

Promotora Training Program Invests in Oral Health

By Sherri Lukes, RDH, MS

Migrant and seasonal farmworkers have long been an integral part of the agricultural workforce in rural southern Illinois, an area known for its farms and orchards. The farmworker population, which has increased over the years, is comprised primarily of Mexicans. In addition to those who arrive from Mexico at the beginning of the growing season and depart at harvest's end, a steady number now remain, year-round, in the southern Illinois area, establishing residences and becoming integrated into communities and local economies.¹

A "promotora de salud," or promoter of health, is a fellow Hispanic who lives among the migrant and seasonal farmworker population, serving as a link to the health care system.² "Promotoras" for short, they are also called community health workers, health promoters, health care expeditors, lay health advisors, camp health aides, and neighborhood-based public health workers, as well as other names.³⁻⁵

Promotoras provide a number of services. They relay culturally sensitive health information to community members, assist clients in improving communication skills, establish links with health and human service agencies for referral to appropriate providers, and provide almost any other service that is required to assist clients in obtaining their health care needs.⁶ Promotoras' partnerships with health clinics often serve as a bridge between Western medicine and the traditional health practices of the seasonal farmworker community.⁷

Most promotoras are indigenous females who live and work among the population, which is thought to foster a positive relationship between the provider and client.³ Whether volunteers or paid, they look for and create opportunities to provide health education and

social services within their migrant camps, communities, and workplaces.^{5,7}

A promotora may or may not receive formal training.⁷ Numerous programs have been developed, usually supported by grants from government and private agencies, that provide various amounts and types of training. A recent national survey identified community health worker programs operating in every state. Most migrant clinicians recognize promotoras as important resources for migrant clinics.³

Darryl Williams, MD, a public health physician who practices along the Texas-Mexico border outlined three conditions he believes must be met before promotoras can be enlisted as permanent members of the health care team: "We must make sure that promotoras have been adequately trained to assume the significant responsibilities they are often given, [and that] the training programs used are of demonstrably high and consistent quality, and that we find the



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means to assure that promotoras receive a living wage and are not expected to work only as volunteers."⁸

In an effort to serve migrant and seasonal farmworkers in southern Illinois better, the area's farmworker health center developed and implemented its first promotora training program in May 2002. The administrator of the health center, a nurse practitioner, was responsible for developing and implementing the program, made possible through a rural health and development grant. The program concentrated on four specific health topics: diabetes, breast and cervical cancer, eye

care, and oral health. Employees of the health center were enlisted to provide the instruction for the program, which consisted of 21 hours of health training over the course of three-and-a-half weeks. A three-hour block was allocated for each topic area, and in addition to the four primary topic areas, participants received general instruction concerning anatomy and physiology, cultural health beliefs and practices, and functions of immunizations.

Eleven individuals from the migrant and seasonal farmworker community, ages 17–75, as well as the five outreach workers from the health center, were recruited to participate as volunteers in the program. After early program attrition, the participant number had stabilized at six community members and two outreach workers. These eight individuals went on to complete the program and receive certification.

The health center administrator provided instruction in the areas of anatomy and physiology, cultural health beliefs and practices, and immunizations. Though not Hispanic, she is bilingual and has much knowledge and experience in dealing with the seasonal worker population. Two nurse-outreach worker teams taught breast and cervical cancer, two outreach workers covered eye care, and a dental hygiene educator provided the oral health instruction.

To assure cultural sensitivity—because the dental hygiene educator was neither Hispanic nor bilingual—two Hispanic outreach workers proved invaluable to the development of the oral health curriculum and helped design it. They simplified terms and offered suggestions about the style of the presentation, which enhanced comprehension by all trainees. *Where There Is No Dentist* was also a useful resource in assuring cultural appropriateness of the oral health instruction component.⁹

In a previous study at the health center, as well as in other studies nationwide, farmworkers and their families have reported the absence of pain or discomfort as a primary reason for not seeking dental treatment.^{1,10} For that reason, oral health education efforts for the training program focused on disease prevention. Basic oral hygiene measures were presented in detail, as well as the rationale for regular dental visits. Gingivitis and periodontal disease were explained in relationship to oral hygiene measures. Procedures for conducting oral screenings

Promotora Training Session—Oral Health Instructional Objectives

Upon completion of the instruction, the trainee will be able to:

1. Demonstrate modified Bass brushing technique
2. Demonstrate proper flossing technique
3. Explain the rationale for preventive dental visits
4. Explain the relationship between good oral hygiene and gingival/periodontal disease
5. Describe the appearance of unhealthy periodontal structures
6. Describe the appearance of obvious dental decay
7. Demonstrate the technique for performing a cursory oral screening

also were presented, with pictures of obvious dental decay, periodontal disease, and other oral lesions for viewing by participants. Instructional objectives for the oral health instruction session are listed in the box on this page.

The promotoras actively participated in the training session, and practiced brushing and flossing procedures in their own mouths. They also looked for evidence of gingivitis or periodontal disease in their mouths, and in those of their peers. Using flashlights and tongue depressors, they performed oral screenings, examining each other's mouths for oral problems they had learned to identify. Once trained to perform these cursory examinations, promotoras can detect obvious oral problems and encourage farmworkers to seek dental care before acute symptoms arise. As a result of education about proper brushing and flossing procedures, they also can help prevent disease by encouraging good oral hygiene practices.



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The promotoras completed evaluation surveys once the program was complete. These evaluations were highly

favorable, but program follow-up within the migrant and seasonal farmworker community has not been conducted. The overwhelming needs of the farmworker health center during the harvest season when the clinic is operational simply has not allowed for follow-up as of yet. It

remains to be seen whether the training program has produced an increase in preventive dental encounters or other results. The program director would like to expand the training program for additional instruction in all four of the topic



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areas as the center seeks to increase community outreach and education through such programs. The desired final outcome of these training programs is empowerment of both the promotoras and members of the population they serve.^{3-6,11} Having a knowledgeable advocate as an emissary to the health care and social service systems makes all the difference in the lives of migrant and seasonal farmworkers. They are not an aggressive population and even a small effort can make a significant improvement in the quality of their lives. Promotora involvement with the community at large—in health education, human services, job training, housing, and youth and elderly programs—empowers community individuals, thereby strengthening the social and economic infrastructure of their own migrant and seasonal farmworker communities.²

It is exciting to see oral health included as a priority area in a promotora training program. Previous U.S. Surgeon General Davidatcher, MD, PhD, brought oral health to the forefront in May 2000 with his landmark report, *Oral Health in America: A Report of the Surgeon General*—the first report ever written specifically about oral health by a Surgeon General discussing the “silent epidemic” of oral diseases disproportionately affecting vulnerable populations such as migrant and seasonal farmworkers.¹² Healthy People 2010, the prevention agenda for the nation, also addresses oral health, its disparities, and its importance in overall health. One of the objectives in the oral health section of the document calls for increasing the proportion of migrant health centers that have an oral health component.¹³ This demonstrates how efforts are being made to target populations disproportionately affected by dental disease.^{1,10} The development of promotora training programs is certainly one way to begin addressing oral health disparities for the migrant and seasonal farmworker population.

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