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Organizer 1:  Thank you for coming to our learning lab today.  My name is Christina Kubicek.

Organizer 2:  And my name is Alma Garcia.

Organizer 1:  And I just kind of wanted to give a little preface before we dive in.  So, I am the Associate Director of our Community Engagement Program at the Southern California Clinical and Translational Science Institute at the University of Southern California in Los Angeles, so we have come a long way.  And we are really excited to be here and share some of our experiences over the last couple of years in working with the Promotore Model.  This is kind of a followup.  Me and one of my other work colleagues did a presentation last year where we were talking about our Research Ambassador Program that we were just getting ready to launch, and we have launched it and have completed the pilot.  So, we will talk just a little bit about that today, but really, more in general, will talk about the model as a whole and how we have been working over the years to integrate it with \_\_\_\_\_.  So, I will hand this over to Alma to tell you guys a little bit about her and her background, and then kind of dive into our learning lab.

Organizer 2:  Thank you.  Good morning, everybody.  I am Alma Garcia.  (Presentation most inaudible - microphone sounds muffled/accent).

Organizer 1:  Alma kind of sold herself just a little bit short, I think.  She talked a lot about the service from the heart and the generosity of spirit that is something that really comes naturally, but in addition to that service from the heart, some of those kind of intangible qualities, they are also highly-trained.  So, there are certain health issues and concerns and they are trained in a number of different issues.  The role is that when there are needs in the community, they are able to provide those resources and make those connections very seamlessly.  So, there is a lot that goes into this.  I want to be sure that is clear.  So, over the last couple of years, as our group in California has been investigating how we can best integrate promotoras into this model, into our work, knowing that they have this natural reach, knowing they really have their hand on the pulse of what is going on in the community, kind of figuring out where we fit promotoras into a research model, because that is not necessarily their natural place.  So, historically, promotoras and community health workers, CHWs, have been used in a number of ways, and really, with a clinical eye toward service delivery.  That has really been around education, so providing workshops in community settings, one-on-one, door-to-door information based on what the needs are in that community, whether it be looking at lead paint in older homes, whether it be looking at community safety, domestic violence, diabetes, food and security, screenings ... so, again, thinking about breast cancer screenings, cervical cancer in the screenings, screenings in the home again for lead paint (they certainly have been used in many different ways) ... and then navigation, kind of helping the community find what they need and getting them to those resources.  A lot of different services have been evaluated with this clinical model, generally looking at service delivery through screenings and around chronic disease control.  I think that is where we have seen promotoras deployed the most often is around chronic disease, particularly diabetes in California.  There has been a lot of work in that area.  So, the clinical model has not really developed the appropriate system for that more ambulatory care, so, the non-chronic disease model, looking at daily basic needs, what people are needing to go about their daily life to live in a safe community, and they can certainly perform extremely effectively in this area as well, but I think we can all agree that evaluating that community context is a real challenge in any situation.  So, it is relatively straightforward to look at how many workshops promotoras have been able to do with the knowledge team in the community, how many screenings they have conducted - those are pretty clear outcomes that we can look at.  When you look at the community model, embedding promotoras into more community settings outside of the clinic is a little more challenging.  So, I think we have all experienced that in one way or another.  How has the model been introduced into research?  So, if we look into moving from that clinical model to a more population-based paradigm, we have to look at a different way of approaching research at times to give justice to the Promotore Model while still making sure that you are conducting sound research, and that it is a balance, to really look at the feasibility and desirability of promotoras and knowing where their natural abilities lie.  The clinical model has certainly been the most scrutinized from the gold standard of a randomized control trial, or RCT perspective.  So, what we have seen when evaluations and outcomes in Promotore Models have been conducted, it has been trying to conduct a randomized control trial, and in community settings, it is oftentimes very challenging.  We are looking at more quasi-experimental models or different approaches to looking at outcomes.  As we are integrating new individuals into the research, we are thinking about how can we really change that RCT just a little bit more, and again, thinking in the community context, it is hard to have that controlled community because communities are very dynamic.  There are promotoras, at least in California, Los Angeles, and all different types of programs that are being conducted at the same time that we may or may not be aware, so having that controlled environment is extremely challenging.  It is getting more legitimacy in the research realm with community settings.  There was a task force that fairly recently convened looking at evidence-based community guides, making some recommendations about community prevention services and how promotoras or community health workers could be integrated into this.  Some of what we have seen from that report is one thing is looking at the versatility of the model from promotoras in research.  There are a lot of different roles that promotoras can play with the proper training.  Some recommendations for new roles that have come out of this are participation and evaluation in research ... so, as promotoras are conducting their education, their screenings, their workshops, giving them the training to be able to provide the assessments as well - pre/post-tests, followup assessments.  This is really where promotoras are playing to their strengths, building those connections with people, and I think we all know that in order to have followup longitudinally with research participants, to make sure that people are completing assessment forms accurately and completely, you need to be able to clearly explain things to people.  You also need to make that relationship and that personal touch with individuals.  And so again, this is really playing to their strengths and thinking about how they make these personal connections in the community and are able to implement assessments, and it is just training that you would give any other research team member.  In thinking about randomized control trials, CVPR \_\_\_\_\_, which I think at conferences like this has been talked about a lot over the years and has really helped with that balance is maybe thinking about moving beyond that gold standard of the RCT and trying to build more sustainability of effort with the model.  Then, thinking about the roles that promotoras can play - the richness of roles, skills and values should prevail in any setting ... so again, playing to the strengths, thinking about that passion for service, that personal connection and how that can really be implemented into a research project while again still creating the boundaries that are very important on a research team.  Again, it is a little bit of a balance.  So, how are they actually seen in research currently?  The first example, as I mentioned before, is moving outward in the clinical setting.  So, if we look at the little bullseye here, having the clinic setting in the middle and thinking about how promotoras can move outward from that into more of the community-based organizations, community clinics, into the Lai community.  Incentives to collaborate partner interdisciplinary training to build better teams, and by integrating promotoras or community health workers into your research team, you are improving, in essence, in your cultural competency.  You are bringing people into your research team that almost can speak the language of the participants, and that doesn't necessarily mean they speak Spanish or whatever the language is, but they are meeting the participants in the same place.  So, they are speaking their language because they are a part of the community.  Then, where do we think we can best interject the CHW in the Promotore Model?  We create these handshakes for influencing change across the spectrum.  One is at the individual level.  That is very straightforward, so making those individual connections.  Secondly it is within the family.  So, a lot of times promotoras will work with the full family setting, depending upon the topic area, so making sure that parents are involved in a project that is looking at heart health or diabetes prevention, making sure that parents are learning how to cook more nutritious, better foods for their kids while still keeping those cultural values, thinking about how the family can be better integrated into their change in efforts.  Clinics and hospitals - again, one of the primary places that promotoras have been integrated is into clinic settings ... not hospitals as much, but we are seeing that.  I work at a Children's hospital in Los Angeles, and over the last couple of years ... I have been working in this area and have had many physicians and different program managers in the hospital coming to me wanting to know about how they could potentially implement a Promotore program in their clinic setting, mainly to help build rapport with their patients, because they don't have that natural ability oftentimes, so they are looking to have more of a representation of the community in their clinic setting.  Communities and neighborhoods - because promotoras are from the communities, from the neighborhoods, they are seen as natural helpers.  They already exist in those communities, so it is a very natural place to interject this model if you are looking at community or neighborhood change efforts.  That is one of the things when we were first working with promotoras in different projects that we found ... I don't know how long it would take me as a researcher coming from the university or the hospital to go into the schools and build that relationship or build the trust for them to let me in and conduct a workshop or do that work.  Alma just goes and knocks on the door and they welcome her in.  They help her organize things.  They make sure people are coming to her workshops on time.  There is just something very special about that that would take me a really long time to get to, and because of the networks and the relationships that already exist, she and Sada (?), her partner in crime, are able to do so easily.  Finally, society and systems and policy level - I think this is really where we want to think about focusing, making those policy changes.  I was listening to Alice talk this morning about looking at structural issues, structural racism, structural determinants of health, and I think that is where we definitely need to move to, and we can all agree probably that it is really hard to make change there.  It takes time and commitment.  But I think bringing the promotoras into the systems policy level is really important.  At least in California, where the promotoras have a very strong presence and a long history, one of our community partners that we work with, every year they have "Legislation Day" where they drive up to Sacramento for a couple of days where they meet with different legislatures to make sure that these types of programs and policies are on their radar, and they are very good at doing that policy work.  So, I would love to see that expand beyond and have a more national presence.  Just kind of briefly looking at how the model is changing or new directions it could possibly go into - we are seeing a course of change in demographics across the country, and there are emerging trends for new multicultural societies across.  While the Promotore Model is routed in Latino culture, it is something that, I think, can translate across communities by looking at how you can maybe adapt the same model for African Americans, Korean, Filipino communities, by engaging those communities and thinking about how this model would transfer.  Maybe these communities already have something similar in place but just call it something different.  Community health worker is the more generic term I have seen in many communities.  So, I think there are opportunities to think about how we can adapt this model and have it work in many of our multicultural communities.  Also changes in policy - there is quite a bit of talk about credentialing for promotoras and the pros and cons of that, what that would mean for current promotoras - different training they would have to go through, barriers to becoming credentialed dependent upon how it is implemented (so it is a very hot topic within the world of promotoras right now), training and supervision, which we will talk more about throughout the morning lab, certainly within organizations, thinking about how your institute or university or hospital can work in the Promotore Model, which sometimes takes a little bit of tweaking and working with administration to make this work, which is related to just general workforce development and workforce levels.  Then systems levels - thinking about strengthening of the community, actions for the ecology of health and well-being across our community and effective systems for health equity.  So, these are all places where the Promotore Model can be implemented.  Then, looking at the new programs for research, which is where we are focused - developing more holistic models and infusion of new clinical directives for ambulatory care management ... so, being able to integrate promotoras into more of the ambulatory care and follow up the navigation for patients outside of the chronic disease model.  Then, of course, we are always looking for new funding opportunities, and some national and more regional.  Funders are looking at this model or the community health worker model more generally as potentially a way for patient navigation and other services.  So, we see for CMS, PRSA, CDC, FQHCs and many others, that they are currently looking at implementing this model, building on evidence-based for this particular model.

Organizer 2:  (Alma speaks again - mostly inaudible - further away from microphone).

Organizer 1:  I actually just learned about it myself.  We had our biostatistician come up with an appropriate research design to evaluate it.  So, a stepped wedge design is essentially a cluster design.  So, each workshop that Alma and Sada conducted was considered a cluster, and if you notice, when she listed what they did, there was a pre-test when they did a presentation, and then a week later they came back for the post-test, and that is okay.  So, what we are really looking for is changes across time.  So, each workshop is that cluster, and then we evaluate each cluster as a group, and then move forward, looking at changes and perceptions within the community.  It is kind of a proxy to look at community change.

Organizer 2:  Thank you.

Organizer 1:  You are welcome.

Organizer 2:  (Alma speaks again - mostly inaudible - further away from microphone/accent).

Organizer 1:  So, some of the challenges that we have run into as we are integrating into research teams - we find that often the research protocols can be at odds with the Promatore Model, and what I mean is - when you think about promotoras and that service from the heart, conducting a workshop, everyone is welcome.  Come on it!  Everyone is welcome.  Oh, you are 30 minutes late?  That is okay.  Come on in.  With the research protocol, we have to put some kind of stipulations on that, so that there might be inclusion criteria for the people that are in the workshop.  You can't come in late, because otherwise, our evaluation results aren't going to be as sound.  So, that sometimes clashes with the two.  So, it requires kind of ongoing training and reminders sometimes.  Eventually, hopefully, we will get to that place where we can have everyone in, but right now we need to see how it works before we can really invite everyone in.  Academic environments and reliance on technologies - we have found that sometimes that doesn't work as well in community settings.  Alma and Sada use technology as well as anyone else, and sometimes better, but we find that when you are going to the community settings, that if you want to do a survey on a tablet or something, that may or may not work in the community as well.  So, we use paper and pen for the most part, which, of course, you have to do the data entry, so it is a little bit more time consuming.  Then, consistent supervision is needed for data integrity.  Not with this current project, but a prior project we worked on where we had trained 26 promotoras to do a large project in several different counties, the promotoras were needing to do matched pre- and post-tests over this 13-week-long workshop, and we found that didn't always happen, that the matching wasn't always clear, and that maybe they were just kind of dangling things together.  So, we realized early on that we had to make sure we were providing more on-site and ongoing training to remind them of the importance of that.  Then just some lessons learned related to that, and some things we wanted you to kind of help us dig into further throughout this learning lab is again, is needing this consistent, ongoing support and supervision to make sure that as we integrate more and more promotoras into the team, reminders about the research protocol so the intent behind the research is clear, to not let that get lost in all of that.  One thing we have learned is - we partnered, as I mentioned before, with a statewide organization called "Promesa" (?) and using the Promotore Model, but they have been really fantastic mentors for us in thinking about how we can work with promotoras and still keep the Promotore Model as pure as possible.  I think that is a real struggle in a research environment - to balance those two things - sound research and keeping that Promotore Model as pure as possible.  Developing mechanisms to ensure that there is really good bidirectional feedback from the team - so, Alma and Sada are constantly coming to us kind of telling us what is working and what is not working, so we can kind of think about, well, in a perfect world, that is what we would have done, but we are not in a perfect world, so how can we make this work, and kind of just tweaking things along the way.  Then, finally, compensation and respect for the work of promotoras, and that might seem like a no-brainer, but it is very common for organizations to maybe take an advantage of that desire for service from the promotoras and not pay them adequately, or not at all, I have heard ... so, to really recognize that there is a value that the promotoras bring, so it needs to be compensated just as they would compensate anyone else.  Their time is very valuable.

Organizer 2:  Something I want to add ... (Alma speaks about compensation - mostly inaudible - further away from microphone/accent).

Organizer 1:  So, that is it for our more formal presentation right now.  We do have some discussions that we want to get you guys into, but before we do that, we want to address any questions from this.

Participant:  I am very curious - there are only two promotoras, the two of you - Sada and Alma?

Organizer 1:  We just hired a third, yes, but she is not fully integrated yet.

Participant:  Do you guys have a protocol that you follow for the classes and things like that?  Do you develop materials?

Organizer 1:  Uh-huh.  We have a lot of protocols.

Participant:  I am talking about the courses themselves, the classes themselves.  How many weeks were you teaching those classes and how many classes?

Organizer 2:  In this project, we go one time to invite the people and explain - Research 101, and then we ask for them to fill out an assessment/evaluation, the first pre-test, to see how much they already know.  Then, we set up our workshop, and then we go out for a week or two weeks after that and teach in the workshop.  After the workshop, we have people take an evaluation, the post-test, and that is how we know how much they learned and how effective ... (inaudible).  That is one workshop.

Organizer 1:  We had a pilot, so we have a curriculum that was developed that is followed, and Alma and Sada, during their first couple of months, adapted that for the Lai community.  From the 314 post-tests, that came from about 27 or 28 workshops that they conducted over a two-month period, I think.  So, they were pretty efficient in getting this done.

Participant:  I have had this problem sometimes with the community.  You want to have the pre and the post.  Could you explain what is the difference in those numbers when the pre and the post don't match in numbers?

Organizer 1:  It is a stepped wedge design.  So, the pre-test is there to get the baseline assessment.  The post-test could be mainly the same people, but they may have brought some friends, or there may have been some additional people that came to the actual workshop.  So, that is why you see that difference.  Typically, you might see more pre-tests than post-tests.  Sometimes people leave, so we have the reverse.  Our biostatistician swears it is statistically sound, so I believe her, but she is still needling through the data.

Organizer 2:  (Mostly inaudible - further away from microphone/accent).

Participant:  How did you explain randomization and how did they react to that.  The reason I am asking is I am working on the same thing, so I am very curious as to what I can expect.

Organizer 2:  (Mostly inaudible - further away from microphone/accent).

Participant:  They teach it in Spanish?

Organizer 1:  Just to kind of elaborate on that.  They do a really fun, interactive exercise that explains it.  So, they kind of do a mini-research project in the midst of the workshop.  We did this last year here, if anyone was in our group, but it is called "The cookie and the carrot experiment," and they randomize people into two groups.  So, they count off, "Odds go here," and "Evens go here."  Everyone gets a cookie.  So, we give everyone an Oreo cookie.  If you are diabetic or gluten-free, you are excused.  But everyone eats a cookie from both groups, and then the experimental group gets a carrot.  The research question is that dentists say if you eat a crunchy thing after a cookie or something, it kind of cleans your teeth.  So, those that get the carrots come in, and then we have two people who are assigned as researchers that are outside the room while all of this is going on.  They come in and look at people's teeth and score it.  Then, these are quickly counted up and they get the mean of the score and see if the carrot really cleaned the cookie.  So, it kind of helps put that in perspective.

Participant:  And did the carrot really clean the teeth?

Organizer 1:  It usually did.  I'm not dentist, but yeah.

Participant:  I have a question.  You spoke about the fears that the community had after you explained what clinical trials are.  Are there any other fears besides knowledge?  Is it a challenge taking down their information?  What other fears did they express?

Organizer 2:  (Mostly inaudible - further away from microphone/accent).

Participant:  Since this topic came up, I will share something that we developed.  Basically, we did a literature review across four populations, African American, Latino, Asian American and Native American, and we looked at the barriers and facilitators to participation in research, and we published that paper in the American Journal of Public Health.  Based on that, we developed an animated video in both English and Spanish to explain research, taking into account barriers and facilitators to people participating in research.

Organizer 2:  Thank you.  Also, in our workshop, we show them a video that explains everything, the process, and it is in Spanish ... (inaudible).

Participant:  I wanted to follow up on your talk.  I think, Alma, you said attitude of service is something ... (inaudible), and at the same time, I think you said that they had a tangible quality of also being highly-trained.  So, I just wondered, in terms of recruitment, how do you hire people that have these intangible qualities.  As you can imagine, not everyone who says it is necessarily doing it.  How can you find people who are doing this part of service?  The second question is, talking about balancing differences, because you are from the community, but you are also representing the University ... so, you mentioned when you go knock on the door, they don't open the door, but when Alma knocks, she is from the community.  But after you knock about 15 times, you become representative of the University.  So, there is some tension there in being from the community and being from the University.  How do you balance those things?  How do you recruit people to get those intangible qualities?

Organizer 2:  (Mostly inaudible - further away from microphone/accent).  They know we have respect for them.  Whatever they say is private.  We are there to help them, so that is one of the reasons they ... (inaudible).  Also, they know that I am not just there.  I am learning and advancing.  They know that I am with the same team and helping people.  The more that I learn, the more I can share with them, and the more they are going to have an advantage, because I am there for them to share information.

Organizer 1:  As far as recruiting people, that is probably one of the most common questions we get when we are talking about this model - how do you find the right person for this?  One of my lessons learned was partnering with an organization, and that was key.  So, there are two large organizations in Los Angeles that train promotoras and have a long history of doing that, and we work very closely with them.  They helped, through their listers and their social media, put our job announcement out.  They actually were trying to hand-pick people they knew and were kind of sending those resumes to us.  I think it is a gut instinct, too.  I mean, when you are hiring anyone, you kind of get a gut instinct - are they going to work well with the team?  Is this personality going to mesh well?  So, I think it is kind of going with your gut.  There was four or five of us that met and just assessed not only the training that people had, but also their personalities, and tried to kind of see if it was the right person for the job.

Participant:  A few things ... (inaudible), and we are trying to make a really big effort to address the fact that we have the fastest-growing Spanish population in the country, so when we are talking in the future about the children, it is huge.  So, there is a great recruitment opportunity in this population that we need to focus on, but we don't have the bilingual and bicultural staff to be able to support that.  So, we want to be able to tell everybody, hey, every investigator, you should be considering this population, but do it ethically and have someone who is bilingual and bicultural is very challenging.  So, we want to bring it up, but not put everyone in a bad situation where we are not going to do as well.  So, one thing, when we were talking to the promotoras group, they were saying that bicultural is very different from bilingual, and they had a promotora who was great in her community, but when she was used for research, some of her biases of other people in different types of Hispanic communities came out, and that actually hurt relationships.  So, I thought that was really interesting.  So, two questions - we want to engage Hispanics in all studies, but they are not always focused on that population.  So, I feel like it is easier to say we should use promotoras just for that population.  So, what do you think about recruiting in that population and is there room for promotoras in that, and then how can promotoras be utilized?  So, if we are going to give a talk on, "Hey, promotoras are so great - we should utilize that," but then we don't want them to be hit over and over and over as the potential staff that we can use for recruitment.  And then going back to her question, with you representing a medical institution, how can we keep that separate ... so, how can we use promotoras?  Should there be a gatekeeper that researchers go through, or just put out, "Promotoras are great - go get them and go contact them if you want!"

Participant:  If you are such a great group, how does a whole university ... how can we say how great you are, but protect you and utilize you in a responsible, respectful way so that you all don't get burned out, and the university can understand that?

Organizer 1:  One thing that we have done in the past, which we aren't doing currently, but I think we will be bringing back is having an advisory board of promotoras to kind of be a sounding board for these ideas.  They could also be ... when a researcher is needing to outreach a Hispanic/Latino community, bring those ideas to the advisory board for vetting and getting ideas, and we do compensate our advisory boards for their time, so again, kind of respecting that.  So, that might be one approach - to engage promotoras in this way and kind of elevate their position for providing that advice, and keeping wary of the burnout if it is not something they want to do full-time.  We like to find people who are really wanting to learn and move in this direction, but that probably isn't going to be the case for everyone.  So, it is kind of finding that balance again.

Participant:  What do you think about using promotoras for just recruitment in the community?  Again, is that making them too much a part of this medical/research arm?

Organizer 1:  I know other faculty has done that.  Where we are, rather than a full-time staff member, you can bring someone on as a consultant.  It is also easier from a human resources perspective to do that.  But I think a lot of times someone wants ... when I talk to investigators, I found out that if you just want someone to speak Spanish who is handing out flyers, you don't need a promotora for that.  There are other people you could hire for that.  So, I think, keeping in mind what the study needs or what the project needs ... and I like that you are thinking that way, like, is that the appropriate role ... so, I think being really thoughtful about how to use them.  Is it really a promotora you need, or just someone who knows a lot of people who can hand out the flyers?

Organizer 2:  It seems that you are referring also to engaging other communities, other groups - African Americans, for example?

Participant:  We are kind of taking different topics and trying to explore, so right now ... (inaudible).

Organizer 2:  The Promotore Model also works with African American groups.  In Chicago, there is a network of community health workers for the City of Chicago, and they are a very good resource for us when we need to engage because they can identify among their members.  We advertise to a network like that, for example, but more individually, when we work at research, we practically advertise for somebody who has the characteristics and there are minimal education requirements.  Like, we accept high school graduates, and we describe the qualities we want in a person.  Basically, for the most part, we do the training for that person to make them into a community health worker.  Now, do they have to come from that community?  We actually prepare them to be able to deal with the questions that we want and the issues we want, related to the specifics of their research project.  At \_\_\_\_\_\_, we are trying to make that a little bit more of an internal process, more consistent, but right now, that is an option.  That is what we have done.

Organizer 1:  We have about 15 to 20 minutes left, so I wanted to maybe give a little time for you to do a little discussion.  We have three different groups and three different types of questions or different topic areas.  One is the Promotore Model, so kind of talking about the model itself, roles and training of promotoras in research and supervision.  There are three different groups.  There are two or three questions under each of these.

(SPLIT INTO THREE-GROUP DISCUSSION)

Organizer 1:  Well, lunch is next.  I expect we are all hungry.  So, thank you so much for coming.  I hope this was helpful.  If you have any additional questions, Alma and I will be around, so come find us.  Thank you!