

Mental Health Assessment of Low Income Latino Women and Children in Rural Area:

Promotoras' Perception of Data Collection

Ana Cristina Rosa

University of Florida

### Abstract

The specific aims of this honors research are to: (1) describe evidence on the role and training of promotoras in the Latino community, (2) describe promotoras Logs Entries recorded during data collection of a mental health assessment amongst rural Latino women and children, and (3) develop ideas on how to train promotoras to maximize their effectiveness. It was a pilot descriptive study. The research is vital to shape the future training of *Promotoras* who will be delivering a mental health intervention with the rural Latino community in North-Central Florida. The literature review found that Promotora-led interventions have resulted in improved health management. The logs filled out by Promotoras after administering a mental health assessment on Latino women and children were analyzed and revealed strengths and weaknesses of Promotoras. Programs need to take advantage of *Promotoras*' strengths of compassion and community knowledge and future training should include education on how to best deliver interventions and distribute resources.

According to the U.S. Department of Health and Human Services (2001), mental health is a vital aspect of “personal well-being, family relationships, and successful contributions to society” (p. 5). Despite its importance, many do not receive mental health services, especially Latinos residing in rural communities (Rural Assistance Center, 2010). Latinos are the largest minority group in the United States and a group that is in great need of mental health services (The U.S. Department of Health and Human Services, 2001).

The population in this study is composed of Latino women and children in rural communities that immigrated to this country less than 10 years ago, particularly to Levy County, FL. The burden of leaving one's country due to poverty or political prosecution added to the process of acculturation puts a great deal of strain on the mental health of the Latino population; yet, they have little access to mental health services (The U.S. Department of Health and Human Services, 2001). Mental health services are a resource that is scarce in rural communities due to a lack of funds (Rural Assistance Center, 2010).

The purpose of this honors research study is to (1) describe evidence on the role and training of *Promotoras* in the rural Latino community, (2) describe *Promotoras' Log Entries* recorded during data collection of a mental health assessment amongst rural Latino women and children in North Florida, and (3) propose ideas to be included in *Promotoras* training to maximize their effectiveness within the community. The Log Entries analyzed in this honors research are the logs filled out by *Promotoras* in the research entitled *Using Community Based Participatory Research (CBPR) to Address Depression in Rural Low-income Latino Mothers and Children* performed by Professor Stacciarini. The purpose of Professor Stacciarini's research was to perform a mental health assessment using *Promotoras* and to find a culturally appropriate and innovative solution to address the lack of mental health services in Latino women and

children residing in rural areas using CBPR principles. This honors project was a sub-study of Professor Stacciarini's research.

### Methods

This was a descriptive study composed of three different phases: (1) finding evidence on the role and training of *Promotoras* in the Latino community, (2) describing *Promotoras* Log Entries recorded during data collection of a mental health assessment amongst rural Latino women and children ages 8-17, and (3) developing ideas on how to train *Promotoras* to maximize their effectiveness. The terms *Promotora*, community health worker and lay health advisor are all similar terms that describe an outreach worker who is responsible for raising awareness of health and educational issues. In this honors research, the term *Promotora* will be used to encompass all three terms.

In order to complete Phase I and describe *Promotoras'* role and training in the Latino community, a search was conducted in electronic data bases such as PubMed, PsycINFO and Google Scholar. The data found in the research articles and program descriptions was compiled into a matrix format (See Appendix A) and later summarized into a table.

In order to understand Phase II of this honors project is important to understand the purpose of Professor Stacciarini's research entitled *Using Community Based Participatory Research (CBPR) to Address Depression in Rural Low-income Latino Mothers and Children*. In this research study, *Promotoras* were sent to the homes of Latino women and children that had immigrated to this country less than 10 years ago. While in the home of the participants, the *Promotoras* performed a mental health assessment that included assessments on depression, self-esteem and stressors. After the *Promotora* left the home of the participant, she filled out a structured log form detailing her observations. The Log Entries (See Appendix B) were content

analyzed, to describe *Promotoras'* perceptions about the data collection of a mental health assessment amongst rural Latino women and children ages 8-17 in North Florida. The *Promotoras* completed 45 Log Entries detailing their encounters with the mother and child of each family. The Log Entries were analyzed by three students in order to ensure reliability.

In Phase III, the data analysis from Phase II was used to make recommendations for the future training of *Promotoras*. The recommendations will be used to train *Promotoras* that will be conducting mental health assessments and interventions in a Latino population residing in a rural community.

## **Results**

### **Phase I**

This author found two studies that have been conducted that use *Promotoras* to perform mental health assessments and interventions. One program, implemented a *Promotora*-centered mental health intervention, while the qualitative analysis of this study was published, the quantitative analysis has not been published (Getrich, Heying, Willging, Waitzkin, 2007). The second program is in the process of forming a toolbox for *Promotoras* to use in order to assess depression in clients with chronic illness such as diabetes (Reinschmidt & Chong, 2007). However, *Promotoras* have been used extensively in diabetes education, cardiovascular screening, and many other health promotion areas and these literature findings were summarized (See Table 1), to support a National Institutes of Health grant application for Dr. Stacciarini.

#### ***Promotoras* roles.**

The literature describes five major roles of *Promotoras*: educator, case manager, role model, program facilitator, and advocate (Andrea, et al., 2008; Cherrington, et al., 2008). The roles varied according to the need and purpose of the program. The role most often identified

was that of an educator. They provide education on a variety of topics such as diabetes management and screening for breast and cervical cancer (Culica, Walton, Harker, & Prezio, 2008; Fernández, et al., 2009). Some programs assigned *Promotoras* the role of case managers (Andrea, et al., 2008; Cherrington, et al., 2008). *Promotoras* were also entrusted with a caseload of clients and asked to monitor their glucose levels and make judgments on whether they needed further education or if they needed an appointment with their primary care provider (Culica, Walton, Harker, & Prezio, 2008). *Promotoras* are also role models in their communities; they model healthy behaviors such as getting yearly mammograms, checkups, exercising, and eating healthy (McCloskey, 2009). They advocate for members of their community by organizing community presentations and are also the main force behind many health programs (Kelly, Lesser, Peralez-Dieckmann, & Castilla, 2007). They are often capable of filling roles that are typically filled by higher-level personnel (Culica, Walton, Harker, & Prezio, 2008).

### ***Promotoras' training.***

The training *Promotoras* received varied greatly from program to program. The length, intensity, topics and methods associated with the training was modified to suit the need of each individual program. Programs that were research-based included training on the research process, objectives, and recruitment process (Andrea, et al., 2008; Farquhar, et al., 2008). Some studies include training on leadership, advocacy, community organizing, cultural competency, and communication skills (Andrea, et al., 2008; Cherrington, et al., 2008; McCloskey, 2009). The length and intensity of training varied according to the curriculum. The amount of hours ranged from eight hours in the classroom with some field work to over 240 hours in the classroom and in the field. A combination of training methods such as lectures, group discussion, presentations, role-play, one-on-one training, and on the job training were identified

(Andrea, et al., 2008; Perez, Findley, Mejia, & Martinez, 2006). Programs also provided education on the technical skills that were necessary for the job such as monitoring blood glucose levels, dealing with diabetic emergencies, asthma management and conducting interviews (Andrea, et al., 2008; Cherrington, et al., 2008).

### ***Promotora*-led interventions and outcomes.**

*Promotoras* implemented a variety of interventions that all had generally positive outcomes (Culica, Walton, Harker, & Prezio, 2008; Fernandez, et al., 2009; Perez, Findley, Mejia, & Martinez, 2006). In one program where they functioned as case managers for clients with diabetes, the participants in the program had improved control over their disease as measured by hemoglobin A1C levels after the *Promotora* intervention (Culica, Walton, Harker, & Prezio, 2008). They assembled community presentations on topics relevant to the community such as domestic violence and health promotion (Kelly, Lesser, Peralez-Dieckmann, & Castilla, 2007). They removed barriers to healthcare by facilitating access to health care and social services and through health promotion (McCloskey, 2009; Reinschmidt, et al., 2006). One program used *Promotoras* to enroll families in health insurance, promote immunizations and provide education on asthma management (Perez, Findley, Mejia, & Martinez, 2006). These were families that would otherwise have had little to no access to healthcare.

### **Gaps in *Promotora* research.**

The literature review yielded interesting results; however, there were several gaps. The main gap is the lack of research on *Promotora*-led interventions in mental health. *Promotoras* are a practical way to provide services to communities that have no other access to health care. Despite this, they are a resource that is not being taken advantage of. The gap that was most

related to this honors research was the lack of documentation of programs that focus on mental health that utilize *Promotoras*.

Table 1 *Major Findings of Literature Review*

Research Area	Major Findings
Role of <i>Promotora</i>	<ul style="list-style-type: none"> <li>• Five major roles: educator, case manager, role model, program facilitator, and advocate. Roles, responsibilities and training varied greatly across programs.</li> <li>• The roles varied according to the program and most were flexible.</li> </ul>
Training of <i>Promotora</i>	<ul style="list-style-type: none"> <li>• Training varied to suit the needs of the program.</li> <li>• Programs that are research based tend to include training on the research process, objectives, and recruitment process.</li> <li>• Some studies include training on leadership, advocacy, community organizing, cultural competency, and communication skills.</li> <li>• Length of training varied. Ex. 2 day workshops, 80 hours total, 60 hours over 6 months, etc.</li> <li>• Training methods varied. Most used a combination of methods. Ex. Lectures, group discussion, presentations, sociodramas, role-play, one-on-one training, and on the job training.</li> <li>• Each program provided technical training on the subjects they expected the promotoras to teach. Some programs provided a “tool box” that contained the materials they would need.</li> </ul>
Interventions provided by <i>Promotora</i>	<ul style="list-style-type: none"> <li>• They made follow-up phone calls, provided referrals, and updated the medical team when necessary.</li> <li>• Assembled community presentations on topics relevant to the community such as domestic violence and health promotion.</li> <li>• Individual educational visits with participants.</li> <li>• Provided education to the public on the area that their program specialized in.</li> <li>• Facilitate access to health care and social services.</li> </ul>
Outcomes of <i>Promotora</i> Interventions	<ul style="list-style-type: none"> <li>• Patient’s improved control over their disease.</li> <li>• Effective in reaching rural community members that would otherwise have no access to healthcare.</li> <li>• Removed barriers to healthcare.</li> <li>• Effective in increasing health promotion and disease prevention.</li> </ul>

**Phase II**

The data in the Log entries were summarized into 4 categories: social desirability, family dynamics, needed interventions, and lack of understanding regarding the instruments.

**Social desirability.**

*Promotoras* often documented that they felt participants were not “being honest” when answering the instruments used for the mental health assessment. According to their perceptions, participants were trying to get the “right” answer instead of answering truthfully. A *Promotora* noted in one of the logs that a mother answered one of the questions in the depression questionnaire that she was never sad but she was crying and appeared sad as she completed the assessment. In a different instance, the mother answered in the questionnaire that there was no history of domestic violence in the household but the *Promotora* knew from her connection to the community that there was a history in the household. Unfortunately, social desirability bias as perceived by the *Promotoras* would be something that would skew the results of the data collected.

**Family dynamics.**

The *Promotoras* were also able to provide valuable insight into the family dynamics. They reported on the relationship between family members and on the environment the assessment was conducted in. The *Promotoras* were also able to modify their technique, plans and even the setting of the assessment in order to benefit the participant. On one occasion, a *Promotora* entertained the children of one of the mothers in order to give the mother peace and quiet so that she could complete the interview. At a different instance, a *Promotora* completed the assessment at the participant's job in order to make it more convenient for the participant.

*Promotoras* were able to observe family dynamics and use their findings to help the participants and to complete a thorough assessment.

#### **Needed interventions.**

The mental health assessment included a questionnaire on depression; this questionnaire asked about topics such as anhedonia and suicidal ideation. A protocol was set up so that if a mother or child received a dangerous score on the questionnaire or answered that he or she was having thoughts of hurting themselves the *Promotora* could immediately get them help. The *Promotora* did this on one occasion and was able to set up an appointment for the mother with a local bilingual/bicultural therapist.

However, there were other occasions when the participant would deny suicidal ideation and would not receive a high score on the depression scale but the *Promotora* perceived that this person was in crisis or in need of help. The *Promotora* received no training on what to do in these occasions. In these instances, the *Promotoras* would often provide an intervention by talking to the participants and letting them vent about their problems and would then offer the participants the phone number to the crisis center just in case they decided to use the help. On their own volition, the *Promotoras* would provide an intervention when they thought was necessary.

#### **Lack of understanding regarding the instruments.**

A considerate effort was made to ensure that the questionnaires used were culturally appropriate. Despite these efforts, some participants still had difficulty with some of the terms and questions. The *Promotoras* were able to help the participants answer the questionnaires by explaining questions to them and defining words for them. *Promotoras* will also be able to help

the researcher make more effective tools by telling the researcher what words the participants had problems with and make suggestions for more appropriate language.

### **Phase III**

The Log Entries completed by the *Promotoras* provided valuable insight into their strengths and their weaknesses. *Promotoras* commented on what they observed and on what they felt. The analysis of the Logs were then used to fulfill the third aim of this honors research which was to propose ideas to be included in promotoras training to maximize their effectiveness within the community.

*Promotoras'* strengths of compassion and community knowledge need to be acknowledged and encouraged. *Promotoras* are an invaluable asset because they know the community and come from the community. Therefore, it is important for the research time to use this strength and trust the *Promotora* to make judgments on whether or not an intervention is necessary. It is also important to help *Promotoras* in this endeavor by providing them with the tools that they need to do the best job possible. Training on available resources and on therapeutic communication would help *Promotoras* decide what kind of an intervention is necessary. *Promotoras* would then have the training to talk participants in a therapeutic manner and then refer them to the appropriate agency if it is necessary.

*Promotoras* performing mental health assessments and interventions would also benefit from education on complete and objective data recording. Many of the Logs written by the *Promotoras* were brief and left the researchers with some questions. *Promotoras* need education on documenting their observations and if they think or feel something they need to document what led them to think or feel this.

Professionalism and confidentiality are vital tools for *Promotoras* conducting mental health assessments. A *Promotora* commented in one of the Logs that she felt uncomfortable interviewing one of the participants because they were members of the same church. In this instance, training on how to behave in a professional manner and how to convey to the participants that what goes on between them during an intervention is confidential would have been invaluable to her. Mental health is a topic that many people are not comfortable discussing due to the stigma attached; therefore, educating *Promotoras* on professionalism and confidentiality could lead to a more honest and comfortable assessment and intervention.

### **Role in Research**

This honors project was completed in three consecutive phases. The literature review was conducted during Phase I over a 4 week time period. PubMed, PsycInfo and Google Scholar databases were searched for any article related to *Promotoras*, Latinos and mental health. After the second week the search was broadened to include all articles related to *Promotoras* and Latinos due to the lack of articles related to *Promotoras*, Latinos and mental health. Each article found for the literature review was summarized into a matrix format (See Appendix A). The matrix was then used to create a table (Table 1) regarding the major findings of the role and training of *Promotoras*, their interventions and the outcome of their interventions.

Phase II of this honors project was the analysis of the Logs completed by the *Promotoras*. Phase III was the utilization of the data analysis to create a list of suggestions for the future training of *Promotoras* completing mental health assessments in Latino women and children residing in a rural community, contributing to future interventions and research studies.

### **Learning Process**

The completion of a literature review is a challenge. In order to find every article related to *Promotoras* and mental health it was vital to learn how to navigate well in the databases. Despite a thorough search, there is a chance that relevant articles may have been missed. There is also the problem that there are many different terms used that describe an outreach worker. The terms *promotora*, community health worker, and lay health advisor were searched for but there may have been some research studies that used a different title for their outreach worker. It was also a challenge to try and locate all articles that were related to mental health or that had at least one small component related to mental health. Every effort was made to locate all articles related to *Promotoras* and mental health but it is impossible to know how many articles may have been missed. In order to ensure that the greatest amount of articles that were relevant were located, various search engines were used, many different terms were included in the search, and all articles that were found were read even when the abstract did not reveal that it might be a relevant article.

Although *Promotoras* were trained on how to document their observations clearly and objectively, reinforcement and practice are necessary. There were many Logs that contained an inference made by the *Promotora*; however, the Log did not contain the details that led her to come to this conclusion. Therefore, there is the chance that vital information was not included in the Logs. In addition to this, there is a chance that the information that was written in the logs was misinterpreted by the readers. The three separate readers analyzed each log independently before coming together to discuss the content in order to reduce bias and increase reliability. Nonetheless, without talking to the *Promotoras* and asking them what they meant by what they documented in the Logs, total accuracy cannot be measured.

### **Recommendations for Future Students**

When working on honors research it is recommended that students pick a topic of interest and form a timeline and a plan. Honors research is a big endeavor that will require a great investment of time. Therefore, it is vital that the student choose a topic that he or she can become passionate about. If one picks a topic that one is passionate about then one's perspective changes. It will not seem to be a big undertaking; it will be seen as a project that the student wants to spend time on. However, even if it is a topic that the student is passionate about, it cannot be denied that it is a huge undertaking. In order to be successful, it is important that at the very beginning the student set goals and then designs a plan on how he or she plans to meet these goals. Following this process, the student may increase their chances of successfully completing their honors research.

### **Conclusion**

This honors research identified evidence on the role and training of *Promotoras* in research interventions and programs. It described the information documented in the Logs written by *Promotoras* after a mental health assessment. Also, ways to empower *Promotoras* in order to ensure their success in administering mental health assessments to Latino women and children residing in rural North Central Florida were listed.

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## Appendix B

## Using CBPR to Address Depression in Rural Low-Income Latino Mothers and Children

### Research Assistant Log

This is to be performed right after the Research Assistant leaves the participants' house. Here are some questions to log the process of data collection and the participants' reactions to the data collection process. Remember that participants' health identifier information (e.g. participants' names, address, phone number, school names) must not be included in this log.

Approximate time spent with mother \_\_\_\_\_ and time spent with child \_\_\_\_\_

- 1) Did you experience any problems during the data collection process (e.g. interruptions during the data collection, understanding of the instruments language)?
  - No
  - Yes. Describ
  
- 2) How was the interaction with the mother who answered the instruments?
  - Easy. Explain
  - Difficulty. Explain
  
- 3) How were the mother's attitudes towards the research?
  - Neutral
  - Positive. Explain
  - Negative. Explain
  
- 4) Did the mother ask question (s) about the research?
  - No
  - Yes. Types of questions
  
- 5) How was the mother's non-verbal communication?
  - Happy       Calm/not anxious     Anxious
  - Cry (after some time)                       Cry (several times)
  - Concerned with other things. Explain
  - Other
  
- 6) Did the mother ask question (s) about the instruments?
  - No
  - Yes. Types of questions

- 7) How was the interaction with the child who responded to the instruments?  
 Easy. Explain  
 Difficulty. Explain
- 8) How was the child's attitude towards the research?  
 Neutral  
 Positive. Explain  
 Negative. Explain
- 9) How was the child's non-verbal communication?  
 Happy                       Calm/not anxious                       Anxious  
 Cry (after some time)    Cry (several times)  
 Concerned with other things. Explain  
 Others
- 10) Did the child ask question (s) about the research?  
 No  
 Yes. Types of questions
- 11) Did the child ask question (s) about the instruments?  
 No  
 Yes. Types of questions
- 12) Anything else about the process of data collection? (e.g. referrals)