

Supporting Latino Communities' Natural Helpers: A Case Study of Promotoras in a Research Capacity Building Course

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Abstract Promotores have unique access to underserved and hard-to-reach Latino communities facing health disparities. Although promotores are involved in community change, they rarely receive training that gives them the skills to be partners in research. We present a case study of promotoras who participated in a research capacity building course focused on assessing community health needs. Data comes from course application surveys, follow-up notes, and narratives from qualitative phone interviews of eight promotoras. Content analysis drawing from grounded theory was conducted to identify and describe emerging themes. Four themes emerged as promotoras discussed their experience learning basic research skills and teaching others: (1) challenges, (2) support, (3) building capacity, and (4) using research. Promotores play an important role in the health of Latino communities and are increasingly asked to participate in research processes; however they have few opportunities for training and professional development in this area. Capacity building opportunities for promotores need to be tailored to their needs and provide them with support. Fostering collaboration between promotores and partnering with local community-based

organizations can help facilitate needed research skill-building among promotores.

Keywords Latino · Promotoras · Community health workers

Introduction

Community health workers (CHWs) have long served as a liaison between the health care system and a variety of marginalized populations in the United States (US). In 2000, it was estimated there were 86,000 CHWs throughout the nation [1]. CHWs have been shown to improve health behaviors and outcomes through their typical roles in outreach, screening, health education, members of the care delivery team, or health care navigators [1–7]. As a result, many stakeholders have advocated for CHWs to help lower healthcare costs and address racial/ethnic disparities due to their ability to address underlying health care access and other social determinants of health [8–10].

CHWs have been increasingly involved in research processes, in particular with the popularity of community-based participatory research approaches [11]. In fact, Rhodes and colleagues carried out a systematic review of published studies on CHWs among Latino communities and described one of the six primary roles of CHWs as “co-researchers in participatory research models” [11], noting specific studies where CHWs served as integral members of the research team [12–20]. On the other hand, Rosenthal and colleagues identify data collection as a core role of CHWs, but did not identify research skills as a core competency of CHWs [21]. Rosenthal acknowledges a lack of consensus on the core roles and competencies of CHWs [22]. Not surprisingly, a review of the CHW role development literature found that

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only about 20% discussed research skills [23]. In these cases where research training was provided, the emphasis was more on subject recruitment and specific research implementation tasks, and not on core research terminology or basic skills. Thus it seems CHWs are not always provided adequate training to contribute to the research process. In order to be most effective in these projects and partnerships, CHW's capacity to understand data and its utility must be developed. Needs assessment methodology is a useful introduction to research methodology. The use of needs assessments for health planning and advocacy can serve as a pathway for understanding the relevancy of research and research partnerships.

CHWs are most prevalent in Latino communities, where they are typically called *promotores*¹ [1, 23, 24]. Promotores emerged in the 1960s in Latin America along with popular education movements and social activism, and flourished during the 1970s based on methodologies of empowerment for social action from Brazilian educator, Paulo Freire [25]. Presently in the US, Latinos experience significant socioeconomic and health care disparities. As Latinos now represent the largest racial/ethnic minority group in the US, overlooking these disparities has the potential to jeopardize the health status of the overall US population [26]. Within Latino communities, promotores have unique access to the most vulnerable and hardest-to-reach populations, including individuals with limited English proficiency, limited literacy, and undocumented immigrants. Promotores are members of the communities they serve, a position which affords them with unique knowledge of their community's strengths and needs, as well as the trust of other community members, who are their neighbors, family, and friends [27–29].

We present a case study of a cohort of promotoras who participated in the UCLA Center for Health Policy Research's Health DATA Datos y Democracia (DyD) program in 2007 [30]. DyD was based on the English language Data and Democracy program, and consisted of two components: (1) a three-day *course* in Spanish that taught participants the basics of research terminology and methods using a community needs assessment framework, and (2) a *workshop* carried out by the participants themselves in Spanish, where they trained their colleagues and coworkers on the same material they learned in the course. The *course* presented six steps on how to plan and conduct a community needs assessment to enable participants to participate in research processes: (1) develop a community partnership; (2) articulate assessment focus; (3) determine data that is needed; (4) determine how to collect the data; (5) apply basic quantitative and qualitative analytic skills to

understand/interpret data; and (6) determine how to communicate results [31, 32].² The program used a train-the-trainer model to disseminate knowledge and skills to a broader Spanish-speaking audience and enable participants to master the material better by teaching others. Within 6 weeks following the end of the *course*, participants were required to implement a *workshop* that taught the step(s) they felt was most useful to their community audience. They were provided with training, technical assistance, training materials, and a stipend to support this workshop. Participants were not required to conduct an assessment, but were encouraged to use their workshop to build the skills of a community group who was considering doing so.

The purpose of this paper is to present a case study of the experience of eight promotoras who participated in one of the DyD programs. There were three DyD programs, carried out throughout California. Of the three DyD programs we chose to highlight this particular cohort, as it was unique in terms of cohesiveness and the involvement of a community partner from a local community-based organization. The current study explores the themes discussed by promotora participants, chosen because promotoras were the largest professional/para-professional group represented in DyD courses. Thus, we chose this cohort so we could explore the successes and challenges of a group of promotoras who were well engaged and supported in the program, and for whom we had complete evaluation data. This case study contributes to the CHW training and research capacity literature by exploring the needs, challenges, and successes of promotoras who sought an opportunity to learn more about research and data, and how that experience fit into their everyday community health work.

Methods

Three data sources were used to inform this case study: (1) DyD course application surveys conducted among all applicants regarding their organizations and prior experience with data; (2) milestone tracking by Health DATA staff during the 6 weeks following the course during which participants planned/conducted their own workshop to train their colleagues; and (3) narratives from individual follow-up qualitative phone interviews conducted by Health DATA staff using an open-ended interview guide. The phone interviews were conducted after each promotoras' workshop, and asked questions related to completing their

¹ In Spanish, *promotor(es)* refers to both men and women, while *promotora(s)* refers only to women.

² The course is available at: <http://healthpolicy.ucla.edu/ProgramDetails.aspx?id=90>

workshop, enhancing their research capacity, and incorporating new skills into their work.

Interviews were conducted in Spanish by bilingual staff. Questions were open-ended as this was the first time the DyD program was taught completely in Spanish with culturally and linguistically adapted materials and bilingual staff. Careful notes were taken and then translated into English. Follow-up communications with DyD participants were documented using a contact spreadsheet, in order to monitor participant needs for technical assistance and other support while planning and conducting their workshop. As with interviews, bilingual staff took careful notes in English. A qualitative grounded theory design guided this study [33–35]. Analysts immersed themselves in the data by re-reading the eight promotoras’ interviews and follow-up communications repeatedly to gain an overall sense of the data. Content analysis conducted by two analysts working separately revealed preliminary categories, which were grouped and coded [34, 36]. Preliminary categories and codes were then compared between the two analysts and shared with a third analyst, discussing rationale for each emerging theme until consensus was reached and a final

mutually agreed upon coding scheme was developed [37]. All eight promotoras’ data were then coded in this way. For the purposes of this case study, analysts additionally looked for themes emerging from the interviews and communications of these eight promotoras which differed from the rest of the DyD participants.

Results

All eight promotoras conducted their workshop within 6 weeks following the course, and participated in an interview between 1 and 3 months following their workshop. Table 1 shows individual and organizational characteristics of the eight promotoras as captured by the application survey. Three of the eight were monolingual Spanish speakers, and the rest were English/Spanish bilingual. This group was familiar with training, as seven of the eight reported prior experience training groups. However the majority reported “little or no” experience collecting, analyzing, or using data. Of note, one promotora had previously worked on an assessment, and another had

Table 1 Characteristics of promotoras (*N* = 8) and their organizations (*N* = 5)

Promotoras (<i>N</i> = 8)	<i>N</i> (%)	Organizations (<i>N</i> = 5)	<i>N</i> (%)
Promotora language capacity		Organization type ^a	
Spanish only	3 (38%)	501(c)3 status non-profit	3 (60%)
English/Spanish bilingual	5 (63%)	Community clinic	1 (20%)
Prior experience training groups		Private or incorporated	1 (20%)
I have trained groups many times	2 (25%)	Organizational size	
I have trained groups a few times	5 (63%)	1–5 staff	1 (20%)
I do not have training experience	1 (13%)	6–10 staff	1 (20%)
Prior experience collecting data		11–20 staff	2 (40%)
A lot of experience	1 (13%)	>20 staff	1 (20%)
Some experience	2 (25%)	Organizational budget	
Little or no experience	4 (50%)	<\$100,000/year	1 (20%)
Prior experience analyzing data		\$250,000–\$500,000/year	1 (20%)
A lot of experience	1 (13%)	\$500,000–\$1,000,000/year	1 (20%)
Some experience	2 (25%)	>\$1,000,000/year	1 (20%)
Little or no experience	5 (63%)	Don’t know	1 (20%)
Prior experience using data in community work		Org target population(s) ^a	
A lot of experience	0 (0%)	Spanish-speaking	5 (100%)
Some experience	2 (25%)	Low-income	5 (100%)
Little or no experience	6 (75%)	Immigrant	5 (100%)
Prior experience with community assessments		Native American	3 (60%)
Previously worked on an assessment myself	1 (13%)	Other racial/ethnic groups	2 (40%)
Had contact with others in my organization conducting an assessment	1 (13%)		
Little or no experience	6 (75%)		

Datos y Democracia (DyD), 2007

^a Not mutually exclusive categories

had contact with someone in her organization who had as well.

The promotoras represented five different community-based-organizations. Although all were community-based, three had 501(c)3 nonprofit status, one was a community clinic, and one was an incorporated organization providing education, training, and employment services. The five organizations were of different sizes and budgets ranging from 1 to 5 staff and a budget of less than \$100,000 per year, to more than 20 staff and a budget of greater than \$1,000,000 a year. All served Spanish-speaking, low-income, and immigrant populations, three also served indigenous communities in Mexico and/or the US, and two also served other racial/ethnic minorities.

After content-coding interviews and follow-up communications, four themes emerged as promotoras discussed their experience learning basic research skills and teaching others: (1) personal and professional challenges, (2) support to engage in a capacity building program, (3) building their own capacity, and (4) appreciating the value of data and research in their work and as a way to mobilize their community. Table 2 shows the number of promotoras who endorsed each theme, as well as illustrative quotes.

The eight DyD promotora participants in the program raised professional and personal challenges that were not experienced by their fellow DyD participants. They reported less employer support for participation in the course. Some of these promotoras came to the course on their own time without the support of their organizations, and some promotoras were unpaid volunteers. Promotoras also tended to lack the office resources needed to prepare for their workshop: communicating with a workshop hosting site, recruiting workshop participants, seeking technical assistance, and tailoring the materials they needed to deliver their workshop (e.g., office space, photocopy machine, work telephone with long distance, computer with high speed internet). Health DATA staff attempted to overcome these challenges by providing promotoras with telephone calling cards and sending supplemental workshop materials. Several promotoras also faced personal challenges in learning and teaching others this material due to limited literacy or English proficiency. Although the course materials were in Spanish and targeted for lower literacy audiences, limited English proficiency restricted their ability to access online resources or secondary data to tailor their workshop to community health issues. Indeed, there was a discussion during the course of how language barriers made it difficult to find and use secondary data sources.

The support received for their full engagement in the course, including planning and conducting the required workshop, was a theme commonly discussed by the promotoras. Seven discussed the support they received from

Table 2 Categorization of individual interview responses for barriers, support, and successes among promotoras ($N = 8$)

Themes and quotes	Number of promotoras endorsing theme
Personal and professional challenges	
<i>"We met in a garage [for the workshop]"</i>	
Lack of office infrastructure (phone, office, computer with internet)	4
Lack of organization/supervisor support	1
Limited literacy	1
Limited English proficiency	1
Support to engage in a capacity building effort	
<i>"[Community partner] gave us suggestions and is guiding us"</i>	
Support from other promotora/coworker	7
Support from DyD community partner	3
Support from organization/supervisor	2
Building their own data/research capacity	
<i>"I discovered my abilities and implemented it in my work"</i>	
Increased self-confidence	5
Improved research knowledge and skills	3
Put new knowledge and skills into practice	1
Appreciating the value of data and research in their work	
<i>"Many of us [promotoras] don't know about data that could help us a lot"</i>	
Used examples from the community in workshop	6
Assessing health needs could lead to community improvements	4
Data is helpful for their work	1
Research needs to benefit and involve the community	1

Datos y Democracia (DyD), 2007

other promotoras and/or their own co-workers. The promotoras who endorsed this theme discussed how this support was helpful because they felt they could pool their resources by working with someone with complementary skills and experience. Two promotoras received support and resources from their organization, specifically their supervisor, to fully engage in the course and successfully tailor the materials to their workshop audiences. One community partner from a local community-based organization played a lead role in providing three promotoras with the support they needed to complete the program, when their employer did not provide that support. One of those promotoras spoke about the value of that community partner's research and advocacy skills as a resource for the broader community. Support, no matter what the source, was instrumental in overcoming the aforementioned challenges and making the experience a positive one for them personally and for their workshop audiences.

Another emerging theme among promotoras was building their capacity to understand how to plan and conduct an assessment, and teaching others this material. Five promotoras discussed how the course increased their self-confidence personally and professionally, especially as they relayed their new knowledge and skills to their peers. Promotoras indicated the workshop helped them feel more comfortable doing presentations and speaking in front of an audience. Even among those promotoras who had led a workshop before, this workshop provided them with an opportunity to cover new material, as many had previously trained others on health education topics rather than data or research. The workshop also allowed them take a leadership role they may have not had before, serving for the first time as a resource related to data and research. One promotora said she was able to put into practice what she learned in the course in her community work. Three promotoras discussed how their research skills had improved, and one promotora indicated she better understood the assessment process by mastering it in order to teach others.

The promotoras in this case study self-selected into the DyD program, responding to course recruitment materials and submitting an application along with all DyD participants. This likely meant they already saw the value of increasing their own data and research skills, and diffusing it more broadly to those who made up their community audiences. However, these promotoras did not always recognize the aspects of their own work that were research before this program. For example, these promotoras had often participated in distributing and collecting questionnaires yet they did not consider that work “data collection”. Therefore, another common theme the promotoras discussed was how they grew to appreciate the role of data and research in their work and in their community as a result of the DyD program. Several discussed how the workshops allowed them and their audience to see the value of data and research in informing and mobilizing around community health needs and improvements. Six promotoras tailored their workshop to their audiences by sharing personal stories, such as being a parent of a child with health problems, as examples of the health concerns that disproportionately burden the Latino community. Four promotoras reported that they discovered that carrying out an assessment could help the community by bringing together a diverse group of stakeholders to solve the problem rather than the same few who are traditionally involved. One promotora observed that promotoras do not have access to data. Another promotora realized through her experience in the program, that research and programs do not always benefit and involve the community.

In sum, the four themes that emerged from the promotoras (i.e., challenges, support, building capacity, and using research) allowed us to more fully understand the

experiences of promotoras who sought an opportunity to learn more about research and data, and how it fit into their everyday community health work.

Discussion

Because promotores have trusted access to the most hard-to-reach and vulnerable Latino communities, they are an important asset not only to public health education and outreach, but also to public health research. As understanding community health and needs are essential to overcoming health disparities, trusted liaisons to those communities are essential partners for developing appropriate evidence-based interventions to improve community health and well-being. As the literature shows, there are few data and research capacity building opportunities for CHWs [23], and even fewer conducted in Spanish with Spanish language materials geared specifically for promotores. However, as our case study suggests, promotores are already involved in research processes, but are not always provided with training to understand the importance of data in assessing community needs and developing health improvements. The experience of the promotoras in the present study suggests that once provided with the basic terminology and skills of a collaborative research process, such as an assessment, promotores come to appreciate the role of health data in their work and using it to inform positive community change. This is an essential step in engaging promotores in research, by effectively tapping into their position and skills as liaisons to assist with collecting data or reporting findings back to the community. We thus argue that basic research terminology and skills should be a core competency of promotores and CHWs.

This case study also illustrates that training programs targeting promotores need to be tailored to make sure they are sensitive to the range of personal and professional contexts promotores face, and provide promotores with the support they need to learn and develop new skills. Even in a community-based, Spanish-language capacity building program with built-in technical assistance and support from bilingual staff, promotores experience notable and unique challenges of literacy, language barriers to secondary data sources, and limited organizational support for their own training and professional development. Strategies to ensure promotores get the most out of research capacity building efforts should include networking, collaboration, and co-learning opportunities among promotores. Often, particularly in small organizations, promotores may be isolated individuals in their organizations, facing different challenges and successes than their coworkers, but they may share similar experiences with promotores from other programs. Thus inter-organizational affiliation is very important and

beneficial for promotor personal support and professional development. Partnering with a lead local community-based organization to provide hands-on technical assistance and resources for promotores as they learn new skills can supplement the support they may not receive from their own employers, as well as build lasting local collaboration. Further, capacity building efforts targeting promotores should also focus on building the capacity of their supervisors and organizations to understand the benefits of developing new uses of their promotores' outreach and educator roles to mobilize the community to assess health needs.

As our nation continues to face health challenges, most notably health disparities disproportionately affecting racial/ethnic minorities and immigrant groups, it will be necessary to not only engage CHWs in interventions and programs aimed at improving community health, but also provide CHWs with the training and support they need to be actively involved in research. This is particularly important for promotores whose knowledge of the Latino community's resources and needs can help address health disparities.

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