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Relationships for Social Change: A Longitudinal Examination of a Promotora-Led Program for Socioeconomic Mobility

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School of Behavioral Health
in conjunction with the
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Relationships for Social Change:
A Longitudinal Examination of a Promotora-Led Program for Socioeconomic Mobility

By

Dayanne (Danna) Assunção Vieira Carter

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A Dissertation submitted in partial satisfaction of
the requirements for the degree
Doctor of Philosophy in Systems, Families and Couples

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May 2020

Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

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ABBREVIATIONS

APHA   American Public Health Association

CEnR   Community-engaged Research

CHW   Community Health Worker

EL Sol NEC   El Sol Neighborhood Educational Center

FSS   Family Self-Sufficiency Program

GED   General Educational Development

ICF   International Coach Federation

IEEP   Inland Empire Economic Partners

IRB   Institutional Review Board

LCI   Life Coach Institute

LLU   Loma Linda University

MFT   Marriage and Family Therapy

PHQ   Patient Health Questionnaire

QOL   Quality of Life

SCSV   Su Corazón por la Vida

SNAP   Supplemental Nutrition Assistance Program

SRS   Session Rating Scale

SSI   Supplemental Security Income

TANF   Temporary Assistance for Needy Families

U.S. DHHS   U.S. Department of Health and Human Services

U.S. HUD   U.S. Department of Housing and Urban Development

ZPD   Zone of Proximal Development

WHO   World Health Organization

ABSTRACT OF THE DISSERTATION

Relationships for Social Change:

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by

Dayanne (Danna) Assunção Vieira Carter

Doctor of Philosophy in Systems, Families and Couples
Loma Linda University, May 2020
Brian J. Distelberg, Ph.D. Chairperson

Since the 1960s federal and local initiatives have been put in place to decrease the staggering socioeconomic disparities in the United States. Considerable debate has been fueled by the conception of adequate solutions to address the employment crisis (Kregel, 2011). Despite the increase in supportive services made available to the public, low-income families continue to face distinct challenges that limit employment and vocational opportunities (Athreya & Romero, 2015; Crouter & Booth, 2014; Presser, 2014), a situation particularly true for ethnic minorities navigating the systems of employment in the US (Fullerton & Anderson 2013; Mazumder, 2011). The purpose of this study was to expand upon the research and applications of a community health worker (CHW) and investigate the Launch Initiative – a program developed to improve socioeconomic mobility. For the quantitative analysis, a series of regression models was used to assess socioeconomic changes over time. In addition, a narrative thematic analysis was used to understand the participant's processes linked to their experience in the program. Results of this study may help to identify alternatives relevant to the ongoing debate on universal approaches to bridge the socioeconomic gap in the US.

CHAPTER ONE

INTRODUCTION

Since the 1960s federal and local initiatives have been put in place to decrease the

staggering socioeconomic disparities in the United States. Considerable debate has been

fueled by the conception of adequate solutions to address the employment crisis (Kregel,

2011). Despite the increase in supportive services made available to the public, low-

income families continue to face distinct challenges that limit employment and vocational

opportunities (Athreya & Romero, 2015; Crouter & Booth, 2014; Presser, 2014), a

situation particularly true for ethnic minorities navigating the systems of employment in

the US (Fullerton & Anderson 2013; Mazumder, 2011). To better understand how a

culturally responsive approach can enhance socioeconomic mobility, an examination of

the recent shifts in community engagement practices is necessary. The purpose of this

study was to expand upon the research and applications of a community health worker

(CHW) approach for the purpose of improving socioeconomic mobility. The results of

this study may help to identify alternatives relevant to the ongoing debate on universal

approaches to bridge the socioeconomic gap in the US.

Problem Statement

At the time of this writing, over 38 million people in the US lived below the

poverty line (U.S. Census, 2018). Although the US is often considered the land of

opportunity, one third of the population experiences the hardships of living near or below

the poverty line. If the majority of public and local programs are aimed at the heart of

social inequalities, the number of people living in poverty should reflect a different

reality. When compared to 24 middle- and high-income countries, the US ranked 16th in reported upward shifts in intergenerational socioeconomic mobility (Corak, 2013). These findings raise particularly important questions about the efficacy of social policies and their inherent ability to foster socioeconomic mobility among families.

Several substantially funded programs and social policies have aimed to equalize opportunities for social mobility (Athreya & Romero, 2015; Campbell & Gaddis, 2017). Under the premise that providing financial assistance to the population could enhance socioeconomic mobility, additional programs have been created to address these concerns. For example, cash and housing assistance programs emerged from the desire to foster economic stability among underserved communities. These early government initiatives can be traced to 1964, when the U.S. Congress introduced the Economic Opportunity Act, legislation that focused on resolving the unemployment crisis by offering job and educational training to the population (Bunch, Itulya, & Johnson, 2017; Office of Economic Opportunity, 2019).

Given that increasing the community's level of self-sufficiency requires a wide range of government involvement, work-oriented strategies apparently continue as a secondary response. The majority of assistance programs focus on providing resources to address specific areas of need for the population: Housing supportive programs like Section 8, emergency rent assistance, and homeless assistance, provide housing relief to low-income families experiencing financial hardship (U.S. Department of Housing and Urban Development [U. S. HUD], 2011). Other programs focused on addressing immediate needs, such as access to food (i.e., Supplemental Nutrition Assistance Program [SNAP], Temporary Assistance for Needy Families [TANF]), healthcare (i.e.,

Medicaid and Medicare), income (i.e., Supplemental Security Income [SSI]), and education (i.e., work–study and professional grants for disadvantaged minorities). The Family Self-Sufficiency Program (FSS) is one of the few programs available to assist families receiving government housing vouchers with employment and educational training (U. S. HUD, 2011).

A public system that focuses primarily on financial remedies to assist the population tends to be costly and will most likely fail to reach the majority of families in need. Despite its altruistic components, many researchers have argued that current assistance programs do not take into consideration social contextual variables (Austin, Lemon, & Leer, 2005; Bengali & Daly, 2013; Nooe & Paterson, 2010). These contextual factors (e.g., race, gender, education, and culture) have become important components in determining the degree to which achieving socioeconomic mobility is possible (Corak, 2013; Mead et al., 2008). This is particularly true in the US, where socioeconomic inequalities tend to function in systematic ways, preventing people from accessing equal employment and educational opportunities (Brisson, Roll, & East, 2018; Corak, 2013).

Historically, ethnic minorities and low-income families have disproportionately experienced socioeconomic immobility (Athreya & Romero, 2015). Race and ethnicity, for example, have been identified as moderators of employment outcomes in low-income neighborhoods (Brisson et al., 2018; McDonald, Lin, & Ao, 2009). Chronic economic constraints are also associated with detrimental mental health outcomes among low-income families (Maisel & Karney, 2012). Of the individuals considered to be living below the poverty line, Latinos are three times more likely to live in poverty in the US compared to individuals of European descent (Denavas-Walt, Proctor, & Smith, 2015;

Jones et al., 2016); thus, race and ethnicity can also contribute to higher rates of unemployment and limited opportunities for educational advancement among low-income families (Mead et al., 2008).

At a community level, researchers have investigated the relationship between unequal employment opportunities and the obstacles standing in the way of overcoming socioeconomic disparities (Braveman, Cubbin, Egerter, Williams, & Pamuk, 2010; McDonald, Lin, & Ao, 2009). Several researchers have investigated these obstacles, including, for example, the link between lack of access and utilization of healthcare services (Flores & Tomany-Korman, 2009; Rosenbaum, Markus & Darnell, 2000), limited housing choices (Deluca, Garbon, & Rosenblatt, 2013; Turner, 2008), lack of educational advancement opportunities (Heckman, 2011; Mirowsky, 2017), challenges in access to transportation (Sánchez, 2008), and barriers to community engagement and resilience (Distelberg, Martin, Borieux, & Oloo, 2015). All these socioeconomic systems are notorious variables in predicting structural problems in society.

Although attempts to provide economic assistance to families should in no way be diminished, providing resources to the public has been notably insufficient to effect change. Given that increasing socioeconomic mobility is considered an important goal, most of the programs available to the public fail to address systemic needs as part of a larger historical context. In contrast, the promotora model and its relational approach offer an opportunity to address the shortcomings of the current programs.

Background

As noted above, ethnic minorities and low-income families are bound by numerous constraints that contribute to challenges in navigating the systems of employment in the US. These relevant concerns—race and ethnicity factors—have been taken into account in a specific community approach used with underserved communities. Because of the recent shifts in the composition of the population of the United States, designers of assistance programs must consider these variables when addressing the pervasiveness of socioeconomic immobility. For this reason, exploring a model in which contextual factors are considered may be the key to increasing socioeconomic movement among underrepresented communities.

The community health worker (CHW) or promotora model is a community approach that has been in wide use since the early 1950s in the US (Matthew et al., 2017; Pérez & Martinez, 2008). Throughout the literature, CHWs are also called promotoras, lay health educators, lay health advisors, community navigators, promotores de salud, indigenous health workers, outreach workers, and community change agents (deRosset, Mullenix, Flores, Mattia-Dewey, Mai, 2014; Lehman & Sanders, 2007; Matthew et al., 2017). The primary focus of the promotora model is to enhance access to quality healthcare resources for underserved populations (Bush et al., 2014; Serrata, Hernandez-Martinez, & Macias, 2016). Although the model has been used in the health and allied professions with positive outcomes, some community practitioners believe the promotora model can support multisystemic change in domains yet to be explored (Matthew et al., 2017).

One of the foundational principles of the CHW model relies on identifying individuals from underrepresented communities to step into leadership roles as promotores(as) (Bush et al., 2014; Lehmann & Sanders, 2007). Because promotores are usually trusted members of underserved communities, they have the advantage of geographic location in the communities they serve. In addition to their relationship to the community, some of their roles include connecting families with services, serving as a social support, helping families as advocates for their healthcare needs, providing culturally sensitive education, and bridging the gap between the community and healthcare providers (Shepherd-Banigan et al., 2014). That said, promotores have the advantage of acquaintance with the daily challenges experienced by the populations they assist.

Despite the promising social justice framework of the CHW model, it has been used only narrowly in the healthcare field and for health-specific outcomes. Most of the studies conducted to evaluate promotora-led interventions with underserved communities have focused specifically on health-related outcomes (Matthew et al., 2017; Pérez & Martinez, 2008). For example, a promotora-led cardiovascular health program implemented in Florida, Texas, and Maryland reduced heart-health risk behaviors in Latino communities (Spinner & Alvarado, 2012). A home-based promotora intervention helped improve breast cancer screening practices and completion of cancer treatment among Hispanic women (Dudley et al., 2013; Fernandez et al., 2009; Livaudais et al., 2010).

In addition, the promotora model was used to improve diabetes-related behaviors and outcomes among Hispanics living in rural areas in Washington State and high-risk

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Mexican American patients in San Diego County (Philis-Tsimikas, Fortmann, Lleva-Ocana, Walker, & Gallo, 2011; Shepherd-Banigan et al., 2014). Promotores also helped improve hypertension outcomes and stress management in Latino populations (Sánchez et al., 2014; Tran et al., 2012) and have been effective in addressing issues pertaining to maternal and child education among Hispanic women (deRosset et al., 2014; Flores et al., 2017). Given that the majority of research relevant to the promotora model continues to focus on health and behavioral outcomes among minorities in the US, the researchers expanded the model by applying the same principles to socioeconomic mobility.

Introduction to the Study

The Launch Initiative was a pilot study that embraced the central principles of the promotora model to investigate the likelihood that a promotora-led outreach program could assist the low-income families of San Bernardino County, CA. The Launch pilot study emerged from the direct interest of community stakeholders (i.e., Inland Empire Economic Partners [IEEP] and the Irvine Family Foundation) in San Bernardino County and the collaborative partnership of the Loma Linda University (LLU) Social Policy, Research, and Development Lab. The central question focused on whether the implementation of a promotora-led model could support socioeconomic mobility (i.e., increase employment and educational status) among underserved individuals living in San Bernardino County.

The broad philosophy of the program was connected to the assumption that building relationships with the community could foster social change. Offering families access to a promotor(a), the Launch program focused on building relationships to support

participants in the pursuit of their vocational and employment goals. In this project, the researchers explored the importance of bridging theory and practice applied to the legacy of the promotora model. Thus, the goal of this study was to investigate the participants' experiences and outcomes relevant to their process of navigating the sociopolitical systems of employment in the community.

Because socioeconomic disparities are organized within a broader sociopolitical context in which methods of inquiry are applied, social constructionism was used to guide the research. As a grand theory of knowledge, social constructionism represents a departure from objectivity and logical positivism in relation to understanding the social world (Burr, 2003). This theory emerged in a broader postmodern sociological school of thought in which all cultural realities (i.e., values, meaningful actions) can be understood as the result of collective practices that are often taken for granted (Gergen, 1985; Guterman & Rudes, 2008; Segre, 2016). More specifically, social constructionism is based on the philosophical assumption that knowledge is constructed within cultures, historical contexts, social agreements, and language as the result of everyday human interactions that are taken for granted (Burr, 2003; Weil & Ohmer, 2013; White, 2000).

The value placed on coconstructing reality in social constructionism makes it a good fit to conduct community-engaged research in the field of marriage and family therapy (MFT). Given that human realities are constructed via relationships, this study was designed to honor the relationships at the heart of social change. A fundamental implication of adopting social constructionism as a theoretical approach is the researcher's interest in honoring the local knowledges of the promotores in the process of coconstructing realities via relationships with underrepresented community members.

Social constructionism provided the researcher with a critical lens through which to view accounts of the participants' local knowledges so often disqualified in the scientific process.

To further understand the importance of sociorelational interactions applied to the promotora model, the researchers drew from Vygotsky's sociocultural theory and the metaphor of scaffolding to illustrate how community action is directly influenced by relational learning. As a theory of change, sociocultural theory (Vygotsky, 1962, 1978, 1986) was a good fit for the study because it offered the opportunity to explore the significant dynamics linked to people's experiences and the effects of social learning as participants pursued their employment and vocational goals.

Objectives

To address the need for empirical evidence linked to the promotora model for the goal of socioeconomic mobility, this study included longitudinal data collected from the participants and promotores via survey and focus groups. Because the Launch program aimed to assist families in navigating the systems of employment, the longitudinal design of this study helped identify significant differences in outcomes over time.

Aim #1: To determine the ability of a promotora-informed program to achieve socioeconomic mobility.

Working hypothesis #1: Participants in the Launch program will increase their socioeconomic mobility (i.e., employment level, education status, and mental health functioning) after completing the program.

Working hypothesis #2: The shared cultural similarities between participants and promotores will predict the participants' level of engagement in the Launch program.

Aim #2: To explore how variations in the relationship between the promotores and the participants contributed to changes linked to socioeconomic mobility (e.g., employment status, and educational level).

Working hypothesis: The relationship between the promotores and participants will predict changes in the employment status, educational level, and mental health functioning of the participants after completing the program.

Rationale

Although the promotora model has been effectively used to improve health-related behaviors among underserved populations (Ayala et al., 2015; Serrata, Hernandez-Martinez, & Macias, 2016), it has not been used to enhance socioeconomic mobility. This study was designed to address a gap in the literature in this regard. That said, results from this study provided significant information that can help expand the outreach capacities of the promotora model. In addition, results from this research study have the potential to contribute to the advancement of knowledge in the field of social sciences.

Because a significant gap exists between theory and research applied to the promotora model, the longitudinal design of this study was unique and provided relevant information linked to outcome changes (e.g., employment and educational level) over time. This methodological approach offered the benefit of significant data linked to processes in the relationship between participants and promotores. Overall, results from

this study can assist policymakers in the design and improvement of community-outreach

interventions as well as implications for future research.

CHAPTER TWO

CONCEPTUAL FRAMEWORK

To conceptualize distinct issues inherent in economically disadvantaged populations and socioeconomic mobility, the researcher was guided by two main theories: social constructionism and Vygotsky's sociocultural theory. As a grand theory of knowledge, social constructionism offers the opportunity to collectively acknowledge the influence of external forces and their effects on inequitable social arrangements (i.e., lack of employment opportunities). As a theory of change, sociocultural theory raises awareness about the importance of sociorelational interactions and their influence on community learning. Taken together, both theories offer the foundations to explore the implications of using a promotora-informed model for socioeconomic mobility.

Under this framework, the Launch Initiative—a promotora-led program—was developed to assist low-income families of San Bernardino County in finding better employment and vocational opportunities. The program was designed to offer to the community access to a promotor(a) who would work with participants on employment and educational goals. This approach integrated the foundational principles of the promotora model, which accounts for contextual factors (e.g., race, ethnicity, language, gender) specific to the community. Because the promotores emerged from the same underserved communities they serve, they have the advantage of acquaintance with the daily challenges experienced by the population (Bush et al., 2014). Promotores carry personal knowledge of overcoming similar hardships (Ayala et al., 2015; deRosset et al., 2014; Shepherd-Banigan et al., 2014) that can be useful in navigating the systems of employment in the United States.

During the first stages of program development, the Launch program worked with KEYS, a local nonprofit organization, to develop job descriptions and training materials prior to hiring the Launch promotores. These operational processes were transferred to the El Sol Neighborhood Educational Center (El Sol NEC) in San Bernardino. Following the transfer, three promotores were selected, hired, and received specific training that focused on exploring the theory, concepts, skills, and practices linked to the Launch-promotora curriculum. A total of 11 training modules were outlined in the Launch curriculum. During their training, promotores explored several topics: (a) the purpose and mission of the Launch program, (b) the definitions and roles of a promotor(a), (c) the foundations of relationship development, (d) culturally sensitive practices, and (e) the importance of family systems and the unique challenges of economic disparities.

This community promotora-led program operated in three stages:

1. The promotores at El Sol NEC in San Bernardino were responsible for recruiting individuals to participate in the Launch Initiative program.

2. Promotores met on a weekly basis with participants to work on their vocational and employment goals.

3. Promotores titrated the sessions to decrease the level of support, preparing participants to graduate from the program.

In addition to the program, promotores also participated in weekly consultations led by a navigator, who also shared a similar cultural background. To further explore the connections between a promotora-led program like Launch and the researcher's conceptual framework, a review of the main assumptions and theoretical concepts appears below to elucidate the unique contributions of the study to research inquiry.

Social Constructionism

Social constructionism as a conceptual framework facilitates the contextualizing of socioeconomic disparities in broad societal structures and systems. The epistemology guiding this research project is such that the reader is asked to be wary of universal descriptions when considering social problems (e.g., poverty, social inequalities) as an objective condition or category (Loseke, 2003). The social constructionist epistemology refers to the science, method, and knowledge needed to answer the general question "How do I know the world?" and "What is knowledge?" (Becvar, 2009; Niekerk & Johanna, 2005), therefore, representing a commitment to the values of social justice when examining social inequalities.

Social constructionism emerged during the 1970s as a reaction against the modernist school of thought prevalent in the 20th century (Gergen, 1985, 2009). This theory was first introduced by Berger and Luckman (1966) to question the values of certainty and absolute truth to explain reality (Guterman & Rudes, 2008; Wallerstein, & Duran, 2008). It represented a departure from objectivity and the significance of logical positivism in understanding the social world (Burr, 2003). In Gergen's (1985, 2009) view, the field of behavioral sciences developed around strong modernist assumptions of reductionism, objectivity, and linear causality. These general assumptions helped guide subsequent MFT epistemologies to facilitate understanding the nature of human problems as the result of objectively defined social systems, such as individuals, couples, and families (Guterman & Rudes, 2008).

In contrast, social constructionists have recognized the implications of social systems of communications and their central role in defining several aspects of human

experience. Following a broad postmodern sociological school of thought, social

constructionists have raised important questions about how cultural realities are

constructed via relationships (Gergen, 1985). More specifically, they have highlighted the

importance of the "processes of knowledge development (constructionism), while

stressing the significance of human interaction (social)" (Allen, 2004, p. 37). Thus, the

tenets of social constructionism support a shift from linear explanations about reality and

integrate knowledge linked to the larger structural systems influencing socioeconomic

disparities.

In this new epistemology the normative values and actions of communities are the

result of collective sociocultural practices derived from larger social systems, not

individuals (Gergen, 1985, 2009; Segre, 2016). This approach to understanding reality

developed from several disciplines, including anthropology, sociology, linguistics, and

philosophy (Burr, 2003). Social constructionists have proposed that all knowledge is

cultural and historically specific: It is constructed within cultures, historical contexts,

social agreements, and language (Allen, 2004). Thus, in daily social interactions,

individuals must coordinate compatible views of reality to maintain a unitary definition

of the social world (Segre, 2016).

In the foundational principles of social constructionism, social processes,

language, and power sustain knowledge taken for granted in historical and culturally

specific interactions (Burr, 2003; Gergen, 1985). For social constructionists, language is

understood as more than a vehicle people use to construct reality because people live and

exist in language (Niekerk & Johanna, 2005). A constructionist position transcends the

fundamentalism of human construction in favor of challenging the determinism of an

overarching system of one true knowledge (Burr, 2003; Niekerk & Johanna, 2005; White, 2000).

The social ontology of this theory is anchored in the assumption that human beings are not viewed as natural entities but instead as products of history and society (Hyde, Otta, & Yust, 2014). The purpose of this central assumption was to expose the relationship between communicative practices and the effects of dominant discourses in the construction of reality (Burr, 2003; White & Epston, 1990). For social constructionists, the language used to describe social realities is directly connected to power relations and has major implications for identity development (Gergen, 2009). Specifically, through language individuals engage in social interactions often represented by the collective agreement of culturally specific norms and expectations (Gergen, 2009; Segre, 2016).

By insisting upon language as the font of the meaning of experience, humans have moved the psychological centre of gravity out of the individual person into the social realm. This means that when looking for explanations of the social world, people should not look inside individuals but out into the linguistic space in which they move with others (Burr, 2003).

From this perspective, the process of using language involves internalized roles and attitudes of others respecting the orientation of systems and social relations (Segre, 2016). Particularly, when people engage in language, they are not engaging in neutral activity (White & Epston, 1990), an assumption that rests on the premise that language exists in culturally available discourses; therefore, it is relevant in understanding the expression of human experience in relation to knowledge.

A social constructionist framework warrants the concepts of knowledge, power, and social action as interconnected (Allen, 2004). All these concepts invite exploration of the way social activism and local knowledges are negotiated in underserved communities. Theoretically, this shift in thinking is key in conceptualizing social problems. In particular, it facilitates exploration of the role of the local knowledges of the community (Foucault & Deleuze, 1977; White & Epston, 1990) as the expression of historical moments when some groups exercise dominant power over others (Niekerk & Johanna, 2005). That said, because knowledge is actively constructed in the context of social interactions, social scientists must be suspicious of grand theories that discount local knowledges when offering recommendations for social change (Burr, 2003).

To further understand the value of these concepts, social constructionists consider how multiple realities organize human experience in the socioeconomic systems of employment. Acknowledging that the constructs of knowledge and power are the pillars of social constructionism (Gergen, 2009) raises awareness about the use of language to describe social realities. According to Burr (2003) knowledge is power over others, the power to define others. With careful consideration researchers have recognized that where knowledge exists, so does power. This offers the opportunity to examine singular accounts of knowledge and its contribution to oppressive socioeconomic practices (Niekerk & Johanna, 2005).

Foucault (1998) highlighted the importance of welcoming a multiplicity of voices to assist in the understanding of how social realities unfold. A multiplicity of parts constitutes not only the theoretical and practical, but it is also a tool for multiplication and an instrument to combat the systems of oppression (Foucault & Deleuze, 1977). In this

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case, engaging in scientific discovery and adopting a social constructionist method invite social scientists to have a different kind of relationship with knowledge, the kind of relationship that should lead to social action (Hyde et al., 2014; Lindemann, 2001).

In light of the social justice movements in which proponents advocate for structural systemic changes in the landscape of communities, social constructionism offers the possibility of ethical engagement in research by challenging the universal explanations of a social phenomenon. People are no longer viewed as the sole owners of their problems (Burr, 2003). This theoretical shift from the binary assumptions of psychological and traditional family systems models helps in the understanding of complex problems, such as socioeconomic inequalities (Burr, 2003). In other words, for a person to escape the oppressive nature of social grand narratives, social constructionists take interest in narratives that dignify multiple accounts of knowing. Hence, confronting these problematic grand narratives and social discourses is the key factor in dissolving socioeconomic inequities affecting communities (Burr, 2003; Foucault, 1998; White & Epston, 1990).

When challenging traditional assumptions of professional knowledge, the promotora model embodies the spirit of liberation because it privileges indigenous and local knowledge (Foucault, 1980; White & Epston, 1990). This type of community-engaged practice (i.e., the promotora) is dependent on the exchange of local rather than professional–expert knowledge. The experiences of the promotores, who often had to overcome some of the same obstacles (e.g., employment challenges, educational barriers), are fundamentally unique to the relational interactions upon which the promotora model is based.

Vygotsky's Sociocultural Theory

To understand the importance of sociorelational interactions applied to the promotora model, the researcher drew from Vygotsky's sociocultural theory and the metaphor of scaffolding. As a theory of change, sociocultural theory (Vygotsky, 1962, 1978, 1986) was a good fit for this study because it provided the foundation to explore the significant dynamics of social learning via community relationships as well as opportunities to study relational interactions between promotores and community members, designed to enhance socioeconomic mobility. This framework illustrates how community action is influenced by the processes of relational learning.

A major assumption underlying Vygotsky's sociocultural theory is the understanding that all human learning happens through relational interactions between people and their social environments (Balakrishnan & Caiborne, 2012; Wilson & Devereux, 2014). Vygotsky (1978) assumed that all meaningful cognitive learning occurred in the context of collaborative relational interactions with caregivers, peers, teachers, and members of the community (Lietchty, Liao, & Schull, 2009). Vygotsky (1978) also described the importance of a significant concept applied to human relational learning—the Zone of Proximal Development (ZPD)—defined as "the distance between the actual human developmental level and the level of potential development via collaboration with a more experienced peer" (p. 86). Thus, the notion of ZPD is central in understanding how people make meaning of their interactions and learn from one another.

Based on Vygotsky's concepts, the metaphor of scaffolding can be traced to 1976 in the work of Wood, Bruner, and Ross (as cited in Wilson & Devereux, 2014). The term

scaffolding is used to explain the temporary support or assistance learners may need in the process of acquiring new knowledge or skills (Coulson & Harvey, 2013; Pol, Volman, & Beishusizen, 2010; Smit, van Eerde, & Bakker, 2012). Scaffolding has also been explained in terms of a building or construction metaphor (Pressley, 2002). For example, in the field of construction a scaffold is the temporary structure that secures buildings in the early stages of repair or construction (Occupational Safety and Health Administration, 2002). If ZPD is the distance between what a person already knows and can do without assistance and what a person has the potential to learn with the guidance from a mentor or peer, scaffolding explains how knowledge and skills are acquired.

In understanding all human learning processes happening through social interactions in the cultural world, scaffolding offers the opportunity to explore the relational processes between promotores and the community. From this framework, the cultural shared experiences connecting the promotores and the community specifically honor a diversity of knowledge. Scaffolding integrates major components linked to building new knowledge that may be used in the betterment of one's socioeconomic status. This process of collaborating through shared experiences is central to the promotora and community-engaged approach. To this end, ZPD and the scaffolding metaphor encourage a type of knowing that is less authoritative and more supportive of the systems in which community knowledge occurs.

Since the concept of scaffolding was introduced, several researchers have investigated the application of scaffolding in education and psychological research (Pol et al., 2010). For example, in studies conducted to investigate the child–teacher learning interactions, using scaffolding as a teaching strategy contributed to an increase in the

problem-solving capacities of young learners (Pol et al., 2010; Stone, 1993; Verenikina, 2003). In the literature, scaffolding was effectively used with adolescents and adult learners in various environments (e.g., online classroom, ESL classrooms) to facilitate the process of acquiring new knowledge and skills (Belland, Walker, Olsen, & Leary, 2015; Gagné & Parks, 2013; Roumell, 2018). In addition, scaffolding has also been effectively used as the primary teaching method to help learners with disabilities (e.g., visual, learning, Down syndrome) as well diverse learning needs (Alfassi, Weiss, & Lifshitz, 2009; Englert, Zhao, Dunsmore, Collings, & Wolbers, 2007).

Promotores play an indispensable role in helping the community develop new knowledge; thus, the scaffolding metaphor helps to bridge theory and practice. The primary goal of scaffolding is to help the learner become independent while gradually removing the supports so the learner can stand freely (Amerian & Mehri, 2014; Liechty et al., 2009). This process leads to potentially increasing personal advocacy in the face of adversity. To support socioeconomic mobility, promotores may offer a higher level of support during the early stages of the Launch program; however, the goal is to be consistent with the scaffolding process and gradually withdraw support. Once individuals have mastered the skills to navigate employment systems (e.g., applying for jobs, seeking professional development opportunities), the role of the promotores will adjust to the level of community needs.

Integration of Social Constructionism, Sociocultural Theory, and the Promotora

As applied to this study, combining the theories discussed above as primary conceptual framework provides the basis for attending to the complexities of community systems. Specifically, doing so guides researchers in examining socioeconomic disparities in a broader sociopolitical context in terms of everyday actions that sustain social structures (Weil & Ohmer, 2013). Social constructionism, sociocultural theory, and the promotora model offer the means to conceptualize meaningful relational interactions and the possibilities for social action; however, one particular concept marries all three of these theories: community relationships.

For social constructionists, relationships are fundamentally necessary in the construction of reality. Gergen (2009) argued that relationship interactions help to assign value to certain traditions and agreements in the community. These values and traditions, as noted above, grow from a set of relations among people in the community in which they are involved (Gergen, 1985, 2009). From this epistemology, relationships are harmoniously acknowledged by social constructionists and in the promotora model as a way of engaging the social world. Both philosophies follow a democratic agenda that respects the real-life constraints experienced by marginalized populations. In regard to the ethics of engaging the community, both epistemes transcend powerful discursive practices in favor of local knowledges—a concept essential to community-engaged practices.

Local and indigenous knowledges (Foucault, 1980; White & Epston, 1990) are connected to the main assumptions of the promotora model. This is particularly true because promotores are invited to use the knowledge obtained from overcoming their

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own personal hardships to assist the community. From the standpoint of the social

constructionist epistemology, people may escape the larger systems of oppression and

inequity through the inclusion of marginalized knowledges (Monk & Gehart, 2003). It

highlights the significance of what knowledge is privileged in social interactions. More

specifically, in this epistemology knowledge responds to a world where personal

experience is no longer subjugated in the processes of relational interactions (Burr, 2003;

Gergen, 2009).

Similar to social constructionism, Vygotsky's sociocultural theory places

relationships at the center of social learning. Vygotsky (1978) acknowledged the

importance of recognizing what a person already knows in the process of developing new

knowledge. This proposition connects both theories in the domains of community

learning. In this case, the promotora model and sociocultural theory highlight the

significance of exchanging knowledge to consolidate learning. Although the scaffolding

metaphor provides the framework to build on shared community knowledge, the

citizenship embodied through the promotora model fosters personal advocacy in

unorthodox ways. In the practice of scaffolding knowledge, the values and the relational

ethics of social constructionist tenets are honored.

Leaders of a promotora-led program like Launch dare to confront policy-oriented

programs (e.g., SNAP, House Choice Vouchers, TANF) by deconstructing traditional

approaches to socioeconomic disparities. Because the stance inherent in social

constructionism runs "towards taken-for-granted ways of understanding the world" (Burr,

1995, p. 3), it provides the grounds to expand on what knowledge matters when

responding to social problems. Instead of following prescribed solutions to address

socioeconomic disparities, the promotora model depends on knowledge that has emerged from and extends to the community.

Subsequently, a central component of the Launch program relied on identifying individuals from San Bernardino County who could step into leadership roles. This practice solidified the theoretical propositions of social constructionism in practice. More specifically, local community knowledges support what is regarded as a pluralist approach (Foucault & Deleuze, 1977). To this end, they support the community in reconciling multiple declarations of lived experience by including multiple voices that carry value into the world. In this case, promotores have the advantage of the combination of lived experience and local knowledge to influence change at the heart of social disparities.

The significance of merging three theories—social constructionism, sociocultural theory, and the promotora—lies in the opportunity to improve understanding of community relationships in terms of a pluralist paradigm. In addition, acknowledging that researchers who adopt social constructionist epistemologies are not seeking to undermine positivist methods of research is important (Jacobs & Manzi, 2000). On the contrary, by adopting this epistemological approach, all scientific traditions can be reconciled without eliminating the range of possibilities in human experiences (Gergen, 2009).

Ultimately, the researcher's approach built on epistemological similarities especially important in understanding complex relational systems. Because human realities are constructed via relationships, the conceptual framework honors relationships at the center of social action. Particularly, the values of the promotora model—local knowledge and experience—(re)connect the processes that are vital for personal and

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community agency. To this end, the conceptual framework provides the critical lens with which to view the promotora model and important considerations relevant to socioeconomic mobility.

CHAPTER THREE

REVIEW OF LITERATURE

The current literature on the community health worker (CHW) and promotora provides awareness of the implementation and feasibility of this community practice model; it also highlights the narrow use of the promotora model in the domain of public health. The less than full use of the model serves as the grounds for expanding general knowledge about it as a community practice. Although robust evidence has suggested the value of the model in fulfilling basic health needs among underserved communities, some scholars have theorized that the promotora model could play a role in assisting the population in domains other than those related exclusively to health (Ingram, Sabo, Rothers, & Wennerstrom, 2008; Matthew et al., 2017). The purpose of this study is to expand upon the limited research pertaining to the promotora model as a viable alternative for socioeconomic mobility. To address the issue of a gap in the literature, this chapter provides a comprehensive review of CHW history, development, and implications. In addition, an overview of important mobility patterns and current social policy efforts to decrease socioeconomic gaps in the United States is included. This review was designed to demonstrate the rationale for the study and to support the need to advance knowledge linked to the implementation of the promotora model in the community.

Background

The first documentation in the literature about community health work appeared in early 17th-century Russia (Kenyon, 1985), when the population experienced the

devastating effects of World War II and many were left disabled or with severe medical problems (Flora, 1986). As a result, feldshers, or "barber-surgeons," became an integral part of health promotion and illness prevention by providing low-cost services to the marginalized population (Kenyon, 1985; Pérez & Martinez, 2008). Feldshers were local lay people who had attained the level of literacy necessary to complete three years of formal medical training (Perry, 2013), after which they emerged on the frontlines of public service in response to the medical needs of the population.

In 1920s China, barefoot doctors (many could not afford shoes) were given three to six months of training to help reduce the overwhelming infant mortality rates and engage in first-aid tasks (Perry, Zulliger, & Rogers, 2014). By the 1970s, an estimated one million of these village doctors were reported to have had a role in offering medical services to more than 800 million people in China (Perry et al., 2014). Lehman & Sanders (2007) recognized that the concept of barefoot doctors was central in the implementation of subsequent health-promotion strategies around the world. Because their mission was to enter remote communities, much of their focus was on developing preventive and educational medicine (Perry et al., 2014).

The next period, the 1960s, marked the evolution of the CHW model in Latin American countries (e.g., Mexico, Brazil, Guatemala). In Mexico, for example, CHWs were known as "promotores de la salud," or "health promoters" (Keane, Nielsen, & Dower, 2004; Matthew et al., 2017). In Latin America CHWs facilitate appropriate access to community resources, helping the population with health-related referrals, literacy, and family planning (Keane, Nielsen, & Dower, 2004). Among the most notable programs was the implementation of the largest CHW force with more than 200,000

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visitadoras as part of the development of the *Sistema Único de Saúde (SUS)*, the unified

system of national health care in Brazil (Perry, 2013). This initiative was noteworthy

because of infant mortality was radically reduced following its implementation (Perry et

al., 2014).

In the United States, the implementation of the CHW model can be traced to the

early 1950s when President Lyndon B. Johnson (1908–1973) established a presidential

task force urging the U.S. Congress and all Americans to join the unconditional War on

Poverty (Bunch et al., 2017). As a result the Economic Opportunity Act (1964) and the

Federal Migrant Health Act (1962) motivated the development of antipoverty programs

as part of a government response to social disparities (Lefkowitz, 2007). During the

1960s nationwide social policies gained traction when demands for health care and social

reform were pivotal in the civil rights movements (Bunch et al., 2017). The trajectory of

CHW programs in the US became prominent in the era of social reform and revolutionary

movements like civil rights, women's rights, and suffrage, whose proponents pushed for

a systemic reform to achieve the dream of justice and equality (Weil & Ohmer, 2013);

therefore, the development of theory relevant to CHW practices was much influenced by

the fundamental principles of fairness, justice, and equity (Reishch & Weil, 2013).

Early documentation between 1966 and 1972 described efforts to use CHWs to

engage communities as a means to confront problems persistent among people living in

poverty (U. S. Department of Health and Human Services [U.S. DHHS], 2007). In 1989

the WHO proposed the following description of CHWs:

Community health workers should be members of the communities where they

work, should be selected by the communities, should be answerable to the

communities for their activities, should be supported by the health system but not

necessarily a part of its organization, and have shorter training than professional

workers. (Lehman & Sanders, 2007, p. 3)

With the expansion of state and federal initiatives, several aspects of the CHW model

were formalized during the early 2000s, and the Patient Navigator bill was signed into

law, allowing CHWs to serve as an official part of the workforce in America (Lehmann

& Sanders, 2007; U. S. DHHS, 2007).

Throughout the literature CHWs are also known by several other names,

including promotoras, lay health educators, lay health advisors, community navigators,

promotores de salud, colaboradors voluntario, community resource persons, outreach

educators, indigenous health workers, outreach workers, and community change agents

(deRosset et al., 2014; Gilroy & Winch, 2006). Promotores(as) is a term often used

interchangeably with CHWs, commonly in Spanish (WHO, 1987, 1989). The definition

of promotor(a) still falls under the umbrella category of paraprofessionals who provide

health education and outreach services in their own communities (WHO, 1989). The

American Public Health Association (APHA; 2018), for example, offers a similar

definition of community health workers as trusted members of the community who work

on the front lines of public health to enhance access to services while improving the

quality of the delivery of culturally competent service.

Although promotores are known by different names throughout the world, their

identified roles involve similar community outreach practices, including connecting

families with community services, providing social support and informal counseling,

helping families as advocates for their healthcare needs, providing culturally sensitive

education, bridging the gaps to access to services in the community, advocating for the needs of individual communities, building the capacity for meeting an individual's health needs, and engaging members of the community as coresearchers in community-based participatory research (Bush et al., 2014; Matthew et al., 2017; Pérez & Martinez, 2008).

With regard to the profile of CHWs or promotores, researchers have agreed that they traditionally share cultural similarities with the communities with which they work (Flores et al., 2017; Lehmann & Sanders, 2007). When engaging marginalized communities, shared cultural similarities are considered advantageous in building the involvement and participation of the community in efforts to address the broader concerns of citizens (Campbell & Jovchelovitch, 2000; deRosset et al., 2014; Shepherd-Baningan et al., 2014; Spinner & Alvarado, 2012). Because promotores are usually trusted members of underserved communities, they have the advantage of geographical location in the same communities they serve, another important strength of this model.

In 2007 the U.S. Department of Health and Human Services (U.S. DHHS) conducted a national study to better understand the community health workforce in the US. After 27 months of gathering data from verified CHWs throughout the US, the DHHS reported that approximately 86,000 CHWs were present in the U.S. workforce. The majority of these workers were female (82%) between the ages of 30 and 50 years, and 35% identified as Hispanic. More than one third of the respondents in the study (35%) reported a high school diploma as the highest level of education (U.S. DHHS, 2007). In addition, results from the 2007 DHHS study confirmed that the majority of the specific roles of CHWs involved health promotion and education (82%) and community linkage to medical and nonmedical services (84% and 72%, respectively).

Discussions of training practices in the literature have remained scant (Lehmann & Sanders, 2007; Ruiz et al., 2012) despite the national recognition the CHW model received as a significant strategy for promoting community linkage to services after the passage of the 2010 Affordable Care Act (Sherman, Covert, Fox, & Lichtveld, 2017). Certification programs at colleges offering standardized CHW credentialing have risen notably since the early 2000s (Matthew et al., 2017). Although the majority of researchers have emphasized the importance of formalizing a training curriculum that fosters the development of core competencies (Lehmann & Sanders, 2007; Ruiz et al., 2012; U.S. DHHS, 2007), the reality is that no national standards exist for CHW training (Manzo, Rangel, Flores, & de la Torre, 2018). The lack of standardized training may be viewed as troubling by some scholars, but others have understood the heterogeneity of training approaches as a reflection of the intrinsic nature of the CHW framework (Ingram et al., 2008).

Given the recent debates about standardizing the training curriculum for CHWs, the APHA and the WHO have maintained that the primary goal of the model is to assist minority populations, such as ethnic minorities and low-income families. Thus, the discussion relevant to the formalized training of CHWs must circle back to recruitment practices particular to the model. More specifically, the central inference that promotores must be chosen from the communities they serve is addressed in nearly every document about the promotora model (Lehmann & Sanders, 2007; Matthew et al., 2017; Ruiz et al., 2012; U.S. DHHS, 2007). Thus, the CHW model heavily relies on identifying individuals from underrepresented communities to step into leadership roles as promotores (Bush et al., 2014).

Community health workers are powerful and credible because they emerge from contexts in which there is a need for connection to the mainstream precisely because of conditions of health, social, economic, environmental, or political exclusion. The role has flourished, historically and presently, because the underserved community needs an ombudsman, an advocate. Community health workers understand the complexity of the needs and are able to translate the issues to others in decision-making positions (Pérez & Martinez, 2008, p. 13).

Despite the gap in the literature about the training of the CHW workforce, robust evidence from previous studies has shown positive research outcomes linked to the model. Since its origins, most of the researchers evaluating a promotora-led intervention continue to focus on health-related outcomes (Matthew et al., 2017; Pérez & Martinez, 2008). For example, a promotora-led cardiovascular health program implemented in Florida, Texas, and Maryland reduced heart-health risk behaviors in Latino communities (Spinner & Alvarado, 2012). Volunteers in the *Salud Para Su Corazón* program worked with 435 participants at Latino community sites, and results from a study of it showed a 57%–78% increase in physical activity outside work, a 49%–76% increase in heart knowledge, and 66%–81% increase in participants' confidence in preparing heart healthy means (Spinner & Alvarado, 2012).

A promotora-led program was used in combination with a patient navigator to determine the likelihood that it would improve access to treatment in cancer care and screenings. Of 460 low-income Hispanic women, 260 received promotora-led interventions, and the results showed beneficial effects helping to significantly reduce the average number of days from definitive diagnosis to initiation of treatment—81 days to

56 days. In addition, 80% of the women began treatment within 60 days of diagnosis (Dudley et al., 2012). Similarly, promotores engaged low-income Hispanic women from the Lower Yakima Valley of Washington as part of a home-based educational program (Livaudais et al., 2010). Participants in this study reported significant changes between the baseline and 6-month follow-up with a promotora-led intervention. For example, 67% of women had discussed a mammogram screening with a doctor compared to 37% at baseline.

To further illustrate the promotora model in practice, *Su Corazón por la Vida* (*SCSV*) outlined the general curriculum used during a promotora-led program serving the rural US–Mexico border region (Sánchez et al., 2014). The SCSV program followed a 9-week curriculum with several didactic experiential approaches with culturally specific materials to assist Latinos in the reduction of risk for hypertension. This study was funded by the National Heart, Lung, and Blood Institute and the Office of Research on Minority Health. The SCSV program paired promotores and participants for joint weekly sessions following the program modules, which included lessons to identify the risks for heart disease and signs of heart attack, the benefits of physical activities, emotional and physical well-being, and medication management. The promotoras for the SCSV program were bilingual and recruited from the same area. Although the promotoras had no prior experience with CHW work, they were familiar with cultural features of the Mexico border region. The promotores received a 2-day training protocol that followed the SCSV manual, which included strategies to increase access to health, navigate healthcare benefits, and engage participants who would typically resist changing problematic

behaviors. In addition, promotores received biweekly supervision from a veteran promotora throughout the course of the intervention (Sánchez et al., 2014).

Overall, throughout the literature the promotora approach has been used primarily among low-income minorities. For example, in *Project Dulce*—a federally funded community health program in San Diego County—a randomized trial was used to evaluate a peer-led education program for diabetes care. Of the 207 Mexican American patients, who were predominantly female and had less than an eighth-grade education, the group that received the promotora-led intervention exhibited significant improvement in the management of their HbA_{1c} glucose levels compared to the control group ($p < .01$) (Philis-Tsimikas et al., 2011). In another study O'Brien et al. (2015) evaluated the effectiveness of a promotora-led intervention for diabetes prevention. Among the 20 prediabetes Latinas who attended a year-long promotora-led intervention, 90% of them completed at least 12 sessions and achieved on average a weight loss of 10.8 pounds. In both cases, the promotora-led intervention demonstrated improved outcomes for high-risk diabetic and prediabetic Latino populations, recommending this low-cost community approach (O'Brien et al., 2015; Philis-Tsimikas et al., 2011).

Results from another promotora-led pilot educational program with 582 Latino women in North Carolina demonstrated a 71% increase in positive maternal education (e.g., folic acid consumption) after a 4-month postintervention (deRosset et al., 2014). In 2017, a similar program was offered to Hispanic women in Texas, Illinois, Florida, and North Carolina. Results from this study showed a 55% increase in folic acid intake compared to 5% at the outset of the study (Flores et al., 2017). Recently, a randomized clinical trial in South Texas was designed to evaluate the role of a promotora-led

intervention in determining change in physical activity among low-income Mexican American women (Salinas & Parra-Medina, 2019). Results from this study identified a positive outcome in levels of physical activity reported by the 620 women, exemplifying the impact on reversing current chronic disease trends among ethnic minority groups in the United States (Salinas & Parra-Medina, 2019).

Overall, the positive outcomes related to increasing access to health care (e.g., Dudley et al., 2012; Sánchez et al., 2014) and improved health-related outcomes (e.g., deRosset et al., 2014; O'Brien et al., 2015) are consistent with the theoretical propositions of the CHW framework. More specifically, with hard-to-reach populations the promotora approach led to increased levels of engagement and a higher percentage of program completion in various programs (e.g., O'Brien et al., 2015; Philis-Tsimikas et al., 2011). In the case of the training necessary to become a promotor(a), the length of time and curriculum-based approach varies across programs. Although some programs offer a 2-day specific training (e.g., Sánchez et al., 2014), other programs can offer as much as a 70-hour training to develop core competence skills for promotora work (Ruiz et al., 2012); thus, the general level of training required for the promotores varies according to specific areas of need.

Some researchers have proposed widening the scope of the CHW's practice as a priority to address systemic community needs (Gutnik et al., 2016; Ruiz et al., 2012; Sibeko et al., 2018). As shown in extant scholarship (e.g., Fiscella & Williams, 2004; Garcia & McDowell, 2010), raising awareness of the root causes of poverty and whatever else is required to fill the gap (Pérez & Martinez, 2008) is necessary. This new trend in scholarship demonstrates the failure of current research to address the causes of health

disparities; similarly, the focus on health—or individual needs—precludes investigation

of the CHW approach as a means to promote social change (Ingram et al., 2008). This is

particularly true when considering that social inequalities (e.g., unequal access to health

care, employment opportunities, education) rarely manifest exclusively in one area of a

person's life.

Socioeconomic Mobility

Socioeconomic mobility has been a fundamental value in the United States, often

associated with the discourse surrounding the American dream (Bengali & Daly, 2013).

Although the US is considered by people in many other countries the "land of

opportunity," over 38 million individuals lived below the poverty line at the time of this

writing (U.S. Census, 2018). Providing exact comparisons is difficult, but people in the

United States are less socioeconomically mobile compared to those in other countries

(Corak, 2013). Recent findings have shown that when compared to 24 middle- and high-

income countries, the US ranked 16th in reported upward shifts in intergenerational

socioeconomic mobility (Athreya & Romero, 2015; Corak, 2013). For the current study,

socioeconomic mobility was defined as the ability of individuals to obtain desired

employment and vocational changes in their communities.

The construct of socioeconomic mobility has received special attention from

social scientists in past decades. Fording and Berry (2007) suggested the poverty rate—a

traditional construct that measures socioeconomic mobility—has inherent flaws that may

limit researchers' abilities to assess the impact of welfare programs on poverty.

Traditionally, the poverty rate has been assessed and measured by the total annual income

typically earned by families and individuals (Bremmer & Trattner, 1997). The Census

Bureau reported that 38.1 million people lived in poverty in the US in 2018 (U.S. Census,

2019). Alternative measures are available to assess the impact of welfare on poverty, but

the current poverty rate is the only state-level indicator that has been available for several

years (Fording & Berry, 2007).

As noted above, the majority of social policy programs emerged during welfare

reform and antipoverty strategies in the US. Although the mission of several welfare

programs centered around income distribution to vulnerable populations, scholars (e.g.,

Campbell & Gaddis, 2017) have questioned the extent to which such programs (e.g., cash

assistance, housing choice vouchers, food stamps) really benefit the poor. Besley and

Coate (1992) and Blank (2000) argued that assistance programs may be to blame for the

severity of socioeconomic problems. More specifically, Rector and Menon (2018) argued

that the cost to maintain the current welfare system is too high—estimated at 1.1 trillion

dollars—as poverty levels continue to rise in the US. For this reason, the welfare

approach to fighting poverty is considered by many to be costly and lacking the capacity

to truly increase family self-sufficiency (Gueron, 1990; Tanner, 2012).

Since the welfare reform in the 1990s, several programs have been devised to

encourage the welfare-to-work approach to incentivize a move from welfare to

employment (Blank, 2000). The notion of economic "self-sufficiency" is often viewed as

the primary goal of welfare programs (Hawkins, 2005). Traditionally, self-sufficiency has

been understood among policymakers as the ability of an individual to move from benefit

dependence to economic self-reliance or stability (Hong, Sheriff, & Naeger, 2009). In

terms of the meaning of this theoretical construct, Daugherty and Barber (2001) argued

that the concept of self-sufficiency must be clarified and explored more intensively in terms of a social and cultural analytical framework.

More scholars have suggested that the path to self-sufficiency and socioeconomic mobility relies on investment in interventions that equalize opportunity rather than increase income (Athreya & Romero, 2015; Mazumder, 2011). Compared to traditional views of individual self-sufficiency, the integration of community systems is vital in the development of social programs; for example, in 1993, federal initiatives—Empowerment Zone and Enterprise Communities—were created to increase economic development opportunities among people experiencing economic distress (Rich & Stoker, 2010). Around that time, the Empowerment Zone offered new hope to reclaim the opportunity to achieve socioeconomic mobility—the American dream (Dávila, 2004). The primary focus of the Empowerment Zone program was to encourage community partnerships by offering tax-exempt bond financing for business investment to revitalize distressed areas (Oakley & Tsao, 2006). Despite the $100 million block grant allocated investment in both programs, evidence from previous studies has suggested the program produced minimal or inconsistent outcomes across cities (Oakley & Tsao, 2006; Rich & Stoker, 2010).

Another example of a government initiative designed to support economic development was the Family Self-Sufficiency (FSS) program, which offered to low-income families—recipients of government housing assistance—services that would enable them to increase their earned income and reduce their dependence on welfare assistance (U.S. HUD, 2011). The FSS program included job training, education, employment counseling, homeownership counseling, and financial literacy support

among other services. Housing and Urban Development (HUD) agencies had a special interest in investigating the outcomes of FSS programs. One of the first outcome-oriented studies was conducted with 135 families enrolled in the Illinois FSS program (Anthony, 2005), evidence from which suggested that families who completed the program experienced significant economic gains (Anthony, 2005).

In 2011, HUD conducted a nationwide study that surveyed HUD-assisted families between 2005 and 2009. Results from this study indicated that families who completed the FSS program experienced a positive change in income compared to the families who left the program early (U.S. HUD, 2011). More recently, Santiago, Galster, and Smith (2017) evaluated the impact of a Home Ownership Program, a variant of the FSS program, and concluded that families who participated in it experienced significant economic outcomes (e.g., increased income wages and rates of home buying). The FSS program evaluations, however, demonstrated inherent limitations. For example, only 24% of the families participating in the 2011 FSS study completed the program requirements and graduated (U.S. HUD, 2011), just under 40% of the total participants. After 4 years, more than 75% of the participants had either left the program without graduating or continued their enrollment in the program (U. S. HUD, 2011).

As noted above, a factor often overlooked in efforts to equalize opportunities for socioeconomic mobility is the implementation of early interventions (Athreya & Romero, 2015). At the Harlem Children's Zone, a place-based New York initiative, an early intervention was adopted to assist children living in poverty (Fullilove & Chaudhury, 2016). When helping economically disadvantaged communities, leaders of the Harlem Children's Zone recognized that children and families experienced a range of problems;

therefore, the main focus of the program was to intervene in the early stages of child development to break the cycle of poverty (Armstrong, 2005).

If poverty is a disease that infects an entire community in the form of unemployment and violence, failing schools and broken homes, those symptoms cannot be treated in isolation. The entire community must be healed, and the focus must be on what actually works. (Fullilove & Chaudhury, 2016, p. 640)

Although traditional approaches to address poverty have shown inconsistent outcomes, researchers have been committed to investigate how income inequality (Corak, 2013), gender and racial disparities (Mazumder, 2011; McDonald et al., 2009), and educational attainment (McGaughy, 2000; Mirowsky, 2017) contribute to the pervasiveness of social problems. Specifically, throughout the literature, most of these variables (i.e., income, gender, race, and educational status) have been referenced as significant issues preventing access to socioeconomic opportunities (Bengali & Daly, 2013; Corak, 2013). New scholarship has provided empirical evidence to challenge assumptions like poverty as the result of an individual's failure, laziness, or insufficient work ethic (Campbell & Gaddis, 2017).

In addition, many researchers have been able to offer significant insight into social mobility patterns in the US; for example, birth circumstances (i.e., children of poor parents) place children at a greater disadvantage to access educational opportunities (Athreya & Romero, 2015). Race is another factor linked to social mobility patterns. In past decades, African Americans have experienced less upward intergenerational mobility in addition to more downward mobility compared to European Americans (Mazumder, 2011). Low-income communities remain poorly integrated, contributing to

increased obstacles (e.g., lack of transportation, limited access to housing and education) to improving employment and income distribution (Brisson et al., 2018; Sánchez, 2008; Turner, 2008). Taken together, these factors provide greater awareness of unequal social systems and socioeconomic gaps in America.

Finally, because economic hardships disproportionately affect low-income families and ethnic minorities, one can argue that poverty rates continue to increase despite the assistance programs available to the public at the time of this writing (Corak, 2013; Tanner, 2012). Although welfare reform was geared toward wage expansion (Blank, 2000), alleviating poverty in America requires more than providing benefits to the poor. Several scholars have argued that self-sufficiency programs have failed to address multiple community barriers (e.g., health care, access to services, access to housing, community engagement, safety), necessary to sustain change in low-income neighborhoods (Fraser & Nelson, 2008; Nooe & Patterson, 2010). Despite recent support for early community interventions (e.g., Harlem Children's Zone programs), stand-alone interventions in disadvantaged neighborhoods appeared to be insufficient (Fullilove & Chaudhury, 2016); furthermore, a reconfiguration of what constitutes assistance showed that investing in education appears to matter for both upward and downward mobility (Bengali & Daly, 2013). In this case, builders of a mobility program that captures the mechanisms of systemic change must consider the following argument:

> As we continue to uncover the inequities that limit access to social, economic, political, and environmental well-being, the foundation and history of community health workers as advocates for social justice becomes increasingly relevant. They must be understood as a critical component of integrated systems . . . for the

myriad issues that keep people outside of the grasp of life, liberty, and the pursuit

of happiness. (Pérez & Martinez, 2008, p. 13)

Conclusion

Despite the promising social justice undergirding the promotora framework, little

attention has been given to expanding the promotora approach to its full potential

(Matthew et al., 2017). In the case of narrowing the gaps that contribute to health

disparities among underserved populations, promotora-led interventions have been

recognized by leading organizations (e.g., DHHS, WHO, APHA) as a viable community

approach (Lehmann & Sanders, 2007; Spinner & Alvarado, 2012; U.S. DHHS, 2007).

Given the limited literature available on the promotora model, investigating the model

applied to socioeconomic mobility has the potential to advance knowledge in the field of

social sciences. More specifically, because underserved families often represent a

marginalized part of society, community-based programs in which a collective social

approach is encouraged may broaden relationships with additional community systems.

Thus, exploring the promotora model to achieve the goal of socioeconomic mobility may

offer an alternative approach to equalizing opportunities. Overall, the current study has

the potential to support community advocacy for the betterment of society.

CHAPTER FOUR

METHODOLOGY

Data for this study were gathered during the Launch Initiative program—a pilot study funded by the Irvine Family foundation—to determine the likelihood that a promotora-led program can be used to increase socioeconomic mobility. The research design was reviewed and approved by the Loma Linda University Human Subjects Review Board (IRB Certificate #5160411). The Launch pilot study comprised participant recruitment and delivery of the Launch intervention, which began in November of 2017 and concluded in July 2018. Results from this study appear as two publishable papers. Given that the Launch initiative was designed to help low-income families of San Bernardino County navigate the systems of employment, the longitudinal design of this study helped identify the following outcomes:

Aim #1: To determine the ability of a promotora-informed model to achieve socioeconomic mobility.

Working hypothesis #1: Participants in the Launch program will increase their socioeconomic mobility (i.e., employment, education, and mental health functioning).

Working hypothesis #2: The shared cultural similarities between participants and promotores will predict the participants' level of engagement in the Launch program.

Aim #2: To explore how variations in the relationship between promotores and the participants contributed to program outcomes (e.g., change in employment status, educational level, and mental health functioning).

Working hypothesis: The relationship between participants and promotores will predict changes in the employment status, educational level, and mental health functioning of the participants after completing the program.

Study Design

The Launch pilot study emerged from the direct interest of the local business community stakeholders when the Irvine Foundation sought community partners to initiate a community outreach program. The primary objective of this study was to investigate the likelihood that the CHW approach could facilitate socioeconomic change in San Bernardino County. The Irvine Family Foundation partnered with local stakeholders—Inland Empire Economic Partners (IEEP) and El Sol NEC—to deliver the promotora-led program to the community. In addition, the IEEP partnered with the Loma Linda University Lab of Social Policy, Research, and Development to design a research study in order to examine the outcomes associated with the Launch program.

A community-engaged research (CEnR) methodology was chosen to conduct this longitudinal study. CEnR is an umbrella for Community-Based Participatory Research (CBPR), which has been widely used across the social and behavioral sciences (Ahmed et al., 2015; Ahmed & Palermo, 2010; George, 2014). A distinctive practice and core element of CEnR is the focus on the partnership of people and stakeholders in the community and the research team (Ahmed et al., 2015; Wallerstein & Duran, 2008). That said, CEnR was situated in the relationship between researchers and communities and their efforts to address concerns affecting the overall well-being of community members (Barkin, Schlundt, & Smith, 2012).

Given that the focus of CEnR is to establish a research relationship with community partners, the primary aim of this research was to translate the research findings to direct application for practical social policy development and specific community intervention (Ahmed et al., 2015; McCloskey et al., 2011). More specifically, this kind of collaboration among community partners not only allowed for scientific results to be translated into practical solutions and initiatives but also generated new scientific discoveries in the realm of shared community needs (Barkin et al., 2012).

Researchers collected qualitative and quantitative data throughout the study. The data collection included three measurement time points: a baseline, a 3-month post measure, and a 6-month post measure. Researchers also met with the El Sol NEC team biweekly and cataloged field notes of these meetings. At the end of the Launch program, researchers conducted focus groups with study participants as well as the promotores delivering the Launch intervention.

Launch Initiative Program

The El Sol NEC, located at the heart of San Bernardino County, has been an active part of community delivery services for more than two decades. Among the services offered to the community, the Launch program was a no-cost service offered to deliver the promotora-led intervention to assist people with employment and vocational goals. All of the individuals who agreed to engage in the Launch services participated in a screening process to determine their eligibility. The main requirements were as follows: (a) have the legal right to work in the United States and (b) have a high school diploma or GED equivalent.

Because the goal of the program was to help increase opportunities for socioeconomic development, participants were expected to meet the basic requirements in order to start the program. Once participants enrolled, they began to work with a promotor(a) on a weekly basis. Specifically, the program provided ongoing one-on-one sessions in which promotores focused on the individual's employment and educational goals. From start to finish, the Launch program was designed to engage the participants for 6 months. In general, the sessions between promotores and participants would take place at the participant's home; however, promotores provided phone sessions as well as face-to-face meetings at several workforce development centers across San Bernardino County.

In addition, the El Sol NEC was responsible for recruiting the promotores to deliver the Launch program to the community. Three promotores from the San Bernardino area were hired and trained to deliver the program. The curriculum for the promotora training was based on the CHW approach, integrating specific knowledge in the areas of socioeconomic development. During this stage, the Launch promotores received training relevant to CHW foundational principles, concepts, and practice in the form of a 3-day training at the Life Coach Institute (LCI) in Orange County, CA, an accredited institute offering a globally approved coaching model based on the International Coach Federation (ICF) curriculum.

Once promotores completed the first stages of training, an integral part of the Launch program was the promotores' engagement in weekly supervision sessions with a promotora–navigator at El Sol NEC. Throughout the Launch delivery intervention, promotores received individual and group supervision support. The group supervision

sessions focused on a case consultation format led by the promotora–navigator, who shared similar cultural background. The El Sol NEC (2019) described their vision for community development as follows:

Training is an essential component of health programs that incorporate CHWs in the delivery of health education and behavioral interventions. During training sessions, CHWs are exposed to information and skill-building activities they need to implement the health programs using popular education. The model is based on Paulo Freire's popular education theories that adults can be empowered by their own life experiences to solve their own problems. This approach to community-based, community-led health education is recognized as a culturally appropriate strategy to increase knowledge, promote positive behavior change, and decrease disparities related to the use of affordable preventive healthcare services.

Similarly, the Launch program followed the principles of the CHW framework to assist the community in overcoming socioeconomic challenges. For this reason, the El Sol NEC sought to engage local businesses and organizations such as the IEEP as part of business community involvement. Each segment of collaboration during the Launch delivery phase responded to community needs identified by the promotores. While they worked with the participants, they followed an individualized session plan that included (a) identifying the participant's area of need (i.e., employment or vocational training), (b) collaborating and developing with the participants a work plan, and (c) supporting the participant's vision to achieve future employment or vocational goals.

Overall, the goal of the Launch program was to increase the participants' knowledge of navigating the systems of employment. That said, promotores focused on

executing goal plans as well as providing participants with connections to local resources (e.g., vocational training, resume writing support, job search strategies). Specifically, promotores provided linkage support to foster participants' agency in order to achieve their goals. The Launch approach focused on decreasing the level of support by the promotores as they prepared the participants to graduate from the program.

Method

Recruitment

The promotores were responsible for recruiting participants as well as providing the promotora-led intervention. While recruiting participants in the community, promotores distributed fliers and posters outlining the Launch program as a no-cost service to people throughout San Bernardino. They also advertised the Launch program during their visits to family resource centers, local community–neighborhood programs, and workforce agencies during the recruitment phase of the Launch pilot study. To participate in this research study, individuals met the following requirements: (a) ability to speak, write, and read in either English or Spanish and (b) current enrollment in the Launch program through the El Sol NEC.

The promotores at El Sol NEC submitted an entry form to the researcher with the subject's information. Once subjects were verified to have met the requirements of the Launch program—the legal right to work in the US and possession of a high school diploma or GED— the researcher sent an official email to each subject with an invitation to join the research study. At this stage, the promotores explained to the participants the LLU IRB-approved Informed Consent outlining the subject's expectations and rights as a

participant of the study. If the subject agreed to participate voluntarily, the promotor(a) gathered all the necessary signatures and commenced working with the participant.

In addition to the recruitment of the program recipients, the El Sol NEC promotores were invited to participate in a qualitative interview at the end of the study. Promotores had to meet the following requirements to participate in the study: (a) ability to speak, write, and read in either English or Spanish and (b) current engagement in providing services to individuals enrolled in the Launch Initiative program.

Sampling Strategy

A purposive sampling strategy was used during this research. A total of 57 individuals were invited to participate in the program. Only the 46 subjects who voluntarily agreed to participate in the Launch program were included in the quantitative and qualitative data collection of the study. Purposive sampling involved populations with particular knowledge and experience who could best assist the researcher investigate the phenomenon of interest (Etikan, Musa, & Alkassim, 2016). All three of the identified promotores providing the Launch intervention were included in the qualitative portion of the study because they agreed to participate in the focus group interviews on a voluntary basis.

The initial screening process required the promotores to submit an online screening form to the LLU research team. The screening form included general information about the prospective participant as well as indication that the individual met the inclusion criteria to join the study. Once the LLU researcher reviewed the form, the

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promotor(a) received an email within 24-hours after submission of the screening form with a decision to accept or decline participation in the study.

Participants

A total of 57 individuals were initially recruited to participate in the study. Of the 57 who completed the screening survey, 56 met the inclusion criteria to participate. Of the 56 individuals invited to join the Launch program, a total of 46 people agreed to participate in the research study. Participants' ages ranged from 19 to 57 ($M = 35$; $SD = 12.16$). The sample was predominantly female (67.4%). All of the participants were individuals from a Hispanic or Latino background. At the time of this study, all participants lived throughout San Bernardino County and neighboring Riverside County.

In addition, all promotores providing the Launch intervention were also interviewed as part of this study. All of the promotores identified as Hispanic. Two were women and one was a man. The average age of the promotores was 57 years old ($SD = 3.3$). All of the promotores reported that they were bilingual in English and Spanish.

Procedures and Materials

The researcher collected quantitative data via online surveys at various time points during the Launch intervention: (a) entry–baseline survey (Month 1), (b) postmeasure survey (Month 3), and (c) postmeasure survey (Month 6). The researcher used Qualtrics, an online survey platform, to collect qualitative data. Longitudinal data were obtained from subjects throughout the 6 months in which they received the Launch intervention through their promotor(a). In addition, monthly data were collected via an

online survey to assess the variations in relationships between promotores and participants. To measure changes in relationships, the self-administered online survey consisting of approximately 10 questions was sent to the participants each month. The survey asked participants to report the number of times they met with their promotor(a) as well as their perception of the working alliance with their promotor(a).

During the qualitative portion of the study, the researcher invited the participants receiving the Launch intervention and the promotores by letter to participate in a qualitative interview. The researcher scheduled several focus groups and gathered the subjects' signatures required for participation in the interviews. Standard directions were given to the participants at the beginning of the interviews highlighting their option to decline to answer any questions and to terminate their participation at any time. With attention to language and cultural considerations, the focus groups were conducted in the preferred language of the participants (e.g., English or Spanish). The researcher conducted individual and group interviews with promotores. Each focus group and individual interviews were audio-recorded and lasted approximately 60 to 90 minutes. A total of five focus groups and two individual interviews were conducted to gather qualitative data from the Launch recipients. All of the promotores participated in one focus group conducted by the researcher as well as one individual interview.

Once the qualitative gathering process ended, the researcher with the help of two research assistants transcribed all the data. After the data were transcribed, one of the research assistants reviewed all the audio from the interviews to check for accuracy of the transcripts and translations from Spanish to English. All of the data collected and used in the analysis were exclusively handled by the researcher and research assistants, and

identity was masked to protect the subject's confidentiality. In addition to the data gathering process, the researcher participated in weekly meetings with the promotores, which were documented with field notes throughout the duration of the study.

Measures

Demographics

Information relevant to participants' demographics (e.g., age, gender, ethnicity, relationship status, and socioeconomic status) was collected via online survey.

Measures of Employment Change

To assess changes in employment status, participants responded to the question, "What is your employment status?" with the following values: 1 = not employed, 2 = part-time employed (< 30 hours/week), and 3 = full-time employed (> 30 hours/week). Participants were surveyed regarding their employment status at admission–baseline, 3 months, and 6 months.

Session Rating Scale

The Session Rating Scale (SRS), used to assess the participants' perceptions of their relationship with their assigned promotor, was developed to measure the quality of the therapeutic alliance in clinical settings (Duncan et al., 2003). It comprised four questions in four domains: (a) relationship bond, (b) shared agreement on goals and topics, (c) agreement on approach or method, (d) overall rating of the service. For the current study, the wording of the measure was adapted, and the researchers substituted

the word *promotor* for the word *therapist*. The items in this measure were scored from 0 to 10 points with a total score ranging from 0 to 40 points. This measure was given monthly to monitor participant relationship with the promotor over time. Strong internal reliability was reported: $a = 0.88$ (Duncan et al., 2003).

Patient Health Questionnaire

The Patient Health Questionnaire (PHQ-9) is a screening assessment used to measure the presence of depressive symptoms in individuals. The questions were derived from the DSM-IV and included nine symptom domains: loss of interest in pleasurable activities, depressed mood, sleep disturbances, fatigue, change in appetite, feeling guilty, difficulty focusing, changes in energy, and thoughts of suicide and self-harm (Gilbody, Richards, Brealey, & Hewitt, 2007). These domains were measured on a Likert scale with the following intervals: *not at all*, *several days*, *more than half the days*, and *nearly every day*. These intervals translate to scores of 0 to 3, respectively. Higher scores indicated more depressive symptoms, and more frequent symptoms (Spitzer, Kroenke, & Williams, 1999). For this study, the question assessing for suicidality was not included in the online survey. The PHQ9 has been tested for validity and reliability across different populations with Cronbach's $a = 0.89$ (Spitzer, Kroenke, & Williams, 2010). The PHQ-9 provided the benchmark measure of participants' wellness and a comparative postmeasure of changes in wellness over time.

Quality of Life

To assess the overall levels of participants' quality of life, researchers used the Quality of Life (QoL) measure. Questions related to one's overall perceived quality of life included the following domains: health, relationships, work, self-sufficiency, and recreation. This assessment comprised 16 questions on a 7-point Likert scale. Options ranged from *terrible* to *delighted* with a range of 16–112; higher scores indicated a higher quality of life. The average score for "healthy" populations was 90 (Burckhardt & Anderson, 2003). Finally, the QoL has been used in a wide variety of settings and many languages, including Spanish, maintaining strong validity and reliability (α = .82; .92) (Burckhardt & Anderson, 2003).

Interview Guide

To assess domains related to the experiences of the two groups—individuals receiving the Launch intervention and the promotores—the researcher conducted a total of 11 focus groups, seven with Launch participants and four with promotores. The interview guide comprised questions to examine experiences of both participants and promotores after completing a 6-month engagement in the Launch program (see Table 1 for questions)

Table 1. *Interview Guide Questions Grouped by Participants*

Group	Questions
Launch recipients	How long have you been enrolled in the Launch study?
	What is your employment status?
	Has your employment status changed while receiving services with your promotor?
	How your participation in the program aligned with personal or professional goals for yourself and your family?
	Can you speak about the overall experience in receiving assistance from your promotor(a)?
	Please describe your relationship with your promotor. How does your relationship with your promotor(a) influence your vocational and employment goals?
	Can you speak to the effect of the ethnic background and language of your promotor on your interactions?
	Did you share these characteristics (language and ethnic) background with your promotor(a)?
	What were the challenges or benefits of this? Could you give me an example?
Promotores	Can you describe your experience working with families as a promotor in the Launch program?
	What helped you to support participants in achieving their vocational or employment goals?
	Did any challenges contribute to families' inability to achieve their vocational goals?

Group	Questions
Promotores	From your experience, was there anything that made it easy or difficult to engage in providing services the families enrolled in the program?
	Did you identify any positive or negative aspects of working with the families? What helped you to continue working with the families who engaged in the program? What helped you to continue with families who did not engage in the program as expected?
	Can you comment on how the ethnic background and language you speak (e.g., English or Spanish) affected your interactions with the families? Could you give me an example?
	Do you consider sharing a similar ethnic background and speaking the same language to be a helpful quality of a promotor(a)? If yes, how?

Statistical Analysis - Aim 1

Raw data from the participants' surveys were imported to SPSS version 24.0

(IBM Corp, 2016). The researchers examined raw data for missing data. Any participant

time point measures with more than 60% missing were excluded from the analysis. The

researchers used bootstrapping with multiple imputation to manage missing data less than

40% at item level. In the case of the employment measure, the researcher triangulated

data available from the individual participant's file provided by the El Sol NEC

promotor(a).

All of the data was entered into a person–period data format (i.e., long format).

The SRS time point 1 and time point 2 scores were averaged to create a new time point

time 1 score. Time point 3 and 4 scores were averaged to create a new time point 2 score.

Lastly, the SRS time point 5 and 6 scores were averaged to create a new time point 3

score.

All of the statistical analyses were conducted via SPSS version 24.0 (IBM Corp,

2016). Several descriptive statistics analyses were conducted to assess the specific

outcomes for the variables of interest: employment status, PHQ-9, SRS, and QoL. To

further assess for the contributions of each variable on the Launch program outcomes,

four multiple regression models were conducted to investigate whether or not the

program produced socioeconomic mobility for participants:

1. Model 1 regressed SRS, QoL, time, and PHQ-9 scores on employment status;

2. Model 2 regressed time, SRS, and QoL on PHQ-9;

3. Model 3 regressed time, SRS, and PHQ-9 on QoL and;

4. Model 4 regressed time, PHQ-9, and QoL on SRS participant's scores.

Analytical Strategy: Aim 2

The data was fully transcribed by the first author and research assistants. In the case of the interviews in Spanish, the first author was responsible for translating and transcribing the data. To ensure for translation accuracy of the transcripts, a bi-lingual research assistant revised the audio and transcripts prior to the process of data analysis. Identifying information was removed and each participant was given a number id to protect confidentiality. The software ATLAS.ti, version 8.3.0 (2013) was used to help with the analysis process.

A narrative thematic analysis was used to map emerging themes in the participant's narratives through contrast comparison methods (Clandinin, 2007; Riessman, 2007). One of the important philosophical assumptions of narrative thematic analysis was the commitment to keeping the participants' narratives intact by focusing on what is said instead of how or for what purposes (Riessman, 2007). First, the first author familiarized herself with the data by listening to the interviews several times. Second, she transcribed and translated the data from Spanish to English. Transcripts were reviewed multiple times while attending to the chronological sequence in the participant's narratives. Relevant information was ordered into chronological biographical accounts. Initial themes were generated by the first author. Given that one of the significant components of qualitative inquiry is transparency in terms of rigor and validity, the first author consulted with an academic reflecting team from Narrative Initiatives San Diego to assist as the second level of formal coding. The first author consulted with a multicultural-bilingual, academic reflecting team from Narrative Initiatives San Diego to assist as the second level of formal coding. Finally, a group case unit was selected to

illustrate range and variation among the cases that developed across a thematic map (Riessman, 2007).

Generally, the validity of research is tied to the transparency of the methodology, while the reliability of research is particularly concerned with how data were interpreted (Daly, 2007). Although these traditions continue to guide objectivist research methodologies, the conceptual framework adopted by the researcher provided the foundation for the research to be conducted with reason and rigor. The effort to enhance the trustworthiness of the data was embedded in every step of the research design. The collaboration between the researcher and research assistants while transcribing and translating the qualitative data prior to analysis helped to address concerns linked to issues of validity and reliability. These concerns were addressed during the data collection process, including the fidelity of the transcripts, translations from Spanish to English, individual files for each participant, and field notes for the analysis (Riessman, 2007).

Researcher's Statement

This study represents the researcher's commitment to the values of social justice applied to MFT research. In particular, the focus on community-engaged practices offered unique opportunities to join the community in the process of research inquiry. As a light brown-skinned female who immigrated from South America in 2008, the first author locates her biographical history within the experiences of the individuals who participated in this study. More specifically, the process of navigating the systems of employment and education in the US has influenced much of her desire to investigate

such experiences. Throughout the intersections of her academic journey and acculturation processes in the US, the researcher has recognized that personal and professional experiences affirmed much of the commitment to critically examine some of the traditions of interpretivism in scientific research.

As an MFT, the first author acknowledges that in order to attend to social issues, engaging in reflexivity is important. This offered the opportunity to responsibly engage in the process of representing people's experience in research as well as acknowledgment of intersections of the role of self and the context of social inquiry. Claiming insider–outsider status (Ivankova, 2015), the researcher was interested in examining assumptions linked to similar challenges of culture crossing in all aspects of inquiry. Her awareness of social location and other dimensions of ethnicity became significantly important in the process of examining the assumptions of how socioeconomic disparities are understood and organized in the US. For this reason, the efforts to integrate prior experience in research have been helpful in affirming that science is not a value-free industry (Denzin & Lincoln, 2005; Ravitch & Riggan, 2012).

Throughout this research project, the researcher continuously engaged in the process of reflexivity facilitated by ongoing discussions with Brian Distelberg, the principal investigator of this study; Jan Ewing, a distinguished narrative therapist, Lena Bradley-Lopez and Zephon Lister. This process of ongoing reflexivity helped the researcher in identifying her own positioning and assumptions in all stages of data collection and analysis; moreover, the researcher's conceptual framework guided much of the commitment to examining traditional epistemologies in favor of multiple possibilities when representing experience.

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Trustworthiness of Data

Research designs that integrate various sources of data (e.g., qualitative and quantitative) have added value in heightening the dependability and trustworthiness of data interpretation (Zohrabi, 2013). Generally, the validity of research is tied to the transparency of the methodology, while the reliability of research is particularly concerned with how data were interpreted (Daly, 2007). Although these traditions continue to guide objectivist research methodologies, the conceptual framework adopted by the researcher provided the foundation for the research to be conducted with reason and rigor. The researcher's effort to enhance the trustworthiness of the data was embedded in every step of the research design. For example, the collaboration between the researcher and research assistants while transcribing and translating the qualitative data prior to analysis helped to address concerns linked to issues of validity and reliability. These concerns were addressed during the data collection process, including the fidelity of the transcripts, translations from Spanish to English, individual files for each participant, and field notes for the analysis (Riessman, 2007).

In addition, multiple realities and understandings about lived experience have been acknowledged in the researcher's conceptual framework, in which several levels of data analysis were employed to support transparency in representing the participants' experiences. To enhance rigor, the researcher participated in an academic reflecting team involving a multicultural group of MFT clinicians and interns students from the Narrative Initiatives community in San Diego as a second level of analysis (i.e., coding).

Limitations

Given that this research project was a pilot study, the researchers expected inherent flaws in the study design itself. First, this study relied heavily on the voluntary participation of the families and promotores to complete the online surveys and focus groups. For this reason, the researchers anticipated challenges in terms of the attrition rates throughout the course of this study. The self-reporting measures used to assess various outcomes (i.e., employment, quality of life, and mental health) may have limited the researcher's ability to capture the complexities of the socioeconomic challenges of the individuals participating in this study.

The sample comprised 100% of individuals from Hispanic or Latino background, so transcription of the qualitative data from Spanish to English prior to the analysis was necessary. Consequently, the researchers may have not adequately captured sociolinguistic contextual factors significant in representing the participants' experiences in the Launch program. In addition, a major limitation of this study was the lack of a control group allowing the researchers to assess the effects of the promotora-led intervention.

CHAPTER FIVE

RELATIONSHIPS FOR SOCIAL CHANGE: AN EXAMINATION OF A

PROMOTORA-LED PROGRAM FOR SOCIOECONOMIC MOBILITY

Abstract

Since the 1960s federal and local initiatives have been put in place to decrease the staggering socioeconomic disparities in the United States. Considerable debate has been fueled by the conception of adequate solutions to address the employment crisis (Kregel, 2011). Despite the increase in supportive services made available to the public, low-income families continue to face distinct challenges that limit employment and vocational opportunities (Athreya & Romero, 2015; Crouter & Booth, 2014; Presser, 2014), a situation particularly true for ethnic minorities navigating the systems of employment in the US (Fullerton & Anderson 2013; Mazumder, 2011). To better understand how a culturally responsive approach can enhance socioeconomic mobility, an examination of the recent shifts in community engagement practices is necessary. The purpose of this study was to expand upon the research and applications of a community health worker (CHW) approach for the purpose of improving socioeconomic mobility. We collected longitudinal data from for a period of 6-months participants engaged in the program and used a series of regression model to examine outcomes (e.g., employment status, mental health functioning) of the program. The results of this study may help to identify alternatives relevant to the ongoing debate on universal approaches to bridge the socioeconomic gap in the US.

Keywords: community health worker, socioeconomic mobility, low-income families, promotores.

Introduction

Socioeconomic mobility has been a fundamental value in the United States that is often associated with the discourse surrounding the American dream (Bengali & Daly, 2013). Although the US is considered by people in many other countries the "land of opportunity," over 38 million individuals lived below the poverty line at the time of this writing (U.S. Census, 2018). Providing exact comparisons is difficult, but people in the United States are less socioeconomically mobile compared to those in other countries (Corak, 2013). Recent findings have shown that when compared to 24 middle- and high-income countries, the US ranked 16th in reported upward shifts in intergenerational socioeconomic mobility (Athreya & Romero, 2015; Corak, 2013). For the current study, socioeconomic mobility was defined as the ability of individuals to obtain desired employment and vocational changes in their communities.

Several substantially funded programs and social policies have aimed to equalize opportunities for social mobility (Athreya & Romero, 2015; Campbell & Gaddis, 2017). Under the premise that providing financial assistance to the population could enhance socioeconomic mobility, additional programs have been created to address these concerns. For example, cash and housing assistance programs emerged from the desire to foster economic stability among underserved communities. These early government initiatives can be traced to 1964, when the U.S. Congress introduced the Economic Opportunity Act, legislation that focused on resolving the unemployment crisis by offering job and educational training to the population (Bunch, Itulya, & Johnson, 2017; Office of Economic Opportunity, 2019).

The notion of economic "self-sufficiency" is often viewed as the primary goal of welfare programs (Hawkins, 2005). Traditionally, self-sufficiency has been understood among policymakers as the ability of an individual to move from benefit dependence to economic self-reliance or stability (Hong, Sheriff, & Naeger, 2009). In terms of the meaning of this theoretical construct, Daugherty and Barber (2001) argued that the concept of self-sufficiency must be clarified and explored more intensively in terms of a social and cultural analytical framework. Barkin, Schlundt, and Smith (2013) consider this issue particularly relevant to community research as people are nested within social structures (e.g., families, neighborhoods, communities, and nations). To this end, communities are part of a web of relationships which can directly influence human experiences and development (Bronfenbrenner, 1986; Neal & Neal, 2013).

Community development practices has received special attention in the evaluation of services made available to the community (Craig, 2009; Toomey, 2011). Yet, the government continues to respond to community needs using individual-level strategies. For example, the majority of assistance programs focus on providing resources to address specific areas of need for the population: Housing supportive programs like Section 8, emergency rent assistance, and homeless assistance, provide housing relief to low-income families experiencing financial hardship (U.S. Department of Housing and Urban Development [U. S. HUD], 2011). Other programs focus on addressing immediate needs, such as access to food (i.e., Supplemental Nutrition Assistance Program [SNAP], Temporary Assistance for Needy Families [TANF]), healthcare (i.e., Medicaid and Medicare), income (i.e., Supplemental Security Income [SSI]), and education (i.e., work–study and professional grants for disadvantaged minorities). The Family Self-Sufficiency

Program (FSS) is one of the few programs available to assist families receiving

government housing vouchers with employment and educational training (U. S. HUD,

2011).

Public systems like these, that focuses primarily on financial remedies to assist

the population, tends to be costly and will most likely fail to reach the majority of

families in need (Moffitt, 2015). Despite its altruistic components, many researchers

have argued that current assistance programs do not take into consideration social

contextual variables (Austin, Lemon, & Leer, 2005; Bengali & Daly, 2013; Nooe &

Paterson, 2010). These contextual factors (e.g., race, gender, education, and culture) have

become important components in determining the degree to which achieving

socioeconomic mobility is possible (Corak, 2013; Mead et al., 2008). This is particularly

true in the US, where socioeconomic inequalities tend to function in systematic ways,

preventing people from accessing equal employment and educational opportunities

(Brisson, Roll, & East, 2018).

At a community level, researchers have investigated the relationship between

unequal employment opportunities and the obstacles standing in the way of overcoming

socioeconomic disparities (Braveman, Cubbin, Egerter, Williams, & Pamuk, 2010;

McDonald, Lin, & Ao, 2009). Several researchers have investigated these obstacles,

including, for example, the link between lack of access and utilization of healthcare

services (Flores & Tomany-Korman, 2009; Rosenbaum, Markus & Darnell, 2000),

limited housing choices (Deluca, Garbon, & Rosenblatt, 2013; Turner, 2008), lack of

educational advancement opportunities (Heckman, 2011; Mirowsky, 2017), challenges in

access to transportation (Sánchez, 2008), and barriers to community engagement and

resilience (Distelberg, Martin, Borieux, & Oloo, 2015). All these socioeconomic systems are notorious variables in predicting structural problems in society.

Although the attempts to offer economic assistance to families from government agencies should in no way be diminished, providing resources to the public has been notably insufficient to effect change (Bradshaw, 2017; Hildebrandt & Stevens, 2009). In consideration of socioeconomic mobility is an important factor to build community agency and opportunities, the current reality is that most of the assistance programs available to the public fail to address systemic needs as part of a larger historical context (Krieger et al., 2011; Musterd & Ostendorf, 2013; Rivlin, 2015).

Instead of critiquing the existing approaches in place to help the community, this study will focus on exploring the aspects of a promotora-led intervention that is already established to address a variety of healthcare needs. Given that low-income communities and ethnic minorities may be particularly vulnerable to socioeconomic challenges, the promotora framework shows promise in building community agency in the face of adversity (Bush et al., 2014; Matthew et al., 2017). Most importantly, broadening and exploring the capacity of such an approach may be particularly important to address the shortcomings of the current assistant programs available to the community.

Community Health Work

The first documentation in the literature about community health work appeared in early 17th-century Russia (Kenyon, 1985), when the population experienced the devastating effects of World War II and many were left disabled or with severe medical problems (Flora, 1986). As a result, feldshers, or "barber-surgeons," became an integral

part of health promotion and illness prevention by providing low-cost services to the marginalized population (Kenyon, 1985; Pérez & Martinez, 2008). Feldshers were local lay people who had attained the level of literacy necessary to complete three years of formal medical training (Perry, Zulliger & Rogers, 2014), after which they emerged on the frontlines of public service in response to the medical needs of the population.

In 1920s China, barefoot doctors (many could not afford shoes) were given three to six months of training to help reduce the overwhelming infant mortality rates and engage in first-aid tasks (Perry, Zulliger, & Rogers, 2014). By the 1970s, an estimated one million of these village doctors were reported to have had a role in offering medical services to more than 800 million people in China (Perry et al., 2014). Lehman & Sanders (2007) recognized that the concept of barefoot doctors was central in the implementation of subsequent health-promotion strategies around the world. Because their mission was to enter remote communities, much of their focus was on developing preventive and educational medicine (Perry et al., 2014).

The next period, the 1960s, marked the evolution of the CHW model in Latin American countries (e.g., Mexico, Brazil, Guatemala). In Mexico, for example, CHWs were known as "promotores de la salud," or "health promoters" (Keane, Nielsen, & Dower, 2004; Matthew et al., 2017). In Latin America CHWs facilitate appropriate access to community resources, helping the population with health-related referrals, literacy, and family planning (Keane, Nielsen, & Dower, 2004). Among the most notable programs was the implementation of the largest CHW force with more than 200,000 *visitadoras* as part of the development of the *Sistema Unico de Saude (SUS)* -the unified system of national health care in Brazil- helped to decrease infant mortality rates in Brazil

(Perry, Zulliger & Rogers, 2014). This initiative was noteworthy because of infant

mortality was radically reduced following its implementation (Perry et al., 2014).

In the United States, the implementation of the CHW model can be traced to the

early 1950s when President Lyndon B. Johnson (1908–1973) established a presidential

task force urging the U.S. Congress and all Americans to join the unconditional War on

Poverty (Bunch et al., 2017). As a result, the Economic Opportunity Act (1964) and the

Federal Migrant Health Act (1962) motivated the development of antipoverty programs

as part of a government response to social disparities (Lefkowitz, 2007). During the

1960s nationwide social policies gained traction when demands for health care and social

reform were pivotal in the civil rights movements (Bunch et al., 2017). The trajectory of

CHW programs in the US became prominent in the era of social reform and revolutionary

movements like civil rights, women's rights, and suffrage, whose proponents pushed for

a systemic reform to achieve the dream of justice and equality (Weil & Ohmer, 2013);

therefore, the development of theory relevant to CHW practices was much influenced by

the fundamental principles of fairness, justice, and equity (Reishch & Weil, 2013).

Early documentation between 1966 and 1972 described efforts to use CHWs to

engage communities as a means to confront problems persistent among people living in

poverty (U. S. Department of Health and Human Services [U.S. DHHS], 2007). In 1989

the WHO proposed the following description of CHWs:

> Community health workers should be members of the communities where they
>
> work, should be selected by the communities, should be answerable to the
>
> communities for their activities, should be supported by the health system but not

necessarily a part of its organization, and have shorter training than professional

workers. (Lehman & Sanders, 2007, p. 3)

With the expansion of state and federal initiatives, several aspects of the CHW model

were formalized during the early 2000s, and the Patient Navigator bill was signed into

law, allowing CHWs to serve as an official part of the workforce in America (Lehmann

& Sanders, 2007; U. S. DHHS, 2007).

Throughout the literature CHWs are also known by several other names,

including promotoras, lay health educators, lay health advisors, community navigators,

promotores de salud, colaboradors voluntarios, community resource persons, outreach

educators, indigenous health workers, outreach workers, and community change agents

(deRosset et al., 2014; Gilroy & Winch, 2006). Promotores(as) is a term often used

interchangeably with CHWs, commonly in Spanish (WHO, 1987, 1989). The definition

of promotor(a) still falls under the umbrella category of paraprofessionals who provide

health education and outreach services in their own communities (WHO, 1989). The

American Public Health Association (APHA; 2018), for example, offers a similar

definition of community health workers as trusted members of the community who work

on the front lines of public health to enhance access to services while improving the

quality of the delivery of culturally competent service.

Although promotores are known by different names throughout the world, their

identified roles involve similar community outreach practices, including connecting

families with community services, providing social support and informal counseling,

helping families as advocates for their healthcare needs, providing culturally sensitive

education, bridging the gaps to access to services in the community, advocating for the

needs of individual communities, building the capacity for meeting an individual's health needs, and engaging members of the community as coresearchers in community-based participatory research (Bush et al., 2014; Matthew et al., 2017; Pérez & Martinez, 2008).

The Launch Initiative Pilot Study

The Launch pilot study emerged from the direct interest of the local business community stakeholders when the Irvine Foundation sought community partners to initiate a community outreach program. The primary objective of this study was to investigate the likelihood that the CHW approach could facilitate socioeconomic change in San Bernardino County. The Irvine Family Foundation partnered with local stakeholders—Inland Empire Economic Partners (IEEP) and El Sol Neighborhood Educational Center (El Sol NEC)—to deliver the promotora-led program to the community. In addition, the IEEP partnered with the Loma Linda University Lab of Social Policy, Research, and Development to design a research study in order to examine the outcomes associated with the Launch program.

The broad philosophy of the program was connected to the assumption that building relationships with the community could foster social change. Offering families access to a promotor(a), the Launch program focused on building relationships to support participants in the pursuit of their vocational and employment goals. In this project, the research team explored the importance of bridging theory and practice to the legacy of the promotora model. Thus, the goal of this study was to investigate the participants' experiences and outcomes relevant to their process of navigating the sociopolitical systems of employment in the community.

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The El Sol NEC, located at the heart of San Bernardino County, has been an active part of community delivery services for more than two decades. Among the services offered to the community, the Launch program was a no-cost service offered to deliver the promotora-led intervention to assist people with employment and vocational goals. All of the individuals who agreed to engage in the Launch services participated in a screening process to determine their eligibility. The main requirements were as follows: (a) have the legal right to work in the United States and (b) have a high school diploma or GED equivalent.

Because the goal of the program was to help increase opportunities for socioeconomic development, participants were expected to meet the basic requirements in order to start the program. Once participants enrolled, they began to work with a promotor(a) on a weekly basis. Specifically, the program provided ongoing one-on-one sessions in which promotores focused on the individual's employment and educational goals. From start to finish, the Launch program was designed to engage the participants for 6 months. In general, the sessions between promotores and participants would take place at the participant's home; however, promotores provided phone sessions as well as face-to-face meetings at several workforce development centers across San Bernardino County.

The purpose of this study is to examine the ability of a promotora-informed model to achieve socioeconomic mobility. It is hypothesized that participation in the Launch program will help increase participants' socioeconomic mobility (i.e., employment, education, and mental health functioning) after completing the program.

The Launch Program

During the first stages of program development, the Launch program worked with KEYS, a local nonprofit organization, to develop job descriptions and training materials prior to hiring the Launch promotores. These operational processes were transferred to the El Sol Neighborhood Educational Center (El Sol NEC) in San Bernardino. Following the transfer, three promotores were selected, hired, and received specific training that focused on exploring the theory, concepts, skills, and practices linked to the Launch-promotora curriculum. A total of 11 training modules were outlined in the Launch curriculum. During their training, promotores explored several topics: (a) the purpose and mission of the Launch program, (b) the definitions and roles of a promotor(a), (c) the foundations of relationship development, (d) culturally sensitive practices, and (e) the importance of family systems and the unique challenges of economic disparities. In addition to the program, promotores also participated in weekly consultations led by a navigator, who also shared a similar cultural background.

This community promotora-led program operated in three stages:

1. The promotores at El Sol NEC in San Bernardino were responsible for recruiting individuals to participate in the Launch Initiative program.

2. Promotores met on a weekly basis with participants to work on their vocational and employment goals.

3. Promotores titrated the sessions to decrease the level of support, preparing participants to graduate from the program.

The program followed the principles of the CHW framework to assist the community in overcoming socioeconomic challenges. For this reason, the El Sol NEC

sought to engage local businesses and organizations such as the IEEP as part of business community involvement. Each segment of collaboration during the Launch delivery phase responded to community needs identified by the promotores. Overall, the goal of the Launch program was to increase the participants' knowledge of navigating the systems of employment.

The Launch Program Intervention

Once participants enrolled in the program, they started to work with a designated promotor(a) for the length of the study. Individuals participated in weekly sessions and received individualized support based on their immediate area of need – employment or vocational training. These individualized sessions took place either at the participant's home, local community resource centers, or via phone consultation. Throughout the program, promotores collaborated with the participant's vision to achieve future employment or vocational goals. More specifically, promotores focused on executing goal plans as well as providing participants with connections to local resources (e.g., vocational training, resume writing support, job search strategies, etc.).

At the beginning of the program, individuals received a higher level of support and follow up sessions from the promotores to ensure participants had been working on their agreed-upon goals. However, as individuals continued to follow their work plan, promotores began to titrate the sessions to decrease their level of support and prepare the participants to graduate from the program.

Methods

Recruitment

The data for this study was collected from October 2017 through August 2018 and comprised of 46 families who agreed to voluntarily participate in the Launch Pilot Study. The design of this study was reviewed and approved by the Loma Linda University Human Subjects Reviewer Board (cert #5160411). The first phase of the Launch Pilot Study was to identify families from the San Bernardino County who were interested in participating in the Launch Program. In order to recruit families, promotores with the support of El Sol Neighborhood, IEEP, and Loma Linda University met face-to-face with members of the community. They distributed fliers/posters throughout the San Bernardino County (e.g., family resource centers, community programs, workforce agencies, visiting neighborhoods, etc.). Two eligibility criteria were used in this study: (1) the legal ability to work in the United States and (2) having a high school diploma or GED equivalent or higher level of education.

Participants

A total of 57 individuals were initially recruited to participate in the study. Of the 57 who completed the screening survey, 56 met the inclusion criteria to participate. Of the 56 individuals invited to join the Launch program, a total of 46 people completed the informed consent onboarding process to participate in the research study. Some of the individuals did not complete the informed consent process to join Launch had not responded to their promotor' attempt to sign up for the study or refused to participate based on the limitations of their time. Participants' ages ranged from 19 to 57 ($M = 35$;

SD = 12.16). The sample was predominantly female (67.4%). All of the participants were

individuals from a Hispanic or Latino background. At the time of this study, all

participants were living throughout San Bernardino County and neighboring Riverside

County (refer to Table 1 for demographics).

Table 1. *Demographic characteristics for the Launch participants (N = 46)*

Gender		
Female	31	(67.4%)
Male	15	(32.6%)
Mean Age (SD)	35	(12.16)
Race		
Hispanic	46	(100%)
Ethnicity		
Caucasian	12	(26.1%)
Other	18	(39.1%)
Latino/Hispanic	6	(13.0%)
American Indian/Alaskan Native	1	(2.2%)
Guatemalteco/Salvadoreno	1	(2.2%)
No Answer	3	(6.5%)
Relationship Status		
Single	17	(37%)
Married	13	(28.3%)
Separated	5	(10.9%)
Divorced	4	(8.7%)
Cohabitating	2	(4.3%)
Widower/Widow	1	(2.2%)
Education		
GED/High School Diploma	46	(100%)

Procedures

Quantitative data were collected via online survey throughout multiple time points

of the Launch intervention: (1) Entry/baseline survey (1-month), (2) three-month post-

measure survey, and (3) six-month post-measure survey. The researchers used Qualtrics,

an online survey platform, to collect quantitative data. In addition, the researchers

collected monthly data via an online survey to assess the variations in relationships between promotores and participants. To measure relationship variation changes, the self-administered online survey was sent to the participants each month and consisted of approximately 10 questions. The survey asked the participant to report the number of times they met with their promotor(a) as well as their perception of working-alliance with their promotor(a). The researchers also participated in weekly meetings with the promotores, which were documented via field notes throughout the duration of the study.

Measures

Demographics

Information relevant to participants' demographics (e.g., age, gender, ethnicity, relationship status, and socioeconomic status) were collected via online survey.

Measures of Employment Change

To assess changes in employment status, participants responded to the question, "What is your employment status?" with the following values: 1 = not employed, 2 = part-time employed (< 30 hours/week), and 3 = full-time employed (> 30 hours/week). Participants were surveyed regarding their employment status at admission–baseline, 3-months, and 6-months.

The Session Rating Scale

The Session Rating Scale (SRS) (Duncan et al., 2003), was used to assess the participants' perceptions of their relationship with their assigned promotor. This measure

was originally developed to measure the quality of the therapeutic alliance in clinical settings (Campbell & Hemsley, 2009). It comprised four questions in four domains: (a) relationship bond, (b) shared agreement on goals and topics, (c) agreement on approach or method, (d) overall rating of the service. For the current study, the wording of the measure was adapted, and the researchers substituted the word *promotor* for the word *therapist*. The items in this measure were scored from 0 to 10 points with a total score ranging from 0 to 40 points. This measure was given monthly.

The Patient Health Questionnaire

The Patient Health Questionnaire (PHQ-9) is a screening assessment used to measure the presence of depressive symptoms in individuals (Kroenke, Spitzer & Williams, 2001). The questions were derived from the DSM-IV and included nine symptom domains: loss of interest in pleasurable activities, depressed mood, sleep disturbances, fatigue, change in appetite, feeling guilty, difficulty focusing, changes in energy, and thoughts of suicide and self-harm (Gilbody, Richards, Brealey, & Hewitt, 2007). These domains were measured on a Likert scale with the following intervals: *not at all*, *several days*, *more than half the days*, and *nearly every day*. These intervals translate to scores of 0 to 3, respectively. Higher scores indicated more depressive symptoms, and more frequent symptoms (Spitzer, Kroenke, & Williams, 1999). For this study, the question assessing for suicidality was not included in the online survey. The PHQ-9 provided the benchmark measure of participants' wellness and a comparative post measure of changes in wellness over time.

Quality of Life

To assess the overall levels of participants' quality of life, researchers used the Quality of Life (QoL) measure. Questions related to one's overall perceived quality of life included the following domains: health, relationships, work, self-sufficiency, and recreation. This assessment comprised 16 questions on a 7-point Likert scale. Options ranged from *terrible* to *delighted* with a range of 16–112; higher scores indicated a higher quality of life. The average score for "healthy" populations was 90 (Burckhardt & Anderson, 2003).

Statistical Analysis

Raw data from the participants' surveys were imported to SPSS version 24.0 (IBM Corp, 2016). The researchers examined raw data for missing data. Any participant time point measures with more than 60% missing were excluded from the analysis. The researchers used bootstrapping with multiple imputation to manage missing data less than 40% at item level. In the case of the employment measure, the researcher triangulated data available from the individual participant's file provided by the El Sol NEC promotor(a).

All of the data was entered into a person–period data format (i.e., long format).The SRS time point 1 and time point 2 scores were averaged to create a new time point time 1 score. Time point 3 and 4 scores were averaged to create a new time point 2 score. Lastly, the SRS time point 5 and 6 scores were averaged to create a new time point 3 score.

All of the statistical analyses were conducted via SPSS version 24.0 (IBM Corp, 2016). Several descriptive statistics analyses were conducted to assess the specific outcomes for the variables of interest: employment status, PHQ-9, SRS, and QoL. To further assess for the contributions of each variable on the Launch program outcomes, four multiple regression models were conducted to investigate whether or not the program produced socioeconomic mobility for participants:

1. Model 1 regressed SRS, QoL, time, and PHQ-9 scores on employment status;

2. Model 2 regressed time, SRS, and QoL on PHQ-9;

3. Model 3 regressed time, SRS, and PHQ-9 on QoL and;

4. Model 4 regressed time, PHQ-9, and QoL on SRS participant's scores.

Results

Employment status

As noted above, one of the program's primary goals was to examine changes in employment status for the participants throughout the study. At timepoint 1, we identified that over 50% of the participants who joined the Launch program were unemployed and only 27% reported having full time employment. At timepoint 2 (3-months) of the study, there was a notable increase (59%) in the participant's reports of full-time employment, as well as a decrease in unemployment rates (25.6%). By timepoint 3 (6-month) of the study, the unemployment rates continued to decrease to 17.9%, and full-time employment increased to 76.9%. These findings suggest an increase of 49.9% in employment rates among the participants of the Launch pilot study (refer to table 2 for results).

Table 2. *Descriptive Statistics Results for Participant's Employment Status Based on Timepoint*

	Full-time	*Part-time*	*Unemployed*
Employment Status T1 ($n = 37$)	10 (27%)	8 (21.6%)	19 (51.4%)
Employment Status T2 ($n = 39$)	23 (59%)	6 (15.4%)	10 (25.6%)
Employment Status T3 ($n = 39$)	30 (76.9%)	2 (5.1%)	7 (17.9%)

To assess the impact of the Launch program on employment status, we regressed SRS, QoL, and PHQ-9 as Independent Variables (IVs) on the participant's employment status as the Dependent Variable (DV). Overall, the model accounted for a small, but significant proportion of the variance 14.7% in employment ($p < .001$). Meaning that time was a significant predictor associated with the change in participant's employment status ($b = .45$, $se = .11$, 95% CI [.22 ; .68], $p < .001$). SRS, QoL, and PHQ-9 scores were not a significant predictors of employment status change ($p > .05$) (refer to table 3). This suggests that the program may have a positive impact on employment status for all participants.

Table 3. *Results of Model 1: a Multiple Regression Analysis Predicting Employment Status from Time in the Program, QoL, SRS, and PHQ-9*

Predictor Variables	b	95%CI	p-value	η^2
Time in the Program	.45	[.25; .68]	.00	.28
QoL	-.00	[-.02, .01]	.43	.01
SRS	.00	[-.05; .04]	.98	.00
PHQ-9	.03	[-.01; .07]	.13	.04

Mental Health Outcomes

In regard to mental health outcomes, depressive symptoms seemed to decrease throughout the program. When individuals started the program, the average PHQ-9 score was 6.08 (*SD* = 4.70) compared to 4.88 (*SD* = 4.79*)* at timepoint 2, and 3.23 (*SD*= 3.33*)* at the end of the program. Refer to the table 4 for the summary of the results.

Table 4. *Descriptive Statistics Results for Participant's PHQ9 Scores Based on Timepoint*

	Mean	*SD*	*Range*
PHQ-9 T1 (*n* = 38)	6.08	4.70	0 - 21
PHQ-9 T2 (*n* = 36)	4.88	4.79	0 - 15
PHQ-9 T3 (*n* = 35)	3.23	3.33	0 - 14

To assess the impact of the Promotora relationship over time PHQ-9 was evaluated as a dependent variable in a regression model. This model regressed time, SRS and QoL on PHQ-9. The model accounted for 13.2% of variance in the PHQ-9 scores. Time was not a significant predictor, but trended towards significance (b = -1.01, *se* = 0.54, 95% CI [-2.08; 0.05], p = .06). The SRS scores were a significant predictor of depression (b = -.23, *se* = .11, 95% CI [-0.46; -0.01], p < .05) (refer to table 5). This suggests that greater levels of alliance between promotores and participant were associated with reduced depression symptoms. QoL was not a significant predictor for depressive symptoms (p >.05).

Table 5. *Results of Model 2: A Multiple Regression Analysis Predicting PHQ-9 from Time in the Program, SRS, and QoL*

Predictor Variables	b	95%CI	p-value	η^2
Time in the Program	-1.01	[-2.07; .05]	.06	.07
SRS	-.23	[-.45; -.01]	.04	.08
QoL	-.03	[-.10; .30]	.28	.02

Quality of Life

Over the course of the three time points, there was an increase in the QoL scores for participants. At timepoint 1, the average score for participants was 79.80 ($SD =$ 14.65). After 3-months of receiving the Launch intervention, participants scored on average 84.63 points ($SD = 12.18$). By the end of the study (6-months), participants scored on average 89.70 ($SD = 11.10$) (refer to Table 6 for summary of the results).

Table 6. *Summary of participant's QoL scores over time in the Launch program*

	Mean	*SD*	*Range*
QoL T1 ($n = 35$)	79.80	14.65	50 - 109
QoL T2 ($n = 39$)	84.63	12.18	57 - 104.33
QoL T3 ($n = 39$)	89.70	11.10	62.47 - 109

To evaluate the impact of the program on QoL we regressed time, SRS and PHQ-9 on to QoL. The model accounted for a small but significant proportion of the variance of 12.7% in QoL scores. Time in the program significantly predicted an increase in QoL scores. For example, the QoL scores increased by 4.23 points on average ($b = 4.23$, *se*

=.35, 95% CI [.99; 7.46], $p < .01$) at each time point (refer to table 7). SRS and PHQ-9

scores were not significant predictors of quality of life ($p > .05$).

Table 7. *Results of Model 3: A Multiple Regression Analysis Predicting QoL from Time in the Program, SRS, and PHQ-9*

Predictor Variables	b	95%CI	p-value	η^2
Time in the Program	4.23	[.99; 7.46]	.01	.13
SRS	.37	[-.32; 1.07]	.28	.02
PHQ-9	-.34	[-.96; -.28]	.28	.02

Session Rating Scale

SRS scores were examined throughout the course of the Launch program. As

participants entered the program, they reported an average of 36.25 points ($SD = 4.11$) on

the SRS scale at time point 1, 36.32 ($SD = 3.65$) during the mid-point measurement and

38.06 points ($SD = 2.90$) at the end of the program. Overall, there was an increase of

approximately 2 points in relation to the perception of the relationship alliance between

promotores and participants at the end of the program (refer to table 8 for summary of the

results).

Table 8. *Results of SRS Scores Over Time for Launch participants*

	Mean	*SD*	*Range*
SRS T1 ($n = 39$)	36.25	4.11	22 - 45.56
SRS T2 ($n = 39$)	36.32	3.65	29.23 - 45.85
SRS T3 ($n = 39$)	38.06	2.90	29 - 42.89

To further examine the impact of the relationship alliance between promotores and participants, a multiple regression model was estimated with SRS as dependent variable. This model regressed time, QoL and PHQ-9 on SRS. Results from the model accounted for a small but significant amount of variance in PHQ-9 scores which was 10.7%. PHQ-9 scores were a significant predictor ($b = -.18$, $se = .09$, 95% CI [-.36; -.01], $p < .05$) of SRS scores (refer to table 9). Given that Time and QoL were not predictors of the SRS outcome we can conclude that participant relationships did not significantly change in quality between timepoint 1 to time point 3. Also, individuals that have mental health challenges are likely to have reduced SRS reports and therefore likely to experience reductions in socioeconomic mobility in this Launch program.

Table 9. *Results of Model 4: A Multiple Regression Analysis Predicting SRS from Time in the Program, QoL, and PHQ-9*

Predictor Variables	b	95%CI	p-value	η^2
Time in the Program	.59	[-.36; .1.55]	.22	.03
QoL	.03	[-.02; .09]	.43	.02
PHQ-9	-.18	[-.36; -.01]	.04	.08

Discussion

The purpose of the Launch pilot study was to investigate whether or not a promotora-led intervention could foster socioeconomic mobility among individuals participating in the program. At the time of this evaluation, several measurable changes in employment status, working alliance (SRS), and wellbeing (e.g., QoL and PHQ-9)

suggested the program itself was successful in offering the participants services and resources that supported socioeconomic mobility.

Overall, the strongest outcomes were linked to employment status changes. Specifically, at the end of the program 76.9% of the program participants reported full-time employment (>30 hours per week) compared to the baseline where only 27% of participants reported having full time employment. Besides the significant increase in employment, there were important gains related to the increase in the QoL (QoL_{T1}= 79.80 ; QoL_{T3} = 89.70). These findings specifically highlight the success of the program in meeting the intended goal of improving socioeconomic mobility. Particularly of note, the participants in this study were supported by members of their own community in seeking employment opportunities. This stands in distinction from practices outlined earlier of providing financial assistance to individuals experiencing economic disparities. Through weekly support and guidance from community promotores, the majority of participants reached full-time employment and saw increase in overall quality of life.

In the case of mental health outcomes, participants experienced a reduction in depressive symptoms ($PHQ9_{T1}$= 6.08 ; PHQ-9_{T3}=3.23). Although individuals participating in the Launch program on average did not score within the normative range for clinical depression (8 - 11 points) (Manea et al., 2012), the average scores for participants at the beginning of the study were elevated enough to suggest that most participants suffered from mild levels of depression. The fact that individuals entering the Launch program reported mild levels of depressive symptoms and finished with lower PhQ-9 scores may help provide additional context to the kind of struggles participants had to confront in their journey to finding employment.

Taken together, these outcomes in employment status, alliance, and overall wellbeing of the participants are representative of the nature of the promotora model. As discussed in the previous sections, promotores have the vantage point of being trusted members of the community who have unique knowledge and training to intervene at the heart of social disparities. The results from this study supports the efforts to expand the promotora approach for other goals besides healthcare navigation for the community. In this case, findings from this study may help guide alternative approaches to decrease the staggering socioeconomic gap among individuals in the US.

Finally, a promotora-led approach could be a useful addition to enhance access and utilization of existing community programs available to the public. This framework can help local agencies to understand the challenges and benefits of offering a culturally responsive approach to engage economically disadvantaged individuals. More specifically, because employment changes were strongly associated with relational specific outcomes (i.e., QoL, PHQ-9, SRS) in the program, it is important to consider the multi-dimensional factors that may contribute to improved outcome among individuals in all future interventions targeting similar populations.

Limitations

Although we identified significant findings as a result of the participant's engagement in the program, there were inherent limitations that should be acknowledged as part of this research. First, a major limitation is not having a control/comparison group. Secondly, this study relied heavily on the promotores for engaging and recruiting participants. This resulted in a self-selection bias with 100% of the participants being a

Hispanic background. This is due primarily to the fact that the promotores themselves were from a Hispanic background and drew from their community relationships. In similar ways, the small sample size of 46 participants resulted in limitations of statistical power and impacts general inference of results. For example, time was trending towards significance in predicting mental health outcomes. It is likely that a larger sample would have allowed this relationship to estimate a statistically significant coefficient. Conversely, this small and homogeneous sample gives rise to whether the results would be replicable in other geographic areas and with other ethnicities. Together these issues limited the analysis to univariate models which were not capable of estimating mediating and moderating effects among the variables.

Despite the inherent limitations linked to this research, there were significant strengths worthy of acknowledgment as this was the first known documented study in the literature to use a longitudinal approach and track outcomes of a promotora-led program for the goal of socioeconomic mobility. Specifically, the findings of this study suggest promise in using a promotora framework to develop socioeconomic mobility.

Future Directions

In this study, researchers sought to broaden the use of a well-known community approach – the promotora–for the purpose of supporting individual's socioeconomic mobility. Besides adding to the body of knowledge relevant to the scholarship linked to economically disadvantaged populations in the US, we raised questions about the underuse of the CHW approach and the need for future research involving promotora-led

program among low-income communities. Thus, our results may raise several opportunities for future research in the areas of community engagement and leadership.

First, we believe this study provided evidence linked to the successful applications of a promotora-led program for the goal of socioeconomic mobility. Based on the results of this pilot study, future research should consider including a control group to address the limitations discussed above. Similarly, future studies should consider increasing the sample size as well as trial there was a significant engagement and retention outcome associated with this study.

Second, although our study focused on the examination of a promotora-led program for the goal of socioeconomic mobility, more research is necessary to investigate mechanisms involved in the training and program development of such interventions based on the CHW model. Given that training is a critical component in fostering the leadership abilities of promotores(as), future research could potentially make considerable contributions to the significant infrastructure of the promotora approach. In particular, the literature review showed that many researchers (e.g., Ingram et al., 2008; Matthew et al., 2017; Ruiz et al., 2012) identified training as an area of need in order to support the sustainability of the promotora approach. Results from our study could extend the interest of community practitioners who seek to refine the theoretical implications of such an approach.

Finally, as discussed in the limitations section of this study, a need exists to design future research to verify the effectiveness of the promotora approach with a variety of populations. Given that the design of this study focused only on a Hispanic and Latino sample from a low-income background, future researchers should consider

exploring the possibility of the implementation of a promotora-led intervention among other ethnicities in the US and possibly different countries as well. Although the results of this study were supported by remarkable findings linked to the evaluation of the Launch program, future research is nevertheless necessary to examine the extent to which this community-engaged practice is transferable among populations.

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CHAPTER SIX

RELATIONSHIPS FOR SOCIAL CHANGE: THE VALUE OF THE PROMOTORA FRAMEWORK IN NAVIGATING SYSTEMS OF EMPLOYMENT

Abstract

The Community Health Worker (CHW) or the promotora model has been widely used to decrease health disparities among underserved populations across the world (Ingram, Sabo, Rothers, Wennerstrom & Zapien, 2008; Shepeherd-Baningan et al., 2014). Given that socioeconomic inequalities tend to influence the pervasiveness of social problems (Hick, 2014), expanding the applications of the promotora approach may be particularly important to further socioeconomic change. The Launch Initiative was a pilot study developed using the principles of the promotora framework to assist low-income families of the County of San Bernardino with better employment and vocational opportunities. In this study, we explore the experiences of individuals who participated in the Launch Initiative study. Researchers collected qualitative data through focus groups and individual interviews with individuals who completed the Launch program and used narrative thematic methodology to analyze the data and investigate the contributions of participating in the Launch program. By offering families access to promotores who shared similar cultural backgrounds and insight linked to the challenges of being part of the same communities, the Launch program helped support relationships to further socioeconomic mobility for participants.

Keywords: promotora, community-based intervention, socioeconomic mobility, narrative thematic analysis.

Introduction

The Launch Initiative was a promotora-led program developed in 2017 to assist low-income families of San Bernardino County in finding better employment and vocational opportunities. The program offered the community access to a promotor(a) who would work directly with participants focusing on employment and vocational goals. The program integrated the foundational principles of the promotora framework - a Community Health Worker (CHW) approach - that accounts for contextual factors (e.g., race, ethnicity, language, gender) specific to the community.

The American Public Health Association (APHA) defines CHWs and promotores as trusted members of the community who work in the frontlines of public health while facilitating access to services with the goal of improving the quality and cultural competence of service delivery (APHA, 2018). Throughout the literature linked to CHW and the promotora, one of the unique attributes of this approach that is particularly well suited to work with hard to reach communities is that promotores(as) have emerged from the same underserved communities they serve (Bush et al., 2014; Pérez & Martinez, 2008). Based on this theoretical approach, promotores are situated in a context where they have the advantage of interface with the population as they are acquainted with the daily challenges experienced by the population (Bush et al., 2014; Matthew et al., 2017). To this end, promotores are known to carry personal knowledge that is often needed to overcome similar community hardships (Ayala et al., 2015; deRosset et al., 2014; Shepherd-Banigan et al., 2014). In the case of the Launch program, this knowledge is hypothesized as useful in furthering individuals' ability to navigate the systems of employment in the United States.

Historically, the promotora framework can be traced back to early 17th century Russia when a shortage of doctors led to laypeople receiving basic medical training to provide low-cost health care to the underserved community (Pérez & Martinez, 2008). Around the 1960s, it emerged in Latin American countries (e.g., Brazil, Mexico), and the term became well-known as "Promotores de Salud" which translates as "health promoters" (Keane, Nielsen & Dower, 2004; Matthew et al., 2017). In the case of developing countries, such as Brazil and Mexico, their primary focus was to help the population with health-related referrals, literacy, and family planning to facilitate appropriate access to community resources (Kaene et al., 2004). Within the U.S., the implementation of the CHW model can be traced to the early 1950s when President Lyndon B. Johnson (1908-1973) established a presidential task force urging the U.S. Congress and all Americans to join the unconditional war against poverty (Bunch, Itulya & Johnson, 2017, p.14). As a result, the Economic Opportunity Act (1964) and the Federal Migrant Health Act (1962) developed antipoverty and outreach initiatives that called upon a community action approach to diminish social inequalities (Pérez & Martinez, 2008; Lefkowitz, 2007).

Despite the promising social justice, the CHW community framework, there is no documentation in the literature discussing the promotora approach for the goal of enhancing socioeconomic mobility. Most of the studies conducted to evaluate a promotora-led intervention with underserved communities have focused specifically on health and behavioral outcomes (Pérez & Martinez, 2008; Matthew et al., 2017). For example, a promotora-led cardiovascular health program implemented in Florida, Texas, and Maryland reduced heart health risk behaviors among Latino communities (Spinner &

Alvarado, 2012). A home-based promotora intervention helped improve breast cancer screening practices and completion of cancer treatment among Hispanic women (Dudley et al., 2013; Fernandez et al., 2009; Livaudais et al., 2010). The promotora model was used to improve diabetes-related behaviors and outcomes among Hispanics living in rural areas in Washington State and high-risk Mexican-American patients in San Diego County (Shepherd-Banigan et al., 2014; Philis-Tsimikas, Fortmann, Lleva-Ocana, Walker, & Gallo, 2011). Promotores also helped improve hypertension outcomes and stress management among the Latino population (Sanchez et al., 2014; Tran et al., 2012).

Given that in San Bernardino County 53.4% of the population identified as Hispanic or Latino, which is 35.4% higher than the average general population in the U.S. (US Census, 2018), it is important to attend to these unique factors (i.e., race and ethnicity) when responding to social problems. For scholar-activists, the promotora framework is emerging as key to addressing social inequalities experienced by ethnic minority groups in the U.S (Ingram, Sabo, Rothers, Wennerstrom & Zapien, 2008; Shepeherd-Baningan et al., 2014). This is especially true when considering many of the public programs designed to assist disadvantaged populations have not been sufficient to affect change among underrepresented communities (Bradshaw, 2009; Hildebrandt & Stevens, 2011).

The purpose of this study is to investigate the experiences of individuals who participated in the Launch Pilot Study – a program that implemented a promotora-led approach for socioeconomic mobility among individuals of San Bernardino County. Moreover, we aim to explore how variations in the relationship between promotores and

the participants contributed to participants' experiences in navigating the systems of employment in San Bernardino County.

Conceptual Framework

In light of the social justice movements in which proponents advocate for structural systemic changes in the landscape of communities, social constructionism offers the possibility of ethical engagement in research by challenging the universal explanations of a social phenomenon. People are no longer viewed as the sole owners of their problems (Burr, 2003). This theoretical shift from the binary assumptions of psychological and traditional family systems models helps in the understanding of complex problems, such as socioeconomic inequalities (Burr, 1995, 2003). To this end, for a person to escape the oppressive nature of social grand narratives, social constructionists take interest in narratives that dignify multiple accounts of knowing. Therefore, confronting these problematic grand narratives and social discourses is the key factor in dissolving socioeconomic inequities affecting communities (Burr, 2003; Foucault, 1998; White & Epston, 1990).

We adopted a social constructionist conceptual framework to assist in contextualizing socioeconomic disparities in broad societal structures and systems. In this case, the epistemology guiding this research project is such that the reader is asked to be wary of universal descriptions when considering social problems (e.g., poverty, social inequalities) as an objective condition or category (Loseke, 2003). From this perspective, the process of using language to describe reality accounts for internalized roles and attitudes of others respecting the orientation of systems and social relations (Segre, 2016).

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Particularly, when we engage in language to describe experience, we are not engaging in neutral activity (White & Epston, 1990). This assumption rests on the premise that language exists in culturally available discourses; therefore, it is relevant in understanding the expression of human experience in relation to knowledge.

A social constructionist framework warrants the concepts of knowledge, power, and social action as interconnected (Allen, 2004). All these concepts invite exploration of the way social activism and local knowledges are negotiated in underserved communities. Theoretically, this shift in thinking is key in conceptualizing social problems. In particular, it facilitates exploration of the role of the local knowledges of the community (Foucault & Deleuze, 1977; White & Epston, 1990) as the expression of historical moments when some groups exercise dominant power over others (Niekerk & Johanna, 2005). That said, because knowledge is actively constructed in the context of social interactions, social scientists must be suspicious of grand theories that discount local knowledges when offering recommendations for social change (Burr, 1995).

To further understand the value of these concepts, we consider how multiple realities organize human experience in the socio-economic systems of employment. Acknowledging that the constructs of knowledge and power are the pillars of social constructionism (Gergen, 2009) raises awareness about the use of language to describe social realities. According to Burr (1995), knowledge is power over others, the power to define others. With careful consideration, we recognize that where knowledge exists, so does power. This offers the opportunity to examine singular accounts of knowledge and its contribution to oppressive socioeconomic practices.

Social Location of the Researcher

This study represents the researcher's commitment to the values of social justice applied to MFT research. In particular, the focus on community-engaged practices offered unique opportunities to join the community in the process of research inquiry. As a light brown-skinned female who immigrated from South America in 2008, the first author locates her biographical history within the experiences of the individuals who participated in this study. More specifically, the process of navigating the systems of employment and education in the US has influenced much of her desire to investigate such experiences. Throughout the intersections of her academic journey and acculturation processes in the US, the researcher has recognized that personal and professional experiences affirmed much of the commitment to critically examine some of the traditions of interpretivism in scientific research.

As an Marriage and Family Therapist (MFT), the first author acknowledges that in order to attend to social issues, engaging in reflexivity is important. This offered the opportunity to responsibly engage in the process of representing people's experience in research as well as acknowledgment of intersections of the role of self and the context of social inquiry. Claiming insider–outsider status (Ivankova, 2015), the researcher was interested in examining assumptions linked to similar challenges of culture crossing in all aspects of the inquiry. Her awareness of social location and other dimensions of ethnicity became significantly important in the process of examining the assumptions of how socioeconomic disparities are understood and organized in the US. For this reason, the efforts to integrate prior experience in research have been helpful in affirming that science is not a value-free industry (Denzin & Lincoln, 2005; Ravitch & Riggan, 2012).

The Launch Initiative Program

This program emerged from the direct interest of community stakeholders from the San Bernardino area. The main intervention matched 46 families to the three promotores who met with the participants individually at least once a week. Once participants enrolled in the program, they started to work with a designated promotor(a) for the length of the study. Promtores and participants were assigned randomly. Individuals participated in weekly sessions and received individualized support based on their immediate area of need – employment or vocational training. These individualized sessions took place either at the participant's home, local community resource centers, or via phone consultation. Throughout the program, promotores collaborated with the participant's vision to achieve future employment or vocational goals. More specifically, promotores focused on executing goal plans as well as providing participants with connections to local resources (e.g., vocational training, resume writing support, job search strategies, etc.).

It is important to note that at the beginning of the program, individuals received a higher level of support and follow up sessions from the promotores to ensure participants had been working on their agreed-upon goals. However, as individuals continued to follow their work plan, promotores began to titrate the sessions to decrease their level of support and prepare the participants to graduate from the program.

Methods

Recruitment

The sample for this study comprised of individuals who were enrolled in a promotora-led program as well as promotores who delivered the intervention in the community. The research design was reviewed and approved by the Loma Linda University Human Subjects Review Board (IRB Certificate #5160411). Initially, three of the promotores hired to deliver the program to the community were responsible for recruiting individuals for this study. Promotores distributed fliers and posters offering the Launch Program information throughout San Bernardino County as part of the first step in the recruitment of participants. They advertised the program during their visits to family resource centers, local community/ neighborhood programs, workforce agencies to engage the community of San Bernardino County. In order to be accepted to participate in the Launch program, individuals were required to meet the following eligibility criteria: (1) to have the legal right to work in the United States and (2) to have a high school diploma or GED equivalent.

A total of 57 individuals were offered to participate in the study. Out of the 57, a total of 46 completed the informed consent process with their promotor and started the program. Considering the goal of the program was to foster socioeconomic mobility, the majority of the individuals who joined the study identified the desire to change their employment or vocational status as part of their primary focus when working with their promotor. At the end of the Launch Program, all of the 46 launch recipients were invited via an official letter to participate in a qualitative interview about their experience.

Additionally, promotores who delivered the promotora-led intervention to Launch recipients were also invited to participate in the study via an official letter.

Participants

A total of 25 individuals who completed the Launch initiative program were surveyed in this study. The sample was 100% of Hispanic background. The majority of the participants were female (72%) and their average age was 24 years old ($SD = 12.81$). In terms of relationship status, 41.7% of the participants reported being single, followed by 33.3% married, and 12.5% separated from their partner (refer to Table 1 for the summary).

Table 1. *Demographic characteristics for the Launch participants (N = 25)*

Gender		
Female	18	(72%)
Male	7	(28%)
Mean Age (SD)	24	(12.81)
Race		
Hispanic	46	(100%)
Relationship Status		
Single	10	(41.7%)
Married	8	(33.3%)
Separated	3	(12.5%)
Divorced	2	(8.3%)
Widower/Widow	1	(4.2%)
Education		
GED/High School Diploma	25	(100%)

At the time of the interviews, all of the 25 participants were graduating from a 6-month program who offered each of the individuals a promotor(a) to assist individuals in the pursuit of their employment and vocational goals. In addition, all of the promotores identified as Hispanic. Two were women and one was a man. The average age of the

promotores was 57 years old (*SD* = 3.3). All of the promotores reported that they were bilingual in English and Spanish.

Procedures

A total of four focus groups and three individual interviews were conducted with the 25 individuals who were graduating from the program. In the case of the interviews with promotores, a total of three individual interviews and one focus group were conducted to gather qualitative data. Participants were informed about the purpose of the study and consented to be audiotaped during the interviews. Standard directions were given to the participants at the beginning of the interviews highlighting their option to decline to answer any questions and to terminate their participation at any time. With attention to language and cultural considerations, the focus groups were conducted in the preferred language of the participants (e.g., English or Spanish). Each focus group and individual interviews lasted approximately 60 to 90 minutes.

Interview Guide

To assess domains related to the process the two groups—individuals receiving the Launch intervention and the promotores—the researcher conducted a total of 11 semi-structured interviews to examine experiences of both participants and promotores after completing a 6-month engagement in the Launch program (see Table 2 for interview guide).

Table 2. *Interview Guide Questions Grouped by Participants*

Group	Questions
Launch recipients	How long have you been enrolled in the Launch study?
	What is your employment status?
	Has your employment status changed while receiving services with your promotor?
	How has your participation in the program aligned with personal or professional goals for yourself and your family?
	Can you speak about the overall experience in receiving assistance from your promotor(a)?
	Please describe your relationship with your promotor. How does your relationship with your promotor(a) influence your vocational and employment goals?
	Can you speak to the effect of the ethnic background and language of your promotor on your interactions?
	Did you share these characteristics (language and ethnic) background with your promotor(a)?
	What were the challenges or benefits of this? Could you give me an example?
Promotores	Can you describe your experience working with families as a promotor in the Launch program?
	What helped you to support participants in achieving their vocational or employment goals?
	Did any challenges contribute to families' inability to achieve their vocational goals?
	From your experience, was there anything that made it easy or difficult to engage in providing services to the families enrolled in the program?
	Did you identify any positive or negative aspects of working with the families? What helped you to continue working with the families who engaged in the program? What helped you to continue with families who did not engage in the program as expected?
	Can you comment on how the ethnic background and language you speak (e.g., English or Spanish) affected your interactions with the families? Could you give me an example?
	Do you consider sharing a similar ethnic background and speaking the same language to be a helpful quality of a promotor(a)? If yes, how?

Data Analysis

The data was fully transcribed by the first author and research assistants. In the

case of the interviews in Spanish, the first author was responsible for translating and

transcribing the data. To ensure for translation accuracy of the transcripts, a bi-lingual research assistant revised the audio and transcripts prior to the process of data analysis. Identifying information was removed and each participant was given a number id to protect confidentiality. The software ATLAS.ti, version 8.3.0 (2013) was used to help with the analysis process.

A narrative thematic analysis was used to map emerging themes in the participant's narratives through contrast comparison methods (Clandinin, 2007; Riessman, 2007). One of the important philosophical assumptions of narrative thematic analysis was the commitment to keeping the participants' narratives intact by focusing on what is said instead of how or for what purposes (Riessman, 2007). First, the first author familiarized herself with the data by listening to the interviews several times. Second, she transcribed and translated the data from Spanish to English. Transcripts were reviewed multiple times while attending to the chronological sequence in the participant's narratives. Relevant information was ordered into chronological biographical accounts. Initial themes were generated by the first author. Given that one of the significant components of qualitative inquiry is transparency in terms of rigor and validity, the first author consulted with an academic reflecting team from Narrative Initiatives San Diego to assist as the second level of formal coding. The first author consulted with a multicultural-bilingual, academic reflecting team from Narrative Initiatives San Diego to assist as the second level of formal coding. Finally, a group case unit was selected to illustrate range and variation among the cases that developed across a thematic map (Riessman, 2007).

Generally, the validity of research is tied to the transparency of the methodology, while the reliability of research is particularly concerned with how data were interpreted (Daly, 2007). Although these traditions continue to guide objectivist research methodologies, the conceptual framework adopted by the researcher provided the foundation for the research to be conducted with reason and rigor. The effort to enhance the trustworthiness of the data was embedded in every step of the research design. The collaboration between the researcher and research assistants while transcribing and translating the qualitative data prior to analysis helped to address concerns linked to issues of validity and reliability. These concerns were addressed during the data collection process, including the fidelity of the transcripts, translations from Spanish to English, individual files for each participant, and field notes for the analysis (Riessman, 2007).

Results

The central themes of this study will assist in understanding the processes involved in navigating the systems of employment for Launch participants. The following themes emerged from our narrative analysis:

1. Relationships with promotores(as);

2. Relationships with identities;

3. Relationships with knowledge;

4. Relationships with family.

To provide the context to explore our findings, the researchers adopted a meta-framework that invites the reader to approach relational learning from the

promotores(as) and participants as interactive and simultaneous learning that is taking place through the reciprocity of the connections made throughout the program. We explore these four relational components situated in different timelines and aspects of the tellings of these stories. Considering that learning is taking place in relationships and communities, it is through the connections with familiarity with promotores that participants were able to move with more freedom through the challenging systems of employment. More specifically, this sense of community learning is particularly meaningful to how participants described and situated their experiences in the Launch program.

Theme 1: Relationships with promotores(as)

Individuals who participated in the Launch program described the importance of developing a relationship with their promotor(a) as well as the significance of sharing personal similarities such as language and ethnicity while working towards their employment or vocational preferences with their promotor(a) – (a) shared personal connection to language and cultural similarities with promotores, (b) promotores(as)' relational ethics, and (c) honoring the participants' desired destination.

Shared personal connection to language and cultural similarities.

Participants described the importance of sharing a personal connection to language related to their preference to express themselves in Spanish as well as their cultural similarities with the promotor(a).

I think that we (myself and my family) were able to identify a little bit more with

my promotora because I'm from the same background. She is Hispanic, so we

could speak both languages (English and Spanish). My promotora could also

interact with my mom more so I didn't have to translate. So that's one of the big

things I think that we identified with my promotora most of all because of the

language.

When discussing the participants' relationships with their promotor(a), they

stressed the significance of speaking the same language in relation to engaging in the

program.

I don't speak much of English.. so for me, it is important to express myself... and

to understand... we have to be on the same page.. it would be more difficult and

less interesting) to be with a promotora that wouldn't understand me so well and I

couldn't express myself.. my feelings like I want to.

While participants described the importance of being able to express themselves

in their preferred language, communicating in Spanish was reportedly a contributor in

their engagement in the program*… (speaking Spanish) has helped a lot because it helps*

to have the same language to understand the same concepts through language.

Promotores(as)' relational ethics

Individuals described several aspects of their experience with promotores in terms

of how relationships were built and how promotores had unique abilities to join the

participants who were in the pursuit of better employment opportunities. This theme was

identified throughout the participant's responses as an important set of abilities when promotores are working with the community.

My promotora's attitude was ample and positive, friendly, open-minded.. but overall, she gives this time to listen to you. That this is one of the ways a person will sense you have someone there supporting you… someone that is listening to you, by your side, guiding you, and to pass on information, such as other ways that one's may find the employment they are seeking.

When engaging individuals in the program that was specifically designed to improve participant's socioeconomic mobility, the promotores' ability to join and *listen* was viewed as a significant element in the relationship that fostered positive change in the participant's journey in the program.

I think it was important to have her there to listen to me because there are certain things that I already knew (about employment), but I couldn't talk to others – such as my mom my mom for example, because maybe she is not at that level where she wouldn't understand it as much as my promotora would know kind of like with resumes or like interviews because my mom didn't really she doesn't work or she hasn't gone through those types of situations here.

I opened my mind to my promotor, I told him something personal... and it helped me a lot, I know he counts like a psychologist, I think that maybe something like that... like empathy to work.

Honoring the participants' desired destination

In addition to the ways participant's described their preferences in speaking the same language and their promotores' ability to join them in their journey of seeking employment, participants shared that in order to help with their employment goals, promotores needed to be sensitive to individual's needs and desires in the program.

I believe promotores need to know what are our goals and desires that we have to improve, if it is work if it is family problems, what reason we haven't found a job. They need to know many things really. For example, if this person, promotor that helped me, if this person knew a little bit of me, yes.. so when I got connected with him, then we get to talk little by little, what are my desires, if I want to work or study, what are your desires, it is everything that they will know little by little that we will meet every week.

It is important for promotores to have this tolerance, to be open because we all have differences in cultures and many differences can happen, but the most important is to focus on what one's doing and reach the goals that one wants to improve.

Theme 2: Relationships with identities

One of the ways participants explained their trajectory in the program was to describe how promotores assisted in broadening preferences in their identities, in the context of navigating the systems of employment. Through their responses, individuals chronologically storied their experiences as they reflected on the changes between the

start and competition of their participation in the program. For many of them, promotores assisted in re-storying their identity preferences and served as a critical force for their employment possibilities. For participants, to re-imagine this emerging vision of employment goals, they offered insights linked to the road to pursuing socioeconomic mobility while in the Launch program. This process included: (a) employment self-inventory; (b) attending to dominant gender and cultural norms, (c) accountability towards identified employment goals, and (d) enhanced agency.

Employment self- inventory

Throughout the responses about their experience in the program, participants discussed the trajectory of joining the program while identifying previous employment experiences that are linked to their desire to improve their socioeconomic status.

> *I was in a job that was very demanding, missing a lot of time with my daughter, now that she is 1 ½ year old, she needs me... So, I felt that I couldn't make changes... I felt stuck where I was.*

Participants discussed their experiences as they joined the Launch program in relation to the difficulty in finding employment and even applying for government assistance programs to help with income insecurities.

> *I was facing a very difficult situation too, very difficult emotionally, and I thought I wouldn't get out (sigh) (pause) (tears). Ai, estoy emocional (I am emotional). I've never imagined myself receiving government assistance, I had to do it because of the situation I was facing, through the department of service*

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assistance (tears), and there was when my salvadora (savior) arrived. She arrived

through this program. I was doing a little work where I was, but I didn't have

much work, especially with a child.

Attending to dominant gender and cultural norms

As participants progressed in the program being assisted by their promotores, they

reflected on gender and cultural norms that influenced their own ideas of employment

possibilities. This was particularly true for women participating in the study. Throughout

their responses, they provided insight into the shifts in how they related to gender and

cultural norms and how it assisted many of them in their journey to seeking better

employment opportunities.

> *I am the oldest of ten children that my mother had, and I had to help my mom take*
>
> *care of them since I was eight years old, I helped my mother take care of my*
>
> *siblings, so I didn't have the opportunity to study, not because I didn't want to, but*
>
> *because I couldn't it (tears). I came to this country when I was 18 with an 8-*
>
> *month-old daughter. I started to go to school and study English. I was always*
>
> *seeking opportunities to overcome challenges in some way. I believe those who*
>
> *want to have a better life for themselves and for their families from my generation*
>
> *are finishing a high school certificate and that are going to college, from all the*
>
> *other generations.*

> *For me, it was very difficult, emotionally I think I still struggle a lot because I feel*
>
> *alone with my children, but it is like they do not cooperate with me, when I feel*

bad when I feel down, I feel bad and I don't know what to do. It is that you are

walking in circles, even though you know where you want to go, but the children

and the family get in the way of the things you want to do to improve and move

forward.

The women who participated in the study explored the influence of culture and gender while they pursued their employment goals. Their accounts described how they experienced a lack of family support which was connected to gender and cultural expectations while navigating their life with their promotores.

This is our mistake, as Latinos I was at home and (my family asks) come here or

go there. Sometimes I didn't do things for myself. Why do I have to go here and

there (for them)? I wanted to do some things first, like get my diploma, also my

GED, now my driver's license, but when I focused on working from home I spent

more time (taking care of) my children.

The women also recounted many times in which they described the difficulties involved as they actively worked towards their goals in the program while still fulfilling gender roles, such as caring for an infant while pursuing career goals.

It is difficult. I don't have anyone to take care of my daughter... it is double the

difficulty, I didn't know what to do, thank God, my friend helped. I had to take the

children to school, I came back to do a little more studying, and then to work at

night from 11 pm until 6 am in the morning, and everything was very difficult... I

wasn't able to sleep for months.

Enhanced agency

Overall, participants reported that receiving services from their promotor(a) influenced change in aspects of feeling capable and confident about themselves. In the case of finding employment, participants reflected that their relationship with their promotor(a) was supportive in becoming agents of change for the purpose of finding employment throughout the program.

I used to not believe in myself, I knew I had potential, but I didn't know how to start... My promotora gave me strategies and I am satisfied with the program, it helped me a lot, and I learned a lot.

I have done things that I thought I couldn't do, find a job within 3 months? I thought I couldn't do it. I was feeling very insecure and I thought I couldn't do it. I was taking a step forward and a thousand steps backward (laughs). Now I feel can move forward I want more and more. Things have not been easy because I come from a situation, from a marriage that my husband controlled everything, financially everything, what I was eating, what I was wearing, everything.

At first, I wasn't going to school and I wasn't working. I was looking for work, I wasn't able to land a job anywhere. I lost confidence. I didn't know what to do. (My promotora) helps me get back on track. And she helped me saying I could do it. I just keep applying, and I got the job and I've already been working there for two months. I went from a job that I didn't really like, to a job that I really like and I want to make it my future career.

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When we seek something we find resources that we didn't know were there... so

these difficult moments push you to be stronger, wiser... and they give you more

confidence when you start to solve all these things and you have the ability to

know you are much more capable of doing things that you ever thought.

Throughout the promotores' responses, they described their experiences with
participants in similar ways highlighting the challenges in pursuing their goals. For the
promotores, the ability to feel capable of reaching employment goals is an important
component in participants' actions towards employment changes.

...most of the participants think it's going to be very difficult to reach their

goal...they see the goal far...far away... they need to believe in themselves to see

that they can reach their goals.

Theme 3: Relationships with knowledge

Throughout their responses, participants provided insight into the shifts in the
ways they related to knowledge and resources available in the community. As they
continued to work with the promotores to achieve their employment goals, individuals
explained how their relationship with what they learned helped with specific outcomes in
their lives. Among them were (a) expanding the utilization of community resources, and
(b) applying knowledge into practice

Expanding the utilization of community resources

A significant factor in the process of navigating the systems of employment while in the program was a sense of increased utilization of available resources in the community. Through the promotora framework, participants expanded the relationship they had with community resources that were already available but most often being underused by community members.

> *I have two places I can go, the workforce development center ... for example, I don't have a computer, I know where to drive to get work done and find ways... because now I have a lot of knowledge, and I know how to do it.*

In addition to participants' reports of increased use of community resources, Launch promotores provided resources to participants to address diverse areas of needs and foster socio-economic transformation.

> *...(when participants say) I want to work on this, we are going to work hard on this area…I can reinforce that the opportunity or that information or anything participants need or get really deep into them the resources and what kind of help they need.*

> *…for participants to accomplish (their goals)…if they don't have the resources out there for them (it is our purpose). I always keep in mind those resources for them, because they don't know they're available for them.*

Several times throughout their responses, promotores identified basic community resources that are not specific to employment could also significantly contribute to helping participants meet basic needs and move towards their employment goals.

My client said that he is going to apply for a job and I didn't say he needed this information… I said I need to bring this information to you. For example, one of my clients needed a lot of food pantry resources so I provided as much information as I could so they can have food on the table. I saw that sometimes she was crying. That touched my heart, but I would tell her: "You will be okay, you are going through hard economic hardship.

Applying knowledge into practice

Participants reported they gained unique knowledge from engaging in the program that was instrumental for taking informed action. The process of gathering knowledge and information relevant to employment goals played an important role in transferring information to practice.

…the most important was that where I started working I could apply what I have learned at school and then this was what most helped me to understand that what I had learned helped me and I already put in practice. It helped me to see the changes. The changes that happened inside my job gives me the encouragement to reach for more.

I learned the essence and the knowledge de que uno puede (a person can do it)…. in my case, siento que ahora soy yo (I feel that now I am myself)… that I have the

knowledge that I can do it and will do it when the program is over I will take this

lesson that I can keep going.

... because I work on the field, in construction, I work hard under the sun every

day, what my promotor taught me is that I don't have to settle. There are jobs,

there are jobs out there... yes.. if you want to get a career, contractor, engineer,

architect, this will be what you are going to focus on. I learned to have love and

respect for (my) job (that's)what my father has taught me. My promotor has

taught me that you convert your job into a career.

I am conscious that I can have the knowledge and all these tools, but if I don't use

them.. they will just be there... just like if you are hungry and you to the fridge and

say: there is no food and if you don't prepare something, you will die of hunger

just looking. Or if you are sick, and you go to the doctor and they give you the

best medicine, but if you don't buy it and you don't take it, nothing will happen.

Theme 4: Relationships with family

The last theme that emerged from our analyses was related to the shifts in

relationship with family members reported by the participants of this study. Although

promotores did not provide direct services to family members, participants reported a

significant difference in the relationships between themselves and family members. In

addition, participants identified noticeable changes in the ways they related to family

members and vice-versa. To this end, the path to working towards employment

preferences contributed to family transformations throughout participants' experiences while in the program.

All the sessions with (my promotora) definitely made an impact in my life. It has reached my daughters, nieces, parents, siblings… even my sister has said: You can be our own promotora. Directly and physically (my promotora) did not interact with my family… but the impact (exclamation!) she caused in my life, and has reached a lot of people.. of my family.

I observe changes in my family. I have a younger daughter, she is 13 and she already participates in a group that I am part of. She wants to do the same that I have done, to go to the university, to study, and she already told me: Mom, I know you worked so hard, that you don't sleep, that you have done so much work, and she told me: I am very proud of you. For me, it is the biggest satisfaction, that she is happy and that she at a young age already has this motivation to want to study. She has this dream to go to a university. The most important thing to me is also that she learned to speak more Spanish…it is incredible.

My promotora has never had contact with my husband.. or my kids, except the eldest.. on a few occasions... but what she has done to me, (my family) has noticed. My husband says I am not the same person. He tells me he needs help to clean his credit…things he knows I know of… he says before you didn't talk to me before you were like a lap cat. I am not the one you think I was. He says now I

talk, I help, I work…I say look at me I work, I travel… he sees that sometimes…

he may send his messages to destroy me, but I am not weak(anymore).

I think that when you can motivate or guide one person… you can probably

indirectly create change in the whole family. If one of them changes, then that

creates an impact on the rest of the family. In my case, some of my families have

noticed how (I) changed as a person….that's what I can say about that.

Discussion

A central component of the Launch program relied on identifying individuals from San Bernardino County to step into leadership roles as promotor or promotora - and assist participants to navigate systems of employment. As discussed throughout the literature, promotores have the advantage of combining lived experience and local knowledge to influence structural changes in many communities (Lehmann & Sanders, 2007; Matthew et al., 2017; Pérez & Martinez, 2008). In the case of expanding the promotora approach for the goal of socioeconomic mobility, our findings suggest it could offer a differential avenue to confront the reality of socioeconomic inequalities.

Given the promotora approach has been used in several countries to help the population navigate healthcare systems, designers of the Launch program took into consideration the success of the promotora framework and targeted socio-economic challenges of a local community. We believe the relationship between promotores and participants was particularly important to shaping the participant's experiences in their journey navigating the systems of employment in San Bernardino County. The nature of

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the promotora framework relies on relationships with familiarity. In this case, participants and promotores are not too different that it makes it difficult to relate to each other. Additionally, it is important to note that through the connection with the program and promotores, participants described their experience moving more freely through the systems of employment in San Bernardino. In other words, relationships between the community offered people active participation in their life as they take action in this process of finding employment.

Given that ethnic minorities in the U.S. have higher odds of experiencing the detrimental effects of financial stressors in their overall health and wellbeing (Acri et al., 2017; Growiec & Growiec, 2016; Maisel & Karney; 2012; Mendoza et al., 2017), the Launch program supported participants in different domains of their lives channeling efforts to furthering personal agency and their ability to pursue their goals. In this case, promotores assisted participants in re-imagining their lives by attending to dominant gender and cultural norms which led participants to a sense of agency and feeling confident about their abilities to pursue employment.

The central theme of developing relationships to foster socioeconomic mobility among underserved populations offers insight into the process of individuals participating in the study. In particular, a program designed to offer participants assistance in specific employment goals resulted in major shifts in terms of the relationships participants had with knowledge and even their families. This overlay in pursuing employment goals and personal development may be uniquely tied to the nature of the relationships promotores fostered throughout the program. Overall, the importance of building upon the success of

the promotora model may offer a meaningful avenue to mitigate socioeconomic disparities and its effects on the quality of life among ethnic minorities.

Although there were significant findings reported from the participants, we identified notable limitations. Because the sample of the study comprised of individuals from Hispanic background, future studies should consider if the application of this approach could be transferable to other populations. While the researcher's efforts to engage ethnic minorities in culturally sensitive research included translations from Spanish to English, overlooking sociolinguistic contextual factors may present another significant limitation in this study.

Another important limitation of this study is related to the sample surveyed. We only interviewed participants who had completed the Launch program. Given the data collected for this study comprised of individuals who finished the program, this could be understood as a potential limitation that may be connected to bias in the participants' responses and perhaps changes in employment status. Although the issue of not having a control group could also be considered problematic, the reported employment growth rates of the population of San Bernardino County may help to contextualize our findings. For example, from 2017 to 2018 which was the period when the Launch study was conducted, individuals in San Bernardino County experienced a decline in unemployment rates from 4.9% to 4.1% (Employment Development Department [EDD], 2020). In addition to the decline in unemployment, in the same year the Launch study was taking place, employment rates increased from 896,700 individuals to 916,700, an increase of 2.2% (EDD, 2020). To this end, our findings (e.g., 49.9% increase in employment) surpasses the employment growth rates reported by the County which is an important

point to consider when examining the benefits of adopting a promotora framework for socioeconomic mobility.

Conclusion

Despite the promising social justice applications undergirding the promotora framework, little attention has been given to expanding the promotora approach to its full potential (Matthew et al., 2017). Given the limited literature available on the promotora approach for the goal of socioeconomic mobility, our findings suggest that integrating this framework in areas of socioeconomic need can potentially influence structural changes in the community. More specifically, because underserved families often represent a marginalized part of society, community-based programs in which a collective social approach is encouraged may broaden relationships with additional community systems. Thus, integrating the promotora approach to improving socioeconomic mobility has the potential to support community advocacy for the betterment of society.

The implications of this practice intersections with a systemic approach that is central in developing community relationships to confront social problems. The importance of building upon the success of the promotora framework may offer a meaningful avenue in addressing socioeconomic disparities among ethnic minorities. More specifically, our findings highlight that the nature of relationships developed between participants and promotores influenced participants' agency while pursuing employment goals.

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CHAPTER SEVEN

CONCLUSION

In this study, we sought to broaden the use of a well-known community approach to health disparities. Besides adding to the body of knowledge relevant to the scholarship linked to economically disadvantaged populations in the US, we raised questions about the underuse of the CHW approach and the need for future research involving promotora-led interventions among members of low-income communities. Thus, our findings may offer several opportunities for future research in the areas of community practices and MFT leadership.

The first aim of our study was to examine whether a promotora-informed program could assist participants in achieving socioeconomic mobility. More specifically, we proposed in our hypothesis that individuals who participated in the Launch program would increase their socioeconomic mobility (i.e., employment level, educational status, and mental health functioning) after completing the program. Our findings suggest the program itself was successful in assisting participants in achieving a positive change in employment status.

Overall, the strongest outcomes were linked to employment status changes among the participants. Specifically, at the end of the program, 76.9% of the program participants reported full-time employment (>30 hours per week) compared to the baseline, where only 27% of participants reported having full-time employment. In addition, our findings highlight the mental health gains of participants after completing the program. We identified a reduction in depressive symptoms reported by participants at the end of the program (PHQ-9$_{T1}$= 6.08; PHQ-9$_{T3}$=3.23) as well as an increase in the

participants' quality-of-life reports ($QOL_{T1} = 79.80$; $QOL_{T3} = 89.70$). Taken together, these outcomes in employment status and overall well-being of the participants can be considered representative of the nature of the promotora relational approach.

In similar ways, the second aim of our study focused on investigating the relational processes linked to individuals' participation in the Launch Program. We aimed to explore how the variations in the relationship between promotores and participants could support participants in navigating the systems of employment in San Bernardino County. Overall, our findings suggest the relationships constituted a central theme that emerged from our analysis. More specifically, throughout the participants' responses, relationships with (a) promotores, (b) identities, (c) knowledge, and (d) families influenced changes related to participants' socioeconomic mobility. To this end, developing relationships has been understood as a necessary and significant component that helped foster socioeconomic mobility among the participants of this study. In particular, a program designed to offer participants assistance in specific employment goals resulted in major shifts in terms of the relationships participants had with knowledge (e.g., access and utilization of community resources) and even their families. This overlay in pursuing employment goals and personal development may be uniquely tied to the nature of the relationships promotores fostered throughout the program.

Although we identified significant outcomes associated with individuals' participation in the Launch program, inherent limitations should be acknowledged as part of this study. First, our study relied heavily on the promotores for engaging and recruiting participants, resulting in a self-selection bias with 100% of the participants coming from a Hispanic background. This occurred primarily because the promotores themselves came

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from a Hispanic background and recruited from their close community relationships; therefore, for the statistical analysis using the data collected from the online survey, a small sample size of 46 participants resulted in limitations of statistical power and impacts in the general inference of results. Given that the Launch program was a pilot study, a larger and heterogeneous sample could have yielded different results. For the qualitative portion of the study, we also identified inherent limitations. Collecting data from a small sample of 25 participants who completed the program may have influenced the analysis by limiting the themes among participants' responses. This problem could have been addressed had the researchers interviewed all of the individuals who joined the program about their process participating in the study.

Despite the limitations linked to this research, significant strengths are worthy of acknowledgment because this was the first known documented study in the literature to use a longitudinal approach and track outcomes of a promotora-led program to accomplish the goal of socioeconomic mobility. Beyond the goals of improving participants' socioeconomic status, our findings suggest that by addressing socioeconomic needs (e.g., employment and educational status) participants were able to enhance their ability to overcome additional constraints in immediate life domains (e.g., mental health functioning, family relationships, accessing community resources). These gains were part of the significant findings as a result of our thematic analysis.

Another strength of this study is connected to the mixed-methods methodology used by the researchers. Despite the small homogeneous sample size, the researchers surpassed the methodology rigor compared to the vast majority of studies in which only pre- and postintervention measurements were obtained. Similarly, through the qualitative

data analysis, the researchers built several components to enhance the trustworthiness of the data (e.g., consultation with an outsider academic reflecting team, revising transcripts for translation accuracy). This collaboration between the researchers and the community helped increase the rigor of our qualitative analysis. Overall, a need exists to design future research to address the limitations listed above as well as the effectiveness of the promotora approach with a variety of populations.

Future Directions

Although we focused on the examination of a promotora-led program for the goal of socioeconomic mobility, future research is needed to investigate the mechanisms involved in the training of the promotores and program development of such interventions based on the CHW model. Given that training is a critical component in fostering the leadership abilities of promotores(as), future researchers could potentially make considerable contributions to the significant infrastructure of the promotora approach. In particular, the literature review showed that many researchers (e.g., Ingram et al., 2008; Matthew et al., 2017; Ruiz et al., 2012) identified training as an area of need in order to support the sustainability of the promotora approach. Results from our study could extend the interest of community practitioners who seek to refine the theoretical implications of such an approach.

In addition, based on this critical training element, our results helped to identify a possible area for MFT collaboration in the larger context of community leadership. Consider, for example, that one of the unique attributes of the discipline of MFT is the application of systems theory to conceptualize the complex systems affecting

opportunities for socioeconomic mobility. Knowledge relevant to systemic issues is critical in our efforts to respond to particular socioeconomic needs of the community. The idea of MFT collaboration idea aimed at expanding the promotora training curriculum may broaden its scope of practice and lead to the next step toward advancing knowledge relevant to this approach. As such, our results may inform community mental health practices to consider a promotora-led approach in conjunction with behavioral health treatment. In this case, MFTs could support promotores in expanding their role in the community and work side by side in response to the ways socioeconomic systems may affect the overall well-being of individuals and families.

Employing this systematic approach may lead to significant implications in the realm of research, theory, and practice. Given the uniqueness of the CHW framework in favoring indigenous leadership and personal knowledge, evidence from this study reminds community practitioners (e.g., MFTs, psychologists) that community learning is fundamental and available in everyday personal interactions. In this case, the emphasis on honoring local cultural contexts can guide future collaborative actions between promotores and the field of MFT. Although the results of this study were supported by empirical evidence connecting the success of the promotora model and ethnic minorities (e.g., Lehmann & Sanders, 2007; U.S. DHHS, 2007), future research is nevertheless necessary to examine the extent to which this community-engaged practice is transferable among populations.

Finally and importantly, we acknowledge that our study responded to the call made by Matthew et al. (2017) and Ingram et al. (2008), who proposed the need to (re)imagine CHW work as a means for systemic change and social activism. In this sense,

we believe that in this research study we addressed an area of community need often overlooked in research investigating the promotora and CHW framework. As such, the fusion of an exclusive approach used in public health may help guide future practices as well as shed light on socioeconomic needs as a critical component for systemic change. This knowledge may enable the reconsideration of simplistic linear interventions when responding to social problems.

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