into consideration.
- Promotores need to be included as paid staff, not just as volunteers.
- We need to measure the impact of promotores' community work in order to demonstrate their effectiveness.
- Educate administrators about the benefit of working with promotores and integrating them into their organization at all levels.
- Develop a countywide Office of Promotor (representing different languages and cultures) that represents the community.

Barriers Limiting Promotores' Roles

Similar to the personal/individual level barriers that limit promotores' participation in training, there are individual and institutional barriers that limit promotores' potential to expand their role to carry out some of these other activities (see Table 17).

TABLE 17: BARRIERS LIMITING PROMOTORES' EXPANSION TO OTHER ROLES AND ACTIVITIES (N=32)

INDIVIDUAL OR PERSONAL BARRIERS	
Financial compensation	62.9%
Language skills	62.9%
Lack of time	60%
Documentation status	45.7%
Limited professional skills	37.1%
Limited transportation	34.3%
Lack of child care	31.4%
Problems at home	28.6%
Literacy	25.7%
Lack of interest	20%
INSTITUTIONAL OR ORGANIZATIONAL BARRIERS	
Limited funding for training promotores	80%
Administrative barriers prevent expanded roles	70%
Limited funding for training promotores	70%
Lack of understanding within the agency about promotores' community roles	40%
Other staff do not support expanded roles for promotores	25%
Supervisor does not support expanded roles for promotores	15%

Other barriers identified by respondents include: early burnout due to not knowing how to manage their duties and be clear about their boundaries; reporting or grant writing in English can be a challenge and doesn't always fit with their educational attainment or level of preparedness; society wants to see an academic title in order to hire people into some positions and does not value promotores' community work experience (they know that it is effective and that it works, but they do not pay them for their work); having promotores do too much can be overwhelming for the promotor and for management – they can fulfill various roles but each one should be tailored and outlined to the needs of the program; immigration status prevents hiring as staff; and "as the demand increases for promotores to take on new administrative roles, the need for higher education or training is required and the lack of time and minimal or inadequate support and supervision offered by their organization and the demands of their personal life often causes promotores to hit a wall and not be able to move forward."

Achievements and Gaps Associated with Promotores Training Programs

Finally, survey respondents shared both programmatic achievements and some of the challenges associated with the development and implementation of their promotores training programs (see Table 18).

TABLE 18: ACHIEVEMENTS AND CHALLENGES OF PROMOTORES TRAINING PROGRAMS

ACHIEVEMENTS AND SUCCESSES

QUALITY TRAININGS MEET PROMOTORES' NEEDS

- Trainings tailored to participants' needs and interests
- Trainers understand the Promotor Model well
- Trainings are facilitated in Spanish in simple terminology
- Intensive training on public and nonprofit health coverage
- Identify, recruit, train and provide ongoing support to community networks of promotores
- Trainings incorporate adult learning theory, participants' experiences, constant interaction and trainee participation
- Start with our own gifts and natural talents
- We are good facilitators
- One-on-one training provides opportunities for practice
- Interpretation ethics
- Leadership development
- Follow up and ongoing support is important

CAPACITY BUILDING INCREASES SKILLS AND GROWTH

- Evolution of promotores' skills from building relationships and offering resources to advocacy and organizing
- Capacity building for both paid and volunteer promotores
- Promotores included as co-trainers
- Promotores become empowered and see themselves as community leaders
- Ongoing training is important to strengthen skills and abilities and to understand community needs
- Experienced promotores partnered with new promotores to liaison and provide ongoing support
- Recruitment and hiring led by promotores
- All advocacy, education, civic engagement at our agency include promotores as the foundation
- Collective decision making includes promotores
- Team care including peer support and mentoring
- Written job descriptions
- Take people from promotores to advocates to community organizers
- Shared values and shared vision
- Support promotores to personal and professional empowerment
- The way we communicate with and treat members of the public with dignity

COMMUNITY PARTNERSHIPS

- Partnerships leverage community resources
- Increases the availability of trainers
- Good relationships with communities
- The way we communicate with the public
- Long term promotores who know the community well
- Our trainings create enthusiastic community volunteers and persons trained for the workforce

HOLISTIC APPROACH TO HEALTH

- Treat health holistically
- Recognize not all wisdom/knowledge is from academics
- Skilled at applying cultural arts to the work

IMPROVED COMMUNITY HEALTH AND EMPOWERMENT

- Increase enrollment in health plans, utilization of services and retention of coverage
- Improve individual and community well being

CHALLENGES

CURRICULUM DEVELOPMENT

- Trainings are broad (many topics) but not deep
- More information needed about mental health
- Holistic curriculum needed
- Cross-training to help out in other areas
- Need written curriculum

FUNDING

- Funding and resources needed
- More human resources
- Funding needed for monthly Network meetings
- Lack of ongoing sustainable funding to coordinate training
- Need incentives for promotores
- More opportunities to grow in the health education field

Employment

- Job opportunities needed
- Promotores need more and better pay
- Training and demand for employment not in sync

SUPERVISION AND INSTITUTIONAL SUPPORT

- Coordinators need to be mentors
- Program managers need to know the promotores programs better
- More institutional support needed
- Present to County Boards, CEOs, EDs to increase awareness of promotores' roles local, state and national
- Need to establish safety norms

EVALUATION

- More evaluation of promotores programs needed
- Results-Based Accountability (evaluation tools)
- Evaluation of core competencies

ADDITIONAL TRAINING NEEDED

- Economic development
- Community organizing
- Mental health
- Budgeting and budget management
- How to increase self-healing
- Peer counseling, mindfulness and meditation, community organizing, using art and culture
- How to manage time and not get personally involved
- How to educate about the Promotor Model and the social determinants of health
- How to enroll in health insurance and assure retention

OTHER

- More community resources needed for families
- Micro-lending and cooperatives
- Need to promote the "essence" of promotores whose principal characteristic is "service from the heart" and not which curriculum they have been trained with

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

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