



The Bridging Role of Community Health Promoters

Their Experience to Date in the Community Clinics Initiative's Networking for Community Health Program

PREPARED FOR:

Community Clinics Initiative
A project of Tides and The California Endowment

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INTRODUCTION

In varied forms and approaches, community health promoters enable broader and deeper connections between community residents and the organizations that serve them, including community clinics.ⁱ Moving with relative comfort and grace beyond a community clinic's four walls, health promoters assist clinics by knitting together resources and delivering messages that advance the health of the community.

Many grantees of the Community Clinics Initiative's (CCI) Networking for Community Health (NCH) program have found that community health promoters help them reach their NCH grant goals as well as aspects of their clinic's mission, including:

- Increasing community residents' understanding of the health and social service resources available to them;
- Improving underserved populations' access to health services, especially preventive services;
- Delivering culturally appropriate health services; and
- Facilitating and supporting advocacy for the broader health concerns of the communities that clinics serve.

For this brief, we examined eight NCH grant projects that use community health promoters as a primary strategy to reach their NCH goals. We describe the roles that health promoters have played in the NCH projects, the effectiveness of this strategy and the lessons clinics are learning from their experiences. We believe this information will be useful to community clinics, organizations in the broader health care safety net and funders that are currently or considering incorporating or supporting community health promoters as a strategy.ⁱⁱ

The review and analysis for this brief are part of a larger evaluation that BTW *informing change* is conducting of the first NCH grantee portfolio, in which multiple strategies and their impacts across all 26 NCH grantees are being assessed.ⁱⁱⁱ

WHAT IS THE NETWORKING FOR COMMUNITY HEALTH PROGRAM

The NCH program is part of CCI, a joint project of Tides and The California Endowment, which began in 1999 as a one-time grantmaking program and has since grown into a \$113 million initiative to enhance the capacity of California community clinics to provide high-quality health care for underserved populations.

CCI launched the NCH program in 2008 to support clinics' networking efforts related to their core mission of improving community health. Building on clinics' expertise in providing clinical care and their long-standing connections to the communities they serve, the NCH program supports clinics in partnering with other organizations (e.g., social service agencies, schools, neighborhood associations) to tap into external expertise and resources, build grassroots connections and empower community residents to take action for community health.

WHAT IS A COMMUNITY HEALTH PROMOTER?

The concept of drawing on trusted individuals in the community to disseminate vital information is not new. Marketing experts acknowledge that word of mouth is the most effective advertising technique. Public health campaigns have long depended on "street-level" workers to connect with difficult-to-reach populations.

Community health promoters are recruited from the target communities, and they apply their knowledge of the area and personal connections with residents to benefit their work. These frontline health promoters hold a variety of names, including *promotores* (i.e., the Spanish word for promoters), community health workers, public health aides, peer educators, lay health advisors, health advocates, and even case managers and block parents

(Love, 1997; The California Endowment, 2000). However, regardless of the title, the intended impact of community health promoters is better health for underserved communities.

Research has documented the significant, catalytic role health promoters can play in stimulating community residents' interest in the broad principles of preventive health maintenance and follow-up care (Brownstein, 2008; Health Resources and Services Administration, 2007). Their role in community-level advocacy is less fully researched.

Clinics, hospitals, government agencies and community-based organizations rely on different types of health promoters, depending on the specific health needs and the community to be served. For example, a community health promoter may:

- Focus on a single issue (e.g., HIV/AIDS prevention, diabetes education) or a multi-issue project (e.g., a youth development effort addressing violence, substance abuse, education and employment);
- Be employed by an organization, receive a stipend or serve as a volunteer; and
- Follow a predictable weekly routine, have a flexible monthly routine, work on-call or intermittently, or be free to follow emerging trends and opportunities in an assigned area and design activities based on his or her own schedule.

WHAT DO NCH GRANTEES CALL THEIR COMMUNITY HEALTH PROMOTERS?

Community Advocates
Community Health Workers
Community Leaders
Health Advocates
Lideres Comunitarios (Community Leaders)
Promotores de Salud (Health Promoters)

HOW DO NCH GRANTEES USE THE HEALTH PROMOTER STRATEGY?

Looking across the eight NCH grantees studied for this evaluation brief, we see how the community health promoter role is adjusted to apply to a wide range of objectives, operational structures and community needs.

“Our community advocates are a mix of known leaders in the community and new and emerging leaders, such as young adults who want to contribute to the community health efforts that our clinic is doing.”

—Project staff

Although the project foci and tasks vary across grantees, all of the community health promoters' activities are directed at reducing barriers to health in underserved communities. There are two main ways NCH projects incorporate health promoters to achieve intended impacts—through health education and advocacy. Most of the NCH grantees focus on one or the other; only one grantee project focuses on both.

Health Education

Half of the NCH community health promoter projects are providing health education and practical support for healthy lifestyle changes. The health education projects feature a strong interest in and respect for the perspective of community residents on health issues, both individual health needs and larger community-wide ones. To fulfill this aspect of the projects, staff select health promoters who bring personal interest in and connections with the work to be done, as well as familiarity with the residents of the target communities.

NCH health education efforts include community health promoters who:

- Run a regular schedule of nutrition and exercise classes at convenient community locations, including the local elementary school and a neighborhood park;

- Facilitate diabetes education and support groups;
- Take what they learn in Red Cross disaster preparedness trainings and translate it—not just in language but also in context—so it is more meaningful and useful to farm workers; and
- Encourage better nutrition practices by holding tastings of fruits and vegetables when the emergency food pantry distributes fresh produce.

The community health promoters in the NCH health education projects help community residents without a medical home to find one, including conducting follow-up calls or visits to confirm that the connection between patient and provider was made.

Advocacy

The other half of the NCH community health promoter projects are leading and facilitating civic engagement and advocacy activities. These efforts address broad community issues related to health (e.g., county budget cuts, traffic/transportation, location of health care services) and facilitate close interaction between clinic representatives and a variety of community groups and individual community leaders. For example, health promoters engage in the following activities to help mobilize residents:

- Conduct community needs assessments and organize town hall meetings to discuss “hot” issues;
- Create and perform street theatre to explain the impact of budget cuts in health care;
- Prepare and present testimony for local, state and federal elected officials regarding children’s access to health care; and
- Work with community development groups to engage monolingual populations in community planning forums.

NCH advocacy projects, in keeping with a widely accepted belief that health promoters are most effective when speaking from personal experience, encourage their health promoters through training and coaching to use their specific experience to inform their advocacy work. These health promoters tell of personal impact from funding cuts, gang violence, lack of medical services and other community health issues needing greater community awareness and action. They tell their stories in formal meetings and in one-on-one conversations on the street, and they ask others to get involved in the issue at hand.

The four clinics incorporating community health promoters in advocacy work had previous experience engaging health promoters. Several report that veteran health promoters who focus on health education or health care projects at their clinics also joined the NCH advocacy projects.

Key Characteristics of the Community Health Promoter Strategy

Most of the common features across the NCH community health promoter projects mirror what is found in health promoter projects in the broader field. We highlight some noteworthy features here because they mirror the networking and community health focus of the NCH program.

- Undergirding all the NCH grantee projects is a philosophy of valuing relationships, communication and shared data among diverse partner organizations and community residents about community health needs and solutions.
- The health promoter strategy carries the clinic’s work beyond the walls of the clinic into diverse locations (e.g., schools, food bank distribution sites, English as a Second-Language classrooms).

PROFILES OF COMMUNITY HEALTH PROMOTER PROJECTS

Neighborhood Connections

The Santa Cruz Women's Health Center is partnering with three community resource centers to provide greater access to health care services among low-income, at-risk and hard-to-reach community residents. With NCH grant funding, each resource center enlisted and trained a small team of community health promoters, called Promotores de Salud. The Promotores help individuals without a medical home to connect with a community clinic in Santa Cruz County. They offer health promotion classes on a wide range of issues, from controlling high blood sugar and obtaining dental care to ways to encourage spouses to get a health check-up. Some of the Promotores' most effective work occurs in individual encounters during the community resource centers' ongoing service provisions (e.g., food distribution, parenting classes), where they provide health-related information and also collect data about residents' health needs. Promotores also testified about health care needs at a community development hearing attended by elected officials. This kind of opportunity has built the Promotores' leadership skills and confidence: two of them recently became members of the boards of directors of local nonprofit organizations.

Disaster Readiness

To reduce the potential for disaster casualties in their community, Vista Community Clinic and its partners in the local Farm Worker CARE Coalition developed a Farm Worker Disaster Preparedness plan and a coordinated community education curriculum. Within a year of completing the plan and curriculum, hundreds of farm workers and their family members participated in educational sessions led by Lideres Comunitarios, a group of community health promoters trained to deliver the disaster preparedness curriculum. In these sessions, health promoters address the specific context of farm workers as it relates to disaster preparedness and other health issues, including some residents' reluctance to seek help from government organizations due to concerns around documentation requirements, cost and cultural and linguistic competence. The health promoters distribute emergency first aid kits and give instructions of where to go and who to contact for help after a disaster, such as the recent wildfires in San Diego County that separated many families for days.

Community Mobilization

Project HEAL (Health, Education, Advocacy, Leadership) recruited and trained thousands of Community Advocates in Los Angeles County to spread the word about and mobilize residents around issues affecting their community, including health disparities, health care reform, immigration and environmental issues. Project HEAL is a partnership of AltaMed Health Services and seven community organizations. With NCH grant funding, AltaMed combined advocacy and leadership training with the grassroots leadership and community connections of Project HEAL partners to ignite community interest and activity around issues affecting patients and the broader community. Project HEAL recruited Community Advocates and trained them on health disparities in the communities where they live as well as how to communicate with elected officials and the media. These Advocates have led citizenship classes and campaigns for voter registration and census participation and participated in media interviews, press conferences and visits to state and federal legislators. They organized several large town hall meetings, in which the choice of topics was based on results from a community needs assessment conducted by the Advocates during the first year of the NCH grant. They took laptop computers to community events and workshops and assisted over 900 community residents to complete a 32 question online survey.

- Through referrals to other service providers (e.g., housing, legal, youth development) and promotion of a range of civic actions (e.g., citizenship, English language acquisition), other organizations and community leaders learn about the clinic and its services.
- All projects provide a “home base” for the health promoters either in a clinic or within a partner organization; in some cases where the health promoters focus on advocacy, they move fluidly among a range of community organizations, helping with several other projects at the same time.
- The health promoters collect three types of data: information to assess the effectiveness of their health education sessions with community residents; community needs assessments to prioritize the focus of NCH project work; and individual health information to facilitate their referrals and follow up, as well as the health education and health care services provided by the clinic. The type and amount of data collected and the role it plays in the NCH project varies. For some projects, data collected during community meetings as well as through formal needs assessments opened doors for media stories, conversations with elected officials and presentations to other decision makers.
- Most grantees report that the individuals selected as health promoters were recognized in at least some segments of the target communities as informed and dependable community helpers, if not full-fledged community leaders.

“Having a presence in the [community center] has made a big difference. We are able to connect with people too intimidated to call our clinic office on their own.”

—Project staff

THE EFFECTIVENESS OF THE COMMUNITY HEALTH PROMOTER STRATEGY

Grantees report a number of key ways that the community health promoter strategy is effectively advancing their NCH goals and their clinic’s mission to promote community health. By facilitating the development of shared knowledge, leadership and communications, community health promoters serve as a bridge to expand capacity for community health for the clinic, its partners and the community more broadly, as illustrated in the figure below.

Community health promoters help to improve access to quality health care delivery services for low-income and underserved populations. They make and receive patient referrals and increase the locations and methods by which clinics can provide and link individuals to services. Those providing health education are facilitating the delivery of health care to more individuals, including many who have not regularly accessed



health services. Additionally, health promoters are encouraging and supporting healthy lifestyle changes in personalized, non-institutional ways. In all eight of the NCH grantee projects, health promoters are helping clinics offer linguistically and culturally accessible services to target communities.

“Our biggest accomplishment is the level of trust that we have gained in the community.”

—Community Health Promoter

Community health promoters open channels through which individuals can feel safe connecting with the health care system. The strategy offers a way to connect with hard-to-reach populations for preventive care and reduce their dependence on emergency services. In a few cases the strategy stimulated partner organizations, including government agencies, to explore new options for providing services to vulnerable populations (e.g., homeless populations, undocumented residents) and open even more channels for connecting hard-to-reach populations to the health care system.

Community health promoters create useful linkages between more established health organizations and grassroots leaders and community groups. Health promoters take messages crafted by established health care organizations (e.g., hospitals, clinics, disease-specific support organizations) and relay them in linguistically and culturally appropriate forms to people who live their daily lives outside of the circles where the established organizations convey their messages. From their work with clinics and their participation in NCH project meetings, health promoters carry information to the streets, the markets, church gatherings and other neighborhood communication points. Some health promoters present their projects to civic leaders and elected officials, carrying the voices of the less visible and powerful into policy discussions that affect community health and well-being.

Community health promoters support community residents in developing civic values and building their leadership skills. Health promoters and the community residents they recruit for activities increase their knowledge, community connections and personal confidence, all of which improve the likelihood that they will participate again in community work. All grantees describe how the health promoters have grown and developed as a result of their involvement on the NCH project; some received significant professional development opportunities, such as attending conferences and travelling to the state and national capitols to meet with legislators.

“We learned a lot about different community needs, whether it was about gang violence, drugs and alcohol to, ‘I don’t know what to do with the food I buy at the farmer’s market.’ It was exciting to construct the [health promoter] training around real needs in the community.”

—Project Staff

Community health promoters expand clinics’ understanding of community issues. By opening more avenues for two-way communication loops with community residents, health promoters expand a clinic’s “nodes” for communicating messages. From these new “nodes” comes an influx of new information, including learning about barriers to accessing clinic services and the identification of unmet needs.

Community health promoters create a bridge that enhances a clinic’s visibility and reputation and enlarges its circle of allies in the community. The health promoter strategy builds trust and credibility among individuals and organizations in the community. Health promoters engage and provide services to

individuals who previously felt disconnected from health care, either because of cultural or language differences, fear or geographic distance. Collaborations with grassroots organizations highlight the alignment of a clinic’s mission with others within the social justice movement; in some cases this has energized clinic staff as well.

IMPLEMENTATION TIPS & LESSONS LEARNED

For those who are currently supporting or implementing a community health promoter strategy, or plan to do so, the experiences of the NCH grantees can provide some lessons and insight.

The use of community health promoters is a flexible strategy that easily complements other strategies; however, with this flexibility comes potential for diffused impact.

- The health promoter strategy is malleable—just as it can be formed to fit the shape of a well-designed project, it can easily be shaped to fit a one-time crisis or a new community movement. The malleable nature makes it more difficult to manage the strategy for consistency, in both processes and results. It is easy for health promoters to be pulled in many different directions, including those for which they have no training, or to become distracted from the primary purpose of their work by emergent or urgent community needs.
- It is unrealistic to expect that a health promoter strategy will roll out in a pre-planned, linear fashion. The ability to respond to emerging needs of community residents and adapt to the environment is integral to the strategy's effectiveness. It also heightens the importance of frequent communication and clarification about expectations and goals with health promoters, partner organizations and clinic staff.
- To help health promoters maintain their focus on a project's ultimate goals, it is especially useful to have contacts in place for referrals (e.g., housing, legal, employment) so that health promoters can efficiently and confidently refer patients to other service providers.

The selection and training of community health promoters are critical building blocks for success.

- Training sessions, both initial and in-service, are central for positioning health promoters for success. In addition to building knowledge and skills, the group training experience develops and sustains the health promoters' interest in the ongoing work and builds a sense of teamwork and peer support. The camaraderie among the health promoters and their staff colleagues sets the stage for building lasting connections to the clinic and the partner organizations.
- Training needs to be customized to the specific project and health promoters and include both skills training (e.g., listening, collecting data, public speaking) and content knowledge (e.g. diabetes, county budget cuts). All grantees called on partner organizations for assistance with their health promoter curriculum and training.
- Some clinics report high turnover among health promoters, requiring the program to plan and schedule additional training. However, grantees with several years experience with health promoters report that they are able to maintain a pool of "inactive" promoters who are willing to participate occasionally in clinic projects as needed. It is important that the "inactive" promoters continue to either live in or remain closely connected to the target community.
- Health promoter training is an investment in the capacity of the community. According to the clinics with previous health promoter experience, over time a clinic can leverage the initial recruiting and training investments into longer-term benefits for both the clinic and the community. For example, a couple of the clinics say they consider former health promoters as community ambassadors and find ways to continue to involve them in the work of the clinic.

“These promotores are passionate and skilled. They've got leadership abilities that are natural and being developed. They want to just do everything and they become more and more engaged...it's great, but we had to step in [to refocus them].”

—Project Staff

Managing volunteer community health promoters requires special attention from a skilled supervisor.

- Grantees overwhelmingly favor volunteer status for health promoters. By having volunteers, grantees note they have been able to engage a greater number of health promoters and include individuals who hold a wide range of professional experience, educational background and citizenship status. Having greater numbers of health promoters also means that projects can better accommodate different time commitments and schedules.
- Some grantees provide stipends or incentives to health promoters. Paid professional development opportunities, such as attending conferences, are also used to recognize and reward volunteer health promoters, sometimes in lieu of stipends.
- Similar to supervising any type of volunteer program, the supervision of volunteer health promoters requires attention to and knowledge of individuals' interests, talents and needs. For a successful long-term match, each health promoter assignment must thoughtfully combine the individual's personality, skills and availability with the work to be done and the setting, including the organizational culture.

“We built this participant-driven, empowerment-based curriculum that is all about engaging people in their own stories, to draw them into issues that are important to them and get them to take action in a way that gets good results and builds community capacity.”

—Project Staff

If desired by and relevant to community health promoters, project managers can help them recognize how their health promoter experience can increase their employability. Some clinics report cases of a volunteer health promoter moving on a career trajectory to a part-time and then full-time employee, either at the clinic or in another health care setting. Grantees also report that many health promoters are content with their volunteer role; they are satisfied with the opportunity to serve their community, have a flexible structure and gain heightened community status as their health promoter tenure lengthens.

When a partnership takes on a community health promoter strategy, clarity about each partner's role and responsibilities is essential.

- According to grantees, in-person meetings of the partners are integral to overcoming project challenges.
- Grantees recommend encouraging partner organizations to send both a senior organizational leader as well as relevant program staff at least once a year for a formal partner discussion of accomplishments to date, challenges, plans for the future and any adjustments that need to be made.
- If health promoters are not supervised by the lead grantee (i.e., clinics, in the case of NCH), it becomes even more important to have all partners clarify and ratify their respective responsibilities. The lead grantee must take the initiative to ensure broad understanding of the desired outcomes and appropriate benchmarks for monitoring health promoters' work. Measurable performance goals (similar to employee performance goals) are ideal but sometimes difficult due to the multiple partners, the relatively unstructured nature of this type of work and, at times, cultural differences.
- Grantees recommend holding frank discussions among partner organizations about health promoter hours, payments or incentives and the use of grant or other funding for this. Similar to the tensions around salary rates and employee benefits, organizations have different perspectives about monetary recognition for volunteers, often based on long-standing traditions and organizational philosophy.

Most NCH projects utilizing community health promoters describe a need to develop greater capacity for collecting and using data.

- Grantees report that the biggest struggle has been to get health promoters to consistently collect or track individual health information.
- Clinics express a desire to know more about incorporating health promoters' data in their projects and analyzing the data that they collect.
- Some grantees report that nontraditional techniques to collect data tend to be more effective than traditional tools (e.g., paper forms, assessments). For example, some health promoters are using laptop computers to gather information for community needs assessments, others are writing stories and theatre pieces as ways to describe impacts, some call on individuals to raise their hands to respond to questions about training sessions, and others use simple daily journals to record their work and observations about community residents.

LOOKING FORWARD

As community clinics build their collective experience with community health promoters, it will be important to document and share useful insights and information that accrue. Below we suggests some ways that clinic leaders, their partners and funders can further promote and develop the community health promoter strategy:

- Support opportunities for clinics and partners to learn from one another's experiences with community health promoters;
- Provide opportunities for the professional development of the community health promoters and their managers (e.g., peer exchanges, multi-clinic convenings);
- Explore ways to provide technical assistance in designing and implementing data collection and analysis efforts with community health promoters; and
- Examine whether and how volunteer management principles and resources intersect with the management needs of community health promoter programs.

“Our health promoters have been very engaged and helpful in doing surveys. One was a community-wide violence survey that's now feeding into other local coalitions. They're using our data with school districts and local elected officials.”

We hope this brief will stimulate ideas and stir others to incorporate community health promoters in their work.

Bridging the distances between the excellence within a clinic's

four walls and the needs of its community is something from which every community can benefit.

—Project Staff

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- i Sometimes the term *health promoter* is used in this brief as a shortened form of *community health promoter*.
- ii The *health care safety net* includes the wide variety of providers delivering health care to low-income and other vulnerable populations, including the uninsured and those covered by Medicaid. This includes public hospitals and community clinics as well as teaching and community hospitals.
- iii Data collection for this brief included hour-long key informant interviews with the eight NCH project leads; two ninety-minute telephone focus groups, one with seven participants (six project staff and a partner representative) focused on advocacy work and one with five participants (three project staff and two community health promoters) focused on health education; and materials review, including proposals and mid-grant reports.



2040 Bancroft Way, Suite 400
Berkeley, CA 94704
tel 510.665.6100
fax 510.665.6129

www.btw.informingchange.com