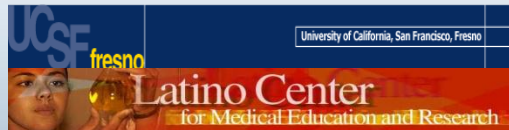


Promotoras: Lessons Learned on Improving Healthcare Access to Latinos

Central Valley Health Policy Institute



In collaboration with:



Made possible by grants from:



Background



- In 2006, the UCSF-Fresno Latino Center for Medical Education and Research (LaCMER) received a CMS HBCU/HSI Health Services Research Grant
- In 2008, CVHPI received a Kaiser Permanente Community Benefits Program
- Both grants allowed CVHPI to explore the “Promotora Model”

Background



- Why Mexicans Immigrants?
- The Promotora Model
 - Commonly referred to as Community Health Workers
 - People from and working for their own community

Aims

- Examine the effectiveness of using trained *Promotoras de salud* to deliver an educational intervention to low-income Latinos in California's Central Valley
- Increase healthcare access to Central Valley immigrant elders and adults
 - Health Insurance
 - Medical Home
 - Preventive Service/Physical
 - Self-efficacy



Objectives

- I. Develop Pre- and Post-test instruments
- II. CBO Partnerships
- III. Recruit Promotoras
- IV. Promotora Training
- V. Resource Manual
- VI. Pilot-test Surveys
- VII. Implement and Evaluate Intervention



CMS and KP Funding

- CMS allowed us to do a large study of adults and elder immigrants
 - 2007-2008
- KP allowed us to examine how well the program could be used for families of mixed legal status (at least one undocumented)
 - 2008-2009

Promotora Training

- Modules
 - Four modules: 1) Background 2) Promotora Role 3) Motivational Interviewing 4) Importance of Access 5) Programs Available



Resource Manual



- Unique, targeted, and specific
 - Contact Information
 - Spanish Speaking Contacts
 - Eligibility Rules
- Varied Resources
 - Health Insurance to Transportation
- Accessible
 - Ready to use tool for all, easier than a phone book!

Survey Instruments



- Conducting motivational interviewing
- Using survey as needs assessment tool
- Filling out tracking sheets
 - Number and nature of contacts between client and promotora
- Post-Test (3-months)
 - Did the Promotora provide the service?
 - Did the person follow up?
 - Why or why not?
 - Is the person more self-efficacious about seeking services?

Impact Indicators



- Health Insurance
 - Does the participant have an insurance provider?
- Medical Home
 - Does the participant have a medical home or primary care provider?
- Physical/Preventive Service
 - 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

Health Insurance



Citizens and Residents

- 45% of our respondents were uninsured at baseline
- At follow-up, 80% were insured through Medicare, Medi-Cal, or a private insurance

Undocumented

- Large majority (90% in our sample) **uninsured**, others rely on Medical-Emergency or buy meds at local pharmacy
- Very few can afford private insurance(2%)
- At follow-up, 20% had health insurance
- Others who could not be enrolled were referred to sliding-scale fee clinics

Results

- All indicators showed dramatic improvements from *baseline to follow-up*
 - **Both** Legal Immigrants and Undocumented Immigrants

Results

CMS



TABLE 8. Paired- Sample T-test. Health care access indicators at Baseline and Follow-up

Indicator	Mean	N	SD	t	P
<i>Insured at Baseline</i>	0.55	284	0.50	8.485	0.000
<i>Insured at Follow-up</i>	0.80		0.40		
<i>Source of Care at Baseline</i>	0.62	272	0.49	9.221	0.000
<i>Source of Care at Follow-up</i>	0.92		0.27		
<i>Physical Received at Baseline</i>	0.36	283	0.48	6.863	0.000
<i>Physical Received at Follow-up</i>	0.64		0.48		
<i>Self-efficacy at Baseline</i>	2.19	289	1.15	12.147	0.000
<i>Self-efficacy at Follow-up</i>	3.24		0.87		

0= No Service 1= Service

p < .000

Results

Kaiser



TABLE 8. Paired- Sample T-test. Health care access indicators at Baseline and Follow-up

Indicator	Mean	N	SD	t	P
<i>Insured at Baseline</i>	0.113	62	0.32	2.423283	0.018
<i>Insured at Follow-up</i>	0.226		0.42		
<i>Source of Care at Baseline</i>	0.138	65	0.35	6.126514	0.000
<i>Source of Care at Follow-up</i>	0.585		0.50		
<i>Physical Received at Baseline</i>	2.636	66	1.51	6.863	0.000
<i>Physical Received at Follow-up</i>	0.955		0.54		
<i>Self-efficacy at Baseline</i>	0.300	20	0.47	4.48527	0.000
<i>Self-efficacy at Follow-up</i>	0.900		0.31		

0= No Service 1= Service

$p < .05$

Children



- Undocumented Children living in mixed status families
- Twenty-one undocumented children needed a referral for health insurance
 - 19 of those subsequently enrolled in the Kaiser Permanente Child Health Plan.

System Barriers



- Fear of being reported, navigating a complex health system, and language barriers exist when seeking care

Patient Quote

“...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.”

- Waiting lists and stringent requirements block access

Promotora Quote

“It was lack of information...A lot of them complain...for the people it is very difficult to gather the required information.”

The Promotora Effect



- Participants and Promotoras alike felt affected
 - Success- Promotoras felt motivated to help people very much like them get access to services

“...not so much being Latina, but being from the same community and have had the same problems as me. They know I’m from the community, they know me and trust me.”

- Challenge- Felt invested in some cases, worked beyond the scope of the project

“100 hours is not enough, we did more than that because of the family needs, not because of the job.”



Lessons Learned

- Promotoras can improve access to care and health care use for Latino immigrants
- Because of systematic barriers to self-efficacy and appropriate use, promotoras are a needed component of the health system in our region
- Sustainable funding for promotora training, placement and supervision are needed
- Promotoras can be the link to the community for improving health access, addressing health emergencies, and increasing opportunities for Latino immigrants

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