Working with Bilingual Community Health Worker Promotoras to Improve Depression and Self-Care among Latino Patients with Long-Term Health Problems

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What was the research about?
Depression is a health problem that makes people feel sad, hopeless, or empty most days. Depression makes it hard for people to take care of themselves. It is common among people who have other health problems, such as diabetes or heart disease. Many people with low income have depression.

This study about depression treatment took place at three community health clinics. The research team wanted to learn if adding help from a community health worker, or a promotora in Spanish, to regular care could improve depression and overall health. Promotoras spoke English and Spanish. They had training in helping patients learn how to manage their diseases, work with their doctors, and know what community resources were available.

What were the results?
This study found no differences between patients who had help from promotoras and patients who received regular care alone. After 12 months, patients in both groups managed their illnesses better, felt less depressed, had less pain, and had less stress.

Who was in the study?
The study included 348 patients, almost all of whom were Latino, at three health clinics in Los Angeles, California. About 85 percent were women and 91 percent were born outside the United States.

Patients were adults with low income and an average age of 57. Each patient had depression along with diabetes, heart disease, or both.

What did the research team do?
The research team assigned patients to one of two groups by chance. Patients in the first group met with trained promotoras once a week for six weeks in person or by phone. Then, for three more months, patients talked with the promotoras once a month by phone or in person. Promotoras talked with patients about their mood and health problems, ways to communicate with their doctors or nurses, and ways to take care of themselves. Promotoras also helped patients meet needs such as getting food or rides to the health clinic.

Patients in the second group received regular care at the health clinic. Patients in both groups received care from doctors and nurses for depression and other illnesses.

The research team gathered information from the patients using surveys before the study started, 6 months after the study started, and 12 months after the study started. The team compared information from patients in both groups.
What were the limits of the study?
After the study started, the Los Angeles health clinics made changes to improve regular care, including hiring community health workers. These changes made the two study groups more alike than the study team had planned, which made it hard to measure the effect of the promotoras. The study team also didn't get survey results from 30 percent of patients 12 months after the study started. Results may have been different if the team had feedback from all patients.

Future research could look at ways promotoras and other community health workers help patients manage their health and health care.

How can people use the results?
Both care from promotoras and regular care that included community health workers helped patients manage their diseases, feel less depressed, have less pain, and have less stress. Clinics can consider using these methods to help Latino patients with depression and other long-term health problems.

To learn more about this project, visit pcori.org/Ell045.