

INNOVATIVE STRATEGIES IN DELIVERING HEALTH CARE: THE PROMOTORA MODEL

María Gómez-Murphy, M.A.
Director of Health Promotion/Disease Prevention and Primary Care Research
Mariposa Community Health Center
Santa Cruz County, Arizona

ABSTRACT

Promotora or lay health worker (LHW) models are effective bridges between the traditional health care system and low-income populations who have difficulty accessing the system. Most *promotora* models work within the open system of a community, addressing many types of health problems, and working with many types of people. A *promotora* works within her clients' cultural and psychosocial context. She is a member of the target community and reaches her clients through nontraditional means. She is trained in specific and general health topics, but cannot give medical advice. The *promotora* partners with the targeted population to access quality health care for low-income clients. The program also has an impact on the LHW, creating a spiral effect of personal and community empowerment. As the *promotora* helps others, she helps herself.

PROMOTORA MODELS

Promotora models have a precedent in Third World countries, where health care personnel and resources are scarce, and have worked successfully in the United States since the 1950's. Two examples of U.S. programs are the Navajo Community Health Representatives and the Migrant Farm Worker Outreach Programs of the 1950's and 1960's, respectively.

Most *promotora* models work within the sociocultural, ideological, and environmental systems of a community and address not only a multitude of health problems but also a diversity of people. The *promotora* is a member of the target community and reaches her clients in nontraditional

locations, such as factories, homes, laundromats, and outside churches and shopping malls, and through nontraditional means, such as *pláticas* or health chats. She is trained in general and specific health topics but cannot diagnose or give medical advice. Instead, the *promotora* partners with the targeted population to access health care.

PLATICAMOS SALUD

The Office of Health Promotion/Disease Prevention, also known as *Platicamos Salud* (Let's Talk Health), of the Mariposa Community Health Center uses a lay health worker or *promotora* model to serve the uninsured and underinsured population of Santa Cruz County, Arizona. Nogales, the largest city and county seat, sits on the U.S.-Mexico border. The city has a population of 20,000, with a total population of 30,000 throughout the rest of the mostly rural county. Per capita income is slightly more than \$9,000, resulting in almost 60% of the population living below 200% of the Federal poverty guidelines. Nogales is a federally designated medically underserved area, as well as a health professional shortage area.

In this context, the definition of the word "health" used by *Platicamos Salud* parallels that of the World Health Organization—that is, a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity.

Some of the barriers to health care that Santa Cruz County inhabitants experience are cost of care, lack of transportation, illiteracy, language, low educational levels, lack of knowledge of available community resources, and past negative experiences with the health care system.

Promotoras are able to help clients overcome these barriers because of intensive educational training that emphasizes the importance of practice and review. This training covers a variety of health topics as well as support skills such as active listening, decision making, problem solving, and stress management. Emphasis is placed on the referral process — knowing where community resources are and how to access them. Training is didactic and experiential. It is also concrete and abstract. The *promotora* learns specific intervention

methods and the identification of the context in which the need for intervention exists.

What do we look for in a *promotora*? In recruitment we look for evidence of natural leadership, the ability to accept responsibility, the desire to help others, knowledge or use of community resources, and a commitment to maintain confidentiality, which is important in a small rural community. Many of our *promotoras* have firsthand knowledge of poverty and have been or still are on some form of public assistance. Thus, natural empathy is developed with the client.

In selecting a *promotora* from this socioeconomic milieu you accept many of the clients' problems into your program. These could be difficulty with life planning—an external locus; poor work habits (a different concept of time, working with schedules or deadlines); learned helplessness; an overidentification with failure; and fatalism. One of the problems that sometimes emerges in *promotora* programs is that the training to overcome these non-life-enhancing behaviors can create a distance between the client and the newly trained *promotora*. However, if the *promotora* overidentifies with the problems of her clients and the community, she may feel a need to criticize the hiring agency's objectives and methodologies and come in conflict with that agency. The key to a successful *promotora* is seeking a balance between these opposing forces. Nonetheless, the results of training and subsequent mentoring of clients in effective life planning and health behaviors create a spiral effect of personal and community empowerment. As the *promotora* helps others, she helps herself.

Why is the *promotora* model effective? Research indicates that Hispanics rarely turn to health care professionals for health-related information but instead seek out peers or authority figures within their own social networks. In the case of childbirth, for instance, women rely on the advice of their mothers, grandmothers, and *tías* ("aunts") in lieu of health care providers. Many of these clients have little understanding of American "high-tech" medicine. Their experience with health often includes magical and/or supernatural components. Illness is perceived as mysterious and subject to

otherworldly intervention. Therefore, effective delivery of health information begins with emotional and psychological methods such as establishing rapport with the client, becoming a *comadre* (godmother), a friend, a health partner.

Presently, in the Platicamos Salud office, we have five major programs running concurrently. The first is Health Start or *Comienzo Sano* funded by the Arizona Department of Health Services. It uses home visiting as its vehicle for delivering health information to women who wouldn't normally have access to such information. The program goals and objectives are to:

- > Reduce the incidence of low birthweight babies and childhood diseases;
- > Increase prenatal services and immunizations by the age of 2; and
- > Educate families on developmental disabilities, school readiness programs, and the benefits of preventive health care and screening examinations such as for hearing and vision.

The *promotora* works with her client as soon as the client knows she's pregnant. Home visits take place once a month during the pregnancy and 13 times after the birth of the baby. These postpartum visits follow the immunization schedule for children up to the age of 4.

The second program involves a cadre of volunteer patient facilitators coordinated by one of our *promotoras*. The program's purpose is to help patients enter and effectively utilize the health care delivery system of the Mariposa Community Health Center. Volunteers help patients fill out forms and translate. They may walk patients to the various departments or watch for acute warning signs in patients who are waiting in the lobby. The volunteers also provide emotional support and health information to the patient. We find that patients often present their symptoms to the patient facilitator instead of the doctor, and we get many requests from patients for the facilitator to go into the exam room with them to serve as a friend and advocate. Volunteer training is 8 hours with substantial mentoring by existing patient facilitators. This program is important because the healing process begins when the patient enters the building.

Anxiety is a detriment to the effective delivery of health care.

The third program, TEEN TALK LINE, an information and referral telephone service for youth in our community, is still in the formative stage. *Platicamos Salud* also uses this venue to offer health-related information on smoking cessation, lung cancer, sexually transmitted diseases, and gynecological cancers to youth ages 12 to 19. The core curriculum training consists of presentations by community social service agencies, lectures on counseling techniques, active listening, and role playing of possible scenarios. The core training totals 40 hours with additional continuing education hours required. A trained adult behavioral health professional is always on-site.

The fourth program is a binational environmental health needs assessment and subsequent public education campaign funded by the Environmental Protection Agency. Our sister city of Nogales, Sonora, has seen explosive growth in its population over the past 10 years. Presently, 300,000 people live in the city without the infrastructure to adequately support its citizens. Particulate matter from unpaved roads is the primary source of air pollution. Other problems both Nogales experience are a spontaneously burning landfill containing hazardous materials and raw sewage that flows north into the Nogales Wash during periods of rain. Perhaps because of these environmental problems, Nogales, Arizona, has the highest recorded incidence of lupus in the world and four times the recorded incidence of multiple myeloma.

Our fifth program is *Juntos Contra El Cáncer (Together Against Cancer)*, funded by the National Cancer Institute. The overall program goal of *Juntos Contra El Cáncer* is to increase knowledge of cancer prevention strategies among residents. Its

objectives are to:

- Teach community lay health educators at Mariposa Community Health Center to talk with clients about early warning signs and provide information on prevention of cancer and lupus;
- Train the lay health educator to facilitate cancer support groups; Train a subsequent group of volunteer educators to provide information on cancer and lupus; and
- Evaluate the effectiveness of transferring cancer prevention information and educational skills from health professionals to lay health educators, and subsequently from the original group of lay health educators to successor volunteer educators.

OUTCOMES

An effective *promotora* model has a variety of important outcomes to be measured at different community and organizational levels—for example, changes in the health behavior of the client being served and the client's family or changes in the overall health characteristics of the community, such as the adequacy of prenatal care, postpartum services, or the number of residents screened or immunized. In most *promotora* programs, the impact of the program on the lay health workers themselves is an important outcome. This might include the lay health educators' assumption of community leadership roles, their transition to professional positions, or a return to school for more formal education.

In conclusion, I'd like to quote Dr. Joel Meister, Assistant Director of the Arizona Department of Health Services: "Lay health workers bridge the gaps between the haves and have-nots of our society, and can play a significant role in creating a democracy of knowledge and a democracy of health."