

Strategies to Improve Cultural Competency

Promotoras and the Semantic Gap Between Latino Community Health Researchers and Latino Communities

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Promotoras are identified as a unique group of community health workers adept at reducing health disparities. This qualitative study was conducted to better understand perceptions of the term *promotora*, broadly used in research but not well documented in everyday Latina vocabulary. Six focus groups to better understand perceptions of the term *promotora* were conducted with 36 Latina women living in three non-metropolitan areas in Illinois. Results suggest that Latina participants in the study do not understand the meaning of “*promotora*” in the same way as it is used in the literature. Latina participants understood “*promotoras*” as referring to people who sell or deliver information, or organize events in the community that are not necessarily related to health events or community health work. Furthermore, they usually understood the term to refer to paid work rather than volunteering. Results underscore the importance of being sensitive to Latinas’ perceptions of community health terminology by assessing their context, needs, and expectations. These findings call researchers’ attention to the need to educate certain Latino communities about the concept of *promotoras*, with implications for the implementation and dissemination of *promotora*-led community health programs, as the semantic discrepancy could affect the recruitment of *promotoras* as well as community participation in the programs they deliver.

Keywords: *promotora; community health; perception assessment; focus groups*

► BACKGROUND

Community health programs sometimes offer assistance in navigating the health care system by leveraging certain members of a community to whom others naturally turn to for information, advice, and overall support (Eng & Young, 1992). These individuals are known by various names, such as community health workers, community health advisors, community outreach workers, lay health workers, health agents, and lay educators (Zuvekas, Nolan, Tumaylle, & Griffin, 1999). A commonly used term in the Latino health literature is

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*promotora*¹ *de salud* (literally translated as *female promoter of health*), often simplified to *promotora* (Arredondo et al., 2013; Ayón, Peña, & Naddy, 2014; de Heer, Balcazar, Castro, & Schulz, 2012).

The use of promotoras in community health programs can lead to improvements in the health of communities and serve as an effective strategy to address health disparities among Latinos in the United States (Ayala, Vaz, Earp, Elder, & Cherrington, 2010). The firsthand knowledge promotoras have about the communities in which they live is an invaluable resource (Sanchez et al., 2014). While a shared language is important, Nelson, Lewy, Dovydaitis, Ricardo, and Kugel (2011) found that other factors such as trust, cultural awareness, and “indigeneity” also contribute to the effectiveness of promotoras. Zuvekas et al. (1999) found that most of their study’s promotoras demonstrated a receptive personality, an ability to listen while being compassionate and respectful, strong communication skills, determination, pragmatism, and rationality. Warm, friendly, and somewhat informal interpersonal relationships are a significant part of Latino culture (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002), and the ability of promotoras to foster these kinds of relationships is vital to making participants feel welcome. Promotoras play a role in facilitating the integration of health-related services and programs with persons in the community, and they represent a low-cost and sustainable delivery model (Arredondo et al., 2013; Centers for Disease Control and Prevention, 2015a).

The *promotora de salud* model and resulting promotoraled programs were initially developed in Mexico to help provide medical care and education to marginalized communities (Freyermuth Enciso, 1993). These prevention programs began gaining attention in the United States in the mid-1960s and saw an especially large upsurge in interest in the 1990s in an attempt to reduce health disparities among Latinos (Pérez & Martinez, 2008; Warrick, Wood, Meister, & de Zapien, 1992). Since then, many community health programs have been designed or modified to adopt the *promotora* model to encourage Latino participation (Elder, Ayala, Parra-Medina, & Talavera, 2009). Health promotion is an especially important public health challenge among this largest and fastest growing U.S. minority population (Centers for Disease Control and Prevention, 2015b), where roadblocks to health literacy include education, language, socioeconomic status, documentation, and cultural tradition (National Council of La Raza, 2014). As a result of these challenges, Latinos of all ages, including children, present increased vulnerability for chronic diseases and conditions, such as obesity and diabetes (National Council of La Raza, 2014).

Many *promotora*-led programs and initiatives have documented their contribution to community health and are well recognized (Albarran, Heilemann, & Koniak-Griffin, 2014; Arredondo et al., 2013; Ayala et al., 2014; Balcazar et al., 2006; de Heer et al., 2015; Dudley et al., 2012; Kaiser et al., 2015; Koniak-Griffin et al., 2015; Parra-Medina, Morales-Campos, Mojica, & Ramirez, 2014). *Promotora*-led programs have focused on well-being and health promotion, and chronic disease prevention and management, particularly for diabetes (Ayón et al., 2014; de Heer et al., 2012; Dudley et al., 2012; Kaiser et al., 2015; Koniak-Griffin et al., 2015; Larkey et al., 2012; Parra-Medina et al., 2014; Rothschild et al., 2012; Schwingel et al., 2015; Shepherd-Banigan et al., 2014; Tran, Ornelas, Kim, et al., 2014). Most of the work promotoras perform falls into the interrelated categories of health, education, and family well-being, and they have served various roles in these programs, including conducting educational sessions, home visits, self-management training, and health coaching, among others.

This article describes current program development efforts for the *Abriendo Caminos-Promotora* project. *Abriendo Caminos*, or “Clearing the Path for Strong and Healthy Families,” was conceived in 2010 when it was offered at the University of Illinois at Urbana–Champaign as a nutrition education program for Spanish-speaking families. The 6-week long program includes nutrition education and cooking activities that focus on preparing healthier versions of traditional Mexican foods (Hammons, Wiley, Teran-Garcia, & Fiese, 2013). The program has already produced interesting findings, especially regarding the importance of engaging participants’ community contexts and lifestyles in a sustainable and culturally sensitive model. The next step is to design translational strategies so that the program may be implemented and disseminated among Latinos living in nonmetropolitan Illinois and outside of the university context. This developmental effort places a strong emphasis on program sustainability and cultural relevance, which are the strengths of the *promotora* model, and on the reasons for adopting it at this stage.

Abriendo Caminos-Promotora uses the community-based participatory research (CBPR) framework to engage community members (e.g., promotoras) in partnership with university researchers, encouraging promotoras and researchers alike to contribute expertise and share decision making. Faridi, Grunbaum, Gray, Franks, and Simoes (2007) describe CBPR as a method of using community engagement to increase the knowledge base of public health interventions. CBPR has been applied in underserved communities, with the understanding that collaboration is a key strategy in effectively

reducing health disparities among these populations (Christopher, Watts, McCormick, & Young, 2008).

The *Abriendo Caminos-Promotora* project aims to recruit, train, and support community volunteers to educate Latino families about health lifestyles, with the long-term objective of decreasing obesity and related health problems. During the process of recruiting volunteers to serve as promotoras and improve program sustainability and relevance, researchers have begun to explore what the term promotoras means to Latinas living in our community. In addition to recruiting and training promotoras, making sure that researchers and participants are in agreement regarding the role of these promotoras is an important step in ensuring program effectiveness. The objective of this study was to use focus groups to examine perceptions of the term promotora within Latina communities.

► METHOD

Study Sites

The three nonmetropolitan study sites in Illinois were Beardstown, Sterling, and Rantoul. These communities have a notably higher percentage of Latinos than the surrounding areas. The recent rise in the Latino population in Beardstown is due in large part to the 1987 reopening of a hog meatpacking plant and the town's subsequent recruitment of plant workers from Mexico. Likewise, Sterling attracts Latinos to work for its multiple manufacturing companies. And in Rantoul, many of the Latino residents are migrant farmers who settled permanently in the community. The Latino population in Beardstown, Sterling, and Rantoul is 33%, 24%, and 10%, respectively (U.S. Census Bureau, 2010, 2012). Most Latino residents of the three study sites work an average of 33.5 (31-36) hours a week, and 71% to 88% of Latino families earn an annual household income of more than \$15,000. Latinos living in the three sites are young, with a mean age of 25 years. Across sites, between 15% and 20% of Latinos are first-generation immigrants, most of who are from Mexico. They have spent an average of 22 (10-30) years in the United States. More than half (56% to 85%) speak English not at all or not well, and 57% to 83% have a high school education or less. The average number of children per woman across the sites is 2.2, and 28% to 41% of Latinos in these areas are married or living with a significant other.

Participants

Thirty-six adult women who self-identified as Latina and who resided in one of three nonmetropolitan communities in Illinois (Sterling, Beardstown, and Rantoul)

participated in this study. Local organizations (e.g., University of Illinois Extension offices, Multicultural Centers) serving Latinos in the three sites recruited participants for the focus groups through flyers, announcements at meetings, and personal connections. Eligible participants demonstrated an interest in discussing their perspectives on Latino culture and community programs. The recruitment process did not discriminate between those who had and those who had not served as promotoras previously.

Focus Groups

Over the course of 2015, two trained investigators conducted six focus groups in Spanish at local community centers, schools, or church halls. The meetings were audio-recorded and lasted an average of 70 minutes. A total of 36 Latinas participated in the study, and each focus group consisted of between three and eight participants. The participants were not paid, but refreshments were provided during the focus groups. To elicit participants' perspectives on and experiences with the concept of promotoras, we posed a series of open-ended interview questions concerning the conceptualization of the term, motives for becoming a promotora, first impressions of the promotora experience, challenges of becoming a promotora, and promotora best practices (Table 1). The interview questions were developed based on literature in the health field on volunteerism among U.S. minorities. Initially, only literature that focused on Latino-promotoras was consulted, but the literature review soon expanded to include studies on volunteerism in other minority groups. Focus group participants were not able to answer most of the questions about promotoras—especially those related to challenges of becoming a promotora, first impressions of the promotora experience, and promotora best practices—and were instead asked about the broader context of volunteerism. The Institutional Review Board at the University of Illinois at Urbana-Champaign approved the study. A statement of informed consent was obtained from all participants before data collection.

Data Analysis

Three Spanish-speaking investigators, including one of the focus group investigators, transcribed all of the focus group interviews, checked them for accuracy, and analyzed them using thematic analysis (Braun & Clarke, 2006). Coding and data analysis were conducted in Spanish. Initially, each researcher separately coded and analyzed the data using Nvivo10 Software to look for themes. Subsequently, the team compared codes for agreement, retaining only those themes that

TABLE 1
Focus Group Interview Questions About Promotoras

Promotora: General perceptions	What does promotora mean to you? What is working as promotora like? What does the word promotora mean to you? What does the term promotora de salud mean to you? Have you ever met a promotora, and if so, how was it? Have you ever acted as a promotora, and if so, what was it like? What else do you know about promotoras?
Role	What types of activities does a promotora engage in? What role does a promotora play in the community?
Motives	What incentives do you think are important to recruit promotoras? What do you think is most gratifying about being a promotora? <i>Follow-up areas:</i> opportunity for acquiring better jobs, personal growth and self-esteem, role model for the community, altruism, networking and social support, and helping the community.
First impressions	How did your interest in working as promotora start? Have you worked as a promotora in your country of origin?
Challenges and best practices	What is the most difficult about being a promotora? What type of support do you think a promotora needs to work well? If you could improve the work of promotoras, what would you do? How do you feel about training, certification, and online or distance learning?

the majority of investigators coded and that the entire team unanimously agreed on after extensive discussion. The final themes represented the perspectives of the majority of participants. When discrepancies arose, the team discussed each case, using them as an opportunity to further refine each theme. A team of bicultural native Spanish and English speakers then translated the quotations (listed below) through a translation/back-translation process to ensure semantic equivalence across languages (Behling & Law, 2000; Santo, Ribeiro-Ferreira, Alves, Epstein, & Novaes, 2015). This team reviewed each quotation for conceptual and normative equivalence (adapting and dropping items as needed to address cultural fit and social norms).

► RESULTS

Participants ranged from 19 to 64 years of age, with a mean age of 39.6 years. Most women were first-generation immigrants, born in Mexico (75%), who had arrived in the United States during their adulthood ($M = 23.1$ years old). 83% to 89% spoke or read only Spanish or Spanish better than English, and the average amount of schooling was 8.7 years. Many women (51%) reported household incomes lower than \$15,000 a year.

Three themes emerged from the coded transcripts. Findings from the interviews revealed an overall lack of familiarity with the community health meaning of the term *promotora* or *promotora de salud* among Latinas living in the nonmetropolitan study sites in Illinois. As a result of Latinas' dearth of experience

with (or as) *promotoras de salud*, the narratives suggest that participants perceive *promotora* as referring to someone who engages in the act of selling a product, disseminating information, or organizing events in the community, as opposed to a person who works in collaboration with the community and attends to its health needs. Second, surprisingly, participants did not associate the term with health or community health work. Finally, generally speaking, the term *promotora* was also linked with paid work rather than volunteering. This information is particularly important for recruiting and retaining *promotoras* in community health programs.

Unfamiliar Concept

When Latinas were asked to define and talk about the work of *promotoras* or *promotoras de salud*, they expressed an overall lack of familiarity with the term. The quotations below demonstrate that most participants were unsure, confused, or had nothing to say:

Well, I do not know if I am correct, but [promotora] is a person who guides you in what you are doing . . . [pause] . . . or is it something different? . . . For example, I participate in the [church] choir where there is a person who guides us to learn and sing in the choir . . . [pause] . . . no, she is a guide, not a promotora. . . . Perhaps promotora is a different person . . . maybe I am just confused. (Participant M, Focus Group 2)

[When being asked directly to explain what *promotora* means] I pass to another person to answer [participant does not know what to answer]. (Participant F, Focus Group 3)

The inability to respond coherently indicates a lack of familiarity with the term *promotora*. When asked if they had ever heard the word *promotora* (*de salud*) before, or had ever met a *promotora* or acted as one themselves, most participants were silent or had no recollection of any experience with or as a *promotora*. One participant said,

No . . . [pause] . . . I have heard about it [*promotora*], but I do not remember what it is. (Participant J, Focus Group 5)

In the interview narratives, many Latinas were hesitant to call themselves *promotoras* because of the word's perception as a term that might not be understood by community members, or that might be understood negatively as referring to unwanted salespersons.

Because there are not many people [in the community] familiar with that word [*promotora*] . . . I would spend more time explaining what *promotora* is, than in the message that am supposed to give them [community members]. (Participant R, Focus Group 6)

They [community members] are going to think or tell me, "What does she want to sell us?" . . . As in Mexico, [the word *promotora*] is used for someone who sells something. . . . Other may say or think, "Does she want to sell me books, recipes?" (Participant M, Focus Group 1)

Not Specific to Health

When prompted to say more about what they knew about *promotoras*, participants expressed a very broad understanding of the term. Latina participants in the focus groups described a *promotora* as one who engages in the act of selling a product, distributing information, or organizing events in the community, rather than one who works in collaboration with the community in health promotion initiatives. Although much of the work of *promotoras* does involve coordinating events, and informing and persuading the community to join them, participants' understanding of the term was ultimately much broader than the prevailing understanding in the scholarly literature on Latino health, for they did

not associate the term specifically with health events or community health work.

[A *promotora* is] a person that organizes events . . . she is in charge of organizing or promoting an event. (Participant R, Focus Group 3)

[A *promotora* is] who brings information to the communities. (Participant F, Focus Group 3)

I understand that *promotora* is promoting something in a community . . . or doing something that is useful for the community. (Participant R, Focus Group 4)

A *promotora* offers something to someone and convince him/her that this is good. (Participant P, Focus Group 1)

Associated With Paid Work

Along with the lack of familiarity with, and broad definition of, *promotora*, an additional theme the narratives revealed was the association of the term with financial compensation. Participants viewed *promotoras* as people who performed paid work rather than volunteer work. They often perceived the payment, however, as marginal and as not fulfilling the financial expectations of a full-time job. The quotations below indicate the association of *promotora* with paid work.

As far as I know, they [*promotoras*] are paid. (Participant R, Focus Group 2)

As *promotora* you cannot get a salary as you can have in an office, but there is some reward for what you are doing. It is low [money] in relation to other jobs. It is not a great pay (Participant A, Focus Group 4).

► DISCUSSION

This qualitative study describes Latina perceptions of the term *promotora* in three nonmetropolitan areas in Illinois. To the best of our knowledge, no other Latino health studies have documented issues with using the term *promotora* in Latino communities, nor have they assessed Latina perceptions of the term. The results reveal an overall lack of familiarity with the term *promotora* or *promotora de salud* among the Latinas who participated in the focus groups, indicating that they do not understand the term the same way that researchers do.

The term *promotora* is commonly used by researchers to denote a "community health worker" (e.g., Albarran

et al., 2014; Ayala et al., 2014; de Heer et al., 2015; Johnson, Sharkey, Dean, St John, & Castillo, 2013; Koniak-Griffin et al., 2015; Koskan, Hilfinger Messias, et al., 2013; Parra-Medina et al., 2014; Sanchez et al., 2014) or “lay health advisor” (e.g., Balcazar et al., 2006; Hovey, Hurtado, & Seligman, 2014; Larkey et al., 2012) in interventions and studies conducted in Latino populations. Although promotoras have served various roles, including educator, connector to health services, natural helper, participant recruiter, cultural broker, provider of social support, friend, social advocate, and problem solver (Carter-Pokras et al., 2011; Koskan, Friedman, Hilfinger Messias, Brandt, & Walsemann, 2013), they generally are involved in activities that help promote the health and well-being of the communities in which they live (Arredondo et al., 2013; de Heer et al., 2015; Koskan, Friedman, et al., 2013; Tran, Ornelas, Perez, et al., 2014). However, in our study, most participants were not familiar with the term promotora when used in the context of health education or community health. Rather, they associated the term with a person promoting or selling something, without specifying a particular area of sales. Participants in the focus groups also linked the term promotora to paid work, most likely due to the fact that participants perceived promotoras as salespersons involved in for-profit activities.

Our findings were unexpected given the denotation and frequency of use of the term promotora in health-related studies of Latino populations. Based on the responses we obtained from the focus groups, we recognize that successful implementation of the *Abriendo Caminos-Promotora* project will require us to work with these communities to broaden their perception of the term or to identify other terminology that more clearly denotes a community health worker role. Since participants did at least demonstrate a familiarity with event coordinator duties, it may be prudent for future studies to explore whether building on this existing knowledge could be beneficial in educating Latino communities about the health roles of promotoras, or if all prior associations should be discouraged due to the negative connotations sales persons or event organizers may have in a certain community.

Latina participants in the focus groups associated their understanding of the term promotora with paid work. Although this may sound like a minimally significant finding since this association did not refer to promotoras in the context of community health work, payment could be considered an important incentive for Latinos, a U.S. population that shares the highest poverty rates (Pew Research Center, 2012). Understanding payment expectations among Latino communities is particularly important for determining

forms of compensation and incentive that are effective at recruiting and retaining promotoras, as well as for implementing and sustaining an affordable community health program. Little has been published in the Latino health literature about promotora stipends or incentives; several research articles simply omit this information (e.g., Albarran et al., 2014; Ayala et al., 2014; Ayón et al., 2014; Balcazar et al., 2006; Hovey et al., 2014; Johnson et al., 2013; Kaiser et al., 2015; Koniak-Griffin et al., 2015; Larkey et al., 2012; Rothschild et al., 2012; Shepherd-Banigan et al., 2014; Tran, Ornelas, Kim, et al., 2014; Tran, Ornelas, Perez, et al., 2014). Similar to our approach in *Abriendo-Caminos-Promotora*, other programs that do not provide promotoras with a stipend or monetary incentives at least compensate them by providing other forms of tangible support, such as transportation, reimbursement for gas, and child care, among other types of nonmonetary incentives. There are, however, many examples of programs that do use monetary incentives to compensate promotoras (Arredondo et al., 2013; de Heer et al., 2015; Sanchez et al., 2014). Cherrington et al. (2010) published on the reimbursement statuses of promotora services, which ranged from paid staff to unpaid volunteers. The authors observed high dropout rates among several of the volunteer programs and argue that funding is needed to support the infrastructure and administration in both cases (paid and unpaid programs). Koskan, Hilfinger Messias, et al. (2013) discuss barriers to program sustainability, arguing that more funding is crucial for paying promotoras fair salaries or stipends and maintaining other essential program components.

Despite the fact that a sustainable funding stream for promotoras is imperative to supporting the participation of promotoras in high-quality community health work, it may not be realistically achievable in the near future considering the current economical and political situation of the United States. In some countries, community health workers are an integral part of health care systems and paid for their many roles that are essential to promoting healthy communities (Pallas et al., 2013; Rosenthal et al., 2010). While the U.S. health care system devotes more attention to prevention—a focus that could potentially evolve in a sustainable, monetary-compensation promotora model—methods of attracting volunteer promotoras to serve the community for free need to be considered. It is worth noting that in some U.S. States promotoras carry an official recognition that includes certification and ongoing education. For instance, in Texas, the Department of State Health Services requires promotoras to undergo a free-of-charge certification process. The process includes completing a 160-hour training program certified by Department of

State Health Services (Texas Department of State Health Services, 2015). An alternative to the training program is to accumulate at least 1,000 hours of promotora service within the most recent 6 years. In addition, certified promotoras are required to participate in 20 hours of ongoing education every 2 years. Another example is the Washington State Department of Health, which offers a free 30-hour core curriculum training series, spread out over 8 weeks, presented in a combination of online and in-person training sessions designed to strengthen the common skills, knowledge, and abilities of community health workers, which include Latina promotoras (Office of Healthy Communities & Washington State Department of Health, 2015).

Although this study offers new insights about non-metropolitan Latino perceptions of the term promotora, there are some limitations worth noting that point to directions for future research on the impact of geographic location and place of origin. This study was conducted with a relatively small group of Latinas living in three nonmetropolitan Latino communities in Illinois, so caution is warranted when generalizing our outcomes to other U.S. Latino communities. This limitation, however, does not detract from the strength of the finding that Latinas living in three nonmetropolitan Illinois communities with growing Latino populations do not understand the term promotora in the same way that Latino community health researchers do.

Lucio et al. (2012) point out that the term promotora is widely used by Latinos along the United States–Mexico border. Location, therefore, could be one explanation for why our study found a lack of familiarity with the term. The study participants lived in nonmetropolitan Illinois, which is an underserved area where Latinos are less exposed to traditional promotora-led programs and have overall fewer opportunities to participate in community health promotion programs. In addition, most promotora-led programs conducted in Illinois—such as “Health for Your Heart” (Balcazar et al., 2006), a multisite heart and healthy behavior program—have been offered only to Chicago Latinos. Given that Latinos in rural communities are likely to have few opportunities for health promotion services, it is important to understand how to optimize community-based programming with promotoras in rural areas (Raffaelli & Wiley, 2012). Refining the understanding of such discrepancies between rural and urban Latino perspectives on community health work is thus a fruitful endeavor for future research.

In addition to further investigations into the importance of U.S. regional demographics on Latino perceptions of community health work, our study indicates a need to address the influence of place of origin on the

mind-set and lifestyle of Latino immigrants. Although most community health programs in the United States target Mexicans—the largest demographic group of U.S. Latinos—they do not often include data on place of origin. Salinas et al. (2015) published an article on the importance of considering region of origin when studying the effect of immigration on Mexican American health. In Mexico, different governmental health initiatives have historically relied on promotoras de salud to reach remote areas and marginalized populations (Lopez-Acevedo & Webb, 2006). One may hypothesize that Latino immigrants coming from rural, remote, or marginalized areas in Mexico will be more likely to have experience or familiarity with the term promotoras as referring to local residents who deliver health services or health-related education. The majority of Latinas participating in our focus groups came from Mexico, but unfortunately, we did not collect data on place of origin. This is a promising hypothesis for future studies to explore.

Beyond such geographic considerations and limitations, we contend that the most significant contribution of this study is its demonstration of the effectiveness of and need for using a CBPR framework to evaluate and enhance community health work among Latino populations. CBPR is an especially powerful tool for addressing and correcting issues that result from semantic gaps between researchers and study participants, such as discrepancies regarding perceptions of the terminology and function of promotoras. Findings from this study underscore the heterogeneity of the Latino population and call attention to the need to engage Latino communities in the development of community health programs directed toward them, preferably by seeking feedback over the course of program implementation and using terminology that participants can relate to and understand. The use of the CBPR framework can be especially beneficial for community health programs targeted at reducing health disparities of Latinos (Christopher et al., 2008). Cristancho, Garces, Peters, and Mueller (2008) describe a study they conducted in which a CBPR approach was used to facilitate the ability to reach and study a group of rural, Hispanic immigrants. They surmised that building research credibility might be especially important among immigrants, and were able to achieve this goal through the use of CBPR (Christopher et al., 2008). Larkey, Gonzalez, Mar, and Glantz (2009) describe their experience with applying the CBPR framework, in which promotoras actively participate in the development of the promotora curriculum and training, the creation of bilingual resource guides, and the identification of community partners for program implementation and recruitment. The

authors attribute the success of the program to the trust, leadership, and communication skills of the promotoras, placing them at the top of a cascade of community recruitment and education.

While acknowledging that any one term can carry a variety of culturally, ethnically, and historically specific meanings, Latino health researchers should still assess different Latino communities' familiarity with the term promotora. Findings from this study shed light on the need to educate certain Latino communities about the concept of promotoras in order to ensure that health researchers are culturally sensitive to their study participants, and that participants fully understand the kind of research to which they are consenting as well as the roles of those involved in the research. Performing this kind of community education can also help facilitate promotora recruitment by overcoming the semantic discrepancy over the term, which could otherwise discourage community members from becoming promotoras due to the term's negative connotations in its colloquial usage. Overall, correcting misunderstandings of the term promotora has the potential to increase participant–promotora–researcher cooperation, and thereby improve the implementation, dissemination, and effectiveness of Latino health interventions.

Considering the critical role of promotoras in addressing health disparities, standardizing promotora recruitment, training, and retention procedures across the nation—as is already done in some states like Texas and Washington—could prove quite helpful. Encouraging the recruitment of these health workers throughout national health programs targeting Latino communities, especially underserved ones, not only will help educate the general U.S. Latino population on key health terminology and avoid semantic gaps like those identified in this study but also could potentially increase Latinas' interest in serving as promotoras, improve the quality of promotora work, and more fully engage Latinos in community health programs to address their many health issues. In addition, more community health researchers targeting Latinos, like those conducting *Abriendo Caminos-Promotora*, could be informed about the benefits of adopting a promotora model to increase their programs' cultural relevance and sustainability. To succeed in reducing Latino health disparities, health programs seeking to prioritize the lifestyles and interests of Latino populations they target should practice cultural sensitivity and open communication between researchers and the community, as both are experts in their own way. In addition, we believe that the current economical and political reality of health care provision for underserved minorities in the United States will require an ongoing partnership between compensated health care

workers and unpaid volunteers. In our ongoing work on the *Abriendo Caminos-Promotora* project, we are committed to continuing to investigate factors that facilitate the effectiveness of such partnerships. Our team is currently using findings from this study to develop culturally sensitive strategies to communicate with Latino communities unfamiliar with the many health roles of promotoras.

NOTE

1. We used the feminine form (*promotora*) due to the predominantly female population of Hispanic-serving community health workers; however, it does not exclude males.

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