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

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Abstract

Promotores are community lay health workers, who provide outreach and services to Latinos. Little research on the promotores programs exists and the focus of this article is to identify the challenges faced by community-based nonprofits when implementing promotores programs. To explore this type of program telephone interviews were conducted with ten promotores academic experts and nonprofit executives. The results suggest that implementation challenges fall into three major categories: the lack of standardized information on promotores programs, labor issues, and organizational costs. Future recommendations are made which highlight promotores recruitment and retention strategies, and the development of a clearinghouse of programmatic implementation information for community-based nonprofits.

Keywords

community-based health delivery; *promotores* programs; Latino health; nonprofit organizational implementation

INTRODUCTION

Latinos comprise the ethnic group in the United States that is most likely to report no usual source of health care (Lillie-Blanton, Rushing, & Ruiz, 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 & Tomany-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 potentially low-cost approaches, such as the community health worker model (Berman, Gwatkin, & Burger, 1987; Medina, Balcazar, Hollen, Nkhoma, & Mas, 2007; Swider, 2002; Witmer, Seifer, Finocchio, Leslie, & O'Neil, 1995). Community

health workers are trained by nonprofits to help address the health needs of people, particularly those who are low-income or economically disadvantaged, in their communities (Berman et al., 1987). In Latino communities, community health workers are typically referred to as *promotores*. Most *promotores* are not clinicians who provide direct medical services, per se, though some act in this capacity. Instead, most serve as health educators, health advocates, and service coordinators that aim to match underserved populations with health services that are offered by community-based nonprofits.

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 et al., 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 health outcomes, with little empirical guidance on how nonprofits can effectively implement *promotores* programs. Indeed, a key issue for nonprofits is the unknown challenges they may face when implementing *promotores* programs. To address this issue, primary data were collected through roughly one-hour telephone interviews with ten academic experts and nonprofit executives who have experience designing and implementing *promotores* programs.

LITERATURE REVIEW

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 (Centers for Disease Control and Prevention [CDC], 2007; National Council of La Raza, 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 white children (Flores & Tomany-Korman, 2008). This is an important public health problem, because insurance status strongly relates to health-seeking behavior. Indeed, research suggests a significant link between the 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), which in turn 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 though 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; Centers for Disease Control and Prevention, 2004), 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 *promotores* 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 typically involves two steps. First, nonprofits 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 in some cases 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 the formulation and implementation stages aims to be tangible health outcomes for clients. 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 et al. (2007) studied how *promotores* programs relate to increases in heart-healthy behaviors among Latinos. What is more, several studies relate the use of *promotores* programs to increases in breast and cervical cancer screening among Latino women (Borrayo, 2004; Darling, Nelson, & Fife, 2004; Fitzgibbon, Gapstur, & Knight, 2004; Hansen, Feigl, Modiano, Lopez, Escobedo Sluder, Moinpour, Pauler, & Meyskens, 2005; Navarro et al., 2007). Research also 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 et al., 2006; Witmer et al., 1995).

Taken together, the research on *promotores* programs suggests that they can create positive health outcomes for Latinos. But the heavy focus of existing *promotores* research on

outcomes has left unexplored the issue of programmatic implementation, which relates to the chief research question of this study, namely, what are the challenges faced by community-based nonprofits when implementing *promotores* programs? The remainder of this paper addresses this question.

METHODOLOGY

In this section of the paper, the study's methodology, including its sample, instrument, and procedure, is described.

Sample

In this study, experts in the *promotores* program field were sampled to obtain information about the implementation of *promotores* programs by community-based nonprofits. Experts were recruited for the study based on their theoretical, practical, or applied knowledge regarding *promotores* programs and their experience designing or implementing them in Latino communities. They were recruited in two waves. In the first wave, academic literature and Internet searches were used to construct an initial list of experts who could contribute as interviewees. Second, the potential interviewees were contacted and screened through proscribed criteria for their practical design and implementation experience with *promotores* programs. If they met the screening criteria and agreed to be interviewed, then they were enrolled in the study. Next, a "snowball" recruitment method was used in the screening process to ask the initial recruits to name additional experts in the *promotores* field. These additional experts were then contacted, screened, and enrolled in the study. In the second wave, several nonprofit executive directors who run *promotores* programs were identified, screened, and enrolled in the study.

The two-wave recruitment approach yielded a sample of ten participants with detailed and practical knowledge of *promotores* program implementation issues. Four participants in the sample 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. The other six participants are executives at nonprofits, which range from relatively large to relatively small in size. All participants have program experience in the design, implementation and evaluation of *promotores* programs. The diversity of the sample provides for hypothetical variation in responses, depending on one status as a academic or practitioner or as a practitioner at a large or a small nonprofit. However, the limited number of sampled participants is a key limitation of the study. With only ten participants in the sample, the study lacks generalizability, because one cannot be certain that the academics and practitioners in the sample reflect their broader populations. Indeed, the findings cannot be applied confidently to community-based nonprofits and *promotores* programs outside of our sample. Still, they provide a first significant focus on nonprofit implementation issues in the *promotores* programming field.

Instrument

Once the sample was complete, data on *promotores* programming were collected. To collect the data, an in-depth telephone interview approach was used. To guide the telephone interview, a detailed interview guide, which was vetted by an institutional review board, was developed and used. The interview guide served as the key instrument for the study. It contained several demographic questions and open-ended queries on the interviewee's experience in designing and implementing *promotores* programming. It also contained a host of free-response questions on how to effectively implement of *promotores* programs and the challenges to effective implementation. The questions in the instrument were based

on the existing literature on *promotores* programs and nonprofit organizational behavior, which is described in the literature section above.

Procedure

Telephone interviews were conducted with each expert in the sample. Each interview took roughly an hour. Before an interview, each participant was assigned a unique identification number in order to keep separate and confidential their interview responses. Informed consent and an agreement to be audio taped were obtained from each participant. During the telephone interviews, responses to the questions in the interview guide were manually recorded in separate booklets for each participant. Responses were also audio-recorded for later analysis.

Once data collection was complete, notes from the separate interview booklets and the audio recordings were reviewed. The notes were transformed into text-based data and entered 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 data entry was complete, the data were analyzed for overall themes and key quotations to address the following key question: what are the challenges faced by community-based nonprofits when implementing *promotores* programs?

RESULTS AND DISCUSSION

The telephone interview data from a sample of *promotores* experts reveals three key answers to the question of what challenges are faced by community-based nonprofits in the implementation of *promotores* programs. First, there is no standardized and systematic implementation method for *promotores* programs, which often causes community-based nonprofits to “reinvent the wheel” when implementing their own programs. Indeed, some respondents noted that an important implementation challenge is that information on *promotores* programming is generally difficult to piece together, causing many nonprofits to incur substantial expenses to initially implement programs or to expand existing ones. In fact, there is no clearinghouse of systematic information on *promotores* program implementation. Of course, some nonprofits prefer to implement their programs in their own way. As mission-driven, frontline providers in health service delivery, localized 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.

To address the limited information on *promotores* program implementation, public policy makers, public officials, and nonprofit practitioners 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.

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.

What is more, a web-based clearinghouse of information could include 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 (Hager & Brudney, 2004).

Nonprofits should also 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.

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, acquiring 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.

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.

CONCLUSION AND FUTURE DIRECTION

The purpose of this exploratory study is to assess the key challenges faced by community-based nonprofit organizations that implement *promotores* programs. This purpose is rooted in the gap in the academic literature on *promotores* programming, which focuses heavily on health outcomes, leaving unanswered the issue of how nonprofits can effectively implement these programs. Though exploring and understanding the relationship between health programmatic interventions and health outcomes is crucial, this study examines the processes that may lead to those outcomes.

The results of the study suggest that community-based nonprofits that choose to implement *promotores* programs face important implementation challenges. 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, therefore, becomes how to craft implementation strategies to address these challenges. In the results and discussion section above, four strategies were offered, which, when taken together, may help nonprofits to launch and sustain these programmatic initiatives. But, there also needs to be a formalized research agenda to chronicle and monitor the formulation and implementation processes of *promotores* programming, which may provide evidence-based information that nonprofit practitioners can use to implement *promotores* programs and overcome the gap in the outcome-oriented academic literature. And though it is unsurprising in the current fiscally strained environment that public policy makers, public health officials, and nonprofit practitioners are looking for positive and potentially lower cost health outcomes, such outcomes are likely to be unsustainable without a better understanding of the processes that produce them. Indeed, without concrete, evidenced-based information, community-based nonprofits will likely be unable to consistently and effectively produce the positive health outcomes that the existing literature on *promotores* programs suggests.

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