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Research

Queremos Transformar Comunidades: Incorporating Civic Engagement as an Equity Strategy in Promotor-Led COVID-19 Response Efforts in Latinx Communities

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Abstract

Health inequities have long been entrenched in communities of color, but the disproportionate impact of COVID-19 has brought renewed attention to the role of social determinants of health on disease vulnerability. Emerging research often fails to consider the importance of civic engagement in response efforts. This study presents a *promotor*-led intervention in Latinx communities of southern California that (1) elucidates the ways in which COVID-19 vulnerabilities are associated with the ability to participate in the political process, (2) presents innovative mechanisms of civic engagement for citizens and non-citizens alike, and (3) informs future efforts to rebuild with resilience and equity.

Introduction

In the United States, working-class Latinx communities are among the most impacted by COVID-19 infections and deaths.^{1,2} Emerging research and frameworks analyze the role of social determinants of health (SDoH) on disease vulnerability and likelihood of survival.^{3,4,5} Such research has primarily focused on healthcare access, economic stability, food insecurity, and housing as both risk factors and negative outcomes of the pandemic.^{6,7,8} Yet, few of these discussions link how systemic racism and exclusion left communities of color without the necessary infrastructure to respond

to COVID-19 and the conditions that have created increased risk in these communities.^{9,10,11} Furthermore, research has not previously examined how civic engagement (or the lack thereof), as part of the SDoH community and social context domain, affects COVID-19 vulnerabilities or resulting social needs. On the other hand, there is also a gap in research on ways to leverage civic engagement for an equitable COVID-19 response and as a foundational practice for building community resilience in the recovery process.

For nearly three decades, Latino Health Access (LHA) has engaged *promotores de salud*, community health workers (CHWs), to work at the intersection of health services, community capacity-building, and community mobilization and advocacy as a strategy to advance health equity.¹² CHWs have been shown to be critical assets to community-based organizations, driving progress in health promotion and advocating for necessary change, as has been the case with LHA. During COVID-19, LHA has implemented a community-engaged response in the most impacted areas of Orange County, California, in partnership with the local healthcare agency.¹³ This article provides an empirical example of how LHA integrates civic engagement as a tool for equity in COVID-19 response efforts and in preparing for long-term

recovery. It also demonstrates the ways in which *promotores* activate and sustain such engagement among historically marginalized communities. Therefore, the purpose of this study is to (1) shed light on the ways in which civic engagement, as a SDoH, impacts COVID-19 vulnerabilities; (2) contribute to the empirical knowledge of community-led pandemic response efforts, rooted in equity and political participation; and (3) better understand the mechanisms by which *promotores* champion and create mechanisms for civic participation as a critical element of the COVID-19 response. This article presents a story of community resilience, fueled by Latinx communities' commitment to center response efforts around the experiences of those most affected by the pandemic. Lessons from this study can also provide a blueprint for recovery efforts in communities of color. Ultimately, rebuilding with equity requires addressing the root causes that gave way to the pandemic's devastation in these communities.

Literature Review

Voting rates have historically been lower among the Latinx community, compared to other racial/ethnic groups, but such measures reflect structural inequities, including but not limited to restrictive naturalization processes and voter suppression. As such, there is a need to broaden or

re-frame how the Latinx community can participate in the political process through civic engagement that encompasses all the ways in which immigrants express their interests or exert their power. Incorporating this new definition, evidence shows relatively high engagement among Latinx communities in religious groups, community-based organizations, volunteering, public demonstrations, and school-based associations.^{14,15} Such involvement is driven by critical reflections of structural inequality and lived experiences of discrimination and exclusion, motivating efforts to improve the welfare of their communities, increase representation, and mitigate future instances of discrimination.^{16,17} Barriers to engagement include, most prominently, competing family and job responsibilities, fear related to documentation status, and limited information being offered in Spanish.¹⁸

Because *promotores* come from the same communities they serve, they are uniquely positioned to reach and activate the most marginalized members of society.^{19,20} Yet, historically, the roles of *promotores* within health systems have been confined to direct services that support health prevention, health promotion, and healthcare access, missing an opportunity to leverage their unique position to mobilize communities to address SDoH at the systems level.^{21,22,23,24,25} Globally,

promotores have been on the frontlines of responding to disease outbreaks, epidemics, and disaster relief, and experts have proposed expanding the infrastructure of *promotores* in the United States to respond to COVID-19.^{26,27,28,29} Current investments in *promotor* activities for COVID-19, however, focus on addressing social needs alone, providing immediate relief but do not address the SDoH that require changes in systems and policies.

Conceptual Framework For LHA's Approach To Covid-19 Response

LHA *promotores* work within a framework that aligns with what Matthew and colleagues later coined the Multidimensional *Promotores/Community Health Worker Model*. The model highlights the foundational concept of *promotores* who not only serve as educators and service facilitators but also as agents of change.^{30,31} This is especially important to build equity and address SDoH within communities that are disenfranchised or have been historically excluded from decision making and policymaking and, thereby, experience health and social disparities.³²

This model was at the foundation of LHA's strategy for COVID-19 response (see **Figure 1**). First, *promotores* had to ensure continuity and enhancements of direct services to meet the

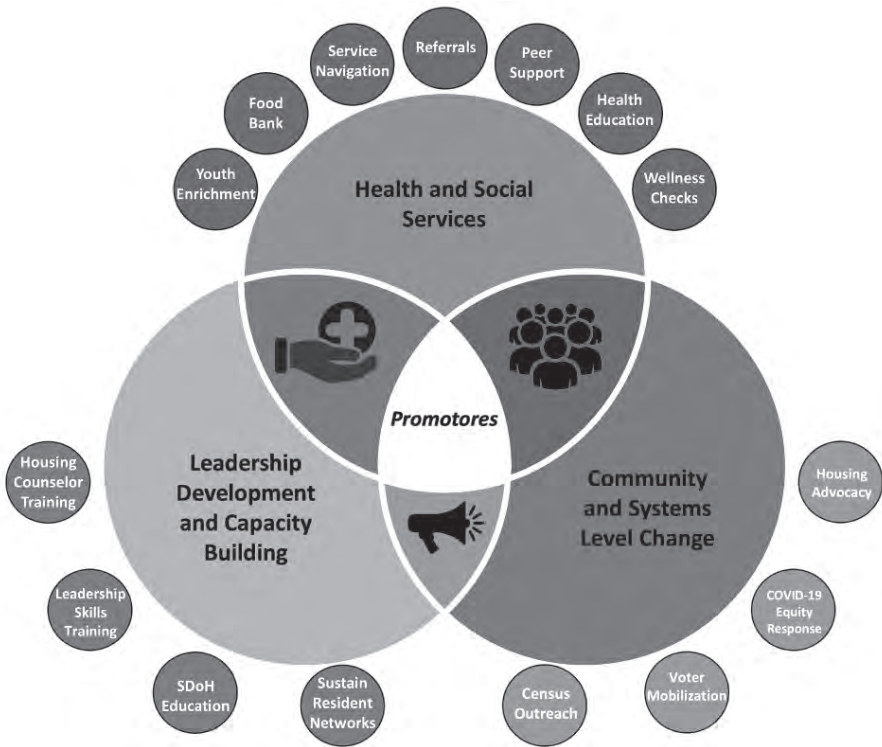


Figure 1. LHA Model for Integrating Civic Engagement in COVID-19 Response.

rising health and social needs in their communities as COVID-19 cases and deaths began to climb. Given that these disparities were affecting the poorest neighborhoods in Orange County, *promotores* also worked to mobilize community residents to advocate for policies that address systemic change, mitigating the social and economic impacts of the pandemic. Although advocacy has been part of the work of LHA *promotores*, stay-at-home orders and the transition to virtual platforms created a new context and new needs for skills and capaci-

ty-building for community members. Nevertheless, because activating civic participation is at the core of LHA's model, *promotores* ensured that the very communities disproportionately affected by COVID-19 were prioritized and offered a seat at the table to strategize on how to respond.³³

Description Of Lha's Covid-19 Response

From March through June of 2020, LHA implemented Phase I of its COVID-19 response program, which included making outbound phone

calls with the purpose of conducting wellness checks with community members, collecting data to understand the emerging needs of the community, disseminating COVID-19 prevention information, deploying essential services in response to those needs, and designing and implementing advocacy campaigns to protect the rights of community members being affected by the health, economic, and social impact of the pandemic. Twenty-four LHA *promotores* contacted participants belonging to two distinct groups: (1) 393 Orange County Latinx voters newly identified for outreach through Political Data Inc. (PDI) during LHA's non-partisan voter mobilization campaign for the primary election, and (2) 1,861 existing participants of LHA's programs, who were mostly non-voters. At the point of contact, *promotores* reviewed a script that included questions related to understanding of COVID-19 symptoms, ability to self-isolate, non-medical health-related social needs, and need for additional resources.

During this same time period, LHA also created a blueprint for policy and systems change strategies to be implemented in tandem with its direct service modifications or enhancements. Prior to COVID-19, *promotores* hosted *cafecitos*, intimate community gatherings where resi-

dents organized, problem-solved, and engaged in community building. *Promotores* also conducted trainings to strengthen leadership and advocacy skills of community members, using the *Desempacando Habilidades* curriculum. *Promotores* co-developed the training program with LHA program coordinators. Training focuses on assisting participants in building advocacy skills and developing critical consciousness about the relationship between health disparities, SDoH, and the role of civic engagement in creating a healthier and more equitable community. Triangulating community feedback and emerging data trends, *promotores* prioritized the community mobilization strategy of LHA's COVID-19 Phase I response around (1) sustaining organizing spaces and networks through virtual settings; (2) housing advocacy; (3) Census outreach and engagement; (4) voter mobilization; and (5) building the infrastructure for Phase II of the response, which included intensive on-the-ground outreach and increasing testing in the most impacted zip codes. *Promotores* tabulated their voter engagement and Census efforts, detailing the attempted number of individuals and the number of individuals reached, to evaluate successes related to policy advocacy, capacity building, and mobilization.

Study Methods

Study Design

This study adopts a sequential explanatory mixed-methods approach, in which quantitative data were collected and analyzed, followed by qualitative data capture with interviews and focus groups.³⁴ Such an approach has the advantage of contextualizing and explaining quantitative findings, all while informing policy and program development in an actionable manner.³⁵ Quantitative data provide insights on the social needs and burdens for non-voters (vs. voters), who require additional support to participate in the civic process through advocacy. The term *non-voter* refers to individuals who have not cast a vote in previous elections. It is used intentionally because LHA does not collect information on immigration status or eligibility for voter registration, but the majority

of LHA's program participants are foreign-born, earn less than \$30,000 annually, and are monolingual Spanish speakers—all of which present structural barriers to participation in the political process. The focus groups were conducted following an analysis of the quantitative data and operated within a transformative paradigm to (1) examine assumptions about power, social justice, and cultural complexity; and (2) illuminate the social realities of the communities this research intends to impact.³⁶

Study Site

Latino Health Access is a *promotor*-driven community-based organization located in Orange County, California, primarily serving working-class Latinx immigrant communities. Its mission is to “partner with communities to bring health, equity, and sustainable change through education, services, consciousness-raising,

Table 1

Characteristics	Voters	Non-Voters	P-Value
Food Insecure	9.7% (n=393)	19.8% (n=1861)	<0.001***
Uninsured	9.8% (n=326)	37.5% (n=1657)	<0.001***
No Medical Care	25.5% (n=94)	26.5% (n=1088)	0.94
Work Hours Reduced	38.3% (n=350)	64.1% (n=1765)	<0.001***
No Space to Isolate in the Home	14.0% (n=314)	59.3% (n=1667)	<0.001***
Financially Unstable	11.1% (n=360)	29.5% (n=1745)	<0.001***
Housing Insecure	18.6% (n=366)	67.8% (n=1757)	<0.001***
Limited Knowledge About COVID-19 Symptomatology	5.8% (n=363)	20.0% (n=1709)	<0.001***

Table 1. Effect of Enfranchisement on Social Needs

and civic participation.”³⁷ Embedded in its mission is an equitable relationship with communities, whereby participants are not seen as clients or patients but as partners in creating and sustaining health. Latinx immigrant communities in Orange County have been devastated by COVID-19 due to entrenched social inequities. As of January 30, 2021, there were 229,757 cumulative COVID-19 cases and 2,975 deaths in Orange County, California.³⁸ Latinx individuals make up 44 percent of cases and 38 percent of deaths, despite being only 35 percent of the county’s population.³⁹

Quantitative Data Collection and Analysis

During one-on-one sessions with participants, data were captured by each *promotor* in a Microsoft Excel spreadsheet, using a 12-character unique identifier. Analyses were conducted to compare social needs between voters (PDI participants) and non-voters (LHA participants) over the course of the COVID-19 pandemic. The following social needs were considered: food insecurity (dichotomous: yes/no), financial instability (measured as inability to pay rent), housing instability (measured in alignment with

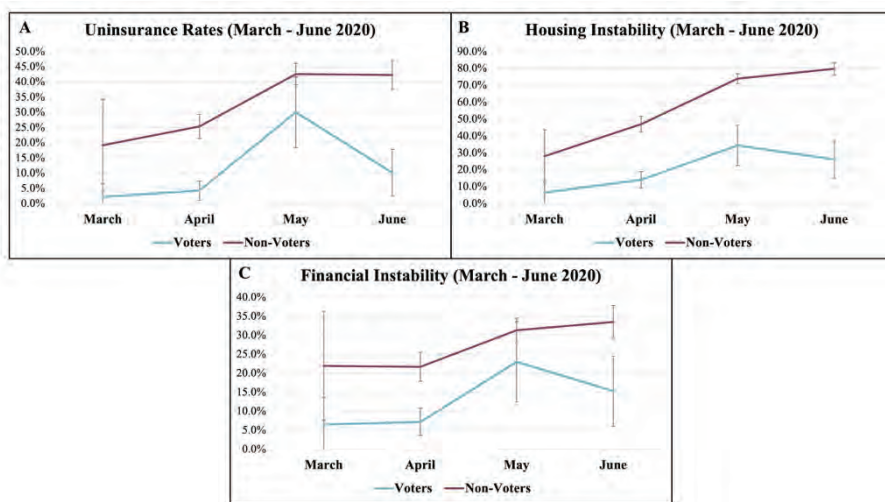


Figure 2. Comparison of Voter Status and Social Needs Over Time. Latinx non-voters, compared to Latinx voters, experience significantly higher rates of uninsurance (A), housing instability (B), and financial instability (C). A decline in social needs is ob-

served in June for voters but not non-voters. Error bars represent 95 percent confidence intervals. All comparisons are significant at the $P < 0.001$ level.

the Healthy People 2020 definition of meeting one or both conditions: inability to pay rent, overcrowding), health insurance coverage (dichotomous: yes/no), medical care (dichotomous: yes/no), work hours reduced or temporarily laid off (dichotomous: yes/no), and knowledge of how to respond if COVID-19 symptoms present in the household (dichotomous: yes/no).⁴⁰

Analyses were conducted to assess (1) the effect of voter status on social needs and (2) changes in the effects of voter status on social needs from March to June 2020. Pearson's χ^2 test of independence was employed to identify statistically significant differences in demographic characteristics and social needs. Yates's continuity correction was applied when any cell in the contingency table had a frequency < 10. Pearson's χ^2 test was also used to compare the effects of voter status on social needs at the beginning of the pandemic (March 2020) to most recent data when relief policies came into effect (June 2020). Significance was established at $\alpha=0.05$. All analyses were performed using R Statistical Software.⁴¹

Qualitative Data Collection and Analysis

Qualitative data were collected via semi-structured interviews conducted by telephone with three *promotoras* in December of 2020 and a one-hour virtual focus group with three

promotoras who specialize in civic engagement and advocacy and the organization's policy analyst in January 2021. Interviews and the focus group were conducted in Spanish.

Interviews have been used as a method of collecting data and making meaning of processes and experiences in healthcare and public health.⁴² For this study, interviews were used to better understand the role of *promotores* in creating equity within the COVID-19 response and understanding *promotores'* operationalization of equity within their work. The focus group method aligns with LHA's ongoing practice of reflexive learning and unlearning, in which all staff collectively "re-think and re-name [their] practices, and re-tell [their] stories and aspirations" with the purpose of creating meaning and elevating community practices, which are often excluded from the dominant discourse and processes of creating knowledge.⁴³ In the focus group, *promotoras* reflected on their processes and mechanisms for the civic engagement of participants based on the equity practices they outlined, such as navigating the digital divide with technical support and training, hosting civic engagement skill-building workshops, and rewriting dominant narratives of power.

Interview data underwent thematic analysis using a two-step process that incorporated emergent coding and a

priori codes based on the conceptual framework.^{44,45,46} Data were analyzed in Spanish and organized into themes. Results from quantitative data analyses and the interview themes were shared with *promotoras* in the focus group to engage them in interpretation of results within the Multidimensional *Promotores/Community Health Worker Model*.⁴⁷ Final themes were then translated into English and organized in Microsoft Word tables to prepare for integration in the discussion. Representative quotes from the themes discussed were extracted and translated for inclusion in the manuscript.

Results

Demographic Analysis

A majority of LHA participants are female (72.4 percent), Latinx (98.2 percent), foreign-born (95.4 percent), aged 18–54 (48.7 percent), monolingual Spanish speakers (89.8 percent), and earn less than \$30,000 annually (84.6 percent). Demographic data from the PDI database show that the majority of voters are female (52.5 percent), Latinx (97.5 percent), born in the United States (71.2 percent), aged 18–54 (68.9 percent), and earn \$50,000–100,000 annually (70.1 percent). Groups differ significantly by sex ($P<0.001$), country of birth ($P<0.001$), age ($P<0.001$), and income (96.7 percent of LHA participants earn less than \$50,000

annually vs. 11.8 percent of PDI voters, $P<0.001$) but not by ethnicity ($P=0.053$).

Effects of Enfranchisement Over Time

To assess the effect of voter status on social needs, comparisons were made between voters in the PDI database and LHA participants. Results are shown in **Table 1**. Initial analysis showed non-voters experienced significantly greater social vulnerabilities across all categories ($P<0.001$), with the exception of not having medical care (25.5 percent among voters vs. 26.5 percent among non-voters, $P=0.94$). Notably, non-voters, compared to voters, experienced heightened vulnerabilities that negatively influence ability to respond to COVID-19, including limited space to isolate in the home (59.3 percent vs. 14.0 percent, $P<0.001$) and limited knowledge about how to respond to a COVID-19 outbreak in the household (20.0 percent vs. 5.8 percent, $P<0.001$).

Figure 2 shows that non-voters were the first to experience the social impact of the COVID-19 pandemic. As early as March 2020, non-voters, compared to voters, experienced significantly higher rates of uninsurance (19.2 percent vs. 2.2 percent, $P=0.038$), financial instability (21.9 percent vs. 6.5 percent, $P=0.040$),

and housing instability (28.1 percent vs. 6.5 percent, $P=0.022$). While the voter population also saw an increase in related social needs, such as financial and housing instability, the impact was less severe across every month, compared to the non-voter population. By June, non-voters, compared to voters, experienced significantly elevated rates of uninsurance (42.3 percent vs. 10.2 percent, $P<0.001$), housing instability (79.8 percent vs. 26.2 percent, $P<0.001$), and financial instability (33.5 percent vs. 15.3 percent, $P=0.0071$).

Thematic Analysis

Trends in social needs beginning in March 2020 highlighted the lack of infrastructure for testing, access to care, and delivery of social services in Orange County. Advocacy was needed to increase direct prevention and mitigate the health and socio-economic impact of COVID-19 on communities that already experienced disproportionate economic hardship. *Promotores'* local policy advocacy included several facets (see Table 2). The qualitative component of this study sought to better understand the mechanisms and processes by which *promotores* effectively mobilized community members to be civically active, despite the new challenges that COVID-19 brought to organizing and advocacy.

Linking Social Need to Social Determinants of Health and Systemic Oppression

One of the foundational strategies to mobilize participants is building consciousness about the linkage between social needs, lack of services, and how systemic oppression works to perpetuate these disparities. *Promotores* view every service delivered as an opportunity to build and activate this awareness, which is fortified through the leadership and skills development workshops they facilitate. One of LHA's *promotora* coordinator said:

Queremos transformar comunidades (we want to transform communities). Transformation begins when participants begin to understand the social determinants of health, how the conditions in the Zip Code where you live or where you were born determine your quality of life and lifespan. That's what sparks the beginning of change.

For *promotores*, it is crucial that discussions of SDoH go beyond a recognition of social needs and barriers to accessing care. For them, approaches that, for example, merely provide bus passes to address lack of accessible transportation or provide access to meals to address food insecurity at the community level are insufficient. *Promotores* prioritize approaches that address the systemic conditions

that determine people's lifespan and quality of life. They also call for an open discussion of the history of discriminatory policies and for a community-based participatory approach to investigating how they impact the neighborhoods where participants live.

During COVID-19, these conversations happened through one-on-one support sessions, information forums, and group organizing meetings. *Promotoras* recounted how COVID-19 made it clear for participants where systems failed to be equitable and provided an urgency by which to act. One of LHA's *promotoras* mentioned:

Our job is to help people make the connection that it's not a coincidence that people have two or three jobs, that wages are low, that housing is not just, and we have to weave those conversations to uncover the root causes with our participants.

Yet, in these conversations about community activation, *promotoras* also understand the need to address the immediate needs that participants have, especially in the rise of the pandemic (shown in **Table 1** and **Figure 2**). They also mobilize resources within LHA and connections with community partners to meet the needs of participants. They accomplished this through advocacy that expanded rental assistance programs at the local level to undocumented immigrants,

coordination of food delivery, and step-by-step coaching for community members to access local rental relief. In so doing, *promotores* helped participants find some stability that enabled them to advocate for changes at the systems or community level. However, in order to mobilize a community that is largely disenfranchised, *promotores* must be intentional in re-framing civic participation and creating the opportunities by which community members can take action.

Re-framing Civic Participation

All *promotoras* spoke about the fear that took hold of the predominantly immigrant communities they served during the pandemic. Already, these communities lived on the margins due to societal neglect, exacerbated by the “public charge” rule that was announced during this time, restrictions in immigration policy, and criminalizing rhetoric. An LHA *promotora* who leads immigration advocacy campaigns stated:

Over the last four years, our people have been hurt by language, labeled as criminals, as people who are worthless. Part of our work has to be to reframe that: to help people see that they have inherent value, that their culture is a strength, and that they belong at the table where decisions are made.

Promotores open pathways to

civic participation by building the capacity of community members to engage with systems and simultaneously holding systems and policymakers accountable for listening to and incorporating the voices of all community members, regardless of citizenship. One of LHA's lead *promotoras* said:

One thing we do in our Community Engagement and Advocacy Program is dismantle the idea that a person seated in a position of power is powerful on their own. We foster the idea that they are there to serve the people and their responsibility is to ensure our community has a better quality of life, and it becomes the community's responsibility to hold them accountable. When people power is in motion, there's nothing that can stop it.

A key strategy to advance policy advocacy during the pandemic was to host meetings with local elected officials and those in city government. *Promotores* facilitated roundtables with Santa Ana and Anaheim city council members, a California senator, and a congressman, where community members voiced their concerns about housing, job loss during the pandemic, and access to healthcare. It was also *promotores* who organized translation for these roundtables and other logistics for these meetings. While serving a population that may not have the

opportunity to elect these individuals due to an undocumented immigration status, *promotores* ensure that this same population continues to have opportunities to engage with those who will be making critical decisions that affect the community's resources and opportunities.

During COVID-19, LHA also invited participants to be engaged in other ways to respond to the crisis with a view towards recovery. For example, it was primarily undocumented immigrants who engaged in collecting signatures from voters to place a rent control measure on the ballot. With the assistance of the civic engagement *promotoras*, residents designed a drive-through signature collection campaign. Residents, including working-class immigrants, have also been trained as "housing counselors" to facilitate "Know Your Rights" workshops, disseminate housing policy updates, and provide one-on-one eviction prevention support to other community members. Residents have led popular education prevention campaigns and have assisted in coordinating mobile testing sites in these neighborhoods. During a time when so much has been lost in the working class Latinx communities, *promotores* have also activated community members to lead acts of remembrance, solidarity, and hope through activities, such as a mobile *Día de los Muertos* altar

float that visited highly impacted neighborhoods. These new opportunities for community members to be engaged expand the notions of civic engagement and present opportunities for individuals who are traditionally excluded from political participation to lead initiatives in policy advocacy, community building, and community healing.

Promotores as “Acompañantes”

In framing their role in helping community residents move along a “continuum of participation,” *promotores* refer to themselves as “*acompañantes*” (companions) through the entire process of community transformation.⁴⁸ One of the lead *promotoras* recalled walking with a participant in one of the midsummer protests following George Floyd’s murder:

At the end of the protest, the participant said “Thank you” to me for walking with her because, for the first time, she experienced what it was like to be in a place where people call for change with a single, united voice.

She used this image as an example of the role of the *promotor*, where they are not there to simply train participants in the art of public speaking, facilitate meetings, or simply mobilize. Rather, they are companions to community members in the process of building health for themselves and working collectively towards a better

future for their communities. The concept of *promotores* as companions to community members in health improvement is foundational, but LHA *promotores* call for an extension of this process to include support along the process of civic engagement to advance health equity and social justice.⁴⁹

Discussion And Recommendations

Decades of disinvestment and restrictive immigration policies, both of which are rooted in structural racism and nativism, have created disparate social conditions for Latinx communities in the United States with limited resources and opportunities.⁵⁰ Exclusion of these communities from decision making has also been a risk factor for SDoH.⁵¹ Our study has shown how LHA’s approach to civic engagement is necessary at this juncture, as COVID-19 continues to exacerbate the social needs among individuals who are typically excluded from the political process (non-voters). By operationalizing a broad definition of civic engagement, LHA *promotores* have activated and maintained the mobilization of Latinx communities to achieve several policy wins that are intended to root out the systemic barriers to health equity. Strategies discussed in this article, including the *Promotor* model, civic engagement and community

Table 2

Issue Area	Capacity Building and Mobilization	Community Policy Wins
Housing Advocacy	<ul style="list-style-type: none"> • Tutorials for joining virtual city council meetings to advocate for enhanced local rent moratorium • Creation of a resident-led Housing Policy Monitoring Committee with 7 members, 4 of which are renters • One-on-one meetings with city council members and city staff • Participants sent 130 letters to the Santa Ana City Council requesting a 6-month extension of rent moratorium • Distributed templates of letters to be sent to landlords to qualify for emergency rental assistance • Promotor-led technical support call to Anaheim city councilmember around housing movement-building • Training of 24 new community housing counselors to assist renters in eviction frontline response and to understand their rights under new local policies 	<ul style="list-style-type: none"> • Santa Ana City Manager issues rent moratorium via executive order from March 17–May 31, 2020 • City of Santa Ana allocates \$1.6 million from CARES Act funding to direct rent relief (March 19, 2020) • Santa Ana City Manager extends moratorium until June 30 (May 22, 2020) and then again until September 30 (July 24, 2020) • Santa Ana City Manager issues executive order to halt rent increases while CA Governor’s Executive order (N-28-20) is in place (April 7, 2020) • City of Anaheim issues an emergency eviction moratorium (March 24, 2020) • The City of Anaheim rolls out \$3M plan for community economic recovery, prioritizing rental assistance for tenants experiencing financial hardship due to COVID-19
Census Outreach	<ul style="list-style-type: none"> • From March–October 2020, promotores made attempts to contact 63,460 individuals, reaching 44,714 (70%) • Outreach conducted via one-on-ones, presentations, telephone calls, text messages, social networking, caravans, and tabling • Creative strategies implemented included an “Infomovil” with combined COVID-19 prevention and Census messaging, delivered via loudspeaker attached to LHA van and driving into hard-to-count communities 	<ul style="list-style-type: none"> • Accomplishing a 70.5% Census response rate in Santa Ana, which was higher than the 2010 response rate (67.7%)

Table 2. Promotor-Led Mobilization Efforts and Community Policy Wins by Issue Area

Voter Mobilization	<ul style="list-style-type: none"> • Educational forums to residents to explain what was on the ballot, the new election process for city council/mayor, and voting rights and options during COVID • Mobilization by promotores to infrequent voters in low-turnout precincts with 1-2 contacts in the 2020 primary and general elections (via text messaging and telephone calls) • Phone banking by non-voter volunteers to Get Out the Vote, trained by promotores • Hiring of community members as Get Out the Vote canvassers, identified and trained by promotores • Organized virtual candidate forums 	<ul style="list-style-type: none"> • Increase in the number of voters that intended to vote from 75% (n=965) in the 2020 primary election to 96% (n=3,804) in the 2020 general election • From October 2020 to the 2020 general election, attempts were made to 10,729 individuals, reaching 3,390 (32%)
COVID-19 Equity Response	<ul style="list-style-type: none"> • Promotores advocate internally at LHA for expansion of community foodbank after administrative staff suggest closing it down for safety reasons • Promotores present stories of community members in countrywide multi-stakeholder in advocacy efforts to release zip code-based COVID-19 data to organize neighborhood-based response • Promotores represent community in co-designing neighborhood-based response • Promotores identify, train, and refer more than 70 community members to be hired as new promotores to work in neighborhood-based response 	<ul style="list-style-type: none"> • LHA maintains and expands food distribution with promotor-organized safety measures that align with CDC and local health guides. • Zip code data were published by the local health care agency • Local health care agency funds \$3M Latino Health Initiative in most impacted zip codes (Phase II of LHA's COVID-19 response)

Table 2. Continued

mobilization, and COVID-19 pandemic relief, are a culmination of over 28 years working directly with the Latinx community in Santa Ana and Orange County and have informed the recommendations below.

Invest in understanding the impact of SDoH and addressing SDoH at the community and systems levels rather than only on individual-level outcomes. Currently, most SDoH research has focused on individual-level interventions that address immediate

social needs. Yet, these interventions are insufficient to address the root causes that have created and perpetuated health disparities. Drawing on ecosocial theory, it has been conditions of social inequality that are the basis of long-standing Latinx health disparities in the context of chronic disease.^{52,53} Latinx health disparities have widened over the course of the COVID-19 pandemic, which has disproportionately impacted communities subject to structural violence. Latinx communities account for the greatest disparities of any other racial or ethnic group in terms of case, hospitalization, and mortality rates.⁵⁴ Such disparities can be explained by the concentration of Latinxs in the essential workforce, such as agriculture, construction, food service, and food processing—the same occupational sectors with the highest rates of excess mortality due to COVID-19—because they do not have the option of working from home and, thus, face heightened risk of exposure.^{55,56} Other structural vulnerabilities in the Latinx population, such as high rates of coexisting medical conditions, lack of insurance, and multigenerational homes, can explain COVID-19 disparities.⁵⁷ All of these issues are systemic issues that go unexamined when the focus of SDoH research is on individual-level outcomes instead of system- or community-level outcomes.

Furthermore, trends by race/eth-

nicity fail to capture the heterogeneity of the Latinx population in the United States—namely, the stark contrast between Latinx voters and non-voters presented in this study. Voting status serves as a rough proxy for socioeconomic status (SES) and immigration status, and as such, our findings have critical implications for exploring the effects of SDoH on access to care. For non-voters, rising uninsurance rates were accompanied by elevated rates of job loss or reductions in work hours, once again highlighting the pitfalls of coupling health insurance with employment. Uninsured rates continued to climb among non-voters, while the rates among voters increased from March through April and then sharply declined in June. As programs such as the Children’s Health Insurance Program (CHIP) and/or Medicaid eligibility expanded for voters, it conceivably could not be accessed by non-voters, especially given the introduction of the “public charge” rule guidelines in the middle of the pandemic.⁵⁸ This may have deterred some immigrants from pursuing testing or assistance despite being eligible to receive COVID-19 services without penalty.

The COVID-19 pandemic has illustrated the importance of efforts that enhance civic engagement to combat increasing social needs, inequities, and disempowerment in the Latinx community. Through work

pre-dating COVID-19, LHA gathered significant knowledge about such strategies, and the work of *promotores* demonstrates that it is possible to build innovative mechanisms of civic participation that can be accessible to all residents, regardless of citizenship.⁵⁹ Their example calls for a re-envisioning of civic engagement, anchored in health equity. It is especially important that these efforts center around those most impacted by the pandemic as these communities experienced the most inequities prior to its start. Civic engagement efforts need to be rooted in a frank analysis of the role of structural racism and other root causes of these inequities and their impact on health.⁶⁰

As an example, disparities in rates of housing instability are striking, with rates over three times as high among non-voters (67.8 percent) as voters (18.6 percent). While these disparities may be due, in part, to eligibility criteria for public assistance, the federal government, the state of California, and the cities of Santa Ana and Anaheim implemented protections in the form of eviction moratoria, executive orders, and rent moratoria, respectively, in March 2020. To qualify for rental protections, however, tenants were required to provide letters to their landlord, posing a barrier to many LHA

participants who are monolingual Spanish speakers. Linguistic challenges could also explain the disparities in knowledge about COVID-19 symptomatology, considering nearly four times as many non-voters responded that they did not know what to do if COVID-19 symptoms presented in the household as did voters. As such, *promotores* responded by (1) involving community members in the development of effective messaging about COVID-19 symptoms and prevention, (2) providing templates of letters to provide landlords in order to qualify for rental protections, and (3) instilling trust in COVID-19 testing by directly referring individuals and staffing the testing sites. These disparities speak to the importance of eviction prevention measures and culturally and linguistically accessible messaging—both of which were the result of community mobilization—to address health inequities.⁶¹

While the pandemic brought additional challenges, qualitative data sheds light on the possibility to mobilize communities around policy advocacy that directly addresses the urgent social needs exacerbated during the pandemic. As future directions, it will be necessary to reach new communities without historical experience in organizing

or advocating and building inroads to civic participation. Furthermore, given the success of engagement in local city council meetings afforded by virtual options, local governments should institutionalize these mechanisms for engagement even after the end of the pandemic.

Early findings point to policy amendments that could equally benefit voters and non-voters.

Trends in financial instability between non-voters and voters mirrored uninsured trends, in that rates continued to climb from March through June among non-voters, while rates declined from May to June among voters. These disparities illustrate that the benefits experienced by citizens in terms of public assistance, such as the Coronavirus Aid, Relief, and Economic Security (CARES) Act, were not shared with non-voters, as non-citizens were not eligible to receive the stimulus checks that were disbursed in April 2020 nor Temporary Assistance for Needy Families (TANF) or supplemental security income (SSI) because of “public charge” rules. Of note, the disparities in financial instability between voters and non-voters may be even more pronounced in other states, as cash benefits are available to non-citizens in California who do not qualify for SSI through the state-funded Disaster Relief Assistance for Immigrants (DRAI). Future relief packages should

consider all residents with Individual Taxpayer Identification Numbers (ITINs), rather than just those with social security numbers (SSNs).

CHWs should be engaged in vaccine deployment to lend expertise in combating issues related to vaccine access.

The actions taken by *promotores* illuminate the critical role of CHWs in responding swiftly—and with an orientation towards equity—to communities’ immediate and long-term needs via basic services and policy advocacy. This is possible because of their presence in the community, trusted relationships, and local expertise, which lies at the intersection of a multi-dimensional model of community health work. As the United States plunges forward with vaccination goals, the Biden-Harris administration has deployed Federal Emergency Management Agency (FEMA) to assist with vaccine distribution.⁶² *Promotores* are best positioned to reach impacted communities, making it possible for them to address barriers related to the vaccine through one-on-one navigation. *Promotores* are also positioned to inform vaccine strategies at the systems level, given their knowledge of the local communities.

In addition, emerging research points to the long-term problems created by the pandemic, with significant reductions in the life expectancy in the United States, disproportionately impacting Latinx and Black

communities.⁶³ Hiring and training additional CHWs to implement a community-engaged approach to recovery and rebuilding can present a vigorous economic development program in communities of color where the pandemic has brought about financial devastation.⁶⁴

Conclusion

Despite the unique perspective this study offers, there are several limitations. For one, the authors relied on data that were collected virtually by *promotores*. As such, demographic data were not available for each encounter, but *promotores'* review of the quantitative data confirmed those served through the community engagement and advocacy program were representative of LHA participants. Second, it is possible that we have not seen the complete effects of various COVID-related relief policies during the study period. However, declines in social needs among voters suggest that the impact of the policies were observed as early as June. Third, the qualitative data were collected from a seemingly small sample of *promotores* (n=5), but they represent those engaged in the organization's advocacy programming. While this is a single-site study with no comparison group, LHA has over 28 years of experience working with Latinx communities in southern California, and previous comparison studies have

shown the benefits of their *promotor* model. Furthermore, we felt it was imperative to share these results as we look to COVID-19 programs in other states that do not incorporate a SDoH approach at the systems level.

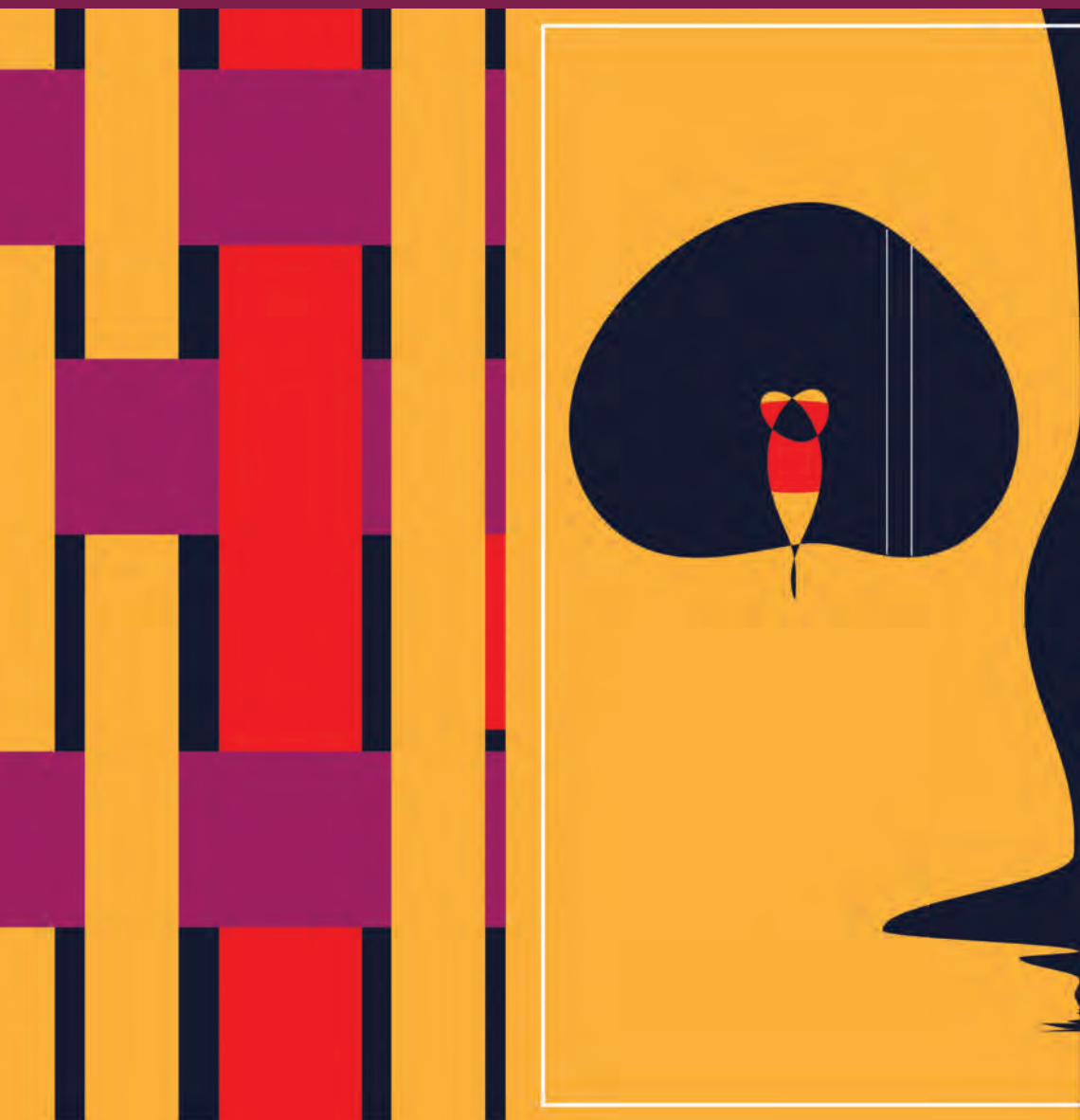
In conclusion, this study sheds light on the need for grassroots community mobilization to address systemic barriers to equity. Our findings point to salient COVID-19 vulnerabilities associated with the ability to participate in the political process. As such, there is a need for future response and recovery efforts to incorporate a broadened definition of civic engagement that extends beyond participation in the political process to include all activities in which individuals can build community power. *Promotores* have been key assets in creating such opportunities for civic engagement for all community members, regardless of citizenship status, mobilizing communities to advocate for change at the systems level to ameliorate the conditions that have ravaged communities of color over the course of the pandemic. As COVID-19 cases continue to surge and vaccine administration lulls in communities of color, lessons from this study can inform future efforts to respond and rebuild with resilience, addressing the root causes of the pandemic's devastating impact.

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