

Grant Outcomes Report:

Promotoras and Health Advocates

Reach into the Community:

A Training Program to Reduce the Number of Uninsured Immigrants

KEY INFORMATION:

GRANTEE

Make the Road New York

GRANT TITLE

Increasing Enrollment in Public Insurance

DATES

January 2008–December 2008

GRANT AMOUNT

\$104,593

I. Executive Summary

Lack of health insurance among immigrant populations in New York State continues to be a critical issue. This grant to Make the Road New York funded a training program to teach community members to be “promotoras,” which promote health in their own communities by providing leadership, peer education, links to services, and resources to support the empowerment and engagement of community residents to improve health care systems. The program also trained health advocates—paid staff of community-based organizations—to help immigrant populations navigate the health care system. These programs were designed to help the community’s hardest-to-serve populations find and access health insurance and health care.

II. The Problem

Lack of health insurance among immigrant populations in New York State continues to be a critical issue. Approximately two out of three uninsured adults in New York State are immigrants, and despite their similar employment rates as native-born New Yorkers, immigrant workers are less than half as likely to receive health insurance coverage through their employers. While recent studies indicate that approximately 6% of children in New York State are uninsured, more than one in four immigrant children in New York City lacks health insurance. Immigrants are less likely to utilize available public insurance compared with non-immigrants because of language barriers, and concerns about sponsor liability and immigration status.¹

1 in 4
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ance.

¹ For more information, see New York City Department of Health and Mental Hygiene. “The Health of Immigrants in New York City: A report from the NYC Department of Health and Mental Hygiene,” June 2006. <http://www.nyc.gov/html/doh/html/community/community.shtml>, accessed July 2009. And New York City Department of Health and Mental Hygiene. “Health Disparities in New York City,” 2004. <http://www.nyc.gov/html/doh/html/community/community.shtml>, accessed July 2009.

III. Grant Strategy

NYSHealth funded this program with the rationale that, while ambitious, this “train the trainer” approach aimed at extending a promotora model to community organizations could help integrate information about health insurance and resources into the community’s culture, language, and value system, thereby removing many current barriers to enrollment. The real payoff would occur over time, as promotoras help to reshape immigrants’ abilities and willingness to enroll in free and low-cost insurance.

PROMOTORA MODEL:

Promotoras are volunteer community members who promote health in their own communities by providing leadership, peer education, links to services, and resources to support the empowerment and engagement of community residents in efforts to improve health care systems.

Make the Road New York had four objectives:

- 1) Increase awareness of immigrants’ rights and how to access and navigate the health care and insurance systems;
- 2) Provide direct assistance to individuals to navigate and overcome specific barriers to the health care and insurance systems;
- 3) Build capacity within immigrant-serving community organizations to: help immigrants overcome barriers to coverage, build networks of trained immigrant peer health educators focused on enrollment, and engage in policy advocacy on behalf of immigrant communities; and
- 4) Defend and improve policies to ensure immigrants’ access to health care through systemic advocacy and policy analysis.

To achieve these objectives, Make the Road New York, in partnership with the New York Immigration Coalition, proposed an intensive outreach and popular education effort throughout New York City and Long Island to reshape immigrants’ abilities and willingness to enroll in free and low-cost health insurance, and build local organizations’ capacity to expand their reach. It started by expanding on the New York Immigration Coalition’s successful five-year-old model of community-based education and advocacy—the Immigrant Health Access and Advocacy Collaborative—by incorporating a more popular and participatory and less didactic approach to education. This allowed Make the Road New York to engage an established network of collaborating organizations.

Make the Road New York proposed using community-based education and advocacy to combat the ongoing problem of low public health insurance enrollment among non-citizen New Yorkers. An important component of this strategy was the introduction of the promotora model to 10 collaborating organizations, including Make the Road New York, that serve a diverse range of immigrant populations throughout New York City and Long Island. Promotoras are volunteer community members who promote health in their own communities by provid-

10
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ing leadership, peer education, links to services, and resources to support the empowerment and engagement of community residents to improve health care systems. They integrate information about health insurance options and health care resources into a community's culture, language, and value system, thus reducing barriers to health services.

Make the Road New York also planned to train health advocates—paid staff who are trained to help community members access health care and insurance and navigate the health care system—on popular education techniques, participatory health literacy practices, community mapping and needs assessment, recruitment and training of promotoras, sustaining participation and measuring impact, and implementing promotora programs. According to Juanita Lara, project director and Supervisor of Health Advocacy at Make the Road New York, “These collaborating organizations, which are trusted sources in their communities, strike at the heart of the immigrant insurance issue through these strategies by reducing the fear, confusion, and misinformation that deter immigrants from enrolling in health insurance programs and seeking health care.”

EXPECTED OUTCOMES:

AS A RESULT OF THIS WORK, MAKE THE ROAD NEW YORK EXPECTED:

1. each community-based organization would conduct 10 presentations during the grant period for a combined total of 120 presentations across 12 community-based organizations reaching 3,000 individuals;
2. health advocates would assist 1,500 clients to access health care or health insurance;
3. Seventy-five percent of clients would receive a referral for a health insurance

By meeting its original objectives and achieving its expected outcomes, Make the Road New York felt it could:

- 1) have an enduring impact on the community-based organizations that participated in the trainings as well as the larger community; and
- 2) increase the number of people enrolled in public health insurance.

Through this program, each participating organization would build its capacity to improve health outcomes and increase insurance enrollment using paid health advocates. In addition, Make the Road New York would create a network of volunteer community leaders across New York City through the promotora program. These community leaders would be able to inform hard-to-reach individuals and families about their health care and insurance options, as well as connect them with community-based organizations that offer health care assistance. By using trained health advocates and promotoras, each organization would be able to do more for the people in its community. Finally, by empowering a diverse range of immigrants in New York to feel more comfortable seeking and enrolling in health insurance, Make the Road New York and the collabo-

rating organizations could have a long-term impact on the number enrolled in public health insurance programs.

IV. Grant Activities

Make the Road New York had agreements in place with the community-based organizations at the start of the grant, so the Collaborative avoided administrative issues that could have delayed implementation. Each community-based organization signed a contract that allowed it to receive a small amount of money to support their participation in the technical trainings throughout the year (\$3,000 each). Ultimately, nine organizations (in addition to Make the Road New York, which served as the lead organization) participated in part or in full in the project, including:

- Central American Refugee Center (serving Latinos in Nassau County);
- South Asian Council for Social Services (serving South Asian and Indo-Caribbean communities in New York City);
- Filipino American Human Services (serving Queens);
- Haitian-Americans United for Progress (serving Queens and Brooklyn);
- Korean Community Services of Metropolitan New York (citywide services);
- North Fork Spanish Apostolate (serving Latinos in Suffolk County);
- Reconciliation and Culture Cooperative (serving people from the Balkans in Queens and the Bronx);
- Shorefront YM-YWHA of Brighton-Manhattan Beach (serving people from the former Soviet Union in Brooklyn); and
- TAMKEEN – The Center for Arab-American Empowerment (Brooklyn and Queens).

The collaborating organizations met monthly and were expected to fully participate in trainings, outreach, and educational practices during the grant period. The New York Immigration Coalition provided mentoring, technical support with client cases, and policy analysis support to health advocates at each community-based organization. Throughout the grant year, the participating organizations continued to provide individual counseling to low-income immigrant individuals and families who faced problems in accessing, enrolling, and maintaining their public health benefits, in the language of their preference.

First quarter trainings focused on participatory health literacy techniques and an introduction to the basic promotora model. During the second quarter, each par-



FUNDING INITIATIVE:

EXPANDING INSURANCE COVERAGE IN NEW YORK STATE

This Request For Proposals was an open call to organizations with ideas for tackling the persistent problem of enrolling uninsured New Yorkers in public coverage and keeping them enrolled, as well as expanding insurance options for individuals not eligible for public coverage. This project addressed the Foundation's goal of targeting enrollment in hard-to-reach populations.

ticipating organization developed a custom workplan for implementing the basic components of the promotora model. During the third quarter, each participating organization continued to develop and increase its knowledge of participatory health literacy techniques while working in the community to increase awareness of health access issues. At this point, partners identified key people in their communities who could be trained as promotoras. During the final quarter, all of the partners reconvened to discuss the trainings, challenges, successes, and next steps. Partners were asked to hold meetings with their lead staff members to discuss the feasibility of implementing a full-scale promotora model program within their organizations. A final questionnaire asked partners whether they would implement a promotora program, to assess and align the resources necessary for supporting the program, and to develop a workplan of necessary next steps.

Make the Road New York's trainings included an overview of the health insurance options available to immigrants and materials for outreach. In turn, the collaborating community-based organizations were expected to conduct outreach and engage the media to raise awareness of immigrants' rights to health programs.

Through this grant, Make the Road New York also wanted to provide direct assistance to both its clients and those of the participating community-based organizations. Several of the collaborating organizations had the means to provide on-site, direct enrollment assistance to their clients. Organizations that lacked this capacity

referred their clients to other participating community-based organizations that did have the capacity (e.g., Make the Road New York) or a local hospital or Medicaid agency.

The New York Immigration Coalition served as a technical consultant to the project by monitoring and analyzing legislative and regulatory developments, litigation, and emerging policies that impact immigrants' access to health care. It then provided training and technical updates to ensure each participating community-based organization had the most current and accurate information on health insurance eligibility, enrollment, and re-enrollment.

Finally, Make the Road New York defended and tried to improve policies to ensure immigrants' access to health care through presentations at regional and national conferences, and by participating as invited speakers at academic institutions, policy forums, professional meetings, and stakeholder briefings.



V. Challenges

The initial proposal called for 11 community-based organizations, including Make the Road New York, to participate in the program. When Make the Road by Walking merged with the Latin American Integration Center to become Make the Road New York, the number of participating organizations dropped to 10. In addition, the TAMKEEN Center for Arab-American Empowerment was unable to commit to a full year of training and dropped out after just two quarters. The remaining funds from the unfinished TAMKEEN contract were allocated to printing expenses for a manual on the promotora program. Ultimately, nine organizations fully participated—Make the Road New York and eight others.

Another challenge was getting the collaborating organizations to commit to adding a formal promotora program to their current menus of activities. The collaborating organizations overwhelmingly agreed that a community-based promotora model is an ideal program to reach low-income immigrant communities that lack information, access, and support. Moreover, community members seemed highly receptive and interested in developing their leadership skills while increasing awareness of immigrants' rights to health access and care. Communities seemed receptive to participatory health literacy techniques and promotora trainings; however, the collaborating community-based organizations were concerned about funding and staffing required to sustain the promotora groups. Organizations with only five full-time staff, like the Central American Refugee Center, found it challenging to fully support a promotora group without having to hire an additional staff person. Further, community-based organization partners with few active members, or no formal committee or group to count on, were challenged with conducting intensive outreach to raise interest in a promotora group. Community-based organizations with active members or groups found it easier to train their readily available community members as health promoters.

Other challenges during the grant period, which were investigated and monitored by the New York Immigration Coalition's Health Collaborative, included the upswing of wrongful denials of Medicaid, inappropriate discharges from Medicaid facilities, and the growing number of cases in which health care workers and institutions misunderstood immigrant rights or deliberately deterred immigrants from seeking health care began in the years preceding the grant. Medicaid offices often lack cultural sensitivity and language skills, and thus are unable to offer immigrants and non-fluent English speakers high-quality service. Potentially eligible individuals hear how difficult the enrollment process can be and are deterred from enrolling in Medicaid until they have a medical emergency. The emergence of facilitated enrollers within community-based organizations has helped to address this problem to some extent, but facilitated enrollers cannot help special cases (e.g., individuals receiving disability or who are over the age of 64). To address this challenge



during the grant, Make the Road New York and participating agencies worked on collecting testimonials from clients—both good and bad—which they presented to New York City’s Human Resource Administration’s key representatives, who are receptive to immigrants’ enrollment issues and working to fix them.

At the start of the grant, Make the Road New York was concerned about staff turnover within the participating community-based organizations. If staff members were trained through the Make the Road New York program and subsequently left their organizations, those organizations would lose that capacity. While participating organizations did not experience much staff turnover, Make the Road New York further avoided this issue by offering its trainings to as many staff members as could attend. It also designed the trainings to be easily delivered to those staff members who could not participate.



VI. Results

Through educational health access workshops, community activities, and direct assistance:

- participating community-based organizations delivered 114 community presentations where 2,700 low-income individuals and families received valuable information about immigrants’ rights to health care and health insurance, how to access and navigate the health care and health insurance system, and how to exercise their rights to financial assistance and language assistance in New York’s public and private hospitals;
- 1,100 individuals and families who were unable to access or pay for health care services or who experienced problems related to access, billing, and insurance received direct assistance.
- 650, or approximately 60%, of these individual sessions resulted in referrals to or direct assistance in enrollment to public health benefits;
- Five community-based organizations successfully developed a promotora group of existing active members who received peer-education trainings and are new health promoters in their neighborhoods.
- Three community-based organizations developed plans to launch their own promotora groups in the coming year.

The existing promotora programs are being implemented in much the same way across organizations, with language being the primary exception. The way organizations convey information or their main activities also varies depending on the size and the culture/language of the group. The model is flexible in its ability to convey information on community-specific topics,

like asthma or lead poisoning.

Through the technical and policy analysis support from the New York Immigration Coalition, participating organizations developed the *Improve Access to Health Care for All* agenda, which highlights and targets three important goals for facilitating and increasing enrollment in public insurance programs and access to care:

1. reduce communication barriers and expand opportunities for bilingual/bicultural health care workers;
2. guarantee access to affordable health care for all New York residents, including immigrants; and
3. wage a campaign to reassure immigrants about their rights to safe and affordable health care.

This policy agenda presented many opportunities for the participating community-based organizations and community leaders to voice their support for immigrants' rights to health access and care. In combination with the training received through this grant, community members developed leadership, peer education, and self-advocacy skills, which were reflected in their participation in language assistance campaigns and campaigns on various immigrant issues. Community leaders articulated firsthand accounts of debilitating and persistent obstacles immigrants face in accessing health insurance and medical care during press conferences, media interviews, and legislative visits with city and State representatives. Three important advocacy events included:



1. Make the Road New York, the New York Immigration Coalition, and Korean Community Services released a study on language assistance services at 10 New York City public and private hospitals. In the report, limited English proficient community leaders described their experiences in attempting to access health care in hospitals.
2. The New York Immigration Coalition organized the statewide mobilization of immigrants and immigrant advocates to promote the Improve Access to Health Care for All agenda. Participating agencies' health advocates and community leaders met with senators and assembly members in Albany to address urgent needs in health access and care in low-income immigrant communities.
3. In March 2008, the New York Immigration Coalition organized the mobilization of immigrants and immigrant advocates throughout New York City in a manner similar to what occurred in Albany. Participating agencies' health advocates and community leaders met with City officials and spoke to the media about health-related issues and concerns in their communities.

VII. Lessons Learned

Some of the lessons Make the Road New York learned in implementing and completing this project included:

- Despite all the work it does to improve immigrants' access to health care and insurance, there is still plenty more that needs to be done. Though it seems like "everyone knows about Medicaid and community health centers," Make the Road New York's promotoras know firsthand that many people in hard-to-reach communities are unaware of health care and insurance options. Individuals, including many children, in these communities remain disconnected from services to which they are entitled and the community-based organizations that can help them. Teaching community-based organizations new ways to connect with hard-to-reach communities is still important work.
- Customizing the training program for each individual participating organization would make it easier for each organization to implement the lessons learned and the promotora model. Under the grant, Make the Road New York tried to structure the program to be very flexible to reach a group of community-based organizations that differed in size, geographic reach, and populations of interest. It structured the trainings so each organization could fit the program to its own needs. In the future, Make the Road New York would prefer to tailor the program to each agency. In addition, each organization could develop its own set of goals and outcomes to be measured by the lead agency.
- When relying in part on volunteers to carry out activities, the lead agency should be realistic in its expected outcomes. The program was designed to strengthen volunteer community members to become community leaders. These individuals have many competing interests—families, work, etc. Not only should the training program be designed with this in mind so it does not heavily burden the promotoras, expectations about successful outcomes must be realistic.
- Working with an established set of collaborating organizations can reduce the lead agency's implementation workload. Working with an established group of collaborating agencies through the New York Immigration Coalition, facilitated program implementation for Make the Road New. It knew which orga-



nizations to turn to and was able to get contracts signed and established early in the process.

- While the project team was able to track the number of individuals referred to screening or enrollment assistance for public health insurance, it was unable to track the number ultimately enrolled in insurance. The project team succeeded in providing information and health insurance enrollment referrals to almost all of the individuals it anticipated reaching. However, a first step toward understanding whether access to health care was achieved is through health insurance enrollment. Since the project could not track the number of individuals who were assisted or referred to enrollment assistance, we do not know whether these individuals gained access to health insurance and health care.



VIII. Future

Five of the participating community-based organizations successfully developed ongoing promotora groups that received peer-education trainings and serve as health promoters in their neighborhoods. Three community-based organizations developed plans to launch their own promotora groups in the coming year. These organizations have implemented many of the lessons learned from the Make the Road New York trainings. All of the community-based organizations trained community members as leaders and peer educators who advocate for immigrant rights to health access and care.

Because these community-based organizations are part of a collaborative organized by the New York Immigration Coalition, they continue to get the policy and regulation updates that are so integral to their work. Selecting the New York Immigration Coalition's Collaborative to secure participating organizations in its project ensured that the work of Make the Road New York would continue in the future.

Integrating a promotora group with existing services enriches and complements the work of participating community-based organizations and provides a way to sustain the health promoter program. The community-based organizations that launched their own promotora groups depended on existing committee or support groups. The community-based organizations that lacked such a structure needed to assess how a promotora group could be created and sustained on its own, or connected to an existing program. While plans were developed for these latter community-based organizations, dedicated staff and space are crucial for launching a promotora program. Ideally, community-based organizations would need additional funding to support and maintain the promotora group as part of—or complementary

to—existing services. Realistically, scarcity of funding, limited staff, and minimal space pose challenges and an uncertain future for the promotora group if the economy continues to decline, and budget cuts are targeted at important programs and projects such as these.

In addition, their impact on access to health care and enrollment in health insurance can only be determined over time. A big upswing in health insurance enrollments during the grant period or even immediately following is unlikely. The Foundation and the grantee should be realistic in determining expected outcomes for a program like this, where the real payoff would be in the long term.

BACKGROUND INFORMATION:

ABOUT THE GRANTEE

Make the Road New York formed in 2007 through the merger of Make the Road by Walking and the Latin American Integration Center, two of New York City's well known grassroots organizations that span Brooklyn, Queens, and Staten Island. Together, these organizations conduct community and electoral organizing, strategic policy advocacy, leadership development, youth and adult education, and legal and support services. Make the Road New York is membership-led by more than 5,000 primarily low-income Latino and Latina immigrants, 75% of whom are women.

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