Latina Promotoras Educate Farmworkers

Diabetes Control is the Message

By Brigette Settles Scott, MA

Closing the Gap, First Summit Packs the House • January/February 2003

At the Centers for Disease Control and Prevention (CDC), Racial and Ethnic Approaches to Community Health (REACH 2010) is a cornerstone initiative aimed at eliminating disparities in the health status experienced by ethnic minority populations in six priority areas—cardiovascular disease, immunizations, breast and cervical cancer screening and management, HIV infections/AIDS, infant mortality, and diabetes.

One coalition charged with heeding the call to reduce morbidity and mortality related to type II diabetes in the Texas Rio Grande Valley is the REACH Promotora Community Coalition. Led by Migrant Health Promotion, a community-based nonprofit organization that develops, implements, and evaluates peer health educator programs in farmworker communities nationwide, the coalition brings together seven distinct agencies in collaboration with local, state, and national advocacy organizations. Each intervention of the coalition combines health education with advocacy for community and system changes that support healthy lifestyles.

Models that Work

Building on its 1996 Department of Health and Human Services award for models that work, Migrant Health Promotion is extending its *promotora* (lay or peer health educator) model by implementing an intensive diabetes education program in the Texas-Mexico border region.

"*Promotoras* is a model that works in Mexican American communities on the border, and that model would exist with or without funding. It's an informal leadership model of creative ways people get their needs met when they don't have access to services. So, by superimposing some training, funding, and technical assistance on top of a model that already exists, it is truly the way community intervention should function. The community decides what works best for it. That seems to be what has risen out of the *promotora* model," said Laura Regan, REACH program director.

The typical *promotora* is about 30, female, and Mexican American. She is usually a more mature woman who has taken on the leadership role in the community. She usually has children herself, and may or may not be married. Overall in the coalition, there are 22 trained *promotoras* who each receive 200 hours of training.

"The training our *promotoras* receive includes information on anatomy, diabetes risk factors, complications of diabetes, medical treatment of diabetes, gestational diabetes, leadership, communication and advocacy, nutrition and physical activity, and how to work with the community to conduct health fairs," said Regan.

The Coalition has three different areas of intervention: clinic, school, and community. Three clinics conduct the clinical interventions. *Promotoras*, working with clinic staff, conduct home visits or accompany patients when they visit their health care providers. The school component is charged with making systemic change using CDC's school health index. Three schools are implementing the recommendations. "So far, each school has been successful in getting rid of the snack and soda machines, as suggested by the school health index," said Regan. "Others have secured funding through REACH to add water filtration systems."

For the community outreach component, *promotoras* offer in-home support and education to residents on diabetes and are leading walking groups and conducting cooking classes with Mexican American residents in the valley. All services are provided in Spanish, and the *promotoras* use a variety of different materials and techniques to enhance learning and understanding. "One of the tools the *promotoras* use is a pictograph. Even in Spanish we have a low literacy rate, so even if you have good translated Spanish materials it might not service literacy needs. For example, *promotoras* use pictures that depict someone being thirsty—like holding their throats to indicate excess thirst—and relate that as being a symptom of diabetes. That's just one example, but there is a symptoms list that's all pictograph-related. It's really powerful to go to one of these homes to watch the *promotoras* in action. The communication is really profound. *Promotoras* also have a training curriculum where we try really hard to expose them to other resources and agencies," explained Regan.

Grassroots in Action

Carmen Soto, a lay health educator has found the interventions to be rewarding to herself and her family, and has noted marked improvements in the healthy behaviors adopted by many residents.

"I'm a health promoter, and work with the REACH program in Progresso, TX, where I also live. I've been working for a year and half, and like it a lot. I can see changes in my community already. People are walking and involved in physical activity, have changed their cooking habits by using less fat when they cook, and they don't use much salt because it compromises health. One of the most empowering things that I've seen is that we've taught people to read labels, and to my knowledge, that hasn't happened before. I get comments all the time when we conduct that particular session in the community. They say things like, 'Oh I never read that, I just buy what's on sale,'" explained Soto.

"Another thing that I've seen happen is that people now understand what the blood pressure numbers mean. In the past, the doctor would be a little patronizing with them, and say that 'you're fine, your blood pressure's fine, your sugar's fine. Before, people would never ask what the numbers were, what they meant, or how close to the border of risk they truly are. But now, folks feel that they can advocate for themselves a little better."

Outreach activities are usually tailored to specific community needs. The *promotoras* first conduct outreach in a specific block area, where they go door-to-door, show the pictograph about the symptoms of diabetes, and recruit participants on the spot. According to Soto, many residents want the prevention

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interventions, and as a result, are able to unite the folks who express an interest, bring them together in one of their homes, speak about diabetes, and conduct cooking demonstrations right in their own kitchen.

"The outreach really becomes a community event," said Soto. "We also walk around the neighborhood so that folks can have experiences that fit their lives. But, sometimes, there are folks that want to go to a park, and we'll do that. So our walking classes can be early morning or late evening, we set our hours based on what the community wants."

Barriers to Prevention

Although Migrant Health Promotion has been successful in implementing its *promotora* model, barriers to effectively reaching those most at risk still exist. According to Regan, one of the primary barriers is transportation. Although the Rio Grande Valley has experienced phenomenal growth along the border, it is not yet considered a metropolitan statistical area. Because of this, many of the roads remain unpaved, and there is no public transportation.

"Right now, we are a lot of smaller communities stretched out on one highway, and it still has a rural feel to it, because it's agriculture-based," said Regan. "One of the big issues for our migrant population is transportation, which makes the promotora model even more important and impressive. *Promotoras* are indigenous folk in the communities that are trusted and known, and live right there. We're working toward getting the cities to chart out walking maps and safe lighted walking paths. That's one of the things colonia [rural, unregulated, low-income neighborhoods] folks talk about a lot. There are dogs. Our streets are dirt, there's not necessarily a safe walking place. So you know, access to parks requires systemic change."

"There's a community word of mouth about *promotoras* and their work, so we always need more of them," added Regan.

"We can't reach all of the people who need help and are asking for the intervention. Word of mouth gets out about the cooking classes, and walking classes, and the community really doesn't understand that this is a research grant about health promotion intervention models. They see it more as a social service. We are having a little trouble from an administrative perspective because our control group wants the intervention. So, it's hard to do this type of work, and remain in good graces with all of the residents."

This year, more than 20 *promotoras* have played key roles as educators, planners, evaluators, and leaders. The have received over 200 hours of training in diabetes, nutrition, and physical activity and share this information with parents, teachers, students, colonia residents, patients at community health centers, and the community at large. In just the first six months of operating (October 2001-April 2002) community-based *promotoras* conducted nearly 1,200 individual educational encounters, and provided over 350 cooking classes for residents.

"Our success is built on grassroots, grassroots, grassroots! The *promotora* model is about adapting, enhancing, supporting, and funding the models that already exist in the community. We see *promotoras* as being that model that works," concludes Regan.

For more information on Migrant Health Promotion and the use of promotoras in health education and promotion, contact Laura Regan, REACH program director at LLReganMPH@yahoo.com or 956-565-0002. ❖