Nepantlera Community Health Workers:

Transcending Invisible Borders in Urban Spaces

by

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ABSTRACT

This qualitative study examined the ways in which Community Health Workers (CHWs) negotiate identity, culture, and professional interactions and relationships in training and practice. Using Chicana Feminist Theory, Identity Negotiation Theory, Plática Methodology, and narrative inquiry, the research used a conocimiento/participant guide, a group plática, and one-on-one pláticas to capture their layered reflections and testimonios.

A total of eight CHWs participated in this research. Two out of the total identified as Black/African Americans, and five named themselves Latinas, who deeply acknowledged Black women's experiences in health inequities. One identified as White, indicating ethnic differences among the subjects. Themes that emerged included (1) Code-Switching as Survival and Strategy, (2) Negotiating Legitimacy and Credibility, (3) Cultural Affirmation and Inclusion, (4) Emotional Labor and Identity Boundaries, (5) Silence and Voice as Tools of Navigation, and (6) Collective Knowledge and Survival. Findings revealed that code-switching, emotional labor, and cultural navigation are not simply personal practices, but structural requirements shaped by systems of privilege tied to credentialism and whiteness. Because of their collective knowledge, ~~the~~ participants advocate for cultural affirmation as a relational practice, incorporating CHWs' lived experiences and emotional labor as vital expertise in their service—a practice that honors cultural wealth and community resilience.

Keywords: Code-Switching as Survival and Strategy, Negotiating Legitimacy and Credibility, Cultural Affirmation and Inclusion, Emotional Labor and Identity Boundaries, Silence and Voice as Tools of Navigation, Collective Knowledge and Survival, and Community Health Worker

DEDICATION

To my babies, Viv, Lil, Josie, and Papasito, all I ever wanted was to be just your mother.

I never set out to be a doctor. You are my heart, my purpose, and the reason I kept going.

Que Dios me los bendiga.

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With all my heart, thank you and abrazos,
Moni Avila

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CHAPTER 1

BROADER AND COMMUNITY CONTEXT

Introduction

My work as a community health worker (CHW) began in 2008 at a local nonprofit organization whose primary focus is on women's health issues such as maternal health, breast cancer awareness, and parenting. A CHW serves as a liaison between community members and health professionals and is an umbrella term used to identify people working in communities who serve as conduits between community, health, and wellness services and liaison between the institution and the community. According to the National Association of Community Health Workers, the term encompasses more than 87 professional titles (National Association of Community Health Workers, 2022). These titles include community liaison, promotora de salud, health educator, patient navigators, program coordinators, and the list goes on. I was hired to work in the community as a promotora de salud. At the time, I was not acquainted with the role of CHWs, also called promotoras.

> This is a Spanish term used to describe trusted individuals who empower their peers through education and connections to health and social resources in Spanish-speaking communities. They use their insights and knowledge of cultural norms to provide relevant health information and education to help Hispanics work through the barriers they face when addressing complex issues such as sexual assault, navigating the health care system, and gaining access to affordable fresh and nutritious foods. (MHP Salud, 2024)

My resourcefulness and love for research allowed me to help others while serving as a liaison between healthcare professionals, educators, political leaders, and my community. As a teenage single mother and high school dropout, I became an expert at navigating institutional spaces and identifying resources for my family and community,

and later, my children. As the oldest granddaughter of my family, it was my task to navigate healthcare benefits and services while translating between healthcare professionals and my grandparents. During the summer, my cousins sought me out to find resources for childcare options and recreational activities. The skills I learned through navigating different social, community, and governmental systems prepared me to perform my job and essential duties as a promotora working for a local nonprofit organization. It was through this role that I developed a passion for working in my community. Wherever I found myself working, my children were by my side, learning to navigate systems.

Throughout the years, I was called back multiple times and in different capacities to perform the job duties of a community health worker. For example, in the early 2000s, I worked for a nonprofit organization providing information on maternal health and parenting. When my daughter was tested for dyslexia, I became an advocate and community educator, providing information for the students' and their parents' on their rights and dyslexia resources. I organized community classes for teens on relationships and sexual education.

As the years passed, my love for community work progressed. My interest in maternal health, education, and ethnic studies shifted with the developmental stages of my children, evolving with their growth and development. In 2016, after an extensive leave, placing my academic journey on hold, I returned to pursue an associate's degree in Mexican American Studies. It was during this time and while working in my community that I identified the need for ethnic studies programs in K-12 education. As a result of my

children coming home and asking where Mexican Americans were during important historical events, I began a grassroots program that taught Mexican American Studies directly in the community. Before its inception, Mexican American Studies programs were not readily accessible in community-based settings. The Mexican American Studies curriculum in K-12 education was limited. I knew that the program needed to center around Mexican American history as part of the global narrative, not separately. To include community voices for this endeavor, I reached out to artists, musicians, and business owners in my network who volunteered to help. The program's purpose was to teach history, and the objective was to learn about the cultural influences transcending cultures across the globe.

Before the COVID-19 pandemic, our program reached 2-year-olds to 90-year-olds. We facilitated a family conference, a youth conference, and a summer camp at the community college. For our work, we received a resolution highlighting our grassroots program that provided a crucial role in improving access to Mexican American studies. A national magazine, US Today Hispanic Living, acknowledged ours was the first program of its kind in the nation.

The end of 2019 and 2020 brought the onset of COVID-19, and programs such as ours could no longer function in the same capacity. At the peak of the community-based grassroots program, we placed our energy into family needs and personal well-being. During this time, I decided to obtain a master's in leadership studies with a concentration in community engagement.

During the last semester of my master's preparation, I was hired by the Local Health Department (LHD), a pseudonym, to serve as the Professional Development Coordinator working directly with CHWs across the city. Previous experience as a CHW and as a grassroots organizer provided me with the tools to support frontline staff and CHWs. Frontline staff are also CHWs who are trusted members of the community and often live and work in the communities they serve. Professional titles used at LHD include Crisis Advocate, Intake Officer, Community Engagement Specialist, and Health Program Specialist.

As the Professional Pevelopment Coordinator, I assessed the needs of frontline staff who have direct contact with vulnerable populations across the city. Through personal testimonies / testimonios, I heard about the challenges CHWs face through firsthand accounts. A testimonio is a first-person account by a narrator who has faced instances of social and political inequality, oppression, or any specific form of marginalization (Mora, 2015).

In my capacity, I learned that relationship building has been instrumental in building authentic relationships with CHWs across the community. In their shoes and walking their path allowed me to engage in open and honest dialogue. I have been able to sit with the CHWs, share meals with them, and support their personal and professional journeys, which in turn has built trust. Through this relationship-building process, the CHWs entrusted me with their experiences. They spoke about their challenges, including the detachment between institutions and communities, creating disconnects between leadership and CHWs. In conversation, the CHWs identified the lack of reflective

training to address the complexities of specific programs and service demographics within community settings. Currently, training initiatives focus on program-specific topics or health concerns, catering to the needs of the program. Programs often overlook the reflective process of unpacking personal biases and understanding foundational core competencies identified by the State Department of Health and Human Services. In the role of a CHW, core competencies are not only foundational but essential for effective community engagement.

When community health workers find themselves in challenging environments, reflection becomes crucial in service delivery. How a CHW interacts with community members can be the difference between receiving life-altering services or creating a barrier to obtaining those services. It has been my observation that CHWs express discomfort with traditional learning settings, which may hinder their ability to engage in training sessions when implementing what they learned in community interactions. Through observation, I noticed participants were engaged and open to providing feedback and interacting with the facilitator. When training took place in non-traditional spaces like coffee shops, in someone's home, or in other community spaces, the environments allowed community members to feel more at ease because all were equally valued, no one was in a position of power, and all participants, including the facilitator, were perceived as knowledge holders.

In response to these challenges, I have drawn on personal experience and explored alternative approaches that emphasize the importance of reflection and knowledge, the concept referred to as conocimiento. Conocimiento (a Spanish word for

knowledge) is an epistemology that Anzaldúa (2022) proposed. “It is a form of spiritual inquiry / activism, reached via creative acts, writing, art-making, dancing, healing, teaching, meditation, and spiritual activism” (Anzaldúa, G., & Keating, A., 2002, p. 542).

In an effort to engage the participants, I adopted code-switching techniques to facilitate communication and interaction in the CHW trainings. Code-switching is a strategy used to modify self-presentation in different contexts and situations. This includes, but is not limited to, speaking, dressing, and approaching training topics. To align with the norms of different contexts, people switch their identities, including race, ethnicity, gender, sexuality, age, socioeconomic status, and disability status (Abruzzo, 2024).

To create and facilitate spaces where people could feel comfortable sharing their stories and experiences with peers, evaluators, and supervisors, I began hosting training sessions and meetings in nontraditional settings, like local coffee shops. These sessions were characterized by informal “plática” style conversations, creating an inclusive and engaging learning environment that was favored by CHWs. Valle and Mendoza (1978) identify la plática as a “friendly, intimate and mutualistic manner” of engaging in dialogue (p. 33). A plática is a culturally responsive form of facilitating and engaging the audience by allowing for dialogue through natural conversation, while observing cultural norms and creating a space of appreciation and collaboration from the facilitator and the participants.

The significance of this training extends beyond its immediate impact on individual CHWs. Addressing biases and cultural affirmation improves the quality of care and service delivery and has broader economic implications. According to an article published in the Journal of Healthcare Management:

> cultural competency makes good economic sense by helping to improve cost savings, increase market share, and enhance the efficiency of care. Therefore, healthcare leaders should consider investing in Cultural Competency Leadership Training (CCLT). With the growing emphasis on value-based purchasing related to patient outcomes and experience, hospitals that develop a high degree of cultural competency through CCLT can benefit from the changes in reimbursement. CCLT also affects financial performance through avoidance of costs related to employee absenteeism and turnover and improves team cohesiveness by reducing cultural conflicts. Other mechanisms by which CCLT assists in saving costs and affecting financial performance include avoidance of unnecessary readmissions and expensive hospitalizations through the proper screening of patients from diverse backgrounds. CCLT improves cultural competency and diversity management, thus creating a unique competitive advantage for hospitals. (Upadhyay, et al., 2022).

This article is specific to the hospitals, effectiveness in program outcomes, workplace satisfaction, and interactions with community members, but its themes and findings can be applied to CHWs who straddle healthcare systems and the communities they serve.

Butler et al., (2016) offer that culturally competent care has been shown to reduce health disparities, improve access to services, and increase the use of healthcare services. By fostering trust and rapport in communities, culturally sensitive practices lead to community engagement and participation in health promotion activities, ultimately contributing to improved population health outcomes. By investing in culturally responsive training programs for CHWs, we are equipping them with the skills and knowledge needed to effectively navigate cultural differences and address the unique needs of diverse populations. The implementation of reflective training methods that

prioritize cultural responsiveness and inclusivity is important for advancing individual CHW skills, promoting equitable access to quality information, and fostering sustainable health program outcomes.

Context

For this study, I gathered information through pláticas or firsthand conversations, attained oral feedback after professional development training, and made observations of the community health workers who assisted in the COVID-19 response efforts. The COVID-19 pandemic shed light on a population of frontline workers who proved valuable assets. During this public health crisis, health disparities could no longer be overlooked as the most socioeconomically disadvantaged communities, which lacked access to care, were hit the hardest. CHWs at the Local Health Department (LHD) traveled door to door to provide information to residents and provided essential lifelines from the community to healthcare professionals and public health institutions. They distributed resource information for shelter and utility assistance, set up vaccine clinics, assisted with clean water and food distribution, provided mental health resources, and became liaisons for health care, accessing resources residents lacked. CHWs often translated highly academic medical information into digestible language so that the community could understand.

Federal Funds and Local Organizations

In August 2021, the Centers for Disease Control and Prevention (CDC) launched the COVID Response and Resilient Communities (CCR) initiative. This allocated grants

to provide funds to communities impacted the hardest by the COVID-19 pandemic to address health equity, and funding was used to train CHWs. As trusted frontline workers, CHWs continue to connect people to health care and social services, addressing health disparities worsened by the pandemic. CCR focused on training, deployment, and community resilience to enhance public health responses. By allocating funding to train CHWs with essential skills, the program strengthened the communities' ability to manage COVID-19 and future public health challenges (Centers for Disease Control and Prevention, 2024).

Three hundred and forty million dollars in funding was provided to 67 organizations across the country to provide training support, hiring, and deployment of CHWs across the nation. This grant was generous, and the requirements for how many CHWs to train and how they were trained were left up to each site, depending on the needs of each service area (Centers for Disease Control and Prevention, 2024).

The LHD was selected as one of the sites to receive federal funds to provide training and support local CHWs. Funding was allocated to train community members across the city and county to participate in a CHW certification training program. This 160-hour training program was a pathway to apply for and obtain their CHW state certification. The other pathway required 1000 hours of related experience for those serving in the role of CHW. For community members, the program application process was based on the geographic location of the participants. Participants needed to be residents of the county. If the student lived outside of the region, they were provided with information and resources for other certification programs in their area. Accepting out-of-

county students meant the department was responsible for paying out-of-district fees, which the LHD could not accommodate, to the community college contracted to provide CHW certification training courses. Participants were required to be at least 18 years of age, and citizenship was not a requirement. If they could enroll as a continuing education student, which did not require citizenship information, they qualified for the program. They had to show proof of prior certifications and education up to an associate's degree. Any employee was eligible, and could substitute three of the required courses based on experience. This funding was used to increase the number of certified community health workers across the city by providing training to 20 community members and 10 employees from the LHD annually for the duration of the three-year grant.

In 2022, the Health Resources and Services Administration (HRSA) opened the call to apply for community health worker training grants. HRSA awarded $225,543,198 to 83 organizations across the country. Three organizations in San Antonio, YWCA, UT Health, and Form Communities, were selected to receive a combined total of $9 million to train CHWs. Between the HRSA and CDC grants, San Antonio and the surrounding areas received roughly $12 million over 3-5 years to provide training and support to CHWs. This increased the existing workforce while allocating services to some of the lowest socioeconomic status communities in San Antonio and the surrounding areas.

The CDC grant awarded to the LHD provided funding to hire three additional community health workers and a direct supervisor to the CHWs, whose work centered on providing resources and services to justice-involved populations. It was also used to hire personnel to work with external partners. Through this grant, my position as the

Professional Development Coordinator (PDC) for the Community Health Worker HUB was created, and a Professional Development Specialist was hired to serve as an assistant to the PDC. A program manager and program evaluator were also hired through this grant for a total of 9 new positions.

The Department of Health and Human Services identified eight core competencies. Effective 2026, this will include Evaluation and Research Skills. The CHW courses equip recipients with the eight core competencies set forth by the State of Texas.

The core competencies are as follows:

Figure 1

Community Health Worker (CHW) Core Competencies
Communication Skills
- Understand basic principles of verbal and non-verbal communication - Listen actively, communicate with empathy and gather information in a respectful manner - Use language confidently and appropriately - Identify barriers to communication - Give information to clients and groups in a clear and concise way - Speak and write in client's preferred language and at appropriate literacy level - Document activities and services and prepare written documentation - Collect data and provide feedback to health and human services agencies, funding sources, and community-based organizations - Gather information in a respectful manner - Assist in interpreting and/or translating health information
Interpersonal Skills
- Represent others, their needs, and needs of the community - Be sensitive, honest, respectful, and empathetic - Establish relationships, and assist in individual and group conflict resolution - Understand basic principles of culture, cultural competency, and cultural humility - Recognize and appropriately respond to the beliefs, values, cultures, and languages of the populations served - Set personal and professional boundaries - Provide informal counseling - Use interviewing techniques (e.g. motivational interviewing) - Work as a team member - Act within ethical responsibilities as set forth in Rules regarding Training and Certification of CHWs, Section §146.7. Professional and Ethical Standards http://www.dshs.texas.gov/mch/chw/progrule.aspx - Maintain confidentiality of client information and act within the Health Insurance Portability and Accountability Act (HIPAA) requirements - Model behavior change - Ability to network
Service Coordination Skills
- Identify and access resources and maintain a current resource inventory - Help improve access to resources - Conduct outreach to encourage participation in health events - Coordinate CHW activities with clinical and other community services - Develop networks to address community needs - Coordinate referrals, follow-up, track care and referral outcomes - Help others navigate services and resources in health and human services systems - Provide education, assessment and social support to clients and communities
Capacity-Building Skills
- Identify problems and resources to encourage and help clients solve problems themselves - Collaborate with local partnerships to improve services, network and build community connections - Learn new and better ways of serving the community through formal and informal training - Assess the strengths and needs of the community - Build leadership skills for yourself and others in the community - Facilitate support groups - Organize with others in the community to address health issues or other needs/concerns

Health Promotion and Chronic Disease Section, CHW No. F21-13510 05/01/2018

(Texas Department of State Health Services, 2024)

Figure 2

Community Health Worker (CHW) Core Competencies (Continue)
Advocacy Skills
- Participate in organizing others, use existing resources, and current data to promote a cause - Identify and work with advocacy groups - Inform health and social service systems and carry out mandatory reporting requirements - Stay abreast of structural and policy changes in the community and in health and social services systems - Speak up for individuals or communities to overcome intimidation and other barriers - Utilize coping strategies for managing stress and staying healthy
Teaching Skills
- Use methods that promote learning and positive behavior change - Use a variety of interactive teaching and coaching methods for different learning styles and ages - Organize presentation materials - Identify and explain training and education goals and objectives - Plan and lead classes - Evaluate the success of an educational program and measure the progress of individual learners - Use audiovisual materials and equipment to enhance teaching - Prepare and distribute education materials and present at community events - Facilitate group discussions and decision making in ways that engage and motivate learners
Organizational Skills
- Plan and set individual and organization goals - Plan and set up presentations, educational/training sessions, workshops, and other activities - Effectively manage time and prioritize activities, yet stay flexible - Maintain and contribute to a safe working environment - Gather, document, and report on activities within legal and organization guidelines
Knowledge Base on Specific Health Issues
- Gain and share basic knowledge of the community, health and social services, specific health issues - Understand social determinants of health and health disparities - Stay current on health issues affecting clients and know where to find answers to difficult questions - Understand consumer rights - Find information on specific health topics and issues across all ages [lifespan focus], including healthy lifestyles, maternal and child health, heart disease & stroke, diabetes, cancer, oral health and behavioral health - Use and apply public health concepts

(Texas Department of State Health Services, 2024)

The core competencies outline that effective communication skills allow for addressing language barriers to diverse populations in a culturally responsive manner. Interpersonal skills assist with building trust with community members so that CHWs can help identify resources and support. Assisting in-service coordination is critical in

connecting community members to services. Training CHWs in capacity-building skills helps facilitate and foster CHWs and community members to advocate for their health and community needs. Advocacy skills allow CHWs to participate in addressing systemic barriers and inequities to help advocate for communities through policies and program initiatives by providing a platform or space for the communities they serve. CHWs utilize teaching skills to provide information to their communities or on a one-to-one basis. Organizational skills are essential for effectively setting up presentations, workshops, and activities. Knowledge on specific health issues provides CHWs with current health information affecting community members. In 2026, newly trained CHWs will be required to learn evaluation and research skills as part of identifying community needs and contributing to decision-making processes that affect health initiatives.

The LHD was the first site in the city to offer CHW training scholarships and the only site to offer scholarships via the CDC grant. I decided to meet with other sites, a women's Christian organization, an academic health institution, and a mental health and recovery support program, which were awarded funding through the HRSA grant. We worked collaboratively to allocate training funds to meet individual organizational requirements and to form a community of practice. The community of practice served to share additional training opportunities to help each site meet participant numbers and goals, and to maximize resources to provide training to CHWs across the city and county. This meant sharing recruitment documents and applicant information, best practices for selecting program participants, and addressing barriers each site faced in the initial stages.

Toward that end, I relied on my experience as a grassroots organizer and network to work together with other organizations so we could complement each other's work and provide opportunities to the community based on individual rather than program-specific needs. I modeled the importance of getting to know your peers and colleagues by hosting monthly cafecitos at locally owned coffee shops. During these meetings, we shared not only about our work but also about our personal lives. We provided support for each other while implementing the practice of pláticas into our daily work. This practice helped foster a sense of community while supporting one another to meet federal and institutional requirements.

Since its launch in August 2021, CCR has made a big impact, providing over 1.27 million referrals linking community members to health care services and social services. CCR-funded programs help connect members of their communities with needed resources. CCR-funded programs have also: Trained over 2,000 CHWs in COVID-19 response efforts; supported over 6,700 vaccination events, including pop-up clinics; integrated CHWs into nearly 2,000 organizations and developed over 700 new partnerships to enhance CHW efforts; reached over 20 million people with education and messaging. (Centers for Disease Control, 2024)

Problem of Practice

Chicana feminist and scholar, Gloria Anzaldúa (2002), theorizes Nepantla as the in-between space whereby one gains the ability to transcend spaces. Found in the philosophy of the Mexica, it is a Nahuatl word for space in between and not perceived as a duality but as a dialectical space whereby change takes multiple forms. Physically, it is

interpreted as a limited space; Nepantla is infinite, it is a "space where you are not this or that but where you are changing a (Anzaldúa, 1987, p. 38)" A physically confining yet theoretically expansive space… (Torres, 2023). Due to the nature of the work and the CHWs' ability to transcend between community and institutional spaces, they conceptually embody the meaning of Nepantlera CHWs. As such, CHWs transcend spaces while serving as support systems and liaisons for healthcare professionals and community members. In their capacity, they must necessarily communicate with multiple audiences to understand how best to serve their respective communities. CHWs obtain certification through experience or a 160-hour training program.

Through my experience, I noted that some CHWs who have lived experience are limited in their institutional knowledge and communication skills to interact with leadership. They have difficulty constructing professional emails and handling administrative tasks. Others who have been formally trained in the classroom lack the interpersonal and grassroots organizing skills to work in the community. In either instance, this makes it challenging to connect with community members or professional staff, to gain their trust and form reciprocal relationships.

Understanding the role of Nepantlera CHWs and identifying commonalities in their approaches is a useful tool in CHW training, hiring practices, community health outcomes, and support to underserved communities. This research may identify training opportunities tailored to individual needs to enhance skills. Improving their skills fosters community building, networking opportunities, and relationship building to gain trust,

which is bound to improve public health program outcomes (The Substance Abuse and Mental Health Services Administration, 2022).

Some studies suggest that Social Determinants of Health (SDOH) can be more important than health care or lifestyle choices in influencing health. For example, one study estimated that SDOH affects as much as 50% of health outcomes, while clinical care impacts only 20%. Another study suggests that SDOH potentially drives more than 80% of health outcomes in a population, with medical care only estimated to account for 10–20% of modifiable contributors (Whitman, et al., 2022).

The purpose of this study is to examine the way in which CHWs internalize their training and how they communicate or code-switch to assess SDOH to provide resources to community members while building trust and reciprocal relationships. Through interactions with the participants, I aim to understand if, when, and how CHWs rely on code-switching in their community/client relationships. To gain an understanding of their communication strategies, relationships with community, and their training bridges services and information between health institutions and communities.

Nepantlera CHWs must be equipped with the skills needed to communicate with multiple audiences, agencies, and understand how to best serve the community. My aim is to understand if and when they code-switch or use culturally responsive techniques. In what ways can their approaches be replicated to provide training that improves community health outcomes, provides resources, and supports underserved communities while addressing social determinants of health? Are these skills translatable to other fields and communities?

Challenges in cultural affirmation, code-switching, and bias awareness can considerably increase barriers to training engagement for CHWs, especially when training content does not align with the diverse cultural contexts they represent. ChenMed (2023) addresses this concerning doctor-patient relationships. Cultural competency issues arise when training neglects to focus on the diverse needs of CHWs who work in communities with unique cultural and linguistic dynamics. This disconnect can lead to reduced effectiveness in service delivery and gaps in healthcare access (Mobula et al., 2014).

When positively framed, code-switching is a skill CHWs use to navigate cultural differences, but if not adequately supported, can worsen feelings of exclusion or misunderstanding in training programs. Bias, implicit and explicit, can further create barriers, limiting CHWs' ability to engage fully or benefit from training opportunities. Acknowledging these challenges and tailoring them with inclusive and culturally sensitive training improves CHWs' capacity to serve diverse populations effectively, thus enhancing healthcare outcomes and reducing disparities (Eliana, 2021).

The following questions explore these barriers:

1. What factors influence community health workers' ability to access or engage with training programs?
2. In what ways do these factors relate to cultural affirmation, code-switching, and bias awareness within the training context?

Answering these questions may identify barriers that prevent CHWs from fully engaging in training programs. Understanding these obstacles allows for the development of

accessible and flexible training, making it conducive to CHW participation. Exploring how these barriers intersect with cultural affirmation and code-switching ensures that the training content is relevant and inclusive.

Chicana Feminist Theory and Intersectionality provide a lens for understanding how Chicana and Black community health workers use code-switching, specifically within the framework of plática methodology. Chicana Feminist Theory emphasizes storytelling, collective knowledge, and lived experiences as central to understanding identity and challenging systemic oppressions. Intersectionality, introduced by Kimberlé Crenshaw (1989, p. 140), helps to explore how overlapping identities, such as race, gender, and profession, shape these workers' experiences.

Plática methodology, rooted in Chicana/Latina traditions, supports these concepts by fostering a dialogue that validates cultural identity and shared knowledge. Code-switching becomes a strategic and empowering practice, enabling CHWs to navigate diverse cultural and linguistic spaces while building trust within the communities they serve. This aligns with Crenshaw's and feminist methodologies that seek to uplift voices often silenced by systemic inequalities (Hampton and Mendoza Avina, 2022).

Innovation/Intervention

As a guide, Conocimiento raises awareness as participants learn about family history and their sociocultural legacy, creating a reflective space whereby reciprocal activities engage participants to gain understanding of self and others in interaction. This approach to training community health workers (CHWs) integrates reflective practices

and cultural affirmation, strengthening interactions and relationships essential for navigating complex social dynamics and systems, while code-switching expands consciousness about their cultural/ethnic backgrounds in the service relationship. CHWs often utilize code-switching to connect with diverse communities and community members. It is not just a linguistic tool but also a means of building trust and rapport. Conocimiento encourages CHWs to explore their identities, cultural backgrounds, and experiences, fostering a deeper understanding of how these elements influence their interactions, decision-making, and ability to code-switch.

Promoting a self-reflective approach helps CHWs recognize the value of code-switching as a bridge for effective communication rather than a challenge. It equips them to align with the needs of diverse populations. Conocimiento training supports CHWs in developing mental flexibility and adaptability, a key cognitive benefit linked to code-switching, which enhances their problem-solving skills and overall effectiveness in community engagement (Arnold School of Public Health, 2024; World Humanitarian Movement, 2023).

CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

"You know, that's your fuckin' problem, ese. You can't forgive yourself. You need that guilt. It's what keeps you going. Hey, I know bro. I fed mine through a needle for ten years. And that guero up there, hating his own fuckin' white skin. Shit! He's got it worse than both of us." - Cruzito (Blood in Blood Out, 1993)

Chapter 2 provides a foundation for this study by examining the scholarship and theoretical perspectives that inform the research. The first section reviews related literature on Community Health Workers (CHWs), cultural affirmation, code-switching, and the broader context of identity negotiation and boundary crossing in professional and community spaces. This review places the Nepantlera CHW within existing studies on community health, ethnic studies, and professional adaptation, highlighting the contributions and the gaps in the current body of knowledge.

The second section of the chapter introduces the theoretical framework that guides this dissertation. Specifically, Identity Negotiation Theory (Ting-Toomey. 1999), Chicana Feminist Theory (Delgado Bernal, 1998; Anzaldúa,1987), and plática methodology (Fierros & Delgado Bernal 2016), are presented as a lens for analyzing the lived experiences of Nepantlera CHWs. The frameworks illustrate how CHWs negotiate multiple identities, navigate cultural and institutional spaces, and employ strategies such as code-switching to sustain trust and credibility in their communities. By first reviewing the literature and then outlining these theories, this chapter establishes a conceptual and

scholarly grounding between institutions and communities while preserving their cultural integrity.

Mexican American Studies

The chapter now turns to Mexican American Studies as a platform to reflect, unpack, and understand how historical events have shaped and molded how I view myself in relation to the world around me. My lived experience, growing up in the 80s to a yuppie father in Corporate America, allowed me to view how to function outside of my community and everyday life. My father anglicized his name north of the city to make it more palatable for business transactions. South of the city and along the southern border, his birth name was pronounced as his parents had intended it to be. He was still the same person in both settings, but his tone and body language shifted to be more relatable in each place.

Throughout the early 20th century, many Mexican Americans attempted to assimilate and even filed legal cases to push for their community to be recognized as a class of white Americans so they could gain civil rights. However, by the late 1960s, those in the Chicano Movement abandoned efforts to blend in and actively embraced their full heritage (Carrillo, 2020). In our family, we did not identify as “Chicanos,” and the term carried a derogatory connotation referencing the “lower class” (Contreras, 2017). My paternal grandparents wanted their children to assimilate and blend in but embrace their cultural roots, heritage, and language at home. My options were to assimilate or learn to code-switch. Learning to code-switch became a part of my everyday life, and I learned, from about the age of 3, to do it seamlessly. This skill has opened

doors and created opportunities that I have been able to share with my community. It was during my time as an undergraduate student that I was introduced to the works of Chicana scholar Gloria Anzaldúa and her concept of Nepantla.

Anzaldúa defines nepantleras as "boundary-crossers, thresholders who initiate others in rites of passage, activistas who, from a listening, receptive, spiritual stance, rise to their visions and shift into acting them out, haciendo mundo nuevo (introducing change)" (Anzaldúa & Keating, 2002). Chicana/Latinx Community Health Workers in the urban setting often find themselves in unfamiliar territories, claiming institutional space to provide resources for the community members. The Nepantlera CHWs must quickly learn to code-switch and boundary-cross when transitioning from institution to community. Code-switching is the practice of alternating between two or more languages or language varieties within a single conversation, utterance, or social interaction to negotiate identity, convey meaning, and manage relationships (Poplack, 1980). Research with CHWs addressing boundary-crossing or code-switching, socialization, or integration from the institution to the community to align with the core competencies is sparse (Malcarney et al., 2017).

Fernandez et al. (2020) agree that Latinx communities use their collective strength beyond the traditional concept of empowerment. According to Fernandez et al., collective strength is often unaccounted for in community psychology. These embodiments of power, rooted in cultural capital, strengthen muxeres' sense of community and account for the ways they experience well-being, as well as individual and community health (Fernandez et al., 2020). Collective community knowledge and creating an environment

to nurture and foster personal histories and testimonios lack institutional validation. When working in a community, it is important to remember that most ancestral stories will not be found within institutional walls. In most cases, histories and knowledge have been written out of the popular narrative or erased altogether. Allowing for the co-construction of knowledge is an important part of overall individual and community health. As Guerra (2008) writes:

> The concepts of bearing witness and providing a testimony within Chicano and Chicana literature reveal the incorporation of the Other into history through the solidifying aspects of writing one's own story, recognizing that story as a part of a larger story, and moving beyond fixed constructions of a historiography. There is a connection between "writing Chicanos or Chicanas into history" and the power/knowledge relationship that this invokes. The basic components of testimonios in straightforward, first-person essays are also distinguishable in other forms of writing, because of their common purpose to not simply report the world as they see it (knowledge) but to be able to change or affect that world (power). The power of literature is transferred into a "witness account" (knowledge) by adding an often-underrepresented voice to the historiography of our American society. In this way, the literature takes on traits of a political recovery and bombards prevailing versions of histories with small and consistent "pieces" of absent or banished history as Ramón Saldívar maintains is the most crucial act of resistance that Chicano narratives perform (2008, p. iii).

As researchers, it is our responsibility to center the voices and experiences of those who are on the margins by making visible the agency of promotora muxeres who often are invisible to community leaders and academics (Fernandez et al., 2020).

Theoretical Framework

Chicana Feminist Theory (CFT)

Chicana feminist theory emerges from the intersection of race, gender, sexuality, class, and colonial legacies, centering the experiences and epistemologies of

Chicanas/Latinas often marginalized by mainstream feminist and Chicano nationalist discourses (Delgado Bernal & Elenes, 2011; García, 1997). This framework insists that knowledge is not neutral but socially and politically constructed. It elevates experiential, cultural, and communal ways of knowing as legitimate and vital contributions to scholarship and practice. Through methods such as pláticas, storytelling, and testimonio, Chicana feminist theorists challenge traditional research paradigms by creating spaces where marginalized voices are not simply studied but recognized as co-creators of knowledge (Delgado Bernal, 1998; Méndez Negrete, 2013).

Gloria Anzaldúa's (1987) theorization of Nepantla in Borderlands/La Frontera provides a foundation for understanding the in-between space where hybrid identities are formed and contested. Nepantla captures the tensions of living between cultures, languages, and worlds, while also offering possibilities for resistance and transformation. Building on Anzaldúa, Méndez-Negrete (2013, 2015) extends this framework by showing how Nepantla is enacted through testimonio and plática as collective acts of resistance and survival. Her work demonstrates how storytelling functions as healing and political, validating lived experience as a source of knowledge. Similarly, Delgado Bernal and Fierros (2016) articulate plática methodology as a culturally grounded practice of dialogue that honors relationality, reflection, and the co-construction of knowledge. Pláticas provide a method that resists deficit views of marginalized communities by centering their voices, stories, and cultural knowledge.

Within this project, Chicana feminist theory provides the critical lens to frame how Nepantlera CHWs inhabit such in-between spaces, bridging institutional norms and

community culture through relational practices. Plática methodology, rooted in Chicana feminist praxis, becomes a method of data collection and an act of epistemological justice; it privileges participants' stories, honors their cultural logics, and actively resists the silencing of their knowledge and voices (Delgado Bernal & Fierros, 2016; Méndez Negrete, 2015). In conjunction with Identity Negotiation Theory and its attention to code-switching, Chicana feminist theory helps articulate how CHWs engage in relational, plática practice while negotiating professional expectations. Together, these theoretical lenses create a framework that centers cultural relevance, voice, and relational accountability in exploring how CHWs navigate language, identity, and institutional boundaries in their work.

Plática Methodology

Plática methodology is a conversational approach rooted in storytelling and shared experiences. It supports the CHWs' reflective practices as a means of authentic communication and empowerment that, combined with code-switching, can bridge cultural and institutional divides. Plática, meaning "conversation" in Spanish, involves engaging in open-ended dialogues that allow participants to share personal narratives and experiences. This method fosters a deeper understanding of community members' needs and perspectives (Fierros & Delgado Bernal, 2016).

CHWs can reflect on their own experiences and cultural identities, enhancing self-awareness and empathy, by participating in pláticas. This reflection is critical for effective community engagement. Sharing stories within the plática framework empowers CHWs and community members, validating their lived experiences by

fostering a sense of belonging and mutual respect to build community while sharing knowledge. Plática methodology encourages CHWs to communicate in ways that are natural and authentic to them, which often includes code-switching between languages or dialects. This flexibility is essential for building trust and delivering effective information. By incorporating plática methodology, organizations recognize and validate code-switching as a legitimate and valuable form of communication. This validation can reduce the shame often associated with code-switching and promote inclusivity within healthcare settings (Garcia & Ramirez, 2021).

Identity Negotiation Theory (INT)

Identity negotiation refers to the processes through which individuals in an interaction attempt to assert, modify, challenge, and/or support their own and others' desired self-images (Ting-Toomey, 1999). CHWs learn to transition between their communities, as community members, to serve as advocates and liaisons to health care professionals, and to share health-related educational materials. CHWs are bridges between communities and healthcare systems, working with marginalized and underserved populations to help promote health equity. CHWs learn to adapt professional identities and policies when working within institutions and healthcare systems, then transition or adapt to assert their cultural identities to gain trust when working in their communities. Identity Negotiation Theory (INT) is useful in exploring how CHWs adjust their communication styles and behaviors to align with the expectations of different cultural and professional settings. This theory highlights how CHWs manage their dual roles as community members and institutional representatives.

Code-switching is a part of Identity Negotiation Theory because it allows CHWs to speak to community members based on their cultural identities. Cultural identity is important to CHWs in building trust and rapport with the community as it focuses on an individual's sense of belonging to a particular culture or group. It is formed through shared characteristics such as language, traditions, beliefs, values, and norms passed down from generation to generation. Cultural identity plays a pivotal role in shaping how people view themselves and the world around them. Within diversity, equity, and inclusion (DEI) work, cultural identity is crucial in fostering a more inclusive and equitable environment where differences are recognized and valued (The Oxford Review, 2024).

Code-switching is the practice of alternating between two or more languages, dialects, or language varieties in a single conversation or interaction, often as a response to social or contextual demands (Gumperz, 1982). Gumperz (1982) looks at code-switching as a conversational strategy influenced by social norms, contextual cues, and speakers' identities. Code-switching plays a role in identity construction, power dynamics, and social adaptation. Myers-Scotton (1993) explores how code-switching reflects speakers' negotiation of social roles, power structures, and group identities, emphasizing its strategic use in maintaining social unity or asserting individual identity in multilingual contexts. In Ladson-Billings's (1995) studies about language and culture, she advances the notion that code-switching is a broader communication strategy, part of a broader set of culturally relevant practice through which individuals skillfully move between languages, identities, and contexts. Thus, when working with rural and urban

Blacks who rely on code-switching CHWs embrace non-formal language to better understands those who speak outside the normative code.

Black Women and Code-Switching

Through observation and casual conversation in the community, I have witnessed Black women code-switch seamlessly. Understanding how Black women code-switch is important to understanding how Chicana CHWs code-switch to find common themes on how and when code-switching is applied, particularly in Black and Brown communities. The ability to code-switch via language, gestures, and attire seems second nature to the Black women in my community. According to Crumb et al. (2023), code-switching serves as a means for Black women to negotiate their personal and professional identities. By adjusting their communication styles, they strive to balance authenticity with the need to conform to societal standards, which can impact their sense of self and well-being (Crumb et al., 2023). Code-switching is often used to manage experiences of linguistic racism and discrimination. Black women utilize code-switching to navigate their environments where their natural speech patterns may be marginalized, thereby protecting themselves from potential bias (Johnson et al., 2023).

While code-switching is a tool of resilience, it may also create psychological stress. The constant need to adjust one's identity to fit different contexts results in emotional fatigue and a diminished sense of authenticity (Spencer et al., 2022). Overall, code-switching is a useful and valuable strategy for Black women. When they claim and rely on this language ability and their cultural legacy, they are better prepared to navigate multiple environments. Still, while this may present challenges related to identity

management and mental and emotional well-being, it avails access to entering the community because of their ability to speak in the language of those they serve.

CHW Barriers and Burnout

As is the case with language and culture, CHWs face internal and external stressors and obstacles. Through conversations, firsthand accounts, and testimonios, CHWs share that barriers include but are not limited to the following:

(a) limited referral sources and inadequate resources due to scarcity and a lack of culturally appropriate resources

(b) limited funding to support CHWs' work and

(c) limited training opportunities to equip CHWs with skills to address diverse populations

Overall, organizational barriers contribute to increased burnout among CHWs and limit their work capacity and abilities (Garcini et al., 2022). Providing CHWs with culturally appropriate resources can compensate for the lack of funding and limited training opportunities, which contribute to employee burnout. According to Puzzo et al. (2023), motivational cultural intelligence can help practitioners create an inclusive work environment, manage conflict, communicate more effectively, adapt to cultural differences, and develop deeper and more meaningful intercultural relationships. This reduces stress, feelings of isolation, frustration, the risk of prejudice and discrimination, and staff burnout. This may be particularly important for practitioners working with

migrants in international aid organizations who face various issues related to work infrastructure, financial resources, and work-life balance (Puzzo et al., 2023).

CHWs' Assimilation vs. Code-Switching

CHWs' effectiveness often hinges on their ability to navigate diverse cultural and professional settings. The two strategies CHWs utilize in navigating these spaces are assimilation and code-switching. These have been the cultural and linguistic practices they have had to contend with, as functioning in the image of dominant constrains limits them from stepping outside normative expectations.

Assimilation is the primary and everyday approach CHWs take when dealing with the community and clients. They are more likely to adopt dominant culture's norms, values, and behaviors, often at the expense of their own cultural identity, as this ideology promotes the notion that to fit in society, one must become in the image of the dominant culture. This means they entirely conform to institutional expectations, undermining and distancing themselves from their communities of origin. CHWs feel pressure to side with institutional and professional norms, by adopting dominant communication styles to fit the organizational culture. The need to assimilate intensifies when the construct of professionalism itself is tied to whiteness, privileging dominant cultural norms over diverse ways of being and communicating (Melino, 2025; Okun & Jones, 2019). Over time, this creates internal conflict, as individuals feel forced to abandon their cultural identity to professionally survive (Samnani & Singh, 2012).

Research on racial code-switching documents the psychological costs of repeatedly adapting one's speech, tone, and behavior to fit dominant expectations, describing how such practices affect perceived professionalism but also contribute to exhaustion and identity strain (Johnson et al., 2021; McCluney et al., 2021). By assimilating, CHWs compromise the trust that comes from shared cultural and linguistic experiences with their communities.

As previously stated, code-switching is the practice of adjusting language, behavior, or communication styles to suit the community, social, and professional context. CHWs use code-switching to build rapport with diverse groups and to navigate between community contexts and institutional settings as they negotiate the Nepantla space of language and culture. This allows CHWs to mold their approach, to ensure they are understood in a language and can culturally connect with community members. However, as noted by Graham-Perel (2023), code-switching can have psychological implications. The constant need to adjust one's behavior and language to fit different contexts yields to mental fatigue and stress, what is referred to as "code-switch fatigue" (Graham-Perel, 2023).

Plática methodology allows CHWs to engage in meaningful, culturally sensitive dialogue that embraces and validates code-switching. This approach enhances communication and trust. CHWs and community members are empowered by validating their cultural and linguistic identities.

Training CHWs to understand the value and feel confident with code-switching can result in benefits that enhance their service delivery and effectiveness in diverse

communities. Wood's (2018a) analysis of code-switching in a medical setting found that, by adopting the patient's dialect, tone, or vocabulary, physicians could make health information more accessible, leading to better comprehension of medical conditions and care plans. When physicians adjust their communication style to align with that of the community, they are often viewed as more genuine, fostering trust and confidence among clients. (Wood, 2018a). Exhibiting the ability to navigate multiple cultural settings through code-switching reflects cultural affirmation, which is essential for effective community engagement.

Training CHWs in code-switching provides them with the skills to navigate various social and professional settings, enhancing their flexibility and effectiveness. Code-switching techniques may be part of broader professional development, enabling CHWs to take on multifaceted roles within professional, institutional, and healthcare settings and allowing them to have a seat at the decision-making table because they can connect and understand the communities they are serving, giving them a unique perspective that leadership and people in decision-making roles often overlook. In turn, communication assisted by code-switching can lead to community members following medical advice and treatment plans, improving overall health outcomes.

General Economic Impact of CHW Training

While direct data on code-switching training is limited, broader CHW training programs have proved to have positive economic outcomes. CHW interventions have been linked to better management of chronic diseases, leading to reduced healthcare costs. For example, a CHW-led diabetes management program showed a return of $1.09

for every dollar spent (MHP Salud, 2023). A standardized CHW intervention addressing unmet social needs in low-income populations yielded a $2.47 return for every dollar invested, primarily through reductions in hospitalizations and emergency department visits (Kangovi et al., 2020).

Even though specific return on investment data for code-switching training is lacking, potential economic benefits can be researched:

- Effective communication through code-switching techniques can improve community members' understanding and following treatment plans which can potentially reduce costly complications.
- CHWs who navigate diverse cultural settings may deliver services more efficiently to help community members in their ability and understand the educational material and resources available.
- Code-switching allows CHWs to connect with a larger audience, facilitating communication across cultural and linguistic groups.

Motivating community health workers to code-switch enhances their ability to connect with community members, supports language development, and creates an inclusive and effective learning environment. This approach benefits community members by providing educational materials, social interaction, and enriches their experiences by embracing diversity.

Code-switching is a tool that can be applied and utilized in identity negotiation, enabling CHWs to build trust with community members while meeting institutional and organizational expectations. This enables CHWs to seamlessly transition between

linguistic and cultural codes, building rapport with community members while following organizational standards, policies, and protocols. Identity Negotiation Theory (INT) offers insight and a framework for understanding how CHWs adapt their communication styles and behaviors to meet the expectations of diverse cultural and professional settings. CHWs often modify their communication strategies to align with the cultural norms of the community and the formal protocols of healthcare institutions. This adaptability is essential for effective interaction across different environments (Mlotshwa et al., 2015). Serving simultaneously as community members and institutional representatives, CHWs navigate complex social dynamics. INT elucidates how they balance these dual identities to maintain credibility and trust on both fronts (Golden, & Bencherki, 2023).

CHWs can effectively communicate health information in a culturally sensCFT, INTitive manner by employing code-switching techniques to help build trust with community members. Code-switching allows Nepantlera CHWs to meet the professional expectations of healthcare providers, highlighting their ability to operate within both worlds (Wood, 2018b; Anzaldúa, 2015). This adaptability and ability to code-switch enhances communication effectiveness and reinforces the CHWs' role as vital connectors between communities and healthcare systems.

In sum, this study is guided by Identity Negotiation Theory, particularly its attention to code-switching, in combination with Chicana Feminist Theory, which grounds the use of pláticas and the concept of Nepantla. Code-switching, as situated within Identity Negotiation Theory, is understood as a linguistic tool and a strategic practice that allows CHWs to foster trust, promote inclusion, and adapt to diverse environments while

balancing personal and professional identities. Pláticas, as described in Chicana feminist scholarship, provide a culturally rooted method for dialogue, reflection, and knowledge sharing, functioning as a research methodology and a community practice (Delgado Bernal & Fierros, 2016; Méndez-Negrete, 2015). Drawing on Anzaldúa's (1987) theorization of Nepantla, this framework recognizes the in-between space CHWs inhabit as they navigate institutional norms and community cultural contexts. Collectively, these theories establish the foundation for this study, showing how the linguistic and cultural adaptability of CHWs enhances their effectiveness in public health outreach and sustains their role as bridges between communities and institutions. This combination of literature sets the stage for the following chapter, which details the methodology used to explore the lived experiences of Nepantlera CHWs.

CHAPTER 3

METHODOLOGY

This chapter outlines the methodological approach guiding this study. Rooted in Chicana Feminist Theory and Identity Negotiation Theory, the research design draws specifically on two central concepts, pláticas and code-switching. Pláticas, as described in Chicana feminist scholarship, are a culturally grounded practice of dialogue that honors storytelling, reflection, and the co-construction of knowledge. They provided the foundation for data collection and meaning-making in this study, creating space for participants' testimonios to emerge authentically. Code-switching, as conceptualized within Identity Negotiation Theory, served as an analytical lens and a thematic focus, highlighting how Nepantlera CHWs navigate language, culture, and professional identity across institutional and community spaces. Together, these concepts shaped a methodology that is participatory, culturally responsive, and attentive to the relational spaces in which CHWs live and work.

This study used plática methodology to explore and identify commonalities and themes in Nepantlera Community Health Workers (CHWs) and their abilities to engage with their communities to improve health outcomes. Pláticas offered a cultural approach using informal, open dialogue and storytelling to uncover the roles of family, culture, community, and assimilation in CHWs' work. This methodology was important for understanding how CHWs gain trust, share program information, and influence community health in ways that can inform the training of CHWs who lack these skill sets.

This chapter further outlines the methodological framework I used to explore the lived experiences and practices of Nepantlera CHWs through plática methodology. This culturally informed approach highlights informal, open dialogue and storytelling to uncover how CHWs engaged and interacted with their communities. Plática methodology emphasized the importance of centering cultural relevance, community voices, and participatory methods in qualitative research, ensuring that the experiences and expertise of CHWs were authentically represented.

Building on this theoretical foundation, the methodological choices in this study were designed to align closely with the lived realities of Nepantlera CHWs. Because the central focus was on identity negotiation, code-switching, and culturally rooted practices such as pláticas, it was essential to utilize an approach that could capture the depth, nuance, and complexity of participants' experiences. Quantitative methods alone could not account for the relational dynamics, cultural negotiations, and storytelling that characterize CHWs' work. Instead, a qualitative methodology provided the most appropriate way for examining how CHWs navigate their dual roles across community and institutional contexts while remaining grounded in their cultural knowledge and lived experiences (Creswell & Poth, 2018).

A qualitative methodology approach was used because it is best suited to explore the lived experiences, perceptions, and cultural dynamics of CHWs in their efforts to engage with their communities. The qualitative approach allowed me to examine deeply the personal narratives of CHWs while exploring themes that could not be measured or quantified. Plática methodology provided a culturally appropriate framework for

collecting stories and experiences from CHWs. Rooted in Chicana/Latina feminist practices, plática methodology relies on informal conversational pláticas that honor the participants' lived experiences and culture (Bernal & Fierros, 2016). This approach allowed me to build and foster relationships with participants that was respectful and reciprocal. This method supported vulnerability while honoring and facilitating the co-construction of knowledge (Bernal & Fierros, 2016). By engaging CHWs in open, conversational dialogue, the research examined how family, culture, and community influence their work. This culturally responsive approach ensured that the information gathered was authentic and reflective of the participants' realities in their own words and through their own stories. Using plática methodology recognized and valued the CHWs' roles, providing a platform for their voices to inform training and practice improvements. This method uncovered individual experiences and highlighted themes that could guide the development of more effective, culturally relevant health interventions and information (Adams et al. 2021).

Plática methodology engages relational interactions characterized by respect, reciprocity, and vulnerability. This approach fosters an environment where participants felt valued and understood, facilitating the sharing of personal narratives and experiences. By engaging in pláticas, researchers and participants co-construct knowledge, to ensure the research process was collaborative and reflective of community's cultural context (Bernal & Fierros, 2016).

This approach aligns with the experiences and voices of the CHWs and their cultural identities so that were honored throughout the research process (Delgado Bernal,

2020). Storytelling and testimonios are important in qualitative research, especially in plática methodology, because they provide insights into participants' lived experiences. Storytelling allows participants to share their personal stories that quantitative methods may overlook. This approach fosters a deeper understanding of individual and collective experiences while shedding light on cultural experiences and social dynamics. As noted by Hargreave (2019), storytelling in qualitative research allows for the sharing of complex human experiences, enhancing the depth of understanding. The natural flow of plática allowed for natural reciprocal communication to build trust and encouraged openness, leading to authentic thoughts and ideas being shared. This allowed me to explore participants' viewpoints more thoroughly and adequately capturing their experiences. The use of narrative pláticas exemplified how dialogue can deepen research by combining life stories with socio-historical contexts (Muylaert et al., 2014).

Quantitative methods may not address cultural practices and values, such as familismo and testimonios, which influence CHWs' work. The Latino cultural value of familismo, prioritizing family bonds, loyalty, and collective well-being, served as a conceptual lens in this research (Campos et al., 2014). This study explored whether familismo influenced CHWs' effectiveness in their roles while incorporating testimonios, or personal narratives, which provided first-hand accounts. Testimonios empower marginalized voices and uncover nuanced experiences, serving as an effective tool for addressing health disparities (Larkey & Gonzalez, 2007). This allowed for in-depth exploration of topics that was central to understanding how CHWs engaged with their communities and overcame barriers. This also allowed for the CHWs to review and share

feedback based on their experiences and interpretation of the data or emerging themes. By focusing on testimonios and storytelling, I prioritized the voices of CHWs, many of whom came from marginalized or underrepresented communities. This approach contributes to social justice and creates opportunities for equitable practices by uplifting the viewpoints of those directly affected by health disparities.

Testimonios are personal narratives that make visible the presence and uplifts the voice of marginalized people. Testimonios allow individuals to share their experiences. Incorporating testimonios into research acknowledges the importance of personal narratives. As highlighted by the Center for Intercultural Dialogue, testimonios serve as a powerful narrative research methodology rooted in Latin American history, embodying witness accounts that bring forth unique personal experiences (Mora, 2015).

Testimonios and plática methodology enhanced the research process by capturing the depth and diversity of the experiences of CHWs. These components were key for addressing research questions that aimed to understand the social and cultural dynamics of CHWs, ensuring that the findings were grounded in the authentic voices of the participants. The findings in this study can provide recommendations for training CHWs, addressing gaps in skill sets, and developing culturally competent practices. A qualitative method for this study was applicable because it offers the tools to understand the multifaceted, culturally grounded experiences of CHWs, ensuring that their voices and expertise were authentically represented and directly informed the study's objectives.

Research Questions

This study was guided by the following questions:

1. What influences community health workers' in their ability to access or engage in training programs?

2. In what ways does your ability to access or engage in training programs relate to cultural affirmation, code-switching, and bias awareness?

Research questions in this study explored the lived experiences and related factors affecting CHWs in their professional development. The qualitative design I used was the most suitable approach to carry out this study because it yielded the flexibility for examining the problem in a holistic manner, which captured the nuanced experiences confronted by the CHWs. Narrative-driven methods like pláticas and testimonios examined how cultural and social norms shape CHWs' engagement with training programs. To gain an understanding of the CHWs' ability to access or engage with training programs from their perspectives, questions were participant-focused, as understanding and prioritizing participant voices ensured that their lived experiences and perspectives guided the study.

Participant Selection

This qualitative study included 5 women who identified as Chicana, Latina, Hispanic, and/or Mexican American. In their capacity as CHWs, they code-switched between institutions, healthcare settings, and communities. These CHWs were selected to provide their insights about the ways in which they balanced identity, built trust, and

advocated for their communities. They were also chosen for the purpose of better understanding the relationship between language and culture as they had experienced it in their everyday lives.

Once participants volunteered and were selected, they completed their conocimiento guide, which provided foundational information to guide the group discussion. From the discussion, participants then volunteered for the pláticas, which took place four weeks later. This gap between administering the conocimiento guide and participation in the platica was purposefully chosen for the purpose of providing participants with enough time for reflection and to prime them for the pláticas. These one-to-one pláticas served to further elicit participant knowledge about the concepts under investigation.

Inclusion Criteria for Study Participants

The participants in this study had varying levels of formal education and professional training. Some of the CHWs had state certifications, while some did not. Those who volunteered were frontline staff or served in a supervisory capacity, depending on their place of employment. Because Core Competencies were central to the training, all participants were provided an overview of these. CHWs were engaged in the promotion of health equity, providing health education, and bridging gaps between community members, institutions, organizations, and healthcare systems. For this study, lived experience was as important as formal education.

Setting

The volunteers were selected from those who attended at least one CHW training program or workshop facilitated in the county. CHWs participated in training conducted by the Local Health Department, but it was not limited to CHW state certification courses or continuing education courses.

Sampling Strategy

Purposive sampling was relied upon to select volunteers based on characteristics, knowledge, experiences, and other pertinent criteria (NCSC, 2025). This selection process allowed me to identify participants with lived experiences that aligned with the cultural and professional backgrounds under study.

Recruitment Process

To identify volunteers, CHWs were sent an invitation through a community distribution listserv to inform email recipients about the study, its purpose, eligibility criteria, and instructions for participation. The first 10 volunteers who answered the call were screened and selected by phone. I confirmed that they identified as a CHW and that they had participated in a training in the last two years. Those who volunteered for the study were provided and signed an Arizona State University informed consent form, with the clarification that they had the choice to participate in all aspects of the research with the right to withdraw at any time.

Conocimiento Guide

The innovation introduced in this study included a conocimiento/participant guide, which served as a pre-discussion reflection tool and a structured demographic instrument. Grounded in Chicana Feminist Theory (CFT) and Plática Methodology (PM), the conocimiento guide was designed to prompt participants to reflect on family histories, cultural identity, language use, professional experiences, and formative life events. Designed and created by Méndez-Negrete (2013 & 2015), the conocimiento/participant guide was the first point of data collection in the research design. It allowed participants to document personal and professional background information while also responding to open-ended questions about family heritage, migration stories, cultural traditions, language use, and community work. The structured reflection gave participants a common starting point, ensuring that they came prepared to the group pláticas with stories and insights that were already present in their minds. In this way, the guide provided personal meaning and collective grounding.

Conocimiento Guide Questions

Personal Information

Age:

☐ 18-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65+

1. Gender Identity:
   - ☐ Female
   - ☐ Male
   - ☐ Non-binary
   - ☐ Prefer not to say
   - ☐ Other (please specify): _____

2. Race/Ethnicity (Check all that apply):
   - ☐ Hispanic/Latino/a/x
   - ☐ Mexicana/o
   - ☐ Chicana/o
   - ☐ Mexican American
   - ☐ Mexican
   - ☐ Latina/o
   - ☐ Black/African American
   - ☐ White
   - ☐ Indigenous/Native American
   - ☐ Asian/Pacific Islander
   - ☐ Other (please specify): _____

3. Family Income – To the best of my knowledge, our family income is:

_____ Under $10,000

_____ $11,000 - $20,000

_____ $21,000 - $30,000

_____ $31,000 - $40,000

_____ $41,000 and above

_____ I do not know our family income.

_____ I decline to disclose my family income.

Self

Name I like to be called …

My family is composed of …

FAMILY…

In my family, I'm ranked …

Ethnicity my family claims is …

RELIGION: For each relative listed below, identify each with their respective religion …

	Maternal	Ancestors		Paternal	Ancestors
Self	Mother	MG-mother	MG-father	Father	PG-mother	PG-father

EDUCATION LEGACY: Document the years of education for each identify member of the family …

	Maternal	Ancestors		Paternal	Ancestors
Self	Mother	MG-mother	MG-father	Father	PG-mother	PG-father

HEALTH/MENTAL HEALTH LEGACY: To the best of your recollection, identify a member of the family who experienced health issues …

	Maternal	Ancestors		Paternal	Ancestors
Self	Mother	MG-mother	MG-father	Father	PG-mother	PG-father

Medical/Traditional Treatment – check approaches used for treatment or healing:

☐ Teas

☐ Herbs

☐ Home remedies

☐ Curanderas/Sobadores/Bone setters

☐ Alternatives medicine—Ayurveda, Acupuncture, prayer

☐ Other _____

Individual Ethnic Identity

Write down the category that best reflects each person's ethnicity

Maternal Ancestor Paternal Ancestors

Self Mother MG-mother MG-father Father PG-mother PG-father

Ethnic identity – (Circle the statement that best reflects your beliefs and elaborate on the space provided.)

Ethnic identity matters …

Does not matter …

Place of Birth: For each relative listed below, name their place of birth …

Maternal Ancestors Paternal Ancestors

Self Mother MG-mother MG-father Father PG-mother PG-father

Our immigration/migration story is …

_____

_____

Language

My first language is …

I am fluent in …

I can read and write …

Education

The high school I attended was …

Neighborhood I grew up is called …

I attended public school …

I went to private school …

Attended both public and private schools …

Generation in college … Mother's side_____ Father's side _____

Stereotypes I've heard about my people …

Stereotypes others have used against me …

Stereotypes I've used against others …

To me, attending cultural events in my city means _____

Comments: _____

CHW Experience & Work Setting

Work Legacy:

Identify each job held the longest by each member of your family line …

Maternal Ancestors Paternal Ancestors

Self Mother MG-mother MG-father Father PG-mother PG-father

4. How many years have you worked as a Community Health Worker (CHW)?
    - ☐ Less than 1 year
    - ☐ 1-3 years
    - ☐ 4-6 years
    - ☐ 7-10 years
    - ☐ More than 10 years
5. What is your primary work setting as a CHW? (Check all that apply)
    - ☐ Community-based organization
    - ☐ Public health department
    - ☐ Hospital/clinic
    - ☐ School or educational institution
    - ☐ Faith-based organization
    - ☐ Other (please specify): _____

Language & Communication

6. What languages do you speak fluently? (Check all that apply)
    - ☐ English
    - ☐ Spanish
    - ☐ Indigenous language(s) (please specify): _____
    - ☐ Other (please specify): _____
7. How often do you switch between languages or communication styles in your work?
    - ☐ Never
    - ☐ Rarely
    - ☐ Sometimes
    - ☐ Often
    - ☐ Always

8. In what types of situations do you find yourself code-switching the most? (Check all that apply)
    - ☐ Speaking with community members
    - ☐ Talking to healthcare professionals
    - ☐ Communicating with supervisors or administrators
    - ☐ During presentations or meetings
    - ☐ Other (please specify): _____

Section 4: Final Reflection

Think about the program you are currently assigned to work with and on a separate sheet of paper answer the following questions:

- What is your knowledge or history of the program's focus area? For example, if you work in nutrition – what is your knowledge of nutrition? What were food items found in your home? If you working in a maternal health program, what is your knowledge of maternal health? Was maternal health discussed in your home?
- What is your parents' history or knowledge of the program's focus area? For example, if you work in DV- what is your familial history with DV? If you work for an asthma program, what is your parents' knowledge of asthma?
- What is your grandparent's history with the program focus area? For example, if you work in Unlocked – what is your grandparents' experience with the judicial system or incarceration?
- How do personal experiences and knowledge, impact the service you provide?
- Does understanding your family history in relation to the program's focus area help you to identify areas for improvement in service delivery?

9. On a scale of 1-5, how comfortable are you navigating different social or professional spaces through code-switching?
    - ☐ 1 - Not comfortable at all
    - ☐ 2 - Slightly comfortable
    - ☐ 3 - Neutral
    - ☐ 4 - Comfortable
    - ☐ 5 - Very comfortable

10. Is there anything else you'd like to share about your experiences with language and communication as a CHW?
    [Open-ended response]

Group Discussion

The group discussion provided a space where 8 CHWs could reflect on their individual practices. The group discussion was flexible yet focused and it lasted for approximately 90 minutes. The session included an introduction and purpose, whereby the objectives of the group were outlined, to ensure participants understood the ways in which their input contributed to the broader study goals. Participants were encouraged to share openly and listen to each other's experiences in a brave space, meaning that confidentiality and privacy would be upheld in as safe a space as could be with multiple participants.

Discussion topics that were aligned with the research questions to address barriers to accessing training, the role of cultural factors in CHWs' training experiences, and strategies for improving cultural affirmation. All were encouraged to speak freely, building on each other's comments by offering feedback or suggestions. The conversation was guided to ensure all voices were heard and the discussion remained focused. Key points from the discussion were summarized and participants provided final thoughts, recommendations, or clarification on what was shared.

Group Discussion Protocol

This group discussion followed plática methodology, allowing for a natural, participant-driven conversation. Not all questions were asked explicitly, as responses

organically addressed certain themes. Flow of discussion was facilitated by me, ensuring an open and reflective dialogue.

Group Discussion Questions

Understanding Code-Switching

1. Tell me what code-switching means to you?
2. Can share a moment when you consciously code-switched?
    - What was happening in that interaction?
3. What emotions do you associate with code-switching?
    - How does it feel?
4. When do you choose to code-switch?

Navigating Social Adaptability

5. Tell me about the challenges you face when participating in training sessions. Does your communication style change?
6. In professional spaces do you change the way you speak or present yourself?
    - How does that feel?
7. When engaging with institutions and communities you serve, in what ways do you balance professionalism and culture?

Code-Switching as a Tool for Advocacy and Leadership

8. Does your ability to code-switch increase your ability to engage with clients, healthcare professionals, or policymakers?

9. Have you ever resisted code-switching as a form of cultural or linguistic affirmation?
    - What was the outcome?
10. Does code-switching and social adaptability build your training and leadership skills as a CHW?

Reflection and Moving Forward

11. Tell me about the ways you maintain a sense of self in different environments?

Pláticas

Three individual pláticas were conducted with participants who volunteered following the group discussion. The pláticas took place in a comfortable setting that promoted open conversations to take place. The mutually agreed-upon location could be at a variety of locations, such as a local coffee shop, or virtually through a secure video conferencing platform, like Zoom or TEAMs. All participants chose a virtual setting. The location was chosen to ensure confidentiality and a relaxed environment, helping participants feel at ease during the discussion. Pláticas were expected to last between 30-45 minutes. This timeframe allowed for a comprehensive exploration of the research questions while respecting the participants' time. Longer pláticas could be conducted if the participant was willing and able to engage in more detailed conversations. All pláticas were audio-recorded with the participant's consent. The recordings were transcribed verbatim for analysis. Audio recordings were stored securely on a password-protected device and were deleted after transcription to ensure confidentiality. Participants were

reminded that they could withdraw consent at any time during the interview process without consequence.

Plática Protocol

The guiding questions for the semi-structured pláticas were developed to explore the research questions in depth while allowing for participant-driven responses. These questions were designed to cover the main themes of the study. The interviews followed plática methodology, allowing for a natural, participant-driven conversation. While I included key topics and questions, not all of the questions were asked explicitly, as responses organically addressed certain themes.

Plática Guide Questions

One-to-one Plática Questions

1. Can you share an example of a time when code-switching shaped an outcome of a situation?
2. Have you ever been in a situation where you felt conflicted about code-switching?
    - What factors influenced your decision?
3. How has your approach to code-switching evolved in your career as a CHW?
4. Are there specific words, phrases, or behaviors you intentionally switch depending on your audience?
    - Tell me about it?
5. What support or training, if any, would help you feel more confident in navigating code-switching in professional spaces?

These questions aimed to uncover how CHWs interacted with training and how cultural dynamics played a role in their professional practices. The semi-structured nature of the plática allowed for follow-up questions based on the participants' responses, enabling examination of their personal experiences and reflections.

The conocimiento guide provided a baseline for reflection and the surfacing of intergenerational histories. Group discussions then created a space of shared meaning and reflection, where individual stories resonated and expanded through collective dialogue. Finally, the one-to-one pláticas deepened those narratives into individualized accounts, allowing nuance and complexity to emerge. Taken together, these methods ensured that the findings were not singular or static but layered, CFT, INTdynamic, and firmly grounded in lived epistemologies, what Delgado Bernal (2002) calls critical raced gendered knowledge, and what Guajardo et al. (2011) describe as the bridging of personal reflection with collective wisdom through conocimiento.

Data Collection

Data were collected in group discussion and pláticas, which were documented through audio recordings and notes. This method ensured that all participants' voices were accurately captured for later transcription and analysis. To capture key points, written notes were taken during the group discussion and pláticas. Non-verbal cues, and observation of the overall context of interactions provided a rounded view of the data. The audio recordings served as the primary method for capturing participants' responses.

All audio recordings and transcriptions were stored on a password-protected computer. Data was accessible only to me. After the audio recordings were transcribed and analyzed, they were deleted. When the research was completed and results were compiled, data was deleted from all devices after the retention period, set by Arizona State University.

Participants were assigned pseudonyms to protect their identities. Personal information, such as names, addresses, or other identifiable data, were replaced with pseudonyms in all documents and transcripts. Any identifying details shared during discussions, such as specific locations, employers, or family members were generalized or removed.

All participants were required to sign an informed consent form outlining their rights to privacy, the voluntary nature of their participation, and the procedures for ensuring their confidentiality. I ensured that the data was used only for research purposes and that it would not be shared with unauthorized individuals or organizations. Before the group discussion or interview, participants were informed about the audio recording process, and their consent was acquired in writing.

Data Analysis

A narrative analysis was used to interpret testimonios and the plática through a cultural lens. Narrative analysis focused on the makeup of stories, how individuals shape their identities through storytelling, and how these narratives provide an understanding of cultural values and personal experiences (Mattingly & Lawlor, 2000). The narrative

analysis approach helped me, as the researcher, to CHWs' experiences, challenges, and code-switching behaviors. It allowed CHWs to share their stories, revealing how language modifications helped them connect with communities and improve healthcare communication. Studying these narratives informs better training and policies (Mannes, et al., 2023; MDPI, 2024). Qualitative coding was important in my narrative analysis because it helped me to identify patterns, themes, and meaning within personal stories. CHWs' narratives and coding are not just labeling data but interpreting lived experiences, making it a crucial tool for analyzing code-switching behaviors (Saldaña, 2016).

For the data analysis, a general review of all information was undertaken, jotting notes in the margins of focus group and plática protocols, reviewing transcriptions from the group discussion and pláticas, so as to gather a sense of the overall data. Particular attention was placed on the words used by volunteers in the study, thus facilitating the identification of trends, themes, and patterns in the data. Thereafter, the data was organized into tables to more clearly understand the information. Then materials were sorted and organized into categories, to contrast and compare the information, as I learned by "doing" (Creswell, J.W., 1998).

The next step involved organizing the first set of codes into categories. This step was essential for analyzing common themes across participants' testimonios and pláticas, such as cultural affirmation, barriers to training, and code-switching challenges. Using Saldaña's (2016) coding strategies of emphasizing the importance of categorizing codes, I was able to uncover deeper meanings and patterns in my qualitative data.

By grouping related categories, wider themes developed that reflected key patterns within the data. This stage was important for understanding the experiences of CHWs, especially regarding cultural identity, training challenges, and strategies for overcoming biases. I then reviewed the themes with participants to ensure they reflected their testimonios and cultural contexts while checking consistency with my research questions (Saldaña, 2016). Themes like family influence, community trust, and cultural relevance in training emerged.

The last stage of coding involved examining the themes I developed and comparing them against the data. I reviewed and discussed the themes with participants to ensure they accurately reflected their testimonios and the cultural context. By developing themes from pláticas and testimonios, the study aimed to highlight the voices of Nepantlera CHWs, to improve and provide culturally relevant training that can improve outcomes and capacity-building of programs.

Researcher's Positionality

My positionality as the researcher is relevant due to the cultural and community-centered focus of the research, which explores the experiences of CHWs from Chicana, Latina, Hispanic, or Mexican American backgrounds. Understanding my positionality allowed for greater transparency, which contributed to more nuanced and ethically sound interpretations.

As a participant-observer and researcher in this study, I acknowledge my Chicana/Mexican American/Tejana scholar identity. As such, I deeply embrace the

cultural values, community practices, and experiences of the populations under study, as I share many of the same cultural and linguistic traits. This lens offered me a unique perspective to understand and engage with my participants' stories and experiences. My identity was central to fostering trust and genuineness in the pláticas and testimonios. I recognized that it was essential for me to identify the potential for bias in the research process, as cultural likeness may facilitate rapport-building and deeper insights into participants lived experiences, but also introduce biases. For example, I may have interpreted participants' responses through a lens shaped by my own experiences, which could overlook alternative perspectives or interpretations that differ from my own cultural understanding.

My position in the research influenced the data collection process. I am aware that pláticas and testimonios naturally involve a relational dynamic. The participants may have seen me as a member of their community or as an insider, which may have encouraged openness and honesty in sharing personal narratives. My role as a researcher also positioned me as an outsider to some extent because I was gathering data formally for academic purposes, which could create some limitations on how participants engaged with the process. My role in guiding the semi-structured group discussion and pláticas could have influenced the direction of the conversations. Follow-up questions and interpretations of responses are shaped by my values and experiences.

To monitor my influence on the analysis process, I engaged in reflection, which involved critically examining my assumptions, biases, and how my identity and values shaped the research. Practicing reflection required me to constantly ask myself questions

that I had modified throughout the years to reflect on my personal and professional journey that have been applied in my reflective practices, such as:

- How might or does my background influence the way I interpret participants' experiences?
- Am I inserting my understanding of cultural affirmation or code-switching onto the data, or am I allowing participants' voices to occur naturally?
- How can I balance my insider knowledge with the need for neutral analysis?

By practicing reflection, I was more conscious of my impact on the research and ensured that the findings reflected the participants' experiences and not my own preconceived notions. Additionally, involving participants in reviewing their transcripts to make updates, add follow-up information, and clarify helped validate the interpretations to ensure that my analysis reflected the participants' perspectives.

The researcher's positionality is a critical consideration in qualitative research, especially when exploring culturally rooted experiences and community dynamics. My identity as a Chicana/ Mexican American/Tejana researcher allowed for a deeper, empathetic understanding of the participants' experiences but also required careful attention to assumptions that guided the analysis. By engaging in reflective practices and being transparent about my positionality, I tried to ensure that the study's findings yielded the voices of the participants and contributed to a clear understanding of their experiences in CHW training programs.

CHAPTER 4

RESULTS

Entering Nepantla: Before the Researcher

Before I even thought of returning to college or higher education, and before I became a doctoral student/researcher, I was already practicing the work that would one day become the foundation for this dissertation. I was born into Nepantla, the in-between space that Gloria Anzaldúa (2015) describes as where identity is constantly negotiated and reshaped.

Through an undergraduate course at University of Texas San Antonio, MAS 3413-Mexican American Family, Méndez-Negrete (2018), introduced me to a conocimiento guide that helped me in tracing my roots. It allowed me to examine and reflect on my identity in relationship to my family history, education, work, religion, language, and migration legacies. Historical trauma, silences and family resilience emerged in the completion of the conocimiento. It was then that I claimed the stories of my paternal great-grandfather, who ran armas for Pancho Villa and tackled a witch to the ground because she wanted to push him into the river. The story of my maternal grandmother married straight out of an orphanage at the age of 13, only later to work in the fields, where she gave birth to a stillborn child and immediately returned to the fields after burying her baby. The story of my father, the first male who survived infancy after two boys, one named Jose, like him, and five sisters, who survived and were over the moon with the birth of the baby boy, who was born at home to a midwife in what was the family kitchen in San Antonio, Texas. These fragments were not simply family stories;

they were maps of resilience, silences, and inheritances that shaped how I entered into community health work.

As a child, I was aware of differences long before I had the words to name them, the difference between speaking Spanish at home and English at school, or the casual comfort of my neighborhood and the polished professionalism that the institutions demanded. In third grade, when I played soccer on an all-boys team, I was teased and told that girls play volleyball. I learned to play soccer well, and I learned to play hard. In my late tweens and early teens, I listened in on meetings when my dad took us with him to the office. I learned that to command respect meant speaking with confidence and providing a firm handshake. I noticed women were rarely at the meeting tables where big decisions were made. At twenty-five, I stopped to help a woman on the side of the road who I thought was being assaulted by her partner. She was not and was outraged that I had attempted to come to her aid, and I was called a "fuck'in Mexican," and I cried at the sound of her hatred. These moments sharpened my awareness of gender, race, and belonging, the same themes I would later hear echoed in the testimonies of the Community Health Workers (CHWs) I interviewed (Delgado Bernal, 2002).

This chapter presents the findings from a three-phase data collection process designed to explore identity negotiation, cultural navigation, and professional adaptation among women in community-based roles. The research was guided by the following questions:

1. What factors influence Community Health Workers' (CHWs) ability to access or engage with training programs?
2. In what ways do these factors relate to cultural affirmation, code-switching, and bias awareness within the training context?

The conocimiento/participant guide served as the innovation element to provide a foundation to reflect before attending the group discussion. A focus group/group discussion followed this. One virtual group discussion was held on a Sunday afternoon with eight female participants. The participants included two Black, or African American women, one white woman, and the remaining five women, who identified as Latina/x, Chicana/o, or Mexicana/o heritage. They used different names/identifying titles/terms, Hispanic/Latina/x, Mexicana/o, Chicana/o, Mexican American, and even hybrid or multiple identities like Chicana/o Mexican American/White. The discussion provided a collective space for sharing reflections from the conocimiento/guide and for co-constructing meaning through dialogue.

The final step included one-to-one pláticas. I carried these out with three participants who volunteered after the group discussion, allowing for deeper exploration of themes and more personal narrative sharing. Some of the themes we explored included identity negotiation, where participants reflected on the ways they shift between cultural and institutional expectations, and code-switching as survival, which revealed the burdens and the strengths that CHWs employ to remain effective and respected. Leadership emergence was explored to examine how participants described how their lived experiences, community roots, and professional training came together to shape them as leaders. Additional themes such as resilience, healing through storytelling, and the tension between personal and professional boundaries also surfaced, highlighting the complexity of CHWs' roles and the richness of their contributions.

The first theme, Intergenerational Histories and Silences, highlights how CHWs' earliest experiences of translation, caregiving, and silence within their families shaped their advocacy roles. The second, Early Socialization into Advocacy, reveals how necessity pushed many into advocacy long before they carried the CHW title. The third theme, Code-Switching as Survival and Strategy, captures the ways CHWs shift language, tone, and presence to navigate different institutional and community settings. The fourth, Negotiating Legitimacy and Credibility, addresses the delicate balance between formal credentials and lived experiences, and the way CHWs worked to establish authority in spaces that often undervalued them. The fifth theme, Cultural Affirmation, highlights the gap between program-specific training and the deeper, reflective practices required to serve diverse communities with authenticity. Finally, Emotional Labor and Identity Boundaries highlights the invisible weight of holding community trauma while managing personal survival and resilience. Together, these six themes map the complex realities of CHWs, offering insight into their struggles and their strategies of resistance.

Data Sources

Conocimiento/Participant Guide

The conocimento guide allowed me to position myself as the researcher and co-creator of knowledge, as a participant and facilitator. Participants described several benefits of completing the guide. For many, the prompts surfaced forgotten or previously unknown family histories, which led to new conversations with relatives and the recovery of details that had not been shared before.

For me, this meant that I came to the group in the same space as my participants, straddling Nepantla. This reflexivity challenges the boundaries found in traditional research. I drew from a Chicana feminist framework that prioritizes lived experience, cultural intuition, and testimonio. My role was not only to collect data, but also to honor the conocimiento process as a tool to gain an understanding and healing. This required me to acknowledge the categories participants used, like Chicana, Mexican, and Latina, that resonated with my own identity. I cannot claim to be outside of that; I am implicated in it. I acknowledge that my positionality carries power. As the researcher, I decided how to frame, analyze, and distribute the findings. As a community health worker, educator, and doctoral candidate, I shared vulnerabilities with my participants who are (1) navigating systems that undervalue our experience and expertise, (2) code-switching for survival, and (3) carrying the weight of emotional labor. This affirmed that the research was not extractive, rather, it is a weaving of my story and the stories of the CHWs as they intersect and transform one another.

Not all participants experienced the guide in the same way. Some expressed not having time to complete it due to having busy schedules; however, others took time to complete the guide with their extended families. While it provided meaningful reflection for some, others noted that the written format felt limiting, repetitive, or disconnected from the relational, oral traditions that shaped how they typically engaged with knowledge. One participant admitted, “I like answering questions sometimes when it’s in the survey form, but that doesn’t work for me… I feel like I’m not able to express myself fully. Or maybe sometimes, like, I need clarification to the questions.” For another, the

genealogical prompts created frustration rather than insight: “I was like, okay, but I don’t even know my dad’s family, and I feel like I’m not giving you good information… some of those spaces were a little confusing to me.” Others felt the guide duplicated conversations they were eager to have in person, or that it placed too much emphasis on written expression when their strengths and preferences leaned toward oral dialogue.

These mixed reactions stressed why the following group pláticas were so vital; they allowed the relational space where participants felt freer to expand on their stories, clarify their perspectives, and co-construct knowledge in ways the written guide alone could not capture.

Benefits Reported

Participants described several benefits of completing the guide. For many, the process surfaced forgotten or previously unknown family histories, which prompted new conversations with relatives and the uncovering of details that had not been shared before. The reflective prompts also created a common foundation for the group discussion, ensuring that participants came prepared to engage with meaningful experiences. In addition, the guide provided language and structure that helped them reflect more deeply, offering a framework that they could use to discuss and analyze their complex personal histories and negotiations of identity.

Limitations Reported

Weaving conocimiento into findings, what emerged through the conocimiento guide and testimonios of CHWs is a common shared pattern navigated by all on what

Anzaldúa (2015) calls Nepantla, the in-between space where contradictions coexist and transformation occurs. Within this space, we inherit histories silenced and spoken, and we are socialized into advocacy before we can name it. We code-switch to survive and negotiate legitimacy against systems that undervalue our expertise. We demand inclusion in spaces that simultaneously exclude us, and we carry the weight of emotional labor that remains largely unacknowledged.

The conocimiento surfaced these truths in my own life long before I formally began this research, and the CHWs' stories confirmed them in practice. As I traced these recurring patterns, I realized they were not bound to a single story or method of collection. They revealed themselves across layers of reflection, conversation, and testimony, reminding me that it was the weaving together of these methods that gave the findings their depth and credibility.

This blending of personal reflection and collective testimonio illustrated not only thematic resonance, it was also the strength of methodological triangulation. As Denzin (2012) argues, triangulation strengthens validity by weaving together multiple perspectives rather than privileging a single account. Creswell and Poth (2018) emphasize that its power lies not only in confirming commonalities but also in illuminating divergences across sources.

Findings

The findings from this study are organized into six interrelated themes that capture how Community Health Workers (CHWs) negotiate identity, culture, and

professional practice. These themes, Code-Switching as Survival and Strategy, Negotiating Legitimacy and Credibility, Cultural Affirmation, Emotional Labor and Identity Boundaries, Silence and Voice as Tools of Navigation, and Collective Knowledge and Survival, emerged consistently across the guide, a group discussion, and individual pláticas. Together, they illuminate the challenges CHWs face and the strategies they employ to sustain themselves and their communities.

Intergenerational Histories and Silences

These findings respond directly to Research Question 1, revealing that CHWs' family histories of migration, silence, and cultural resilience shaped how they approach learning and professional growth. Participants described inherited patterns of protection and erasure—stories withheld to shield future generations—that continue to influence how they navigate formal institutions. This intergenerational conditioning affects confidence, trust, and participation in training spaces, illustrating that access to professional development is mediated by personal histories of belonging and exclusion.

As a researcher and participant/observer I had the opportunity to reengage maternal and paternal lineages. In doing so, I uncovered stories of migration to Monterrey, Irapuato, Bay City, Chicago, Southmay (a small town that no longer exists), Mexico City, and San Antonio. For me, each movement brought rupture and renewal. I also learned that after the death of my great-grandparents, my grandfather migrated to Mexico where he had never lived, finding out that he was a U.S. citizen, providing me the insights that records are but one of many ways to reflect reality.

CHW participants found spaces of silence and survival, such as withholding painful narratives to protect future generations or hiding migration patterns that shaped their identity. For one participant survival came at the cost of silence. She elaborated, "My parents… still don't dominate English completely, but that has more to do with their own barriers. They were too busy trying to survive, trying to protect our family, and learning another language just wasn't something they had bandwidth for." Intergenerational silences surfaced in group discussion and pláticas as barriers and motivators. The barriers were because histories were erased, and they were motivators because absence compelled them to reclaim knowledge (Guajardo et al., 2011).

The conocimiento guide became a tool for discovery or remembrance, prompting conversations with family members. In their narrative responses, a participant said, "I did appreciate the questions because it helped me connect with my parents and have those deep conversations about where I really come from… I didn't even know my grandmother was Indigenous in Mexico. I'm 42 years old and barely am finding this out." She spoke about her maternal grandmother's Indigenous Texas roots, her grandfather's military service in World War II, and the struggles her grandmother endured after the loss of her church. The conocimiento guide gave her an opportunity to process, providing her a space to ask questions and gain insight into what remained unspoken in her family. Still, for some, silence was alienating, rather than protective. She expressed, "I don't even know my dad's family… they didn't like us because my mom was from Mexico, so they stayed away." For her, erasure took the form of separation, entire branches of family history were cut off, because of cultural stigma and interfamilial conflict.

Testimonios from group discussion and one-to-one pláticas, showed that silence is a wound and a catalyst for change. For some, uncovering buried stories brought painful clarity, and for others, the lack of connection deepened the commitment to reclaim lost histories or knowledge within the family. The act of engaging intergenerational histories illuminated how their present identities are shaped by what was spoken as much as what was left unsaid. The table below documents participant reflection on intergenerational histories and silences.

Table 1

Intergenerational Histories and Silences

Subtheme	Representative Quote	Source	Conocimiento/Guide Evidence	Theory Alignment
Unspoken survival strategies	"My mom didn't understand anything about life, you know, healthy relationships or anything like that. So it was more like, 'they don't like us because I'm from Mexico,' and that was it, there was no coming back from that."	Plática	Demonstrates how intergenerational silence simplified complex histories of displacement into survival narratives.	CFT, INT
Loss and reclamation of lineage	"Right now my tías and primas are all working on getting the original birth certificates… tracing our roots back, because we never really asked those questions before."	Plática	Illustrates active reclaiming of erased family histories through collaborative memory work.	CFT, PM
Avoidance of painful histories	"Some stories in my family were never told because they were too painful to carry."	Group Discussion	The guide reflected health and historical trauma in families.	CFT, PM

Early Socialization into Advocacy

This theme addresses Research Question 1 by showing that CHWs' engagement in advocacy began long before their formal roles or training. Participants' narratives about translating for parents, defending classmates, or confronting authority figures highlight how advocacy emerged from necessity rather than instruction. These early

experiences fostered navigational and familial capital, providing the foundation for later leadership and civic engagement. The data confirms that advocacy among CHWs is not learned solely through structured programs but is an embodied practice cultivated through survival and care.

The conocimiento brought me back to the moment I was pushed out of high school when I became pregnant. I refused to be a statistic—I did not want my daughter to be born to a dropout teenage mother—and a month before my daughter's birth, I took the GED exam. Education was always encouraged in my family, but navigating the academic institution was unfamiliar to my family. My mother believed in higher education, and my father joined the military to later become an entrepreneur without a degree. Education was a priority and encouraged, but it was not the only option.

The pláticas and group discussion described initiation into early advocacy which continues into adulthood, often through necessity. By way of example, some became advocates when their children faced learning disabilities. Others translated at clinics, navigating these systems long before they held the title of Community Health Worker. One participant recalled, "I knew my parents' Social Security numbers by heart because I had to translate everything for them."

Their developing advocacy often called for challenging authority. One CHW offered, "I was the one telling the teacher she was racist…I just couldn't let it go." Moments of confrontation such as these evolved a critical consciousness for her and the participants in the study. Another shared that even as a child, she and her siblings took

the responsibility of mobilizing others. “We were the ones bringing in the people… we can’t continue to stay quiet… they have to understand who we are.” Another example of critical consciousness which Freire (1970) refers to the process of developing deep awareness of social, political, and cultural contradictions, alongside the capacity to act against oppressive elements of reality—otherwise referred to as conscientization. For the participants, early acts of resistance and community organizing was not just personal but also the cultivation of critical awareness that would later inform their professional and advocacy roles. These stories show that advocacy is not a result of the classroom but emerges out of survival.

The translation of documents and defense against discrimination illustrates what Delgado Bernal (2002) describes as community cultural wealth and critical raced-gendered epistemologies, where knowledge emerges from the lived experiences of survival, advocacy, and resilience. Community cultural wealth, as articulated by Yosso (2005), challenges deficit-based views of marginalized communities by highlighting the array of cultural knowledge, skills, abilities, and social networks available to marginalized communities as they navigate linguistic, familial, and navigational capital, that students and communities of color draw from to persist and thrive. Their stories show the ways in which early and evolving advocacy is not rooted in formal instruction but leveraged in variant forms of cultural wealth in the process of resisting inequities and uplifting their communities. Table 2 illustrates responses provided by participants.

Table 2

Early Socialization into Advocacy

Subtheme	Representative Quote	Source	Conocimiento/Guide Evidence	Theory Alignment
Early defender and protector	"My neighbor was being molested… and even as a kid, I was like, 'I'm going to help.' I was a little girl, but I knew that wasn't right."	Plática responses	Describes witnessing harm and taking protective action as a child.	CFT, PM
Learning to intervene against harm	"My aunt was getting beat, and I liked helping her. I was the one who confronted the problems."	Plática	Documents early exposure to domestic violence and the shaping of advocacy through care.	CFT, PM
Standing up for others in the community	"My little neighbor… he was very dark, and they would beat him up on the way home. I told him, 'Hey, come with me.'"	Plática	Protection of peers from racialized bullying connected to later community defense roles.	CFT, INT

Code-Switching as Survival and Strategy

The theme of code-switching answers Research Question 2 by illustrating how CHWs negotiate professional spaces that privilege dominant cultural norms. Participants described shifting their language, tone, and demeanor to ensure their ideas were respected and to avoid being dismissed or targeted. These acts of linguistic and behavioral adaptation reveal how access to training and professional credibility are shaped by racialized and gendered expectations. Code-switching thus functions as both a protective strategy and a form of resistance, allowing CHWs to maintain agency within constraining institutional environments.

From my earliest memories, I learned to code-switch English and Spanish, Catholic school prayers and public school silence, and professional dress at work and jeans in the neighborhood. Code-switching was not just linguistic, it was survival approach of everyday life (Anzaldúa, 2015).

CHWs' testimonios echoed this reality but also revealed how race and identity shape this practice. Regardless of ethnicity, participants described code-switching as an inherited skill that is deeply linked to bilingualism and bicultural realities. A Latina participant expressed, "I've been code-switching my whole life… my education just supported that in a professional setting. It helped me justify the work I was already doing, like, 'oh yeah, she knows how to do this.'" For her, schooling was not the source of her code-switching, but it validated a strategy that had long been a part of her survival in negotiating interactions and relationships with family, community, and institutional settings.

Black participants highlighted another dimension of the practice: the negotiation of stereotypes through tone, posture, and presence. One explained, "Sometimes I have to quiet myself in professional spaces because if I'm too loud, people assume I'm angry. But outside of work, I'm naturally outspoken and free." This tension illustrates her conscious ability to navigate racialized expectations, avoiding being misread as "angry" or "aggressive." Identity Negotiation Theory (INT) offers that this is the delicate balancing act of managing one's desired identities (authentic, outspoken) against others' ascribed identities (loud, angry, unprofessional). The emotional toll of this work underscores the "facework" inherent in identity negotiation (Ting-Toomey, 1999).

For the White participant, code-switching was different. She explained that to read her environment, “I soften my tone and lean into listening more, because I knew I was being watched to see if I was trustworthy.” Here, code-switching was not about linguistic navigation or cultural marginalization but about understanding legitimacy in spaces whereby her whiteness marked her as an outsider. In her quest to align communication with community expectations to reduce distance and suspicion, she engages in relational identity to build trust.

Other testimonios revealed that code-switching extends beyond speech into clothing, posture, and demeanor. A Latina participant described the contradiction of being told to “dress casually” to appear approachable, while also being compared to leaders in “suits and ties.” Another recounted a tense outreach encounter: “I literally had to sharpen up… use big words and even say I was with the City of XYZ as my umbrella protector so he’d back off. Now I’m somebody.” In the examples, code-switching became a strategic negotiation of credibility, a way to meet institutional expectations while protecting personal safety and establishing authority.

Taken together, these accounts show that while all CHWs engaged in code-switching, the stakes and meanings varied across racial/ethnic identities. For Latinas, it was tied to bicultural survival and navigating bilingual spaces. For Black CHWs, it was a form of protection against racialized misreadings. For the White CHW, it was a relational tool to build credibility in communities where she was viewed with suspicion. Through the INT lens (Ting-Toomey, 1999), code-switching emerges not only as a linguistic adjustment but as a constant process of negotiating self and other, balancing authenticity

with survival, and constructing legitimacy in institutional and community spaces. In this way, code-switching is an adaptation strategy as well as a form of agency, a way CHWs carve out space in environments that often refuse to fully see or value them (Flores & Rosa, 2015).

Table 3

Code-Switching as Survival and Strategy

Subtheme	Representative Quote	Source	Conocimiento/Guide Evidence	Theory Alignment
Education as "entry ticket"	"Education didn't give me more value, it just checked the box so I could be heard."	Plática	Education and certification linked to credibility.	CFT, INT
Whiteness as credibility	"When I said I was with the City, suddenly people treated me differently, like my words mattered more."	Group Discussion	Frequent code-switching ("always/often") linked to perceived authority.	CFT, INT
Speech as gatekeeper	"I was treated differently because of the way I spoke… I was given more opportunities than peers who didn't sound like me."	Group Discussion	High comfort with code-switching.	CFT, INT
Name anglicization	"Sometimes I anglicize my name so people can pronounce it."	Plática	Pronunciation changes reported for ease of communication.	CFT, INT

Negotiating Legitimacy and Credibility

This theme speaks directly to Research Question 2, showing how CHWs—particularly Black and Latina women—must continually prove their legitimacy despite

extensive expertise. The data demonstrate that engagement in training is not simply about skill acquisition but about navigating systems that question who belongs.

My family's educational legacy was marked by incompletion, some college written across multiple generations on the conocimiento guide. For me, legitimacy had to be fought for. I carried the sting of professors who claimed to be for the community but closed doors if you did not align with their views.

CHWs expressed and experienced similar frustrations. Some with 1,000 hours of experience felt dismissed next to those who obtained their state certifications via the formal academic route. Others with degrees admitted feeling unprepared for the grassroots skills needed in community organizing. Legitimacy called for negotiation but was not always granted. The participants' stories confirmed my own experiences in which credibility in these spaces is fragile, dependent not only on credentials but on one's personal ability to translate between worlds (Delgado Bernal & Alemán, 2017).

One participant captured this tension, explaining that even after completing her bachelor's degree, she did not feel that it added value to the work she was already doing in community health. She described the degree as a "box that needed to be checked" so that her voice could be heard in professional spaces. "Had I not gone and gotten my bachelor's, I wouldn't be able to share the experiences of the communities and be that bridge in a lot of spaces," she explained, before clarifying that the degree itself "didn't give me more value for what I do… what it did was check that box that allowed me to be

heard." Her lived experience, she emphasized, had always been worthy, but institutions required academic credentialing to recognize it.

Another CHW reflected on how negotiating professionalism is carried into her daily interactions, admitting that she often relied on speech or language to be taken seriously in spaces that traditionally would not value her testimony. She described this as "playing the game…checking the boxes that will allow me to be in spaces," knowing which pieces of her identity and knowledge to present in certain moments, even if it meant holding back others until she felt comfortable.

Others rejected the notion of higher education as the only valid pathway. One participant insisted, "I didn't want to go to school because I wanted to show people there was another route to get here… when people said you can't make it because you didn't go to school, I'd be like, 'bet, let me show you this back entry.'" Her stance emphasized that credibility could be rooted in community experience, persistence, and perseverance, not only with credentials.

Another participant revealed the emotional weight of this constant negotiation, emphasizing that despite her extensive experience, she was asked to "prove" herself against her colleagues who had formal certifications. "Nothing changed except I had the little letters behind my name, and now y'all think I'm saying something." She captured irony and the frustration of credential-based recognition. This constant demand for proving herself not only reinforced inequities but also underscored how fragile credibility remained, even for veteran CHWs. These accounts illustrate that legitimacy was not an

outcome presented by credentials alone, but an ongoing process that is positioned, reframed, and translated in one's experiences across community and institutional borders.

Table 4

Negotiating Legitimacy and Credibility

Subtheme	Representative Quote	Source	Conocimiento/Guide Evidence	Theory Alignment
Credentialism	"They didn't see me as an expert until I had the degree, even though I'd been doing the work for years."	Plática	Certification and higher education noted as credibility markers.	CFT, PM
Lived experience undervalued	"I was already doing X, Y, and Z, school just gave me a stamp to prove it."	Plática	Lived experience valued but credentials acknowledged as necessary.	CFT, INT
Institutional gatekeeping	"Certain rooms won't hear you without letters after your name."	Group Discussion	Institutional affiliation linked to legitimacy.	CFT, PM

Cultural Affirmation

The findings under this theme address Research Question 2 by demonstrating that cultural affirmation directly enhances CHW participation in professional development. When training environments recognize bilingualism, community knowledge, and lived experience as assets, CHWs engage more deeply and sustain their learning. Conversely, when culture is overlooked or devalued, participants describe withdrawal and disengagement. These insights confirm that culturally grounded pedagogy is essential to equity in workforce training.

The CHWs highlighted cultural affirmation as a gap, and expressed that training programs were specific to the program but not reflective, overlooking bias awareness and cultural responsiveness. They explained how meeting in coffee shops or community centers made training feel more inclusive than institutional classrooms. Their experiences highlighted that cultural affirmation was not static but an evolving skill. One participant explained, “Cultures are always changing and we’re expanding, especially in my community… I see them wearing their hijabs, and I don’t know if it’s cultural or religious or both… [She often wondered.] If I’m approaching them to promote services, do I speak to the man or the woman? Do I shake hands?” In her reflections she expressed the need for ongoing cultural affirmation training to avoid unintentionally offending and to engage respectfully with diverse communities.

Others described cultural affirmation less as a checklist and more as a way of being with others. As one CHW put it, “That looks like… knowing your audience so you know how to connect with them so that they understand each other. The language. What words? What phrases? Are we speaking with empathy? And how we dress… if I’m going to where I know it’s executive leaders, I’ll go in business attire. If I’m going to a community church, I’m gonna dress it down.” This perspective highlights cultural affirmation as a relational practice, engaging communication, tone, and even attire to foster genuine connection and relationship building.

These accounts reinforce what the participants repeatedly called for, which is that cultural affirmation cannot be reduced to a checkbox. It is a practice rooted in humility, adaptability, and the respect that grows in everyday community life, from coffee shops to

churches, not confined to institutional classrooms (Betancourt et al., 2003; Cross et al., 1989). For CHWs, this adaptability regularly takes the form of code-switching, shifting language, tone, and even physical appearance, depending on the spaces they enter.

Participants explained that cultural affirmation is not simply about learning facts or phrases. It is about the constant negotiation of identity that code-switching demands through deep listening, as they gauge which versions of themselves will be accepted. They recalibrate themselves to preserve credibility and connection. In this sense, code-switching is not separate from cultural affirmation. It demonstrates building relational trust through everyday acts of navigating difference.

Table 5*

Cultural Affirmation

Subtheme	Representative Quote	Source	Conocimiento/Guide Evidence	Theory Alignment
Culture as dynamic	"Cultures are always changing… we need more cultural competency training."	Plática	Ongoing training and awareness emphasized.	CFT, QA
Relationship over language	"Even if you don't know the language, knowing the community bridges the gap."	Plática	Bilingualism plus non-linguistic trust-building reported.	PM, QA

**Note to serve as a historical marker on the state of national politics: as of September 2025, the State of Texas has issued a notice that I can no longer offer continuing education credits for a training I developed on cultural competencies and implicit biases to community health workers, and the Local Health Department closed the CHW Hub training program effective Oct. 1, 2025, due to budget constraints leaving frontline staff and CHWs without resources or direct training and support.*

Emotional Labor and Identity Boundaries

This theme connects both Research Questions 1 and 2, showing that emotional labor simultaneously constrains and sustains CHWs' engagement in training and advocacy. Participants described carrying the emotional weight of clients, families, and communities while managing institutional expectations and cultural barriers. This labor, though often invisible, strengthens empathy and solidarity—key components of effective health advocacy. The data suggest that emotional labor is both a cost of navigating systemic inequities and a source of transformative power that anchors CHWs' commitment to their work.

Emotional labor and identity boundaries are intertwined in the shift from awareness to consciousness, as evidenced through the conocimiento guide. By way of example, in my responses to the guide, I note that I am like my father and grandfather, carrying their good and bad traits, which sometimes go against traditional gender norms. I also revealed a privileged background replete with resources. Today, my own nuclear family hovers around the poverty line. These contradictions shape my identity and the emotional labor I carry.

Participants spoke about the emotional labor that call them to negotiate their interactions working in the community. They spoke about boundaries they had to maintain between themselves and clients, and the mental and physical toll of absorbing stories of trauma, while also lugging their own experiences. One participant explained, "I carry everybody's burdens. Sometimes I don't even realize it until I'm exhausted,

because I've been holding space for them and then come home with nothing left for myself." The invisible work of holding trauma left her drained.

The testimonios shed light on how the CHWs' emotional labor was invisible and invaluable (Hernández, 2016). These accounts emphasize that CHWs' labor extends far beyond technical tasks, as emotional work involves a deep relational commitment that sustains community trust, at a personal cost that remains largely unseen by the systems that employ them. Another participant described the difficulty of setting limits. She said, "I've learned to protect myself by not bringing everything home. But that boundary isn't easy. People's stories stay in my head at night." The toll of emotional labor is not only about carrying others, but also about losing pieces of oneself in the process. Another participant clarified, "Sometimes there is so much switching that I almost lose myself in the process of like, who am I, right? Because when I'm in this space, I take on this person… and at the end of the day, what am I left with?" Her words emphasized the depth of the identity strain of constantly shifting and absorbing client energies, a reminder that CHWs' labor is not only physical or technical but also emotional and physically taxing.

Table 6

Emotional Labor and Identity Boundaries

Subtheme	Representative Quote	Source	Conocimiento/Guide Evidence	Theory Alignment
Shifting presentation over time	"Now what you see is what you get… in my younger years it was all business."	Plática	Movement from guarded professionalism to authenticity reported.	INT, QA
Self-silencing in white spaces	"If I'm too loud, I lose my advantage… so I quiet myself in those rooms."	Plática	Awareness of stereotypes and strategies to counter them documented.	CFT, INT
Balancing authenticity and safety	"Sometimes I bite my tongue because I know speaking up will close doors."	Group Discussion	Balancing professional demands with self-protection noted.	CFT, INT

Connecting the Themes

Collectively, these six themes answer the study's two research questions by demonstrating that CHWs' access to and engagement in training are shaped by intersecting cultural, historical, and emotional factors. Although the six themes identified in this study are interconnected and occasionally overlap, each represents a distinct dimension of how Nepantlera Community Health Workers (CHWs) experience identity, belonging, and advocacy within institutional and community contexts. Together, they illuminate the complex web of cultural, historical, and structural factors shaping their engagement, yet each theme stands on its own in how it addresses different aspects of their lived realities.

Intergenerational Histories and Silences centers on the inherited stories and protective silences that shape CHWs' sense of self and belonging. This theme captures how the past informs present identity and engagement, illustrating how generational trauma, migration, and silence influence confidence and trust in institutional spaces. Early Socialization into Advocacy, though related, is rooted in action rather than inheritance, showing how CHWs' advocacy began long before formal titles, emerging through caregiving, translation, and defense of others. These early experiences formed the groundwork for their leadership and engagement in professional development later in life.

Code-Switching as Survival and Strategy stands apart as a lens on communication and self-preservation. It highlights how CHWs consciously shift language and demeanor to navigate systemic inequities, exposing the cognitive and emotional labor embedded in maintaining credibility. Building upon this, Negotiating Legitimacy and Credibility moves beyond individual adaptation to institutional recognition, showing how CHWs, particularly Black and Latina women, must continually prove their worth in spaces that undervalue experiential knowledge. While code-switching reflects how CHWs survive, negotiating legitimacy exposes why they must.

Distinct from these adaptive strategies, Cultural Affirmation illustrates the conditions that promote empowerment and authentic engagement. When training environments honor CHWs' cultural and linguistic knowledge, participation deepens; when they do not, disengagement follows. Finally, Emotional Labor and Identity Boundaries captures the affective dimension of advocacy, revealing the internal cost of

care work and the strength found in boundary-setting and self-preservation. It bridges the personal and professional, illustrating that the emotional demands of this work are both burdens and sources of resilience.

Together, these themes reveal that participation in professional development cannot be understood apart from lived experience, identity negotiation, and the pursuit of credibility within systems that often fail to see them. Each theme offers a distinct yet interconnected perspective on the ways CHWs navigate silence, advocacy, bias, affirmation, and care. These findings affirm that sustainable CHW training requires culturally responsive, trauma-informed, and equity-centered approaches that honor the community knowledge CHWs already hold.

Methodological Triangulation

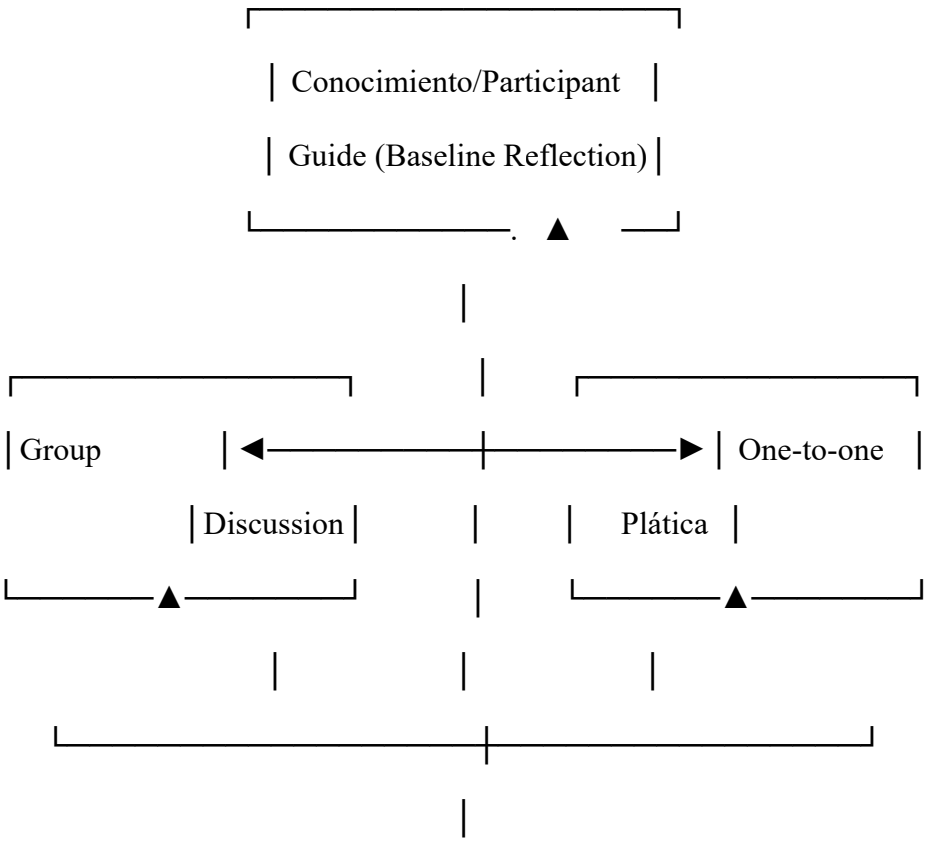
This study relied on multiple methods to capture participant experiences. The conocimiento guide offered a baseline for reflection while generating structured and narrative data, a process consistent with Anzaldúa's (2015) framing of conocimiento as a tool for surfacing layered identities and histories. This approach also resonates with Guajardo et al. (2011), who describe conocimiento as a pedagogical and research practice that bridges personal reflection with collective meaning. One group discussion created an opportunity to share dialogue, which allowed participants to exchange perspectives and co-construct knowledge in ways that align with Delgado Bernal's (2002) recognition of plática and testimonio as critical raced-gendered epistemologies. The one-to-one pláticas provided space for deeper and more personal narratives, which enabled participants to

clarify and expand on those experiences that emerged in earlier stages of the research. This is consistent with Seidman's (2019) emphasis on the process as a vehicle for generating thick description and meaning-making in the narrative.

Visualizing Triangulation

Figure 3

Visualizing Triangulation



[Themes 1–6]

The participants in this qualitative study were all women, reflecting the gendered dynamics often present within the Community Health Worker (CHW) profession. A total

of eight women participated in the study. Four participants were between the ages of 35 and 44, three participants were between the ages of 55 and 64, and one participant was between the ages of 25 and 34. This age distribution offered a multigenerational lens through which to explore CHW identity and leadership, encompassing both emerging and seasoned perspectives within the field.

In terms of race and ethnicity, six participants identified as Hispanic, Latina, or Chicana/Mexicana, reflecting the community's composition. One identified as White, and two as Black/African American. Age distribution carried its own importance and significance, with the largest share of participants being half of the group (four out of eight) and in the age bracket from 35–44. Just over one-third (three out of eight, or 37.5%) were between 55–64 and were veteran CHWs who carry institutional memory. One participant (12.5%) fell within the 25–34 range, representing a younger voice, signaling a generational shift and the continuation of this labor into the future.

Race and ethnicity emerged as multilayered identities, which emphasized overlapping identities. Nearly two-thirds of participants (five out of eight, or 62.5%) identified with Latina/x, Chicana/o, or Mexicana/o heritage. They used different terms to describe themselves, Hispanic/Latina/x, Mexicana/o, Chicana/o, Mexican American, and even hybrid or multiple identities like Chicana/o Mexican American/White. Their choices reveal the fluidity of identity.

For one woman, the term Latina captured a broad sense of solidarity. As she explained, “I put Latina because I didn’t know what else to put. I mean, I feel like it

covers a lot of us, like we all fall under that term." For another, Chicana carried significant political and cultural weight. She reflected, "I identify as Chicana because it's more political… it means I know where I come from and I'm not just going to say Hispanic or Latina because that doesn't tell my story." These identifying markers mirror the very code-switching and identity negotiation processes that this study examines, highlighting the lived reality of Nepantla.

Latinas and Chicanas frequently tied their advocacy back to family roles as translators or caregivers, stories rooted in migration and intergenerational silences. One explained, "I was the one in school speaking up for my little sister because she didn't speak English yet… I had to be her voice, and that just continued everywhere else, at the doctor, at work, in the community."

Black CHWs spoke about credibility, naming the ways they were asked to prove themselves repeatedly despite extensive experience. As one African American CHW expressed, "I will code-switch until I die. I live in Texas as an African American female, and I serve a population of people that need advocacy… There are times when I can be my true, authentic self… but the reality is, you become a target if you don't bend." Her reflection illustrates how the burden of professionalism is racialized, requiring constant adaptation as a means of survival, where authenticity becomes both a risk and a form of resistance.

These differences did not fracture the group. Instead, they illustrated the many ways women occupy and negotiate Nepantla. For some, age, race, or language intensified

the barriers they faced. For others, those same markers became sources of resistance and pride. Taken together, the demographic narratives show that CHWs' leadership is not abstract but embodied, and it emerges precisely from this constant negotiation of borders, the work of carrying communities through spaces where survival and resilience are everyday acts. Looking at it this way, the demographic table is not just numbers. The data and participants reflect the larger themes of this study: it is the fluidity of identity, the inequities of representation, and the power of intergenerational leadership. The women in this group embody Nepantla, the in-between space Gloria Anzaldúa describes, where identities are constantly being reshaped and redefined. Their demographic markers, gender, age, race, and ethnicity, are not background details. They are living testimonios of how CHWs navigate borders, carry histories, and lead from spaces where communities survive and thrive.

Evidence of Triangulation

Analysis of the three data sources revealed patterns of intersection, complementarity, and divergence. Convergence, meaning two or more things came together to form something new, was evident in the way themes like code-switching as a survival strategy appeared consistently across the conocimiento guides, group discussions, and individual pláticas. At the same time, the methods complemented one another, the conocimiento guide surfaced historical and cultural roots, the group discussions explored and expanded these insights into shared narratives, and the pláticas deepened them into tailored accounts. Divergence, meaning where two things split off from each other, also appeared, particularly in participants' views of the conocimiento

guide. While some participants described the process as transformative in uncovering personal and family histories, others felt it had little impact on their reflection or engagement. This interaction of convergence, complementarity, and divergence reflects the value of triangulation in qualitative research. Denzin (2012) describes it as a way of validating themes through multiple data sources, in which Creswell and Poth (2018) emphasize it as strengthening credibility by capturing commonalities and differences in participant accounts.

Interpretation and Conclusion

The conocimiento guide did more than just provide a set of questions for participants; it allowed a starting point and a mirror upon which to reflect. For me, the conocimiento guide had once been the tool that forced me to look backward into the silences of my own family's history, to confront absences that carried as much weight as the stories told.

In this study, I watched this unfold with the mujeres. What began as individual reflections written on paper spilled into group discussions where participants found echoes of themselves in one another. A memory recalled by one often triggered a memory in another, weaving together collective meaning in ways that a guide alone could not capture. Later, these insights took on more depth, displaying a more personalized and complicated view to the point of even contradicting one another. However, their narratives reinforced the truth that our stories are never isolated and sometimes complicated. Each theme discussed in this chapter, intergenerational histories and

silences, early socialization into advocacy, code-switching as survival and strategy, negotiating legitimacy and credibility, cultural affirmation, and emotional labor and identity boundaries, were grounded by at least two data sources, and often all three, which provided not only strength but also greater clarity and depth.

As I moved through this layered reflective process, I found it difficult to separate myself from it. I revisited the contradictions of carrying privilege in some seasons of my life and poverty in others. These were not just my private struggles, they were also the themes that the mujeres carried into the room with me. When they described their grandparents' silences around migration, I heard my own family's silence gaps. When they recounted moments of being the translator for a parent, I thought of my own childhood negotiations of language and belonging. When they spoke about burnout and the heavy labor of listening to trauma while managing their own, I recalled shedding my tears after workdays that blurred professional role with personal struggles. Listening was not about standing apart, it was about standing in recognition and community. My conocimiento was my first testimonio, and through theirs, I realized just how collective those maps of survival truly are.

As offered by Anzaldúa's (2015) work on the framing of Nepantla, the CHWs' testimonios placed me in Nepantla again and again, between silence and story, inclusion and exclusion, survival and burnout. To navigate Nepantla requires not erasing contradiction but living within it, and in that sense, this research was as much about survival as it was about knowledge.

Conocimiento and plática created the conditions for silenced stories to rise to the surface and be recognized as knowledge. Delgado Bernal (2002) reminds us that testimonios disrupt traditional hierarchies of legitimacy, making visible the raced and gendered epistemologies that have always existed but have rarely been acknowledged in academic spaces. Guajardo et al. (2011) similarly frame conocimiento as pedagogy and research, a practice that bridges personal reflection with the collective wisdom of community. The CHWs embodied this bridge. They reminded me that reflection and storytelling are necessities for communal relationships to flourish, not just to be seen and heard.

This chapter, then, is not only a collection of findings. It is an acknowledgment that credibility in research is not only measured by academic rigor but also by the ways we honor lived knowledge and experiences. Through triangulation, what emerged here is not just a series of themes but a collective epistemology, one carried in the testimonios of CHWs, in my own conocimiento, and in the spaces where they overlap. Complementarity emerged when the guide surfaced roots of identity, the group discussions turned those roots into shared narratives, and the pláticas deepened individualized accounts. These stories remind us that culturally responsive, inclusive, and sustainable community health practices are not built from policy alone, they are born in reflection, nurtured in storytelling, and sustained in solidarity and claimed identity.

Entering Nepantla Zine

For me, a zine is more than a handmade booklet, it's a grassroots way of telling stories and sharing knowledge. Zines are self-published, most times, a low-cost and low-tech way of creating and circulating ideas that don't always make it into mainstream publications or spaces. In my work, I use zines to weave together community voices, history, art, and public health information, making research accessible, personal, and rooted in cultura.

Note: Not all pages will have an explanation of the images, some are self-explanatory or left up to the reader's interpretation, while others require an explanation.

Figure 4

Entering Nepantla

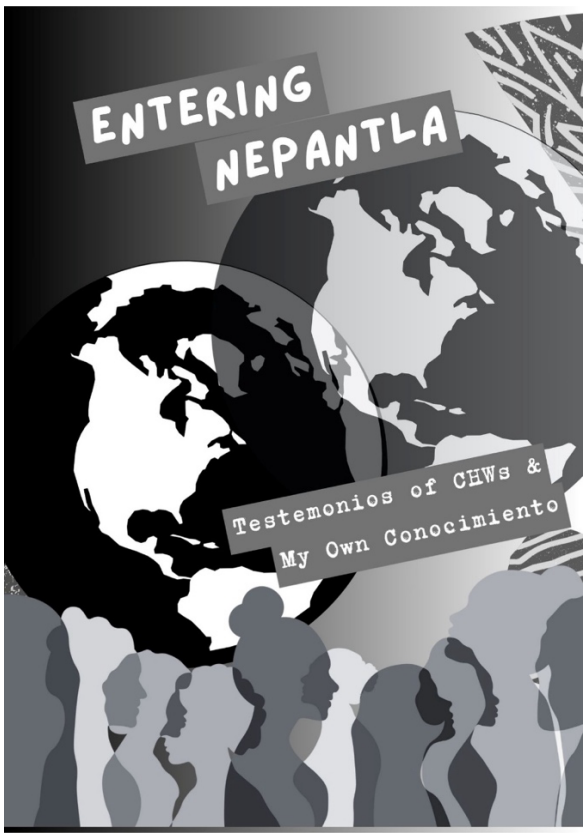
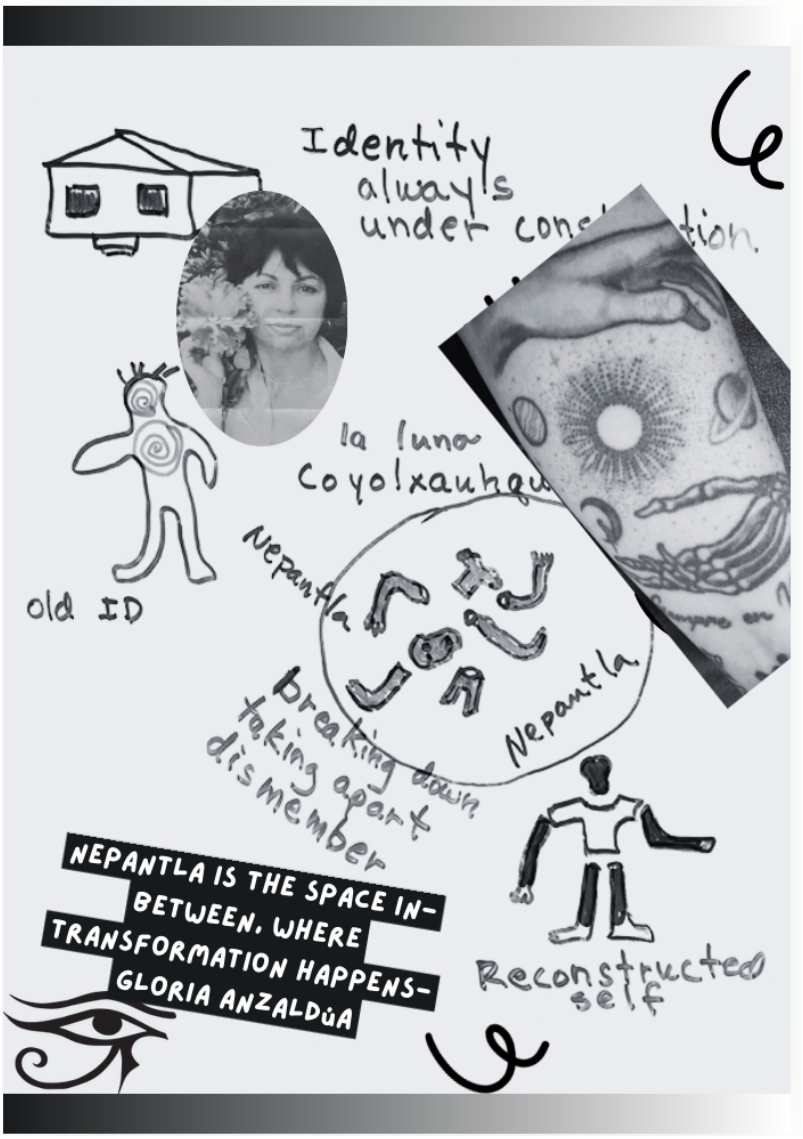


Image explanation: Two worlds- the overlap representing the balance of navigating spaces. The worlds are tilted because often there is an imbalance, and finding a center can be challenging.

Women – different shades of gray represent the women in my study. They overlap because their stories overlap, and there are shared experiences while maintaining their individuality.

Figure 5

Identity



The photo on the top upper left corner - Gloria Anzaldúa, who introduced nepantla as the in-between space of transition, contradiction, and transformation.

Hand drawings - The drawings are from her personal work and notes.

Photo upper right – my tattoo, which signifies my journey navigating spaces.

Figure 6

Before the Researcher

Photo – This is a photo of me (Monica Elisa Avila), I was 17 years old, wearing my favorite folkorico dance costume. I rarely took pictures and never smiled when I did. In this photo, I was 4 months pregnant with my oldest daughter and a high school dropout. I was told by my guidance counselor that I should enroll at the alternative high school, but I chose to get my GED. I didn't think that I was cut out for academia.

Figure 7

The Roadmap

Upper left corner Graphic Image Roadmap – Paths leading to San Antonio, where our family has called home.

Upper right corner photo- My Grandpa Avila's sisters, a reminder of the family we have in Mexico.

Middle right photo – Grandma Avila (center), her sister holding her son (left), Great-grandma Manuelita (right), my Dad (back right).

Bottom left – Jose Avila Sr. born in Southmay, TX (my grandpa born in a city that no longer exists)

Figure 8

Growing Aware

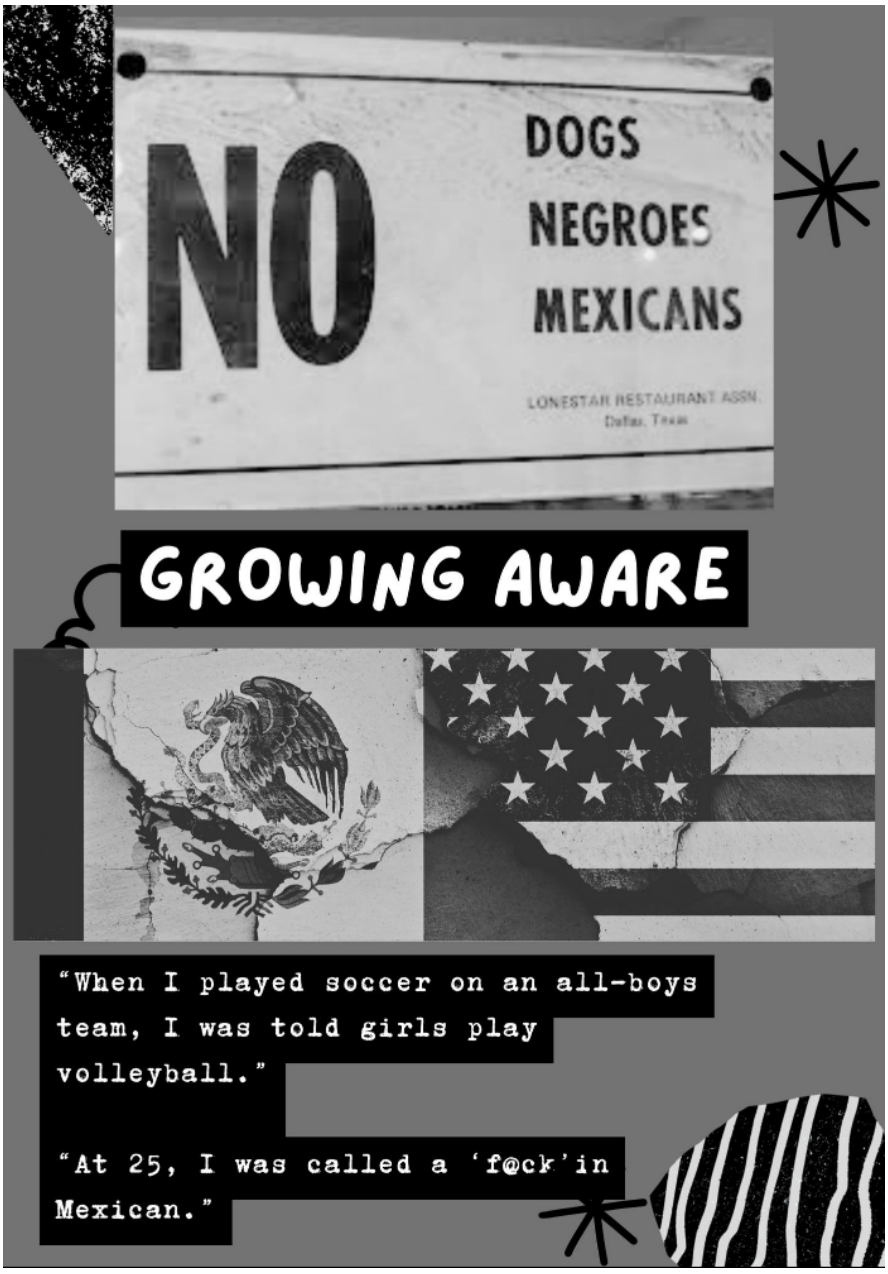


Figure 9

The Study

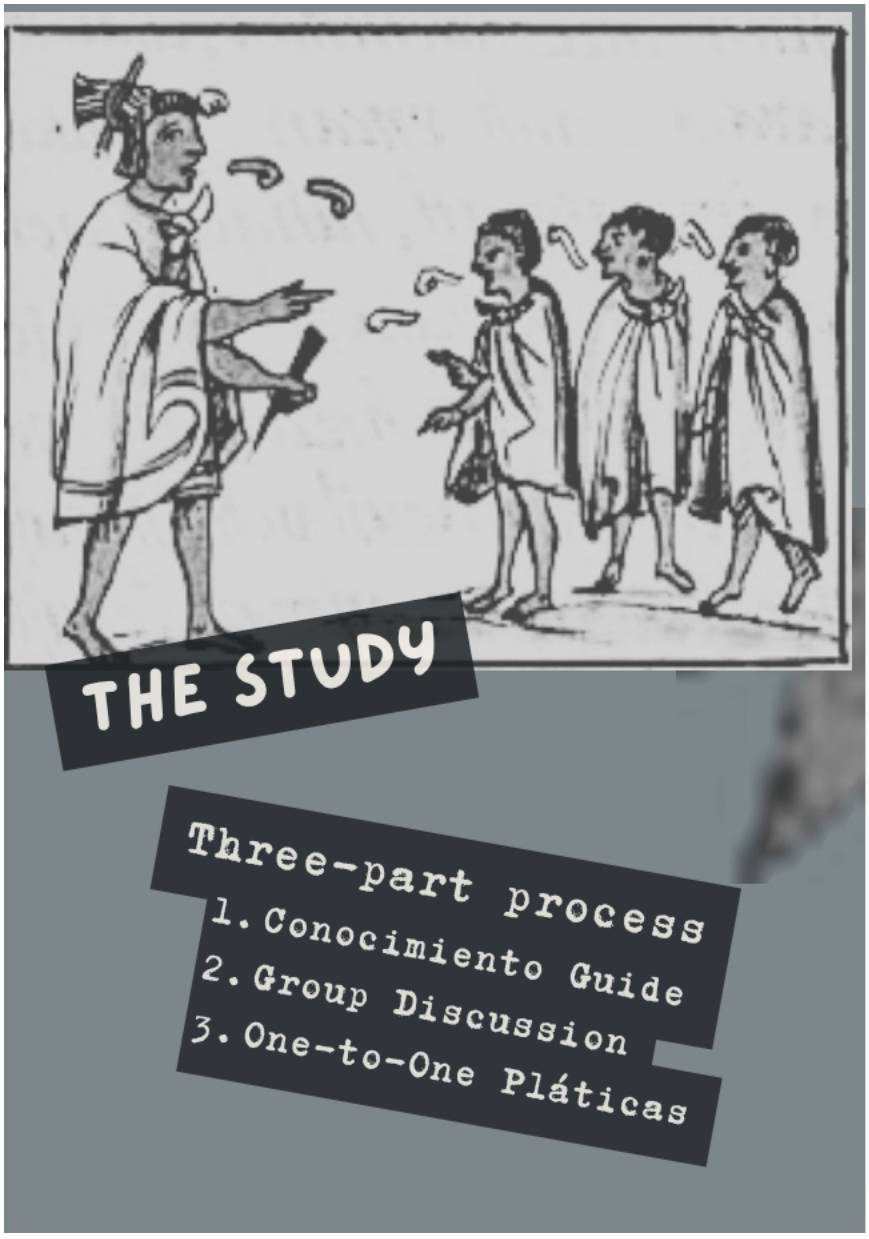
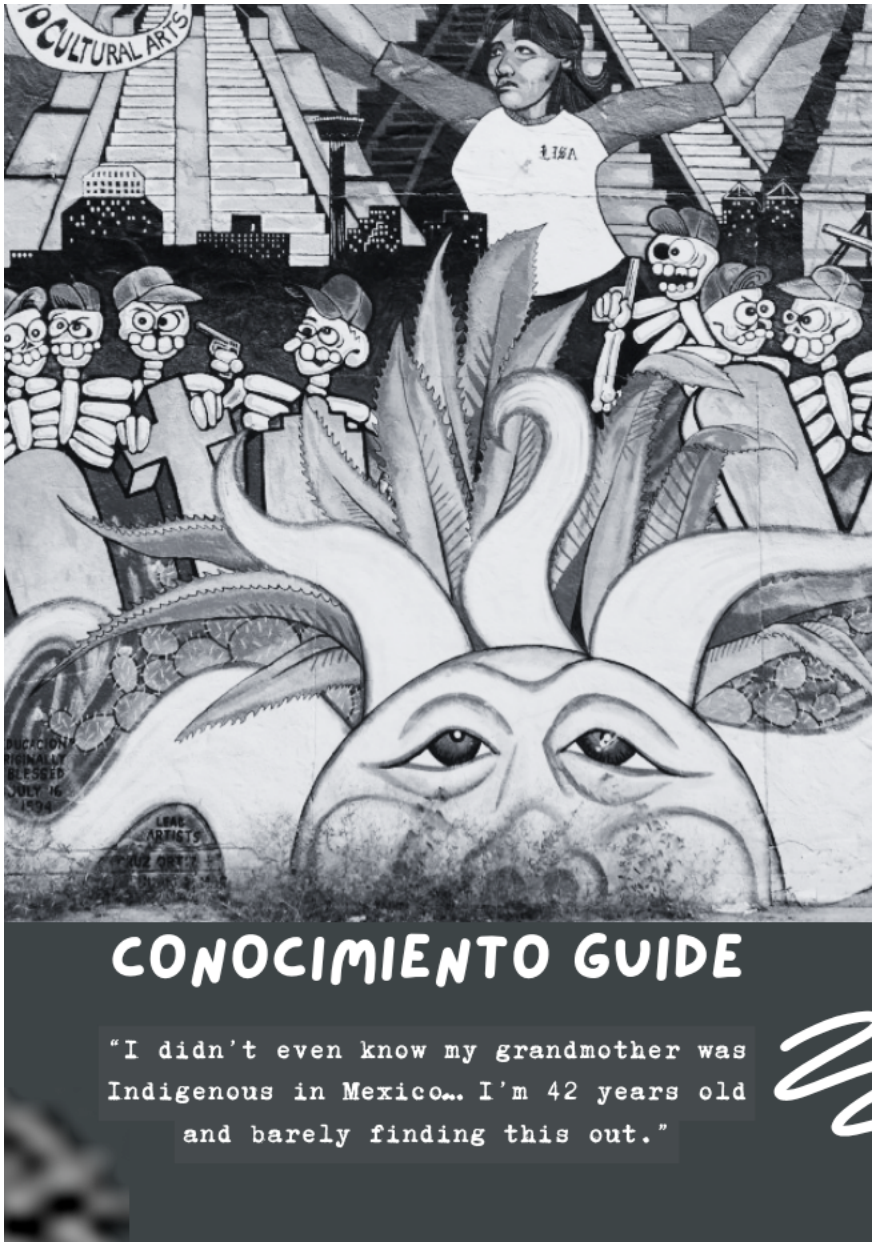


Figure 10

Conocimiento Guide



Graphic image – part of a mural found on the Westside of San Antonio, serving as a reminder that we hold the knowledge not always found in institutional spaces.

Figure 11

Group Discussion

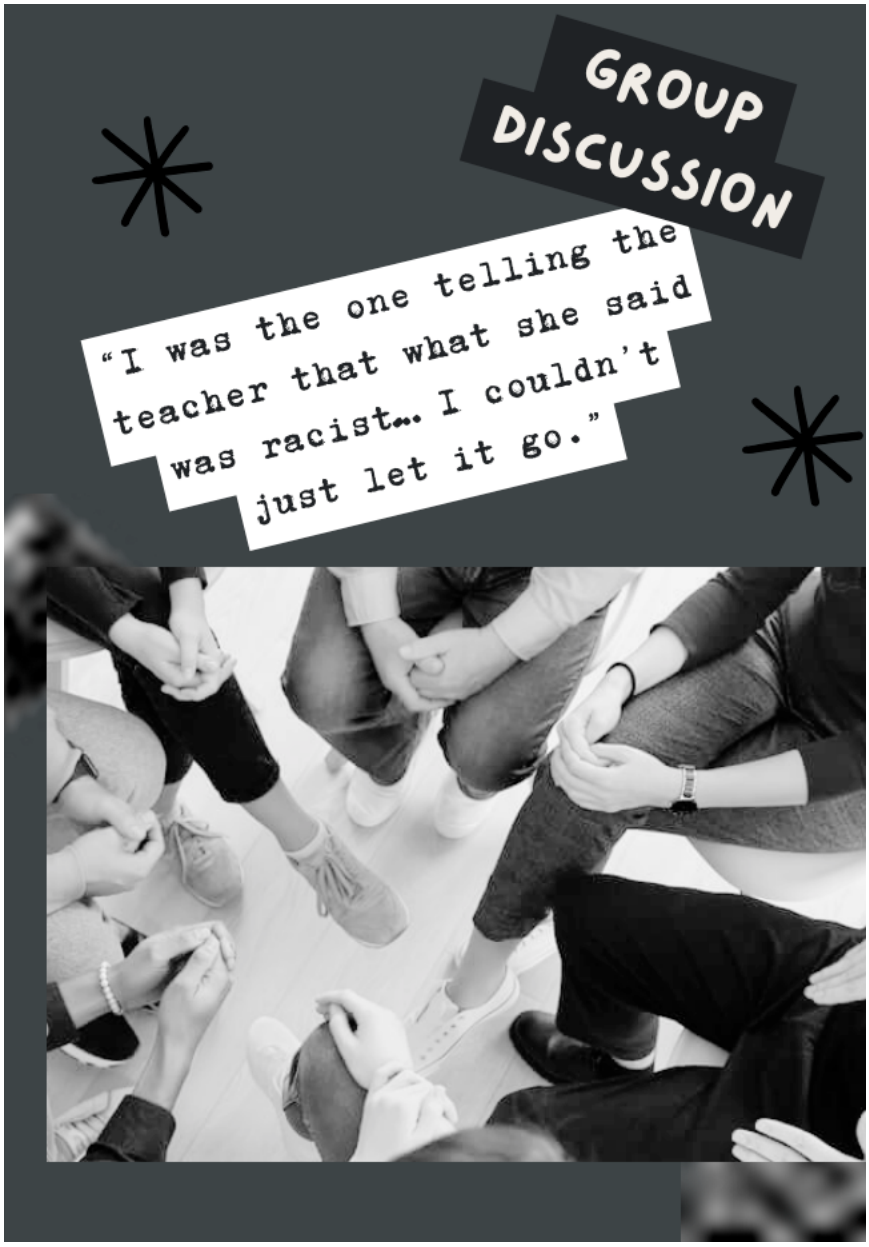


Figure 12

One-to-one Pláticas

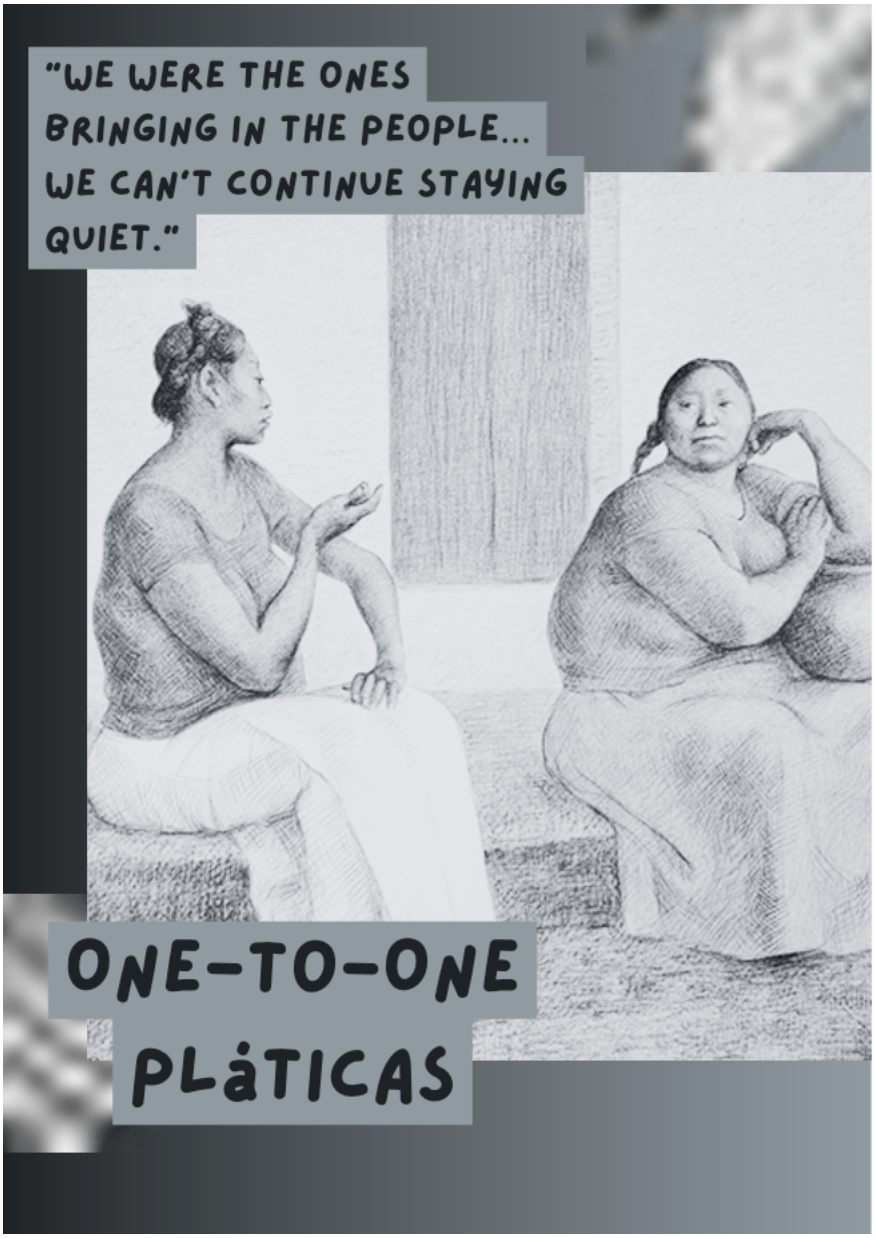


Figure 13

Intergenerational Silences

Figure 14

Early Advocacy

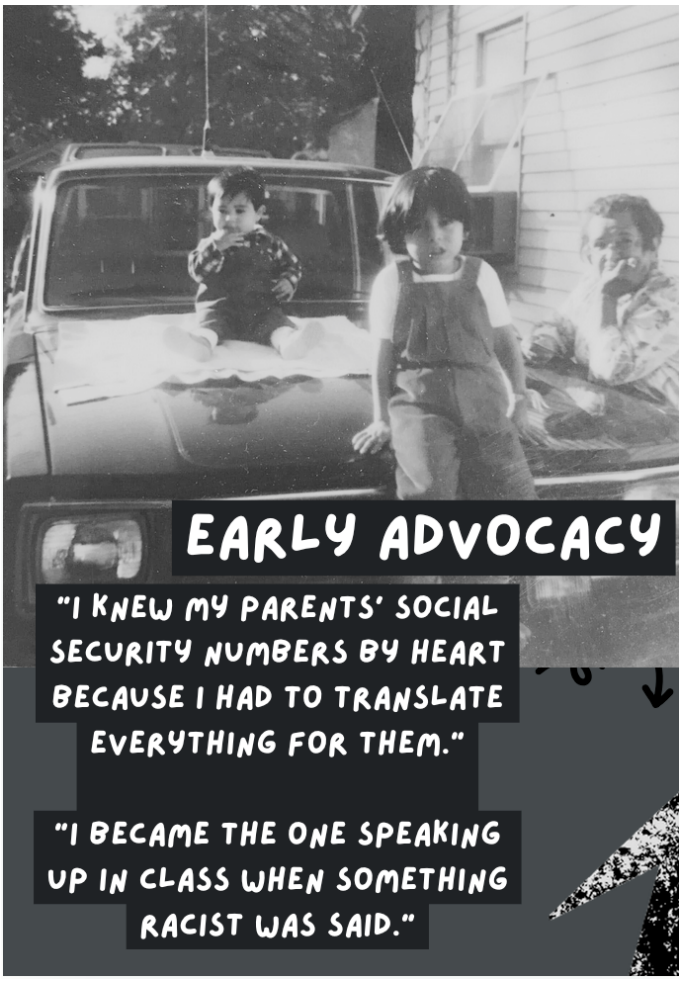


Image – Joe Avila III (Boy / Baby Joe), Monica Avila (center), Margarita Castillo (my grandmother on the right)

I became a translator for my grandmother when people would attempt to haggle with her at the *pulga* (swap meet), at the store, when she needed help with her bills, or when translating doctors' instructions.

Figure 15

Gatekeeping

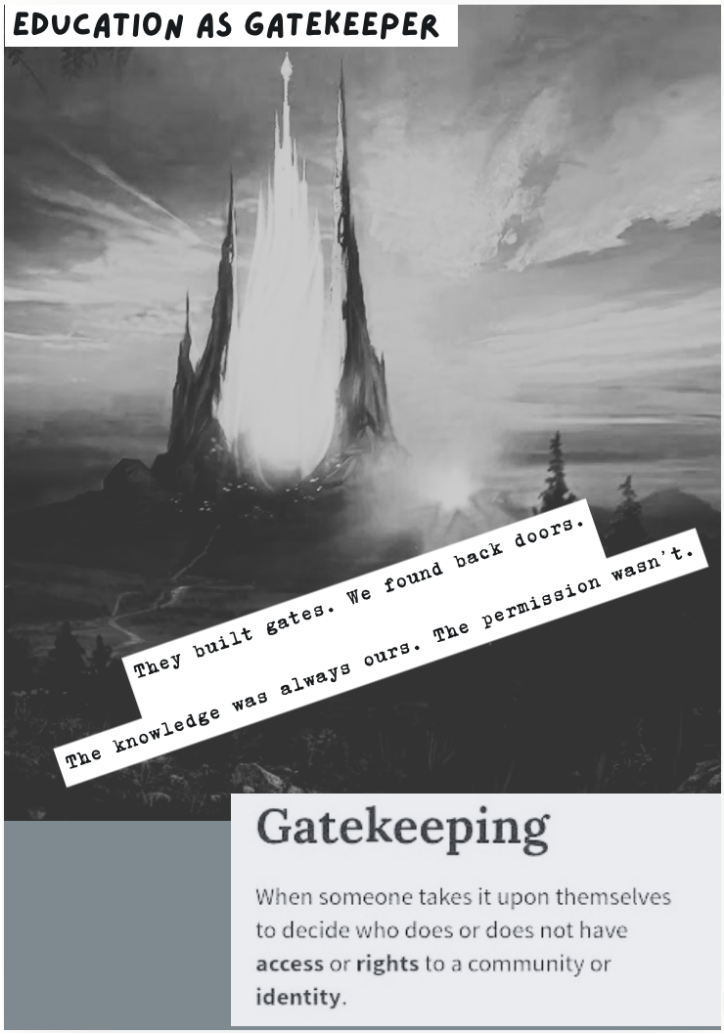


Image – The Ivory Tower represents institutional gatekeeping. This is the Ivory Tower from the movie The Neverending Story. To me, this tower feels like it provides a visual and cinematic interpretation of the concept of nepantla because it's that in-between place where everything meets, hope and fear, endings and beginnings, imagination and destruction. In the same manner that Anzaldúa teaches, the tower isn't about comfort. it's about transformation. Standing in that space, you're forced to face contradictions and choose how to move forward, reshaping yourself and the world around you.

For me as a child, The Neverending Story was about self-discovery because it showed me I had the power to shape my own story and was one of my favorite movies

Figure 16

Code-switching as Survival

Figure 17

Whiteness as Credibility

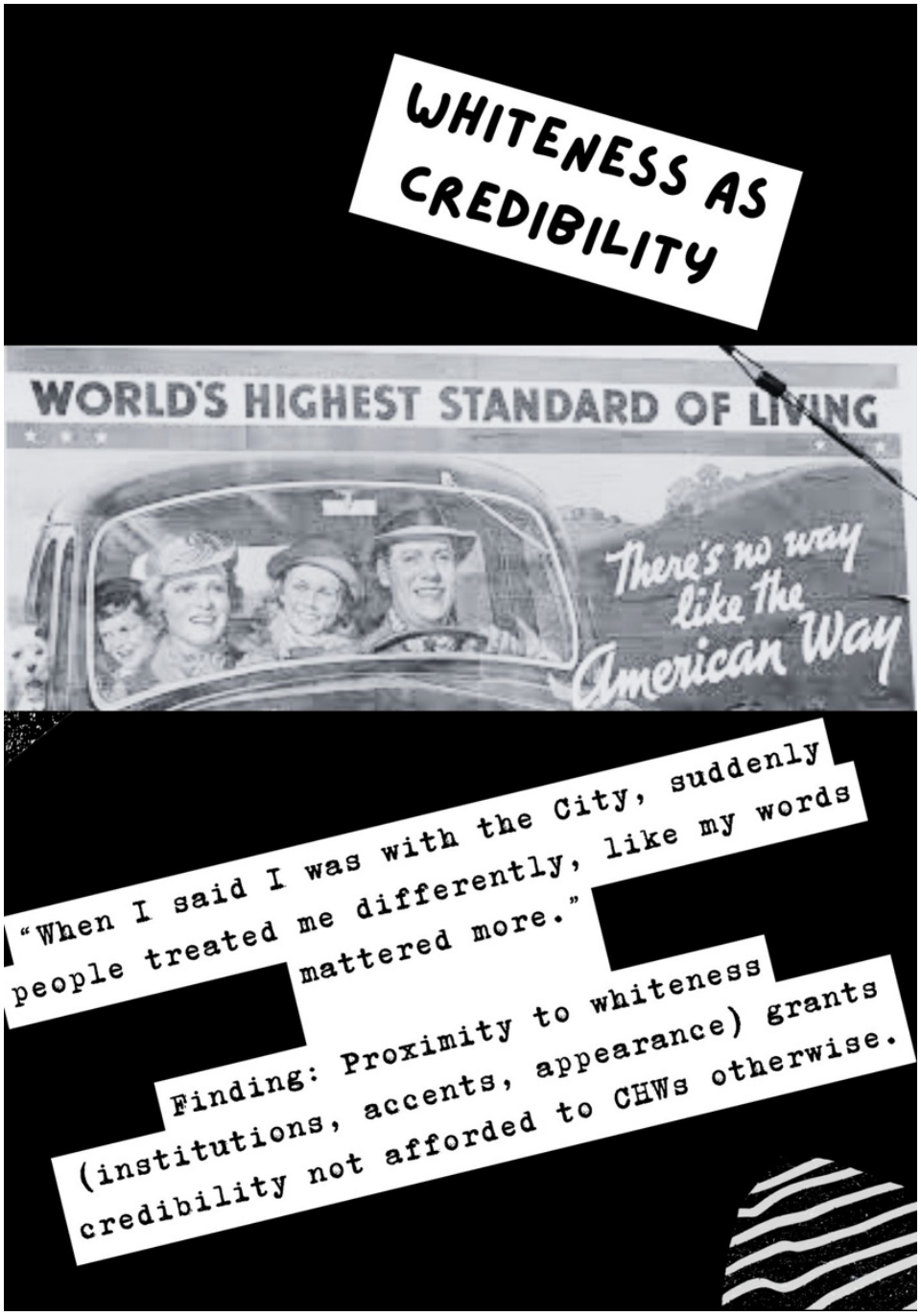


Figure 18

Negotiating Legitimacy

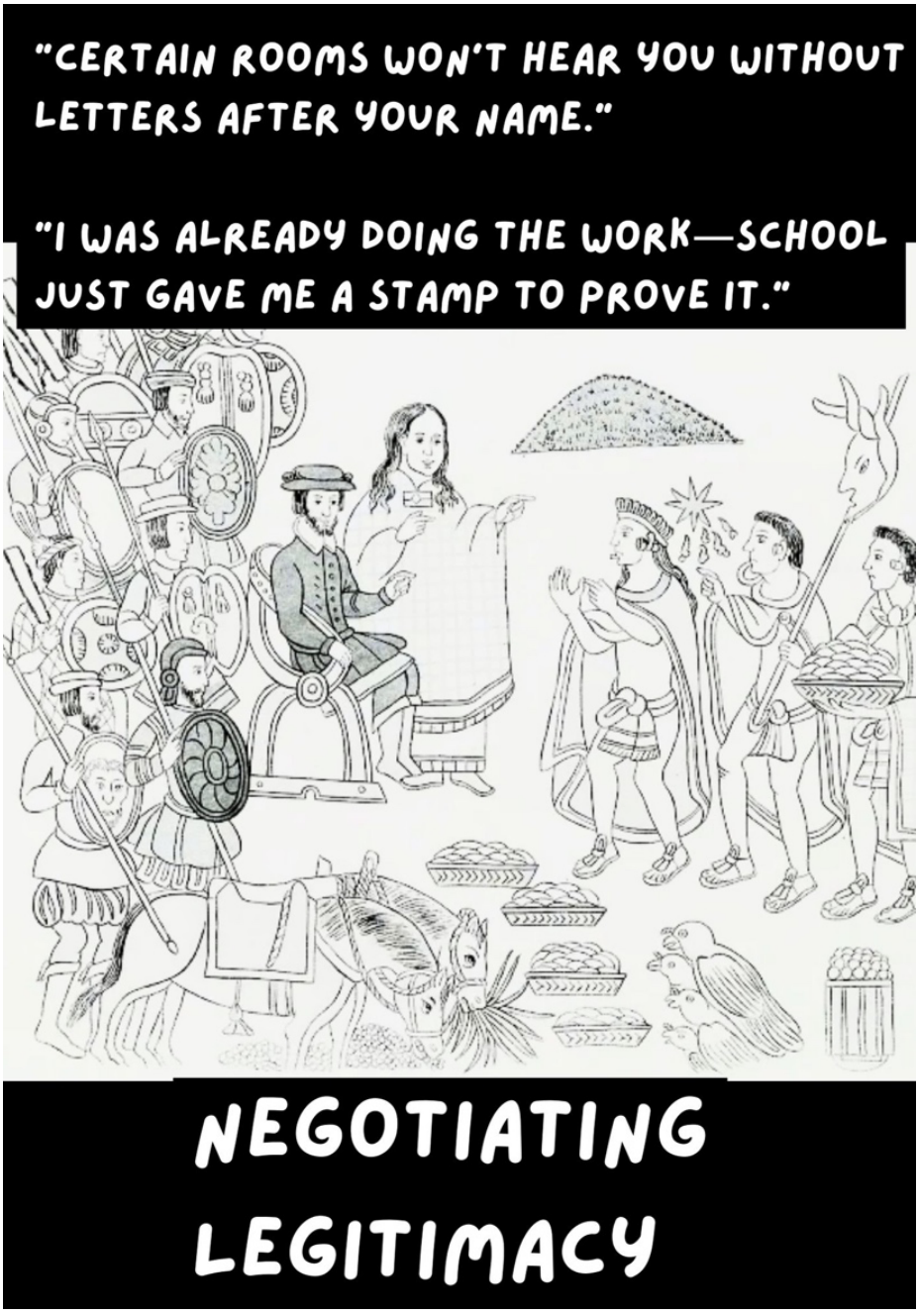


Figure 19

Cultural Affirmation

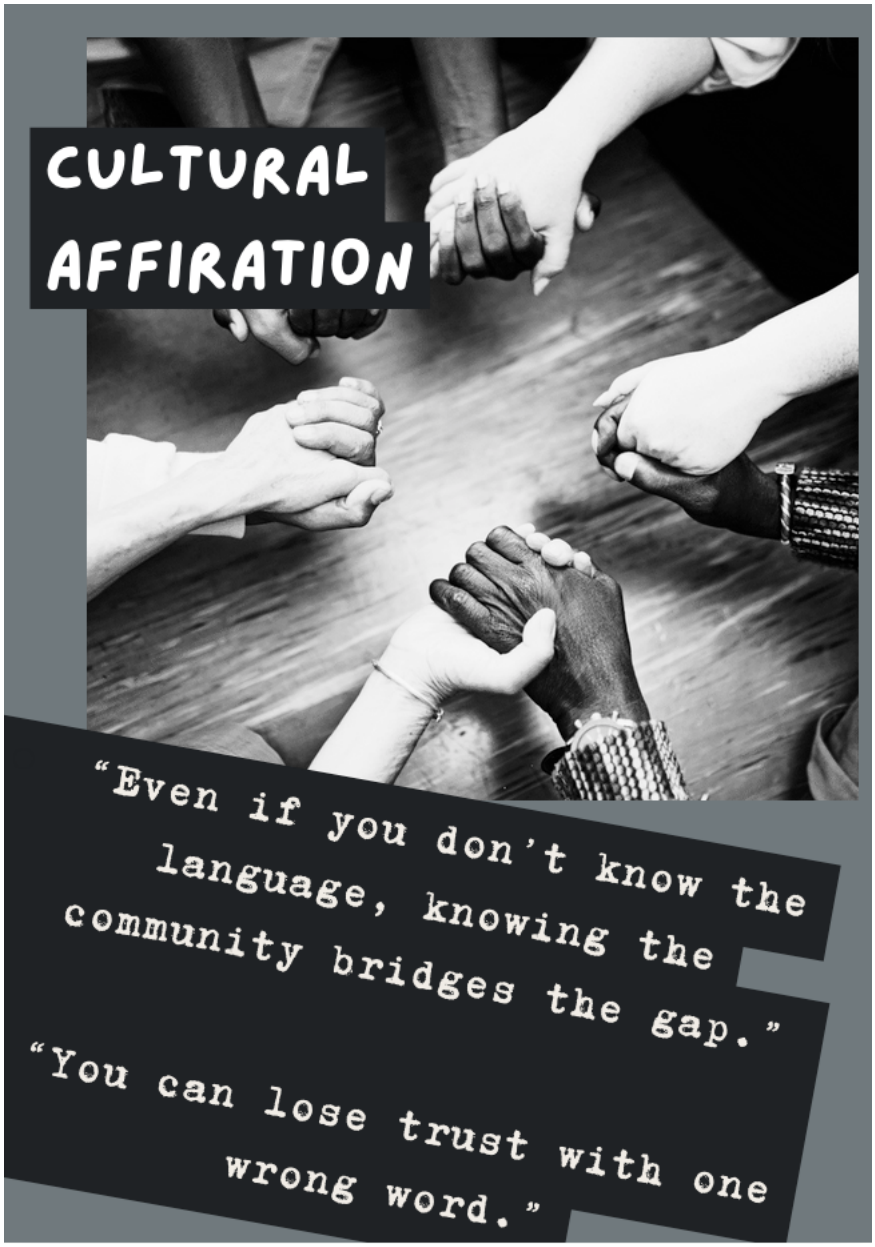


Figure 20

Emotional Labor

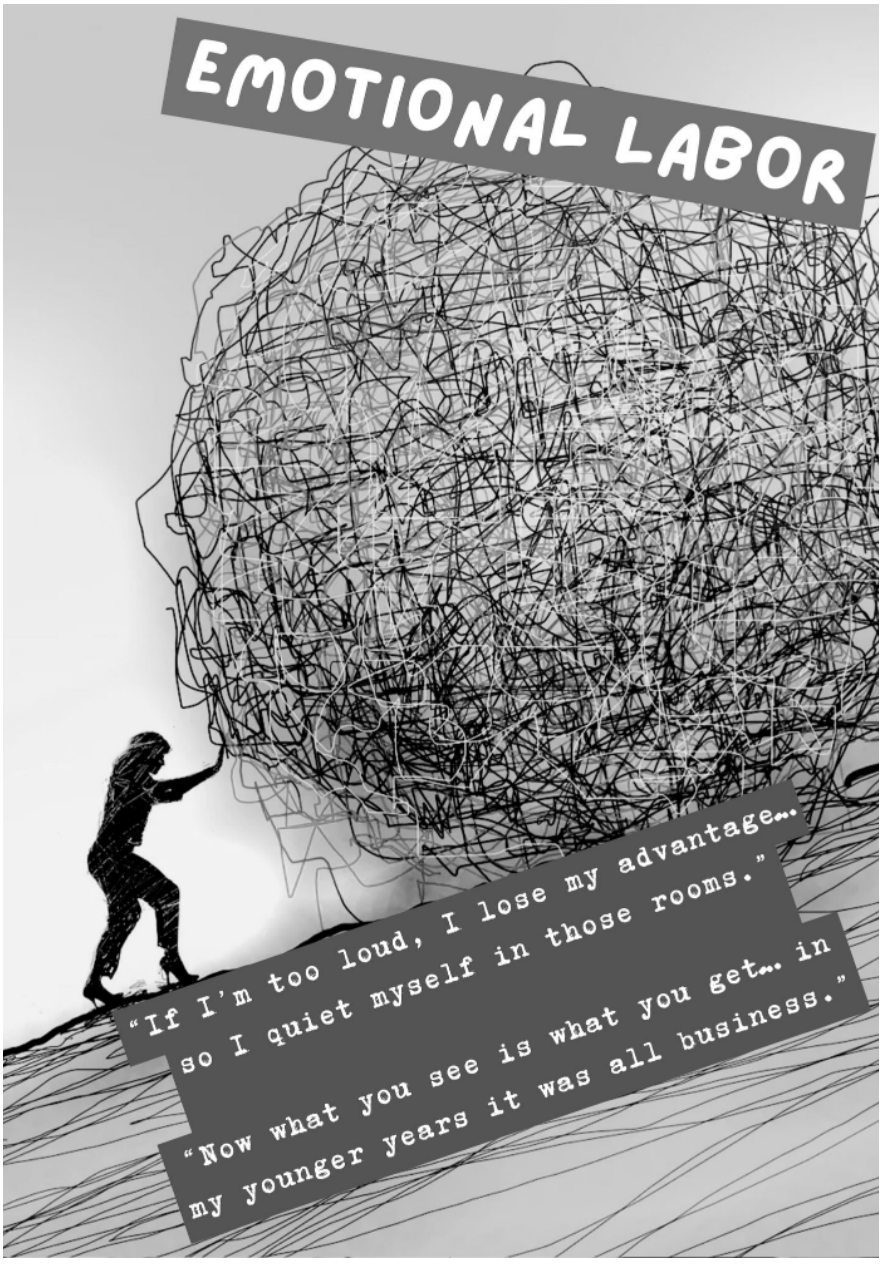


Figure 21

The Weaving

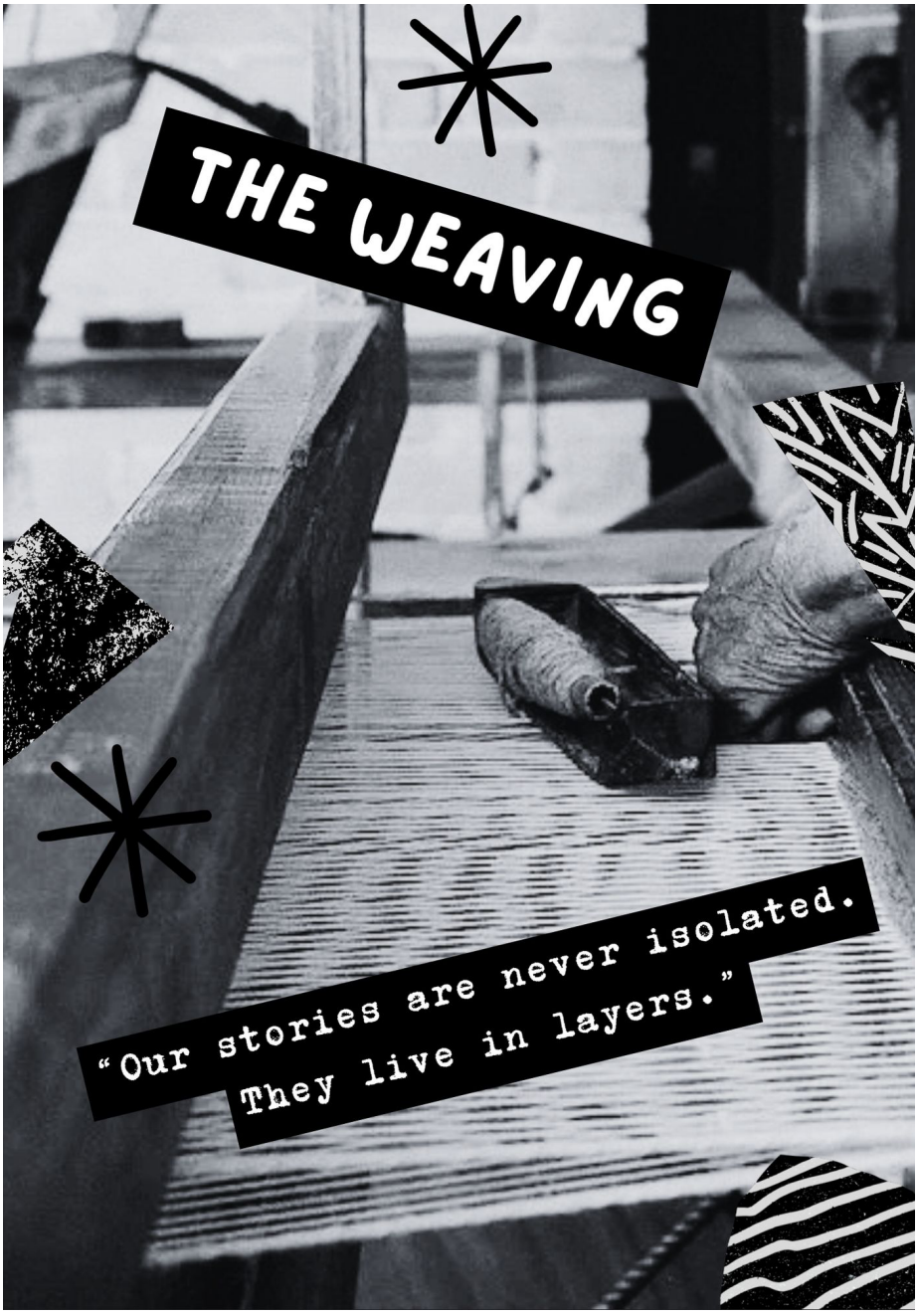


Figure 22

Triangulation Explained

Figure 23

Visualizing Triangulation

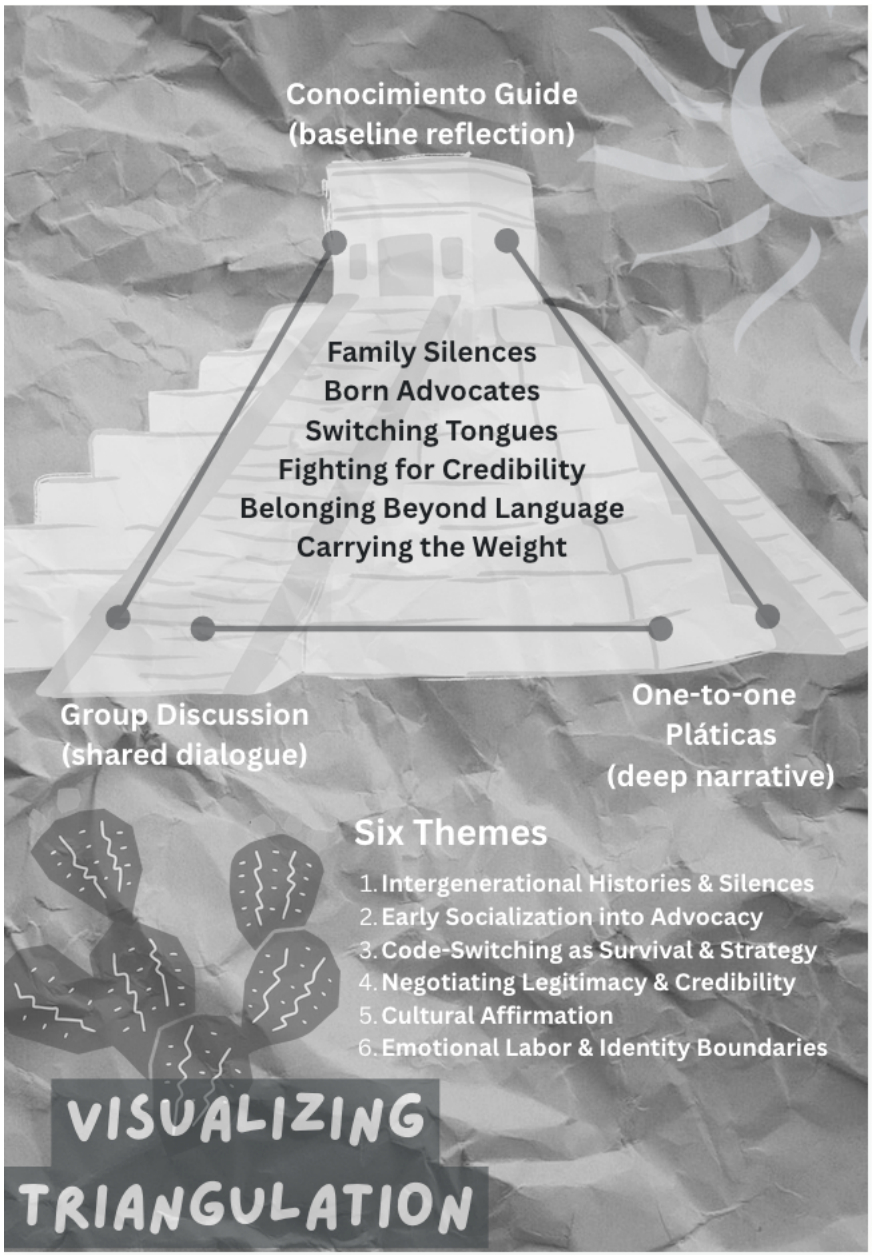


Figure 24

Personal Echo

Figure 25

Nepantla as Home

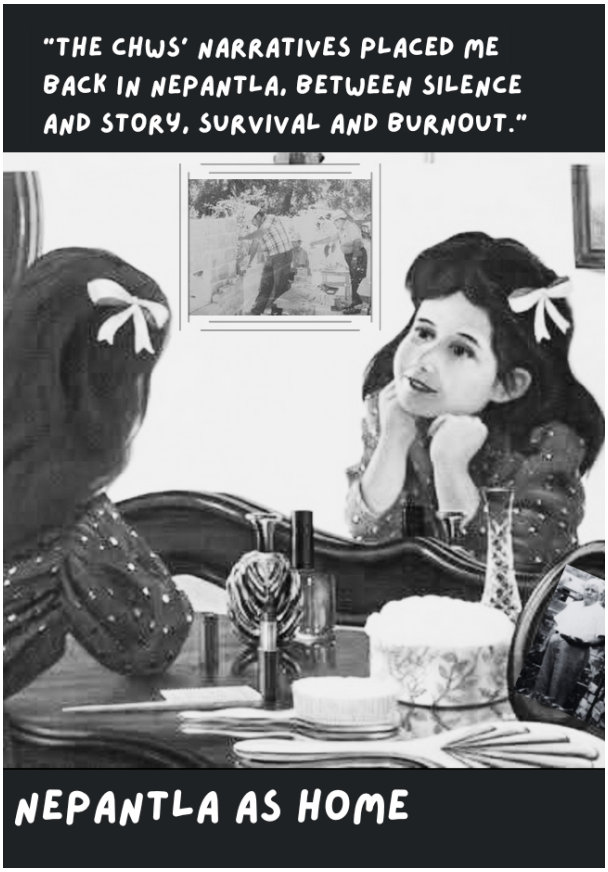


Image – The painting is from the late artist, Joe Villarreal. Joe became a friend, and before I had the honor and privilege of meeting Joe, this painting was hung at a local restaurant called Salsa Moras on Zarzamora, across the street from where my grandmother went to dialysis. My dad used to say it was my sister and me, and looking at each other, I always thought it represented looking at the possibility of two versions of myself.

Right bottom- Photo is of Jose Avila Sr. (my grandfather)

Center top – Photo is of men who participated in a masonry training taught by my Grandpa Avila. Later, I would come to find out that Joe Villarreal was a student of my grandfather's and went on to apply his skills to his mosaic pieces. Joe can be seen in various photos of my grandfather teaching his students.

Figure 26

References

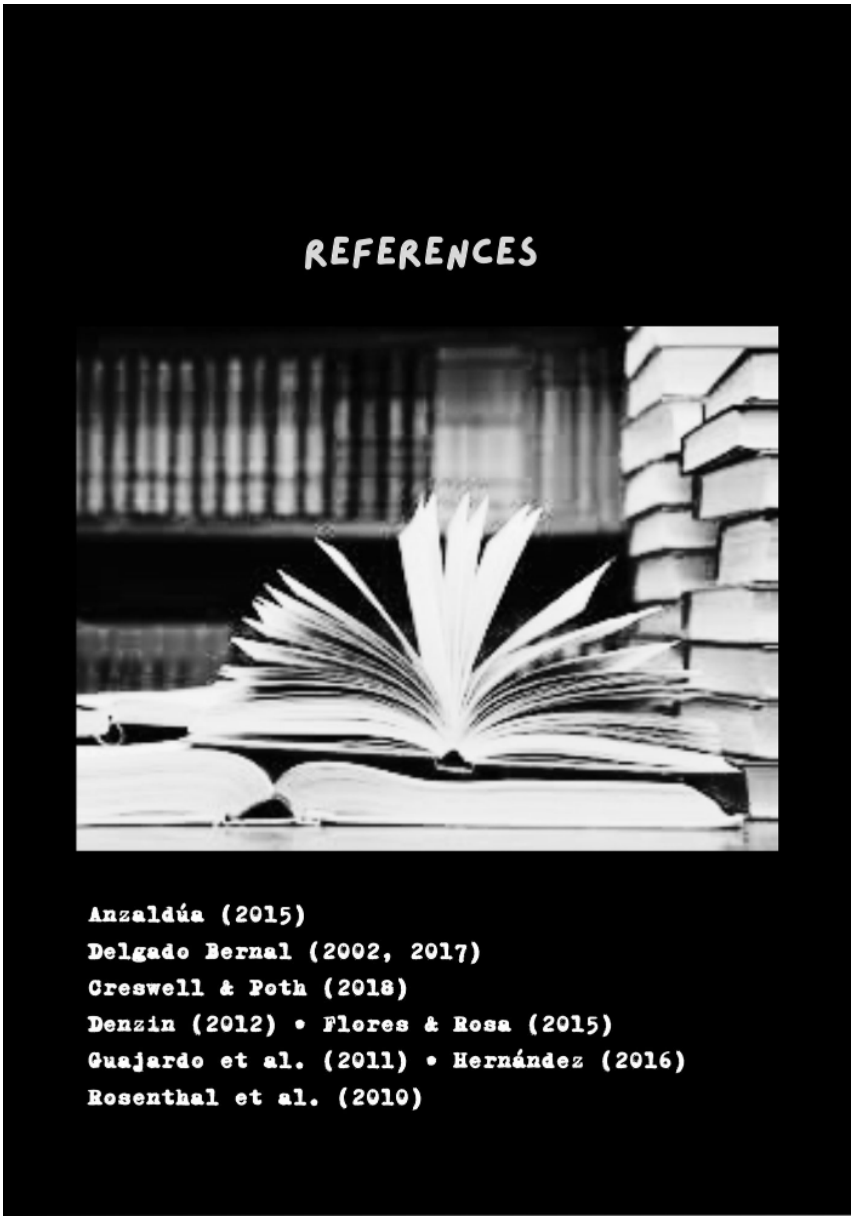
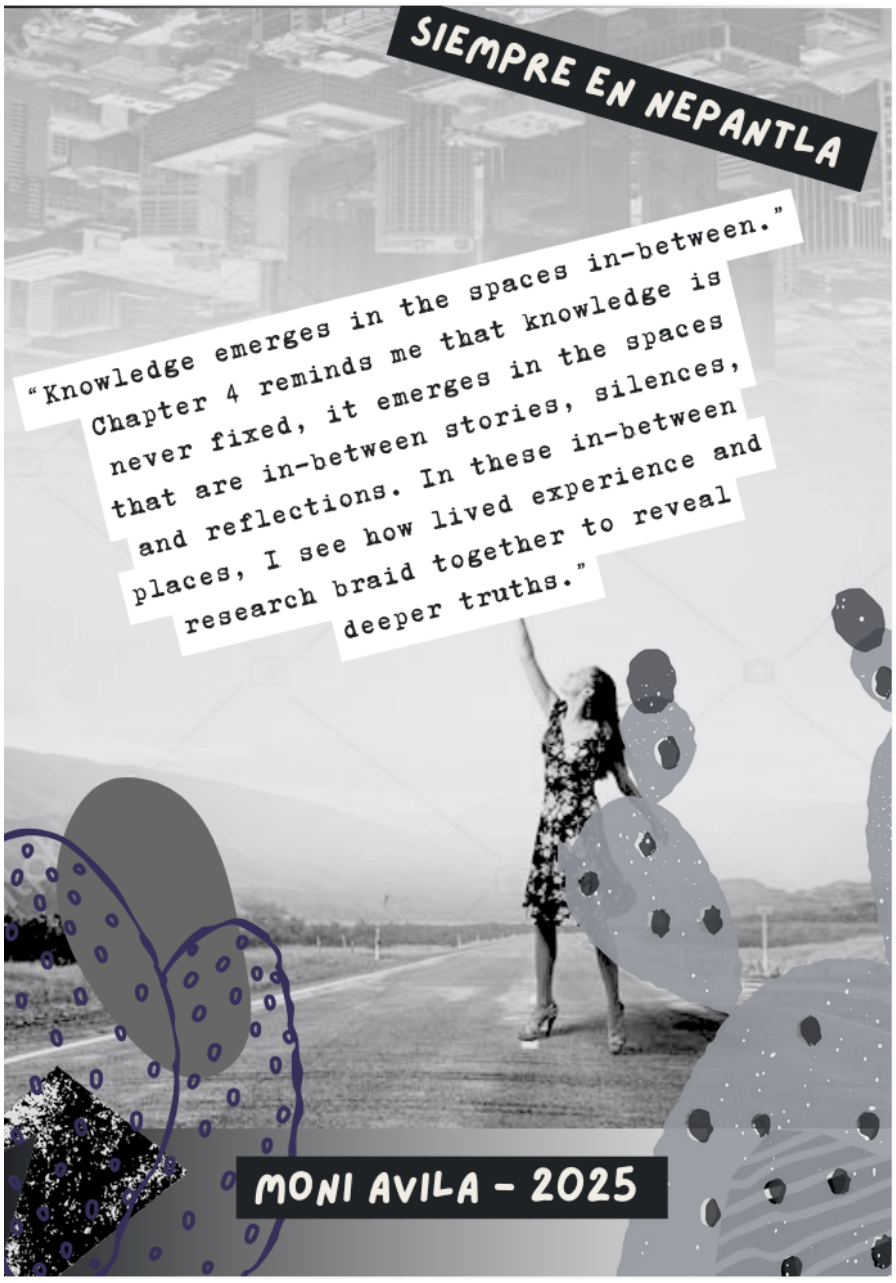


Figure 27

Siempre en Nepantla



CHAPTER 5

CONCLUSION

As I moved from the findings presented in Chapter 4 into their interpretation, I am reminded that this research began not as an academic exercise but as a lived journey. My own conocimiento, stories of migration, silence, and resilience, were the first map I carried into this work from my undergraduate MAS course. What the Community Health Workers (CHWs) shared with me deepened my recognition that we do not live linear lives, nor are we case studies in research. Instead, we reside in layered testimonios shaped by intergenerational histories, the demands of survival, and our notions of belonging in systems that do not always include or see us.

The purpose of this study was to explore how CHWs navigate identity, cultural negotiation, and professional credibility in the face of dominant cultural norms. Using conocimiento as a method and a mirror, I invited participants to reflect on their personal journeys and histories, and to bring those reflections into plática and dialogue. In doing so, I hoped to investigate whether structured reflection could surface silenced truths, build collective understanding, and inform professional practice. The answer was not just yes; it was that the process itself became the research. The conocimiento guide, the group plática, and the one-to-one pláticas were not separate steps but woven into spaces where women told stories, reclaimed knowledge, and made visible the raced, gendered, and emotional labor that has long been hidden behind the title of community health worker.

The findings revealed six interwoven themes: intergenerational histories and silences, early socialization into advocacy, code-switching as survival and strategy, negotiating legitimacy and credibility, cultural affirmation, and the heavy but often invisible work of emotional labor and identity boundaries. These themes are lived conditions of Nepantla, the in-between space Gloria Anzaldúa (2015) describes, where contradictions coexist and transformation becomes possible.

In interpreting these findings, I return to the frameworks that guided this study. Chicana Feminist Theory situates the testimonios within larger histories of oppression and resistance, naming the ways silences are protective but also costly, often carrying the weight of emotional labor. Identity Negotiation Theory helps illustrate how CHWs continually shift language, posture, and self-presentation to be legible to systems that undervalue their lived expertise. Plática Methodology supports the power of dialogue, where knowledge is co-created rather than extracted. Finally, a qualitative narrative approach insists that story itself is evidence, and that healing and knowledge production cannot be separated.

What appears is more than a validation of the problem of practice. The data and testimonios show that CHWs are constantly negotiating between survival and recognition, between the deep cultural knowledge they carry and the institutional culture and norms that demand credentialing to be heard. They remind us that reflection is not an option, but necessary.

This chapter takes these findings further, interpreting their meaning for the field of community health workers, for reflective practice, and for leadership in public health. It considers what it means for CHWs to be the inheritors of silences and the carriers of resilience, what it costs them to navigate identity through code-switching and self-silencing, and how their stories demand new ways of thinking about cultural humility, cultural awareness, inclusion, and sustainability. This chapter explores how CHWs' testimonios are not only data, but they are also calls to reimagine how systems honor lived knowledge and experiences, and how communities sustain themselves through reflection, storytelling, and solidarity.

Interpretation of Findings in Relation to the Problem of Practice

The problem of practice at the center of this study was that CHWs and other community-based practitioners remain undervalued within institutional settings, even as their work is essential to connecting systems and communities, especially during times of crisis and or when they are needed to provide critical support during emergency response efforts or disease outbreaks. Despite carrying deep cultural knowledge, lived experience, and relational expertise, they are too often measured by institutional metrics that privilege and uphold formal credentials, standardized training, and alignment with the dominant cultural norms. This forces CHWs into a constant process of negotiation, code-switching, credential chasing, and self-silencing to be heard.

The findings from Chapter 4 illuminate how this reality is personal and structural. Through the conocimiento guide, participants surfaced family migrations, silences, and

stories of resilience that they had never named as professional assets. What emerged was a recognition that personal history is not incidental but foundational to CHW identity. The act of reflection itself became a tool of grounding, affirming that professional expertise begins in the lived knowledge of navigating health systems, poverty, racism, and intergenerational trauma.

In the group pláticas, these reflections moved beyond the individual and became relational. When one mujer spoke of translating for her parents at a young age, another remembered memorizing her parents' Social Security numbers. When someone admitted the exhaustion of code-switching, others nodded in recognition. The group setting provided validation across differences of race, ethnicity, and background, reminding us that CHWs are not only interpreters of health systems but also translators of one another's experiences. Pláticas created a space where solidarity itself was professional development.

The findings also confirmed that identity negotiation is not simply a personal coping strategy; it is a structural requirement. Participants described how their authority shifted depending on whether they introduced themselves as being with the City, carried letters after their name, or anglicized their own names for ease of pronunciation. Code-switching, linguistic, cultural, and even embodiment was described as a skill and a burden. While some saw it as a form of agency, many also named it as a source of fatigue, a reminder that credibility in institutional spaces often depends less on lived expertise than on the performance of whiteness and credentialism.

Finally, the testimonios underscored that cultural affirmation in this field cannot be reduced to checklists or one-time trainings. Instead, participants emphasized that affirmation is a living practice, rooted in humility, relational trust, and the willingness to adapt. For some, inclusion was felt not in formal classrooms but in coffee shops and community centers, spaces where learning could reflect the rhythms of community life rather than institutional hierarchy.

Taken together, these findings support that reflective, culturally grounded practices are not supplemental to CHW professional development: they are essential. Conocimiento, plática, and storytelling are more than tools of inquiry; they are strategies of resistance against systemic undervaluation. They honor CHWs' expertise, validate their labor, and carve out spaces where lived knowledge is recognized as legitimate knowledge. In doing so, they challenge the very systems that too often demand assimilation at the expense of authenticity.

Implications for Practice

The findings from this study carry important implications for the future of CHW workforce development, supervision, and policy. At their core, they point to the need for professional practices that do not separate personal history from professional identity but instead embrace the ways CHWs' lived experiences shape their expertise.

First, reflection must be seen as integral to professional development. Tools like the conocimiento are not simply academic exercises; they are bridges between personal lineage and professional practice. When CHWs are invited to reflect on family stories,

migration histories, and early experiences of advocacy, they bring their full selves into the work. Embedding structured reflection into training validates that expertise begins not only in classrooms but also in kitchens, clinics, fields, and neighborhoods.

Second, the study shows that solidarity is fostered through dialogue. The group plática space where women of different racial, ethnic, and cultural identities could hear themselves reflected in one another's stories. These dialogues did more than surface shared struggles. They reduced isolation, built collective understanding, and reminded participants that their labor is connected. For CHWs, who often work at the margins of health systems, such spaces are vital for sustaining advocacy and resilience.

Third, the findings challenge institutions to rethink credentialism. While education and certification carry weight in professional settings, participants' testimonios revealed that lived experience often equips CHWs with skills and wisdom that formal pathways overlook. Several women described how, long before stepping into a classroom, they had already mastered advocacy, cultural mediation, and health navigation through supporting their families and neighbors. These examples echo earlier findings of Nepantlera CHWs whose ability to code-switch and build trust came not from certification, but from community-rooted knowledge. Recognizing lived expertise as valid means reimagining hiring and leadership pathways for CHWs without advanced degrees. Community-based knowledge, whether learned in waiting rooms, through pláticas, or by navigating institutions on behalf of others, carries as much weight as academic credentials in practice. To move beyond credentialism, institutions must value

these alternative forms of expertise, ensuring CHWs are not only implementers but also decision-makers who shape the systems they help sustain.

Fourth, cultural affirmation must be reframed as a relational practice rather than a checklist. Participants stressed that cultural responsiveness is not achieved through memorizing facts or learning key phrases; it grows through trust, humility, and deep listening. In practice, this means organizations should embed relational approaches into daily work. Supervisors could host reflective pláticas or debrief sessions where CHWs share experiences and problem-solve collectively. Mentorship models pairing seasoned CHWs with new staff can emphasize how to build trust, enter communities with humility, and navigate power dynamics. Organizations might also formalize community feedback loops such as advisory boards or listening sessions to ensure cultural affirmation is defined by those served. By valuing time spent in relationship-building, recognizing bilingual and bicultural skills as core competencies, and training staff to listen and adapt, cultural affirmation becomes an ongoing practice rather than a compliance exercise.

Finally, the study highlights the need to address the emotional labor CHWs carry. Identity negotiation, constant code-switching, and exposure to community trauma come with costs that are often invisible to supervisors and policymakers. Recognizing this labor means building systems of care into CHW supervision and organizational culture. In practice, this could look like embedding regular wellness check-ins into supervision sessions, where CHWs are invited not only to report on tasks but also to reflect on the emotional challenges of their work. Supervisors can be trained to recognize signs of burnout and compassion fatigue and encouraged to normalize conversations about well-

being. Organizations could also implement peer dialogue spaces, such as monthly support circles or pláticas, where CHWs can share stories, decompress, and exchange coping strategies in a supportive environment.

Beyond supervision, concrete policies could prioritize well-being alongside productivity. For example, flexible scheduling might allow CHWs recovery time after particularly demanding cases or community crises. Access to culturally responsive counseling or employee assistance programs could be expanded, ensuring that mental health support is tailored to the unique stresses of frontline community work. Organizations might also build in formal recognition of emotional labor through workload adjustments, stipends, or leadership credit for those who mentor peers through difficult situations. Together, these practices would signal that emotional labor is not an invisible expectation but a valued part of the role that deserves institutional support and protection. Ultimately, acknowledging and supporting this labor sustains the Nepantlera CHWs' ability to move fluidly between community and institutional spaces, preserving their well-being and their effectiveness as boundary-crossers.

Together, these implications affirm that CHW workforce development must move beyond technical skills and compliance-driven models. Sustainable practice requires honoring lived expertise alongside formal credentials, reframing cultural affirmation as a relational practice grounded in trust and community voice, and creating leadership pathways that value both academic and community-based knowledge. It also means embedding systems of care that recognize the emotional labor of identity negotiation, code-switching, and exposure to trauma as integral parts of the role. Reflection,

solidarity, relational affirmation, and well-being are not peripheral but central to effective practice. By centering these elements, institutions can move from transactional approaches toward transformative models that sustain the Nepantlera CHWs' unique ability to bridge communities and institutions. In doing so, the CHW workforce not only becomes more resilient and effective but also strengthens equity, trust, and health outcomes across the city, the state, and beyond.

Limitations

While this study generated rich, multi-layered findings, limitations must be acknowledged. The participant group was intentionally small and drawn within a specific professional context in one geographic region. This allowed for depth of engagement, without reflecting CHWs experience across diverse regions, health systems, or cultural contexts. While participation were self-selected, the data collected by thick and strong, reflecting relational processes open to the conocimiento and plática methods.

My own positionality as a researcher carried strengths and limitations. Sharing cultural and professional background with participants created trust and connection, but it also required ongoing reflexivity to avoid over-identification. To remain reflective, I kept a research journal where I documented my own reactions after group discussion and pláticas, noting moments when my experiences aligned too closely with participants' testimonios. I regularly paused to ask myself whether I was interpreting through my own lens or centering their words as they were shared. I also sought feedback from my dissertation chair and peers, discussing how my lived experiences as a CHW and

organizer could enrich and complicate my analysis. During group discussions, I was intentional about balancing my role as facilitator with active listening, resisting the urge to validate through my own stories so that participants' voices remained primary. My closeness to the topic inevitably shaped the way I interpreted findings, but through journaling, peer debriefing, and conscious attention to power dynamics in the space, I worked to honor and protect the distinct voices of participants. These practices aligned with the commitments of plática methodology and Chicana feminist theory, both of which emphasize reflexivity, relational accountability, and the co-construction of knowledge grounded in respect and reciprocity.

While the conocimiento guide as a single instrument may be perceived as a weakness, for some participants, it opened space for deep reflection, surfacing silences and histories long left unknown. For others, engagement was brief or incomplete, which limited its impact on later stages of analysis. Looking back, I might have structured the guide differently, perhaps by offering more time to complete it, framing it through guided conversation, or pairing it with an oral option for those less comfortable with written reflection. While these adjustments were not possible within the scope of this study, future research could expand the conocimiento guide into a form that allows participants to choose written, verbal, or creative formats. Such flexibility could generate richer data, reduce barriers to engagement, and provide a fuller picture of how CHWs reflect on identity, culture, and practice.

Finally, this study was conducted within a particular sociopolitical moment, one marked by public health crises, heightened attention to racial inequities, and shifting

policies. The COVID-19 pandemic shaped not only the need for CHWs but also the kinds of resources they were asked to deliver, from vaccine information to emergency food and housing support. Federal policies such as the CDC's COVID-19 Response and Resilient Communities initiative and HRSA's CHW Training Program directly expanded training opportunities and funding streams, which may have influenced participants' roles. At the same time, shifting state-level debates centered around healthcare access, immigration enforcement, and reproductive rights created additional pressures for CHWs navigating between institutions and communities. Locally, policy decisions on public health budgets and city-level workforce strategies also affected the conditions under which CHWs worked. These contexts likely shaped participants' testimonios in ways that might look very different in another moment, outside of a pandemic response, in a different funding climate, or under policies less charged by questions of equity and access.

Even with these limitations, the study provides insight into the lived negotiations of CHWs and affirms the importance of methodologies that honor reflection, dialogue, and personal stories as sources of knowledge.

Recommendations for Future Research

The findings of this study open the door to multiple pathways for future research that could deepen and extend our understanding of reflective practice, identity negotiation, and professional development. While this work illuminated the immediate impacts of conocimiento and plática for a small group of CHWs, larger and longitudinal studies are needed to assess how reflection shapes professional identity and leadership

over time. For example, exploring whether conocimiento practices influence career trajectories, retention, and leadership emergence among CHWs could provide evidence for workforce sustainability.

The study also highlighted the significance of race, gender and sexuality, and intersectionality in shaping experiences of code-switching and credibility. Participants' testimonios revealed how the performance of professionalism is often measured against whiteness and credentialism. What I want readers to understand is that professionalism is not neutral; it is defined by institutional standards that privilege white, middle-class norms of speech, dress, demeanor, and credentialing. Within this framework, CHWs, especially women of color, are often expected to conform to ways of presenting themselves that do not reflect their communities, forcing them to code-switch in order to be taken seriously. Credentialism reinforces this standard by suggesting that legitimacy comes only through formal education and advanced degrees, even though lived experience often provides equal or greater expertise. From my perspective, professionalism, whiteness, and credentialism are tightly linked, and together they create invisible barriers that CHWs must navigate, where their cultural ways of knowing and leading are undervalued until translated into forms the institution recognizes. Future research should examine these dynamics more directly, asking how racial identity, gender and sexuality, and class intersect to influence strategies of adaptation and survival in professional settings.

Additionally, organizational policy remains a critical but underexplored factor. Research could investigate how policies either reinforce credential-based gatekeeping or

intentionally disrupt it by valuing lived experience as legitimate expertise. Reimagining hiring and advancement might include developing alternative credentialing systems that give weight to community-based knowledge, such as portfolios of experience, testimonios, or peer and community evaluations. It could also involve creating promotional pathways where CHWs can advance into supervisory or leadership roles without the requirement of advanced degrees, instead relying on demonstrated relational skills, cultural affirmation, and impact in the field. Supervision could be restructured to emphasize mentorship and reflective practice, rewarding the ability to support and grow peers rather than only measuring productivity. Finally, policies could formalize the recognition of relational and emotional labor by integrating wellness supports and community feedback into performance reviews. These kinds of changes would provide future researchers with tangible examples to study and evaluate, highlighting how valuing lived expertise can reshape the culture of public health institutions. In this way, organizational policy could sustain the unique contributions of Nepantlera CHWs, ensuring their ability to navigate institutional and community spaces without being forced to conform solely to credential-based definitions of professionalism.

In nonprofit and community development, new hire processes that include conocimiento could help align staff and volunteers with the mission of the organization. By connecting personal purpose to collective goals, organizations can foster stronger commitment, reduce burnout, and create more sustainable community impact. One participant reflected that, “before I even knew the word CHW, I was already doing this work for my family and neighbors.” This type of testimony shows how conocimiento can

surface the deeper motivations and lived experiences that bring people into the role, helping organizations recognize and build upon the strengths individuals already carry into the workplace.

Finally, group-based pláticas emerged as a form of collective advocacy. Future research could track whether plática spaces, when institutionalized, translate into tangible advocacy outcomes, policy engagement, and long-term solidarity among practitioners.

Applications Across Fields and Industries & Return on Investment

Although this study centered on Community Health Workers, the conocimiento innovation integrating structured reflection with narrative dialogue holds broad promise across multiple sectors. Its value lies in affirming that identity, story, and cultural navigation are not peripheral but central to professional practice wherever human connection is at the core.

In healthcare and public health, conocimiento and pláticas can be embedded into training for nurses, social workers, and patient navigators. These practices have the potential to strengthen empathy, deepen cultural affirmation, and improve patient outcomes through greater trust and adherence to care plans. By equipping providers to reflect on their own identities as sources of knowledge and strength, they are better positioned to recognize and honor the cultural contexts of their patients.

In education, reflective dialogue could become a powerful tool for teachers and school counselors. Understanding students' family histories and cultural realities can

reduce achievement gaps by building authentic relationships that move beyond standardized metrics. When educators connect their own stories to their professional roles, they are more likely to approach students with empathy and intentionality.

In corporate and organizational leadership, conocimiento offers a meaningful expansion of diversity, equity, and inclusion (DEI) initiatives. Too often, DEI efforts remain at the policy level, with limited impact on culture. Structured reflection and narrative dialogue invite employees to move beyond compliance into authentic connection, building stronger teams, reducing turnover, and increasing retention. In the current climate, DEI is under growing legal and political pressure. For example, in January 2025, the federal government issued Executive Order 14151, which mandated the termination of DEI-related programs and policies across agencies (Federal Register, 2025). At the same time, numerous corporations, including Meta, Walmart, and KPMG, have scaled back or eliminated DEI, citing legal risks, political backlash, and organizational tensions (Murray, 2025).

Given this environment, conocimiento can still be included by reframing reflective practices rather than removing them. Conocimiento based sessions can be integrated into leadership development, values alignment work, or team retreats under neutral framing, such as, reflection workshop, narrative leadership, or purpose-based dialogue. Organizations might weave these practices into existing structures, such as staff meetings, onboarding, or internal training, so that sharing stories of cultural belonging, exploring assumptions about professional norms, and connecting personal values to organizational mission become part of normal operations rather than a separate. In this

way, the work of relationship, humility, and narrative can endure even as public-facing DEI language becomes politically constrained.

In nonprofit and community development, onboarding processes that include conocimiento could help align staff and volunteers with the mission of the organization. By connecting personal purpose to collective goals, organizations can foster stronger commitment, reduce burnout, and create more sustainable community impact. One participant reflected that, “before I even knew the word CHW, I was already doing this work for my family and neighbors.” This type of testimony shows how conocimiento can surface the deeper motivations and lived experiences that bring people into the role, helping organizations recognize and build upon the strengths individuals already carry into the workplace.

Even in public safety and emergency response, tools like conocimiento can play a transformative role. Police officers, firefighters, and EMTs who engage in reflection about their own cultural biases and family histories may enter community interactions with greater humility, patience, and trust-building capacity, skills that can improve de-escalation and public safety outcomes. In my own work facilitating conocimiento with CHWs, several participants shared how reflecting on their upbringing and cultural identities helped them approach tense community situations with more empathy and restraint. One CHW explained that “when I remember where I come from, I know how to walk into a room without judgment.” This finding suggests that similar reflective practices could prepare first responders to center humanity in moments of crisis, reducing

harm and strengthening relationships between institutions and the communities they serve.

Across these fields, the return on investment (ROI) is clear. Reflection and relational dialogue require minimal financial resources but generate substantial benefits in improved outcomes, stronger trust, reduced turnover, and increased cultural responsiveness. What this study has shown through working with CHWs can be a model for how institutions across industries might reimagine professional development, not as a checklist of skills, but as a process of grounding identity, building solidarity, and sustaining connection.

Return on Investment: CHWs in San Antonio and Central Texas

The results of this study affirm what community health research has long demonstrated: when Community Health Workers are trained, supported, and sustained, the return on investment (ROI) is not only financial but cultural, relational, and civic. In the city and across the state, CHWs serve as the connective tissue between institutions and the communities they struggle to reach. They are the ones who make city policies tangible at the neighborhood level, translating resources into survival and resilience.

Direct Economic ROI

National and state-level studies consistently show that for every dollar invested in CHWs, the return ranges from $2.47 to $7.00 through reduced emergency care, increased preventive service use, and improved chronic disease outcomes (Rosenthal et al., 2010;

Johnson et al., 2012). When applied to the local context, the potential impact is clear. Since 2020, more than 400 CHWs have been trained and connected through the Local Health Department (LHD) and its partners. Even with conservative calculations, this level of training and deployment suggests millions of dollars in avoided costs. If just 200 of these CHWs each prevent five emergency room visits in a year, a modest estimate given their frontline role, that translates into approximately $2 million in direct savings to local health systems, assuming an average of $2,000 per ER visit. These avoided costs are even more striking when compared to the relatively minimal investment required to provide CHWs with training and continuing education. The CHW Hub alone has offered more than 496.5 certified hours and 978 non-certified hours of CE, delivered at a fraction of the cost that hospital-based training programs typically demand.

Cross-Sector ROI

The return on investment is not confined to health care alone. As the Chapter 4 findings highlighted, the cultural, relational, and emotional labor carried by CHWs translates into measurable value across multiple city priority areas. In housing stability, for example, CHWs play a critical role in reducing eviction risks by connecting families to rental assistance programs, thereby preventing the substantial public costs associated with homelessness services. In the realm of public safety, CHWs often intervene in crises such as overdoses or domestic incidents before EMS, fire, or police arrive. In Central Texas, the cost of one avoided EMS transport is approximately $1,300, while an avoided ER admission averages around $2,000. Together, this amounts to $3,300 saved for each crisis event that a CHW successfully de-escalates or resolves.

Workforce development is another area where CHWs generate a significant return. By validating lived experience and opening leadership pathways, CHW training contributes to economic mobility, especially for women of color who represent most of this workforce. Every certification achieved is not just a piece of paper; it is an entry point into stable, middle-wage employment that lifts families out of poverty and strengthens the local economy.

Relational and Cultural ROI

The intangible returns are just as vital as the tangible economic ones. Chapter 4 showed that CHWs' ability to code-switch, negotiate legitimacy, and build cultural affirmation is not an incidental skill. Instead, it is what makes programs successful in communities where trust is fragile. Traditional metrics cannot fully capture the value of a CHW, preventing a family from falling through bureaucratic cracks or the healing power of a plática that renews a practitioner on the brink of burnout. Yet these moments reduce turnover, strengthen systems, and preserve public trust outcomes that, if lost, would carry far greater costs to the city.

In the city where poverty rates remain above the national average and health inequities cut across racial and geographic lines, the ROI of CHWs is amplified. CHWs trained through a training program have already facilitated over 18,800 encounters through the Local Health Department CHW listserv alone, demonstrating reach that would otherwise require significant staff time and budget. When multiplied across 20 internal LHD programs and 37 external partners, the scale of impact is unmatched by any single intervention.

Put simply: the CHW model is one of the highest-value, lowest-cost investments available to the city and state. It leverages lived expertise to reduce institutional costs, increases trust in public systems, and builds capacity across sectors. To underfund or eliminate this workforce would not save money, it would shift greater costs back onto hospitals, EMS, police, and city services, eroding the very resilience CHWs have built.

Organizational and Cross-Sector Implications

The results of this study demonstrate that the benefits of conocimiento and plática extend beyond personal transformation; they also have measurable implications for workforce sustainability, organizational effectiveness, and policy innovation. By grounding professional development in reflective practice and dialogue, institutions can generate human-centered and financial returns.

One of the clearest outcomes is the potential for reduced turnover and burnout. Chapter 4 revealed the emotional labor CHWs carry, navigating silences, absorbing community trauma, and code-switching to gain credibility. When organizations validate personal identity and foster a sense of belonging, they acknowledge this hidden labor rather than ignoring it. Such recognition reduces attrition, saving the significant costs of recruitment, retraining, and lost expertise that come with high turnover.

The findings also point to CHWs' increased productivity and effectiveness. Participants shared how cultural affirmation and identity grounding shaped their ability to engage authentically with clients. Employees who feel personally connected to their work and culturally affirmed in their practice engage more fully, leading to stronger outcomes

across health, education, and social service sectors. For CHWs, this meant not only improved outreach but also stronger advocacy for community needs.

These improvements translate into better service outcomes. As Chapter 4 highlighted, relational trust, the ability to connect across language, culture, and lived experience, directly impacts whether clients follow through on care plans, attend appointments, or comply with treatment. In public health, this reduces emergency room visits and increases preventive care; in education, it improves student engagement; in social services, it increases long-term impact.

Organizations that integrate reflective practice also cultivate enhanced reputation and community trust. Emphasizing that credibility is negotiated, not guaranteed. When institutions demonstrate authentic engagement by recognizing lived experience as expertise, prioritizing relational training, and supporting practitioners' well-being, they not only strengthen their own workforce but also attract new talent, funding opportunities, and partnerships. This multiplier effect amplifies the impact of every investment.

Finally, embedding conocimiento into professional development aligns directly with diversity, equity, and inclusion (DEI) goals. As participants' testimonios revealed, systems often demand assimilation into whiteness and credentialism. By re-centering lived experience and relational knowledge, organizations disrupt these inequities and create pathways for practitioners of color to lead. Such alignment opens access to grants, contracts, and compliance-related incentives while advancing justice in tangible ways.

In this sense, the ROI is dual: reflective practice builds human capital while simultaneously strengthening organizational performance. By integrating conocimiento into training, supervision, and policy, institutions can cultivate culturally responsive, resilient, and mission-aligned workforces while meeting strategic and financial goals.

Reflexivity Statement

As the researcher, my position in this study is deeply intertwined with the themes I examined. I am a Latina, a first-generation college graduate, a single mother, and a practitioner in the field of community health within the LHD. I have navigated many of the same silences, negotiations, and contradictions described by participants.

Guided by Chicana Feminist Theory, I recognize that my standpoint shaped every stage of this project, from utilizing the conocimiento/participant guide, to facilitating pláticas, to interpreting the testimonios. My cultural and professional proximity fostered trust, but it also required constant reflexivity to ensure I was not projecting my own story onto participants' voices.

Through plática methodology, I did not position myself as a distant observer but as a co-learner. Knowledge was not extracted but co-created, shaped in the spaces where my story and those of the CHWs intersected. This relational stance reflects my dual commitment: to scholarship that is rigorous and to practice that is transformative. Elevating CHW voices is not only my research agenda, it is my lived purpose. I believe that validating their ways of knowing is essential to building health systems that are more

equitable, more sustainable, and more reflective of the communities they are meant to serve.

Conclusion

This study demonstrates how Community Health Workers and similar practitioners operate at the intersection of personal history, cultural negotiation, and professional legitimacy. Their testimonios show that identity negotiation is not simply an individual act but a systemic demand. By grounding reflection and dialogue in culturally relevant frameworks such as Chicana Feminist Theory, Identity Negotiation Theory, and Plática Methodology, we are better able to honor CHWs' expertise and resist pressures that devalue their contributions.

The conocimiento guide, group discussion, and individual pláticas surfaced more than personal narratives; they revealed strategies of resilience and collective transformation. They showed how silences can be protective, how code-switching empowers and exhausts, and how credibility is constantly negotiated in institutions that privilege credentials over lived experience.

Ultimately, applying conocimiento across industries offers a human and organizational return. It strengthens people by honoring their lived stories, and it strengthens institutions by aligning mission with practice. The result is a more resilient, culturally responsive, and justice-oriented workforce, capable of sustaining systems and communities.

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APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL

ASU Knowledge Enterprise Development

APPROVAL: EXPEDITED REVIEW

Kevin Winn
Division of Educational Leadership and Innovation - West Campus
-
Kevin.P.Winn@asu.edu

Dear Kevin Winn:

On 3/10/2025 the ASU IRB reviewed the following protocol:

Type of Review:	Initial Study
Title:	Nepantleras Community Health Workers: Transcending Invisible Borders in Urban Spaces
Investigator:	Kevin Winn
IRB ID:	STUDY00021888
Category of review:	(7)(b) Social science methods, (7)(a) Behavioral research
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	• Consent Form_Nepantleras Community Health Workers, Category: Consent Form; • Group Discussion Nepantleras Community Health Workers, Category: Other; • Interview Guide Nepantleras Community Health Workers, Category: Other; • Mental Health Handout Nepantleras Community Health Workers, Category: Resource list; • Nepantleras Community Health Workers: Transcending Invisible Borders in Urban Spaces, Category: IRB Protocol; • Participant Survey _Nepantleras Community Health Workers, Category: Other; • Recruitment Letter_Nepantleras Community Health Workers, Category: Recruitment Materials;

The IRB approved the protocol effective 3/10/2025. Continuing Review is not required for this study.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

It is the research team's responsibility to notify the IRB of 'reportable new information.' (an RNI) During a research study, any adverse events, unanticipated problems involving risk, and non-

compliance **must** be reported to the IRB as an RNI. Please see the following link for details: https://researchintegrity.asu.edu/human-subjects/reportable-events. This does not include risks previously identified and listed in the IRB protocol and consent. Any serious events **must** be reported within **24 hours**. Non-serious adverse events **must** be reported within 5 business days.

Sincerely,

IRB Administrator

cc: Monica Avila

APPENDIX B

CONOCIMIENTO GUIDE

CONOCIMIENTO GUIDE

Section 1: Personal Information

Age:

☐ 18-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65+

4. Gender Identity:
   ☐ Female

   ☐ Male

   ☐ Non-binary

   ☐ Prefer not to say

   ☐ Other (please specify): _____

5. Race/Ethnicity (Check all that apply):
   ☐ Hispanic/Latino/a/x

   ☐ Mexicana/o

   ☐ Chicana/o

   ☐ Mexican American

   ☐ Mexican

   ☐ Latina/o

   ☐ Black/African American

   ☐ White

   ☐ Indigenous/Native American

☐ Asian/Pacific Islander

☐ Other (please specify): _____

6. Family Income – To the best of my knowledge, our family income is:

_____ Under $10,000

_____ $11,000 - $20,000

_____ $21,000 - $30,000

_____ $31,000 - $40,000

_____ $41,000 and above

_____ I decline to disclose my family income.

SELF		FAMILY…		
Name	*I like to be called …*	*My family is composed of …*	*In my family, I'm ranked …*	*Ethnicity my family claims is …*

RELIGION: For each relative listed below, identify each with their respective religion …						
	Maternal	*Ancestors*		*Paternal*	*Ancestors*	
Self	*Mother*	*MG-mother*	*MG-father*	*Father*	*PG-mother*	*PG-father*

EDUCATION LEGACY: Document the years of education for each identify member of the family …						
	Maternal	*Ancestors*		*Paternal*	*Ancestors*	
Self	*Mother*	*MG-mother*	*MG-father*	*Father*	*PG-mother*	*PG-father*

HEALTH/MENTAL HEALTH LEGACY: To the best of your recollection identify member of the family who experienced health issues …						
	Maternal	*Ancestors*		*Paternal*	*Ancestors*	
Self	*Mother*	*MG-mother*	*MG-father*	*Father*	*PG-mother*	*PG-father*

Medical/Traditional Treatment – check approaches used for treatment or healing:

☐ Teas

☐ Herbs

☐ Home remedies

☐ Curanderas/Sobadores/Bone setters

☐ Alternatives medicine—Ayurveda, Acupuncture, prayer

☐ Other

INDIVIDUAL ETHNIC IDENTITY: In each of the cells, write down the category that best reflects each person's ethnicity						
	Maternal	*Ancestors*		*Paternal*	*Ancestors*	
Self	*Mother*	*MG-mother*	*MG-father*	*Father*	*PG-mother*	*PG-father*

Ethnic identity – (Circle the statement that best reflects your beliefs and elaborate on the space provided.)

Ethnic identity matters …	

Does not matter …	

PLACE OF BIRTH: For each relative listed below, name their place of birth …						
	Maternal	*Ancestors*		*Paternal*	*Ancestors*	
Self	*Mother*	*MG-mother*	*MG-father*	*Father*	*PG-mother*	*PG-father*

Our immigration/migration story is …

_____

_____

Language

My first language is …	*I am fluent in …*	*I can read and write …*

Education (Fill in the blank and circle the appropriate answer for the next three sections.)

The high school I attended was …	Neighborhood I grew up is called …	I attended public school …		I went to private school …		Attended both public and private schools …	
		YES	*NO*	*YES*	*NO*	*YES*	*NO*

Generation in college … Mother's side _____

Father's side … _____

(Provide a brief response in each of the boxes below.)

Stereotypes I've heard about my people …	*Stereotypes others have used against me …*	*Stereotypes I've use against others …*

To me, attending cultural events in my city means

_____

_____

_____

Comments:

_____

_____

_____

_____

Section 2: CHW Experience & Work Setting

WORK LEGACY: Identify each job held the longest by each member of your family line …						
	Maternal Ancestors			*Paternal*	*Ancestors*	
Self	*Mother*	*MG-mother*	*MG-father*	*Father*	*PG-mother*	*PG-father*

6. How many years have you worked as a Community Health Worker (CHW)?
    - ☐ Less than 1 year
    - ☐ 1-3 years
    - ☐ 4-6 years
    - ☐ 7-10 years
    - ☐ More than 10 years
7. What is your primary work setting as a CHW? (Check all that apply)

- ☐ Community-based organization
- ☐ Public health department
- ☐ Hospital/clinic
- ☐ School or educational institution
- ☐ Faith-based organization
- ☐ Other (please specify): _____

Section 3: Language & Communication

11. What languages do you speak fluently? (Check all that apply)
    - ☐ English
    - ☐ Spanish
    - ☐ Indigenous language(s) (please specify): _____
    - ☐ Other (please specify): _____
12. How often do you switch between languages or communication styles in your work?
    - ☐ Never
    - ☐ Rarely
    - ☐ Sometimes
    - ☐ Often
    - ☐ Always
13. In what types of situations do you find yourself code-switching the most? (Check all that apply)
    - ☐ Speaking with community members
    - ☐ Talking to healthcare professionals
    - ☐ Communicating with supervisors or administrators
    - ☐ During presentations or meetings
    - ☐ Other (please specify): _____

Section 4: Final Reflections

Think about the program you are currently assigned to work with and on a separate sheet of paper answer the following questions:

- What is your knowledge or history of the program's focus area? For example, if you work in nutrition – what is your knowledge of nutrition? What were food items found in your home? If you working in a maternal health program, what is your knowledge of maternal health? Was maternal health discussed in your home?

- What is your parents' history or knowledge of the program's focus area? For example, if you work in DV- what is your familial history with DV? If you work for an asthma program, what is your parents' knowledge of asthma?
- What is your grandparent's history with the program focus area? For example, if you work in Unlocked – what is your grandparents' experience with the judicial system or incarceration?
- How do personal experiences and knowledge, impact the service you provide?
- Does understanding your family history in relation to the program's focus area help you to identify areas for improvement in service delivery?

14. On a scale of 1-5, how comfortable are you navigating different social or professional spaces through code-switching?
    - ☐ 1 - Not comfortable at all
    - ☐ 2 - Slightly comfortable
    - ☐ 3 - Neutral
    - ☐ 4 - Comfortable
    - ☐ 5 - Very comfortable
15. Is there anything else you'd like to share about your experiences with language and communication as a CHW?
    [Open-ended response]

APPENDIX C

GROUP DISCUSSION QUESTIONS

This group discussion will follow a Plática methodology, allowing for a natural, participant-driven conversation. While the guide includes key topics and questions, not all may be asked explicitly, as responses may organically address certain themes. I will adapt to the flow of the discussion, ensuring an open and reflective dialogue.

Understanding Code-Switching

12. Tell me what code-switching means to you?
13. Can share a moment when you consciously code-switched?
    - What was happening in that interaction?
14. What emotions do you associate with code-switching?
    - How does it feel?
15. When do you choose to code-switch?

Navigating Social Adaptability

16. Tell me about the challenges you face when participating in training sessions. Does your communication style change?
17. In professional spaces do you change the way you speak or present yourself?
    - How does that feel?
18. When engaging with institutions and communities you serve, in what ways do you balance professionalism and culture?

Code-Switching as a Tool for Advocacy and Leadership

19. Does your ability to code-switch increase your ability to engage with clients, healthcare professionals, or policymakers?
20. Have you ever resisted code-switching as a form of cultural or linguistic affirmation?
    - What was the outcome?
21. Does code-switching and social adaptability build your training and leadership skills as a CHW?

Reflection and Moving Forward

22. Tell me about the ways you maintain a sense of self in different environments.

APPENDIX D

PLÁTICA GUIDE QUESTIONS

This interview will follow a Plática methodology, allowing for a natural, participant-driven conversation. While the guide includes key topics and questions, not all may be asked explicitly, as responses may organically address certain themes. I will adapt to the flow of the discussion, ensuring

One-to-one Plática Questions

1. Can you share an example of a time when code-switching shaped an outcome of a situation?
2. Have you ever been in a situation where you felt conflicted about code-switching?
    - What factors influenced your decision?
3. How has your approach to code-switching evolved in your career as a CHW?
4. Are there specific words, phrases, or behaviors you intentionally switch depending on your audience?
    - Tell me about it?
5. What support or training, if any, would help you feel more confident in navigating code-switching in professional spaces?

APPENDIX E

MENTAL HEALTH RESOURCES HANDOUT

MENTAL WELL-BEING SUPPORT SERVICE

LOW-COST AND FREE COUNSELING SERVICES IN THE 210

- If you are experiencing a mental health emergency, call 9-1-1.
- The Center for Health Care Services - If you or someone you know needs mental health services, contact 210-261-CHCS (2427) for an appointment at The Center for Health Care Services.
- Be Well, Texas (888) 85-BeWell / bewelltexas.org
- BCFS Family and Youth Success (FAYS) Program (210) 283-5183 / discoverbcfs.net/fays/
- Family Service (210) 299-2406 / family-service.org
- Pride Community Clinic (210) 570-7318 / aarcsa.com
- RecoveryTexas.org (833) 922-2557
- Alcoholics Anonymous (210) 828-6235
- Sarabia Family Counseling Center (UTSA Downtown) (210) 458-2055 / sfcc.utsa@gmail.com

IDEAS FOR A NO-COST MENTAL HEALTH BOOST

- Meditation
- Physical Activity
- Spending Time in Nature
- Art & Creativity
- · Volunteering
- · Faith

Ways to Take Better Care of Yourself

- · https://isfglobal.org/practise-self-care/the-seven-pillars-of-self-care/ - The seven Pillars of Self-Care
- · https://www.nimh.nih.gov/health/topics/caring-for-your-mental-health - Caring for your Mental Health

Articles Self-Care

- · https://emergency.cdc.gov/coping/responders.asp - Emergency Responders: Tips for taking care of yourself
- · https://www.psychologytoday.com/us/blog/skinny-revisited/201805/self-care-101 - Self Care 101
- · https://www.psychologytoday.com/us/blog/click-here-happiness/201812/self-care-12-ways-take-better-care-yourself - Self-Care: 12

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