Title: Using a Research-Community Partnership to Develop and Test the “PUENTE” Promotora Model to Reduce Ethnic Disparities in Developmental Disability Service Utilization

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Introduction: Ethnic disparities in access to evidence-based community services for youth with developmental disabilities are a pressing concern (Magaña, Parish, Rose, Timberlake, & Swaine, 2012). In 2016, the State of California Department of Developmental Services launched an initiative to address significant disparities in service expenditures for Latinx clients. In response, the San Diego Regional Center (SDRC) initiated a partnership with researchers to identify disparity reduction targets for its clients and develop and implement a disparity reduction model. This presentation will describe the development and initial outcomes from a pilot project of the San Diego “PUENTE” Promotora model.

Methods: First, service utilization data from 27,343 SDRC clients were examined to identify the targeted diagnoses and age for the intervention. Through collaboration among SDRC, services researchers, the local family resource center, and the developer of a Promotora-delivered psychoeducational curriculum, the PUENTE model was developed. The goal of the intervention is to promote psychoeducation and empowerment for parents of Latinx children with developmental disabilities.

SDRC case managers refer Latinx families identified to underutilize services to the programs. Promotoras are assigned to the families and conduct home visits for 12 weeks to deliver an adapted version of the Parents Taking Action curriculum (Magaña, Lopez, & Machalicek, 2017). Promotoras for the program are caregivers of individuals with developmental disabilities who have extensive experience navigating the service system. At program intake, an independent program evaluator administers a range of caregiver self-report measures. These measures are administered again at program completion. Measures examine caregivers’ broad knowledge of disabilities, caregiver strain, depression, and parental efficacy. Promotoras and caregivers are also asked to complete surveys upon completion of the program.

Results: A total of 34 individual clients have been identified by SDRC service coordinators and referred to the PUENTE program. Across all families who initiated the service, youth were an average of 13.5 years old (SD=1.8) and 64% male. Youth diagnoses were as follows: 33% ASD, 33% ID, and 33% multiple diagnoses (ASD/ID, ID, CP, ID/CP/EP). The majority of families served reported incomes below the poverty line and less than a high school education for parents (61% and 58%, respectively).

Initial feasibility and outcome data for the program are promising. Promotoras rated caregivers as highly engaged in the intervention (M=4.69 on 1-5 scale, SD=0.34) and caregivers indicated high satisfaction with the PUENTE program overall (M=3.88 on 1-4 scale, SD = 0.13). When asked if they learned anything through the PUENTE program, 62% of families reported becoming more knowledgeable about the Individualized Education Plan process and requesting services at or related to school specifically, and 62% mentioned becoming stronger advocates for their child more broadly. Analyses revealed parents reported significantly fewer depression symptoms (p<.05) and significantly higher self-efficacy after receiving the program (p<.05).

Discussion: Preliminary data demonstrate the feasibility and appropriateness of the PUENTE Project to reach Latinx families with children with developmental disabilities. These outcomes represent a positive impact on families and stand against previous reports of Latinx families reporting low satisfaction with services and being less likely to receive guideline-concordant care, particularly for autism spectrum disorders (Magaña et al., 2012). Additional impact of the intervention and mechanisms for sustainability will be discussed.

References/Citations: