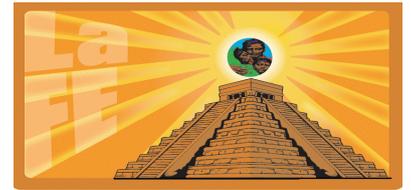




La Fe Policy Research and Education Center



Promoviendo Bienestar para Familias y Comunidad con Conocimiento, Confianza y Poder
Promoting Family and Community Well-being through Knowledge, Trust and Empowerment

EXPLORATORY REPORT ON PROMOTORA TRAINING

JULY 2011

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OVERVIEW

One of the outcomes of the 2010-11 Alliance for Children & Families' Mentee grant awarded to Family Service Association, in collaboration with La Fe Policy Research and Education Center was "to develop a peer-to-peer leadership and mentorship program or *promotora program* utilizing the great resources of grandparent-led families already participating in project services". To this end, La Fe staff engaged in an extensive literature search focused on defining promotoras as well as describing the development, implementation and evaluation of diverse Promotora/Community Health Worker Programs. The report that follows summarizes the research that was conducted, provides a bibliography of the articles and reports that were reviewed and describes how this research will be utilized in the future to design and implement a promotora training program for both grandparent who are raising grandchildren and seniors.

DEFINITIONS OF PROMOTORAS

Promotoras/community health workers (CHWs), as a phenomenon of fellowship, self-reliance, self preservation and survival within social groups residing in a specific locality, having common characteristics and often sharing cultural and historical heritage, is as old and universal as the communities themselves. The recognition of promotoras/CHWs as a distinct health workforce, valuable in increasing access to health services for the poor and the underserved and in the delivery of cost effective yet culturally sensitive care, is less than 50 years old. But historically similar models existed. In 1859, in England, nurses were accompanied on home visits by "lady visitors". After the Chinese Revolution of 1948, Mao Tse-tung instituted the "Barefoot Doctor Program" which trained peasants, who could not afford shoes, to be primary health care workers.

- Related terminology for promotoras: community health workers/outreach worker /advocate/community liaison/case manager/community organizer/lay health advisors /patient navigators/frontline workers/community health representatives/doulas
- Promotora is an umbrella term that describes non-clinical workers who are recruited for their ability to connect to their communities. They are considered community health leaders that provide cultural mediation to facilitate access to health resources and other community and family services.
- Promotoras serve as a cultural bridge between community based organizations, health care agencies and their respective communities. It is someone who is working in the community and comes from within the community
- Promotoras act as change agents within their naturally occurring social networks.
- Promotoras, in a school setting, can help to better resolve educational issues brought about by academic, behavioral or absenteeism problems because they know the needs of the family and can help find answers to why a child is having certain issues.
- Promotoras bridge cultures and navigate health and human service systems with the goal of empowering families to manage their health.

- Youth can also be effective promotoras and promoters. They can coordinate after-school activities for children and youth in high-risk neighborhoods; educate peers about healthy behaviors, mental health and sibling care; and can refer families to medical and mental health services.

The Texas Health and Safety Code (Chapter 46) defines Promotoras as “a person who, with or without compensation, provides a bilingual liaison between health care providers and patients through activities that include assisting in case conferences, providing patient education, making referrals to health and social services, conducting needs assessments, distributing surveys to identify barriers to health care delivery, making home visits and providing language services.”

CHARACTERISTICS OF SUCCESSFUL PROMOTORAS

The eight core skill and knowledge competencies, identified in the *National Community Health Advisor Study* (June 1998) for Promotoras include: communication, interpersonal skills, service coordination, capacity-building, advocacy, teaching and organizational skills and knowledge. Additional characteristics include: friendly and outgoing personality; ability to reach and present information; personal strength, motivation, and capacity for self-directed work; open-minded and non-judgmental attitude; ability to develop relationships and integrate local beliefs into their work; length of residency and knowledge of community.

SUCCESSFUL METHODS OF RECRUITMENT OF PROMOTORAS

- Asking for referrals from area organizations
- Asking people in key occupations who know the community (teachers, ministers, storekeepers, etc.)
- Recommendations from community advisory groups/task forces
- Promotoras recruiting others from their community to train as promotoras
- Distribute flyers in a variety of community locations to announce recruitment of promotoras

TYPES OF TASKS PERFORMED BY PROMOTORAS

- Educating people about health hazards, such as substance use, tobacco use, obesity and stress
- Organizing courses on home safety, environmental hazards and community healthy
- Arranging health fairs and preventive screenings
- Conducting home visits as follow-ups to physician care
- Transporting individuals for medical and dental visits
- Conducting outreach and enrollment activities to assist people with obtaining health insurance coverage
- Informing providers and health systems about how to improve the delivery of services and the dissemination of health information
- Helping families locate and connect to a full range of community resources
- Providing culturally appropriate education and outreach to help families and communities take charge of their health and well-being
- Delivering direct services – education, advocacy, social support and more – to vulnerable and underserved clients in their homes and community settings.
- The percentage of Promotoras/Community Health Programs that reach clients by type of site are as follows: at home (72%); in community agencies (51%) in schools and public health clinics (36%)

CONTRIBUTIONS OF PROMOTORAS

Promotoras provide a critical link between communities – particularly underserved communities – and the health care and social service systems that are intended to serve them. If the promotora movement is successful, it may be possible to use promotoras to help mobilize communities around other essential services, including educational reform, public transportation, and environmental protection. By valuing promotoras as passionate community advocates and leaders, we may begin to transform communities and create positive social change through a groundswell of citizen action that embraces all of its members, regardless of the ability to pay for vital services. In this way, promotoras may be most effective in eliminating the egregious disparities in health that beset United States society, and make headway in addressing the vast inequalities in health among nations and populations worldwide. (Promoting Good Health, 2003, p. 50)

MODELS OF PROMOTORA TRAINING

The Promotora Health Education Model for Improving Latino Health Care Access in California's Central Valley. (Abstract)

Generous grants from the Centers of Medicare and Medicaid Services-Hispanic Health Services Research Grant Program and Kaiser Permanente Fresno-Community Benefits Program enabled the Central Valley Health Policy Institute at California State University- Fresno to explore benefits of utilizing the “Promotora Model”. The strategy was to increase enrollment in health insurance programs and receipt of preventive care services, to establish a usual source of care and improve self-efficacy.

The main goal was to explore whether experienced Promotoras can be trained and actually deliver a structured educational intervention that increased the knowledge and improves the behavior and attitudes of low-income Latinos with respect to health insurance, health care access, and preventive service use. Putting the promotora model into practice consisted of 1) promotora training, 2) community outreach and Latino participant recruitment, 3) a baseline survey (pre-test) 4) participant follow-up calls or visits and referrals, and 5) a three-month follow-up survey (post-test).

The Promotoras participated in a comprehensive two-day training intended to prepare them in accomplishing their role. The curriculum consisted of five modules: 1) introduction and Project Background, 2) the Role of Promotoras, 3) Motivational interviewing, 4) Importance of having Health Insurance and a Medical Home, and 5) Public Sponsored Health Insurance Program Eligibility guidelines, including Medicare, Medicaid and the State Children's Health Insurance Program. The curriculum also included information about appropriate utilization of emergency hospital services, the importance of having a usual source of care, a primary care doctor and an age-appropriate preventive care services for the participants and their families. Continuous training and support was provided to Promotoras. Promotora meetings were held at least once a month during the project to discuss their progress in participant recruitment, survey completion and proper tracking form documentation.

Four indicators of access to health care services were identified as dependent variables: insurance status, sources of care, receipt of physical and self-efficacy. Promotoras' notes were analyzed and coded into seven intervention process measures: 1) number of contacts (call or visits); 2) number of sites participants were referred to; 3) type of contact (calls or calls & visits);

4) person assisted by Promotora (participant only, family only or both), 5) barriers experienced by participants during the process (yes/no), 6) barriers experienced by the Promotora during the process (yes/no) and 7) additional help such as filling our forms and making phone calls on behalf of participants (yes/no).

Findings point to the success of Promotora intervention for improving health care access to low-income, limited English proficient Latino communities. The five key factors to this intervention were the Promotora model, Promotora training and guidance, the resource manual, proper survey instruments and Promotora tracking sheets. The work of a Promotora can be difficult and emotionally taxing. Training the Promotoras should be two-fold. While understanding the role of a community member engaging their counterparts in an intervention is important, so is their understanding of their role as data collectors. A resource manual tailored to the locality, with contact information of specific staff members, gives Promotoras the motivation to intervene when needed and the possibility for participants to feel they have an ally in an office they have found intimidating in the past.

New Paradigms in Border Health Community Participatory Research

Using Promotoras de Salud: A Chronic Disease Reduction Model (abstract)

Many public health interventions that combine community outreach processes and participatory research are using Promotoras de Salud (PS) to address health disparities among racial and ethnic minority groups. In 1994, The National Heart and Blood Institute launched the Salud Para Su Corazon (SPSC), a community-based prevention and outreach initiative. Two Promotoras de Salud (PS) models have been developed as part of the SPSC project, the PS-National Council of La Raza (NCLR) and the PS SPSC North Texas (NT) Enhanced Dissemination and Utilization Center Project.

The SPSC-NCLR-PS outreach model included several components: 1) theory-driven elements including participatory and social action research; 2) the community-based organizations and community alliance of partners; 3) culturally-enriched process dimensions incorporated in the planning, development, implementation and evaluations of the PS approach; 4) the train-the-trainer model of PS; 5) the dynamic relationship between promotoras program participant families, and the community-agency, alliance-coalition and 6) cardiovascular health promotion outcomes for Hispanic program participants. Elements of the SPSC-NT included an ecological perspective based on the establishment of a network of partner organizations and the development of a culturally-enriched PS train-the-trainer activities to support a 6 month SPSC intervention implemented by PS.

A participatory research paradigm can help in the definition of factors that are hypothesized to be responsible for affecting risk reduction for chronic disease among Hispanics. These factors include: contextual factors, social resources, psychological responses and behavioral pathways. A key question for community-based participatory research is how a protocol that uses Promotoras de Salud (PS) can include all of these factors that seem to be important to reduce risks for chronic disease?

PS can be social agents to affect behavioral change if both behavioral and social interventions are integrated within the contextual factors and social resources when applying the PS model. Social interventions include the need to introduce social resources to the intervention paradigm of PS models. These social resources may include social support, family cohesiveness and coping mechanisms of some sort. Contextual factors of possible consideration for PS

interventions are acculturation level of the individual and family, immigration status, socioeconomic position and neighborhood characteristics. A challenge is to integrate the PS model under a community-participatory research framework considering all of these contextual factors and social resources so that adequate changes in behavior through diet, physical activity, etc. can be observed among Hispanic families.

Within the El Paso/C. Juarez border region the use of PS as community health workers to participate in a variety of activities related to community-based participatory research has shown much promise. Promising PS theoretical models and participatory research protocols using the PS are now emerging and are in great need for empirical investigation. Research addressing how to most effectively integrate and utilize PS as members of the health care team to address health problems along this bi-national border community is beginning to emerge. The time has come to promote PS models that have a win-win approach in terms of combining research with community practice.

Linking Community Helpers & Services with Schools Serving Latino Families – RAICES/Promotora Model *(abstract)*

The RAICES (Resources, advocacy, integration, Collaboration, Empowerment and Services) Project was funded in 1999 by the National Institute on Disability and Rehabilitation Research. The federal government identified it as a promising practice to help make needed modifications to the FASST (Family and School Support Teams) Program, though the development of a more culturally competent method using community helpers, know as promotoras, who link Latino families with FASST and schools. This was implemented in the Hillsborough County (Florida) School District. The RAICES **objectives** were: 1) to re-configure the way in which FASST received referrals and provided services to Spanish monolingual Latino children and their families; 2) to adapt the promotoras model to address mental health issues; 3) to adapt recruitment methods for promotoras and FASST; and 4) to modify current training materials that are part of FASST to include the promotora model. The **outcomes** were: 1) to improve academic and behavioral outcomes for at-risk Latino children; 2) to increase connection to schools for targeted Latino families; 3) to improve the cultural competence of the school and mental health service system; 4) to decrease time Latino families spend on waiting lists for bilingual services and 5) to increase employment opportunities through recruitment of promotoras within targeted communities.

The RAICES Promotoras Training emphasizes building skills that include providing support, helping families identify their strengths and needs and connecting families to the services they need. There are eight structured training sessions: 1) Systems of Care and Wraparound Services; 2) Achieving Culturally competent Practice; 3) Understanding the Elementary School System in Hillsborough County; 4) Understanding Child Mental Health and Well-Being; 5) Addressing Student and family Needs with Wraparound Services; 6) Managing the Family Plan and 8) Facilitating Effective Family Team Meetings. These training sessions are covered over 8 sessions that are designed to last from four to six hours, depending on the materials presented. Project staff found that promotoras needed additional in-depth training on the development and management of service plans. A case management tool helped promotoras identify ways to access needed services, monitor service delivery and advocate for families' needs. The training sessions revealed the importance of ensuring that promotoras receive on-going coaching.

The curriculum is comprehensive in scope. In addition to detailed chapters of the curriculum, there are guidelines for the instructors facilitating the training. It stresses the need for clear

instruction throughout the training. It identifies specific process skills needed by facilitators for leading group discussions and handling group behavior in order to facilitate a positive and productive learning environment for the promotoras. It outlines for facilitators the various stages of group development through which the promotoras will evolve before reaching the final stage of group development, referred to as maturity. It encourages learning processes such as group discussion, small group discussion and role playing. The facilitators are instructed to have the promotoras create an action plan during each session that reflect goals and expected outcomes of the training. An action plan allow for the promotoras to consider all of the knowledge and skills they have learned and to develop a “road map” of steps to take once they begin their work with families. The use of performance measures (pre/post tests) is recommended.

Community Health Workers: Closing Gaps in Families’ Health Resources

(abstract)

A wide variety of public, nonprofit and corporate organizations have found community health workers (CHW)/promotoras can play a critical role in helping families manage their health. CHWs leverage their insiders’ understanding of the families they serve to expand and enhance their health resources. Facing a diversified demographic base, health/human service practitioners want to increase the use of CHWs. Their experience indicates CHWs are particularly effective in reaching vulnerable and underserved families.

The National Community Health Advisor Study in 1998 provided a practice-based examination of the major roles of CHWs in public health. It found that CHWs help create and improve linkages between individuals in need and community health and support services and also that these outreach and education services are particularly helpful for vulnerable groups. A growing body of research is confirming what practitioners have known for years, that CHWs are effective in 1) improving access to and use of health care, including preventive health and chronic disease management; 2) increasing health knowledge and 3) improving health indicators; 4) increase enrollment in health insurance programs; 5) initiate service development or expansion in underserved communities; 6) increase clients’ use of community resources and 7) collection of data to inform for policy. CHWs offer promise as a community-based resource to increase racial and ethnic minorities’ access to health care and to serve as a liaison between healthcare providers and the communities they serve.

The Hard Count: A Community Perspective on 2010 Census Operations in the Gulf Coast and Texas Colonias (abstract)

Communities along the Texas-Mexico border that are home primarily to immigrant workers from Mexico and their families – collectively and commonly known as “colonias,” Spanish for “neighborhoods” – present one of the most difficult enumeration environments for the U.S. Census Bureau. The Census Bureau conducted a qualitative evaluation of 2000 census operations in the colonias as part of its broad Census 2000 Testing, Experimentation, and Evaluation (TXE) Program to assess the completed decennial count and inform planning for the 2010 census. The Census Bureau concluded after the 2000 count that U/E procedures were particularly effective in the colonias, saying in its evaluation that, “census enumerators were able to successfully negotiate the obstacles presented by irregular housing” using the alternate method.³⁵ **Census researchers also credited the limited use of “cultural facilitators” – local residents hired on an as-needed basis to help official census takers make contact with hard-to-identify housing units and reluctant households – and promotoras – local advocates hired to encourage participation** – as well as paid advertisements in Spanish language media, with helping to overcome significant barriers in the colonias in 2000.

Census Bureau staff made several recommendations to improve enumeration of the colonias in 2010 based on their evaluation of 2000 census operations.³⁶ **Foremost among their suggestions was an expanded use of cultural facilitators and *promotoras* who are intimately familiar with the population and culture of the colonias, to work alongside census enumerators.**

The Center for Housing and Urban Development at Texas A&M was one of several programs sponsoring local workers, or *promotoras*, to conduct outreach in the colonias in advance of the start of the census. Through the colonias program at Texas A&M University, community outreach workers (*promotoras*) included information about the census in their routine outreach to households in the colonias. Program staff member Laura Trevino highlighted the importance of having familiar faces communicate census messages in these communities. **“Trust is fundamental,”** Ms. Trevino told the *Valley Morning Star*. **Colonias residents “trust [the promotoras] because they’re not there episodically. They’re here on a consistent basis.**

Community Health Worker Evaluation Tool Kit (abstract)

One of the most important objectives of a CHW program evaluation is that it documents the achievements of the CHWs themselves. Because CHWs in different programs do different things, and are very often doing things with others, not alone, there is no one evaluation design or tool or set of tools that fits all. This Tool Kit includes five key evaluation components that apply to all or almost all CHW programs. It lists 21 important basic evaluation principles:

- 1) Make evaluation the success story you want to tell
- 2) When you plan a program, plan its evaluation
- 3) Make evaluation a collaboration
- 4) Make CHW a focus of your evaluation
- 5) Make evaluation a part of CHW training
- 6) Invest in evaluation
- 7) Focus on results
- 8) Keep it simple
- 9) Create a model of change
- 10) Document change
- 11) Avoid experimental designs
- 12) Select realistic results
- 13) Select appropriate types of results
- 14) Measure unexpected results
- 15) Always gather baseline information
- 16) Never collect information that someone else collects
- 17) Use standard forms whenever possible
- 18) Use stories, pictures, photographs, videos and news articles
- 19) Ask an expert
- 20) Choose an outside evaluator who is sympathetic to CHW programs
- 21) Measure your success, tell your story and declare victory

Community Health Workers (CHW) Certification and Training: A National Survey of Regionally and State-Based Programs (abstract)

Increased utilization of community health workers (CHWs) in the U.S. is coupled with a growing interest in standardized training of, and formal credentialing requirements for, CHWs on the part of state legislatures and federal agencies. This report summarizes the finding on these topics: certification and/or training program history, structure of certification and/or training programs, goals of the programs, training curricula, program evaluation processes and the impact and future of the certification and/or training programs. Seventeen states were selected for in-depth

interviews, based on the application of selection criteria related to the scope and nature of the CHW programs: Alaska, Arizona, California, Connecticut, Florida, Indiana, Kentucky, Massachusetts, Mississippi, North Carolina, New Mexico, Nevada, Ohio, Oregon, Texas, Virginia, and West Virginia.

There are distinct rationales for having CHW training and certification. From the governmental/health care systems perspective: 1) access to and more strategic control of outreach workforce; 2) systematic training and systematic recognition; 3) broader health care access and affordability; 4) access to financial resources for reimbursing CHWs; 5) quality of care assurance. From the community perspective: 1) access to new health care resources; 2) new access to service points; 3) recognition/acceptance of CHWs. From the CHW perspective: 1) career advancement; 2) validate/recognize significance of CHWs' work; 3) greater community building capacity; 4) personal satisfaction/growth; and 5) greater opportunities for receiving reimbursement/payment.

One third of U.S. states have some form of state-sponsored training program for CHWs. Often the training is specialized in a particular form of socio-health problem. Additionally, some programs stress the development of skills specifically related to advancing CHWs' capacities and effectiveness. Three states (Alaska, Indiana and Texas) have a systematic, state-sponsored certification program. These three states, plus the fourteen states with broad-based CHW training programs afford a wealth of policy insights, strategies and administrative models to other interested states. Texas was the first state in the U.S. to legislate a state-wide mandatory Promotora/CHW training and certification program.

Three major trends related to implementing CHW training and certification were identified in the states: 1) community college based training providing academic credit and career advancement opportunities through formal education; 2) on-the-job training to improve the capacity of CHWs and enhance their standards of practice; and 3) certification at the state level that recognizes and legitimizes the work of CHWs and opens up potential reimbursement opportunities for CHW services.

OVERVIEW OF PROMOTORA TRAINING CURRICULA

There are variances among Promotora Training Programs. The structure of curriculum varies and the duration of training varies. Most provide a leadership training component. Some offer internship opportunities. Most training programs provide a full range of topic education. The important areas of Promotora Health Education are: asthma, diabetes, maternal child health, nutrition and exercise, osteoporosis and reproductive health.

- 1) The Promotoras Comunitarias Training (Planned Parenthood, Los Angeles, CA)
Training included 14 units, totaling 160 hours. The first half of the training covers health issues; the second half builds communication, leadership, listening skills and cultural sensitivity.
- 2) The Promotora Training (Central Valley Health Policy Institute, Fresno, CA.)
Training included a comprehensive two-day training consisting of five modules: 1) introduction and project background; 2) role of Promotoras; 3) motivational interviewing; 4) importance of having health insurance and a medical home; and 5) public-sponsored Health Insurance Program eligibility guidelines. A Promotora guide was created to assist Promotoras in general interviewing techniques, such as how to explain and conduct

surveys, close interview, complete tracking sheets and make follow up call to clients. Monthly meetings offered mutual support.

3) The RAICES/Promotoras Model and Associated Training Curriculum (Tampa, FL)

The RAICES Promotoras Training includes eight structured training sessions: 1) systems of care and wraparound services; 2) achieving culturally competent practice; 3) understanding the elementary school system in Hillsborough County; 4) understanding child mental health and well-being; 5) addressing student and family needs with wraparound services; 6) managing the family plan and 8) facilitating effective family team meetings.

The training sessions is designed to last from four to six hours. The promotoras receive additional in-depth training on the development and management of service plans, using a case management tool to identify ways to access needed services, monitor service delivery and advocate for families' needs. Additionally the promotoras receive on-going coaching. The training encourages learning processes such as group discussion, small group discussion and role playing. The promotoras are taught to create an action plan during each session that reflect goals and expected outcomes of the training. An action plan allow for the promotoras to consider all of the knowledge and skills they have learned and to develop a "road map" of steps to take once they begin their work with families. The use of performance measures (pre-post tests) is recommended.

4) Community Health Workers (Promotoras) Training (New Mexico Health Department)

The training curriculum included 40-hours of training, while concurrently being involved in direct health activities/encounters. The majority of health education activities included these health themes: tuberculosis, nutrition, HIV/AIDS, STD/Hepatitis B, family planning, diabetes and heart and brain attack. Objective description sheets were developed for each theme of the curriculum. This summary sheet helps the promotora understand the objectives and the expected outcomes of each subject. Some topics, such as HIV/AIDS, have been extended in terms of class time in order to include communication strategies for approaching the Hispanic community in effective ways. Some promotoras enrolled in computer classes with the objective to education them in navigating windows, basic word processing and introduction to the internet to be able to research reliable information about health issues. Building collaborative partnerships with local agencies has helped to strengthen this promotora training program.

5) Promoting Good Health (Atlanta, GA)

The Community Health Worker (CHW) Certificate in Essential Skills is offered at the Community College of Denver. The Vocational Core requirements are Intro to Community Health Work (2 credit hours); Community Health Issues (3 credit hours) and Community Health Resources (3 credit hours). The Workplace Core requirements include Community Health Worker Field Experience (2 credit hours); into to PC applications (3 credit hours); Reading 100-level course or higher (3 credit hours); Communication for the Workplace (3 credit hours) or Psychology of Adjustment (2 credit hours). All CHW receive three weeks of basic health and medical training. Refresher training courses are also available.

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NEXT STEP: CREATING A PROMOTORA TRAINING PROGRAM FOR GRANDPARENTS RAISING GRANDCHILDREN AND SENIORS

On April 2011, La Fe PREC initiated the development of its Promotora Training Initiative, focused on recruiting and training a group of grandparents who are raising their grandchildren and a group of seniors, 50+ who live in the Westside of San Antonio, Texas. The focus is on outreach, learning to access community resources, advocacy and civic engagement. Since the start of the Alliance for Children and Families Mentor-Mentee Grant in June 2010, La Fe has established new community partnerships that will help design and implement this Promotora Training Initiative. AARP, our lead partner, is currently working to establish a presence in the Westside of San Antonio. They actively are supporting the concept of training a group of older Mexican Americans to become promotoras who can bridge cultures and navigate health and human service systems with the goal of empowering senior and grandparents raising grandchildren to self-manage their health and *bienestar* (well-being).

The recruitment of promotoras will utilize a 1-1 outreach strategy, utilizing grassroots leaders, community-based organizations and churches to identify potential promotora candidates. The grandparent candidates will be drawn from La Fe's Abuelos y Nietos Juntos (Grandparents and Grandchildren Together) Program. The literature reviewed for the Mentor/Mentee Grant identified some key traits and characteristics needed to be a successful promotor/a. These include having a friendly and outgoing personality; having the ability to present information; and possessing personal strength, motivation and capacity for self-directed work; being open-minded and non-judgmental; having the capacity to develop relationships and integrate local beliefs into their work; and most importantly, to live and be knowledgeable of their own community.

A recent qualitative research initiative conducted by La Fe with seniors and grassroots leaders in the Westside of San Antonio found that **the lives of many Westside seniors are "burdened with needs"**. They lack information about community resources, live in poverty, struggle with basic living expenses, need more food and often compromise their health modifying their medical regimens. **Money, transportation and food are the critical unmet needs that compromise the quality of life for seniors in the Westside.** The Abuelos y Nietos Juntos Program has ascertained that grandparents who have assumed responsibility for raising their grandchildren as similarly **"burdened with needs"**.

The training developed for La Fe's Promotora Initiative will be grounded in helping the "senior" promotoras develop the knowledge, skills and capacities to (1) enable them to learn about the health care and social services available to meet basic needs of the seniors and grandparents; (2) help empower them to navigate social service and health care systems; (3) to become advocates for systemic changes within these service delivery systems; and (4) to encourage civic engagement around issues and concerns effecting the quality of life of grandparents raising grandchildren and Westside seniors.

The culturally appropriate curriculum developed for the "senior" promotora training initiative will use a simple format, draw content from the previously reviewed successful promotora training programs and build on the life experiences and resiliency of the "senior" promotoras. It is anticipated that the initial training will be no longer than 40 hours, provided over a two-week period. Additional training will be offered on topics identified by the "senior" promotoras. There

will be an in-depth consultation with other local organizations involved with promotora training as well as the South Texas Promotora Association before finalizing the training curriculum.

SUGGESTED COMPONENTS - PROMOTORA TRAINING CURRICULUM

The Roles of Promotoras **5 hours**

- Historical Overview
- The continuum work done by promotoras
- The characteristics of promotoras
- Confianza (Confidence), Orgullo (Pride), Respeto (Respect), Dignidad (Dignity) y Ganas (Desire) - cultural values of promotoras

Capacity Building Skills **6 hours**

- Interpersonal Skills: Communication and Listening
- Understanding Cultural Sensitivity and Respecting Cultural Beliefs
- Respecting Confidentiality
- How “Platica”** helps in developing trust-based relationship

Community Outreach **5 hours**

- Overview of the San Antonio Westside target area
- Personal Safety Concerns while doing community outreach
- Strategies for linking with seniors and grandparents raising grandchildren
- Approaching to successful outreach efforts

Community Health Issues **6 hours**

- Components of Bienestar (well-being): personal/social/cultural/nutritional/environmental
- Overview of Chronic Diseases
- The aging process and related risk factors
- Importance of having a medical home/understanding health insurance plans
- How to promote healthy living

Social Service Organizations and Health Care Systems **12 hours**

- Identifying local, regional and national health and social service programs benefiting seniors
- Understanding program eligibility criteria
- Learning the application processes for basic-needs services
- Understanding how the appeal process works if services are denied
- Becoming an effective navigator

How and why to document services **6 hours**

- Basic record keeping
- Following up on referrals
- Maintaining connections to maintain trusting relationships
- The benefits of “Wraparound Services”
- Basic introduction to computer literacy

** Dr. Ramon Valle (1980) defined “platica” as a “friendly conversation” that builds on trust and confidence. The relationship interaction is as equals not patronizing.