



Promotoras building bridges during COVID-19:

Strategies and leadership shared by
Latina Promotoras serving Latin@
communities impacted by COVID-19



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Introduction

Promotoras are leaders dedicated to bridging the gap between their community members and health systems. As mentors, educators, translators, and advocates, they use culturally responsive methods to increase community health.

Esperanza United, the leading organization mobilizing Latinas and Latin@ communities to end gender-based violence (GBV), organized two listening sessions with Promotras. In these convenings, participants shared the innovative approaches they used to respond to and mitigate the devastating impact of the COVID-19 pandemic on the Latin@ community. These listening sessions also served as a source of connection, knowledge sharing, and affirmation – One Promotora stated that even though they were far from the other participants, they could continue staying in contact and sharing resources.

“Aunque estemos tan lejos, podemos tener esa comunicación y poder compartir”

This report highlights the challenges Promotoras faced throughout the COVID-19 pandemic and the strategies they used to find solutions. The findings are based on a community-centered evidence-based approach that acknowledges community knowledge and engagement (Esperanza United, 2021).

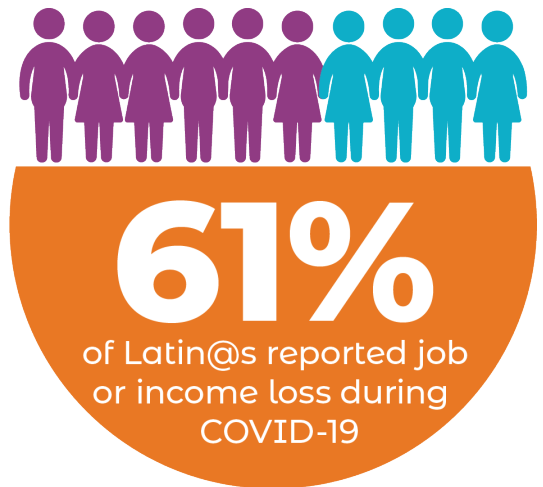
Background and research

The Promotora model emerged in the United States as a response to disparities in Latin@ communities’ access to health and social services. Specifically, factors such as navigating U.S systems, costs of services, and/or lack of culturally specific bilingual services (Rebecca A. Matthew, et al, 2020) make it difficult to access health services.

Social determinants of health, such as lower socioeconomic status, unstable denser housing conditions, and limited access to culturally and linguistically appropriate healthcare services contributed to the disproportionate impact of the pandemic on Latin@ individuals (Rodriguez-Diaz et al., 2020). These conditions placed Latin@s at higher risk for COVID-19. In the U.S., Latin@s

Esperanza United has chosen to use “@” in place of the masculine “o” when referring to people or groups that are gender neutral or both masculine and feminine. This decision reflects our commitment to gender inclusion and recognizes the important contributions that women, men, and gender-nonconforming people make to our communities.

are three times as likely to get COVID-19 and twice as likely to die of it than the general population. (Oppel et al., 2020). Latin@s are also overrepresented among essential workers in industries most affected by the pandemic. In fact, 61% of Latin@s reported job or income loss in the household during COVID-19 (Lopez et al., 2020).



The pandemic's disproportionate impact on Latin@ communities were compounded for Latin@ survivors of GBV, which affected promotor@s' work within the community. Promotor@s faced significant barriers to their work, including, but not limited to, accessibility issues, lack of information in Spanish, lack of culturally responsive resource distribution, and community connection rupture. Despite barriers, Promotor@s adapted to community needs and took on frontline roles to distribute essential needs such as masks, protective gear, and sanitizer to their communities (Cáceres et al., 2022). They served as essential workers for the Latin@ community, including for Latin@ survivors of GBV.

Methodology and data collection

Esperanza United recruited twenty promotor@s who worked with Latin@ communities across the United States during the COVID-19 pandemic to participate in two virtual Promotor@ listening sessions. They came from the following states: CA (5), AZ (1), WA (1), OR (1), MN (2), GA (1), TX (1), FL (1), PA (1), DC (1), NJ (1), and NY (2).

We hosted and recorded the listening sessions via Zoom in an effort to promote geographical diversity among selected participants. It is important to note that the high participation of Promotor@s from California is influenced by the number of Promotor@s and Promotor@ networks in the state.

Findings from listening sessions

Promotoras discussed their impact via their roles and duties, which they defined as collaboration, coordination with systems, education, training, direct advocacy, and outreach.

Collaboration and coordination with systems

Promotoras increased their partnerships and collaborations with different systems, organizations, and faith communities. They provided financial, medical, legal resources, and assistance to the community and partnered with local counties and clinics. For

example, one Promotora shared how vital her work was in bridging the gap between the county and the local Latin@ population:

“Also a liaison between the county and the services offered by the county and our community, because many times there is a rupture there or those of the county do not understand very well what our population wants or needs.”

Various counties nationwide acknowledged the strong bonds Promotor@s share with community members. In addition to increasing COVID-19 awareness:

“And then, I’m also working on lead prevention education. It’s another one of my programs. I’m promoting health and social services specific to Ramsey County, because the counties here, several counties, have called us to work with the Latino community. They don’t know about these programs that exist in the counties that can help them. We work as outreach and also education.”

Education and training

Promotoras provided essential educational outreach, aid, and preventative care measures. One Promotora shared how promoting nutrition for a rural immigrant community acts as a preventative measure in combating diseases such as high blood pressure and diabetes:

“It is a low-cost clinic for undocumented immigrants, so they are given help or education on how to use vegetables and nutritious foods using all the vegetables from the area, from the season, because we live in a part that is rural and to be able to fight chronic diseases like diabetes and high blood pressure.”

Another participant shared:

“For example, also with my lead prevention, to find the houses that need to have the lead removed. I don’t know how to say ‘abatement’ and connect residents with the county to give them the money to fix the house and remove the lead and to understand what lead can cause to young children, especially pregnant women. So it’s very, very positive and rewarding. In short, the fact of being able to give information that is correct and also to have a relationship or to establish a relationship as a rapport with our community.”

Direct advocacy and outreach

Promotor@s provided specialized care when providing direct advocacy, case management, informal counseling, and emotional support. Community members feel safe coming to Promotor@s instead of turning to institutions they don't trust like the police:

“I have also found myself giving informal counseling services, emotional support, especially to women who have been involved in situations of domestic violence because we were all cooped up at home this year. People mostly do not have health insurance or are in a fairly delicate immigration status, so it is not possible for them to call – or they do not feel safe calling the police or seeking other resources.”

The scope of Promotoras' work can be understood through the campaigns and/or initiatives they conducted and the issues they address. Promotoras mentioned all of these in describing the issues they were addressing:

-  Special education - children
-  COVID-19 response
-  COVID-19 vaccination clinics, vaccination events, COVID education
-  Lead poisoning
-  Impact of herbicides on health
-  Breast, cervical, colon, prostate, and skin cancer
-  Nutrition
-  Parent education on the LGBTQ community
-  Postpartum depression
-  Dental coverage



Women's health



Domestic violence



Reproductive health



Mental health

Challenges and barriers

Listening session findings pointed to an abundance of challenges and barriers Promotoras faced within their work. These challenges included immigration or migrant status and their rural settings compounding barriers to receiving services such as healthcare, limited availability of culturally responsive services, and general challenges regarding Promotora programming.

Immigration and migrant status

Promotoras shared how immigration status creates challenges and barriers to health and safety for undocumented Latin@s. These barriers include community members' fear or distrust of institutions like hospitals, police, and courts; job insecurity; transportation inaccessibility; and ineligibility of basic resources. Undocumented individuals do not receive the social security number needed to apply for employment and a driver's license, which greatly impacts their economic security. Additionally, Promotoras expressed how their own immigration status impacted their lives and capacity to work. Their lived experiences as immigrants allowed them to connect with immigrant community members and deeply understand their challenges.

However, their immigration status at times also prevented them from being compensated for their work. In many places, individuals without legal immigration status may face barriers in accessing certain types of employment and may be limited to jobs that pay lower wages and offer fewer benefits:



"I agree with (name) is a very big barrier, it is the transportation barrier. Many immigrants do not drive and not all states have a driver's license for people who are without documents. Here in Oregon, fortunately, yes. Even so, there are people who have not been able to get their license because they do not read or write in Spanish. They speak Spanish, but they don't read it, they don't

write, and they can't pass a test. So we have found that it is a barrier in transportation. At that time, what we do is provide them with the Max passes (urban transit system) when possible, or with them or collaboration with other organizations that have them."

Another Promotora added:

“If you find yourself in a moment of crisis that you don't have money to pay for your light or electricity bill or something and the county can help people, they have money here to give. They can give 500 dollars if you are in this crisis, but you definitely have to have this Social Security and if you don't have it, then what we have fought for a lot is that they consider these people. And also much of the people that we work with sometimes, we don't want to apply there because they say that when you go to fix your papers, it is going to be detrimental for you to obtain your residency.”

Disproportionate effects on rural areas

Promotor@s from rural communities shared that rural areas have limited resources. As a result, they have to find creative solutions to make up for the growing community needs. When advocating for community members, Promotor@s reported being personally met with pushback and at times discrimination from local organizations because of their language proficiency, as described in the following statement:

“As a health promotora in a rural area, I don't feel represented here and the area has no resources. So I have had to go out and work very hard from below, building many relationships and also many times doors closing because my level of English is not high, it is not good. So when I come to an agency and say I am a health promotora, and I'm in need of resources for my community. I mean, I come across the protocols and follow up questions such as do you have an appointment with the director or what resources are you looking for. And the way they look at me like I'm short and they don't believe me that I am a Promotora.”

Lack of culturally responsive services

Promotoras highlighted the limited cultural responsiveness available to the Latin@ community, such as limited language access provisions and limited connection, understanding, and appreciation of Latin@ communities. One Promotora expressed

how her county's lack of Spanish-speaking providers and/or information available in Spanish created a disconnect between the Latin@ community and county services. To help resolve this issue, the Promotora organized their own listening session between their county and community members.

Challenges for Promotora programs

Promotor@s shared challenges they faced, such as insufficient program funding, inability to respond to the ever-growing community needs, and providers' lack of understanding of what Promotoras even are. They indicated the need for capacity building, specifically in the area of fundraising, for their programs to better serve Latin@ communities.

“One of the things that we need personally for me is this: how to help in how to make grants, who can give us money, who can give us, because for all these things that we do for the community, we seek money. We use incentives to be able to encourage these people to come... And I tell you, however, that people have already worked ten, twelve hours in a warehouse, standing all day... So there are so many barriers that the community has to come and go with us to the information nights that we provide for them.”

Promotoras expressed how the understanding, perception, and credibility of their work are important to increasing community health. Many shared that other organizations, such as clinics or county offices, were not always familiar with the Promotora model. Often, they questioned the work of Promotoras, creating more hurdles. One Promotora shared that she has experienced resistance and discrimination from providers because she was not fluent in English and does not have a degree:

“So now, after seven years, I have the joy of hours and can count on credibility because many times, we do not have credibility without a certificate. So without a piece of paper, without a language or such, or in the presence sometimes of how one is dressed, then there are many things that suddenly didn't help me at the time. I didn't have the experience. My level of education, I only got, I only currently have my GED and it is the only thing I have, then this. That's why I said it, that is, what we need and as some colleagues here said, is the heart, the passion, having lived that experience of necessity.”

Continuously listening and responding to the needs of families is difficult and at times resulted in vicarious trauma, a normal

reaction helping professionals face. Moreover, facing resistance from other providers while helping families compounded the difficulty of their roles. It is admirable how they continued to create culturally grounded solutions and bridges between the community and health institutions.



“So, since I work with women, I have the openness to work on this, addressing all those aspects of work for women, however, other programs do not. So, if the work of Promotoras is known to be effective, it is promoted as very effective work, because the community believes in us. We are already beginning to speak the same language and we are beginning to speak the same experience that all of us have also gone through, the same experience of the women we meet or the people we meet, not just women, but at the same time it's like ok, you have to do this work, but again there is not the necessary recognition and training so that the Promotoras can continue developing as professionals.”

COVID-19 impact and Promotoras

The Promotoras identified five specific themes when it came to the impact of COVID-19 on Latin@ communities:



COVID-19 activities and changes



Vaccine efforts



Disproportionate health burden and risks



COVID-19 and community needs, domestic violence, and mental health



Community strengths and unexpected benefits

COVID-19 activities and changes

During the pandemic, Promotoras were on the front line, responding to the Latin@ community who faced a multitude of hardships such as job loss, increased health complications, compounded barriers to care, lack of language and technology access, and COVID-19-specific changes. Promotoras served as resource guides, providing information on COVID-19 testing, vaccines, food banks, and housing support.



“Many of the people who came to us had lost their jobs. In the health promotion program, we also have food distribution. So they came because they didn’t have anything to eat, they didn’t have any food to give to their children and they didn’t have money to pay the rent.”

Promotoras used new methods of outreach through technology such as Zoom, phone calls, gathering resources, obtaining direct numbers for support, providing personal protective equipment (PPE) such as masks, and offering technology support as many locations were requiring appointments to be set up online.



“In the beginning of COVID, it was difficult. As everyone already knows, because in principle no one could leave. So what our organizations did was implement one-on-one sessions or groups by Zoom.”

Many Promotoras continued to work in person, as the community they served consisted of essential workers such as laborers and agricultural workers. Latin@ laborers and agricultural workers often begin their work days in the early morning, outside of typical office hours. To address this barrier, Promotoras met community members in person outdoors before the work day. They brought COVID-19 testing and vaccine clinics, provided PPE, and maintained social distance guidelines.

“We had to hold sessions where we taught the community to implement these resources, but we were also always staying outside, because we know that the community is on the streets, that is, the community is not going to reach me here in my office and that is one of the most important and most beautiful roles, I say of a promotora, because we are always the link. We are the ones that we go looking for and nothing. We continue to do the events, the outreach, but always keeping distance.”

Vaccine efforts

Promotor@s played a major role in vaccination efforts during the COVID-19 pandemic. They shared how they put on vaccination clinics, reaching hundreds of people and answering questions in their own language. They also helped community members set up appointments for vaccines or boosters.

“We ran campaigns, many vaccination campaigns. We were always handing out flyers.”

“Here, we vaccinate more than 700 people who do not have health insurance, who did not have, even if they did, they could not go to the doctor to get the vaccines at the time that the schedules were established.”

Social media platforms were overfilled with mis, dis, and mal information, particularly around COVID-19 pandemic best practices like masks and vaccines (Esperanza United, 2023). Promotoras shared their experiences in counteracting all this bad information and providing education about COVID-19 and vaccinations. To learn more about the impact of mis, dis, and mal information on the Latin@ community during COVID-19, please refer to Esperanza United's [BOLETÍN: COVID Mis, dis, and mal information](#).

Disproportionate health burden and risks

Promotoras also experienced challenges. They could not shelter in place and continued to work in-person, distributing masks and sanitizer, teaching community members how to use Zoom, and increasing access to health services.

COVID-19 led to many deaths within the Latin@ community, giving them a heavy burden to bear. As of April 26, 2023, the CDC reported that 15.1% of COVID-19 deaths are among the Latin@ population (CDC, 2023). One promotora described her perseverance in connecting a man to services that paid for the funeral for his 27-year-old son, who died due to COVID-19:

“I called her, a person I know who worked in the county. ‘You need to help me with this. You need to help me with this.’ She then put me in direct contact with the people and well, they paid for everything, everything for the funeral, everything was fine, they were very, very grateful.”

COVID-19 and community needs, domestic violence, and mental health

During COVID-19, Promotoras’ work shifted to support community members with financial resources, housing resources, cases of domestic violence (DV), and increased mental health needs.

“Because when a person comes to seek us and comes to us for a situation, usually speaking with that person, we realize that behind it, there’s five more problems and we usually have to know a lot of knowledge of what programs there are in the community, because both social and food or something that benefits you, because everyone, everyone has more than one problem and everyone is looking for help, but sometimes they just come to ask for a resource.”

Community strengths and unexpected benefits

Two Promotoras working in rural areas stated that COVID-19 brought increased funding sources and essential emergency services that weren’t readily available prior to the pandemic. As well, essential workers were available to provide life-saving resources and care to Latin@s during the pandemic. Promotoras expressed a shared sentiment of being proud of their roles as trusted community members – they are sought out for information and support:

“We continue to be those essential workers, like nurses, the doctors who were essential. That’s how we are, the Promotoras at this moment, and we continue to be very proud to continue being a health promotora and to continue fighting for the community.”

Prevalence of gender-based violence

Multiple Promotoras mentioned that their organizations have protocols on how to respond to survivors of GBV. One promotora described that there are two trained promotoras in the organization who respond to community members who disclose experiencing GPV. Additionally, the promotoras identified learning how to navigate DV situations from working directly with survivors, from their personal survivor experiences, and/or from organizational training/capacity. Many promotoras noted they often detected DV while connecting a survivor to health services or other resources:

“So in the case of the cases that I have had, [it] was not. It was that they called me for something else and I found domestic violence. They didn’t call me for domestic violence.”

Promotoras consistently highlighted the importance of empathy, listening to survivors, and providing resources at the survivor’s level of comfort. They emphasized the importance of understanding that survivors do not always have the capacity and/or resources to leave right away. Connecting a Latin@ survivor to a resource immediately without checking in on how they would like to proceed can create more barriers for a survivor:

“But we have to be mentally prepared to be able to help these women to get out of this violence, not at the moment we want to, but at the moment they say so.”

Moreover, Promotoras noted that immigration status highly influences a Latin@ survivor’s help-seeking behaviors. Various promotoras stated that it is a challenge to navigate survivors’ fear around reaching out to referral sources. One promotora shared that a survivor she worked with got turned down by shelters due to their immigration status. These responses reflect how Latin@ survivors experience compounded challenges in accessing health care and services, including but not limited to little to no language access, transportation barriers, misinformation, and immigration status.

Conclusion

Serve as bridges between healthcare systems and their communities, Promotoras increase the health and well-being of Latin@s. During the COVID-19 pandemic, Promotoras disseminated new information about the health implications of COVID-19, vaccinations, testing, boosters, and misinformation.

According to Marquez et al., “Promotoras have a unique style of bridging communication that facilitates connections between patients and providers across language, cultural and other barriers... that can expand the reach of the traditional health care system to better include and serve Latinx families” (Marquez et al., 2023).

Throughout the pandemic, Promotoras responded to both the increase of domestic violence and the increased need for social services and health resources. In Esperanza United’s listening sessions, Promotoras identified the multiple challenges Latin@s faces such as barriers to healthcare, immigration policies, limited language access, and misinformation about COVID-19 prevention and vaccinations.

Promotoras build trust with Latin@ survivors by listening with empathy, supporting, and following survivors’ decision-making process. The contributions of Promotoras during the pandemic highlight their many strengths, including the gaps their work fills.

In conclusion, the impact of Promotoras on the health and well-being of Latin@ survivors and community members is distinct – Promotor@s are adaptive changemakers and essential leaders within the Latin@ community.

Recommendations

There remain opportunities to support Promotoras and Latin@ survivors, such as:

- Expanding policies to compensate Promotoras
- Increasing certification and training opportunities
- Increasing the number and depth of culturally responsive and Spanish-language GBV resources for them to share with the Latin@ community
- Improving organizational protocols to support their work
- Increasing health education opportunities

Current research does not directly address the role of Promotor@s work on GBV and our findings reveal the need for further research. Furthermore, providing Promotoras with further DV/GBV-specific training will elevate the support they provide to Latin@ community members and survivors.

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