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Essential Roles of *Promotores de Salud* on the U.S.-México Border: A U.S.-México Border Health Commission Perspective

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Abstract

The U.S.-México border is a dynamic region that is medically underserved, with vulnerable populations, living with pressing health and social conditions, high uninsured rates, high rates of migration, inequitable health conditions, and a high rate of poverty. The United States-México Border Health Commission was established to serve as a mechanism to assist in addressing the evolving health issues, among those residing in this large border region. One of the Commission's roles is to train and support *promotores de salud*' efforts, which enhances the quality of life of U.S.-México border residents. *Promotores de salud* (the U.S.-México term used for community health workers) have long worked as essential members in U.S.-México border communities, serving in diverse roles. Information shared here describes some key roles, as it pertains to *promotores de salud* as vital members in the provision of health information, support, and resources to community members along the U.S.-México border.

The purpose of this paper is to share best practices on the various essential roles of *promotores de salud*, as identified by the U.S.-México Border Health Commission, in the U.S.-México border. These best practices help reinforce the purpose of *promotores de saluds*' work and support the need to continue developing these key individuals for the critical work they perform within their border communities.

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Keywords

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An Overview of the United States/México Border Region

The United States/México border region is an expansive area of nearly 2,000 miles stretching from the southern portion of Texas and the Gulf of México to California and the Pacific Ocean. The border region, as defined by the La Paz Agreement (1983) is 100 kilometers or 62.5 miles, north and south of the political boundary.

The U.S.-México border region consists of two sovereign nations, four United States (California, Arizona, New Mexico and Texas) and six Mexican states (Baja California, Chihuahua, Coahuila, Nuevo Leon, Sonora & Tamaulipas). Included here are 44 counties in the U.S. and 80 municipalities in México (United States-México Border Health Commission (USMBHC), n.d., Border Region).

The population for this region is approximately 15 million inhabitants. This population is expected to double by the year 2045 (Wilson Center, 2013). The border region is both rural and urban, with some U.S. counties, such as San Diego county, representing 43% of the total border population. Additionally,

Figure 1. Map of the United States/México border region. Source: United States/México Border Health Commission, http://www.borderhealth.org/border_region.php

several counties, primarily in New Mexico and Texas, are extremely rural, with less than 1,000 residents, which cause significant challenges in accessing health care and related services (USMBHC, 2010).

Within the U.S.-México border region, reside many individuals who are identified as vulnerable, to include: low-income and indigents, homeless, uninsured and underinsured, limited and non-English speakers, elderly, migrant laborers and farmworkers, newer immigrants, and undocumented immigrants. Additional individuals identified as vulnerable and living in the border region are Native Americans, mentally ill, handicapped/disabled, and children, with special emphasis on those living in single-parent households. For most of these individuals, the following are continual challenges, in regards to their health and welfare: lack of facilities, a qualified workforce to serve them, having health insurance, and accessing behavioral and mental health and substance abuse services. Additionally, lack of adequate housing and transportation, jobs and healthy food accessibility are significant burdens to this vulnerable population (USMBHC, 2013). Further emphasizing some of the adverse conditions in the border region, 73% of the border counties are designated as Medically Underserved Areas and 63% of the counties are designated as Health Professional Shortage Areas, as it applies to primary medical care (National Rural Health Association (NHRA), 2010).

Despite these challenges, the U.S.-México region is home to millions of people that cross the border daily, making the United States and México their home. According to the Bureau of Transportation (2015), more than 137 million personal vehicles, with passengers, crossed into the U.S., using the ports of entry in 2015. Despite the large number presented, it does not truly portray the entire reality of the border region. Millions of people split their lives, going back and forth, between the United States and México, in such a way that there is no longer a difference; rather, one life separated by two nations, two governments, two socioeconomic societies, and two health systems.

One benefit of living in the border regions is the common culture shared within the 2,000 miles that stretch from California to south Texas. The border region provides the ability for individuals to participate and understand two cultures and two ways of living. It gives them the liberty to buy from one place or another, spend time with family on either side, study, conduct business, celebrate holidays, and seek medical attention. Eventually, individuals meld lives in two nations, two languages, using two different systems, making one complex lifestyle. A lifestyle that shares everything, including health issues, that become unique to the border region.

Despite the previous facts, the society in the U.S.-México border region is thriving, with an estimated population growth of 12% in the U.S. side and 18% in the México side between 2000 and 2010 (Pan American Health Organization, 2012). The region is perceived as "a region fertile with busi-

ness opportunities, rich in culture, and full of delicate natural treasures" (The Wilson Center, 2013, pg. 4).

Roles of the United States-México Border Health Commission

The United States-México Border Health Commission (BHC or Commission) was created in July of 2000 to acknowledge the need for an international commission, with a specific focus on border health issues. The vision to establish the BHC was created by a group of medical and health care advocates, residing in both sides of the border, who had been working binationally for decades. The mission of the United States-México Border Health Commission is to provide international leadership to optimize health and the quality of life along the U.S.-México border. The Commission assists in identifying public health issues, supports studies and research on border health issues, and brings together different federal, state, and local public/private resources to develop partnerships that can improve the health of the border populations. (USMBHC, n.d., Commission at a Glance).

The Commission is composed of the federal secretaries of health, the chief health officers of the ten border states, and involved community and public health professionals from both nations. The BHC serves as a conduit to bring the two countries, and their border states, together to address border health problems. This core leadership develops coordinated and binational actions to address and lessen health disparities by focused efforts occurring at the regional levels. The BHC aims to promote sustainable partnerships, as it brings together government and non-governmental organizations, academic institutions, and public and private stakeholders (USMBHC, n.d., Commission at a Glance).

The BHC serves as an important catalyst to raise awareness about public health issues and challenges faced by border populations, helps create the necessary venues and partnerships to mobilize the actions needed to improve health status, and serves as a reliable information source regarding border health issues. Key priorities for the BHC include chronic degenerative diseases, mental health and addictions, injury prevention, infectious diseases and reproductive health (USMBHC, 2017).

The Commission has, throughout the years, actively advanced the support, recognition, and standing of the *promotoras de salud*, working throughout the U.S.-México border region. The *promotores de salud* are the essential operational link in addressing the priorities and achieving the objectives of the BHC and the population to be served. They are the indispensable, and extensively culturally appropriate catalysts of health care, information and positive change. The BHC support the *promotores de salud* through training and support.

Multiple Roles and Responsibilities of *Promotores de Salud* in the U.S.-México Border Region

Throughout Latin American, including México, *promotores de salud* have effectively and successfully been integrated into the delivery of healthcare. The long-standing, active and crucial involvement of *promotores de salud*, as key members of healthcare teams, throughout the U.S.-México border region, is essential to acknowledge and report. The terms *promotores de salud* are used throughout this article as it is the more consistently used term, versus Community Health Workers, for these key individuals in U.S.-México border communities.

A commonly utilized definition of *promotores de salud* is that they are volunteer community members and/or paid frontline public health workers, who are trusted members of and/or have an unusually close understanding of the community served. *Promotores de salud* generally share the ethnicity, language, socioeconomic status, and life experiences of the community members they serve (American Public Health Association, n.d.).

Promotores de salud have been documented as working in southern California, with migrant workers, since the 1960s. Two federal program, the Federal Migrant Health Act of 1962 and later, the Economic Opportunity Act in 1964, promoted the use of indigenous, lay health workers, who were involved with outreach programs, in poverty stricken neighbors and migrant labor camps (Hoff, 1969). In 1978, the World Health Organization's Declaration of Alma-Ata, indicated that a key component of primary health care is the involvement of community health workers, to provide basic services (Mahler, 1978).

The actual development of the model for the *promotoras de salud*, specifically for the U.S.-México border region, evolved from the work of Warrick, Wood, Meister and de Zapien (1992), and their prenatal outreach and education program for Hispanic farmworker families in Arizona. The model has continued to develop and mature over the years, continually demonstrating that the *promotores de salud*, serve as friends, educators, and advocates, for the communities they serve.

The United States Department of Labor (USDOL), Bureau of Labor Statistics reports that as of May 2016, there were 11,120 Community Health Workers in California, Arizona, New Mexico and Texas (USDOL, 2017). These numbers reflect each of the four states' CHWs, as a whole, and not their specific border counties. Approximately 3500 *promotores de salud*, are estimated to work in the four border states, specifically in counties that border with México (F. Adams, A. Torres, & E. Torres, personal communications, May 26, 2017).

Promotores de salud are residents of the communities where they typically work and are often the first responders identifying the health care needs of their family and neighbors, serving as bridges between community and health care

system. There are unique communities throughout the border region termed *colonias*, the Spanish term for community. Often these communities lack the bare life essentials to include potable water, sewer systems, paved roads, electricity, and safe housing (Texas Secretary of State, n.d.). *Promotores de salud* who reside in *colonias* can identify peoples' different needs and connect them with resources, due, in part to their keen understanding of the realities of living in these unique settings.

Promotores de salud are well trained and experienced in a broad array of topics, including maternal and child health, chronic and infectious diseases, and environmental health, to identify a few. They have resources and contact information regarding housing, health care, food support, education, sanitation, transportation, health insurance, and child care. *Promotores de salud* have opportunities, routinely during the year, in conferences, meetings, and through online education, to enhance their skills sets and knowledge, keeping abreast of new and changing trends and opportunities.

Examples of *Promotores de Salud* in Action

Promotores de salud are involved with a wide array of activities, education and efforts in their communities. Some recent examples of the effective involvement of *promotores de salud*, in the U.S.-México border region, are highlighted here.

In June of 2014, a large number of unaccompanied minors, many arriving from Central America, began to present at the U.S.-México border. It was a complicated period of time because when the minors began to arrive, systems and processes to assist them were not in place, in many part of the border region. One group of *promotoras de salud*, when asked by some government employees, who were working binationally in the U.S.-México region, if they might be able to assist, immediately began to communicate, using multiple formats, between themselves. Within a few hours, the request for *promotoras de salud* to assist in providing a range of support and assistance for these unaccompanied minors, had begun to solidify. Using their established *RED de Promotores* (*promotores de salud* network), which included individuals from Juarez, México, El Paso, Texas and southern New Mexico, they began to organize, bringing their laptops and electronic tablets, plus their years of experience and training, to locations where the minors were being held. This is an excellent example of the speed at which *promotores de salud* can organize and assist, in a quickly evolving situation.

At present, the issues of community education and vector control, as it pertains to the Zika virus and the Aedes mosquitoes that carry it, are of utmost importance along the U.S.-México border. The U.S.-México border region is at risk, as it is suitable for the Aedes mosquito to live and breed (New Mexico Department of Health, 2016). The Department of Health in southern

New Mexico was active, during the off-season, winter months of 2016, to provide *promotores de salud* essential training on Zika. The training covered Zika 101; Zika Related Birth Defects; Vector Control; Repellents, Insecticides, and Mosquito Reduction; and Staying Informed with Media. The *promotores de salud* left the training with kits, allowing them to immediately begin to share information and resources, with their community members. Kits included educational materials, door hangers, bug spray, condoms, coloring books, Zika posters, and similar items.

Within the U.S.-México border region, diabetes is a significant health issue impacting residents. At this time, in the U.S.-México border region, diabetes is a leading cause of both morbidity and mortality (USMBHC, 2011). If the border region to be established as the 51st US state, diabetes would be the third leading cause of death (NHRA, 2010). The National Eye Health Education Program (NEHEP) reached out to the four state Offices of Border Health, specifically offering to collaborate and provide training for the *promotores de salud*. The training, in Spanish, addressed the range of eye issues that people may encounter, due to their diabetes. The *promotores de salud* were provided with toolkits, allowing them to immediately put their new knowledge to use in their communities.

Promotores de salud have long worked as crucial members in U.S.-México border communities, serving in diverse and essential roles. They are extremely effective as they are able to quickly organize and engage in addressing matters. Often they are one of the first people to be activated in a community, while awaiting health care and other professionals, to organize and engage with the issue. *Promotores de salud* represent bridges between the health care, education, social and human service systems and community members. Examples of more general roles they assume are provided below.

Bilingual and Bicultural Communicators

As residents of the communities where they typically work, they are effective and trusted bilingual and bicultural communicators, sharing information and resources about health and social service topics. Campaigns to share cancer prevention and early intervention information, stop smoking and diet modification have been shown to be effective while utilizing *promotores de salud* to share and clarify campaign information (Elder, Ayala, Parra-Medina, & Talavera, 2009).

Navigators

Promotores de salud unique knowledge of their community helps them transcend political jurisdictions as they often work binationally, exchanging and sharing their expertise and experiences (USMBHC, 2003). They serve as navigators, clarifying and directing people through different binational health

and social systems and services. In one study, the *promotores de salud* assisted women to move quickly through the health care system, between a definitive diagnosis of breast cancer into treatment (Dudley et al, 2012).

Cultural Brokers

As cultural brokers, they effectively advocate for their communities and their members, and readily identify those in the communities who are links to resources, services, and assistance. In a project addressing food insecurity, diet choices, and eating behaviors, *promotores de salud* were essential to gain participants trust to be a part of the project and share very personal information about food (Johnson, Sharkey, Dean, St John, & Castillo, 2013).

Public Health Team Members

Promotores de salud often serve as essential public health team members, assisting with data collection and documentation of issues and outbreaks. They can serve in key roles with conducting needs assessments, developing, implementing and evaluating health education and promotion programs. Concurrently, they are actively involved with health education and health promotion activities in their communities, at health fairs, screening events, and immunization campaigns, as a few examples. *Promotores de salud* can play key roles in community-based health research projects. They are effective in participant recruitment activities and data collection (Nelson, Lewy, Dovydaitis, Ricardo & Kugel, 2011).

Promotores de salud work in a wide array of locations across the border region. These locales may include more traditional healthcare and community settings such as clinics or hospitals but most frequently they work in local community non-profit organizations, community health centers, churches, agricultural fields, local libraries, shelters, and at different sites in their own neighborhoods (USMBHC, 2003).

Certification of *promotores de salud* and the benefit to the border region. Formalizing the role of *promotores de salud* into the healthcare system, which enhances their effectiveness in a network of care, can be achieved through a certification process. The certification of Community Health Workers (CHWs) is on-going throughout some of the US border states. When speaking of certification in the border region, the term CHW is used instead of *promotores de salud*, thus the switch of language in this section.

As the number of certified CHWs increases, so does the diversity of roles in response to the varied needs of their communities. Certified CHWs have a standard base of knowledge and have demonstrated proficiency in areas of core competency, enabling them to better serve their communities. Certification increases the potential for reimbursement from managed care organizations as well as state and federal entities. The certification process has resulted in

increased acknowledgement and respect as para-health professionals, including more appropriate utilization based on their skill sets (Centers for Disease Control and Prevention, 2015).

Texas was the first state to develop legislation, in 1999, to govern CHW activities. The state offers a CHW certification program. In addition, Texas requires CHW programs, in health and human services agencies, to hire state-certified CHWs, when possible (Texas Department of State Health Services, 2016).

The New Mexico Department of Health, Office of Community Health Workers currently accepts applications, for voluntary CHW certification, under the grandfathering clause of "The Community Health Worker Act" (SB 58) from individuals who have been practicing as CHWs, before May 21, 2014. For those individuals who do not meet this requirement, they may apply for certification upon completion of the core competency curriculum training. This training is offered at no cost to participants (New Mexico Department of Health, n.d.).

Arizona does not offer or require a certification for CHWs. There is a bill currently before the legislature that would offer a voluntary CHW certification to standardize the competencies and a scope of practice plus establish professional recognition and career development for CHWs. A standardized CHW workforce will benefit the health care system by ensuring the positive health outcomes associated with CHW services (Arizona Department of Health Services, n.d.).

California has a large group of CHWs working in diverse positions, on the border as well as throughout the state. At this time, California does not offer or require a CHW certification.

The Active Interface between the USMBHC and *Promotores de Salud* in the Border Region

Since its inception, the BHC has actively worked with *promotores de salud* across the border region. In 2012-2013, the U.S. Border Promotores de Salud Initiative was established, to assist the BHC to identify and support *promotores de salud* with capacity building along the U.S.-México border, thus formally recognizing them as part of the binational health care workforce. Some other collaborations have included identifying organizations which effectively utilize *promotores de salud* and recognizing them as models of excellence, providing a wide range of capacity-building training opportunities, and coordinating community outreach and education efforts. The BHC encourages and supports the use of *promotores de salud* throughout the border region, to enhance peoples' participation in health and behavioral health education, prevention efforts, and health insurance programs which improve health conditions and thereby elevate the health of the people of the border region (USMBHC, 2012).

Since 2004, the USMBHC has convened an annual, border-wide binational initiative, to provide health promotion, information, and direct services to border communities. Originally titled Border Binational Health Week, as of 2016, the initiative, occurring throughout October, is now titled U.S.-México Border Health Month (USMBHM), to better accommodate and reflect the significant number of activities and services provided across the ten US and Mexican border states. Annually, a theme is identified among the border states for USMBHM, ensuring the strength of the consistent health messages and activities that span across the 2000-mile border region.

Promotores de salud are at the core of many of the planned efforts as they promote USMBHM in their communities and are involved with the education, workshops, trainings, and activities offered. The total number of people who have received information and services during these annual events exceeds 1.5 million (USMBHC, 2017).

Another important BHC supported effort, involving *promotores de salud*, are the binational community health councils/*Cobinas*, which are effective ways to interface with local partners and programs. Approximately 15 bi-national and tri-national *Cobinas* exist in the U.S.-México border region, often between individuals residing in binational sister-cities. Sister cities are partnerships between two communities in two countries (Sister Cities International, n.d.). The *Cobinas* also include tri-national councils, which are composed of members from sister-cities and a neighboring Native American tribe. These groups identify, advocate, and work to address local health issues and priorities. *Promotores de salud* play key roles in the organization, promotion and administration of the *Cobinas.* (USMBHC, n.d., Health Councils/*Cobinas*).

In 2003, the BHC established the *Border Models of Excellence* which was an initiative to recognize diverse and successful community-based programs, models, and initiatives throughout the border region. Additionally, the initiative built capacity for existing programs that had themes which aligned with Healthy Border 2010. Healthy Border 2010 was developed from a framework similar to Healthy People 2010 from the U.S. Department of Health and Human Services, with goals and objectives specific to the border region (USMBHC, 2011).

The initial year of *Border Models of Excellence* focused on *promotores de salud* and programs that were deemed successful or emerging models of excellence. The winners included programs that were border based, involved *promotores de salud*, demonstrated innovation, were responsive to a community's needs, and demonstrated measurable health and quality improvements, among some key factors. Some recognized programs included an Environmental Health and Home Safety Project (*Proyecto Educativo de Salud Ambiental y Seguridad en el Hogar*), Fighting Against AIDS (*Luchando Contra el SIDA*),

and Mariposa Community Center of Excellence in Women's Health (*Centro Comunitario para la Excelencia en Salud de las Mujeres*) (USMBHC, 2003).

The BHC believes in empowering the community through capacity building, thus to train *promotores de sal*ud is to empower communities. In that light, it has coordinated numerous train-the-trainer events for *promotores de salud* along the U.S.-México border, in U.S. border cities, that have focused on community mental health and substance use disorders in non-specialized health settings (USMBHC, 2016). Some train-the-trainer courses were completed as part of the Border Promotores de Salud Initiative. (USMBHC, 2016).

An example of diverse, highly relevant training was a USMBHC and University of California-Los Angeles Center for Health Promotion and Disease Prevention partnership that coordinated and taught a series of four HIV/AIDS training for *promotores de salud*, in 2016. Through a separate collaboration with the U.S. Office of National Drug Control Policy and the Pan American Health Organization, *promotores de salud* received web-based mental health trainings. The training was based on the Mental Health Gap Action Program (mhGAP) Intervention Guide, with more than 200 *promotores de salud* benefitting from this information (USMBHC, 2017).

Collaborations with the U.S. Environmental Protection Agency (EPA) have identified mutual areas of interest, which align to EPA's Border 2020 Program (USEPA, n.d.). Such efforts allowed coordination of a series of training events that focused on air quality, asthma education, and other relevant environmental health topics. A partnership between the BHC and Health Resources and Services Administration (HRSA) has developed HRSA-supported HIV/AIDS capacity-building trainings (USMBHC, 2016).

Conclusions

The essential community-based services, education and support provided by *promotores de salud* in the U.S.-México border region, to address health disparities and inequities, cannot be overstated. They are truly the eyes and ears of their communities, and are therefore able to effectively assess situations, assist with the development and implementation of interventions which are culturally and linguistically appropriate for the population being served.

Encourage the *promotores de salud* to establish and continually develop networks, using multiple interfaces, e.g., face-to-face, email, video conference (Zoom or Skype), applications (WhatsApp), etc. so when emergency or key situations arise, they are able to immediately begin to connect among themselves, to develop plans of action. With today's ever-evolving technology, many of the forms of communication can be obtained and used for free, using their cell phones. Many of these same interfaces allow *promotores de salud* to remain connected with their communities, allowing them to keep abreast of new and emerging issues and trends.

Time and time again, it is the *promotores de salud* who are identified as the "boots on the ground" individuals, to effectively and efficiently serve in key roles, during times of outbreaks, natural disasters, or while focusing on prevention efforts. These individuals are highly receptive to receive training, so they may inform their communities, thus allowing families to make positive changes and enhance their own health and well-being.

The ability to establish collaborative relationships, with local, regional, national and international partners, while involving *promotores de salud,* has been shown to be an effective model to get information, resources and support to community members, quickly. When such collaborative opportunities arise, it is recommended to pursue the options, and assess if the interface may be beneficial to both the p*romotores de salud,* agencies, and communities.

In conjunction with the development of collaborative relationships, the establishment of a health month, such as the USMBHM, allows for annual, coordinated health education and promotion efforts across the broad border region. Similar health messages, shared over a distinct period of time, in both counties, is effective in emphasizing a key issue or topics, which is impacting a group of people. The *promotores de salud*, consistently play large and key roles during this month long educational effort.

When planning new public health programs for communities, be sure that the *promotores de salud* are a part of the conversation, from the initial steps. They can be crucial in helping to conduct needs assessments, developing and implementing culturally and linguistically appropriate interventions, and assisting with program evaluations. The involvement of *promotores de salud*, when conducting community-based-participatory research, can enhance the engagement by community members in the process.

The Commission clearly recognizes and celebrates the effectiveness of the *promotores de salud* and the significant reach they have into their communities, as they share health information, resources, and provide support that can assist people to be the healthiest they can be. The dynamic partnerships established between the Commission and *promotores de salud*, across the vast border region, has been and continues to be beneficial for communities an essential asset for the improvement of quality of life of individuals along the U.S.-México border region.

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