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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Methods

- **Needs Assessment & Collaboration**
  - 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 outreach with community partners, promotores/promotoras.

- **Program Development**
  - Health Promoters Training: equip promotors 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.

- **Community Engagement & Outreach**
  - Group Visits: combine knowledge gained from promotores and community-based partnership to develop group visit formats.

- **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.

- **Sustainability & Expansion**
  - Institutional Integration: integrate promotors 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.**

Goal/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.

- **Lastly, we aim to create a model to ease and provided 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.**

Background

San Diego County is a diverse region with a population of over 3 million individuals. San Diego Association of Governments notes that a total of over 20% of residents live below the poverty line and with significant inadequacies 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 NGLTD 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 promotors 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).

References


5. “San Diego County Health Profile” by the San Diego Association of Governments (2019)


