

# Promotoras: Lessons Learned on Improving Healthcare Access to Latinos

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The Central Valley Health Policy Institute (CVHPI) at California State University Fresno seeks policy and program strategies to reduce racial/ethnic and other social inequities in health among San Joaquin Valley residents. Access to health for this particular population is plagued with barriers, but shares many access barriers with the rest of Californians. California's San Joaquin Valley is a poor region, where significant poverty is present in both urban and rural areas.<sup>1</sup> The region has some of the most medically underserved areas in the state, and the problem is worse for residents of Mexican descent. In 2005, over a quarter (34%) of non-elderly San Joaquin Valley adults who reported being without insurance were born in Mexico.<sup>3</sup>

Through generous grants from the **Centers for Medicare and Medicaid Services (CMS) Hispanic Health Services Research Grant Program** and **Kaiser Permanente (KP) Fresno-Community Benefits Program** CVHPI has been exploring the "Promotora Model" to increase access to Central Valley immigrant elders, adults, and their children. The CMS project focused on legal resident adults and elders while the KP project targeted mixed immigration status families.

## PROMOTORA MODEL

*Promotoras de salud*, also referred to as lay health advisors or Community Health Workers (CHWs), have been used to target hard-to reach populations, traditionally excluded racial/ethnic groups, and other medically underserved communities. *Promotoras* serve as the cultural bridge between community-based organizations, health care agencies, and their respective communities.<sup>4,5</sup> Our innovative effort uses CHWs as promoters of health care access. Promotoras focus on increasing enrollment in health insurance programs, receipt of preventive care services, establishing a usual source of care and improve self-efficacy.

*21.7% of San Joaquin Valley residents are living below 100% of federal poverty level.<sup>2</sup>*

*"A promotora is someone that is working in the community and comes from within the community."*

## POPULATION

The Kaiser Study sample was 103 Fresno County residents who were low-income; undocumented; Latinos ages 18-58. Forty-eight percent of the sample had at least one US born child under age 18 residing in the household. The sample for the CMS study consisted of Latino adults between the ages of 18 through 64 (N=209, 67%) and Latino elders ages 65 and over (N=104, 33%). The participant criteria were Latino adults over age 18 with incomes below 250% of federal poverty level, permanent legal residents or U.S. citizens and residents of Fresno County.

## METHODS

Putting the promotora model into practice from November 2007 through May 2009 consisted of 1) promotora training, 2) community outreach and Latino participant recruitment, 3) a baseline survey (pre-test), 4) participant follow-up calls or visits, referrals, and 5) a three-month follow-up survey (post-test). Thirteen promotoras conducted the CMS assessments and four conducted the Kaiser assessments. In both projects, promotoras assisted the client in developing a plan of action for accessing needed health services and provided assistance in understanding and working with health care insurance and provider organizations. Four indicators of health care access were measured in the baseline and follow-up interviews:

Insurance Status: Does the participant have an insurance provider?

Source of Care: Does the participant have a medical home or primary care provider?

Receipt of Physical: Has the participant received a form of medical preventive care?

Self-Efficacy: How comfortable does the participant feel in making his or her own healthcare decisions?

## RESULTS

Both studies found significant differences in all indicators from baseline to follow up through appropriate statistical tests. Among the documented adult participants (CMS study), 45%, and 70% had insurance at baseline and follow-up respectively, while among the undocumented participants (KP study) 10% and 20% had insurance at baseline and follow-up, respectively. In addition, among the documented adult participants, 60%, and 90% had a regular source of care at baseline and follow-up respectively, while among the undocumented participants 13% and 59% had a source of care at baseline and follow-up, respectively.

Participants in the CMS study who were first generation and of permanent resident status were less likely to establish a source of care or increase their self efficacy, respectively, than their natural born citizen counterparts. In addition to significantly improving access care measures for the Kaiser study adults, 19 out of twenty-one undocumented children who needed a referral for health insurance were enrolled in the Kaiser Permanente Child Health Plan. Overall, documented participants experienced greater access at baseline and more improvement in access than the undocumented. More information about the studies and these analyses are available in the projects' final reports, available at [www.cvhpi.org](http://www.cvhpi.org).

## Participant barriers to healthcare access

*"...for my people who do not know where or with whom to go with, or those of us who do not understand-we are scared of immigration agents."*

*"The Latino thinks that because they were not born here in this country, it is not their nation ... they feel intimidated. As if they don't have the right to receive this service...it also has to do with the fact that they are treated badly."*

Participants provided the promotoras with feedback about how the intervention had increased their healthcare access. The CMS study found that participant's barriers lie primarily at the system level, which shaped personal attitudes thus preventing them from seeking or receiving services. Those who felt they were treated worse because of their race and those who needed more referral sites were significantly less likely to report an improvement in their health care access than were other participants.

According to the 79 participants who completed the follow-up survey, the Kaiser study successfully provided 430 referrals to participants and 321 referrals were provided to their families. Sixty-nine percent of participants reported they would recommend the promotora to a friend or relative.

After the intervention, promotoras noticed a positive impact on participant attitudes towards the feasibility of healthcare access. At the final phase of the study, promotoras were interviewed- they perceived participants as more self-efficacious and their work as an essential component to patient care for underserved populations like Latinos.

## LESSONS LEARNED

There is a continuing need for sustainable funding for promotoras services to achieve appropriate health-care access and utilization for low-income Latinos. The promotora experience of witnessing participant barriers when seeking health care services influenced their performance and evaluation of the process.

The study was designed to measure the impact of a limited promotora intervention over a period of three months. Promotoras became particularly interested in participant needs beyond the study requirements. In order to address participant access barriers, they went beyond their responsibilities- being readily available to participants, volunteering more time, more phone calls, and mileage than required.

Through their contributions, promotoras provided a unique service for participants to overcome system barriers, change their attitudes about, and access to healthcare.

## RECOMMENDATIONS

The work of a promotora can be difficult and emotionally taxing. Ongoing guidance and supervision from the project coordinator is necessary to ensure that promotoras feel supported and encouraged. Furthermore, institutionalization of such a service could be significantly efficient, as an average of 10 hours of intervention per patient can significantly increase healthcare access, including preventative care. Until there are state and national policies that recognize the need for community health workers for those with health care access limitations, promotora model interventions will need to rely on philanthropic funding. Our findings also underscore that as we seek healthier communities, all children residing in the United States, whatever the documentation status of their parents, should be ensured access to health care insurance and access to needed care as part of national and state health reform initiatives.

### Positive Effect of Promotoras

*"It's good to feel that your children have health insurance in case they get sick."*

*"[The Intervention] made them more confident, the fact that we were able to give them a sense of security in case they had a question."*

*"...in the end they were more confident when talking to the doctor, asking questions".*

## AUTHOR INFORMATION

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## ENDNOTES

<sup>1</sup> Bengiamin M, Capitman JA, and Chang X. Healthy people 2010: A 2007 profile of health status in the San Joaquin Valley. Fresno, CA: California State University, Fresno, 2008. Available at: [http://www.csufresno.edu/ccchhs/institutes\\_programs/CVHPI/publications/\\_CSUF\\_HealthyPeople2010\\_A2007Profile.pdf](http://www.csufresno.edu/ccchhs/institutes_programs/CVHPI/publications/_CSUF_HealthyPeople2010_A2007Profile.pdf).

<sup>2</sup> RAND California .2007. Population and demographic statistics: Population estimates. [Data Files]. Retrieved March 2005 from <http://www.ca.rand.org/stats/popdemo/pomdemo.html>

<sup>3</sup> Growing a Healthier San Joaquin Valley: Recommendations for Improving the Public Health and Healthcare Infrastructure. Capitman, J.A., Riordan, D.G., Paul, C.M. (2007).

<sup>4</sup> Andrews, J. O., Felton, G., Wewers, M. E., & Heath, J. (2004). Use of community health workers in research with ethnic minority women. *Journal of Nursing Scholarship*, 36, 358-365.

<sup>5</sup> Swider, S. M. (2002). Outcome effectiveness of community health workers: An integrative literature review. *Public Health Nursing*, 19, 11-20.

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