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Training Mixtec Promotores to Assess Health Concerns in their Community: A CBPR Pilot Study

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Abstract

Background—An academic institution and a community organization partnered for one of the first studies assessing health needs of Mixtecs, indigenous immigrants from Southern Mexico, residing in Ventura County, California.

Methods—Ten bilingual Spanish- and Mixteco- speaking promotores received a one-day focus group training, participated in a focus group themselves and conducted 5 focus groups with 42 Mixtec community members.

Results—The focus group training is described. Health concerns discussed in the focus groups include outdoor exercise among women viewed as flirtatious; reluctance to ask for governmental assistance due to fear that children will have to pay back later; soda consumption perceived as a symbol of socio-economic status; and unwillingness to obtain mammograms or pap smears because private body parts are to be touched by husbands only.

Discussion—Training promotores to conduct focus groups can increase organizational capacity to identify pressing health needs in under-represented and hard-to-reach population groups.

Keywords

community capacity building; needs assessment; Mixtec; focus group training

BACKGROUND

About half of the indigenous farmworkers in California are Mixtec immigrants from western Oaxaca, Guerrero, and Puebla, live in extreme poverty, and lack health insurance. Many speak only their native non-written Mixteco language (1–4). Mixteco/Indígena Community Organizing Project (MICOP) in Ventura County provides basic aid, educational workshops, language interpretation services, along with cultural pride and awareness events and refers Mixtec community members to health and social services. MICOP has trained 25 Mixtec

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promotores de salud that are bilingual in Spanish and Mixteco, and several with English fluency as well. Over the past 25 years, community health workers, also known as lay health advisors or promotoras/es, have been increasingly recognized as playing an important role in improving the health of underserved communities (5). In some settings, the role of community health workers has been expanded to include research functions, such as consenting individuals, data collection, implementation of evidence-based interventions, and interpretation of results (6). To date, few studies have utilized promotores to conduct a community needs assessments (7). Community members often perceive researchers as "community outsiders", who cannot be trusted. Because promotores share important experiences with community members such as language use, similarities in cultural practices, and intimate understanding of community norms, they are viewed as insiders (5). Thus, training Mixtec promotores to conduct focus groups was considered a good first step to assessing the needs of this understudied population.

This paper describes the first phase of a research collaboration between MICOP and the Center for Cancer Prevention and Control Research at the University of California, Los Angeles, including the process of training promotores to conduct focus groups and the conduct of promotores-led focus groups with Mixtec community members.

METHODS

Focus group training for Mixtec Promotores

UCLA staff conducted a Spanish language one-day training, consisting of a focus group with Mixtec promotores to explore health needs among their clients, with the dual purpose of having promotores experience focus group participation (2 hours), a focus group skill building training session (4 hours), and training in rights and protection of research participants (90 minutes).

Prior to beginning the focus group, the leader obtained verbal informed consent from participating promotores. Because almost no data exist on health related information for this group, the focus group covered a number of health topics such as physical activities and diet, access to care and health issues in the Mixtec community. The focus group was audiotaped, transcribed and translated into English.

The next two training components were delivered through an interactive slide presentation. The focus group skill building training was developed based on available materials (e.g., http://www.omni.org/docs/focusgrouptoolkit.pdf) and included: (1) what is a focus group? (2) the purpose of a focus group, (3) when to use a focus group as opposed to a survey, (4) ethical considerations when planning and conducting a focus group, (5) overview of focus group planning and scheduling, (6) how to develop a seating chart, (7) how to record a focus group discussion, and (8) debriefing and self-assessment forms for focus group leaders. Four core aspects of a focus group were discussed: introduction, rapport building, in-depth discussion, and closure. Promotores discussed the health issues and questions they wanted to explore in the focus groups they planned to conduct with community members, which were incorporated in the focus group guide. The presenter also elucidated the roles of a facilitator; how to prepare for a group facilitation; important skills of a facilitator in a discussion (e.g.,

eye contact, waiting); and resolving unique personalities (e.g., disruptive or shy participants).

The ***training in rights and protection of research participants,*** modeled after the social and behavioral research modules of the Collaborative Institutional Training Initiative, included history and ethical principles of research, research with human subjects, social and behavioral science regulations, determining risk in social and behavioral sciences, informed consent, privacy and confidentiality, and research with vulnerable subjects.

Promotores received copies of all slides used in the training, focus group note taking forms, a sample focus group guide and sample verbal consent documents (see Table 1). Promotores completed a brief evaluation immediately after the training in which they rated their skills to conduct a focus group on a 5-point Likert scale. After the training, each promotore received a stipend of $120 and a personalized certificate of completion. Community members who participated in a focus group received a $25 incentive.

Focus group analysis

MICOP and UCLA members of the research team reviewed the transcript of the focus group with promotores and summarized key issues that were discussed. Subsequent promotores-led focus groups with Mixtec community members were audiotaped, a Mixtec college student completed a seating chart and recorded responses and observations during the focus group on the note-taking forms, discussed the focus group conversation with the promotores that led each focus group and provided a summary in English.

All project activities were approved by the Institutional Review Boards of the University of California, Los Angeles and the Centers for Disease Control and Prevention.

RESULTS

Training Outcomes

Ten promotores (9 females and 1 male) participated in a focus group discussion and completed the focus group training. During the training, they demonstrated understanding of contents by responding to questions and suggested health issues they wished to explore with their fellow Mixtec community members and probes to encourage discussion. These were included in the focus group guide (see Table 2). Evaluations revealed that most (7/10) promotores agreed or strongly agreed that they had the skills to plan and lead a focus group, take notes, and probe for additional information. In the three weeks following the training, five pairs of promotores conducted five focus groups with a total of 42 Mixtec adults (16 males and 26 females). They explained that participation in the focus group discussion was voluntary, that information discussed should not be shared outside the group, obtained verbal informed consent, and followed the focus group guide.

Focus Group Outcomes

The following health and cultural issues concerning Mixtec community members emerged in the focus group comprised of promotores: Pervasive soda consumption, perceived as a symbol of socio-economic status; limited exercise and exercising viewed as assimilation to

American culture; outdoor exercise among women viewed as flirtatious and inappropriate; embarrassment/unwillingness to obtain mammograms or pap smears, believing that private body parts are to be touched by husbands only; widespread lack of knowledge regarding cancer; reluctance to seek health care due to lack of insurance; common use of herbalists or naturalists for health care; and perception of education as unimportant for children, as children should start working beginning at 13 years of age.

The five promotores-led focus groups substantiated some of the same issues. Additional themes that arose included: Reluctance to ask for governmental assistance due to fear that children will have to pay back later; they receive exercise from working in the fields; women go outside and to parks only to play with their children; most parents perceive education as important for their children and encourage them to obtain education; and belief that they are here to work, make money and support their family; everything else (e.g., exercise & health) is secondary.

Community Dissemination and Next Steps

At a monthly community meeting hosted by MICOP, promotores described to several hundred Mixtec attendees what they had learned and the community concerns that were identified. They were interested in conducting additional focus groups to explore some of the community concerns in more depth. The community was exposed to a first-hand account of some of their peers being involved in research. Subsequently, the research team applied for and was awarded research funding to address women's health concerns.

DISCUSSION

Mixteco and Spanish bi-lingual promotores can provide important information about health concerns in their community. Although promotores were able to identify many community concerns and opinions, they did not always reflect the opinion of other community members. For example, some of the promotores believed education was unimportant for Mixtec families as children were traditionally expected to start working at a certain age. However, most community members perceived education as important for their children. Also, promotores-led focus groups with a larger number of community members identified important additional concerns that would have been missed if we had relied on the information from the focus group with promotores.

The focus group training with Mixtec promotores was successful, based on the post-training evaluation and the fact that all of the promotores were able to conduct a focus group with community members. We suggest that training promotores to conduct focus groups is an effective means of increasing community capacity, and for identifying health needs in populations that are under-represented in research. A community based participatory research approach stresses the importance of co-learning, building on strengths and assets of community and academic partners, local capacity building and involving the community in identifying the problem (8–10). Training promotores to conduct focus groups with other community members allowed for some of these early steps in the CBPR process to take place. A similar approach could be used to initiate community-based participatory research in other underserved populations.

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References

1. Holmes SM. An ethnographic study of the social context of migrant health in the United States. PLoS Med. 2006 Oct.3(10):e448. [PubMed: 17076567]
2. Holmes SM. The clinical gaze in the practice of migrant health: Mexican migrants in the United States. Social science & medicine (1982). 2012 Mar; 74(6):873–81. [PubMed: 21992736]
3. Martinez KM. Health across borders: Addressing Mixtec health in a binational context. Practicing Anthropology. 2003; 25:19–21.
4. Stephen, L. Transborder Lives: Indigenous Oaxacans in Mexico, California and Oregon. Durham, North Carolina: Duke University Press; 2007.
5. Rhodes SD, Foley KL, Zometa CS, Bloom FR. Lay health advisor interventions among Hispanics/Latinos: a qualitative systematic review. Am J Prev Med. 2007 Nov; 33(5):418–27. [PubMed: 17950408]
6. Nelson A, Lewy R, Dovydaitis T, Ricardo F, Kugel C. Promotores as researchers: expanding the promotor role in community-based research. Health Promot Pract. 2011 Sep; 12(5):681–8. [PubMed: 21427265]
7. Koval AE, Riganti AA, Foley KL. CAPRELA (Cancer Prevention for Latinas): findings of a pilot study in Winston-Salem, Forsyth County. N C Med J. 2006 Jan-Feb;67(1):9–15. [PubMed: 16550986]
8. Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: assessing partnership approaches to improve public health. Annual review of public health. 1998; 19:173–202.
9. Israel BA, Parker EA, Rowe Z, Salvatore A, Minkler M, Lopez J, et al. Community-based participatory research: lessons learned from the Centers for Children's Environmental Health and Disease Prevention Research. Environ Health Perspect. 2005 Oct; 113(10):1463–71. [PubMed: 16203263]
10. Minkler M, Lee PT, Tom A, Chang C, Morales A, Liu SS, et al. Using community-based participatory research to design and initiate a study on immigrant worker health and safety in San Francisco's Chinatown restaurants. Am J Ind Med. 2010 Apr; 53(4):361–71. [PubMed: 20066672]

Table 1

Resources needed for focus group training

Resources for Focus Group with Promotores	**Resources for Training Promotores**	**Resources for Focus Group in Community**
For focus group: • Discussion Guide • Note-taking forms • Pens • Audio-recorder • Batteries • Name tents	For Presentation: • Slide Presentation • Projection device • Flash Drive • Extension Cord Pens, Markers, White poster boards and easel A binder for each trainee containing the following in both Spanish and English: • Copy of presentation slides • Focus Group Training Toolkit	1 binder for each Promotor(a) containing the following in both Spanish and English: **1** Sample Focus Group Guide **2** Note-taking papers **3** Sample Information Sheet/ Consent Documents **4** Self-assessment form

Table 2

Focus Group Guide developed with Promotores

Topic Areas	General Questions	Probes
Physical activity and food	What do members of the Mixtec community think about physical exercise? Is exercising a part of your social life; that is to say, to dance, walk, or play at the park with the family, etc? What are some examples of typical foods in the Mixtec community?	Do you think Mixtec women feel comfortable exercising outside? Why/why not? Do you think men and women think differently about physical activity? Are there activities considered more appropriate for men or women? What do you think are healthy foods/beverages that Mixtecs usually eat/drink? What do you think are least healthy foods/beverages that Mixtecs usually eat/drink?
Medical insurance and examination	Do you believe it is important to have medical insurance? Why? What do you think about medical examinations?	If you were able to, would you obtain medical insurance? Why or why not? Are there medical examinations that you think are bad? Good? What are some reasons you do not receive medical exam or visit a doctor? What are some reasons members of your family do not have medical exams or visit a doctor?
Children and weight	Do you believe that the weight of a child is important?	How important is a child's weight to you? Have you heard of obesity? What do you think it is? Do you think obesity is a concern for Mixtec children?
Education and children	How important do you think education is in the Mixtec community? How important is it to support and motivate your children in their education?	How much support and motivation is needed? Are grades important?
Governmental services	Some people that say they are afraid to ask for governmental services like healthcare or food stamps; what do you think they are afraid of?	Do you think the fear is valid?
Elderly population	Some people say that the elderly or those who are undocumented are people that have the most problems; why do you think people believe this?	