

MERCY HEALTH PROMOTERS

The Institute of Clinical Bioethics at Saint Joseph's University

“The foreign-born population in the United States, according to the “Current Populations Report” published in 2010, is estimated to exceed 39.9 million, or “12.9 percent of the U.S. population.” The increase in foreign-born peoples and their need for health care is a complicated issue facing many cities, health systems and hospitals. Over the course of the past few years Mercy Hospital of Philadelphia has treated increasing numbers of foreign-born African patients. The majority have been presenting in the late stages of disease. The increase of foreign-born documented and undocumented African patients seen by Mercy Hospitals seems to reflect a foreign-born population “boom” in Philadelphia over the past decade. To meet the needs of this growing population, the Mercy Hospital Task Force on African Immigration and the Institute of Catholic Bioethics at Saint Joseph's University designed a program that centers on the third world concept of “Health Promoters.” This program is intended to serve as one possible solution for hospitals to cost-effectively manage the care of this growing percentage of foreign-born individuals in the population. This notion of a “Health Promoter” program in Philadelphia is unique as one of those rare occasions when a third world concept is being utilized in a first world environment. It is also unique in that it can serve as a paradigm for other hospitals in the United States to meet the growing need of health care for the undocumented population. As of November 2012 the Mercy Hospital of Philadelphia clinic became operative for patients who were referred from the Health Promoter clinics. To date, a total of forty-two patients have actively participated in the screenings, sixteen of which have been referred to Mercy Hospital of Philadelphia clinic for further evaluation. More than 75% of patient referrals were a result of high blood pressure. According to the American Medical Association, readings of 140–159 mmHg and above are indicative of stage 1 hypertension. Among those who presented at the Health Promoter screenings the mean systolic pressure for males was 140 mmHg and for females was 140.48 mmHg.” [For more information, see Peter A Clark and Sam Schadt, “Mercy Health Promoter: A Paradigm for Just Health Care” *Medical Science Monitor* 19 (2013): 807–817]



In Oct. 2015, the Institute of Catholic Bioethics (ICB) received a \$65,000 grant from Mercy Suburban Hospital in Montgomery County, PA to support its Health Promoter (HP) effort. The funds will aid current HP programs and will include the purchase of medical and dental equipment; the construction of medical exam and meeting rooms in Norristown's St. Patrick's Church; a stipend for graduate-level research to be conducted on the HP model; and continuing education for individual Health Promoters. The Mercy

Health Promoter Model has contributed to the prevention of complex diseases and the management of chronic conditions in these populations by providing accessible health education and basic medical interventions in poor and underserved communities.

The HP program is based on a successful model pioneered in the Dominican Republic, which was adapted by Father Clark and ICB associates for use in the United States and elsewhere. Health Promoters are well-respected individuals recruited from marginalized communities to serve as liaisons between health care professionals and community members, who may be uninsured or underinsured.

In many of these communities, people were not getting the health care they needed, and by the time they ended up in hospital emergency departments, their conditions could be life-threatening. The Mercy Health Promoter Program provides these individuals with basic health care or information about where to obtain quality and affordable or free health care before the situation becomes dire. Education about healthy lifestyles is another program initiative.

Through partnerships with established health care organizations, like sister hospitals in the Mercy system and other health care providers, the Mercy Suburban model has served as a paradigm for organizations in Philadelphia and beyond to adapt to the challenges of reducing health care costs, particularly in light of immigration. [To read more, see Patricia Allen, "Mercy Suburban Grants SJU Health Promoter Project \$65,000," *SJU News*, October 29, 2015]