



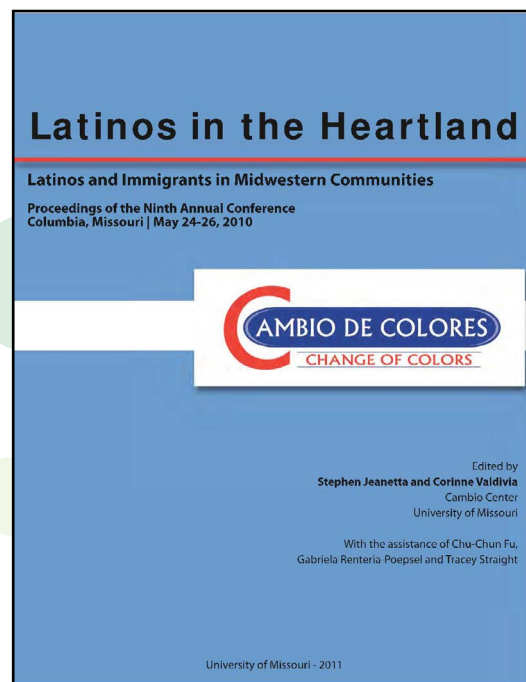
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## Promotoras de Salud: A Health Literacy Approach to Improving Immigrant Access to Health Care

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## Abstract

Newcomers to the United States undergo many changes in habits and customs when they arrive that make them more vulnerable to different problems such as obesity, diabetes, STD/HIV, medication errors, and a host of other health issues. ‘Promotoras de Salud’ (Community Health Workers) is a program being piloted in Columbia, Missouri by the Centro Latino as a way of improving the health outcomes of new immigrants to the community. It is a social intervention model that promotes health literacy based on the development of partnerships between providers of health care services and community members. The program serves a bridge between the providers of health care services and the targeted Latino community.

The Promotoras de Salud program primarily serves Latino working class, low-income immigrants from Mexico and Central America. They are bilingual, trusted members of the target community with access to those who need the services. They work through Centro Latino, a trusted resource in the Latino community, and collaborate with a range of health care providers and community educators to develop health literacy resources, provide a framework for accessing resources, and linking to health services.

This best practices presentation will focus on lessons learned after 18 months with an emphasis on the effectiveness of the three main components of the Promotoras de Salud project:

1. Development of Resources and Training,
2. Creation of linkages to community resources, and
3. Development of a support system that facilitates interaction among newcomers and the health care services available in the community.

Resources and training are being developed around 10 program areas: Health Literacy & Medical Interpreting, HIV Education and Prevention, Healthy Lifestyles and Obesity Prevention, Family Planning, Diabetes Testing and Education, Medline Plus, Latino Link, Parent Link, Social Work & Mental Health, and Public Speaking and Outreach Planning.

*Keywords:* new immigrant health, health training, health literacy among immigrants

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context of reception points to the fact that there are economic gains to be had when prejudice towards people of different cultures is addressed. Addressing prejudice in the community ends up facilitating economic integration of these people of different cultures. The study has also suggested that social networks are considered as alternative sources of access to resources by Latinos. It was suggested that policy makers and community members should take into account the economic impacts of these mechanisms if they are to improve economic integration of Latino newcomers.

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### Introduction

Latino newcomers face a myriad of health care challenges when settling in the Midwest. Issues often include difficulty understanding how the health systems function and knowing where to go for health services, lack of adequate insurance, difficulty speaking English, and little understanding of health issues such as diabetes, HIV and dental care. The Promotoras de Salud program at Centro Latino de Salud y Educacion, in Columbia, Missouri, was implemented in 2008 to help the burgeoning number of Latino newcomers to mid-Missouri better understand and address the issues affecting their health and improve their overall health literacy.

According to Health Literacy Missouri, a nonprofit organization established to improve the health literacy of Missourians, health literacy means “the ability to make good health decisions in everyday life” (HLM, 2010). The Promotoras de Salud project focuses on improving the capacity of Latino newcomers to mid-Missouri to make better health decisions by establishing a means of connecting newcomers to the information and resources they need to make better decisions. “Promotoras de Salud” (Community Health Workers) is a social intervention model for improving health literacy by developing partnerships between providers of health care services and community members. Promotoras have played the role of the educator, helping people learn how to prevent or manage a health condition (Balcazar, et al, 2009). They have helped people navigate the health system and reduced the barriers they face in accessing treatment (Dohan & Schrag, 2010) by acting as a bridge that connects community members to the resources and information they need to make wise health choices.

The Promotoras de Salud program at Centro Latino primarily serves Latino working class, low-income

immigrants from Mexico and Central America. Promotoras are bilingual, trusted members of the target community with access to those who need the services. They work through Centro Latino, a trusted resource in the Latino community, and collaborate with a range of health care providers and community educators to develop health literacy resources, provide a framework for accessing resources, and facilitate access to health services. The program was developed as a collaborative effort between the University of Missouri and the Centro Latino with funding from the Missouri Foundation for Health.

The Promotoras de Salud program consists of one health coordinator and two half-time staff Promotoras (health promoters), who are responsible for implementing the program. The program consists of three elements: 1) developing educational resources and training, 2) creating outreach strategies and developing linkages to community resources, and 3) development of a support system that facilitates access to health care services available in the community.

### **Developing Educational Resources and Training**

Promotoras de Salud provides education to the Latino community through educational workshops, one-on-one consulting and conversational lunches. A curriculum has been developed and piloted in the educational workshops that can be used as a resource for the Promotoras in a variety of educational contexts. The Promotoras de Salud program identified ten key educational programs to develop in an effort to improve health literacy in this community. These included: dental care, family planning, HIV/AIDS prevention, obesity prevention, diabetes prevention, MedLine Plus, ParentLink, Ask Me Three, stress reduction, and managing cholesterol. The Promotoras have been responsible for the creation and facilitation of 10 educational workshops, one for each of the 10 key health literacy issues. Currently, at the time of this paper, seven of the 10 workshops have been developed. The curriculum for each of the 10 health literacy issues consists of the following components: a video of the workshop facilitated by the Promotoras (Spanish only), a bilingual transcript, a bilingual power point presentation, bilingual handouts and pamphlets, bilingual instructions for a related activity, bilingual pre-tests and post-tests, and a list of additional resources. The curricula resources may be used in a wide variety of venues and programs such as formal workshops, short programs at health fairs, neighborhood or community meetings and even in one-on-one counseling. Participants in workshops designed to pilot the materials have appreciated the local nature of the curriculum and the use of area facilitators. For example, the presenters in the videos included the Promotoras and other local health resource people that participants can follow-up with directly for more information.

The curricula are being piloted through workshops held on each of the 10 topics. The groups have been small with an average of about 10 participants per workshop. The sample is too small to generalize, but the post-test results did show considerable learning around the specific items measured using the pre/post test instruments. For example, goals of the obesity workshop included ensuring participants could define obesity, understand what it means to be overweight and learn how to maintain their weight. The pre-test showed that 71% could not define obesity, 86% did not know what it meant to be overweight and 43% did not know how to maintain their weight prior to the workshop. The post-test showed, that 57% could define obesity, 86% understood what it meant to be overweight and 100% indicated they knew how to maintain their weight. Results were similar for each of the 10 modules.

The Promotoras identified a need for an informal atmosphere where health issues can be discussed, debated and resolved among peers. Many members of the Latino community are more comfortable, and tend to learn better, in an informal setting rather than a formalized workshop. The Promotoras addressed this concern by convening weekend luncheon sessions where they had informal discussions about health, accessing health care and addressing the health issues confronting participants. These sessions served

as an effective educational forum: creating stronger ties among the participants, increasing community trust levels for the Promotoras, and providing a sounding board for discussing new issues and ideas that affected the health of the participants.

## **Outreach Strategies and Community Linkages**

Outreach strategies have been used to facilitate the development of the Promotoras de Salud program in two ways. The first has been to reach out to health providers and other health resources in the community so that the Promotoras have the avenues they need to effectively guide their clients to the right places. The second has been to build relationships into the Latino community to ensure that Latinos know about the program and are able to access the services of the Promotoras.

Outreach to Health Providers. An advisory board that included many of the health resources in the community was created. This enabled the program to keep them up-to-date on the project and obtain advisory board feedback on how to effectively work with the health resources in the community. Advisory board members also served as points of contact in their organizations, shared ideas on how to connect with others, assisted with workshops, provided input to the overall effort and represented the program to the broader community. The advisory board played a critical role in the initial stages of program development and provided a consistent source of support.

Another means of connecting to health resources included having the Promotoras spend approximately 20% of their time (in the first few months) working with the providers they were most likely to utilize once linking people, places, and providers actually began. The Promotoras were able to develop a better understanding of the health resources each health care provider offered; the providers learned how the Promotoras can better support their efforts; and both were better able to help the Latino community access health care resources. For example, dental care is a service that many Latino newcomers do not know how to access. There is one clinic that offers services to low-income and uninsured families, but they do not have regular access to an interpreter. While working with this clinic it was learned that even the Latinos who are able to get appointments often do not show up. The clinic was unable to follow-up with the clients to find out what the problem was, and, as a consequence, they had a number of vacancies in their appointment calendars. Promotoras were able to find out why this was happening; if there was no pain the day of the appointment, many Latinos would not go--thinking the problem had solved itself. Promotoras were also able to get the clients to the clinic, follow up with the clients to make sure they followed through with their treatments, and reduce the number of “no shows” the clinic was receiving.

The Promotoras have also strived to make the program accessible through the community. The Promotoras de Salud program developed resource materials including a power point presentation, tabletop display and brochures used to help providers and other organizations better understand the aims of the program and the range of services provided. Promotoras conducted workshops and in-service programs for local health programs, appeared on television, and presented at conferences and health fairs in an effort to let the broader health community understand the services available to them through the Promotoras de Salud program.

Outreach to the Latino Community. This outreach included things like public service announcements on the radio, monthly newsletters, health fair booths, social service coordination meetings, faith-based outreach projects, community gatherings and events, and ongoing networking.

Another Latino community outreach strategy included engagement through the churches. Several

churches in mid-Missouri have large Latino congregations and the Promotoras established connections with the clergy and staff who were willing to connect the program to the Latino portion of their congregations. Promotoras have conducted workshops after services, participated in church health events and advertised in church bulletins. Promotoras have also attended en masse presentations at community gatherings and events whenever possible. Staying involved in the community, attending community events and participating in ongoing networking creates opportunities for the Promotoras to regularly share program information, make important connections in the community and health service field, and identify new and innovative ways to address the Latino community's health literacy needs.

## **Facilitating Access to Health care Services**

An important role of the Promotoras has been to serve as health navigators. Navigators are effective in reducing barriers to health care access (Dohan & Schrag, 2010). The Promotoras serve as health navigators in three ways. First, they provide medical referrals to Latinos looking for health care services; second, they serve as translators in a variety of health care contexts; and third, they help Latinos gain access to social services. Through the first 18 months of the program the Promotoras de Salud helped 239 people access health care services. Forty percent needed help with medical interpreting, a little over thirty percent needed help with dental services, another twenty percent were assisted with accessing dental care and the rest received social services.

Medical Referrals. Latinos often use the emergency room to obtain their health services. Nearly one in five Latinos used the emergency room at least one time in 2007 (Garcia, Bernstein & Bush, 2010). One reason for the high rate, given by the clients of the Promotoras, is that in their countries of origin, visiting the emergency room is one of the most inexpensive ways to get medical treatment. Latinos also tend to not utilize preventative care services or visit the doctor regularly once they emigrate. Reasons given for this include language barriers, affordability and a lack of understanding about how to access services. These factors may contribute to making Latino newcomers prone to emergency room visits once an illness gets serious. The Promotoras attempt to help address these issues by bridging their clients to services including preventative care, follow-up care, annual check-ups, dental care access, and specialty care services. Once a potential client contacts a Promotora they set appointments with the provider best suited to meet their needs. The Promotoras have created a network of practitioners and specialists in the area that will see their clients.

Translation Services. Translation is critical to both the clients and the health care providers. Many Latino immigrants speak Spanish and little to no English. Many health care providers in mid-Missouri do not have adequate translation services. This creates an enormous barrier to quality health care for Latino immigrants to the area. The Promotoras often serve as interpreters and also as patient advocates. Since the Promotoras do not work directly for the health care providers they can work more directly on behalf of the person seeking health services. In addition, interpretation is often necessary outside the health care clinical setting. Latino newcomers need help to set up appointments, arrange transportation, understand treatment plans, read prescriptions and communicate with the medical staff, doctors, nurses and pharmacists. Often getting people to the health provider is the largest barrier to access. The Promotoras are uniquely placed in the community to help newcomers effectively access the health care services available.

Social Services. Access to social services is the third area emphasis. Services range from helping people connect with social service agencies, to finding housing, to accessing transportation and getting settled in the community. Many social service offices have Spanish speaking employees or translators, but not all of them. Promotoras help clients communicate with those services that are not “Spanish friendly.” They help Latino newcomers complete forms accurately and understand policies, rules, and regulations regarding certain social services.

## **Lessons Learned**

The Promotoras de Salud program is nearly 75% of the way through its initial two-year pilot period and two of the unexpected outcomes have included the reception of the health care providers and the demand for dental services. Both of these findings have implications for others interested in developing a Promotoras de Salud program.

There have been unexpected benefits generated for the health care providers and the broader community as a result of the program so far. For example, by getting people to the most appropriate health care resource the Promotoras are playing an important role in keeping people out of the emergency room, which is the most expensive form of health care for both the providers and the patients. They are helping providers learn how to better serve this rapidly growing client base and they are even being sought out by the large providers that have their own translators and outreach programs. Health care providers are seeking the Promotoras because of the expertise they have developed, their understanding of the broader Latino community and the relationships the Promotoras have built across the broader community. One provider redesigned its approach to an educational program because of the input from the Promotoras and another was able to find housing and other social services one of their patients needed with the help of the Promotoras. The Promotoras have genuinely established themselves as resources to both the health care providers and their Latino clientele.

Dental Care emerged as a priority issue in the Latino community. Many newcomers have no experience with a dentist and this is further complicated by the way dental services are provided. Most dentists operate as small businesses and have no capacity to deal with translation. There is only one clinic in the region that offers reduced rates for those without insurance, so it is difficult to get appointments, and they do not have translation services in-house. The Promotoras addressed this initially in an ad hoc fashion by working with the clinic and their own dentists to identify the dentists in the community who would see Latino patients. They learned what it would take to access the services of certain dentists and even reduced negotiated rates with a couple. The Centro Latino also established an agreement to provide translation services for the dental clinic on an “as needed” basis. Their success in getting access to dental care led to an increase in demand for these services and has greatly increased access to dental care for the Latino community.

The Promotoras de Salud program has been effective in reaching its benchmarks. In fact, the program thus far has helped 50% more people access health care services than initially thought would be possible. The main challenge to establishing a sustainable Promotoras de Salud program is the development and maintenance of a consistent resource base to support ongoing operations. Although health providers have appreciated the resources provided by the program and the broader community is beginning to embrace the concept it is difficult to generate local financial support. The health care providers do not have an effective mechanism to support the program. Several pay for translation but not enough to sustain the program. The current anti-immigrant political climate also makes it difficult to raise funds in the broader community. One of the keys to success is being able to have consistent access to the Promotoras. This is hard to do without a consistent funding stream. Although the program has had a positive effect it will be a challenge to sustain and grow the program.

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