Wisconsin Promising Practices Program

Proyecto Salud

Program Summary

March 2010

WISCONSIN PROMISING PRACTICES

PROGRAM SUMMARY

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Preface

Wisconsin Promising Practices Program

***Program Background*.** The Wisconsin Promising Practices (WPP) program is one component of the What Works: Reducing Health Disparities in Wisconsin Communities project. "What Works" is a three-year, collaborative project between the Wisconsin Division of Public Health, Minority Health Program and the University of Wisconsin Population Health Institute, funded by the Wisconsin Partnership Program. The overarching goal of the What Works project is to identify and disseminate both evidence-based practices from the research literature and promising practices being implemented in Wisconsin communities that have the potential to improve minority health and reduce racial and ethnic health disparities in our state. This Program Summary provides documentation of a promising Wisconsin program.

***Conceptual Framework*.** We have defined as "**promising**," a practice, intervention or program that:

1. Focuses on improving health in a racial or ethnic minority population;
2. Produces at least one positive outcome that can be demonstrated with systematically collected quantitative and/or qualitative data;
3. Is based to some degree on proven practices from the research literature and/or the experience of community practitioners and leaders; and
4. Is well suited to its context in terms of language, belief systems and other cultural factors.

A promising practice, by our definition, may be an adaptation of an evidence-based practice to a setting or population that differs from the one in which it was originally developed, or a practice which is developed "from the ground up" to fit a particular context.

As shown below, the WPP program distinguishes promising practices from both evidence-based practices and best practices in several ways. The expectations of a program's ability to demonstrate its effectiveness in a scientifically sound manner are less rigorous for promising practices than for evidence-based or best practices, and promising practices do not need to demonstrate that they are replicable in multiple settings. Nonetheless, documenting and sharing information about promising local strategies is an important step in building the evidence base for effective public health interventions.

Wisconsin Promising Practices Program
Conceptual Framework for Evidence Categories

EVIDENCE-BASED PRACTICES (EBP)	BEST PRACTICES	PROMISING PRACTICES
Criteria for Evidence of Effectiveness		
Effectiveness has been confirmed by systematic research or expert consensus. EBP models tend to regard the results of systematic reviews of controlled experimental studies as the highest level of evidence.	Similar evidence requirements as for EBPs, but may rely more heavily on expert consensus rather than reviews of controlled experimental studies than do some EBP models.	Produces at least one positive outcome that can be demonstrated with systematically collected quantitative and/or qualitative data.
Expert review of effectiveness required		
Yes	Yes	No
Proven to be replicable in multiple settings		
Yes	Yes	No
Suitability to a particular context		
Not a consideration	Not a consideration	Highly valued

Program Summary Contents. The information included in this Program Summary is intended to provide a broad understanding of how the program has been planned, implemented and evaluated to date. Included in each Program Summary is information about the theoretical and other frameworks which inform the program's design, a detailed description of how the program has been implemented, an overview of the resources invested in the program, and a discussion of program evaluation methods and key outcomes. The WPP program also recognizes that understanding the local context in which an intervention has been implemented is critical to making an informed decision about whether it might be appropriate for another community or setting. Therefore, each Program Summary also includes reflections by program staff members on the political, organizational and other contextual factors that have contributed to the program's success.

Purpose of the Program Summaries. A major objective of the Wisconsin Promising Practices program is to recognize community voices and provide them a systematic means for sharing stories about their own experiences with successful interventions. We hope that by providing a forum for community-based organizations to document and share their promising practices, others might learn from them and consider whether aspects of these programs may be appropriate to implement in their own communities. However, publication of these Program Summaries does not constitute an endorsement by the Wisconsin Division of Public Health, the University of Wisconsin Population Health Institute or the Wisconsin Partnership Fund of any programs or practices described herein.

For more information about the Wisconsin Promising Practices program or the What Works project, please visit our website at
http://dhs.wisconsin.gov/health/MinorityHealth/prompractices/index.htm

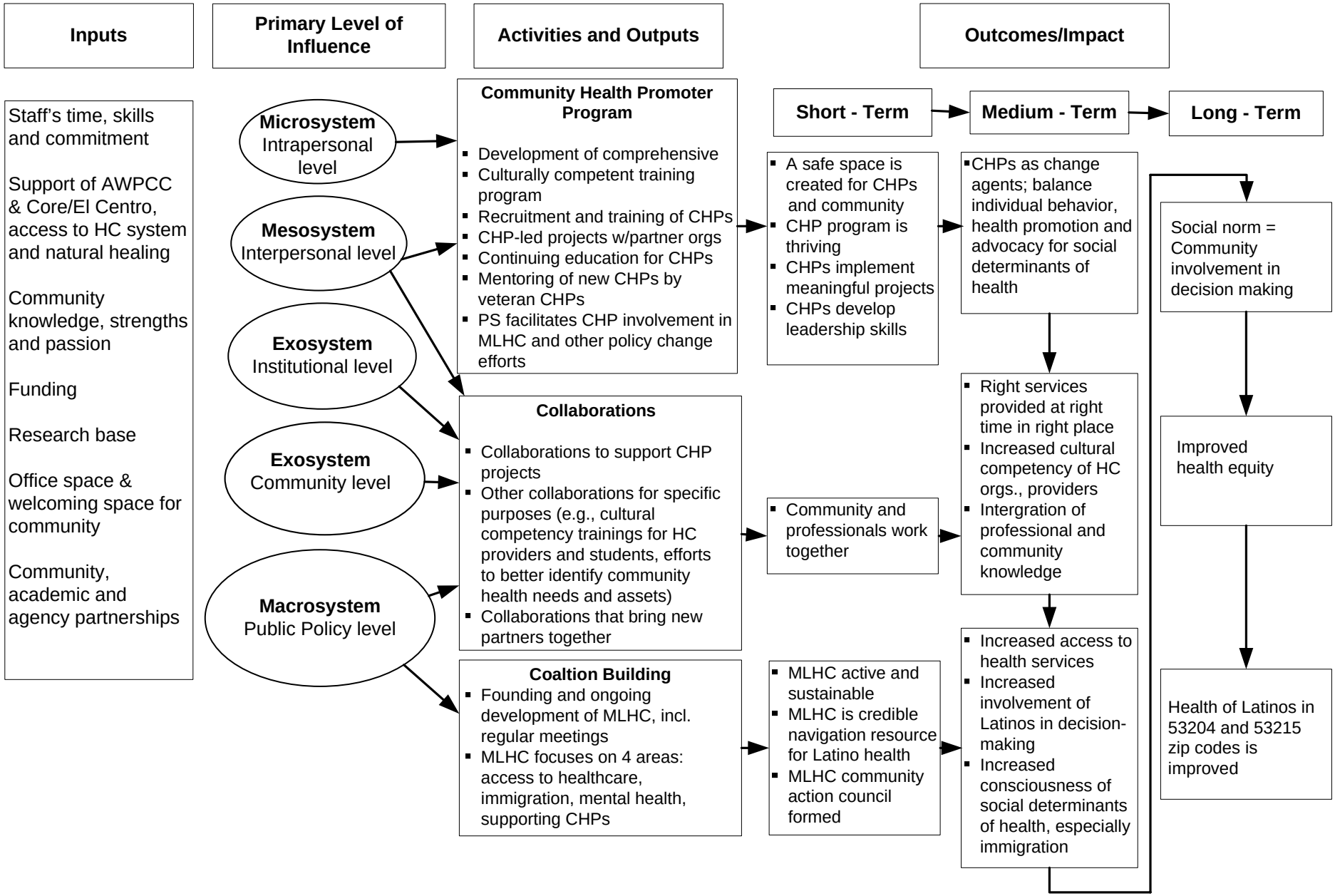
Executive Summary

Proyecto Salud is a collaborative project of CORE/El Centro and Aurora Walker's Point Community Clinic (AWPCC). Proyecto Salud was founded in October 2006 because of the recognized needs and challenges facing the Milwaukee Latino community: limited access to healthcare because of legal status, an inconsistent and complicated healthcare system, barriers due to language and cultural differences, changes to federal and local insurance programs and a socioeconomic status which often forces them to prioritize work over health.

The mission of Proyecto Salud is to create avenues for social change and foster a community that embraces mental and physical health as a primary goal. Fundamental to the project are its ecological framework, which emphasizes efforts to effect change on multiple levels, and its focus on prevention and wellness. The project's activities focus on community-focused grassroots leadership development, collaborations and coalition building. Each area of activity is a critical component that, combined with the others, creates an effective ecological model. The project's primary accomplishments to date include 1) developing and implementing a culturally competent community health promoters (CHP) program; 2) collaborations with Latino and non-Latino organizations to increase community preventive health education, access to care, and work towards policy change; and 3) founding of the Milwaukee Latino Health Coalition (MLHC), a group of 40+ agencies whose focus is to support the health promoters, improve access to physical and mental healthcare, and target immigration as a health issue.

Proyecto Salud evaluates each component of its model. Evaluation of the community health promoter component is focused on assessing leadership development and the impacts of health promoter-led activities. Evaluation of collaborations is focused on assessing the strength and quality of collaborations with its highest level partners. Evaluation of Milwaukee Latino Health Coalition activities focus on documenting participation in meetings and activities and measuring knowledge gained through public forums and other educational efforts.

Proyecto Salud Logic Model



Assumptions: Health is a human right. Immigration is a health issue. To increase quality of life, systemic social change is necessary. The community has strengths, assets and knowledge. A healthy body can only exist in a healthy community.

External factors impacting many Latinos: Limited resources, racism, discrimination, limited access to health services because of socio-economic and /or immigration status.

Description of the Intervention

Organizational Context. Proyecto Salud is a collaborative effort of two distinct but complementary agencies. CORE/El Centro is a non-profit, natural healing center that provides personalized and global healing through the integration of body, mind and spirit. Aurora Walker's Point Community Clinic (AWPCC) is a medical clinic, providing access to health care for uninsured patients and those who are underserved by the existing health care network in the greater Milwaukee area. Both are located in a primarily Latino, Spanish-speaking neighborhood on Milwaukee's near south side. The combination of holistic, spiritual healing from CORE/El Centro and the medical approach of AWPCC give the project a *truly* holistic perspective on health.

Target population. The Milwaukee Department of City Development census documents[1] that 37% of Latinos in Wisconsin live in the city of Milwaukee. Approximately 67% (23,916) of the 35,525 individuals that reside within one mile of the project location (6th St. and National Ave.) are Latinos. The median household income in this zip code is $23,630, approximately 34% live below the poverty level, over 56% have not graduated high school, and 14% are unemployed. Many of the Latinos served by CORE/El Centro and AWPCC are first or second generation immigrants, which greatly influences their health outcomes and ability to maintain health.

Based on client reports, the prominent health issues facing this community include diabetes, depression and anxiety. Clients have reported feeling isolated and uninformed, reducing their ability or motivation to access services and/or change personal behavior. Many in the community live in fear of immigration laws and do not feel a sense of belonging in the city, though they may have strong ties with family members and close neighbors. Social factors that affect health include acculturation challenges, poor working conditions, lack of insurance coverage, and lack of comprehensive health information in Spanish, all of which exacerbate limited access to a complex health care system. Health insurance coverage rates for Hispanic/Latinos are lower than for any other racial or ethnic group in the state.[2] As part of a community health assessment conducted by the City of Milwaukee Health Department, Proyecto Salud and CORE/El Centro hosted the city health department's first ever Latino focus group in 2008. The focus group provides additional information about challenges Latinos in Milwaukee face. Thirty individuals participated and identified five major concerns related to their health and/or quality of life. These included access to care, (specifically language issues), documentation problems, lack of resources/money, sexually transmitted diseases/teen pregnancy, stress related to housing issues.

Community-based efforts to identify health needs and priorities are particularly important for the Latino community, as government-led research projects may not accurately assess the health status of the community. Because of the fear of deportation, incarceration, and separation from family members, residents may be uncomfortable reporting on the health of their entire household if members are not U.S. citizens or do not have documentation to work in the US.

Not only is this problematic in terms of the mental well-being of those residents, but underreporting can lead to a lack of resources in areas that may need them the most. Collaborative efforts to illuminate the needs of the Latino community are an important first step in making change at the structural level, which is clearly needed based on the concerns focus group members reported.

While many individuals in our community face considerable challenges, several aspects of Latino cultures may buffer some of the effects of stress and negative environmental influences they experience. A strong sense of family and community is an important aspect of Latino cultures. Also, Latino cultures often support the notion of health as a community issue rather than a strictly individualized concern. Finally, while the Latino community of Milwaukee is very diverse, food, eating and cooking at home are important to many Latinos. This creates a good starting point for the development of healthy habits; however, many community members who have emigrated from other countries struggle with access to fresh fruits and vegetables. A social change model is needed to create an environment that supports the already healthy habits of Latino families but recognizes the systemic oppression many experience.

Program Framework and Rationale. The underlying framework for Proyecto Salud's work is grounded in a number of psycho-social, medical anthropology, public health and community organizing theories, concepts and models. The application of these to Proyecto Salud's activities is discussed in later sections of this document.

In addition to these theories and models, Proyecto Salud emphasizes cultural dialogue to increase awareness, action supported by community participation, grounding of education in lived experiences, and heightening people's consciousness to transform their own and their community's reality to shift the practice of *power over* to *power with* and *power within.* The project addresses health holistically, taking into account mental health, physical health, spiritual influences and practices, personal behavior, neighborhood contexts, immigrant concerns, and other systemic and institutional factors that influence the choice of healthy behaviors and the environment in which people make these choices.

Finally, Proyecto Salud is guided by a set of core organizational values:

- Health is a human right.
- All humans have a right to culturally competent, holistic healthcare regardless of citizenship status, race, ethnicity, economic status or any other factors.
- Social change benefits everyone: Health is an interconnected experience. For example, by decreasing violence in neighborhoods, a non-violent city is created.
- Bi-directional dialogue is necessary: For grassroots systemic change, education needs to occur between community and professional groups through mutually respectful dialogue.
- Praxis: Without *informed* action, true social change cannot occur. Bi-directional dialogue is only the first step to foster understanding; this needs to be translated into informed action based on the respect created through dialogue.

Program Implementation

Proyecto Salud has three areas of focus, all of which are necessary for social change, but none of which alone is sufficient to create the systemic transformation required to improve the health of the community.

Community Health Promoters--Implementation

"AHEC has an interest in Proyecto Salud's community health promoters and mentoring. It is the most cost effective and culturally competent way to deliver health services."
–Center director, Milwaukee Area Health Education Center

"Proyecto Salud's health promoters program will really have a ripple effect in our community to strengthen family structures, improving the health of our community and the lives of the people in our community. I think it's just a really important program."
-Assistant Nursing Director, West Allis Health Department

Community health promoters (CHPs) are members of the local Latino community who participate in a formal training program designed and organized by Proyecto Salud and are dedicated to initiating health-related projects that will benefit the Latino community. The health promoter model has been used successfully in many countries in Latin America, Central America, Africa and Asia, as well as in the United States. A growing body of research supports the role of health promoters to strengthen community networks, provide education and resources and advance access to care.[3]

Our methodology is designed to improve community health by building leadership for health advocacy in the lay community. Proyecto Salud's health promoters' model is influenced by Brazilian educator and author Paulo Freire's notion of "education for critical consciousness." Unlike some models which view health promoters primarily as vehicles for transmitting specific health information to members of their communities, Proyecto Salud's goal is for the health promoters to also act as agents for social change, health equity and community empowerment.

Proyecto Salud's health promoter model is also based on the concept of "allostatic load," or the cumulative physiological effects of chronic stress.[4] We believe that mental health and physical health are directly connected and that the stressors the Latino community is experiencing affect their overall health and contribute to the development of chronic diseases, cardiovascular and respiratory problems.

According to an AWPCC psychologist, isolation is one of the most difficult stressors in the Milwaukee Latino community, and can lead to depression, drug abuse and anxiety disorders. Proyecto Salud's health promoter project addresses this issue by providing a safe environment and an opportunity for the members of the community to be connected to a group of peers that are equally committed to improving the health of the community.

Recruitment of CHPs is done organically based on recommendations of community members and health care providers, followed by interviews and mutual agreement on the required commitments. New CHPs participate in 65 hours of training, divided over 12 sessions. The

training curriculum was developed locally by Proyecto Salud through an extensive process of research and communication with community and agency leaders, and evolved into a

comprehensive and culturally competent training that fits the needs of the community, provides tools for practical solutions for real-life problems and connects trainees to the agencies and services existing in the city. Training topics include leadership development, mental and physical health, nutrition, exercise, alternative healing and project development. CHPs are encouraged not only to provide one-on-one health education, but also to promote a public health message through group activities and preventive health presentations. The training sessions are structured to accommodate the needs of the CHPs. For example, they are held on Saturdays to accommodate work schedules and child care, food and all materials are provided by the project. Proyecto Salud staff are available to provide on-going support, and all training classes are held in Spanish.

After completing the trainings, CHPs are expected to develop and carry out health-related projects with area agencies with whom Proyecto Salud has developed relationships. With the support of the MLHC, Proyecto Salud is now working to secure funds so that CHPs are financially supported to carry out these projects, while also gaining valuable training and experience that may benefit them in later job searches. Again, it is important to note that Proyecto Salud's health promoters are encouraged to work in the areas that they feel most connected to, rather than working on a pre-determined health issue.

Finally, Proyecto Salud's relationships with its CHPs do not end once they are placed with area agencies. Proyecto Salud continues to support them through monthly support group meetings and opportunities for continuous health education and training. Veteran CHPs are also encouraged to serve as mentors to new cohorts of CHPs, providing further opportunities for them to develop leadership skills and remain connected to the work of Proyecto Salud. Most recently the health promoters requested a second set of trainings, recognizing the need for more specific tools to work in the community. In addition to the core curriculum in mental health, social determinants of health and practical skill-building tools, the phase II training will provide electives on specific subjects. Table 1, on page 7, lists current and past community health promoter projects which have been hosted by a variety of organizations.

Table 1.

Examples of Current and Past Community Health Promoter Projects
Cultural Dialogue (bidirectional acculturation) - Cultural Competency consultation - Medical College of Wisconsin residency program - Intercambio - Language exchange program - / Proyecto Salud
Emotional Support groups - Express Yourself - health promoters support group - Mujeres Unidas de La Causa - women's support group - Mujeres Unidas de West Allis - women's support group - Book Club - self awareness group - Depression support group - women's support group - CORE/El Centro men support group
Healthier life style change - La Buena Vida (Nutrition/Exercise and emotional support program) - Energia Tropical (Exercise class Latino Style) - Chronic Disease Self Management – Stanford University / AHEC Arthritis / CDC
Family health / Preventive Education - American Cancer Society – outreach and health education - Planned Parenthood – sexuality and cancer health education - Child Development classes - La Causa - Dia de La Mujer Latina – health education / cancer screenings and early detection - Stress Video – In Health Wisconsin – health education - Walker's Point Community Clinic / Depression survey - assessment
Outreach - CORE/El Centro outreach program and health education / resources
Advocacy and Resources - Mexican Consulate / La Red de Protección – Education on immigration and international laws - Theater of the Oppressed – Interactive theater of awareness rising and social change - Latinos en Acción – Resources / system navigation
Economic Development - International Cooperative of Health Promoters

Community Health Promoters--Evaluation

Unlike health promoter programs that view health promoters primarily as vehicles to transmit health information and connect community members to resources, Proyecto Salud's health promoter program is vitally interested in the impact that participation in the program has on the CHPs themselves. Therefore, evaluation of the program is weighted towards assessing CHPs' views of the quality of the training process as well as leadership development among CHPs. Table 2 presents CHP evaluation measures from the past two years.

Table 2.

Community Health Promoter Evaluation Measures for 2007 and 2008		
Indicator	**Value**	**Measurement method/tool**
Process Indicators		
# of individuals completing 65-hour CHP training	34	Attendance logs
# of active CHP as of June 2009	30	Program records
Individuals reached through activities led or actively participated in by CHPs		
• Emotional support groups	323	Attendance logs
• Outreach/health awareness (12 health fairs conducted at clinics/schools/churches)	2885	Estimated attendance at events
• Outreach/health awareness (2 Dia de la Mujer Latina events w/ health screenings and education)	1300	Estimated attendance at events
• Health education (Stanford University chronic disease self-management course)	45	Attendance logs
• # of agencies hosting Proyecto Salud CHPs	12	Program records
Short-term Outcomes		
Trainee satisfaction with CHP training		
• Reported learning new information at training session	95%	Post-session satisfaction surveys
• Reported training presenter was clear and knowledgeable	95%	
• Reported training information was useful and applicable in everyday life	95%	
Medium-term Outcomes		
Evidence of leadership/personal development among CHPs (n=30, numbers may be duplicated)		
• # who reported improving work conditions after training	12	Verbal reports from participants,
• # who have received monetary compensation for health promoter work	10	collaborators or employers
• # who pursued continuing education to improve job opportunities after training	7	
• # participating in leadership roles within Proyecto Salud	12	Program records
• # volunteering in other partner agencies	17	Program records

Collaborations--Implementation

"The web we create magnifies the effect of activities, and for true ecological social change, a strong web is necessary."
-Proyecto Salud program staff person

Proyecto Salud defines its collaborations with area agencies, individuals and institutions as partnerships intended to achieve a specific set of goals. Collaborations are distinguished from the project's coalition-building work in that coalition activities are focused activities in the name of the Milwaukee Latino Health Coalition, with these activities being centered around the four guiding principals of the coalition and the work of the action teams. In contrast, Proyecto Salud's collaborations support the community health promoters and Proyecto Salud's overall mission of working with the community to improve Latino health through social change as well as individual behavior change. At times the collaborations are time-limited and more tightly focused on accomplishing a specific goal, such as organizing an event or co-writing a grant proposal. Other collaborations are developed because of a shared mission and the exact activities for the collaboration become evident later. Proyecto Salud's collaborations each contribute to achieving several underlying goals: the integration of professional and community member knowledge, bi-directional acculturation and education, providing the right services at the right time in the right place, and a collective shift to 'power with' instead of 'power over,' thus bringing about social change.

The program methodology for the collaborative work of Proyecto Salud began with knowledgeable staff who had worked in the community for many years as well as information discovered through an informal assessment of the community. Proyecto Salud's collaboration model and process is informed by the self-determined and impassioned projects of the CHPs, who help to shape the types of collaborations that are needed to support their work. The collaborations we seek are also rooted firmly in the ecological model of Proyecto Salud. We have strategically developed relationships with agencies, organizations and individuals across all levels of influence. Through our effort to build relationships with these groups, it is hoped that they will see the importance of working together to create systemic change and embrace the concept of power *with* instead of *over*.

As mentioned above, integrating community member knowledge with professional knowledge is another of the underlying goals of our collaborations. While no formal needs assessment exists demonstrating a lack of community presence, the personal experiences of Proyecto Salud staff members point to this issue as an area that warrants attention. We do not see many community members' faces present at planning meetings. We do not see many Latino faces determining how funds are spent. Even in our circles where this is so valued it is a difficult task to accomplish well. Integrating community voice, especially given language barriers, takes time and persistence. Having the community trust and embrace the wisdom of agencies, government, and academia is also a significant challenge, given that is has not always appeared that they have the community's best interest at heart. Our collaborations and translation of community knowledge into action are intended to both raise and address questions such as whether the boards of agencies look like the communities they serve, whether agency staff speak the language of community members and build a culturally-friendly environment, and whether community members accept the offer to sit at the table when city planning issues are being discussed.

Table 3.

Examples of Proyecto Salud Collaboration Partners and Projects
Neighborhood residents - Schools - Churches and other faith-based organizations - Neighborhood associations - Community-led grassroots organizations Activities include health education and exercise classes in schools/organizations, community gardens, theatre of the oppressed and health fairs.
Local Media - Small- and large-scale radio stations - Local newspapers and magazines - Public television stations Activities include radio, print and television interviews and articles, distribution of health messages and advertising for our health/screening events.
Academic institutions (individuals and programs from area universities and technical colleges) - University of Wisconsin system schools - Private universities - Academic based projects and outreach efforts Partnerships have supported Proyecto Salud staffing and publicity. For example, our Project Coordinator has presented to a panel of UW-Milwaukee faculty regarding the new School of Public Health and community-based participatory research.
Government agencies (local, state and federal public health departments and programs) - Elected officials and their staff members - Local health departments - State level offices and departments
Funders (foundations, organizations and health-related agencies) - Local and statewide - National Funders share resources with us as well as promoting what works from our model. As a result of our partnership with a local funder focused on medical education, Proyecto Salud is part of a statewide health promoter network and initiative to expand the model.
Examples of Proyecto Salud Collaboration Partners and Projects
Business - Local, Latino-owned stores and outlets - Nationwide businesses Businesses provide donations for projects and services and also provide publicity for our events and activities.
Other area coalitions and community-based organizations - Health coalitions throughout the state - Statewide health promoter networks - A community-based organization focused on worker's rights and community organizing

Collaborations--Evaluation

Evaluation of our collaborations is transitioning from documenting the number of collaborative efforts we are involved in, to formally assessing the quality and strength of our relationships with our highest-level partners. Proyecto Salud is utilizing the Partnership Analysis Tool[5], which was created by the Victorian Health Promotion Foundation (VicHealth) in Australia as a way to evaluate partnerships.[6] The Partnership Analysis Tool is a systematic way to categorize partnerships according to four levels of partnerships as developed by Arthur Himmelmann.[7] While Proyecto Salud was founded on collaborative principles, it is our work with Himmelman that brought collaboration into focus as a program area in and of itself and brought the means to measure and evaluate them.

Himmelman's four levels of partnership include networking, cooperating, coordinating, and collaborating. Partnerships are evaluated on how they share information, resources, staff and turf. Proyecto Salud uses this tool to formalize understandings about levels of collaboration between its projects and collaborating entities. It is especially useful in providing a language and guidelines for developing clear partnerships with mutually agreed upon goals. Proyecto Salud is in the process of determining base line partnership levels with ten close collaborators. Once baselines are established, levels of collaboration will be evaluated over time and the tool will be further used to maintain and enhance agreements between Proyecto Salud and collaborating partners.

Table 4.

Collaborations		
Indicator	**Value**	**Measurement method/tool**
Process Indicator		
# of organizations and agencies with whom Proyecto Salud collaborates/has collaborated	85	Program records
Short-term Outcome		
Degree and types of change in the status of relationships with project's 10 highest-level partners over time	--	Measurement of this indicator is in progress.

Milwaukee Latino Health Coalition--Implementation

"Together we transform communities to improve Latino Health."
-Milwaukee Latino Health Coalition vision statement

While the first official Milwaukee Latino Health Coalition (MLHC) meeting occurred in February of 2007, the making of this coalition stretches back much further. From 1989 to 2007, a similarly oriented coalition named the Latino Health Organization (LHO) worked to unite Milwaukee's Latino-serving organizations with the intent of reducing duplication of services and working together to improve Latino health.[8] Unfortunately, the LHO was unable to maintain a cohesive presence in the community, though the need for collaboration among service providers, community advocates, academics, policy makers, and community members still remained. The MLHC builds on the earlier work of the LHO.

Another impetus for the creation of Proyecto Salud and the MLHC was changes in Milwaukee County's public medical coverage program, General Assistance Medical Program or "GAMP." These changes created barriers for recent immigrants which made it difficult to access basic medical care. The decision to end coverage for many Milwaukee residents inundated the Southside's two free clinics to the point that AWPCC had to temporarily close its doors for the first time in 14 years. Together with CORE/El Centro, AWPPC supported the creation of Proyecto Salud in an effort to take a multifaceted approach to prevention that encompassed community empowerment and collaboration at all levels of the ecological model. It was through this attempt to bring everyone to the table to address health that the MLHC was born.

The mission of the MLHC is to increase the health and well-being of Latino communities by organizing power for social change. Consistent with other components of Proyecto Salud, the MLHC is based on the ecological model. While the work of the larger coalition aims to affect policy and social norms, Proyecto Salud's involvement in the coalition is also focused on supporting individual growth and leadership within the coalition membership, with the goal of strengthening Latino leadership within the community. In this way, Proyecto Salud is working to simultaneously strengthen the capacity of larger society as well as the individuals who inhabit it.

Grassroots approaches to community-building used by Proyecto Salud are, by nature, intuitive. At the same time, these approaches tend to mirror community organizing models such as those developed by Rothman and Tropman.[9] The majority of the Proyecto Salud's current work focuses on capacity development for lay and professional leaders serving the Latino community through consensus building, dialogue, and trust building. MLHC's goal to create a safe space for the development of trust and relationships is exemplified in its hosting of a forum on immigration as health issue. While the topic of immigration is a controversial issue, the coalition felt strongly that a safe space needed to be created where people could learn, discuss, and potentially be moved to action. The forum was successful, with close to 80 attendees from multiple sectors, many of whom have become further involved with the coalition to address immigration issues. The coalition believes that the result of its capacity-building is a strong,

empowered coalition that is able to engage a similar sense of empowerment in their community and utilize principles of social action to create meaningful and sustainable change.

Over 80 individuals attended the first MLHC meeting in 2007. Participants included healthcare providers, community advocates, political representatives, representatives from local schools and churches, community health promoters, and community members. Since that first meeting the coalition has actively developed itself into a thriving entity. It has secured funding to support program development, undertaken a four-month intensive strategic planning process, added staff members to support the program, participated in a formal leadership development and capacity-building program and formalized its internal structures. MLHC now includes formal action teams focusing on four areas: access to care, mental health issues, supporting the community health promoters and immigration issues. It is led by a formal steering committee, which focuses on fund development, membership and structural issues.

Today the MLHC continues to develop internally as well as expand its areas of influence. In January 2009, the steering committee organized and took part in a two-day retreat focused on internal trust and relationship-building and the creation of a mission, vision, tagline and bylaws. Also in early 2009, the coalition organized its first large-scale advocacy event, marking a transition from health promotion to social change in the mission and vision of the coalition. While the MLHC has experienced significant positive growth since its inception, this process has not been without growing pains. The coalition's first meetings were attended by community members and community health promoters as well as agency leaders and researchers; however, community members became disconnected by social barriers including language, education, and perceived sense of belonging. The coalition is currently working to reintegrate community members in a meaningful way through their action teams as well as the creation of a community action council to parallel the steering committee and provide additional direction for the coalition. The MLHC continues to seek a healthy balance between implementation and reflection as they move forward to address the social determinants that affect the health of Milwaukee Latinos.

Table 5.

Guiding Principles of the Milwaukee Latino Health Coalition
1. Increase involvement of Latino communities in decisions affecting their health.
2. Confront and alleviate the negative impacts of the social determinants of health (access to health care, immigration, poverty/economics, education, built environment, social isolation, racism).
3. Serve as a change agent for policies affecting the health of Latino communities.
4. Act as a credible navigation resource for Latino health issues.

Milwaukee Latino Health Coalition--Evaluation

The MLHC serves as a catalyst and facilitator of multi-sector action on issues relevant to the community. The following indicators are related to the "Immigration as a Health Issue" forum organized and facilitated by MLHC in early 2009.

Milwaukee Latino Health Coalition		
Indicator	**Value**	**Measurement method/tool**
Process Indicator		
Individuals attending Immigration as a Health Issue forum	78	Attendance logs
Number and type of difference sectors represented Higher education, hospitals, clinics, CHPs, state and local health departments, community based organizations, schools, private sector agencies, other federal and state governmental entities	9	Attendance logs
Short-term Outcome		
Reported increasing knowledge around immigration as a health issue	98%	Forum evaluation forms
Attendees making a commitment to increased involvement in immigration as a health issue	24	Forum evaluation forms

Project Timeline Highlights

2006

September	Proyecto Salud created as a collaboration between AWPCC and CORE/El Centro
December	First class of community health promoters (CHPs) recruited
	First informal steering committee meeting to discuss the creation of MLHC with advisors Tony Baez & Carolina Gonzalez-Schlenker

2007

February	First large coalition meeting. Program framework discussed.
	Training for first class of CHPs begins
March	Second large coalition meeting; Organizational mission statement drafted
April	CHP graduation and evaluation
May	Third large coalition meeting
	Development and implementation of CHP projects in different agencies
September	UW Population Health Fellow and Public Ally join staff of project
November	Large strategic planning process initiated with MLHC
December	Hispanics in Philanthropy Grant secured to support development of MLHC

2008

January	First MLHC event advertised to general public: Screening of film “Sicko”
February	Creation of MLHC Steering Committee and Work Groups
May	Coalition meeting to discuss (re)involvement of community: panel of community organizers and coalition builders
	Proyecto Salud Resource Center Open House
July	MLHC Preventive Education Work Group formally partners with Milwaukee Latino Mental Health Institute
August	MLHC accepted into Healthy WI Leadership Institute’s Community Teams prog.
September	Training for second class of CHPs begins
	Second Public Ally joins project staff
November	Theater of the Oppressed presentation given at Large Coalition Meeting
	Mentor training begins with first CHP class
	Proyecto Salud Awarded a Wisconsin Promising Practices grant to build evaluation capacity and document the project
December	Graduation and evaluation of second CHP class

2009

January	Steering Committee attends 2-day leadership retreat to re-craft mission, vision and begin creating by-laws
February	First edition of monthly MLHC e-newsletter distributed; MLHC presents “Immigration as a Health Issue” forum, attended by75 community members
March	MLHC Immigration Action Team holds its first meeting
April	MLHC Mental Health Action Team partners with Mental Health America to house bi-lingual resource directory

May	MLHC is a formal sponsor of the Labor Day Immigration Walk; approximately 30,000 people participate CHPs participate in the first statewide Community Health Worker Network conference

Summary of Project Inputs

Annual operating budget: 2007-2008

	EXPENSES	
PERSONNEL	Co-executive Directors 1.25 FTE Public Ally 1 FTE Project Supervisor .2 FTE	$82,100
RENT		$13,100
MLHC	Capacity building, web site development, strategic planning	$25,000
CHP TRAINING & PROJECTS	60 hours, inclusive of food, supplies, and presenter costs, supplies for continuing education	$12,628
ADMINISTRATIVE COSTS & SUPPLIES	Phone, copying, postage, administrative support, accounting	$16,950
	TOTAL EXPENSES:	**$149,778**
	INCOME	
Initial funding from sponsoring agency		$95,000
Hispanics In Philanthropy MLHC capacity building grant		$25,000
Other grant funding		$29,778
	TOTAL REVENUE:	**$149,778**

Inputs/Budget Notes

Proyecto Salud could not exist without the very substantial in-kind donations of its two founding agencies and its collaborative partners. Much of the expected costs of this project are absorbed by CORE/El Centro and Aurora Walker' s Point Community Clinic, which house Proyecto Salud. Additionally, many of our collaborating partners donate staff time and meeting space in order to carry out the work of both the community health promoters and the Milwaukee Latino Health Coalition. The Wisconsin Partnership Program provided significant, in-kind support through the service of a .5 FTE public health fellow, while the Healthy Wisconsin Leadership Institute's Community Teams Project (which is supported by the Wisconsin Partnership Program as well as the Advancing a Healthier Wisconsin endowment fund) provided invaluable training and resources. Proyecto Salud operates from an asset-based perspective: recognizing the abundance of resources within the community and our partners, we continue to grow and move forward towards a healthier community. This model of "fund development" has allowed us to create projects which later are funded or are moved forward with the passion, energy and resources of the community. That being said, Proyecto Salud is now moving towards an era of full funding for all our endeavors: for the fiscal year 2010 and beyond, we intend to be fully funded at more than twice the amount listed, with a projected annual budget of $330,000—the true cost and value of our work.

Staff Reflections on the Project

Information in this section was gathered through one-on-one structured interviews with program staff, support staff, collaborators and health promoters.

Critical Elements Of The Program's Success

The support of the two founding organizations- CORE/El Centro and AWPCC- has been vital to the program's development and growth. Proyecto Salud's project director stated, "I've worked in different agencies and I really appreciate the freedom and trust that the two organizations have in our work…It's not as bureaucratic and hierarchal as other agencies so that really gave, in my opinion, the space for the growth and the relationship building." She believes this has contributed to Proyecto Salud's ability to develop a truly grassroots model without focusing on a predetermined outcome.

Proyecto Salud has also benefited from CORE/El Centro's and AWPCC's roles in the community. Both have been active in the community for many years, which has lent credibility and trust to Proyecto Salud. This has helped the project get more rooted in the community and to grow quite quickly. CORE/El Centro also comes with a large volunteer base, which has been helpful in supporting and developing Proyecto Salud.

The social context in which this program developed has also been critical to its success. Changes in immigration laws and government insurance increased the need for a program like Proyecto Salud. The project director recalls, "Because AWPCC and CORE/El Centro are two of the few places that really don't ask for documentation and accept uninsured [clients] they have really had trouble here with the amount of people coming here. So they were thinking something needs to be done in terms of prevention and a bigger picture." The director of Milwaukee's Area Health Education Center also noted how Proyecto Salud and its health promoter program meet multiple needs. "There aren't enough people to provide services that meet the needs of the community. The health promoters project does this plus creates job opportunities for members to serve their own community…this country is facing major health problems and we need big change." The fragmented, dollar-focused healthcare system in the United States created a major need for this project and has motivated funders and collaborators to join the movement.

That Proyecto Salud is focused on the Latino community is also an important element of its success. An established community organizer and post-doctoral student at UW-Madison who has been a major collaborator with Proyecto Salud says that the Latino community is a great population for modeling solutions to this kind of problem. "The community tends to be more aware of and resonate more with this idea of living health together…and I think because they already have a cultural way of living that health event, that it's less individualized, they would be a good population to…represent a different view of health that goes beyond this atomistic, individualized way." Other staff have reflected on Latino values of relationship-building as a way to make change. The co-executive director of CORE/El Centro says, "Another good thing that was a huge learning from Latin America is if I'm connecting with you, nothing else is important…and that they take time to just be and to relate and to eat dinner together and so that's another thing that as a healthy community we need to listen to and learn [from]. So when we're

hearing the vision of the Latino community around health care it's not just about how we design our hospitals and clinics, but how we design our lives because we need to take care of the emotional health of community right now." The Latino view of health has been an important part of this program's success in Milwaukee.

Another critical piece of this project that has influenced its success and growth are its passionate, dedicated staff members. A number of support staff commented on the relationship between Proyecto Salud's two founding staff members. A health promoter commented, "They are different but because they are different…they make a good team." One of the founding staff members commented that her work "…tends to be more of the structural stuff…like writing the grants, organizing the budget, and bigger picture things," while the other founding member is vital because of her "good energy [and] incredible interaction skills." The balance provided by these two individuals as well as the passion and creativity of all staff and collaborators have contributed to the success of Proyecto Salud. Many staff also described the director of AWPCC as an important person in the creation of Proyecto Salud. "Steve carried the vision for Proyecto Salud for five or more years, wanting to increase healthcare, empower others to take care of their own health. I really give Steve credit for holding the vision of Proyecto Salud and the health promoters," said a psychologist at AWPCC.

Another critical element related to staffing has been the collaboration between the University of Wisconsin Population Health Institute and Public Allies Milwaukee. These organizations have contributed three qualified, passionate staff members as well as monetary support for their work. Thinking back on the history of the project, Proyecto Salud's project director remembers, "We got a fellow from UW Madison and then we had a Public Ally so that made the team much stronger. At first it was really relying on me and Sherri and with the fellow and Public Allies I feel like we have a team that can be more sustained." By bringing on qualified individuals with financial support, the staff of Proyecto Salud is stronger and the project has been able to grow with a small budget. Overall, the development and diversity of staff has been critical to the success and development of the project.

Lessons Learned

After two years of rapid growth, one of the most strongly echoed lessons from the staff interviews was to maintain the program's focus and carefully monitor its growth. "Even though we have to be risky…it's very important for growth, but just being selective and mindful of what we're doing is very important," comments the project director. The co-executive director of CORE/El Centro also commented on this issue, "I think we're going to have to keep looking and revisiting and conversing about focus…How do we continue to bring ourselves back, not limit ourselves, but keep bringing our focus back?" Closely related to the idea of maintaining the project's focus internally is the need to communicate a consistent program identity to others as they continue to grow. One collaborator cautioned, "They need to clarify 'what is Proyecto Salud.' There can be identity issues. Who is leading the Coalition? Who is the contact person? Make sure the community knows when change happens…have an official statement that says 'This is who we are.'" As the program continues to grow and expand, maintaining its internal focus as well as its external identity will be important for the project to remain sustainable and manageable.

Conclusion/Future of Proyecto Salud

It should be recognized that this project is continuously evolving and changing as the community we work with and the structures we work within change. This document is not meant to be a comprehensive documentation of Proyecto Salud and all of its activities, but rather a snapshot in time to begin a conversation around a new perspective of health and what is required to build a healthy community. The first two years of this project have been about relationship building, dialogue and education. Now we feel that we have the resources in place to move forward with our social change mission to focus on social determinants of health, immigration as a health issue and supporting our health promoter program financially with the development of an international cooperative of health promoters.

Based on the socio-ecological model, and knowing that good health is related not just to access to healthcare but to decreasing isolation and alienation, Proyecto Salud focuses on building community capacity to address health change. The long-term goals of Proyecto Salud include building the leadership capacity of the health promoter program participants, increasing community participatory research with the Milwaukee Latino community and developing a social marketing campaign for the Spanish-speaking community focusing on prevention and emphasizing health as a primary goal. These goals can be accomplished through the combined efforts of Proyecto Salud staff members, CORE/El Centro, AWPCC, other community agencies and the dedication, wisdom and commitment of community members.

Proyecto Salud Glossary of Terms and Definitions

*Note: Unless otherwise cited, definitions come from staff discussions and input.

Acculturation: Often implies dominance of one culture over another, usually thought of as an outcome of an unequal distribution of power where minority culture adapts and changes as result of contact with majority, or ruling, culture.[10, 11]

Allostatic Load: Refers to the damaging physiological effects of the stress response caused by chronic stress, instability and insecurity in one's environment and a weak stress response that can lead to a hyperactive immune system. Allostatic load can impair the cardiovascular and immune systems as well as memory and attention.[4]

Bidirectional acculturation: For our purposes bi-directional acculturation refers to the positive influences that come from learning and honoring the values and wisdom of another. This refers to not only someone from another ethnic culture but also the two cultures of knowledge: community-based lived experiences and institutional-based academic learning. Learning and honoring of the wisdom in community grassroots leaders and professional knowledge on the part of both groups produces mutual benefits not available when relying on one type of wisdom/knowledge alone.

Collaboration: Enhances the capacity of partners for mutual benefit and a common purpose. It involves exchanging information, altering activities for a common purpose, and sharing resources. At its highest level of functioning it requires partners to give up part of their "turf" to another agency to create a better and more seamless system.[7]

Community: Drawing from sociology, psychology, anthropology and cultural traditions, our definition of community encompasses sense of belonging, shared emotional connection, collective action and fulfillment of needs.

Conscientization: From the work of Freire's Pedagogy of the Oppressed. Refers to education for critical consciousness, which is often a motivator for action.

Ecological Model: A health model that acknowledges multiple levels of influence on an individual's health behaviors. Levels of influence include:

1. Individual: individual characteristics including knowledge, attitudes and skills
2. Micro: interpersonal relationships and social networks including family, friends, and colleagues
3. Meso: interrelationships between institutional and community settings in which the individual is involved including work, school,
4. Exo: larger societal forces which affect the individual including policy & law at local, state, and national levels
5. Macro: cultural and religious beliefs and values that shape the way individual views and interacts in the world.[12]

Proyecto Salud works to incorporate all levels of the ecological model into its work in an effort to holistically transform health.

Experiential Learning: Involves a continuous learning process focused on an individual's experiences and interactions with his/her environment.[13]

Grassroots: A movement that gives precedence and value to the voice of a community, whether or not they hold political, economic or educational power. This model holds space for both professional and community wisdom, but recognizes the oppression inherent in many non-grassroots movements and works to reverse this power differential.

Health: A state in which the individual feels balanced physically, spiritually and emotionally and has the capacity and resources to reach full potential and growth. It is generally defined as being "a state of complete physical, mental, and social well-being and not merely the absence of disease."[14]

Health promoters (*Promotores/as)*: Community members who promote health in their own communities. They provide leadership, peer education, support, and resources to support community empowerment, or *capacitación.* As members of minority and underserved populations they are in a unique position to build on strengths and to address unmet health needs in their communities. *Promotores(as)* integrate information about health and the health care system into the community's culture, language and value system, thus reducing many of the barriers to health services. They also help make health care systems more responsive. With the appropriate resources, training and support, *Promotores(as)* improve the health of their communities by linking their neighbors to health care and social services, by educating their peers about disease and injury prevention, by working to make available services more accessible and by mobilizing their communities to create positive change.

Leadership: has been described as the "process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task."[15] A less individually-focused definition comes from Alan Keith of Genentech who said "Leadership is ultimately about creating a way for people to contribute to making something extraordinary happen."[16]

Natural Healing: is an eclectic integrative medicine system that focuses on natural remedies and the body's vital ability to heal and maintain itself.

Non-formal Education: Alternative education, usually occurring outside a formal education system, which provides functional learning to a specific group. Often includes a focus on experiential learning (see above.)

Pedagogy of the oppressed: The most widely known of educator Paulo Freire's works. His work as an educator examines the struggle for justice and equity within the educational system and proposes a new pedagogy that promotes dialog, praxis and liberation.

Power: Four fundamental types of power[17] include:

Power With: power from collective action
Power Within: power from individual consciousness
Power To: organize and change existing hierarchies
Power Over: ability to influence or coerce

Social Change: We believe that while societies have to change, they have to decide for themselves how to change. Rather than seeking to change only individual behavior, we seek to influence the social context in which individuals act and in which discussion about different aspects of daily life, both public and private, occurs.

Social determinants of health: Refers to the influence of social conditions in which individuals live and work on the health of that individual and their community. Examples of social conditions include: housing, transportation, industry, the built environment, racism, discrimination, immigration, economic structures, and access to health care. Most often social determinants of health are engrained in our society in the form of policies, statutes and legislation.[18, 19]

Theater of the Oppressed (TO): TO is a method of rehearsal theater described by the Brazilian director Augusto Boal, who was influenced by the work of Paulo Freire, first in Brazil and then in Europe. Initially used as Legislative Theatre portraying unjust situations that generated new laws, Theatre of the Oppressed was started in Brazil in 1971 by Augusto Boal. TO also includes other theatrical modalities seeking social and cultural awareness and is practiced all over the world. It uses the stage to provide a space-time for the aesthetic creation of dialogue that does not yet exist about issues that matter to the participants in real life. In TO participants are both actors and spectators that use the plays to analyze the past in the context of the present and to invent the future as if rehearsing for life. The switch from spectators to actors allows those observing to understand others in their own flesh and out of that understanding better social structures emerge. The aim of TO is to humanize society.[20]

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