



# Centering Resources and Approaches in Cultural Knowledge: Exploring Connection Among Health Departments and Communities Served

BY PHIG PARTNERS



SHAPING TOMORROW'S PUBLIC HEALTH TODAY.

# The Enduring Legacy and Evolving Impact of Promotores in San Francisco (SF): From Community Tradition to Public Health



Berta Hernandez, PhD (Center for Learning & Innovation)  
Vincente Cordero, MPH (Office of Equity and Community Engagement)

San Francisco Department of Public Health  
Population Health Division

# Land Acknowledgement

La División de Salud de la Población del Departamento de Salud Pública de San Francisco reconoce que nos encontramos en el territorio ancestral de los Ramaytush Ohlone, habitantes originales de la Península de San Francisco.

Los Ramaytush Ohlone nunca cedieron su territorio, y se consideran a sí mismos responsables de cuidar por estas tierras,

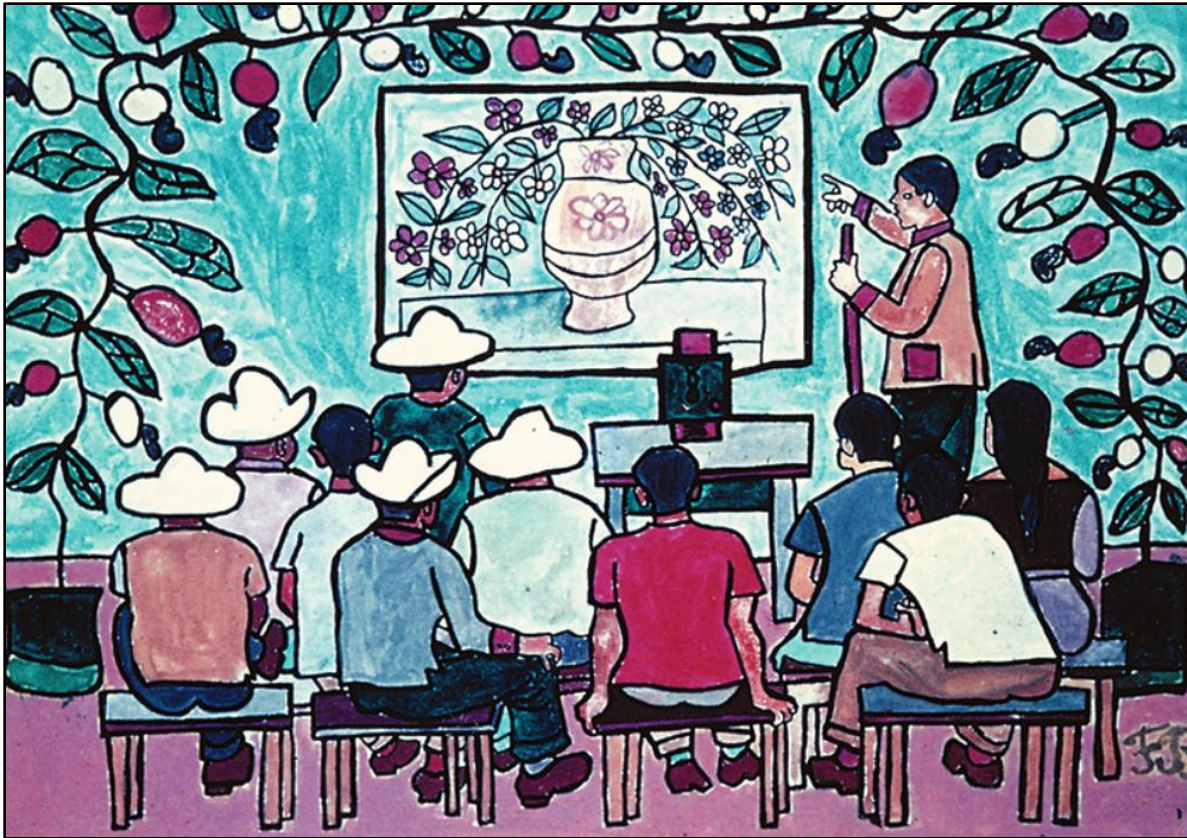
Nosotros, rendimos nuestro respeto a la comunidad Ramaytush Ohlone y nos comprometemos a participar en el proceso de desmantelamiento de las secuelas coloniales de opresión persistentes y reconocemos a los cientos de naciones indígenas que continúan resistiendo, viviendo y manteniendo sus relaciones sagradas en sus tierras, aquí y en el resto del mundo.

The Population Health Division acknowledges that we are on the unceded ancestral homeland of the Ramaytush Ohlone who are the original inhabitants of the San Francisco Peninsula.

As the indigenous stewards of this land and in accordance with their traditions, the Ramaytush Ohlone have never ceded, lost nor forgotten their responsibilities as the caretakers of this place,

We pay our respects to the Ramaytush community and pledge our commitment to participate in the process of dismantling ongoing legacies of settler colonialism and recognize the hundreds of indigenous nations that continue to resist, live, and uphold their sacred relations across their lands.



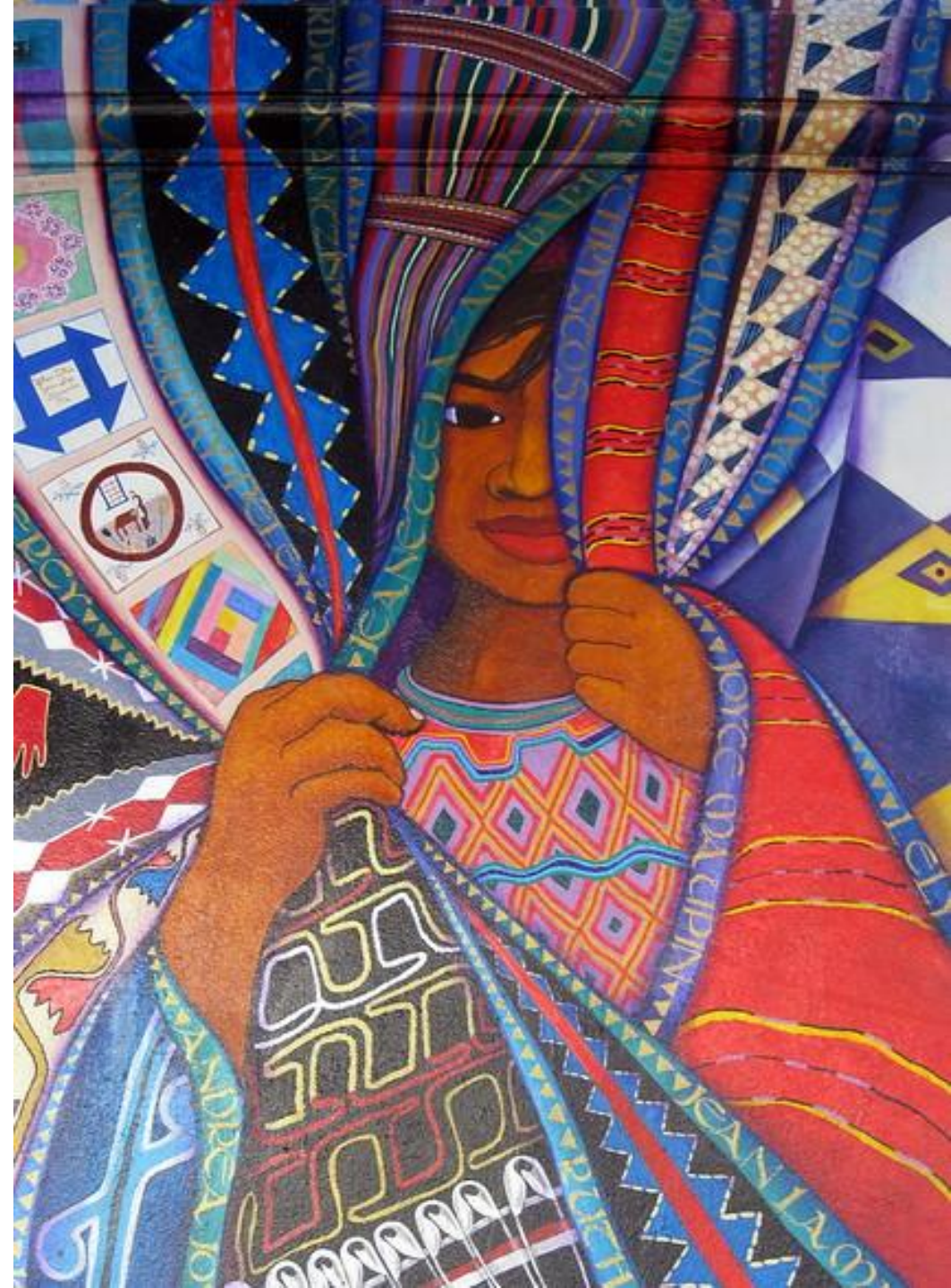


# Learning Objectives

1. Analyze Promotoras origins in the U.S. and their Latin American roots.
2. Discuss the goals and methods of the San Francisco Promotores Community of Practice, supported by PHIG
3. Examine similar traditional peer-based community health workers networks within other communities and their relationship with local health departments

# PROMOTORES

- Promotores are trained community health workers that serve as a liaison between health and social services and their community
- They share common language, culture, and life experiences with the communities they serve, allowing them to build trust and effectively communicate health information and resources to individuals who might otherwise have difficulty accessing them.
- They are particularly effective in reaching populations that face significant health disparities.



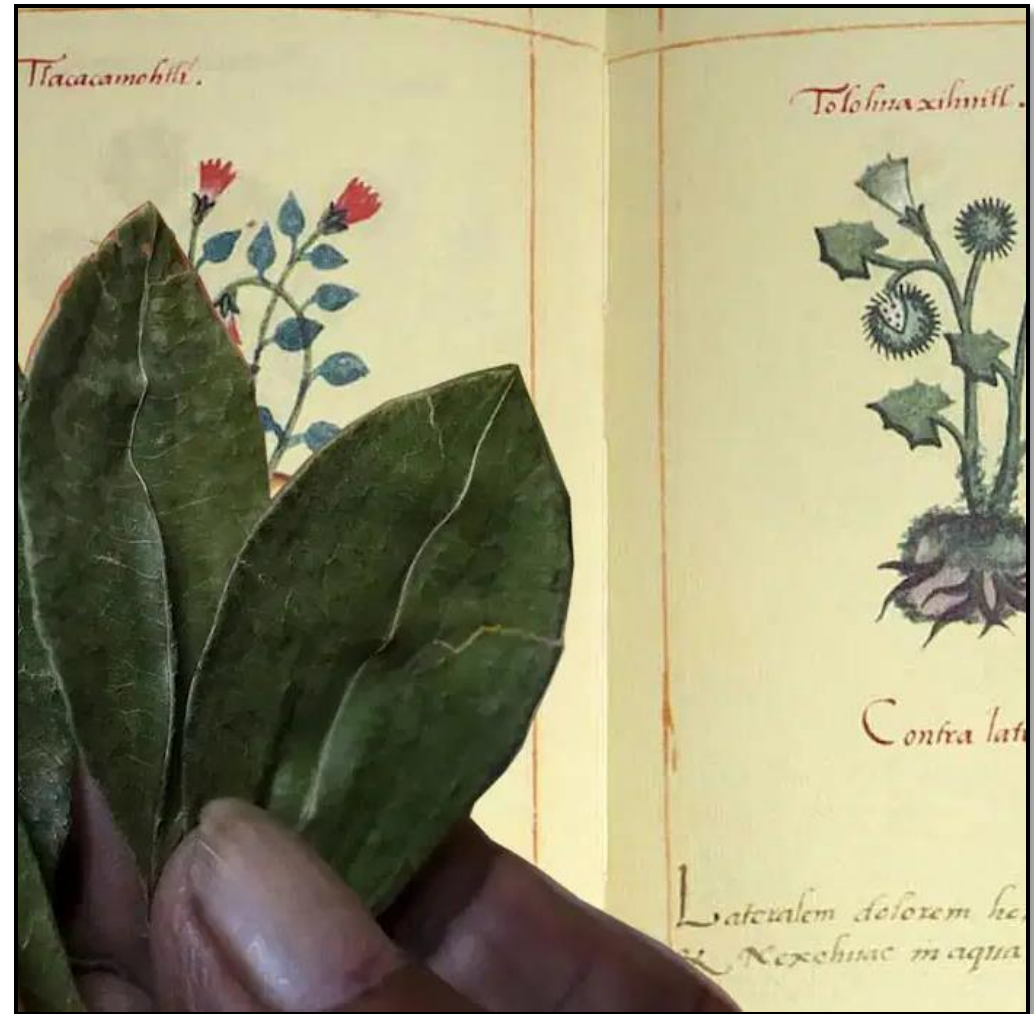


# Honoring Roots and Building Bridges



# Pre-Contact Complex Health Care Systems

- Community based healthcare
- Holistic approach to health
- Trusted community members and navigators



# AZTEC MEDICINE

- Extensive herbal knowledge
- Empirical observation and experimentation
- Surgical practices
- Spiritual and ritualistic practices
- Diagnosis
- "Hot" and "Cold" concepts





## **A Historical Tapestry: The Enduring Tradition of Community Health in Latin America**

- From colonization to the wars of independence
- Mexican Revolution
- Cuban Revolution
- The 60's and beyond



## The Emergence and Evolution of Promotores in US: Bridging Divides

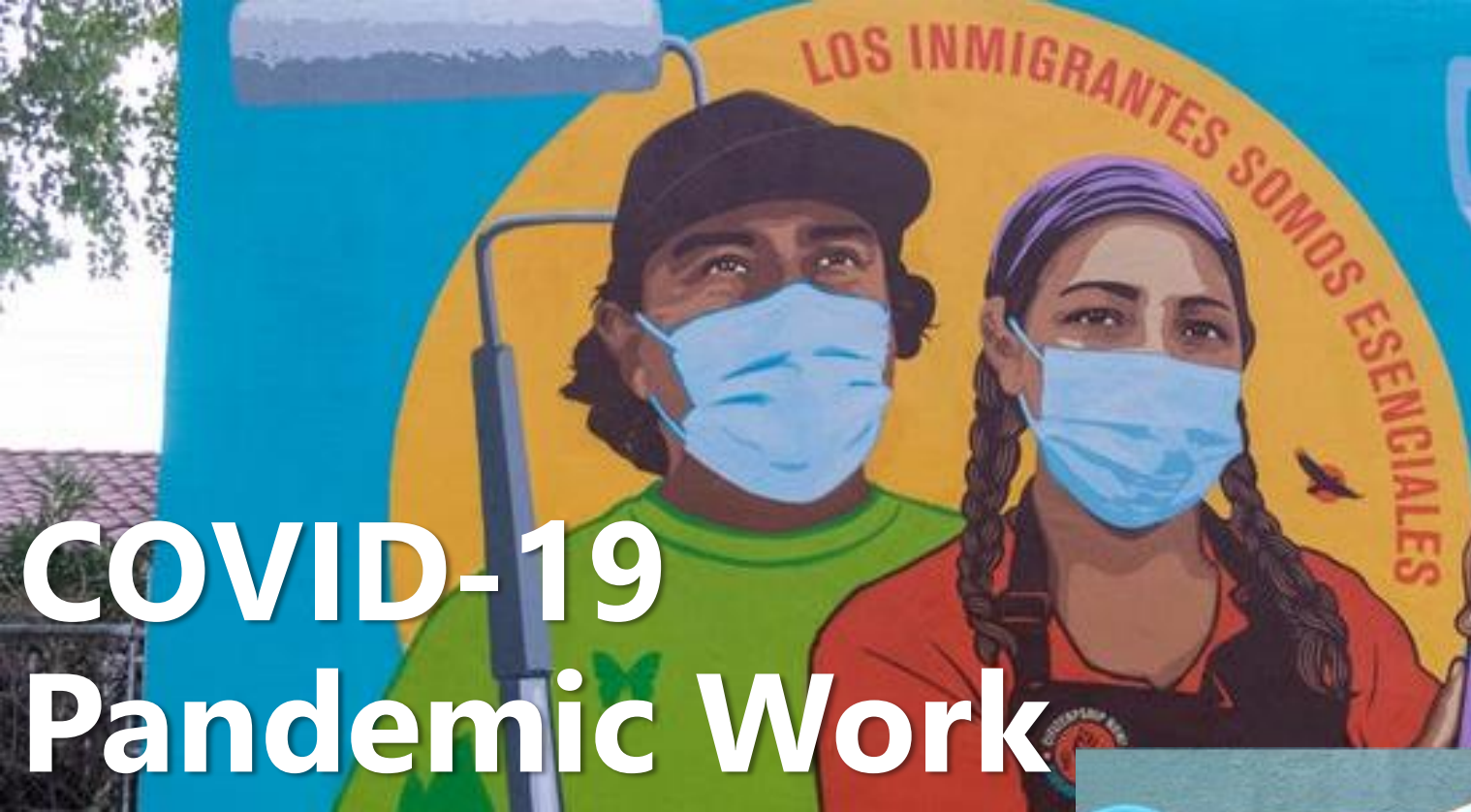
The first formal community health worker programs in the United States were established in 1950 as a strategy to deliver accessible health resources to communities not being served by the traditional medical system, specially in the border with Mexico and in agricultural areas.



# HIV Epidemic Work



# COVID-19 Pandemic Work



# The COVID-19 Pandemic: Innovation and Recognition

- SF Latino community experienced highest rates of infection, hospitalization, and mortality during Pandemic
- SFDPH and community orgs initiated formal Promotores Network in response
  - Contact tracing/case investigation
  - Culturally responsive health promotion
  - COVID-19 testing and vaccine access

CORONAVIRUS ESPAÑOL, HEALTH

**Covid-19: San Francisco's Latinxs are infected at higher rates than Latinxs in harder-hit cities**



BAY AREA

**Coronavirus hits San Francisco's Mission District hardest of all city neighborhoods**



San Francisco Promotores Referral Network wins APHA Community Health Workers Award



## Promotores Community of Practice (CoP)



# SF LATINO COMMUNITY

- Latinos comprise 16% of the total population of SF
- Mexican (7%)
- Central American (7%)
- South American (2%)
- Over 43,000 are undocumented



# Promotores Distress Amid Immigration Actions

## Current situation:

- Increased fear and anxiety
- Fear of public charge
- Overdose risk
- Reduced access to and knowledge of resources

## Needs and Challenges:

- Vicarious trauma and emotional burden
- Lack of organizational support
- Need for mental health aid
- Desire for safe spaces and peer support

**Immigrants fearful as ICE nabs at least 15 in S.F., including toddler**  
Detainees transported to facility in Texas after major enforcement action

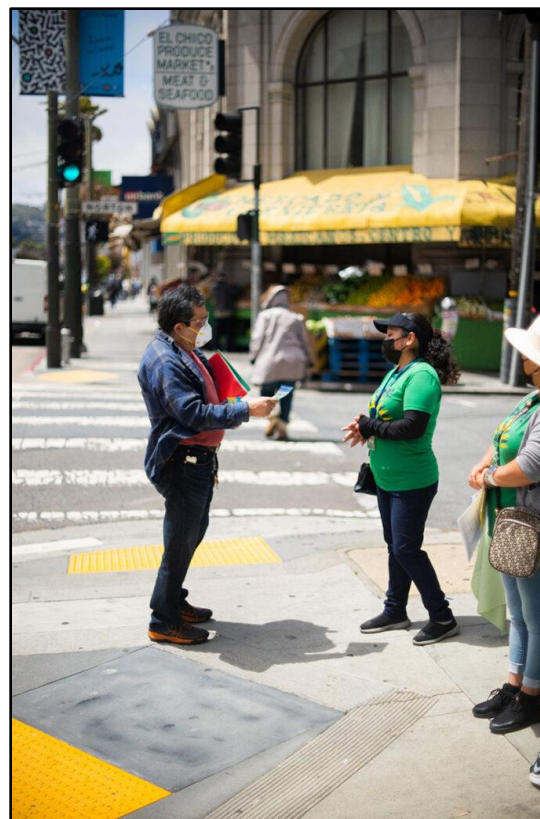
NEWS ►  
**San Francisco drag queen Hilary Rivers detained by ICE after asylum hearing**

**'I don't want to be detained by ICE:' Fear permeates S.F. immigration court**  
Immigration court staff 'shaking and in tears' after ICE agents drove through protesters last week

**The SF migrants retreating from public life under Trump**

**'Like a legal guardian': SF immigrant parents turn to summer camp counselors for critical help**

# The Public Health Infrastructure Grant: Sustaining and Amplifying Impact



Framework has shifted from pandemic response

- Enhance community capacity
- Strengthen relationships with SFDPH
- support health and wellness
- Promote professional development

# 2024 Promotores Leadership Conference



# Informational Sessions

- Held virtually
- Latest evidence-based information for dissemination
- Space for promotores to share out their own resources

## Info Session Topics:

- Measles
- Office of Civic Engagement and Immigrant Affairs
- Asylum Seekers Health Program (SFDPH)
- Public Charge
- Family Emergency Planning



The flyer is titled "¡LLAMADO A TODOS LOS PROMOTORES!" and is from the San Francisco Department of Public Health, Office of Equity and Community Engagement. It invites members of the San Francisco Promotores Network to a monthly informational session. The session topics include Family Emergency Planning, health updates, and sharing resources. The date is August 1, 2025, at 1:00 p.m. The Zoom link is <https://us02web.zoom.us/j/81004698787> and the email for questions is [oece@sfdph.org](mailto:oece@sfdph.org). The flyer features a logo with a city skyline and various health icons, and two megaphone icons flanking the session details.



**¡LLAMADO A TODOS LOS  
PROMOTORES!**  
Únete a nosotros en la sesión  
informativa de este mes

Reúnete con otros miembros de la Red de Promotores de San Francisco para una sesión mensual atractiva e informativa.

- Presentación sobre Planificación Familiar de Emergencia con Guadalupe y Amparo de PODER.
- Mantente al día con las últimas noticias, pautas y oportunidades del Departamento de Salud.
- ¡Trae tus recursos, anuncios e información para compartir con el grupo!

 Fecha:  
1 de agosto de 2025  
Hora:  
12:00 a 1:00 p.m.

 Enlace para Zoom:  
<https://us02web.zoom.us/j/81004698787>

 Preguntas:  
[oece@sfdph.org](mailto:oece@sfdph.org)

# Wellness Groups

- To address promotores needs related to burnout and to foster self-care
- Other DPH staff attend to support and highlight programs
- Wellness Retreat being planned for this fall
- Working to identify clinical support



# Popular Education Seminars

- Includes a small cohort of promotores from different community orgs
- Focuses on educating promotores on Pedagogy of the Oppressed by Paulo Freire
- Serves to build their capacity to engage community
- Most recent cohort graduated in June





## A Model for Sustainable Community Engagement and Health Equity

**The success of this initiative underscores the importance of:**

- Valuing community strengths and traditions
- Investing in the capacity and wellbeing of health workers
- Building genuine partnerships between public health agencies and community-based organizations
- Adopting a long-term, sustainable approach to community engagement

# Thank you!

“Education is an act of  
love, and thus an act of  
courage”  
Paulo Freire

Berta.Hernandez@sfdph.org  
Vincente.Cordero@sfdph.org



MISSION CULTURAL CENTER



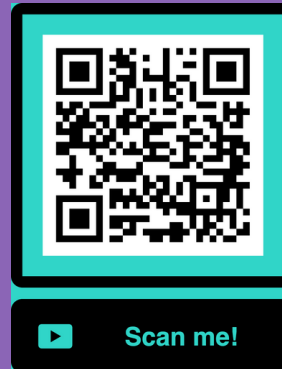
# My Positionality



SCAN ME



Learn about and appreciate the Indigenous stewards of the land you live on at <https://native-land.ca/>



# Tribal Workforce Cultivation Center (TWCC)

Growing Indigenous Knowledge & Relationships





# Indigenous Symbolism

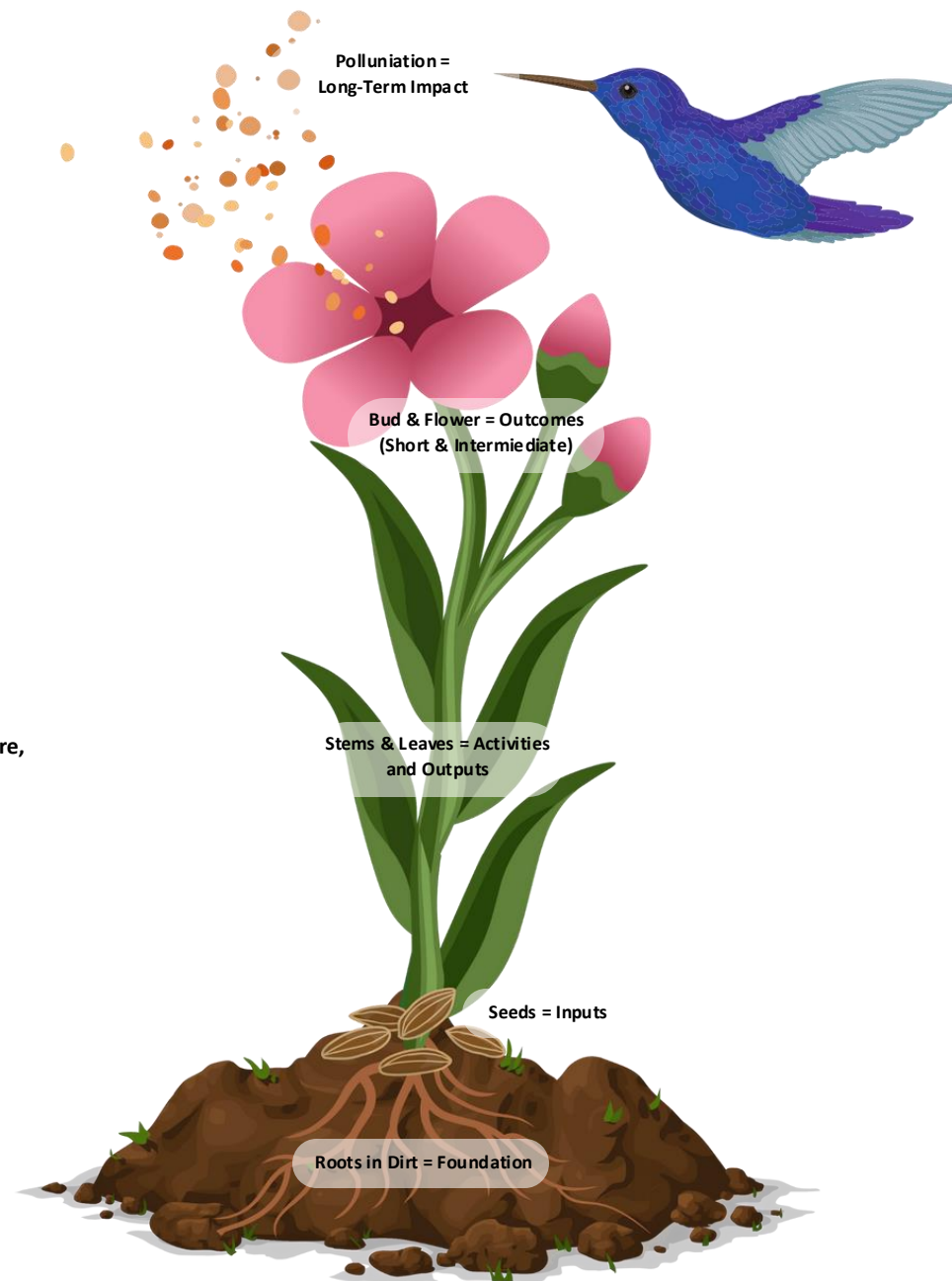
Represents: Connectivity to the earth & all living beings, rebirth, relational healing, sustainability, and intergenerational renewal.

Represents: Emerging beauty, realization, health, strength and sharing of gifts.

Represents: Action, growth, and learning that is reciprocal in nature, conducted with mutual respect, relevant to Tribal communities, recognizes Native history & sovereignty and (re)powers Tribal communities.

Represents: Hope, vision, reclamation of the Native narrative and the beginning of new knowledge & life.

Represents: Ancestral knowledge, cultural teachings, land-based healing, and Indigenous sovereignty.



## TCC Parallel

Parallel: Future Tribal public health leaders equipped to teach, train, and regenerate systems, PHIG recipients informed & educated about Tribal public health, Indigenous knowledge & being, both groups coming together to make exponential impact in health & well-being.

Parallel: Expanded Tribal PH workforce, Culturally educated & informed PHIG HD workforce, Strengthened partnerships & collaboration between Tribal PH & PHIG recipients, Increased retention, Strengthened career pathways.

Parallel: Building & growing the TCC Resource Hub, Gathering and curating culturally grounded training providing unique Indigenous learning pathways, developing interactive maps to inform, connect people & provide a Knowledge Growers hub.

Parallel: CDC/NNPHI funding, Rising REZilience facilitation, Tribal Public Health & PHIG HDs synergistic relationships, and vision for TCC.

Parallel: Grounded in Indigenous epistemology, partnerships & collaborations with HDs, efforts nourished from Indigenous traditions & wisdom.

# Overview of the Tribal Workforce Cultivation Center (TWCC)

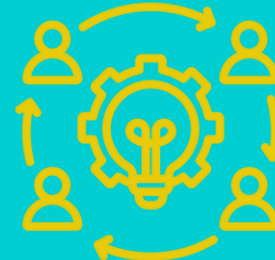
The TCC is an initiative under the National Coordinating Center for Public Health Training (NCCPHT) at the National Network of Public Health Institutes (NNPHI).



This initiative aims to strengthen public health systems through:

1. Relationship building

2. Reciprocal knowledge exchange



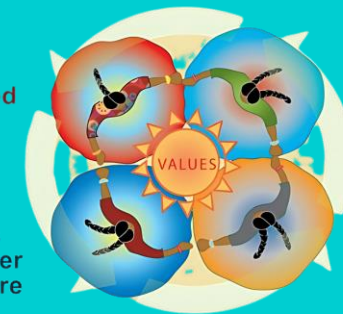
3. Collaborative infrastructure development between Local and State health departments (HDs), Tribal Nations and Tribal public health organizations.



4. Support both emerging and experienced public health practitioners who serve Native communities.

Resilient and strengths-based

Community is created wherever Native people are



Centering of the community

Decolonizing data



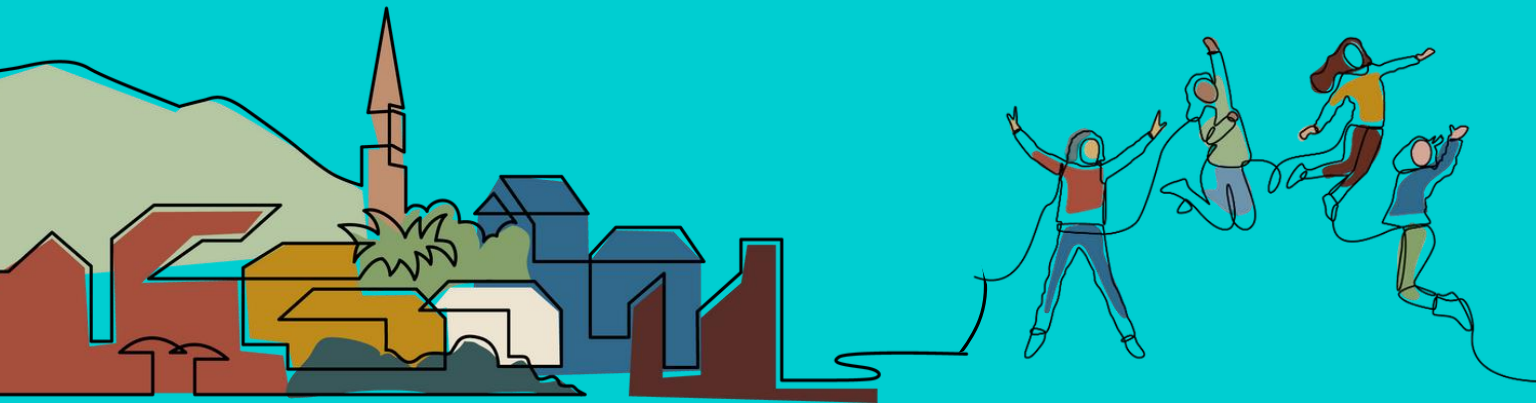
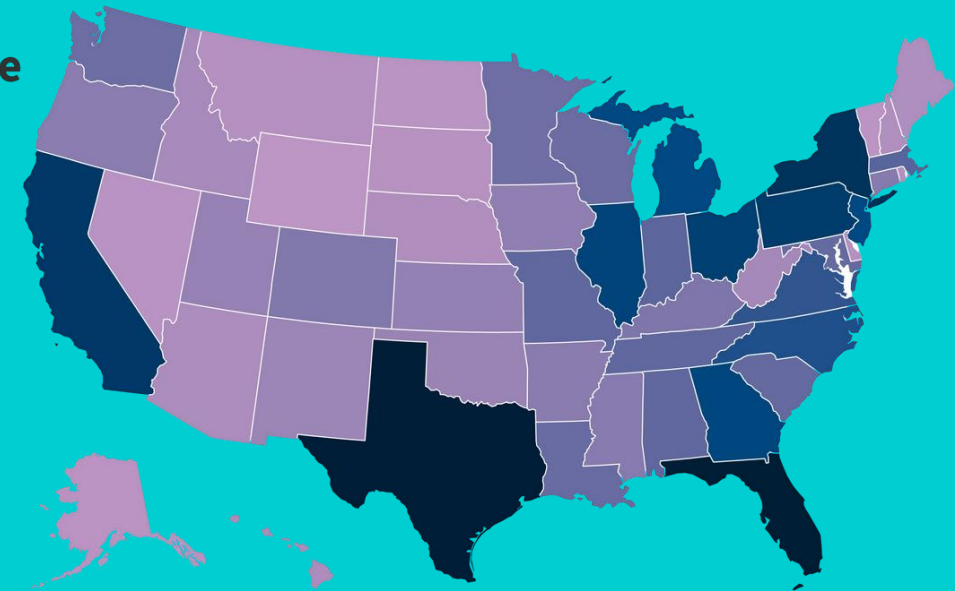
# Funded by the Public Health Infrastructure Grant (PHIG)

The TCC is funded by the Centers for Disease Control & Prevention's (CDC) PHIG funding, a five-year investment from 2022 to 2027 that supports health departments in expanding their workforce and modernizing their infrastructure.



## Public Health Infrastructure Grants Workforce Funding by State Recipient

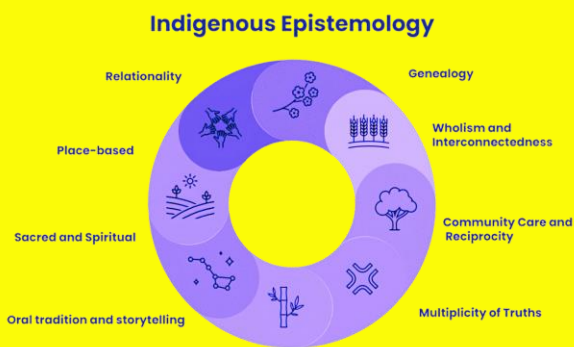
\$6.78M \$141.43M



# The Purpose

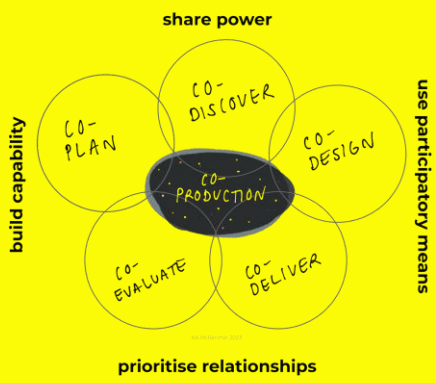
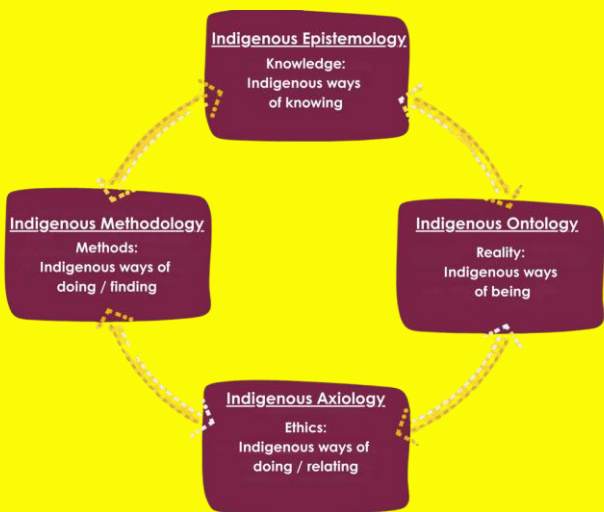


The TCC is rooted in the pursuit of **epistemic repair**, addressing the longstanding attempts by colonial-driven systems to silence the Native narrative and erase Indigenous peoples’ contributions, knowledge systems, and ways of being **fostering a deeper understanding of the underlying factors** that contribute to disparities in today’s Tribal communities.

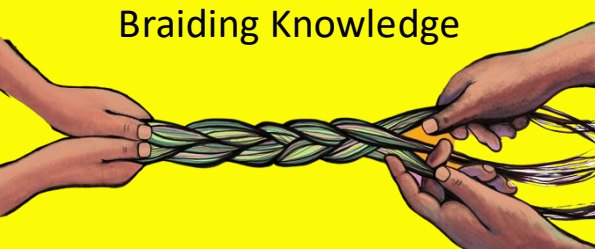
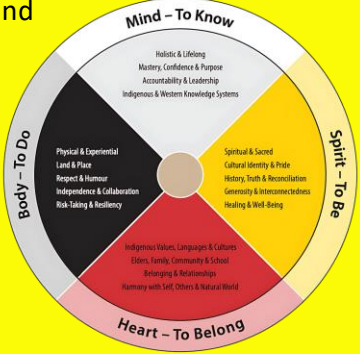


As a centralized hub, the TCC restores and elevates **Indigenous epistemologies** by offering culturally grounded educational resources, **Indigenous-driven learning pathways**, and meaningful connections to Indigenous public health knowledge growers.

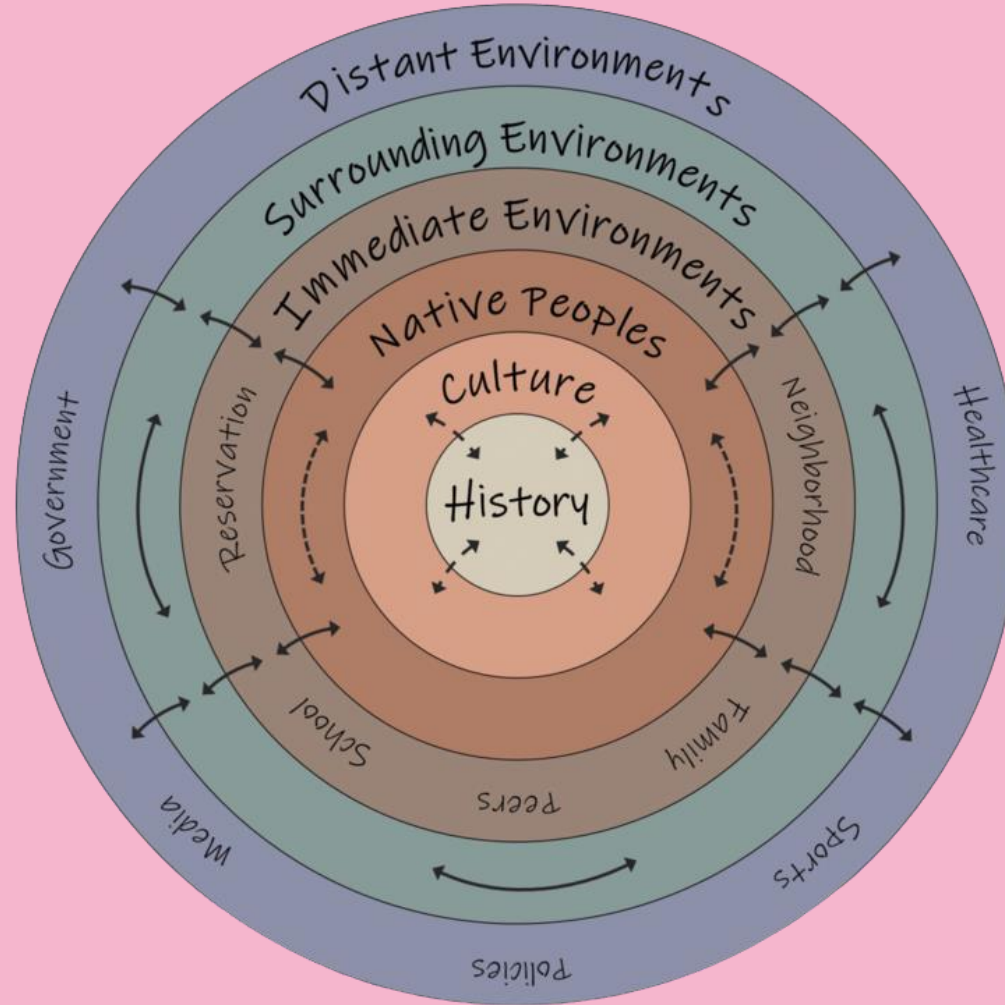
Through purposeful design, the TCC nurtures **intentional relationship-building** between PHIG-funded health departments and Tribal public health organizations, **strengthening capacity** that in turn cultivates a public health workforce that respects and uses cultural knowledge, advances relational accountability, and supports Tribal communities in defining and leading their own paths to wellness.



Ultimately, the TCC creates a conduit for Indigenous narratives to be shared and heard, facilitating culturally responsive public health practices that promote healing in Tribal communities while honoring Tribal sovereignty, **cultivating a resilient public health ecosystem**.

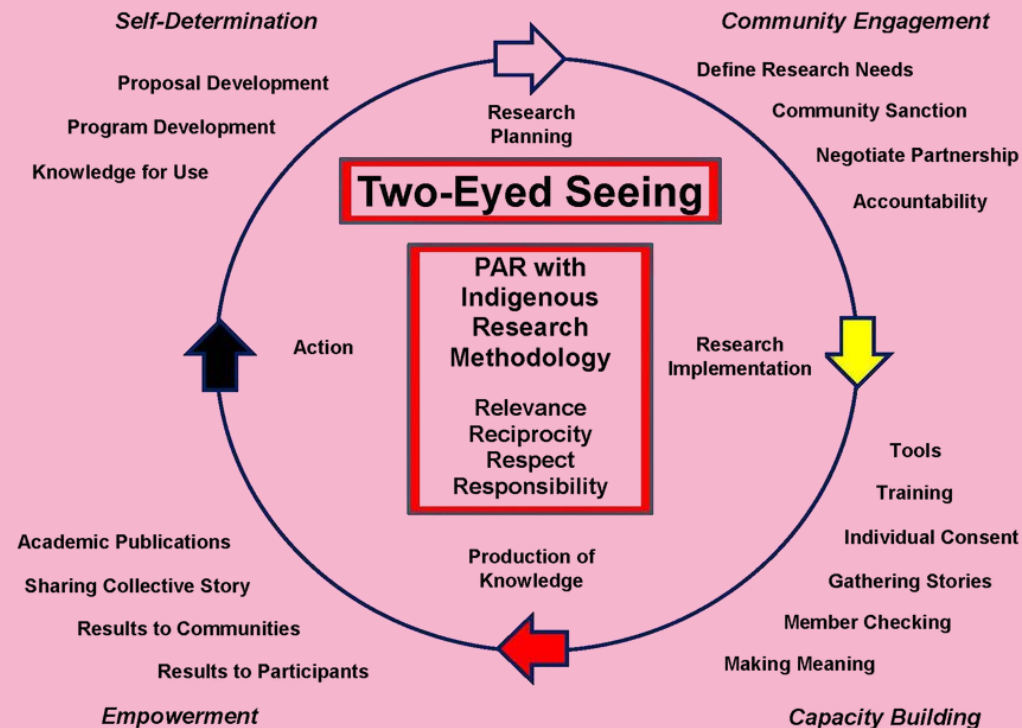


# Indigenous Frameworks



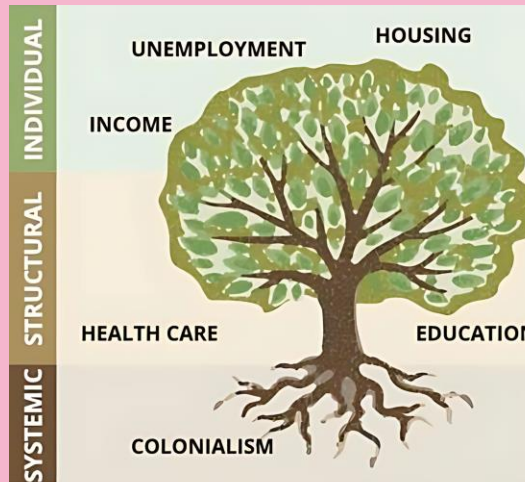
# Indigenous Frameworks

Two-Eyed Seeing  
(Etuaptmumk)



# Indigenous Frameworks

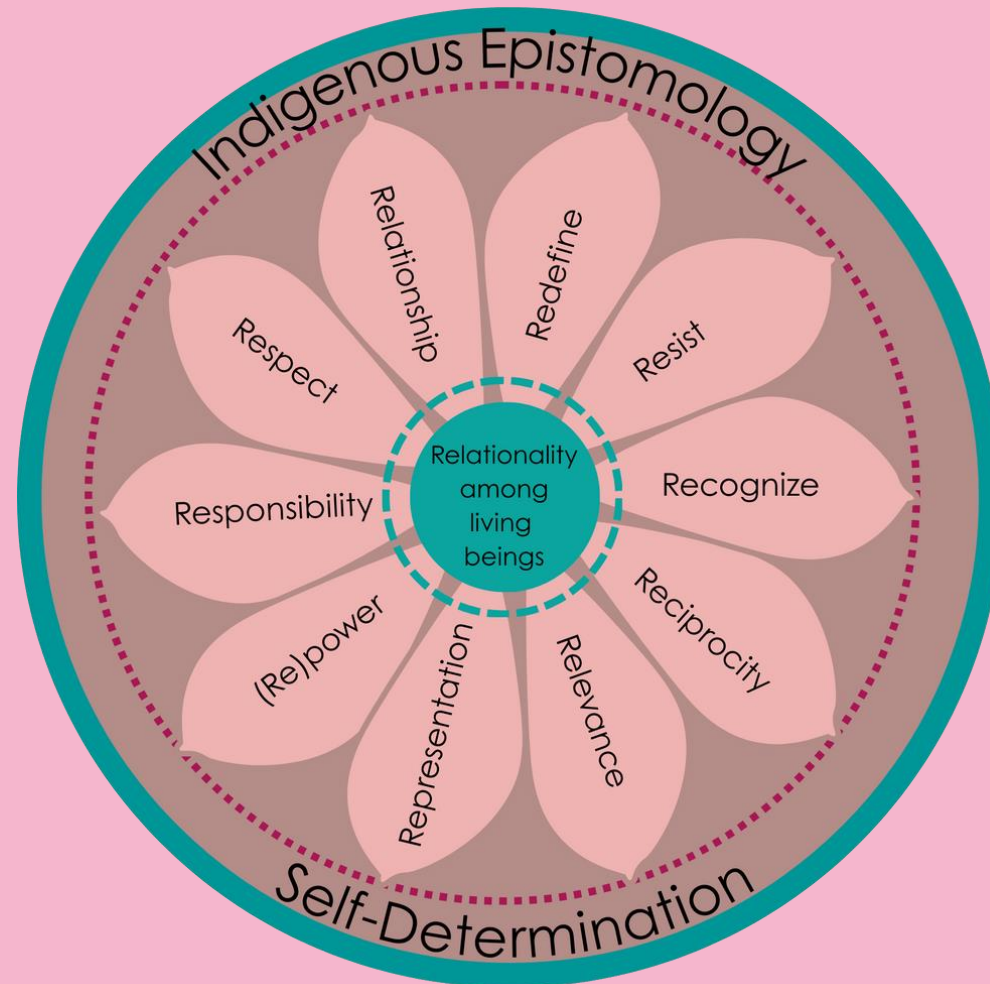
## Indigenous Social Determinants of Health (ISDoH)



| ISDoH  | Descriptions  |
|--|---|
| 1. Historical  | The impacts of colonization, forced displacement, forced assimilation, and cultural erasure.  |
| 2. Cultural Determinants                                   | The importance of cultural identity, language, traditions, and spirituality in maintaining well-being.  |
| 3. Indigenous Knowledge & Education Determinants           | Ways to process, understand, teach, and take collective actions (Gone 2019). Ways to be in community, including but not limited to benefiting from prayer, mutual aid, togetherness, cultural connectedness, and other shared experiences that support wellness (Straits et al., 2019). |
| 4. Sovereignty & Political Determinants                    | Indigenous governance, self-determination, and the right to shape policies.   |
| 5. Resource Access & Stewardship Determinants              | Ability to access, manage, and benefit from natural, cultural, and societal resources (land, water, food, medicines). Connects the idea of the economy to land and relationality, rather than money alone.  |
| 6. Relational Determinants                                 | Family and community support systems, including kinship networks, both human and non-human.   |
| 7. Ecological Determinants                                 | Interactions between living beings and the environment. How humans and non-human beings coexist, impact, and interact with one another.   |
| 8. Health & Healing Systems Determinants                   | Access to culturally appropriate, community-driven health services including the role of spirituality, ceremonies, and sacred practices in promoting well-being.  |
| 9. Psychosocial Determinants                               | The impact of historical trauma, mental health, substance use, and suicide rates.   |
| 10. Structural, Systemic & Racial Determinants             | Access to resources and consideration of various factors such as historical trauma, exposure to racial discrimination, and microaggressions based on skin color and/or Tribal membership (Lewis et al., 2023).  |
| ** Seven Directions influenced model (Parker et al., 2023) |   |

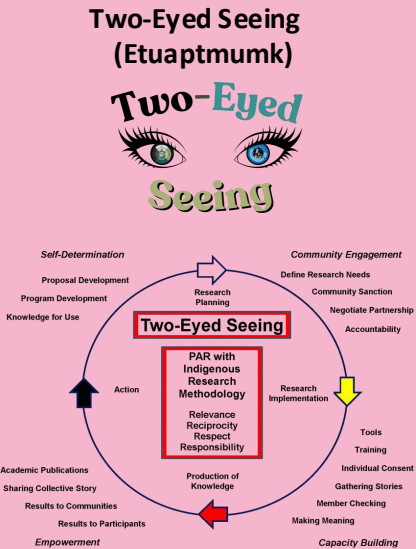
# Indigenous Frameworks

## 10 Rs of Indigenous Research



# Indigenous Frameworks

The TCC will center Indigenous paradigms and concepts:

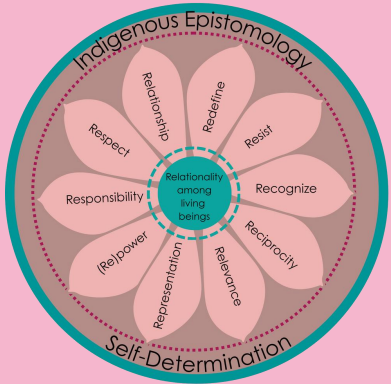


Indigenous Social Determinants of Health (ISDoH)

| ISDoH  | Descriptions  |
|--|---|
| 1. Historical                                    | The impacts of colonization, forced displacement, forced assimilation, and cultural erasure.  |
| 2. Cultural Determinants                         | The importance of cultural identity, language, traditions, and spirituality in maintaining well-being.  |
| 3. Indigenous Knowledge & Education Determinants | Ways to process, understand, teach, and take collective actions (Gone 2019). Ways to be in community, including but not limited to benefiting from prayer, mutual aid, togetherness, cultural connectedness, and other shared experiences that support wellness (Straits et al., 2019). |
| 4. Sovereignty & Political Determinants          | Indigenous governance, self-determination, and the right to shape policies.   |
| 5. Resource Access & Stewardship Determinants    | Ability to access, manage, and benefit from natural, cultural, and societal resources (land, water, food, medicines). Connects the idea of the economy to land and relationality, rather than money alone.  |
| 6. Relational Determinants                       | Family and community support systems, including kinship networks, both human and non-human.   |
| 7. Ecological Determinants                       | Interactions between living beings and the environment. How humans and non-human beings coexist, impact, and interact with one another.   |
| 8. Health & Healing Systems Determinants         | Access to culturally appropriate, community-driven health services including the role of spirituality, ceremonies, and sacred practices in promoting well-being.  |
| 9. Psychosocial Determinants                     | The impact of historical trauma, mental health, substance use, and suicide rates.   |
| 10. Structural, Systemic & Racial Determinants   | Access to resources and consideration of various factors such as historical trauma, exposure to racial discrimination, and microaggressions based on skin color and/or Tribal membership (Lewis et al., 2023).  |

\*\* Seven Directions influenced model (Parker et al., 2023)

10 Rs of Indigenous Research



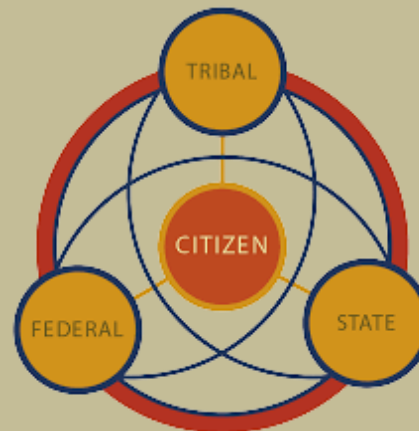
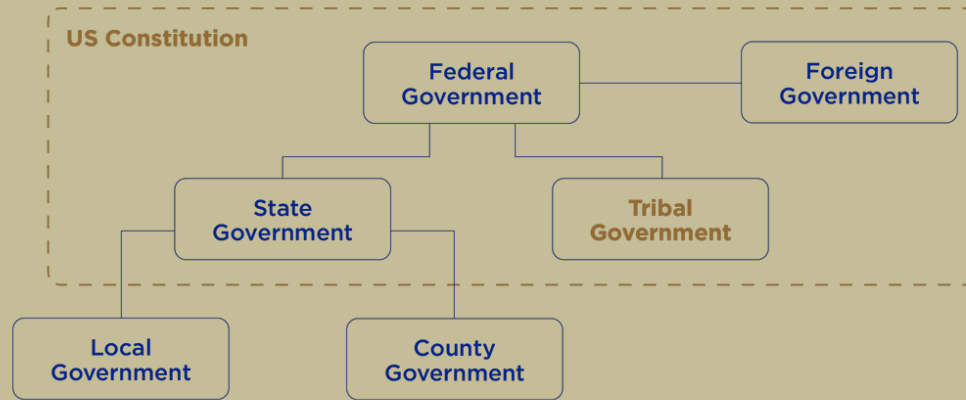
**Why it Matters:** Understanding Indigenous frameworks helps Tribal and non-Tribal public health professionals build respectful, culturally responsive partnerships, address root causes of health inequities, and promote outcomes that are not only effective but deeply resonant with Indigenous worldviews.

These outcomes carry the spirit of Indigeneity: they reflect our stories, honor our ancestors, and make space for future generations. When Native people can see themselves, their values, and their knowledge systems embedded in public health efforts, trust is restored, healing begins, and true transformation becomes possible.

# Tribal Sovereignty

## Tribal Nations are Recognized Sovereigns

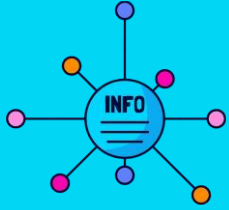
The US Constitution explicitly recognizes four sovereigns:



# Tribal/Indigenous Data Sovereignty

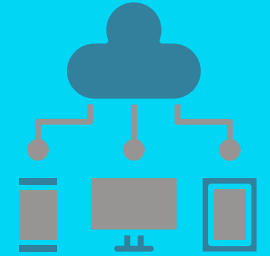


# Core Features of the TCC



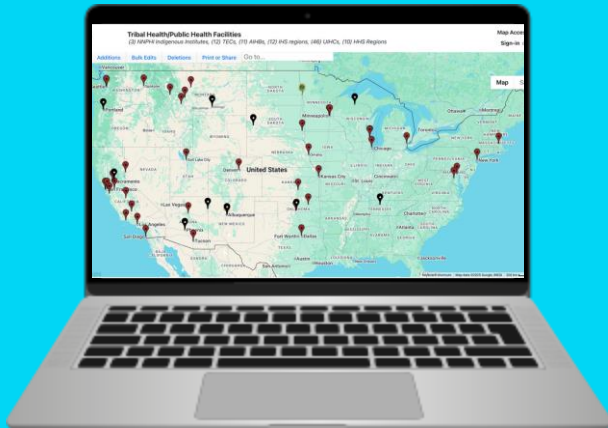
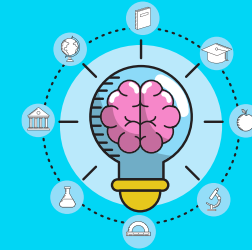
## 1. Online Resource Hub

- **What it Offers:** Centralized digital platform housing resources for Tribal public health professionals and HDs.
- **Why it Matters:** Enables equitable access to tools and guidance; encourages cross-sector collaboration.



## 2. Menu of Virtual Trainings and Learning Pathways

- **What it Offers:** Training on public health core competencies taught with a Tribal lens, including culturally respectful engagement strategies featured on the NNPHI Public Health Learning Navigator platform.
- **Why it Matters:** Provides culturally relevant, skill-building opportunities for both Tribal and non-Tribal practitioners.



## 3. TCC Interactive Map

- **What it Offers:** Displays Tribal Health Departments, Tribal Epidemiology Centers, and Indigenous Health Programs with contact information.
- **Why it Matters:** Promotes outreach and relational bridges between HDs and Tribal partners; lifts visibility of Indigenous health systems



# Additional TCC Features

## 4. Learning Opportunities for Tribal Public Health Professionals

- **What it Offers:** A directory of certifications, training programs, and continuing education tailored for careers in Tribal public health.
- **Why it Matters:** Facilitates professional growth, workforce retention, and long-term sustainability in Tribal communities.



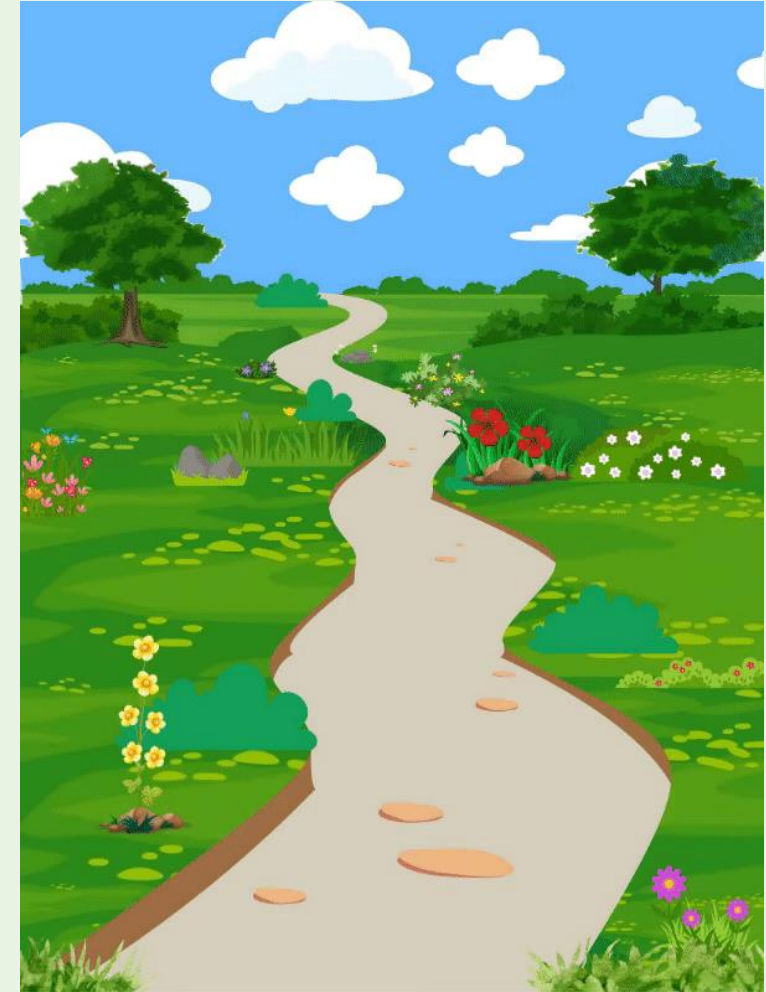
## 5. Tribal Public Health Knowledge Growers Hub

- **What it Offers:** A curated network of Indigenous public health leaders, mentors, and advisers.
- **Why it Matters:** Encourages peer learning, mentorship, and knowledge exchange; fosters cross-sector trust and collaboration.



# Timeline for the TWCC

| Month                | Phase                        | Theme Title                    | Logic Model Alignment                                    | Description / Intent   |
|----------------------|------------------------------|--------------------------------|--|--|
| <b>July 2025</b>     | Relationship Building        | “Preparing the Soil”           | Inputs: Partnerships, Leadership, Core Team              | Begin by honoring relationships, history, and place. Host listening sessions with Tribal and non-Tribal partners to ground the TCC in relational accountability and shared values. |
| <b>August 2025</b>   | Relationship Building        | “Planting the Seeds”           | Activities: Partner engagement, Governance formation     | Establish a shared vision and goals rooted in Indigenous ways of knowing. Define roles, commitments, and pathways for collaborative growth.  |
| <b>November 2025</b> | Content Collection           | “Gathering Knowledge Bundles”  | Activities: Content development, Data gathering          | Collect stories, frameworks, tools, and curricula from Tribal and non-Tribal partners. Emphasize community voices and cultural strengths.  |
| <b>February 2026</b> | Pathway Design & Development | “Cultivating Pathways”         | Outputs: Resource hub structure, Training roadmap        | Build out the TCC platform and curricular pathways. Organize training modules, mentorship connections, and resource categories with cultural responsiveness.                       |
| <b>May 2026</b>      | Website Review               | “Nurturing the Infrastructure” | Short-Term Outcomes: Validated structure, Trust building | Conduct internal review of platform functionality and alignment with cultural and accessibility standards. Invite feedback from early advisors.                                    |
| <b>August 2026</b>   | Website Testing              | “Walking the Path Together”    | Activities: User testing, Pilot engagement               | Launch beta testing with cross-sector users. Document feedback loops and ensure the platform supports Tribal public health growth and mutual learning.                             |
| <b>November 2026</b> | Wrap-Up & Dissemination      | “Harvesting the Knowledge”     | Outcomes: Knowledge-sharing, Workforce strengthening     | Celebrate the TCC as a living cultivating center. Share impact stories, launch the public version, and initiate seeding efforts for future training and replication.               |



# Next Steps for Health Departments

Let us know what you would like to see reflected in this resource to support relationship building between your health department and Tribal health:

- Complete a brief survey (link/QR code)



# Keep in Touch!!



**Rising REZilience:**

**Laura Sawney**

**[laura.sawney@risingrezilience.com](mailto:laura.sawney@risingrezilience.com)**



**NNPHI:**

**Upama Aktaruzzaman (Project Lead)**

**[uaktaruzzaman@nnphi.org](mailto:uaktaruzzaman@nnphi.org)**



**NNPHI:**

**Garlie St. Cyr (Project Support)**

**[gstcyr@nnphi.org](mailto:gstcyr@nnphi.org)**

