Advancing the Field of Promotoras/es: A Binational Opportunity

Prepared by: Xochitl Castañeda & Rosario Alberro

Health Initiative of the Americas
School of Public Health,
University of California, Berkeley
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* Director and Associate Director, Health Initiative of the Americas
INTRODUCTION

The Health Initiative of the Americas (HIA), a program of the UC Berkeley School of Public Health, is committed to creating lasting binational policy change to reduce health disparities among underserved populations. In 2003, HIA launched its Binational Promotoras/es Program to U.S. and Mexican-based outreach workers. The program is based on an ecological approach, inspired by Paulo Freire’s principles of popular education. The program operates on a binational level; it leverages and optimizes the use of transnational resources, and it builds upon the strong connections that the Mexican Diaspora maintains with its communities of origin. Based on the premise that promotoras/es play a major role in connecting hard-to-reach populations with health systems, HIA’s contribution to the field is to address the specific health problems (including the access and use of health services) faced by the migrant/immigrant population due to the particular conditions they face during the various stages of the migratory cycle: from the communities of origin in Mexico, to border transit, to those of destination in the U.S.

After several years of proven success, HIA is adding a new element to the Binational Promotoras/es Program. HIA proposes to further enhance promotoras/es empowerment as agents of change in their communities by collectively informing key stakeholders about their experiences and best practices in working at the grass-roots level through making recommendations for policy change. In this arena Promotoras/es have a unique and distinctive voice to support their community to achieve needed policy change.

Policy change is particularly critical in the current environment, where community participation in political dynamics is fundamentally linked to activism on health. The inclusion of Promotoras/es as first responders in a health emergency can enhance the ability of organizational efforts to effectively mobilize resources to protect vulnerable populations such as those affected by migration. HIA believes improving the health of migrant/immigrant populations requires a binational approach. Thus, the integration of Promotoras/es as full members of the public health team will not only diversify the workforce serving underserved communities but also improve the overall cultural and linguistic competency of health services providers.

DEFINITION

There is no standard definition for Promotoras/es. There has been widespread debate in the U.S. regarding their name, profiles and roles, without achieving consensus. The concept has evolved considerably over time. Today, Promotoras/es are frequently known as community health workers (CHWs). They build on their existing community relationships and usually work in a variety of roles and perform a wide range of tasks. The National Community Health Advisory Study reported that the work of outreach workers throughout the country has benefited thousands of people by improving health care access in underserved communities. The study concludes that outreach workers not only identify and link people to health or support services, but they also coordinate their relationships with multiple service systems.

For the purposes of HIA’s program, Promotor/a is an umbrella term that describes non-clinical workers who are recruited for their ability to connect to their communities. They provide community health leadership through their understanding of the communities where they work, through speaking the language of the people, and through recognizing and integrating a culturally appropriate approach to health. They are considered community health leaders that provide cultural mediation to facilitate access to health resources for groups that have traditionally lacked access to adequate health care.

THE NEED

In 2008, nearly 12.7 million Mexican migrant/immigrants were living in the United States. Additionally, approximately 400,000 Mexicans migrate annually from Mexico to work in the U.S.

This mass movement of Mexicans moving into the United States has created grave concern over the health ramifications of communities on both sides of the border. Many Mexican migrant/immigrants arrive in the United States without proper legal documentation, which presents an overwhelming challenge when they try to access any type of health care service (both preventative and emergency). This population growth coincides with a decline in the quality of healthcare for Latino communities in general. As the San Francisco Chronicle reported in 2006, “on the road to better health, most vehicles are moving forward, while the Latino car is going backward.75

Other factors that negatively affect this population’s ability to properly maintain health and prevent disease include lack of information and knowledge about how and where to access health care services, lack of culturally and linguistically competent services, and lack of financial resources to pay for medical expenses.8 Evidence suggests that this lack of access to health care and prevention services in the United States contributes to a heightened risk for Mexican migrants to contract a host of infectious diseases such as hepatitis, STIs, HIV/AIDS, and tuberculosis.9 Other dangerous long-term ailments such as cardiovascular disease and diabetes are also known to be more prevalent among Latino migrant/immigrants residing in the United States.10 In addition, mental health issues afflict many migrant/immigrants living in the shadows of U.S. society because of their undocumented status; they experience isolation from their families as they contend with the daily struggles of adjusting to life in a foreign country. Finally, Latino migrant/immigrants are also at a heightened risk for occupational hazards due to the nature of their day-to-day jobs in U.S. industries such as construction, agriculture, and meat-packing.9,10

BACKGROUND: COMPARING PROMOTORAS/ES MODELS

U.S.-based Promotoras/es Programs

The use of promotora/es has been documented in the U.S. since the 1950’s. The Combined Health Information Database (CHID) was established by the Centers for Disease Control and Prevention in 1993 and includes formal CHW programs, training centers and information on health research and health practice. The database has documented over 10,000 promotoras/es participating in about 200 programs, though this estimate is known to be low due to the lack of database maintenance.11

U.S. Promotoras/es are unique public health workers because they are typically born and raised in the same community where they currently serve, which enables them to understand their patients’ health needs, cultural nuances, and preferred language more easily. Some are employees of community health centers, while others may be based at social service agencies or community-based organizations.

Due to diverse funding streams for Promotoras/es programs, many organizations have been forced to focus on particular health or social issues, causing some fragmentation in Promotoras/es services. For example, a Promotoras/es program may be entirely devoted to diabetes prevention, even though communities require medical attention for many other health issues. Since Promotoras/es programs are usually bound by contractual grant obligations, this poses a problem for effectively addressing the comprehensive health needs of special, at-risk populations like migrant/immigrants.12

One important issue concerning Promotoras/es is their need for ongoing training and education. Many health organizations and institutions have posed compelling arguments for using certification or credentialing programs and believe that they will help enhance the legitimacy of Promotoras/es, improve outcomes related to services rendered, increase Promotoras/es self-development, and expand job opportunities. There are currently five community colleges offering Promotoras/es certification in California. Moreover, Texas has instituted a statewide credentialing program that requires 160 course hours at state educational institutions, and recent Texas legislation mandates that any salaried promotor/a become officially certified.

6. HIA/CONAPO, Mexican United States Migration: Health Issues, 2005
10. Ibid.
Other professionals in the public health field argue against mandatory Promotoras/es certification because they view this type of professional license as a threat against the authenticity and effectiveness of Promotoras/es. They believe certification programs may deter culturally competent applicants from applying because of credentialing barriers such as documentation status, language barriers, and educational prerequisites like a GED.

In the United States, as an emerging workforce, Promotoras/es appear to have tremendous potential to improve access to and quality of health care while maintaining or decreasing costs. It is expected that in the near future, the U.S. may well benefit from a thoughtful integration of Promotoras/es services into the nation’s health care system.

Mexican-Based Promotoras/es Programs

In Mexico, community health models involving Promotoras/es are common and have historically been used by local communities to collaborate with Mexican public health systems. The programs promote social solidarity, are family centered, and stimulate social and community interaction. Mexican Promotoras/es usually strive to expand their scope of work and help prevent disease and illness from spreading among hard-to-reach underserved populations. Unlike their United States-based counterparts, Mexican Promotoras/es are typically volunteers who have chosen to join a national effort to protect the health of communities via government programs such as Oportunidades, a Human Development Program implemented by the Mexican government. This is a conditional cash transfer program that is helping Mexican families deal with poverty through coordinated interventions regarding health, nutrition and education. In order to receive the cash transfers, low income families have to visit health centers regularly and send their children to school.

The Promotoras/es model operated by IMSS-Oportunidades, a special program of the Instituto Mexicano del Seguro Social (Mexican Social Security Institute), is a holistic and preventive model that utilizes primarily volunteer Promotoras/es de salud (Promotoras/es of Health) in community-based health promotion and disease prevention activities. They are mostly located in remote rural areas and in some cases, in places where no other health system is present.

Another important government sponsored national program using Promotoras/es is “Vete Sano Regresa Sano” (“Leave Healthy Return Healthy”), a centralized health promotion and education initiative designed to protect the health of mobile populations- both internal as well as international- by providing them with information and resources on the migratory cycle.

The Health Initiative of the Americas has been working with Promotoras/es programs in both countries in disadvantaged communities. HIA’s goal is to assist people who are not protected by mainstream society by bringing a binational dimension to existing efforts, and by promoting action to improve the quality of health of immigrant populations.

HIA’S BINATIONAL PROMOTORAS PROGRAM DESCRIPTION

According to 20th century Spanish philosopher Ortega y Gasset, “I am myself and my circumstance” (“Yo soy yo y mi circunstancia”). That is, one’s life is an intense dialog between oneself and one’s environment. HIA has embraced this premise in developing an ecological perspective to its Promotoras/es program that aims to empower social networks and establish resiliency within minority communities.

Groups and communities are strengthened by working collaboratively and cooperatively to provide the best services possible. Because of its leadership position in promoting binational health strategies designed for migrant populations, HIA is able to enlist participation from many strategic health delivery agencies and social service organizations throughout the United States (over 90 organizations) and Mexico, including the Mexican Ministry of Health and the Mexican Institute of Social Security.

To promote health among migrant/immigrant populations, Promotoras/es programs in the U.S. and Mexico focus on changing patterns within the migrant/immigrant community’s social environment. HIA’s Binational Promotoras/es Program seeks to equip promotoras/es with specific knowledge and skills to better serve migrant/immigrant populations on both sides of the border. Community organizing requires community groups or partners to come together and address common problems faced by a mutual target population.
For HIA, this common purpose consists of mobilizing Promotoras/es from the U.S. and Mexico in order to sensitize them to the cultural context of migrants and immigrants, foster communication and collaboration opportunities among Mexican and U.S. Promotoras/es, and teach them how best to serve this transient and vulnerable population.

HIA’s Binational Promotoras/es program is made up of various activities: 1) producing manuals on selected migration and health topics; 2) training Promotoras/es on these health topics and holding an annual binational Promotoras/es conference; and 3) organizing Promotoras/es exchanges between the U.S. and Mexico. To date, more than 1,200 promotoras/es have received training under HIA’s Binational Promotoras/es Program, and more than 250 have participated in the binational exchange program.

**PROMOTORAS/ES TRAINING MODULES: TALES OF COMING AND GOING**

To enhance the work of Promotoras/es, HIA has partnerships with key organizations in both Mexico and the United States to produce Spanish-language manuals and training materials on health topics pertinent to migration.

The purpose of these manuals is to provide information to promotores/as about migration and its connection with health problems among migrants/immigrants. We define migrants as people who go between countries, regions, states, or harvests. Immigrants are people who either permanently or semi-permanently live in the United States and who are originally from another country.

HIA recognizes that migrant/immigrant health issues affect individuals, families, and communities in the United States as well as within migrant/immigrant countries of origin. The health topics that the manuals address are related to the fact that migrating, leaving villages or cities, and going to live in different places, increases vulnerability to certain health conditions and illnesses and to physical and mental health problems. In addition, the health needs of migrants/immigrants are poorly met by available health services and complicated by cultural and linguistic discrimination, gender inequalities, the lack of access to transportation or health clinics, the high cost of services and fear of being deported.

HIA uses a “train the trainers” model to discuss with Promotoras/es health issues that they can address in their communities. HIA’s approach involves promotores/as groups A) identifying and reflecting on aspects of their reality (for example- mental health problems related to anxiety due to having split families in two countries); B) looking beyond these immediate problems to their root causes; and C) examining the implications of these fundamental issues, and developing a plan of action to address the problems in a holistic manner.

Their knowledge of institutions, neighborhoods, and other community characteristics make Promotoras/es uniquely qualified to help community residents to help themselves. As mentioned, the effectiveness of their work is linked to their interpersonal communication skills and their cultural and linguistic competency. The manuals are easy to understand and offer Promotoras/es the tools to help migrant/immigrants discover, experiment, talk, feel, listen, reason, express themselves, relate to, and participate in their own learning process about migration and health.

Furthermore, HIA has defined what it has observed as the **five distinct stages of migration** through which migrant/immigrants pass and how these stages engender health challenges. Each person has his/her own history of coming and going between borders, languages, and dreams. All stages are illustrated with examples of real-life experiences of people passing through the cycle of migration.

**Stage I. Preparing for Departure**

Preparing to migrate is often a well thought-out process that involves the individual, his/her family, friends, and acquaintances. Most people migrate in search of better work and higher pay, while others come out of curiosity or to join family members. The precise time of departure is determined by a number of different factors, including access to sufficient money to pay for the crossing. However, some migrants may have a very short time to prepare for leaving, especially when they are forced to escape violent or other harsh political situations. Starting before the migrant/immigrant leaves and continuing during his/her time away, the families and friends that remain in the home country develop new rules in order function in the migrant/immigrant’s absence. Women and children who are left behind make many adjustments, such as assuming non-traditional roles, as they learn to live their daily lives without their loved ones.

**Stage II. Crossing**

Border crossing is a physical and symbolic separation—a transitional phase that is full of fear and uncertainty, regardless of whether the migrant/immigrant is crossing with or without legal papers. If a migrant/immigrant is undocumented, the border crossing can involve paying a large sum to a “coyote,” or “border specialist,” who organizes the journey as well as risking his/her life during the crossing. Undocumented migrants/immigrants can cross many borders and new environments on the way to their destination, often encountering violence, immigration patrols, and other dangers.
Stage III. First Impressions
Survival and meeting basic needs are the most important and immediate tasks upon arrival. When migrants first come to the U.S., they often feel shock as they face a life that is new and unknown, and might experience a different sense of reality, as if they were in a dream or nightmare. A new location offers many challenges—adjustments to a new language, places, people and customs, and for those who are undocumented, the constant threat of being deported.

Stage IV. Staying in a New Country
If a migrant/immigrant decides to stay in the U.S., he or she must begin the process of integrating into the new society, which involves finding work, learning some English, getting to know the local culture, and establishing ties among family, friends, and other ‘paisanos’. Whether migrants/immigrants have legal resident status or not, they are at risk for remaining isolated from the new society regardless of their length of stay. This period of adjustment and identity development is an ongoing process and can be a particularly difficult time for a migrant/immigrant since he is continually facing the stresses associated with being far from important community, social and family ties in the country of origin.

Stage V. Returning
Many migrants/immigrants will decide to return home after a few months or years, motivated by family, work, new opportunities, or because things have not worked out as planned. The adjustment process continues when a migrant/immigrant returns home to find him/herself just as changed as the life left behind. The return home can be temporary, and the migration process is sometimes repeated several times.

HIA has created three well-received migration and health training modules on the topics of mental health, occupational health and safety, and women’s reproductive health associated with the five stages of migration.

- **Manual de Salud Mental: Historias del Ir y Venir (Mental Health: Tales of Coming and Going)** produced in collaboration with the Programa Oportunidades of the Mexican Institute of Social Security. This manual has been valuable for providing Promotoras/es with information about migration and its connection with stress and mental-health problems among migrant/immigrants.

- **Manual de Salud Ocupacional (Occupational Health and Safety)**, co-sponsored by the Office of Binational Border Health (California’s Department of Health Services) and Mexico’s Secretariat of Health. This manual focuses on health risks facing migrant workers in agriculture, construction, and food processing. Promotoras/es are taught how to sensitize workers to these risks, how to best protect themselves and their families from such hazards as pesticide poisoning, and how to gain access to protection and treatment services even if they lack documentation.

- **Manual de Salud Sexual y Reproductiva de Mujeres Migrantes (Sexual and Reproductive Health of Migrant Women)** was produced through collaboration with the Mexican National Women’s Institute (Instituto Nacional de las Mujeres). The manual trains Promotoras/es on women’s sexual and reproductive health topics from a perspective of gender equality that includes sexual and reproductive human rights.

- A new manual on **Migrant Youth Reproductive Health** is in process as a result of HIA’s collaboration with the Mexican Foundation for Family Planning (Fundación Mexicana para la Planeación Familiar). This manual aims to improve promotora/es’ skills to address sexual and reproductive health issues among adolescents focusing on prevention and self care.

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13. Renamed (since the creation of this module) in 2007 to be the California Department of Public Health.
PROMOTORAS/ES EXCHANGE

The Promotoras/es Exchange Program is a one-week cultural immersion program for Promotoras/es based in Mexico and the United States. Twice annually, participants are selected based upon their Spanish language ability, as well as their location in U.S. communities with large Latino populations. Mexican Promotoras/es are selected to participate from Mexican states with a high incidence of U.S. migration. These individuals travel between the two countries to participate in fieldwork with their counterparts. This experience helps participants understand the cultural, social, and political environment of migrants/immigrants and their difficulties in accessing health services.

The program seeks to provide Promotoras/es with exposure to the specific needs and obstacles faced by mobile populations and the resulting implications on health-seeking behavior, health-status, and risk perception. Through site and home visits, participants experience first-hand the context in which the migrant/immigrant population lives and works and where their peers operate. Additional objectives of the program are to increase health outreach workers’ knowledge about the health care systems in both countries, enhance their skills to provide culturally competent care, and create a network for future binational collaborations.

Although most participants have previously attended community outreach and health training workshops, few of them have been trained in working with the Mexican population in the United States. Furthermore, even fewer have participated in a binational exchange program that provides training on the specific needs and challenges faced by the Mexican migrant/immigrant population. Participants are motivated by the program’s binational focus and its commitment to improving the health status of migrant/immigrants and their families.

BINATIONAL PROMOTORAS/ES CONFERENCE

HIA’s annual Binational Promotoras/es Conference has seen a total participation of approximately 1,200 outreach workers since 2003. Conference participants discuss and exchange experiences and plan focused activities including educational health outreach to their home site patient populations in Mexico and the United States.

The binational conference includes diverse sessions aimed at enhancing the Promotoras/es’ knowledge about the health-care system in both countries, focusing on the opportunities and challenges faced by health professionals working with migrant/immigrant populations, and on binational issues for this population in the areas of mental health, occupational health and safety, and migrant women’s sexual and reproductive health.

In 2008, researchers from the University of California (both UC San Francisco and UC Berkeley) conducted a special session with the Promotoras/es to obtain their perspective on emerging and existing pertinent health issues among migrant populations.

The 2009 conference will stress the need for learning how promotoras/es participated in the public health response to the influenza virus as a preamble to include them in a coordinated rapid response core for both anticipated and unanticipated health emergencies in the future.

CLOSING OBSERVATIONS

Skilled in grassroots communications, and as members of the communities they serve, promotoras/es play a key role in building vital community support for and participation in health programs.4 Typically, they inform community residents about health programs, identify and help enroll those who are eligible, and provide information and counseling with respect to specific concerns raised by community members. In this way, they help to empower community residents through educational activities and increasing access to resources.

In the case of underserved groups such as migrant/immigrant populations, promotoras/es are one of the most important community resources for improving community health and general wellbeing. However, despite their strong presence in Mexico, Promotoras/es are underutilized as an effective part of public health policy and programming in the United States. It is for this reason that HIA’s approach to strengthening and expanding the work of Promotoras/es is binational in scope. HIA’s Binational Promotoras/es program aims to build institutional recognition and incorporation of Promotoras/es into common public health practice in order to better serve the migrant/immigrant population. HIA’s track record of successful binational collaboration gives the program the backing of government health agencies on both sides of the border. It is through this binational, cooperative and collaborative approach that a bridge of trust is built between communities of the underserved and those institutions that aim to serve them.