

Identifying and Overcoming Challenges to the Effective Implementation of *Promotores* Programs by Community-based Nonprofit Organizations

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Latinos comprise the ethnic group in the United States that is most likely to report no usual source of health care (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 Islanders, 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 to care is to use community-based nonprofits to provide health services. These organizations, which provide direct service to clients for typically low or no cost, are often at the frontline in the provision of preventive care in local communities. However, because of resource limitations, liability, and labor constraints, some nonprofits are shifting from traditional forms of health care delivery, such as clinic-based services, to potentially lower-cost approaches, such as the community health worker model. Nonprofits train community health workers to help address the health needs of people, particularly those who are low-income or economically disadvantaged, in their communities. In Latino communities, community health workers are typically referred to as *promotores*.

There is 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). However, a key issue for nonprofit organizations is the unknown challenges they may face when implementing *promotores* programs. To address this issue, we posed the following research questions:

- What challenges do community-based nonprofits face when implementing *promotores* programs?
- What strategies may overcome those implementation challenges?

Methodology

To address these questions, we conducted in-depth telephone interviews with multiple experts in the *promotores* program field. We solicited their study participation based on their theoretical, practical, or applied knowledge regarding *promotores* programs and their experience designing or implementing them in Latino communities. Sixty percent of the experts are academics. The majority of these academics hold doctorates and research the benefits and limitations of using *promotores* in the U.S, though a subset of the academics actively design and implement *promotores* programs. The other 40 percent of interviewees hold directorships at community-based nonprofits that provide Latino health services.

We conducted separate telephone interviews with each participant using a detailed guide. Each interview took roughly an hour. Because interview data typically include the subjective opinions of study participants, we asked all interviewees to answer questions about their *promotores* program design and implementation experience in the context of the broader empirical literature. During the interviews, we manually recorded interview responses in separate booklets for each participant. With their consent, we audio recorded the interviews. We then worked from the notes and audio recordings to enter and code data into an interview database. The database contains verbatim responses to the interview questions, as well as any interviewer probes or prompts. Once we completed data entry, we analyzed the data for themes and quotations.

There are important limitations to this methodology approach. The low number of interviewees impacts the generalizability of these data, meaning that the findings cannot be applied confidently to community-based nonprofits and *promotores* programs outside of our sample. Still, the findings provide a first look at nonprofit issues in the *promotores* programming field.

Key challenges facing community-based nonprofits when implementing *promotores* programs

The interview results reveal three key challenges to the implementation of *promotores* programs including:

There are no standardized and systematic approaches to implement *promotores* programs.

Most respondents noted that the information is generally difficult to piece together, causing many nonprofits to “reinvent the wheel” when implementing their own programs. As mission-driven, frontline providers in health service delivery, some nonprofits prefer to implement their programs in their own way. Still, individualized implementation approaches can raise program costs and overlook existing evidence-based approaches that may improve program outcomes.

Recruiting and retaining qualified labor to implement *promotores* programs is typically difficult.

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 allow them to be seamlessly integrated in community settings. Retention is problematic because *promotores* generally 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*.

Implementation costs can be prohibitively high.

Even programs that rely largely on volunteers or low-paid workers can cost considerable sums to operate. While the use of *promotores* may be a cost-effective approach to community health care provision, this strategy relies upon a variety of additional expenses, including the direct costs of materials and supervisory labor, and the opportunity 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.

Strategies to overcome *promotores* program implementation challenges at community-based nonprofits

The experts in the study suggest several approaches to overcome the challenges of implementing *promotores* programs. We describe each below.

Address limited information through the development, supply, and use of an information clearinghouse.

The experts suggested that public policy makers, public health officials, and advocates who are concerned about relatively low health outcomes among Latinos could invest in the development and supply 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 dissemination, the clearinghouse could be web-based and provide nonprofits with downloadable *promotores* training materials and evaluation templates.

Use multiple, evidence-based strategies to address recruitment and retention problems.

The interview participants suggested the following four labor-related strategies:

- To maximize recruitment, nonprofits should screen and vet potential *promotores* for the possession of leadership qualities and deep culturally and locationally shared experiences with the targeted community before investing developmental resources in them. In practical terms, 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. 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.
- To maximize *promotores* retention, 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. The training content should be evenly divided between the basic skills and competencies of *promotores* work and the disease information specific to the intervention.
- Nonprofits should adopt 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 programmatic implementation (Hager & Brudney, 2004). The use of volunteer management strategies can produce vesting among volunteers, which can increase retention (ibid).
- Nonprofits should consider targeting older persons to serve as *promotores*. Despite relatively higher rates of 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). For some nonprofits, the ability to attract and retain older persons as volunteers can be a boon to productivity and cost effectiveness.

Invest in program evaluation to minimize costs.

The interviewees in this study offer a somewhat counterintuitive approach to addressing the financial challenges of implementing *promotores* programs. Indeed, they argued that community-based nonprofits should heavily invest in evaluating the effectiveness of their *promotores* programs, even if they are faced with limited

resources. 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, regarding program outcomes, evaluation results, particularly those that show improved health outcomes among clients, can be used to “sell” the program to funders, thereby reducing financial pressure.

Discussion

The findings of this brief suggest that community-based nonprofits that choose to implement *promotores* programs face substantial implementation challenges. Interview participants noted that the lack of standardized information on program implementation, labor issues, and implementation costs are the chief impediments to the use of *promotores*. The question becomes how to craft strategies to address these challenges. This brief offers macro-level and organizational strategies that may help nonprofits to launch and systemize these programmatic initiatives. In the end, though, the effective use of *promotores* programs will require the will of nonprofit executives to invest valuable organizational resources in programmatic development and sustain that investment until credible results are apparent.

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