Results from a Promotora Model for Improving Latino Health Care Access in California's Central Valley

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INTRODUCTION

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 by 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. 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.

Through a generous grants from the Centers for Medicare and Medicaid Services (CMS), 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.

METHODS

The Promotora Model consisted of:
- 13 Promotoras (CHWs)
- Promotoras training
- Community outreach and Latino participant recruitment
- Baseline survey (pre-test)
- Plan of Action: Referrals
- Participants follow-up: calls visits
- Three-month follow-up survey (post-test)
- Interview with Promotoras

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

Graphs 1 and 2 show the improvements in access to health care services pre and post intervention by age group.

1. The percentage of insured participants increased from baseline to follow-up from 49% to 70% for Adults and from 73% to 90% for Elders.
2. The access to a usual source of care improved after the intervention from 60% to 91% for Adults and from 63% to 95% for elders.
3. Receipt of physical for adults increase from 41% to 69% and for elders from 31% to 65%.
4. The self efficacy of respondents was categorized into low and high self efficacy. At follow-up, more adults reported a high self efficacy (48% to 86%) as well as more adults (44% to 65%).

Table 1. Panel - Prevalence X-Edge: Health care access indicators at Baseline and Follow-up

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<th>Behavior</th>
<th>Mean</th>
<th>N</th>
<th>SD</th>
<th>t</th>
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<td>Insured at Baseline</td>
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<td>272</td>
<td>0.27</td>
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<td>Physical Exam at Baseline</td>
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Table 1 supports the results presented in Graphs 1 and 2. Indicators were analyzed using a paired t-test analysis. All indicators’ differences from baseline to follow-up resulted significant at the .001 value.

REFERENCES


CONTACT INFORMATION

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