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THE CHALLENGES THAT PROMOTORES FACE WHEN IMPLEMENTING THEIR PROGRAMS

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THE CHALLENGES THAT PROMOTORES FACE
WHEN IMPLEMENTING THEIR PROGRAMS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Alejandra Santana

June 2017

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ABSTRACT

This qualitative study examines the challenges that community health workers or *Promotores* face when implementing their programs to produce better outcomes in the Latino community. Data collection was derived from five local *promotores* with an adequate knowledge base of expertise in *promotores* programs. Study themes focused on how *promotores* implement their programs, the challenges they face and providing professional and personal insight on working with the Latino community. Present day research emphasizes that *promotores* or the community health worker model approaches have been promoted as a strategy to address health disparities experienced by Latino communities in the U.S. These programs have been implemented in an effort to improve the health of Latino families and bring awareness to public health issues. However, not much is known about the challenges that they face when implementing these interventions. Study results indicated five emerging themes pertaining to the challenges that *promotores* face when implementing their programs and include: mental health stigma, recruitment, funding barriers, and lack of evaluation. Finally, suggestions for further research on *promotores* and the Latino community are discussed.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Promotores or community lay health advisors approaches have been promoted as a strategy to address health disparities experienced by Latino communities in the U.S. These programs have been implemented in an effort to improve the health of Latino families and bring awareness to public health issues. Studies have shown effective outcomes for *promotores* models and their strategic approaches within the Latino community. However, not much is known about the challenges that they face when implementing these interventions. Despite the positive health outcomes that *promotores* programs have shown, little research is known about the empirical guidance on effective implementation for these programs. Due to resource limitations, liability, and staffing constraints, non-profits such as *promotores* face challenges when implementing their programs (Twombly et al., 2012). A key issue that should be to be addressed is being able to understand the unknown challenges that *promotores* face when implementing or formulating their programs.

Research shows an extensive amount of information about *promotores* and the positive health outcomes they have on Latino communities. However, the lack of standardized information on implementing *promotores* programs makes it difficult to understand the challenges they encounter (Twombly et al., 2012). Also, data from studies showed that labor and organizational costs are also

major additional issues that *promotores* face when implementing their programs. Some respondents from studies stated that important information on *promotores* programs is difficult to gather and can lead to future issues and challenges when implementing the programs.

Labor issues such as recruiting and retention efforts can be problematic for nonprofits. These organizations must make sure that these individuals are well qualified to serve as community health workers. Certain characteristics and skills are looked for in *promotores* and the understanding of local culture and customs is critical. Since these organizations are nonprofits, *promotores* receive no pay or small stipends and typically no benefits. This makes it harder for programmers to retain *promotores* and have them stay for longer periods of times.

In addressing the issue of limited information on *promotores* programs and the challenges they face, several suggestions were given. Structured and ongoing training programs to build the skills of *promotores* such as active listening and clear communication can be a way to decrease issues. Another suggestion is for addressing retention concerns is organizational strategies that are based on volunteer management principles. These principles emphasize the need to create clear lines of communication between supervisors and volunteers in the programmatic implementation (Twombly et al., 2012). This can produce better outcomes among volunteers to increase their stay as *promotores*.

Taken together, these challenges that nonprofits encounter when implementing *promotores* programs raises the issue of how effective they will ultimately be. This is important because many foundations that fund nonprofits such as *promotores* programs may not provide operating support to them if there is lack of standardized implementation and evaluation plans. In order to address this issue and reduce financial pressure for *promotores* programs, process and outcome evaluations need to be produced. This can reveal how resources can be more efficiently used, resulting in improved health outcomes among clients.

The extension in research development for the challenges non-profits face in implementing *promotores* programs is a key factor in producing better health outcomes for the Latino community. The issue that Latinos disproportionately lack access to healthcare is important to address because lack of care relates to poor health outcomes. The gap in the academic literature on *promotores* programming leaves unanswered the issue of how non-profits can effectively implement these programs to help Latino communities. Addressing and examining in greater detail this gap may lead to better health outcomes for Latinos.

The question the current study will address is: What are the challenges *Promotores* face when implementing their programs to produce better health outcomes in the Latino community?

Purpose of Study

The purpose of this study is to find a better understanding of the relationship between health programmatic interventions and health outcomes in the Latino community. The issue that Latinos disproportionately lack access to healthcare is important to address because poor health outcomes have been correlated with lack of care amongst this community. (Medina et al., 2007). The gap in the academic literature on *promotores* programming leaves unanswered the issue of how non-profits can effectively implement these programs to help Latino communities. Addressing and examining in greater detail this gap may lead to better health outcomes for Latinos.

In this research design, a qualitative analysis approach was used for data collection. The intended project design's methodology is stated including the sample, instrument and procedure are described. Information on experts in the *promotores* program field was obtained. This allowed for the researcher to obtain information on the implementation of *promotores* programs by nonprofit organizations. A combination of participant observations and a semi-structured/structured focus group interview was the method used to collect research on *promotores* programs. Also, an interview guide approach was used in the current study.

Ultimately, the purpose of this study is to examine the relationship between *promotores* with the Latino community and the obstacles they encounter to implement these programs. *Promotores* or community lay health advisors

approaches have been promoted as a strategy to address health disparities experienced by Latino communities in the U.S. These programs have been implemented in an effort to improve the health of Latino families and bring awareness to public health issues. Studies have shown effective outcomes for *promotores* models and their strategic approaches within the Latino community. However, not much is known about the challenges that they face when implementing these interventions. Further research can lead practitioners to understand this population. Finally, my research question and sub-questions lead me to hypothesize that the extension in research development for the challenges non-profits face in implementing *promotores* programs is a key factor in producing better health outcomes for the Latino community.

Significance of the Project for Social Work.

Further research on nonprofits that implement *promotores* programs should be conducted. The next stage of this research will continue to explore the different models of CHW's programs. Public policymakers, public health officials, and nonprofit practitioners who are looking for low-cost health outcomes, could invest in the research of this issue. This investment would benefit researchers and practitioners in the future to better assist the needs of a growing underserved population.

Also, expanding the *promotor* role in community-based research is way to gain knowledgeable insight on the Latino community. *Promotores* serving as

trusted and respected bridges between their peers and healthcare providers can provide researchers with valuable feedback. From project conception, to implementation, analysis of results and translation into intervention and practice are all valuable resources of information to gain from *promotores* serving as researchers. Also, considering that sensitive topics can be addressed in Latino communities because of the relationship that there is between *promotores* and clients.

Promotores are well-qualified health educators because of the role they play within the Latino community yet they can also serve as potential researchers. This can help break cultural barriers because *promotores* can get the Latino community to go reach out to others. *Promotores* working as interveners and potential researchers can help to improve training in different universities to use this knowledge for the healthcare industry.

Researchers collaborating with public health organizations and building partnerships between universities and a larger community can allow for social change to occur in the Latino community. Further research and potential *promotores* as researchers arises the evolving notion of people within a community to create their own problem solving skills. The philosophy of empowering people and having them work through a process of solving a particular problem is a way *promotores* can study that change and how effective their plan was.

The research question the current study will address is: What are the challenges *Promotores* face when implementing their programs to produce better health outcomes in the Latino community?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The current empirical evidence provides supportive information pertaining to the challenges that *promotores* face when implementing their programs within the Latino communities. Recent research creates a foundational platform that identifies an academic gap in the lack of information regarding the empirical guidance on effective implementation for these programs (Twombly et al., 2012). The underlying theories that support the comprehensive understanding of this problem are included for reference.

Literature Review

Latinos are one of the fastest growing populations in the U.S. who encounter many health disparities (Swider, 2012). The diversity among the Latino population makes it difficult to bring change and effective outcomes to this underserved population. One challenge facing medical sociology in the new millennium consists of accurately identifying the key factors that affect the Latino community (Medina et al., 2007). This includes understanding the ethnic and culture diversity that makes this population what it is. However, this makes the job of researchers and practitioners a challenging one to promote public health and disease prevention for such a complex minority population (McClosky,

2009). The intricacy of public health issues within this community brings an overload of obstacles that can prevent practitioners and researchers from targeting the unmet needs of Latinos. The need for culture specific approaches along with the promotion of public health issues is indispensable for the Latino population (Whitley et al., 2006).

The approach of *promotores* or community lay health advisors is a method being used to address the systematic barriers and provide health services to Latinos. *Promotores* programs seek to implement low-cost approaches of public health services rather than traditional forms of healthcare delivery such as clinic-based services (Twombly et al., 2012). Using a community health worker model (CHWM), *promotores* serve as health educators, health advocates, and service coordinators to underserved populations. This approach is becoming a common outreach and health delivery method for non-profits to serve the diverse population of Latinos.

Given that Latinos are the ethnic group that are most likely to report no usual source of healthcare, *promotores* can serve as bridge between peers and health care services to change the outcome of this issue (Vaz et al., 2003). Some of the reasons for this are the barriers that Latinos face when accessing healthcare. Barriers such as language, lack of insurance and fear and mistrust of the healthcare system are key factors that limit access to routine care for the Latino population (McCloskly, 2009). This is where *promotores* programs come

into play because they can address systematic barriers that reduce Latinos' access to healthcare.

The qualities and characteristics that *promotores* have or gain make it easier for the Latino community to be targeted. *Promotores* maybe foreign or native-born but understanding and relating to the Latino community is the key to addressing these issues. Non-profits who seek to implement *promotores* programs understand the barriers that can prevent the Latino population from accessing quality healthcare. Many *promotores* themselves have dealt with poor health lifestyles and lived in critical conditions that have prevented them from receiving proper healthcare (Swider, 2012). This however, is part of the strategy used by *promotores* programs to target the needs of Latinos. These shared experiences between *promotores* and program clients can build their mutual trust and increase the probability of positive health outcomes (Wagenfeld, 1974).

One study of diabetes health behaviors and outcomes, trained *promotores* delivered a series of education sessions and distributed incentives to support diabetes-related behavior change. The study showed that involving family members and increasing social support that *promotores* provided were effective strategies for improving health behaviors and chronic outcomes among Latinos living with diabetes (Medina et al., 2007). The *promotor* was the cornerstone of the intervention and served as a credible peer role model, offering social support in the context of a shared cultural perspective.

Nonprofit organizations that use *promotores* programs conduct interventions that are culturally tailored, use community educators, apply a comprehensive approach, and focus on behavior-related tasks (McCloskey, 2009). This provides a better outcome with the increased likelihood to achieve positive effects in comparison to interventions that emphasize didactic teaching methods or that focus only on increasing health or mental health knowledge (Twombly et al., 2012). An example of this is a study conducted on Latinos with poor eating habits. The study notes on the importance of social support described by participants. One participant, specifically emphasizes on the credible information provided by the community health worker, as well as the skills and ongoing encouragement to implement healthy lifestyle changes. The participant admits to being scared of her sugar levels going up but she shared how the *promotora* taught her how to eat balanced and portioned meals that was beneficial for her health. The *promotor* was viewed as a key contributor to both their positive experience during the intervention and their knowledge gain (McCloskey, 2009).

There is growing evidence the *promotores* programs are effective methods for targeting the needs of the Latino population. Interventions and strategies with culturally and linguistic approaches have been shown to be appropriate methods to target the needs of underserved populations. *Promotores* bridge a gap between Latinos and access to healthcare. *Promotores* serve as trusted resources for many Latinos especially to recent immigrants who distrust

the medical system in the U.S. and find it overwhelming (Swider, 2002). Through these programs and interventions, *promotores* may be able to mitigate these barriers that Latinos face to produce better health outcomes for the Latino community.

Challenges Faced by *Promotores*

However, despite the positive health outcomes that *promotores* programs have shown, little research is known about the empirical guidance on effective implementation for these programs. Due to resource limitations, liability, and staffing constraints, non-profits such as *promotores* face challenges when implementing their programs (Twombly et al., 2012). A key issue that should be to be addressed is being able to understand the unknown challenges that *promotores* face when implementing or formulating their programs.

The development of *promotores* programs involves two critical steps. The first step is formulating by determining the content and scope of the program. In this step, the “how’s” can multiply. How the program will be paid for, how it will be managed and how to possibly evaluate its effectiveness need to be determined. At the stage, the program encounters the conflict of who will ultimately serve as *promotores*. The program aims to recruit members of target or underserved populations with particular health issues (Wasserman, Bender & Lee, 2007). Individuals who are culturally competent and able to operate in Spanish-speaking communities, but also understanding the intricacies of the English-speaking

community are characteristics looked for in *promotores*. The strategy is to recruit members that can ultimately build trustworthy relationships with clients to better provide positive health outcomes for the target population. This however is not an easy step. It can take months of searching for these particular types of individuals.

Furthermore, the second critical step involved in implementing *promotores* programs is putting into action their formulation plans. Once the individuals are recruited to serve as community health advisors thereafter comes the training. Not much is known about how *promotores* are trained. Though, it is necessary that *promotores* know the population targeted and are knowledgeable in the cultural competencies and needs of the community. Managers are then responsible for supervising the *promotores* activities. Depending on the nonprofit organization, linear approaches that begin with program formulation may be used and then moves to program implementation.

Finally, labor issues and organizational costs are additional challenges that nonprofits face when implementing *promotores* programs (Twombly et al., 2012). *Promotores* must be well-qualified workers with credible knowledge and cultural sensitivity. This is a process that can be very costly and time-consuming. Organizational costs impact the implementation of *promotores* programs tremendously as well. Although, these programs seek to use a cost-effective approach, there are direct costs of materials, supervisory labor and opportunities costs of the diversion of time and effort to train and manage *promotores* (Medina

et al., 2007). The cost of these issues taken together can raise conflict to be able to maintain *promotores* programs. The lack of information on *promotores* programs is a key issue that is critical in examining the relationship between *promotores* and positive health outcomes in the Latino community.

Theories Guiding Conceptualization

Finding out how preexisting social networks reach out to people is essential in order to understand the evolving social changes that occur in a targeted population. Systems theory describes human behavior in terms of complex systems (Michailakis & Schirmer, 2014) This is useful when analyzing power in development and social change processes. Systems theory can view power as culturally and symbolically created, and constantly re-legitimized through an interplay of agency and structure (Michailakis & Schirmer, 2014). One can apply this theory to underserved or minority populations because of the social order and inequalities that are reproduced over a period of time.

Systems theory asserts that key characteristics in a family system are based on an individual's needs, rewards, and expectations (Michailakis & Schirmer, 2014). This theory states that although the problem may be an individual issue, all members of the unit end up being directly involved in conflict resolution. In the Latino community, cultural and social capitals are major determinant factors on how Latinos go about receiving healthcare. Their social ties are rooted in their cultural beliefs and family relationships. For example,

Latino immigrants many times seek help back home at their country origin or to other family members because that is how things are done in their culture. Social capital are the resources based on the networks of support including group membership and relationships. Ultimately, having resources and the right or appropriate strategies will determine the success they will have and the systems that will be affected (Michailakis & Schirmer, 2014).

Social order is embedded through cultural products and systems that include an individual's values, judgement and education. This is also not limited to everyday activities and method of classifications that an individual engages in. These systems and cultural products may contribute to an individual's unconscious acceptance of rankings and social economic status. Ultimately, leading an individual to exhibit behaviors of self-exclusion and questioning their sense of belonging (Michailakis & Schirmer, 2014). For the Latino community, social dominance can produce feelings inferiority and fear. This is where social barriers and conflicts are created with Latinos in the healthcare system.

Systems theory places an emphasis on individual's routine practices and how these practices are influenced by external structures (Michailakis & Schirmer, 2014). These structures are then reproduced to and ultimately affect other surrounding systems. This applies to minority populations in how perceptions are developed, shaped, and maintained through socialization, experience, and the reality of class circumstances (Michailakis & Schirmer, 2014). These social practices are then connected to culture, structure, and

power. Ultimately shaping a population's way of thinking and viewing the outside world.

This then challenges the notion of changing an individualistic behavior and individually having them begin to adopt a particular kind of practice, especially to a population that is assimilating very differently to society. To be able to challenge those expectations and cultural practices, it is important to consider the family dynamic in the health choices we make to improve health. Beginning to communicate health and changing Latino behavior means that one must target and intervene in the interdependent relationship. Understanding the mere relationship between class and health lifestyles can be analyzed through systems theory and indicated in how human systems differ from other systems, taking their place in a larger continuum (Michailakis & Schirmer, 2014). This can provide a model of structure to social workers on how to intervene on the range of systems impacting the Latino community.

CHAPTER THREE

METHODS

Introduction

The purpose of this study is to examine the relationship between *promotores* with the Latino community and the challenges they encounter to implement these programs. This research project utilized an exploratory study by using a qualitative analysis approach to collect data. However, some of these procedures changed during the process of the data collection. This chapter contains the details of how the current study was carried out. The sections discussed are study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this research design is to find a better understanding of the relationship between health programmatic interventions and health outcomes in the Latino community. This is an exploratory research project, due to the limited amount of research that addresses this topic and the gap in the literature. This study utilizes an in-depth semi –structured focus group with open-ended questions as the tool through which to collect data from participants. The rationale behind this study is to find an in-depth analysis of the participant's experience within the Latino community and the services they provide using the community health worker or *promotor* model.

A strong point when using an exploratory study is to identify gaps in research for problems that have to be yet identified. When proposing an explanatory relationship, it is difficult to make ideal variations given that information is limited on the particular problem. The benefits of exploratory research are that concepts are developed more clearly to improve the final design. A research design depending on data collection and selection of participants can be enhanced by using an exploratory study (Dalrymple et al., 2013). For example, through an exploratory qualitative approach, there is flexibility and adaptability to change in where participant's true reality is likely to be reflected. Through the use of a semi-structured focus group, the participants can provide the researcher with deep insights that would not be possible using quantitative methods. By using an exploratory design, this data collection can help lay a foundation or build upon it to possibly fill in any gaps in the literature or previous research.

A limitation of using an exploratory qualitative approach is that by nature, the focus group or interview data can make it more difficult to summarize and interpret than more quantitative types. Given the data may be difficult to analyze and interpret, this may cause subjective or risk of interpretation bias. The use of focus groups may cause the interviewee's responses to be influenced by the group setting, which is problematic when a dominant member affects the outcomes. Additionally, the perceived lack of objectivity and generalizability is a

limitation when it comes to a qualitative approach. Also, the results of small numbers in focus groups can limit or generalize the study and its findings.

The question the study seeks to answer is: What are the challenges *promotores* face when implementing their programs to produce better health outcomes in the Latino community?

Sampling

Information on experts in the *promotores* program field was obtained. This allowed information to be obtained on the implementation of *promotores* programs through professionals in the community. The researcher used a snowball sample with personal contacts of *promotores* in the field also known as community health workers who implement *promotores* programs. This then lead the researcher to other experts in the field through a snowball method.

Participants were recruited through the primary investigators pre-arranged personal contact information. Participants who were eligible for the study must be 18 years or older and have had experience with the *Promotor* or Community Health Worker Model (CHWM). Participants for the study expect to be of diverse ethnicities, both genders, and in relatively good physical and mental health. In terms of participant recruitment, the researcher, Alejandra Santana, a master's level social work student pre-arranged potential participants through personal contact in the community and made a brief introduction of the research project and presentation on the important aspects of the study including the purpose of

the study, voluntary participation, and risks and benefits to participants. The participants that agreed to participate were given an informed consent form and a demographic survey. The study consists of five *promotores* who all have experience with *promotor* programs and the Community Health Worker (CHW) model.

Data Collection and Instruments

This qualitative study consists of a forty- five minute focus group interview with five *promotores* or community health workers. Qualitative interviewing with open-ended questions was used to conduct the focus group. Also, an interview guide approach was used. This guide was reviewed and approved by the Institutional Review Board. This guide included a list of topics such as mental health approaches in the Latino community and questions but also allowing the interviewer and the participant to make some decisions about what was exactly covered and the sequence the topics will be covered in. The focus group consisted of several demographic questions, open-ended and free response questions on the participant's experience in designing and implementing *promotores* programs. Throughout the process, the researcher attended several community events hosted by *Promotores*. The researcher also kept a journal and recorded observations through field notes.

Procedures

Data collection occurred between January and March of 2017. During the focus group, informed consent and an agreement from participants to be video-taped was attained. The focus group was conducted within a community center room hall during work time hours with the focus group lasting 45 minutes. Data was collected through a focus group with a tape recorder that was transcribed by the researcher. The focus group Interview was conducted by, myself, as a student researcher to fulfill the graduation requirement for a Masters in Social Work. Once data was collected the researcher completed the results and discussion pieces until the end of June.

Audio recording the focus group interview session allowed the researcher to easily identify each speaker and transcribe the recording. With observation notes and data collections of all themes, the researcher was able to analyze data to address the research question: What are the challenges *Promotores* face when implementing their programs to produce better health outcomes in the Latino community.

Overall, the purpose of the study is to examine the relationship with *Promotores* within the Latino community and the implementation of their programs. The study used a qualitative approach analysis with an interview guide that was used in the focus groups. Through pre-arranged personal contact of *promotores* in the community, the researcher went out to various locations in the community to meet with the participants for the study. The study employed a

non-random purposive sampling and five participants were recruited. Participants were asked questions on the current status of the *Promotor* or Community Health Worker Model (CHWM) and the implementation of these programs along with some demographics. Observation field notes through an ethnographical and phenomenological approach was used to document the practices and steps taken by participants within the Latino community. After the completion of data collection, data was transcribed and interpreted through a content and grounded analysis approach. All demographic data used was put into the SPSS program and was analyzed. Results of the study can be obtained from the Pfau Library Scholar Works database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2017.

Protection of Human Subjects

All participants in the study remained confidential and anonymous for their protection. The identity of the focus group members was kept completely confidential from others outside of the focus group. There were sign-in sheets used for each participant and information was kept in a locked file cabinet. The focus group was conducted in a community center hall room with privacy. All participants were notified of confidentiality and were given a consent form. All participants had the right to refuse to answer any questions asked and they had the right to stop participating in the study at any time.

Data Analysis

Once data was collected and transcribed, content analysis was conducted to identify themes common among respondents. Given that there is a gap in the literature, this methodology was designed to set a ground work for future research. The expected themes to arise through content analysis in this project are: Latino mental health services, cost-effective approaches, limitations and strains when implementing the *Promotor* or (CHW) model, stigma and misconception about these services.

Summary

The purpose of this study is to examine the relationship between *promotores* with the Latino community and the challenges they encounter to implement these programs. Through the use of a semi-structured focus group and participant observations the following research question is attempted to be answered: What are the challenges *Promotores* face when implementing their programs to produce better health outcomes in the Latino community?

CHAPTER FOUR

RESULTS

Introduction

The data collection and analysis portion of this study is discussed in the following content. The emerging themes are highlighted and supported by participant responses gathered from a focus group interview. The four identified themes include: mental health stigma, recruitment, funding barriers, and lack of evaluation.

Sample Description

Individuals selected to participate in this research study were selected through a snowball sample. Through personal contact, the interviewer reached out to a community health worker and from there gathered several other participants. General criteria required participants to have working experience as a promotor and in their programs. However, there was no minimum amount of years required but only to have experience in a promotor related program. The current research study sought out local community health workers or promotores to create an adequate knowledge base of expertise of the local available services. The sample of participants within this study includes a snowball sample of community health workers with experience in promotor programs and the Latino community. A total of five participants participated in the focus group. This

allowed the researcher to maintain research standards by enforcing data collection from professional staff with promotor related programs experience.

Demographic data was collected from each participant to provide additional descriptive information of the sample. The demographic data gathered included: age, gender, ethnicity, education, marital and employment status. Two male *promotores* and three female *promotores* comprise staff demographic with ages ranging from approximately 25-54 years old and Latino or Hispanic all with working experience as *promotores*, referenced in Table 1. The focus group interview lasted approximately 50 minutes and was later transcribed solely by the researcher to maintain confidentiality. The focus group was audio recorded with the consent of each participant. Each participant was given a letter of consent and were provided a brief overview of their participation agreement prior to the interview. Each participant was given a copy of their consent form and the researcher kept each of the participant's original copy.

Table 1. Demographics

	N	%
Gender		
Male	2	40
Female	3	60
Age		
25-34 years	1	20
35-44 years	2	40
45-54 years	2	40
Education		
H.S. graduate, diploma or equiv.	2	40
Some high school, no diploma	1	20
Bachelor's degree	1	20
Associates degree	1	20
Marital Status		
Married or domestic partnership	4	80
Single, never married	1	20

Study Themes

Through data analysis several salient themes emerged that highlighted specific challenges when implementing promotor programs in the Latino community. In the data analysis, two crucial themes emerged pertaining to the implementation of promotor programs. There were also several programs that have been observed by participants in providing a greater insight and challenges faced within the Latino community. Four major themes that were identified include; 1.) Mental health stigma, 2.) Recruitment, 3.) Funding barriers, and 4.) Lack of evaluation. Although the themes discovered have been reduced to five

major themes, additional barriers to implementation of promotor programs were identified by the participants and will be included in the discussion portion of the study.

Theme 1: Mental Health Stigma

The prevalence of the mental health stigma was reflected in the participant's responses as many of them have seen how mental health myths hinder Latino's to access services and programming. Participants were unable to identify which component of mental health services should be adjusted. This was mainly due to the underutilization of Latino's when it comes to accessing mental health services even though the need is evident.

Participant #2. Well I believe there are many factors, ranging from culture to socioeconomic factors. There is an underutilization of mental health services by Latinos and that is concerning. Also, various socioeconomic and cultural factors place Latinos at risk for developing mental health problems, and research suggests that many Latinos may be in need of receiving mental health services. Not only does research suggest it but one can see the need especially as someone who comes from the Latino community. There is a major stigma around accessing mental health services for Latinos. This pushes people back and withholds them from reaching out for help which is a huge barrier. (Personal communication, March 10, 2017).

Given, that research shows that the Latino community does not talk about mental health issues, this limits the information needed to implement improved promotor programs (Medina et al., 2007). Lack of mental health awareness and education leads to Latinos not seeking treatment. Many time the signs and symptoms are not recognized or Latinos do not know where to reach out for help. This lack of information or awareness increases stigma associated with mental health issues and the fear of being labeled or shamed. Barriers such as language, privacy, lack of insurance, mistrust of the health system and legal status are all factors that may prevent Latinos from accessing mental health services.

Participant 5: Community health workers are able to address some of these barriers because we can help them improve access to service for underserved populations such as the Latino population. Us, Latinos, tend to be very private when it comes to talking about our mental health. We don't like to expose our problems and we will do whatever it takes to keep it hidden. It's crucial to help our Latino communities understand not only the importance of accessing services but also helping them to understand the health and social service system. This is not easy because it's about enhancing the clients and health provider communication. As we know there's a huge gap there, and we must be able to link communities with health and human service agencies. This requires a lot of culturally

competent health education and not the typical counseling and support that one is used to. (Personal communication, March 10, 2017).

Theme 2: Recruitment

Promotores are well-qualified community members who possess an intimate understanding of the community's social networks as well as its strengths and its special needs (Medina et al., 2007). These individuals possess certain skills and characteristics that link them with the Latino community to achieve their complex work. Such qualities are personal characteristics that can be enhanced but not necessarily taught. *Promotores* maybe foreign or native-born but understanding and relating to the Latino community is the key to addressing these issues. Non-profits who seek to implement *promotores* programs understand the barriers that can prevent the Latino population from accessing quality healthcare. Many *promotores* themselves have dealt with poor health lifestyles and lived in critical conditions that have prevented them from receiving proper healthcare (Swider, 2012). This however, makes it difficult when recruiting individuals due to a Promotor's unique characteristics and qualities.

Participant #3: As promotores we are your typical neighbor mom dad, brother sister, or friend who believe in coming together to be part of the solution to create healthier communities. We seek to create enduring relationships with neighbors and participants within the many activities or workshops that we do. The key for us is to gain trust of the community and engage residents to create a synergy that comes with inclusion and

participation. This trust is very key, because again we are not coming as outsiders coming into your home and telling you what to do, but as neighbors to partner up with you. I think that as community health workers been able to do that we allow for those barriers within the Latino community to be addressed in hopes to diminish them. (Personal communication, March 10, 2017).

Participant #5: Community health workers offers such a broad range of qualities and characteristics within the services that we provide. We consider ourselves to be frontline public health workers who are trusted members and have an unusually close understanding of the community served. That's why one hears the different names that we have whether it be community health workers, outreach workers, community health representatives, health aides or Lay health advisers and so on. Because we have such a dynamic approach, I believe that as community health workers we have a gift for service and most importantly a noble and kind heart. We are empathetic with our communities and like to take care of people. We extend ourselves out to the community to become resourceful and willing to help others, we have to have a desire to help the community otherwise our work becomes useless. Otherwise the role of a community health worker becomes useless if we don't have a desire passion to reach out to the community. This is where things can get hard especially when it comes to recruitment, because these are qualities or personal

characteristics that cannot easily found. (Personal communication, March 10, 2017).

Theme 3: Funding Barriers

Labor issues such as recruiting and retention efforts can be problematic for nonprofits such as Promotor programs. These organizations must make sure that these individuals are well-qualified to serve as community health workers. As mentioned earlier, certain characteristics and skills are looked for in *promotores* and the understanding of local culture and customs is critical. Since these organizations are nonprofits, *promotores* receive no pay or small stipends and typically no benefits. This becomes problematic and these retentions rates makes it harder for programmers to retain *promotores* and have them stay for longer periods of times.

The lack of standardized information on implementing *promotores* programs makes it difficult to understand the challenges they encounter (Twombly et al., 2012). Also, data from studies showed that labor and organizational costs are also major additional issues that *promotores* face when implementing their programs. Some respondents from studies stated that important information on *promotores* programs is difficult to gather and can lead to future issues and challenges when implementing the programs (Twombly et al., 2012). This potentially jeopardizes funding for these programs.

Participant #2: At least in my experience, and different programs that I've assisted with, there is always been a lack of funding. Therefore, if there's a

lack of funding, there's always going to be faulty areas within an organization or program. This makes it even more difficult to evaluate if services are being effective or not because most of the attention is being put on implementing the program. The majority of programs rely largely on volunteers or low-paid workers which brings many organizational costs and challenges. As mentioned earlier, this causes many retention rates to go down affecting the budget costs. (Personal communication, March 10, 2017).

Participant #3: Also taking into consideration the current economic environment and its challenges that brings. Whenever it comes to budget cuts, many states and localities cut un-mandated Health and Human Services first. This leaves less money for the implementation of emerging approaches in community health worker programs. Also, even worse if the organization is serving people with a legal status, the organization cannot receive federal funding's because they will not fund for those kinds of programs. So, then that leaves us with looking for other financial support from philanthropic sources to sustain our work. (Personal communication, March 10, 2017).

Theme 4: Lack of Evaluation

The lack of information on *promotores* programs is a key issue that is critical in examining the relationship between *promotores* and positive health outcomes in the Latino community.

Participant 1: That's a hard question to answer because funding and financial sustainability is always going to be a challenge. And even more if they lack evaluation plans, which in many times community health worker programs often fail to include. Therefore, if a funder seeks to fund this program but sees that there is no action or an evaluation plan, they are going to want to back out. Sometimes it feels like it's a no ending cycle in where there is no funding due to a lack of standardized implementation of these programs and evaluation plans but this cannot be done because there's so many other gaps within implementing the program that it stops the program from proceeding forward. Therefore, one of the major things that nonprofits can do is invest in evaluating effectiveness of their programs. This can allow funders to see the outcomes of the program and be used in a way to sell the program to funders and in hopes to reduce financial pressure. Also by doing in evaluation of the effectiveness of the program it can show where costs can be cut down and how to use resources in a more efficient way. (Personal communication, March 10, 2017).

Participant 3: I completely agree with that. It's hard to see your program being implemented and not being able to meet the needs of the community due to a lack of funding. I think that's one of the worst things that can happen. There's so many health benefits that can be achieved through community health worker programs. However, there needs to be a

good maintenance. It's just like a car, anyone can have a beautiful car but if it's not maintain eventually it will break down. So, it's necessary to invest in the implementation and structures that goes within these programs to achieve those benefits. (Personal communication, March 10, 2017).

CHAPTER FIVE

DISCUSSION

Introduction

The purpose of the current research project was to seek insight and find a better understanding of the relationship between health programmatic interventions and health outcomes in the Latino community. The issue that Latinos disproportionately lack access to healthcare is important to address because lack of care relates to poor health outcomes (Twombly et al., 2012). The gap in the academic literature on *promotores* programming leaves unanswered the issue of how non-profits can effectively implement these programs to help Latino communities. Addressing and examining in greater detail this gap may lead to better health outcomes for Latinos. Local community health workers or *promotores* participated and provided support for the current research study.

Discussion

Traditional healthcare services for the Latino community are oriented around a structured and rigid set of services. Based off current literature, the main challenges that *promotores* face when implementing their programs is the lack of standardized information (Twombly et al., 2012). Studies showed that labor and organizational costs are major additional issues that hinder the ability for these programs to be successful. The collective response from the

participants identified the primary cause of challenges implementing these programs were barriers in the Latino community that exacerbate mental health stigma. The second cause of these challenges was systemic barriers relating to lack of funding and evaluation and low retention rates when recruiting Promotores. An alternative solution to the lack of standardized information when implementing these programs was taking a closer look and investments in these types of programs in which sustainability is monitored overtime to produce better effects. This requires taking into consideration from the design and implementation of the program to broader factors such as the community environment (Shediak-Rizkallah & Bone, 2008). These are all factors that should be addressed so that these programs can better serve the Latino and underserved communities.

Within the participant's responses, a highly repeated theme was the lack of funding and evaluation of *promotor* programs. The lack of funding makes it difficult to retain promotores and to provide appropriate full length trainings. The training sessions consist of a community health worker (CHW) training system. This includes modules such as introduction to community health workers and several training approaches to become a promotor and implementation of their programs (Glenton et al., 2013) The trainees are taught rules and boundaries of community health workers. The modules were given by individuals who qualify as promotores with experience with ethnic minority populations. One thing to note is

that it was crucial for the trainees to understand the sensitivity of this information to be able to have a better outcome in the field.

Another major theme that was identified was the unique characteristics identified when recruiting *promotores*. Community health workers or *Promotores* serve as:

“health educators, health advocates, and service coordinators who aim to match underserved populations with health services that are offered by community-based nonprofits” (Twombly et al., 2012, p. 306).

Promotores serve the Latino population in many roles which makes them unique in the work that they do. They seek to provide culturally appropriate health education and this can be done in many ways such as door to door or through tabling at local community fairs. They are health advocates skilled in how to navigate health insurance barriers and challenges. They are trained and experienced to offer direct services that provide care coordination, counseling and social support for the Latino community (Twombly et al., 2012). *Promotores* are unique in the sense of a wide array of services that they provide through training and lived experiences.

A major topic that was acknowledged by the participants was communication and cultural competency. Not only was communication identified as speaking with somebody else but it also included cross-cultural-communication, barriers to communication, outcomes of poor communication and even email communication. Navigating the world with intercultural communication was identified as critical in becoming a promotor. Understanding

and knowing these types of illnesses and being culturally competent was key in the process of becoming community health workers. Since there is a major gap in health disparities and cultural competency within ethnic minorities, Promotores can benefit from analyzing this notion in further detail (Nelson et al., 2011).

Recommendations for Social Work Practice, Policy, and Research

The purpose of this research design was to find a better understanding of the relationship between health programmatic interventions and health outcomes in the Latino community. The issue that Latinos disproportionately lack access to healthcare is important to address because lack of care relates to poor health outcomes. The gap in the academic literature on *promotores* programming leaves unanswered the issue of how non-profits can effectively implement these programs to help Latino communities. Addressing and examining in greater detail this gap may lead to better health outcomes for Latinos.

Further research on nonprofits that implement *promotores* programs should be conducted. The next stage of this research will continue to explore the different models of CHW's programs. Public policymakers, public health officials, and nonprofit practitioners who are looking for low-cost health outcomes, could invest in the research of this issue. This investment would benefit researchers and practitioners in the future to better assist the needs of a growing underserved population.

Also, expanding the *promotor* role in community-based research is way to gain knowledgeable insight on the Latino community. *Promotores* serving as trusted and respected bridges between their peers and healthcare providers can provide researchers with valuable feedback. From project conception, to implementation, analysis of results and translation into intervention and practice are all valuable resources of information to gain from *promotores* serving as researchers. Also, considering that sensitive topics can be addressed in Latino communities because of the relationship that there is between *promotores* and clients.

Promotores are well-qualified health educators because of the role they play within the Latino community yet they can also serve as potential researchers. This can help break cultural barriers because *promotores* can get the Latino community to go reach out to others. *Promotores* working as interveners and potential researchers can help to improve training in different universities to use this knowledge for the healthcare industry.

Researchers collaborating with public health organizations and building partnerships between universities and a larger community can allow for social change to occur in the Latino community. Further research and potential *promotores* as researchers arises the evolving notion of people within a community to create their own problem solving skills. The philosophy of empowering people and having them work through a process of solving a particular problem is a way *promotores* can study that change and how effective

their plan was. Lastly, findings in this research study further support the need of additional funding and investment in evaluation of Promotor programs to increase community based health approaches for Latino's.

Conclusion

The challenge that consists of accurately identifying the key factors that affect the Latino community further implicates researchers and practitioners to invest in culture specific appropriate services such as promotor programs. The growing evidence that shows the effectiveness of these programs have been shown to be appropriate methods to target the needs of culturally diverse populations. However, without proper investment and evaluation of the sustainability of these programs, the likelihood of addressing the academic gap of how promotor programs effectively implement these programs is decreased. In addition, the issue that Latinos disproportionately lack access to healthcare is important to address because lack of care relates to poor health outcomes. Further research and examination of the challenges that promotores face when implementing these programs can potentially lead to improved health outcomes for Latinos. Latinos are among the fastest growing ethnic populations in the U.S., and expanding access to and improving the quality of their health care services should be a priority. Policymakers, social service providers and community leaders can invest in addressing issues when it comes to accessing healthcare within the Latino population. Conversely, the failure to address some

of the most challenging conditions facing the Latino communities will lead to significant social, economic, and health costs (Medina et. al., 2007).

APPENDIX A
INSTITUTIONAL REVIEW BOARD
PROPOSAL APPROVAL

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Alejandra Santana

Proposal Title The Challenges that Promoters Face
When Implementing their programs

SW 1713

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
- to be resubmitted with revisions listed below
- to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
- missing informed consent debriefing statement
- revisions needed in informed consent debriefing
- data collection instruments missing
- agency approval letter missing
- CITI missing
- revisions in design needed (specified below)

[Signature]
Committee Chair Signature

2/14/2017
Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the relationship with *Promotores* within the Latino community and the implementation of their programs. The study is being conducted by Alejandra Santana, a graduate student, under the supervision of Dr. Armando Barragán, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to examine the relationship with *Promotores* within the Latino community and the implementation of their programs.

DESCRIPTION: Participants will be asked questions on the current status of the *Promotor* or Community Health Worker Model (CHWM) and the challenges or obstacles they may face when putting this model into effect to produce better health outcomes in the Latino community. Participants will also be asked a few demographic questions.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take approximately 30- 45 minutes to complete the interview. If a focus group, it will take approximately 60-90 minutes.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragán at (909) 537-3501.

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2017.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

CONSENT TO AUDIO- OR VIDEO RECORDING & TRANSCRIPTION

This study involves the audio or video recording of your interview with the researcher. Neither your name nor any other identifying information will be associated with the audio or video recording or the transcript. Only the research team will be able to listen (view) to the recordings.

The tapes will be transcribed by the researcher and erased once the transcriptions are checked for accuracy. Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products that result from this study. Neither your name nor any other identifying information (such as your voice or picture) will be used in presentations or in written products resulting from the study.

By signing this form, I am allowing the researcher to audio or video- tape me as part of this research. I also understand that this consent for recording is effective until the following date: July 2107. On or before that date, the tapes will be destroyed.

Please mark an X on the line below

_____ Date _____

I agree to be video/ audiotaped for this project.

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

APPENDIX C
FOCUS GROUP GUIDE

Focus Group Guide: Questions for *Promotores*

1. What are some obstacles that face the Latino community when it comes to accessing mental health services?
2. How do *Promotores* or Community Health Workers (CHW) fit into bridging these obstacles with the Latino community with respect to question #1?
3. What is the role of a *promotor* or community health worker (CHW) regarding people with mental illness?
4. When *Promotores* implement their programs, what is their objective and how does that make them different from a traditional form of healthcare delivery such as clinic- based services?
5. What are some qualities or characteristics that *promotor* programs look for in *promotores* when implementing their programs?
6. How are these individuals recruited?
7. From your experience, are there or have there been any challenges you have encountered when implementing a *promotor* program? If so, can you give some examples?
8. How do *promotores* formulate their action plans and evaluate it effectiveness?
9. How do *promotor* programs train individuals recruited and what does this training consist of when implementing a *promotor* or CHW model in the community?

10. What suggestions can you give to better the implementation of the *promotor* model in the Latino community?

- A. Did, or will, these trainings help you in the day-to-day performance of your work?
- B. How do you apply the information to your work?
- C. Did we cover what you expected? Was it enough? Or too much?
- D. Should the total amount of the training for a *promotor* be longer or shorter?
- E. Were the ideas introduced in the training demonstrated and explained in detail?
- F. Would you recommend this model or program to others?

Created by Alejandra Santana

APPENDIX D
DEMOGRAPHIC SURVEY

Demographic Survey
(This is completely optional and will be kept anonymous)

Q. Age: What is your age?

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75 years or older

Q. Ethnicity origin (or Race): Please specify your ethnicity.

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other

Q. Education: What is the highest degree or level of school you have completed?
If currently enrolled, highest degree received.

- No schooling completed
- Nursery school to 8th grade
- Some high school, no diploma
- High school graduate, diploma or the equivalent (for example: GED)
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree

Q. Marital Status: What is your marital status?

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated

Q. Employment Status: Are you currently...?

- Employed for wages
- Self-employed

- Out of work and looking for work
- Out of work but not currently looking for work
- A homemaker
- A student
- Military
- Retired
- Unable to work

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