



Final Report: Executive Summary

LONG-TERM IMPACTS OF PROMOTOR ENGAGEMENT

A five-year follow-up study of the Latin American Youth Center's Promotor Pathway program

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Latin American Youth Center

Promotor Pathway Follow Up Evaluation

Executive Summary

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Introduction

In 2008, Latin American Youth Center (LAYC) created the *Promotor Pathway*[®], a long-term client management intervention model, to assist the Washington, DC region's most vulnerable youth who face multiple barriers to success. "Promotores" are LAYC staff who serve as intensive case managers, advocates, and mentors. They work one-on-one with each youth for an average of two to four years to provide mentorship, proactively encourage participation in a broad set of LAYC wraparound services and connect them to other needed resources within the community so they can make a successful transition to adulthood¹.

The *Promotor Pathway* serves low-income youth of color ages 11 to 24 with a multitude of challenges, such as limited education, homelessness, trauma, substance abuse, and court involvement. Our youth and their families live in communities that have been systemically underserved and under-resourced, fostering numerous inequities that can lead to disengagement from school, employment, and community connections. The *Pathway* disrupts these inequities by assessing youth's academic, professional, and socioemotional goals, strengths, and challenges in the context of their circumstances. In partnership, youth and Promotores: 1) develop youth's skills and abilities, 2) link youth to services, resources, and opportunities, and 3) reform systems to meet youth needs.

LAYC designed the *Promotor Pathway* in accordance with the organization's Positive Youth Development (PYD) framework. This approach was created specifically for LAYC's target population to provide meaningful mentorship for staff to support youth in identifying their strengths, using their skills to build social, emotional, and physical protective factors, and empowering youth to be their own catalyst of change. Our framework addresses common youth development inequities such as implicit bias, stereotyping, and paternalism: PYD's goal is to dismantle the prevailing framework that BIPOC youth are problems to be solved, and instead fosters collaborative, strengths-based relationships with caring adults that center youth's individual needs, goals, and desires in context of their specific lived experiences.

LAYC developed a Risk Screening Tool that assesses the barriers in a young person's life, allowing Promotores to identify, outreach, and serve those experiencing the highest level of need. The *Promotor Pathway* model focuses on cultivating and maintaining lasting, trusting relationships with youth to achieve success in education, employment, and healthy behaviors. Promotores support youth with anything from "small wins" (such as procuring an ID) to crisis intervention in order to remove obstacles and engage youth in a broad set of programs and services in the community. Since our youth have a variety of risk factors that cannot be quickly addressed, the long-term relationship enables Promotores to create lasting change. Success is defined as youth achieving stability, connectedness, and self-agency.

The characteristics of the Promotores themselves also help foster trusting relationships as staff largely represent the communities we serve. LAYC's Promotores are a diverse group of youth workers, many hailing from communities similar to those our youth live in, providing an opportunity for youth to work

¹ For full Logic Model, see Appendix Item 1

with someone with lived experience and the contextual understanding of their barriers. LAYC believes this aspect of representation in service providers can support positive youth development and trusting relationships with caring adults.

Evaluation Phase I

From 2010 to 2016, LAYC worked with the Urban Institute, to undertake a randomized control trial (RCT) evaluation of the *Promotor Pathway*. Evaluators randomly assigned nearly one-third of 476 eligible youth, ages 16 to 22, to work with a Promotor – the treatment group. The remaining youth, assigned to the control group, were offered all appropriate LAYC services (such as afterschool programming, wellness services and mental health counseling) but did not have a Promotor assigned to them. Youth in both groups faced myriad challenges at the time of recruitment, including 21% reporting not getting enough to eat; 22% not regularly sleeping in the same home; 23% experiencing a recent arrest; and 14% having previous or current involvement in the foster care system.

With the assistance of Ewald & Wasserman Research Consultants, surveys were administered to participants at baseline, six, twelve, and eighteen months. In 2016, the Urban Institute analyzed the data to measure changes in knowledge, skills, and behaviors in the *Pathway's* three primary outcome areas: academic success, employment success, and healthy behaviors, publishing the study *Solutions for Youth: An Evaluation of the Latin American Youth Center's Promotor Pathway* (Theodos et al 2016). The authors found that, compared to the control group, youth working with a Promotor were: 33% more likely to be engaged in school, 33% less likely to have a child, and 60% less likely to have spent the night in a shelter or on the streets eighteen months after being assigned a Promotor. As a result of these positive findings, the US Corporation for National and Community Service (CNCS) designated the *Promotor Pathway* as a program with promising evidence of effectiveness (CNCS 2017 *State of Evidence: Annual Report*, page 8).

Evaluation Phase II

Between 2016 and 2019, LAYC engaged Ewald & Wasserman Research Consultants again to implement a five-year follow-up survey with youth from the RCT. Using the same randomized cohort of youth, LAYC sought to assess the longer-term impact of the model, gathering data on youth who were between 22 and 29 years old. A phone survey, completed by 186 (39%) of the original study participants, asked about health, educational, and employment outcomes to get a glimpse into the lives of these participants as young adults. A similar proportion of the respondents in the second evaluation belonged to the treatment and control groups. The youth were also of a similar demographic makeup regarding race and age, though a higher percent of respondents were female in the second phase (58% compared to 49% at baseline)². In 2022, Solomon Evaluation, LLC, a third-party evaluation firm, analyzed the survey data and provided the key findings shared in this report.

Outcome Highlights

Four outcome areas stood out in this second phase. Of the youth who completed the five-year follow-up survey, a higher proportion of the treatment group demonstrated the following: completed a high school

² For a full demographic breakdown, see Appendix Item 2

diploma or equivalent; experienced recent employment stability; earned higher wages; and perceived themselves to have more control over their lives in comparison to youth in the control group.

Academics

At the time of randomization, 75% of youth recruited for the RCT had not yet attained a high school diploma or GED despite 76% of youth being over the age of 18 at that time (Theodos et al 2016, 13). Five years later, 81% of Promotor youth had received a high school diploma or equivalent, compared to 75% in the control group. Additionally, a larger share of Promotor youth achieved this level of education via a GED rather than a traditional high school diploma (32% of Promotor youth compared to 20% of control youth). This demonstrates a greater awareness and willingness to pursue non-traditional paths to educational attainment, which is one option that Promotores present when supporting youth who are disconnected from school. These differences between groups also build on the observations seen in the first phase of evaluation. At that time, 14% more Promotor youth were enrolled in an educational program than their control group peers. Since a higher proportion of treatment youth were engaged in education, it would follow that more of them would have completed their credential in the intervening years between surveys.

Employment Stability

At the time of the baseline survey, only 22% of youth in either group were employed (Theodos et al 2016, 14)—though this was expected given that many young people were attending school. At the five-year follow-up, employment outcomes demonstrated differences between the treatment and control groups. For instance, Promotor participants had both higher rates of employment and worked fewer jobs. For the treatment group youth, 90% were employed in the last six months (compared to 82% in the control group), and 71% had worked only one job in the last six months (compared to only 54% of youth in control group, many of whom worked two or more jobs). Additionally, 8% fewer Promotor youth had experienced recent long-term unemployment (no jobs in the last six months) than youth in the control group. Taken together, these outcomes indicate that youth who work with a Promotor may experience more continuity and less turbulence in their work lives than their peers once they reach adulthood.

Five Year Follow-Up Employment Stability Outcomes	Treatment	Control	<i>Difference</i>
Employed in the last six months	90%	82%	+8%
Only one job in the last six months	71%	54%	+17%
Unemployed for the last six months	10%	18%	-8%

Higher Earnings

The survey instrument used in both phases of evaluation asked youth to report the hours worked per week at their most recent job, as well as how much they were paid per hour. Promotor youth on average both worked more hours and earned more per hour.

These two data points were used to calculate weekly and yearly earnings. Based on these calculations, Promotor youth’s projected earnings were on average about \$150 more per week than youth in control

group. Extrapolating to a year (52 weeks), this would mean an average difference in annual income of over \$7,700 between groups.

5 Year Follow-Up Earnings Outcomes	Treatment	Control	<i>Difference</i>
Avg. Hours Worked per Week	40 hours	35 hours	<i>+5 hours</i>
Avg. Hourly Wage	\$16.39	\$14.63	<i>+\$1.76</i>
Avg. Weekly Earnings	\$655	\$506	<i>+\$149</i>
Annual Earnings (\$Weekly x 52) ³	\$34,060	\$26,312	<i>+\$7,748</i>

While the earnings for both groups are still well below a living wage in Washington, DC (MIT 2022), especially for families with children, these trends suggest that the *Promotor Pathway* contributes to a core piece of its intervention model: to support young people’s successful transition to the workplace as part of their overall transition to adulthood.

Self-Efficacy

Youth were asked a series of six statements about their sense of self-efficacy⁴. In the aggregate, youth in both groups had similarly high perceptions of self-efficacy. However, the two groups showed observable differences in one area. When asked to rate themselves regarding the statement, “I have little control over the things that happen to me,” 72% of youth in the treatment group said they disagreed or strongly disagreed⁵, compared to 59% of control group youth.

This indicates that overall, Promotor youth had a stronger belief in their ability to control their life events than control group participants and points to some of the less tangible benefits of the *Promotor Pathway*. Having a caring relationship with an adult like a Promotor who reinforces messages about a young person’s agency could have a broad reach in various aspects of a young person's life.

Conclusion

At the time of the first evaluation, the authors of the study stated that “the 18-month period observed... may not be sufficient to achieve certain types of impacts. We recommend consideration of another follow-up interview to observe a longer time period” (Thoeodos et al 2016, 40). Two outcome areas specifically mentioned as focus areas for follow-up were educational attainment and self-efficacy.

Overall, young adults who participated in LAYC’s *Promotor Pathway* continue to show signs of benefiting from the intervention, even five years after initially being assigned a Promotor as a youth. Most have

³ Dr. Solomon’s report includes a slight variation in how estimated wages are calculated over time. For full calculation, see Appendix Item 3.

⁴ Adapted from The Pearlin Mastery (PM) Scale (Pearlin & Schooler, 1978; 1981).

⁵ Dr. Solomon’s report includes an adaptation of the agreement scale to a positivity scale. For more information, see Appendix Item 4.

achieved a high school diploma or equivalent (or higher), enjoyed sustained employment, and cultivated a sense of agency over their lives.

Some other outcome areas did not show measurable differences between the two groups of youth. For instance, a similar percentage of Promotor and control youth had earned a post-secondary credential (15%). Similar proportions of both groups also experienced housing instability (a little over 10% of all youth had slept outside or in a shelter in the last two years) and reported harmful behaviors (about 10% had recently carried a weapon and 20% had recently engaged in binge drinking). This reflects the reality that many variables and stressors continue to be at play in the lives of young adults. These may include the high cost of living in the DC area, structural racism or discrimination, and complicated family relationships. Despite having some outcome areas with mixed results, both phases of evaluation support the *Promotor Pathway* as a meaningful intervention for youth facing multiple barriers to opportunities and resources. While it is not a panacea for all obstacles, having the support of a Promotor paves a more equitable path to adulthood for the young people served at LAYC.

Implications for Practice and Policy

LAYC is proud to celebrate over 50 years of serving youth, including fourteen years implementing the *Promotor Pathway*. The evaluation process highlights areas for continued improvement to build on the *Promotor Pathway's* demonstrated successes. For instance, LAYC is in the process of forging deeper partnerships with post-secondary institutions around the DC region to facilitate matriculation for Promotor youth once a high school credential is achieved. Increased investments in these sorts of collaborations would likely yield even greater academic and economic benefits for youth the *Pathway* serves. Internal programmatic analysis also found that providing a Promotor to youth enrolled in LAYC's workforce development programs improved attendance to both GED and job training classes. This cross-enrollment can contribute to improved outcomes for youth and lasting impact beyond completion.

The two phases of evaluation examining the *Pathway* can also be used to inform the broader field of positive youth development. The findings point to the need for continued investment in creative, relationship-based, long-term approaches to supporting young people, especially those who are marginalized and face barriers to academic, social, and economic success.

One crucial (and replicable) piece of the *Pathway's* model is that Promotores engage with youth both in and out of school. This flexibility allows staff to meet the needs of young people at any point in their journey. Since Promotor assignment is not strictly tied to youth enrollment at a particular school, the caring relationship can continue outside of confines that sometimes restrict other support services, such as traditional school counseling or school-based mentorship. In this same vein, youth need support that goes beyond a prescriptive high school graduation date—Promotores can continue to work with a young person until the age of 24, meaning they can be there to assist with goals in a variety of life stages. This flexibility may explain some of the gains seen in the evaluation, particularly the higher rates of high school degree attainment via a GED versus a traditional diploma, and the gains in self-efficacy reported by youth.

Most significantly, Phase 2 of the evaluation yielded our first glimpse into the long-term impact of the model and how LAYC's *Promotor Pathway* enhances youth economic mobility. By helping youth improve their professional prospects (through attainment of high school diploma/GED, and/or post-secondary or vocational education) and attain strong employment opportunities, our young people are able to achieve a higher income to build personal wealth. The *Pathway's* approach to economic mobility contrasts typical

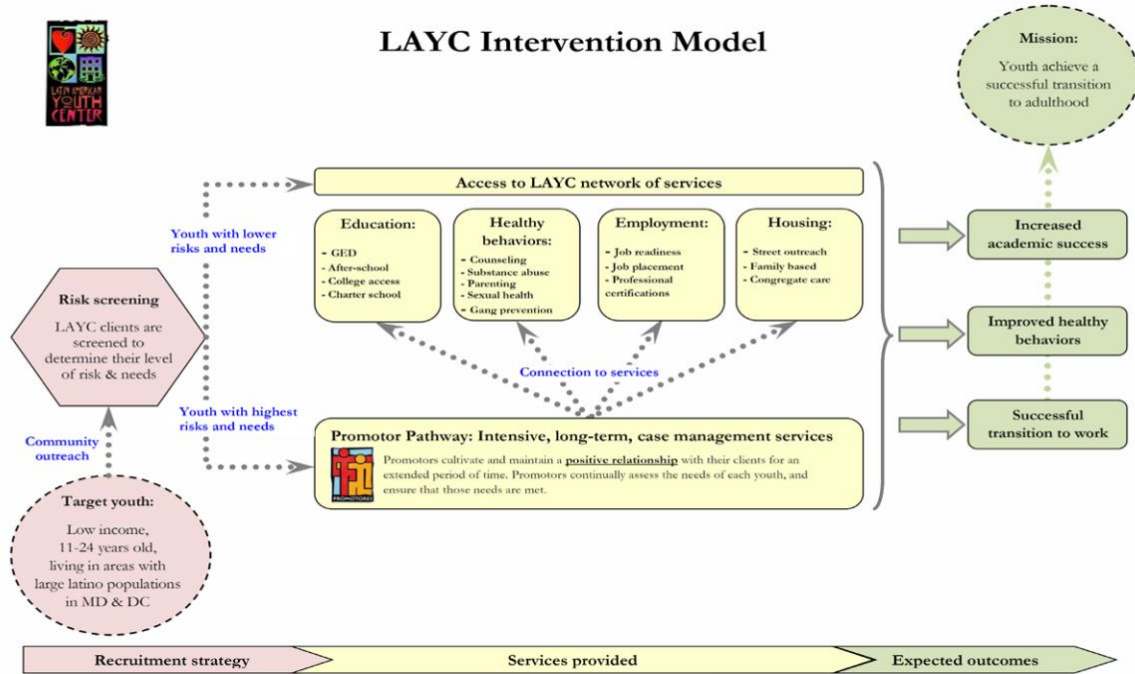
economic development models in that it relies on relationship-building and holistic youth development as the basis for economic advancement, challenging capitalist ideals of hyper-competition and productivity as the basis for personal success. Instead, youth define their own needs or priorities and develop corresponding skills in a supportive mentoring and communal context; collaborating with their Promotor to 1) pursue personal, educational, professional, and wellness goals and 2) seek out community resources to enhance their development and build a network of supportive personal and professional connections.

By holistically supporting youth in ways that go far beyond traditional case management, LAYC lives out its mission of supporting a successful transition to adulthood, one that disrupts cycles of oppression and disempowerment while continuously finding new ways to promote equitable pathways to success.

APPENDIX

Item 1: Promotor Pathway Intervention Model

LAYC Intervention Model



Item 2: Youth Demographic Characteristics

	Baseline		
	All	Treatment	Control
	N= 476	165	311
Gender			
Male	51%	49%	52%
Female	49%	51%	48%
Race and Ethnicity			
Latino	56%	55%	57%
Black (Non- Latino)	38%	36%	39%
Mixed Race	3%	5%	2%
Other (Non- Latino)	2%	2%	2%
White (Non- Latino)	1%	1%	1%
Age at time of survey			
Under 18	24%	27%	23%
18 to 21	56%	53%	58%
22 or older	20%	21%	19%
Are you a parent?			
No	69%	70%	69%
Yes	31%	30%	31%

	Eighteen-Month Follow-Up (Eval Phase I)		
	All	Treatment	Control
	N= 363	132	231
Gender			
Male	48%	45%	49%
Female	52%	55%	51%
Race and Ethnicity			
Latino	57%	59%	56%
Black (Non- Latino)	37%	33%	39%
Mixed Race	3%	5%	2%
Other (Non- Latino)	1%	2%	1%
White (Non- Latino)	1%	2%	0%
Age at time of survey			
Under 18	25%	27%	25%
18 to 21	55%	55%	55%
22 or older	20%	18%	20%
Are you a parent?			
No	69%	70%	68%
Yes	31%	30%	32%

	Five-Year Follow-Up (Eval Phase II)		
	All	Treatment	Control
	N= 186	70	116
Gender			
Male	42%	40%	43%
Female	58%	60%	57%
Race and Ethnicity			
Latino	51%	47%	53%
Black (Non- Latino)	39%	43%	37%
Mixed Race	2%	1%	2%
Other (Non- Latino)	7%	7%	7%
White (Non- Latino)	1%	1%	1%
Age at time of survey			
Under 23	25%	17%	29%
24 to 27	54%	61%	49%
28 or older	22%	21%	22%
Are you a parent?			
No	47%	44%	49%
Yes	53%	56%	51%

Item 3: Estimated Wage Calculation Notes

The Phase II Evaluation Report prepared by Dr. Solomon states that treatment youth on average earned \$149 more per week than control group youth. In this Executive Summary, LAYC's Learning and Evaluation Team calculated an estimated annual difference in wages by multiplying this weekly wage by 52 weeks in a year, as income is often discussed on a yearly basis in lay terms. Please refer to pages 9 and 19 in the full report for more details on Dr. Solomon's calculation of the average weekly earnings.

Item 4: Self Efficacy Scale

Dr. Solomon's report explains that "participants used an agreement scale (STRONGLY AGREE, AGREE, DISAGREE, STRONGLY DISAGREE) to respond to a set of six statements about their sense of self-efficacy. Four of the statements used negative phrasing, so that agreement with the statement would indicate a negative view of self-efficacy. The scale direction was reversed for the negative statements. To facilitate interpretation, '**positivity**' replaces '**agreement**', so that a score of 4 would represent the most positive self-report on a self-efficacy construct and a score of 1 would represent the most negative self-report on a construct" (pg. 15). LAYC's Learning and Evaluation Team presented the findings in terms of the original agreement scale. Please refer to the full report for more detail on the calculation of the self-efficacy scores.

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