



The Integration of Promotores in
Promoting Solutions
in Reducing
CVD and Stroke

7.2.12

Promotoras and Community Health Workers Network

Hacia una Vida Digna y Sana

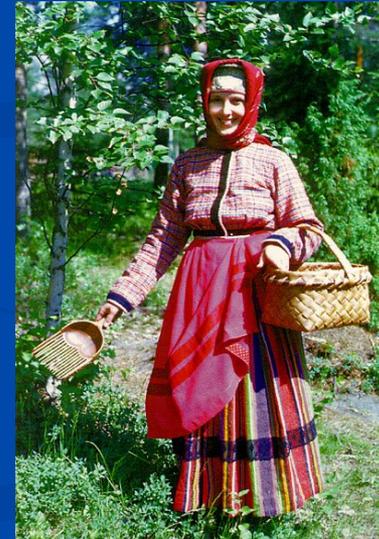
- Established in 2001 by Visión y Compromiso, the Network is now active in 13 regions and includes over 4,000 P/CHWs.
- Network priorities are defined locally and may differ by region.
- Regional *Comités* (RCs) are the vehicle for local leadership development.
- RCs organize quarterly forums, trainings, health fairs and family events.

International Origins of the Promotores Model



Russia

- In 17th century Russia, “Lay People” or outreach workers called *feldshers* took a one-year training to learn to care for civilians and people in the military.



China

- In China in the 1960s, farm workers were trained as “barefoot doctors” to provide health care in rural communities. About 20% of these health workers later entered medical school.



Latin America

Heightened political activism in the 1960s and 1970s increased the number of Promotores trained by popular organizations and church groups throughout Latin America.



United States

- The first formal community health worker programs in the United States were established in 1950-1960 as a strategy to deliver accessible and appropriate health resources to communities not being served by the traditional medical system.





The Health Promotores Model

The Alma Ata Declaration, signed at the World Health Organization (WHO) conference in 1978, called for:

- Local community participation in determining health care priorities.
- Increased emphasis on primary health care and preventative medicine.
- Linkages between medicine, trade, economics, industry, rural politics, and other political and social arenas.

Who are Promotores and Community Health Workers?

Promotores are community members who act as natural helpers and liaisons to their neighbors and local neighborhoods; they may or may not be affiliated with community institutions.

Community Health Workers help increase access to health services (particularly among racial and ethnic minority groups), improve quality of care, reduce health care costs, and contribute to broader social and community development (Witmer et al, 1995). As “in-between people,”

CHWs “draw on their insider status and understanding to act as culture and language brokers between their own community and systems of care (Satterfield et al, 2002; Love et al., 2004, p.418).”

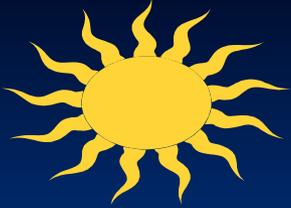
Promotores are Natural “Boundary Spanners” ...

“...sought after to provide advice, support, and tangible help.” They offer *servicio de corazón* (heartfelt service) and culturally relevant health prevention education and information to both native-born and immigrant communities.

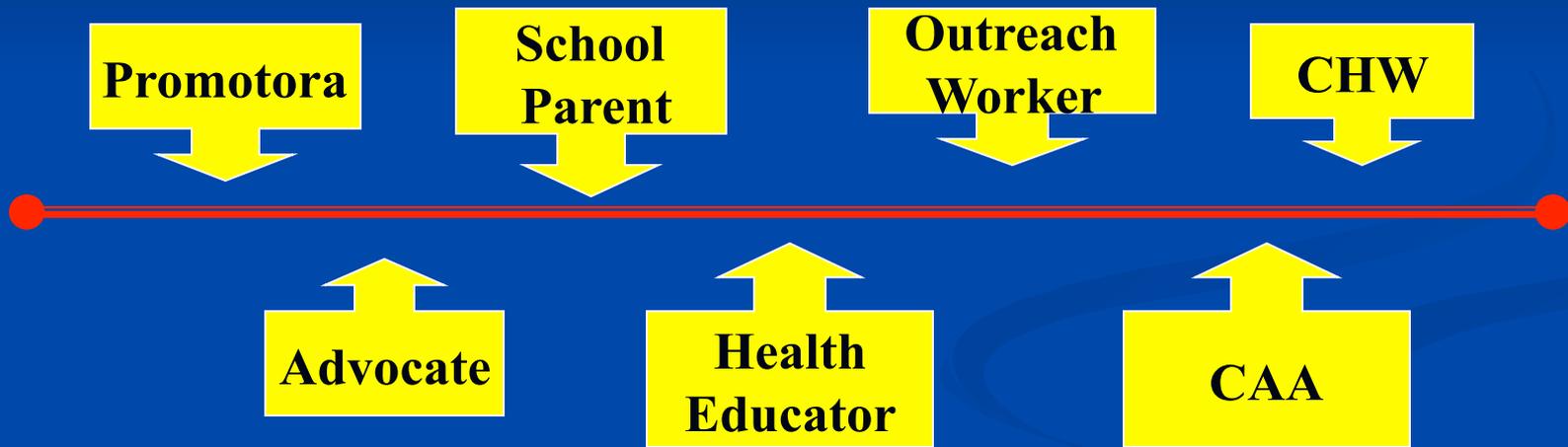


Promotores Programs

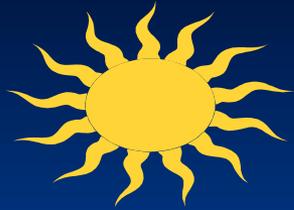
- Promotor and Community Health Worker (P/CHW) programs flourish throughout California, particularly in metropolitan areas where community based organizations and health providers have nurtured P/CHW activities within their organizations.
- While the content of these programs and the actual services provided vary according to the funding, health condition or behavior priority for that region, the core capabilities remain constant.
- P/CHWs are involved in mental health, HIV/AIDS, diabetes and chronic disease prevention, cancer, nutrition, oral health, etc.



Promotores are...



They may have diverse roles and functions often determined by funding requirements.



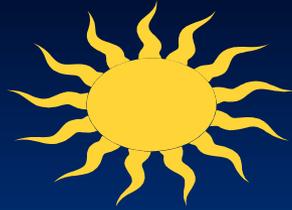
Diverse Promotora and CHW Characteristics

Promotora

- Community-based
- Informal Assistance
- Volunteer & Part-Time
- Little recognition
- Person-to-person interaction
- Live in community

CHW

- Institutional-based
- Formal Assistance
- Employed Part-/Full-Time
- Formal Recognition
- Authority interaction
- May reside outside community



Spectrum of Methodology

Popular Education Model

- **Integrated/ecological approach to health issues**
- **Learning through people's experience and stories; people are active learners**
- **Curricula recognize and integrate cultural values**
- **Transfer of information integrates diverse learning orientations**
- **Community-driven curriculum**
- **Community engagement to identify solutions**

Medical Model

- **Illness/individual/symptom/behavior focus of health**
- **“Teaching” and knowledge attainment; passive learning methods**
- **Standardized curricula, centered on white middle class values**
- **Transfer of information is centered on white, middle class learning orientations**
- **Agency-driven curriculum**
- **Experts define and drive solutions/programs**

Research Supports the Work of P/CHWs

Role of P/CHWs:

- Facilitate access to services
- Strengthen social support networks
- Support disease management
- Enter the health workforce

Programs that Integrate Promotores Show:

- Improved health care access
- Improved client health status
- Increased health and screening behaviors
- Reduced health care costs
- Increase in disease management

Promotores.....



- Naturally connect with and maximize existing social networks
- Increase trustworthiness
- Local workforce development
- Meet the cultural and linguistic needs of limited English speakers
- Provide cost-effective services
- Reinforce cultural values & norms
- Reduce access barriers to agencies, hospitals & pharmacies

As Liaisons, they help:

- Provide fair and impartial information
- Remove cultural and linguistic barriers
- Encourage participation in maintaining health
- Increase access to prevention, services and follow up care
- Provide a wide range of services & integrate prevention

“Healthy Hearts, Healthy Families”

VyC trained promotores to implement Healthy Families, Healthy Hearts. Over 11,000 Latina women and their families at high risk for chronic disease (diabetes, heart disease, stroke, high blood pressure), overweight, obesity and depression were reached in San Mateo, Alameda, Contra Costa, Santa Clara and San Francisco Counties.

- 12 promotores provided 368 classes reaching 11,360 Latinos/as
 - BMI was tracked for 1985 participants with pre/post over time
 - decrease of BMI overweight from 72.4% to 58.7%
 - decrease of obesity 25.8% to 18.1%
 - increase of normal from 27.1 to 40.9%
- 11,360 reached 58,630 with messages, classes, exercise options

P/CHW TENSIONS

- Community member Health care system/Team member
- Lay person Credentialed/Professional individual
- On the job/Tailored training Standardized training
- Broad, encompassing approach & roles/ Tailored, specific roles
- Independent Integrated/Interdependent
- Direct, out-of-pocket payment model Services/
Reimbursable
- Volunteer/Paid

VyC Supports the Role of Promotores in CA

- Develops standards and core competencies associated with uniform curricula and training.
- The Promotores Training Institute will certify and implement existing and new strategies to deliver training, support promotores, and provide technical assistance to agencies and communities.
- Creates a mechanism to convert promotores' life experience and years served into academic/community credits.
- Provides interdisciplinary/cross sector support for the Promotor Model

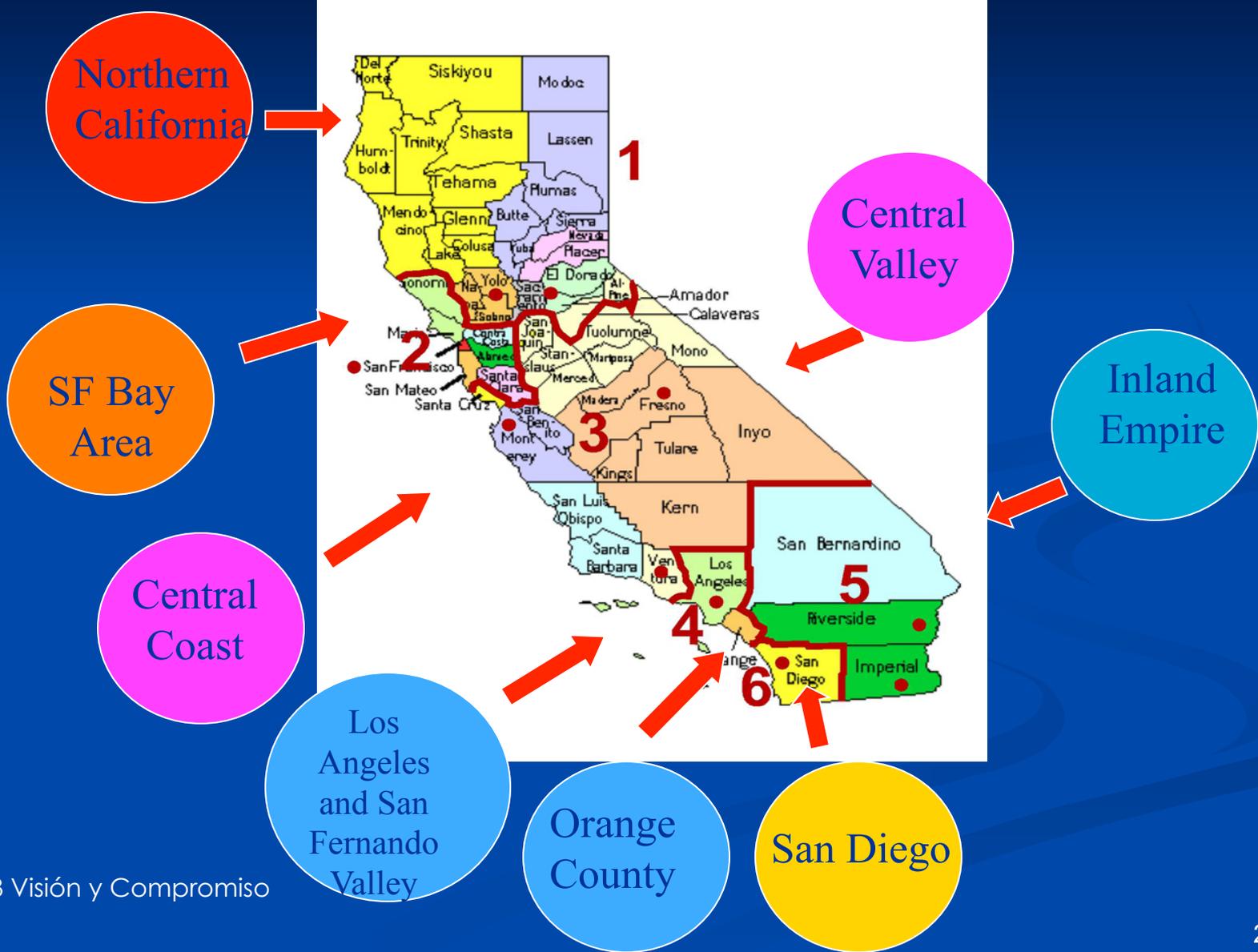
What do Promotores Need from You...?

- Get to know the Promotores in your County/State.
- Who are they?
- What role do they play in their neighborhoods
- Which communities do they represent?
- What agencies, if any, are they affiliated with
- How can you support an interagency relationship
- What are their workforce concerns?
- What are their successes?

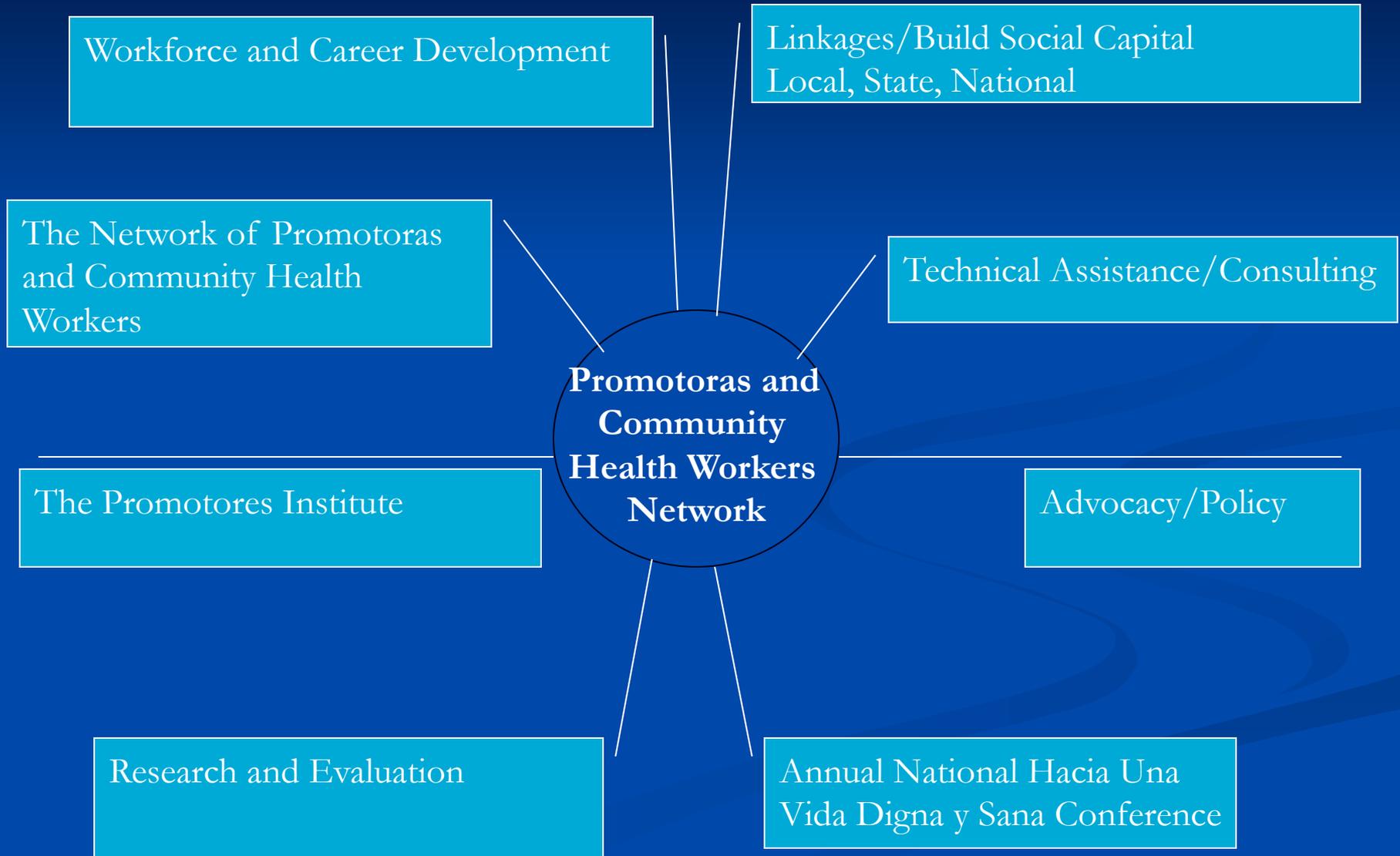
What do Promotores Need from You...?

- Understand the community.
- What are the community-identified priorities
- What are the local assets?
- Are there community-identified solutions to some of these priority issues?
- How can you/your office become more involved in these priority issues?

Network Regions in California



Core Activities of *Visión y Compromiso*



LA RED DE PROMOTORAS Y TRABAJADORES COMUNITARIOS



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“Toward a Dignified and Healthy Life”

