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“*Todo Se Hace de Corazón:*” An Examination of Role and Identity Among Latina *Promotoras de Salud*

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Promotoras de salud are community health workers that mostly help the underserved members of Latinx communities. They seek to reduce health disparities through community engagement and work that is voluntary or mostly unpaid. While there is evidence that promotoras aid in prevention, follow-up care, and treatment adherence, little is known about promotoras themselves, specifically, the impact that fulfilling their roles has on their views of themselves and their service identities. Fourteen Spanish-speaking, Latina promotoras were interviewed individually about their experiences and their motivation for the role. Four themes emerged from the content analysis of the participant responses: “*Uno Nace Siendo Promotora:*” One is Born Being a Promotora, “*Poner Esa Semillita:*” To Plant a Seed by Sharing Knowledge, “*Es un Regalo Ser Promotora:*” It is a Gift to be a Promotora, and “*Se Hace por Amor pero también Hay Necesidad:*” A Labor of Love but there are Needs too. The findings show that assuming and enacting the promotora role had positive benefits, both personal and professional, despite the often-limited recognition they received. The findings have multiple implications for the development of health and prevention programs, particularly for those that involve promotoras de salud.

Public Significance Statement

Latina promotoras de salud (i.e., Latina community health workers) largely enjoy their community engagement and are fulfilled by their roles. They particularly appreciate the opportunity to disseminate health-related knowledge and see themselves as uniquely able to reach Latinx underserved communities. While they view their work as a “labor of love” they would appreciate some level of compensation.

Keywords: promotora de salud, community health worker, role, identity

Some community health programs offer assistance in disseminating health and disease information, as well as in accessing and utilizing

the healthcare system by relying on a network of mostly volunteer or contracted promotoras. These workers have received different names

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and, at times, occupied different roles including lay health worker and community health advocate (Malcarney et al., 2017). In the health literature, Latina female community health workers are mainly known as *promotoras de salud* (hereafter referred to as *promotoras*), though the term may not be as familiar to others outside of the health-care field (Schwingel et al., 2017). As characterized by the American Public Health Association (2009), *promotoras* are frontline public health workers who are perceived as trusted members of the community and have a particularly close understanding of the community they live in and serve. This social representation allows *promotoras* to serve as liaisons or even intermediaries between health or social services and the community to enhance health knowledge and self-sufficiency (Elder et al., 2009). Drawing from a wide range of skills, knowledge, and cultural competence, *promotoras* facilitate access to services for individuals and improve the cultural appropriateness of service delivery (Deitrick et al., 2010). For instance, the majority of *promotoras* are able to speak in the community members' dominant or preferred language (e.g., Spanish, Mixtec) and have an awareness of cultural values and norms that may influence access and utilization of traditional healthcare services (Johnson et al., 2013).

The evidence supporting the involvement of *promotoras* in the facilitation of prevention, follow-up care, and managing chronic diseases has been well documented in the scientific literature (Kim et al., 2016). *Promotoras'* involvement in health programs has been shown to decrease disparities in several healthcare concerns such as asthma, hypertension, diabetes, cancer, immunizations, nutrition, tuberculosis, maternal and child health, and Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) (Centers for Disease Control & Prevention, 2018). For example, Margellos-Anast et al. (2012) found that asthma control (i.e., symptom frequency) among African American children was reduced by 35% via a community health worker model, in addition to an increase in savings per intervention used. Similarly, Wilson et al. (2015) found that *promotoras* assisting Latino men showed an increase in participants' life expectancy by 6 months compared to non-participants and also showed an increase in health-care savings per participant. Moreover, Norris et al. (2006), in a meta-analysis consisting of

18 studies that included health service delivery by community health workers found that participants reported an increase in knowledge and self-management behaviors. The meta-analysis also showed that participants also reported less visits to the emergency room.

The unique role *promotoras* have in helping improve the health of Latinx communities has been mainly attributed to their effectiveness in helping strengthen relationships and engagement between community members and healthcare services (Johnson et al., 2011). Several studies have attributed this success to their ability to relate to fellow residents given the likelihood of similar ethnicity, language, socioeconomic status, and life experience (Ayala et al., 2010). Additionally, given their established leadership role in the community, *promotoras* have access to large, existing social networks (Forst et al., 2004).

Beyond engaging within healthcare programs, *promotoras* often collaborate in research-specific activities and the benefits of their participation in the research process have been amply documented (Otiniano et al., 2012). In fact, Johnson et al. (2013) recognized these community health workers as "promotora-researchers" and described them as a linguistic bridge that allows for communication between Spanish-speaking participants and English-speaking researchers. Other studies have fully included *promotora* researchers throughout the project's life cycle. For instance, investigators have relied on *promotoras* to represent the voices and perspectives of community members throughout the development of the project, identify approaches, and use language that may help better capture the researchers' topic of interest, in addition to helping build strong and long-lasting relationships between community members and the university (Elder et al., 2009).

Despite the significant documented benefits of incorporating *promotoras* into health services and research partnerships, little is known about the actual experiences of *promotoras* themselves, specifically how they are impacted by their roles. Understanding how *promotoras* view themselves, their roles, what draws them to these positions, and the impact of the work on their personal life is important in an effort to reduce disparities in health and mental health. Furthermore, it is important for health organizations who recruit *promotoras* to gain a better understanding of individuals in the *promotora* role in order to

increase retainment, development, and intervention efficacy (Squires & O'Brien, 2012), especially given documented shortages of community health workers in nearly all countries (Narasimhan et al., 2004). Therefore, the aim of this qualitative study is to gain a better understanding of promotoras' unique experiences, role, and identity.

and 1–20 years of experience as promotoras ($M = 4.29, SD = 4.78$; See Table 1). The majority of participants reported an annual family income of \$12,000–\$16,000 and a college degree (i.e., bachelors, associate, technical school) as their highest level of education from their country of origin.

Method

Participants

Participants were 14 Spanish-speaking promotoras de salud that primarily work with families; their ages ranged between 33 and 70 years. All participants identified as female and Latina, with the majority of promotoras being from Mexico ($n = 13$), and one from Peru. They were recruited through a community partnership with the Santa Barbara Promotora's Network. Participants reported an average of 9 years of living in the U.S.

Research Paradigm

The research paradigm in this study is constructivist. In constructivism, researchers aim to understand participant's subjective experiences, affirm that there are multiple realities shaped by subjective and contextualized experiences, and assert that meaning is coconstructed through researcher–participant interactions (Creswell & Poth, 2018). Importantly, this framework was selected to create an opportunity for participants to reflect on their background and experiences as promotoras and for researchers to learn from the participants, bear witness to those reflections, and

Table 1
Participant Demographics

Participant	Age	Country of origin	Years living in the U.S.	Highest level of education	Years of Promotora experience
Participant 1 (P.1)	38	Mexico	18	Bachelor's/associates/technical school	1
Participant 2 (P.2)	52	Mexico	21	High school/General education development	6
Participant 3 (P.3)	52	Mexico	26	High school/General education development	3
Participant 4 (P.4)	49	Mexico	26	High school/General education development	2
Participant 5 (P.5)	58	Mexico	16	Graduate/professional degree	20
Participant 6 (P.6)	44	Mexico	26	Elementary School	1
Participant 7 (P.7)	46	Mexico	26	High school/General education development	3
Participant 8 (P.8)	70	Mexico	27	Elementary school	7
Participant 9 (P.9)	56	Peru	35	Bachelor's/associates/technical school	5
Participant 10 (P.10)	45	Mexico	25	Bachelor's/associates/technical school	2
Participant 11 (P.11)	32	Mexico	7	Bachelor's/associates/technical school	4
Participant 12 (P.12)	33	Mexico	4	Graduate/professional degree	2
Participant 13 (P.13)	62	Mexico	40	Middle school	5
Participant 14 (P.14)	49	Mexico	18	Graduate/professional degree	2

offer follow-up questions (i.e., for clarification, to expand upon).

Researchers

The lead researcher for this project is a Mexican-American, second-generation female in a counseling psychology doctoral program. The researcher has close relationships with Latinxs who share similar experiences as the study participants, specifically concerns about immigration status, being underpaid for one's work, and labor-intensive jobs with little to no recognition or compensation. As such, the researcher relied on the guidance of the second and fifth authors on this project to ascertain the extent to which personal values, beliefs, and assumptions influenced the collection and interpretation of the data. The second author, an immigrant from Argentina, for whom English is a second language, is a Latino faculty member in counseling psychology. While undocumented and beyond, he has held multiple underpaid jobs and continue to engage in volunteer endeavors. The third author is a second-generation, bicultural, male Puerto Rican graduate student who devotes his studies to understanding how culturally bound gender norms impact Latino father engagement in mental health services. The fourth author, an immigrant from Mexico, is a clinical psychology doctoral student who is bilingual in Spanish and English. The last author is a non-Latina female, who is bilingual in Spanish and English and has lived in Mexico and engaged in community-based research and clinical services with the Latinx community for the past 15 years. She is the principal investigator of the larger community-partnered study with the promotoras focused on increasing access for evidence-based mental health services for Latinx families, in which data for the present study were collected.

Data Collection

As part of a community-partnered research study, which sought to address mental health disparities for Latinx families, qualitative interviews were conducted to gain an understanding of promotoras' role in the community, the strategies they use to increase access and engagement in services by the members of the Latinx communities, and their training needs (Barnett et al., 2019). The present study specifically investigated

promotoras' identities and the impact of their role on them as individuals. Promotoras were recruited from a community presentation about the research study. Of the 16 promotoras who attended the meeting, 14 agreed to participate in an individual, face-to-face interview.

Semistructured interviews were conducted by two bilingual and bicultural researchers in Spanish for all participants, which was their language of preference. The interviewers sought to build rapport with the participants by conducting the interviews at a convenient location for participants and one where they would feel comfortable sharing their stories. One way to build rapport with promotoras involved engaging in informal conversations before conducting interviews. This strategy is congruent with *personalismo* ("formal friendliness"), a cultural value affirmed in many Latinx communities (De La Rosa et al., 2012). The interview guide included broad, open-ended, and nondirectional questions related to promotoras' motivation to assume their role, description of their job responsibilities, and the specific challenges and benefits associated with being a promotora (see Appendix). Follow-up questions and specific probes were used to help address respondents' unique experiences and perspectives. Each interview lasted 45–60 min and was transcribed verbatim in Spanish afterward. Memoing was employed during and after each interview to monitor participants' reactions to questions and to capture nonverbal data (Birks et al., 2008). For instance, the researcher observed how participants often shared similar emotional expressions when discussing certain topics (i.e., smiles, laughter and, at times, tears when sharing how they have been transformed positively by their roles, and/or frustration in their tone of voice when sharing their discontentment toward lack of financial recognition). These observations helped to inform the context and meaning of the results. Participants were compensated with a \$60 gift card. This study was determined to be exempt by the University of California Santa Barbara's human subjects Institutional Review Board.

Data Analysis

The first author was one of two bilingual, bicultural interviewers, along with one of three researchers that transcribed the interviews verbatim and conducted thematic analyses. A list of

preliminary codes was developed based on the interview protocol and literature review (e.g., skills and attributes) and initial coding allowed for emergent codes (e.g., mental health and community). Using a consensual process, the researchers met subsequently to discuss the development of codes, emergent themes, and potential misconceptions and biases. Themes were generated from key phrases and significant statements within co-occurring codes. Data were stored and analyzed using QSR International's NVivo, a qualitative data analysis software (NVivo 10, 2018).

The data remained in its original language and was only translated into English when defining the themes. The language participants used was retained as much as possible; quotes are offered in the original language (Spanish) and translated into English throughout. Furthermore, the second and fifth authors on this project who are both bilingual and worked extensively with qualitative inquiry, served as internal auditors and contributed to the description and labeling of the themes. Feedback was discussed and incorporated into the findings as needed.

To establish the credibility and transferability of the study's findings, member checks were employed (Morse et al., 2002). Findings were shared with participants through a community presentation to assess the researcher's interpretation of the participants' meanings and experiences. Of the 14 promotoras that participated in the study, 11 were in attendance (absence could have been due to the meeting being offered early in the morning, on a weekend, which was the preference of most promotoras). Promotoras were asked to include their thoughts, feedback, and suggestions to the following questions in Spanish, via paper and pencil: "Are the themes and constructs we have identified consistent with your experiences?" and "Are there themes and constructs we have missed?" "How can we use this information you shared to continue to support your work?" The answers were followed up by a discussion with participants; the majority indicated that the researcher's interpretation was strongly reflective of their experiences. Participants expressed gratitude for the manner in which the researchers made sense of the information shared by promotoras and how they analyzed and interpreted it. While the majority of suggestions offered by promotoras during member checking validated and refined the initial themes, a crucial

piece of feedback from promotoras included expanding on the need for financial support and recognition. Upon further data analysis, the researchers agreed on a fourth theme (see Findings section).

Findings

Overall, the results indicated that for promotoras de salud, delivering healthcare services to marginalized communities while working closely with families often had a unique and personal impact on them as individuals. This impact can be regarded as multilayered, one that can have internal and external rewards and benefits, in addition to the possibility of facing tensions related to feeling undervalued and difficulties with finances given that most often promotoras are unpaid. Despite this, being a promotora was viewed as an opportunity for individuals to serve their community, to "*do everything from the heart*" [*todo se hace de corazón*], with or without formal education, and to engage in a transformative experience to create meaningful change within the immediate community (See Table 2).

Specifically, the impact and meaning of the work for promotoras are captured in the four themes that emerged from the data analysis: "*Uno Nace Siendo Promotora*:" One is Born Being a Promotora, "*Poner Esa Semillita*:" To Plant a Seed by Sharing Knowledge, "*Es un Regalo Ser Promotora*:" It is a Gift to be a Promotora, and "*Se Hace por Amor pero también Hay Necesidad*:" A Labor of Love yet there are Needs too. Definitions for each theme are provided, as well as illustrative quotes from the participants in Spanish followed by an English interpretation.

"Uno Nace Siendo Promotora:" One Is Born Being a Promotora

Promotoras viewed themselves as having innate skill sets, which were born out of what they perceived as having a natural affinity to help others, empathy and trustworthiness, along with shared characteristics and experiences with their community which fostered trust and cultural relatedness. Participant 3, a 52 y/o, Latina from Mexico, with 3 years of experience as a promotora, shared: "... Creo que uno nace siendo promotora cuando te gusta ayudar a la comunidad

Table 2
Promotora Role and Identity

Themes	Description	Quotes
“ <i>Uno Nace Siendo Promotora:</i> ” one is born being a Promotora	Promotoras viewed themselves as having innate skill sets, which were born out of what they perceived as having a natural affinity to help others, empathy and trustworthiness, along with shared characteristics and experiences with their community which fostered trust and cultural awareness.	“ ... De verdad que toda mi vida me vi reflejada en mi mamá de ser promotora. Porque mi mamá en nuestro país, a pesar de que ella no sabía que lo que estaba haciendo era ser promotora ... ¿Entonces, ve? Yo viví reflejada ... Ahora dedico todo mi tiempo libre aquí a trabajar con la comunidad y no estoy arrepentida. Me encanta, me encanta.” [... I really saw my whole life reflected in my mom being a promotora. Because my mom in our country, even though she didn't know it, she was essentially being a promotora ... So, you see? I lived seeing myself reflected in her ... Now I spend all my free time here working with the community and I don't regret it. I love it. I love it.]—P.9 “ ... Decidí ser promotora, como dicen, nosotros ya somos promotoras desde que estábamos creciendo ... Decidí porque hay muchas oportunidades para poder educarte como en cuestiones de salud, abogacía, y participar en actividades que le puede ser de mucho beneficio a la comunidad” [I decided to be a promotora, as they say, we are already promotoras when we were growing up ... I decided because there are many opportunities to be able to educate yourself on health issues, advocacy, and participate in activities that can be of great benefit to the community.]—P.7 “ ... Yo veo que hay personas que dicen, las veo poco tiempo después, y me dicen, ‘Oh, muchísimas gracias, me sirvió mucho la información, aprendí bastante, y ... gracias.’ Pero hay personas que siguen en lo mismo, pero uno esta constante, ‘¡Echele ganas!’” [... I see that there are people that say, I see them a short time later, and they tell me, ‘Oh, thank you so much, the information helped me a lot, I learned so much, and ... thanks.’] But there are people
“ <i>Poner Esa Semillita:</i> ” To plant a seed by sharing knowledge	Promotoras used their role to provide treatment and health-related information to community members. Through this community-embedded service delivery method, promotoras witnessed profound changes and improvements in others' lives, which led them to experience an increase in motivation and satisfaction as service providers.	

Table 2 (continued)

Themes	Description	Quotes
<p>“<i>Es un Regalo Ser Promotora</i>.” It is a gift to be a Promotora</p>	<p>As promotoras, participants engaged in a meaningful role which impacted their sense of personal and professional fulfillment, particularly their well-being. For instance, promotoras observed how they developed in their emotional capacity and enhanced their overall awareness, knowledge, and skills since assuming the promotora role.</p>	<p>that continue on the same road, but one is constantly present (and saying), “Give it your best!”—P.8</p> <p>“Lo que más me gusta es que trabajo con la gente. Las ayudo en lo que puedo dando información depende de lo que sea . . . también he dado como información del cigarro electrónico. De los malos beneficios que tiene el cigarro y participo en varias actividades. Ahora con las chicas que estoy trabajando, lo que yo les veo es que cuando están estresadas, es el caminar, y ya cuando terminamos la ruta de la caminata, me dan las gracias y las veo que van muy contentas. Y me dicen, “gracias por tu apoyo, me has ayudado a salir de esta tensión que siento.”” [What I like most is that I work with people. I help them in what I can, giving them information depending on what it is . . . I have also given information about vape pens. Of the negative effects that the vapes have, and I participate in several activities. Now I’m working with the girls, what I see is that when they are stressed, it is about walking, and when we finish the walking route, they thank me and I see them go very happy. And they tell me, “thank you for your support, you have helped me get over this tension that I feel!”—P.13</p> <p>“Me siento bien, me beneficio que he aprendido cosas nuevas que desconocía . . . desconocía totalmente lo del Alzheimer, y que ya conozco. Y otros entrenamientos de niños, de seguros médicos, que quien califica, quien no califica. Aprendí que la ciudad no tiene fluoruro, el agua. ¿Entonces he aprendido cosas, me entiendes? A lo mejor pequeñas, pero para mí han sido cosas positivas, cosas buenas. Cosas que puedes decir. O que alguien que te pregunte, ‘Oye pues te puedo decir que fulanita te puede ayudar, háblale a</p>

(table continues)

Table 2 (continued)

Themes	Description	Quotes
“Se Hace por Amor Pero También Hay Necesidad:” A labor of love yet there are needs too	Their passion for helping others motivated promotoras’ efforts; however, they expressed a desire for monetary recognition, in addition to receiving more training and workshops.	ella y a lo mejor ella te ayuda.’ O sea, ya por lo menos puedo decir, ‘Ve para allá y a lo mejor te ayudan.’” [I feel good, I benefit from learning new things that I didn’t know ... I completely didn’t know about Alzheimer’s, and now I know. And other child trainings, health insurance, who qualifies, who does not qualify. I learned that the city does not have fluoride, the water. So I have learned things, you understand me? Maybe tiny, but for me they have been positive things, good things. Things that you can say or when someone asks you, “Well I can tell you that so-and-so can help you, talk to her and maybe she can help you.” I mean, at least I can say, “Go there and they might help you”.]—P.10 “Me ha ayudado mucho porque yo sentía antes de que fuera promotora, yo estaba como en depresión y el ser promotora me ayudó a salir de la depresión porque me mantengo más ocupada en varias actividades y puedo tener más comunicación con la comunidad ...” [It has helped me a lot because I felt that before I was a promotora, I was depressed and being a promotora helped me overcome depression because I stay more busy in various activities and I can have more communication with the community ...]—P.13 “ ... Necesitamos más incentivos pero incentivos de que nos traten como lo que somos, que nos den el lugar que tenemos, como parte fundamental en la comunidad. Porque nosotros somos conexiones de todos lados. Y muchas veces como que sentimos que nos tratan como ... que somos un eslabón que no tiene tanto valor y tenemos mucho valor.” [... We need more incentives but incentives that are to be treated for who we are, to give us our place, as a fundamental part in the community. Because we have connections from all sides. And many times, we feel that we are treated

Table 2 (continued)

Themes	Description	Quotes
		like ... that we are a link that doesn't have as much value and we have a lot of value.]—P.14 "Más programas, o damos guías, cómo podemos trabajar con las familias también, cuales son los problemas más relevantes en una familia, tratar como esos puntos. A lo mejor algún estancamiento donde ustedes pudieran ver que nos estancamos como promotoras o que necesitamos ayuda para hacer un trabajo, bien o mejor." [More programs, or give us guides, how we can work with families as well, which are the most relevant problems in a family, address points such as those. Perhaps some stagnation that you can see that we get stagnant in as promotoras or that we need help to do a job, well or better.]—P.12

Note. P = participant.

y envolverte dentro de lo que está pasando ... adentro de tu familia, también eres promotora, porque estás ayudando adentro de tu familia a hacer cambios ... " [... I think one is born a promotora when you like to help the community and get involved with what is going on ... you are also a promotora within your family, because you are helping to make changes ...]

An affinity for service had led some promotoras to seek careers in helping professions, such as being teachers, social workers, and dental assistants. However, these promotoras were prevented from securing similar careers in the U.S. due to the discrepancy in credential requirements between their home country and those in the U.S. As a result, they underscored the value of experiencing congruency between their former professional identity as helpers, and their developing selves as promotoras de salud.

Being born a promotora also included a long-standing personal relationship with the adversities and hardships encountered by most of the individuals that participants served in their role as promotoras. This was often due to sharing a similar ethnic background as community members and being able to relate to individuals' lived experiences. Additionally, the personal experiences had by promotoras and what they made of those experiences resulted in an inclination to empathize with others and use multiple strategies to effectively demonstrate their empathy, authenticity, and cultural awareness: " ... Nosotros sabemos más de la cultura y podemos entender y poder sentir empatía por la gente que estamos ayudando ... la promotora trabaja, pero desarrolla y entiende, se ponen los zapatos de la persona." [We know more about the culture and can understand and feel empathy for the people that we are helping ... the promotora works but develops and understands, they put on the shoes of the person ...]—P.3

Participants underscored cultural awareness as vital to their promotora identity. Promotoras used this awareness to gain insight into the needs of the community, which then informed highly how they would build rapport with others:

Me comenzaba a dar cuenta que había mucha necesidad y que había muy poca gente que podía llegar a tener esa conexión porque pues yo pienso que la promotora es una buena conexión para nuestra comunidad porque conocemos la cultura ... este es nuestro idioma,

conocemos las necesidades. Entonces esta es una puerta abierta que se nos abre. [I was beginning to realize that there was a lot of need and that there were few people who could get to have that connection because well I think that the promotora is a good connection for our community because we know the culture . . . this is our language, we know the needs. So, this is a door that opens up for us.]—P.3

Promotoras considered salient contextual and cultural factors in their conceptualization for how to effectively cultivate relationships with community members. For instance, although promotoras did not explicitly mention the Trump administration, they considered how community members were impacted by the sociopolitical climate, namely, by laws and endorsed policies in recent years (e.g., the threats to the Deferred Action for Childhood Arrivals program). Promotoras were highly cognizant of the fear and skepticism that some individuals and families felt toward receiving assistance from helping professionals, including promotoras themselves. In other words, promotoras were understanding the individual's behavior when, for example, they were reluctant to accept help. Promotoras normalized such reactions by others as an appropriate response to the environmental circumstances. In light of these lived concerns within the community that promotoras intended to serve, they emphasized the importance of being perceived as trustworthy by others.

To extend *confianza* (trustworthiness) to others promotoras described themselves as personable and warm, and asked informal questions to each individual and family member to foster relationships. The questions they asked in their role were emotionally engaged and individualized, with the goal of making community members feel seen, understood, and comfortable. Overall, promotoras singled out that building trust with others was the cornerstone of their service delivery. Participant 6, a 44 y/o Latina from Mexico, with 1 year of experience as a promotora stated:

Acercarme y saludarlas, ¿“Cómo están?” Preguntarles por sus hijos, “¿Vienes de trabajar? ¿Vienes cansada?” Preguntas que toda persona a veces pues voltean y te ven, “ni la conozco.” Pero tú les das esa confianza. Y así es como me he acercado a las familias. Y primero como que tienen miedo, pero ya cuando les digo, “No, no te preocupes, son preguntas.” Yo les digo, “Mira estoy trabajando para este proyecto . . . ” Y ya se abren y ahí es cuando ya se puede hacer una relación y puedes tener alcance a una familia. [Approach them and greet them, “How are you all?” Ask them about their children, “Are you coming from work? Are you tired?” Questions that

every person sometimes they turn to look at you and “I don’t even know her.” But you give them that trust. And that is how I have gotten closer to families. At first, it’s like they are fearful but then when I tell them, “No, no, don’t worry, these are questions.” And I tell them, “Look, I am working for this project . . . ” And then they open up and that is when you can create a relationship and reach a family.]

“Poner Esa Semillita:” To Plant a Seed by Sharing Knowledge

Promotoras used their role to provide treatment and health-related information to community members. Through this community-embedded service delivery method, promotoras witnessed profound changes and improvements in others' lives, which led them to experience an increase in motivation and satisfaction as service providers. Promotoras also acknowledged that changes in the community happened gradually over time. Nevertheless, promotoras were fully engaged and invested in their task to share knowledge with others. Participant 5, a 58 y/o, Latina Mexicana, with 20 years of experience mentioned:

Me gusta tocar el corazón de otra persona. Eso me encanta. Me encanta conectar y poner esa semillita, y saber que de ahí va a brotar algo lindo. Eso me gusta muchísimo, eso me motiva muchísimo. Y sé que todos necesitamos de todos, y compartir, compartir. [I like to touch the heart of another person. I love that. I love to connect and plant that little seed, and know that from there something lovely is going to sprout. I like that a lot, and that motivates me a lot. And I know that we all need from all, and share, share.]

While promotoras drew from personal experiences when providing information to others (e.g., suggesting childrearing practices gained from personal parenting experience), the knowledge they disseminated to community members was mainly acquired from a wide range of program training or workshops. The curricula they were exposed to were reflective of the needs within the community including health care, parenting, mental health, and interpersonal violence. As such, promotoras understood the unique opportunity that they had in providing communities with the knowledge that they believe they would not be able to obtain otherwise due to what they described as systemic barriers. For instance, promotoras discussed parents' fear of being deported if they sought services from government-affiliated helping professionals. In all, promotoras perception of their role as being fundamental to disseminating information and creating significant

change was a major driving force to their ongoing service delivery.

Lo que más me gusta, me apasiona muchísimo es trabajar con mi comunidad y como te repito, poder traer esa educación a nuestra gente, a nuestros niños, a no perder valores, a rescatar cultura, a rescatar muchísimas cosas que se han estado perdiendo. [What I like the most, I am very passionate about is working with my community and as I repeat to you, to be able to bring that education to our people, our children, not to lose values, to rescue culture, to rescue many more things that have been getting lost.]—P.3

Promotoras motivation to continue “planting seeds of knowledge” were reinforced by positive interactions and feedback from community members. Their success with their ability to respond to the needs of individuals facing serious life threatening issues further impacted their sense of helpfulness. Participant 2, a 52 y/o, Latina from Mexico, with 6 years of experience stated:

Casi en todo lo que yo he hecho me siento contenta con los logros que he visto pero una de las cosas que me gustó fue cuando tuve un entrenamiento que fue para prevenir el suicidio, entonces haberlo platicado con una persona que tenía un hijo en problemas. El poco entrenamiento que yo agarré se lo transmití, y esta persona previno que su hijo cayera en el suicidio. Entonces eso fue una de las cosas que a mi me han impactado mucho. [Almost in everything that I have done I feel happy with the achievements that I have seen. One of the things I really liked was when I had a training to prevent suicide and having talked about it with a person who had a kid involved in problems. The little knowledge that I got, I transmitted to that person, and that person prevented their son from succumb to suicide. So that was one of the things that has impacted me greatly.]

Their ability to embody the role of a promotora gave them the opportunity to witness community members make significant progress and changes. Participants regarded this process as one that was highly satisfactory to them. Promotoras acknowledged how challenging it was for families to make changes, despite the adversities that they faced. For instance, participants were aware that many parents worked multiple jobs to support their family and were often faced with exhaustion. Promotoras witnessed how members became empowered to take the initiative to apply the concepts they learned from promotoras and began to implement these changes within their households:

Entonces el ver como una mamá se va tomando conocimiento de lo importante de lo que transmite a sus hijos. Eso pues a mí me motiva. Y si he visto cambios importantes, y eso yo creo que es lo más hermoso.

Ver como una persona va cambiando a mejor y siendo más feliz. Que la sonrisa se les haga más grande. Cuando a veces no puedes sonreír fácilmente. El saber que está orgullosa de sus logros y saber que está feliz, para mí es muy satisfactorio eso. [Then seeing how a mom becomes aware of what is important to what she conveys to her children. Well, that motivates me. And I have seen major changes, and that is what I think is the most beautiful thing. To see how a person changes for the better and is being happier, to see the smile grow bigger. When sometimes you can't smile as easily. To know that she is proud of her accomplishments and know that she is happy. For me, that is very satisfying.]—P.5

“Es un Regalo Ser Promotora.” It Is a Gift to be a Promotora

As promotoras, participants engaged in a meaningful role which impacted their sense of personal and professional fulfillment, particularly their well-being. For instance, promotoras observed how they developed their emotional capacity and enhanced their overall awareness, knowledge, and skills since assuming the promotora role: “Es un regalo ser promotora. Se te comienzan a abrir puertas, comienzas a abrirte tus puertas emocionalmente . . . para mi es como una bendición, un regalo ser parte de esta familia.” [It is a gift to be a promotora. Doors start to open up for you, you start opening up your doors emotionally . . . for me it's like a blessing, a gift to be a part of this family . . .]—P.3

Promotoras noticed improvements within their personal lives, such as changes in their parenting skills, or witnessed changes within themselves, including how to deal with difficult situations they encountered. Participant 1, a 38 y/o, Latina from Mexico, with 1 year of experience as a promotora mentioned:

Me ha beneficiado. He aprendido mucho personalmente . . . cómo manejar una situación, por ejemplo, con la familia con adicción, con mi niño de comportamiento . . . de cómo actuar en diferentes situaciones. También lo que me ha gustado mucho es que te dan talleres . . . los talleres son en lo que he aprendido mucho. [It has benefited me. I've learned a lot personally . . . how to handle a situation, for example with the family that has an addiction, with my son's behavior . . . how to act in different situations. Also, what I have liked very much is that they give you workshops. The workshops are where I have learned a lot.]

Participants attributed several reasons to their increased feelings of well-being since becoming promotoras:

“Yo no sé inglés, pero estoy teniendo tanto éxito como promotora que wow, o sea digo, no necesito saber inglés

solamente necesito saber muchas cosas . . . aprender. Y como le digo a una persona, no voy a la escuela para aprender más sino para ignorar menos, y me gusta lo que yo aprendo. Y como lo aprendí aquí en promotoras, lo que tú ya aprendiste, eso ya no te pertenece porque ya es para otra persona. Y me gusta lo que yo aprendo, compartirlo con mas personas, que a lo mejor no pueden venir a esta clase o no saben. Pero estoy muy contenta de ser promotora, muy contenta y muy feliz.” [I don’t know English, but I am having so much success that wow, I mean, I don’t need to know English I just need to know a lot of things . . . learn. And like I told someone, I don’t go to school to learn more, rather to ignore less, and I like what I learn. And as I learned it here in promotoras, what you have learned, that no longer belongs to you because it is already for another person. And I like what I learn, to share it with more people, who may not be able to come to this class or they don’t know. But I am very happy to be a promotora, very content and very happy.]—P.6

Promotoras also experienced positive changes in their self-esteem and mood since they were putting their helper skills and talents into use by working closely with the community. Participant 12, a 33 y/o, Latina from Mexico, with 2 years of experience as a promotora, underscored the changes she has witnessed within herself, over the course of time, since being in the promotora role:

Ayudar a la gente. Ayudar es una satisfacción. Aparte de ayudar a la gente, hay más seguridad, en tí misma. Los cursos que nos capacitan aquí como promotoras, te ayudan a elevar tu autoestima. A lo mejor yo la tenía mmm, un poco baja, pero esto viene a reforzarte como persona, a poderte sentir útil, a poderte sentir que tú puedes ayudar a las demás personas y esa es una gran satisfacción para ti como, en mi caso, como mujer por ser un apoyo para otras. [To help people. Helping is satisfying. Apart from helping people, there is more security in yourself. The courses that train us here as promotoras, they help raise your self-esteem. Maybe I had it mmm, a bit low, but this comes to reinforce you as a person, to be able to feel useful, to be able to feel that you can help other people and that is a great satisfaction for you, in my case, as a woman, for being able to be a support for others.]

In their role, promotoras experienced a sense of belonging and connectedness and saw the value of what they contributed as active members of the community. Additionally, they were recognized as official helpers of their community by the families they worked with. Promotoras regarded this as being highly rewarding for them. Moreover, promotoras regarded the opportunity to serve in the promotora role as life changing, particularly for those who faced difficulties (e.g., loneliness, isolation) transitioning and adjusting to life in the U.S. Participants were able to find a

community of individuals who shared similar skills and attributes which allowed them to feel valued and supported. Participant 11, a 32 y/o, Latina from Mexico, with 4 years of experience shared:

Yo tenía poco tiempo que había llegado al país, y una amiga ya era promotora y me invitó a participar, a tomar el entrenamiento. Me interesó porque yo estaba pasando por una situación de depresión por el cambio tan drástico de un país a otro y los diferentes estilos de vida que esto me ayudó a poderme ir adaptando, que todavía no estoy bien adaptada, pero . . . a sobresalir en este cambio de vida que sí me afectó bastante. Y de repente pues soy muy sensible y me gana la nostalgia, y se me vienen las lágrimas, pero es a veces de emoción, de alegría de que estoy superando, pues mi depresión y aparte estoy contribuyendo. Educándome para contribuir a la comunidad. Que me gusta, porque ya había hecho algo similar en México de programas sociales y esto me ayudó. Me encanta y lo hago de corazón. [Soon after I had arrived in the country and a friend who was already a promotora invited me to participate, to take the training. I was interested because I was going through a situation of depression due to the drastic change from one country to another and the different lifestyles that this helped me be able to adapt, I am still not well adapted, but . . . to deal with this lifestyle change that did affect me quite a bit. And suddenly I am very sensitive, and I get nostalgic, and tears come to me, but sometimes of emotion, of joy that I am improving myself, well my depression and that I am contributing too. Educating myself to contribute to the community. I like it, because I did something similar in Mexico with social programs and this helped me. I love it and I do it from the heart.]

“Se Hace por Amor Pero También Hay Necesidad:” A Labor of Love yet There Are Needs Too

The keywords from a participant “*todo se hace de corazón*” [everything is done from the heart] resonated throughout the interviews. Promotoras’ passion for helping others motivated their efforts however, they expressed a desire for monetary recognition, in addition to receiving more training and workshops: “. . . Hay que validar todo el trabajo que la promotora hace, y también hay que pagarle a la promotora que hace ese trabajo . . . el hecho de ser promotora no quiere decir que no se tenga necesidad.” [. . . you have to validate all of the work that the promotora does, and you also have to pay those who do this work . . . the fact of being a promotora does not mean that we do not have needs.]—P.6

Participants highlighted the importance of rewarding promotoras’ efforts by providing an incentive, and how they believed this would

contribute to their motivation to persist in this role. The following quote from Participant 8, a 70 y/o, Latina from Mexico, with 7 years of experience as a promotora explained the need for economic support, in the context of additional financial pressures impacting the Latinx community due to recent natural disasters in the area:

Tenemos necesidades económicas, mucha gente se ha quedado sin trabajo, mucha gente. Te gusta lo que haces, es un amor. Es cierto. Y sabemos que la promotora trabaja con amor, pero también sabemos que la promotora tiene necesidad, ¿Me entiendes? Entonces yo creo que un incentivo, una motivación económica, es bueno dársela a la promotora, pagarle, pagarle por sus servicios. [We have economic needs. A lot of people have been out of work, a lot of people. You like what you do, it is love. It is true. And we know that the promotora works with love, but we also know that the promotora has needs. You know what I mean? I think an incentive, an economic motivation, it's good to give it to the promotora; pay them, pay them for their services.]

Promotoras spent a significant amount of time developing their skillsets and investing in the lives of community members. Promotoras' demanding schedule had the potential to create difficulties in promotoras' personal lives due to managing multiple roles, including that of being mothers, wives, housekeepers, and employees. Specifically, promotoras emphasized facing tensions related to daycare with their children, or justifying to family members why they should keep their role instead of allocating that time to help meet the financial obligations of their households:

Las instituciones o las organizaciones piensan que la promotora siempre va a estar al servicio de ellos de forma gratuita, a la hora que quieran, el día que quieran. Que somos así como que disponibles, y que no tenemos nada que hacer, pero eso no es cierto. Tenemos familia, cosas que hacer, trabajo, etcétera ... [Institutions or organizations, they think that the promotora will always be at their service for free, at the time they want and the day that they want. That we are available, and that we have nothing to do, but that is not true. We have families, things to do, work, et cetera ...]—P.5

Promotoras also underscored a need to be better supported by the community agencies and organizations who recruited them. Promotoras shared their impressions that most individuals did not perceive their work as valuable or worthy of being compensated. They advocated to be respected as credible helping professionals that also had responsibilities in their personal lives: “Y a veces no es muy valorado esto ... siento que no hay mucho apoyo en las

instituciones con las que participamos. Que nos traen para aquí para allá, pero no hay un estímulo. Una gratitud hacia eso.” [And sometimes this is not highly valued. I feel that there is not much support from the institutions in which we participate. They bring us here and there, but there is no encouragement. A gratitude for that ...]—P.5

Although promotoras were grateful for the training they received, they still voiced their frustration with the limitations in their training and skillsets to help community members facing a number of different issues. Participants recognized that they were limited in how much they could help others, and knowing that community members' needs were overlooked and unmet added to feelings of frustration. Participant 4, a 49 y/o, Latina from Mexico, with 2 years of experience, underscored the challenges she faced: “Lo más difícil de hacer promotoras es que muchas veces queremos ayudar y no tenemos las herramientas para poder hacerlo ... eso me frustra mucho, porque ya no puedo hacer más cuando la familia sé que necesita más.” [The hardest thing about being a promotora is that many times we want to help, and we don't have the tools to be able to do it ... that frustrates me a lot, because I can't do more when I know the family needs more.]

Promotoras elaborated on feeling limited in their role and the need for more workshops and training that addressed specific issues they dealt with in the community: “A veces siento que necesito más capacitación, porque a veces me hacen muchas preguntas, pero he aprendido a decirles, “Sabes que, yo no tengo esa respuesta, pero hay otra persona que las tiene ... yo no te puedo contestar.” [Sometimes I feel like I need more training, because sometimes they ask me a lot of questions, but I've learned to tell them, “You know what, I don't have that answer, but there is another person who has them ... I can't answer you.”]—P.6.

Discussion

The findings of this study provide insights into the identity of promotoras and how these individuals are significantly impacted by their roles both personally and professionally. Aside from the importance of solely recognizing the identity of these Latina promotoras de salud in this study, this aspect is also critical to examine to understand what salient attributes and characteristics

may contribute to the effectiveness of the services they deliver. The work of promotoras can have a positive impact on community members, namely, an increase in treatment adherence and engagement (Norris et al., 2006). This relationship between promotoras and community members appears to be a highly reciprocal and beneficial one, with promotoras having the ability to provide health services information to members of communities that may otherwise go unreached and the promotoras themselves benefiting from this positive experience. The findings of this study offer multiple suggestions for how promotoras can be further supported in their work.

Congruent with the previous literature, common attributes found among promotoras de salud are their ability to demonstrate empathy, compassion, and form strong connections with those they serve (Johnson et al., 2013; Reinschmidt et al., 2006). The participants in this study credited their early experiences with helping others, such as family members, for the development of their strong disposition to help. Interestingly, research has shown that promotoras who are perceived as having more life experience may be deemed as more helpful by community members (Albarran et al., 2014). Alternatively, gender norms may play an influential role in the formation of the promotora identity. For instance, women are often expected to be accommodating and emotional while engaging early on in domestic behaviors such as caretaking (Brescoll, 2016). For some Latinas who were raised in traditional gender roles, the value of *marianismo* may have led to be socialized into normative behaviors of self-sacrificing and tending to others' needs, starting in early childhood (Mendez-Luck & Anthony, 2016).

The gaining of the trust of community members and the development of a strong rapport with the people that promotoras served or sought to serve were achieved by not only making others feel comfortable but also by engaging in formal friendliness (i.e., personalismo; Consoli & Sheltzer, 2017) with community members and, later on, asking personal questions related to shared circumstances. Given the timing of the study, promotoras considered how members' distrust could be related to the 2016 U.S. Presidential Election results and the negative immigrant rhetoric and Latinx stereotypes expressed by President Trump. As such, participants expressed an understanding of members' fear and

skepticism toward formal service sectors and even themselves as paraprofessionals. While studies have indicated that community health workers show cultural sensitivity and often serve as cultural brokers who bridge cultural and linguistic gaps (Hilfinger Messias et al., 2013), this finding helps to expand on other ways in which promotoras may utilize their cultural knowledge as health providers.

While promotoras focus on knowledge dissemination, facilitating access, and increasing treatment adherence, an important finding in this study is that participants underscored how being able to create change through their role increased their satisfaction and motivation as promotoras. In other words, participants were impacted by the individuals they served and the profound changes they witnessed community members make in their daily lives as a result, in part, of the educational, emotional, and social support they received from their promotora counterparts. This finding suggests that promotoras own motivation for their role may also impact and influence community members' own treatment engagement, making this a highly beneficial, reciprocal relationship. This finding is congruent with studies that have shown that community members may find promotoras to be important motivators for engaging in positive lifestyle changes that can be due to personal and social-cultural characteristics (Albarran et al., 2014; Koskan et al., 2013; Reinschmidt et al., 2006).

The findings of the present study highlight promotoras fulfillment in their role, based on the training received, the skills learned, and the perceived impact they make on their community. For instance, participants reported an increase in their overall emotional, social, and psychological well-being, particularly in their self-esteem and mood (i.e., improvement in depressive symptoms). The positive impact that being a promotora had on participants' lives found in the present study is similar to that of another study which highlighted how the promotora role can be a transformative and self-actualizing process (Squires & O'Brien, 2012). However, the present study expands on previous findings of the role as a transformative process by including the psychological impact and benefits of serving as a promotora.

Embodying the promotora role allowed individuals to engage as helpers, even without

having a formal degree in the U.S., and derive much meaning and satisfaction. This finding suggests that assuming and enacting the promotora role can have salient benefits for individuals overall, and particularly serve as a protective factor for promotoras who may face difficulties in their transition and adjustment to life in the U.S. (Schultz et al., 2016). For instance, in a prior study, Squires and O'Brien (2012) found that promotoras expressed feeling "lost" and "not useful" after years of immigrating to the U.S. which, in turn, was alleviated by becoming involved in their communities. Congruent with the findings in this study, research shows that embodying and assuming a role that is meaningful and fulfilling to an individual is related to an increased sense of personal and social well-being, as well as purpose in life (Son & Wilson, 2012). Yet, despite the overwhelmingly favorable responses participants expressed for their role (which could have been influenced by gender norms of emotional expression), promotoras also shared of unique challenges they faced.

Promotoras were frustrated for how their roles felt undervalued as reflected by the little to no financial recognition they received, despite the sizeable changes they helped facilitate within the community. This finding needs to be appreciated in a context where Latinas as a group are disadvantaged the most economically and educationally (White House Initiative on Educational Excellence for Hispanics, 2015). For instance, one out of four Latinas live below the poverty line and are less likely to obtain an education due to multiple barriers, including one of the financial challenges. Moreover, although individuals described that they worked "from the heart" and they experienced increased satisfaction, lack of compensation created some poignant difficulties with adhering to their roles as promotoras, and holding a number of different jobs and responsibilities.

Participants in this study faced tensions with their spouses and children due to managing the multiple demands between their promotora role and other salient identities (e.g., wife, mother). Generally, women are found to be disproportionately affected by managing multiple jobs and work demands. For Latinas, the experiences may be further compounded by previously mentioned traditional gender roles and values of *marianismo* and *familismo* (e.g., strong ties to

family protection and unity; Mendez-Luck & Anthony, 2016). Combined, these traditional gender expectations can create restrictive roles for Latinas. For instance, tensions may arise if promotoras (i.e., unpaid volunteers) are perceived as stepping outside of their socially ascribed communal roles (e.g., housewife) to the extent that it could mean less time to family commitments. Moreover, offering promotoras a financial compensation for their roles would mean individuals could benefit from not being overburdened by having to juggle their "formal job" in addition to their labor as community workers. Monetary recognition could help to support community workers' sustained engagement and their overall quality of life.

Limitations and Future Directions

This project, as with all research, needs to be interpreted in the context of its limitations. It is likely that selection bias, with those more strongly invested in their role as promotoras, may have participated in the study. Similarly, social desirability may have influenced participant responses, leading promotoras to overemphasize their positive characteristics and the impact of their roles. Future research would benefit from exploring how embodying the promotora role might be impacting favorably or negatively others from family members (e.g., partners, children, siblings, friends) to those being served by promotoras. In addition, future research should examine the role of Latinx cultural values and gender norms on the identity formation of promotoras.

In light of the sizable health disparities experienced by Latinx communities in the U.S., gaining an even more sophisticated understanding of who promotoras are, what motivates them, and how they are impacted by their work is particularly relevant and pressing in a concerted effort to close the gap in access and utilization of health care. Future studies could compare and contrast communities with smaller or larger rates of promotoras and evaluate the degree of impact their presence and engagement are having on closing the inequities on access and utilization of health and mental health care of Latinxs, the fastest growing population in the U.S. (U.S. Census Bureau, 2017).

Implications for Policy and Practice

The findings of this study provide useful data that can guide policy and practice for researchers, healthcare providers, agencies, and organizations currently collaborating with promotoras or seeking to do so in the future. Recruiters may consider candidates' personal qualities (e.g., empathic, trustworthy, approachable) as part of the selection process even among individuals who may not have formal experience in the healthcare field. Additionally, the positive impact that individuals may experience through assuming and enacting the role of promotora can serve as a recruitment tool. As the Latinx population continues to grow rapidly, the need for Spanish-speaking paraprofessionals, such as promotoras, and mental health professionals overall, will continue to increase (American Psychological Association, 2018). Moreover, clinicians and researchers alike can suggest the promotora role to individuals who may be seeking to become involved as helpers in their communities, yet who might not have a U.S. education.

Promotoras in this study found training and workshops noteworthy, particularly those that aligned with the needs they witnessed in the community. It is recommended most highly that such training be continued, enhanced in fact, as suggested by other authors (e.g., Bonilla et al., 2012). For instance, promotoras expressed a need for training related to mental health. Though promotoras have more traditionally been involved in physical health promotion (e.g., diabetes, cancer), there is increasing recognition of the benefits of incorporating community health workers into mental health services to address disparities in care delivery (Barnett, Lau, et al., 2018).

Research has demonstrated promising outcomes to providing promotoras with training on a number of mental health topics including stress, anxiety, depression, suicide, and evidence-based techniques and interventions that can help with these issues (Barnett, Gonzalez, et al., 2018; Tran et al., 2014). It is more likely for promotoras, who are active members of their communities, to raise mental health awareness within Latinx families that may not seek help due to fear of deportation or stigma (Bill et al., 2009). The effective and highly reciprocal relationship developed between promotoras de salud and community members suggest that the continued

recruitment of community health workers is potentially valuable solution for populations that may otherwise go unreached (Ell et al., 2017).

The findings of this study also have implications for how local leaders and policymakers can further understand the needs of promotoras and implement changes to offer additional support. In the multibillion-dollar industries of health care and wellness, compensation, including the provision of benefits, appear to be an ethical consideration and promotoras willingness to serve should not be used to overlook financial recognition (Schwingel et al., 2017).

Resumen

Las promotoras de salud son trabajadoras comunitarias quienes, en su mayoría, ayudan a las personas que no reciben suficientes servicios en las comunidades Latinas. Las promotoras procuran reducir las disparidades de salud a través de su participación en la comunidad y del trabajo voluntario que llevan a cabo. Aún cuando existen constancias que las promotoras ayudan en la prevención, el seguimiento de los cuidados de salud, y la adherencia al tratamiento, poco se sabe acerca de las promotoras en su carácter más personal, específicamente, el impacto que el cumplimiento de sus funciones tiene en sus identidades, a nivel personal o de servicio. Catorce promotoras Latinas fueron entrevistadas individualmente para conocer más sobre sus experiencias como promotoras y sus motivos para desempeñar el papel de promotora. Cuatro temas surgieron del análisis de contenido de las respuestas de las participantes: “*Uno Nace Siendo Promotora*,” “*Poner Esa Semillita*” Compartiendo Conocimiento, “*Es un Regalo Ser Promotora*,” y “*Se Hace por Amor Pero También Hay Necesidad*.” Los resultados muestran que el asumir y promulgar el papel de promotora tuvo beneficios positivos, tanto personales como profesionales, a pesar del reconocimiento a menudo limitado que recibieron. Los resultados tienen múltiples implicaciones para el desarrollo de programas de salud y prevención, particularmente para aquellos que involucran a promotoras de salud.

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Appendix

Promotora Impact, Role, and Identity: Semistructured Interview Protocol English and Spanish

Hi. Thank you so much for taking the time to participate in this interview. My name is _____ and I will be interviewing you today. I am a student at the University of California, Santa Barbara in the department of psychology. I belong to a team of researchers and we are interested in learning more about your work as a promotora. The interview will take 45 min to an hour. We are going to ask you questions regarding your job as a promotora and the families you serve. Then, I'll ask you questions about parenting programs and your opinions about the training you receive or you would like to have as a promotora. There are no right or wrong answers. We are interested in learning more about your experiences.

Interview Questions

1. Your Work
 - a. What kind of projects do you participate in as a promotora?
 - b. How did you decide to become a promotora?
 - c. What do you like the most about your work as a promotora?
 - i. Can you tell us about a time where you succeeded in helping a family (what was your role in creating that success?)
 - d. What is the hardest part of your work as a promotora?
 - e. What kind of support do you receive at work?
 - i. What type of training do you currently receive?
 - ii. To fulfill the responsibilities of your work as a promotora, do you feel you need more training?
 - iii. How is your work distinguished from work from other people who work with families?
 1. Teachers, nurses, therapists
 - f. How has it personally affected you to be a promotora?

- g. In your opinion, how can we help your work as a promotora with families? Do you have recommendations?

Spanish

Hola. Muchas gracias por tomar el tiempo de participar en esta entrevista. Mi nombre es _____ y voy a entrevistarla hoy. Soy una estudiante en la universidad de Santa Bárbara en el departamento de psicología. Yo pertenezco a un equipo de investigación y estamos interesados en aprender más sobre su trabajo como promotora. La entrevista tomara entre 45 minutos a una hora. Le vamos a hacer preguntas sobre su trabajo como promotora y las familias que ustedes sirven. Después, le hare preguntas sobre programas de padres y sus opiniones sobre la capacitación que reciben o le gustaría tener como promotora. No hay respuestas correctas o incorrectas. Estamos interesadas en aprender más sobre sus experiencias. Primero, le voy hacer algunas preguntas sobre su trabajo como promotora.

Preguntas

1. Su Trabajo
 - a. ¿En qué tipo de proyectos participa usted como promotora?
 - b. ¿Cómo decidió ser una promotora?
 - c. ¿Que es lo que más le gusta de su trabajo como promotora?
 - i. Nos puede hablar de una vez donde tuvo éxito con ayudar a una familia (cual fue su rol en crear ese éxito?)
 - d. ¿Que es lo más difícil de su trabajo como promotora?
 - e. ¿Qué tipo de apoyo recibe usted en el trabajo?
 - i. ¿Qué tipo de capacitación recibe actualmente?
 - ii. ¿Para cumplir con las responsabilidades de su trabajo como promotora, siente que necesita más capacitación?

(Appendix continues)

- iii. ¿Cómo se distingue su trabajo del trabajo de otra gente que trabaja con familias?
 - 1. ¿Maestras, enfermeras, terapeutas?
- f. ¿Cómo le ha afectado personalmente ser promotora?
- g. En su opinión, ¿Cómo podemos apoyar su trabajo como promotora con las familias? ¿Tienen algunas recomendaciones?

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