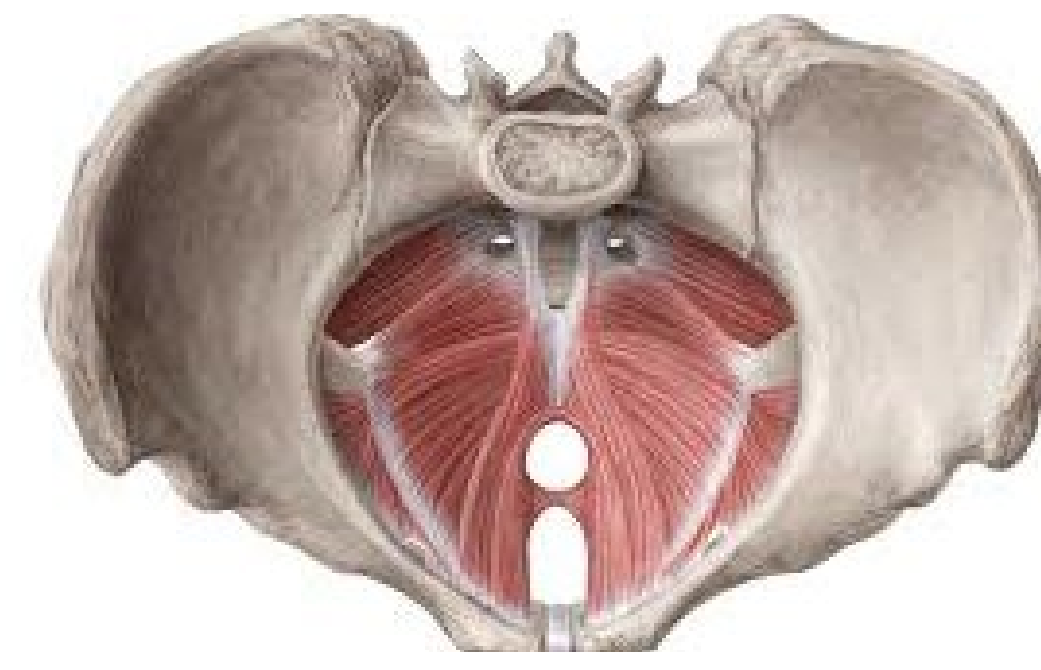


# Achieving Health Equity in Pelvic Floor Disorders and Neurogenic Lower Urinary Tract Dysfunction: An Educational Program to Enhance Community Engagement through Promotores/Promotoras



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## Introduction

**“Promotoras are everyday people who are already living, working, and engrained in the community and are selected for their existing ties and position in their community” (1)**

The aim of this project is to address health disparities in pelvic floor disorders (PFDs) and neurogenic lower urinary tract dysfunction (NGLUTD) through the development of a community level educational program. The initiative leverages **Promotores/Promotoras** – trusted community health workers – to empower marginalized communities with specialized knowledge and tools. We aim to close disparities in diagnosis, treatment, and management of these disorders by partnering directly with these communities and Federally Qualified Health Centers (FQHCs).

## Methods



Identify specific health disparities and barriers faced by marginalized communities in accessing healthcare services by engaging key stakeholders and qualitative analysis tracking outcomes within the health system.

Establish collaboration with FQHCs to ensure a coordinated approach to addressing health disparities and maximizing community outrage with community partners, promotores/promotoras.



Health Promoters Training: equip promotores with knowledge on PFDs, NGLUTD, cultural competence, communication skills, and community engagement.

Curriculum: tailored to address the unique needs and concerns of the target populations based on needs assessments.

Training: In-person sessions, workshops, and online modules.

Deployment: Promotores are sent to FQHCs and community centers to serve as liaisons between healthcare providers and marginalized populations.

Workshops: organize informative workshops within the community to raise awareness about PFDs and NGLUTD and resources available.

Group Visits: combine knowledge gained from promotores and community-based partnership to develop group visit formats.

One-on-One Support by promotores



## Background

San Diego County is a diverse region with a population of over 3 million individuals. San Diego Association of Governments notes that over 20% of residents live below the poverty line and with-it significant inequities in health outcomes among different racial and ethnic groups. Higher rates of chronic disease and limited access to healthcare are noted among Black and LatinX communities (5,6). Diseases such as diabetes, hypertension, obesity, cancer and heart disease which can exacerbate, and impact individuals experiencing pelvic floor disorders (4).

Patients with NGLUTD often have concomitant disease because of spinal cord injury. They may present with higher rates of pressure ulcers, osteoporosis, and cardiovascular disease with associated complications.

The concept of promoters as liaisons between health and social service providers has grown within the United States in the past 10 years. Areas of intervention have included cervical cancer, colorectal cancer, breast cancer, dietary education, autism, and diabetes to name a few. These modes of intervention have proven to be the most cost-effective manner to increase screening and intervention (2).



Data Collection: gather data on patient engagement, awareness levels, healthcare utilization, and outcomes pre and post program implementation.

Outcome Assessment: evaluate effectiveness of the program, patient's perceptions regarding targeted conditions, and refine interventions for optimal impact



Institutional Integration: Integrate promotores with operations of the UCSD Health systems Women's Pelvic Medicine Center and partner FQHCs.

Promotores deployment within FQHCs will allow a continued presence within the community and continued liaison with UCSD Health.

## Goals/Impact

There are 3 main areas that we aim to impact with our project.

Federally Qualified Health Centers are non-profit health systems that receive federal funding to provide primary care to medically underserved communities. They serve 30 million patients annually, 90% of whom live below 200% of the federal poverty line and 63% of whom are racial or ethnic minorities. As some of these patients transition to and out of a tertiary medical center such as UCSD, gaps in coverage and knowledge occur. It is our goal to create community liaisons to help minimize the gaps in care caused by these transitions.

This would ultimately be accomplished by creation and fostering of communication channels and sharing of medical records between FQHCs and tertiary referral centers, particularly as patients no longer require intervention but rather monitoring of risk factors which could be performed at FQHCs. This would allow for care to be provided closer to patients' homes increasing patients access to the healthcare and provide more opportunities for treatment and interventions at tertiary care hospitals that are often overbooked and overcrowded (7).

Lastly, we aim to create a model to ease and provide buffers for gaps in coverage, particularly in rural areas of the country by building sustainable community-based participatory relationships, supporting innovative designs and interventions relevant to underserved populations, sustaining interventions found to be effective, and recognizing and identifying the diversity within underserved populations (8).

## References

- Latino Leadership Council . Promotoras: Promoting Health in our Community. (2011). Available online at: <http://latinoleadershipcouncil.wordpress.com/> (accessed November 22, 2023)
- Lairson DR, Kim J, Byrd T, Salaiz R, Shokar NK. Cost-Effectiveness of Community Interventions for Colorectal Cancer Screening: Low-Income Hispanic Population. Health Promot Pract. 2018 Nov;19(6):863-872. doi: 10.1177/1524839917750815. Epub 2017 Dec 31. PMID: 29290126.
- "Neurogenic Lower Urinary Tract Dysfunction in Spinal Cord Injury: An Overview of Current Management and Future Directions" by S. A. Biering-Sørensen and M. DiMarco in the Journal of Spinal Cord Medicine (2015)
- "Health Disparities in Neurogenic Bladder: The Impact of Social Determinants of Health" by S. S. Kukreja and M. J. Chancellor in Current Bladder Dysfunction Reports (2018)
- "San Diego County Health Profile" by the San Diego Association of Governments (2019)
- "Health Disparities in San Diego County" by the San Diego County Health and Human Services Agency (2018)
- Batista Jd, Furtado MV, Katz N, Agostinho MR, Neto BS, Harzheim E, Polanczyk CA. Telemedicine-supported transition of stable coronary artery disease patients from tertiary to primary health care facilities: protocol for a randomized non-inferiority trial. BMC Health Serv Res. 2016 Jul 7;16:227. doi: 10.1186/s12913-016-1469-4. PMID: 27387752; PMCID: PMC4937581.
- Cacari Stone L, Roary MC, Diana A, Grady PA. State health disparities research in Rural America: Gaps and future directions in an era of COVID-19. J Rural Health. 2021 Jun;37(3):460-466. doi: 10.1111/jrh.12562. Epub 2021 Apr 21. PMID: 33881778; PMCID: PMC8250657.
- "Health Disparities in Pelvic Floor Disorders." NCBI, U.S. National Library of Medicine, 18 Sept. 2019, [www.ncbi.nlm.nih.gov/books/NBK551791/](https://www.ncbi.nlm.nih.gov/books/NBK551791/).