The Promotor Model: A Model for Community Transformation

Established in 2000, Visión y Compromiso (VyC) provides leadership and capacity building for promotoras and other community workers who use the Promotor Model. They are referred to collectively in this document as “promotores.” In 2001, VyC created the Network of Promotoras and Community Health Workers (Network) as a forum for promotores to exchange support, information and best practices related to healthcare, health inequities, quality of care, current and emerging issues in the field of community health, relevant health policy and professional development. Today, the National Network represents over 4,000 promotores in a growing numbers of regions throughout California, Arizona, Nevada, Washington, and Colorado.

Promotores are natural leaders from the communities where they live, “Being a promotora is part of my identity, like being a mom or a professional.” They share a desire to improve the community so that their family, and all families, may have a better quality of life. Experts about local resources and issues facing their community, promotores may be formally or informally affiliated with organizations as paid, stipended or volunteer community workers. They are known by diverse job titles such as peer educator, leader, parent advocate, outreach worker, community educator, patient navigator, community health worker, comadre, promoter, and more. Characterized by servicio de corazón—service from the heart—the promotor’s role extends beyond the disease-related functions of community health and is driven by a passion for justice and equality. The Promotor Model Framing Paper1 identified ten characteristics and values of promotores who have a range of skills and a unique ability to establish profound relationships. The work of a promoter is based on mutual understanding, mutual equality, mutual respect and mutual empathy.

Communicating in the language of the people, promotores address access barriers that arise from cultural and linguistic differences and lack of trust. They reduce stigma and incorporate cultural supports that improve health outcomes and help community members cope with stress and adverse events. Promotores are committed to sharing information, resources and their own experiences with family, friends, neighbors, co-workers and other community members because they don’t want others to live through the same difficulties they experienced, “If someone else can learn something from my experience, I have to share it with them.”

The Promotor Model in California is a social change model that can be implemented with any issue (i.e. diabetes, neighborhood safety, breast cancer) because it is the quality of the relationships, not a particular issue area, which has the potential to create community change. Building community trust requires promotores to participate in community activities, visit people in their homes and spend

10 PRIMARY CHARACTERISTICS AND VALUES OF PROMOTORES

1. Create and cultivate egalitarian relationships based on mutual trust, understanding and respect.
2. Committed to sharing information and resources.
3. Approach the community with empathy, love and compassion.
4. Accessible and trusted members of the community where they live.
5. Share similar life experiences as the community.
6. Profound desire to serve the community, tireless in their service, and limitless in their generosity of spirit.
7. Communicate in the language of the people and knowledgeable about community’s cultural traditions.
8. Two-way bridge connecting community to resources and ensuring institutions respond to community needs.
9. Natural advocates committed to social justice.
10. Effective role models for community change.

During 2011, VyC, Latino Health Access, and Esperanza Community Housing engaged 125 promotores in facilitated conversations in Spanish about the promotor model. Published by The California Endowment, The Promotor Model: A Model for Building Healthy Communities highlights the role of promotores in communities and agencies and the capacity of the Promotor Model to transform communities. This framing paper provides the context for this discussion and can be found at http://wwwVISIONYCOMPROMISO.org/wordpress/wp-content/uploads/TCE_Promotores-Framing-Paper.pdf
time sitting with people, listening to their experiences and sharing information. Over time, both promotores and the people they meet deepen their commitment to each other but they also change their own behaviors and create change in their families too. This long-term process is the foundation of the Promotor Model and is what holds the potential for individual and community transformation. The egalitarian nature of this relationship is in contrast to the relationship of a health worker and a patient. Although a health worker may be from the community, speak the patient’s language and take their medical history with understanding and compassion, the health worker and the patient do not participate in a mutual process of relationship building.

The work of a promotor is the work of building mutually beneficial relationships with other community members based on empathy, love and compassion. This love for the community is unique to promotores and is what motivates them to listen, empathize and do what they can to help others. Empathy and love arise naturally and without pity enabling promotores to empower community residents to take steps to create change in their lives.

**THE ROLE OF THE PROMOTOR IN THE INSTITUTION**

Do you hire promotores so that patients will comply with their diabetes treatment regimen? Or, do you want to change the community conditions that contribute to high diabetes rates in the community? Training community leaders to distribute information about breast cancer will not result in long-term community change. However, a breast cancer education program that hires, trains and empowers promotores to create healthy communities also has the capacity to:

- Build empathetic and trusting relationships with women and their families.
- Develop social support networks for women who need screening and treatment.
- Engage families in individual and collective action to improve access to health care for all residents, screening and detection services for all women, and safe spaces to recreate and fresh, healthy affordable food for all children.
- Train community residents as leaders who can participate in decision-making bodies to represent their communities.

**Working with the Promotor Model**

The Promotor Model calls for community leaders who are caring, credible, trusted and capable of creating relationships that are egalitarian in nature. However, these characteristics are not enough to create community change. A promotor program requires the support of a multi-disciplinary team of people committed to social justice and health equity including directors, administrators, evaluators, clinical providers, volunteers, and promotores. Well-run promotores programs have the potential to reduce costs, use fewer resources, improve outcomes, reduce disparities, impact social determinants, and bring justice to many communities. However, it also requires organizations to make a long-term commitment to elevate the promotor as an equal and respected partner throughout the organization. Working with the Promotor Model demands a certain level of organizational and systemic readiness to create internal changes that:

- Value promotores’ unique skills and expertise.
- Allow promotores time to attend training and engage in self-discovery, professional development and transformation.
- Hire supervisors who understand the Promotor Model and the role of promotores in the community and who will support promotores’ roles and personal and professional development.
- Remove barriers that limit promotores’ community impact such as requiring them to work only on one issue, only in an office, or only within certain hours.
- Include promotores in developing programs, work plans, grant proposals, and evaluation.
- Create mechanisms for promotores to share with the organization what they are learning from their interactions with community members.
- Develop a team approach that engages all staff in relationship building, self-discovery and reflection.
- Promote interagency and cross-program collaboration to respond more effectively to community needs.

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