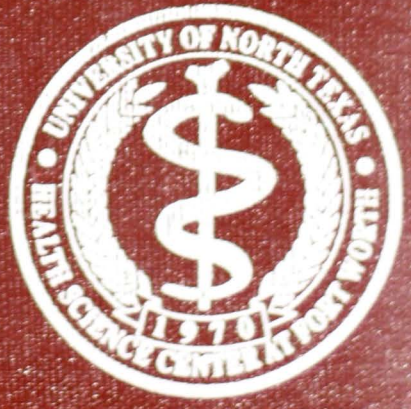
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In light of the rapid growth of the Latino population in Texas, the need for culturally and linguistically appropriate health promotion programs for Latinos is becoming apparent. It is essential that these programs address CVD prevention for this population, since the results of an assessment conducted by the City of Fort Worth in 1998 confirmed that the Latino population in the area is heavily burdened by CVD risk factors such as diabetes and lack of physical activity. It is also important, in light of limited resources for health promotion, that the community health impacts of such programs be sustainable.

The purpose of this research was to evaluate the sustainability of the North Texas Salud Para Su Corazon program, by examining two major elements of the program for sustainability: (1) the professional development and work-related experiences of the promotores who participated during the 3 years of operation of the program, and (2) the continuation of the activities that were supported by the network of community partner organizations during the initial period. North Texas Salud Para Su Corazon was a heart health promotion program which trained and mobilized promotores in the Forth Worth area from 2001 to 2004. Guided interviews with a key informant (project director), 14 promotores, and nine partner organization representatives were analyzed using qualitative methods and showed that project activities and effects endured beyond the funding period

of the project. Promotores continued to disseminate heart health information after the end of the project, and organizational structures are evolving to support promotora activities, enabling the health effects of the project to continue in the community. Recommendations were made for further support of these activities and included university sponsored studies of the promotores' work, annual conferences and award ceremonies highlighting their service, and the development of funding for continuous education and job creation programs involving promotores in the health care sector.

EVALUATING THE SUSTAINABILITY OF THE NORTH TEXAS SALUD PARA SU CORAZON PROGRAM: EFFECTS OF THE PROGRAM ON PROMOTORES AND THE PARTNER ORGANIZATIONS

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EVALUATING THE SUSTAINABILITY OF THE NORTH TEXAS SALUD PARA SU CORAZON PROGRAM: EFFECTS OF THE PROGRAM ON PROMOTORES AND THE PARTNER ORGANIZATIONS

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CHAPTER I

INTRODUCTION

One of the objectives of the U.S. Department of Health and Human Service's *Healthy People 2010* program is the elimination of racial and ethnic health disparities in the United States (Office of Disease Prevention and Health Promotion, 2005). Currently, one such disparity has been found in the rate of decline in cardiovascular disease (CVD) mortality, as this rate has been slower in the Latino population than in the white population. Latinos are at higher risk for factors associated with CVD such as obesity, diabetes, consumption of high fat foods, and lack of proper physical activity. Compared to whites, they are also less informed of the health effects of life style changes aimed at preventing CVD (Alcalay, Alvarado, Balcazar, Newman, & Huerta, 1999; Pandey, Labarthe, Goff, Chan, & Nichaman, 2001).

In light of the rapid growth of the Latino population in Texas, the need for culturally and linguistically appropriate health promotion programs for Latinos has become apparent. It has become essential that these programs address CVD prevention for this population, since the results of an assessment conducted by the City of Fort Worth in 1998 confirmed that the Latino population in the area is heavily burdened by CVD risk factors such as diabetes and lack of physical activity. Furthermore, their limited access to health care, due to lack of health insurance and transportation difficulties, are compounding factors that make this situation a more serious public health problem (Balcazar, Alvarado, Hollen, Gonzalez-Cruz, & Pedregon, 2005).

The lay health worker (*promotora de salud*) model has been successful in raising

awareness about health behavior among Latinos (Balcazar, Alvarado, Hollen, et al., 2006). North Texas *Salud Para Su Corazon* (NTSPSC) was a heart health promotion program that was implemented during 2001-2004 in the Forth Worth area. The program was carried out under the auspices of an Enhanced Dissemination and Utilization Center (EDUC), and funding for the program was provided by the National Heart Lung and Blood Institute (NHLBI) of the National Institutes of Health (NIH).

The objectives of NTSPSC, as stated throughout Balcazar and Hollen's (2004) final report to the NIH, involved:

1. Conducting a needs assessment regarding awareness of CVD risk factors, signs and symptoms of Coronary Heart Disease and stroke, and heart-healthy behaviors;
2. Using a curricula-based, train-the-trainer method to increase the cardiovascular knowledge, skills, and competence of *promotores de salud*;
3. Reducing or controlling the modifiable risk factors in specific neighborhoods within the affected communities;
4. Reducing or controlling the modifiable risk factors in a clinical sample of patients;
5. Increasing network of partners' levels of dissemination of cardiovascular health and stroke awareness activities.

The NTSPSC was a successful project that brought enhanced dissemination and utilization of heart health information to the North Texas Latino community through the *promotora* model (Balcazar, Luna Hollen, Medina, et al., 2005).

The NTSPSC EDUC developed a 22-member cadre of trained *promotores* and a

31-member network of partners in order to achieve its objectives. The *promotores* for the project were recruited from the Latino community; no previous health training was required. A 52-hour training program was provided to this group, using culturally and linguistically appropriate training materials, called *Su Corazon Su Vida* (Your Heart Your Life), which had been prepared and tested by NHLBI. The trained group was called the *Promotores de Salud* (Promoters of Health). This group continued with an ongoing in-service training for data collection and skill development during the project.

The network of partner organizations was formed by establishing informal relationships, based on mutual interest in supporting the *promotores*' activities for family health education and reinforcing administrative infrastructure for the activities.

The NTSPSC EDUC developed an outreach model for the program. The elements of the model were:

1. developing a theoretical framework,
2. forming an alliance of partner organizations,
3. planning for implementation and evaluation,
4. recruiting and training *promotores de salud*,
5. educating the community about healthy life style behaviors.

These components of the outreach model provided the conceptual framework for the activities of the *promotores de salud* in reaching Latino families with heart-health information. They further helped facilitate the process of building a community outreach infrastructure.

In planning health promotion programs, in general, the important questions are:

(1) how could the benefits of the programs be maintained after the termination of funding, and (2) which elements of the program should be maintained in the community and be integrated into community life in order to sustain the health benefits generated by the program? In answering these questions for this study, it was important to find out how many years of funding were needed to prevent the fading of the achievements and accomplishments of the programs.

The goal of this study was to assess the sustainability of the NTSPSC program through an understanding of the continuing impact of the program on the *promotores* and on the Alliance of Partners, even after funding was terminated.

Statement of Purpose

The purpose of this research was to evaluate two major elements of the program for sustainability: (1) the professional development and work-related experiences of the *promotores* that participated during the 3 years of operation of the program, and (2) the continuation of the activities that were supported by the network of community partner organizations during the initial period.

Research Questions

The efforts of the NTSPSC program during the 3- year funding period culminated in increased dissemination and utilization of cardiovascular health information by the implementation of the *promotora* model. Unfortunately health promotion programs have always faced the challenge of maintaining funding to support the continuation of the benefits that are produced by program activities. However, some activities can be maintained to support the continuity of the healthy behavior in the community, even after

the funding period has ended. This study addressed these elements of sustainability by examining the following research questions:

1. What was the impact of the NTSPSC program on the professional development of the *promotores*?

2. How did the NTSPSC program affect the work-related experiences of *promotores* in relation to their community services?

3. What new (program or organizational) infrastructure was developed as a result of the involvement of the partner organizations in the NTSPSC program?

4. Were any new organizational relationships established as a result of the involvement of the partner organizations in the NTSPSC program?

Delimitations

This project examined two NTSPSC EDUC program elements for sustainability, *promotores* and the network of partner organizations, which limited the sustainability analysis to these two domains. The sustainability of programs is very complex and may include other domains.

Limitations

Limitations of the study included:

1. A limited number of domains of sustainability were examined; this study was, therefore, not representative of every possible domain of sustainability of the NTSPSC program.

2. The study sample was limited by the number of participants who were available for interviews.

Assumptions

1. The domains of sustainability selected within this project represent adequate constructs to evaluate the sustainability of health benefits in the community.

2. The *promotores* and the network of partners cooperate to provide information that is needed to build the sustainability framework.

Definition of Terms

1. A professional is defined as one who engages in a particular pursuit, study, or science for gain or livelihood, and professionalism is defined as the conduct, aim, or qualities that characterize or mark a profession or professional person. According to Donn Devine (2001), a profession is created when a group of people with specialized training applies learning and experiences to solve a problem and accepts responsibility for the outcome of its actions. Professionalism has three dimensions: (1) Public perception, (2) peer perception, and (3) self-perception.

2. Community capacity-building is defined as educating community members in acquiring new skills, and empowering them to take ownership of health promotion activities.

3. Health promotion is defined as any intervention that has the goal of improving the health of a population.

4. Peer perception is the judgment by colleagues of one's performance and is considered the standard of mastery in a profession; it is influenced by one's knowledge, experience, and communication skills.

5. *Promotores de salud* are community lay health workers who deliver the

needed health information to the community and educate community members with current knowledge, thereby promoting health in the community.

6. Public perception forms by assumption of professionalism based on factors such as certification and services that benefit society.

7. Self-perception is important in professional development, particularly in unregulated professions, and is generally correlated with knowledge and experience about the profession. A professional should be able to perform a given task with efficiency, according to the expectations of the employer or client, and within the allotted time and budget; self-perception is a major factor in the ability of an individual to carry out these professional duties (Devine, 2001).

8. Sustainability is defined broadly as the continuing existence of activities initiated by the health promotion program, even after termination of funds to the program.

Importance of the Study

This study was designed to contribute to the body of the knowledge on sustainability; it explored barriers to the sustainability of health promotion programs and methods for ensuring that health promotion activities are sustained after the end of the program funding period. The results of this study have contributed to the progress of public health by facilitating an understanding of methods for maintaining the health improvements achieved by health promotion programs. This study strove to gather useful information about planning sustainability for the program planners and funding agencies.

Every funding organization is interested in spending its limited resources

effectively and efficiently, and health promotion programs face intense competition for funding. The proper duration for funding varies depending on the goal of the program, the nature of the intervention, and the characteristics of the target population. Studies that investigate what happens after the funding period can help funding institutions gain a deeper understanding of these programs and make better decisions about the optimum duration of funding, and the types of programs that produce lasting health benefits.

CHAPTER II

LITERATURE REVIEW

Sustainability of Health Promotion Programs

In many countries around the world, precious resources are spent on implementing health promotion programs with the hope and expectation of making long-lasting improvements in the health and welfare of underserved populations. Unfortunately, when the funding periods for these programs have ended and the programs are discontinued; in many cases, the health benefits produced by these programs start to disappear. This is usually due to lack of sufficient health system infrastructure to support the continuity of the beneficial activities that the program had been offering. This troubling phenomenon has attracted the attention of funding agencies and has caused the issue of sustainability to come into focus for them (Bossert, 1990).

In the field of health promotion, sustainability has been defined in many different terms. The World Bank definition, as quoted from Bamberger and Cheema (1990) by Shediac-Rizkallah & Bone (1998), defines sustainability as "the capacity of a project to continue delivering the health benefit that was intended by the project over time" (p. 91). In 1988, the U.S. agency for International Development described sustainability as "the ability to deliver the benefits that the program intended long after the termination of the financial and technical assistance by the external donor" (Shediac-Rizkallah & Bone, 1998, p. 91). In relation to heart health promotion programs, Jackson, Fortmann, Flora, et al., in 1994, stated the following about sustainability:

The optimal way to maintain heart disease prevention activity was to *develop the*

health promotion capacity of the community health educators. We defined health promotion capacity as the extent to which a community has local access to the knowledge, skills and resources needed to conduct effective health promotion program. (p. 387)

Sustainability of health promotion and disease prevention programs is a complex multidimensional concept related to the continuation of the processes that were initiated by such programs. In global terms, sustainability usually refers to the continuation of these programs and not the health benefits of such programs. The reason for this may be the frequently observed phenomenon of the fading of the health benefits produced by the program after the program ends (Bamberger & Cheema, 1990).

Bossert (1990) conducted a comparative analysis of 57 health promotion projects in Central America and Africa. All of the programs reviewed by Bossert were funded by the U.S. Agency for International Development. His analysis showed a rapid fading of the health benefits in African countries due to unfavorable economic and political conditions and very weak sustainability in Central American countries after funding termination. In Central America, the institutions in charge of implementing the projects had noticeable effects on the sustainability of the health benefits of the projects (Bassert, 1990).

The work of Goodman and Steckler (1989), who evaluated 10 health promotion programs funded by the Health Department of the State of Virginia, showed similar results with respect to diminishing of health benefits after the funding period ended. This fading of health benefits was more apparent when the program was not institutionalized.

The process of institutionalization of a program refers to integration of the program into the organization that was in charge of the implementation (Shediac-Rizkallah & Bone, 1998).

In the developed world, the infrastructure of the health system is capable of integrating health promotion programs. By contrast, the developing world often lacks health organizations that can nest and support health promotion programs without technical and monetary aid from international agencies (Lafond, 1995). Often when a program ends; the impact on the community is severe, and the consequences can sometimes be devastating (Akerlund, 2000).

Considering the frequency and pervasiveness of fading of health benefits following the end of program funding, the sustainability of interventions is of great concern for both program planners and funding organizations. They are very concerned about allocating resources for improving the health of a population, since the benefits produced by the intervention often begin to disappear as soon as funding has stopped. Funding agencies are thus interested in investing their resources carefully in places with better chances for sustainability (Shediac-Rizkallah & Bone, 1998).

Every program is designed to address certain specific needs or health problems. When the need is met or the problem is solved, the program must change to accommodate the new situation or else be discontinued. Moreover, there are situations in which innovations or new information change the background condition that initially necessitated a certain program. In those situations, it then becomes appropriate to discontinue the program and replace it with a new one that can be more effective in

addressing the situation at hand (Glazer, 1981).

Thus, although not all interventions should be continued, there are good reasons for maintaining most programs. One major reason is that termination of a program may lead to the reemergence or resurgence of the disease that the program was intended to control or terminate (Shediac-Rizkallah & Bone, 1998). For instance, in the Newark cervical cancer prevention program, the screening and educational activities of the program were successful in decreasing the rate of invasive cervical cancer in the community, but after the funding period ended, the ratio of "in situ" to invasive cases reverted to the pre-intervention status, indicating the need for continued funding for the program (Holland, Foster, & Louria., 1993). The recent reemergence of tuberculosis cases can be attributed to a sharp reduction in prevention funding, which has led to a breakdown in the infrastructure of public health departments' tuberculosis prevention programs (Joseph, 1993).

There are different approaches to the concept of sustainability, and no consensus has been reached by the experts about the conceptual definition of this term. Furthermore, a clear understanding of the factors and indicators that influence sustainability of health promotion programs is still in process. Developing indicators for sustainability is necessary to advance the process of monitoring and measuring different aspects of sustainability. Defining the indicators for sustainability can facilitate a better understanding of the objectives of a program (Shediac-Rizkallah & Bone, 1998).

The three groups of factors identified as impacting the sustainability of a health intervention program are factors related to design and implementation of the program,

organizational factors, and environmental factors within the community (Shediac-Rizkallah & Bone, 1998). The environmental factors can have deeper influence on sustainability than the other two factors because some of them may be hidden or not recognized or assessed. Moreover, there are the three major perspectives on evaluating the sustainability of a program, which are maintaining the health benefits, level of institutionalization of the program activities, and capacity- building in the community (Shediac-Rizkallah & Bone).

Capacity- building in the community, mentioned above as the third perspective of evaluating sustainability, includes helping the community members to develop the needed skills for building new capacities in the community. Capacity-building in the community has gained more importance than the other two perspectives in recent years (Shediac-Rizkallah & Bone, 1998).

In the past 2 decades, a gradual paradigm shift has taken place in the approach to planning health promotion/disease prevention intervention programs. The paradigm has changed from focusing on institutionalizing the program to capacity-building in the community. In this new paradigm, the community is the center of activity for the intervention. Additionally, the capacity of a community for health promotion intervention is defined by the access of the community members to the knowledge and resources for becoming a healthier community (Green & Kreuter, 1991).

Some researchers suggest using the combination model to maximize the sustainability of the health promotion programs (Shea, Basch, Wechsler, & Lantigua, 1996; St. Leger, 2005). The combination model for sustainability can utilize a

multifaceted concept for maintaining the health benefits of a program after the funding period. Depending on the situation, sustainability can be strived for in many different shapes and forms. Some of the organizations can integrate one of the elements of the program; and the community can accept the ownership of some of the components of the program. This flexible combination model for sustainability can make a significant difference in achieving a better outcome (Shea et al.). The intervention itself can contribute to the processes that are necessary for maintaining the activities that the program intended to sustain (St. Leger 2005).

Promotores in the Health Care System

Racial and ethnic disparity in health care was confirmed by the Unequal Treatment report that was prepared by a committee appointed by the Institute of Medicine (IOM; Smedley, Stith, & Nelson, 2002). These disparities were found in a number of diseases. CVD, as well as diabetes, as one of its risk factors, were among them. Cultural and linguistic barriers such as lack of interpretation services for patients with limited English proficiency, was named among the contributing factors of the health care disparity. All the studies that were reviewed showed minorities are less likely to receive the proper health care including needed procedures.

According to the report of the NHLBI (1996), CVD is the leading cause of death for Hispanics in the United States. They suffer disproportionately from the risk factors of the disease, such as diabetes and obesity. In some Latino sub-groups smoking and use of alcohol add to this problem. Hispanics are less likely than whites to be informed about the effect of the life style on disease prevention and to comply with medical advice

(Caralis, 1992).

The cost of health care as a barrier to eliminating health disparities was one of the subjects that were discussed in the IOM report because of the fact that minorities are more likely to be economically disadvantaged, uninsured, or underinsured (Smedley et al., 2002). Therefore, the cost of health care has to be addressed in a comprehensive effort for elimination of health care disparities. The IOM report suggests that one of the elements of the strategy for eliminating health care disparity is finding effective and practical ways to control the cost of health care (Smedley et al., 2002).

Many communities around the world have been utilizing lay health workers as a source of regular health care services in the absence of trained medical professionals for over 300 years. The World Health Organization's (WHO) *Declaration of Alma-Ata* (1978) emphasized the use of community health workers (CHWs) as a key strategy for the delivery of basic health care services.

In the United States, the use of CHWs in limited grass root activities by the indigenous people started in the late 1950s. By the late 1960s and early 1970s, CHWs were experimentally utilized in some of the low-income communities as a model of intervention for disease prevention and health education. In this model, individuals with good personal and community skills and some health care training can become valuable members of a team in an outpatient clinic setting or a community hospital and help to improve patient communication and disease prevention in underserved communities. The application of this model facilitates the early diagnosis of diseases and provides a more effective patient follow up for better health outcome (Health Resources and Services

Administration, 2007).

In light of the increasing need for delivering effective health care to the low income minority populations, the Health Resources and Services Administration (HRSA) Bureau of Health Professions of the United State Department of Health and Human Services (USDHHS) conducted an extensive study (2004-2007) on the CHW workforce as a component of cost-effective strategies addressing the health care needs of underserved communities (Health Resources and Services Administration, 2007).

The Health Resources and Services Administration (2007) study identified five models of care that utilizes CHWs: (1) member of care delivery team, (2) navigator, (3) screening and health education provider, (4) outreach/enrolling/informing agent, and (5) organizer. These models were not always mutually exclusive. As a member of care delivery team, the CHW would help a lead provider, such a physician, or a nurse; specific tasks are usually delegated by the lead provider to the CHWs to follow. The CHWs in some cases are given the responsibility for coordinating the care for the patient.

This model of care enhances productivity of the medical team in certain situations, such as patient-provider communication and tracking patients with unreliable addresses or transportation. Considering the findings of the USDHHS 2004-2007 study about the CHW Workforce, hourly wages of newly hired *promotores* being only $7 to $15, and the benefits that they bring to the quality of the care, utilizing CHWs is also cost-effective and can ease the burden of health care expenses on the tax payers (Health Resources and Services Administration, 2007).

Witmer, Seifer, Finocchio, Leslie, & O'Neil (1995) reviewed 28 studies about the

services that CHWs provided to improve the health of the community. They reported that CHWs were utilized in the following areas: access to prenatal care, disease prevention, access to preventive care for Medicaid enrollees, connecting the hard-to-reach patients to health care services, improvement of appointment-keeping, increasing compliance, facilitating screening, early intervention in cancer, immunization, infant mortality and low birth weight, hypertension control, smoking cessation, reduction in unnecessary visits to costly emergency departments, and referral to specialty services.

Studies about reducing excessive use of emergency department services shows, that CHWs are instrumental in improving proper access to health care and promoting behavior changes that contributes to better health status of individuals in underserved communities. The CHWs work resulted in a slight increase in primary care visits and significant reduction in expensive urgent care use. The outreach activity and patient follow-up services by CHWs have contributed to significant cost reduction for the Northern Manhattan (Michelen, Martinez, Lee, & Wheeler, 2006) and Denver community hospitals (Whitley, Everhart, & Wright, 2006).

The term *promotores* is used in Latin America and Latino communities in the United States. It refers to those community members who advocate for the well-being of their community and have the necessary training, experience, time, and dedication to help improve the health and wellness of their community members (Savinar, 2004) (www.proyectovision.net/english/news/13/promotoras.html). *Promotores* are more than CHWs because they come from the same neighborhood, speak the same language, and share some life experiences with the community members they serve. They also know the

community, have a network of family and friends within their neighborhoods, and are aware of the community health needs and challenges (Health Worker National Workforce Study, March 2007).

Promotores can offer culturally appropriate health education and health promotion activities to their community. Their goal is to promote not only the health status of their community members but also to improve the quality of their life. *Promotores* can function as a bridge between governmental and non-governmental organizations and the communities they serve. They are effective as agents of change within their networks. *Promotores* usually offer interpretation services and provide culturally sensitive health information. They can help their community members in obtaining proper care and offer good and practical advice for promoting healthy behaviors. *Promotores* can provide the community some basic services such as blood pressure screening and referring them to proper sources of health care (Health Resources and Services Administration, 2007).

In order to achieve and maintain health in a community, it is essential for the health care system and the community to cooperate. As the health care system provides services for preventing and treating disease, the community must play its part in creating the relationships that are conducive to produeing and maintaining health for the community members (McKnight, 1994). *Promotores* understand both the community and the health care system. They can play the role of catalyst to facilitate cooperation of these two systems with each other.

Community Outreach Model

Promotores can play a major role in facilitating the access to health care in their communities by acting as liaisons between the community and its health and human services organizations (Savinar, 2004). The community outreach model is based on the Latin American health promotion programs that strived to reach the underserved populations through peer education (Savinar). To reach every one in the community, *promotores* use a variety contact methods. They try to find those in need of help in small group gatherings at homes or at large community meetings.

Promotores use their community network to deliver the crucial health information to the target audience in the places and the times that are convenient for them. *Promotores*' knowledge of the community and the trust that the community members have in them enables them to reach the hard to reach segments of the community. As Mariá Lemus stated in an interview, "They bring the healthcare system to the community. And from a community perspective, *promotores* provide credibility to healthcare institutions" (Savinar, 2004, ¶4).

The social and cultural characteristics of Latinos, such as having strong interdependent ties with the extended family; sheds more light on the value of *promotores*. Traditionally in the Hispanic communities, people prefer to seek health advice from peers or the authority figures in their social networks. Health information shared by family members is trusted more than the advice of health professionals. Therefore, it is crucial for the health knowledge of those respected by the community to be correct and up to date; otherwise, misinformation shared among the family network

can have negative consequences on the health status of the community (Way of the Heart: The Promotora Institute [WHPI], 2006).

Building Coalitions for Health Promotion

Planning for the prevention of chronic health conditions is very complex and requires multilevel approach. Social, cultural, and economical factors play major roles in the health status of a community. Health promotion programs that only address the behavior of individuals and do not offer changes in the health risk producing environment cannot bring about the intended health improvements to the target communities (Hawkins & Catalano, 1992; McKenzie, Pinger, & Kotecki, 2008; McLeroy, Bibeau, Steckler, & Glanz, 1988; Minkler, 1989; Stokols, 1992).

Considering the influence of the environment on the behavior of the individual, the programs for prevention of chronic diseases have to address the problem by bringing about changes in the social environment that makes it more conducive to the desirable change in the behavior of the environment's individuals (Hawkins & Catalano, 1992; Stokols, 1992). Building a coalition is essential for producing favorable changes in any community's social environment. Coalition can be defined as an informal alliance between organizations with different goals to collaborate toward a common objective (Schermerhorn, 1981). Coalition building can be instrumental in the success of health promotion programs with the goal of preventing chronic conditions.

Bringing community agencies and organizations on board with concerned community advocates and joining forces in the fight against the chronic health conditions in the community not only improves the health status of the community members but also

strengthens the social fabric of the community and builds more social capital by generating more trust in the community (Shopland, 1989). Coalitions with the aim of combating chronic conditions should be durable because the social causes of chronic conditions are persistent. Long term intervention is required to alter the social environment (Thompson & Kinne, 1999).

Building coalitions is important because they open doors for resources and organizations to be utilized without any of the organizations shouldering every aspect of the program (Black, 1983). In addition, coalitions have the ability to build broad based public support and bring attention to the issues important to the intended prevention program and to create favorable conditions for individuals to achieve desirable behavior changes. Moreover, coalitions can recruit more supporters and more participants for intervention programs (Brown & American Jewish Committee, 1984). Last but not least, coalitions have flexible natures that facilitate exploring new ideas and encourage materialization of resources necessary for stimulating positive change (Boissevain, 1974; McKenzie et al., 2008).

Salud Para Su Corazon Shows New Advances in Health Promotion

Prior to the study described in this dissertation, the successes and challenges of NTSPSC had been explored in the publications that arose from the studies undertaken concurrently with the implementation of the program. Balcazar, et al. (2006) described the conceptual framework of the program as it fit into the context of the National Council of La Raza Promotora model for community outreach. That report described in detail the training the *promotores* received, the health risk assessments undertaken by them in their

work with families, and the implementation of the planned health educational programs within the communities (Balcazar, et al. 2007).

In 2007, Medina, Balcazar, Hollen, Nkhoma, and Soto Mas described NTSPSC as a case example of the effectiveness of CHW education programs, both in home and classroom settings, for not only increasing the knowledge of community members but also bringing about positive behavior changes. In the study, pre-program and post-program questionnaires were completed by participants as the educational program was being implemented, and both the classroom and home education groups showed significant increases in self-reported heart-healthy behaviors on the post-program questionnaire (Medina et al. 2007). Although previous studies had shown the efficacy of CHW's in extending access to health care in screening programs for specific illnesses, this was a groundbreaking report showing their efficacy in educational health promotion programs.

CHAPTER III

METHODOLOGY

The purpose of this study was to evaluate the sustainability of the NTSPSC health education and health promotion program. The evaluation of sustainability was focused on examining elements of the *promotora* model and the network of partner organizations. In order to evaluate the different elements of sustainability of the NTSPSC program and subsequently develop a conceptual framework for the program's sustainability, this research evaluated the continuity of the following initial program components:

1. Professional development and work-related experiences of the *promotores* who participated during the 3 years of operation of the program;
2. The continuation of the activities that were supported by the network of partner organizations during the initial period.

The research questions for this study were:

1. What was the impact of the NTSPSC program on the professional development of the *promotores*?
2. How did the NTSPSC program affect the work-related experiences of *promotores* in relation to their community services?
3. What new infrastructure was developed as a result of the involvement of the partner organizations in the NTSPSC program?
4. Were any new organizational relationships established as a result of the involvement of the partner organizations in the NTSPSC program?

Considering the nature of this research, an interactive, flexible qualitative design was

used for this study. This research was guided by the data and the process of searching for a grounded theory to develop the conceptual framework. Qualitative interview methods were applied for data gathering. The interviews were tape-recorded and transcribed for analysis. For *promotores* who preferred to be interviewed in Spanish, the IRB approved translator-conducted interviews.

Sampling

The sampling method involved purposeful sampling for maximum variation among research participants in each category. There were originally 22 trained *promotores*, and 21 started initially working with the program. Only16 of the 21 *promotores* were still active at the termination of the program in January of 2004. From the 16 *promotores* who stayed active throughout the program, two could not be located for this study, despite every effort of the key informant and the investigator. All of the remaining 14 *promotores* were contacted by phone by the researcher following a written protocol, and all of them agreed to take part in the study. The final sample consisted of the key informant, 14 *promotores*, and nine representatives of the community partner organizations.

From the original 31 community partner organizations that agreed to support the NTSPSC project, there were 16 who continued their partnership to the end. All of the representatives of the 16 community partner organizations who were a part of the network of partner organizations were contacted by the researcher following a written protocol. Of the 16 representatives of partner organizations contacted by phone or email, 10 were reached; 8 agreed to take part in the study.

The one person who declined the interview was a minister of a church. He said that he did not consider his organization as one of the partner organizations. He added, "We only made space available to the program for their classes." Out of the other six representatives of the partner organizations, four were no longer with the partner organizations, and the other two representatives did not return calls. The researcher left two phone messages for each one of them.

The director of the NTSPSC program was interviewed as the key informant to provide a general perspective of the way the program was implemented and a better understanding of the elements of sustainability. The contact information for the *promotores* and the representatives of the partner organizations was provided to the researcher by the key informant. The key informant remained available and stepped in anytime trust-building between the *promotores* and the researcher was needed.

The inclusion criteria for being interviewed were:

1. Being active in the NTSPSC from the beginning to the end of the program, for the *promotores;*
2. Supporting the program from the beginning to the end, for the representatives of the partner organizations.

Data Collection

The proposal for this study was defended and approved in April of 2007. The process of obtaining the approval from the Institutional Research Board (IRB) of University of North Texas Health Science Center (UNTHSC) was started immediately and finished by the end of June. After obtaining the IRB's approval, the investigator

contacted the key informant to make the interview appointment. The data collection was started in July with the key informant interview.

Data was collected by interview methods. The first interview, as mentioned, was the key informant interview. A semi-structured in-depth interview method was used for the key informant interview and a guided semi-structured interview method was applied for collecting data from the *promotores* and the representatives of the network of partners.

The *promotores* interviews started in mid-August and ended in mid-October. The interviews with the representatives of the partner organizations started in mid-October and were finished by the end of November 2007. The researcher planned the first partner interview after the last *promotora* interview to prevent any possible biases in the researcher's interpretation of the data, because information from the representatives of the partner organizations might have influenced *promotores'* interviews if they were still being conducted.

The key informant's help and support was crucial for this project. She stayed closely in touch with the researcher and helped and supported her with understanding the culture and facilitating contact with the *promotores* and representatives of the partner organizations whenever it became necessary. All interviews were recorded and transcribed for analysis.

Protection of Human Participants

According to the guidelines of UNTHSC's IRB, the investigator made every effort to protect the privacy, confidentiality, and security of the human participants. All

relevant precautions were taken during the field work and data analysis to uphold this obligation. The investigator took a refresher course on the protection of human subjects in research and discussed the proper procedures for applying the highest standards for protection with the principal investigator of this study.

To assure that the participants understood the information on the informed consent form, the investigator briefly explained the important points of it before every interview. The points that were explained were: the voluntary nature of the participation in the study, the right of interviewees to discontinue the interview at any time without any explanation, privacy of their identity, confidentiality of what they say, the contact information of the principal investigator of this study and the IRB chair person, and interviewee permission to record the interview.

The interviews in Spanish followed the same pattern. After greeting, the translator (who was a volunteer with an advanced degree in public health and well versed in human subject research protection) followed the same interview guidelines of explaining the important points of the informed consent and the purpose of the study. Next, the translator obtained permission to audiotape the interview. The translator conducted the interview in Spanish and translated the response to every question to English. The translator said on the tape, "this is the answer to question one," and so on. This arrangement was made to facilitate taking notes and transcription. The researcher was present throughout every interview, including those conducted in Spanish.

To keep the information completely confidential, the investigator obtained the waiver of the signing and recording of the signature of the informed consent from the

IRB. All the recorded interviews were deleted from the researcher computer after transcription. All of the transcribed data, the investigator notes, and related materials were kept at the investigator's home office and away from any possibility of accidental exposure. The investigator kept all the information related to the study on her laptop computer and was the only user of that computer.

Ethical Considerations

Ethical concerns in social research go beyond the traditions and concepts of no harm, informed consent, and confidentiality usually discussed in medical ethics. The investigator in social research must be very careful about the issues of privacy and deception. Often the assumption of trust may cause the release of some information that may cause discomfort or may not be directly related to the study. The investigator should be extremely watchful and exercise good judgment in using the information or in refraining from using it. Guided by these principles, this investigator and her advisor actively practiced the style of data reporting in harmony with highest ethical standards.

Instrumentation

For the key informant interview, a set of open-ended questions was designed to address the two domains of the program being evaluated for sustainability, *promotores* and network of partner organizations.

The questionnaire for *promotores* addressed three broad areas with several sub-elements in each, which were work force development and economic wellbeing, education, and credentialing; personal development and growth, empowerment, self-efficacy, and life satisfaction; and barriers, difficulties, and challenges. The *promotores*

also responded to a short demographic survey.

The questionnaire for the representatives of the partner organizations contained questions about the experience of their organization with NTSPSC, the development of any new partnership with other organizations as a result of their support for NTSPSC, and the continuity of any form of support for *promotores*' activity by their organization. All questionnaires for the interviews and the *promotores*' survey questionnaire have been included in the appendices.

An interview guide was written for the interviews. Also, an informed consent form was prepared for the participants and was approved by the IRB for this project. Before all interviews, the informed consent form was given to the interviewees along with enough time to read it. For *promotores* who preferred Spanish, a copy of the informed consent form written in Spanish was available. Furthermore, an experienced translator familiar with the project facilitated the interviews with those *promotores* who were not proficient enough in spoken English during the interviews.

The decision about which one of the *promotores*' interviews needed the aid of the translator was made by the suggestion of the key informant and the approval of the *promotores*. The process of making this decision was facilitated by key informant's involvement in making the interview appointments for this group. Those *promotores* who were not comfortable with only English would let the key informant know about their need for a translator. The researcher observed, however, most of the *promotores* in the translator group as usually being more proficient in English than they believed.

Every interviewee was asked if he or she had enough time to read the informed

consent form and had any questions about it. All interviewees were provided with a personal copy of the informed consent form to keep for their records. The informed consent form contained the contact information of the principal investigator of this research project and the chair person of UNTHSC's IRB in case any questions or concerns arose for the interviewees after the interview ended.

All the interviews, except the key informant interview, were less than 1 hour. The key informant interview took about 1.5 hours. All interviews were audio taped and transcribed for the analysis. Interviews with the key informant and the *promotores* took place at the school of public health. For the interviews with the representatives of the partner organizations, the investigator went to the offices of their organization.

Demographic Survey

The 14 *promotores* who participated in the study were residents of the Dallas Fort Worth Metroplex, with the majority of them living within the city limits of Fort Worth. Before starting the interview, they were asked by the investigator to answer a brief demographic survey questionnaire. The information obtained from that survey is presented in the following table.

Table

14 Promotores Demographic Composition

Pro	AGE	GEN	POB	YLU	LOP	MAS	NOC	NPL	EDU
1	58	F	Mexico	39	Spanish	Married	3	2	15
2	37	F	Mexico	15	Spanish	Married	3	5	9
3	72	M	U.S.	72	English	Married	4	2	12
4	36	F	Mexico	6	Spanish	Married	2	4	18
5	55	F	Mexico	20	Spanish	Married	2	2	12
6	56	F	Puerto Rico	11	Spanish	Married	1	3	16
7	42	F	Mexico	7	Both	Married	3	6	17
8	59	F	U.S.	59	Both	Married	2	2	7
9	54	F	Mexico	15	Spanish	Married	3	2	10
10	42	F	Mexico	15	Spanish	Married	4	4	12
11	73	F	Mexico	37	Spanish	Widowed	5	1	6 M
12	56	F	Mexico	34	Spanish	Divorced	4	2	8 M
13	56	F	Mexico	30	Both	Divorced	4	1	GED
14	50	F	Puerto Rico	27	Both	Divorced	8	5	C U

Notes. PRO: *Promotores;* AGE: Age of the *promotores;* GEN: Gender ; POB: Place of birth; YLU: Number of years living in U.S.; LOP: Language of preference; MAS: Marital status; NOC: Number of children; NPL: Number of people living in the household; EDU: Number of years of formal education in the U.S. or other countries; U: U.S.; M: Mexico; C: College degree; GED: General Education Diploma

Validity

In qualitative studies, the main research instrument is the researcher (Crabtree & Miller, 1999). To keep a record of her potential bias, the investigator of this study made notes about her feelings, assumptions, and expectations before entering the field. She also kept a record of the changes in her perception about the *promotores* and her relationship with the key informant during the study. To increase the validity of the study, the researcher made a conscious effort to keep an open mind and search for any possible disconfirming evidence that would suggest against the sustainability of the program.

The investigator planned to interview every possible participant in the hope of not missing any disconfirming evidence. Furthermore, to keep herself in check, the researcher consulted frankly and openly with her advisor and another professor who helped her with the data analysis and regarding her progress in understanding the concepts in the text and how they can be related and grouped together. The investigator kept notes of the feelings, environments, and the condition surrounding the interviews.

Data Analysis

This study was exploratory research and designed for discovery. Therefore, multiple methods of data analysis were applied as needed. The methods of editing, immersion/crystallization, and template style were used to discover the emerging patterns (Crabtree & Miller, 1999). NVivo computer software was used a data analysis aid.

Data analysis started by transforming the transcribed interviews to Rich Text Format (or .rtf) computer files for utilizing them with the NVivo program. The next step was identifying and coding the themes of the *promotores* interviews. After that, the

themes of the interviews of the representatives of the partner organizations were identified and coded. This activity was followed by the process of grouping related themes and categories shared between cases with special attention paid to the themes that were specific to some cases.

The investigator used the editing and immersion method of reading the text over and over and thinking about, while trying to see, the emerging pattern. One of the ways that she practiced this method was by going through the same question's answer for every interviewee. Another method she applied involved looking for the answers of one question appearing in those for another question. Sometimes the answer to one of the questions could be found at the end when she asked the interviewees: "Is there anything else that you want to add?"

CHAPTER IV

RESULTS

The presentation of the results of this study follows the order of the research questions. The themes of the interview questionnaires guided the analysis. First, the analysis of the key informant interview is reported. Second, the *promotores'* interview data are presented as those interviews followed the key informant interview. Third, the interviews with the representatives of the partner organizations are presented after the last *promotores* interview. The research questions, as mentioned in previous chapters, were:

1. What was the impact of the NTSPSC program on the professional development of the *promotores*?

2. How did the NTSPSC program affect the work-related experiences of *promotores* in relation to their community services?

3. What new (program or organizational) infrastructure was developed as a result of the involvement of the partner organizations in the NTSPSC program?

4. Were any new organizational relationships established as a result of the involvement of the partner organizations in the NTSPSC program?

The key informant interview is reported first to set the stage for reporting the results of interviews with the *promotores* and the representatives of the partner organizations. The key informant has been named Ester in this report in order to protect the identity of this person. This interview was analyzed using the editing style (O'Conner, Crabtree, & Yanoshik, 1997).

The Key Informant Interview

The first interview conducted in this study was with Ester, who was the director of the project. This interview aided in the understanding of the project and the actors who were involved in it. Ester not only provided all the necessary contact information of the potential research participants to the investigator but also was available as needed to support the process of recruiting participants to the study.

To answer the first question, "tell me about NTSPSC in your own words," Ester said,

> SPSC was an initiative funded by NHLBI. The period was 2001 to 2004. This was one of the first of the six EDUC projects. EDUC projects were to approach underserved communities nationwide, to enhance the public health in those communities through community partnership.

She added that they were the first Latino EDUC, and when they were awarded the grant, they had to identify a model that would fit this project. The principal investigator of this project had worked with National *Salud Para Su Corazon* before. They wanted this project to be adapted to the North Texas environment. The implementation of NTSPSC was different from the SPSC implementations in Washington, California, and even El Paso. In El Paso, *promotores* were utilized in clinics only, Ester said. Here in North Texas, the project was embraced by schools, churches, non-profit organizations, city governments, hospitals, and public health departments.

To find out if anything else about NTSPSC was different from other the SPSC projects, the investigator asked Ester, "Did you have a different method for recruitment

too?"

Ester answered, "We tried to recruit from the same community to serve that community." This recruitment method was not used in the other SPSC programs. Ester continued,

> We had ongoing training that we called on-the-job training. We kept getting more people that wanted to become *promotores* and serve their communities. It was like becoming somebody. Just like you and me saying I want to be a doctor some day, some of them would say I want to become a *promotora.*

Here, she presented two of the important themes that emerged later in the *promotores'* interviews, *serving the community* and *becoming somebody.*

At the time of this interview, the investigator had no idea that these themes would be repeated by the *promotores*. Ester explained further, "In that time medical health professionals in our area were not trusting *promotores* in their facilities. There was a lot of hustle and bustle about the value of *promotores* in the health work force." The value of *promotores* was another theme that emerged later. Some of the *promotores* were expressing their desire for their job to be valued by others.

What made joining this program so attractive and brought many applicants to the program could have been the simple requirements for being accepted for the training to join the program. Ester's comments on this may shed some light on this matter: "Anybody could be a *promotora* if they met four of the qualifications like speak the language, being interested in the community, staying with us after training and living in the same barrios." The prospect of having a job and serving the community at the same

time made joining the project very desirable.

Ester made the process of recruiting clear by further explaining what qualities they were looking for, "We were really looking for *promotores* that were from the same barrios, poor, non-educated regardless if they were legal, just people who have the passion to serve." She added, "I feel that is what gave this program a lot of strength because these women can really feel who these families are."

The desire to serve the community was one of themes that frequently emerged in the *promotores*' interviews. Ester explained that, after recruiting the *promotores*, they had to go through intensive training to improve their own lives by learning new skills. Ester described it as, "helping the community by enhancing their health and their economic and social status to be more productive citizens." During the interviews with the *promotores*, the theme of their lives being improved by taking part in NTSPSC, and the community members that they were serving enjoying better health and better life, was repeated often.

Regarding the question of whether the program paid the *promotores*, Ester replied that they were paid. She added that they trained whoever that was interested and then, from this group, they selected *promotores* to work for the project. She explained, "Some of them were being paid to do the classes where as others were paid to collect the data." She added, "They were paid minimal." Then she explained how much they were paid for each service and how she screened *promotores*' applications to make sure that earning some money was not the main motivating factor for joining the program.

To answer the question about the challenges faced by the principal investigator of the project and herself, Ester said, "One challenge was the Healthcare Community was

not really ready for the *promotores* to become part of the team." She raised the example of one of the hospitals. There, they developed great relationships with the dietitians and some of staff and where they wanted to use the NHLBI material (*Su Corazon Su Vida*), but they were not able to get the entire hospital to agree to have *promotores* teaching classes. She added, "Another challenge was the completion of the data for the family health card." She further explained that if she were to do the program again, she would simplify the data gathering process.

When the investigator asked about the impact of the program on the *promotores*' families, Ester replied,

> I had the opportunity to visit the *promotores* homes because I had to pick up family health cards or I had to talk to them about something. The majority of them lived in humble dwellings. I would walk in and the living room was also a bedroom, the kitchen was right there and the children shared the one bedroom in the house. Behind the door as I walked in there was a little office. That was the *promotores'* office. It was so humble. The *promotora* had her diploma on top and all her things from our group there.

Ester added,

> They would invite me to eat and it is rude in their culture not to eat. I knew it was a big effort for the *promotores* to buy those products....The *promotores* probably could have bought a few extra products since this was going to feed everyone once they got home. This was going to be a wonderful meal for the family. The *promotores* cooked fresh vegetables with a little bit of chicken or rice or maybe it

did not have meat in it. Later I would find out this was just not a one-time thing. Ester felt that the *promotores'* families benefited from the healthy cooking prepared by the *promotores,* and she had good feelings about that behavior.

In answering the question about the effect of the program on the community, Ester said that it was all positive. It brought job opportunities and increased attention to health, and more importantly, it included the whole family. Ester said, "I think that was a positive thing because families were being paid attention to." Ester mentioned that the referral services *promotores* offered to the community was very valuable to them. She said, "Then there was the educational opportunity the *promotores* gave them. This made the families feel empowered."

Regarding the effects of the partner organizations, Ester said,

> They did not go as far as to hire *promotores* to work at their institution afterwards, but they did work towards writing a grant and hiring *promotores*. Some of them have continued donating materials even though we do not use the partners as strongly with the more recent programs as we did with NTSPSC.

The more recent programs that she mentioned at this point were those for which she co-wrote the grants; these additional programs utilized *promotores*. Ester was able to hire some of the *promotores* for several projects funded with small and large grants after the NTSPSC ended in 2004.

Interviews with *Promotores*

The interviews with *promotores* were coded following the themes of the questions asked during the interviews (see the appendices for the questionnaires). The NVivo

software was used as an aid to coding and analysis of the *promotores'* interviews.

The two research questions addressing the *promotora* element were:

1. What was the impact of the NTSPSC program on the professional development of the *promotores*?

2. How did the NTSPSC program affect the work-related experiences of *promotores* in relation to their community services?

The results of the *promotores*' interviews are presented under the categories of professional development, their experience with the NTSPSC program, and the program's relationship with the community. Some of the themes related to self-perception, such as accomplishment, confidence, and empowerment are discussed under professional development because improvement in self-perception affects the process of professional development (see Chapter I). Some of the interview questions were designed to understand the impact of the NTSPSC program on the self-perception of the *promotores*. Other questions were aimed at evaluating the effects of the program on their lives and their experiences with the program. The themes that emerged from their answers to these questions are reported under *promotores'* experiences with the NTSPSC program. The relationship with the community is addressed by the *promotores'* responses to questions designed to address their work experience with the community and how their relationships with the community evolved through their experiences.

The names for the interviewees used in this report are pseudonyms and are not in any way similar to the names of the participants in this research. To honor the confidentiality of the information, the investigator kept the record by giving the

participants a number during the data collection phase. For reporting purposes, each number was given a name to enhance the readability of the data and the interviewees' responses. To help make some of the answers a little clearer in a few places, a word or phrase inside a bracket is added.

Professional Development

Professional development is multifaceted. In order to be considered a profession, an occupational group must provide an employer or a client something valuable. This value can stem from some kind of need or goal for a group of people (Reich, 1995). According to Reich, *promotores* should be considered professionals. All *promotores* reported improvement in their self-perception. The themes that are reported here are accomplishment, confidence, and empowerment.

Accomplishment

To answer the question of whether the *promotores* feel accomplished because of the services they rendered to their community, every one of the *promotores* said that they do feel more accomplished. The one exception may be Olivia, who responded by saying: "I felt very accomplished while I was doing it," which may indicate that she does not feel very accomplished anymore because she is no longer doing what she was doing as a *promotora.*

To aid in the understanding of the way the rest of *promotores* felt accomplished, some examples of what they said explaining why they felt accomplished are provided here.

Alexina explained the reason she felt accomplished this way: "Because when I

worked with the people they would see me at the store and give me compliments because they study [they have studied the material that she gave them when she was teaching health education classes for them]. I feel like I can help other people." Alexina's feeling of accomplishment is due to the opportunity to help others.

Isabel said she does feel more accomplished; and when she was asked to elaborate about why she feels more accomplished, she replied: "That made me feel something inside helping other people and giving information to others. The little changes made their life different. That makes me feel better inside." The improvement that people made in their lives made Isabel feel accomplished.

When Natalya was asked the question about feeling more accomplished, she said: "Yes, of course." Then she was asked to elaborate on that, and she responded by saying: "My participation with the university in this program it was a wonderful thing because not just in places where we can go and teach SPSC, but also in my job, I talk with people. I can teach them how important it is to be healthy and how to change their habits." Her mention of participation with the university alludes to the respect she has for university and higher education. She is also is able to talk about what she learned in her day job and give her coworkers information that can help improve their lives. This also shows her continuing dissemination of the heart health information

All other *promotores'* responses were similar to the examples given here. They all felt more accomplished because they were able to render services to their community. They further explained how fulfilling it was for them to give the health information to the community and see the effects of their work on the life of the community members.

Confidence

The question regarding confidence was: "Do you feel more confident because of the knowledge and skills you learned during your participation in the NTSPSC program (including training)?" Every one of them without exception said that they feel more confident, and the reason they offered was the learning during the training they received for becoming *Promotores de Salud.* Some of the examples of their responses are provided here.

Angelica: "I feel more confident about myself because of what I have learned. I was very happy to learn, [and] to share what I learned." Angelica talks about sharing what she learned. Based on her answer, sharing what she learned is related to her feeling more confident. Moreover, this sharing impulse is a major contributor to continuation of dissemination of health information.

Natalya: "Because when you learn something in which you notice that it is very important for you, your life and others to hear your information that is a great feeling. You can do something not only for yourself, but also for others. Volunteer work is great." Natalya praised volunteer work without any prior discussion about the subject. All the *promotores* showed willingness to do volunteer work.

Rosalyn: "I feel more confident because I know very well this kind of information. I practice using the guide. If I forget something, I go and look up the information from this program. It is very useful. I like this program." Her comment about looking up the information shows that she is still trying to learn and relearn the information, and it is a testimony to the training material being user friendly. The key to

confidence for Rosalyn was the acquisition of knowledge.

Olivia: "Because the knowledge always changes and to continue learning new knowledge makes me more confident." Olivia has an awareness of the constant changes in the body of knowledge about health, and she believes that the information given to *promotores* by the program is the correct. Like Rosalyn, knowledge promotes confidence for Olivia.

Alexina: "When I see people at the store or the medical office I tell the people where I work and they ask me for information. The people I give the class, they give me compliments and ask me if I have another program because they like it. I lost a lot of weight and I changed my habits. They give me good compliments about these." Alexina's weight loss and people in the community complementing her about it indicates that *promotores* teach by their example of practicing healthy life style too. People asking her, if she has another program also reflects that the community is waiting for more of the activities that NTSPSC was providing. Her own accomplishment of weight loss and the approval of the community bolster her confidence.

Empowerment

The question for empowerment was: "Do you feel more empowered because of the NTSPSC?" Without exception every one of the *promotores* said they did feel more empowered because of the NTSPSC program, but they had different reasons for why they feel more empowered. Knowledge and skills were again the common reasons, although some of the comments are deeper than the training they received and may refer to the encouragement and the sense of mission that the program provided them. Some the

responses included:

Rita: "One of the challenges was that I myself didn't feel confident, didn't feel I could do anything, but with the program I realized I can do anything I want to do." Thus, it seems like being a part of NTSPSC was a life-altering experience for her. After 3 years, she still feels the confidence and the empowerment to do anything she wants to do.

Angelica: "Yes. Absolutely, I feel more motivated and empowered after the program of NTSPSC. I never thought that I reach that goal to be a *promotora*." Becoming a *promotora* was a goal that Angelica achieved, and she now feels empowered to reach other goals. This confirms what Ester said: that, for many of them, becoming a *promotora* was like becoming somebody.

Belinda: "It was on the university and it was more like a professional matter. All the information and training we got through NTSPSC." The university as the institution that hosted the NTSPSC program appeared to carry prestige for Belinda. She also mentions that this was more like a professional matter. Based on this statement, she viewed becoming a *promotora* as becoming a professional.

Rosalyn: "Yes, I feel more empowered because I can do this for my own life and for the life of my children and my husband also. Then, when I teach my children about it, or they participate with me or I teach health to others, they encourage the other people to exercise and to eat more healthy." The program was family friendly and encouraged family involvement. In the Latino culture closeness of the family is very important. This was one of the strengths of the program. Rosalyn's children advocating healthy life style is a source of pride for her.

Julia: "Yes, because before I was with this program, I used to live with stress and depression. Now there is no place to even go through that again by the program that I have learned." For Julia, being a part of NTSPSC was a way out of stress and depression. This type of result probably exceeded the program's original goals.

David: "I feel it gave me some education to talk to people about these chronic diseases and try to do some good in the community with the knowledge I have obtained." Being able to help the community is the reason he feels empowered. Moreover, he demonstrated a great sense of mission to fight for prevention of chronic diseases in the community.

The Promotores' Experience with the NTSPSC Program

In this section, the *promotores'* professional development as the result of their experience with NTSPSC is reported. The report of the analysis of the responses to the questions that were asked to gain understanding of the *promotores*' experiences with the NTSPSC program is reported under the themes of the effects of NTSPSC program on the lives of the *promotores*, skill development, job opportunities, and other opportunities.

The Effects of NTSPSC Program in the Lives of the Promotores

Regarding how the program affected the lives of the *promotores* and why the program was important to them, one of the themes that emerged was personal learning. All *promotores* expressed that what they learned in the program was very valuable in their lives. Some of the examples of what *promotores* said about their learning experience are provided here.

Rita: "Learning the SPSC program was so rewarding that it gave me the ability to

talk to people. I never felt I had enough education to educate people." Gaining the ability to talk to people is surely a significant social skill that can change the quality of life of an individual.

Natalya: "For me it was very helpful because I learned a lot. NTSPSC for me personally was great… I changed many habits from my culture. Like the way we eat. For example: In our community, our culture, we used to eat more than you are supposed to eat all the time. It is a big problem. I learned that we would eat more than you are supposed to eat." Natalya has recognized that a part of the health problem is a culture that encourages overeating and has changed her personal habits in addition to telling others about it.

Julia: "It impacted my life by, for instance, learning how to prevent a heart attack. I had no idea how to do it by just having the ability to prevent the disease. Learning about prevention helped not only for myself, [but also] for my family… I learned how to have a healthy life." Her statement demonstrates that *promotores* are aware that they have to set a good example if they want to prevent chronic diseases in their community.

All the *promotores* stated that the program affected their lives positively because it improved their lives and gave them a chance to help others. Some examples of their responses are included below.

Veronica: "I would say it affected it [my life] in a positive way, because I have learned a lot of things that I didn't know. Since I was in a very serious risk of losing my life in 2001, I know how important it is to be healthy… I love to share with people what I know, especially people that know very little sometimes." Her love for sharing her

information is what is needed for one of the goals of the program that was dissemination of the health information.

Victoria: "It was an extreme change. It gave me [the] ability to speak in public, more than anything developing the ability for serving the community." The importance that she attaches to serving the community is not unusual. This was one of the themes that emerged repeatedly in responses of many of the *promotores* to some of the questions.

Rosalyn: "My life was affected by this program effectively because now I know different techniques to prevent different diseases that affect my health. And also, I've changed my life for taking different health food and I practice this on myself, the physical exercise. Then I watched my children for eating more healthy food and doing physical exercise and then my husband... I didn't know about how to prevent this kind of diseases like diabetes, high blood pressure, and cholesterol". She mentioned because of what she learned, she is making more vegetables for her family, but it is not easy for her children and her husband to accept the new way that she cooks. She added that she knows that it takes time for them to get used to it, and she notices they do not like fatty foods the way they did before. She also observed that they ask for less salt in their food. The example of her family helps her to understand that it is not easy for the community members to change their eating habits. She wants to set a good example for her community by improving her family's health habits.

Sofia: "[The effect on my life was] positive because I learned from NTSPSC about the food that we are supposed to eat better for your health. Also, the knowledge that I have in my mind right now I spread to other people." It is noteworthy that the

knowledge is still fresh in her mind and she is ready to spread it to others.

Skill Development

The *promotores* were asked: "What skills do you think you have developed as a result of the NTSPSC program?" Most of them mentioned communication skills that they developed as a result of their training. They talked about learning the skill of public speaking. A few of them mentioned learning to become good listeners was very important to them. Some examples of their responses included:

Angelica: "I feel that the major skill that I have been developing is communication. I am more confident now to stand before large groups. I have that conditioning or empowerment skill to engage a person in the community, to have the trust of the people to enter the family and work with them." It is noteworthy that she considers gaining the trust of a family as one of the skills that she learned.

Natalya: "The skills I learned were great. I didn't even notice that I began to build up those skills because I had to learn not to be afraid to talk to people. When you know something you feel more confident... The skills made you more confident in the meetings." She has overcome her fear of talking to people and she notices that she was not aware that she was developing her communication skills. Many of the *promotores* felt they learned many good skills, but emphasis was on being able to communicate effectively.

Isabel: "They give us training for how to talk to people, talk to a lot of different people because a lot of people come from different places." She understands the message should be tailored to the background and understanding of the people.

Job Opportunities

There were two questions related to the issue of finding a job after the program ended. One question asked if the training helped them to find job after the program and the other asked: "Did you continue to work as a *promotora* after the program ended?" The responses to these questions were divided into those who were not looking for job as a *promotora* because they already had a job (which was not a *promotora*-related job), those who were able to find work as a *promotora*, and those few in between who did some *promotora* work and wished there were more jobs available for *promotores*.

Rita was one of the *promotores* who was not looking for a job as a *promotora*. When the question of being able to find job was asked, Rita said: "Not really. Not job finding because I had a job. I was doing [this] just to help my community and to help myself. Help myself, educate me better towards the way I ate but not as a job; I never saw it as a job. I saw it as helping the community." She was asked if she did volunteer work after the program. She replied: "Yes I did. I did several programs of volunteer work. I still do it whenever there's a need for someone. If I'm available, I am always willing to go. If there was ever a paying job and I could take it, I think I would, but I never went into it as a job."

Rita was among the group that did not go into the program for possibility of a job because she already had a job. At the same time she expresses her interest in working as a *promotora* if possible. She explained that the reason is that she loves to do the work of *promotores*.

Six other *promotores* were in similar situation to Rita. They were not looking for

a job because they had a job or were retired, but most of them said if they could have a paid *promotora* job, they would like it, because they enjoy *promotores* activities. Every one of them said that they are active in some form of volunteer *promotores* work and would continue doing it.

One of the six *promotores* who were not looking for job was Sofia. When the investigator asked her if the training helped her to find a job, she said: "No, not directly. I have a bachelor's degree in Business Administration. Right now I am working in accounting." She was asked if she does volunteer *promotora* work as service to the community, and she replied that she does. Sofia's case is a clear example of being motivated to serve the community. Her intention was to serve the people in need; she did not join the program in order to find job opportunities.

Two of the *promotores* stated that they looked for a *promotora* job with pay and could not find it. One *promotora* complained about not being able to support herself as a *promotora* because the only work available is volunteer work. The other *promotora*, Julia, stated: "After the NTSPSC ended, I was able to continue my work as a *promotora* with another project, the DREAMS project. After that program ended I was able to continue for sometime in following up with the family members to see how they were doing. Then that ended. That's been the end of it. Right now I am not doing anything related to this. I am willing to be part of an opportunity." She belonged to the group who had a paid job after the program ended.

Five of them said that they had paid *promotora* jobs after the program ended. A few of them are employed part time or with the help of some kind of grant money.

Angelica's case can shed light onto what happened to those who were able to find jobs as *promotores* after the program ended. Her response to the question of whether the training helped her to find a job after the program ended was the following:

"I feel the training and experience of the program have helped me to find work after the program ended, definitely. I have been involved with three other programs after this program ended, one with the university, one with a private doctor, and one within the Public Health Department that was in collaboration with Harris Hospital. There I was involved with monitoring patients' health, calling them and following up with them. I am very active as a *promotora*."

The investigator then asked her: "What are you doing now? Are you working now?" She replied: "I have not been working since April." This interview was conducted in October. Upon being asked, "What happened since April? How are you active and remaining active now?" she responded: "I am still very much active in churches and in the community handling health education classes." She was then asked: "Are you paid for these classes or you work as a volunteer?" She replied, "The three programs after NTSPSC, working at the university, the private doctor and the Public Health Department were all paid. The one that I am working on now, the community of faith-based organizations and churches, those are all volunteer [work]."

The responses to the next job-related question regarding whether they continued working as *promotores* after the program ended showed overwhelming consensus. Every one of the *promotores* said yes, and all of them confirmed that they have continued to do *promotora* work on a volunteer basis, even those that had a job as a *promotora*. Some of

them mentioned that they organize events themselves for educating the community or that the other *promotores* organize programs and invite them to go and give talks about health-related issues. This latter cooperation shows the effectiveness of the Promotora Alliance in continuing the activities of the program after the funding period, which will be discussed more later.

Other Opportunities

One question was about other opportunities that they had because of the NTSPSC program. This question was designed to let them explain what they feel they achieved in the area of professional development. Below are a few examples of what they perceived as an opportunity and their descriptions of it.

Victoria: "Be a part of Mental Health Education Training. Be a leader in Physical Activity promotion. Do Healthy Marriage Counseling."

Belinda: "The opportunities that I have was the training that was given [to] me, was an opportunity for us and also the opportunity that I had to go to different cities and different places to take this information to. The opportunity I had in Cleburne I will never forget because that was traveling from Garland to Cleburne every Sunday to get this training for new *promotores*." She was training other *promotores*, thus fulfilling the trainer goal of the program. The program trained the *promotores* to train the community members on heart health-related issues.

Natalya: "For my own satisfaction, of course it was a service to the community... that you are actually able to teach the community. Also, as a result from all the learning that I got from the training, I am able to focus in one area and be very strong in

addressing that specific area. Maybe in like diabetes, you can become almost specialized in that one section." She talked about some of the *promotores* getting more training in some other specific areas beside heart health. She mentioned that she wanted to learn about Alzheimer's because her mother and many of her relatives suffer from the disease. She expressed interest in learning more about the prevention of Alzheimer's to be able to help the community, since she was concerned about lack of understanding of the disease in the community.

Rosalyn: "This was an opportunity for me to get to know different people and to share our skills with people in the community... I know how to encourage the community. I know different people are very interested in the public health now...Also, I have the opportunity to know my own community. I learn about the problems they have and what they do about it and what is necessary for them." Similar to Natalya, Rosalyn feels that she had the opportunity to learn about the problems and needs of the community.

Julia: "I had the opportunity to be part of the Health Department in educating the community and holding health education classes. Another one was being at the Boys and Girls Club to also do health education classes. I had an opportunity to be at a school and do classes. I also had the opportunity of sharing with the *promotores* by being a part of the group of *promotores*. Also, I saw a part of my dream fulfilled." She was asked about her dream and she said: "My dream was to be a psychologist and work with a group of people... If I was not able to fulfill my dream about being a psychologist or work with children, this is an opportunity. This is something that I love. This is something I dreamed. This is something I like doing. I use to live with depression and stress, all

because I had this dream and I was unable to fulfill it. Then I had dreamed that even if it was just to be outside a university and looking at a university. Then the fact that one of my friends called and told me, 'Come with me and do this.' She did not tell me it was at a University. When I first stepped into this place that was when things changed, because that was part of my dream to even be outside a university." High esteem for the university was a frequently emerging theme in the interviews.

Olivia: "Helping to form the *promotores'* alliance and being a part of the alliance; and getting to know other people who are interested in the health issues." Formation of the *promotores'* alliance by the *promotores* may be considered a sign for limited sustainability of the program.

Sofia: "Besides the knowledge, we got to know more people. Also, I made some friends that I keep in contact with for different health fares." Sofia made friends that keep each other informed about different health fares. This is an example of informal relations that promote better health for the community.

David: "One of the things is that I was able to go to a conference in Austin for the Nation Council of La Raza... some of the things they back are healthy communities in the Hispanic Community. I was sent there as a representative representing NTSPSC. I got a scholarship through this school."

Cecilia: "I have had the opportunity to help many people to participate in many activities such as health fares in hospitals and community centers." She was able to find a way to continue serving the community after the program ended.

Relationship with the Community

The responses to the interview questions about changes in *promotores*' relationships with their extended family and the community, their service to the community, their challenges and negative experiences, and the dissemination of the information is reported in this section. The aim of these questions was to evaluate the *promotores*' perception about community reaction to their activities.

All of the *promotores* reported very positive work experiences with their community. They all mentioned that their family relationships improved because of NTSPSC program, with the exception of one person who complained that her adult children have not listened to her advice about diet. The rest of the *promotores* said their families' health habits have greatly improved. Only one of the *promotores* said that her extended family was critical of her in the beginning, but she also stated that they began listening to her. All other *promotores* reported that their families listen to them and try to change their habits, and that even some of their relatives in Mexico are following their health advice.

Regarding changes in their relationships with their community, most of them felt that they receive more respect and more recognition from the community. Some examples of what the *promotores* said in response to the question about the relationship with their communities are included here.

Victoria: "The dynamic of my relationship is changed. There is more respect and more trust."

David: "I think they use my knowledge when I deliver my sessions." He

mentioned that people remember him and recognize him in the shopping centers and other places. He felt he receives recognition for what he has done for the community.

Isabel: "In my community I tried to help them. Right now I am working in the church doing this program for the community. I feel more respect from the community." Most of the *promotores* mentioned that they do feel more respected by the community.

Angelica: "I am realizing myself in the professional world with the community members. My friends are very happy for me. They are always telling me about how… they got here after my guidance, after I shared my knowledge [with them]. Also with my extended family, I have been teaching them." Angelica said she receives recognition and appreciation from the community for her work. They have made her realize that she is a professional.

Serving the Community

To understand the reason that the program was important to the *promotores* personally, the question asked was: "Why is or why was NTSPSC important for you as a person?" The *promotores* responded to the question in relation to serving people and the importance of disease prevention for the community. Some examples of their answers are provided below.

Angelica: "It changed the quality of my life. I have also learned the ability to service the community and help."

Victoria: "It helped me to grow as a person. I could serve people."

Even though the question did not address service to the community, Angelica and Victoria's responses about serving the community shows that this was a priority for them.

Belinda: "As a person it was very important because it was a lot of information they gave us that affect other families... All the information we got made me like a person with more confidence in myself. Everywhere I work and everywhere I go, I carry brochures. I'm a people person. I like to talk. I go to the families now and I do not only talk about whatever the family wants but I go with stuff for health too. I put everything together." Belinda also talked about taking what she learned to the families. Her motive for sharing information has suggested a focus on serving families in the community. She has continued to disseminate health information in her daily interactions.

Isabel: "It is important to me because of their focus in our people, the Hispanic people. All these projects we have been doing we have been giving to the Hispanic people. That is our community and we are giving the classes in Spanish. Their focus in our community helps a lot by not only helping them but they are helping us too." Again, the theme that emerged was a concern for the community.

Rosalyn: "For me it is important because they teach me a lot about the heart problem. Not only for me personally but it is for the community. It is very important in this country to prevent disease. It is more important for the community to have the recourses to prevent and control the disease for the people that have the disease."

Julia: "It was very important to me because I learned about prevention. I learned how to prevent many illnesses and I was able to help others learn how to prevent them as well. I learned how to have a healthy life and maintain being healthy. That is why it [is] so important to me as a person." The care that Julia and Rosalyn have shown for the community was evidenced by their focus on the prevention value of the program.

Cecilia: "As a person I was able to learn what I needed to know and what was important to know to take care of myself. I wanted to know about Alzheimer's. I never knew about this condition. I have heard about it, and now just having the ability to learn and know about what it is and how it affects people. I have developed myself in this profession. I have been able to meet many more people and learn just what is going on in the community and what I can take part in it."

Sofia: "With this program I started as a *promotora* and now I have a state license to be a promotora." The investigator asked, "Is the state license important to you?" She said, "Yes, because it's part of my commitment to continue the service. Also, my personal education in other programs like Alzheimer's and programs that the university developed for us." Sofia is among the *promotores* who held licenses. All those who had earned licenses were proud to have them, even if they did not have jobs lined up during their interviews.

Challenges and Negative Experiences

The greatest common challenge for the *promotores* was irregular attendance. One of the *promotores* explained that her challenges were her lack of computer skills, and two of them were bothered by their lack of proficiency in English. One said she had no challenges and no negative experiences. Two of the *promotores* stated that some material was difficult to learn or that they may not have felt completely prepared for the task. Some examples regarding their greatest challenges, such as irregular attendance, are included here.

Rita: "The only challenges were that a lot times they would give you an address,

and they would move, and you would have to look for them. Sometimes they moved and you couldn't find them anymore."

Angelica: "The biggest challenge is that there were some participants who did not want to continue in the program. They would stop in the middle of the program. That was perhaps the biggest challenge because then I would have to do a lot of following up and try to convince them to continue by telling them 'You really need to continue in this program.' That was a big challenge for me."

Natalya: "When the people started losing their interest to continue with the classes, most of the time it was for a very good reason. Like they could not find a place to leave the kids, or they have to work Saturdays or late so they could not attend. It was not that they did not want to go, because they love it. Even when the program was finished, they wanted to continue. The people were asking 'Where are you going for the next section, next class?'"

Isabel: "Sometimes the people don't go to the classes and then we call them on the phone, so we used different ways to bring them to the classes."

Sofia: "Every week the challenge was getting the people to continue with the program."

David: "Trying to get them to understand that it is important that if you are going to get into this program which might be eight sessions to try to be there every session and be on time. One of the negatives was that sometimes people didn't show up. Even though you called them and had made plans to have them there, for one reason or another, they didn't show up. So, we would have to reschedule that program or that particular session."

Some other issues that some of them mentioned were resistance to change from some of the community members, lack of support by some of the partner organizations, and the sense felt by some *promotores* that some community members and some of the health institutes did not value them.

Dissemination of Information

Many of the *promotores* mentioned that they are still using every opportunity to share health information. Some of them continued to carry brochures with them and talk to co-workers and friends about maintaining a healthy life style. Many of them said they still talk to members of their communities in the grocery store and give them information about healthy eating. They have continued to give cooking demonstrations and to teach the community about healthy cooking. But what may be considered a major change in the health culture of the community is the fact that some of the *promotores* have continued to organize events by their own initiative to educate the community. This has presented as a new phenomenon in the Latino community that has come about through the capacity building in the community as a result of the NTSPSC program.

One example is what Natalya said in response to the question as to whether she continued to work as a *promotora* after the program ended. She said,

> Sometimes, the *promotores* find these opportunities on their own, or another *promotora* will come along and say, 'Hey, can you come talk about this.' Sometimes we work with the community to teach them or get information... Sometimes you give them the packet of information. We find a way to do it in the community, like in churches or any other place."

She added that she has sometimes been invited by other *promotores* to go to their communities and give talks about Alzheimer's. Other times her daughter, a ballet dancer, has been invited to teach the ladies in the community how to exercise. She said some *promotores* are more knowledgeable in certain areas and they try to provide their services to other communities besides their own community.

Natalya was asked if they usually do the *promotora* work as volunteer work, and she responded, "Yes, completely. Sometimes we organize ourselves. We find the places we can go and offer our services." She added that she has never missed the opportunity to teach the community about healthy eating. She tries to help people in the grocery store to make better choices when buying food. She explained, "Because of the culture, you have to talk to them in a very smooth tone." She is very careful about not offending people when she offers them advice for their health.

Another question that can help to address the sustainability of the program was asking the *promotores* if they were in contact with the families that they helped during the program. With the exception of Julia, Alexina, and David, every *promotora* was in some kind of contact with some of the families they served. This ranged from calling them regularly and checking on their progress to being in contact on a more irregular basis. All the *promotores*, even those who were not in contact with the families, were sure that about half the families continued the healthy life style practices. Olivia said those who are better off and have more money for grocery shopping are more successful at continuing with the healthier way of life that they learned during the program.

All of the *promotores* had many inspiring success stories to tell, and each of them

told the investigator about two success stories ranging from weight loss to improvements in marital relations as a result of couples going walking together. Most of them talked about being a part of the *promotores'* alliance that they formed, which has continued to function independently.

Interviews with Representatives of Partner Organizations

The analysis of interviews with the representatives of the partner organizations is mainly focused on the research questions related to the partner organizations, by analyzing every interview question for content and theme. The third and fourth research questions in relation to the network of partner organizations were:

3. What new (program or organizational) infrastructure was developed as a result of the involvement of the partner organizations in the NTSPSC program?

4. Were any new organizational relationships established as a result of the involvement of the partner organizations in the NTSPSC program?

The partner organizations that participated in this study were the following: 1) a community center, 2) a non-profit organization, 3) a city health department, 4) a university, 5) a hospital, 6) a senior citizens center, 7) a clinic, 8) a city government, and 9) an elementary school. Most of partner interviews were under more time constraints than *promotores* interviews.

Although majority of the representatives of the partner organizations were very gracious and some of them were even enthusiastic about the interview; a few of the interviews were rushed or frequently interrupted. In the case of the interview with the clinic partner, the designated clinic representative who had agreed to the interview had

left for another appointment when the investigator arrived, even though the interview appointment was made 3 weeks earlier and he had received a reminder call a few days before the appointment. Another clinic employee volunteered to take his place for the interview. Another participant was so pressed for time that she continued doing her paper work during the interview while trying to answer the questions.

In response to the first question "Why did your organization get involved with the NTSPSC program?" almost every one of the interviewees mentioned that most of the people they served were Hispanic and the NTSPSC program assisted them to be able to serve them better. Only one of the partner representatives said that since she was not there in the beginning, she could not answer this question.

The city health department representative said, "Here at the City Health Department, we have an outreach division and it is made up of community health workers and other health professionals. We work in neighborhoods. It was a perfect fit for us to work with the promotores and help with their education and any projects they wanted to undertake." She mentioned the NTSPSC project enriched their understanding of the community they serve and helped them to reach the "hard to reach" segment of the Hispanic community.

The university representative stated, "Just that I think it is really important for my organization to recognize the value of grass roots efforts, grass roots programs." She added the program was very beneficial to her department because it boosted the moral among the employees and helped them to pay more attention to their health.

The clinic representative said, "Our clinic has a very high Hispanic population.

We easily see 80 to 85% Hispanics. Just from my experience here at this clinic it seems that there is a knowledge deficit of how to manage their diabetes, their heart problems and how to in general care for their health care needs. This [NTSPSC] sounds like a great way of helping get word out into the communities that we're here and we'd like to help." She mentioned that she did not know about CHWs before the program and was very impressed by the way *promotores* helped the community to overcome the fears of coming to the clinic and trust the health professionals.

The investigator observed this issue of trusting the health professional by Hispanics to be unclear. Some studies in the literature mention the weak trust for health professionals, but the public health nurse who participated in the study stated that Hispanics are more trusting than other populations she has served and try their best to be compliant. She mentioned they all carry with them the records of their children's immunizations. The investigator of this study also observed the *promotores* very trusting and comfortable with offering information.

The city government representative said, "At the time we were looking for a program that was an evidence-based program that would help us teach our city residents the benefit of preventative life style behavioral changes. When we found that the School of Public Health of UNT Health Science Center in Fort Worth had this program coming out, we were very excited to join the program to try to get that information to our public here in the city."

The respect the city representative showed for the university was very obvious. He was a highly educated, very eloquent individual of Hispanic origin. Both this partner

organization representative's emphasis on the program being hosted by UNTHSC and *promotores* mentioning the importance of being somehow related to the university through the NTSPSC program has opened the door to the possibility of more research about the value of higher education in Hispanic culture. As a result of this research, this investigator has become under the impression that the university and higher education may be perhaps more important in Hispanic culture than it has been to Western culture.

The city representative added, "Since the program was based on the research that came from the National Institutes of Health, we felt that the information was going to be very reliable information." Then, he talked about their Spanish speaking population and said, "The appeal of this program is that it was a bilingual program that we could use not only for the English speaking population but also for the Spanish speaking people."

The elementary school nurse stated, "This was a good program for our students because it would teach the parents about healthy life style. SPSC program was answer to a great need that existed in the community." She further talked about the problem of communicating health information in a way people can relate to. She explained, "When I invited doctors to talk to the parents, I saw that they did not understand the language of the doctor, but our parents could relate to what *promotora* was talking about." She also praised involving the fathers in the program and said, "Fathers here work long hours and usually are not involved with any thing with the family. But this program involved fathers."

Answering the second question; "How has the NTSPSC program impacted your organization?" The community center representative said the program has had personal

effects but it has not impacted the organization yet. The non-profit organization representative said it has helped them with networking and connecting with other agencies.

The city health department representative talked about NTSPSC impacting their organization by helping them in gaining better understanding of the Hispanic community. She said, "We have seen that time and time again where a group like [she mentioned an organization that works toward raising cancer awareness], for example, will go into a community with an education program and expect that people are going to relate to them, but it depends on what background the people have, what they have learned in their family, what their mother taught them, what their grandmother taught them. Those things are even more important than the information that you give out to them." Then, she added that in her experience, people only learn about health issues when they can relate to the educational material.

The hospital representative described the impact on her and the organization and said, "We actually did the screening piece of that [the NTSPSC program]. The other [impact] is that this really introduced me to the use of *promotores* as community health educators." She continued by talking about using the program model and said, "We then took that model and implemented that with Healthy Tarrant County collaboration in a project that we we're working with on the North side right now along with UNT Health Science Center."

The senior citizens center representative talked about having a new source of knowledge and information because of the *promotores*. The clinic representative said, "I

think it helped create communication and facilitated that comfort level of encouraging people to come in and be seen." She added that she thinks the program has helped the community to know "what our clinic is about and that we are here to help them."

The city government representative stated that one of the program impacts has been helping them reach a larger segment of their population because of the bilingual nature of the program. He also said, "The NTSPSC impacted us by giving us a very good tool to teach individuals on how to do positive and healthy lifestyle behavior changes to improve their cardiovascular health."

The elementary school nurse talked about her concern about childhood obesity and said, "This program has raised the health awareness and had ripple effects on everything we do. Our counselors and PE [physical education] teachers work with the families for eating healthier and having more physical activity."

The third question asked the representatives of the partner organizations, "What programs/activities have been developed or continued as a result of the NTSPSC?" The community center representative talked about the continuation of the classes they offer and said, "We offer Physical Activity classes for the family. They can bring their children in. They do different little activities, primarily dancing but it is an hour to an hour and a half."

The non-profit organization representative who mentioned their connection with the *promotores* continued and talked in length about the grants she wrote. "I wrote a General Mills grant for nutrient education for children and we worked with *promotores* on that. They helped us teach classes for kids on nutrition." She added that they had

another grant on "Administration of Children and Families" and another one for $50,000 for "The Community Food Nutrition" program. The *promotores* were utilized for these programs. She said, "We had our *promotores* going out to the after school program. We did some classes here [at the site of the organization]. We tried a community garden with that also." Then she talked about their partners and said, "We had different partners coming in. We had Texas Co-operative Extension. We had Tarrant Area Food Bank. We had the *promotores* themselves helping to teach whether it be fitness or cooking classes. We kept that going on. Currently we have one *promotora* [on staff]. She still helps coordinate classes between the Tarrant Area Food Bank and Texas Co-operative Extension."

The city health department representative talked about the activities they were able to continue on a state-funded grant and said, "One of the things we did was to get a grant from the State of Texas to do a curriculum for people that are across the lifespan like for kids as well as adults and seniors. Physical fitness, nutrition curriculum and the state calls it "Fit Texas," but we call it "Fit Fort Worth," and it was specifically geared for *promotores* or community health workers to be able to go and present it."

The hospital representative mentioned their activities in the areas with high Hispanic populations, and said, "I would say the Healthy Tarrant County collaboration grant, and work that we are doing on the North side with Hispanic community members; and use of promotores in looking at the risk of cardiovascular disease and the whole education implementation of that."

The senior citizens center representative talked about the continued relationships

with the *promotores* and mentioned they have been eager to provide more classes. He said, "Every time I go to rallies, they reach out to us and offer their services then call us to schedule something definite."

The city government representative stated that the *promotores* have been able to offer more nutritional classes and food preparation demonstrations for their community; and the elementary school nurse said, "We developed many walking and running clubs for students and parents, and we still have nutrition classes during PE (physical education)."

The fourth question asked, "What impact if any has the NTSPSC program had to increase community outreach capacity for your organization?" The community center representative and the non-profit organization representative said the *promotores* did help their outreach capacity and made a difference. The city health department representative stated that the program did increase their outreach capacity tremendously; she said, "It has increased our [outreach] capacity just by knowing the promotores, and being able to consult with them on different issues that come up and share with them things that we have."

The senior citizens center representative said the senior citizens who participate in classes taught by *promotores* have been in touch with a number of other senior citizens in their churches and in their communities. As a result of what they learned in the classes, they have conveyed this information to their peers, and those individuals have contacted the senior citizen center, which can provide services to them by inviting *promotores* to give classes or lectures. Dissemination of health information, which was one of the

objectives of NTSPSC, has continued taking place with this group.

The clinic representative said the program has made a difference in their outreach capacity. She added that the *promotores* have taught people "not to fear us as we are here to collaborate and work with them on maintaining their health or improving it." The city government representative was grateful to the NTSPSC for being able "to entice or motivate three new individuals that decided to help out themselves and the community by becoming outreach persons for the city. They did it because they were exposed to the NTSPSC program."

The fifth question asked, "What new relationships or partnerships if any have been developed or continued as a result of your involvement with the NTSPSC program?" The community center representative said, "Essentially the one with the *promotores* is continued. As far as any other specifics, I would have to say that we have made some contacts with an insurance company."

The non-profit organization representative mentioned that the director of the NTSPSC program and her have been collaborating in grant writing. She said, "When she writes grants sometimes she will include us asking if we would be willing to support the grant." The city health department representative talked about training the *promotores* for the state certification and creating a working partnership with other organizations. She said a hospital in Dallas and a neighboring city government sent some people to be trained as CHWs. She further explained that the city council did not approve the funds for certification training, and as a result, they had to stop the training.

The hospital representative said that they have developed partnerships with a non-

profit organization, a clinic, and UNTHSC. The senior citizens center representative said they have developed a relationship with a heart health promoting non-profit organization as a result of their partnership with NTSPSC.

The clinic representative said, "The *promotores* have maintained something like a partnership -- as I said, they still come." She added that they continue trying to identify the needs in the community to be addressed. The investigator asked her if they have developed any other relationships, for example with UNTHSC or any other entities, because of the program or the *promotores* in their organization. She answered, "Not a direct relationship. Anything would be indirect. As acting as a resource for them, or explaining unknown procedures, or connecting them to a resource."

The city government representative said, "We were able to partner with Texas A&M [University's] extension service with their nutrient program to offer more nutritional classes in our community." He explained that they are aware of their training with NTSPSC, and "they pretty much follow the same guidelines that we learned from the SPSC program. We were able to kind of imitate some of the teaching methods that we learned from SPSC."

The elementary school nurse talked about their relationship with the health department and another agency; she said, "We made good bond with Tarrant County Public Health and City of Fort Worth Public Health Department. We also made stronger relationship with the Texas Extension agency. They offer cooking classes for our parents."

The sixth question asked was "What would you have done differently as a partner

with the NTSPSC program?" In answer, the community center representative said, "I think we probably could have marketed the program a little better or advertised it a little better on our part." The city health department representative said looking back she would do something about institutionalizing the program.

The city government representative said, "I would have worked on the sustainability from the part of financial support to the program." He added that the NTSPSC was an excellent program, but unfortunately, enough financial support was not available to keep it going. He regretted that the local entities were not able to adopt the program. He said, "It is kind of sad to see that such a wonderful program does not have the financial backing it should have. It could have been taken it to another level if we could sustain the program."

The elementary school nurse stated, "We did not have enough time to get everything done. The program should have been longer." She also suggested that the school district should have been one of the partners. She said, "If the superintendent is the partner, every school nurse will promote the family health. Then we will have fewer absentees, and our students will be in better shape to study and make better grades."

The seventh question asked the representatives of the partner organizations if they continued to support any *promotores* activities after the completion of the NTSPSC program. The community center representative said, "I know they have continued to meet here; we provided meeting space for them; and we try to accommodate any type of activity that they would like to have."

The non-profit organization representative stated that promotores are still helping

them with their classes. Depending on what they have in their pantry, she said, she helps the *promotores* by providing juice and healthy snacks for their activities.

The rest of representatives of the partner organizations stated that they have not continued to support *promotores'* activities. Two of them said they had classes with them recently, but none of them could give a tangible example of what they are doing to support the *promotores* activities.

The eighth question asked "Have you developed any new infrastructure for supporting *promotores de salud* in your organization? The only positive answer was given by the clinic representative, who said, "Right now, we are working on a diabetic initiative that would be real helpful in having the *promotores* help promote that as well -- and that's diabetics who's A1C is greater than nine that we have been working on." The other answers were negative or not relevant.

The ninth question was about the use of the CD-ROM that was produced by NTSPSC. A few of the interviewees said they remembered seeing it before, but none of them had ever used it. For those who did not have a copy, one was provided by the NTCPSC project director and delivered by the investigator of this research project.

The 10th question asked them to provide a success story. In contrast to *promotores,* the representatives of the partner organizations did not have any specific success stories to tell. Most of them stated that the program itself was a success story.

The city health department representative talked about their efforts in finding the hard to reach Hispanic population and raising awareness about lead contamination. She said, "To educate them about what lead does to infants and children and the lasting effect

and how they can protect their family these from particular hazards is a success story."

The hospital representative's success story was about the grant she wrote. She said, "We have written a grant with the help of UNT Health Science Center and were awarded $50,000."

The elementary school nurse was very impressed by the parents, for loosing weight. She said, "Many of the parents started to loose weight during the program and they were very proud of it. I am sure a good percentage of them are still continuing the healthier life style."

The city government representative stated, in his opinion, bringing partners together for the good of the community is a success story. He said, "We could identify ourselves as being part of a larger group being sponsored by the School of Public Health in the North Texas Science Center. That gave us a lot of credibility, because we could say very proudly that we were working with UNT Health Science Center." He added that training the *promotores* to work in the community is another success story. Then, he talked about the three individuals that took the initiative of becoming certified *promotores*. He said, "This is a major accomplishment for those individuals and for our city because in the past we didn't have certified *promotores*."

Question 11 asked the representatives of the partner organizations about the challenges their organization had to face as a partner organization with the NTSPSC. The community center representative stated that ignorance was the main challenge. He was a little disheartened by the high prevalence of childhood obesity, diabetes, and other health problems among Hispanics and their lack of motivation to do something about it.

The non-profit organization representative said, "We sometimes run into problems with space because we do have different classes going on at different times." The city health department representative complained about lack of necessary budget and human resources. The university representative, the elementary school nurse, and the senior citizens center representative said their challenge was not having adequate staffing. The hospital representative and the clinic representative talked about the communication problem and the need for bilingual nurses as their challenges.

The last question asked the interviewees if there was anything that they would like to say about their experience with NTSPSC. Every one of them said they had positive experience with the program and were looking forward to working with the university in the future.

There were some subjects and themes that emerged during the analysis; one of them was the state certification of the *promotores*. The city health department representative talked about having to stop the state certification training program for the *promotores,* and said, "When we stopped doing the training, everybody started freaking out." She added that she started working with a friend which is working for [a hospital in Dallas] to see how the certification program can be saved. She said, "I told [her] that we were not going to be able to do the [state certification] program anymore, but I really thought it should be institutionalized somewhere." Her friend called a number of people that had an interest in seeing this program continue; and they all met at [the hospital in Dallas]. She added, "I knew Texas Health Resources is very interested in it. The [community hospital in Fort Worth] also is very interested in it. Somebody from

Workforce Solutions came too; and we talked about how this [certification] program could be continued."

Then, she explained, as a result UNTHSC's public health training center started their application process to become the training center for CHW certification. She added that they were able to help with the application process, because they had experience with it, and they could offer them their already approved curriculum, so that the university could get started, and make changes however they wanted. She said, "I am sure that they are going to be approved to have the training center… That all came out of our partnership with the *promotores*."

Next, she talked about her concerns about the lack of jobs being available for the *promotores*. She said, "but if you don't have a demand you might be training all these people and then they have no place to go." She added, "the Workforce Solutions is saying that the state has been really pushing them to get people into community health worker training, and they see it as a real benefit to the healthcare system."

Another subject that came up during the partner representative interviews was about Hispanics' trust in medical communities. To answer question number 12, which asked if there was anything else they would like to mention, the health department representative stated, "With the Hispanic community in particular, we have noticed that over the years that, for example, I have run immunization programs for years and the people that will come in, to get their kids immunized." She explained that keeping up with immunization record is a challenge with many parents, but with Hispanics, "you can look at them, even if they come from Mexico they have their records with them. You

know they really value that. They really want their children to have what ever is possible for them to get and they are very eager about it. They are very trusting about it." She further explained that they "come to you and trust you; what ever you recommend for their children, they believe it is good for them." She said, "You don't get that kind of reception from other communities." She added, "The Hispanics are eager to give something back to the community; and to get whatever knowledge they need for having a healthy family; it is about taking care of their family." Lastly, she talked about the strong sense of the caring for the family being the strength of the Hispanic community.

This strong sense of family may be one of the keys to improving the sustainability of health promotion programs. Adding measures to bring the families and the community closer together and become more united can increase the community's capacity for ownership of the health promotion programs. This can improve the odds for the sustainability of the program. One of the strengths of NTSPSC was involving the whole family in the program.

In response to question number 12, the public health nurse talked about the value of the *promotores* for the community and the need for the highly educated professional to be more humble and understand the *promotores* can be very effective in improving the health of the community. She said, "Being able to step down and put myself forward and say, 'You people are valuable resources. We need to learn from you.' To make them realize that they are a valuable to the community." She added, "You can have as many letters behind your name as there are letters in the alphabet, but it doesn't mean that you can be effective or do what is really necessary for the community."

All the representatives of the partner organizations stated that similar programs still continue to be needed. A few of them expressed their concerns about the lack of jobs for trained *promotores*. One of them stated that more training for certification is being planned, but more paid positions for *promotores* are not on the horizon.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

For this qualitative study, this chapter presents the significance, the conclusions, and the recommendations of the investigator for future studies. The purpose of this study was to evaluate the sustainability of the NTSPSC program by examining the information obtained from the two elements of the program, the *promotores* and the representatives of the network of partner organizations.

Summary

NTSPSC was a culturally appropriate heart health promotion program funded by the NHLBI of the NIH. The present study was designed to evaluate the sustainability of the NTSPSC program by interviewing the actors that helped the implementation of the program. The participants of this study were the key informant, 14 of the 16 *promotores* who were with the study from the beginning (2001) to the end (2004) of the program, and 9 of the 16 representatives of the partner organizations that supported the program during its 3 years of the operation.

Validity of the Study

Every effort was made to contact every one of the 16 *promotores* and every organization within the network of the partner organizations to invite them to participate in the study. Within the *promotores* cohort, two could not be located; the remaining 14 who were contacted were more than willing to participate in the study. Out of the partner organizations, 5 of the 16 either did not return calls and emails or were no longer employing the representative who had worked with the program or anyone else who was

familiar with the program. The investigator's purpose in trying to recruit every possible participant was to increase the validity of the study by including any possible disconfirming information. Throughout the study, the investigator remained alert and open to receiving any information that could disprove the sustainability of the NTSPSC program.

Study Role of the Key Informant

The director of the NTSPSC program was asked by the investigator if she would agree to be the key informant for this study before the proposal for this study was defended, and she graciously accepted. The key informant was contacted first, because this study would not have been possible to conduct without her help and support. Her support was crucial for building trust with the *promotores*. The *promotores* and the representatives from the network of partner organizations were contacted and invited to participate in the study following a written protocol.

The director of the NTSPSC program was interviewed as the key informant using a questionnaire with open-ended questions. The *promotores* and the representatives of the network of the partner organizations were interviewed using questionnaires designed to obtain the necessary information (for the questionnaires, see the appendices) for answering the research questions (refer to the previous chapters).

Significance of the Study

The relevance of this study to public health was discussed in Chapter I by mentioning the work of Pandey et al. (2001) and Alcalay et al. (1999). Both of these studies showed that the rate of decline in the CVD mortality is slower in the U.S. Latino

population as compared to U.S. White population, and Latinos demonstrate higher risks for factors associated with CVD, such as obesity, diabetes, consumption of a high-cholesterol diet, and lack of physical activity. Compared to Whites, Latinos are less informed about the health effects of the preventative life style changes that can reduce their risks for CVD.

This study was also important because of it significance for health promotion activity, which was explored in the work of Jackson, et al. (1994). Jackson, et al. indicated that "the optimal way to maintain heart disease prevention activity [is] to *develop the health promotion capacity* of the community health educators" (p. 394). The activities that NTSPSC program brought to the north Texas Hispanic community was very much in line with the finding of Jackson, et al., as all the *promotores* were trained to be effective heart health promotion educators and 3 years after the end of the project were still excited about their training and what they learned. All of them talked in their interviews about the wonderful learning experiences that they had during their training, and some of them mentioned that they often go back and study their training materials. There were many reasons that they continue to study the materials, such as liking to keep everything fresh in their minds so that they can continue serving their community, getting certified, and enjoying the materials.

Conclusions

The sustainability of NTSPSC is discussed here using the information from the transcribed interviews and the field notes of the investigator. The themes that emerged from the text of interviews were coded and analyzed using NVivo computer software, but

the observational field notes and reflection on the whole text of interviews played a role in the analysis. The investigator's notes before entering the field and the field notes of the study were also considered.

Sustainability of the NTSPSC Program

To evaluate the sustainability of the NTSPSC program, the investigator referred to literature on sustainability. St. Leger (2005) states that an important factor in the sustainability of health promotion projects is the intervention itself, which can nurture the processes needed to maintain the intent of the program. Because the training and implementation of NTSPSC was a life-changing experience for the *promotores* (see Chapter IV), the process of the sustainability of the program that Leger described was put in motion during the implementation phase.

This investigator's understanding of the *promotores'* life-changing experiences with the program is that the kindness, respect, and encouragement that the director (Ester) and the principal investigator of the NTSPSC program showed them was more important than the training materials in making the experience a positive one for them. The *promotores* showed a very high level of admiration and trust for both Ester and the principal investigator of the program. They treated the investigator of this study as an instantly trustworthy friend, because she had the approval of both Ester and the principal investigator of NTSPSC program for conducting this study. The *promotores'* feeling of deep appreciation toward Ester was obvious in their words and their actions (as demonstrated by the field notes of the investigator).

In Shediac-Rizkallah and Bone's (1998) study of sustainability of health

promotion programs, they identified three groups of factors that impact the sustainability of a health intervention program: 1) factors related to design and implementation of the program, 2) organizational factors, and 3) environmental factors within the community. The environmental factors can have a deeper influence on sustainability than the other two factors, because some of them may be hidden, or at least not recognized or assessed.

Factors Related to Design and Implementation of the Program Favorably Helped the Sustainability of NTSPSC

The first implementation factor working toward making the effect of the program sustainable was that the *promotores* were recruited from the community, so they had family and community ties that they could use to influence the community's health habits. As stated in Balcazar and Hollen's (2004) final report, a closely knit family is highly regarded in Latino culture. The community outreach model that was used in this program focused on the family as a unit, encouraging them to help each other in adopting a healthier lifestyle. This process helps to bring the family closer together and impacts the health focus of the community.

During the program, the *promotores* made home visits and carried the gift of health information and different learning activities into families' homes. Every activity that the *promotores* offered was family-oriented, and every member of a family was invited to participate. Extended family members were also included and welcomed to take part in activities. As a result of participating in these learning activities together, families became stronger and happier. The community outreach model used for the program facilitated the work of the *promotores* in educating Hispanic families and united the community in understanding the importance of their health related behaviors.

The second implementation factor working toward making the effect of the program sustainable is the effect of the above-mentioned family ties in acceptance of health information. The community outreach model was utilized by the NTSPSC program to disseminate the heart health information to the community effectively. The strong interdependent ties that exist with extended families among Hispanics shed more light on the value of *promotores* in the dissemination of health information (WHPI, 2006).

Traditionally, people in Hispanic communities seek health advice from peers or authority figures in their social network. They are more likely to trust health information shared by the family members over the advice of the health professionals. Therefore, if the health knowledge of those respected by the community is not correct and up to date, shared misinformation can impact the health status of the community negatively (WHPI, 2006). The *promotores* reported continuing to be respected and recognized by the community (see Chapter IV). Therefore, they can function both as peers and as authority figures to bring sound health advice to the community members.

Organizational Factors of the Program Favorably Helped the Sustainability of the NTSPSC

Shediac-Rizkallah and Bone (1998) emphasized that the choice of the organization to host a program has a major influence on long term sustainability. Their findings showed that the program host organization has an impact on the perception of the community and the viability of the program's integration. Some of the *promotores* and representatives of the partner organizations mentioned the regard that they had for the university in their responses, showing that the NTSPSC program's connection to the

UNTHSC was very important to them. A few of the representatives of the partner organizations stated that they are looking forward to working with UNTHSC again. The reputation of the host organization in the community could be considered as having a mild, positive effect on the sustainability of the NTSPSC program.

Environmental Factors within the Community Favorably Helped the Sustainability of NTSPSC

Shediac-Rizkallah and Bone (1998) stated that environmental factors can have a deeper influence on the sustainability of health promotion programs than the other two factors because some of them may be unrecognized. Thus, Shediac-Rizkallah and Bone have suggested there be active involvement by the community and contributions from key community members for ensuring the long term sustainability of *promotores* programs. In the implementation process of the NTSPSC program, community leaders were invited and welcomed to get involved in order to support and encourage the community to participate in the program.

Shediac-Rizkallah and Bone (1998) also identified three major perspectives on evaluating the sustainability of a program: 1) maintaining the health benefits, 2) level of institutionalization of the program activities 3) capacity-building in the community. The present study was not designed to measure the first perspective, maintenance of the health benefits of the program. The only part of the interviews that could be loosely related to this subject were the success stories of the *promotores*, combined with their continued contact with the people they were serving during the program. Most of the *promotores* were still in contact with the families they had served during the program, and they estimated that about half of the people they had served had continued with healthier life

styles (see Chapter IV).

Regarding the second perspective, the level of institutionalization of the program activities, the findings of this study show that the activities of this program have not been formally institutionalized. Although some of the *promotores* still offer a few classes using some of the partner organizations' premises, this activity does not qualify as formal institutionalization of program activities. Some of the representatives of the partner organizations stated, if they could get the funding, they would have liked to have continued with at least part of the NTSPSC program activities. Therefore, lack of funding was a major barrier in the way of integrating the program into on of the partner organization.

According to the information made available to the investigator by the key informant, one new organizational structure came about as a result of the NTSPSC project. It can lend institutionalized sustainability to the ongoing work of the *promotores.* It is the Promotora Alliance, which currently meets monthly at the North Side Community Center in Fort Worth. There are usually between 12-17 *promotores* in attendance. Some of the participating *promotores* are certified, and others are not certified. The Alliance wants to become a 501c3 organization. The leadership of the Alliance was initially, purposefully rotated among its members with an acting coordinator general chosen every few months. The Alliance members have retained their interest to be an Alliance but without formal strong leadership. The Alliance, at this point, has not reached the stage of organizational development to integrate the NTSPSC program, but it has the potential of becoming a stronger entity with more capabilities. The two primary

areas of activity on which the Alliance members have focused since its inception in 2004 are CHW Continuing Education Units (CEUs) and educating the public on health topics.

Several *promotores* have begun *Salud Para Su Corazon* programs in their church congregations and have contacted the NTSPSC project director for advice on how to initiate the process. Currently, there is a coordinator general for each city in which the *promotores* are working (Forth Worth, Dallas, Denton, and Cleburne); however, the Alliance members have agreed recently to have one of their members provide continuing overall leadership, since he has experience in organizational leadership. The NTSPSC project director continues to provide individual Alliance members with support, mentorship, advice, and educational materials and resources whenever possible, hence continuing the organizational support link between the university and the *promotores*. Currently, the functions and interests of the Promotora Alliance include forming a board of directors, formalizing membership (roles and responsibilities), identifying CEUs and health education presenters, providing education to new promotores, connecting with and learning about other health programs, creating the Alliance's areas of interest, participating in health fairs promoting the promotores de salud as well as the health of individuals and families, and creating positive community opportunities for the Alliance's development.

Regarding the concept of institutionalization, the current literature is clear that a program can be considered institutionalized only if it is integrated into the infrastructure of, or at least formally adopted by, an organization. This process did not occur in the case of the NTSPSC program, in part because of the lack of funding within any of the

interested partner organizations to allow for it. There was another factor that may have influenced this outcome and could explain why some of the organizations that the program designers perceived as partners did not identify themselves as partners (for example, the church that provided space for the classes and even now continues to provide a venue for *promotora* activities, but does not consider itself a program partner).

This inhibiting factor, as this investigator perceived it, involved a set of culture clashes that influenced perceptions about the nature of partnership. The first clash was between developing world and Western cultures, and the other class was between public health and corporate cultures. The *promotores* model is one that was first introduced and implemented in the developing world, and now, it is being utilized in the big cities of an industrialized country. In the developing world, informal associations and cooperative relationships are considered the norm and often the most effective way to conduct community action. Informal community partners usually recognize their role as stakeholders and proudly take credit for it. In Western cultures, unless there is a formal contract and public recognition of partnership, an organization may not consider itself an actual partner. In the same manner, in the business world, partnership depends on an organization making financial contributions to a program and signing a formal agreement. In public health practice, informal partnerships are considered both real associations and effective in achieving common goals.

Similarly, an informal organization like the Promotora Alliance may not have a significant bureaucratic infrastructure or a highly structured meeting and activity schedule. However, it can still serve as a forum for consultation, cooperation, support,

and action, and can evolve over time into a more solidified community institution. Meanwhile, in whatever form, its existence and activity even after the end of the program funding period may represent the beginnings of the institutionalization domain of sustainability.

Therefore, it may be possible to propose a new paradigm in the perception of institutionalization, and that is the concept of informal institutionalization. This form of institutionalization could serve as a middle ground between the bureaucratic infrastructures of established organizations and the total disorganization sometimes perceived by actors and stakeholders when a program ends. This concept of informal institutionalization can serve as a forum for action and a stepping stone to long term program sustainability.

Capacity-building in the community is the third perspective of evaluating sustainability identified by Shediac-Rizkallah and Bone (1998). Green and Kreuter (1991) discuss the paradigm shift that has been observed in the past 20 years in the approach to sustainability of the health promotion and disease prevention intervention programs. They state that in this new paradigm the community is the center of activity of the intervention. The capacity of a community for health promotion intervention is defined by the access of the community members to the knowledge, skills, and resources that are needed in becoming a healthier community (Green & Kreuter 1991).

From the perspective of building capacity in the community, the NTSPSC program was successful in facilitating the access of the community members to heart health knowledge and other necessary resources by training the *promotores* to teach and

share information. Dissemination of the heart health information was one of the major goals of NTSPSC and one of the aspects of sustainability that this study planned to evaluate. The continued sharing of information after the end of the funding period was aided by the eagerness for sharing health information with their community most of the *promotores* expressed (refer to Chapter IV).

In addition to teaching the *promotores* the necessary knowledge and skills to educate the community about a heart-healthy life style, the NTSPSC program improved their self-perceptions. Devine (2001) stated self-perception is a major factor in the ability of and individual to carry out her professional duty, and as knowledge and experience increase, self-perception improves. Without exception, every one of the *promotores* said they did feel more confident and more empowered because of the NTSPSC program. The reason for this most of them offered was the knowledge and skills they gained as a result of their training. Some of the comments that the *promotores* made go beyond the training they received and may refer to the encouragement and the sense of mission that the NTSPSC program provided them.

In conclusion, although the continuation of *promotores* activity after the funding period was minimal and mostly consisted of scattered volunteer work, and despite the fact that most of the partners' organizations were not able to create paid positions for the *promotores*, they all perceived a major change in the attitude of the community toward healthy life styles.

Recommendations

The value of the *promotores'* work in improving the health knowledge of low-

income Hispanics is evident, and their ability to encourage healthy life styles in their community is clear. Every one of the *promotores* who participated in this study did some volunteer work. All of them were very passionate about serving their community (see Chapter IV). At the conclusion of this study, the following three recommendations are offered:

1. To encourage community service, the UNHSC School of Public Health should form a committee to spearhead an annual retreat for *promotores* to update their knowledge with a few hours of retraining. This retreat would also serve to recognize and honor those with a stellar record of community service during the previous year.

2. To make the certification of *promotores* more meaningful, some of the student projects of the UNTHSC School of Public Health should be focused on studying the possibilities of creating more paid jobs for the *promotores.*

3. To study further the value of the work of the *promotores,* a prospective randomized case control study should be undertaken, during which some of the *promotores* should be stationed in a county hospital emergency department and in a community clinic. Patients should be randomly assigned to them for follow up. After 6 months, the patients with a *promotora* assigned to them should be compared to those without *promotora* assistance, in terms of returning to emergency care or the clinic and other health outcomes. Studies such as this would help evaluators determine the value of the work of the *promotores* from economic, emotional, and physical health perspectives. There are some reports in the literature about the economical value of the work of the *promotores,* but the emotional and lifestyle benefits of their work are not well

documented. Further research in this area would add significantly to the body of health promotion literature and would generate more attention for the valuable assets *promotores* programs can become to community health promotion.

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APPENDICES

APPENDIX A

QUESTIONNAIRE FOR THE KEY INFORMANT

APPENDIX A

QUESTIONNAIRE FOR THE KEY INFORMANT

Tell me about the NTSPSC in your own words.

What were the challenges in implementing the NTSPSC program?

What positive/negative impacts did NTSPSC had on the target community?

What positive/negative impacts did NTSPSC had on promotores' family life?

What positive/negative impacts did NTSPSC had on the partner organizations?

What other positive/negative impacts did NTSPSC had that you know?

What would you do differently if you were to do the program again today in terms of sustainability?

What do you think the effect of the program was on the UNTHSC and the School of Public Health?

APPENDIX B

PROMOTORES SURVEY QUESTIONNAIRE

APPENDIX B

PROMOTORES SURVEY QUESTIONNAIRE

Demographics

1. Age: _____
2. Gender _____
3. Place of Birth: _____
4. Years living in US: _____
5. Language of preference: _____
6. Marital Status: _____
7. Number of children: _____
8. Number of people living in the household: _____
9. Formal education in U.S. or other countries: _____

APPENDIX C

PROMOTORES QUESTIONNAIRE

APPENDIX C

PROMOTORES QUESTIONNAIRE

1. How did the NTSPSC program affect your life?

2. Do you feel more accomplished because of the service you rendered to your community as a result of your participation in NTSPSC?

Yes ____ No _____

If Yes, Please elaborate:

3. Do you feel more empowered because of the NTSPSC?

Yes ____ No _____

If Yes, Please elaborate:

4. Do you feel more confident because of the knowledge and skills you learned during your participation in the NTSPSC program (including training)?

Yes ____ No _____

5. How has your participation in the NTSPSC program affected your relations with your extended family and the community?

6. Why is or why was NTSPSC important for you as a person?

7. Did the training and experience with the NTSPSC help you in finding job after the program ended?

Yes ____ No _____

8. What skills do you think you have developed as a result of the NTSPSC program?

9. What opportunities have you had as a results of your involvement with the NTSPSC program?

10. What were the challenges you encountered during the NTSPSC program?

11. What do you think should have been done differently for better results?

12. Tell me about two of the families that you served in the program that you considered success stories? Please do not identify them.

13. Tell me about two negative experiences that you had while participating in the

NTSPSC program?

14. Do you think the families you helped in the NTSPSC program have continued with healthy behaviors in their lives?

15. What could have been done better to help these families to maintain the healthy behaviors?

16. Are you in contact with the families that you served?

Yes ____ No _____

17. How did you hear about SPSCNT project and why did you decide to join the program?

18. Did you continue to work as a promotora after the NTSPSC program ended?

Yes ____ No _____

19. What in your opinion has been your contribution to your community as a promotora from the NTSPSC program?

APPENDIX D

PARTNER ORGANIZATION QUESTIONNAIRE

APPENDIX D

PARTNER ORGANIZATION QUESTIONNAIRE

1. Why did you get involved with the NTSPSC?
2. How NTSPSC has impacted your organization?
3. What programs/activities have been developed or continued as a result of the NTSPSC?
4. What impact if any has the NTSPSC program had to increase community outreach capacity for your organization?
5. What new relationships or partnerships if any have been develop or continue as a result of your involvement with the NTSPSC program?
6. What would you have done differently as a partner with the NTSPSC program?
7. Did you support any promotora activities after the completion of the NTSPSC program?

Yes ____ No _____

Elaborate:

8. Have you developed any new infrastructure for supporting promotores de salud in your organization?

Yes ____ No _____

Elaborate:

9. Have you or your organization used the CDROM that was produced by the NTSPSC?

Yes ____ No _____

10. Can you tell me about a success story in relation to the NTSPSC program?
11. What were the challenges for your organization as partners with the NTSPSC?
12. Is there anything you would like to say about your experience with NTSPSC today?