The Need for a Community Engagement Model in Public Health Response

The 2009 H1N1, the most prominent virus of the current flu season, has raised significant concern among government officials, health providers and community leaders in California, across the nation and globally. In October 2009, the American Journal of Public Health published a special supplement issue focused on the H1N1 influenza pandemic with several landmark articles documenting the necessity and the opportunity for public health agencies and communities to engage in partnerships and collaborations to address the preparedness and response needs of vulnerable populations. In Hutchins et al (2009), the authors from the CDC Office of Minority Health and Health Disparities and the CDC Influenza Coordination Unit, include communities from diverse cultures, persons with limited English proficiency or non-English speakers, and migrant and agricultural workers in their definition of vulnerable populations. Participatory community methods are recommended for communication regarding pandemic influenza with vulnerable populations (Vaughn, 2009), underscoring the potential efficiency of Promotora-type models. Multiple articles recommend specifically the inclusion of Promotoras (community health workers or lay health workers) for H1N1 preparedness and response among immigrants and refugees, farm workers, and low income populations (Benedict, 2009; Bouye, 2009; Steege, 2009). The H1N1 flu virus is just one of a number of health concerns in which the Promotora model could be effectively utilized to protect underserved groups during healthcare emergencies.

The Promotora Model: Reducing Risk Through Culturally Competent Care

Promotoras have long played an important role in community health education, promotion and referral efforts. They function as patient advocates and patient navigators trained to connect their communities through a shared social and cultural background and disseminate health information and facilitate health access. Typically they serve as liaisons between the community and the health system, including local and regional human and social service organizations (Castañeda, 2009). They are not doctors or nurses, but they are trained health educators with key insight into health promotion among underserved and marginalized groups. Promotoras most often live and work in the communities they serve, and are regarded as accessible, trusted sources in the community to provide peer education on personal health care matters. Promotoras may be unpaid volunteers, may receive a stipend, or be employed full or part-time. There are many documented Promotoras best practices in healthcare utilization (Nemceck, 2003), as well as promising outcomes with regards to increased health knowledge, improved health status outcomes and behavioral changes (Swider, 2002; Castañeda, 2003). In the case of the Latino community in the United States, Promotoras tend to provide care to families through culturally relevant educational messaging and linguistically appropriate health materials.

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"Because influenza is highly contagious, inadequate preparedness or untimely response in vulnerable population increases the risk of infection for the general population." (Hutchins et al, 2009)

Last year, the California State Assembly acknowledged, through Assembly Concurrent Resolution 75 (authored by Assemblymember Manuel Perez), the importance of Promotoras in reaching out to vulnerable Latino communities, particularly highlighting the role of Vision y Compromiso, a leading training and curriculum development agency focused on California’s volunteer and employed Promotoras. It has been estimated that California is home to more than 8,000 Promotoras (HRSA, 2007), most of whom practice through community clinics and public agencies, and through a wide range of community service organizations. Promotoras provide services in several vulnerable communities of color and among

*In this document, the term Promotoras includes both male and female community outreach workers.
low income communities. They have a valuable role to play in public health emergencies due to their access to underserved communities and their knowledge of existing resources. Although numerous Promotoras provided outreach during the H1N1 outbreak in 2009, they were underutilized as a complementary health-workforce skilled in targeting hard to reach populations.

Promotoras Conference: Promotoras’ Perspective on Their Role

The Health Initiative of the Americas (HIA), a program of the School of Public Health at the University of California, Berkeley, has been training Promotoras in the provision of culturally competent care since its establishment in 2001. In its work with predominantly Latino immigrant communities it has also drawn valuable expertise and materials from the Mexican Health Ministry with which it has a long standing collaborative relationship. In 2009, HIA dedicated its Eighth Annual Promotoras Conference to the discussion and training on issues related to H1N1. The conference included academic and public health experts from California and a delegation of key public health specialists and Promotoras from Mexico who led the effort in the beginning of the H1N1 epidemic. The meeting was attended by 370 Promotoras from 8 U.S. states and Mexico, representing 120 organizations. The activities at the event included focus group discussions and other qualitative approaches conducted to determine, from the Promotoras’ perspective, their role during the H1N1 outbreak. Anecdotally, it was reported that Promotoras filled health education gaps between the public health infrastructure and the community, largely without formal support or integration into the public health response.

Key findings from this conference included:

- Promotoras have been an underutilized resource in community wide interventions in public health emergencies; their work has been challenging partly due to the lack of culturally and linguistically appropriate educational material, particularly in the case of the H1N1 epidemic.

- Fluid communication and cooperation between the State Public Health Department, local health departments and other health organizations that use Promotoras as a vehicle for intervention is essential to providing comprehensive, culturally competent outreach to the Latino community.

- Partnerships and collaboration should be expanded binationally with Mexico and multi-nationally with other countries of origin and non-governmental organizations, health departments, and other governmental agencies.

Policy Recommendations: Integrating the Promotora Model into Current Health Services Approaches

Substantial work is needed if Promotoras are to serve as effective collaborators for public health outreach to California’s Latino community. Promotoras play an important role in Latino communities, but their contribution is not necessarily valued or fully acknowledged by most policy makers and health officials.

Conducting health education and prevention with the low-income Mexican immigrant population in the U.S. about the risks of H1N1 could be hampered both by the difficulty in conducting outreach and by cultural factors that affect communities’ perception of risk. Culture strongly influences the way in which people conceptualize and perceive risks. It is increasingly recognized that values and beliefs are central components to perceptions of health risks and should be taken into consideration in the design of health interventions.

Furthermore, strategies must be developed to facilitate Promotoras in sharing their expertise with policy makers and health providers working with underserved communities. These providers include clinics, hospitals, and community centers. Although there is a large Promotora network working on current health issues around the state, there simply are not enough Promotoras to serve California’s hard to reach groups. The following recommendations will help foster a Promotora Model to assist vulnerable populations during public health emergencies.
Policy Recommendations continued:

The State should develop a plan to integrate the Promotoras workforce into the health care system:

- Support the development and improvement of Promotoras services via the use of trainings, conferences, and educational programs;
- Create health care system incentives to use Promotoras in preventive campaigns targeting the immigrant communities;
- Promote a state campaign to emphasize the role of Promotoras and provide them appropriate acknowledgment;
- Develop standardized training curriculum as an initial step in a statewide certification process;
- Develop, publish, and distribute an easy-to-use inventory of Promotoras programs and organizations.

The State should work to increase communication between policy makers and Promotoras:

- Hold conferences, meetings, and forums to create formal links between policy makers, health providers, administrators and Promotoras;
- Encourage partnerships between Promotoras and health providers to effectively target underserved communities, particularly during public health emergencies, such as the current H1N1 pandemic.

The State should direct resources to organizations and programs that use Promotoras services to educate mobile immigrant populations that might not share the same perception of risk and vulnerability as the general U.S. native-born population:

- Allocate economic incentives to compensate Promotoras and organizations who work with hard to reach mobile populations; and
- Provide funding to create and support health campaigns in a culturally and linguistically adequate approach.

The State should conduct qualitative and quantitative research to assess and measure the benefits of the Promotora Model:

- Develop a research strategy to serve as a tool for the assessment of the Promotora Model by building on existing local and international efforts;
- Improve data tracking and evaluation methods of programs that currently use the Promotora Model; and
- Support the development of reports that monitor progress of Promotoras and their target communities.

Xochitl Castaneda is the Director of the Health Initiative of the Americas and Gilbert Ojeda is the Director of the California Program on Access to Care, and both programs are part of UC Berkeley’s School of Public Health.

For more information, contact:
Xochitl Castaneda, Health Initiative of the Americas
1950 Addison Street #203
Berkeley, CA  94704
Phone: (510) 643-1291 Fax: (510) 642-7861
E-mail:hia.isa@berkeley.edu

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