

Children's Health Initiative's Promotores Program  
Implementation Evaluation  
December 2009

**Introduction: Promotores de la Salud de los Ninos Program**

The Children's Health Initiative uses culturally-tailored community-based outreach approaches, such as the *Promotores de la Salud de los Ninos* (Children's Health Promoters) Program, which is comprised of volunteer Latino community health workers. At the core of the Promotores program is the recruitment of Latino community members who because they live in the community and have shared experiences, possess an intimate understanding of the community's social networks as well as its strengths and challenges. Because of these connections and knowledge, they are well placed to work as health navigators to work within their own Latino communities to enroll uninsured children into public health coverage and assure that they get connected to medical and dental services.

Ongoing training is provided to the Promotores to prepare them to locate families, educate them about health and social services for which they may be eligible, assist them to complete applications for state-funded medical and dental services and to get them connected to those services with local health providers. The Promotores Program was launched in May 2008. A total of 39 Promotores have been trained to date, 26 of whom continue to actively participate in the program. Though the majority of the Promotores are women, there are two men, and while the position is as a volunteer, Promotores do receive reimbursement for expenses in the form of \$15 gift cards for each child enrolled and each child who is connected to a doctor and/or dentist. The program has a strong supervision and quality assurance component provided by a Project Coordinator on the health department staff who is herself Spanish-speaking ,Latina, a health educator and application worker.

In July – September 2009 a mixed methods implementation program evaluation was carried out with the goal of identifying the strengths of the program and areas where course corrections could be made to improve the program.

**Evaluation Objectives**

1. To elicit Promotores' perceptions regarding the most successful strategies they employ in order to 1) identify families; 2) initiate the enrollment of children in Apple Health; 3) link children to medical and dental services; and 4) advocacy for the establishment of a medical and dental home.
2. To elicit Promotores' perceptions regarding the barriers that keep their clients out of publicly-funded medical/dental programs and from seeing a doctor and dentist.
3. To gain insight into what the Promotores value about their work and their role as a Promotora in their community.

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4. To routinely track and monitor the children enrolled in Medicaid and SCHIP by Promotores and those connected to a doctor and/or dentist.

## **Methodology**

### Quantitative Data

Routine monitoring is tracked on three quantitative data points:

- # of applications submitted for publicly-funded health coverage
- # children enrolled in publicly-funded health coverage
- # medical/dental visits facilitated by Promotor

### Qualitative Data

Three focus group discussions (FGD) were held with a total of 19 Promotores participating. There were 18 women and 1 male participant. There were two groups conducted with Promotores that have been quite active and one group with less-active Promotores, although the less active group included two new Promotores that have gone on to be quite active.

The discussions were conducted in Spanish by a Spanish-speaking, Latina moderator who is external to the public health department, the Children's Health Initiative and the Promotora program. A Spanish-speaking, Latina note-taker was also present to take hand-written notes during the discussions. The FGDs were recorded using a digital recording device and later transcribed and translated into English. The notes were reviewed for accuracy by the moderator after transcription.

Informed consent was orally read to each group of Promotores at the beginning of the FGD. A signed, informed consent was obtained from each participant. The Human Subjects Review Board at the University of Washington was contacted regarding the need for IRB approval and it was deemed that this was a program evaluation for purposes of program improvement and an IRB was not necessary.

## **Results**

### Quantitative Data

Data collected from May 2008 – September 2009

- 304 children applied for publicly-funded health coverage
- 249 children enrolled in publicly-funded health coverage.
- 595 medical/dental visits facilitated by a Promotor

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Qualitative Findings

The qualitative results are organized by dominant themes that emerged from the focus group discussions. The themes were common across all three groups, whether active or less-active, however, there were some themes more common to one group or the other. When of note, these commonalities and differences are mentioned.

- **Promotores are resourceful advocates for Latino families**
  - **CHI Promotores are helping families to successfully navigate the complexities of the US healthcare system.** Promotores know first-hand how confusing the US health care system can be for newly arriving immigrants. They understand that families don't know about the public programs for which they may be eligible and are intimidated by the paperwork. They understand that families don't know how to locate a health provider who may speak Spanish or one that accepts Medicaid coupons. These complexities often create insurmountable barriers for families in accessing coverage and care.
  - **Promotores, because they are part of the Latino community in which they volunteer, have success in reaching families who are often on the periphery of the health system.** Promotores primarily work within their personal networks to locate eligible children. These networks include family, neighbors, friends, schools, churches and word-of-mouth referrals.
  - **Promotores understand first-hand the barriers that families face in accessing coverage and care including transportation, language and an alarming degree of discrimination.** They act as resourceful advocates for their clients bridging barriers: they provide transportation or assist families to obtain transportation vouchers from Medicaid, they connect families with culturally competent providers, and they intervene on client's behalf when they encounter rude, unhelpful staff at DSHS or provider offices.
  - **Promotores are out in the community educating families about the public benefits to which they are entitled and the importance of getting their children to a doctor and a dentist.** They understand the importance of a medical and dental home and can translate not only the words but the concepts to their community.
  - **Less active Promotores felt like the training they received was beneficial so they could fill out their own family's Medicaid application and not be dependent on government office staff.**

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*"I remember working with a family that did not have any money to pay for the bus to attend their doctor's appointment. I explained to them that the medical coupon covers transportation and advised them to call the city. We called and they received the tickets for the bus and they were able to attend their doctor's appointment."*

**-CHI Promotor**

*"Sometimes we have to act as family members reminding parents of the importance of keeping doctor's appointments. I know that I am taking a lot of responsibility, but I like to make sure parents take their kids to those appointments. This makes me feel good because I am able to help people."*

**-CHI Promotor**

*"I have helped families with incomes above the limit and they think they cannot apply [for Medicaid/SCHIP], and that is not true. They can apply. The only thing is that they have to pay a minimum premium. I worked with one family and their income was above the limit and they just have one child, but the only thing they have to pay is \$15 per month, and they did not know this"*

**-CHI Promotor**

*"It is our job to talk to them [families] and explain the importance of keeping their appointments. But if they tell us that they do not feel comfortable with that specific doctor, we have to help them find a different one!"*

**-CHI Promotor**



CHI Promotores and their families, assisting at the Apple Health kick-off event hosted by the CHI on July 31, 2008.

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- **The Promotor program offers intangible benefits to participants**
  - Promotores, the majority of whom are low-income women with low levels of education and little previous professional work experience, report a new sense of pride and accomplishment and increased self-esteem as a result of their participation in the Promotores program.
  - Whether an active or less-active Promotor the primary motivation expressed for participation in the program is pride in doing something positive for their community.
  - Active and less-active Promotores value the opportunity for personal and professional development and the opportunity to learn.
  - Active Promotores express a sense of satisfaction at being able to contribute to the financial health of their families through receiving gift cards for groceries and other household necessities.
  - Active Promotores who do not want the constraints of regular employment due to family responsibilities appreciate the flexible nature of the work and opportunity to contribute to the economic health of their families.

*"We can help our community and people we know, but it is also helping us in our personal lives. It is helping our kids...It is giving us more confidence, because we are learning how to work better with people, how to deal with many confidential issues that are very personal. People trust us."*

**-CHI Promotor**

*"The training we receive has helped us to improve our skills. I think that even though we may think that we do not know too much because we did not attend school, with all these trainings we are getting the support to keep working, it is helping us to know that we can do many things."*

**-CHI Promotor**

*"It makes me feel good to be a Promotor. It makes me feel, well, useful because I can help somebody else. And as my companera said, in my country I did not have the opportunity to complete even primary school. So, now that I am a Promotor, I receive training and it makes me feel more useful. I feel more successful."*

**-CHI Promotor**

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*"I value the opportunity to learn because not everybody has this opportunity. I see the reaction in people when I start talking to them and they go, "Wow! Gee! How do you know so much?" And it is a beautiful thing. This is very rewarding for me to say, that I know many things. And well, we do not just keep it to ourselves, but we also share with our clients all these experiences, that in reality it is not only a benefit for ourselves but for the community."*

**-CHI Promotor**

### Challenges

- Less active Promotores cite common obstacles or life situations that make fully engaging in the Promotor program difficult. These include:
  - Caring for young children leaves little time for Promotor activities
  - They feel they lack credibility in their community. They feel people don't believe that they can actually help them to complete a Medicaid application or facilitate a medical appointment.
  - Some less-active Promotores state they are insecure in their own skills
  - Some Promotores are not able to attend the trainings regularly because they have conflicts
- Active and less-active Promotores feel like they would like more credibility within their communities so that people understand they are qualified to assist them and they have many good suggestions (see section on Lessons Learned and Program Implications).
- Active and less-active Promotores tell many stories of discrimination they encounter themselves or when they work on behalf of their clients. Discrimination that comes from individuals who should be helping them at DSHS and in health facilities, and also systematic discrimination because they are non-English speaking and there are weak or no systems in place to address language barriers.

*"Even over the phone they are very, very rude, very rigid, very authoritarian when they talk. They ask you, 'Do you have this?' They speak in a very authoritarian way. Yes, that is the way they are. Of ten people who answer the phone, nine are like that and one is nice."*

**-CHI Promotor (speaking about a DSHS staff at a CSO office)**

*"They have the option of transferring calls to a Spanish speaker if they wish. But it takes a long time to talk to someone who speaks Spanish. I have experienced that, people call me because they know that I speak English, they do not call me because they need the medical coupon or they need to schedule an appointment. They call me because they have a question and they say that they do not have time to wait in line to speak with someone who speaks Spanish."* **-CHI Promotor**

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Promotores receive ongoing training that occurs every two months and they also participate in the Washington CHW Network's quarterly trainings.

*"Well, the first person I helped to obtain her medical coupon last year had more than a year of unsuccessfully trying to obtain it. She made several phone calls to apply, but was put on hold for long times and then her call was disconnected each time she called. She even completed an application, but she never got any response. She explained to me that when she applied in the past, they kept telling her that the records showed that she had several jobs, but in reality she did not work at one place anymore. Well, I asked my supervisor to help me and she provided me several tips such as writing a letter explaining what happened with that employment and we attached the letter to the application. A month went by and I received a phone call from her. She told me that she had just received the medical coupon for her child, and she was so grateful for what I did for her. Presently, I keep helping her scheduling dentist and doctor's appointment for her six year old son and her four year old daughter. It was not until she obtained their medical coupons that she started taking them to regular checkups. She was afraid of expensive bills before. She is happy with the dentist and the doctor I referred her to. I feel great that I was able to help her and this encourages me to keep helping people."*

**-CHI Promotor**

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**Lessons Learned and Programmatic Implications**

- Promotores find that many families (as well as their own families) encounter persistent system-wide discrimination while trying to apply for publicly-funded benefits and services.
  - **Action:**
    - Identify strategies to track incidence of discrimination and opportunities for advocacy with relevant agencies involved
  
- Promotores believe their credibility in their communities will be enhanced with increased agency support and informational media. They suggest formal introductions by the health department at community events and health fairs; being equipped with the proper credentials and materials, such as name badges, business cards and program flyers; seeking opportunities in the Latino radio, print and television media to inform about the Promotor program.
  - **Action:**
    - Make and distribute business card for all Promotores
    - Health department staff will make formal introductions of Promotores at community events
    - Continue to make and distribute program flyers
    - Encourage Promotores to wear their badges to community events or ask for a replacement if lost
    - Seek media opportunities
  
- Promotores overwhelmingly agree that it is critically important to the success of the program to have ongoing training and strong supervision by a Program Coordinator who is fluent in Spanish and a Latina.
  - **Action:**
    - Continue with ongoing training opportunities for Promotores
    - Staffing for Program Coordinator should receive continued priority and should be a bilingual/bicultural individual.
  
- Promotoes calling DSHS or a health facility on behalf of a client seem to have more success when they identify themselves as a Promotor with the Children's Health Initiative. Explore the possibilities of creating a script or protocol for how a Promotor would present him/herself when calling on behalf of a client.
  - **Action:**
    - Investigate concerns or implications of Promotores making calls to DSHS or health providers on behalf of clients.

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- If no concerns, develop and pilot a script and protocol for Promotores to use. The script could be put on a laminated card and given out to Promotores.
- Some Promotores are more productive than other Promotores and have developed some innovative strategies that help them be successful.
  - Action:**
    - Identify the most successful Promotores and the strategies they employ and regularly include "Best Practices" information sharing during scheduled trainings where the successful Promotora can present her approaches to locating families, filling out applications, and getting children in to see doctors and dentists.
    - Add special recognition for the most productive Promotores at the annual awards celebration where every Promotor gets a gift .
  - Promotores, because they often have more contact with their clients than Public Health staff, receive valuable feedback about local resources and providers.
    - Action:**
      - Create a system for Promotores and staff to share information and updates.

*"For me, the fact that she has a lot of education, tells a lot about her and she treats us as an equal. We came from our countries without much education, well at least in my case. She tries to explain, to resolve my doubts and she is always willing to share her expertise with us."*

**-CHI Promotor (talking about the Promotore Program Coordinator)**

*"I think it is very important, not only for us as advocates, but also for the people that we are working for in our community because they feel more confident that she is also Latina who knows our culture, who knows what difficulties we have as a group and as Latinos."*

**-CHI Promotor (talking about the importance of having a Program Coordinator who is both Spanish-speaking and Latina)**

*"I think that it's important that she recognizes that we are trying to improve our lives, that she is able to see what each of us has inside, not just the outside, she understands what everyone needs and I think that is very important."*

**-CHI Promotor (talking about the Promotor Program Coordinator)**

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**Conclusions**

A volunteer Promotor program that provides culturally specific community-based outreach can locate difficult to access low-income Latino children and get them enrolled in health insurance and linked to health services. While the numbers of those enrolled and linked to services in this evaluation are modest, without the strong advocacy provided by the Promotores, many, if not most of these children would still be outside a system that is intended to serve them. The Promotores are particularly effective at assuring that children with Medicaid coverage, regardless of whether they assisted with their enrollment, establish medical and dental homes. This is due, in part, to the fact that the Promotores are volunteers and aren't expected to serve large numbers of clients, and therefore have the flexibility to spend more time with families providing more extensive health education and navigation services as needed.

In addition to the benefits of health coverage and care for the children they serve, the Promotores experience less tangible, but no less important benefits of increased sense of self-worth and self-esteem that they derive from their work as a Promotora.

**ADDENDUM 1: Action steps taken since completion of evaluation (Nov- Dec 2009)**

**Action Items Completed**

During the focus group discussions the participating Promotores generated a wealth of ideas about ways to improve the Promotor program. These were identified and prioritized by the CHI program manager and out-going and in-coming Promotora Program Coordinators. A number of suggestions have already been implemented including:

- Business cards have been created for every Promotor
- Updated CHI badge/ID cards and implemented a policy of wearing badges whenever conducting CHI business
- Fleece vest have been ordered for each Promotor, similar to those worn by PHSKC Access and Outreach staff, with CHI, PHSKC and Promotor de Salud logos.
- Increase visibility and publicity for the Promotor and CHI program is being pursued through Latino media including television, radio and print venues
- Conducted HIPAA/privacy law review training for Promotores and distributed locking bags to aid in keeping all client related information private. A more complete HIPPA training will be conducted at the next Promotor meeting

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- Implemented use of a comment form so Promotores can document and share information related to treatment of clients and/or Promotores by health facility and/or DSHS staff and status update on whether a provider accepts Medicaid.
- Updated Promotores regarding rules and regulations of DSHS transportation services
- Shared findings of the focus groups with all of the Promotores so that each of them could benefit from the suggestions and information collected and to reinforce that the coordinator and manager appreciate the time taken, value the information, and plan on using it to improve the program. Hopefully, this will also further increase the Promotores' sense of worth and recognition of the importance of their contributions to improving children's health. This process will continue throughout the year as additional trainings and improvements stemming from the evaluation occur.

Action items prioritized for training/discussion at the next two bi-monthly Promotores meeting as follows:

- Initiate having Promotores share best practices at each meeting and a more active role in presenting the content of trainings
- Provide more extensive review of HIPAA/confidentiality
- Create a script for Promotores to use when calling clinics and DSHS offices
- Systematically discuss issues related to discrimination including incidence documentation and advocacy action plan
- Review the Promotores' scope of work to assure that as representatives of Public Health they are they are appropriately working within their intended scope of work
- In collaboration with PHSKC staff, refine system of tracking which doctors accept Medicaid coupons
- Update use of interpreter services after legislative session ends, and status of DSHS interpreter services is known

Action Items that will be added to the 2010 Promotor training schedule:

- Appropriate use of the health care system, possibly using a self care book such as the *Healthwise Handbook*
- Promotores' role regarding home remedies
- Proactive recertification of benefits for clients
- Medical homes and preventive services