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Using Promotores Programs to Improve Latino Health Outcomes: Implementation Challenges for Community-Based Nonprofit Organizations

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Abstract

Latinos in the United States face numerous barriers to accessing health care and suffer from relatively low health outcomes. To address these barriers and improve Latinos' health, community-based nonprofits attempt to use innovative and creative health care delivery methods, including *promotores* programs. *Promotores* are community lay health workers, often working through nonprofit organizations, who provide outreach and services to Latinos. Using primary data from a sample of national experts, this paper explores the challenges faced by nonprofits in the implementation of *promotores* programs. The findings suggest three key implementation problems: the lack of standardized information on *promotores* programs, labor issues, and organizational costs. The paper concludes with several strategies to addresses these problems.

Introduction

Latinos comprise the ethnic group in the United States that is most likely to report no usual source of health care (Kaiser, 2003; U.S. Bureau of the Census, 2004). Only 68 percent of Latino children have a regular source of medical care, compared to 90 percent of whites, Asian/Pacific Islander, and multiracial children (Flores & Timany-Korman, 2008). This is an important public health problem because lack of care relates to poor health outcomes. That Latinos disproportionately lack access to routine care relates to numerous barriers, such as lack of insurance, language barriers, and fear and mistrust of the health care system (*Redes En Acción*, 2004). Therefore, to improve Latino health outcomes, methods must be formulated and implemented to overcome barriers and increase access to care.

One method to address systematic barriers is to use community-based nonprofit organizations to provide health services. These groups, which provide direct service to clients for typically low or no cost, are at the frontline in the provision of preventive care in local communities. However, because of resource limitations, liability, and staffing constraints, many nonprofits are shifting from traditional forms of health care delivery, such as clinic-based services, to emerging approaches (Berman, Gwatkin, & Burger, 1987; Medina, Balcazar, Hollen, Nkhoma, & Mas, 2007), such as the community health worker model (Swider, 2002; Witmer, Seifer, Finocchio, Leslie, & O'Neil, 1995). Community health workers are those in traditionally vulnerable or underserved communities who are trained by nonprofits to address the health needs of their community (Berman, Gwatkin, & Burger, 1987). In Latino communities, community health workers are typically referred to as *promotores*.

There is growing evidence that *promotores* programs can address systematic barriers that reduce Latinos' access to health care (Andrews, Felton, Wewers & Heath, 2004; Reinschmidt,

Hunter, Fernandez, Lacy-Martinez, Guernsey de Zapien, & Meister, 2006; Swider, 2002; Witmer, Seifer, Finocchio, Leslie, & O'Neil, 1995). For example, in one study, a *promotora* provided transportation for a client who was seeking counseling to deal with her daughter's diagnosis of terminal cancer. The client was without her own source of transportation and was unable to receive counseling without the help of the *promotora* (McCloskey, 2009). However, the majority of literature on *promotores* programs reports on program and health outcomes, with little empirical guidance on how nonprofits can effectively implement *promotores* programs. Indeed, there remain key questions for local, community-based nonprofits about the challenges of using the *promotores* model and how to overcome them. Using data from telephone interviews with a national sample of people who have experience designing and implementing *promotores* programs, this paper begins to address these questions.

Literature

Many Latinos, particularly those who live below the poverty line, experience significant barriers to health care that negatively influence their health. For example, Hispanics of all age groups are more likely than non-Hispanic whites and non-Hispanic blacks to be uninsured (CDC, 2007; NCLR, 2007). Latino children are particularly likely to be uninsured or underinsured. Indeed, 21 percent of Latinos 17 years old or younger are uninsured, compared with six percent for whites that age (Flores & Tomany-Korman, 2008). This is an important public health problem because insurance status is strongly related to health-seeking behavior. Indeed, research suggests a significant link between lack of health insurance and receipt of less preventive health care, such as physical examinations, primary care, and cancer screening (CDC, 2007; Collins, Hughes, Doty, Ives, Edwards, Tenney, 2001), offering that uninsured status may negatively impact health outcomes.

Some Latinos also face language barriers when accessing health care. The health care system in the U.S. is largely geared to providing services to English speakers, even though 17 percent of the U.S. population speaks a language other than English as their primary language (Timmins, 2002). About 50 percent of Hispanics have limited comprehension of English and prefer to discuss important matters – such as health care – in Spanish (U.S. Census Bureau, 1993). Spanish speakers are more likely than English speakers to report difficulty communicating with health providers (Doty & Ives, 2002), and they commonly turn to family members to act as translators in medical settings, which can lead to ethical violations and inaccuracies in information (Tang, 1999). And while there are calls to improve the Latinos' health by focusing on the importance of culturally appropriate and in-language care (Amaro & de la Torre, 2002; Kennedy, 2005; MMWR, 2005), limited language comprehension and inaccurate information relate to Latinos being less likely than non-Latinos to return for follow-up care, use medication correctly, and adhere to treatment instructions (Sobo, 2004; Timmins, 2002).

Finally, some Latinos, particularly recent immigrants, distrust and find overwhelming the medical system in the U.S. (Hirota, Garcia, Silber, Lamirault, Penserga, & Hall, 2006; Huerta, 2003), which can negatively affect health seeking behavior. Indeed, some Latinos avoid large-scale institutional settings, such as hospitals, fearing immigration control efforts that may result in their incarceration and deportation. As a result, some who fear the institutional elements of the U.S. health system will forego seeking health care (Hirota, et. al, 2006).

Local community-based nonprofits may be able to mitigate these barriers by using *promotoes* programs. *Promotores* – or community lay health workers in Latino communities – have become a common outreach and health delivery method for nonprofits (Navarro, Raman, McNicholas, & Loza., 2007), in part because *promotores* have characteristics that allow them to

serve as trusted and respected bridges between their peers and health care services (Nemcek & Sabatier, 2007). These characteristics include the use of the same language as their peers and an understanding of the ethnic qualities, culture, customs, health behaviors, and beliefs of the community (Giblin, 1989; Whitley, Everhart, & Wright, 2006). Combining these characteristics with their knowledge of common health barriers allows *promotores* to help clients navigate the health care system and steer them to the appropriate medical services.

The development and use of a *promotores* program involves two steps. First, nonprofits will formulate their programs. At this stage, a nonprofit will typically determine the content and scope of the program, how to pay for it, who will manage it, and how to evaluate its effectiveness. A key issue for nonprofits at this stage is who will serve as *promotores*. Often nonprofits will aim to recruit *promotores* from specific target populations with particular health issues (Wasserman, Bender, & Lee, 2007). For example, a nonprofit that plans to start a program that targets Latinos with asthma may aim to recruit community members who also have asthma to be *promotores*. The shared experiences of *promotores* and program clients can build their mutual trust and increase the probability of positive health outcomes.

Second, nonprofits will implement their programs by setting in motion their formulation plans. Resources will be devoted to the program. *Promotores* will be recruited and trained. Managers will supervise their activities. Some nonprofits may even develop evaluative tools to measure the progress and effectiveness of their programs. Some nonprofits may use a linear approach that begins with program formulation and moves to program implementation. Others will perform the two steps concurrently. Either way, the combined effect of formulation and implementation stages aims to be tangible health outcomes for clients. And these health outcomes have been the primary focus of research on *promotores* programming. For example,

Teufel-Shone, Drummond, & Rawiel (2005) examined the use of *promotores* programs to increase diabetes-related knowledge and primary prevention behaviors in Latino families on the U.S.-Mexican border. Medina, Balcazar, Hollen, Nkhoma, & Mas (2007) studied how *promotores* programs relate to increases in heart-healthy behaviors among Latinos.

Much of the research on *promotores* programming relates to positive health outcomes. Indeed, several studies relates the use of *promotores* programs to increases in breast and cervical cancer screening among Latino women (Borrayo, 2004 & Navarro, Raman, McNicholas, & Loza, 2007; Darling, Nelson, & Fife, 2004; Fitzgibbon, Gapstur, & Knight, 2004; Hansen, Feigl, Modiano, Lopez, Escobedo Sluder, Moinpour, Pauler, & Meyskens, 2005). What is more, research suggests that the use of *promotores* relates to improved client-based health literacy, increased use of screenings and primary care, and reduced emergency room visits and hospitalizations (Reinschmidt, et al., 2006; Whitley, Everhart, & Wright, 2006; Witmer, Seifer, Finocchio, Leslie, & O'Neil, 1995).

Although there is growing evidence about the positive outcomes of *promotores* programs, there is little empirical examination of their implementation. The remainder of the paper describes our exploration of the complexity and challenges of implementing these programs.

Method

In this exploratory study, we conducted in-depth telephone interviews with ten experts in the *promotores* program field. We solicited their participation in the study based on their theoretical, practical, or applied knowledge regarding *promotores* programs and their experience designing or implementing them in Latino communities. Four participants are academics who hold doctorates and research the benefits and limitations of using promotores in the U.S. Two of

the academics actively design and implement *promotores* programs. All ten participants have program experience in the design, implementation and evaluation of *promotores* programs.

We recruited participants into the study in two waves. In the first wave, we used academic literature and Internet searches to construct an initial list of key informants. We then contacted and used a proscribed set of criteria to screen them for their practical design and implementation experience with *promotores* programs. If they met the screening criteria and agreed to be interviewed, then we enrolled them in the study. Moreover, we used a "snowball" recruitment method in this screening process to ask the initial recruits to name additional experts in the *promotores* field. We then contacted, screened, and enrolled the additional experts into the study. In the second wave, we identified and screened into the study several nonprofit executive directors who run *promotores* programs. This two-wave approach yielded ten participants with detailed and practical knowledge of *promotores* program implementation issues.

We conducted separate telephone interviews with each participant. Each interview took roughly an hour. We constructed and used a detailed interview guide to conduct the interview. Before the interviews, we assigned each participant a unique identification number in order to keep separate and confidential their interview responses. We also obtained their informed consent as well as their agreement to be audio taped. During the interviews, which were led by a single researcher with extensive experience in conducting interviews, we manually recorded interview responses in separate booklets for each participant. With their consent, we also audio recorded the interviews for later analysis.

Working from the notes and audio recordings, we entered data into an interview database by participant identification number. The database contains verbatim responses to all the

questions asked during the interview, including any interviewer probes or prompts. Once we completed data entry, we analyzed the data for overall themes and key quotations.

There are important limitations to our methodological approach. For example, the limited number of interviewees impacts the generalizability of these data, meaning that the findings cannot be applied confidently to community-based nonprofits and *promotores* programs outside of our sample. Still, the findings provide a first significant focus on nonprofit implementation issues in the *promotores* programming field.

Findings

The data reveal three key challenges to nonprofits' implementation of *promotores* programs. First, there is no standardized and systematic implementation method. While the literature reveals several common elements that characterize effective programs, some respondents noted that the information is generally difficult to piece together, causing many nonprofits to "reinvent the wheel" when implementing their own program. Indeed, there is no clearinghouse of systematic information on *promotores* program implementation. Of course, some nonprofits prefer to implement their programs in their own way. Indeed, as mission-driven, frontline providers in health service delivery, localized, community-based nonprofits often attempt to craft individualized programs to best meet their clients' needs. Still, individualized implementation approaches can substantially raise program costs and overlook evidence-based approaches that may improve program outcomes.

Labor is the second key challenge to the implementation of *promotores* programs. Nonprofits must have well-qualified workers to implement their programs, and finding them requires often costly and time-consuming recruitment and retention efforts. Recruitment can be

problematic because nonprofits must seek workers with certain characteristics, such as language proficiency and an understanding of local culture and customs, which allows them to be seamlessly integrated in community settings. Retention is problematic because *promotores* receive no pay or only small stipends, and they typically receive no benefits. As a result, nonprofits must develop non-compensatory methods to attract and retain *promotores*.

The interview participants suggested two methods to address recruitment and retention problems. First, in order to maximize recruitment, several respondents suggested that nonprofits screen and vet potential *promotores* for the possession of leadership qualities and steep culturally and locationally shared experiences with the targeted community before investing developmental resources in them. In practical terms, the respondents suggested that effective recruitment must be well structured, transparent, and geared toward potential volunteers who are bilingual, invested in the community, creative, and knowledgeable about available community resources. Of interest, the majority of the respondents said that experience as a *promotora* was unnecessary because people can learn the content and the skills through well-structured training programs.

In order to address retention concerns, some respondents noted that nonprofits should use structured and ongoing training programs to build the skills of *promotores* and vest them in the mission of the nonprofits. More specifically, most respondents indicated that, despite there being no standard approach to training materials, their content should start with developing a basic *promotora* skill set – such as active listening and clear communication – and move to disease-specific information. The training content should be evenly divided between the basic skills and competencies of *promotores* work and the disease information specific to the intervention.

Organizational costs comprise the third key challenge to program implementation. Even programs that rely largely on volunteers or low-paid workers can cost considerable sums to

operate. And although research suggests that the use of *promotores* may be a cost-effective approach to community health care provision, there are direct costs of materials and supervisory labor and opportunities costs of the diversion of time and effort to train and manage *promotores*. Ongoing programs may even include financial incentives, such as stipends to *promotores* and clients, and evaluation efforts to determine the effectiveness of the program. Taken together, these costs raise the issue of whether nonprofits can afford to maintain *promotores* programs, particularly those that are large enough to reach many clients.

Some respondents questioned the financial sustainability of the *promotores* model for three reasons. First, the acquisition of funding to run *promotores* programs in the current economic environment is difficult. In order to offset budget deficits, many states and localities cut unmandated health and human services, leaving less money for the implementation of emerging approaches like *promotores* programs. Second, one respondent noted, because nonprofits that receive federal funding cannot serve people with illegal status, most *promotores* programs need to seek financial support from philanthropic sources to sustain their work. But securing funding from foundations, particularly in today's economic climate, is problematic, because many foundations refuse to provide nonprofits with operating support and some may be unwilling to fund efforts that lack standardized implementation and evaluation plans, which *promotores* programs often fail to include.

Implications

The findings of this study suggest that community-based health-related nonprofits that choose to implement *promotores* programs face substantial implementation challenges. Indeed, interview participants noted that the lack of standardized information on program implementation, labor issues, and costs and financial support stand as chief impediments to the

use of *promotores*. The question becomes to craft implementation strategies to address these challenges. In addition to the suggestions noted above, we offer the following four strategies.

First, to address the limited information on *promotores* program implementation, public policy makers, public officials, and advocates who are concerned about relatively low health outcomes among Latinos could invest in the development of an information clearinghouse on new and emerging nonprofit-based community health delivery strategies, including *promotores* programs. To address cost concerns and to promote its wide dissemination, the clearinghouse could be web-based and provide nonprofits with downloadable *promotores* training materials and program evaluation templates.

Second, to address the issues of recruitment and retention, the website could include information and adoptable organizational strategies based on volunteer management principles. Such principles emphasize the need to create clear lines of communication between supervisors and volunteers and reinforce the value of volunteers in the programmatic implementation (Hager & Brudney, 2004). The use of volunteer management strategies can produce vesting among volunteers, which can increase retention (ibid, 2004).

Third, nonprofits should consider targeting older persons to serve as *promotores*. Despite relatively higher rates on labor market participation among older workers, the retirement of the baby boomers may offset some of the pressures faced by nonprofits in the pursuit of qualified volunteers (Twombly, 2008). In fact, for some nonprofits, the ability to attract and retain older persons as volunteers – or even as part-time or contract workers – can be a boon to productivity and cost effectiveness. At issue for nonprofits is how to recruit older people as *promotores* who possess shared experiences with their Latino clients.

Fourth, to address the financial aspects of running *promotores* programs, nonprofits should heavily invest in evaluating the effectiveness of their programs. Program evaluation comes in two general forms – process and outcome – and can produce two key benefits. First, with respect to organizational process, program evaluation can reveal where costs may be trimmed and how resources may be more efficiently used. Second, on the outcome side, evaluation results, particularly those that show improved health outcomes among clients, can be used to "sell" the program to funders, thereby reducing financial pressure.

While there is growing evidence that *promotores* programs relate to improved Latino health outcomes, community-based nonprofits are faced with the daunting task of implementing them effectively. Taken together, these macro-level and organizational strategies may help nonprofits to launch and sustain these programmatic initiatives.

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