



IMPACTING THE HEALTH OF LATINO COMMUNITIES: A PROMOTORA MODEL FOR RURAL SOUTH CAROLINA

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ABSTRACT

SOUTH CAROLINA HAS THE fourth fastest growing Latino population in the nation. In the Southeast, the health care provider population typically does not mirror the growing ethnic diversity of the patient community. Because the increase in Latino residents is recent, the cultural norms and health beliefs of the Latino population often are not well understood by health care providers. As such, the health care system is challenged in providing access and effective health services for rural Latino populations. The Promotores de Salud (promoters of health) program is one program that has been effective in improving health outcomes. The purpose of the program is to empower individuals within the community to adopt healthy lifestyles and to promote health within their own families and communities. Fifteen Lay Health Advisors (LHAs) were recruited and trained to change their own behaviors and to serve as a bridge between the community and formal health care agencies. During the training, numerous health improvements were documented among the lay health advisors including decreased cholesterol and positive changes to health behaviors such as nutrition, exercise, and stress management. Through educational programs, the lay health advisors implemented 2,098 different health education interventions with patients in the Latino community. Over 300 individuals were referred for health services such as mammography and high blood pressure intervention. As the Latino immigrant community continues to grow, it necessitates the need for innovative health services delivery to address issues of access, quality, and patient satisfaction. The Promotores de Salud model has been uniquely effective in empowering Latinos to promote health within their families and communities in rural areas of South Carolina. The objective of this paper is to provide a descriptive report of the Promotoras de Salud program, including barriers and challenges to implementation as well as program evaluation.

BACKGROUND AND SIGNIFICANCE

THERE ARE CURRENTLY 35.3 million Latinos in the U.S. It has been reported that Latino individuals account for 15% of the nation's total population.¹ This figure does not account for the 3 to 6 million undocumented workers.² Between 1990 and 2000, the total U.S. population grew by 13.2 percent, while the Latino population grew by 57.9 percent. It is projected that Latinos will reach 102.6 million or 25 percent of the total population by 2050.^{3,4} These figures reflect the steady and rapid increase of the Latino population, which is now defined as the US's largest minority group.

Drawn from Central and South America, Cuba, Mexico, and Puerto Rico, the Latino immigrant population has more than tripled in six southern states: Alabama, Arkansas, Georgia, Tennessee, North Carolina, and South Carolina. In South Carolina alone, the rate of increase in the Latino population from 1990-2005 was over 342%. The current estimated Latino population in South Carolina according to the U.S. Census³ is around 135,041 with researchers estimating the real number to be closer to 500,000; South Carolina continues to be one of the states with the most rapidly growing Latino population.⁴

As the Latino population grows, health care organizations and providers will be interacting with a greater number of Latino clients. Many Latinos face barriers to health care access including lack of insurance, financial constraints, language barriers, immigration status, barriers related to health care provider practices and behaviors; and barriers related to acculturation and culture.³ According to a recent Institute of Medicine (IOM) report⁵, barriers related to health care provider practices and behaviors can be reduced by increasing provider awareness of the disparities in health care and through cross-cultural education. Culturally competent care can be provided by recognizing that specific ethnic groups may have unique health care needs connected to language, culture or access.

Although there are a number of studies that have examined the experiences of Latinos in different health care settings, very few have examined providers' perceptions. A recent literature review by Mayo, et al. 2007, examined health care providers' perceptions of their own cultural competence levels as well as provider attitudes and knowledge in treating Latino patients.⁶ A total of 20 articles met the eligibility criteria for the review. Four of the studies that explored the attitudes and perceptions toward treating Latino patients found that physicians were less satisfied in treating Latino patients compared to white patients. Physicians perceive that the Latino patients do not accept responsibility for their own care and fail to comply with treatment instruction.



Providers identified Latino patients' lack of adherence to treatment and resorting to alternative therapies as barriers to treating patients effectively. In addition, providers also found that excessive respect for medical personnel prevents Latino patients from asking questions. Patients were also hesitant to identify financial issues, reveal immigration status, or request government assistance.^{7,8} In preventive medicine, providers identified cost, lack of transportation, and patient considering the tests unnecessary as the major barriers. A study that looked at the perceptions of physicians about the barriers in screening Latino women for breast and cervical cancer found that in addition to barriers mentioned above, lack of childcare, release from work, embarrassment, and discomfort were commonly reported barriers.⁹ Often there are barriers to Latino patients' access to new treatment such as clinical trials because providers are not confident in explaining the trials, and they perceive that Latino patients are less interested because of suspicions about clinical research.¹⁰

Three out of the twenty studies^{11,12,13} that assessed providers' cultural competence or confidence in caring for Latino patients reported that medical education in culturally diverse settings and number of years in treating Latino patients contributed to increased cultural competence.¹⁴ Providers who were confident in cultural skills were also confident in their knowledge of Latino culture.¹¹ Results from a nurses' study showed that negative attitudes towards Latino patients exist among nurses, but the nurses perceived that these attitudes were due to lack of cultural understanding of this patient group.¹⁵

Six studies that looked at the cultural competence levels of inexperienced providers confirmed earlier reports of low baseline cultural competence knowledge of medical students.¹⁶ In spite of this, students reported high levels of comfort with people who are different from themselves and felt that cultural knowledge is important.¹⁷ Resident physicians in the studies reported that providers were unprepared to treat patients from diverse cultures; from racial and ethnic minorities; patients with health beliefs at odds with Western medicine; and new immigrants.¹⁸ Some resident physicians said that they have heard negative comments about Latino patients but it did not translate into discriminative actions.¹⁹ Even though they felt it was important to consider patient's culture when providing care, resident physicians in emergency medicine and surgery did not consider it an important issue in care quality.²⁰

The Department of Health and Human Services Initiative to eliminate Racial and Ethnic Disparities in Health by the year 2010,²¹ the NIH Strategic Initiative to reduce disparities,²² and the recent report from the IOM,⁵ report that racial/ethnic minorities less frequently receive appropriate care, which has an

adverse impact on their health outcomes. Health system and health provider bias, stereotyping, and prejudice may contribute to racial and ethnic disparities for Latino patients.

Health disparities exist in several areas for Latinos. Latinos have higher mortality rates due to diabetes mellitus than non-Latino whites. The rate of diabetes among Latino women is almost twice the rates of non-Latino white women, and complications from diabetes are the 4th leading cause of death among Latinos.²³ It is understood that obesity is related to the development of several chronic diseases such as diabetes, stroke, hypertension, and heart diseases,²⁴ and the Latino population has a high prevalence of obesity and associated chronic conditions.²⁵ According to the National Health and Nutrition Interview Survey [NHANES] 2003-2004, 75.8% of Hispanics are either overweight or obese. Significant differences in obesity remain by gender. Among Latinos who are overweight or obese, 57% are women compared to 43 % men.²⁶ Moreover the state of South Carolina is 13th among the states in the nation with the highest obesity rates. According to the National Health and Nutrition Examination Survey (NHANES III), it was estimated that there were 1.5 million individuals in SC who are either obese or overweight, including 11,624 Hispanics.²⁷

A recent needs assessment conducted in South Carolina found that Latinos averaged 30 years old with a typical residency in the U.S. of three years. Ninety-three percent were of Mexican origin, and a majority (75%) were employed but had limited English-proficiency. Eighty-seven percent of the population was uninsured.²⁸ Mueller and colleagues found that insurance status is the most significant determinant of health care utilization.²⁹ This study found that the uninsured person was twice as likely as the insured person to go without medical care. Minorities were less likely than Whites to use physician services, and the use was even lower for rural residents. The most striking differences were found among rural Latinos. When ethnicity and insurance status were combined, rural uninsured Latinos were the least likely to receive health care (70 percent less likely).

The IOM report⁵ on health care disparities explains that there are three main causes for health care disparities: 1) the way health care systems are organized and operated; 2) patients' attitudes and behaviors; and 3) health care providers' biases, prejudices and uncertainty when treating minorities. In a focus group study by Buki, Borrayo, Feigal, & Carrillo³⁰, in order to understand whether the perceived barriers to breast cancer screening were the same among Latinos with different origins, it was found that 'distrust in health care providers' was one of the major themes. Participants included Latinos from Cuba, El Salvador, Mexico, Puerto Rico and South America. All participants except those



from South America reported that they did not perceive doctors as trustworthy gatekeepers of information.

The increase of Latinos has already and will continue to impact the health services industry. It is vital that culturally specific guidelines and programs be implemented to help individuals of the Latino community, and health services providers establish effective processes for communication and understanding. The health care system and Latino community need to work together when approaching health-related issues, particularly concern for healthier lifestyles.

The Promotores de Salud Model – Understanding and Addressing Barriers for Latino Patients

The Promotores de Salud program is one program that has been effective in the Latino community. The purpose of the program is to empower individuals within the Latino community to adopt healthy lifestyles and to promote health within their own families and communities. In rural South Carolina, this program is improving access and quality of care for Latinos by reducing barriers to care. Barriers between Latino patients and providers emerge during the medical encounter “when sociocultural differences between patient and provider are not fully appreciated, accepted, explored, and/or understood”.³¹ Improved ability to communicate across cultural boundaries allows for the breaking down of barriers between Latinos and providers. Cultural perceptions, language, and lack of diversity in the health care field are all barriers between Latino individuals and the health care system.

The Promotores de Salud program, implemented by Clemson University, applies the concept of approaching health services within cultural context to create improved understanding of the patient community, empowering patients and providers through education and prevention appropriate for Latino cultural influences and attitudes. Through specific strategies, the program expands the knowledge and skills of community members and health care providers to deliver culturally sensitive care to the Latino community. A first step for the program is the identification of individuals within the Latino community to serve as lay health advisors or Promotores. These citizens are trained to serve as role models and change agents and function as a bridge between the formal delivery system of health care agencies and the community’s informal social support system.

Program Description and Objectives

The specific strategies implemented by the program include:

- Identifying individuals within the Latino community to serve as lay health advisors (Promotores), role model and change agents. The role of the recruited and trained community members is to serve as a bridge between the formal services

delivery system of health care agencies and the community’s informal social support system.

- Connecting Promotores to citizens in the Latino community to provide health risk assessment, health education and other health services as needed.
- Connecting Promotores to faculty and students from public health, counseling, nutrition and nursing programs to provide content expertise.

The core foundation of the Promotores de Salud relies on designating an individual to serve as the Lay Health Advisor Coordinator and recruiting members of the community to act as Lay Health Advisors (Promotores/ LHAs). These individuals act as the change agents for educating Latino individuals on health topics and creating a healthier lifestyle. The Coordinator and LHAs typically have similar social, ethnic and cultural background as the members of the community in which they will be educating, serving, and training. As such, they are considered natural helpers because they are already within and familiar with the community. These individuals act as facilitators who aid in reducing language and social context barriers. Promotores were provided with modest incentives such as gift cards to attend training programs. There are several ways that Lay Health Advisors differ from other types of health volunteers^{32,33}:

- Other members of the community view them as caring, respected individuals who are credible advice givers. “Outside” volunteers such as agency staff may not have the same confirmation from the community.
- Promotores are considered natural helpers and can offer spontaneous and informal advice within daily social interactions. As such, natural helpers are able to blend into and build upon social networks.
- Because of their extensive social networks, natural helpers are able to address the beliefs, attitudes and behaviors of informal social groups.

The LHA Coordinator assists in interpreting and providing the terminology needed to describe personal health-related experiences, conducts and answers health assessment questions, and reflects beliefs that members of the Latino community may not otherwise communicate to a majority of health care professionals. The basis for designating a Coordinator and Promotores is to give members of the Latino community a clear voice to convey their perceptions, concerns and questions involving health related issues. Studies have revealed that physicians note being less satisfied in treating Latino individuals than non-Latinos; providers expressed frustration related to treating Latino individuals because of the perception of disregarding medical instructions and lack of personal responsibility.²³ A key success for this program was that the Coordinator and Promotoras provided the knowledge



and tools for members of the Latino community to better interact with members of the health profession.

Results of the Program

The Promotores de Salud program was evaluated for program effectiveness and outreach success. Numerous health improvements were documented among the lay health advisors, including decreased cholesterol and positive changes to health behaviors such as nutrition, exercise and stress management. The program tracked Promotores trained and related health care improvements, as well as numbers and types of educational programs, and number of individuals in the community trained by the Promotores on health topics.

Community members benefitting from program

Numerous individuals were reached by the LHAs through educational classes, personal consultations, health education materials or screenings. Screenings are outlined in the chart below:

Table 1. Community members reached and types of screening services

Type of Screening	Persons Reached
Breast & Cervical Cancer	214
Colon Cancer	28
Depression	58
Diabetes	121
Gallbladder Stones	30
Gastric Reflux	50
<i>Healthwise</i> Handbook	59
Heart Attack	247
Hypertension/BP screening	290
Menopause	25
Nutrition	196
Physical Activity	348
Prostate Cancer	25
Asthma / Smoking	46
STDs	76
Stroke	247
Testicular Cancer	32
Total	2098

Educational Sessions and Number of Attendees

Educational sessions with LHAs and Latino community members were developed, sponsored and implemented throughout the project and had a significant impact in the community. Program sessions were presented in Spanish by project research and service staff qualified in the subject area. Types of educational sessions, presenters and number of attendees are outlined in the chart below:

Table 2. Educational Sessions and number of attendees

Educational sessions		Presented by	# of attendees
Hypertension		Program Coordinator	27
Breast & Cervical Cancer		A Public Health Sciences Professor & Program Coordinator	40
Colon & prostate cancer		Program Coordinator	24
Colon & prostate cancer		Clemson student majoring in International Health and Language	8
Diabetes Mellitus		Program Coordinator	28
Heart attack and stroke		Program Coordinator	15
Nutrition	In-home instruction (promotoras home)	Program Coordinator	7
	In a public building	Nutritionist	7
	Review session	Program Coordinator	2
	Cook book	Nursing students at Clemson University	9
	Prenatal Care	Nutrition student at Clemson University	9
Eating habits		Program Coordinator	6
Nutrition and research		Post-doctoral nutrition fellow at Clemson University	40
Health-Wise Handbook Training	In a public building	Program Coordinator	18
	One on one instruction at the promotoras' homes	Program Coordinator	51
Blood Pressure Checking	One on one instruction at the promotoras' homes	Program Coordinator	4
	In a public building	Program Coordinator	16
	Mexican stores	Program Coordinator and four Languages students	103
STDs		A Clemson student majoring in International Health and Language	31
Depression		Program Coordinator	32
Gallbladder stones/problems		Program Coordinator	40
Asthma	In home instruction	Program Coordinator	58
Gastric Reflux	In home instruction	Program Coordinator	64
Meno-pause	In home instruction	Program Coordinator	37
Birth Control		Program Coordinator	9
Food Poison by E Coli		Program Coordinator	12
Acute and Chronic Gastritis		Program Coordinator	14
Lead Poisoning		Program Coordinator	12
Pesticides		Program Coordinator	14
GI Ulcers		Program Coordinator	10
Total			718



Number and Type of Referrals

Health service needs identified through the LHA program continue to be addressed. Individuals in the Latino community depend on the Promotores for referral to care resources. The connection between LHA health assessment and education functions to health care services is critical for the Latino community. Type of referrals and number of referrals that have resulted from the Promotores de Salud program are outlined in the chart below:

Table 3. Numbers and types of referrals

Type of referrals	Number of referrals
Prenatal Care	20
Diabetes	20
GYN	10
UTI (Urinary tract infection)	9
Headaches	12
Abdominal Pain	18
Irregular Menstrual Cycles	7
Back pain	12
(Probable) Hemorrhoids	4
Testicular Pain	4
Sports Physical	10
Cholesterol	4
Nutrition	17
Hypertension	32
Breast & Cervical Cancer	32
Prostate Check	7
STDs	9
STDs. sent to DHEC	9
Onychomycosis	3
Facial Pain	3
Depression	10
Seizures	4
Skin Problem	7
Folliculitis	2
Asthma	8
Family Planning	11
Hospital	8
Chest Pain	2
(Probable) Gallbladder stones	3
(Probable) Gastric Reflux	6
Sinus Infection	8
Total	311

In addition to the benefits to the Latino community, there were

numerous educational benefits to the Promotores de Salud program. Student involvement in this program was significant to the service and educational impact of the initiative. University students from nursing, languages, nutrition and public health regularly worked with the project and related services such as the clinic mobile health services van.

Discussion: Program Challenges and Limitations

The Promotores helped educate members of their community on health related issues, as well as the importance of medical procedures and testing, enabling individuals to develop a sense of personal responsibility and empowerment in terms of medical treatment. The direct interaction between the Coordinator and LHAs with Latinos in the community provided the necessary tools to make better informed decisions regarding health care treatment on a basis of understanding within cultural context. Communication between promotores and community members helped identify communication barriers between the Latino patients and non-Latino health care providers. According to the testimony of one client: “One of my friend’s husbands... started to feel numbness in his left arm and some chest pain like heaviness. The doctor told him that his problem was muscular and emotional, but the husband was not very happy with the diagnosis. Because he did not speak English well, he couldn’t explain how he felt to the doctor, and he couldn’t fully understand what the doctor said, too.” As illustrated in these comments, Latinos’ may be challenged in describing experiences to health care professionals, and lack of clear understanding of conversations with the physician reinforces language barriers, resulting in insufficient medical care.

Lack of related knowledge contributes to barriers for Latino individuals when seeking medical care as well as barriers to maintaining a healthier lifestyle. If members of the Latino community do not understand high blood pressure, consequences of little to no physical activity, obesity, and high blood sugar, then addressing these issues during their medical visit will not occur to them. These conversations will be dependent upon the nurse or physician during consultation. In order to promote healthy lifestyles and educate Latinos concerning health risks, patients need to comprehend the basic concepts and relationships between lifestyle choices and health outcomes. A key role of the LHA Coordinator was implementing educational seminars for the LHAs on topics such as hypertension, diabetes, cancers, nutrition, and fitness. Initial challenges with attendance and facilitating these educational seminars illustrated the importance that Latino individuals place on family and work obligations, another characteristic that must be considered in culturally sensitive health education services.

Attendance at educational sessions also suggested culturally sensi-



tive topics, such as prostate cancer and cervical cancer. According to the Program Coordinator, colon and prostate are sensitive topics for the Latinos. So that comfort with these discussions could improve, the promotores first watched videos about colon and prostate cancers. “The promotores then realized that we should not feel embarrassed or ashamed because every part of our body is natural and important,” Elizabeth Garcia, Coordinator of the Promotores de Salud. The program leaders recognized that many Latino individuals feel more comfortable approaching health-related issues in the privacy of their home with other family members present, and began conducting the seminars in the homes of program participants.

The educational seminars allowed members of the Latino community to approach health-related issues from within their cultural context, giving them resources to lead healthier lives. To extend the impact of the program, the program equipped the LHAs with unique tools to cultivate understanding of health topics to educate others. A Spanish version of the Healthwise Handbook, *La Salud en Casa: Guida Practica de Healthwise*, was provided to the promotores. The handbook, a translation of the “[Healthwise Handbook: A Self Care Guide for You](#),” offers a resource tool for communicating concepts of prevention, medical treatment, and lifestyle choices to the Latino community via their own language. It also provides the LHAs with a sense of empowerment, knowledge, and status to truly communicate important health-related concepts and issues. According to the Program Coordinator: “one of the LHAs shared with me about her niece... whenever the girl has problems, especially health-related problems, she would call my LHA and ask for advice. The LHA always says, “Hang on, honey. Let me check my Healthwise Book.” This aspect of approaching health education and promotion from a cultural context displays positive results in a situation once deemed frustrating because of the lack of understanding and skills to communicate health issues to health care providers.

Another lesson from the program concerns perceptions of attractive and desirable personal appearances in different cultures. Cultures may differ in societal perceptions and value judgments toward concepts of body weight and the importance of exercise and diet. The Latino community perceives high levels of body weight as an attractive trait, and may not realize the health implications created by being overweight. Research has shown diabetes affects Latino/Latino individuals at a rate 30% higher than non-Latino Americans.²³ Many of the LHAs stated that their husbands do not wish to change their lifestyle and eating habits, which consist of little physical activity and a diet filled with meats and starches. Therefore, approaches to health education and promotion within the Latino community must use culturally sensitive and adaptive techniques to promote a healthier lifestyle and the

risks associated with obesity.

The implementation of Promotores de Salud illustrated the importance of understanding the emphasis Latino individuals place on their work and family life. Many of the individuals serving as LHAs experienced scheduling conflicts because of family obligations combined with work schedules. Possessing the Healthwise Handbook and offering multiple educational seminars helped alleviate some of the barriers and impediments of acquiring knowledge and changing the current lifestyles of Latino individuals. One of the recurring ideas of the Promotores de Salud is to incorporate more knowledge and resources in establishing a healthier lifestyle, not to completely alter or add to an already complex schedule. Latino communities place much emphasis on family and work obligations; therefore the focus should be on incorporating these aspects when fostering a healthier lifestyle and educating on health-related topics.

The Promotores de Salud aims to educate individuals in rural areas who often lack the educational tools and resources, as well as facilities to live a healthy lifestyle. The program Coordinator with the cooperation of community officials designated areas to exercise and hold educational seminars. There was a lack of fitness centers in the community, so Mexican stores, restaurants, and churches served as wonderful meeting places to promote health assessments and initiate fitness activities, interactions with members of the community, and recruit individuals. In the beginning LHAs showed enthusiasm for increasing their physical activity, yet over time the consistency began to decrease, a trend common to many fitness initiatives. References made to family and work obligations combined with a lack of energy seemed to be the causes for decrease in the LHAs overall physical activity. The Program Coordinator made a point to stress that physical activity does not necessarily need to take place in a structured environment, but may simply be moving around more inside and outside the home. This idea of approaching physical activity, whether it be in the home or an external structure, combined with the Healthwise Handbook further promotes understanding Latino culture in the implementing fitness programs.

After examining the ideas of health education and promotion of a healthier lifestyle within cultural context, the barriers outside of the culture which have an impact on the health care services and the Latino communities become apparent. Promotores de Salud illustrates the success of incorporating and valuing diversity within the provision of health services by using members of the Latino community to educate and inform their own communities on health-related issues. Promotores were uniquely successful in serving as change agents and role models within the Latino community. The Program Coordinator characterized the philosophy



of the program:

“We are not going from house to house; instead we are going to act as role models. Through this program, we will learn about different health issues, identify our own health risks and then make changes. You can share with your families and friends what you have learned in your own way.”
(LHA Program Coordinator, 2007)

Conclusion

The Latino population in the United States now constitutes the largest minority, but these same numbers are not reflected in health care professions, particularly general practicing physicians. Only 2.4% of physicians in the United States are of Latino origins. Therefore, when seeking medical information or care, Latino individuals most notably deal with members of the population not of their cultural background, “Given the small proportion of Latino physicians, Latino patients often receive care from physicians who may not speak their language, understand their social situation, or value their cultural beliefs”.²³ With the awareness of the Promotores de Salud de Oconee, members of the Latino communities gain knowledge to counteract those cultural restraints by asking questions and describing their social situations, which hopefully will create a much more effective physician-patient relationship. Studies have also indicated that health care providers suggest services to Spanish-speaking clients, but offer no interpreter services or culturally specific health education materials.²³ As such, the Spanish-language version Healthwise Handbook is an important resource for Latino individuals.

The Promotores de Salud program has been successful in working within cultural contexts to provide health education and promotion among rural Latinos in South Carolina. With expansion and replication, the program will serve as a model for approaching the ever-changing health services industry by building culturally competent and effective health care.

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