


Using Job Analysis Techniques to Understand Training Needs for Promotores de Salud

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Despite the value of community health worker programs, such as Promotores de Salud, for addressing health disparities in the Latino community, little consensus has been reached to formally define the unique roles and duties associated with the job, thereby creating unique job training challenges. Understanding the job tasks and worker attributes central to this work is a critical first step for developing the training and evaluation systems of promotores programs. Here, we present the process and findings of a job analysis conducted for promotores working for Planned Parenthood. We employed a systematic approach, the combination job analysis method, to define the job in terms of its work and worker requirements, identifying key job tasks, as well as the worker attributes necessary to effectively perform them. Our results suggest that the promotores' job encompasses a broad range of activities and requires an equally broad range of personal characteristics to perform. These results played an important role in the development of our training and evaluation protocols. In this article, we introduce the technique of job analysis, provide an overview of the results from our own application of this technique, and discuss how these findings can be used to inform a training and performance evaluation system. This article provides a template for other organizations implementing similar community health worker programs and illustrates the value of conducting a job analysis for clarifying job roles, developing and evaluating job training materials, and selecting qualified job candidates.

Keywords: community health workers; Promotores de Salud; job analysis; sexual and reproductive health; Latinos

► INTRODUCTION

Overview

The purpose of this article is to introduce job analysis to health care practitioners involved with

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community health worker (CHW) programs. Job analysis is the process of defining a job in terms of key work activities and characteristics of effective workers (Brannick, Levine, & Morgeson, 2007; Morgeson & Dierdorff, 2011). This information is critical for developing and implementing effective organizational processes such as hiring, training, and performance evaluation protocols. In this article, we detail a job analysis we conducted on *Promotores de Salud* CHWs to illustrate the process, we share our findings regarding *promotores*' tasks and attributes, and we demonstrate how these findings can be applied by describing the development of our *promotores* training program. This project provides a tool that will help CHW programs on many levels. First, it helps programs understand the wide range of CHWs' formal and informal roles and responsibilities. Second, it allows programs to set up program-specific training criteria in the absence of national- or state-level training/certification standards. Third, it provides detailed job information that can be used to improve CHW hiring and performance evaluation processes.

Background

Despite the U.S. Latino population reaching over 57 million in 2015 (U.S. Census Bureau, 2015), Latinos face serious health disparities in access to sexual and reproductive health services, resulting in higher rates of health issues across these domains. In 2015, the rate of reported cases among Latinos was 1.99 times higher for chlamydia (Centers for Disease Control and Prevention [CDC], 2016c), 1.82 times higher for gonorrhea (CDC, 2016d), and 2.22 times higher for primary and secondary syphilis (CDC, 2016e) as compared to non-Hispanic Whites. Although the rate of HIV diagnoses was 3.02 times higher for Latinos from 2010 to 2014 (CDC, 2015), only 58% of Latinos diagnosed with HIV were retained in HIV care in 2013 (CDC, 2016b). From 2008 to 2012, Latina women experienced an incidence rate of cervical cancer 1.44 times higher than non-Hispanic White women and a mortality rate 1.35 times higher (American Cancer Society, 2015). Latinas also had lower screening rates for cervical cancer and were less likely to adhere to recommended follow-up regimens (American Cancer Society, 2015). Furthermore, Latinas report higher rates of unintended pregnancies. According to a study by Finer and Zolna (2016), 50% of pregnancies among this group in 2011 were unintended, in contrast to 38% among non-Hispanic White women. The scope of these health disparities presents a serious challenge for the health care system that must be addressed.

Numerous factors contribute to poorer sexual and reproductive health outcomes for Latinos in the United States. Language barriers, low health literacy levels, and, in certain regions, fear of deportation discourage Latinos from accessing health resources (Loue, Cooper, & Lloyd, 2005; Marshall, Urrutia-Rojas, Mas, & Coggin, 2005). Cultural norms, practices, and experiences also play a role. For example, acculturation has been associated with increased sexual risk-taking (Afaible-Munsuz & Brindis, 2006), gender norms influence sexual conduct and sexual health care utilization (Kalmuss & Austrian, 2010; Upchurch, Aneshensel, Mudgal, & McNeely, 2001), and stigma surrounding nonconformity to gender roles (e.g., homosexuality, bisexuality) can lead to reluctance in seeking out treatment and prevention services (CDC, 2016a). These are complex, and in some cases, systemic, impediments to health care access. Effective and innovative strategies to overcome these barriers requires culturally responsive interventions, at multiple levels, that connect individuals from hard-to-reach communities to health services.

Several research and practice teams have demonstrated that access to quality health care within Latino populations can be improved through culturally competent and linguistically appropriate services (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003; Goode, Dunne, & Bronheim, 2006). Similarly, reaching underserved vulnerable individuals and linking them to care is a critical component to reducing health disparities (Smedley, Stith, & Nelson, 2003). CHW programs are one approach that has shown promise in these arenas. According to the American Public Health Association (2001), CHWs are lay public health workers who provide direct services to members of a community and are, most often, trusted members of the community they serve. CHWs play a critical role in providing education, offering peer support, and facilitating linkages to health care in a culturally responsive way. In 2011, the U.S. Department of Health and Human Services (HHS) Office of Minority Health introduced the Action Plan to Reduce Racial and Ethnic Health Disparities. A cornerstone of their plan are *Promotores de Salud* (translated to health promoters), the equivalent of CHWs but with a focus specifically on the Hispanic population. The plan promotes the use of *promotores* as critical liaisons between community members and health care services and exemplifies a purposeful effort to address the health disparities among at-risk groups like Latinos.

Although the use of CHWs has grown rapidly and their effectiveness in health promotion is widely accepted, very little work has been done to formally define CHWs' roles. In a recent review, WestRasmus, Pineda-Reyes, Tamez, and Westfall (2012) identified 63

commonly used research terms for CHWs, ranging from “public health aide” to “natural caregiver” to “community-based health navigator.” The roles and duties associated with the job are as varied as these titles suggest. According to one national survey of CHWs, duties varied between health promotion and education, assistance in accessing medical and nonmedical programs and services, translation services, social support, and transportation services. Similarly, the model of care ranged greatly between being a member of a care delivery team, acting as a patient navigator, conducting basic health screenings and providing education, conducting outreach to enroll and connect individuals to care, and last, being a community organizer (HHS, 2007). This extraordinary variability in roles has presented challenges to the field in establishing formal training programs and credentialing initiatives for CHWs. As a result, the content of such training programs has been determined at the state or community level through a variety of policy-making entities and with very little consistency across organizations (Miller, Bates, & Katzen, 2014). In fact, the Association of State and Territorial Health Officials noted that, as of January 2017, there were only 20 states with established training/certification standards, 10 of which had core competencies established. The HHS’s Action Plan attempts to address this by incorporating the development of a national training curriculum and uniform national recognition into their strategic goals. However, as of 2015, progress has been limited to the development of online learning modules that do not meet any core CHW competency requirements for state certification (HHS, Office of Minority Health, 2015). Thus, the major lack of clarity and congruency regarding CHWs’ roles continues to plague the field.

Understanding and defining the roles of CHWs is critical for programs that employ them. To this end, a recent study by Lechuga, Garcia, Owczarzak, Barker, and Benson (2015) sought to shed light on the important roles and characteristics of CHWs promoting sexual and reproductive health in Wisconsin. The research and practice team used qualitative interviews to reach their goals, identifying the varied roles (real and expected) of CHWs, as well as challenges faced by workers in the field as a result of these role ambiguities. This work not only demonstrated that CHWs often go beyond their prescribed roles to serve their communities but also highlighted the need for systematic approaches for understanding what workers must do to be effective. This information is prerequisite to the development of recruitment and hiring protocols, for implementing training programs, and for evaluating the effectiveness of CHWs in the field (Brannick et al., 2007).

Using Job Analysis to Clarify CHW Roles

The present work stems from a partnership between Planned Parenthood of the Rocky Mountains (PPRM) and Colorado State University to establish a new *Promotores de Salud* network to promote sexual and reproductive health among Latina women in Denver, Colorado. In approaching the development of our new CHW initiative, we recognized the importance of clearly understanding and defining the roles of a CHW in this setting for hiring, training, and evaluating them. To accomplish this, we conducted a formal job analysis of *Promotores de Salud* working to promote sexual and reproductive health. The purpose of this article is not to propose a set of CHW competencies or a defined scope of practice but rather to present the process of our job analysis and demonstrate the utility of its findings for CHW programs. This provided insights into the development of program-specific competencies in the absence of state or national guidance. We believe that the dissemination of our methods, as well as our synthesis of the information collected, may provide a valuable road map to other practitioners seeking to clarify the role of their program-specific CHWs.

A job analysis is a systematic approach for understanding and defining the nature of a job (Brannick et al., 2007). It breaks jobs down into key components, for example, defining them in terms of their work role requirements (critical tasks and responsibilities), work context (physical and social environment), or worker characteristics (essential knowledge, skills, and abilities). As a structured and formalized process, job analysis provides more thorough and accurate job information than qualitative interviews with workers because it draws from a wide array of information sources and includes steps to corroborate findings at several stages. This helps capture nuances of the job, reduce misinformation from subjective judgment, and improve the overall reliability of findings. These benefits have cemented job analysis as a fundamental building block for employment decision making (Morgeson & Dierdorff, 2011); job analysis findings are widely used by industrial/organizational psychologists and human resource managers to inform selection, performance management, and training systems in organizations. In fact, job analysis’ role in the development and implementation of such organizational processes has been legally mandated by courts in the United States to address discriminatory practices (Brannick et al., 2007; Equal Employment Opportunity Commission, Civil Service Commission, U.S. Department of Labor, & U.S. Department of Justice, 1978; Thompson & Thompson, 1982). These

factors make job analysis a particularly well-suited tool for understanding what promotores do and how to best train them for it.

Job analysis is a process that is widespread in the private sector but less widely known in the nonprofit sector. The nuanced job information it produces can be used for developing or evaluating selection systems, training programs, and performance appraisals for promotores. Such applications can help address the absence of consistent credentialing programs that is currently challenging the CHW field. A job analysis can benefit even CHW programs that already have an established set of competencies. As a bottom-up approach, job analysis gathers information from those *doing* the work and can therefore provide a more detailed and specific description of the nature of the job. Furthermore, the job analysis process is flexible, and programs can tailor their approach to obtain information based on their own unique needs. For example, a program intent on improving their hiring process can focus a job analysis to identify qualities that make a job candidate successful in the job.

Aims of This Article

Given the relative novelty of job analysis in the nonprofit sector and its benefits for the human resource aspects of CHW programs, we detail our approach to increase awareness of this tool for practitioners. Specifically, our aims here are (1) to provide an overview of the job analysis procedure to introduce it to health care practitioners, (2) shed light on the important tasks and worker characteristics for the promotores job, and (3) to provide an example for how these findings can be applied to organizational processes such as training program evaluation and performance appraisals. We hope that this article can serve as a template practitioners can follow when conducting their own job analyses and that our findings can be used as an additional information source for job analyses involving CHW programs with similar health education goals.

► METHODOLOGY FOR CONDUCTING THE JOB ANALYSIS

We used a hybrid job analysis approach known as the combination job analysis method (C-JAM; Brannick et al., 2007; Levine, 1983). It is known as a “hybrid” approach because it provides information about both the job and its workers. Specifically, C-JAM identifies essential job tasks and functions as well as the worker attributes needed to effectively perform them, connecting what is being done on the job to what it takes to do

it. Many job analysis approaches exist, though we preferred C-JAM over other methods because its findings can be readily applied to several organizational processes. For example, job task information can inform the writing of detailed job descriptions used for recruitment, provide context for what training must prepare promotores to perform, and define specific activities that promotores’ performance can be evaluated on. Worker attribute information can specify job-relevant characteristics of effective promotores that hiring decisions can be based on and that training programs can target for development. We intended to implement selection, training, and performance evaluation systems for our new promotores network, and selected C-JAM because it best suited our program’s specific needs.

We carried out the analysis in three phases. The goal of Phase 1 was to identify as many job tasks as possible. In Phase 2, these tasks were used as a foundation for identifying important worker attributes. In both Phases 1 and 2, we relied on subject matter experts (SMEs; individuals who possess hands-on job experience) for job task and worker attribute information, which we gathered through focus group meetings. Because there was no promotores program currently at PPRM, we conducted the job analysis with SMEs from Planned Parenthood Los Angeles (PPLA) involved in a sexual and reproductive health education program similar to what we were developing. The Denver program would not only be modeled after PPLA’s program but the training curricula would be almost identical. Conducting a job analysis at a different, comparable site is common practice when a job does not yet exist at the target site (Brannick et al., 2007). Because we would rely on worker attribute information more heavily for our purposes, Phase 3 was devoted to supplementing identified attributes with information from additional sources. Furthermore, because information was gathered from the Los Angeles site, Phase 3 also had SMEs from PPRM review attributes to ensure that they were relevant for the promotores program in Denver. In the following sections, we describe our specific methods for each phase. An overview of this process is illustrated in Figure 1.

Phase 1: Identifying Job Tasks

The goal of Phase 1 was to produce a comprehensive list of key tasks, activities, and functions involved in the promotores job. We gathered eight SMEs (seven current promotores, one promotores program manager) from PPLA, all involved in the program ours was modeled after, to participate in a virtual focus group. This focus group was conducted in Spanish via videoconference software. The 5-hour session began with a brief

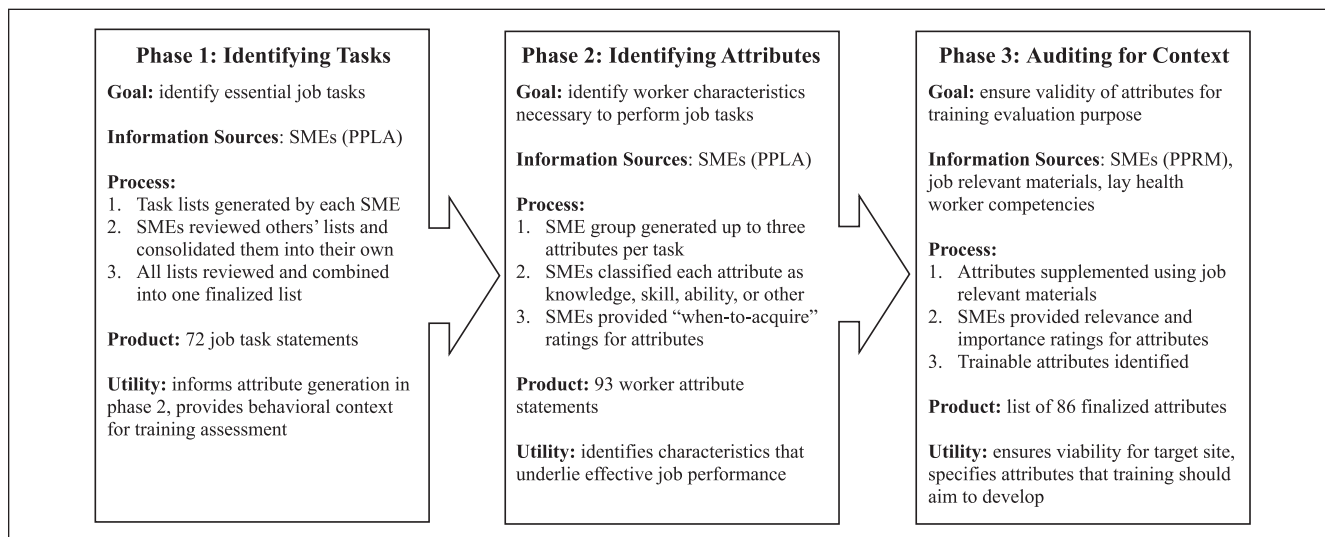


FIGURE 1 Overview of the Job Analysis Process

NOTE: SME = subject matter expert; PPLA = Planned Parenthood Los Angeles; PPRM = Planned Parenthood of the Rocky Mountains.

presentation that provided instructions and examples for writing task statements. Following this, we had the SMEs write down as many task statements as they could generate. These lists were gathered and copied during a 30-minute lunch break. Afterward, we distributed copies of each list and instructed the SMEs to consolidate them into a single list. This entailed determining if individual task statements were relevant to the job, discarding duplicate statements and adding tasks they believed were missing. At the end of the session, we collected eight unique consolidated lists (one from each SME).

We aggregated these eight lists and translated statements from Spanish to English to allow for input from non-Spanish-speaking organizational stakeholders (materials were translated back and forth throughout the job analysis process as needed). Two trained job analysts and an SME from PPRM reviewed the list to eliminate redundancy and edit statements for clarity. We grouped tasks into functional categories based on conceptual relatedness of the activity (e.g., documentation, facilitation/teaching) to help organize the findings.

Phase 2: Identifying Worker Attributes

The goal of Phase 2 was to produce a list of worker attributes necessary to effectively perform each task identified in Phase 1. A second focus group was conducted in Spanish with six new SMEs (five promotores, one promotores program manager) from PPLA;

different SMEs were used to avoid biased information from relying on a single group. The 5-hour focus group began with a presentation that provided instructions for generating attribute statements. For each task statement, we asked SMEs to discuss what attributes a worker needed to effectively perform it, and then select up to three of the most important attributes they identified. This was done as a group for every task statement. We then instructed them to classify their attributes into one of four categories—"knowledge," "skill," "ability," or "other"—that best described each attribute (e.g., *knowledge* of locally available health care services, *skill* in oral communication).

Once attributes were generated for all tasks, we distributed copies of the full attribute list to SMEs and asked them to indicate when each attribute should be acquired by promotores. Specifically, individual SMEs noted whether it should be expected among new candidates applying for the job (already possessed), learned during job training (during training), or acquired through on-the-job experiences (on-the-job). We collected SMEs' attribute lists with accompanying "when-to-acquire" ratings at the end of the session. Following the session, we determined when specific attributes should be acquired by promotores by attaching a number value to the SMEs' when-to-acquire ratings (1 = *already possessed*, 2 = *during training*, 3 = *on-the-job*) and calculated a mean score for each attribute. We set cutoff scores for each category: Attributes with scores from 1.00 to 1.49 should be expected from new candidates, those with scores from 1.50 to 2.50

were considered important to acquire during training, and those with scores from 2.51 to 3.00 should be developed through on-the-job experience. Due to the small sample of six raters, we could not set cutoff scores using a purely empirical method. Instead, we set discretionary cutoffs with the largest range for the “during training” classification. This was done because the most direct way to ensure all promotores possessed important attributes was to cover them in training. The larger range thus allowed us to cast a broad net, so that any attribute that was potentially important to cover in training was reviewed for inclusion.

Phase 3: Finalizing Attributes

The goal of Phase 3 was to finalize the attributes identified in Phase 2 that would ultimately inform the design of our personnel systems. This involved two stages. In the first stage, we supplemented the attributes with information from additional job-relevant sources to ensure the appropriateness and comprehensiveness of their content. In the second, we had SMEs review the updated list of attributes to determine their relevancy to the implementation site, and the relative importance of each attribute.

Stage 1: Supplementing Attributes. Prior to any revisions, two job analysts and an SME from PPRM reviewed the attribute list to eliminate redundancy, check the appropriateness of classifications, and improve statement clarity. We consulted additional resources to corroborate and expand on the focus groups’ input, including the “community health workers” entry on O*Net (National Center for O*NET Development, 2016) and organizational materials from PPRM (current promotores training modules, performance appraisal guidelines, and organizational mission and values statements). These resources informed how we phrased and categorized attribute statements, and helped identify missing content used to write new attributes.

These revised attributes were then compared to competencies developed for lay health workers operating in Colorado by the Colorado Department of Health Care Policy and Financing (Fallabel, Case, & Kaye, 2015). These competencies propose criteria that all lay (community) health workers should strive to demonstrate in the field but are not limited to promotores. Although competencies are much broader in scope than job analysis findings, both provide insights on job expectations and should therefore align; inconsistencies would suggest possible areas to supplement our findings.

Stage 2: Auditing for Context. Because attributes were identified by SMEs from Los Angeles, it was necessary to have SMEs from the implementation site review them to ensure their relevancy to, and importance for, the program in Denver. We assembled a group of SMEs from PPRM (nine members of the implementation program’s community advisory council) to review the updated attributes. SMEs rated each attribute on how relevant it would be to the job at the PPRM site (1 = *not at all relevant*, 5 = *very relevant*) and how important it was for promotores to possess the attribute to be successful (1 = *not at all important*, 5 = *very important*). SMEs also provided feedback on the attributes’ content and phrasing, evaluated the when-to-acquire ratings for new attributes from Stage 1 of Phase 3, and suggested additional attributes for inclusion. This feedback was reviewed by a job analyst and an SME and was ultimately used to inform revisions for the finalized list. We discarded attributes with the lowest rating means (<3.5) and highest rating standard deviations (>1.0; an indicator of poor consensus) because these statistics suggested that some SMEs believed they were not relevant. We rank-ordered the remaining attributes by mean importance ratings. Information on the relative importance helps the organization decide which attributes to prioritize when faced with practical constraints.

► RESULTS OF THE JOB ANALYSIS

The job task focus group (Phase 1) produced a list of 72 task statements, reduced to 68 following informal SME feedback in Phase 2. Sample task statements are presented in Table 1. The worker attribute focus group (Phase 2) produced a list of 93 attribute statements necessary to complete essential job tasks. Several attributes were added and discarded based on SME feedback in Phase 3. Specifically, the local community advisory council identified additional attributes specific to the Denver context, including topics related to civil rights, influential cultural issues such as gentrification and intergenerational differences, and knowledge of community resources for undocumented individuals. At the culmination of this phase, the list included 86 attributes. Sample attribute statements are presented in Table 2. Of these, 35 were classified as knowledge, 35 as skills, 13 as abilities, and 3 as other characteristics.

When-to-acquire ratings indicated that 63 attributes should be acquired through job training, and 8 attributes should be possessed by job candidates, which provided PPRM a set of skills and abilities for which to carefully screen candidates. This included the ability to be empathetic, nonjudgmental, articulate, and professional when navigating sensitive issues. Similarly,

TABLE 1
Sample Task Statements by Category

<i>Category</i>	<i>Sample Task Statements</i>
Communication	Follow up on participants' calls for information on resources. Stay in touch with [my] community contact to notify him or her of any changes in the classes and to learn of any changes on their end.
Documentation	Prepare and submit a copy of my schedule (for teaching classes) to provide supervisor with records and proof of work/planning. Pass around the sign-in sheet to ensure I have a record of all the people in attendance.
Facilitation/teaching	Create a safe learning environment to ensure sharing and participation (i.e., establish rapport/good relationship). Provide instruction on each key topic of sexual health.
Outreach/marketing	Identify places in the community where they need <i>promotores</i> education. Promote our health centers and the program during every class to motivate the participants to access services.
Patient referrals	Gather all pertinent information (complete name, DOB [date of birth], income, etc.) from participant to be able to fill out an appointment request and book it. Follow-up to client referrals to ensure everything went well.
Preparation	Study/review the topic(s) [I] will be presenting beforehand. Visit the Platica location beforehand to familiarize [myself] with the area and ensure the space is appropriate.
Professional development	Give and receive feedback when [I] work with another partner. Share ideas with other promotoras to learn from each other.
Professionalism	Dress in a professional manner to properly represent the agency. Arrive early to the group to be sure everything is prepared and the location is visible.
Soft skills	Observe the group of participants to determine if someone is experiencing difficulty communicating or contributing. Provide parents with tools and strategies to increase parent-child communication about sexuality.

candidates need to possess skills in time management and organization, skills for effectively providing feedback to clients and colleagues, a friendly and engaging personality, and a desire and commitment to helping others. Through the explicit identification of these attributes, PPRM was able to establish key qualities in job candidates that would determine the success of individual *promotores*, and to hire accordingly.

There was considerable overlap between our attributes and the Colorado Department of Health Care Policy and Financing competencies for lay health workers, with the exception of two competencies, which involved civil rights advocacy and cultural competence. Civil rights advocacy was not an official responsibility of the *promotores* program, which explained the lack of overlap. This highlighted a crucial distinction between the demands on PPRM's *promotores* and a more traditional CHW program. Cultural competence, alternatively, is important for *promotores* given their focus on Latino

communities. Because *promotores* often share the same cultural identity as the people they serve, cultural competence may be implicit in their actions and thus may explain why it was not captured by the focus groups. This information was also considered when drafting the finalized attribute list.

► TRANSLATION OF OUR RESULTS TO PRACTICE

Ultimately, our goal was to use these job analysis results to inform the development of a training program and performance assessment for recently hired *promotores* candidates. Because *promotores*' central duty involves providing health education, we elected to use a teaching simulation to assess competency and readiness to begin working in the field, paired with a separate test of sexual and reproductive health knowledge. The worker attributes identified by the job analysis were

TABLE 2
Sample Attribute Statements by Classification

<i>Classification</i>	<i>Sample Attribute Statements</i>
Knowledge	Knowledge of local health resources available that can be referred to clients Knowledge of and familiarity with the region assigned for work
Skill	Skill in building rapport with and presence in the community Skill in communicating in a respectful and professional manner
Ability	Ability to communicate clearly and effectively in oral and written forms so that others will understand Ability to adapt one's personality to the situation, for example, by demonstrating humility, confidence, and cultural sensitivity when appropriate
Other characteristic	Sense of personal commitment to follow through with interpersonal agreements made with participants Personality that is friendly and engaging to others

aggregated into performance dimensions and subdimensions for candidate evaluation. Only attributes designated as important to learn during training and observable through teaching were used for this purpose. Five general dimensions were identified (Table 3), each rated using a 5-point scale (Figure 2). These included interpersonal skills, cultural awareness, effective communication, classroom management, and teaching effectiveness. Job task information was used to establish behavioral anchors (i.e., example behaviors of high, average, and low performance).

These assessments would screen out candidates unprepared for the job, identify areas for further development for those that pass, and help evaluate the efficacy of the training program. Indeed, through this process PPRM identified critical areas where a majority of promotores scored poorly, such as their command of birth control methods, mandating a need to reinforce learning before promotores dispersed into the community. Additionally, through the teaching assessments, we identified a need to develop individualized professional development plans to address areas of growth such as public-speaking skills and maintaining professional boundaries. This performance assessment is just one example of how job analysis results can be used to improve the quality of organizational processes and root them in accurate information about the job and its workers.

► DISCUSSION

In preparation for the development of a new promotores network in Denver, Colorado, we began by executing a job analysis of promotores in a similar organization, focused on a similar population and mission. The intent of this endeavor was to capture a comprehensive list of the core job duties of promotores tailored to the Denver context, as well as the knowledge, skills, and abilities

necessary to successfully carry them out. We followed a principled protocol, the C-JAM (Brannick et al., 2007; Levine, 1983), to conduct our work. To our knowledge, this is the first attempt at defining the roles of CHWs using this particular method, and one of the first attempts to conduct a formal job analysis specifically focused on promotores. We present the methods and results of our job analysis for two reasons. First, the description of our process can serve as a template for other organizations using CHWs that would benefit from conducting their own job analyses. Second, the applications of our findings, as well as the general tasks and attributes themselves, may be useful for other promotores programs interested in improving their personnel systems, and contribute to the literature seeking to clarify CHWs' roles.

Our results suggest that promotores' work is indeed complex, in line with findings from prior research on the nature of work done by CHWs serving Latino communities (e.g., Lechuga et al., 2015; Seth, Isbell, Atwood, & Ray, 2015). The job analysis revealed that important duties of promotores involved communication, documentation, classroom facilitation, community outreach, patient referrals, teaching preparation, professional development, professionalism, and a variety of soft skills. Important worker attributes we assessed in a teaching simulation included interpersonal skills, cultural awareness, communication skills, classroom management, and teaching effectiveness. These findings advance the literature on understanding CHWs' work, which has relied primarily on qualitative interview and survey methods, by using a formal job analysis.

Given that these findings align with those from other studies, as well as the Colorado lay health worker competencies, we believe that they generalize to other CHW programs also focusing on health education. However, it is important to note that job analysis results are not

TABLE 3
Performance Dimensions and Behavioral Definitions From Job Analysis Results

<i>Dimension</i>	<i>Subdimension</i>	<i>Behavioral Definition</i>
Interpersonal skills	Commitment to participants	Discusses personal desire to help participants, discusses organization/program's mission/values of helping the community
	Emotional intelligence	Responds to others' views nonjudgmentally, makes sympathetic/empathetic comments when addressing a sensitive issue such as "I'm sorry" or "I understand how you feel"
	Rapport building	Introduces self and provides appropriate personal background, asks about participants' background, uses appropriate humor, communicates that participants' presence is valued
Cultural awareness	Cultural understanding	Makes comments that demonstrate knowledge of different cultures' needs, challenges, and backgrounds
	Cultural sensitivity	Uses culturally sensitive language, takes cultural issues into account when making suggestions, demonstrates a positive attitude toward other cultures
Communication	Verbal communication	Speaks clearly and at an appropriate volume and pace, conveys information in a straightforward manner, avoids using confusing language or examples
	Nonverbal communication	Maintains eye contact when speaking to others, uses gestures for emphasis without being distracting, conveys confidence through posture and expressions, dresses professionally
	Tact	Uses respectful language, is polite when addressing others, discusses sensitive material in an objective and professional manner
	Value-centric dialogue	Uses inclusive and destigmatizing language that is medically accurate when discussing material
Classroom management	Agenda setting	Communicates an agenda/goals for the lecture, presents an outline of learning material to participants, structures lecture around learning objectives
	Leadership	Structures class discussion/environment, establishes ground rules for class, intervenes when discussion/activities go off-track
	Monitoring	Focuses on important material and avoids personally straying too far off-topic, keeps track of time, comments on participants' reactions to material/discussion
	Preparedness	Has materials prepared at the beginning of class, presentation adheres to the content outlined in the birth control training module
Teaching effectiveness	Promotes learning	Provides additional explanation and/or examples when necessary, asks questions to probe participants' understanding of material, adapts lecture to address difficulties
	Engages participants	Asks questions to prompt discussion among participants, listens actively by restating questions/comments, makes connections between material and participants' experiences
	Accurate representation of abilities	Acknowledges own mistakes, responds with "I don't know" instead of deflecting questions, falls back on content learned during training when she or he doesn't have an answer

intended to generalize to all jobs with the same title; rather, they help define a job within its specific organizational and community context. Thus, we caution others against solely relying on our results when designing their personnel systems, especially those that influence hiring, promotion, and firing decisions. Such systems are most effective when tailored to their specific organization (Brannick et al., 2007) and are more defensible against

wrongful termination or discriminatory hiring cases when backed by job analysis results (Equal Employment Opportunity Commission et al., 1978). Therefore, we suggest that others conduct job analyses on their own CHW programs when designing their personnel systems. Our findings are best used as a road map for the job analysis process and as an additional information source other job analyses can draw from.

Agenda Setting				
Example Behaviors: communicates an agenda/goals for the lecture; presents an outline of learning material to participants; structures lecture around learning objectives.				
Not Demonstrated 1	2	Adequately Demonstrated 3	4	Demonstrated to a High Degree 5
Doesn't provide any sort of outline for the class; doesn't discuss learning objectives.		Provides an organized outline for the class; discusses the class' learning objectives.		Frames learning objectives as questions to be answered or goals to be met and later checks to ensure that they have been met.
Leadership				
Example Behaviors: structures class discussion/environment; establishes ground rules for class; ensures that activities stay on track and don't take up too much time.				
Not Demonstrated 1	2	Adequately Demonstrated 3	4	Demonstrated to a High Degree 5
Provides little guidance for discussion; allows activities to go off track often or take up too much time.		Guides class discussion; reactively adjusts activities that go off track or take too long; sets ground rules for class behavior.		Reinforces desirable participant behaviors by recognizing them; proactively ensures activities don't go off track or take too long.
Additional Notes				

FIGURE 2 Example Implementation of Job Analysis Findings: Teaching Simulation Performance Dimensions Developed Using Worker Attributes; Rating Scale Behavioral Anchors Developed Using Job Tasks

► CONCLUSION

We conducted a job analysis to identify the tasks and worker attributes important for *Promotores de Salud*. This information provides a critical foundation for grounding personnel systems such as training, hiring, promotion, and performance evaluation. By communicating our methods and findings, we hope to raise awareness of the job analysis process and its utility and to encourage others to use similar methods to bolster their own programs. Thus, this article answers calls for more attention to be paid to the human resources aspect of health care initiatives (Chen et al., 2004; Dieleman, Gerretsen, & van der Wilt, 2009). By providing a detailed case study, we illustrate how programs implementing job analyses can improve their workers' training and performance and, in turn, overall program performance. Following these best practices can provide a roadmap for identifying program specific worker competencies in the absence of standardized state- or federally recognized competencies.

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