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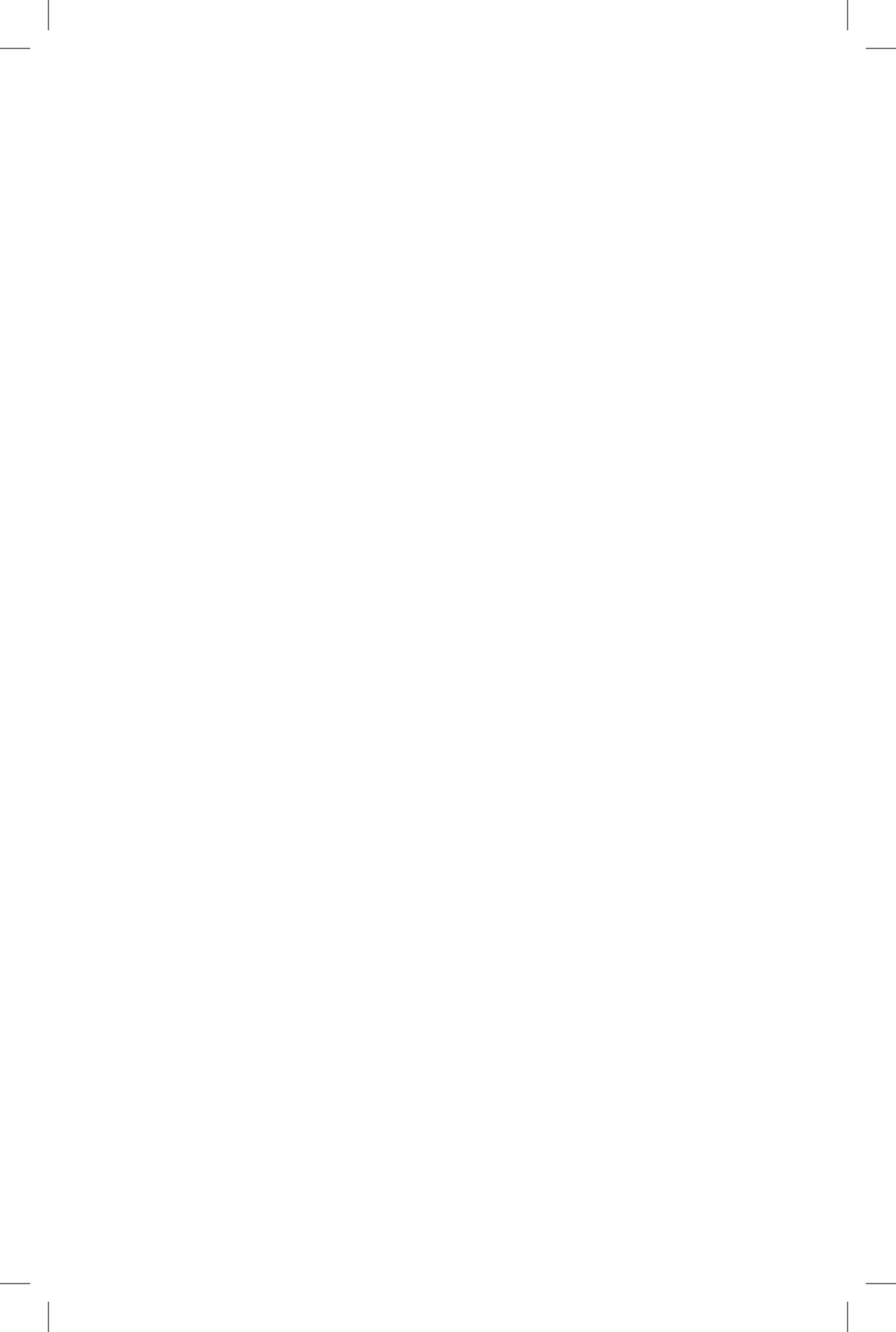
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La Equidad en Tiempos de Pandemia:
**A Case Study of *Promotores* on the Frontlines of COVID-19
Response in Latinx Communities in Orange County,
California**

Gloria Itzel Montiel¹, PhD, Kyle Moon², America Bracho¹, MD, MPH, Nancy Mejia¹, MPH, MSW, Patricia J. Cantero¹, PhD, Sarai Arpero¹, Laura Pantoja¹, and Saira Nawaz², PhD

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Abstract

COVID-19 has disproportionately impacted Latinx communities and other communities of color. *Potomoroos de salud* (community health workers) have been proposed as a critical workforce to respond to the pandemic in these communities, yet there is limited knowledge about the work of *promotores* on the frontlines. This article presents a case study of Latino Health Access' response to COVID-19 in Latinx communities of Orange County, California, where *promotores* have operationalized equity by activating and aligning health systems to respond swiftly, while leading upstream solutions to address social inequities that exacerbate the pandemic's impact. Lessons from this case study can guide future efforts in COVID-19 response, including vaccine rollout, and long-term rebuilding. The case study also presents novel roles for *promotores* in advancing health equity, underscoring the importance of a dual-pronged approach: providing direct services while simultaneously mobilizing the community in long-term transformation.

Acknowledgements

The authors wish to express their gratitude for the inspiring work of Latino Health Access' *Promotores* who have led the frontline response to COVID-19 in the most impacted neighborhoods of Orange County. Their work is a model of compassion and leadership that provides hope to working-class

communities of color during a time in which so much has been lost. Phase 1 of LHA's COVID-19 Response was made possible by contributions from The California Endowment, the California Health Care Foundation, Novartis, the OC Community Resilience Fund, and the Keith and Judy Swayne Family Foundation Fund.

Keywords: Equity response to COVID-19; Community COVID-19 response; Health equity and COVID-19; Promotores and COVID-19; COVID-19 in Latino communities

Introduction

Working-class Latinx and other communities of color in the United States have been disproportionately affected by COVID-19 and its social and economic impact (Centers for Disease Control and Prevention, 2020). Systemic disinvestment, lack of opportunity, and racist policies and practices exacerbate health and social disparities for these communities, creating a perfect storm for COVID-19 infections and limited infrastructure for response (Berkowitz et al., 2020; Garcia et al., 2020; Gravlee, 2020). Latinx individuals comprise the core base of the essential workforce in industries such as service and hospitality, manufacturing, and farming, and are less likely to have the option of working from home (McClure et al., 2020; Gould & Shierholz, 2020; Quandt et al., 2020). Latinx communities also experience higher rates of chronic disease, placing them at greater risk of COVID-19 (Macias et al., 2020). As the disparities in COVID-19-related morbidity are expected to widen, the pandemic response necessitates an equity framework, one that invests in the communities that have been most impacted by the pandemic and leverages upstream strategies centered around the experiences of these very communities. Emerging literature indicates some attempts at addressing COVID-19 from an equity perspective, but solutions are still being developed and tested (McLoughlin et al., 2020; Nouri et al., 2020; Baquero et al., 2020; Alberti et al., 2020; Landers et al., 2020).

Promotores de salud, community health workers (CHWs), have been essential in generating effective community responses in working-class communities of color, where—with few exceptions—health systems do not reach residents. They have been among the frontline workers to respond to disease outbreaks and disaster relief in developing countries and in historically neglected communities in the United States (Cellesti et al., 2010; Fredricks et al., 2017; Nunes, 2020). As such, the CHW model has been proposed as a key strategy for COVID-19 response (Ballard et al., 2020; Goldfield et al., 2020). In the United States, there are an estimated 54,760 CHWs (U.S. Bureau of Labor Statistics, 2017), many of whom have direct access and trusted relationships in working-class communities of color. This workforce presents a unique opportunity to organize an effective pandemic response, given their demonstrated success in health communication with Latinx communities (Elder et al., 2009), yet the public health field has limited empirical support as to how *promotores* have responded to the COVID-19 pandemic in the United

States (e.g. Campos-Dominguez & Rumana, 2020). There is also a gap in existing knowledge about the ways in which *promotores*' work contributes to equity in pandemic response in impacted communities.

The purpose of this article is to present a case study of Latino Health Access' (LHA) *promotor*-led Latinx COVID-19 Equity Initiative, implemented in Santa Ana and Anaheim, California. Leveraging an adapted Pathways to Population Health Framework (Saha Stout et al., 2017), the article highlights the ways that *promotores*' actions and advocacy drive equity in accessing care. Lessons from this case study can serve as a foundation for ongoing response and recovery efforts that advance health equity in working-class, Latinx and immigrant communities, as these communities seek to respond to new COVID-19 surges, link communities to vaccines, and recover from the pandemic over the long term. The authors have chosen to use the gender-neutral term "Latinx" as the primary ethnic identification, as opposed to Hispanic or Latino/a, for purposes of inclusivity. As Catalina de Onís (2017) notes, "language serves as an indispensable resource for imagining and enacting more just, livable communities," and as such, Latinx moves away from the gender binary imposed by Latino/a.

COVID-19 in Latinx Communities in Orange County

Like in other parts of the nation, in Orange County, California, the pandemic has disproportionately affected communities already experiencing high levels of social vulnerabilities due to decades of disinvestment and inequitable policies (Garcia et al., 2020). According to the U.S. Census Bureau (Orange County's Healthier Together), Orange County is 34% Latinx, with the largest Latinx communities in Santa Ana (77.3%) and Anaheim (52.9%), where 81.4% and 61.5% of individuals speak a language other than English at home, respectively, and social needs abound. The rates of individuals living below the federal poverty line are significantly higher in Santa Ana (21.2%) and Anaheim (16.0%) than Orange County as a whole (11.5%). Low housing stock and limited economic opportunity for predominantly immigrant communities creates conditions by which 64.9% of Santa Ana residents and 61.6% of Anaheim residents spend more than 30% of their household income on rent (Census Bureau, 2020). Housing costs also drive household density, increasing COVID-19 risk because of the inability to self-isolate in the home. In late June 2021, there were 255,977 cumulative COVID-19 cases, with a rate of 19 daily positive cases received. Nearly half of all reported cases (47.15%) are among the Latinx population, the greatest disparity among any other ethnic

group, given that Latinx residents make up only 35.0% of the Orange County population. Cumulative COVID-19 deaths are at 5,111, with 38.27% being among Latinx residents (OC Health Care Agency, 2020).

Overview of Latino Health Access

Latino Health Access is a public health organization with a 28-year history of partnering with working-class Latinx residents in Orange County, California, to implement high-impact health programming and upstream strategies to address health disparities. Programs are facilitated by a core group of 40 paid *promotores*. All *promotores* are recruited from the community and were, themselves, program participants who demonstrated growth along a continuum of participation (Bracho et al., 2016) and interest in serving their community or taking additional leadership roles in health promotion and advocacy. *Promotores* are trained to develop specialized skills in chronic disease management, mental health prevention, and early intervention, and community advocacy. *Promotores* accompany program participants in making health improvements while simultaneously engaging them in long-term community transformation. Participants are predominantly female (72%), aged 18 or older (71%), Latinx (98%), and report speaking Spanish most of the time (90%). The majority report earning less than \$30,000 per year (85%), and nearly half of the adults report not having health insurance (46%).

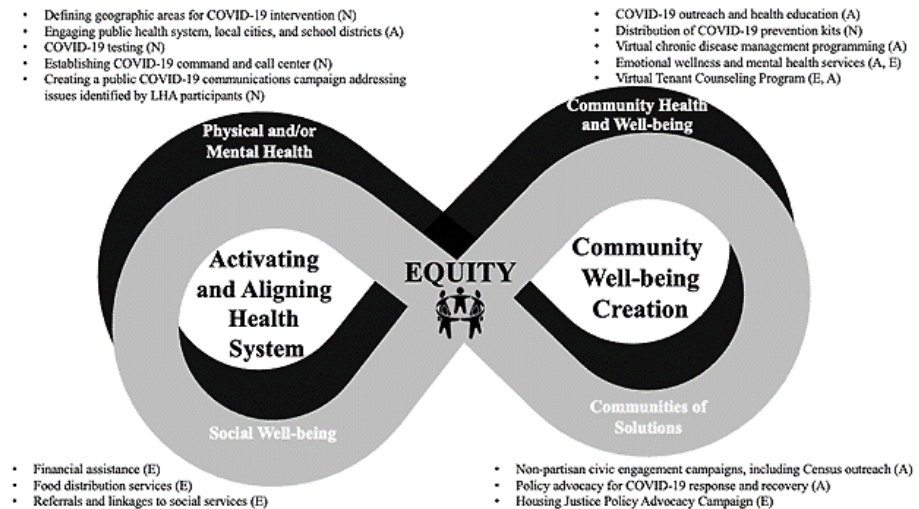
LHA anchors its work in Freire's concepts of education and power (Freire, 2000), where discussions of power and agency are precursors to addressing social structures, racism, and other root causes of health disparities. *Promotores* are trained in community-engaged methodologies, including Freire's concepts of popular education, which links reflection and action, with the process of education generating social change at the local level (Beder, 1996; Bracho, 2002). Participants are regarded as experts in their own life and as a central component of the health improvement team (Bracho et al., 2016). The organization is guided by twenty principles of practice rooted in equity and social justice and the fundamental belief that "participation makes a difference" (Bracho et al., 2016, p. 5). While the organization is swift in responding to immediate health concerns and disparities impacting working-class Latinx communities, it simultaneously builds the mechanisms by which every program participant is invited to resolve the conditions that create health disparities in the first place.

Conceptual Framework

Due to their proximity to the community, LHA’s promotores informed the adaptation of the Pathways to Population Health Framework (Saha Sout et al., 2017) to create a COVID-19 response (**Figure 1**) that prioritized the needs of the communities most impacted by the pandemic as the cases increased. This process aligns well with existing theoretical and practice-based models for leveraging community-based participatory models in public health for equitable outcomes (Bracho et al., 2016; Wallerstein, Duran, Oetzel, Minkler, 2017). LHA’s equity-driven response is centered around (1) activating and aligning the health system to increase direct COVID-19 frontline response as well as addressing the community’s social needs affecting physical/mental health and social well-being and (2) community well-being creation to create systems-level change, addressing upstream social determinants of health.

Figure 1.

Latino Health Access’ Adapted Pathways to Community Health Model.



Legend: Services are categorized as New (N), Adapted (A) and Expanded (E) Services.

LHA activated the local health care agency to align its resources to deploy testing and coordinate across systems and organizations to meet increasing social needs within the community. Alone, the local healthcare

agency faced competing pressure from constituents to restart local economies (Smith, Weber & Barry-Jester, 2020; Santana, 2020), despite evidence-based guidelines for COVID-19 prevention and knowledge of infection trends among working-class Latinx communities. LHA advocated for publication of zip code-based COVID-19 data and prioritization of impacted geographic areas in the local pandemic response. It also worked with the county to define collective outcomes around testing, prevention, and connections to healthcare and social services through partner organizations.

Once these systems-level actors mobilized resources to build a response infrastructure, LHA's *promotores* imbued equity in the response through a community well-being approach that included: (1) deploying short-term direct services and (2) creating communities of solutions (Saha Stout et al., 2017) through policy advocacy and systems change. These *promotor*-led strategies included new services and enhancements or modifications to existing services (e.g., chronic disease management and emotional wellness programming, health education, tenant counseling, nutrition assistance) to ensure that there was no gap in care for program participants and that new needs were met (see **Figure 1**). *Promotores* also organized policy advocacy campaigns to increase tenant protections, community capacity-building through leadership skills trainings, and power-building civic engagement campaigns that would amplify community voice in asking for access to testing, healthcare services, and comprehensive response to the economic and social impact of the pandemic. Policy advocacy is one of LHA's principal strategies to address the social determinants of health at the community level (Healthy People, 2020). *Promotores*, then, become the drivers of equity through upstream initiatives that create long-term community transformation that is integrated in the COVID-19 response. Their willingness and courage to work on the frontlines—and even demanding that it be done—when systems shut down reminded us that responding with equity means responding with urgency, grit, and compassion at a time when others kept their distance.

Methods

Design and Setting

This study uses a descriptive case study design, which describes an intervention in its context, using multiple data sources, and is often used for the purposes of program evaluation and intervention development (Baxter &

Jack, 2008). Case studies are ideal for understanding issues within a particular context and afford close collaboration between researchers and participants (Baxter & Jack, 2008), both of which align with LHA's efforts to address the community's social realities and center the lived experiences of its participants. As such, this case study examines the role of *promotores* in operationalizing the equity framework in LHA's Latinx COVID-19 Equity Initiative.

Procedure

Phase 1 of the COVID-19 Equity Initiative extended from March-June 2020, during which LHA *promotores* collaborated with the internal evaluation department to develop a *guión colectivo*, a collective script and screening tool, to understand (a) knowledge of COVID-19 prevention, (b) ability to take preventive measures, and (c) the impact of COVID-19 on a range of social structures (e.g. employment, housing, food insecurity, civic engagement) among Latinx Orange County residents. LHA *promotores* then proactively phone banked 2,254 community members during this time.

Leveraging results from the initial project phase, LHA's "Latinx COVID-19 Equity Initiative" (phase 2 of the project) began on June 29, 2020. With funding from the local healthcare agency, *promotores* focused LHA's response efforts in eight of the most impacted zip codes in Santa Ana and Anaheim. Through this initiative, *promotores* established a COVID-19 command center to coordinate all activities and operate a call center, where community members could receive testing information, referrals to social services and health care, and brief prevention education.

Data Collection and Analysis

Data for the program were initially collected and reported through Excel spreadsheets that tracked responses to the *guión colectivo*. Twenty-six *promotores* participated in Phase 1 of the initiative and provided services to 1,950 participants from March to June 2020. Data on education dissemination and service utilization were tracked via Google Forms and Google Voice; at the same time, *promotores* transitioned from paper-based documentation to electronic forms, where data were captured in a Microsoft Access-based database (JABR). Data collected were tabulated bi-weekly and leveraged to identify patterns of impact, refine services, allocate existing organizational funding, and request additional funding from philanthropic partners. The lead

author also derived qualitative data from twenty-seven hand-written pages of programmatic meeting notes, staff presentations, COVID-19 program planning meetings, work plans with county stakeholders, and debriefing meetings with key stakeholders including *promotores* and program coordinators. Qualitative data were coded through a two-step process of finding emergent codes from the data and then applying the theoretical conceptual framework to develop themes (Vaismoradi, Jones, Turunen & Snelgrove, 2016).

To assess alignment with the framework, an inventory of the key COVID-19 response activities implemented by LHA was developed. Activities were categorized into the four key outcomes of the two equity strategies (activating and aligning health system and community well-being creation) of the theoretical framework: (1) physical and mental health, (2) social well-being, (3) community health and well-being, and (4) communities of solutions (**Figure 1**). Thereafter, service utilization data were analyzed to measure changes in social needs and referral patterns, followed by focus groups with *promotores* to identify the actions *promotores* took to ensure to services by residents in the areas most impacted and the enhancements that were incorporated into the COVID-19 response strategy. Data were aligned with the tenets of the theoretical framework and discussed with three LHA *promotoras*, who contextualized the actions of the COVID-19 pandemic response within their broader goal of engaging residents in addressing inequity and advancing social justice. Engaging residents is at the heart of LHA's work because they are seldom engaged in political processes (either due to ineligibility or structural barriers) that provide a sense of agency (Bracho, 2002). Guided by Freire's popular education, LHA *promotores* create spaces where participants develop critical consciousness and build advocacy skills that allow them to take part and witness how their participation and engagement results in some tangible change (Bracho, 2002). This fosters empowerment, while working towards systems-level change to address entrenched social inequities.

Results

The results in Table 1 show the equity outcomes that result from *promotor*-led actions. The discussion provides additional detail and examples of the contexts of these actions and why they are critical to build equity. LHA conceptualizes an equity approach to health as one that prioritizes populations most affected by structural violence and health disparities and engages them in the development of strategies to respond to their immediate needs and the structural roots of such inequities.

Equity Strategies	Areas of Impact	Promotor Actions	Equity Outcome	
Activating and Aligning Health and Social Services Systems	Physical and/or Mental Health	Uplifting community stories, concerns, and barriers from impacted neighborhoods to system-wide actors	<ul style="list-style-type: none"> ● Successful publishing of COVID-19 zip code data ● Prioritization of response activities in impacted zip codes ● County-funded hotel rooms for self-isolation ● Formation of County COVID-19 Equity Steering Committee 	
		Identifying and documenting testing gaps and barriers	<ul style="list-style-type: none"> ● Increased testing in communities to bridge gaps in testing deserts 	
		Identifying, training and mobilizing community members from impacted zip codes	<ul style="list-style-type: none"> ● Increased frontline staff by onboarding and deploying new promotores from the community to lead outreach and education ● Creation of new community support groups focused on processing grief and adjusting to life in the pandemic (promotores and MFT co-facilitated). 	
	Social Well-Being	Co-developing COVID-19 screening tool to assess prevention readiness and social needs	Helping residents overcome barriers to external service access and utilization	<ul style="list-style-type: none"> ● Data-driven investments in key areas of response (e.g. food distribution, rental assistance) ● Creation of community-informed communications materials for dissemination to combat lack of information ● Launch and expansion of outreach in most impacted Zip Codes, where no outreach previously existed ● Increased availability of prevention equipment in shortage areas through distribution of toolkits that included masks, sanitizers and educational material
				<ul style="list-style-type: none"> ● Successfully connected community members to eviction relief and rental assistance ● Connected undocumented community to financial relief
				<ul style="list-style-type: none"> ● Prevented gaps in care for individuals living with chronic disease ● Successful implementation of self-isolation plans for high-density households ● Connected isolated older adults to no-contact food delivery
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Community Health and Well-being	Community Health & Well-Being	Leverage popular education to deliver culturally appropriate information through a variety of methods (e.g. skits, songs, videos)	<ul style="list-style-type: none"> ● Culturally appropriate information campaigns—as developed by community members for community—to combat misinformation and lack of information ● Increased rapid communication infrastructure in Latinx communities
		Advocacy for essential services within LHA	<ul style="list-style-type: none"> ● Expansion of food distribution project, despite original suggestion by LHA administration to shut down due to safety concerns ● New implementation of a diaper distribution during weekly food distribution program to meet need
	Communities of Solutions	Distilling and communicating policy to residents	<ul style="list-style-type: none"> ● Increased community knowledge of their rights (housing, COVID-19 testing for undocumented immigrants)
		Build community capacity for policy advocacy	<ul style="list-style-type: none"> ● Increasing community-led eviction rapid response ● Successful mobilization of hard-to-count communities to complete the Census ● Increased civic engagement and readiness to vote among infrequent voters despite pandemic limitations and changes ● Creation of resident-led COVID-19 advocacy network ● Increased community participation in virtual City Council meetings to advocate for resident protections ● Implementation and extensions of eviction moratoriums at local level to strengthen state guidelines
		Organizing promotor wellness program with appropriate mental health support	<ul style="list-style-type: none"> ● Sustainability of COVID-19 promotor workforce ● Economic development integrated into response through hiring and training new promotores at a time where community experienced job loss

Operationalizing Equity in Activating and Aligning Health Systems

La equidad en tiempos de pandemia significa hacerle ver la realidad que vive nuestra comunidad a los sistemas que no tienen raíces, ni ojos, ni oídos en ella. Al mismo tiempo nuestro rol como promotores es estar ahí para la comunidad, estar presente aun en la distancia.

Equity in the times of the pandemic means to make the systems see the reality experienced by our community because they don't have roots or eyes or ears within it. At the same time, our role as *promotores* is being there for the community, being present even during social distancing.

--Sarai, LHA *Lead Promotora*

In the COVID-19 pandemic response, *promotores* mobilized to achieve equity within larger systems that originally failed to respond to the pandemic equitably. While *promotores* quickly saw the pandemic entering working class Latinx communities, the impact of the pandemic in these neighborhoods could not be quantified in the absence of zip code-level data, a significant barrier in organizing a response. *Promotores'* pulse on the evolving nature of the pandemic in the community drove LHA to mobilize an existing community roundtable that not only resulted in the publication of zip code-level data but also mounted a response in highly impacted geographic areas. Table 1 summarizes the *promotor-led* actions that advanced equity in LHA's response.

As the data in Table 1 show, community health in the times of COVID-19 required more than understanding where infection rates were increasing exponentially and deploying a small-scale response. To integrate equity into system-level actions that address the community's physical health and social well-being, *promotores* served the key functions of (1) representing the community's lived reality and existing gaps in COVID-19 information, testing, and healthcare services; (2) advocating for resource allocation and infrastructure to fill existing gaps across health and social services; (3) serving as cultural and linguistic brokers to facilitate the development of effective prevention messaging deployed by the health system; (4) multiplying community leadership and capacity to serve on the frontlines of the response; and (5) accompanying the community through the process of accessing services and addressing barriers to utilization and providing the moral support individuals need throughout the process.

Despite political pressures (Santana, 2020), LHA's mobilization successfully secured the support of the local healthcare agency, which invested in building infrastructure for an equity response—a response that prioritizes those most affected and engages them in developing strategies that address immediate needs *and* root causes of disparities. LHA hired and trained an additional eighty-eight *promotores* who were deployed to conduct direct outreach in the most affected geographic areas of Santa Ana and Anaheim, determined by data that the county made publicly available following LHA's advocacy. Through *promotor* coordination, the local healthcare agency and community clinic partners scaled testing within highly impacted communities, which helped address transportation barriers. *Promotores* served as the trusted faces of the testing process, a process marked by fear of losing jobs if they were to test positive and of the impacts of receiving a test on their future immigration relief prospects, given the ongoing public charge changes at the time (see: Haq et al., 2020).

Promotores fiercely advocated for alignment between health and social services, with one *promotora*, during a planning meeting, warning against “opening Pandora’s box” by going into communities without a plan to address the issues that would be identified with increased outreach and testing. *Promotores*, by virtue of their role, go beyond making referrals to partner agencies; they actively seek out the most marginalized communities (e.g., undocumented immigrants, monolingual Spanish-speakers, elderly) that are often unreached by the health system *and* ensure that interventions are tailored to their particular health and social vulnerabilities. For example, when local governments announced funds for rental assistance, *promotores* organized a financial assistance program leveraging private funds for undocumented community members and other individuals who were ineligible for publicly funded financial aid. When local governments merely opened up an electronic application process, *promotores* embedded equity in the process by assisting individuals with limited digital skills or limited internet access in applying.

Operationalizing Equity in *Promotor*-Led Programming and Upstream Strategies

COVID visibilizó los fracasos de los sistemas en proveer para la comunidad equitativamente. Es la responsabilidad del promotor ir más allá de dar servicios. Tenemos que crear conciencia crítica de cómo

la inequidad se perpetúa al quitarle el poder a la comunidad, pero también tenemos que crear espacios para que la comunidad participe con nosotros en hacer cambios y crear una gama de posibilidades.

COVID only made visible the ways in which systems failed to provide for the community with equity. It is the responsibility of *promotores* to go beyond direct services. We have to be critically aware of the ways in which inequity is perpetuated by taking away power from the community, but we also have to create the spaces for the community to participate with us in changing this and creating an array of possibilities.

--Laura, LHA *Promotora Coordinator*

Beyond aligning broader systems, LHA *promotores* organized and mobilized to foster community well-being by re-envisioning its service delivery and building the roadmap for equitable response and recovery through policy and systems change to sustain health over the long-term (Table 1). While *promotores* implemented key activities of community health and well-being prior to COVID-19 (e.g. health promotion and disease prevention, chronic disease management, and emotional wellness services), responding to the pandemic with equity required *promotor*-led innovation in advocacy and planning to ensure safety and cultural/linguistic alignment of prevention efforts. During the first phase of LHA's COVID-19 response, 20% (341/1,709) responded they did not know what to do if COVID-19 symptoms were present in their household, and 59.3% (989/1,667) responded that they did not have space to isolate in the home. Rather than distributing general information about symptoms, *promotores* created messaging in partnership with residents and youth developing social media campaigns, songs, and images that would resonate with community members, thereby increasing the effectiveness of the information. In addition, *promotores* coached individuals living in multi-family homes through one-time phone calls to ensure the safety of the household when one member experienced symptoms (Phase 1) and ultimately connected individuals to county-sponsored self-isolation rooms after the alignment of the local health system response (Phase 2).

Promotores' pulse on the community informed LHA operations. When LHA's administration proposed closing down the food distribution, *promotores* presented stories of the impact of the food distribution, corroborated by data that show rising food insecurity among those served by the program. Beyond ensuring the continuity of food distribution, *promotores* recognized that over

half of the population in the priority geographic range does not own a car, and as such, designed the operation as a walk-through distribution. While maintaining referrals to health and social services, *promotores* also prepared community members for their telehealth appointments through telephone calls to provide an overview of how to connect and what the telehealth visit would be like, –a vital service for those with limited digital skills and/or access– thereby bridging gaps in health and social service access for the community.

Equally significant is the investment in long-term strategies that will create communities of solutions. The 2020 Presidential Election and the decennial Census provided two urgent causes for mobilizing communities impacted by COVID-19 and those communities neglected in policies and investments. *Promotores* integrated civic engagement outreach with COVID-19 messaging and motivated community residents to participate in civic processes, such as voting and completing the Census, in an effort to advance equitable policies in the pandemic response and recovery. They mobilized community members, including those ineligible to vote, to attend and speak at virtual city council meetings on the importance of adopting a local eviction moratorium and other rental assistance policies when the State’s order was insufficient. *Promotores* were, thus, engaged in both civic outreach and advocacy, providing direct services and building mechanisms for residents’ voices to be heard as part of public strategies to respond to the pandemic.

Capacity building was a crucial task of LHA *promotores* to respond to the various social needs exacerbated by the Pandemic. *Promotores* trained an additional 24 *Consejeros de Vivienda*, housing counselors through a workshop series developed through funding from the Kresge Foundation. Housing counselors were selected from among community members who experienced housing insecurity and had experience navigating multiple systems. Once trained to coach and accompany other community members, they mobilized to respond to the rising threat of evictions in predominantly immigrant neighborhoods, despite local protections. While cities created funds to support rent and mortgage payments, they did not offer support for non-English speakers in completing the forms, making these funds largely inaccessible to certain communities. In response, *promotores* prepared template letters to landlords, as stipulated by city fund guidelines, for all individuals who requested them during an outreach call. In addition, *promotores* facilitated collaborative workgroups where community members outlined policy advocacy agendas. These efforts highlight new roles beyond health promotion for *promotores*,

centered around building community capacity for self-advocacy and integrating civic engagement as an indispensable component of sustaining long-term, equitable community solutions.

Recommendations and Conclusions

This article discusses a case study of Latino Health Access' COVID-19 Latino Equity Initiative. The *promotor*-led pandemic response included activities that activated and aligned the health system to increase COVID-19 prevention and testing while connecting community residents to social services that met the growing economic need. It also included a combination of *promotor*-facilitated direct services, in conjunction with upstream initiatives, to foster community well-being through active participation and engagement. Aligning system-level actors that can invest financial resources and healthcare infrastructure in most impacted communities is necessary to respond to the COVID-19 pandemic, yet it is the partnership with *promotores* and other community residents that ensures equity in response. *Promotores* are deeply embedded within hard-to-reach and historically marginalized communities, giving them direct and real-time insight of the experiences of community members (Waitzkin et al., 2011). LHA's pandemic response initiative also shows that *promotores* can mobilize community members around systemic health issues while accompanying participants to meet their immediate needs.

This type of response is essential to reduce COVID-19 transmission and also create the infrastructure necessary for long-term recovery. Lessons from this case study can be applied in the next phase of COVID-19 response, as vaccine deployment is organized throughout the United States. Most immediately, *promotores* can be central partners in helping to understand the community's perspectives on vaccines, such as distrust, which can inform (1) organization of vaccine infrastructure that reaches the hardest-hit communities and (2) effective messaging on vaccine safety, both of which are necessary to strengthen institutional trustworthiness in vaccine development and deployment (Warren et al., 2020). LHA is also well positioned to expand accessibility to vaccines for vulnerable Latinx communities by using effective, community-generated approaches to link clients to health services. As vaccine rollout continues, centralized communications strategies become all the more necessary, providing information on vaccine sites, vaccine administration timeline, testing, costs, and side effects. Information on COVID-19 testing and related resources, thus far, has been disjointed and cumbersome to navigate, and LHA's call center underscores the importance of streamlining

information about COVID-19 into ‘resource hubs’ in a way that is culturally and linguistically accessible, a task that has largely been left to organizations that are rooted in communities.

LHA’s model of hiring, training, and deploying nearly 90 new *promotores* also serves as a model of investment in workforce development in communities of color that achieves a double aim of addressing massive economic loss while fulfilling a public health need. The impact of COVID-19 will leave deep scars in working-class communities of color, where residents mourn the loss of loved ones, the loss of jobs, and a deep loss of stability, leaving a long-road ahead for recovery. The pandemic has highlighted the entrenched social determinants of health in these communities as a result of historic disinvestment and exclusion. This study calls for a new framework for re-building: one that focuses not only on the deployment of direct services to fill immediate needs but also on mobilizing communities as key stakeholders in strategies to advance health equity over the long-term.

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Biographies

Shelli Rottschafer

Shelli Rottschafer completed her doctorate from the University of New Mexico in Latin American Contemporary Literature (2005). Since 2006, Rottschafer has taught at Aquinas College in Grand Rapids, MI. She is a Professor of Spanish within the Department of World Languages. She teaches Spanish Language, Chicana and Latina Literature, Film and Gender Studies. Dr. Rottschafer is also the Director of the Contemporary Writers Series which invites acclaimed authors of all genres to campus.

Rottschafer has published across genres in *The Journal of Literature and Art Studies* and *Border-Lines: Journal of the Latino Research Center* at the University of Nevada, Reno. Her reviews of texts can be found in the *Rocky Mountain Modern Language Review* and *Choice: Current Reviews for Academic Libraries*. Her Creative Nonfiction and Travel Writing have been published in *Wanderlust Journal of Travel Essays* www.wanderlust-journal.com. Her poem “My Mother Had” was published in Herbaria3.0 <https://herbaria3.org/2018/06/11/my-mother-had/>. Her novella, *Stay North* from Atmosphere Press in Austin, TX is forthcoming (2021). Her short story “Let’s Sing For Your Granma” will be published early Spring 2021 in *Chamisa: A Journal of Literacy, Performance, and Visual Arts of the Great Southwest* UNM’s Southwest Hispanic Research Institute.

Alejandra Rengifo

Alejandra Rengifo, Professor of Spanish at Central Michigan University. Specialties: Latin American and Latino culture and literature and Cultural Studies. I have published about Caribbean, Colombian, and Latino culture and literature. I teach courses in Spanish and English about Latino American and Latino Culture and Literature, and Cultural and Global Studies. Alejandra Rengifo, Professor of Spanish at Central Michigan University. Specialties: Latin American and Latino culture and literature and Cultural Studies. I have published about Caribbean, Colombian, and Latino culture and literature. I teach courses in Spanish and English about Latino American and Latino Culture and Literature, and Cultural and Global Studies.

Marie Nubia-Feliciano

Marie Nubia-Feliciano holds a PhD in Education. She also holds a master's degree in Counseling, with an emphasis in student development in higher education, as well as a bachelor's degree in Social Sciences. Her research interests focus the experiences of individuals and communities at the boundaries. She teaches part time for Chapman University and UC Irvine, where she instructs on such topics as leadership, ethics, race and ethnicity, and identity. She currently resides in Southern California with her family.

René H. Arceo

Born in Mexico in 1959, Arceo moved to Chicago in 1979. Arceo has been recognized with acquisition prizes and scholarship grants from the city of Chicago and Arts Midwest Foundation. With support from the Illinois Arts Council, he promoted and exhibited his works in Mexico, France, and Poland. In México at Galería Gabriel Flores of Universidad de Guadalajara (1990). In Poland at Galería BWA, Zamosc (2002) and the Akademickie Centrum Kultury, in Lublin (2002). In France at *Association Pour L'Estampe et l'Art Populaire* Gallery, Paris, France (2006). The Lucerne-Chicago Sister City Program awarded him an Art Residency in Lucerne, Switzerland (2018). Arceo lives in Chicago where he co-founded the Galeria Ink Works (1984-87) and the Mexican Printmaking Workshop (1990-96). He founded **Arceo Press** in 2005 to foster international collaborations among printmakers and thus far has published fourteen limited edition print portfolios with artists from Mexico, Spain, Canada, and more. Web: www.ArceoPress.com and www.Etsy.com/Shop/ArceoStudio

Ruby Barrientos

Ruby is a first-generation Salvadoran American artist born and raised in Reno, NV. She is a self-taught/independent visual artist having shown in galleries and museums locally.

She is an artist utilizing a unique artistic voice that she coined Nuwave Mayan, a style that incorporates her Salvadoran Mayan ancestry and heritage in the creation of socially relevant work.

Ruby's exhibits, talks, performances, public art, and community involvement speaks to her commitment to engaging with the public through thoughtful discussions about creating better more inclusive futures.

Karla M. Padrón

Karla M. Padrón (PhD University of Minnesota) is a jointly appointed Assistant Professor in the Center for the Study of Women, Gender, and Sexuality Studies and the Department of Communication at Northern Illinois University. Dr. Padrón is an interdisciplinary scholar with a background in American Studies, Chicana/Latina Studies, and Critical Sexuality Studies. Her research areas are border rhetoric, transgender rights, and women of color feminisms. Using community-based participatory research methods, legal analysis, and critical ethnography, Padrón's current project examines the social conditions that transgender Latina immigrants experience in the U.S. She is also working on research exploring medical mistrust among U.S. LGBT patients and the function of intersectionality and patient-centered care within LGBT-based healthcare.

Gloria Itzel Montiel, PhD

Gloria Itzel Montiel, PhD, is a Southern California-based health community health strategist and researcher. Since 2011, she has led the acquisition of more than \$18 million in grant funds for community programs in public health, education and civic engagement. Dr. Montiel currently serves as Senior Grant Writer at the AltaMed Institute for Health Equity and as the Consulting Director of Strategy and Sustainability for Latino Health Access. In these roles, she leads the design of multi-pronged community-level strategies and initiatives to address the social determinants of health. She also teaches graduate level courses at the Claremont Graduate University, in the Allies of Dreamers Certificate Program, which prepares educators researchers and community leaders to work with undocumented students and mixed status families. Dr. Montiel, herself, is a DACA recipient, the first to obtain a PhD from the Claremont Graduate University. Her academic work has been published in the *Harvard Journal of Hispanic Policy*, the *Youth Voice Journal*, the *Handbook on Promoting Social Justice in Education*, and in various edited books.

Kyle Moon

Kyle Moon serves as a research associate at the Center for Health Outcomes and Policy Evaluation Studies at the Ohio State University College of Public Health and as an undergraduate research assistant at the Lieberman Lab at the University of Notre Dame. Most recently, he led a study analyzing the outcomes of a mental health initiative during COVID-19.

Mr. Moon has also led community education sessions. His research interests include developmental neuroscience, environmental health, health policy, and community-engaged research practices.

America Bracho, MD, MPH

America Bracho, MD, MPH, is the founder, president and CEO of Latino Health Access, a *promotor-led* public health organization in Santa Ana, California and Fundación Linternita, a non-governmental and community-led economic development organization in Cachamaure, Venezuela. Prior to these roles, Dr. Bracho worked as a physician in her native Venezuela, after which she created and directed the AIDS projects for Latino family Services in Detroit, Michigan, the first of its kind at the wake of the AIDS epidemic. She is recognized internationally for her expertise in Latino health issues, community organizing, *promotor*-facilitated programs, women's health, and diabetes education. Dr. Bracho holds an MPH from the University of Michigan and an MD from the Universidad Central de Venezuela.

Nancy Mejia, MPH, MSW

Nancy Mejia, MPH, MSW, has over fifteen years of experience engaging urban, underserved communities of color in direct service, research, and policy initiatives. She currently serves as the Chief Program Officer at Latino Health Access (LHA). Since 2011, she has co-designed and co-led campaigns alongside LHA *promotores* to improve access to affordable and dignified housing, open space, community-driven development, and safe active transportation. She has provided strategic direction to civic engagement, leadership development, and policy efforts working towards health equity and building power among immigrant communities. In her current role, she oversees the processes to integrate equity into the organization's decision-making and cultivating a culture of practice that addresses the social determinants of health through direct services, activation of resident leadership, and long-term policy and systems change. Throughout the COVID-19 pandemic, Nancy has supported the redesign and development of programming that is accessible and safe to community residents. She was previously the Deputy Director of the City University of New York Institute for Health Equity, and holds a Master of Public Health and a Master of Science in Social Work from Columbia University. She obtained a B.A. in Sociology and in Latin American Studies at UCLA. Nancy was born in El Salvador and grew up in a working-class immigrant household.

Patricia J. Cantero, PhD

Patricia J. Cantero, PhD, has 27 years of experience working in health education and prevention research projects among Latinos in San Diego, Orange and Los Angeles Counties. Twenty of those years, she has evaluated *Promotor*-led (or Community Health Workers) health education programs by merging her research background and community service in creative and practical evaluation tools. Dr. Cantero obtained her PhD in preventive medicine from the University of Southern California.

Saira Nawaz, PhD

Saira Nawaz, PhD, is a Research Evaluator with over 8 years of experience in data analysis, impact evaluation, and cost-effectiveness analysis in public health. She currently works as an Evaluator with the Center for Health Outcomes and Policy Evaluation Studies at Ohio State University. In this role, she leads a mapping and visualization project to assess the impact of reproductive health policies and social determinants of health on Ohio's county-level pregnancy and maternal mortality rates, contraception preferences, and medical care use. She has also recently joined the PATH team to support the evaluation of the Prospective Country Evaluation of Global Fund's investments in the DRC and Senegal. Dr. Nawaz has advanced statistical and programming experience in Stata and SAS to analyze healthcare claims, population health surveys, and monitoring/performance data. She works conducts community-informed research and evaluation using methods such as Human Centered Design.

Sergio A. Gonzalez, PhD

Sergio A. Gonzalez is a PhD candidate in the School of Educational Studies Department and Dual Master of Arts student in the Applied Gender Studies Program at Claremont Graduate University. As the proud hijo de a first-generation Madre and Mexican Immigrant Padre, Joto, Latinx, feminist, Jotería scholar and activist, Sergio focuses on co-creating counternarratives of queer Latinx/a/o individuals within higher education. Sergio earned his M.Ed. in Postsecondary Administration and Student Affairs from the University of Southern California (USC) and his B.A. in Communication Studies from Manhattanville College. His research interests focus around Jotería pedagogy, education equity, social justice, undocumented/DACAmented students and Queer Latinx students in higher education.



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