Promotora Model as a Method of Health Intervention in US Latino Immigrant Populations

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Abstract

Many of the health disparities experienced by Latino immigrants add up to Metabolic Syndrome. Metabolic Syndrome is defined as “a cluster of several cardio-metabolic risk factors” such as high blood pressure (hypertension), large waist circumference, high fasting glucose levels, low high-density lipoprotein cholesterol (HDL-C) levels, and elevated triglyceride levels. All of these risk factors combined identify individuals with elevated risk of cardiovascular disease (CVD) and Type 2 diabetes. In the 2006 Mexican National Health and Nutrition Survey, it was discovered that 30% of adults (20+ years) of both sexes were obese, and more than 40% of Mexicans had 3 or more Metabolic Syndrome components, indicating that the Mexican population in general is particularly vulnerable to contracting Metabolic Syndrome. In order to work with all of the aforementioned disparities, there has been a recent upswing in the number of Promotoras in the US to work with disadvantaged Latino communities. By definition, Promotoras are “trusted health care workers of underserved, at-risk Hispanic communities experiencing social and health inequities.” Promotoras are especially effective in this setting because they are “lay members of communities who work either for pay or as volunteers in association with the local healthcare system in both urban and rural environments and usually share ethnicity, language, socioeconomic status and life experiences with the communities they serve.” Because of this, they know the social dynamics and networks as well as the strengths, needs, and challenges that are specific to their communities.