



# NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH

**ADVANCING REPRODUCTIVE JUSTICE  
IN IMMIGRANT COMMUNITIES:**

Promotoras/es de Salud as a Model

**JANUARY 2010**



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## NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH

The mission of the National Latina Institute for Reproductive Health (NLIRH) is to ensure the fundamental human right to reproductive health and justice for Latinas, their families and their communities through public education, community mobilization and policy advocacy.

By using a Reproductive Justice framework, NLIRH creates proactive national and grassroots advocacy campaigns that advance a diverse and inclusive movement which will ultimately improve the reproductive health outcomes of Latinas. Latinas will also be self-empowered to make informed decisions and choices for themselves, their families and their communities. Reproductive Justice values the multiple identities of our diverse communities, lifts the voices of all Latinas to the center, promotes new and relevant leadership from the local, state and national levels and recognizes the need to build power and movement in local communities that will influence and change national policies. Finally, Reproductive Justice places our work in the middle of a broader social justice movement that is strengthened and cultivated through the development of coalitions and partnerships.

## ADVANCING REPRODUCTIVE JUSTICE WITHIN IMMIGRANT COMMUNITIES

**“A framework that allows for a variety of opinions and that connects women’s lived realities to the way they access health care struck a chord with the promotoras in a way that a reproductive choice analysis could never have done.”**

— *Veronica Bayetti Flores, SENIOR POLICY ANALYST AT NLIRH*

NLIRH’s work with promotoras and immigrant women in the Rio Grande Valley, Texas—from its work with *La Voz Latina* to its collaboration with Migrant Health Promotion for the Annual Conference for Promotoras/es—has confirmed that the reproductive justice framework resonates within these communities. This framework resonates with their lived experiences as women, immigrants, mothers and daughters. How these identities intersect is at the core of reproductive justice. Intersectionality recognizes that women of color are impacted by multiple oppressions. These factors must be addressed when advancing their reproductive health care needs. For women in rural communities, their access to transportation is inseparable from their access to reproductive health care. Moreover, like so many Latinas, women in the Rio Grande Valley are acutely aware that their immigration status has an impact on the health of their families.

The reproductive justice framework also serves as an entry point for immigrant women and Latinas to have safe conversations around abortion. In NLIRH’s work with Latina immigrant women, we have

found that, contrary to myths portraying these women as staunchly anti-choice, their views lie on a broad spectrum. The label of “pro-choice” is an English term defined within a narrow U.S. context, and therefore often does not resonate with immigrant communities. So although an immigrant woman may never identify as “pro-choice,” her core values and politics around sexual and reproductive health and rights are actually aligned with the values of the reproductive justice movement. NLIRH has found that the majority of Latinas want women to have access to a full range of reproductive health care, including abortion if they choose it. As Veronica Bayetti Flores, Senior Policy Analyst at NLIRH, puts it, “A framework that allows for a variety of opinions and that connects women’s lived realities to the way they access health care struck a chord with the promotoras in a way that a reproductive choice analysis could never have done.” In effect, the reproductive justice framework de-polarizes the choice debate and moves abortion away from being a black and white issue to one allowing more nuances. The de-polarization of abortion was further evidenced at the Annual Conference of Promotoras/es. This conference brought



National Advocacy Weekend, Washington, DC, 2009.

together a diverse group of community health workers. Many of them had never openly discussed the issue of abortion and were very hesitant to engage in discussion on this issue. However, by using a reproductive justice perspective and new points of entry, it allowed participants to discuss the legal, clinical, and social aspects of abortion—not the political aspect—along with other critical reproductive health topics.

Growing and advancing a reproductive justice movement that is inclusive of immigrant communities requires that we build on com-

munity strengths, such as promotor/a programs, and create new models of organizing. Promotor/a programs provide opportunities to engage new leaders, build our base, and advance reproductive justice within traditionally marginalized communities. Reproductive justice organizations can also play a vital role in advancing reproductive justice within immigrant communities by building relationships with trusted organizations serving immigrant communities and leveraging those relationships to introduce new people to the reproductive justice framework and engage them in our movement.

# HISTORY OF PROMOTORAS/ES



**PROMOTORAS OR PROMOTORES, as defined by Migrant Health Promotion, are “community members who promote health in their own communities. They provide leadership, peer education and resources to support community empowerment, or *capacitación*.”<sup>1</sup>**

A central aspect of promotoras/es' work is to educate the community about the services that they can access and to provide support to community members who, because of language or cultural barriers (or both), may be confused or intimidated by the United States' health care system and need assistance navigating it. Promotoras/es are usually people who have been involved in their community for a while and some have been community leaders. Therefore, they may already be respected and trusted in the community and may already know about the social networks that exist. This positions the promotoras/es as experts and supports their ability to do outreach and to be representatives of the communities they work with to outside decision-makers. Another part of promotoras/es' job is to be cultural liaisons, translating the information they possess in a way that is appropriate and relevant for their community.

According to the Health Resources and Services Administration (HRSA), the exact number of promotoras/es, called *community health workers* (CHW) by HRSA, in the United States is not known because there is no designated occupational code to report them in national databases.<sup>2</sup> A recent report estimates that the number of CHW has grown more than 40% since 2000, from 86,000 to 121,000 in 2005. CHW are found in every state and Washington, DC.<sup>2</sup> More than one third of all community health workers are Latino and more than 80% are women. Most community health workers carry out their work in a paid position, but a significant proportion (33%) also work as volunteers.<sup>2</sup> The CHW model has been referenced in the U.S. research literature since the mid-60's, and

since then this model of health education and advocacy has been tapped by public health researchers as a way to partner with communities to develop health assessments and programs, as well as to hire promotoras as culturally competent research assistants. In 1999, the state of Texas established certification for CHWs.<sup>3</sup>

Before the promotor/a model was adopted in the United States it had been used broadly throughout Latin America for decades.<sup>4</sup> Promotoras/es in Latin America are particularly utilized in primary health care education and delivery, and often receive training to support sexual and reproductive health in their communities.<sup>4</sup> Promotoras also serve as agents of social change through community organizing and activism. The promotor/a model has been

adopted by many governmental and non-governmental health programs, especially those targeting rural areas, and is currently used extensively in health outreach programs in Mexico and elsewhere.

The promotora model is perhaps most present in the American Southwest, particularly along the Texas-Mexico border. Working in marginalized settlements called *colonias*, promotor/a programs have been a crucial force in the acknowledgment of communities where basic services such as running water, sewage, electricity and public transportation are not available. Promotoras/es organize and empower their communities to advocate for changes by

teaching them about health and health care services and by providing tools on how to reach lawmakers and other politicians. Since promotores/as have an insider's perspective on which problems burden their communities the most and the way these are valued and prioritized, they are able to prepare and guide campaigns that strive to fulfill communities' needs and uphold their rights.

Understanding the needs and strengths of the community and being able to create relationships of trust and intimacy is basic for promotoras/es to be effective in their work. As expressed by Lucy Felix, promotora at Migrant Health Promotion and Texas Latina Advocacy Network activist:

**“... para nosotros (en Migrant Health Promotion) las características que puede tener una promotora, o el modelo de una promotora, son muy importantes. Tiene que ser amigable, respetuosa, tiene que saber escuchar, entender, tiene que ser sabia, poderse ganar la confianza de la gente, atraer a la gente y que la gente se sienta atraída por ella.”**

**“... for us (at Migrant Health Promotion) the characteristics that a promotora can have, or the promotora model, are very important. She has to be friendly, respectful, she has to know how to listen, understand, she has to be wise, to be able to gain the trust of people, to attract people and have people be attracted to her.”**

Public health professionals and researchers have called for the promotor/a model of health education and advocacy to be incorporated into the U.S. health system in ways that make it accessible to more

communities and serve as a strategy to eliminate racial and ethnic health disparities. Others have called for this model to be a considered as a key piece of any health care reform effort in the United States.<sup>5</sup>



# NLIRH'S COLLABORATION WITH MIGRANT HEALTH PROMOTION

As a national organization, NLIRH does not have the privilege of being in the community day to day, and as such, relies on its collaborations with community-based organizations to build its base. In the Rio Grande Valley region in Texas, NLIRH has cultivated a relationship with the Michigan and Texas-based Migrant Health Promotion (MHP), an organization that has been using the promotora model to reach marginalized communities since 1983. *La Voz Latina* was created with support from the Ms Foundation in 2001 to organize Latinas around reproductive health and rights. In February of 2007, NLIRH hosted its Latinas Organizing for Leadership and Advocacy (LOLA) Training in partnership with Migrant Health Promotion's *La Voz Latina*, introducing women in the region to the reproductive justice framework. The training prepared the community for a march, which led to significant wins—

cervical cancer screening became available in all of Hidalgo County's family planning clinics and some planned service cuts were averted.

In September of 2008, aided by the skills learned in the previous LOLA trainings, *La Voz Latina* mobilized community members and began advocating with transportation authorities for transportation to become available in the *colonia* "Luz del Cielo" in Cameron County. Within a month, their mobilization and advocacy efforts resulted in another notable win for their community. Not only did they achieve their initial goal of getting transportation services in their *colonia*, but they were also able to receive these services free of charge for a full year. Having been introduced to the reproductive justice framework, *La Voz Latina* made the link between transportation and access to reproductive and other vital health services and engaged the community at large.



**Establishing strong relationships with trusted institutions in immigrant communities is critical to advancing reproductive justice.**



NLIRH and MHP's successful collaboration continued with NLIRH's community mobilization department providing further capacity building assistance to *La Voz Latina*.

To date, *La Voz Latina* has introduced reproductive justice to other *colonias*, resulting in health policy and program victories for these communities as well.

Promotoras of *La Voz Latina*, a Migrant Health Promotion program, organize marches in the *colonias* in the Rio Grand Valley, Texas, to demand reproductive justice.

# ANNUAL CONFERENCE FOR PROMOTORAS/ES

## RIO GRANDE VALLEY, TEXAS

**N**LIRH and Migrant Health Promotion's partnership led to NLIRH's participation in MHP's 2008 *Conferencia Anual para Promotores/Promotoras* (Annual Conference for Promotores/Promotoras), whose theme was *Liderazgo con Manos, Mente y Corazon* (Leadership with Hands, Mind and Heart). The conference serves as an annual training, conducted entirely in Spanish, for promotores and promotoras in the region. Migrant Health Promotion has been hosting this training for over 12 years, with the main purpose

being to strengthen the promotoras/es' knowledge and develop their skills and leadership as promotoras/es. This conference is attended by up to 80 participants from all over the Rio Grande Valley region, as well as from the cities of Corpus Christi and San Antonio, Texas.

Lucy Felix, director of *La Voz Latina*, spoke to NLIRH about their reasons for inviting the organization to participate in Migrant Health Promotion's Annual Conference:

***“Sabemos que Latina Institute, al introducirse a este tipo de organizaciones, siempre va a haber un cambio [en la comunidad]. Siempre va a haber la diferencia. Siempre vamos a ver que la gente que ustedes capacitan van a aumentar de nivel. Y eso lo estamos viendo en el desempeño que están demostrando las promotoras y, en este caso, las líderes [de las comunidades] también.”***

***“We know that when we partner with an organization like Latina Institute, it's always going to spark a change [in the community]. It's always going to make a difference. We are always going to see that the people that you train are going to the next level. And we see this in how the promotoras and the community leaders do their work.”***

In December 2008, NLIRH introduced the framework of reproductive justice at the The Promotoras/es Annual Conference. These promotores/as work in different areas of health, ranging from children's health to senior health, and some engage in advocacy and others in providing clinical services.

NLIRH delivered five different training modules as part of the annual promotora/es conference. The training supported NLIRH's core strategies of:

- ✿ Increasing the number of Latina reproductive justice advocates and leaders.
- ✿ Expanding Latina community mobilization capacity through training and technical assistance.
- ✿ Expanding policy efforts in pivotal states.
- ✿ Engaging and educating Latino communities through Participatory Action Research (PAR) and training on reproductive health and access issues.

By relying on these core strategies for movement building and policy advocacy, NLIRH looks to facilitate key shifts in: definition, in which community leaders reframe community health issues as matters of reproductive justice; engagement, in which leaders will mobilize other community members and head campaigns; and policy, where policy changes lead to improvements in reproductive health.

The beginnings of these shifts were captured in two survey evaluations done by participants: one immediately following the workshop and another conducted by phone three months later in order to get an updated perspective from participants on what they took away from the training.

Participants overwhelmingly reported that they found the training sessions were presented in a clear, organized manner that made for a successful delivery of information and skills. They also found the trainings' content practical, useful, and interesting for the context of promotor/a work.

NLIRH knows from its ongoing collaboration with *La Voz Latina* that many promotores/as are already aware of the reproductive health care challenges faced by women in the Rio Grande Valley. This training contributed to broadening this awareness by engaging new participants who had previously participated in NLIRH trainings. NLIRH also explained and framed civic participation, pregnancy options counseling, and participatory action research as tools for advancing reproductive justice. Not only did this work to raise awareness of reproductive health issues, but it also increased these leaders' knowledge about tools that can be used to address reproductive health challenges in their communities.

Of those participants who NLIRH was able to interview by phone three months after the training, several responded with examples of the opportunities they had to apply the information and skills acquired through the training to their advocacy work:

***“Cuando veo algo, se a donde ir a buscar ayuda, se que se puede llegar a los representantes y nos van a escuchar.”***

***“When I see something that I know is hurting my community, I know where to get help, I know I can go to my elected representatives and they will listen to us.”***

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**“En una de las colonias no hay luz, y roban mucho, y les pude decir que levanten su voz y a donde dirigirse. Les pude decir que levanten firmas para exigir que les instalen la luz”**

*“In one of the colonias there is no electricity, and there’s lots of theft, and I was able to tell them to raise their voices and where to go. I was able to tell them to collect signatures to demand that they install electricity.”*

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**“Se hacia desde antes, pero ahora van a ir a Austin para verse con un representante, entonces están acumulando firmas. Estamos también hablando con la gente para que llenen las tarjetas ... y hablamos con más seguridad. Hemos juntado mas de 1500 firmas en un mes.”**

*“It has been done before, but now they are going to Austin to speak with representatives, and they are collecting signatures. We are also asking people to fill out postcards, and we speak more confidently. We’ve collected more than 1500 signatures in one month.”*

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**“Estuvimos en Washington abogando por fondos para la educación, la salud y la vivienda. Nos ha ayudado a hacernos la idea de lo fácil que es acercarse a los representantes, y aprender también en la práctica. Hemos podido informar a la comunidad sobre sus derechos. Estamos trabajando con ciertas familias en la comunidad formando coaliciones, y enseñándoles a ir a Washington para conocer a sus representantes y como hacer para que los escuchen. Hay que trabajar de cerca con ellos para resolver los problemas expuestos por las familias de nuestra comunidad—decirles como conseguir entrevistas como pedirle los recursos directamente a los representantes”**

*“We were in Washington advocating for funds for education, health and housing. What has helped us is the idea of how easy it is to approach the representatives and elected officials, and we have learned by doing. We have been able to inform the community about their rights. We are working with certain families in the community, forming coalitions and teaching them to go to Washington to meet their representatives and what to do so that they are heard. We have to work closely with them to resolve the problems exposed by our community—tell them how to get interviews, how to ask for resources directly from their representatives.”*

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**“Estamos haciendo algo ahora mismo, una carta a Obama de la comunidad pidiéndole recursos y material educativo.”**

*“We are doing something right now, a letter to Obama asking for resources and educational materials.”*

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These examples are of individual activities that, although not a direct result of the training, were informed by it and are part of larger efforts to produce the shifts in policy that are necessary to advance reproductive justice. The training represented another piece of NLIRH’s ongoing collaboration with

the promotoras/es of the Rio Grande Valley region. As these activities are carried out, NLIRH will continue to provide analyses, training and materials that will support *La Voz Latina* and other promotores/as in moving the reproductive justice issues that they have identified as key to their communities’ health.

## CHALLENGES & OPPORTUNITIES



In 2008, there were 14.4 million Latinas living in the U.S., with 52% of these being immigrant women.<sup>6</sup> Immigrant women, as a group, bring their own set of strengths and face many challenges in navigating infrastructures like the health care system or public transportation. Promotoras/es and promotoras/es programs serve to bridge a gap between the experiences of immigrant families and the U.S. health care system. As a result, they contribute to ensuring families receive vital services, including reproductive and other primary health care, by reaching traditionally marginalized immigrant communities and engaging them through various efforts, which include advocacy and organizing.

Promotoras/es are continually facing different barriers to accessing services and see these as intrinsically linked and all equally important to addressing the reproductive

oppression faced by their communities. Moreover, a part of a promotor/a’s work is to identify and nurture new leaders within the communities they serve. In effect, the reproductive justice framework, given its core principles of intersectionality and leadership development, has a natural synergy with the principles of promotoras/es and provides an opportunity for advancing the reproductive justice movement.

For reproductive justice organizations, there exists a tremendous opportunity to expand and advance this movement by collaborating with trusted organizations and promotores/as in immigrant communities. NLIRH’s partnership with the promotoras/es has proven to be a successful model for organizing immigrant women around reproductive justice, and we are committed to continuing to work and develop leadership with this community of constituents.

## LESSONS LEARNED

NLIRH's work with promotoras/es reinforces that promotoras/es are a key model for expanding the reproductive justice movement:

- ☀ Promotor/a programs expand our traditional definition of leadership. Promotoras/es are recognized as leaders within their communities, even when they are not recognized as such under narrow, mainstream definitions of leadership. Their position and the trust they have earned in the community provide an opportunity to introduce reproductive justice issues.
- ☀ Because the scope of promotor/as' work already includes building leadership within and empowering community members, Promotor/as programs provide an opportunity to grow the reproductive justice movement, which has these same goals and values.
- ☀ The core principles of promotoras/es' work already fit with the core principles of reproductive justice—promotoras/es on the ground make connections between community issues and address a host of barriers to reproductive health and other health care.

The Annual Conference of Promotoras/es in the Rio Grande Valley, Texas was conducted entirely in Spanish. Moreover, our work in the region has required us to reach out to the communities through traditional forms of technology and communications—word of mouth, phone, and in-person meetings. This requires a resource-heavy but worthy investment by reproductive justice organizations such as NLIRH, but raises a couple of questions:

- ☀ Do reproductive justice organizations have the resources (staff, translators, time, funding) to facilitate the expansion of the movement through promotoras/es?

- ☀ Do funders recognize the resources necessary to expand the movement through promotoras/es? And are they willing to fund such efforts to ensure language parity in materials and trainings?

One thing is certain: a movement as young as the reproductive justice movement requires us to build on communities' strengths to effectively organize and advance our agenda. By turning to promotoras/es programs within immigrant communities, we are doing just that. And it's a movement that promotoras/es tell us resonates with them and the lived realities of their communities. As Lucy Felix, of Migrant Health Promotion, states:

***“En cuanto a la justicia reproductiva, (el modelo de promotoras) engancha muy bien porque la promotora es, sus pensamientos son 100% de aceptar los derechos, de aceptar lo que es justo, lo que realmente quiere la mujer.*”**

***“With respect to reproductive justice, (the promotora model) fits very well because the promotoras are 100% about recognizing women's rights, about accepting what is just, and what a women really wants.”***

NLIRH has produced this report to highlight NLIRH's recent participation in the Annual Conference of Promotoras/es in the Rio Grand Valley, Texas. This report does not include the vast on-the-ground work that so many of our colleagues are doing to advance reproductive justice in immigrant communities. This document provides only a snapshot of the work of promotoras/es, NLIRH's work with Migrant Health Promotion, and highlights the connection between promotoras/es and reproductive justice as an opportunity for movement building and social change.



***“Para nosotros (en Migrant Health Promotion) las características que puede tener una promotora, o el modelo de una promotora, son muy importantes. Tiene que ser amigable, respetuosa, tiene que saber escuchar, entender, tiene que ser sabia, poderse ganar la confianza de la gente, atraer a la gente y que la gente se sienta atraída por ella.”***

***“For us (at Migrant Health Promotion) the characteristics of a promotora, or the promotora model, are very important. She has to be friendly, respectful, she has to know how to listen, understand, she has to be wise, to be able to gain the trust of people, to attract people and have people be attracted to her.”***

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