International Journal of
Environmental Research and Public Health

MDPI

Brief Report

Implementation of a Bilingual Research and Evaluation Workshop for Community Health Workers, Promotores de Salud, and Community Leaders in Washington State

Carolyn A. Fan [1,*], Kisna E. Prado [2,3], Claudia Zepeda [4], Debbie Spink [5], Michelle DiMiscio [5], Deeqa Mah [3], Alcess Nonot [3] and Wendy E. Barrington [2,3,6]

1 Center for Racial Justice and Equitable Futures, Cornell University, Ithaca, NY 14850, USA
2 Center for Anti-Racism and Community Health, University of Washington School of Public Health, Seattle, WA 98195, USA; wendybar@uw.edu (W.E.B.)
3 Department of Health Systems and Population Health, University of Washington School of Public Health, Seattle, WA 98195, USA
4 LatinX Outreach, Yakima, WA 98902, USA
5 Prevention and Community Health Division, Washington State Department of Health, Tumwater, WA 98501, USA
6 Department of Epidemiology, University of Washington School of Public Health, Seattle, WA 98195, USA
* Correspondence: cf584@cornell.edu

Highlights

Public-health relevance—How does this work relate to a public-health issue?

- Community Health Workers, Promotores De Salud (CHW/Ps), and other community leaders are crucial members of the public-health ecosystem.
- These leaders play a crucial role in promoting community health in culturally and linguistically appropriate ways within their own communities.

Public-health significance—Why is this work of significance to public health?

- CHW/Ps and community leaders are poised to play important roles in community-engaged research and evaluation on public-health issues, but there is a lack of capacity-building opportunities.
- Such research and evaluation capacity-building opportunities should also be presented in accessible ways for CHW/Ps and community leaders.

Public-health implications—What are the key implications or messages for practitioners, policy makers, and/or researchers in public health?

- We present the development, implementation, and evaluation of a bilingual research and evaluation workshop for CHW/Ps and community leaders in Washington State created through a community–academic–practice partnership.
- Public-health practitioners across community, academia, and governmental public health can use these findings as a template to develop their own research and evaluation trainings for local CHW/P and community leader groups.

Abstract

Community health workers, promotores de salud (CHW/Ps), and other community leaders play a crucial role in promoting health and addressing health inequities. Through their roles as trusted community members, they deliver culturally and linguistically appropriate health and social support. One role of CHW/Ps is evaluation and research; however, obtaining training in this area poses barriers for CHW/Ps. This paper describes a bilingual research and evaluation capacity-building workshop developed for CHW/Ps and

Check for updates

Academic Editor: Hae-Ra Han

Received: 31 July 2026
Revised: 28 September 2026
Accepted: 12 October 2026
Published: 15 October 2026

Copyright: © 2026 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license.

Community Leaders in Washington State through an academic–community–practice partnership. We describe the workshop's theoretical grounding in anti-racism and participatory approaches, the CBPR-informed partnership and development process, the workshop's content, and its impact. The workshop, held at the 2023 Washington State Public-Health Association (WSPHA) Annual Meeting, drew nearly 100 attendees. We conducted pre-/post-workshop surveys (N = 64) and found that a greater proportion of attendees stated that they understood how to collect data in their community in the post-workshop survey compared to the pre-workshop survey (pre: 72.4%, post: 92.2%, $p = 0.004$). In general, there appeared to be a potential positive impact on attendees' understanding of research, evaluation, and data. Such trainings have the opportunity to expose CHW/Ps and other community leaders to key research and evaluation skills, particularly when partnership, participation, and equity and centered.

Keywords: community health workers; promotoras; capacity building; research and evaluation; health promotion; community engagement

1. Introduction

Community-based workforces (CBWs) such as community health workers, promotores de salud (CHW/Ps), and community leaders are integral to promoting the health of underserved and marginalized communities. CHW/Ps are community members and leaders—frontline public-health workers who are set apart by their connection to the diverse communities they serve. This allows CHW/Ps to effectively link populations in need to systems of health and social services. CHW/Ps support patients and communities in many settings, including in health systems, community health centers, departments of health, non-profits, community-based organizations, and more [1–4]. Promotores de salud is the Spanish language term for CHWs. Promotores are notable for their connection to the Hispanic and Latinx community and ability to provide linguistically and culturally competent care [5]. In this paper, we will describe such members of CBWs as CHW/Ps and community leaders, in order to be inclusive of community-based health advocates who work outside of the CHW/P nomenclature. Because some CHW/P programs require credentialling or certification, they can present barriers to community members without certain identification (e.g., social-security numbers).

According to the Community Health Worker Core Consensus Project, one of the core roles of CHW/Ps is to participate in evaluation and research [6]. Given their roles as trusted community members, CHW/Ps and Community Leaders are ideal partners to conduct evaluation and research, particularly community-based participatory research (CBPR). CBPR is a research approach that emphasizes co-leadership of community members in research, alongside academic researchers and other stakeholders [7]. CBPR allows community members most affected by the health and social issues at hand to drive the research process, shifting power towards marginalized populations and allowing them to determine the issues and solutions most pertinent to them [7].

However, many CHW/Ps and Community Leaders do not have access to formal training in evaluation, research, or CBPR [1]. Even though CHW/Ps and Community Leaders may already be conducting research work outside of academic institutions by collecting and telling stories from their community, formally training them in evaluation and research skills offers an opportunity to make the research process more equitable. By building the capacity of CHW/Ps and Community Leaders in this way, they can be empowered to utilize their unique skills and positionality to further the health of

their communities. CHW/Ps' and Community Leaders' inherent connection to their communities positions them to be practitioners of CBPR in particular. The potential for this group to act as leaders in CBPR-based research and evaluation offers an opportunity to ensure power in the research dynamic rests in the community.

In Washington state, there are a variety of training opportunities for CHW/Ps and Community Leaders through the WA State Department of Health (WA DOH) and through local-health jurisdictions. In particular, during the COVID-19 pandemic, the Care Connect WA program implemented a COVID-19-response training series for CHW/Ps. However, as of the time of publication, there is no such state-level training in research and evaluation. To meet this gap, the Center for Anti-Racism and Community Health (ARCH Center) at the University of Washington (UW) developed and implemented an evaluation and research capacity-building workshop in partnership with WA DOH and LatinX Outreach, a community-based organization in South Central WA who train Community Leaders and advocate for the LatinX community.

The workshop was delivered at the WA State Public-Health Association (WSPHA) Annual Meeting in October 2023. The 90-min, Spanish–English bilingual workshop taught evaluation and research skills to CHW/Ps and Community Leaders through a CBPR and anti-racist lens. In this paper, we describe the following elements of the workshop: (1) its theoretical and conceptual grounding, (2) the partnership and development process, (3) the content of the workshop, and (4) the impact of the workshop, including the results of our pre/post-workshop survey.

2. Methods

2.1. Theoretical and Conceptual Grounding

The genesis, design, and implementation of the workshop was guided by anti-racist and community-based frameworks. Namely, the workshop was centered on Community-Based Participatory Research (CBPR) [7]; Public-Health Critical-Race Praxis (PHCRP) [8] and Community Cultural Wealth (CCW) [9] supplemented the CBPR approach. These theories informed the development and partnership process of the workshop, while also forming key portions of the training itself.

CBPR is a research praxis which calls for the co-leadership of community members and researchers throughout the research process [7,10]. Through such partnership, research centering CBPR results in mutual exchange of expertise, long-term trust building, and community empowerment. CBPR stems from participatory action research and popular education, both of which emphasize the importance of including marginalized communities in research and pedagogical activities, standing as an alternative paradigm to traditional educational models [7,11]. CBPR's orientation in social justice makes it an ideal framework to tackle health inequities [7], particularly when led by CHW/Ps and Community Leaders. There are examples of CHW/Ps training in CBPR and acting as key members in CBPR research projects [12], demonstrating the synergies between CBPR and CHW/Ps.

PHCRP and CCW both stem from Critical Race Theory [8,9]. As such, both PHCRP and CCW are guided by an understanding of the social construction of race and the structural nature of racism, and both call for consciousness around how race shapes our perspectives of racialized groups [13]. PHCRP was developed by Ford and Airhihenbuwa in 2010 as a way to apply CRT to public-health research and practice, and provides strategies to better grapple with racism and racialization in the public-health field [8]. For instance, understanding the racial and ethnic demographics of our target region of Central Washington informed the language delivery of the workshop (Spanish–English bilingual, with Spanish at the forefront). Many of the counties that make up Central Washington have a large proportion of Hispanic residents, including Adams County (64.5%), Franklin County (55.3%), and Yakima County (52.4%) [14].

CCW, developed by Yosso in 2005, had its genesis in the education field as a framework for highlighting the strengths and capital of students of color [9]. The CCW framework establishes multiple forms of cultural capital that are unique to marginalized communities [9]. Of particular relevance to CHW/Ps and Community Leaders are navigational, linguistic, social, and resistance capital. CHW/Ps and Community Leaders build trust and outreach across their community (social capital) and offer their skills in maneuvering through complex health and social systems (navigational capital), oftentimes in multiple languages (linguistic capital) [9]. In doing so, they help their communities face various barriers to health and wellbeing (resistance capital) [9].

Through PHCRP and CCW, the workshop is grounded in anti-racism. This is crucial because CHW/Ps are often members of communities of color who are deeply impacted by structural racism [4,12]. Without an anti-racist perspective, training opportunities for CHW/Ps and Community Leaders may replicate harmful biases.

2.2. Development and Partnership Process

The UW Center for Anti-Racism and Community Health (ARCH), Washington State Department of Health (WA DOH), and LatinX Outreach co-led the development and implementation of this workshop. This community–academic–partnership began through the Community Health Workers for COVID-19 Response and Resilient Communities (CCR) grant (CDC-RFA-DP21-2109), funded by the Centers for Disease Control and Prevention (CDC). The CCR initiative invested over USD 340 million across 67 organizations to train, deploy, and engage CHWs in communities most affected by the COVID-19 Pandemic. Recipients included state, local, territorial, tribal, and Native-serving health organizations. WA DOH was funded through CCR Components B and C, which sought to expand existing CHW efforts and develop innovative approaches for the use of CHWs, respectively. The ARCH Center was tapped by WA DOH to conduct an anti-racist and community-driven evaluation of the CCR Component B and C program activities. LatinX Outreach partnered with WA DOH for years one and two of CCR Component C to train CHW/Ps and Community Leaders in the South–Central region of WA state through their Promotora Training Model.

Because of this grant and the collaboration built over the course of over two years of programmatic and evaluation work, there was existing rapport and trust across the community–academic–practice partnership. It was through this pre-existing work that the gap in research and evaluation training for CHW/Ps in WA emerged. Within our evaluation of the CCR program, we found that both DOH trainers and community organizations employing CHW/Ps and Community Leaders reported a lack of research and evaluation capacity-building opportunities. The aims of the CCR grant and partnership with LatinX Outreach further delineated the focus of the proposed training on Hispanic and Latinx CHW/Ps and Community Leaders in the North and South–Central regions of WA state.

The authorship team is made up of members of this collaborative partnership. At the time of writing, CAF, KEP, DM, and AN were student and staff researchers at the ARCH Center. CAF has previous experience as a CHW. CZ is the founder and director of LatinX Outreach and is an organizer and Promotora with experience in both the US and Mexico. DS and MD both lead CHW/P training and development work at WA DOH. WEB is the director of the ARCH Center and oversaw the workshop development.

The ARCH Center as a whole is guided by PHCRP and CBPR, and seeks to bring this orientation to its research, evaluation, and community-based work. As such, LatinX Outreach and WA DOH were engaged as partners from the initial development of the workshop. Leaders and staff from each organization met for a series of brainstorming meetings over the course of several months to co-author the abstract for conference submission, develop the goals of the workshop, and mold its approach. Each organization

provided feedback on the workshop's content. The division of labor for workshop delivery was based on each organization's respective Spanish–English language ability and facilitation strengths.

Each partner contributed the following significant ideas and supports for forming the workshop (Table 1).

Table 1. Partner contributions to the workshop.

UW ARCH Center	LatinX Outreach	WA DOH
• Submitted conference abstract to WSPHA • Developed workshop content and format, directly informed by input and conversations with partners. • Managed logistics for recruiting and registering attendees. • Delivered workshop content in Spanish and English. • Implemented and analyzed pre/post workshop evaluation survey. • Provided rapid Spanish and English translation during workshop. • Served as English-speaking facilitators for small group activities.	• Recruited workshop participants, particularly CHW/Ps and Community Leaders from their organization and region. • Supported Spanish–English bilingual delivery of workshop. • Advocated for Spanish as the leading language for the workshop, to encourage reflection on language access by English monolingual attendees. • Contributed their unique Promotora Model and perspective on training CHW/Ps and Community Leaders. • Served as Spanish-speaking and bilingual facilitators for small group activities. • Provided feedback on workshop content and format.	• Noted gap in evaluation and research training in state-wide CHW/P training. • Centered storytelling as an orientation for research and evaluation. • Provided feedback on workshop content and format. • Provided conference funding for workshop participants and facilitators through the CCR grant. • Supported workshop participant recruitment. • Served as English-speaking facilitators for small group activities.

The workshop's grounding in theory and community–academic–practice partnership is demonstrated in the below model (Figure 1).

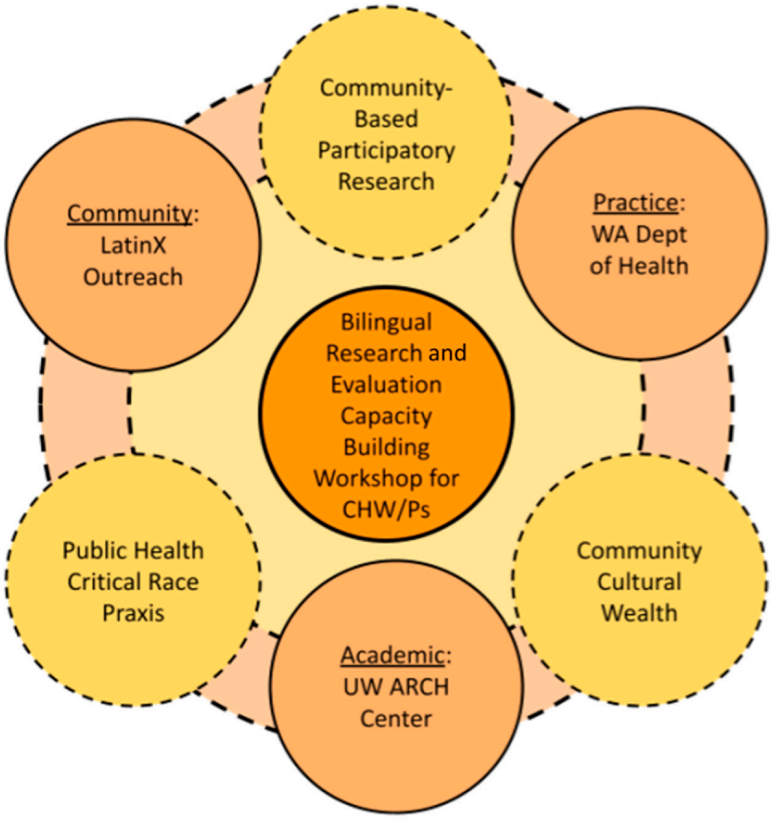


Figure 1. Framework of theory (yellow, dotted line circles) and Community–Academic–Practice Partnership (orange, solid lined circles) approach guiding the creation of the workshop.

A key element of the workshop was the funding of CHW/Ps and Community Leaders from CCR partner organizations to attend the workshop and the larger conference. As part of efforts to build innovative strategies to support CHW/Ps and Community Leaders, the ARCH Center and WA DOH worked together to provide financial and logistical support for CHW/Ps across the North Central and South–Central regions of WA state to attend. CHW/Ps and Community Leaders were recruited from partner organizations such as Latinx Outreach, Greater Health Now, and Action Health Partners. Priority for funding was given to CHW/Ps and Community Leaders who were low-income, identified as Promotores or Latinx Community Leaders, and were living/working in rural areas. Funding covered conference registration, WSPHA membership, lodging, travel, and per diem.

2.3. Workshop Evaluation

We implemented an anonymous, unmatched pre- and post-workshop survey to measure participant attitudes towards conducting research. This survey was intended to be brief and voluntary, and its results exploratory. We asked participants to indicate their level of agreement with a series of statements on a five-point Likert scale with the following choices: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree. The pre-workshop survey contained the following statements: (1) I understand what research and evaluation is, (2) I understand how to collect data in my community, (3) I believe it is useful for Community Health Workers and Promotores to participate in research and evaluation, (4) I believe research and evaluation will help my community, and (5) I am interested in participating in research and evaluation. The post-workshop survey repeated questions one, two, and five, and added the additional statement of "I learned something in this workshop that is useful to me". Responses were dichotomized into Disagree (Strongly Disagree to Neutral) and Agree (Agree to Strongly Agree). The group-level averages of questions one, two, and five were compared via unpaired t-tests in R due to the anonymous, unmatched nature of the evaluation survey.

The survey also offered space for attendees to leave open-ended feedback. All Spanish language responses were translated by a staff member into English before being reviewed. The feedback was then analyzed using thematic qualitative analysis with a single coder. An inductive approach was used to allow themes to emerge.

3. Results

3.1. Workshop Delivery

The workshop was delivered 10 October 2023, at the WSPHA Annual Meeting in Wenatchee, WA. Two lead presenters (one Spanish and English-speaking and one English-speaking) from the ARCH Center delivered the main workshop content. The workshop was supported by eight facilitators, who assisted with workshop set up, guided small group activities, and answered questions from attendees. The facilitators included staff from the ARCH Center, CHW/Ps, and Community Leaders from LatinX Outreach, and staff from WA DOH. Three of the facilitators spoke Spanish and English, and five spoke English.

The workshop room had a capacity of 100 attendees, and it was set up with 10 round tables to facilitate small group discussion. Before the workshop, physical materials were prepared for each table, including presentation print-outs (Spanish and English), pre-workshop surveys (Spanish and English), post-workshop surveys (Spanish and English), name tags, large sticky-pads, markers, and post-its.

Given the workshop's bilingual nature, presentation print-outs helped monolingual attendees follow along with the content in the absence of live translation. In order to center Promotores and other Spanish-speaking attendees, the workshop was delivered in both Spanish and English, with Spanish at the forefront. This also served the purpose of

encouraging reflexivity among English-speaking attendees, who may have never been in a training space where English was not the primary language spoken.

3.2. Workshop Content

An overview of the workshop content can be found in Table 2. The workshop began in Spanish with introductions, land and labor acknowledgements, and an overview of the agenda. A land and labor acknowledgement was important for the facilitation team, who used the acknowledgement to ground the training in its goals to center the lived experiences of Indigenous, Latinx, Black, and other CHW/Ps of color.

Table 2. Outline of workshop content.

Section	CBPR Activity	Presentation Language
Introductions and Land Acknowledgements	N/A	Spanish
Honoring Community Knowledge and Experience	Think/Pair/Share	Spanish
Community-Engagement Strategies	All on the Wall	English
Data Collection, Analysis, and Interpretation	SHOWeD/Code	English
Action and Advocacy	N/A	Spanish

The workshop followed with another Spanish section on honoring community knowledge and experience. The presenters covered concepts such as cultural humility [15], ethics in research and evaluation, and ways to prevent harm. The first interactive activity was a Think, Pair, Share about their and their community's strengths.

The next section, on community engagement strategies, was held in English. This section highlighted CBPR as a way to empower communities, as well as a data collection tool usable by CHW/Ps. Examples of CBPR tools covered in the training included All on the Wall, River of Life, Codes, SHOWeD, and Plus/Delta [16]. Some of these methods would be used in small group activities throughout the training, in order to demonstrate the method by doing. For instance, small groups completed an All on the Wall activity about the most pressing health and social needs in their communities.

Our final English section was on data collection, analysis, and interpretation. This section provided a foundational overview of what data and data collection can entail. We defined data broadly, recognizing that academic institutions often place an overemphasis on quantitative data. Instead, we emphasized that stories, letters, pictures, and art can be crucial sources of data as well. Using a bar graph about social and health needs in WA state as a "code", we utilized the SHOWeD method as an interactive example of how to interpret and analyze data. SHOWeD is a method for framing discussion based in Freirian inquiry, representing the following: "What do you See here"? What is really Happening? How does this relate to Our lives? Why does this problem or strength exist? What can we Do about it?" [16]. The SHOWeD method, paired with an image that acts as a "code" for participants to respond to, encourages iterative discussion about alternate ways to understand a shared topic [16].

We closed out the session in Spanish, highlighting ways to advocate for change in policy, as well as resources for CHW/Ps. We know that CHW/Ps, beyond serving individuals, also impact wide community and structural-level change through advocacy work. We highlighted how stories can serve as important tools to change policymakers' minds, and how they can use the data they collect to make recommendations and communicate with decision makers. We included information on resources such as local CHW/P networks and organizations, as well as further training opportunities for CHW/Ps in techniques such as digital storytelling.

3.3. Workshop Evaluation Results and Impact

This initiative successfully funded 52 CHW/Ps and Community Leaders to attend the training and the wider WSPHA conference. Nearly 100 attendees from across WA state participated in the 90-min training workshop. About 1/3 of attendees self-selected to sit at Spanish-language small group tables.

Pre- and post-workshop survey results were analyzed (N = 64). These surveys were anonymous and therefore unmatched, and all descriptive statistics presented are group-level averages. The proportion of surveys completed by language was roughly representative of the audience in attendance (n = 46 English, n = 20 Spanish). For questions measured only in the pre-workshop survey, we found that 98.3% believed it was useful for CHW/Ps to participate in research and evaluation, and 96.6% believed that research and evaluation would help their community. For questions measured only in the post-workshop survey, 96.8% agreed that they learned something in the workshop that was useful to them.

The following questions were measured in both the pre- and post-workshop survey (Figure 2). The proportion of participants who indicated interest in participating in research and evaluation remained largely the same, growing three percentage points from 93.2% to 95.2%. This difference was not significant. The proportion of attendees who reported understanding what research and evaluation was grew 10 percentage points, from 83.3% to 93.7%, though this difference was not significant. In particular, CHW/Ps reported better understanding of how to collect data in their community after the workshop. Before the workshop, 72.0% of attendees reported understanding of how to do so. After the workshop, this grew by 20 percentage points, with 92.2% reporting they now understood how to collect data in their community. This was a statistically significant difference (p = 0.004).

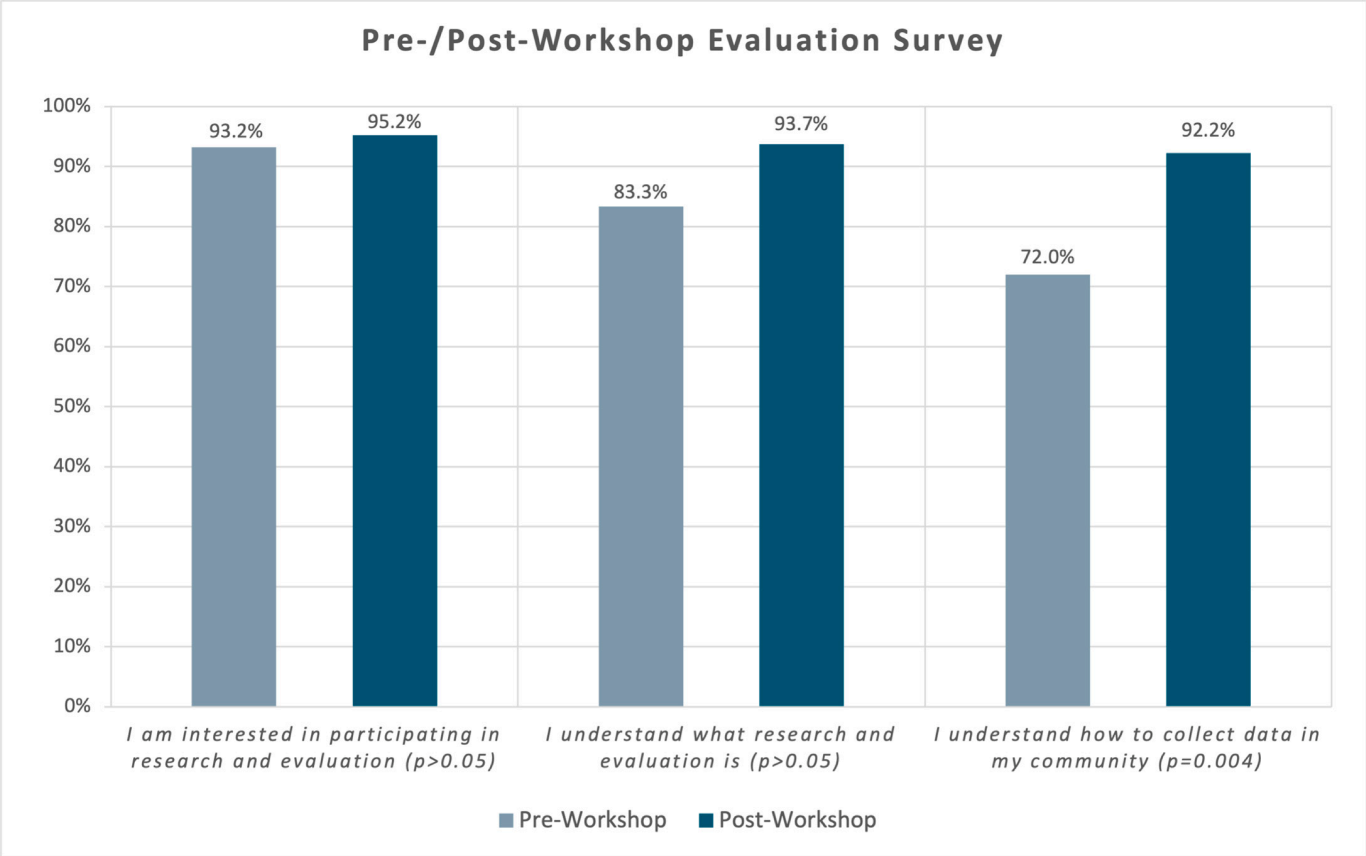


Figure 2. Pre- and post-workshop group-level, unpaired evaluation survey results (N = 64).

We provided an open space in the post-workshop survey for participants to write any thoughts on the training. In these open-ended responses, participants left constructive feedback on the training. Participants asked for a longer workshop, noting that some content felt rushed. Other participants called for more seamless interpretation, more focus on people and their lived experiences (rather than structural problems), and greater integration of technology to better facilitate the workshop.

Notably, both English and Spanish-speaking attendees noted appreciation for the bilingual workshop approach. One attendee wrote:

> "Agradezco que tubieron este taller en ingles y español para que la gente que con sus promotores sean involucrados en estas actividades muy reflectantes e importantes."
>
> "I appreciate that you held this workshop in English and Spanish so that people and their promotores could be involved in these thought-provoking and important activities." (English translation)

4. Discussion

CHW/Ps play multiple vital roles in promoting public health and health equity. Leading research and evaluation is one such role, but opportunities for training in this skillset are less common than other core CHW/P competencies. One scoping review examined 236 journal articles from 2010 to 2023 about CHW training and education [17]. Only 33 of these articles focused on the domain of monitoring and data skills [17]. A 2018 scoping review that examined CHWs' membership and co-authorship on research teams found 130 such journal articles, but only 23 of these articles had CHWs integrated throughout multiple stages of the research process [18]. The literature indicates there is still room for CHW/Ps to be actively engaged in research and evaluation.

Training that incorporates community-engaged practices is even rarer. A scoping review (albeit from 2007) reviewed USA-based articles on CHW training; out of forty-four articles, only four utilized a CBPR approach [19]. A more recent systematic scoping review from 2018 identified 12 studies which involved CHWs and a specific form of community-engaged approach (participatory visual methodology) [20]. Finally, other studies have identified CBPR as a significant area of training interest and growth for CHWs [21]. As such, we aimed for this article to add to the literature on CHW/P research and evaluation training programs, as well as CHW/P education, which centers community-based and anti-racist approaches.

4.1. Strengths

This workshop's innovation and strength lie in its foundation in critical theory and praxis, the community–academic–practice partnership at its genesis, and bilingual delivery format.

This workshop's foundation in PHCRP, CBPR, and CCW emerged in a number of ways. A key principle of PHCRP is race consciousness, which asks researchers and practitioners to ask how racism shows up in seemingly colorblind contexts [8]. Because language is a key part of racialization, it was important to conduct a bilingual workshop to be inclusive of our CHW/P and Community Leader population. In addition, by leading with Spanish, we centered in the margins [22]. In doing so, we aimed to spark the same question of racial consciousness and reflexivity within our English-speaking attendees. The PHCRP principle of disciplinary critique also influenced our work. Our workshop's critical praxis was able to disrupt the status quo of a predominantly governmental and academic conference, bringing in valuable community voice.

CBPR was key to our partnership process, workshop development, and workshop content. We relied on existing partnerships with both governmental public-health and community-based organizations to conceive of and develop the workshop from the ground up. Our partners provided valuable feedback on the workshop development, adding elements such as our bilingual approach, highlighting the importance of a strengths-based paradigm, emphasizing a story-telling framework to data collection, and acting as trained facilitators. We do not think this multi-directional learning opportunity would be feasible without the two years of relationship building prior to this workshop. Finally, we not only taught CBPR skills, but we also incorporated them into the workshop itself. This allowed us to build these skills in a dialogic way; attendees learned about the tools and were then able to put them into practice with trained facilitators.

Drawing upon CCW theory, we recognize that communities of color are often only seen through a health deficit lens. It is important to center community power, knowledge, and experience and understand that academics have much to learn from the wealth of expertise that CHW/Ps and Community Leaders hold. As such, our very first activity emphasized community strength and expertise. By emphasizing that stories are a form of data, we recognized that CHW/Ps and Community Leaders are already experienced data collectors.

4.2. Limitations

There are limitations to this workshop and its evaluation. This was a one-time, 90-min training. As such, its impact is limited compared to longer ongoing trainings. We are unable to follow up with participants long-term, so it is difficult to know how the attendees' learnings from the training will be applied in their work. We also lacked the capacity to provide fully staffed translation for the full workshop. We did our best to ameliorate this by providing translated guides for all attendees to follow along with, as well as live, rapid translation of participant questions and answers. In addition, the conference setting of the workshop could have created structural barriers for potential participants to attend, even with the funding provided by the grant. Some CHW/Ps and Community Leaders may have had family care, professional, or other responsibilities which precluded them from attending. However, our conference setting may have also provided us the opportunity to reach new communities that we previously were not connected with.

Our pre/post surveys were anonymous and brief to encourage participation. Because we did not collect attendee names for the surveys, we were unable to link pre and post survey data for analysis. Therefore, our analyses are of group-level averages, and we cannot analyze the results on the basis of demographic variables. In addition, the survey questions were unvalidated and assess the attendees' attitudes towards research and evaluation in general, rather than measuring true pre-/post-knowledge gain. Finally, the response rate of 64% could have resulted in bias towards attendees with stronger opinions to share. However, the response rate could be due to the conference setting, where attendees may come and go for different sessions resulting in reduced completion of the pre-/post-workshop surveys. As a whole, the interpretation of the evaluation survey results should be considered in a limited scope. However, despite these limitations, we believe that our bilingual research and evaluation capacity-building workshop for CHW/Ps and Community leaders offer a model for other public-health researchers and practitioners to replicate and build upon.

4.3. Implications for Practice

The bilingual nature of the workshop in the setting of a state-wide conference offers a model for other CHW/P and Community Leader training programs to follow. Beyond a

demonstration of knowledge and capacity for research and evaluation among our attendees, there was also other evidence of impact. Many English-speaking attendees noted how the bilingual format of the workshop encouraged them to step out of their comfort zone and reflect on language access in their own work.

Such conferences may be an under-utilized venue to engage with CBWs. Including CBWs at conferences has benefits for both CHW/Ps and Community Leaders themselves, as well as other conference attendees. The WSPHA conference organizers expressed their gratitude for the way our session diversified the overall conference; embedding CHW/Ps and Community Leaders into a space that in previous years was dominated by governmental employees, researchers, and students.

By funding CHW/Ps and Community Leaders to attend, we helped overcome financial barriers and make it feasible for them to travel to the conference. Making the effort to center Spanish-speaking attendees allowed us to offer a more inclusive and equitable capacity-building opportunity. Attendance numbers far surpassed expectations, drawing CHW/Ps and Community Leaders from across the state. Audience participation was high. Numerous attendees spoke to the facilitation afterwards, wanting to talk more about research and evaluation opportunities.

At the ARCH Center, we have continued adapting the workshop for other venues and audiences. In Winter 2024, we partnered with Comagine Health, a national nonprofit, to deliver a version of this workshop to CHW/Ps serving Black communities in WA State. Although this version of the workshop did not necessitate a bilingual approach, we adapted the workshop in other ways to tailor it to their specific CHW/P population. We aim to continue to explore other ways to continue to adapt, deliver, and grow this workshop.

5. Conclusions

In conclusion, a partnership between community, academic, and practice-based/governmental organizations garnered an impactful collaboration: a Spanish and English bilingual, research and evaluation capacity-building workshop for CHW/Ps and Community Leaders. Through this partnership, and our grounding in critical theories, we were about to take an anti-racist and community-engaged approach to providing a needed training for CHW/Ps and Community Leaders in WA state. Exploratory results from a brief evaluation of the workshop indicates potential for such trainings to garner a better understanding of research and data for CHW/Ps and other Community Leaders. We hope that this workshop can become a model for other public-health researchers and practitioners to support the development of the crucial public-health workforce that is CHW/Ps and Community Leaders.

Author Contributions: Conceptualization: C.A.F., K.E.P., C.Z., D.S., M.D., D.M., A.N. and W.E.B.; methodology: C.A.F., K.E.P., C.Z., D.S., M.D., D.M., A.N. and W.E.B.; formal analysis: C.A.F.; resources: C.Z., D.S., M.D. and W.E.B.; writing—original draft preparation: C.A.F. and K.E.P.; writing—review and editing; C.A.F., K.E.P., C.Z., D.S., M.D., D.M., A.N. and W.E.B.; visualization: C.A.F.; supervision: C.A.F. and W.E.B.; project administration: C.A.F.; funding acquisition: W.E.B. All authors have read and agreed to the published version of the manuscript.

Funding: This research was funded by the Centers for Disease Control and Prevention's (CDC) Community Health Workers for COVID-19 Response and Resilient Communities (CCR) Initiative, grant number CDC-RFA-DP21-2109.

Institutional Review Board Statement: This manuscript describes an evaluation project and is not intended to develop generalizable knowledge. According to the University of Washington IRB, this project is not considered research and therefore is excluded from needing to obtain IRB approval or determination of exempt status.

Informed Consent Statement: Participant consent was waived due to exempt status because all data were collected anonymously.

Data Availability Statement: Dataset available on request from the authors.

Acknowledgments: Our deepest gratitude to our partners on this project, including our workshop facilitators and partners from the Washington Department of Health, LatinX Outreach, and the Washington State Public-Health Association.

Conflicts of Interest: The authors declare no conflicts of interest.

Abbreviations

The following abbreviations are used in this manuscript:

CHW/P	Community Health Workers and Promotores de Salud
CBPR	Community-Based Participatory Research
WSPHA	Washington State Public-Health Association
WA	Washington
CBW	Community-Based Workforces
WA DOH	Washington State Department of Health
ARCH	Anti-Racism and Community Health
UW	University of Washington
PHCRP	Public-Health Critical-Race Praxis
CCW	Community Cultural Wealth
CCR	Community Health Workers for COVID-19 Response and Resilient Communities
CDC	Centers for Disease Control and Prevention

References

1. Afzal, M.M.; Pariyo, G.W.; Lassi, Z.S.; Perry, H.B. Community health workers at the dawn of a new era: 2. Planning, coordination, and partnerships. *Health Res. Policy Syst.* **2021**, *19*, 103. [CrossRef]
2. Pérez, L.M.; Martinez, J. Community Health Workers: Social Justice and Policy Advocates for Community Health and Well-Being. *Am. J. Public Health* **2008**, *98*, 11–14. [CrossRef]
3. Rahman, R.; Ross, A.; Pinto, R. The critical importance of community health workers as first responders to COVID-19 in USA. *Health Promot. Int.* **2021**, *36*, 1498–1507. [CrossRef]
4. Valeriani, G.; Sarajlic Vukovic, I.; Bersani, F.S.; Sadeghzadeh Diman, A.; Ghorbani, A.; Mollica, R. Tackling Ethnic Health Disparities Through Community Health Worker Programs: A Scoping Review on Their Utilization During the COVID-19 Outbreak. *Popul. Health Manag.* **2022**, *25*, 517–526. [CrossRef]
5. Hilfinger Messias, D.K.; Parra-Medina, D.; Sharpe, P.A.; Treviño, L.; Koskan, A.M.; Morales-Campos, D. Promotoras de Salud: Roles, Responsibilities, and Contributions in a Multi-Site Community-Based Randomized Controlled Trial. *Hisp. Health Care Int. Off. J. Natl. Assoc. Hisp. Nurses* **2013**, *11*, 62–71. [CrossRef]
6. Rosenthal, E.L.; Menking, P.; St John, J.; Fox, D.; Holderby-Fox, L.R.; Redondo, F.; Hirsch, G.; Lee, L.; Brownstein, J.N.; Allen, C.; et al. *The Community Health Worker Core Consensus (C3) Project Reports and Website*; Texas Tech University Health Sciences Center: El Paso, TX, USA, 2014–2024. Available online: https://www.C3Council.org/ (accessed on 5 May 2024).
7. Wallerstein, N.B.; Duran, B. Using Community-Based Participatory Research to Address Health Disparities. *Health Promot. Pract.* **2006**, *7*, 312–323. [CrossRef]
8. Ford, C.L.; Airhihenbuwa, C.O. The public health critical race methodology: Praxis for antiracism research. *Soc. Sci. Med.* **2010**, *71*, 1390–1398. [CrossRef]
9. Yosso, T.J. Whose culture has capital? A critical race theory discussion of community cultural wealth. *Race Ethn. Educ.* **2005**, *8*, 69–91. [CrossRef]
10. Israel, B.A.; Schulz, A.J.; Parker, E.A.; Becker, A.B. Review of community-based research: Assessing Partnership Approaches to Improve Public Health. *Annu. Rev. Public Health* **1998**, *19*, 173–202. [CrossRef]
11. Wallerstein, N.; Belone, L.; Burgess, E.; Dickson, E.; Gibbs, L.; Parajón, L.C.; Ramgard, M.; Sheikhattari, P.; Silver, G.B. Community Based Participatory Research: Embracing Praxis for Transformation. In *The SAGE Handbook of Participatory Research and Inquiry*; SAGE Publications Ltd.: London, UK, 2021; pp. 663–679, ISBN 978-1-5264-4050-1.

12. Purvis, R.S.; Bing, W.I.; Jacob, C.J.; Lang, S.; Mamis, S.; Ritok, M.; Rubon-Chutaro, J.; McElfish, P.A. Community Health Warriors: Marshallese Community Health Workers' Perceptions and Experiences with CBPR and Community Engagement. *Prog. Community Health Partnersh. Res. Educ. Action* **2017**, *11*, 315–320. [CrossRef]
13. Delgado, R.; Stefancic, J.I. Introduction. II Hallmark Critical Race Theory Themes. In *Critical Race Theory: An Introduction*; Critical America; New York University Press: New York, NY, USA, 2001; ISBN 978-0-8147-1930-5.
14. National Institute on Minority Health and Health Disparities. Population Table for Washington Counties. 2026. Available online: https://hdpulse.nimhd.nih.gov (accessed on 11 September 2026).
15. Tervalon, M.; Murray-Garcia, J. Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *J. Health Care Poor Underserved* **1998**, *9*, 117–125. [CrossRef]
16. Sánchez, V.; Wallerstein, N.; Alaniz, C.; Belone, L.; Dickson, E.; Parker, T.; Sanchez-Youngman, S. Innovation in Community-Based Participatory Research (CBPR) Education: A Summer Institute on Indigenous and Critical Methodologies. *Pedagog. Health Promot.* **2025**, *11*, 264–272. [CrossRef]
17. Sultan, M.A.; Miller, E.; Tikkanen, R.S.; Singh, S.; Kullu, A.; Cometto, G.; Fitzpatrick, S.; Ajuebor, O.; Gillon, N.; Edward, A.; et al. Competency-based education and training for Community Health Workers: A scoping review. *BMC Health Serv. Res.* **2025**, *25*, 263. [CrossRef]
18. Coulter, K.; Ingram, M.; McClelland, D.J.; Lohr, A. Positionality of Community Health Workers on Health Intervention Research Teams: A Scoping Review. *Front. Public Health* **2020**, *8*, 208. [CrossRef]
19. O'Brien, M.J.; Squires, A.P.; Bixby, R.A.; Larson, S.C. Role Development of Community Health Workers: An Examination of Selection and Training Processes in the Intervention Literature. *Am. J. Prev. Med.* **2009**, *37*, S262–S269. [CrossRef]
20. O'Donovan, J.; Thompson, A.; Onyilofor, C.; Hand, T.; Rosseau, N.; O'Neil, E. The use of participatory visual methods with community health workers: A systematic scoping review of the literature. *Glob. Public Health* **2019**, *14*, 722–736. [CrossRef]
21. Klein, K.G.; Tucker, C.M.; Ateyah, W.A.; Fullwood, D.; Wang, Y.; Bosworth, E.T.; Schueler, L.O. Research interests, experience, and training of Community Health Workers: A mixed Method Approach. *J. Community Health* **2022**, *47*, 949–958. [CrossRef]
22. bell hooks. *Feminist Theory: From Margin to Center*; South End Press: Boston, MA, USA, 1984; ISBN 0-89608-222-9. Available online: https://funceji.files.wordpress.com/2017/08/bell_hooks_feminist_theory_from_margin_to_centebookzz-org_.pdf (accessed on 5 December 2023).

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.