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Role of Promotoras de Salud in Mexican American Healthcare
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Background/Significance: The Mexican American (MA) population is one of the fastest growing minority groups in the United States (U.S.). This population is largely uninsured and disconnected to the U.S. healthcare system, resulting in consistent poor health outcomes. The MA community demonstrates low health literacy which, combined with their limited English proficiency (LEP), creates a barrier for them in accessing the U.S. health system. Furthermore, MA populations in Texas experience higher rates of obesity and diabetes when compared with other demographics, putting them at risk for further health complications. Studies indicate one solution for improving patient outcomes in vulnerable populations is the utilization of Promotoras de salud (promotors of health, or promotoras). Promotoras are a subcategory of the Texas State certified Community Health Worker (CHW) serving MA populations. Promotoras is a Spanish language broad term used to define members of the MA community who provide or promote culturally sensitive health education, teach wellness behaviors, and assist in navigating healthcare systems to facilitate communication between MA patients and the U.S. healthcare system. Promotoras benefit MA populations across the U.S. but are not formally and consistently recognized as a vital part of the MA healthcare team in every state, including areas of Texas.

Purpose: The researcher sought to explore the utilization of promotoras as part of the MA health care team, especially in the Dallas-Fort Worth (DFW), Texas metroplex. There is currently a lack in consistent definition or role description of promotoras’ responsibilities despite existing data on their value in addressing MA healthcare disparities. This gap in the literature could be contributing to the underutilization of promotoras as a part of the MA healthcare team. In this study, the researcher explored the roles and responsibilities of promotoras found in the literature and, also, from two female promotoras in north Texas to describe possible practice implications to support MA healthcare in the DFW metroplex. The research question for this study was: What are the roles and responsibilities of promotoras de salud in Mexican American healthcare?

Theoretical Framework: The theoretical framework guiding the research is Leininger’s Transcultural Nursing Theory. Leininger’s theory includes the importance of acknowledging the cultural, socioeconomic, and environmental components of a patient’s life, in addition to their physiological symptoms, to determine their specific context of care. The importance of the promotoras’ position is explained conceptually through Leininger’s model by showing the need for a culturally fluent member of the patient’s community to provide patient education, guidance and personalized care to establish positive health outcomes.

Method: The researcher conducted a literature search in healthcare and other related data bases and summarized the findings to describe promotora utilization across the U.S. The literature search revealed repeated promotoras utilization in diabetes care but a lack of evidence supporting promotoras role in other health settings. After approval by the Texas Christian University Institutional Review Board, and participant consent, the researcher followed qualitative methodology to interview two female-bilingual promotoras in the DFW metroplex using open-ended questions. The interview questions content followed Leininger’s subcategory of generic (folk or lay) systems definition of care roles. The actions described in the folk operational definition—assisting, supporting, enabling, and facilitating, guided question development for the interviews. The researcher chose a qualitative interview design to inform the literature of promotoras’ multiple culturally specific roles and support the implementation of promotoras as
recognized members of the MA healthcare team in north Texas. The researcher explored the possible utilization of promotoras in other health settings outside of diabetes care in the qualitative interview. The questions guided the promotoras to describe multiple potential work settings, forms of care they provide, and MA family and patient health outcomes after engaging with promotoras. The researcher audio taped the interviews and wrote field notes during the interviews to collect non-verbal cues that support major reoccurring ideas. To address the research question, the researcher transcribed the interviews verbatim and employed content analysis methodology to organize the collected narrative into meaning units, codes, and data categories.

**Results:** Content analysis of the promotora participant's qualitative interview revealed codes and categories consistent with the literature review and offered new ideas beyond that found in the publications. The researcher identified overlapping perceived roles and responsibilities in existing literature with the participant’s interview data including positions as research team members, culturally competent members of the MA community, patient educators, and trained supporters of family cancer caregivers. The promotoras’ patient education topics covered nutrition, physical activity, navigation of the U.S. healthcare system, diabetes management, environmental health, medication adherence, and cancer caregiver education. Furthermore, promotoras described their roles in “promoting self-care” and “increasing quality of life for diabetics” as methods of decreasing healthcare costs for patients. Promotoras also thought their skills could be beneficial in work settings not identified in the literature, to include public schools, industry employee health, veterinary clinics, and “anywhere illness exists.” The promotora participants consistently referenced barriers for MA patients to receive health care including: the lack of documentation for MA patients, few programs tailored to undocumented immigrants, and poor English skills.

**Practice Implications:** As a result of this study, further research should focus on conceivability and practicality of possible employment settings and roles identified during content analysis of the promotoras interview. Even additional research comparing Dallas with Fort Worth promotoras’ roles and barriers could provide solutions for addressing promotoras underutilization in the DFW area. Furthermore, research concerning health professionals’ attitudes towards promotoras and CHWs in the DFW area could identify possible explanations for promotoras underutilization. In addition, the data collected informs nursing practice of the value for promotora inclusion as a consistent member of the MA healthcare team to provide culturally sensitive care, promote patient self-sufficiency, and establish successful patient outcomes in this largely uninsured and disconnected population.

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**Title:**

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**Keywords:**

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References:


Abstract Summary:

The researcher provides a literature overview of published roles for promotoras in Mexican American (MA) healthcare. Next, the researcher conducted a qualitative interview with two promotora participants to describe current practice in the Dallas-Fort Worth, Texas metroplex. Promotora participants revealed role utilization scope beyond that described in the literature.

Content Outline:

ROLE OF PROMOTORAS DE SALUD

IN MEXICAN AMERICAN HEALTHCARE

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**Author Summary:** Julia Trunfio is a nursing student at Texas Christian University graduating with her BSN in December 2019 and pursuing Departmental Honors for the John V. Roach Honors College at TCU. In her professional career, Julia aspires to work in women's health, continue providing care for vulnerable patient populations and eventually pursue her PhD in research focusing on public health