

A Tool to Help Staffers Formulate, Implement, and Evaluate Promotores Programs at Latino-Serving Nonprofit Organizations: How Effective is the Todo Promotores Clearinghouse?

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Background

From primary and preventive care provision to health education, community-based nonprofit organizations are key components in health service delivery in the United States, particularly in low-income areas. But community-based nonprofits are tasked with more than treating the physical and mental health conditions of their clients. They must navigate complex community environments where client characteristics and institutional factors combine to make providing quality health care difficult and costly. For example, local nonprofit health providers in low-income, Latino communities not only treat clients who suffer from significant health disparities, compared with the general U.S. population, but they must also overcome their clients' language barriers, relatively low rates of health insurance, and pervasive mistrust of the mainstream medical system (Huerta, 2003; Hirota et al., 2006; Centers for Disease Control and Prevention, 2007). These compounding factors raise service costs, stress organizational resources and staff, and prompt local nonprofits to search for innovative, cost-effective, and culturally sensitive methods to treat those in need.

One method that has gained prominence among Latino-serving health nonprofits in recent years is the use of promotores. As part of the community health worker movement, an approach rooted in the 1960s, promotores work through nonprofits and other community agencies in Latino communities to conduct health promotion, education, and health system navigation to improve Latinos' access to and use of health care. A key aspect of promotores programming is the use of peers – who share the language, customs, and life experiences of their clients' neighborhood – to serve as lay health workers, increasing the likelihood that clients will seek

health services if they connect culturally to service providers. Cultural connectivity is a major selling point for nonprofits and their clients, but there also is evidence that promotores can increase the cost-effectiveness of community-based health service provision, which makes promotores appealing to nonprofits and their funders alike.

The development of promotores programming has accelerated over the past decade with limited information on best practices or comprehensive, scientifically informed tools to help nonprofit directors formulate, implement, and evaluate these programs. While there are recent efforts to standardize the training and credentialing of promotores in some states, trial and error has defined much of the development and implementation of promotores programs at nonprofit organizations. While organizational innovation is a positive benefit of trial and error, it can create duplicative service provision across local nonprofits and an inefficient use of resources that waste time and money and diminish the value of promotores programming. Taken together, the costs of trial and error of program development and execution often outweigh its innovative benefits, creating a need for systematic resource tools that help nonprofits avoid reinventing promotores service provision. The Todo Promotores Clearinghouse (TPC) is one approach aimed at meeting that need.

Funded by the National Institute on Minority Health and Health Disparities, TPC is a multifaceted web-based program that was developed with input from experts in the nonprofit service provision, Latino health, and promotores fields. TPC contains four primary components. The first is a course curriculum that contains 25 lessons for TPC users to learn about the formulation, implementation, and

evaluation of promotores programs. The second component is how-to videos that augment the course curriculum. The third is videos of nonprofit leaders and front-line staffers sharing their experiences and lessons learned in promotores provision. The fourth is a series of case studies of promotores program challenges and solutions, developed and submitted to TPC by nonprofit leaders. The TPC website is connected to social media platforms that invite commentary and submissions from nonprofit organizations and front-line promotores on their experiences and timely topics. On the whole, TPC is designed to provide beginning-to-end guidance for Latino health nonprofits to effectively run promotores programs.

We evaluated TPC in two studies. First, we used a pretest/posttest quasi-experimental design to assess – among a sample of staffers, including executive directors, program directors, and frontline workers, at Latino-serving nonprofit health organizations – the extent to which TPC increases knowledge and positive attitudes about promotores programming and the sample's perceived efficacy to administer a promotores program at their nonprofits. Second, we conducted a field study to examine the relationship between the use of TPC and the formulation and implementation of promotores programs at a sample of Latino-serving nonprofits. This latter study examined both the process of program formulation and implementation and the outcomes of promotores uses on client outcomes.

In this brief, we report the findings of the first study by examining two key questions. First, to what extent do staffers at Latino-serving health nonprofits exposed to TPC show increased knowledge, more positive attitudes, and greater self-efficacy toward promotores programming when compared to similar staffers at Latino-serving health nonprofits who were not exposed to TPC? Second, what individual and organizational factors predict changes in knowledge, attitudes, and self-efficacy among nonprofit staffers?

Methods

To address these questions, we recruited executive directors, program directors, and front-line staffers at Latino-serving health nonprofits in multiple states in the summer of 2017 to participate in the study. Participants were on staff at nonprofits that either use promotores or not and, among nonprofits that do use promotores programs, pay their promotores, rely on promotor/a volunteers, or use a dual approach. We assigned them randomly to either an experimental group or a control group. We exposed staffers in the experimental group to TPC. Specifically, we asked experimental group staffers to take the 25 courses and explore all other facets of the TPC website. Staffers in the control group received no exposure to TPC. Staffers in both groups took online surveys at two points in time, namely,

before the experimental group staffers received the TPC exposure (pretest) and after the experimental group staffers received the TPC exposure (posttest).

The study included 109 participants. After cleaning and processing the survey data, we included 99 participants in the study, excluding 10 participants because of missing data or other data irregularities. Of the 99 participants, 48 were in the experimental group and 51 were in the control group. Taken together, as shown in [Table 1](#), their demographic characteristics, whether individual or organizational, suggest relatively comparable groups, except that experimental group participants tended to be more concentrated in Texas.

To examine knowledge change, we asked each participant 20 questions about promotores programming on topics in the TPC courses. For attitude change, we asked a series of questions on promotores program implementation, program relevance, the importance of promotores programming, and the effectiveness of promotores in meeting the health needs of the community. To assess self-efficacy change, we asked several questions that aimed to test their belief in their ability to formulate, implement, and evaluate promotores programs at their nonprofit organization. We created composite scores, ranging from zero to 100, for the knowledge, attitude, and self-efficacy questions for each participant. We also collected a host of information about the participating staffers and the nonprofits for which they work. The guiding hypothesis of this analysis is that, controlling for these individual and organizational factors, nonprofit staffers who were exposed to TPC will experience greater composite score gains in knowledge, attitude, and self-efficacy than similar nonprofit staffers who received no exposure to TPC. We used bivariate and multivariate techniques to test this hypothesis.

Findings

The survey data reveal cautiously optimistic results. For example, nonprofit staffers who were exposed to TPC improved on the vast majority of knowledge questions from pretest to posttest, while those who were unexposed to TPC showed little change in knowledge (see [Table 2](#)). This finding suggests that many experimental group nonprofit staffers not only learned information about promotores programming, but they also retained it long enough to improve on the knowledge questions in the survey. What is more, in some cases, staffers exposed to TPC showed very strong knowledge gains. On the question of methods for nonprofits to secure funding to use promotores programming, staffers in the experimental group showed a substantial increase of 25 percent in correct responses, compared with roughly six percent in the control group.

The data reveal similar findings for changes in attitude and self-efficacy. Indeed, staffers in the experimental group demonstrated relatively strong attitude (Table 3) and self-efficacy gains (Table 4) from pretest to posttest. In particular, experimental group staffers showed more positive attitudes about the importance of promotores programs and felt more confident about their ability to plan and run promotores programs after their exposure to TPC.

However, the relatively strong gains in knowledge, attitude, and self-efficacy among experimental group staffers are tempered by the general lack of statistical significance compared with changes among control group staffers. Indeed, those exposed to TPC gained significantly more than those unexposed to TPC on only a handful of questions. Still, because of the overall positive trends for experimental group staffers on knowledge, attitude, and self-efficacy changes, we suspect that statistically aggregating the questions for each of the measures will not only better represent the cumulative, begin-to-end effect of TPC, but it also may reveal statistically significant differences between experimental group and control group staffers. There is evidence to support that suspicion, as shown in Table 5. In fact, on all three aggregated measures, experimental group staffers gained significantly more than control group staffers.

An important question, however, is the extent to which these statistically significant relationships between exposure to TPC and changes in knowledge, attitude, and self-efficacy remain intact when factoring in the effects of individual characteristics of nonprofit staffers and the organizational characteristics of the nonprofits at which they work. With regard to knowledge change, exposure to TPC is the most important and only significant factor when controlling for individual characteristics, as shown in Table 6. The relationship is less clear when considering organizational characteristics. Here, though TPC exposure still strongly correlates with knowledge change, the inclusion of organizational factors causes the relationship's significance to disappear. The reason for its eroded significance is unclear, but it may relate to the sum effect of the organizational factors, all of which are insignificant as well in the multivariate model.

Similarly, the introduction of individual and organizational characteristics, respectively, decreases the strength of the relationship between exposure to TPC and attitude change (see Table 7). Instead, the factors that show significance in predicting attitude change are a staffer's age, as older staffers showed greater attitude improvements, and years of promotores experience, in which those who have worked for fewer years are more likely to show more positive attitudes at posttest. Moreover, location is the most important and positive organizational factor predicting attitude change, though staffers at nonprofits with fewer paid promotores are also significantly more likely to show attitude improvement

about promotores programming. The reason for the locational effect is unclear and requires further examination, but, because paying promotores is a proxy for "professionalized" (and usually larger) organizations, the data suggest that attitude toward promotores programming is more likely to improve at smaller grassroots organizations with fewer paid promotores.

Finally, exposure to TPC significantly and positively relates to increases in self-efficacy among staffers when factoring their individual characteristics (Table 8). However, other key individual factors also effect self-efficacy. A staffer's years of experience as a promotor/a negatively relate to self-efficacy changes, which may suggest that less experienced staffers have a higher ceiling for their growth in self-efficacy, a finding that is consistent with attitude change about promotores programming. However, the predictive significance of one's exposure to TPC on self-efficacy disappears when controlling for organizational factors. Instead, overwhelmingly, changes in self-efficacy negatively relate to staffers from nonprofits with paid promotores, mirroring its predicative value on attitude. Considered differently, staffers at grassroots nonprofits appear to gain significantly positive beliefs and confidence to do promotores programming after using TPC resources.

Implications

Taken together, we see some cautious support that TPC is an effective learning tool that may help nonprofit staffers understand how to formulate, implement, and evaluate promotores programming. The lack of statistical significance on a question-by-question basis, compared with the very strong bivariate significance of the study's aggregated measures on exposure to TPC, suggests that TPC may be best used in its entirety instead of as a tool in which users pick and choose among courses in the curriculum. Indeed, a deep review of the study's data points to TPC telling a story of how to do promotores programming from start to finish, an idea that has its strengths and weaknesses. On the one hand, for naïve promotores programmers, TPC may be a vital tool in getting a new program off the ground and making it operational and sustainable. On the other hand, TPC may be less effective for established nonprofit staffers at more professionalized organizations with extensive experience in the promotores field. That said, the dramatic change in knowledge on funding an organization's promotores programming suggests that TPC has something to offer all users.

Two illuminating findings from both the multivariate attitude and self-efficacy models is the apparent impact of a staffer's limited experience as a promotor/a and their significant growth in positive attitude and self-efficacy and a staffer's position at a nonprofit that relies less heavily on paid

In the end, we reviewed how nonprofit staffers used TPC in the study and found that most focused extensively on the course materials, setting aside the more communicative and interactive aspects. This finding is unsurprising, because the “community-based” functions of TPC, namely, its Facebook pages and related linkages, were in their infancy during the study. The TPC Facebook page now contains many linked users and we suspect that if one accounts for TPC’s now active and robust communicative and interactive aspects, then its effectiveness as a learning tool will be greater. Indeed, many community-based nonprofit workers in the promotores field indicate that they learn significantly better through interactive methods in which they can share their experience and learn from others, regardless of the type of nonprofit at which they work.

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References

- Centers for Disease Control and Prevention. (2007). Early release of selected estimates based on data from the 2006 National Health Interview Survey. Atlanta, GA: CDC. Retrieved from http://www.cdc.gov/nchs/data/nhis/earlyrelease/200706_01.pdf.
- Hirota, S., Garcia, J., Silber, R., Lamirault, I., Penserga, L., & Hall, M. B. (2006). Inclusion of immigrant families in US health coverage expansion. *Journal of Health Care for the Poor and Underserved*, 17, 81-94.
- Huerta, E. E. (2003). Cancer Statistics for Hispanics, 2003: Good News, Bad News, and the Need for a Health System Paradigm Change. *CA Cancer J Clin*: 53, 205-207. doi: 10.3322/canjclin.53.4.205



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