

FOSTERING WORKFORCE RESILIENCE USING MINDFULNESS AMONG
PROMOTORA/ES (COMMUNITY HEALTH WORKERS)

by

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DEDICATION

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Table of Contents

<u>DEFINITIONS AND KEY</u>	7
<u>CHAPTER 1: INTRODUCTION</u>	9
PURPOSE AND AIMS	9
SIGNIFICANCE.....	13
INNOVATION	16
POPULATION.....	16
MANUSCRIPTS NOTE.....	17
<u>CHAPTER 2: MANUSCRIPT ONE-A SELF-DETERMINATION THEORY APPROACH TO MINDFULNESS AND MINDFULNESS PRACTICES AMONG PROMOTORA/E DE SALUD (COMMUNITY HEALTH WORKERS): A QUALITATIVE EXPLORATORY STUDY</u>	19
<u>CHAPTER 3: MANUSCRIPT TWO-UNDERSTANDING WORKPLACE WELL-BEING THROUGH APPRAISAL AND COPING: A QUALITATIVE STUDY OF PROMOTORA/E DE SALUD (COMMUNITY HEALTH WORKERS) AND LEADERS'</u>	51
<u>CHAPTER 4: MANUSCRIPT THREE- THE CULTURAL ADAPTATION OF AN EVIDENCE-INFORMED WORKPLACE WELL-BEING AND RESILIENCE PROGRAM FOR PROMOTORA/ES DE SALUD (COMMUNITY HEALTH WORKERS)</u>	82
<u>CHAPTER 5: CONCLUSION</u>	120
POLICY AND PRACTICE IMPLICATIONS.....	121
NEXT STEPS	124
<u>CHAPTER 6: REFLECTION AND COMPETENCIES</u>	125
APPENDIX 1: SUPPLEMENTARY MATERIAL FOR MANUSCRIPT #1	127
APPENDIX 2: SUPPLEMENTARY MATERIAL FOR MANUSCRIPT #2	131
APPENDIX 3: SUPPLEMENTARY MATERIAL FOR MANUSCRIPT #3	136
<u>REFERENCES</u>	172

ABSTRACT

Promotoras, or *Promotora/es de Salud*, or *Promotor/a de Salud* (PdS), is a Spanish term for Community Health Workers (CHWs). PdS specifically aims to enhance the health and well-being of Latinx individuals, families, and communities. PdS are valued members in health promotion and disease prevention efforts for their unique access to the most vulnerable and “hard-to-reach” populations. Despite this critical role, PdS have historically not received the same attention as other groups of CHWs (e.g., lay health workers, health navigators, patient navigators, resource navigators) in terms of workforce mental health and well-being resources. This gap is important to consider when nearly half, or 46%, of health workers (which include clinicians, essential workers, and other workers in mental health, public health, long-term care, and other support roles) have reported often feeling burned out in 2022, up from 32% in 2018. Mindfulness, and specifically mindfulness-based interventions, have been shown to improve psychological well-being in addition to reducing symptoms of anxiety, stress, depression, and burnout in the workplace. Although the benefits of mindfulness are evident, more research is needed on how to better culturally and linguistically adapt mindfulness-based interventions in the workplace for PdS. In this dissertation, my three aims were to: 1) explore the general beliefs, attitudes, perceptions, and experiences regarding mindfulness among PdS, 2) explore stress and coping among PdS in the workplace from the perspective of PdS and PdS leaders, and 3) elicit recommendations and feedback to culturally and linguistically adapt an existing (i.e., FREE program) evidence-informed mindfulness curriculum to meet the needs of PdS in Colorado’s workforce. Findings from this study have the potential to foster resilience among PdS in the workforce by understanding current self-care practices and perceptions of mindfulness, and by

determining the optimal content and delivery modalities for adapting a mindfulness-based intervention to promote PdS mental health and well-being.

PREVIEW

DEFINITIONS AND KEY

Definitions:

I would like to provide some definitions of key terms that will be used frequently throughout this report.

Promotoras, or *Promotora/es de Salud*, or *Promotor/a de Salud (PdS)*, is a Spanish term for Community Health Workers (CHWs) [1]. PdS is a broad umbrella term for paraprofessionals who provide cultural and linguistic outreach services and health education within the Latinx communities [1-4]. Most recently, the term *Promotores* is being used rather than *Promotora*, since *Promotores* is the plural of both *Promotor* (male health worker) and *Promotora* (female health worker) [1]. However, in this report, I will be using PdS to reference both *Promotora* and *Promotor*, or *Promotores*, as a catch-all term unless otherwise noted.

Community Health Workers (CHWs) are lay members of the community who may also be known as PdS, patient navigators, resource navigators, peer health educators, and health navigators [5, 6]. The term ‘CHWs’ has recently been used to encompass all the other positions previously introduced, in an effort to better align with other states and to prepare for a new policy being explored that involves Medicaid reimbursement for CHWs [6]. For this reason, please note that the terms ‘PdS’ and ‘CHWs’ are going to be used interchangeably in this report unless otherwise noted.

Lastly, unless otherwise noted, I will use the term ‘**Latinx**’ to encompass Latine, Latinos, Latinas, and Hispanics, as ‘Hispanic or Latino’ are typically used together [7]. Further, as a researcher noted in their own words, “*I use Latinx instead of Latina/Latino/Latine for several reasons: (1) to unsettle patriarchy, (2) in solidarity with queer communities who first*

problematized the Latin@ binary and offered Latinx, (3) to highlight the U.S.-based aspect of the category, and (4) to refuse to stigmatize the U.S.-Spanish language (as happens when favoring Latine by reasoning that Latine conforms to rules set by “native” Spanish speakers). I use the term Latinxs to refer to a racialized group of people who reside in the United States, are imagined as having a connection to the Spanish language, and suffer the effects of multiple colonialisms, specifically Spanish colonialism, American colonialism, and American imperialism” [8].

Key:

- PdS=Promotoras, Promotor, Promotores de Salud
- CHW=Community Health Worker
- Latinx=Latine, Latinos, Latinas, Hispanic
- SDT=Self-Determination theory
- TTSC= The Transactional Theory of Stress and Coping Model
- CAPM=The Cultural Adaptation Process Model
- FRAME-Expanded= Framework for Reporting Adaptations and Modifications-Expanded
- FREE-PdS=The name of the new adapted curriculum

CHAPTER 1: INTRODUCTION

Purpose and Aims

Promotoras, or *Promotora/es de Salud*, or *Promotor/a de Salud* (PdS), is a Spanish term for Community Health Workers (CHWs) [1]. CHWs are lay members of the community who may also be known as PdS, patient navigators, resource navigators, peer health educators, and health navigators [5, 6]. However, PdS are unique in that they specifically aim to enhance the health and well-being of Latinx individuals, families, and communities [9]. PdS are essentially valued members in health promotion and disease prevention efforts for their unique access to the most vulnerable and “hard-to-reach” populations [10]. Despite this critical role, PdS have historically not received the same attention as other groups of CHWs (e.g., lay health workers, health navigators, patient navigators, resource navigators) regarding workforce mental health and well-being resources. For instance, since the COVID-19 pandemic, research has increasingly focused on the factors that impact the mental health and well-being of CHWs in general, including heavy workloads, work-related stressors, and occupational violence or hazards that can lead to anxiety, depression, fatigue, and burnout [11-17]. Although quantitative data for PdS is sparse in terms of capturing the landscape of well-being in the workforce, nearly half, or 46% of health workers (which include clinicians, essential workers, and other workers in mental health, public health, long-term care, and other support roles) have reported often feeling burned out in 2022, up from 32% in 2018 [18, 19]. Poor work experiences have also affected 22.8% of general healthcare workers who experienced posttraumatic stress disorder due to their professions [20].

Although far less is known about the professional circumstances of PdS, two recent qualitative studies have highlighted several factors that contribute to stressors in the workplace for PdS, such as: uncompensated emotional labor, balancing work with family commitments,

balancing perceived imbalance of power with men, lack of financial support, deficiencies in professional development and career advancement, feeling undervalued by their employers, managing the burden of data collection, handling lack of transportation, and feeling discriminated by some providers due to their limited English skills and background [9, 21]. All these *unique stressors and challenges in the workplace detrimentally impact the mental health and well-being of PdS in the workforce and contribute to health disparities*. However, there are opportunities for mindfulness-based interventions (MBIs), grounded in the theoretical framework of mindfulness, to enhance PdS well-being in the workplace.

MBIs primarily comprise two programs that have been widely used since their introduction in 1979: mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT) [22]. Practices such as mindfulness, which cultivate a connection to the present moment, kindness for self and others [23], and connection with emotions in the body [24], can help to overcome trauma-related negative effects such as heightened irritability, dissociation, and an overactive nervous system [25]. Emerging evidence suggests that MBIs benefit Latinx populations, demonstrated by research indicating reductions in depression [26], improvements in psychological well-being [27, 28], and alleviations of anxiety, stress, and other mental health challenges [29-32]. However, knowledge gaps remain regarding the application of mindfulness practices in the PdS community, including a limited understanding of mindfulness among PdS individuals and of their overall experiences with these practices. For example, very little is known about the preferred methods of participation in MBIs among PdS (e.g., Zoom, in-person, text, phone, app) or whether these methods are acceptable or feasible for this population. Research into which types of mindfulness curricula would be most appropriate and valuable for PdS remains unexplored. Our research goals, therefore, were to 1) understand the general beliefs, attitudes,

perceptions, and experiences regarding mindfulness and mindfulness practices among PdS, 2) explore workplace stress and coping among PdS from the perspective of PdS and PdS leaders, and 3) elicit recommendations and feedback from PdS and PdS leaders to culturally and linguistically adapt an existing (i.e., FREE program) evidence-informed mindfulness curriculum to meet the needs of PdS in Colorado's workforce. To achieve these goals, three research aims were proposed:

Aim 1) To understand the general beliefs, attitudes, perceptions, and experiences regarding mindfulness and mindfulness practices among PdS. 21 Spanish-speaking and bilingual PdS speakers (Spanish/English) were recruited. Those who were serving Latinx individuals, families, and communities in Colorado were eligible to participate in this study in individual or group interviews. In part one of the bilingual interview guide, I included general questions about mindfulness, mental health, and overall well-being. In the second part of the interview, I used the Self-Determination Theory (SDT) to guide questions related to three innate psychological needs: 1) Autonomy, 2) Competence, and 3) Relatedness [33]. I hope that by using the SDT, we can further understand the mechanisms underlying why some individuals sustain or disengage from a practice (across the three SDT domains), for example, and how mindfulness can be internalized through these innate psychological needs.

Aim 2) Explore workplace stress and coping among PdS from the perspective of PdS and PdS leaders. The PdS from Aim 1 were invited to participate in Aim 2 interviews. Up to 10 PdS leaders who work in leadership roles throughout Colorado for PdS (CHWs) were eligible for individual interviews. The interview guide was informed by the Transactional Theory of Stress and Coping (TTSC) Model [34, 35], a framework for evaluating coping processes in response to stressful events, that is, how an individual perceives and responds to stressful situations [34]. The TTSC model was selected for this aim because the framework emphasizes the role of cognitive

appraisal in stress and coping processes and, hence, is useful for exploring PdS leaders' (and PdS themselves) perspectives and experiences regarding PdS barriers and facilitators related to workplace stressors.

Aim 3) To elicit recommendations and feedback from PdS and PdS leaders to culturally and linguistically adapt an existing (i.e., FREE program) evidence-informed mindfulness curriculum to meet the needs of PdS in Colorado's workforce. Interviewees from Aims 1 and 2 were also invited to participate in Aim 3 if interested. Individual or group interviews were conducted to obtain recommendations and feedback on the existing FREE program mindfulness curriculum. One or two activities (depending on time) of the FREE program were shared with both PdS and PdS leader participants via Zoom before proceeding with interview questions. The interview guide questions were informed by the *Cultural Adaptation Process Model* (CAPM) [as the process model], a model that has been used with Hispanic populations before [36], and in which the *Ecological Validity and Culturally Sensitive Framework* (EVF) [for analysis purposes using eight constructs: persons, metaphors, content, language, concepts, methods, goals, and context] lives under CAPM as a sub theory [37]. The CAPM, at its core, emphasizes building collaborative relationships with local communities and gathering knowledge to inform adaptations to the intervention through three phases, which include a) setting the stage, b) initial adaptations, and c) adaptation iterations [37]. Further, once the new or resulting MBI curriculum (known as the *FREE-PdS curriculum*) was specifically adapted and translated for both English- and Spanish-speaking PdS in Colorado, I used the *Framework for Reporting Adaptations and Modifications-Expanded* (FRAME) [38] to document adaptations to the FREE program, serving as a comprehensive tool for reporting the significant changes implemented based on the feedback that was received in this study.

In conclusion, this study aimed to foster resilience among PdS in the workforce through mindfulness practices, using evidence-based MBI approaches to promote mental health and well-being. PdS are key champions in public health and instrumental in reducing mental health disparities and health inequities; hence, this dissertation addressed an opportunity to develop a tailored program that may benefit this vital group of CHWs by fostering well-being and mindfulness within the workforce.

Significance

Mindfulness has the potential to be an effective technique to promote well-being and mental health in the workplace for PdS, considering the growing mental health needs and Latinx population in Colorado. In Colorado specifically, the Latinx population accounts for 22% of the state's population, or 1.1 million people [39], and is projected to increase to 35% (over one-third) by 2050 [40]. About two in three (or 66.7%) of Coloradans who speak a language other than English at home speak Spanish [41]. When considering mental health needs, Latinx Coloradans were twice as likely to report not getting needed mental health care in the past year as the Hispanic or Latino average (29.8% to 14.6%, respectively) and also had higher rates of poor mental health (41.2%) [42]. Based on these characteristics, Spanish and English-based interviews were pursued with Latinx PdS. The number of PdS in Colorado varies depending on the organizations or programs; however, as of currently, it is documented that there are over 4,000 *Promotores* (which is another gender-neutral word that includes *Promotoras*) in a growing number of regions throughout California, Nevada, Arizona, Washington, and Colorado [43]. The exact total number of PdS in each of these regions is unknown. Nevertheless, as mentioned before, although far less is known about the professional circumstances of PdS than of other CHWs, two recent qualitative studies have highlighted several factors that contribute to

workplace stressors for PdS, such as uncompensated emotional labor, feeling discriminated against by some providers, and perceived imbalance of power with men, just to name a few [9, 21]. Hence, culturally adapted MBIs for PdS may be a strategy to support the well-being of this vital segment of the workforce. Although MBIs for the Latinx population remain in their early stages with respect to acceptability and inclusivity with the practice, three recent systematic reviews and meta-analyses have shown that acceptance, effectiveness, and implementation of MBIs among Hispanics and people of color are promising [44-48]. Similarly, MBIs in the workplace have also improved measures of burnout, perceived stress, mindfulness, well-being, anxiety, and psychological distress [49-51]. Specific applications of MBIs among PdS are unfortunately not widely known, although PdS have been trained to implement MBIs before [52]. To the best of current knowledge, only two MBI research studies, one online MBI, *Yo Soy Paz* (YSP), which was tested not only with PdS but also with groups such as children, youth, Latinx mothers, and other community staff members [25], in addition to another trauma-informed parent education mindfulness-based program, which indirectly benefited PdS [53] exist. Although these two studies provided mindfulness skills to PdS, the programs also focused on other groups as their primary attention. Therefore, the utility of MBIs among PdS requires further exploration, which this study set out to do.

Culturally grounded processes are needed to adapt, redesign, and enhance MBIs specifically for PdS. As far as the literature indicates, two studies have examined the application of an MBI or MBI effects for PdS [25, 53]. For example, a 2023 qualitative study focused on an online MBI called *YSP* [25]. Adapted from an intervention created by John Kabat-Zinn using the ASAPT-ITT framework, the MBI was tested among Latina mothers and community staff members (which also involved *Promotoras*) [25]. The YSP program was determined to be

appropriate, feasible, and acceptable among these study participants (i.e., *Promotoras*) [25]. This study, however, was not solely focused on PdS but also on Latina immigrants and other staff [25]. Additionally, the second study, which explored a mindfulness-based, trauma-informed parent intervention for Latino families with the help of *Promotoras*, found that *Promotoras* enjoyed mindfulness and making their homes “feel more spiritual” [53]. However, as in the first study, the PdS were not the primary focus of this parent-education mindfulness program. Therefore, this dissertation would build on this work by adapting an original, evidence-informed mindfulness program solely focused on the needs of PdS. The existing mindfulness-based program that I adapted is called *Fostering Resilience in Early Education* (FREE) Program. FREE is currently used within the early childhood education (ECE) workforce as a multi-level, multi-component intervention to promote ECE caregivers' mental health and well-being in centers and homes [54]. This program was selected to be adapted for PdS specifically, among all other available programs, for the following four reasons: 1) the mindfulness-based components of the curriculum are evidence-based, drawn from the evidence-based Kindness Curriculum [55], 2) ECE caregivers perceived the FREE program to be acceptable and considered it a valuable tool to support their mental health [56], 3) participation in the FREE program has resulted in decreased demands and increased resources, which included mindfulness, among ECE caregivers; addition to the program showing its effectiveness in improving child and adult caregivers' well-being outcomes [54], and 4) overall ECE caregivers share extensive similarities to PdS in the way that both groups have high representation of Latinx individuals in the profession, typically experience low paying jobs, and are typically overworked and under-recognized [57-59].

Innovation

This dissertation was the first to explore, adapt, and refine, through qualitative inquiry, a mindfulness curriculum for workplace well-being and mental health that targets only PdS. A review of the available literature suggests that only two research studies have utilized mindfulness skills with PdS [25, 53]; however, these studies primarily focused on other groups of people with PdS as secondary beneficiaries. Utilizing a qualitative approach with individual or group interviews will therefore provide more authentic insights into PdS experiences, perceptions, and opinions regarding mindfulness-based curricula aimed at addressing well-being and mental health in the workforce.

This work represented the first culturally and linguistically adapted mindfulness curriculum for PdS in Colorado, based on the evidence-informed FREE program widely used in the early childhood education workforce. No MBI existed for the PdS workforce in Colorado at the time of this study. Therefore, adapting the FREE program was ideal for several reasons, which include it being a strength-based, well-being and mental health intervention, focusing on protective resources, PdS being similar to the informal caregiver group that the FREE program serves, and the program being effective in showing improvements in child and adult caregivers' well-being outcomes thus far [54].

Population

All CHWs who identified as PdS in the state of Colorado were eligible to participate in the study. Additional eligibility criteria also included: 1) 18 years of age or older, 2) fluent in Spanish or English, 3) self-identified as Latinx (which encompassed Latine, Latinos, Latinas, and Hispanics [8]), 4) currently working as a PdS, or has worked as a PdS in the last 12 months since

signing up for the study, and 6) works in any specialty of health or public health (i.e., agriculture, public health research, urban gardening, clinic). Additionally, only PdS who were currently working as PdS or had worked in that field in the last 12 months were pursued, to account for turnover and temporary positions PdS may experience. On the contrary, PdS leaders for the study included individuals who self-identified as supervisors, evaluators, managers, or directors (i.e., leadership roles) working alongside or for PdS in Colorado. PdS leaders were referred to the study through networks, and those interviewed referred others to the study.

Manuscripts Note

This dissertation includes three manuscripts, all written to meet the submission requirements of their respective journals. Since each manuscript is designed to stand alone, there is some repetition across the manuscripts. An abstract for each manuscript is provided under each manuscript section in this report.

Manuscript One Title: *A self-determination theory approach to mindfulness and mindfulness practices among promotora/e de salud (community health workers): A qualitative exploratory study*

Manuscript Two Title: *Understanding workplace well-being through appraisal and coping: a qualitative study of promotora/e de salud (community health workers) and leaders'*

Manuscript Three Title: *The cultural adaptation of an evidence-informed workplace well-being and resilience program for promotora/es de salud (community health workers)*

Finally, the **Appendices** provide supplementary material for all manuscripts and the research project overall.

Human Subjects

This research received approval from the Colorado Institutional Review Board (COMIRB) at the University of Colorado Anschutz Medical Campus prior to the initiation of any procedures involving human subjects. All three manuscripts are covered under COMIRB #25-0357.

PREVIEW

CHAPTER 2: Manuscript One-A self-determination theory approach to mindfulness and mindfulness practices among promotor/a/e de salud (community health workers): A qualitative exploratory study

(This manuscript was prepared for a submission to the International Journal of Wellness and Society-Pending Review).

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Declaration of Conflicting Interests

The author(s) declared that there is no conflict of interest.

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PREVIEW

Abstract

Introduction. This study explores the general understanding of mindfulness and uses Self-Determination Theory to examine perceived competence, relatedness, and autonomy in practicing mindfulness among Promotora/es de Salud in Colorado.

Methods. Twenty-one Promotora/es de Salud (2 male, 19 female) participated in semi-structured qualitative interviews about their knowledge, experiences, and perceptions of mindfulness. Thematic analysis combined inductive and deductive approaches, analyzing motivational themes using Self-Determination Theory constructs where applicable.

Results. Promotora/es de Salud initially associated mindfulness with 'slowing down' and 'self-care' but were often unfamiliar with the formal term or its origin. After receiving a standardized definition, many recognized these as practices they already used without formal labeling. Exposure to mindfulness was primarily linked to professional workshops or therapy. Regarding the Self-Determination Theory constructs: autonomy was expressed as a preference for guided rather than free-flowing practices; competence was associated with foundational training such as instructional videos and structured feedback; and relatedness was reflected in a strong preference for group-based over independent sessions. Most Promotora/es de Salud were open to spiritual or religious references, though a preference for secular or flexible framing was noted.

Discussion. Core mindfulness concepts were culturally relevant and already integrated into Promotora/es de Salud self-care practices. Mindfulness appears particularly acceptable when presented in ways that support autonomy, competence, and relatedness. Preferences for

structured, community-based delivery and video-based resources provide a roadmap for developing culturally tailored well-being programs.

Conclusion. Evidence-based mindfulness interventions aligned with Self-Determination Theory constructs may effectively support the well-being and workforce capacity of Promotora/es de Salud.

Key-words: mindfulness, mindfulness practices, well-being, mental health, Latinx, Promotora/e de Salud, Community Health Workers, qualitative inquiry, Self-Determination Theory

PREVIEW

Introduction

Promotoras, or *Promotora/es de Salud* (PdS), referred to in English as Community Health Workers (CHWs), fall under the broader category of health workers [1]¹. Nearly half (46%) of health workers reported often feeling burned out in 2022, up from 32% in 2018 [18, 19]. Poor work experiences have also affected 22.8% of general healthcare workers who reported posttraumatic stress disorder due to their professions [20]. CHWs themselves experience work-related stressors that can lead to anxiety, depression, fatigue, and burnout [11-17]. Specifically, PdS have described frustrations in work with the uncompensated emotional labor, balancing work with family commitments, balancing perceived imbalance of power with men (specifically among female PdS), lack of financial support, deficiencies in professional development and career advancement, feeling undervalued by their employers, managing the burden of data collection, handling lack of transportation, and feeling discriminated by some providers due to their limited English skills and background [9, 21].

PdS are crucial members of the health workforce as they contribute immensely to health promotion and disease prevention efforts for their unique access to the most vulnerable and “hard-to-reach” populations [10]. Using PdS for health education dissemination in the community, for example, leads to greater uptake among community members because of increased trust in individuals with similar cultural backgrounds [60, 61]. Moreover, PdS are lay community members who may also be known as CHWs, patient navigators, resource navigators, peer health educators, and health navigators, all categories which fall under the CHW umbrella [5, 6]. However, PdS are unique in that they specifically aim to enhance the health and well-

¹ Which also includes clinicians, essential workers, and other workers in mental health, public health, long-term care, and other support roles

being of Latinx individuals, families, and communities [9]. Despite their critical role in the health and public health workforce, PdS have historically not received the same attention as other groups of CHWs regarding the workforce's mental health and well-being resources. For instance, since the COVID-19 pandemic, research has increasingly focused on the factors that impact the mental health and well-being of CHWs in general, including heavy workloads, work-related stressors, and occupational violence or hazards that can lead to anxiety, depression, fatigue, and burnout [11-17]. For this reason, a critical need for effective, culturally relevant workforce resiliency programs exists for PdS to combat the anxiety, stress, and burnout that PdS may experience.

Past studies conducted with similar workforces suggest that mindfulness strategies may be a promising approach for addressing anxiety, stress, and burnout [49-51, 62, 63]. Mindfulness is a widely used term that describes a practice of paying attention in a particular way, on purpose, in the present moment, and non-judgmentally [64]. Mindfulness-based interventions (MBI) have been shown to reduce perceived stress, depression, and anxiety while simultaneously increasing satisfaction with life [62, 65]. MBIs in the workplace specifically have also improved measures of burnout, perceived stress, mindfulness, well-being, anxiety, and psychological distress [49-51]. Furthermore, much of the existing research focuses on Latinx individuals and their experiences, the acceptability and feasibility of mindfulness [46, 47, 66, 67], or, more specifically, on the application of PdS and the distribution of mindfulness skills to community members [52, 53, 66, 68], not necessarily for PdS to practice themselves. However, one recent 2023 MBI for community staff members (which also involved PdS), found the program to be appropriate, feasible, and acceptable among these study participants (i.e., *Promotoras*) [25]. In all, although MBIs with the Latinx population remain in their early stages with respect to