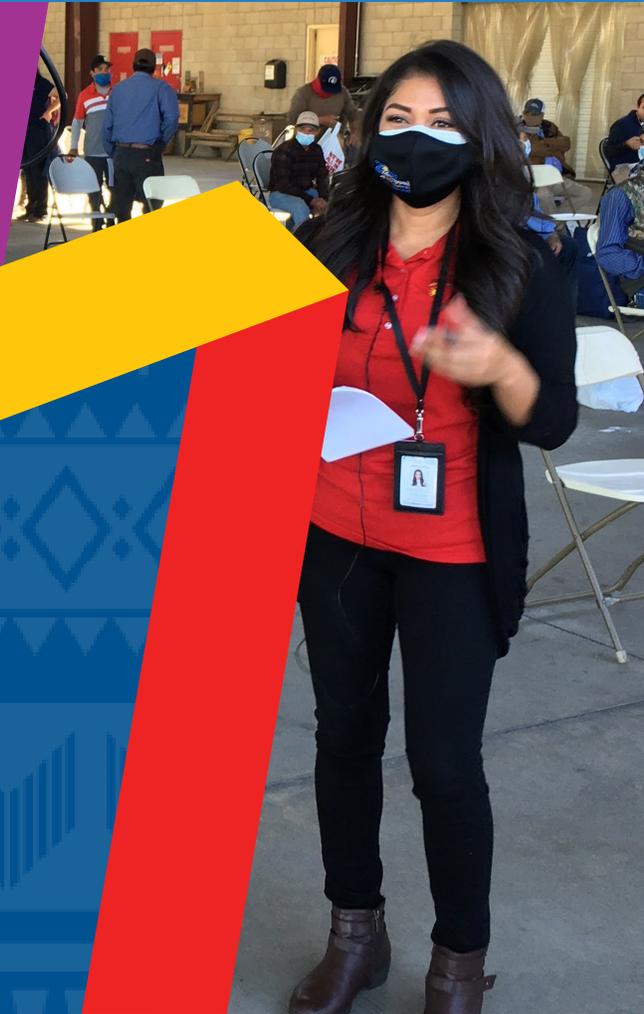




The Economic Impact of COVID-19 on the Promotora Workforce

Findings from a
Visión y Compromiso
Statewide Survey

Visión y Compromiso™



Acknowledgements

Visión y Compromiso would like to express deep gratitude to the 219 incredible promotoras who dedicated their valuable time and shared their experiences in this study. We also extend our appreciation to the six promotoras who participated in the key informant interviews, without whom we would not have been able to design a study that incorporated the voices and lived experiences of promotoras. Additionally, we are grateful to the promotoras who participated in the survey piloting session. Their honest feedback and reflections supported our team in refining the survey instrument and research process. We are grateful to Lady Freire Aguilar and Talia Villa, who contributed their wisdom, expertise, and guidance to this research effort. Lastly, we would like to thank the countless promotoras across our state who support our most vulnerable communities daily through their dedication, compassion, and expertise.

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Letter from Visión y Compromiso

Dear Colleagues,

Hacia una vida digna y sana expresses Visión y Compromiso's aspiration for a life with health and dignity for all. Founded in 2000, our work is dedicated to representing the interests of community based promotoras in California and across the U.S. We provide training, leadership and workforce development, peer networking, and advocacy to improve recognition of and support for promotoras as key to community health and wellness. Promotoras are a predominantly women-led workforce. Known by many different titles, they are trusted and respected leaders from the communities where they live who provide *servicio de corazón*, service from the heart. Not just a "cost effective" workforce, promotoras are nationally recognized as a proven strategy for reducing health disparities, particularly in communities of color. They are *puentes de la comunidad*, essential workers who bridge services connecting low-income and traditionally underserved communities to information, resources, health and behavioral health services, education, housing, legal systems, and more.

In 2022, Visión y Compromiso received a small grant from the California Commission on the Status of Women and Girls. With these funds we decided to focus on learning more about the economic impact of the pandemic on promotoras' work, their families, and their communities. Throughout the year, we gathered qualitative and quantitative data via surveys, interviews and virtual listening sessions to help us better understand the impact that COVID-19 has had on the already tenuous economic stability of the promotora workforce in California. This groundbreaking report highlights socioeconomic issues impacting many promotoras such as:

- ✓ Income loss, for some, amounted to decreases of an entire income bracket.
- ✓ Public assistance programs, especially food assistance, are necessary to make ends meet.
- ✓ There is a high need for mental health support.
- ✓ More and better employment is needed that is secure, sustainable, provides a living wage, and honors promotoras' experience, training and connections to the community.

Six years ago, Visión y Compromiso's report *California Perspectives on Workforce Development and the Promotor Model* called for recognizing the promotor model for community transformation as a promotora-centered model with unique workforce development needs. It brought the voices of those who work with and support the community transformational model into the center of a state and national dialogue on workforce development. Today, our report *The Economic Impact of COVID-19 on the Promotora Workforce in California* represents a call to action for pay equity for promotoras.

I want to extend my heartfelt gratitude to Alejandra Portillo, M.Ed, whose thoughtful guidance, skilled leadership and expert evaluation shepherded this report from the initial formative stage of survey design, to an implementation process that engaged both promotoras and Visión y Compromiso's team, to insightful analyses and presentation. *Con mucho aprecio*, Alejandra.

Warmly,



Maria Lemus

Executive Director

Executive Summary

For the last two decades Visión y Compromiso has actively worked to improve the health and well-being of underrepresented and underserved communities locally, across California and nationwide. The heart of Visión y Compromiso's work is supporting and advocating for the promotora workforce in California, primarily immigrant women of color, through ongoing leadership development, capacity building, advocacy training, and research. In 2022, Visión y Compromiso was an inaugural grantee of the California Commission on the Status of Women and Girls (CCOSWG) Women's Pandemic Recovery Response Grant. Through this funding, Visión y Compromiso launched a statewide survey in October 2022 that explored the economic impact that the COVID-19 pandemic had on the promotora workforce. This report highlights the economic realities that promotoras faced during the COVID-19 pandemic.



To explore these research questions, Visión y Compromiso administered a web-based survey from October to December 2022. The survey consisted of mostly closed-ended questions and was available in English and Spanish. Due to the nature of the grant that funded this study, several criteria were set for survey participation. To participate in the study, promotoras had to (1) currently reside in California, (2) identify as women, and (3) identify as promotoras in their respective communities. Promotoras who completed the survey received a \$15 electronic gift card. A total of **219** promotoras across California completed the web-based survey. A total of six key informant interviews were also conducted in the early phases of the study with Spanish-speaking Promotoras from rural and urban regions in California. These interviews generated topic areas that were later used to design questions for the final survey. A literature review was also completed to identify relevant research studies examining the impact of COVID-19 on the promotora workforce. The literature review also included a search for data collection tools or survey instruments specifically geared towards promotoras either during the COVID-19 crisis or before the pandemic.

METHODOLOGY

This study was guided by the following core research questions:

- ✓ What are the demographic characteristics of promotoras?
- ✓ What were the socioeconomic characteristics of promotoras before and during the COVID-19 public health crisis?
- ✓ How did the COVID-19 public health crisis impact promotoras' employment?
- ✓ How did the promotora role shift during the COVID-19 public health crisis?
- ✓ How did the COVID-19 public health crisis impact promotoras' households?
- ✓ How did the COVID-19 public health crisis impact the communities promotoras serve?

SUMMARY OF KEY FINDINGS

Demographic Characteristics

- ✓ The majority of promotoras were Latina Spanish-speaking immigrant women between 41 to 60 years old. The vast majority of promotoras were from Mexico (71%), and of those born outside of the U.S., over half (54%) had lived in this country for more than 20 years.
- ✓ Only 20% of promotoras owned their homes, compared to 55% of all working Californians.¹
- ✓ Promotoras lived in households with an average of 4.6 people, and 71% had children under 18 years living in their household, compared with 49% of Latino households in California.² On average promotoras had two children under 18 years living in their households.
- ✓ Since the pandemic, 67% of the promotoras reported an annual household income of \$34,999 or less. Based on Census 2022 poverty thresholds, a household of five people that includes two children is in poverty if they have an income of \$35,801 or less.³ This indicates that the majority of the promotoras in our study are living in poverty.
- ✓ Most promotoras lived in high-cost regions in Southern California (50%) and the Greater Bay Area (33%) where an annual household income of \$34,999 or less is not enough to cover basic living costs.
- ✓ More than half of the promotoras were employed in a promotora role in their communities (64%); many continue to get paid an hourly wage. The majority of promotoras who were employed were affiliated with community-based organizations (74%), while 21% were affiliated with community health centers.
- ✓ Nearly one-quarter of promotoras (24%) were considered independent contractors, and most were under this employee classification due to their immigration status.
- ✓ The majority of promotoras relied on public health insurance options for their health care needs, and few were covered through their employer.

Economic Impact of the Pandemic

- ✓ Nearly half of promotoras (47%) experienced a decrease in their annual household income during the pandemic. The majority of those who lost income (80%) indicated that their household income went down an entire income bracket. Over half of the promotoras who experienced income decline (67%) were still responsible for providing financial support to family members living outside of the U.S.
- ✓ Roughly one-third of promotoras (35%) reported a shift in their primary household income contributor(s) during COVID-19. Among this group, promotoras were burdened with having to provide more financial support to their households.
- ✓ While close to one-third of promotoras (29%) were hired because of COVID-19, several had a reduction in work hours, and members of their households experienced employment instability.
- ✓ During COVID-19 most promotoras (84%) reported that it was very difficult or somewhat difficult to pay their rent or mortgage. Close to nine out of ten promotoras (89%) were worried about being able to cover their monthly housing costs during the pandemic.
- ✓ During COVID-19 promotoras and their household members worried about affording their basic living costs, leading many to limit their expenses.
- ✓ Public assistance programs, in particular those that facilitated access to food, were crucial for a large proportion of promotoras during COVID-19.

1 Powell, A., Chávez, R., Austin, L.J.E., Montoya, E., Kim, Y., & Copeman Petig, A. (2022). "The Forgotten Ones"—The Economic Well-Being of Early Educators During COVID-19. Center for the Study of Child Care Employment, University of California, Berkeley. <https://csce.berkeley.edu/the-forgotten-onesthe-economic-well-being-of-early-educators-during-covid-19/>.

2 California Senate Office of Research. (2017). *A Statistical Picture of Latinos in California 2017 Update*. <https://latinocaucus.legislature.ca.gov/sites/latinocaucus.legislature.ca.gov/files/forms/Statistical%20Picture%20of%20Latinos%20in%20California%20-%202017%20Update.pdf>

3 U.S. Census Bureau. (2023). *Poverty Thresholds for 2022 by Size of Family and Number of Related Children Under 18 Years*. <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>



Shift in the Roles of Promotoras During COVID-19

Even though promotoras experienced an increase in virtual/remote work, they continued to work on the frontlines providing vital services to their communities. A large proportion of promotoras (46%) were still conducting their work in person, risking their own health and well-being to provide critical services to their communities.

Mental Health Impact During COVID-19

Most promotoras' mental health and emotional well-being were impacted by the pandemic. Many promotoras reported experiencing serious mental health conditions, including anxiety (77%), worry (77%), depression (51%), fear (57%), and sadness (59%).

Professional Development Needs

To continue advancing in their roles, promotoras reported needing additional training on community resources (54%), communication (52%), and technology skills (50%).

RECOMMENDATIONS

Based on the survey findings, Visión y Compromiso presents the following recommendations as guidance for those who shape the employment conditions and opportunities of promotoras, including nonprofit organizations, public institutions, elected officials, and funders, with the intent to create more equitable, innovative, and just work environments for the promotora workforce in California.

- 1** Prioritize funding for community-based organizations that have deep connections, relationships, and the expertise to engage promotoras and the community.
- 2** Provide unrestricted funding for community-based organizations to build and strengthen their internal infrastructure to hire and sustain promotoras in paid positions.
- 3** Support internal organizational and institutional policy shifts that promote long-term employment opportunities for promotoras.
- 4** Ensure that promotoras' compensation matches the current cost of living in California, and that it reflects their level of training, expertise, lived experience, and deep connections with community.
- 5** Create compensation packages for promotoras that include access to employer-paid benefits like health insurance and retirement funds.
- 6** Implement internal organizational policies that reflect best practices related to supporting frontline workers that are navigating complex community needs.
- 7** Ensure that employment-related policies and programs are informed by promotoras' experiences and needs.
- 8** Fund longitudinal research that uplifts the experiences of promotoras and the organizations that employ them to continue understanding the needs of the workforce.

Introduction

In California, promotoras, also known as community health workers (CHWs), are highly trained frontline workers and trusted community members who connect their communities, often underserved and vulnerable populations, to formal health care and social support systems. Through their affiliation with nonprofit organizations, hospitals, faith-based organizations, and public institutions,⁴ promotoras engage in various service activities, including educating, empowering, advocating, referring, and linking their communities to life-saving resources and services.⁵ Driven by *servicio de corazón* (service from the heart), promotoras leverage their shared lived experience with community members and their deep community connections to deliver culturally and linguistically relevant resources and services, making them an effective and trusted workforce that plays a vital role in California's health and social services system.

In 2019, the California Future Health Workforce Commission recognized the need to expand the promotora/CHW workforce via increased training and employment opportunities in order to meet the state's demand for team-based primary and behavioral health care.⁶ However, increased access to employment and training opportunities for promotoras also needs to be coupled with a greater understanding of the economic realities of the promotora workforce. Despite their contributions to the wellbeing and health outcomes of many communities across California, promotoras lack access to sustainable employment opportunities, equitable pay, and employer-paid benefits. During the COVID-19 pandemic, promotoras in California were at the frontlines risking their health and well-being to provide community members with critical supports, in an effort to lighten the devastating blow this crisis had on the

Despite their contributions to the wellbeing and health outcomes of many communities across California, promotoras lack access to sustainable employment opportunities, equitable pay, and employer-paid benefits.



NOTE ON THE LANGUAGE USED IN THIS REPORT

This study focused on the impact that COVID-19 had on the female promotora workforce. Therefore, this report will use the term **promotora** (female) in place of **community health worker** or **community promotor**.

most vulnerable communities, including essential workers and communities of color. All the while, promotoras were still part of these communities and were not immune to the health, economic, and social impacts of the pandemic.

Recognizing the need to understand the economic realities of promotoras during the COVID-19 health crisis, Visión y Compromiso launched a statewide study in October 2022. Through this study, promotoras reflected on how the state of their economics and employment shifted as a result of COVID-19. This report presents the findings from a sample of 219 promotoras across California who shared their experiences and economic realities with Visión y Compromiso. First, to contextualize the findings, this report provides a demographic overview of the

promotoras in the sample, including demographic and geographic characteristics and household composition. Next, findings related to promotoras' employment status, independent contractor status, and health insurance coverage are presented. The remaining sections focus on the economic and mental health shifts that promotoras experienced as a result of the pandemic. Then, data related to promotoras'

⁴ Center for the Study of Social Policy and First 5 LA. (n.d.). *Integrating the Promotores Model to Strengthen Community Partnerships*. <https://cssp.org/wp-content/uploads/2019/02/CSSP-Toolkit-4-RBA-Integrating-Promotores.pdf>

⁵ Community Health Care Foundation (n.d.). *Advancing California's Community Health Worker & Promotor Workforce in Medi-Cal*. <https://www.chcf.org/resource-center/advancing-californias-community-health-worker-promotor-workforce-medi-cal>

⁶ California Future Health Workforce Commission. (2019). *Meeting the Demand for Health Final Report of the California Future Health Workforce Commission*. <https://futurehealthworkforce.org/wp-content/uploads/2019/03/MeetingDemandForHealthFinalReportCFHWC.pdf>

professional development needs are highlighted. Lastly, this report also uplifts recommendations for those who shape the employment conditions and opportunities of promotoras, including nonprofit organizations, public institutions, elected officials, and funders, with the intent to create more equitable, innovative, and just work environments for the promotora workforce in California.

STUDY BACKGROUND

Since its inception in 2000, Visión y Compromiso has been charting the pathway to improve the health and well-being of underrepresented and underserved communities in California and nationwide. At the core of their work is supporting and advocating for the promotora workforce in California, primarily immigrant women of color, through ongoing leadership development, capacity building, advocacy training, and research. In 2022, Visión y Compromiso was an inaugural grantee of the California Commission on the Status of Women and Girls (CCOSWG) Women's Pandemic Recovery Response Grant. This grant aimed to support women in California whom the COVID-19 pandemic has disproportionately impacted by addressing their core needs, supporting local women's commissions, and increasing resources to community-based organizations providing services to women. As a long-term advocate for the promotora workforce in California, Visión y Compromiso used the funds from CCOSWG to conduct a statewide study, in order to learn directly from promotoras how the COVID-19 pandemic impacted promotoras' work, their households, and communities. Through this study, Visión y Compromiso heard from over 200 promotoras statewide. What follows are the findings from this research, which not only highlight the resilience, heart, and dedication of promotoras, but also shed light on the harsh economic realities and financial worries many of the promotoras in this study experienced during the COVID-19 pandemic.

METHODOLOGY

To explore how COVID-19 impacted promotoras' work and their households, the study was guided by the following core questions: (1) What are the demographic characteristics of promotoras? (2) What were the socioeconomic characteristics of promotoras before and during the COVID-19 public health crisis? (3) How did the COVID-19 public health crisis impact promotoras' employment? (4) How did the promotora role shift during the COVID-19 public health crisis? (5) How did the COVID-19 public health crisis impact promotoras' households? (6) How did the COVID-19 public health crisis impact the communities promotoras serve? These questions were crafted by a study planning team consisting of Visión y Compromiso staff members and an evaluation consultant. This team met weekly from August to November of 2022 to co-design the data collection instruments and data collection process, all while ensuring that the study reflected and uplifted the voices and lived experiences of promotoras. The data collection methods used in this study are discussed below.

Key Informant Interviews

A core component of this study was ensuring that the voices and experiences of promotoras were meaningfully integrated into every aspect of the data collection and instrument design. Between July and September of 2022, key informant interviews were conducted with six Spanish-speaking promotoras from urban and rural regions in California. The purpose of the interviews was twofold: first, to gather anecdotal data from promotoras about their economic realities and experiences during the COVID-19 pandemic, and second, to learn about possible issue areas directly from promotoras, informing the questions and overall design of a web-based survey that would gather data from a much larger sample of promotoras across the state. These conversations with promotoras lasted approximately 60 minutes, and the interviews were transcribed, coded, and themed. Relevant quotes and/or findings from these conversations are highlighted in the  "Promotora Voices" callout boxes throughout this report.

Web-Based Promotora Survey

This study primarily relied on a promotora web-based survey that was designed in collaboration between Visión y Compromiso and an evaluation consultant. The survey was launched via SurveyMonkey and was open for data collection from October to December 2022. The web-based survey consisted of mostly closed-ended questions and was available in English and Spanish. Due to the nature of the grant that funded this study, several criteria were set for survey participation. To participate in the study, promotoras had to (1) currently reside in California, (2) identify as women, and (3) identify as promotoras in their respective communities. Promotoras who completed the survey received a \$15 electronic gift card. A total of 219 promotoras across California completed this self-administered survey. The vast majority of surveys (n=196) were completed in Spanish and 23 were completed in English. Most promotoras who completed the survey (71%) resided in core urban areas in Northern and Southern California, while over one-quarter (29%) lived in rural areas.

Survey Piloting Session

To gather feedback from promotoras on the survey design and questions, a two-hour survey piloting session was held in September of 2022 with six Spanish-speaking promotoras. During the piloting session, promotoras were given an overview of the study and asked to complete a draft version of the promotora web-based survey. As promotoras completed the survey, they were encouraged to uplift any comments, concerns, or questions about any of the survey items. They were also asked to identify any technology-related issues that might prevent them from answering questions or completing the survey. After promotoras submitted their survey responses, a debrief session was held, and promotoras answered the following questions: (1) What are your general impressions on the survey? (2) What was easy about completing the survey? (3) What was challenging about completing the survey? (4) Was there a particular question or section that was confusing to you or challenging to answer? (5) Do you have any recommendations or suggestions for improving a question, a section, or the language or terminology used in the survey? The feedback promotoras provided was then incorporated into the final survey and data collection process.

Promotora Recruitment

Visión y Compromiso used its deep connections and long-established relationships with promotoras to recruit participants for this study. The survey was announced and fielded at the annual Visión y Compromiso Conference in October 2022, and later at the San Francisco Bay Area Visión y Compromiso Conference in November of 2022. Other recruitment strategies included reaching out to Comités Regionales, or Regional Promotora Committees, in Southern California, the Inland Empire (Riverside and San Bernardino Counties), Los Angeles County, and the Greater Bay Area (Santa Clara, San Mateo, San Francisco, Marin, Alameda, and Contra Costa Counties). The survey link and flyers were also posted on several social media sites and outlets.

Literature Review

At the beginning of the study, a brief literature review was conducted that prioritized relevant research studies examining the impact of COVID-19 on the promotora workforce. The literature review also included a search for data collection tools or survey instruments specifically geared towards promotoras either during the COVID-19 crisis or before the pandemic. Findings from the literature review were incorporated into the final design of the web-based survey.





SURVEY DATA

Data Preparation

To prepare the survey data for analysis, all files containing raw data were combined into a central file. The data were cleaned and the valid percentages for each survey item were calculated, taking into account the survey logic or changes based on previous responses. Duplicates and submissions with less than 85% of the survey completed were excluded from the analysis. After data preparation and cleaning, the final sample size was 219.

Data Analysis

To ensure consistency and accuracy in the survey results two analysts reviewed and analyzed the same set of survey data. Frequencies and cross-tabulations were calculated. All percentages in this report are considered valid percents; the count of promotoras that responded to the survey item, rather than the count of promotoras that responded to the survey in general, was used to calculate percentages. Valid percents were used because, due to the survey logic, not all promotoras responded to every item. The analysis was summarized and presented in a databook format. The databook format presents frequencies, percentages, and averages for each item in the survey, as well as all cross-tabulations, in tables. The purpose of the databook is to make the summarized data accessible. This tool can also serve as a reference for future evaluations and research efforts.

LIMITATIONS

This study used convenience sampling, a type of non-probability sampling. Therefore, the findings cannot be generalized to the entire promotora or community health worker population in California. Additionally, due to the funding parameters of this study, the sample only includes the data and perspectives of female promotoras. Studies focusing on a similar population have also relied on a convenience sampling approach because currently there is no centralized database of promotoras in California.⁷ While the findings cannot be generalized, they still provide vital data on promotora experiences during the pandemic that can build on the existing literature of this vital California workforce.

⁷ California Health Care Foundation. (2022). *Understanding California's Community Health Worker/Promotor Workforce: A Survey of CHWs/ Ps.* <https://www.chcf.org/wp-content/uploads/2022/11/UnderstandingCHWPWorkforceSurveyCHWPs.pdf>

Demographic and Geographic Data

PROMOTORA CHARACTERISTICS

Promotoras were predominantly Latina Spanish-speaking immigrant women between 41 to 60 years old with strong roots in the U.S.

The vast majority of promotoras self-identified as Latina/Hispanic (95%), and over half of them were Spanish-speaking (69%). Slightly over a quarter of promotoras (26%) reported being fluent in both English and Spanish, 3% were fluent in only English, and 2% were fluent in indigenous languages (e.g., Mixteco and Zapoteco) in addition to both Spanish and English. On average, promotoras were 46.5 years old. Nearly three-quarters of promotoras (71%) indicated they were born in Mexico. Of those who were born outside the U.S., over half (54%) reported living in the U.S. for more than 20 years, with 34% indicating they had lived in the U.S. between 11 to 20 years. Promotoras were asked to identify the highest level of education they had achieved. Forty-seven percent of promotoras had a high school degree or higher, and 21% had a Bachelor's degree or higher. Across California, 68% of Hispanic/Latina women have a high school degree or higher, and 16% have a Bachelor's degree or higher.⁸

Figure 1. Race/Ethnicity of Promotoras (n=219)

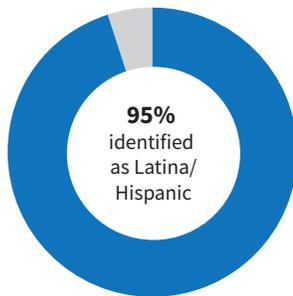


Figure 3. Age of Promotoras (n=210)

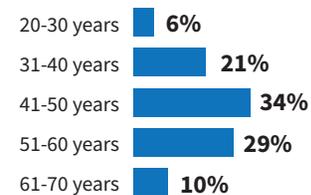
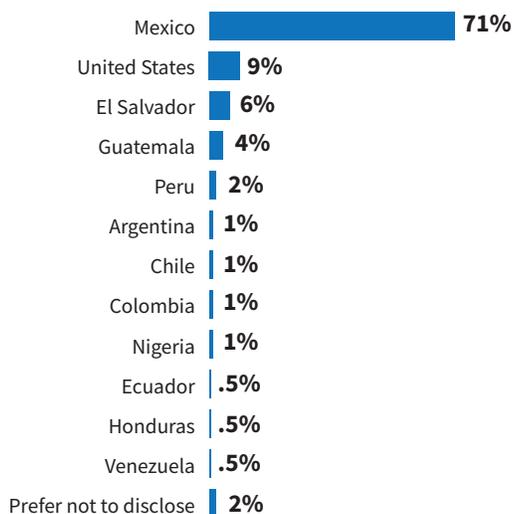
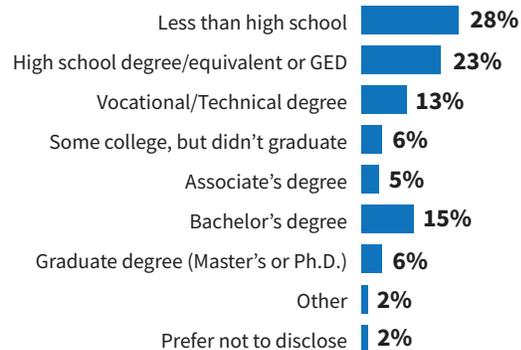


Figure 2. Country of Origin of Promotoras (n=216)



Percentages do not equal 100 due to rounding.

Figure 4. Educational Attainment of Promotoras (n=218)



⁸ United States Census Bureau. (2021). *S1501 Educational Attainment Table*. <https://data.census.gov/table?q=S1501&g=0400000US06&tid=ACSST5Y2021.S1501>

DEMOGRAPHIC SNAPSHOT

Promotora Household Composition

Promotoras lived in households with an average of 4.7 people, and most had children under 18 years living in their household.

Promotoras lived in households with an average of 4.7 people, including adults and children. This is slightly greater than the average household size of Latinos in California, which is 4.1 people.⁹ The average number of adults in promotora households was 3.1. Additionally, nearly three-quarters of promotoras (71%) reported having children under 18 years old currently living in their households, compared with 49% of Latino households in California.¹⁰ The average number of children in promotora households between zero to five years old was one. Similarly, the average number of children in promotora households above six years old was 1.2. Of those promotoras who reported having children in the household, 83% provided care to those children. Additionally, among promotoras who had children in their homes, 77% identified as the mother of those children. The average age of mothers in the sample was 42.8 years. Since the pandemic, 67% of the promotoras reported an annual household income of \$34,999 or less.

Of promotoras residing in urban areas, 71% reported a household income of \$34,999 or less. In comparison, only 57% of promotoras living in rural areas reported the same income range. According to the Census 2022 poverty thresholds, a household of five people that includes two children is in poverty if they have an income of \$35,801 or less.¹¹ This indicates that the majority of the promotoras in our study are living in poverty.

Household Composition Snapshot

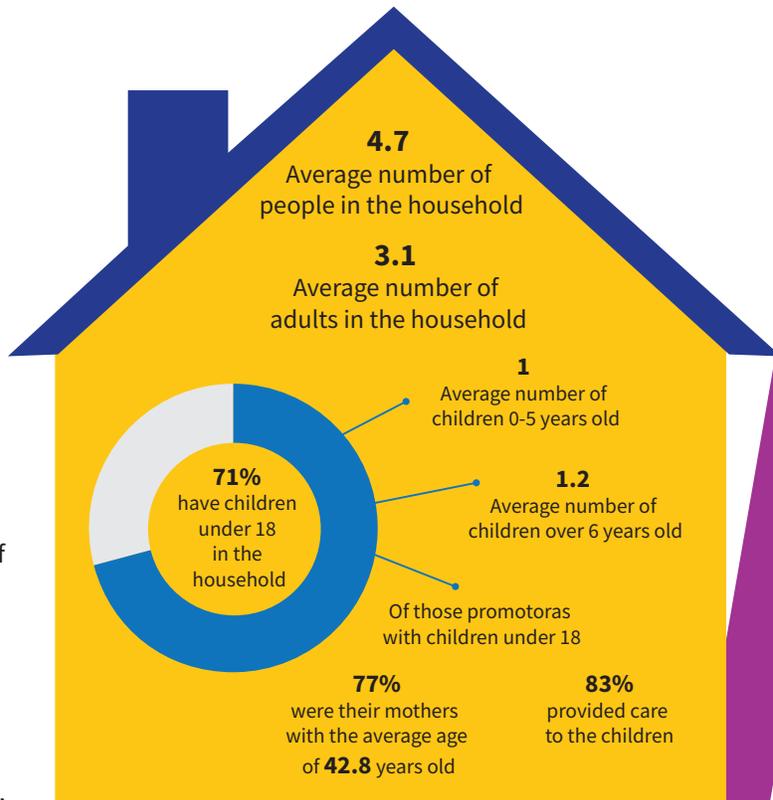
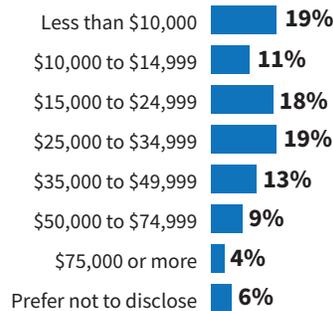


Figure 6. Annual Household Income Since the Pandemic (n=216)



⁹ California Senate Office of Research. (2017). *A Statistical Picture of Latinos in California 2017 Update*. <https://latinocaucus.legislature.ca.gov/sites/latinocaucus.legislature.ca.gov/files/forms/Statistical%20Picture%20of%20Latinos%20in%20California%20-%202017%20Update.pdf>

¹⁰ California Senate Office of Research. (2017). *A Statistical Picture of Latinos in California 2017 Update*. <https://latinocaucus.legislature.ca.gov/sites/latinocaucus.legislature.ca.gov/files/forms/Statistical%20Picture%20of%20Latinos%20in%20California%20-%202017%20Update.pdf>

¹¹ U.S. Census Bureau. (2023). *Poverty Thresholds for 2022 by Size of Family and Number of Related Children Under 18 Years*. <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

GEOGRAPHICAL SETTING

Most promotoras lived in Southern California and the Bay Area regions.

Half of the promotoras in the sample lived in Southern California (50%), and one-third resided in the Bay Area regions (33%). As shown in Figure 8, a large proportion of promotoras (31%) lived in Los Angeles County.

As the maps on the following pages demonstrate, the promotoras in this study live in California regions that are known for their high cost of living. As mentioned previously, close to one-third (31%) of promotoras resided in Los Angeles County. According to the Economic Policy Institute, the cost of living for a two-parent, two-child family in Los Angeles County is \$102,226 per year. The annual housing cost for this family type in Los Angeles County is \$24,696. Data for regions in the Bay Area also show high living costs, with housing expenses for a two-parent, two-child family ranging from \$28,824 to \$48,029 per year. This geographical data demonstrates the challenging financial reality for many promotoras in this study, where 48% live on an annual household income of \$34,999 or less and live in households with an average of 3.1 adults and two children under 18 years.

Figure 7. California Regions Represented by Promotoras (n=214)

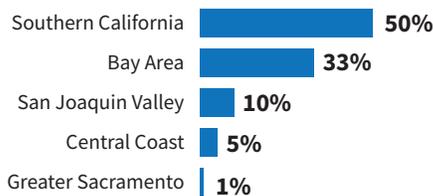
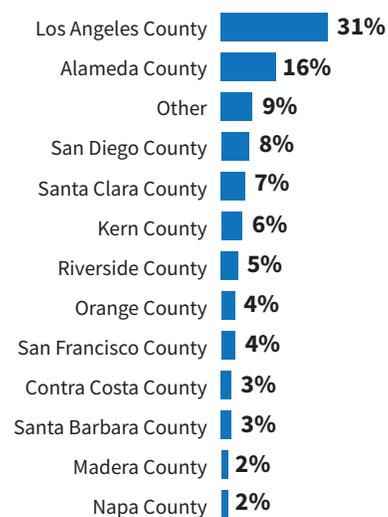
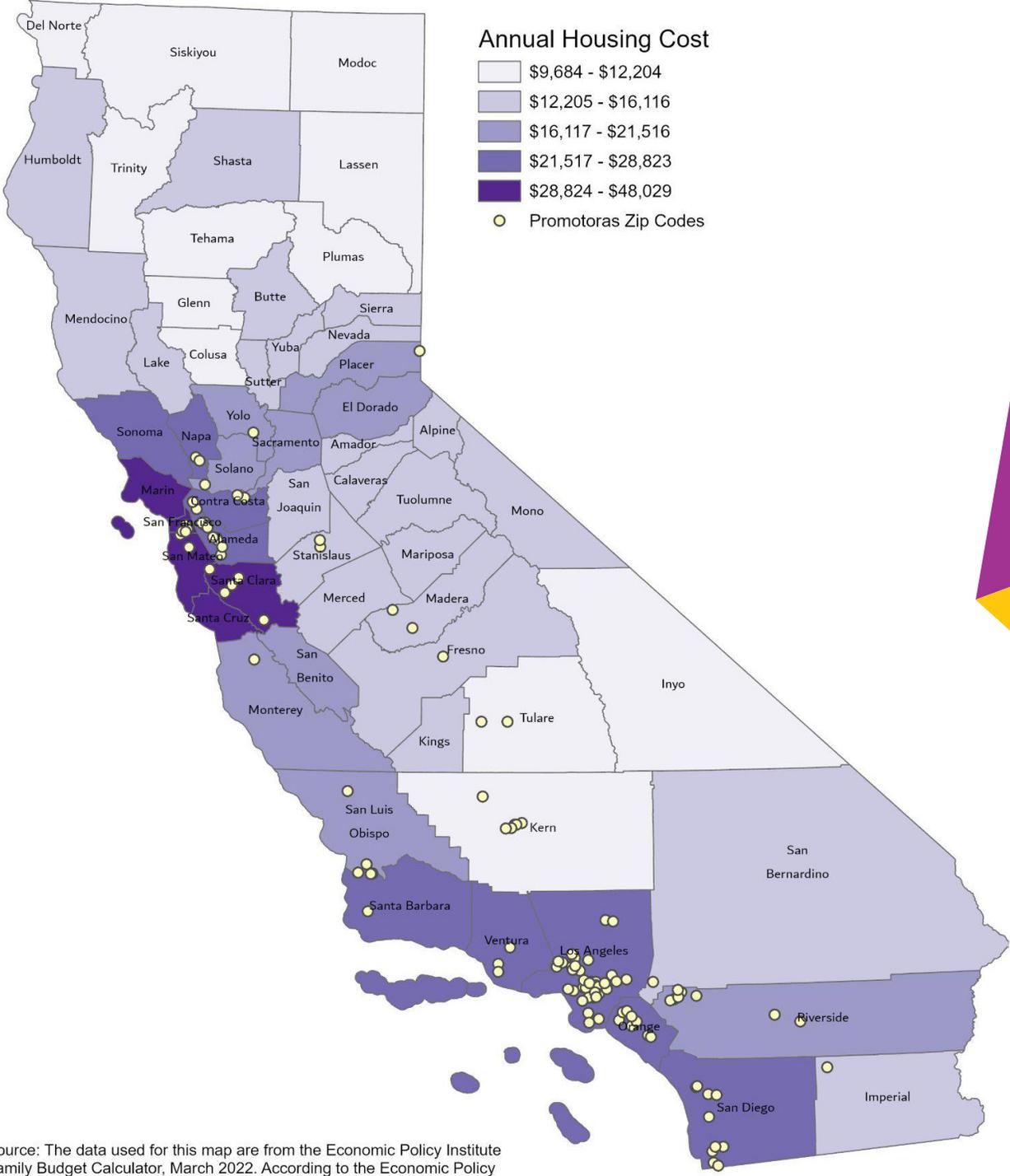


Figure 8. California Counties Represented in the Promotora Sample (n=214)

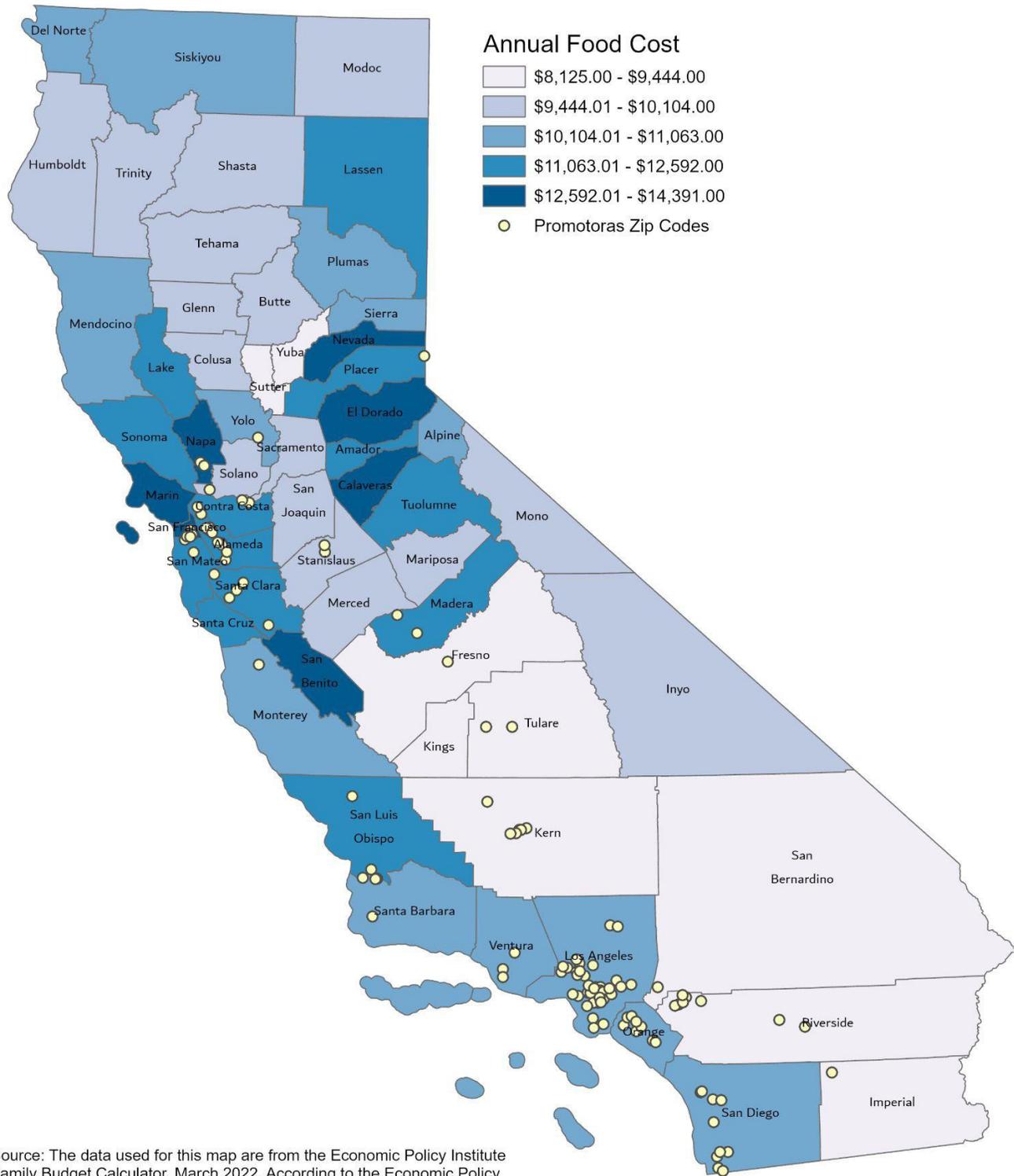


Map 1. Annual Housing Cost by County for a Two Parent and Two Child Family and Promotora Zip Codes



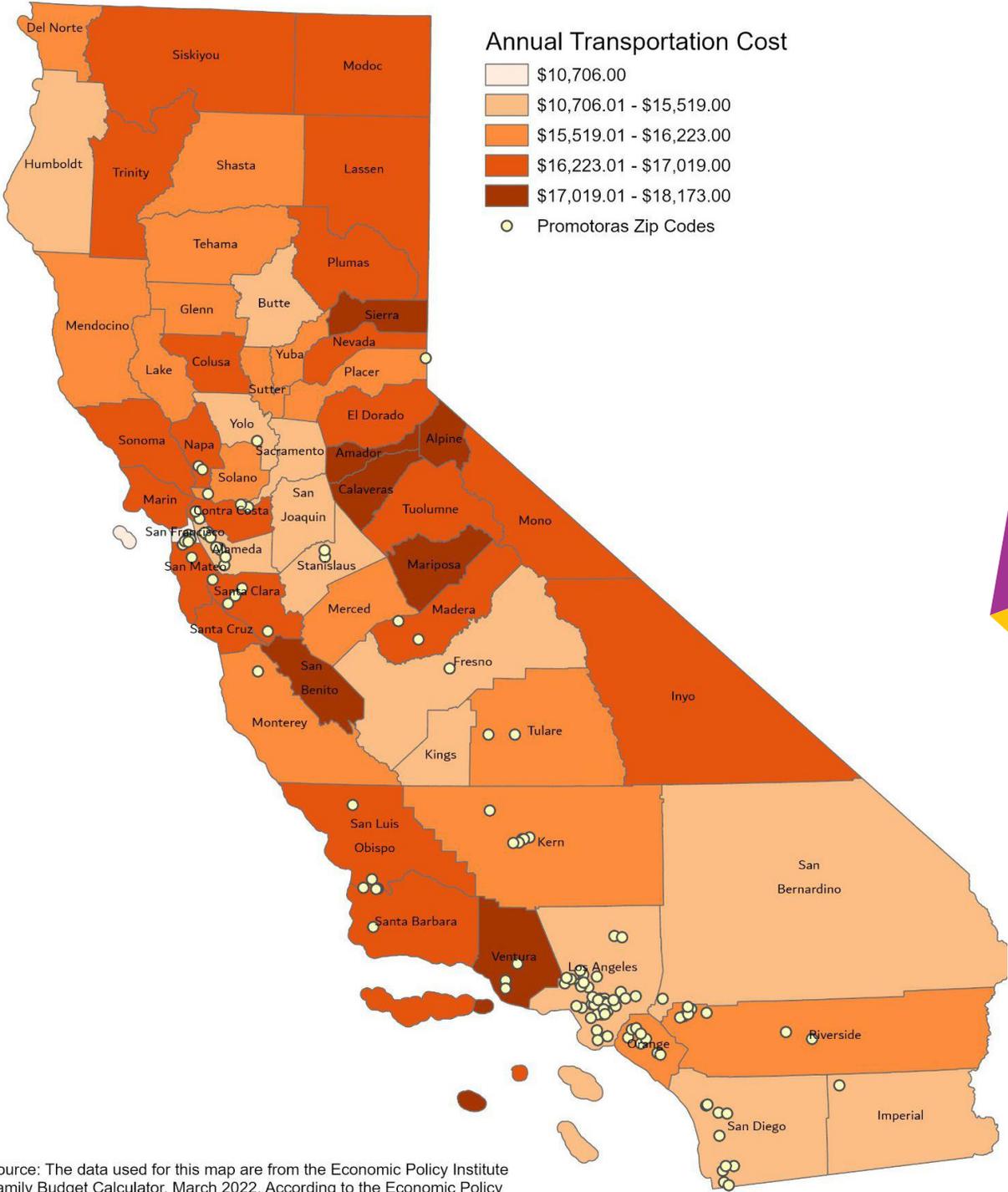
Source: The data used for this map are from the Economic Policy Institute Family Budget Calculator, March 2022. According to the Economic Policy Institute the data for these maps are in 2020 dollars.

Map 2. Annual Food Cost by County for a Two Parent and Two Child Family and Promotora Zip Codes



Source: The data used for this map are from the Economic Policy Institute Family Budget Calculator, March 2022. According to the Economic Policy Institute the data for these maps are in 2020 dollars.

Map 3. Annual Transportation Cost by County for a Two Parent and Two Child Family and Promotora Zip Codes



Source: The data used for this map are from the Economic Policy Institute Family Budget Calculator, March 2022. According to the Economic Policy Institute the data for these maps are in 2020 dollars.

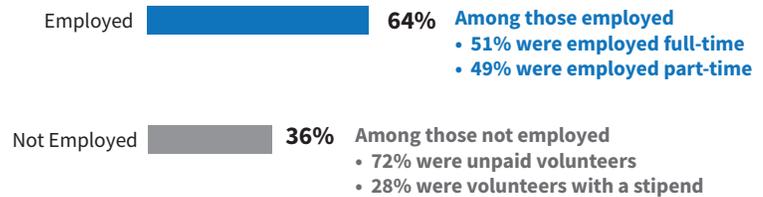
Findings

CURRENT EMPLOYMENT & COMPENSATION

More than half of the promotoras were employed in a promotora role in their communities; many continue to get paid an hourly wage.

Sixty-four percent of study participants indicated they were employed as a promotora at the time of the survey. Within this group, 51% were employed full-time (over 30 hours a week) and 49% were employed part-time (less than 30 hours a week) in a promotora role. The majority of promotoras who were employed were affiliated with community-based organizations (74%), while 21% were affiliated with community health centers. In terms of compensation, roughly one-third of promotoras (37%) reported getting paid an hourly wage, 26% did not receive any type of compensation for their work, and only 12% were paid an annual salary. Of those promotoras paid an hourly wage, the vast majority (83%) were associated with community-based organizations. Additionally, among promotoras who were not employed, most reported they were unpaid volunteers (72%), and over one-quarter (28%) indicated they were volunteers with a stipend. On average, whether they were employed or volunteers, promotoras worked with or were affiliated with up to three organizations or agencies. Additionally, 40% of promotoras indicated they had 1 to 4 years of experience as promotoras and roughly one quarter (22%) indicated they had 5 to 9 years of experience in the field.

Figure 9. Current Employment Status as Promotoras (n=216)



INDEPENDENT CONTRACTOR STATUS

Nearly one-quarter of promotoras were considered independent contractors. The primary reasons for this classification included immigration status, short-term projects, and funds available at their respective organizations.

Almost one-quarter of promotoras (24%) revealed that they were considered independent contractors. Most promotoras who were independent contractors were affiliated with community-based organizations (78%) and local departments of public health (22%). When asked the reasons for their classification as independent contractors, 55% stated that this employee classification was a result of their immigration status. This was especially true for promotoras associated with community health centers, with the majority (88%) stating that their immigration status played a role in their classification as independent contractors. Other top reasons for promotoras' independent contractor status included being hired only for short-term projects (48%) and funding available at their respective organizations (27%).



PROMOTORA VOICES

“I would like to be a formal employee, because I know that as an [independent contractor] I don’t get the same benefits.”

This promotora is from Mexico and resides in Gilroy, CA. In her home country she was an airline executive. When she migrated to the United States, she started working in taquerias, and eventually, her love of working with people and her desire to empower women in her community led her to take a position in a Women’s Center in Gilroy, CA. For 22 years, she worked in this center, leveraging and using her formal training as an airline executive in Mexico to teach computer classes to women and connect them to vital community resources. When the pandemic hit in March of 2020, the Women’s Center closed she was unable to find stable employment. Eventually, she received formal training as a promotora and was hired as an independent contractor to support COVID-19 efforts in her community.

WHAT IS YOUR CURRENT EMPLOYMENT STATUS?

“I am an independent contractor. I work 32 to 36 hours a week.”

ARE YOU SATISFIED WITH YOUR CURRENT EMPLOYMENT STATUS OR WOULD YOU LIKE A DIFFERENT WORK SITUATION?

“Though I am very fortunate because I have a way to make a living, to pay my rent, which is what kills you [because it’s so expensive], obviously I would like to be a formal employee because I know that [as an independent contractor] I don’t get the same benefits. We all want health insurance; we all want a retirement account like everyone else, but because of certain limitations we can’t. Maybe the organizations have their limits too. [The organization I work for] wanted me as an employee, but they receive federal and state funding, so they have to pay me from funds that do not come from the government. I don’t know how many promotoras are undocumented... but as promotoras we enroll people who don’t have health insurance into these programs and I don’t have insurance... that’s what [you] need to understand that promotoras are looking for [uninsured people and people who need support], and we are those people too.”

HEALTH INSURANCE COVERAGE

The majority of promotoras relied on public health insurance options for their health care needs, and few were covered through their employer.

While the majority of promotoras (70%) reported that they were covered by health insurance, only about one-quarter (24%) were covered through their employer. As displayed in Figure 11, of those promotoras with health insurance, more than half of the promotoras (56%) relied on public health insurance options such as Medi-Cal to cover their health needs and expenses. Seventeen percent of promotoras were covered through their spouse or partner’s employer or through a family member’s employers, or they purchased their own private health insurance.



PROMOTORA VOICES

“With the COVID-19 pandemic, the promotora’s work has been recognized, but there is still a long way to go. It is not possible that a promotora is promoting health services and cannot have access to those services that she is promoting, even if she needs them!”

Figure 10. Health Insurance Coverage of Promotoras (n=217)

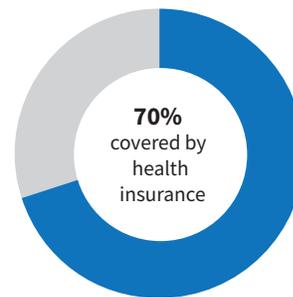
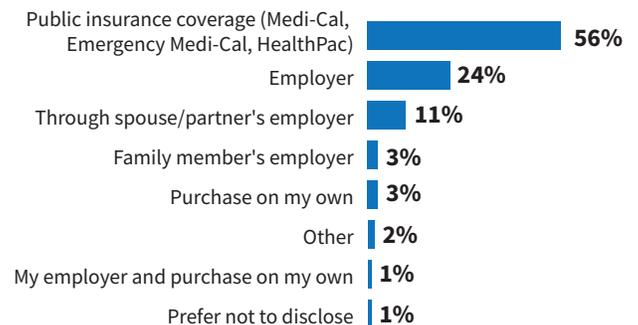


Figure 11. Type of Health Insurance Coverage for Promotoras With Health Insurance (n=152)¹²

Survey respondents were able to select more than one response.



¹² Response categories adopted from the *Final Report of The Community Health Worker COVID-19 Impact Survey: Texas Results and Methodology*. (2021) Retrieved from <https://sph.uth.edu/research/centers/dell/resources/the%20final%20report%20of%20the%20community%20health%20worker.pdf>

ECONOMIC IMPACT OF THE PANDEMIC

Nearly half of promotoras experienced a decrease in their annual household income, with a larger proportion of independent contractors reporting household income decline.

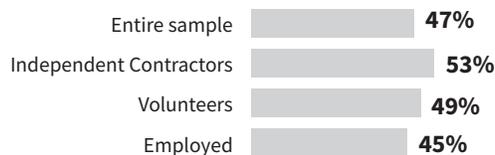
Forty-seven percent of promotoras shared that they experienced a drop in their annual household income during COVID-19, with 17% reporting an increase. Slightly over one-third of promotoras (36%) reported no change in their yearly household earnings. To fully understand the extent to which the household income shifted for those who experienced a decrease, the analysis looked at movement across household income ranges before and during the COVID-19 pandemic. This revealed that, for 80% of promotoras who experienced a decline, their household income decreased by an entire household income bracket or more. For example, those with a household income of \$10,000 to \$14,999 before the pandemic reported an annual household income of less than \$10,000 a year during COVID-19. Additionally, among promotoras who experienced a reduction in their household income, the most significant decrease occurred in the \$15,000 to \$24,999, \$35,000 to \$49,999, and \$50,000 to \$74,999 income brackets (see Figure 12). Further, over half of the promotoras who experienced income decline (67%) were still responsible for providing financial support to family members living outside of the U.S.

Figure 12. Promotoras who experienced household income loss during the pandemic dropped on average one income bracket (n=94)

Household Income Range Before the Pandemic	Average Annual Household Income Level Drop Since Pandemic
\$10,000 to \$14,999	-1
\$15,000 to \$24,999	-1.23
\$25,000 to \$34,999	-1.21
\$35,000 to \$49,999	-1.43
\$50,000 to \$74,999	-1.43
\$75,000 or more	-1.4

Additionally, the data demonstrate that promotoras who were independent contractors at the time of the survey were more vulnerable to income decline during the COVID-19 pandemic. Figure 13 shows that promotoras who were classified as independent contractors were more likely to report household income decline (53%) when compared to the entire sample (47%), to promotoras who were employees (45%), or to promotoras who were volunteers (49%).

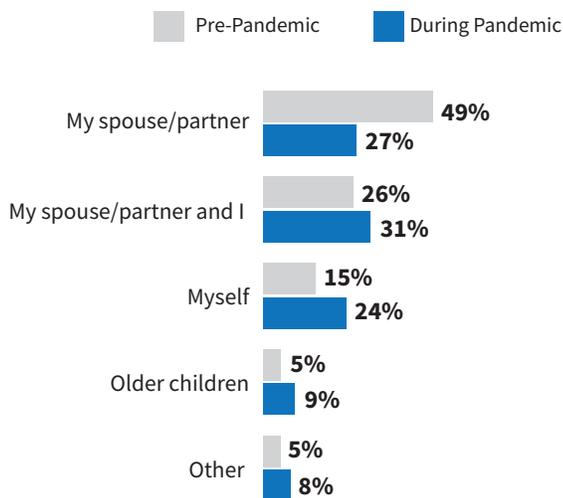
Figure 13. Percent of Promotoras Who Reported Income Decline by Employment Status



One-third of promotoras reported a shift in their primary household income contributor(s). Among this group, promotoras were burdened with having to provide more financial support to their households.

Across all promotoras, the majority indicated that their spouses or partners contributed the most income to their households before (52%) and during the pandemic (44%). However, 35% of promotoras reported a shift in who contributed the larger share of income during COVID-19. Within this group, promotoras began to play a larger role in contributing income to their households during the pandemic. For instance, there was a 9% increase in promotoras who stated they were the main contributors. At the same time, there was a sharp 22% decrease in the percentage of promotoras who reported that their spouses or partners contributed the most income to their households.

Figure 14. Changes Reported Among the 35% of Promotoras Who Indicated a Shift in Who Contributed the Most Income to their Households



While close to one-third of promotoras were hired because of COVID-19, several had a reduction in work hours, and members of their households experienced employment instability.

When asked how their employment status changed at the onset of the COVID-19 pandemic, nearly one-third (29%) of promotoras reported they were hired because of COVID-19. Those promotoras who were employed (38%) or classified as independent contractors (30%) at the time of the study

were 12% more likely than current volunteers to be hired to support COVID-19 efforts during the pandemic. On the other hand, almost one-quarter of the entire sample (24%) indicated a significant reduction in work hours; 10% were fired or laid off, and 10% were furloughed. Of the entire sample, only 8% of promotoras were able to access unemployment benefits and 7% access COVID-19 unemployment assistance. Among promotoras that experienced job loss or reduced hours, over half (55%) had to access their savings, and nearly one-third (32%) relied on their spouse’s or family members’ income to meet their financial needs. Meanwhile, promotoras also reported that members of their households also endured employment instability at the time of the pandemic. Close to half of the promotoras (48%) had household members who experienced job loss. Additionally, slightly over one-third of promotoras (35%) indicated having household members who were furloughed or had a reduction in work hours. Promotoras were also asked to identify how the pandemic impacted their community members’ employment. They reported that community members also suffered job loss (72%), were furloughed or experienced a reduction in work hours (53%), lost earnings or income from a job or business (43%), or were laid off (43%).

Figure 15. Shift in Promotora Employment Status at the Beginning of the Pandemic (n=211)¹³

Survey respondents were able to select more than one response.

Hired because of COVID-19	29%
Had significant reduction in work hours	24%
Nothing changed in my employment status	22%
Fired or got laid off	10%
Furloughed	9%
My work hours increased	8%
I chose to stop working	7%
Hired not because of COVID-19	5%

¹³ Response categories adopted from the Final Report of The Community Health Worker COVID-19 Impact Survey: Texas Results and Methodology. (2021) Retrieved from <https://sph.uth.edu/research/centers/dell/resources/the%20final%20report%20of%20the%20community%20health%20worker.pdf>

Figure 16. Shift in Household Members' Employment Status During the Pandemic (n=193)¹⁴

Survey respondents were able to select more than one response.

Job loss	48%
Furloughed or reduced work hours	35%
Lost earnings or income from a job or business	29%
Laid off from a job	14%
None/Does not apply	12%
Other	4%

Housing was a challenge for promotoras, and most found it difficult to make their rent or mortgage payments.

A majority of promotoras (79%) reported renting, with only 20% owning their homes. More than eight in ten promotoras (84%) disclosed that it was very difficult or somewhat difficult to pay their rent or mortgage during the pandemic. Promotoras who were volunteers experienced slightly more difficulty making rent or mortgage payments (94%) when compared to employed promotoras (79%) or independent contractors (84%). Difficulty with making rent or mortgage payments translated to worry for the majority of promotoras. Close to nine out of ten promotoras (89%) were worried about being able to cover their monthly housing costs during the pandemic.

Figure 17. Difficulty in Making Rent/Mortgage Payments During the Pandemic (n=218)¹⁵

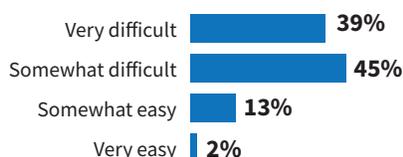
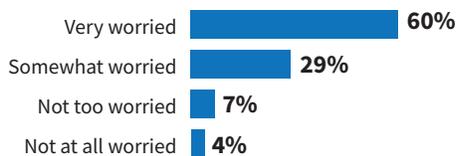


Figure 18. Worry About Making Rent/Mortgage Payments During the Pandemic (n=189)¹⁶



¹⁴ Response categories adapted from the *Final Report of The Community Health Worker COVID-19 Impact Survey: Texas Results and Methodology*. (2021) Retrieved from <https://sph.uth.edu/research/centers/dell/resources/the%20final%20report%20of%20the%20community%20health%20worker.pdf>

¹⁵ Adopted from the 2020 Los Angeles County WIC Survey—WIC Parents Questionnaire <https://lawicdata.org/wp-content/uploads/2020/10/2020-WIC-Parents-Quex-English-10-21-20.pdf>

¹⁶ Adopted from KFF Health Tracking Poll—March 2022: Economic Concerns and Health Policy, The ACA and Views of Long-term Care Facilities. (March 2022) Retrieved from <https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-march-2022/>

Promotoras and their household members worried about affording their basic living costs, leading many to limit their expenses.

Reflecting their low household incomes, promotoras and their household members were concerned about covering their basic living expenses during COVID-19. Promotoras and their household members were worried about being able to afford transportation costs (87%), monthly utilities like gas and electricity (87%), and food or groceries (79%). Over half of promotoras (64%) also stated that expenses related to raising their children caused financial worry. Interestingly, even though most promotoras were covered by health insurance (70%), nearly two-thirds were still worried about covering health expenses during the pandemic (63%). Given these financial concerns, it is not surprising that the majority of promotoras (83%) were forced to limit their expenses during COVID-19.

Public assistance programs, in particular those that facilitated access to food, were crucial for a large proportion of promotoras.

In line with promotoras’ financial worries and household income decline, promotoras required support from public assistance programs or resources during the pandemic. Nearly one-quarter of promotoras (22%) relied on two or more forms of public assistance or resources. In particular, promotoras utilized public assistance and resources that provided access to food benefits, like CalFresh or food pantries. In fact, a large proportion of promotoras (47%) accessed free meals provided by California public school districts during the pandemic, and roughly one-third (29%) were enrolled in CalFresh. The vast majority of promotoras (86%) reported that they or household members had accessed groceries from a food pantry, food bank, or community resource that offered free food or groceries.

Figure 19. Percent of Promotoras Who Were “Very Worried” or “Somewhat Worried” About Meeting Basic Needs During the Pandemic (n=189)¹⁷

Survey respondents were able to select more than one response.

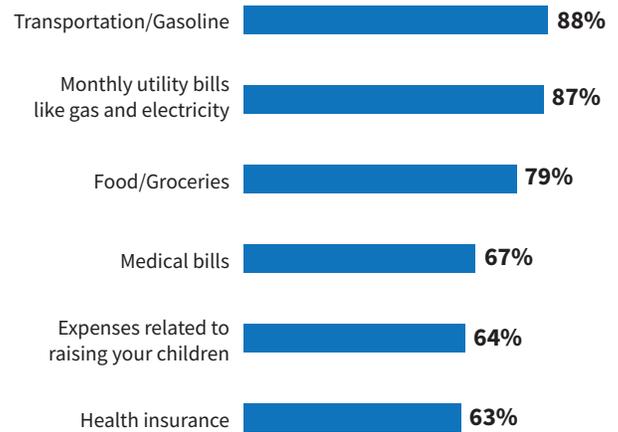
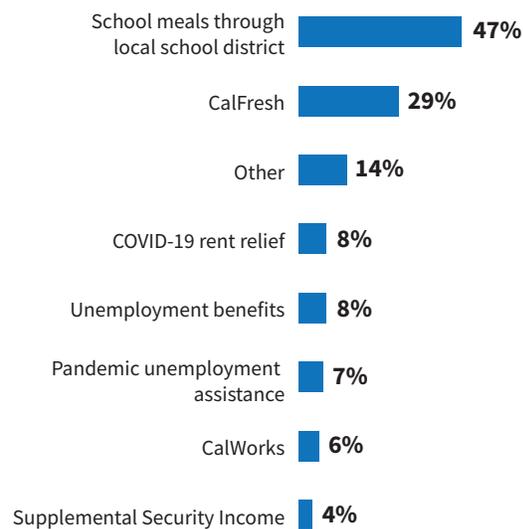


Figure 20. Use of Public Assistance During the Pandemic (n=195)

Survey respondents were able to select more than one response.



¹⁷ Adopted from KFF Health Tracking Poll—March 2022: Economic Concerns and Health Policy, The ACA and Views of Long-term Care Facilities. (March 2022). Retrieved from <https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-march-2022/>



PROMOTORA VOICES

“I started to worry because how was I going to pay for my household expenses... the rent and bills it was too much.”

Originally from Oaxaca, Mexico, this promotora migrated from her home country when she was 20 years old. She has lived in the Coachella Valley for 22 years and is a single mom. She began her work as a promotora as a volunteer in 2013. After receiving training in mental health, she was quickly hired as a promotora by a local community based-organization in her region. In addition to her work as a promotora, she also cleans houses to bring additional income to her household.

HOW WAS ECONOMIC LIFE BEFORE THE PANDEMIC?

“I was happily working... I also clean houses in addition to being a promotora, there wasn't a lot of work [cleaning houses]... A few months prior to COVID my daughter passed from suicide, this was very hard for our family. I was always connected to the promotora community and I was learning from a lot of promotora trainings, but I worked cleaning houses. When the pandemic happened all the doors closed because people didn't want [house cleaning] services. I asked myself, “What am I going to do?” I had some money saved, but I was not prepared for this. So for five weeks of work, I would only go one week, and there was one time where I stayed home everyday for two weeks. I started to worry because how was I going to pay for the household expenses... the rent and bills it was too much... I used coupons and went to food banks. I would take any help I could get. I am always looking out for my parents and I also send them money every month, so they depend on me a lot. So I would say, what am I going to do I can't even help my parents. I started to worry a lot. Then, I got a call [from a community based-organization] saying they had a [promotora] job only for two months... I took it because I was looking for work... that's how I integrated again into promotora work. I had left my promotora work prior because the salary we got paid wasn't enough to sustain a family, but my job as promotora has extended and I now work only under a COVID-19 program. [I have been working now as a promotora] for two years.”

HOW DID GETTING THIS JOB IMPACT YOU?

“It helped me emotionally ... being able to help the community, going to the streets, going to the stores, knocking on doors gave me a lot of strength... I wasn't worried about paying my rent or bills.”

SHIFT IN THE ROLE OF PROMOTORAS DURING COVID-19

Even though promotoras experienced an increase in virtual and remote work, they continued to work on the frontlines providing vital services to their communities.

Before COVID-19, almost half of the promotoras conducted their work outside in their communities (43%) or in community centers (43%), and one-third (33%) of promotoras worked in school settings. Roughly one-quarter (23%) also worked in religious settings. Prior to the pandemic, only 13% of promotoras engaged in virtual or remote work. However, during the pandemic, as expected, a large percentage of promotoras (42%) reported engaging in virtual work, indicating a 29% increase. At the same time, during COVID-19 a large share of promotoras (46%) were still conducting their work in person, risking their own health and well-being to provide critical services to their communities.

Prior to the pandemic, the top roles performed by promotoras included connecting community members to medical services or programs (53%), connecting community members to social services or programs (52%), conducting community outreach (45%), building community capacity (40%), and engaging in advocacy (45%). During the pandemic, promotoras engaged in similar work while responding to the needs of their communities and playing a vital role in COVID-19 outreach and education. For example, close to half of promotoras (46%) provided their communities with COVID-19 safety and prevention information. Over 40% educated their communities on COVID-19 symptoms, isolation procedures, and testing protocols. A little over one-third of promotoras (39%) conducted or supported COVID-19 testing efforts in their communities. During the pandemic, promotoras were also a source of much-needed social and mental health support to their communities. For example, 37% of promotoras reported they provided social support services, and 31% indicated they offered mental health support/training to community members.

During COVID-19 a large share of promotoras (46%) were still conducting their work in person, risking their own health and well-being to provide critical services to their communities.

PROMOTORA VOICES

“I think that the work of promotoras was crucial and intensified during the pandemic.

I think that as a result of the pandemic public health institutions have realized that promotoras are fundamental to public health. Why? Because it was promotoras who were knocking on doors. It was promotoras who were exposing themselves. It was promotoras who were providing services [during the pandemic].”

—Promotora from the San Francisco Bay Area



MENTAL HEALTH IMPACT DURING COVID-19

Most promotoras' mental health and emotional well-being were impacted by the pandemic, but community members fared far worse.

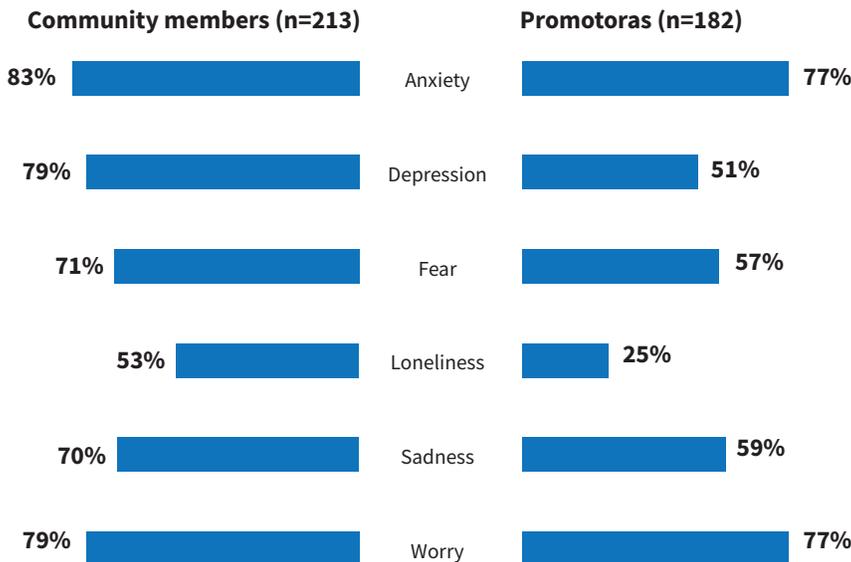
Promotoras not only suffered the negative financial impacts of COVID-19, but they also endured changes related to their emotional well-being and mental health. A majority of promotoras (83%) reported experiencing serious mental health conditions, including anxiety (77%), worry (77%), depression (51%), fear (57%), and sadness (59%). Of those who did experience a change in their mental health, nearly half (49%) faced a decrease in their annual household income. The organizations or agencies promotoras were affiliated with did provide some support to mitigate the mental health stressors promotoras were facing. Over half of promotoras (52%) stated that their organizations or agencies provided workshops or trainings on mental health to support them

in coping with these conditions. Approximately one-quarter of promotoras (25%) had access to a hotline to call in the event they needed mental health or emotional support. However, not all promotoras were able to access this type of support. For instance, one-quarter (25%) indicated that they did not receive any support from their organizations or agencies for their mental health conditions, and less than 10% were able to take days off to rest.

Promotoras were also asked, based on their experience and interactions with community members, to identify mental health conditions that community members suffered during the pandemic. According to promotoras, community members were suffering primarily from anxiety (83%), depression (79%), and worry (79%). As depicted in Figure 21, community members may have been experiencing higher levels of loneliness when compared to promotoras (53% and 25%, respectively).

Figure 21. Mental Health Conditions Experienced by Promotoras and Community Members During the Pandemic

Survey respondents were able to select more than one response.





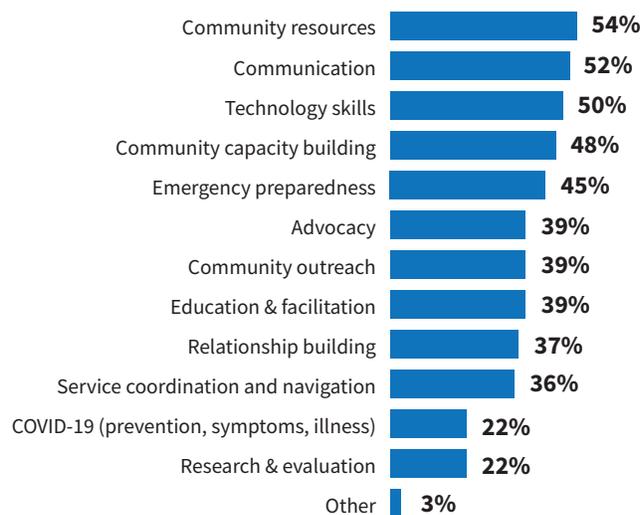
PROFESSIONAL DEVELOPMENT NEEDS

When asked to reflect on their current work and needs for professional development, promotoras reported needing additional training on community resources, communication, and technology skills.

As promotoras support their communities in recovering from COVID-19, they will need accessible ongoing training and professional development opportunities to pivot and effectively respond to evolving community needs. Increased training and professional development opportunities could also support promotoras in accessing stable, higher-paying positions, expanding their professional network, and deepening their skills and knowledge. With this in mind, promotoras were asked to identify professional development topics on which they would like to receive additional training to continue supporting their communities. The most frequently cited professional development topics included increasing knowledge of community resources (54%), communication skills (52%), and increasing technology skills (50%). A large proportion of promotoras would also like to receive training on community capacity building (48%) and emergency preparedness (45%).

Figure 22. Professional Development Needs Among Promotoras (n=213)¹⁸

Survey respondents were able to select more than one response.



¹⁸ Response categories adopted from the *Final Report of The Community Health Worker COVID-19 Impact Survey: Texas Results and Methodology*. (2021) Retrieved from <https://sph.uth.edu/research/centers/dell/resources/the%20final%20report%20of%20the%20community%20health%20worker.pdf>.

Conclusion

This report reveals the economic realities that promotoras and their households faced during the COVID-19 pandemic. The survey findings demonstrate that promotoras are mature Latina immigrant women who live in lower-income households, and were living in near-poverty levels before and during the pandemic. Less than one-quarter (20%) own their homes, compared to 55% of all working Californians.¹⁹ Almost half of the promotoras in our study experienced a decrease in their annual household income during the pandemic, and many reported limiting expenses and worrying about being able to cover basic living expenses. While some promotoras were hired to support COVID-19 efforts, their household members experienced job instability, requiring promotoras to make greater financial contributions to their households. In the face of these realities, the vast majority of promotoras experienced mental health conditions ranging from depression to fear and anxiety. Throughout all these challenges, promotoras still continued their heart-led efforts in their communities, both virtually and in-person, providing critical and life-saving services to community members. These findings highlight the need for creating greater pay and employment equity for promotoras, so these resilient highly trained and educated Latina immigrant women receive just compensation for their invaluable contributions to the wellbeing of community members. Though the hourly wage for promotoras varies by region and employer type, recent research suggests that they can be paid anywhere between \$20 to \$25 per hour.²⁰ While this is above California's minimum wage, it still falls short in the face of California's inflation and the rising cost of living.



¹⁹ Powell, A., Chávez, R., Austin, L.J.E., Montoya, E., Kim, Y., & Copeman Petig, A. (2022). "The Forgotten Ones"—The Economic Well-Being of Early Educators During COVID-19. Center for the Study of Child Care Employment, University of California, Berkeley.

²⁰ California Health Care Foundation. (2022). *Understanding California's Community Health Worker/Promotor Workforce: A Survey of CHWs/Ps.* <https://www.chcf.org/wp-content/uploads/2022/11/UnderstandingCHWPWorkforceSurveyCHWPs.pdf>

Recommendations

Since the beginning of the COVID-19 pandemic in March 2020, the promotora workforce has played a crucial role in many COVID-19 relief efforts, including contact tracing, distributing personal protective equipment, connecting community members to food and other vital resources, and addressing COVID-19 misinformation.²¹ While promotoras engage in this work because they see “their role in the community [as a] gift and a vocation,”²² this workforce deserves access to stable employment opportunities that are well-compensated and that honor and reflect the long-lasting relationships they have fostered with community members. Promotoras’ training, skills, knowledge, wisdom, and connections with communities proved vital during COVID-19 and continue to play a role in COVID-19 recovery efforts. *Visión y Compromiso* offers the following recommendations to ensure that promotoras have access to just compensation, long-term secure employment opportunities, well-being in their employment settings, and continued professional growth in their field:

1

Prioritize long-term funding for community-based organizations that have deep connections, relationships, and the expertise to engage promotoras and the community.

2

Provide unrestricted funding for community-based organizations to build and strengthen their internal infrastructure to hire and sustain promotoras in paid positions.

3

Support internal organizational or institutional policy shifts that promote long-term employment opportunities for promotoras.

A. When seeking funding or applying for funding opportunities or grants, ensure that the true value and cost of hiring a promotora is explicitly communicated.

4

Ensure that promotoras’ compensation matches the current cost of living in California, and that it reflects their level of training, expertise, lived experience, and deep connections with community.

5

Create compensation packages for promotoras that include access to employer-paid benefits like health insurance and retirement funds.

21 Nnette A. Cáceres, Celina H. Shirazipour, Ergueen Herrera, Jane C. Figueiredo, Sarah-Jeanne Salvy, Exploring Latino Promotores/a de Salud (Community Health Workers) knowledge, attitudes, and perceptions of COVID-19 vaccines, *SSM—Qualitative Research in Health*, Volume 2, 2022,100033, ISSN 2667-3215, <https://doi.org/10.1016/j.ssmqr.2021.100033>.

22 Unidos US. (2022). *Shining a Light on Promotores de Salud During the COVID-19 Pandemic*. <https://unidosus.org/publications/shining-a-light-on-promotores-de-salud-during-the-covid-19-pandemic/>



6

Implement internal organizational policies that reflect best practices related to supporting frontline workers that are navigating complex community needs.

A. Provide ongoing concrete mental health support for promotoras.

B. Provide continuous learning opportunities for personal and professional growth.

7

Ensure that employment-related policies and programs are informed by promotoras' experiences and needs.

8

Fund longitudinal research that uplifts the experiences of promotoras and the organizations that employ them to continue understanding the needs of the workforce.



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