Oral Histories as Critical Qualitative Inquiry in Community Health Assessment

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Abstract

Qualitative methods such as focus groups and interviews are common methodologies employed in participatory approaches to community health assessment to develop effective community health improvement plans. Oral histories are a rarely used form of qualitative inquiry that can enhance community health assessment in multiple ways. Oral histories center residents' lived experiences, which often reveal more complex social and health phenomena than conventional qualitative inquiry. This article examines an oral history research component of the Little Village Community Health Assessment, a collaborative research effort to promote health equity in an urban, Mexican ethnic enclave. We collected of 32 oral histories from residents to provide deeper, more grounded insight on community needs and assets. We initially used thematic data analysis. After analytic peer debriefings with the analysis team, we found the process inadvertently reductionist and instead opted for community listening events for participatory data analysis, knowledge translation, and dissemination of findings. Oral histories were most meaningful in their original audio form, adding to a holistic understanding of health by giving voice to complex problems while also naming and describing concepts that were culturally unique. Moreover, the oral histories collectively articulated a counternarrative that celebrated community cultural wealth and opposed the mainstream narrative of the community as deprived. We argue for the recognition and practice of oral histories as a more routine form of qualitative inquiry in community health assessment. In the pursuit of health equity and collaboratively working toward social justice, oral histories can push the boundaries of community health assessment research and practice.

Keywords

community-based participatory research, community health, community health promotion, immigrant health, Latino, qualitative methods

Participatory approaches to Community Health Assessment (CHA) call for mixed methodologies to identify community health needs and assets and facilitate health improvement (Braveman & Gruskin, 2003; Friedman & Parrish, 2009; National Association of County and City Health Officials [NACCHO], 2015; Wallerstein & Duran, 2006). CHAs commonly use mixed methodologies—qualitative, quantitative, and secondary analysis of existing data. A rarely used form of qualitative inquiry, oral history (OH), has the potential to enhance the quality and utility of CHAs. OHs provide unique insight from residents' lived experiences and reveal more complex phenomena than traditional qualitative methods (Bleakley, 2005).

In this article, we[1] argue for the recognition and practice of OHs as a form of qualitative inquiry in CHAs and evidence this by discussing an OH research component that grew out of the Little Village Community Health Assessment (LVCHA)—a collaborative research effort to promote health equity in Little Village, an urban, Mexican ethnic enclave on the southwest side of Chicago. By describing our OH research, we aim to demonstrate the value of OHs as a culturally appropriate method, which reveals narratives that contradict implicit deficit-oriented

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assumptions of traditional needs assessments that aim to identify needs or problems in communities. Moreover, OHs balance power relationships inherent in research and allow community members greater control of their representation (Solórzano & Yosso, 2002), emphasizing a more open methodologic approach that does not constrain participants with predetermined inquiry strategies.

We collected 32 OHs from community residents, in response to the LVCHA partners' suggestion to better capture deeper insight on community assets. Instead of conventional qualitative data analysis, which we found inadvertently reductionist, we organized listening events, which provided active listening and dialogue spaces for participatory data analysis, knowledge translation, and dissemination. OHs added a holistic understanding of health in Little Village by representing residents' community cultural wealth—the identity, culture, and lived experiences of residents in their own words (Yosso, 2005). Moreover, the nuanced insight from the OHs contextualized and bolstered findings from the other LVCHA components. In the pursuit of health equity, OHs can add methodological innovation and inclusivity among CHA practices to increase trustworthiness and community relevance of findings.

Background

Public Health departments and community-based organizations conduct CHA to understand the needs and resources in the areas they do their work (Barnett, 2012; Gilmore, 2011; NACCHO, 2015). The Affordable Care Act also mandates nonprofit hospitals to assess the health of patients in their community service area (Andrulis, Siddiqui, Purtle, & Duchon, 2010). High-quality CHA requires diverse participation with an equal balance of community and academic insight and expertise (Cummins, Curtis, Diez-Roux, & Macintyre, 2007; Macintyre, Ellaway, & Cummins, 2002).

Increasingly, CHAs are framed around healthy equity instead of health disparities (Davis, Rivera, & Parks, 2015; Patel, Rajpathak, & Karasz, 2012; Santilli, Carroll-Scott, & Ickovics, 2016). Health equity captures the fairness of conditions in which people live and their opportunities to be healthy, instead of deficits. Implicit in this approach is more of a focus on social and structural determinants of health, defined as factors that affect how people live, work, and play (Braveman, Egerter, & Williams, 2011; Solar & Irwin, 2010). CHAs are suitable to advance health equity because they focus on context-specific health outcomes, which can vary across several communities (Braveman, 2014). Moreover, social justice–oriented CHAs highlight community needs resulting from unfair and unjust structural drivers (Whitehead, 1991). Adding OHs to the CHA toolbox increases the capacity of community members' voices to substantiate their needs, thus broadly informing future opportunities for health equity.

Little Village Community Health Assessment

The LVCHA is an ongoing partnership between faculty, graduate students, community activists, organization leaders, and residents working collaboratively to develop a shared understanding of community health needs and assets of residents in Little Village (see Figure 1). Community partners include residents and staff from various Little Village organizations working to address health and wellness, whereas academic partners include faculty and students with interests in immigration and community health. Our CHA is adapted from the Mobilizing for Action in Planning and Partnerships model (NACCHO, 2015) to employ mixed methods components that account for community-level health influences and adaptive methods for engagement and equitable dissemination (Macintyre et al., 2002). In addition, the LVCHA adopts a community-based participatory research framework that roots the assessment in assets, health improvement, social strengths, and health equity (Wallerstein & Duran, 2010). The LVCHA aims for equitable and active partner roles to sustain participatory engagement across all stages of the research, including iterative and culturally relevant dissemination, consistent with community-based participatory research principles (Israel, Schulz, Parker, & Becker, 1998; Minkler & Wallerstein, 2003).[AQ1]

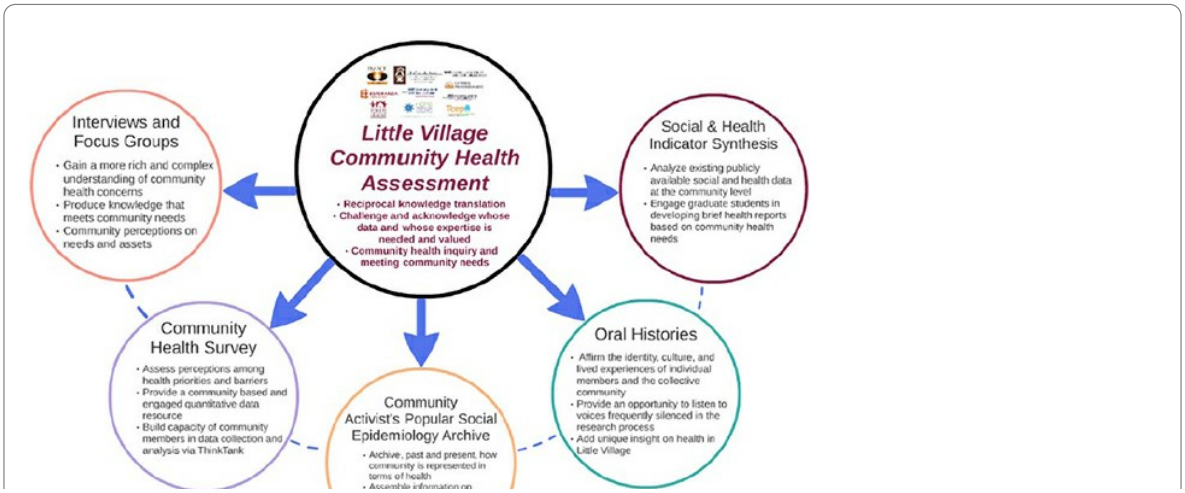

Figure 1. The Little Village Community Health Assessment project components.

Community Context

Little Village, or *La Villita*~~La Villita~~, is a Mexican ethnic enclave community of rich cultural capital and social cohesion in Chicago, IL. Despite these protective factors, the community experiences a great deal of social and economic hardship (City of Chicago Data Portal, 2011). Little Village is considered one of the most densely populated areas in Chicago; 15.5% of residents lived in crowded housing, schools are overcrowded (Chicago Public Schools Data Portal, 2016), and there are only 0.59 acres of green space per 1,000 residents (Chicago Metropolitan Agency for Planning, 2016). As a "community of immigrants," 85% of residents identify as Latino, 80% are of Mexican Descent, 41% are foreign-born, and 31% are not citizens. From the 2011-2015 American Community Survey estimates (U.S. Census Bureau, 2015), approximately 37% of residents lived below the poverty level, 51% did not have a high school diploma, and 15% were unemployed. Per capita income for the community was $10,495, compared with the city average of $29,486. Although Little Village ranks third in the city of Chicago in terms of economic and social hardship, its residents have favorable overall health, including among the lowest infant mortality rates and longest life expectancy (Dircksen & Prachand, 2016). Moreover, the community has a deep history of activism, ~~active~~ community involvement, and cultural community wealth. The community's schools, organizations, and public spaces are steeped in history of struggles with local and national significance (Grossman, Keating, & Reiff, 2004).

Emergence of the Oral History Component

By the fall of 2013, the LVCHA had an extensive data repository of interviews, focus groups, community health surveys, and secondary data reports on how the aforementioned socioeconomic and structural aspects of Little Village affected residents' health. However, community partners expressed a concern that these findings lacked an in-depth understanding of residents' collective strengths. Despite having an asset orientation, our findings identified mostly deficits, which we attributed to using reductionist-oriented CHA measures. To capture the legacy, cultural capital, and resourcefulness of community members, we needed to adapt and align with an appropriate methodology. Therefore, we initiated an OH component of the LVCHA.

Oral Histories

Although rare in CHA, OH has been commonly used in fields like history and communication. This method first emerged in medical sociology and anthropology during the 1980s in the form of illness narratives (Hydén, 1997). OHs are snapshots—open-ended narrative descriptions of a part of the storyteller's life that may be centered on a focused topic. In contrast, a life history approach focuses on the storyteller's experience across the life course and is~~are~~ focused around important life stages of their history. In OHs, there is more flexibility for the storyteller to speak on particular topics like community health (Westerhof & Bohlmeijer, 2014). The qualitative insight of stories has been unexplored in conventional health studies, which represent ways of knowing that favor quantifiable data rooted in Western positivist epistemology (Gone, 2006; Gone & Trimble, 2012).

Unlike interviews and focus groups, OHs are open, unstructured, and guided by informal probes. In an OH, the storyteller is both the interpreter and the central figure, and gives meaning and interpretation to lived experiences (Bruner, 1991). This process transforms life events into a narrative by framing the discourse of events and the interpretive theme. One of the unique contributions of OHs is the strong use of imagery and metaphor that allows the researcher to understand how the storyteller makes meaning of their lived experiences (Kirmayer, 2000). Both the OH contents and interchange are embedded in social, historical, and cultural contexts (Shopes, 2011), which reveal~~s~~ more complex phenomenon than conventional qualitative methodologies in CHA (Bleakley, 2005).

The addition of the OH component to the LVCHA allowed (a) storytellers autonomy and agency in how they were represented in research and (b) partners to explore community members' meanings and ideas for improving health in Little Village. Furthermore, including OHs in our CHA compelled us toward a Public Health Critical Race Praxis (Ford & Airhihenbuwa, 2010b), which is a perspective that challenges power hierarchies in the research process that create and maintain inequities (see Discussion section for further detail).

Method

Because of the novelty of including OHs in CHA, we found a paucity of best practices in~~of~~ collecting and analyzing OHs for the purpose of assessing community health. Therefore, we initiated a collaboration with StoryCorps Inc., Chicago, an organization with the mission to record, share, and preserve stories (StoryCorps, 2017). Engaging with staff at StoryCorps enriched our team with experienced story facilitators, trained in systematically collecting OHs

in a way that brings the authentic voice and experience of the storyteller. StoryCorps facilitators ask questions to guide the storytellers and make them feel comfortable in the recording space. To build the capacity of the LVCHA to include OHs in the CHA, StoryCorps staff trained student and community partners in their story collection method, which also included modifying StoryCorps' story probes (see Table 1).

Table 1. Comparing Qualitative Inquiry Probes.

LVCHA interview and focus group guide questions	StoryCorps general probes	LVCHA OH probes
Thinking of a *broad definition of health* what is healthy about your community? • What do you like about your community? • What are some things that support healthy living in Chicago? We are concerned with *health equity*, or fair opportunities for all to be healthy. • Thinking of health equity what are the biggest challenges to being healthy in your community? • What are some barriers to being healthy in Chicago? • When you think about the health of your community: What are the barriers to good health?	• What is your earliest memory? • Who has been the biggest influence on your life? What lessons did that person teach you? • What was the happiest moment of your life? • What are you proudest of? • When in life have you felt most alone? • How has your life been different than what you'd imagined? • How would you like to be remembered? • For your great grandchildren listening to this years from now: Is there any wisdom you'd want to pass on to them? What would you want them to know?	• What does living in the Little Village community mean to you? • How have your health needs and affected your life? • Describe your experience when seeking support or receiving services for health or social needs. • Can you tell me a story that happened in your life that changed you? • Tell me about a person who has made a positive difference in your life.

Note. LVCHA = Little Village Community Health Assessment; OH = oral history~~health~~.

StoryCorps provided audio equipment while staff from community organization and LVCHA partner, Enlace Chicago, hosted space for story collection. Enlace staff also promoted the project in the community and identified storytellers, most of whom were community leaders that represented a range of lived experiences (i.e., having different struggles, roles, and coming from different backgrounds). In the spirit of having diverse representation, the last eight storytellers were identified based on what OHs were missing. Storytellers were invited to tell their OH~~story~~ by using the open-ended probes, developed in partnership with StoryCorps. Probes were used purposefully to encourage the storyteller to share while keeping the OH~~story~~ focused on issues relating to community health. OHs were collected in both English and Spanish; students and faculty transcribed the digital audio files and translated Spanish OHs to English in the transcriptions, for a total of 32 complete OHs (see Table 2 for additional details). In addition to the transcripts, we developed 13 OH~~story~~ summaries, 8 produced audio short stories to facilitate our analysis, and a story collection and analysis manual for partners to sustain the OH component in the LVCHA. Examples of these outputs are available upon request from the authors.

Table 2. Oral History (OH) Characteristics (N = 32).

Language	
English	19
Spanish	13
Gender	
Male	12
Female	20
Length of OH (range, MM:SS)	18:50-48:57
Story collectors	
Enlace Chicago	8
StoryCorps, Inc.	11
Graduate student	2
Community partner	5
Location of sessions	
Enlace Chicago	17
Various community locations	9
StoryCorps. Inc. central Chicago office	6

The University of Illinois at Chicago Institutional Review Board approved the amended study protocol of the addition of the OHs to the LVCHA. Participants provided informed consent to be included in the OH study component and also signed StoryCorps release forms for their story, ~~their~~ voice, and photo to be archived at the Library of Congress, to be used in research, and for their use in StoryCorps' Historias Initiative~~s~~ that collects stories from Latinos underrepresented in film in media. These stories are housed at the Benson Latin American Collection at the University of Texas at Austin Libraries and could be potentially aired on WBEZ Chicago or NPR radio stations. Participants were invited by the research team to be featured in the listening events, and most attended in person.

Oral History Analysis

The LVCHA established an analysis group—an OH Think Tank—to facilitate a structured analysis process (Hebert-Beirne et al., 2017). The OH Think Tank was composed of students, researchers, community partners, and storytellers that guided the analysis and dissemination strategies. A detailed description of the LVCHA Think Tank groups as a community-based participatory research transformative communication space is published elsewhere (Hebert-Beirne et al., 2017). The Think Tank began using Atlast.ti software for qualitative data analysis—memoing and coding each OH using thematic analysis procedures with a social constructionist paradigmatic worldview (Braun & Clarke, 2006; Corbin & Strauss, 2008). Trustworthiness of our results or data was central to our process; therefore, we invested in several methodological steps to guide our analysis: member checking, prolonged engagement in the field, analyst triangulation, and peer debriefing (Lincoln & Guba, 1985).

In line with our community-based participatory research values (Minkler & Wallerstein, 2003; Wallerstein & Duran, 2010), the Think Tank included several of the storytellers in analysis and interpretation, in an effort to break down power dynamics in the research process. However, story representation was consistently problematic. We confronted an ethical dilemma in potentially misrepresenting the voice of community leaders and struggled to capture the lived experiences, intersectional identities, and general impact of the OHs through the themes alone. We questioned the extent to which we respected the value of the OHs with our reductionist analytic procedures, our role as interpreters, the reduction of voice to text, and the difference in engaging with the OHs in audio or textual form. The thematic analysis also failed to capture the depth of discourse in *how* people talked rather than *what* they discussed. Last, the analysis only allowed us to disseminate textual interpretation of the stories, which did not reflect the richness of the verbal OHs nor provide a dissemination strategy that would engage the larger community as broadly as we had intended.

After months of analytic peer debriefings, the Think Tank decided that OHs in their original audio form were the most meaningful and best suited community engagement and dissemination (Minkler & Wallerstein, 2003). We therefore organized two listening events to share the OHs with the LVCHA and broader academic and Little Village communities.

Listening Events

As a culmination of our analytic transition from reductionist themes to original text and audio, the Think Tank organized one public listening event at the university and one in the community. At each, we selected four OHs that StoryCorps edited to approximately 4-minute audio segments that illustrated the strength and resiliency of Little Village residents and countered the mainstream narrative of the community as deprived. The university listening event featured story segments in English, whereas the one in the community featured segments from stories that were collected in Spanish. In addition, the community event was facilitated completely in Spanish. At each event, we introduced the LVCHA and then shared the four edited OHs~~stories~~ over an audio system. After each audio segment, we allowed 30 seconds for the audience to pause and process the information or take notes if they desired. After all the segments were played, we facilitated a general dialogue that focused on the OHs~~stories~~' content, power, and potential; example questions included (but were not limited to) the following: *What did you hear? What were the main ideas in the discussion?* and *What was said that could be useful to us to understand community health needs and assets?* At the university event, faculty and students discussed the meaning and value of different types of data, contrasting statistical surveillance evidence with the rich life accounts of community residents (Fine, 2012). We also challenged researchers who typically interacted with data through large data sets, academic journal articles, presentations, or posters. On the contrary, the community listening event created a space where residents heard stories they identified with and engaged in discussion that co-constructed the meanings of community, health, and wellness (Montoya & Kent, 2011; Shotter, 2014). Residents discussed what type of evidence "counts" in academia, challenging the notion of "expert" evidence (Fine, 2012). Collectively, OHs made research more accessible to community members.

At each of the listening events, participants discussed the value and impact of OHs to convey complex health issues and expressed the importance of everyone—researchers, politicians, and community members—to listen to each other's stories and lived experiences. The listening events also helped us reinterpret and understand the OHs that were not discussed during the events. By engaging the audience in a structured dialogue format following the brief listening sessions, participants provided feedback on how to continue interpreting topics in the OHs and further their impact for research, practice, and policy. This discourse produced another layer of insight for the OH analysis, in the form of written and verbal reactions and discussion. The listening events established an iterative model that challenged the linear way in which data are typically collected, analyzed, interpreted, and disseminated, befitting the goals of our community-based participatory research framework (Israel et al., 1998; Minkler & Wallerstein, 2003).

Below, we elaborate on the key findings from the OHs and listening events. Although we refer to these as "results," we believe that the listening events and discussions they elicited represented a starting point for addressing community needs and building on strengths. In order to illustrate the value of the OHs in CHA, we discuss the unique contributions of the OHs in terms of both unique findings and community engagement. In the discussion, we present ideas of how to develop these findings into action steps.

Results

We collected 32 OHs from 32 residents from 26 story collectors, with two story collection sessions involving married couples' shared story. The data collection period was between Fall 2013 and Spring 2015 (see Table 2 for general OH characteristics). As described above, we engaged in two analytic stages of (a) preliminary theme identification through qualitative thematic analysis procedures (i.e., coding, memoing, and analysis of codes) and (b) reflective discussion that emerged from the listening events. The following central findings were identified: *resilience and activism*, *identity with Little Village*, *migration and community*, *family and familismo*, and *racism and resistance*. Across all these topics, unique information emerged from the OHs that was missing from our traditional qualitative inquiry.

Collectively, the OHs emphasized (a) the power and strength of low-income, immigrant residents and communities that goes unrecognized by conventional research designs and academic agendas; (b) the resiliency of residents that serves to unify, bring power, pride, and sense of identity; and (c) how the typical mainstream narrative on immigration is shaped by deficit oriented-data from regulatory and surveillance systems—community members painted a contrasting picture of the rich, generous, loving community that is Little Village. These insights, described in greater detail below, were unique to the OHs and both complemented and enhanced our other sources of qualitative data and the LVCHA as a whole. The results illustrated how OH as a novel qualitative methodology in CHA improved~~enhanced~~ our research process.

Resilience and Activism

Storytellers described resiliency associated with adjusting from migration experiences, surviving domestic violence experiences, and reentering society after incarceration. One storyteller spoke on his own past gang involvement, subsequent time in prison, and path of fatherhood of a special needs child. He, like many other community members, transformed his hardship into motivation to help others experiencing similar life events. He ended his OH~~story~~ by talking about himself as an agent of change in violence prevention with a local organization.

Many storytellers took activism roles. One example was a storyteller focused on a building a community archive from newspaper articles and photographs to inform community advocacy. Her work, spanning over a decade, focuses on the needs of the most vulnerable—the homeless, children that have been sexually abused, undocumented immigrants, and mothers that have lost their children to gang violence. Among all the OHs, residents exemplified strength that contradicted the mainstream narrative of Little Village as a poor and resource deprived, which was present in our other qualitative and quantitative CHA findings.

Identity With Little Village

Identity with Little Village was another topic that emerged frequently throughout the OHs. This included discussions around the warmth of Little Village that was felt among residents through cultural norms, returning to the community after moving away, and a general commitment to the area. One storyteller simply stated, "I am Little Village," emphasizing his interdependence with his community. Others suggested they "wouldn't change [growing up in Little Village] for the world." Another said, "We love our neighborhood. We love our community." Another connected community pride with the generous character of its residents: "You invite them to a potluck and they'll bring the biggest dish, you know!" The storytellers' examples of identity and commitment to Little Village challenged stereotypes that residents are not civically engaged in immigrant communities (Putnam, 2007). Moreover, both the ways in which residents were civically engaged and how they discussed it were absent from our interviews and focus groups.

Migration and Community

Although immigration-related health factors rarely emerge in CHA, storytellers described the strain of being undocumented or having undocumented family members on their health. One explained she and her family came to Chicago from California for fear of deportation raids:

> I arrived here to work as a waitress when I was 16 years old. . . . There were many obstacles that we had to overcome. Firstly, for being undocumented. Secondly, because I didn't have the help of anybody. . . . I didn't know of absolutely anything. My life started changing in Chicago, in La Villita, because here I realized we weren't alone.

Although her OH began with struggle, she ended with a positive sense of connection and outlook. Storytellers also highlighted the role of resiliency in the migration experience; for example, one said,

> I know it's gonna get hard on her [her mother], 'cause she's gonna be a single parent and she gonna also be an immigrant single parent so it's even harder to get a job. I'm like, but we'll find help. There has to be help out there for people like us.

Many storytellers emphasized the positive influence of community support in their migration stories.

Family and Familismo

The importance and celebration of family was also central in the OHs. Many storytellers described extensive familial involvement in education. In a Spanish language OH, the storyteller explained how helping her daughters with their studies was simultaneously helping her as the parent—the whole family was learning and growing together. Families as essential support systems at the individual and community levels directly contradicted how household density, a commonly explored indicator in CHA, is normally framed as a negative index. For example, one storyteller explained that when she was growing up, her entire family lived on the same block—she said, "I just remember my childhood being very vibrant, um, and happy and just having friends to play with all the time that were my family members." This density supported the youths' school experience because~~, since~~ they attended school together. The OHs uniquely highlighted the positive influence of family support in Little Village.

Racism and Resistance

The last key topic in the OHs was residents' experiences of racism, which was framed as the collective struggle for which they needed to resist. One storyteller, through his canvassing work on gang violence, stated, "The stuff that's happening outside of your home isn't natural, it isn't normal, we shouldn't accept it and we need to come together as a community." He worked to unite residents in speaking up and collectively resisting structural violence. Many framed institutional racism as experiencing more harmful burdens than other communities, thus maintaining the negative Little Village narrative that furthers stereotypes. One storyteller exemplified this:

> More than anything I tell people that it is not just the violence that generally we are known for in all the other communities. I tell them that there is much human warmth, that we have many initiatives and are try to help people succeed. . . . I put much emphasis on the community gardens in Little Village, and in the programs that we are trying to push for and talk about the foundation of the family, the foundation of the education, that the education opens all the doors.

One example of individual-level stereotyping and racism was directed at undocumented status. Several storytellers felt the need to clarify that they did not come to the United States voluntarily but out of necessity and survival and how the undocumented experience has led to numerous struggles. Understanding stories around racism was important in elucidating community members' simultaneous resistance, in the form of individual, family, and community support. The depth of this relationship was not present in our focus groups or interviews.

Listening Events ~~as Analysis and Dissemination~~

Along with summative OH findings, the listening events also served as a simultaneous method for analysis, results, and dissemination, which was culturally appropriate and had a meaningful impact in the community. We shared OH results not only with the general LVCHA partnership but to additional community members and academic colleagues. The listening events' iterative data collection, analysis, and knowledge translation are steps usually absent from CHA and conventional methods of dissemination (Graham et al., 2006). We continue to organize listening events in multiple settings, an effort toward long-term knowledge translation and social change (Israel et al., 1998; Minkler & Wallerstein, 2003).

Discussion

Through the description of our OH research process and findings within the LVCHA, we illustrated the utility of OHs because they contribute unique and culturally appropriate information to CHA. OHs gave voice to complex social and health problems while also naming and describing concepts that were culturally unique. They redefined what counted as evidence (Fine, 2012), and allowed for what Ford and Airhihenbuwa (2010a) described as *centering the margins*—making the perspectives of socially marginalized groups the central axis of discourse. The OHs provided a space for self-expression of identity rather than narrow representations captured by categories like gender, race, ethnicity, income, or education—community members had agency and power in representing their voices.

This collective process has been an exemplary approach to humble the researcher to listen, which has since become an LVCHA guiding mission, and allowed us to reflect on the ripple effects on~~f~~ the partnership and CHA as a whole (Trickett, Trimble, & Allen, 2014). One key impact was how the OHs served as key mechanisms for continued community engagement in the LVCHA. By participating in the Think Tank, residents have made research processes their own—deciding on what ideas and methods to privilege within assessment. We continue to offer a storytelling resource guide to partners and broader academic and community audiences. The OHs uplifted Little Village residents, not only through having their stories recorded and celebrated but also by having them critically construct

their own research processes, which is consistent with the goals of the Mobilizing for Action through Planning and Partnerships CHA model (NACCHO, 2015).

Dissemination and Action

Along with the multiple impacts of the OHs on the LVCHA partnership, we facilitate iterative dissemination of the OHs outward to the community. For example, we are in the early stages of conceptualizing a community health mural, based on topics in the OHs, guided by residents. We are also planning a two-part community workshop on research in general. The OHs highlighted the need to "demystify" research and hold future researchers accountable to their research practices. Therefore, the goal for this event series is to empower residents, build their research capacity, and ensure research is equitable and mutually beneficial for the community. The workshop will be centered on providing basic information with skill-building exercises based on current examples of research in Little Village. Last, we hosted five additional listening events in various academic and community settings and continue to organize them as an innovative dissemination method. Compared with our other qualitative and quantitative research components, OHs have been the most suitable to produce equitable participation and meaningful dissemination in the LVCHA.

Implications

The addition of OH to CHA allows for advantages in both CHA theory and practice. OHs counterbalance data used in conventional CHA that emphasize privilege in ownership and income, rooted in historical racism (Harris, 1993). Storytelling allows for a critical race theory perspective (Crenshaw, 1995; Yosso & Solórzano, 2005), more specifically, Ppublic Health Critical Race Praxis (Ford & Airhihenbuwa, 2010b)—a theoretical framework that moves us beyond documenting health disparities to challenging and changing the root causes of health inequities. In terms of practical implications, OHs can lead to more relevant and effective community health interventions, especially when used in tandem with other CHA methodologies. Below, we describe these implications of OHs in more detail; future research can explore the relevance of OHs to policy development, partnership building, among other practice oriented implications.

Critical Race Theory

One of the most transformative implications of including OHs in the LVCHA was the natural way in which the OHs suited a critical race theory framework. Critical race theory is an orientation to scholarship and activism aimed at transforming the relationship between race and power in the United States by (a) centralizing race, (b) challenging dominant ideology, (c) emphasizing social justice goals, (d) highlighting experiential knowledge of communities of color, and (e) practicing interdisciplinary study (Crenshaw, 1995; Yosso & Solórzano, 2005). Critical race theory research methodology is characterized by its ability to counter the reproduction of established research practices (Hylton, 2012).

Increasingly, radical public health researchers have been using critical race theory to highlight and investigate social and structural determinants of health toward a social justice movement (Airhihenbuwa, 2007; Ford & Airhihenbuwa, 2010a, 2010b; Gilbert & Ray, 2016; NACCHO, 2015; Thomas, Quinn, Butler, Fryer, & Garza, 2011). However, many mainstream public health research and practice activities, like CHA, may inadvertently constrain this movement through privileging traditional positivistic scientific paradigms. For example, CHAs that continue to refer to race and ethnicity as risk factors ignore the context that gives race meaning; the historical and current socioeconomic processes by which racial power dynamics are created and maintained should be considered in explanations of health, wellness, and disease (De Maio, Shah, Schipper, Gurdiel, & Ansell, 2017).

The Public Health Critical Race Praxis tailors critical race theory to public health and allows for the expanding of the field's research and practice to reclaim its historical and radical roots (Ford & Airhihenbuwa, 2010b). Future OH research can be theoretically framed with Public Health Critical Race Praxis, as it appropriately grounds the creation of counternarratives by centering the stories that have not been told, and serves as an analytic tool for challenging power structures within academia (Gutiérrez-Jones, 2001; Yosso & Solórzano, 2005).

Community Health Assessment Practice

Furthering OHs in CHA can lead to community-specific actions and culturally relevant health interventions (Charon, 2006), specifically when used in tandem with other CHA methodologies (i.e., surveys, focus groups, interviews, or asset mapping). In the LVCHA, each project component contributed key information around community health needs and assets. Our qualitative data were important to identify key health areas to include in our quantitative survey, like immigration, occupational health, and community assets. The quantitative data were important in understanding determinants of health and geographically representing the data. In contrast, OHs gave residents the opportunity to critically construct their own research process through storytelling and led to not only new community health information but also explicit dissemination and action strategies. Altogether, these CHA methodologies complement each other by triangulating various aspects of social and structural determinants of health—all of which can be used to develop community relevant health interventions. Future studies might examine each methodologic strength of contribution in a CHA.

Limitations

The goal of this project was not to compare or make broad generalizations around Latino health but to provide nuanced understanding of local issues. Our research participants came from a small number of community-based organization partners and the connections they had with community members. There are opportunities to expand the story collecting process, which could involve additional community organizations and varying groups of community residents, to gain a more diverse perspective on community health. A second limitation is that in order to accommodate analysis in English, the Spanish OHs were transcribed and translated into English, resulting in possible loss of content due to limitations of translation. However, storytellers were provided opportunities to share their OHs~~stories~~ in their language of preference, which has important value in their self-representation and expression. Last, the multiple story collectors from various settings and organizations limited consistency across the OHs. However, in intentionally sampling for diversity over consistency, we came to appreciate how the variability among the OHs helped represent a multitude of community perspectives and experiences.

Conclusions

In our emphasis to both understand social and structural determinants of community health and improve health equity, the inclusion of residents throughout the research process is increasingly central in public health CHA (Gilmore, 2011; NACCHO, 2015). The LVCHA represents a push in this direction, with OHs serving as a unique catalyst toward this goal. By detailing our OH research process and findings, we evidence and advocate for OHs as a form of qualitative inquiry in CHA that offer essential knowledge on community health.

Authors' Note

This research is the result of a deliberate community-engaged scholarship strategy to align entire cohorts of graduate students enrolled in Community Health Assessment courses, in an iterative community health assessment driven by community-based organizations and residents in Little Village who are experts in the health and well-being of the residents.

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Note

1. The use of the pronoun "we" in this article refers to primarily the author group, which includes two community residents, three doctoral students, and one researcher, but ~~and~~ also includes the general Little Village Community Health Assessment partnership group. As a project rooted in participatory research principles, we aimed to be inclusive of community voices at every state of the oral history component. One of the community resident authors also participated as a storyteller and storycollector as well.

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