

Using Promotores/Community Health Workers to Empower Patients

Who?

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What?

We have a very successful diabetes self-management program where participants significantly decrease hemoglobin A1c. The program is in the hands of promotores or community workers--many of them with diabetes or relatives with diabetes--and uses a curriculum based on critical thinking, reflection and action. It supports and connects participants to services and serves the uninsured and underinsured. The program won the SOPHE award as the best program in the Nation. It has been replicated in White Memorial in Los Angeles, The City of Long Beach, Projecto Dulce in San Diego, and currently in AltaMed Medical Corporation in Los Angeles.

So What?

This is an effective strategy because community workers or promotores relate and connect to the community we serve in a technically and culturally competent manner. The trust between them and participants is unparalleled. The results are encouraging both for providers and clients. The program is cost-effective. Promotores are great at recruiting and retaining participants as well. They conduct home visits and health fairs.

How?

We created the program in 1994. I wrote the curriculum and piloted 20 classes. We selected 12 classes with the input of clients and volunteers. We selected the promotores from the participants in the classes. Training and supervision has followed a philosophy of inclusion, empowerment and quality. We have the majority of promotores that started this program still working at our organization. Program and promotores are updated every year.

What Next?

Our clients lack health insurance so they do not get support or reminders. The vast majority do not keep a file with their personal medical information. Currently we are working in the development of a Follow-up program that can support all participants after graduation. The system is focusing in training the clients to do their own case management with the assistance of the promotor. We are assessing the acceptable case load for each promotor, the content of home visits, the amount of hours needed for follow-up at different stages in the patient engagement process. Participants are learning how to keep their information and how to organize and keep appointments. Once we have a better understanding of the process we will develop an electronic method that can help the promotor and the client access the information faster from remote locations.

Take home

- You can start a program like this selecting or developing a good curriculum that works with principles of adult education and includes the standards of care for people with diabetes in a way that is simple, fun and invites people to think and take action.
- Organize a first group of people with diabetes. Get their HbA1c, blood pressure and lipids if possible at the beginning of the training.
- Teach the classes and record your experience. Pay attention to the participants and try to identify those who are eager to help others. Recruit and hire them if you can.
- Share your results. Find money to support your program. Take advantage of your success.
- Conduct a second cycle of classes with your former participants now assisting. Train them in other set of skills. If you can, find a group that can train them with more skills for promotores.
- Create mechanisms so that the community workers can inform the strategy on ongoing basis.
- Create and strength your team. Serve more people.