

A Guide to Promotora Programs



INTRODUCTION

This program guide is designed to provide an overview of Planned Parenthood affiliate promotora programs across the country. Experienced educators from various Planned Parenthood affiliates share their expertise and experiences in this guide to offer examples of promotora programs and how they work in different community settings. Our hope is that this guide will increase awareness of promotora programs and inform decisions on whether the model is right for a specific organization and/or community. The guide addresses the following questions:

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The guide assists Planned Parenthood affiliates and other community-based organizations:

- to increase awareness of the promotora program model
- to determine whether a promotora program is right for their organization and/or community
- to develop well-planned and effective programs
- to improve already existing programs

WHAT IS A PROMOTORA PROGRAM?

“Promotora” is the Spanish word for a female “promoter,” and in this context also refers to a community health worker, sometimes known as a lay health advisor. Community health workers (promotoras) typically live in the communities that they serve, and their expertise is often based in knowing the communities where they live and serve rather than in formal education. Programs that employ community health workers vary in their goals and activities, but in general they target hard-to-reach populations or communities in need of a particular service. The promotora program model does not employ women exclusively; it has also employed men and mixed groups of women and men (promotores).

At Planned Parenthood, promotora programs typically recruit Latinas to act as liaisons between Planned Parenthood and their communities. They undergo a training process that equips them with fundamental health knowledge and leadership skills. Upon completion, these women go out into their communities and share their knowledge with friends, family, and neighbors through group presentations, parties, one-on-one outreach, health fairs, and so on. Using the promotora program model, Planned Parenthood affiliates often are able to reach underserved communities.

WHY MIGHT THE PROMOTORA PROGRAM MODEL BE MORE EFFECTIVE THAN OTHER OUTREACH MODELS?

The promotora model reaches underserved or hard-to-reach populations through peer education. Minority and/or immigrant populations can be reached more effectively by building partnerships with members of their own community in order to tap into existing community networks and provide health education in a culturally sensitive manner. Clients are more likely to trust a member of their own community than they would an outsider. Latino/a immigrants are often more comfortable with the community health worker/ promotora approach to health care, because health care is often carried out in a more personal and informal style in Latin American countries. Latinas may also feel more comfortable talking to other Latinas about women’s health issues because very often, talking to a male health care provider about such issues is culturally inappropriate. Promotoras are able to bridge this gap and normalize conversation about women’s health topics. By employing promotoras, Planned Parenthood affiliates can provide culturally and linguistically appropriate health services and information.

WHAT DOES THE RESEARCH TELL US ABOUT PROMOTORA PROGRAMS?

Research suggests that promotora programs can have positive effects on communities and on the promotoras themselves. The National Community Health Advisor Study, conducted by the University of Arizona, found an array of benefits associated with community health advisor (CHA) outreach and education services in underserved communities, such as decreases in emergency room visits, a reduction in the length of hospital stays, and fewer medical complications when patients do receive medical attention. Because CHA outreach focuses on the individual, this study also found that services are provided in a cost-effective and culturally sensitive manner that eliminates many barriers that otherwise prevent some from obtaining medical care. As a result, a greater sense of trust develops between the community and the formal health care system.¹

A study of promotoras along the Texas-Mexico border concluded that they are effective educators because promotoras relate better to their peers than do outsiders, and they provide culturally sensitive information that facilitates community self-development.² Another study on the effectiveness of lay health advisors (LHAs) with migrant farm workers in North Carolina found that mothers who met with LHAs were significantly more likely to bring their sick children in for care. Mothers exposed to LHAs also had greater knowledge of health practices and were more likely to meet the recommended number of prenatal visits than did women who did not participate in the program.³ A third study found that exposure to promotoras led to increased utilization of preventive services by poor members of a medical care program.⁴

¹ The University of Arizona. (1998). *The National Community Health Advisor Study*, p. 3.

² Ramos et al. (2001). "Environmental Health Training of Promotora in Colonias Along the Texas-Mexico Border." *American Journal of Public Health*. Vol. 91(4): 568-70.

³ Watkins, E. and Larson, K. (1991). *Migrant Lay Health Advisors: a Strategy for Health Promotion: A Final Report*. Chapel Hill, NC: University of North Carolina at Chapel Hill.

⁴ Colombo, Theodore J. et. al. (1979). "The Effect of Outreach Workers' Educational Efforts On Disadvantaged Preschool Children's Use of Preventive Services." *American Journal of Public Health*, Vol. 69:5, pp. 465-468.

WHAT ARE THE OPPORTUNITIES AND CHALLENGES ASSOCIATED WITH IMPLEMENTING A PROMOTORA PROGRAM?

There are both opportunities and challenges in offering a promotora program. The following listing of opportunities and challenges will help to determine whether the benefits of a promotora program outweigh the potential challenges it may bring for your organization.

OPPORTUNITIES

The organization can increase cultural competency and may be able to reach more diverse populations and serve them more effectively.

The community will benefit from new leadership. Promotoras become respected members of the community and community members learn that they can count on them when in need of assistance.

Promotoras often experience an increase in self-esteem and leadership roles. As their knowledge becomes more sought out in their communities, promotoras see how their work is directly strengthening the people around them. Promotoras also gain personal awareness of their bodies and rights.

Promotoras gain valuable work experience that can be used to pursue other careers. For some women, it is the first time they have worked outside of the home. A promotora program can teach women organizational, leadership, time management, and educational skills that make them more valuable to employers.

Promotoras are a positive representation of the organization, act as advocates for the organization wherever they go, and can increase the awareness of the organization's services.

Promotora programs are usually very cost-effective. They come equipped with valuable knowledge of their community, so they require less training in cultural sensitivity and understanding local needs than would someone from outside of the community.

Promotora programs often lead to an increase in client volume for the program and the organization.

CHALLENGES

The organization may have an inadequate amount of Spanish-speaking staff to deal with the increase in Spanish-speaking clients.

Because promotoras usually work in the field and not as much in the office, they may find it difficult to feel integrated into the staff.

The organization will likely be limited to working with documented Latinas. Latinas without documentation are very difficult to pay. Therefore, depending on the location and the local Latino/a population, this issue may limit potential promotoras, and may cause frustration for women who want to participate but do not have proper documentation papers.

Promotoras may run into some safety issues, especially if they are working by themselves. Working in pairs or only visiting residents whom they already know may remedy this.

It may be difficult to ensure that promotoras are representing the organization in the best way possible, since most of their outreach is not monitored. One way to resolve this is to require that promotoras participate in high-quality, ongoing trainings with your organization to keep them up to date on information and issues in the field.

Promotoras may have busy personal or professional lives that can make it difficult to have a consistent scheduling system, especially if they are working as promotoras on a part-time basis.

WHAT DO EXPERIENCED EDUCATORS RECOMMEND FOR IMPLEMENTING A PROMOTORA PROGRAM?

We asked experienced educators for recommendations about implementing a promotora program. Here's what they said.

Laying the Groundwork

- Make sure you have enough Spanish-speaking clinic staff to handle an increase in Latino/a clients.
- Evaluate the needs of the targeted communities. Find out the specific health issues facing each community and be sure to make those issues a high priority for your program.
- Before going into a community, establish contacts there. Make the community aware of your organization, its mission, and goals. This will help to ensure that your program is well received.
- Coordinate and partner with a local organization that primarily serves the Latino community (such as a community center). This organization can be a valuable resource for recruiting and better understanding key issues facing the community. Partnering can also give your program legitimacy within the Latino community.

The Program

- Make sure that your program is flexible enough to accommodate the promotoras' varying schedules.
- Pay your promotoras. This will be an incentive for them to stick with the program and will be more cost-effective in the long run, because you will not have to keep training new employees due to high turnover.
- If possible, offer transportation to and from the clinic for people that the promotoras refer for services. This removes one more barrier that may be preventing individuals from making a clinic appointment.

The People

- Screen promotoras before training them to make sure they are the right candidates for the job. Identify the characteristics of an ideal promotora and look for those characteristics in your candidates.
- Be aware of personal experiences and needs of your promotoras as well as the conditions affecting their lives. This will allow your program coordinators to offer individualized attention, training, and support when needed. This has been shown to enhance the experience and performance of promotoras.
- Promotoras should reflect their target audience. Consider what effect things like dress or appearance will have on the community.

The Training

- Offer child care during training periods. This will make it easier for mothers to find time to participate.
- Make ongoing training a part of your program. Review sessions are a valuable way to address concerns or requests that promotoras may have; introduce new skills and enhance old ones; and discuss news or developments relating to the organization, the community, or reproductive health.
- Involve other experienced professionals and promotoras in the trainings. Ensure that training materials reflect the language and educational level of the promotoras you enlist.

HOW SHOULD PROMOTORA PROGRAMS BE EVALUATED?

Like all programs, a promotora program needs to be evaluated if you want to know whether it's really working.

Promotora programs present some unique evaluation issues as they typically involve two very different groups: the promotoras and their community contacts.

The following are some tips for conducting evaluation of promotora programs:

- The organization should definitely examine the effects of the program on the promotoras; it is with the promotoras that you are most likely to find meaningful effects. It is a good idea to also consider assessing the effects of the program on the community contacts, but expect these effects to be more limited.
- Assessing the effects of the program on the promotoras is a lot like evaluating any multi-session sexuality education program. However, a promotora program teaches some additional skills (i.e., leadership, presentation, active listening, referral, knowledge, and awareness of the organization and its services) that you should assess, as well.
- Assessing the effect of the program on the contacts is more difficult. The promotoras can record their perceptions of the effect on the contacts, but those assessments can be biased. Another option is to have the promotoras leave their contacts a very short survey (i.e., how did the promotora help you, what did you learn, etc.) with a stamped envelope addressed to the program leader. Making this survey anonymous may encourage the contact to answer it honestly.
- The promotora might also be able to make follow-up contact three-to-six months after the initial contact. At that point she could ask the contact whether she had taken any action based on the previous discussion.
- If promotoras make presentations to groups, audience members may be asked to complete a short survey afterwards. Survey questions might focus on what participants learned, and how they intend to use this information.
- Consider whether program contacts will have the literacy skills to complete evaluation instruments. If literacy is low, it may be difficult to use questionnaires. Use short, simple surveys or interviews when possible to ensure more meaningful results. Offer training to the promotoras on how to use these.
- Documenting the number of clinic visitors referred by promotoras may help determine the program's efficacy in getting people to access services.
- Another possibility is to have the promotoras inform contacts that they can receive an incentive of some sort (i.e., \$10 or a gift certificate) if they call the program leader to complete a short interview about their experience. Confidentiality is maintained because the contacts themselves have to initiate this process.

WHICH AFFILIATES ARE DOING PROMOTORA PROGRAMS AND WHAT DO THEIR PROGRAMS LOOK LIKE?

Sanas y Alegres

PLANNED PARENTHOOD OF CAMERON AND WILLACY COUNTIES

PPCWC, Brownsville, Texas

PPCWC has been running their promotora program, Sanas y Alegres (Happy and Healthy), for approximately five years. PPCWC created the program in response to the large number of Latinos in its area who were unaware of the services provided by PPCWC and that these services were available to them.

PPCWC employs a total of four promotoras, two full-time and two part-time. Promotoras receive a week of basic training (the same training that all new employees receive at the affiliate), and an additional two days of specialized training on birth control; sexually transmitted infections (STIs); puberty; sexual orientation; masturbation; HIV/AIDS; diabetes; tuberculosis (TB); talking with young children about sexuality, anatomy, sexual values, pregnancy options, etc. Training is ongoing. Promotoras participate in five trainings a year at formal conferences, plus an additional two hours of training per month on new and developing issues. Promotoras also attend all regular staff meetings at the affiliate office. They earn \$7.25 per hour, and receive medical benefits and insurance, paid vacation, and sick leave.

Promotoras conduct most of their outreach through one-on-one interactions with friends, family, and community members, and report that people often contact them at home. They also give organized group presentations, go door-to-door, and occasionally host parties. Promotoras are responsible for preparing a term report and completing their own paperwork. The program also has a support staff person to assist the promotoras. PPCWC has not yet conducted an evaluation of this program.

WHICH AFFILIATES ARE DOING PROMOTORA PROGRAMS

Confianza

PLANNED PARENTHOOD CENTRAL NORTH CAROLINA

PPCNC, Durham

PPCNC has offered its promotora program, Confianza (Confidence or Trust), for two years. PPCNC noticed the rapid growth of the Latino population in Durham County and wanted to be able to respond to the community's need for reproductive health services. PPCNC also wanted to respond to the statistics showing that North Carolina had the highest teen birth rate for Latinas ages 15-19 in the country.⁵ PPCNC decided to collaborate with a local Latino community center, El Centro Hispano, to create a program to target Latinas in its area.

Promotoras are recruited through the Café de Mujeres (a women's group) at El Centro Hispano, which is also where training takes place. Six women go through training at a time, a total of 30 hours in sessions of about three hours a week. El Centro Hispano provides child care during training sessions. The training is a combination of lectures and activities, including a number of guest speakers, and is facilitated by PPCNC's promotoras coordinator. Some of the topics covered in training include male/female reproductive anatomy, contraception and pregnancy options, STIs including HIV, violence against women, child abuse, conflict resolution, prenatal care, drugs and alcohol, and depression. Upon successful completion of the program, promotoras earn \$300. They earn an additional \$200 once they make 50 contacts in their community. They record the names and phone numbers of the contacts they have talked with.

Promotoras make contacts via one-on-one interactions with friends, family, and strangers, organized group presentations, and occasionally through door-to-door visits. Occasionally, promotoras represent PPCNC by tabling at various outreach events and are paid additionally for this service.

The Confianza program has been evaluated using tests before and after the training period. Results indicate a 16 percent increase in knowledge and desirable attitudes among promotoras.

AND WHAT DO THEIR PROGRAMS LOOK LIKE?

Promotoras Comunitarias

PLANNED PARENTHOOD OF LOS ANGELES

PPLA, California

The Promotoras Comunitarias program (Community Promoters) has been active for more than 12 years. PPLA wanted to give Latina women the opportunity to become community promoters and to be economically independent. At the same time, PPLA wanted to reach out to the Latino community, providing its members with information on a host of health issues, as well as access to health care through PPLA clinics. Women are recruited by word of mouth, and there is currently a waiting list of people wishing to join the program. Before word-of-mouth recruitment became so successful, PPLA recruited at government housing developments, community centers, and schools. Prospective promotoras are screened through an interview process to ensure that they are well suited for the job. Promotoras are recruited in groups of about 15 and must complete 190 hours of training to “graduate” to promotora status. Training sessions are conducted twice a week for four hours each day. The program’s health educator conducts the training. Among the topics covered in training are personal growth, self-esteem, values, communication techniques, reproductive health, anatomy, birth control, sexuality, breast cancer, menopause, domestic violence, drug prevention, and child abuse. Facilitation techniques are also covered, and program participants give an oral presentation on another topic that they choose, in order to explore their own special interests and to assess and practice their skills. Promotoras also learn other skills, such as how to refer patients to the clinic, how to dress for success, community organization, time management, and how to take care of oneself emotionally. Their final project is a fieldwork assignment of their own design.

Promotoras conduct their outreach via one-on-one interactions, organized group presentations (to factories, schools, etc.), at the clinic as patient liaisons, and through parties, theater performances, and health fairs. They earn \$35 for each class they teach, \$25 for a health fair, and \$35 for going out with the affiliate’s mobile unit. Promotoras work between two and 15 hours a week, depending on the number of their activities and classes. Promotoras convene monthly for meetings and trainings, and also have regional meetings with promotoras from their particular region at least twice a month. Meetings offer the opportunity for team building, to connect as one whole group, and to share experiences.

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WHICH AFFILIATES ARE DOING PROMOTORA PROGRAMS

PPLA: Promotoras Comunitarias

continued

The Promotoras Comunitarias program was evaluated several years ago by an outside evaluator. The evaluation involved focus groups with 23 promotoras, and separate focus groups for 40 community women who had attended their presentations. In addition, questionnaires asked participants to answer qualitative questions about how the program had affected their lives and health behavior, and were completed by all 63 evaluation participants. A 50-item knowledge test was also administered to 20 of the promotoras and 32 of the community women. Results indicated that both promotoras and community participants reported positive changes in knowledge, attitudes, and health behavior as a result of the program, as well as satisfaction with the program. Although there were no pre- and post-measures for the evaluation, the women affirmed that the education, information, and training had improved their self-esteem and confidence, improved relationships and communication in their families, and led to greater use of preventive health practices including contraception, breast and cervical cancer screening, and improved nutrition.

Promotoras Comunitarias

PLANNED PARENTHOOD GOLDEN GATE

PPGG, San Francisco, California

PPGG has been running its promotora program, Promotoras Comunitarias, for more than two years. Responding to a report that the local Latino population was hugely underserved, PPGG established a program to address local needs. They looked at available models and decided that a promotora program would be the ideal fit.

The program recruits promotoras from the community through fliers, presentations, and referrals from community-based organizations that PPGG has worked with in the past. PPGG tries to recruit at least 10 participants per orientation. The orientation covers the history of Planned Parenthood and the promotora program; PPGG organizational structure and services; customer service; facilitation techniques; the human reproductive system; birth control methods; STIs; sexual decision making; self-esteem; communication techniques; cancer; menopause; puberty; abortion; domestic violence; and talking with young children about sexuality. The program manager and the program coordinator facilitate the orientation, and invite external guest speakers for specific topics.

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AND WHAT DO THEIR PROGRAMS LOOK LIKE?

At the heart of this promotora program are interactive, peer-to-peer outreach sessions called pláticas (“dialogues”). Promotoras and the program coordinator organize and conduct pláticas with neighbors, friends and family in participants’ homes or in another familiar setting. The topics covered during the 90-minute session include sexual decision making, parent education, birth control methods, STIs, and anatomy and physiology (reproductive system).

Promotoras also work as patient liaisons at PPGG medical centers. Their primary role at the clinics is to support the clients during a medical visit and give them one-on-one peer education.

Promotoras are considered independent contractors and not employees of PPGG. They earn a wage of \$15 an hour for their time, including the orientation. The range of hours that promotoras work varies; some promotoras work a few hours a week, while others work the equivalent hours of a full-time employee. Their outreach usually takes the form of one-on-one consultations both on-site and in the community.

Promotoras meet monthly to continue their skill development and to conduct community assessment. This gives the program heads an opportunity to work one-on-one with the promotoras and discuss topics that have come up in their work.

Due to the great success of the promotora program model, PPGG is implementing a teen promotora program. Like adult promotoras, the teen promotoras will share information about reproductive health, sexuality, and PPGG services with their peers, in this case, teen Latinas. Three teen promotoras have already been recruited from the community. They were trained to conduct street outreach, arrange and conduct pláticas with their peers, and make presentations in the larger community. Teen promotoras will provide accurate, culturally appropriate health information and distribute non-prescription birth control upon request. Teen promotoras also serve as patient liaisons at PPGG teen clinics.

PPGG has conducted a process evaluation of its promotora program to track the number of presentations delivered and the number of participants reached. They plan to conduct an outcome evaluation of this program in the future.

WHICH AFFILIATES ARE DOING PROMOTORA PROGRAMS

Promotoras

PLANNED PARENTHOOD OF HOUSTON AND SOUTHEAST TEXAS

PPHSET

PPHSET has been running Promotoras for two years. The program was inspired by the affiliate's participation in the Global Partners project that took them to Mexico to partner with a clinic, Mexfam Tampico. PPHSET was very impressed by its partner clinic's promotora program and learned how to implement a similar program at home.

PPHSET already had a wealth of close connections in the Latino community, and forged a relationship with a local family-oriented organization, Avance. Avance helps PPHSET to recruit women from the community to become promotoras. Once a group is selected, program participants participate in two and a half days of training. The training consists of videos, role-playing, personal stories, and other activities. Dr. Gladys Zapien, a medical doctor from the affiliate's partner clinic in Mexico, conducts the training. The program benefits from her extensive expertise in promotora programs. Topics covered in training include human sexuality, reproductive health care, anatomy, birth control, STIs, confidentiality, teaching skills, organizational skills, and interpersonal skills. The training also places special emphasis on the difference between being an educator and a counselor. Once promotoras complete training, they can begin to earn money.

PPHSET's promotoras are specially trained in group presentations and distribute brochures to local schools and organizations with Latino women and children populations to inform them of these presentations. Promotoras earn \$20/\$25 for each hour/90-minute presentation that they conduct. They also earn a \$10 grocery gift certificate for hosting presentations in their homes. On average, promotoras conduct between two and four presentations a week. Occasionally, such as during the clinic's "Free Pap Day," the promotoras work in the clinic to take calls and give advice.

Promotoras meet once a month for a group meeting to turn in paperwork, touch base, and participate in ongoing training on new topics. Since the majority of the promotoras' time is spent in the field, it is important to have meetings at the clinic so that they can feel like part of the organization and receive support.

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AND WHAT DO THEIR PROGRAMS LOOK LIKE?

The program has been evaluated through tests given to audiences before and after promotora presentations. Results from the pre-tests show that many women had not had gynecological exams in years and believed that such exams were not necessary once a woman had stopped having children. Women were more likely to make an appointment for an exam after listening to a presentation.

The State of Texas recently passed legislation establishing a state-run training and certification program for promotoras. Promotoras must complete this program in order to receive financial compensation. In response, PPH-SET is developing a training center to train people to educate promotoras.

Promotoras Pro-Salud

PLANNED PARENTHOOD OF SAN DIEGO AND
RIVERSIDE COUNTIES

PPSDRC, California

PPSDRC's promotora program, Promotoras Pro-Salud (Promoters for Health), has been running for about nine years and is the only promotora program in the Coachella Valley. PPSDRC wanted to respond to the growing migrant and immigrant populations in the San Diego area, as well as the abnormally high teen pregnancy rate.

The program currently has 22 to 25 adult females, eight to nine adult males, and approximately 300 teen participants. Program participants are recruited through educational outreach, word of mouth, and fliers distributed by promotoras. Child care and transportation are provided free of charge to allow easier access to attend classes or to receive services from the clinic. No more than five or six are recruited at once. Once recruited, participants take a series of eight classes facilitated by the program's male or female educator (depending on the gender of the group). Topics covered include anatomy and physiology, menstruation, cancer prevention, birth control, and STIs, including HIV. A graduation ceremony marks completion of the training. Once training is complete, promotoras begin their outreach.

PPSDRC's promotora program is almost entirely field-based; promotoras typically go door-to-door giving presentations to people in the community. They are accompanied by a program staff person to monitor their activity, but the promotoras do all the educating. Promotoras also occasionally give

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WHICH AFFILIATES ARE DOING PROMOTORA PROGRAMS

PPSDRC: Promotoras Pro-Salud

continued

presentations at the clinic. They earn \$5 per referral and \$7 an hour for presentations. Promotoras work three days a week on average, for three to four hours a day. There is also a promotora available at the clinic every day that it is open to assist people who cannot read and write in English to complete paperwork. Promotoras also assist PPSDRC staff in tabling at health fairs. The program holds meetings once a month for all promotoras to address any concerns, problems, or questions they may have.

PPSDRC hired an outside evaluator to conduct an evaluation of their program. The evaluation involved focus groups and questionnaires. Results indicated an increase in desirable attitudes and behaviors among contacts. There was a 43 percent increase in correct condom usage after promotora-led talks. The number of Pap smear exams also increased significantly as a result of the program. The affiliate also conducts evaluations every three months using data collected from promotoras contacts. They use this data to constantly improve the program to adapt to the community's changing needs.

Adult Role Models (ARMS)

PLANNED PARENTHOOD OF NEW YORK CITY

PPNYC, New York

PPNYC's Adult Role Models (ARMs) program has been running for more than four years. Based on the promotora model (though not exclusive to Latinas), the ARMs program aims to educate parents on how to talk to their children about sexuality, in light of the research that has shown that parental involvement in sexuality education delays first intercourse and increases contraceptive use among teens. PPNYC used its existing ties with community-based organizations in targeted communities to recruit parents (both mothers and fathers) to become Adult Role Models (ARMs). Between 12 and 15 parents are recruited for each training period. Training consists of 75 hours of interactive sessions. The program coordinator and various educators facilitate the training, which covers sexuality, sexual health, STIs, contraception, reproduction, child and adolescent development, group facilitation skills, and presentation skills. The ARMs are given a stipend of \$20 per training session, half of which is received at the end of each training session, and the remainder upon completion of the entire training program.

AND WHAT DO THEIR PROGRAMS LOOK LIKE?

Upon completion of training, ARMs start teaching workshops in their community. There are three separate workshops, covering basic strategies to talk to kids about sexuality, communication styles to open up the doors of communication with teens, and child and adolescent sexual development. ARMs conduct a range of one to 10 workshops a month, depending on their personal schedules and needs. ARMs receive a \$20 stipend per workshop, with yearly raises that cap at \$32 a session, as well as travel reimbursement. ARMs also participate in health fairs and act as representatives for Planned Parenthood in advocacy efforts in schools and the community.

The ARMs conduct monthly meetings in order to handle administrative work (process invoices, travel expenses reimbursement), to give them an opportunity to talk about their experiences, and work as a group to develop strategies to enhance the program. The meetings are also an opportunity for ongoing training.

PPNYC evaluates the program using written post-tests for presentations. Results indicate that parents intend to talk to their children about sex more frequently and earlier than before attending the workshop. The questionnaire has also helped them develop workshops themselves (i.e., a request for more information about child and adolescent sexual development led to the development of a workshop on the topic). PPNYC is in the midst of developing a thorough evaluation of the program that should be completed next year. This program was replicated successfully by Planned Parenthood of the Palm Beach and Treasure Coast Area, Florida.

WHAT ARE SOME OTHER RESOURCES ON PROMOTORA PROGRAMS?

The Boston Women's Health Book Collective publishes the *Promotora de Salud Training Guide*, adapted from the Spanish version of *Our Bodies, Ourselves* (*Nuestros Cuerpos, Nuestras Vidas*). The training guide contains topics such as sexuality and reproductive rights, sexually transmitted infections, violence against women, mental health, and childbearing. The guide is available in both English and Spanish. Sample modules are available online, and the full guide can be obtained by calling **617-414-1232**, or e-mailing **office@bwhbc.org** or **zobeida@bwhbc.org**.

Available: <http://www.ourbodiesourselves.org/lhi.htm>

Community Health Worker Evaluation Tool Kit, published by the University of Arizona College of Public Health, offers guidance to organizations to build evaluation skills and learn to create evaluation plans for health workers programs. The tool kit can be purchased in CD-ROM (\$49) by contacting the University of Arizona Rural Health Office, El Paso Satellite, 1218 E. Yandell Drive, Suite 205, El Paso, TX 79902, **fax: 915-351-9098**; e-mail: **chwtoolkit@cox.net**. For questions, e-mail or call the Tool Kit Team at **915-351-9099**.

Community Health Works of San Francisco publishes a four-volume *Community Health Worker Training System* that includes a *Standards of Practice Manual for CHWs*, *Student Manual*, *Performance-Based Examination Manual*, and **Program Implementation Manual**.

Available: http://www.communityhealthworks.org/cht/dc_2001.html

The National Alliance for Hispanic Health has a number of resources pertaining specifically to Latino populations. Among these resources are:

A Primer for Cultural Proficiency: Towards Quality Health Services for Hispanics, a book that discusses culture, working in diverse cultures, language, history of Hispanics and Hispanic data, the role of community based organizations, and implementation.

The Hispanic Health Needs Assessment, which provides Hispanic communities with tools to self-identify critical health issues and priorities through existing public health data systems as well as community surveys, while using the Healthy People objectives (health goals set every decade by the U.S. Department of Health and Human Services) to document current community health status and progress to goals.

Salud: A Latina's Guide to Total Health (Salud: Guía para la salud integral de la mujer Latina), a book that covers the broad range of health issues affecting Latinas, from sexuality to the most common diseases (cancer, diabetes, heart disease, depression, alcoholism, etc.) and the latest on how to live healthier lives.

Available: <http://www.hispanichealth.org/>

South Texas Promotora Association represents a group of promotora programs from approximately 10 to 20 agencies with varied models of promotora projects. They have a vast array of materials, tools, etc. For more information contact Ramona Casas or Trinidad Soto at **956-783-9293**.

Texas Department of Health: Promotora Program Development Committee has various useful resources on promotora programs. Among those resources are:

A bibliography of books, journal articles, Web sites, and organizations devoted to community health workers.

A listing of community health worker training curricula from around the world. These are available for use upon request (there may be a fee involved).

Available: <http://www.tdh.state.tx.us/ppdc/ppdc.htm>

The U.S. Department of Health and Human Services, Office of Minority Health has published a guide on cultural competency titled *Teaching Cultural Competence in Health Care: A Review of Current Concepts, Policies and Practices*.

Available: <http://www.air-dc.org/cccm/practices/scanfinal.pdf>

Visión y Compromiso (Community Health Worker/Promotora Network)

The Community Health Worker/Promotora Network is one of five program areas of the **Visión y Compromiso**, an umbrella organization initiated to develop a statewide forum to exchange information related to quality of health care, current issues in the field of community well being, and relevant social policies. The network will accomplish this by supporting the work of the CHW/promotora, increasing the published research literature related to the CHW/promotora, and inform policymakers and public officials about the growing health disparities among the native-born and newcomer Latino communities in urban and rural communities. Phone: **510-232-7869**; e-mail: **chwpromotora@aol.com**.

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|-------------------------|--|
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This program guide was developed by Julia Kohn, evaluation manager, PPFA Education & Social Marketing Group, with the assistance of Rachel Hill, education intern, and Laura Fenimore, volunteer.

For more information, contact education@ppfa.org.