



Promotores(as): Volunteers, Contractors or Staff?

Promotora de Salud programs are a popular form of outreach for agencies serving migrant populations. *Promotoras* (women) and *Promotores* (men) belong to the same culture and speak the same language as the communities they serve.

As providers of health education, social support and referrals to health and social services, *Promotores(as)* are a strong link between migrant communities and the agencies that serve them.

In recent years we have seen an increase in inquiries from Migrant Health Centers that are planning to start new *Promotora* programs or expand existing ones. Often one of the first questions they ask is how *Promotores(as)* should be compensated.

This document lays out three compensation strategies, each with its own case study, tips for success and possible pitfalls.

What the Numbers Say

There are an estimated 86,000 Community Health Workers (CHWs - or *Promotores*) in the U.S. Approximately 67% of these positions are paid and 33% are volunteer. However, 26% of programs have both volunteer and paid CHWs. Only 5.5% have volunteer-only programs. According to the Community Health Worker National Workforce Study “programs serving immigrants, migrant workers and the uninsured [are] more likely than other types of programs to have volunteer CHWs.”¹

Compensation strategies continue to be debated among CHW advocates. Some argue that CHWs deserve to be paid fairly for their work, just like any other profession. Others argue that CHWs answer first to their own communities and that their allegiance may shift to the organization if they become employees. There is also concern that formalizing their role and standardizing their work may limit their ability to act autonomously and creatively in the best interest of their communities.²

In this document, we look at the benefits and challenges of three types of *Promotor(a)* compensation: volunteer, contract and employee.



Photo by Anica Madeo

¹HRSA (2007), Community Health Worker National Workforce Study. www.bhpr.hrsa.gov/healthworkforce/chw

²Cherrington, A., et al (2010), Recognizing the Diverse Roles of Community Health Workers in the Elimination of Health Disparities: From Paid Staff to Volunteers.

Volunteers



Photo by Tony Loreti

In many cases, volunteer *Promotores(as)* can be a great community resource instead of, or in addition to, paid *Promotores(as)*. Volunteer *Promotor(a)* programs allow health organizations to implement a small program within a community, but the expectations and scope of work will not be the same as a paid *Promotor(a)*. While it may be difficult to identify a qualified *Promotor(a)* that is able to dedicate time without financial compensation, a *Promotor(a)* with the time and willingness to volunteer is usually a natural trusted leader who is genuinely motivated to improve the health of her/his community.

Volunteers generally have limited time to commit to a project. To get the most out of their expertise and time, you may want to minimize the amount of reporting paperwork that they are required to submit. Some examples of tasks that a volunteer *Promotor(a)* may be asked to do include: informing community members of a health fair, conducting a small health education session or providing information on the local health center and social services. A volunteer should never displace or replace a member of the workforce. Remember to consult your organization's policies regarding volunteers.

Benefits

- + Volunteers do the work because they are committed to helping their community
- + Does not require work authorization
- + Can expand the reach of your program without greatly increasing costs.

Challenges

- Frequent turnover if volunteers leave for paid jobs
- Requires time and dedication to retain volunteers
- Volunteers cannot give as much time to the program as paid *Promotores(as)*

Don't forget to reward volunteer efforts. Here are some ideas to help keep volunteers motivated:

Training opportunities, access to office space and use of computers, T-shirts, name badges, gift cards, prizes, parties, end-of-season celebrations, Promotor(a) of the month awards.

Case Study

In upstate New York, Juan Sanchez leads a *Promotor(a)* program with over 18 community volunteers. Each *Promotor(a)* works with 5 families and their work is limited to about 5 hours per month giving *charlas* or health education talks. They also attend 3 hours of training per month and make 2 family visits per week. Juan's program has demonstrated tremendous impact on a small budget. He helps keep his group motivated by allowing them to shape the direction of their work. He also provides professional development opportunities and has started a shared fund that *Promotores(as)* may borrow money from for personal use, if a special need arises.

Contractors

Case Study

From late spring to early fall, *Promotores(as)* in the Camp Health Aide Program work to improve health and access to care in Michigan's migrant camps. This seasonal program usually runs 12-16 weeks. *Promotores(as)* are temporarily contracted and receive a stipend of \$100-\$150 per week. In return, they are expected to provide a range of services including health education, referrals and social support to their family, friends and neighbors. The exact number of hours and the details of their work are not strictly dictated. Instead, they are provided with training and resources to respond to the needs that arise in their communities. On average, *Promotores(as)* in this program spend 10-20 hours per week providing these services.



Photo by Anica Madeo

Contracted *Promotores(as)* usually have more responsibilities than volunteers, but their work is primarily self-directed. They are not employees of the organizations. Rather, they are community experts who are paid a set amount to complete an overall task, set of goals or service. The amount they are paid will vary depending on the amount of work they are being asked to produce.

Often, contracted *Promotores(as)* work in seasonal programs that run just part of the year - such as a program serving migrant farmworkers who are only in the area for a particular season. They often hold another job which is their primary work (in this case farm work).

Benefits

- + Ideal for seasonal or short programs
- + *Promotores(as)* can work around the schedule of their primary job
- + They have independence in their work and can choose an approach based on their own expertise with their community

Challenges

- *Promotor(a)* may have to work around the schedule of his/her primary job
- Their work cannot be as "directed" as a paid employee
- Recruitment and training happen fast during a short program season

Be sure to follow all IRS guidelines regarding the definition of "contractors" vs. "employees"

Paid Employees



Photo by Anica Madeo

Ongoing projects with long-term goals may find that having *Promotores(as)* on staff gives them a great deal of flexibility in what their programs can accomplish. Staff *Promotores(as)* can be assigned a range of defined tasks. The investment of time and energy providing intensive training to the *Promotores(as)* will likely be rewarded with a lower turnover rate than volunteer programs. Staff *Promotores(as)* can also be expected to collect and record extensive evaluation data. Because staff *Promotores(as)* often stay with an organization year-after-year, they can achieve long-term changes in their communities.

Staff *Promotores(as)* can be asked to fulfill very specific tasks within specific timeframes. Their work is directed by the organization. Ideally, the priorities of the organization and the community are in line. If they are not, the *Promotor(a)* may feel an obligation to fill the organization's objectives, and could be seen as being more committed to the agency than to their own community. This could impact the relationship between the program and the community that is being served.

Benefits

- + Less turnover
- + Can complete many roles and responsibilities
- + Ideal for year-round programs
- + Usually their primary job so don't have to plan around other work schedule

Challenges

- More reporting requirements than scaled-back programs
- Requires work authorization
- Costs more
- *Promotores(as)* may be seen as more committed to the organization than the community

As a general rule,
large
interventions
with
big goals
and lots of
reporting
requirements will
usually require
employee
Promotores(as).



mhpsalud.org

P: 956.968.3600

F: 956-447-7908

info@mhpsalud.org