

Process Evaluation of Community-Engaged Dissemination

BY

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THESIS

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This dissertation is dedicated to those that never accept things as they are but actively envision and pursue the world as it should be.

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LIST OF ABBREVIATIONS

CBPR	Community-Based Participatory Research
CHA	Community Health Assessment
CRT	Critical Race Theory
D&I	Dissemination & Implementation
LVCHA	Little Village Participatory Community Health Assessment
OH(s)	Oral History(ies)

SUMMARY

Community-based participatory research (CBPR) is well developed in its theoretical framing and methodological approaches, yet there still exists a lack of generalized guiding information on community-engaged dissemination processes. There has been a push in the dissemination and implementation science (D&I) field towards more critically attending to community-based perspectives and influences of the ecological context. However, D&I is still limited with its bounded focus on efficacious prevention and intervention research, which not all CBPR aims to disseminate and implement. To understand not only *what* works in terms of community-engaged dissemination but *why* and *how*, process evaluations are particularly suited to assess these critical mechanisms of change and advance the knowledge gap. Therefore, a process evaluation case study of community-engaged dissemination was conducted. The case was an oral history (OH) project component of the Little Village Participatory Community Health Assessment (LVCHA). The research aim was to assess the implementation processes of OH community-engaged dissemination, operationalized as planned dissemination outputs, emergent dissemination outputs, unrealized dissemination outputs, and ripple effects.

The study utilized a unique multistep qualitative methodology and analysis such that directed content analyses and triangulation were used to assess diverse archival data that characterized dissemination processes (e.g. meeting notes, flyers, manuscript drafts, reports, etc.). Then, constant comparative analyses informed generalized findings across the types of dissemination to generate a collective process model. Process evaluation components - *recruitment and engagement, fidelity and implementation, resources and capacity, and context* – guided evaluation questions, codes, and findings. Results evidenced community-engaged dissemination as a process of adaptation to resources, capacities, and contextual influences, namely the Little Village context, counter-narrative, and power consciousness. Dissemination

“success” manifested as fidelity towards a collective overarching *outcome* rather than fidelity towards implementing a dissemination *output*. This orientation towards a larger goal offered a unique way to consider dissemination “success,” which in this case study was defined as emphasizing and promoting community assets and the counter-narrative. Using the unique theoretical and methodological approach allowed for an expansive and ecologically informed evaluation study, as inclusive of non-conventional dissemination, to better inform a generalized and comprehensive community-engaged dissemination process model.

I. INTRODUCTION

A. Brief Description and Research Aims

Over the last two decades, there has been a growing interest in community-based participatory research (CBPR), to advance health equity (Cargo & Mercer, 2008; Israel, Schulz, Parker, & Becker, 1998; Minkler & Wallerstein, 2003; Wallerstein, Duran, Oetzel, & Minkler, 2017). At the core of CBPR is action and social change. Dissemination in CBPR involves engaging in a translational process to get from point A (the research findings) to point B (social change strategies and implementation) (Wallerstein, Oetzel, Duran, Tafoya, Belone, & Rae, 2008). Although there have been ample developments in the CBPR literature, particularly in the areas of theory and methodologies (Christopher, Watts, McCormick, & Young, 2008; Jason et al., 2005; Wallerstein et al., 2017), understanding the dissemination process between research and action outcomes is critical to guide researchers in *how* to bridge the gap (Brownson, Eyler, Harris, Moore, & Tabak, 2018; Wallerstein et al., 2008).

In the Dissemination & Implementation science (D&I) field, there has been a push towards using community-based models and more critically attending to the ecological context (Atkins, Rusch, Mehta, & Lakind, 2016; Durlak & DuPre, 2008; Mendel, Meredith, Schoenbaum, Sherbourne, & Wells, 2008; Minkler & Salvatore, 2012; Wandersman et al., 2008). Yet there exists a considerable problem of inconsistent terminology and model usage in defining and characterizing this space between research and action (Graham et al., 2006; Rabin, Glasgow, Kerner, Klump, & Brownson, 2008). Moreover, the D&I field is still limited with its bounded focus on efficacious prevention and intervention; to synthesize CBPR and D&I is to acknowledge that not all CBPR aims to produce an efficacious intervention. The current study therefore used a community-engaged dissemination perspective that both (1) strengthens CBPR

by explicating comprehensive findings and recommendations and (2) expands D&I frameworks by critically addressing influences of the ecological context on dissemination processes.

To understand not just *what* works in terms of community-engaged dissemination but also *why* and *how* it works, evaluation research is critical. Process evaluations are particularly suitable to address this gap, as they assess mechanisms of change while being adaptive to contextual influences (Linnan & Steckler, 2002). This dissertation was a case study process evaluation of community-engaged dissemination. The case was an oral history (OH) project component of the Little Village Participatory Community Health Assessment (LVCHA). The research question was: *how was the OH community-engaged dissemination process implemented?* The study aimed to evidence how community-engaged dissemination allowed for a broader understanding and practice of what dissemination is and could be by intentionally considering the influences of context.

B. Research Study Context

The research study context that was befitting to carry out the process evaluation was an OH project that originated from years of community-engaged participatory inquiry within the LVCHA (see Figure 1). In order to understand the OH project, it is essential to first contextualize the community of Little Village, which is the setting from which the research originates. For this section, I first described the origins of the academic-community partnership and a brief account of what led to the OH project component. I then provided a general description of the OH project and defined the types of dissemination that occurred. Lastly, I demonstrated how the OH project is a suitable research study context to evaluate a community-engaged dissemination process.

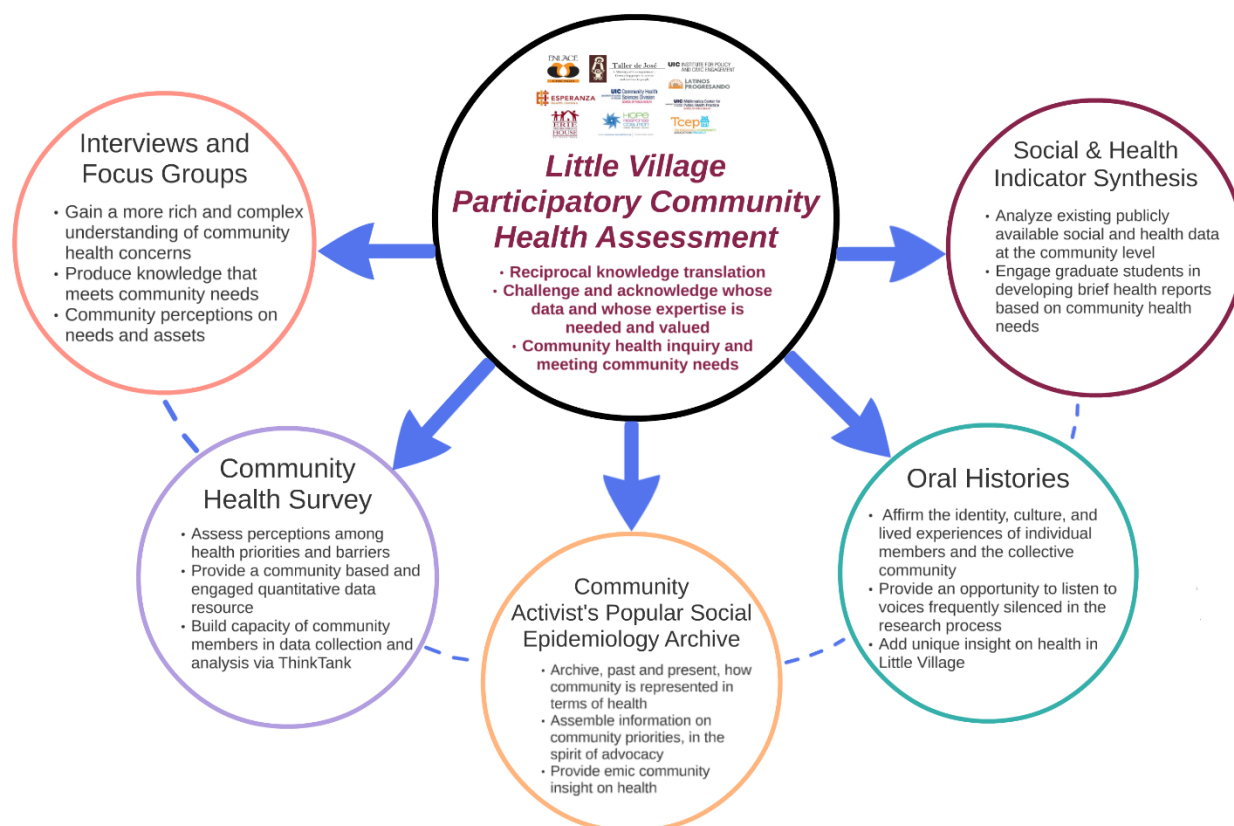


Figure 1. Little Village Participatory Community Health Assessment (LVCHA) Project Components, 2017.

1. Little Village.

The Little Village neighborhood, also known as South Lawndale, is one of Chicago's 77 community areas (Seligman, 2005) and a community of primarily Mexican immigrants and their families. In the 1980s, the neighborhood saw a large influx of Mexican immigrants, and from 2008 to 2012, the Chicagoland area was the second highest destination for Mexican immigrants in the U.S. (Zong & Batalova, 2014). Currently, 85% of Little Village residents identify as Latino, 80% are of Mexican descent, 41% are foreign-born, and 31% are not citizens (U.S. Census Bureau, 2015).

Immigrant identity bears an experience of social and economic marginality, particularly for Mexicans in the U.S. (Chavez, 2013; Finch, Hummer, Kolody, & Vega, 2001).

Discrimination experiences have been related to poorer physical health for this population, even when adjusting for acculturative stress, social support, and socioeconomic factors (Finch et al., 2001). Immigration as a structural sociopolitical system in the U.S. may potentially compound this negative impact on health. Many of the socioeconomic and health disparities within Mexican immigrant communities (Brown & Patten, 2013; Finch et al., 2001) along with the historical discourses (Hondagneu-Sotelo, 1997) reported in the academic literature are reflected locally in Little Village.

Little Village is considered one of the most densely populated areas in Chicago; 15.5% of residents lived in crowded housing (defined as percentage occupied by housing units with more than one person per room), schools are overcrowded (Chicago Public Schools Data Portal, 2016), only 1% of the total community area is considered open space (Sinai Community Health Survey 2.0, 2015), and there are only 0.59 acres of green space per 1,000 residents (Chicago Metropolitan Agency for Planning, 2016). From the 2011-15 American Community Survey estimates (U.S. Census, 2015), approximately 37% of residents lived below the poverty level and 15% were unemployed. Fifty four percent had less than a high school diploma, 40% had a high school diploma, and the remaining 6% had at least a Bachelor's degree (Sinai Community Health Survey 2.0, 2015). Per capita income for the community was \$10,495, compared to the city average of \$29,486 (U.S. Census, 2015). Fifty percent of households receive food stamp benefits, 45% are food insecure. In terms of general health, 34% lack health insurance and 44% reported between fair to poor health (Sinai Community Health Survey 2.0, 2015). These factors

that reflect where residents live, work, and play are known as social and structural determinants of health, and can negatively impact community health (De Maio, 2010).

Although Little Village ranks third in the city of Chicago in terms of economic and social hardship, its residents have favorable overall health and among the lowest infant mortality rates and longest life expectancy (Dirksen & Prachand, 2016). Moreover, the community has a deep history of activism, community involvement, and cultural community wealth. Little Village schools, organizations, and public spaces are steeped in history of struggles and activism with local and national significance (Grossman, Keating, & Reiff, 2004; Stovall, 2016).

Despite the rich cultural capital and social cohesion of Little Village, residents still experience the negative impacts of social and structural determinants on their health. In 2011, Little Village community organization staff approached faculty at the University of Illinois at Chicago School of Public Health to help identify and address community health needs, which led to the creation of the Little Village Participatory Community Health Assessment (LVCHA).

2. Little Village Participatory Community Health Assessment.

The LVCHA adopts a CBPR framework, rooted in community perspectives, social strengths, and strategies for health improvement (Wallerstein & Duran, 2010). The Community Health Assessment (CHA) is adapted from the Mobilizing for Action in Planning and Partnerships model (NACCHO, 2014) and emphasizes community level influences and the importance of adaptive methods for community engagement and equitable dissemination (Macintyre, Ellaway, & Cummins, 2002). Thus, the LVCHA aims for equitable and active partner roles to sustain participation across all stages of the research, particularly in iterative and culturally relevant dissemination (Israel, et al., 1998; Wallerstein, et al., 2017). Community partners comprise of residents and staff from various organizations working to address health

and wellness. Faculty partners have expertise and interests in community health and immigration. Lastly, students from several semesters of CHA graduate courses offered in the School of Public Health - CHSC 431 Community Assessment in Public Health - are active partners. The LVCHA has also been conceptualized as an engaged teaching project, through which institutional support is central. Since the LVCHA's inception, several academic and community project components have been developed and implemented (see Figure 1) (Hebert-Beirne et al., 2017; Hebert-Beirne et al., 2018; Hernandez, Genkova, Castañeda, Alexander, & Hebert-Beirne, 2017).

3. Oral History Project 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 impacted residents' health. However, community partners expressed a concern that these synthesized findings lacked an in-depth understanding of residents' collective strengths. Despite having an asset-based orientation, the research findings identified mostly community deficits. The LVCHA then consciously shifted to celebrating community assets to capture the legacy, cultural capital, and resourcefulness of community members. The team also adapted and aligned with an appropriate methodology and the OH component of the LVCHA was initiated (Hernandez et al., 2017).

a. Oral Histories.

Oral histories are snapshots - open ended narrative descriptions of a part of the storyteller's life that may be centered around a focused topic. OHs are guided by informal probes, yet unlike interviews and focus groups, they are less structured. In an OH, the storyteller

is both the interpreter and the central figure, giving meaning and interpretation to lived experiences (Bruner, 1994). 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). OHs are operationalized differently depending on the field of study and academic paradigm (e.g. life history; for more information, refer to complete publication on the OH project component, Hernandez et al., 2017). Another notable emergent understanding has been referring to the OHs as digital stories, to reflect the shorter and more widely shareable nature of the stories from the OH project component¹. The current study used the term OH(s), as the LVCHA made use of this conceptualization throughout the project conception, data collection, analysis, and dissemination phases.

Both the OH contents and interchange are embedded in social, historical, and cultural contexts (Shopes, 2011), which can reveal more complex phenomenon than conventional qualitative methodologies in CHA (Bleakley, 2005). Moreover, OH projects are suitable approaches to health inquiry in CBPR (Harper et al., 2004; Madsen, McNicol, & O'Mullan, 2015). OH was a culturally appropriate methodology within the LVCHA and highlighted unique information on community health (Hernandez et al., 2017).

b. OH Think Tank.

The primary working group of individuals that were involved throughout the OH project component was called the OH Think Tank. This group was structured akin to a committee of the

¹ This is the conceptualization used by a key graduate student LVCHA stakeholder. Additional description on her operationalization was included in the data (manuscript document, i.e. her dissemination research proposal) as an emergent dissemination output. This individual also provided additional clarification on her terminology in our member checking conversation.

LVCHA, and therefore consisted of both community and academic stakeholders from the larger partnership. The OH Think Tank was a collaborative group in which community experts drove the inquiry and lead UIC academic partners in (1) identifying community asset data, (2) promoting community stories that countered dominant deficit-oriented narratives of Little Village, and (3) providing an ongoing bidirectional engaged learning experience². OH Think Tank members were involved in the group because of their vested interest in promoting community assets; therefore, they were committed to collecting and analyzing the OHs as well as the community-engaged dissemination process that followed.

Community partners within the Think Tank initially participated by identifying leaders from the neighborhood to tell their stories. One community partner suggested that the academic student members of the group initiate a partnership with StoryCorps Chicago, an organization with the mission of recording, sharing, and preserving stories (StoryCorps, 2017). Storycorps provided methodological and technical expertise throughout the project and their staff contact remained a key OH Think Tank member.

c. OH Project Activities.

Between 2013-15, the OH Think Tank facilitated the audio collection of 32 OHs from community residents³. For the analysis stage of the project, the group initially engaged in preliminary theme identification through qualitative thematic analysis procedures (i.e. coding, memoing, and analysis of codes). Collectively, the OHs emphasized: (1) the power and strength of low income, immigrant residents and communities that goes unrecognized by conventional

² The OH Think Tank description was informed directly from an internal evaluation of the group, completed by a graduate student member. The planned and final versions of this report were included as data in the current study and represented an example of an emergent dissemination output. See Appendix A for full data inventory.

³ Additional detail on the OH research study process is included in Hernandez et al. (2017).

research designs and academic agendas, (2) the resiliency of residents that serves to unify, bring power, pride, and sense of identity, and (3) 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 (Hernandez et al., 2017). These study findings were unique and enhanced the other LVCHA sources of community health information. Importantly, the OHs represented residents' community cultural wealth - the identity, culture, and lived experiences of residents in their own words (Yosso, 2005). OHs allowed space for community members' self-expression, in which they had agency and power in representing their own voices (Hernandez et al., 2017).

Following the initial thematic analysis of the OHs, the OH Think Tank facilitated a community-engaged dissemination process for three primary planned and implemented outputs: (1) listening events, (2) a manuscript, and (3) storytelling resources. Listening events were defined as events that provided active listening and dialogue spaces for participatory data analysis, knowledge translation, and dissemination. Second, the published a manuscript focused on the unique and essential contributions of OHs as a form of qualitative inquiry in CHA (Hernandez et al., 2017). The final planned and implemented dissemination outputs were the storytelling resources – operationalized as a storytelling guide and story summaries. Along with the three planned dissemination outputs, there were multiple emergent dissemination outputs, unrealized dissemination outputs, and ripple effects. Emergent outputs were defined as unanticipated dissemination outputs that were spawned directly from the OH project, unplanned from the project outset, and often emerged following the completion of the OH project. Unrealized outputs were defined as dissemination processes that included planning phases but were not implemented. Ripple effects were unintended consequences or effects of the OH

project. They were distinct from emergent outputs such that they were understood more so as unplanned outcomes of the OH project.

The collective OH community-engaged dissemination process was defined by these four types of processes. Compared to the other qualitative and quantitative LVCHA components, OHs have been one of the most suitable project components to produce equitable participation and meaningful dissemination, with the most diverse and complete available data to answer the current study's central research question. Figure 2 is a logic model that represented the overall LVCHA dissemination process as of 2017, from the participatory planning to implementation phases, across multiple project components. Figure 3 depicts a magnified timeline of the OH-specific community-engaged dissemination process. This research context was therefore an ideal case to conduct the process evaluation and produce comprehensive findings and recommendations for community-engaged dissemination.

Figure 2. LVCHA Dissemination Process 2016-17 Logic Model

GOAL: Identify knowledge translation and dissemination strategies through a participatory process & develop and implement appropriate dissemination outputs

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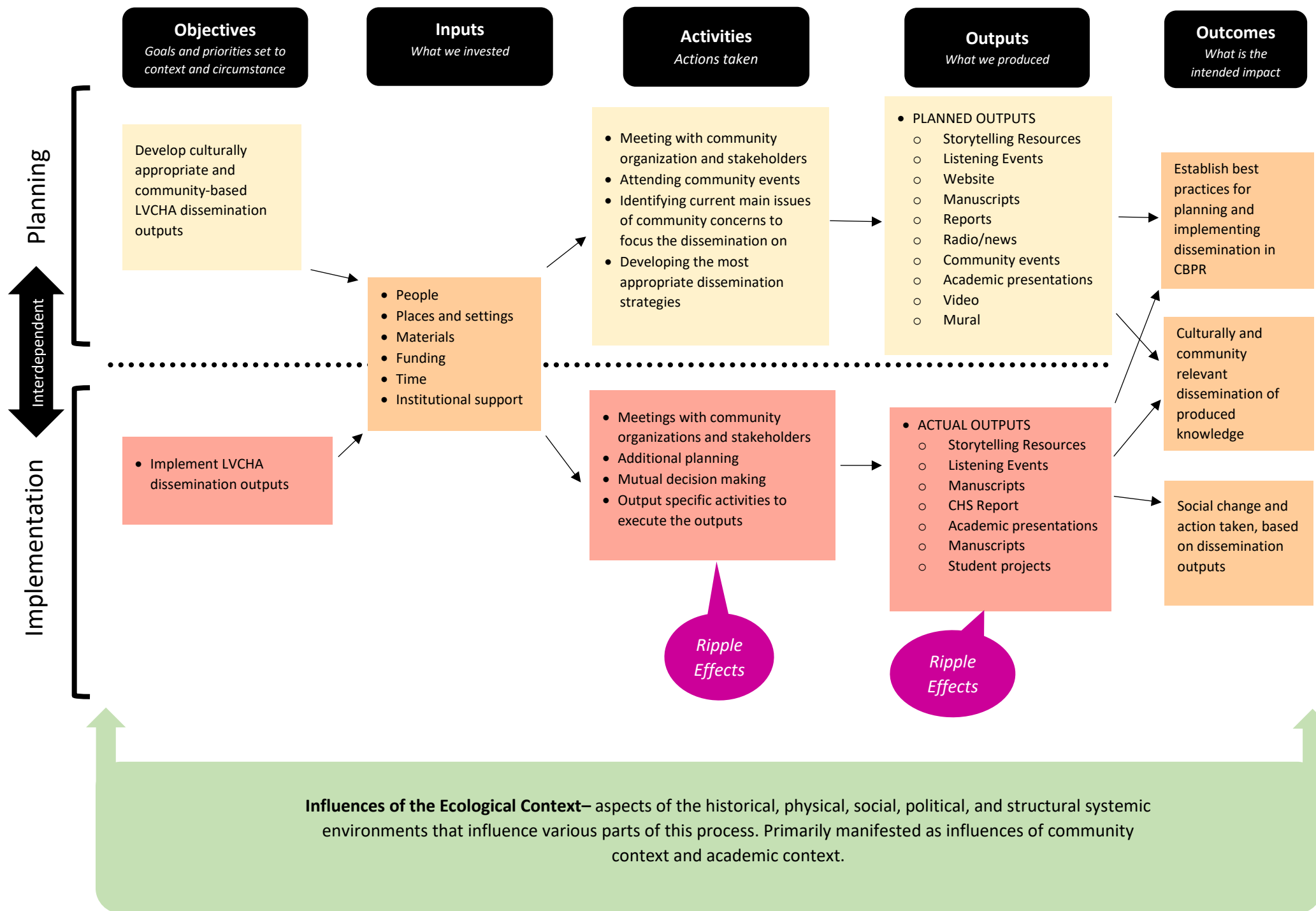


Figure 3. OH Community-Engaged Dissemination Process Timeline

Planned Dissemination Outputs

These outputs involved a cycling of resources and capacity to do the dissemination processes, including recruitment and engagement of individuals, planning dissemination tasks and activities, iterative decision-making around goals, and knowledge negotiation of the information to be disseminated. Dissemination “success” was defined as fidelity towards the overarching outcome of promoting community assets and the counter-narrative.

Storytelling Resource: Storytelling Manual

- Catalyzed OH project and defined community assets through the stories as overarching dissemination outcome
- Planning occurred over Fall semester of CHA course (August-December 2013)
- Draft completed 12/8/13
- Final version completed 12/13/13

Storytelling Resource: Story Summaries

Planned and completed during CHA course, N/D

Listening Events: UIC

- Dissemination process primarily within academic context
- Included *counter-narrative* within goals, achieving outcome
- Planning started 2/17/15
- Event implemented on 4/22/15

Listening Events: Little Village

- Dissemination process primarily within community context
- Included *counter-narrative* within goals, achieving outcome
- Planning started 2/17/15
- Event implemented on 9/16/15

Manuscript

- Dissemination process via drafts
- *Power consciousness* explicit with *counter-narrative* dissemination outcome
- First draft completed 9/10/15
- Final version published 9/12/17

Ripple Effects

Unintending consequences or outcomes of the OH project and its dissemination process. These included:

- Student/community partner leveraging resources and skills gained from Storycorps employment to contribute back to OH project
- Community partner enrollment in graduate program and teaching subsequent CHA courses
- Class presentation based on manuscript
- Student partner took editorial board role for community resource website
- Development of OH course module content for online qualitative course
- Community organization implemented research event (*previously unrealized*)

OH Research: recruitment, data collection, preliminary data analysis

2013

2014

2015

2016

2017

2018

2019

Student Project - Academic Poster (10/6/14)

External Report (12/1/14)

Community organization web page (N/D)

Media Article (Spring 2015)

Listening Event (5/27/15)

Listening Event (11/2/15)

Listening Event (12/11/15)

Student Project - Presentation (12/11/15)

Student Project - Evaluation Report (12/12/15)

Student Project - Academic Poster (4/3/16)

Listening Event (3/3/16)

Listening Event (6/21/17)

Student Project - Manuscript (12/17/17)

Student Project - Presentation (10/27/18)

Student Project - Academic Poster (8/9/18)

Student Project - Academic Poster (8/9/18)

Student Project - Presentation (8/17/18)

Unrealized Outputs

Dissemination outputs that were planned but not fully implemented included:

- Website
- Mural
- Video
- Radio/podcast segment
- Community research event (*became ripple effect*)

Emergent Dissemination Outputs

II. BACKGROUND LITERATURE

In comprehensively reviewing the background literature to frame the current study, I begin by describing my conceptual framework: the ecological paradigm. This framing is an appropriate lens from which to understand community-engaged dissemination processes, because of its overlap with CBPR values. I also included additional theories that inform and augment my conceptual framework.

In theoretically grounding and positioning this study, I begin by describing CBPR, and include information in its principles, philosophy of science, and general model. I then defined and described how CHA is a key example of how CBPR manifests in practice. CBPR advances health equity through CHA methods, which frame the LVCHA and the OH project component.

Next, I focused on a key aspect of CBPR: the space between research and action. I reviewed research that aims to define this space – namely traditional dissemination, knowledge translation, knowledge mobilization, and the field of D&I. Across the terminologies and models, there is a clear need to include contextual influences and empirically reach beyond an intervention focus. Therefore, I defined community-engaged dissemination, positioned as the key process that moves research to action in CBPR. I described the current study's operationalization of the concept and preliminary systematic reviews as evidence. The CBPR literature still lacks comprehensive evaluation information on community-engaged dissemination processes, so I followed up with a review of relevant process evaluation frameworks and research evidence of their use within participatory research settings. Finally, I weaved together how these literature gaps led to the current study.

A. Ecological Paradigm Conceptual Framework

The ecological paradigm refers to the interdependence of people and the various social, physical, and cultural contexts in which they live (Trickett, 1998; Trickett et al., 1985). More specifically, this study draws from the Trickett et al. (1985) principles of the ecological paradigm: cycling of resources, adaptation, interdependence, and succession.

Cycling of resources is a concept referring to an understanding of persons, settings, and events as interactive resources, such that, “they exist in dynamic equilibrium which means, among other things, that they manifest cycles of resistance or receptivity to outside influences depending on the state of balance between their internal resources and external events” (p. 300, Trickett et al., 1985). Adaptation refers to a process of growth and change in response to events, i.e. how people or settings respond to events and then how structures and policies may develop over time. Interdependence is the idea that people and settings are in constant interaction, reflecting a push and pull nature of existence. Lastly, the principle of succession emphasizes the importance of history and inquiry over time. These principles characterize what could be termed as the ecological context, which synchronizes how they work together. For example, resources in community settings might have emerged or adapted to historical events, implying the succession of past events evolving as interdependent with current resources and practices – all of which are critical when considering the interaction between academic researchers and communities.

Two additional important processes within the ecological paradigm are ripple effects and feedback loops. Ripple effects are systemic events that occur in settings and can have widespread and unanticipated positive or negative outcomes. From an ecological perspective, the community researcher has an, “ethical commitment to assist with the work of organizing resources so that knowledge about these effects become a resource for the community” (p. 296, Trickett et al., 1985). CBPR represents significant events in community contexts and therefore attending to

ripple effects reflects an explicit understanding that research impacts community settings and vice versa. As such, feedback loops exemplify this cyclical nature of effects within an ecological context.

Framing the current study within the ecological paradigm is appropriate, as it overlaps with CBPR. Like CBPR, the ecological paradigm has an explicit focus on more than individual and interpersonal aspects of research, by recognizing contextual influences - how the cycling and adaptation of historical motivations and structural and institutional processes is interdependent with present conditions of resources in creating health inequities. In addition, both perspectives emphasize strengths, empowerment, and social justice (Jason et al., 2005; Rappaport, 1995; Ryerson Espino & Trickett, 2008; Trickett, et al., 1985). In contrast to traditional research approaches in which there is a diagnosis of problems and emphasis on gaps, both CBPR and ecological perspectives capitalize on internal and external strengths, supports, and resources to develop sustainable solutions (Jason et al., 2005; Wallerstein et al., 2008). CBPR projects attend to contextual influences, making the ecological approach suitable to parse out, identify, and analyze them (Trickett et al., 1985). Lastly, both perspectives affirm and prioritize issues of race and power within research. The ecological paradigm considers both with a multilevel systemic understanding of the historical roots of oppression, while CBPR has a “commitment to consciously change the power relationship between researcher and researched, seeking to eradicate the distinction between who does the studying and who gets studied” (p. 4, Wallerstein et al., 2017; Jason et al., 2005; Rappaport, 1995).

Along with the ecological paradigm, this study draws from several additional key theoretical sources to inform and augment its conceptual framing. First, it builds upon the dissemination and implementation theoretical frameworks of efficacious intervention research

(Damschroder et al., 2009; Glasgow, Vogt, & Boles, 1999; Klein & Sorra, 1996; Mendel et al., 2008; Rogers, 1995; Wandersman et al., 2008). Next, it is methodologically grounded in process evaluation theoretical frames (Baranowski & Stables, 2000; Linnan & Steckler, 2002; Saunders, Evans, & Joshi, 2005) with an intentional realist evaluation orientation (Pawson & Tilley, 1997), that allows for creative modes of data inquiry and analysis (Jagosh et al., 2015; Potvin, 1996; Rabin et al., 2010). Lastly, although triangulation is largely a methodological orientation and practice (Denzin, 1978; Patton, 1990), because it was woven throughout the evaluation, it is important to consider within the conceptual framework. These theories are further explored in the background literature of the current study.

B. Community-Based Participatory Research

CBPR is a collaborative approach to research that involves all stakeholders equitably in every step of the research process, from defining the problem, data collection and analysis, and finally dissemination towards social change (Cargo & Mercer, 2008; Israel et al., 1998; Wallerstein et al., 2017). Multiple terms under the umbrella of participatory research have been used to describe similar types of inquiry, including community-based participatory research, participatory action research, mutual inquiry, action research, and engaged research (Braun et al., 2011; Burke et al. 2013; Fals-Borda, 1987; Israel et al., 1998; Minkler, 2000; Schensul, Schensul, Singer, Weeks, & Brault, 2014; Suarez-Balcazar, Martinez, & Casas-Byots, 2005). As a whole, these frameworks posit that research should both create knowledge around community concerns and provide solutions that promote social change. CBPR is currently one of the most widely used approaches of participatory research (Israel et al., 1998; Wallerstein et al., 2017).

The foundational work described by Israel et al. (1998) and Wallerstein et al., (2017) positions CBPR as an orientation to research rather than a prescriptive methodology. The

following nine principles represent core values; CBPR... (1) Recognizes community as unit of identity, (2) Builds on strengths and resources within the community, (3) Facilitates collaborative, equitable partnership in all phases of the research, (4) Promotes co-learning and capacity building among all partners, (5) Integrates and achieves a balance between research and action for the mutual benefit of all partners, (6) Emphasizes local relevance of public health problems and ecological perspectives that recognize and attend to the multiple determinants of health, (7) Involves systems development through a cyclical and iterative process (8) Disseminates findings and knowledge gained to all partners and involves all partners in the dissemination process, and (9) Involves a long term process and commitment (Israel et al., 1998; Wallerstein et al., 2017).

CBPR contrasts with the traditional evidenced-based intervention paradigm, which is characterized by a positivist philosophy of science that values objectivity and universality in search of a singular, observable “truth” (Christopher, Wendt, Marecek, & Goodman, 2014). Methodologically, the positivist paradigm has translated to large-scale trials in multiple, and often randomized research sites, to assess the efficacy of interventions (Wandersman, 2003). This model of prevention science has had mixed success in reducing health inequities at the community level because of the disconnect between researchers’ methodological designs and the community’s willingness and capacity to implement the interventions (Haggerty & Mrazek, 1994). CBPR represents a contemporary and contrasting paradigm of health research (Wallerstein & Duran, 2010), with a constructivist philosophy of science that maintains knowledge production as historical, cultural, contextual, transformative, and based on subjective human experiences (Belone et al., 2014; Bruner, 1994; Oetzel et al., 2014). Conducting research *with* communities better aligns with organizational capacity, indigenous knowledge, and cultural

values - all of which are important in the adoption and implementation of a community intervention (Miller & Shinn, 2005).

There have been abundant developments within the CBPR literature on theoretical framing and how the various contexts of research and group dynamics of the collaboration can influence the research, intervention, and outcomes (Belone et al., 2014; Cargo & Mercer, 2008; Chen et al., 2010; Christopher et al., 2014; Israel et al., 1998; Oetzel et al., 2014; Wallerstein & Duran, 2010; Wallerstein et al., 2008; Wallerstein et al., 2017). To depict and collectively explain these factors, Wallerstein et al. (2008) created a logic model, which has since been adapted and improved (see Figure 4) (Wallerstein et al., 2017). Four characteristics of CBPR are defined: contexts, partnership dynamics, intervention and research, and outcomes. “Bidirectional Translation, Implementation, & Dissemination” is included as a bulleted point within the intervention and research category. Additional research is needed to further explicate this process because it importantly links intervention and research to outcomes. There is a lack of information both in Wallerstein et al.’s (2017) model and the greater CBPR literature on understanding *how* and *why* community-engaged dissemination processes work, along with appropriate logic models and/or frameworks for dissemination *specifically* in CBPR. This need is particularly important for marginalized populations, as community-engaged dissemination can potentially drive social change and action towards health equity (Wallerstein et al., 2008).

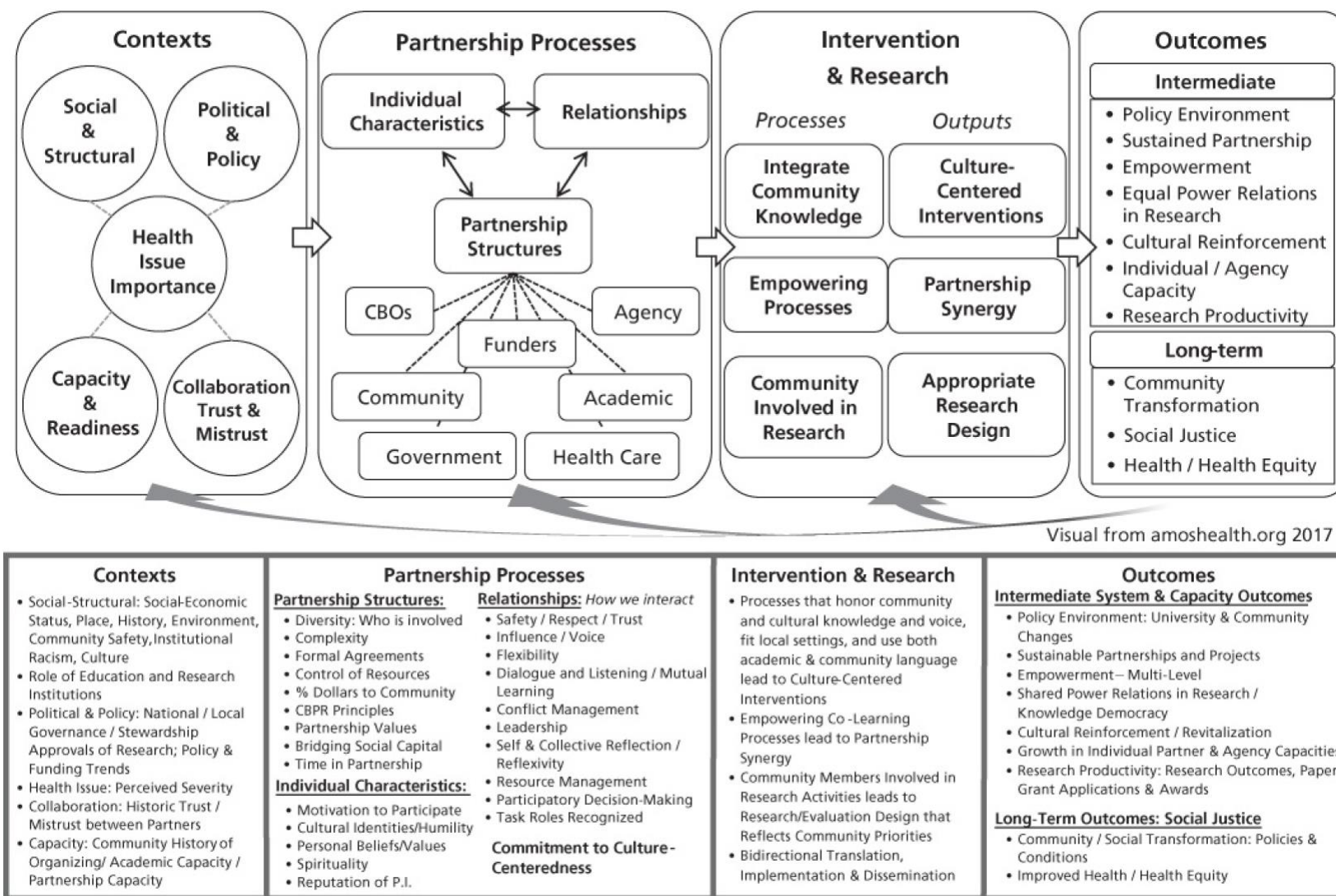


Figure 4. CBPR Conceptual Model (p. 80, Wallerstein et al., 2017). Adapted from Wallerstein et al. (2008) and Wallerstein and Duran (2010, p. S1). Visual from amoshealth.org (2016).

1. Community Health Assessment.

As CBPR has become more commonly used in health research, community health assessment (CHA) represents a primary example of putting the values into practice and importantly emphasizes research outcomes and action. CHA is a strategic means of determining community needs and assets to improve community health and wellbeing (Myers & Stoto, 2006). Identifying health disparities towards advancing health equity has become a central outcome of CHA (Braveman, 2006; Learmonth & Curtis, 2013; NACCHO, 2014; Trinh-Shevrin, Kwon, Park, Nadkarni, & Islam, 2015). Health inequity refers to health differences created from systemic unjust burdens placed on individuals and communities; it recognizes contextual factors that impact an individual, family, or community's opportunity to be healthy, also known as social and structural determinants of health. Some of these factors include race, socioeconomic status, housing and economic structures, political environment, and cultural norms (Braveman, 2006; Trinh-Shevrin et al., 2015). CHAs focus on these determinants of health and community's opportunities to be healthy (Davis, Rivera, & Parks, 2015; Patel, Rajpathak, & Karasz, 2012; Santilli, Carroll-Scott, & Ickovics, 2016).

CBPR framed CHAs carry a social justice and advocacy orientation, such that through community engagement from diverse stakeholders, the CHA seeks to identify and uproot the systemic and unjust root causes of health inequities (Cummins, Curtis, Diez-Roux, & Macintyre, 2007; Hebert-Beirne et al., 2017; Macintyre, 2007; Macintyre et al., 2002; Pennel, Burdine, Prochaska, & McElroy, 2017; Whitehead, 1991). Recent research has advocated for an explicit framing of health equity with critical perspectives that reject "epistemologies of ignorance... and commit to critical praxis and political engagement in the fight to dismantle social-structural and

health inequities” (p. 682, Bowleg, 2017). CBPR is an integral solution towards this goal because of its social justice emphasis on creating systems of collaborative engagement for social change. CHA demonstrates how CBPR manifests in practice and represents the framing of the OH project component.

C. Defining the Space Between Research and Action

At the core of CBPR is engaging in action for health equity in marginalized communities. Although CHA is an excellent example of methodologically advancing towards this aim, a significant research to practice gap still exists within public health, psychology, and various other fields that have a stake in improving health equity (Brownson et al., 2018). The translational dissemination process between research and action is critical to guide researchers in *how* to bridge the gap (Wallerstein et al., 2008). However, a considerable problem has been inconsistent terminology usage for how to define this space; there is a great degree of overlap in terms and their subsequent frameworks yet little agreement on how they should be used (Graham et al., 2006; Rabin et al., 2008).

Multiple systematic reviews have aimed for consensus and provide comparative information on the commonly used terminology: dissemination, implementation, diffusion, knowledge translation, knowledge mobilization, knowledge transfer, knowledge utilization, and research utilization (Graham et al., 2006; Levesque & Works, 2010; Rabin et al., 2008). Across these terms and models is their collective basis in evidence-based intervention research. In response, there has been a push towards attending to the influences of the ecological context within this space between research and action and to include CBPR (Atkins et al., 2016; Durlak & DuPre, 2008; Mendel et al., 2008; Minkler & Salvatore, 2012; Wandersman et al., 2008).

For the following sub-sections, I first defined the multiple terminologies and prominent theoretical frameworks that characterize the space between research and action. I subsequently critiqued the current state of D&I research, such that the most commonly used terms and frameworks (1) do not adequately address or represent community-based models that account for the ecological context and (2) are constrained by their limiting focus on efficacious intervention research. Moreover, the degree to which these models fit within CBPR based CHA is limited, such that not all CBPR aims to develop or implement interventions. Additionally, conceptualizing implementation as applying and adopting interventions is not appropriate for CBPR based CHA with dissemination outputs that are separate from, or in addition to, intervention program implementation (e.g. policy briefs, community advocacy campaigns, setting changes, etc.). The current study considers these theoretical gaps in the literature and therefore used a community-engaged dissemination perspective that expands our current D&I frameworks to reach beyond interventions by addressing contextual influences.

1. Traditional Dissemination.

The National Institutes of Health and Centers for Disease Control and Prevention have traditionally defined dissemination as the targeted distribution of knowledge and intervention materials to a specific public health or clinical practice audience (Graham et al., 2006; Schillinger, 2010). In practice, dissemination outputs are still largely conceived as journal articles and summary reports of research for stakeholders (Brownson et al., 2018; Fernández-Peña et al., 2008; Graham & Tetroe, 2009).

In a review of public health dissemination practices, Brownson et al. (2018) found that although 75% of the researcher respondents reported that non-academic dissemination was important, the most frequently reported dissemination method was publishing in academic

journals (99%), followed by academic conference presentations (81%). Research funding does not often include provisions for dissemination planning, and academic faculty productivity is often measured on number of manuscripts. As publications are metrics of institutional success, community-engaged dissemination is often viewed as time and resources spent away from the types of dissemination outputs that academic institutions value and support both in ideological and financial ways – journal articles and conference presentations. Additionally, although research design and methodological procedures are subject to rigorous institutional and peer review, dissemination is not often included in that process. For example, Institutional Review Boards often have considerable standards for ensuring ethical data collection and appropriate data storage that upholds confidentiality and the protection of research participants' privacy. Yet, there are no strict guidelines or standards for how researchers should embark on dissemination processes with respect to protecting the rights and welfare of research participants, or how that might look different in CBPR settings. These pressures characterize the constraints of the academic ecological context, as a system that in practice devalues community-engaged outputs of research.

2. Knowledge Translation and Mobilization.

Knowledge translation is defined as, “the exchange, synthesis, and ethically-sound application of knowledge – within a complex system of interactions among researchers and users – to accelerate the capture of the benefits of research [for Canadians] through improved health, more effective services and products, and a strengthened health care system” (Graham et al., 2006). Knowledge translation emphasizes a constructivist perspective, such that the collaboration with non-academic stakeholders in the co-production of knowledge is fundamental. Knowledge is a two-way street; “end users” of research (i.e. policymakers, organizations, and community

members) are essential to engage with throughout the research process to ensure the knowledge and action steps meet their needs (Graham et al., 2006). Several terms related to knowledge translation have emerged in recent years (i.e. knowledge-to-action, knowledge brokering, knowledge utilization) (Graham et al., 2006; Levesque & Works, 2010). One in particular - knowledge mobilization - is conceived as more appropriately emphasizing the multi-dimensional and longer-term political nature of the process as opposed to a linear move from research to practice implied by traditional dissemination (Levesque & Works, 2010).

Knowledge mobilization captures the processes through which the knowledge is spread, how it gets used, and the feedback loops that occur. In other words, there is input (evidence), outcome (practices or decisions), and the process through which these two are linked: getting the right information to the right people in the right format at the right time, to influence decision-making (Levesque 2009; Levesque & Works, 2010). The overall objective of knowledge mobilization is to enable those who stand to benefit from research (e.g. academics, policymakers, community groups, educators, media, etc.) to have access to knowledge that advances social, economic, environmental, and cultural development.

Both knowledge translation and knowledge mobilization are useful to consider within this review of the background literature, as their conceptual underpinnings are similar to dissemination. However, the evolution of this work has historically been based in Canada, specifically for Canadians, or the UK (Graham et al., 2006; Levesque & Works, 2010), whereas the more commonly used theoretical framing in the U.S. has been D&I. Therefore, for the following section, I provided a general review of D&I concepts, definitions, frameworks, and more importantly, the gaps in which the current study aimed to fill.

3. Dissemination & Implementation.

Dissemination and Implementation (D&I) research broadly focuses on prevention and intervention research for evidence-based programs (Atkins et al., 2016; Damschroder et al., 2009). D&I activities are framed with intervention research and practice (Rabin et al., 2008); therefore, all subsequent references to D&I are implied as occurring within the realm of efficacious interventions. D&I uses the traditional definition of dissemination and defines implementation as the adaptation and putting into practice of knowledge gained from of interventions over time (Mendel et al., 2008). Furthermore,

Implementation is the critical gateway between an organization decision to adopt an intervention and the routine use of that intervention; the transition period during which targeted stakeholder become increasingly skillful, consistent, and committed in their use of an intervention. (Damschroder et al., 2009)

Multiple D&I frameworks exist, however the most commonly used include the diffusion of innovations framework (Klein & Sorra, 1996; Rogers, 1995), consolidated framework for implementation research - CFIR (2009), and RE-AIM (Glasgow et al., 1999).

Diffusion of Innovations aims to explain the processes that influence the spread and adoption of new innovations (intervention knowledge and actions). Key components of this model include (1) attributes of the innovation, (2) innovativeness of the adopter, (3) social system, (4) individual adoption process, and (5) diffusion system (Rabin et al., 2005; Rogers, 1995). Mendel et al. (2008) extended this understanding, defining diffusion as, “the spread and use of new ideas, behaviors, practices, or organizational forms, which may include unplanned or spontaneous spread” (p. 25).

The Consolidated Framework for Implementation Research (CFIR) integrates previously published implementation theories into a single framework, to guide data collection, analysis, and interpretation (Damschroder et al., 2009). CFIR aims to embrace rather than replace the meaningful contributions that previous models and theories have made to D&I research;

therefore, it is considered a meta-theoretical framework that provides a repository of standard constructs that can be applied across multiple domains of implementation research. The five domains of CFIR include the intervention, inner and outer setting, the individuals involved, and the process by which implementation is accomplished.

The RE-AIM evaluation framework, positioned more so as a dissemination model than implementation, aims to assess the impact of public health interventions across five factors: reach, efficacy, adoption, implementation, and maintenance (Glasgow et al., 1999). In developing the framework, Glasgow et al. (1999) asserted that reductionist implementation paradigms oversimplify reality in the quest to isolate efficacious treatments and often limit external validity. RE-AIM was among the first widely used D&I frameworks to contend that efficacy focused perspectives do not address contextual influences well, such as how programs are or should be implemented in clinics, large health systems, or community settings.

4. The Value of Context and Community.

Among the major critiques of the current state of D&I in defining and understanding the space between research and action is the lack of attention to contextual influences and community-based perspectives. Traditional dissemination (i.e. targeted distribution of intervention knowledge to specific audiences) does not often allow for a broader understanding of what constitutes “evidence” in developing community-oriented strategies (Fine, 2011; Glasgow & Emmons, 2007). Therefore, in a special issue of the *American Journal of Community Psychology*, *Research and Action for Bridging Science and Practice in Prevention*, multiple researchers built upon previous D&I models to better understand and explain how influences of the ecological context - systems, structures, settings, multiple levels of influence, cultures, policies, varying stakeholder roles, and capacity - influence D&I. Within the special issue was

the development of the Interactive Systems Framework (Wandersman et al., 2008) and two additional frameworks on exploring contextual factors that influence implementation (Durlak & DuPre, 2008, Mendel et al., 2008).

Wandersman et al. (2008) proposed the *Interactive Systems Framework*, which recognizes the importance of community-driven models of dissemination in contrast to how previous D&I models were categorized as either source-based, user-based, or as “research-to-practice” models. In source-based models, knowledge and innovations emerge from research and academia (e.g. diffusion of innovations) (Flaspohler, Duffy, Wandersman, Stillman, & Maras, 2008; Klein & Sorra, 1996; Rogers, 1995). In contrast, community-driven models consider the users of innovations and context of implementation; how practice emerges and changes local contexts (Flaspohler et al., 2008). The Interactive Systems Framework also highlights the influences of multiple stakeholders (e.g. funder, researcher, practitioner) and their respective capacities to accomplish D&I. Building on the Interactive Systems Framework, Durlak & DuPre (2008) posited that, “successful implementation depends on a constellation of factors because local contexts differ. Developing sufficient capacity for implementation is essential for helping local providers... the extent of their success will depend on the interaction of multiple ecological factors that contribute to capacity” (p. 335-6.) Although the Interactive Systems Framework considers a myriad of contextual factors, it still operates within efficacious intervention research and practice.

In the same spirit of attending to multilevel contextual influences in D&I, Mendel et al. (2008) developed a framework for health services research. However, authors opted to use the term diffusion over dissemination to intentionally include unplanned or spontaneous D&I outcomes as a product of potential contextual influences. Unique to this framework is an

incorporation of process evaluations to provide multiple feedback loops at the intervention development, formative, and summative stages (Mendel et al., 2008).

In the most recent edition of the foundational textbook *D&I Research in Health: Translating Science to Practice*, Minkler & Salvatore (2012) described how CBPR can enhance D&I with the involvement of community members. CBPR augments the quality, validity, sensitivity, and practicality of research instruments, the likelihood of overcoming distrust of research, the relevance of research interventions, and likelihood of success. Of particular importance is the assertion that CBPR can improve the potential for disseminating findings to diverse audiences and translating evidence-based research into sustainable changes in programs, practices, and policies (Wallerstein & Duran, 2010). Moreover, Minkler & Salvatore (2012) emphasized the priority of publishing CBPR framed translation and dissemination research, as applications of the paradigm in D&I are scarce. Although numerous toolkits, practice-oriented resources, and individualized case studies are available, there is a lack of generalized recommendations for community-engaged D&I, especially evaluative information. This study sought to address these needs.

D. Community-Engaged Dissemination

To answer Minkler and Salvatore's (2012) call to incorporate CBPR into D&I research is to acknowledge that not all CBPR aims to produce an efficacious intervention. In a recent review of the state of the D&I field, Atkins et al. (2016) argued that the, "overfocus on promoting packaged programs in the form of evidence-based programs (EBPs) does not successfully integrate the knowledge of settings and persons towards maximum impact" (Atkins et al., 2016, p. 217). CBPR might call for various other dissemination methods or applications of the knowledge gained from research (i.e. policy brief, community meetings, setting changes, etc.).

The current study considered these theoretical gaps in the literature and therefore defined and utilized a perspective that defines the space between research and action as *community-engaged dissemination*⁴ - the process of collaboratively working with community members to develop *and* implement action strategies for change, based on research findings. Community-engaged dissemination is a process that acknowledges and includes knowledge translation, implementation of dissemination output(s), and recognition of unintended or spontaneous effects; it is positioned as an iterative process that offers feedback loops of information for both community and academic partners. The involvement and leadership of community stakeholders increases the capacity to disseminate findings in culturally meaningful and appropriate ways. Non-academic dissemination activities, outputs, and audiences are emphasized and encouraged, especially to media outlets, community meetings, and policy briefs to name a few (Minkler & Salvatore, 2012). Community-engaged dissemination ultimately allows for a broader, more inclusive, and more diverse understanding and practice of dissemination outputs and outcomes from research.

1. Early Empirical Support.

In one of the first comprehensive reviews of dissemination outputs in CBPR (Chen et al., 2010), effectively evidencing community-engaged dissemination, researchers found that across 101 journal publications, the most common dissemination method was organizing community meetings to discuss study results. Other strategies included phone calls, posters/flyers, one-on-

⁴ For the purposes of this study, I opted to not term this process “dissemination in CBPR” with the intention of more broad-based adoption, considering that not all community-engaged research is termed as CBPR. Moreover, I used the term dissemination because it is the more frequently identified term for the social change process in both D&I and CBPR literatures. Knowledge translation is intrinsically tied to and embedded within the process of community-engaged dissemination and is the term used primarily in Canadian contexts, along with knowledge mobilization. Dissemination is used more so in the U.S., which is within the setting of the current study (Straus, Tetroe, & Graham, 2009).

one meetings, and presentations in both academic and non-academic settings – all with varying degrees of community participation in planning these activities. Chen et al. (2010) also conducted qualitative research to gain a more in depth understanding of dissemination beyond what was reported in the originally reviewed publications. Five themes were identified: 1) Dissemination was intrinsically valuable as a core principle of CBPR, for its role in developing and maintaining relationships between partners; 2) the needs and goals of various stakeholders in the collaboration affected dissemination; 3) literacy and cultural differences were important considerations in dissemination efforts; 4) time and resource constraints affected dissemination, and 5) dissemination played a vital role in spurring and sustaining change. Researchers also supported the notion of including knowledge translation within the community-engaged dissemination process such that they concluded that dissemination was about exchanging knowledge, developing relationships, and encouraging social change in the community while promoting sustainability (Chen et al., 2010). In general, community-engaged dissemination is much more extensive than implementing a traditional study output (e.g. publication, report) or efficacious intervention program; it is a product of a contextual community and academic collaborative process, often woven throughout the research project (Israel et al., 1998; Wallerstein et al., 2017).

2. Locally Driven Systematic Review.

Following Chen et al. (2010)'s review, I sought to conduct a contemporary systematic review of community-engaged dissemination, specifically in CBPR studies with Mexican immigrant populations in the U.S. In the academic literature, although CBPR had been effectively used with Latino populations (Balcazar, Garcia-Iriarte, & Suarez-

Balcazar, 2009; Fals-Borda, 1987; Suarez-Balcazar et al., 2005), little had been systematically known about the dissemination processes with such communities.

At a local level, Mexican immigrant health inequities stemming from structural socioeconomic disadvantages had manifested in the Little Village community in Chicago. Multiple CBPR projects aiming to reduce such inequities had occurred or were in progress during this time in 2015. To better characterize and connect the research priorities of Little Village stakeholders, a grassroots resource sharing network called the Little Village Research Forum was created. I along with two community partners facilitated community dialogues in which community members led discussions on CBPR priorities and characterized dissemination as the most important aspect of the research process. Therefore, based on both the community need to better understand empirically grounded community-engaged dissemination strategies and the gap in the academic literature, I conducted a systematic review in which the Little Village Research Forum guided my analysis. Community conversations were translated to analytic codes, therefore making the review based in locally-driven understandings.

Twenty-three health related CBPR⁵ studies, published between 2010 and 2015, were reviewed (see Figure 5 for systematic review strategy). Findings explicated the community-engaged dissemination according to each of the categories that emerged in the review:

Dissemination goals, Dissemination activities, Who disseminates, Disseminating to whom, Disseminating at what time, and Dissemination barriers (See Table I.). The most common

⁵ Health research was defined as multi-dimensional, with physical, mental, emotional, and social domains. This conceptualization of health went beyond population and epidemiological measures to include overall well-being and a recognition of the social and structural determinants of health in contributing to a healthy environment (U.S. Office of Disease Prevention and Health Promotion, 2016).

dissemination goals were providing feedback to the overall research study and capacity building. In terms of dissemination strategies, community-oriented practices like community events, community-based intervention programs, and health curriculum/messages targeted for the community were most common. The individuals and groups doing the dissemination as well as the audience of the dissemination were both positioned primarily in the community. In terms of timelines, dissemination occurred most often at the end of studies. Lastly, barriers to dissemination – an emergent category - were due to the lack of capacity and/or agreement on dissemination strategies. These categories captured the range of the community-engaged dissemination for this population, and collectively differentiated the construct from traditional dissemination.

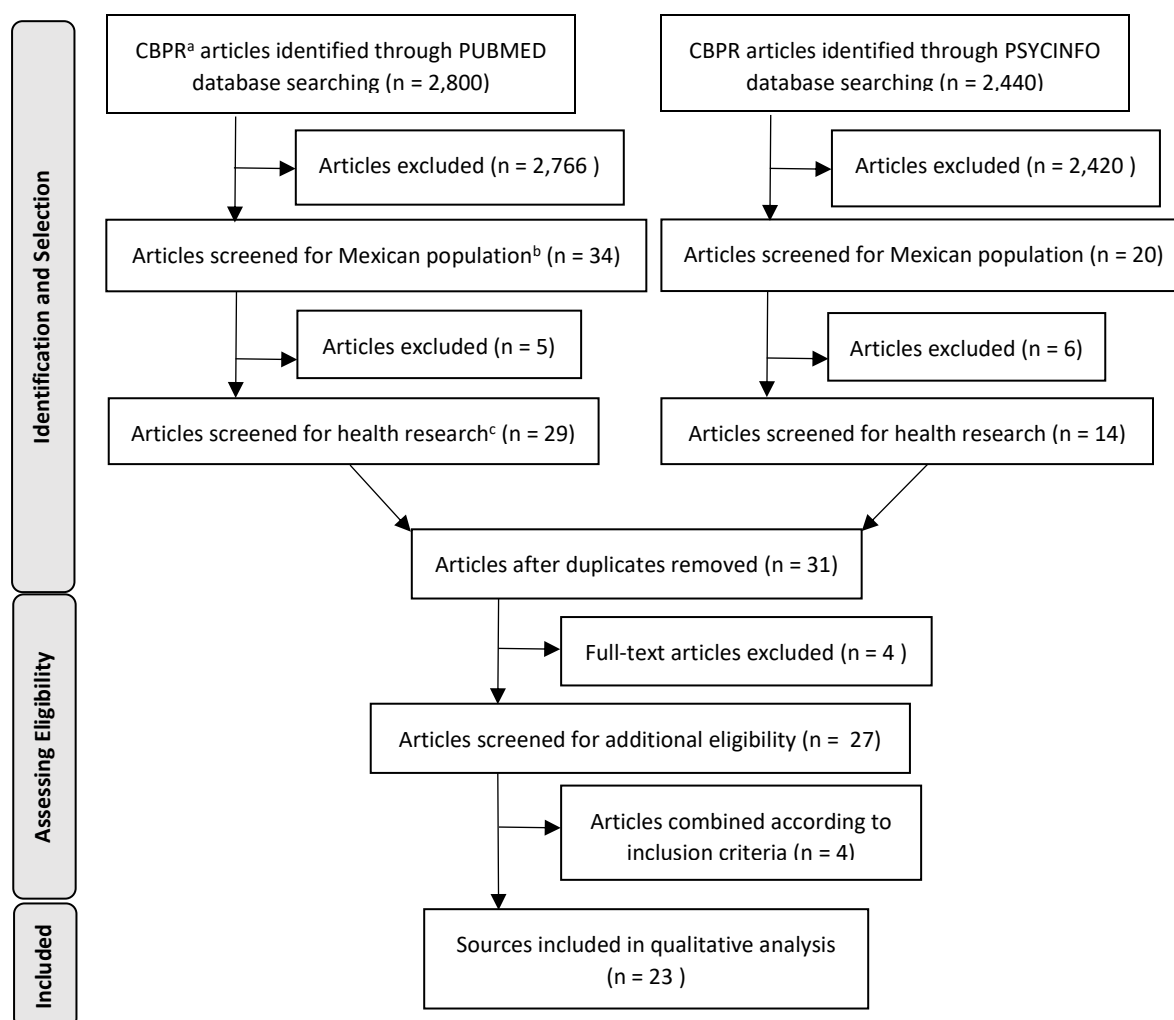


Figure 5. Modified PRISMA Flow Diagram for Systematic Review Strategy. For this stage of the review, only title and abstract fields were screened.

- The search terms that were used to identify these studies include: *community-based participatory research, community-based participatory action research, participatory research, participatory action research, and action research.*
- The following search terms were added to the two database searches: *Mexican immigrant**, *Mexican American**, and *Mexican**.
- The last step of the database search included terms to specify that the studies fit within the current study's conceptualization of health research⁶⁴ and included the following: *health, healthy, physical, mental, social, well-being, social determinants of health, structural, structural determinants of health, and environment.*

TABLE I
COMMUNITY-ENGAGED DISSEMINATION SYSTEMATIC REVIEW FINDINGS

Categories	Concepts/Codes	Definitions
Dissemination Goals		Identifying the purpose/goal for the dissemination - dissemination to what end(s)?
	Advocacy/Action/Social Change	When the goal of dissemination was broadly advocacy/action/social change.
	Capacity building	When the goal of dissemination was to build capacity for either the researchers, community, or both. Capacity building involved enhancing strengths, skills, and/or resources for community members, researchers, and/or organizations.
	Improve health outcomes	When the goal of dissemination was to both address and improve community health through dissemination strategies.
	Increase knowledge	When the goal of dissemination was to ensure that knowledge was transferred and gained. Some examples included building a communication initiative, disseminating health messages, creating a forum for education on a specific issue, etc.
	Long term policy change	When the goal of dissemination was to change legislation on the health issue related to the study. This was done through a variety of <i>strategies</i> like organizing/advocacy, working with local politicians, developing policy recommendations, etc.
	Research feedback	When the goal of dissemination was to provide feedback to the research study process (i.e. member checking) - usually in the case of modifying study methods to better fit the community context.
Dissemination Strategies/Practices		Identifying specific strategies of dissemination. What are the actual practices/outputs/methods of disseminating?
	Academic/school presentations	When findings were presented at an academic conference and/or school setting.
	Community development	Building capacity in the systems/structures of the community. Examples included developing community centers, community programs, or a physical space to improve the community, like a park or trail.
	Community event	When academic and community stakeholders organized and implemented a gathering or series of events <i>in the community</i> for sharing study findings. Examples included dialogues, forums, and workshops.
	Health messages/curriculum	Developing specific messages geared towards health improvement on a particular topic (e.g. healthy eating, diabetes management); usually were precursors to intervention programs.

Categories	Concepts/Codes	Definitions
	Intervention program	Developing an intervention based on study results. Usually was formative intervention research in which the dissemination “output” was the intervention program itself.
	Media campaign	Outreach to social media or news outlets like magazines, newspaper, etc. to disseminate findings.
	Needs assessment/Evaluation	Developing a needs assessment/evaluation based on the study findings. Usually occurred during formative intervention research and member checking.
	Online website	Findings disseminated publicly through an online page/portal.
	Photography	Visual photography based dissemination of the findings (e.g. photovoice.)
	Policy recommendations	When partners developed strategies for policy change, specific to an issue and audience (e.g. policymakers, political organization, businesses). Aligned with <i>long term policy change</i> dissemination goal.
	Printed representation	When findings were disseminated with physical, visual paper representations (e.g. posters, flyers, brochures, newsletters).
	Video	When findings were disseminated with a video (i.e. moving picture, visual, representation of study findings).
Who Disseminates		Identifying who disseminated. These codes were only used when an individual/group was explicitly identified.
	Community partners	Community based stakeholders.
	" Community advisory board	Officiated group of CBPR stakeholders, mutually decided upon. Usually consisted of community and academic partners.
	" Business leaders	Local business owners in the community that most often employed residents.
	" Community based orgs	Health service oriented community based agencies.
	" Faith based orgs	Organizations whose values were based on faith, religious, or spiritual beliefs (e.g. churches).
	" Intervention Program Admins	Individuals that implemented the intervention programs.
	" Promotoras/Community health workers	<i>Promotora</i> was a commonly used Spanish term for community health worker (CHW), a broad umbrella category of para-professionals who provided health education and outreach services within their own communities.
	Participants/community residents	Individuals/groups most directly involved in the study that identified mostly as participants or residents.

Categories	Concepts/Codes	Definitions
	Researchers/Academic partners	Stakeholders associated with academic institutions, most often Universities.
Disseminating to Whom		Identifying the target audience for dissemination. These codes were only used when an individual/group was explicitly identified.
	All partners	Disseminated results/knowledge to every stakeholder in the CBPR group.
	Community health workers/Promotoras	Disseminated results/knowledge to CHW/Promotoras.
	Community in general	Disseminated results/knowledge to the community <i>in general</i> - when the authors did not specify what community individual and/or groups they disseminated to instead stated "to the community."
	Community orgs	Disseminated results/knowledge to community organizations.
	Media/general public	Disseminated results/knowledge to the general public, usually through <i>media campaign</i> .
	Policymakers	Disseminated results/knowledge to local legislators/politicians.
	Targeted community subgroup	Disseminated results/knowledge to community participants and/or residents that reflected the participant group involved in the study (e.g. farmworkers, mothers and their children, or participants and their families).
Disseminating at What Time		Identifying the timeframe for dissemination.
	Planning for dissemination beforehand	When dissemination was planned ahead of time before it happened.
	Throughout the research process	When dissemination occurred iteratively throughout the research process.
	At the end of the study	When dissemination occurred primarily after the study was conducted and the findings were complete.

Both systematic review studies – Chen et al. (2010) and the locally driven study - provided foundational evidence for community-engaged dissemination. More specifically, they primarily informed *what* works, i.e. types of dissemination activities and outputs. They also brought attention to identifying those doing the dissemination as well as the audience(s). Yet the literature still lacked information on the process that would inform *why* or *how* community-engaged dissemination may or may not work. This knowledge gap existed not just in the CBPR literature, but also more broadly in D&I, such that acknowledging an ecological understanding of “what works for whom under which conditions has been a long-standing inspirational goal [in D&I] that is largely unaddressed by current research” (Atkins, et al., 2016). To address these concerns in tandem evaluation research is needed, especially to attend to contextual factors, as participatory research does not exist in a social, political, or cultural vacuum (Glasgow & Emmons, 2007; Harper et al., 2004; Ryerson Espino & Trickett, 2008). Influences of the ecological context are key in understanding *how* and *why* community-engaged dissemination could be successfully implemented and process evaluations are suitable to answer these questions, as they assess mechanisms of change (Linnan & Steckler, 2002).

E. Process Evaluation

Process evaluations offer a key contribution to advance the knowledge gap within CBPR and D&I. The primary purpose of a process evaluation is to assess how and to what extent a project is implemented in order to either develop it further or create recommendations for replication (Linnan & Steckler, 2002). Process evaluations not only document strengths and weaknesses of implementation but can also attend to contextual factors that impact implementation and ensure time for feedback and data interpretation (Parker et al., 2003), which makes it a suitable methodological approach to explore community-engaged dissemination.

Moreover, ecologically framed process evaluations better attend to social and structural determinants of health, as opposed to more traditional or acontextual evaluations (Linnan & Steckler, 2002; Springett & Wallerstein, 2003).

1. Evaluation Frameworks.

Baranowski & Stables (2000) developed principle components of process evaluations for health interventions, and several other frameworks have been adapted in the following years (Linnan & Steckler, 2002; Saunders et al., 2005). To summarize and compile key process evaluation components across the models, I triangulated and adapted them into one collective framework. Additionally, to move beyond an intervention-specific focus, I used “project-based” terminology to replace intervention specific language. See Table II. for component descriptions.

TABLE II
ELEMENTS OF A PROCESS EVALUATION

Process Evaluation Components	Purpose	Qualitative Inquiries	Quantitative Inquiries	Aspects of traditional research that the component assesses and informs
Recruitment & Maintenance	Recruiting people in the project & ensuring they continue to be engaged throughout the project	How was recruitment done and how was participation sustained? Did people drop from the project, and if so, why?	How many people were recruited? How many completed the project?	External validity
Context	Aspects of the ecological context that might influence implementation. Includes potential contamination, or the extent to which key participants and stakeholders may be affected by other projects and/or interventions in the community	How and why did the contextual factors impact the implementation of the project?	What and How many contextual factors impacted the implementation of the project? Levels and types? From whom and where?	External validity and Generalizeability
Resources	Available capacity to meet project implementation goals	How and why did capacity impact the implementation of the project?	How many and what kinds of resources were used for the project? Levels and types? From whom and where?	Moderation and/or mediation
Fidelity	The extent to which the project is implemented as planned	How well was the project implemented, according to the original plan and more importantly, to the CBPR partnership and community?	How much of the project has been completed (how many stories, listening events, etc.)?	Internal Validity
Reach and Exposure	The extent to which the project reaches the intended audience and they understand what the project is supposed to do	How and why did the project reach the target audience? What aspects of the project impacted the audience the most? How and why?	How many people did this project reach?	Moderation and/or mediation
Barriers	Problems encountered throughout the project that hinder meeting implementation goals	How and why did barriers impact the project?	How many barriers were there? What are the levels and types? From whom and where?	Limitations

Process Evaluation Components	Purpose	Qualitative Inquiries	Quantitative Inquiries	Aspects of traditional research that the component assesses and informs
Initial use	How participants and stakeholders initially engage with project activities	How and why do participants initially engage with the activities?	How many activities were conducted? What are the levels and types? From whom and where?	Moderation and/or mediation
Continued use	The extent to which participants continue to engage with project activities	How do participants stay engaged with the activities throughout the project? Why or why not?	How many activities were continued throughout the project and at what points in time? What are the levels and types? From whom and where?	Moderation and/or mediation

Note. This table is triangulated and adapted from several foundational process evaluation models (Baranowski & Stables, 2000; Saunders et al., 2005; Steckler et al., 2002). Original authors distinguished formative uses of process evaluations as *monitoring* and summative uses as *describing*. For the purposes of this study, I combined those into one *Purpose* column.

In conducting a process evaluation, several steps are necessary to position the study and guide data analysis (Saunders et al., 2005). The first step is describing the project completely - the intended goals, strategies, and expected outputs/outcomes. The second step is to describe complete and acceptable project “success,” based on the details of the project, partnership, and resources. The final steps include, (3) generating key research questions directed by the process evaluation components, and (4) identifying the analytic approach and research methodologies to answer the questions and carry out the evaluation study⁶. Several of the foundational process evaluation models recommend choosing an appropriate set of process evaluation components to guide the research questions and appropriate subsequent methodologies (Baranowski & Stables, 2000; Linnan & Steckler, 2002; Saunders et al., 2005). Various aspects of the project can influence which components are feasible to include, especially in CBPR settings.

2. Process Evaluations in Participatory Settings.

Process evaluations are suitable to use in CBPR because they are adaptable to the evolving nature of complex and multilevel community initiatives (Fetterman, Kafterian, & Wandersman, 1996; Springett & Wallerstein, 2003). They also have the potential to affect broader social structures towards the goal of social justice (Fetterman et al., 1996; Linnan & Steckler, 2002; Springett & Wallerstein, 2003).

In advocating for process evaluations in dissemination research, Potvin (1996) positioned traditional effectiveness evaluation approaches as requiring a higher degree of control (analogous to efficacious intervention research), whereas the very nature of dissemination initiatives,

⁶ For the current evaluation study, the project description and “success” is detailed in the previous *Research Study Context* section. The evaluation questions, analytic approach, and methodologies are described in the *RESEARCH METHODOLOGY* section.

especially in CBPR, make them difficult to control. Researchers therefore need multiple creative methodological approaches of data collection and analysis, as there is no one set of tools that are contextually appropriate for all projects. Most process evaluations therefore utilize collaborative approaches of inquiry and qualitative research methods (Linnan & Steckler, 2002).

Process evaluations in CBPR can be subject to a variety of capacity constraints that can limit the evaluator from collecting information in a more conventional fashion (baseline data, pre and post-test information, etc.) (Bamberger, Rugh, Church, & Fort, 2004). One response to these constraints has been developing evaluations that align with a realist evaluation paradigm, which posits that programs are embedded in complex systems and structures and thus cannot be fully understood acontextually (Pawson & Tilley, 1997). In practice, a realist evaluation approach includes several strategies to reconstruct and triangulate baseline data from multiple sources and to reduce capacity constraints by using secondary data sources. Together, data sources might include community health surveys, census data, project records, meeting attendance records, interviews with key informants, and focus groups (Jagosh et al., 2015). By using multiple data sources, potential recall biases from more subjective sources of information (e.g. informal interviews, stories) can be reduced when complemented by more objective sources of information (e.g. analysis of records, data reports) (Rabin et al., 2010).

Participant observation is one data collection strategy that is especially important in CBPR process evaluations. In one case example, a process evaluation of the dissemination and implementation of a recreational swimming program, researchers stated they learned more from the site visits and observations than from the quantitative surveys and qualitative interviews (Glanz, Isenec, Geller, & Spangler, 2002). Another example evaluation in a CBPR project in the

Little Village community (Harper et al., 2004), emphasized how participant observation offered information about the lives of residents they otherwise would not have learned;

Spending time in the day-to-day agency activities all revealed a range of personal stories, community narratives, and cultural narratives. Through this process evaluators learned about the multiple roles that staff members play, the relationships among and between various staff members, and the dynamics between those relationships. (p. 207)

Their participant observation activities included exploring the neighborhood, using the public transportation, and generally interacting with residents at local businesses. Researchers also attended community events like cultural celebrations, fundraisers, and community organization program activity events – all of which represented opportunities and forms of data collection that informed their evaluation findings (Harper et al., 2004).

Harper et al.'s (2004) study evidenced the utility of multiple participant observation strategies in conducting process evaluations in CBPR. Their findings also validated the importance of incorporating a realist approach via triangulating evaluation data with participant observation. Collectively, process evaluation is a suitable methodology for furthering our understanding of community-engaged dissemination – it focuses on answering *why* and *how* a project may or may not work beyond simply *whether* it works.

F. Current Case Study.

Although CBPR is well developed in its theoretical framing and methodological approaches (Belone et al., 2014; Cargo & Mercer, 2008; Chen et al., 2010; Christopher et al., 2014; Israel et al., 1998; Wallerstein et al., 2017; Oetzel et al., 2014; Wallerstein & Duran, 2010; Wallerstein et al., 2008), there still exists a lack of generalized guiding information on community-engaged dissemination processes. This need is significant for marginalized populations, as dissemination is key to move research to social change and health equity

outcomes (Wallerstein et al., 2008). In characterizing this space between research and action, there has been a push in the D&I field towards more critically attending to the ecological context in community-based models (Atkins et al., 2016; Durlak & DuPre, 2008; Mendel et al., 2008; Minkler & Salvatore, 2012; Wandersman et al., 2008). However, D&I is still limited with its bounded focus on efficacious prevention and intervention.

To advance this knowledge gap among CBPR and D&I, the current dissertation was carried out: a case study process evaluation of the community-engaged dissemination process of the OH project component of the LVCHA. The study was conceptually framed within the ecological paradigm as well as informed by multiple theories of dissemination, knowledge translation, implementation, realist process evaluation, and triangulation. Process evaluation offered an appropriate methodological approach to further our understanding of how context influences the space between research and action. This investigation was suitable to answer questions of *why* and *how* a community-engaged dissemination process may or may not work, for whom, and under what conditions.

III. RESEARCH METHODOLOGY

The main research question for the study was: *how was the OH community-engaged dissemination process implemented?* This process evaluation utilized a case study approach, such that it assessed one case community-engaged dissemination research process. Case studies allow for an in-depth exploration of research processes and are suitable in evaluations because of their intentional flexibility to understand the phenomenon within its context, often triangulating information from multiple sources to inform the analysis and findings. Cases are defined within bounded systems or by phenomenon that occur in a bounded context (Cresswell, 1998; Miles & Huberman, 1994). The current case was bounded by the LVCHA project, and although I explicitly focused on OH dissemination processes, I recognized that other LVCHA research processes may have contextually influenced the case process. My ecological perspective allowed for a broader inclusion of what constituted community-engaged dissemination, expanding beyond dissemination that was planned and implemented to also include emergent dissemination outputs, unrealized dissemination outputs, and ripple effects. The process evaluation utilized qualitative methodologies to analyze existing mixed-methods archival data from the LVCHA that constituted the case OH community-engaged dissemination process.

The University of Illinois at Chicago Institutional Review Board approved this evaluation study as an amendment to the LVCHA protocol, which essentially considered previously collected and available LVCHA information as archival data for evaluation and quality improvement purposes. Procedures to protect participants confidentiality included using individual pseudonyms, included in Table III. Analyses were facilitated and completed with computer software, ATLAS.ti, and these files were password protected and accessible only to myself.

TABLE III
PSEUDONYMS FOR KEY PARTNERS

Pseudonym	Partner Type	Roles	Community Organization	Academic Institution
<i>Paloma</i>	Community/Academic	Community resident, storyteller, story collector, graduate student	-	University of Illinois Urbana-Champaign
<i>Marcela</i>	Community/Academic	Community resident, storyteller, story collector	Padres Angeles	University of Illinois at Chicago
<i>Adriana</i>	Community	Community organization staff, community resident, storyteller	ENLACE Chicago	-
<i>Nina</i>	Community	Community organization staff, community resident, storyteller	ENLACE Chicago	-
<i>Lori</i>	Community	Community organization staff, story collector	Storycorps	-
<i>Victoria</i>	Community	Community Organization Staff, resident	Telpochcalli Community Organization Project	-
<i>Melanie</i>	Academic	Faculty member	-	University of Illinois at Chicago
<i>Daniel</i>	Academic	Graduate student	-	University of Illinois at Chicago
<i>Sarah</i>	Academic	Graduate student	-	University of Illinois at Chicago
<i>Tara</i>	Academic	Graduate student	-	University of Illinois at Chicago
<i>Noelle</i>	Academic	Graduate student	-	University of Illinois at Chicago

Note: I only gave pseudonyms to LVCHA partners that were primarily involved and importantly named within in the planned dissemination processes, as identified by the *Resources and Capacity - Individuals* code. I also did not give myself a pseudonym since I am explicit in describing my own dissemination roles and involvement. Many more LVCHA stakeholders contributed to the collective community-engaged dissemination, yet these pseudonyms functioned primarily to frame the direct quotations and roles from the data.

To describe the research methodology in the following sections, I first elaborated on the process evaluation, which included the following components: (1) evaluation questions, (2) methodological approach, (3) data inventory, (4) qualitative data analysis, and (5) participatory member checking. I then explained my positionality, ethical considerations, and triangulation as an analytic orientation to the study. These aspects of the evaluation are important to ensure authenticity and efforts to promote reliability and validity of the data and analysis.

A. Process Evaluation

The process evaluation for this study was guided by Saunders et al.'s (2005) recommended steps: project description, project “success”, research questions, and analytic approach and research methodologies. The former two steps were described previously in the *Research Study Context* section, therefore for the following sub-sections I detailed the development of the evaluation questions, triangulation approaches, analysis steps, data inventory, qualitative data analysis, inter-coder analysis, and participatory member checking in the following subsections.

1. Evaluation Questions.

The evaluation questions for this study were directly informed by process evaluation components, all of which were in accordance with the main research question. From the previously described process evaluation frameworks (Table II.), I operationalized and adapted a framework for the current study that was comprised of four primary process evaluation components that were both the most informative and feasible components to evaluate in the OH community-engaged dissemination process. Furthermore, I expanded upon the recommended evaluation questions, in an effort to capture more complete information. The following

components and corresponding main evaluation questions were included in the adapted framework (Table IV.), and directly guided the analysis⁷:

- *Recruitment and engagement*: How were people identified, recruited, and engaged in the dissemination process?
- *Fidelity and Implementation*: What was the extent to which the output was disseminated as planned?
- *Resources and Capacity*: What were the resources and capacity to complete dissemination?
- *Context*: How did the ecological context impact the dissemination process?

Additional corresponding sub-evaluation questions are listed fully in Table IV.

⁷ These process evaluation components and their corresponding questions represent their named concepts as they are conceived within the evaluation frameworks (Baranowski & Stables, 2000; Saunders et al., 2005; Steckler et al., 2002). For example, the *context* component, which denoted evaluation questions and therefore relevant codes, is not necessarily how context as a meaningful influence throughout the dissemination processes emerged in the study. Findings from the current study demonstrated how these evaluation components could be potentially reorganized in future framework development. See *DISCUSSION* section for further detail.

TABLE IV
ADAPTED PROCESS EVALUATION COMPONENTS AND QUESTIONS

Process Evaluation Components	Key Evaluation Questions	Evaluation Sub-Questions
<i>Recruitment and engagement</i>	How were people identified, recruited, and engaged in the dissemination process?	<ul style="list-style-type: none"> - How were people recruited and engaged in the dissemination process? What were their roles (e.g. doing the dissemination or as the audience of it)? How many? - Were some stakeholders more involved or committed than others? Why? - Did engagement change over the course of the dissemination process? If so, how and why? - Are recruitment and engagement processes different when considering those <i>doing</i> the dissemination versus the <i>audience</i>? How?
<i>Fidelity and Implementation</i>	What was the extent to which the output was disseminated as planned?	<ul style="list-style-type: none"> - Was there an initial dissemination plan? If so, describe it. - How well did the completed output match with the plan? - If the dissemination did not go as planned, why? How? When? What was the response? - Did dissemination “success” change? i.e. did the goals or plan change throughout the process? How? - (<i>FOR UNREALIZED OUTPUTS</i>) At what point in the process did the output “fail”? Why? How? - (<i>FOR UNREALIZED OUTPUTS</i>) What were the differences between the planned output and what failed?
<i>Resources and Capacity</i>	What were the resources and capacity to complete dissemination?	<ul style="list-style-type: none"> - How did the cycling of resources impact the implementation of the project? - What were the resources used to disseminate? (i.e. people, places and settings, materials, funding, time, institutional support, etc.) - How many resources were used for the project? What were the levels and types? From whom and where?
<i>Context</i>	How did the ecological context impact the dissemination process?	<ul style="list-style-type: none"> - What were aspects of ecological context that influenced the dissemination implementation (e.g. physical, social, political, historical, and/or structural interdependent influences)? - How did they influence the process? Did they support implementation or did they act as barriers? How and why? - How many contextual factors impacted the implementation of the project? Were there levels and types? From whom and where?

2. Triangulation Approaches.

Triangulation is an analytical orientation that aims to balance diverse sources of information while providing depth and breadth of knowledge gained; it allows for the most reliable, valid, and comprehensive results across multiple sources of information. Process evaluations call for a variety of mixed methodologies and corresponding data sources to appropriately answer specific evaluation questions (Glasgow & Emmons, 2007). Additionally, evaluations framed with a realist perspective include an intentional triangulation of methodological inquiries and data sources for best results (Pawson & Tilley, 1997; Rabin et al., 2010). The current study utilized the following triangulation approaches throughout the analysis: triangulation of data and theories (Denzin, 1978; Patton, 1990).

Triangulation of data and sources involved combining several ways of knowing with multiple kinds of information to understand dissemination processes. For example, data types included flyers, meeting notes, presentations, manuscript documents, and various others. These data captured both qualitative and quantitative information and came from varying sources (e.g. individuals, groups, organizations, different settings). The various kinds of information complemented each other and provided the most comprehensive information to answer the evaluation questions. Triangulation of theories involved integrating multiple theoretical perspectives (e.g. CBPR, ecological paradigm, D&I) in both framing the study and interpreting the results. I also triangulated across dissemination output processes to inform an overall community-engaged dissemination model. Collectively, the triangulation approaches bolstered the reliability, validity, and general trustworthiness of the findings by serving to balance the sources and types of information, which resulted in more comprehensive recommendations.

3. Analysis Steps.

The analysis was characterized by a unique multistep approach (see Figure 6). The OH community-engaged dissemination process was characterized primarily by the three planned dissemination outputs – (1) listening events, (2) manuscript, and (3) storytelling resources. Although additional outputs emerged, the three planned outputs had the most archival data available to analyze a complete dissemination process. Thus, the first step in the methodology was qualitatively analyzing the specific planning and implementation process for each planned dissemination output, guided by the evaluation components and questions in Table IV. I additionally engaged in the constant comparative method of analysis (Strauss & Corbin, 1998) to assess critical differences and similarities among the three, to begin specifying the overall OH dissemination process model.

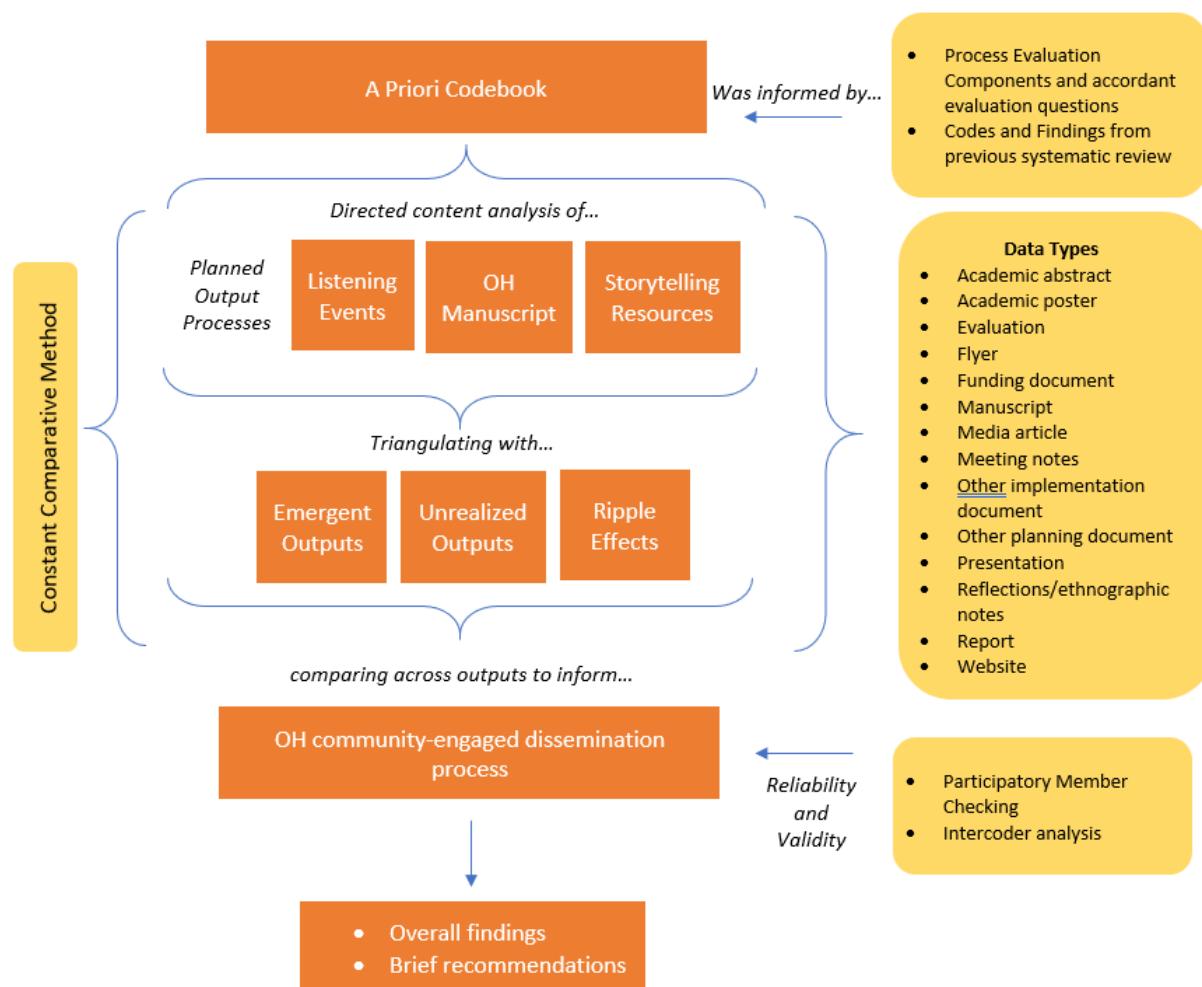


Figure 6. Multistep Qualitative Analysis.

After evaluating the planned dissemination output processes, additional types of dissemination outputs were included in the analysis: emergent outputs, unrealized outputs, and ripple effects. As this evaluation aimed to provide more generalized findings for community-engaged dissemination, it was essential to explore non-conventional types. “Implementation failure” was not considered a failure of the plan or process, but rather represented points of understanding adaptation to contextual influences. However, because of my insider knowledge

on the OH dissemination processes, I anticipated the possibility of a lack of complete and/or quality data for these additional dissemination types. When this was indeed the case, I opted to describe these dissemination processes as completely as possible, in ways directed towards the evaluation components, when I was unable to conduct a full and complete qualitative analysis.

Exploring emergent and unrealized dissemination outputs, as well as ripple effects, allowed for further specification and triangulation of the collective OH community-engaged dissemination process model. This multi-step approach therefore allowed for a more comprehensive understanding of community-engaged dissemination.

4. Data Inventory.

To determine data that characterized the OH dissemination processes, I created a preliminary inventory of available archival data that offered basic descriptions to allow for decision-making around inclusion and exclusion. After collecting all available data and briefly reviewing their content, I determined that the inclusion heuristic was that data documents were included in the analyses for each dissemination process if they informed at least one of the four evaluation components, in order to capture a more complete collection of dissemination process information. Although several data documents were excluded as not primary in answering the research questions, the data inventorying process aided in developing my thinking around codebook development.

The final data inventory included 75 documents. There were 14 data types, listed and defined in Table V. Email correspondence was a proposed data type, to capture planning and shared-decision-making around dissemination, however I excluded this data type, as it would be a clear breach of privacy and confidentiality. See Appendix A for the full data inventory, including information on document categories, phase (planning/implementation), corresponding

data type, date created or collected, and a brief document description. All identifying name information listed in Appendix A was removed.

TABLE V
DATA TYPES

Data Type	Code Definition	Groundedness
Manuscript	Academic writing and publishing output. In this study it encompassed journal articles and dissertations. Included draft and final versions.	22
Meeting notes	Written records of meetings. Included both agendas for meetings as well as records from the meetings themselves.	16
Other planning documents	These documents captured all other types of planning documents that meeting notes did not capture. Examples included: program draft, to do list, invitation list, planning spreadsheet, independent study registration form, planning notes, research proposal outline, dissemination planning documents/work plans.	13
Presentation	Powerpoint presentation documents that were used to facilitate either an academic presentation or community event presentation.	9
Report	Included reports made for external partners/audiences (e.g. Healthy Chicago 2.0 Report, Storytelling Guide) or internal evaluation reports (OH Think Tank Evaluation).	5
Academic poster	Typically an academic conference poster.	4
Evaluation	Evaluation was a special data type that overlapped with other data types - for example, one student project was an evaluation, but the student produced an academic poster. In this study, evaluations were meaningful enough to be qualitatively discrete as a data type because of the unique information they provided and nature of the knowledge that was disseminated.	4
Flyer	Poster that advertised a dissemination output, in this case a community event (e.g. listening event flyers).	4
Other implementation documents	These document types were miscellaneous implementation documents that included: a spreadsheet of attendance information for an event, listening event notecard responses spreadsheet, letter to the editor within journal submission process, and story summaries document.	4
Abstract	Academic abstract either for a conference presentation or poster.	3
Reflections/ethnographic notes	Personal reflections notes that are ethnographic in nature. These were reflections on either the OH project or dissemination process.	3
Funding documents	Documents that were for the purpose of applying to or reporting on grant funding.	2
Web page	Online website.	2
Media article	Non-academic media journal article.	1

5. Qualitative Data Analysis.

For the qualitative analysis, I used a directed content analytic approach (Hsieh & Shannon, 2005), which uses a deductive approach to explore data for insights relevant to the research question(s). Importantly, it utilizes existing theories of knowledge to guide the coding process, with the goal of validating or extending these frameworks. The directed content analytic approach is suitable for research in which current theories need further elucidation (Hsieh & Shannon, 2005).

For the current study, previous theories of knowledge were captured within the a priori codebook. The process evaluation components and corresponding research questions (Table IV.) directly guided a priori code development. In addition, codes from the previously conducted systematic review of community-engaged dissemination were incorporated as well, in order to augment and flesh out codes directly tied to the process evaluation questions (see Appendix B for systematic review codebook). Triangulating codes from the systematic review findings strengthened the current study's a priori codebook because the former's findings partially guided the dissemination planning processes for the larger LVCHA. Therefore, there was significant content overlap in several code categories. For the full a priori codebook, see Appendix C.

The coding process first involved reading each data source several times to understand the content, memo, and conduct open coding to better capture what information was present. After coding the first several sources, I re-organized a priori codes to better reflect the range of information in the data. This involved using the constant comparative method of analysis (Strauss & Corbin, 1998), such that as I coded sources, I iteratively revised the codebook and code definitions, which therefore allowed me to qualitative expand and reorganize the a priori codes. I also recorded memos and reflections throughout the analysis,

which aided in further refining the analysis, results, discussion, and recommendations. After I coded all the data sources, I revisited each code category to further specify code definitions and ensure they were qualitatively discreet, after which I revisited each data source to review and revise my coding if needed.

When the qualitative analysis was complete for the three planned OH dissemination output processes, I engaged in a higher-level constant comparative analytic process, i.e. across the dissemination outputs instead of solely output-specific. I then triangulated the qualitative analytical information with descriptive information from the emergent outputs, unrealized dissemination outputs, and ripple effects to develop a generalized model of findings.

6. Inter-coder Analysis.

The last step of the qualitative analysis involved calculating a metric of inter-coder reliability. A graduate student, trained in qualitative data analysis, and I coded a representative selection of the data. Because there was a range of data types, I used a stratified sampling strategy, such that the randomly selected sample of data would be proportionate to the data types that were represented within the overall data inventory (Table V.). Lombard et al., (2004) regarded a sample of 10% as sufficient representation. Therefore, the first step of the sampling procedure was calculating how many documents equated to 10% of the total data, which was rounded to 8 documents. Because the total data was stratified by type, I then calculated the relative frequency of each data type, multiplied those percentages by 8, and rounded to the nearest whole number, all of which to generate how many documents to randomly sample from each data type category. All data categories in which the calculated sample was less than .5 documents were combined to a “other” category, which totaled 27 documents. I then repeated the same sampling strategy with the “other” category. The final intercoder reliability analysis sample

(n = 10) included randomly selected documents from the following data type categories: manuscript (2), meeting notes (2), other planning documents (1), presentation (1), report (1), and “other,” or the combined remaining data types (3).

Before the analysis, both coders met to discuss the codebook and definitions for any clarifications. Both coders only used codes relevant to the process evaluation components, i.e. descriptive codes used to organize the data were excluded. After both coders then completed coding the 10 documents, a preliminary metric of intercoder reliability – Krippendorff’s Alpha Binary (Krippendorff, 2018) - was calculated in ATLAS.ti. Typically, Cohen’s Kappa (Cohen, 1960; Stemler, 2001) is a standardly used metric of intercoder reliability, however research developments on the topic have indicated several flaws within the Kappa calculation, including its sensitivity to prevalence in coding (Krippendorff, 2018; Vierra & Garrett, 2005; Zwick, 1988). Krippendorff’s C-Alpha Binary coefficient is a measure of intercoder reliability that indicates the extent to which coders agree, specific to created text segments. Additionally, this coefficient can be calculated for each code. Intercoder reliability is acceptable with a coefficient of at least 0.80 (ATLAS.ti Scientific Software Development, 2018; Krippendorff, 2018).

In the current study, after the first round of coding, Krippendorff’s (2018) coefficient was calculated to be 0.94. Both coders met again to discuss coding discrepancies with the goal of clarifying code definitions to ensure they were discreet. After this mutual feedback process, we reread disparate text segments, recoded where necessary, and reached an additional metric of reliability – percent agreement – of 100%. After the inter-coder reliability analysis, I recoded documents where necessary within the larger data inventory, based on the intercoder feedback. The final version of the codebook was then completed (See Appendix D).

7. Participatory Member Checking.

The current study has participatory elements, but is not a fully participatory study, considering that I am the lead evaluator that primarily used secondary data analysis. However, I integrated participatory elements in the evaluation where appropriate and feasible, in the form of iterative member checking with LVCHA stakeholders. Member checking is a process to confirm what information is present in the data along with analytic impressions of what emerges (Montoya & Kent, 2011). This study considered member checking beyond a methodological step, as an ethical participatory process that enhanced the validity of the study (Birt, Scott, Cavers, Campbell, & Walter, 2016). It presented opportunities for participants – in this case, LVCHA stakeholders - to offer feedback and improvements to the analysis, findings, and recommendations (Montoya & Kent, 2011). Member checking also presented opportunities for triangulation, such that when the analysis revealed that information was missing, LVCHA stakeholders involved in the dissemination processes “filled in the gaps” as needed (see Appendix E for sample questions).

Member checking was operationalized as informal one-on-one conversations that took place in person or over the phone, ranging from a brief 5 minutes to one hour. The conversations also occurred sporadically throughout the study. The LVCHA PI consulted on the study methodological design, data analysis, and findings, as this individual was the most familiar with OH project and available archival data. She added key data sources early in the study development phase, supplemented key information missing from the data throughout the analysis phase, and provided feedback on study findings. I also reached out to an additional academic LVCHA partner - a peer graduate student – who was involved throughout the OH project. This individual added several more key data sources, namely emergent dissemination outputs, and provided feedback. Moreover, she affirmed the findings, which also aligned with and promoted

the validity of her own study findings, from her dissertation research project assessing the community narrative within the 32 OHs.

During the analysis stage, one community partner invited myself along with several other LVCHA partners to a community-engaged research event, hosted by her organization. Although this event did not necessarily directly affirm the OH community-engaged dissemination processes, it revealed a shift from a previously considered unrealized output to a ripple effect. The original idea for this research event was developed from and during the OH dissemination process (see *Unrealized Dissemination Outputs* and *Ripple Effects* sections for more detail). The community partner confirmed this shift during the event. Lastly, during the final stages of analysis, I reached out to a community partner involved in the planned OH dissemination processes. I prepared brief questions to ascertain remaining missing information, and we also discussed the general narrative of findings. This individual not only affirmed the results, but also augmented them by adding additional evidence for the findings from her own experiences. Collectively, these iterative member-checking procedures functioned as ongoing participatory elements that enhanced the reliability, validity, and overall quality of the evaluation.

B. Positionality

Consistent with the interpretive tradition of qualitative inquiry, I recognized that as the researcher, I could not bracket myself out and produce results fully and completely grounded in the data. Therefore, it is important to explain my own history and positionality with respect to the study, since it influenced the research process.

My introduction to this work was as a student partner enrolled in the 2013 CHA course. I continued my engagement with the LVCHA for several years afterwards and collaborated with community organizations on several other research projects outside of the LVCHA - from

evaluating a food access project for Enlace to co-organizing the Little Village Research Forum. Initial meetings and dialogues garnered excitement around community-engaged dissemination, with the goal of creating a set of dissemination guidelines for Little Village. This specified need directly inspired the previously described systematic review of community-engaged dissemination, specifically with Mexican immigrants in the U.S. Following the completion of that study, I served as a research assistant for the LVCHA to plan and implement an infrastructure for dissemination of LVCHA findings broadly. I adapted the findings from the systematic review as a dissemination planning framework, and between Summer 2016-17, facilitated the planning and implementation of several LVCHA dissemination outputs. In terms of the OH-specific planned dissemination outputs, I was the most directly involved in the manuscript, as lead author, and had more of a distal participant role in the storytelling resources and listening events. I also initiated several of the emergent OH dissemination outputs: a listening event, two academic presentations, and this current evaluation study.

An additional facet of my positionality are my multiple identities. Firstly, I consider myself a community outsider and as an ally and advocate of the community. I cannot fully identify with the lived experiences of many community members, as I grew up in a suburban south Florida context. Moreover, I culturally identify with my Puerto Rican and Cuban heritages, so although I do connect with aspects of an immigrant family and Latinx experience in Chicago, the Little Village community is primarily Mexican, which is culturally distinct. It is also critically important to consider my privilege as a White-passing individual, as that comes with additional power. My physicality affords White privilege even though I completely reject the falsehood of Whiteness as indicative of supremacy. I carry this awareness within me in moving about spaces both in and outside of the community, always recognizing that intent does not equal

impact. Lastly, I have defined myself as a researcher throughout my LVCHA roles, which is a title that carries even more layers of privilege and power over communities that have been historically disempowered by research (Simonds & Christopher, 2013; Solórzano & Yosso, 2002). As such, throughout my work with Little Village partners, I often intentionally “move back” in both spaces and conversations, and craft roles of coordinating and facilitation rather than leadership and primary decision-making. All these aspects of my personhood influence my roles within this research study and are important to explicitly consider, especially within CBPR.

My experiences with the LVCHA present a researcher bias towards the work for which I was personally invested. This could be considered a drawback of the study, such that the results might not be as objective. However, given that this research is framed with paradigms rooted in constructivist ways of knowing (Bruner, 1991) and based within a CBPR framework, my roles in fact give me a unique advantage. I have an intimate and critical ecological understanding of how the LVCHA has evolved, as well as access and thorough familiarity to the archival data. I have strong working relationships with both community and academic partners. As such, my insider position as both a key LVCHA partner and the lead evaluator for the current study served as an asset rather than bias. Regardless, I actively sought to balance my perspective throughout the study by incorporating multiple sources of information and data types, to ensure reliability and validity of the findings.

C. Ethical Considerations

Engaging in any work with OHs necessitates attention to the ethical considerations of the power and privilege in interpreting and sharing the stories. Throughout the OH project, we have confronted concerns of misrepresenting community voice and the right to both analyze and share the lived experiences of residents (Hernandez et al., 2017). OHs allowed community members to

tell their stories with full agency and centered their experiences. Although storytellers agreed to share and record their stories, the OHs continue to be understood and used in new and varying ways. In several LVCHA partnership meetings, we discussed what the right to share and tell community stories would be understood as or look like. Community partners offered guidance throughout the conversation and emphasized the importance of continuing to protect the culturally sacred practice of telling and sharing OHs, especially to be sensitive to potential exploitation or “cultural tourism” in thinking through how OHs might be used. Another important ethical consideration in LVCHA practice, and thus the OH project and this evaluation study, the importance of cultural humility (Tervalon & Murray-Garcia, 1998), which is often conceived in discussions as “humbling the researcher to listen,” which is essentially giving space and voice for community partners to direct the research process and data interpretation in culturally relevant ways.

One of the ways I oriented the current study to acknowledge these ethical concerns is that the evaluation did not focus as much on the content within the OHs themselves or the method of storytelling, but rather, it aimed to explore how and by whom the dissemination processes were planned and implemented. Because the study was primarily archival, I did not collect new OHs or data related to the OHs. More broadly, the evaluation findings can serve to improve general practices around community-engaged dissemination, which follows an ethical commitment to community accountability. As the primary researcher and evaluator for the current study, I do not have any complete solutions to these concerns, however it is my responsibility to continually probe and negotiate these issues even beyond the completion of this evaluation, especially within participatory and community-engaged praxis (Rappaport, 1995; Wallerstein et al., 2017).

IV. RESULTS

This process evaluation case study explicated the OH community-engaged dissemination process to help understand *how* and *why* the dissemination outputs were implemented in the ways they were. The findings evidenced a process of adaptation to contextual influences among all dissemination processes – the planned outputs, emergent outputs, unrealized outputs, and ripple effects. Dissemination “success” manifested as fidelity towards a collective overarching *outcome* rather than fidelity towards implementing a planned *output*. Emergent outputs, unrealized outputs, and ripple effects exemplified deviations from the initial conception of what was planned from an outputs-based perspective. Emergent outputs were often implemented to sustain the overarching OH dissemination goal in mostly academic spaces, whereas unrealized outputs were not implemented due to a lack of resources. In one case, an unrealized output became a ripple effect, which are effects that could also be understood as unplanned *outcomes* of the OH project.

Evaluating dissemination processes with outputs-focused fidelity is characteristic of traditional conceptualizations of dissemination in D&I models and might typically assess whether the output was implemented as planned, and if it was not then it could be considered an “implementation failure.” This conceptualization of fidelity and dissemination “success” often exclude key contextual influences and non-conventional types of dissemination. Community-engaged dissemination however is contextual by its very nature. “Implementation failure” was therefore not considered “unsuccessful” dissemination but rather a point at which we could understand how dissemination processes adapted to better align with the larger goal. The current study’s findings demonstrated dissemination “success” as fidelity towards the overarching outcome, expanding upon not only *what* dissemination processes could look like through the

various dissemination types and their associated activities, but more importantly answered the evaluation questions of *why* and *how* they were implemented.

The overarching goal and planned outcome for the collective OH community-engaged dissemination process was to highlight community assets through the stories and promote the counter-narrative created and maintained by Little Village residents. This guiding outcome was explicitly described in a OH Think Tank partnership meeting on 2-9-15:

1. To frame a community narrative to express the voices of residents in the community that the mainstream portrays in a negative light. Mainstream narrative refers to “over-learned stories communicated through mass media or other large social and cultural institutions and social networks.” The dominant narratives about Little Village and its residents assume poor socio-cultural resources. The narratives produced from the StoryCorps partnership depict a different reality without undermining serious community challenges.
2. To better understand how the community frames health issues, broadly defined, and the appropriate responses.
3. To create a space and a mechanism for narrative sharing that can be liberating and cathartic for the storyteller.

In the current study, the counter-narrative was defined as both challenging dominant community health narratives and highlighting the knowledge, experiences, and assets of the Little Village community through their stories. It also extended to challenging the routine ways in which academic institutions encourage health research to be done *on* communities rather than *with* them. The counter-narrative emerged in each planned dissemination output process and throughout the emergent outputs as well. It was most explicit in the goals of the UIC Listening event, written in the program draft planning document:

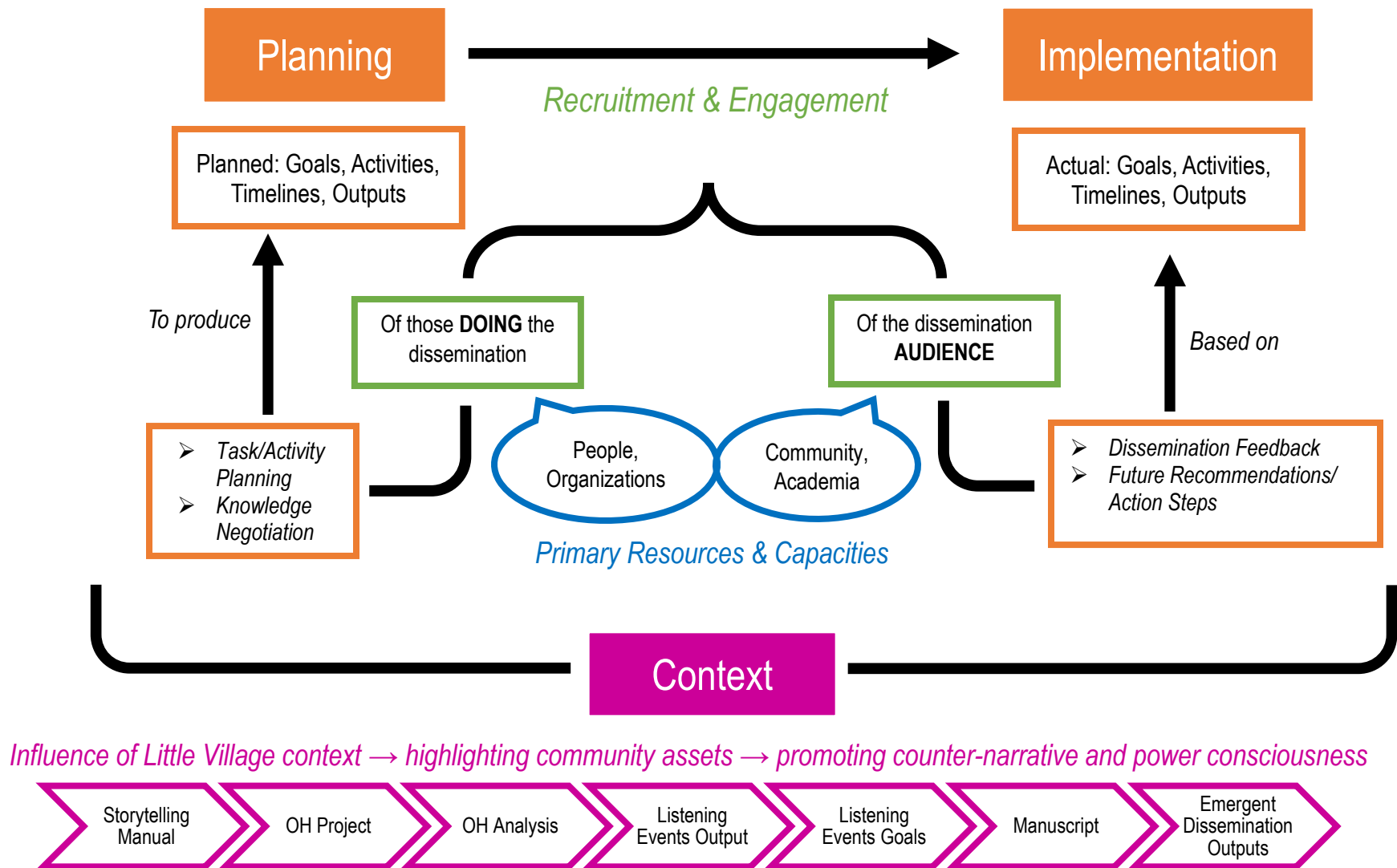
To highlight: (1) the power and strength of low income, immigrant residents and communities that go unrecognized by mainstream research designs and academic agendas, and (2) typical dominant public narratives on immigration, shaped by deficit oriented data from regulatory and surveillance systems that paint a contrasting picture of the rich, generous, loving community that is Little Village, (3) The resiliency of people in ethnic enclaves that serves to unify, bring power and pride to communities.

Framing community-engaged dissemination towards the outcome offered a unique way to evaluate dissemination “success,” which in this case meant emphasizing and promoting community assets and the counter-narrative. Moreover, this framing intentionally considered how adaptations to contextual influences were made. Using the unique multistep process evaluation methodology allowed for an expansive and ecologically informed exploration, as inclusive of non-conventional dissemination, to better inform a generalized and comprehensive community-engaged dissemination process model.

A. Generalized Community-Engaged Dissemination Process

The evaluation of the OH dissemination processes was guided by four primary process evaluation components: recruitment and engagement⁸, fidelity and implementation, resources and capacity, and context. The analysis elucidated the nature by which community-engaged dissemination generally occurred, weaving together the components to illustrate a general process of how these interdependent parts worked together (see Figure 7).

⁸ Underlined terms in-text referred specifically to the four process evaluation component categories and their respective codes. In some cases, general understandings of a concept that a category or code refers to may vary from how the code emerged specifically in the data (i.e. operationalized understanding), therefore any reference to an underlined process evaluation component or code referred specifically to the context of the study’s analysis and findings.



*Figure 7. Community-engaged dissemination process model, depicting the implementation process of dissemination outputs, which was guided by the process evaluation components: *recruitment & engagement* (green), *fidelity & implementation* (orange), *resources & capacity* (blue), and *context* (pink). Context typically involved an interplay of academic and community influences, specific to each output process. However, depicted in the model is how the overarching dissemination outcome, the counter-narrative, as emergent of the Little Village context, sequentially influenced key points throughout the OH community-engaged dissemination process.*

Dissemination consisted of primarily two phases – planning and implementation. Recruitment and engagement was the key component that drove the process from planning to implementation and involved differentially engaging key stakeholders according to who was doing the dissemination versus receiving it (i.e. the audience). Stakeholders involved in doing dissemination were primarily OH Think Tank members from both academia and community organizations, whereas the dissemination audience was often group-based and defined more generally as either the community or academia.

Those doing the dissemination engaged in negotiating the knowledge to be disseminated and the task and activity planning to develop planned goals, activities, outputs, and timelines. The most commonly occurring planning activity was establishing planned goals, which often defined what the output and activities would look like and the reasoning for the dissemination output (e.g. promoting community narrative). In contrast, engaging the dissemination audience involved eliciting dissemination feedback, future recommendations, and potential action steps. These activities characterized fidelity and implementation, or aspects of the planned dissemination outputs, which were then compared with what was implemented.

A diversity of resources and capacity - academic institutions, community organizations, funding, individual people, places/settings, and time - allowed for these patterns of engagement. This evaluation component exemplified the ecological principle of interdependence, such that recruitment and engagement would not have meaning without the people and groups doing and receiving the dissemination, similar to how fidelity and implementation of the dissemination outputs would be lacking without information on timelines or settings. The most important resources for the collective OH dissemination process were individuals, because their capacity and motivation to do the dissemination and be engaged was the key driver towards

implementation. A cycling of resources and capacities to implement dissemination outputs was interlinked with contextual promoters and barriers.

The last process evaluation component, context, manifested with a push and pull quality and represented points of influence and adaptation throughout all dissemination processes. Based on my own experience with the OH project and previous literature (Flaspohler et al., 2008; Solórzano & Yosso, 2002), I developed five a priori context codes, that were potentially the most influential to dissemination processes: non-OH dissemination, community organization changes, sociopolitical events, changes in academic institution, and critical power relationships (see Appendix C for code definitions). Once I fully explored and coded the three planned dissemination output processes, the context codes changed the most among all the process evaluation component categories. Non-OH LVCHA dissemination was the only code that remained unchanged throughout the analysis, which evidenced the interdependent nature of resources and capacity. Community organization changes, sociopolitical events, and changes in academic institutions were not significantly influential or present in the data and were removed. Additional context codes were added - Little Village Context and OH Project History, while critical power relationships changed into the following codes: counter-narrative and power consciousness. In the following sub-section, I described how these contextual codes manifested and importantly explained the overarching community-engaged dissemination outcome.

1. Context: Little Village, Counter-Narrative, and Power Consciousness.

The Little Village context code was created to encompass information that described cultural characteristics as well as socioeconomic indicators and data of the community. It grounded where the OHs came from and portrayed the community setting – information that was included in every planned dissemination output and throughout emergent outputs as well. The

counter-narrative code was positioned as emergent from the Little Village context; it represented perspectives rooted in residents' lived experiences that celebrated strengths and assets while challenging the deficit-oriented dominant public narrative of Little Village.

Advancing community assets and counter-narrative through stories has always been a planned outcome of the OH project in the eyes of community partners. For example, one community partner, Adriana, was instrumental in catalyzing the project towards these goals, as she was the first one who, in working with a student group from the CHA course, suggested collecting stories to explore the personal assets of community leaders⁹. Then, in an internal evaluation of the OH Think Tank several years later, this same individual maintained the goals of the group as, “1. Celebrate the stories of Little Village leaders, 2. Use stories to reflect “hard to measure” characteristics of Little Village, and 3. Challenge the way that public health researchers interact with communities - encourage listening directly to residents.” This community perspective on the outcome was confirmed in my member checking conversations with her as well.

Through the guidance of the community partners, academic members learned of the counter-narrative through the stories present in the OHs. This was the basis of their transformative understanding of the power of stories, which included recognizing and respecting the cultural expression and method of storytelling, acknowledging researchers' privilege in analyzing stories, and the representation and sharing of the stories as authentically as possible. For example, one graduate student partner wrote in one of his emergent academic presentations, “The power of stories for minority communities is therefore a chance to provide a counter-narrative to the deficits that others define them by, to bridge a cultural divide and allow outsiders

⁹ This information was drawn from the storytelling manual completed in December 2013, in which the student group described the beginning of the OH project component and how their partnership with Storycorps was formed.

to feel and see their models of the world, and finally to write their own histories.” In a separate document of this individual’s reflections on the project, he described his own personal process: “I grew to understand and appreciate their [Mexican immigrant] lives and admire their strength and resiliency as urban heroes creating change and overcoming oppressive systems.” In an emergent evaluation of the OH project conducted by another graduate student, one of the key findings was on, “transformation and disrupting the dominant narrative,” such that the OHs, “Helps identify biases and assumptions, identifies strengths, and allows communities to tell their stories.” In the manuscript publication, content was included around the ethical concern of story representation, and it detailed the process through which the group developed listening events in response to what was termed as “humbling the researcher to listen.” These examples illustrated how academic OH Think Tank members underwent a critical consciousness process, involving a reflective awareness of the counter-narrative and therefore their power and privilege with respect to the OHs. Power consciousness was a code developed to capture these processes.

Power consciousness was intrinsically tied to counter-narrative and manifested in several key ways. First, there was a recognition of stories as a manifestation of power, connected to the community assets and strengths that they highlighted. The power of stories was the power to disrupt and overturn the dominant narrative of Little Village. In several emergent dissemination outputs, the disseminated knowledge highlighted how stories had power in defining an individuals' own history, acknowledging their existence, and centering their voices and experiences. In this sense, power consciousness was of the power of stories themselves, which then motivated academic partners' recognition of their own biases and power in their positions. As a direct consequence, these individuals made efforts to redistribute power in leadership, decision-making, and data interpretation roles. Moreover, the shift to implementing listening

events was tied to power consciousness, both in acknowledging the reductionist nature of conventional analyses as inappropriate for OHs and the recognition that, “the story has a life of its own outside of the person, and that's a manifestation of the power” (quoted from emergent student project presentation). Following these shifts, power consciousness was then more explicitly tied to the counter-narrative outcome, such that it was more directly stated within the goals of several dissemination outputs. Lastly, Critical Race Theory (CRT) emerged within the manuscript and was explained as giving language to the power issues within the OH project, and therefore discussions around CRT gave meaning to power consciousness as well.

The overarching goal to highlight community assets and promote the counter-narrative created and maintained by Little Village residents was intrinsically related to, catalyzed, and facilitated by power consciousness. The ways in which the context codes influenced OH dissemination processes were also at multiple levels of the project. The Little Village context, counter-narrative, and intrinsic power consciousness arguably motivated (1) the emergence of the entire OH project component, as a shift away from traditional qualitative focus group and interview components, (2) the goals of the OH project to promote community stories over the dominant public health narrative, (3) the shift from more reductionist methods of qualitative data analysis to listening events, (4) the primary goals of the listening events, and (5) several emergent dissemination outputs following the completion of the planned outputs. The timeline of these events is represented in Figures 3 and 7, and was captured by the code, OH Project History, which referred to the series of events within the OH research project that led to the community-engaged dissemination.

The multi-stage influence of context codes illustrated a notable feedback loop: the counter-narrative motivated not only *what* was disseminated (e.g. manuscript content and many

of the emergent student projects) but also *how* information was disseminated (e.g. the listening events). It also motivated *how* the OH Think Tank engaged in the dissemination process (e.g. power consciousness within the working group), which was information that fed back into the content of what was disseminated in several emergent outputs (e.g. student motivated academic presentation on “Exploring Critical Issues of Ethics and Power of Oral History Health Research”, and two listening events focused on “transformative power of stories” and “power in voice”). These feedback loops evidenced the cyclical nature of community-engaged dissemination.

One final note on the nature of the context component was how the framework positioned it as a separate piece of the whole evaluation picture. Throughout the analysis, the relationships between Little Village context, counter-narrative, and power consciousness made it clear that the content relevant to this evaluation component manifested as connected throughout the entire community-engaged dissemination process. This contention between the framework and findings is discussed in the theoretical implications section of the discussion.

2. Findings Organization.

For the remaining results sections, I detailed the process evaluation results, organized in the following sections: (1) planned dissemination outputs - listening events, manuscript, and storytelling resources, (2) emergent dissemination outputs, (3) unrealized dissemination outputs, and (4) ripple effects. The planned output processes were fully qualitatively analyzed, therefore their sub-sections are organized according to each evaluation component that guided the analysis: recruitment and engagement, fidelity and implementation, resources and capacity, and context. The latter three types of dissemination processes were thoroughly described but not fully qualitatively analyzed, due to lack of available and complete data for a more rigorous

assessment. However, the findings in these subsequent sections included information on how these processes influenced the generalized process model (Figure 7).

B. Planned Dissemination Outputs

For the planned OH dissemination output processes, I described findings specific to each: (1) the listening events, (2) the manuscript, and (3) storytelling resources. These dissemination processes were evidenced with the most amount of data and data types, underwent rigorous qualitative analysis, and therefore offer the most in-depth evaluation findings. Dissemination transpired differentially among each output, and therefore each process offered unique information.

1. Listening Events.

Following the OH data collection and initial story content analysis, two listening events were planned and implemented: one in an academic setting at UIC and one in the community in Little Village. The dissemination output processes were evidenced primarily through presentations, flyers, meeting notes, and planning documents.

For the UIC event, planning data included meeting notes (3), planning documents (3), and a draft for the event flyer. The implementation data consisted of the final flyer, sign in sheet for the event, presentation, and audience notecard responses as dissemination feedback. For the Little Village event, there was no direct data available for the planning process; the event was mentioned in other meeting notes but there was no record of group meetings solely dedicated to planning the event. I therefore supplemented this missing information with a member-checking one-on-one conversation with one of the community partners that was the Little Village listening event lead organizer (Adriana). We concluded that planning happened via email or face-to-face

communication among community stakeholders who led the planning process. Adriana conveyed to me what she remembered from the planning process, and the conversation notes were used to supplement missing data. Implementation data for the Little Village event included the flyer and meeting notes from the event itself.

The listening events were evaluated as successful, such that they aligned with and promoted the overarching outcome of the collective OH community-engaged dissemination. Planning documents showed how the listening events goals adjusted over time. In the UIC event flyer draft, the goal was broadly stated as, “Come join us for an hour and a half to hear stories of community leaders in Little Village, interact with storytellers, and discuss the role of oral histories in public health research.” The final goals, included in the UIC program draft document as well as the final flyers for both the UIC and Little Village events, emphasized the counter-narrative and celebration of community strengths through the stories.

Along with the planned goals, implementation documents also demonstrated community-engaged dissemination success. In the UIC event, multiple recorded audience responses noted the “vibrancy” and “resilience” of storytellers and the community, while one audience member explicitly questioned why there was a negative media representation of the community. It was clear across the notecard responses that audience members connected with and celebrated community strengths despite the deficit-oriented dominant narrative. For the Little Village listening event, implementation notes described the audience discussion following the listening sessions in which community members emphasized the hope and richness within the community. One audience member stated, “We always focus on the negatives, but we have to move forward.” Both listening events illustrated how the counter-narrative goal was a driving force in directing the planning processes towards successful implementation. Moreover, the listening

events also represented a dissemination method that counteracted the ways in which traditional analytic and dissemination procedures had been typically done.

a. Recruitment and Engagement.

Individuals defined as doing the dissemination (i.e. engaged in both planning and implementation phases) were represented by a sub-group of OH Think Tank members who were recruited because of their vested interest and involvement in the collection and analysis of the OHs; thus, they were committed to the dissemination processes that followed. To determine who was involved, I assessed the co-occurrence of the resource and capacity codes across the listening event documents. Table III. included partner roles of OH Think Tank members. The sub-group for the UIC listening event included Melanie, Daniel, Tara, Paloma, Nina, Adriana, and Lori, whereas the Little Village group included Nina, Adriana, Lori, and Melanie.

The first explicit mention of the group was in the 2-17-2015 meeting notes. Initially, the OH Think Tank acted as an analysis group, and during this meeting, “representatives of these various factions (academic and community groups) discussed the best ways to utilize 27 collected and transcribed oral histories.” They aimed to determine the best ways to use the data moving forward and mutually decided to organize listening events.

Storytellers were also mentioned at several points throughout the dissemination process yet were not indicated in the data as involved in the planning phase for either events. They were credited in the final presentations to frame their story with a brief description of their community role. Along with storytellers, academic institutions, community organizations, and students in the CHA course were passively identified and credited in the UIC listening event program draft as members of the LVCHA. Academic groups included the UIC School of Public Health, as the

host institution, and the UIC MidAmerica Center for Public Health Practice and UIC Institute for Policy and Civic Engagement as funders. Community organizations were credited as such:

This event is hosted and created by the Little Village Participatory Community Health Assessment, an ongoing university-community partnership that aims to document community health needs and strengths through multiple quantitative and qualitative methods. Many partners support and are part of this initiative including Enlace Chicago, StoryCorps Inc., Taller de Jose, Esperanza Health Center, TCEP, Latinos Progresando, UIC Latino Cultural Center, Erie House, and The Hope Response Coalition.

Involvement and engagement of the primary group members did not change significantly, such that the same individuals were involved in both planning and implementation phases; it was also clear that routine planning communication among the group occurred. In the 2-17-2015 meeting notes, in which all group members were in attendance, “It was concluded that one event will be held in April on the UIC campus and the other will be held in May at a still undetermined location, possibly at the offices of Enlace.” The group members that made this decision in February had remained involved and committed to planning and implementing the listening events.

b. Roles.

Most of the planned roles for the UIC listening event were defined in the 3-16-2015 meeting. The listening event facilitator would be an individual, “who would be very familiar and know what type of discussion we want to have,” and the group mutually decided on having multiple facilitators: Tara, Melanie, Paloma, and Daniel. The group also planned roles for the storytellers:

Having the storytellers whose stories are shared would be great as it would allow audience members to ask deeper questions about their stories and their reflections on the experience. Storytellers who have been involved beyond telling the story in the analysis component and others would be great for people to ask them about their involvement in the project. The invitation would be extended to all English-speaking storytellers to facilitate group discussion.

Lastly, the group planned to invite community organizations, “so that they can add their experiences of involvement and be asked about their involvement. These include: Enlace, StoryCorps, Taller de Jose, Roots of Wellness, Latinos Progresando.” In a follow-up to-do list planning document, the group decided who would create the event invitations, edit the program draft, create the flyer, and invite community partners to the event.

The UIC Listening event had a clearly documented process of planning roles for the event; it was also clear that many of the dissemination roles were collaborative and no one individual or group worked in isolation. When the event was implemented, there was no documentation of what people were doing in terms of actualizing their planned roles, but rather an identification of who was in attendance to the event. As an event attendee, I can confirm that the facilitator roles were implemented as planned. However, only one storyteller was in attendance that spoke of her involvement in the project, which conflicted with the planned intention of having multiple storytellers and community organization represented.

Concerning the Little Village listening event, there was only data on implementation, i.e. meeting notes of the event itself. However, I ascertained from my participatory member checking conversation with Adriana that the event planning process was simple and straightforward. Both Adriana and Nina planned to and facilitated the event, which involved introducing the LVCHA partners and storytellers and engaging with the audience throughout the event. The event format was guided by Storycorp’s suggestions, based on their own organizational experience having done similar listening events in the past. Enlace chose four Spanish language stories for Storycorps to edit down to shortened audio clips. Adriana added that Enlace’s role was more involved in planning and facilitating the dialogue that occurred after the listening sessions, in guiding the conversation towards building in action steps.

c. Dissemination Audience.

The intended audience for both listening events was recorded in the 3-16-2016 meeting notes: "Hopefully with a great diversity of audience members we can create discussion groups that would be diverse and have a balance of community partners, storytellers, students, researchers, etc." However, the UIC event was geared more towards the academic audience (i.e. faculty and graduate students) and the Little Village event for residents in the community.

For the UIC listening event, relevant data included an invitation list (i.e. planned audience) and sign-in sheet (actual audience). There were 10 individuals invited, described as, "storytellers who gave their stories in English," as well as 8 individuals as, "outside researchers we could invite." In comparing the invitation list to the sign-in sheet, only one of the eight storytellers attended the UIC event, and one invited researcher RSVP'd but did not attend. However, there was a total of 50 people in attendance. This is an intriguing finding because although there was a targeted audience recruitment effort, what occurred was quite different than as planned. The Little Village listening event did not have a record of an invitation list or sign-in sheet. However, both events used flyers as advertisement and recruitment methods. As an event attendee in both settings, I observed that the audience was majority academic at the UIC event and majority community at the Little Village event, which also had less people in attendance.

The strategy used to engage with the audience were the listening sessions themselves and concluding discussions, both facilitated with powerpoint presentations. An agenda of activities was included in each presentation, as well as embedded edited audio clips from storytellers to facilitate the listening sessions. After each clip was played, the audience had 30-60 seconds to reflect and write down their reactions. At the end of the listening session, the event facilitators presented dialogue questions: "What stands out to you and why? What are some emerging

themes and emotions? Who gets to tell a story? What is the difference between reading and listening to stories?" The discussion ended with more direct engagement: "We want to hear your ideas about oral histories in having community health assessments and opportunities to use stories for community capacity." These final conversations represented how the audience gave feedback. Furthermore, at the Little Village listening event, "Lori invited the audience to share their stories at Enlace or the Chicago Cultural Center", whereas at the UIC event, facilitators collected note cards in which audience members recorded their reflections on either the story clips or final discussion questions. These 15 notecard responses were documented and included as data.

d. Fidelity and Implementation.

For both listening events, the dissemination activities and roles overlapped between planning and implementation stages. There were only two notable differences: the evolving nature of the event goals and the planned versus actual timeline of the Little Village event. These deviations from the plan did not represent planning "failures" but rather allowed for more carefully planned goals and outputs to better align with the overarching OH community-engaged dissemination outcome.

i. UIC Event Goals. Although the first iteration of the UIC listening event idea was in February, the planning during that meeting was mostly around defining the roles and activities without clearly defining the event goal or purpose. The first documentation of explicitly defined goals for the event was in the flyer draft: "Come join us for an hour and a half to hear stories of community leaders in Little Village, interact with storytellers, and discuss the role of oral histories in public health research." These could also be considered planned activities, however it

was unclear whether the group regarded these ideas as goals, activities, or both. The program draft had the final iteration of the event goals, in which the listening events aimed to highlight:

- (1) The power and strength of low income, immigrant residents and communities that go unrecognized by mainstream research designs and academic agendas.
- (2) Typical dominant public narratives on immigration, shaped by deficit-oriented data from regulatory and surveillance systems that paint a contrasting picture of the rich, generous, loving community that is Little Village.
- (3) The resiliency of people in ethnic enclaves that serves to unify, bring power and pride to communities.

In the final version of the flyer, additional goal clarification was included:

Storytelling gives an opportunity for cultural communities to express their voices and create an authentic narrative grounded in residents' lived experiences. In our participatory health assessments, we hope to build on the individual and communal strengths that stories bring out. To that end we invite you to our first listening event to hear the voices of Little Village residents and discuss the power of storytelling and its potential in action research. We hope you'll join us and bring friends as we learn from each other about the possibilities and power of stories in university-community partnerships.

There was a notable discrepancy between the planned and actual goals of the UIC Listening event, such that the final goal listed on the flyer added an intentional focus on how academia could use OHs more broadly in research. This addition was likely included as an adaptation to academic contextual influences, such that the goal evolved to be better suited towards the academic audience, which had more interest in exploring research methodologies than a community-based audience in Little Village.

ii. UIC Event Activities. Initial planning of the UIC listening event activities was evident in the 2-17-2015 meeting notes, in which, “The group decided that there will be two upcoming events in which the community will have the opportunity to listen to some of the collected oral histories” and “the meeting stalled for a lengthy amount of time as group members tried to determine the dates, times and locations of the listening events.” Next, there was a discussion on 3-16-2015 in which group members identified the specific event activities and

their respective time frames - a planned introduction and orientation to the LVCHA and OH project, listening sessions with the shortened story clips, and a dialogue at the end. Meeting notes stated, "Tara and Daniel agreed that we need a structured yet flexible format. The structure is in place to stay on time because it is very easy if we have speakers or lively discussion to run over. Yet we also want to be flexible to be able to encourage participation and obtain rich discussion and sharing of ideas." An additional planned activity was to include simultaneous translation, however the StoryCorps member suggested against it for logistical reasons and the group decided on planning to provide Spanish translations of story summaries. On 3-23-2015 the group planned final activities of developing a flyer and program draft.

The implemented activities were documented with the powerpoint presentation and audience notecard responses. Not only were dissemination activities implemented as planned, but the dissemination feedback in the notecard responses added depth to the activities as well. Audience members responded to each story in the event and generally to the oral history process. For example, "Storytelling can bring healing from past hurts. I wonder how this could be used to help youth in various neighborhoods facing violence?" and "Listening to stories is more powerful than reading them." There was even one respondent that posed additional feedback questions, "How did you figure out the questions? How did you decide what to include in the 4 min?" Maintaining this type of record of dissemination feedback was unique to the UIC Listening event and showed how the dissemination output was successful, both in implementing what was planned and meeting its goal.

iii. Little Village Event Goals. The planned goals of the Little Village listening event were not explicitly recorded. However, a brief description was included in the final flyer:

Venga a escuchar las historias de inmigración, liderazgo, y el poder de los residentes de La Villita. Las historias orales nos dan una oportunidad para expresar nuestras voces y crean una auténtica narrativa basada en nuestras experiencias vividas. En nuestras evaluaciones participativas de salud con la Universidad de Illinois en Chicago, esperamos construir sobre las fortalezas individuales y comunales que estas historias producen. Para ello le invitamos a nuestro evento en español para oír las voces de los residentes de La Villita y hablar sobre el poder de la narración y su potencial para cambiar la narrativa acerca de nuestra comunidad en la investigación – acción. Esperamos que usted se una a nosotros y traiga a sus amigos!

Come hear the stories of immigration, leadership, and the power of La Villita residents. The oral histories give us an opportunity to express our voices and create an authentic narrative based on our lived experiences. In our participatory health assessments with the University of Illinois at Chicago, we hope to build on the individual and community strengths that these stories produce. For this we invite you to our event in Spanish to hear the voices of the residents of La Villita and to talk about the power of narration and its potential to change the narrative about our community in research - action. We hope you will join us and bring your friends!

These final event goals clearly aligned with the overarching outcome of the community-engaged dissemination process in promoting community strengths and the counter-narrative.

iv. **Little Village Event Activities.** Although there was no record of a planning process for the Little Village event, both information gathered from my member checking with Adriana and content from the event notes indicated that the activities paralleled those from the UIC Listening Event. In the beginning, there were introductions to the speakers and project, listening sessions, and a final guided discussion. The implemented activities were documented with meeting notes that also included personal reflections from a graduate student notetaker.

The discussion following the listening sessions posed the following questions, which were adapted towards the Little Village audience:

- What do the stories tell us about Little Village?
- What's the meaning of sharing the stories in the community?
- What should we do with the stories we have?
- How did you feel sharing your story?

Audience members summarized several community issues they heard throughout the stories and then discussed how the stories affirmed their own experiences. For example, one audience member noted, “It helps to know more people more in-depth. We all have dreams, goals, and problems.” The responses recorded in the notes represented a form of dissemination feedback.

One unique aspect of the Little Village event was how the final discussion was more action-oriented and oriented to future dissemination recommendations than the UIC event. Several audience members had concrete dissemination ideas: “Inform policy and use them in campaigns for better medical care,” “Make them into a video to promote more effectively,” and collecting youth stories to share in an afterschool program as motivation. In contrast, the UIC event dialogue was concentrated on how academics could use storytelling within their research and practice.

e. Timelines.

The UIC listening event was planned for April 2015 and the Little Village event was scheduled for May 2015. The events were planned to be 90 minutes in length: 30 minutes for networking and settling into the space, 10 minutes to introduce the project, 20 minutes for listening sessions, and 30 minutes for a final discussion. This format was not only implemented according to plan, but was also replicated for all following listening events, with the discussion at the end varying in length of time. The flyers contained information on the final dates and times that the listening events were implemented: the UIC event took place on 4-22-2015 from 11am-12:30pm. For the Little Village event, the plan was to host it in May, as indicated in the 2-17-2015 meeting notes, yet it occurred on 9-16-2015 from 6pm-7:30pm.

To understand why it was delayed, I sought guidance from one of the community partners, Adriana. In general, she did not seem to have a strong salient or singular reason as to

why the delay happened, but she did recall that the original planned date for May was motivated by the academic partners, perhaps in an effort to implement the event before the semester ended. Another influence was Storycorps' lack of capacity to edit the selected Spanish OHs into shortened audio segments; Adriana remembered that they had a particularly busy summer. Lastly, the event notes pointed out the significance of having the event on Mexican Independence Day, which was an additional contributor. In the event notes, the facilitator had expressed her gratitude in being able to share community stories on the culturally meaningful day.

f. Resources and Capacity.

Planning the listening events involved a cycling of resources among individuals, their capacities to complete planned tasks or activities, and the timelines for implementation. The most frequently coded resource was individual people. The core group of OH Think Tank members involved in the listening events dissemination process comprised of seven individuals - Melanie, Daniel, Tara, Paloma, Nina, Adriana, and Lori - who through their roles and engagement were the “champions” of the process. Among the individuals, two community organizations and one academic institution were represented. At the end of the UIC listening event powerpoint presentation, a comprehensive list of resources was included to credit the collective LVCHA partnership. These included 35 individuals (including eight storytellers), seven academic institutional programs/departments, six community organizations, and one funder. Lastly, places/settings, were only mentioned in the context of identifying physical locations for the events, both in planning (e. g. draft of flyer, program draft) and implementation data (e.g. final flyer). These settings were the UIC Latino Cultural Center in hosting the UIC event, and a community church in hosting the Little Village event.

g. Context.

The foremost contextual influence on the listening events dissemination processes was how their primary motivation stemmed from the Little Village context, counter-narrative, and power consciousness. More specifically, power consciousness around the stories themselves inspired the OH Think Tank to shift their analytic procedures from more conventional deductive qualitative analysis procedures to representing the OHs in their original audio form. Listening events were conceived as an analytic response, but moreso as engaging dissemination outputs that could promote the counter-narrative. Thus, the goals of both listening events aligned with the overarching OH dissemination goal.

Another contextual adaptation was the decision to organize listening events in two different contexts: academic and community. Academic partners were the majority represented in planning the UIC event, implemented in English, whereas community partners primarily planned the Little Village event, which was implemented in Spanish. In the UIC event, the Little Village context code captured the descriptive community statistics and maps – both mediums of conveying information that are better suited in academic presentations. Furthermore, the final description of the event on the flyer had an intentional focus on how academia could use OHs within research. In contrast, the Little Village context code manifested in the Little Village event throughout residents' discussions that emphasized their feeling of connection and belonging to the community. Audience members specifically emphasized the importance of preserving and upkeeping community spaces, religious support, and community organizations that provide resources. Community issues were also present during the discussions of the audio clips, such as one audience member noting, "we learn about the experiences of other people and the injustices they have overcome." Lastly, the community-based audience brainstormed action steps and how

to use the OHs within the Little Village context instead of discussing the utility of using them in research. Collectively, by adapting listening events to academic and community contexts, the disseminated information around community strengths and the counter-narrative was both informing (UIC Listening Event) and affirming (Little Village Listening event).

2. Manuscript.

The second planned dissemination output of the OH project was the academic published manuscript (Hernandez et al., 2017). The planning process was defined by exchanging drafts. In preparing for the submission, there were six drafts in 2015, one in 2016, and 8 in 2017. After receiving a revise and resubmit response from the journal editors, four additional drafts were completed in 2017. In total, 19 drafts constituted the planning process, for final implementation of the revise and resubmit cover letter, manuscript resubmission, and published journal article. Altogether, this process contained the most available data compared to other dissemination processes and types.

To analyze and evaluate the manuscript dissemination process data, I coded the draft versions, focusing primarily on the qualitative Microsoft Word track changes comments among the writing team. This feedback characterized a process of knowledge negotiation, and the designation of roles. Knowledge negotiation was an emergent code that captured a process of dissemination feedback, internal to the writing group, in which mutual decision-making occurred between more than one individual to negotiate the actual message, content, and knowledge that was to be disseminated. The content I coded within the text body of the drafts mainly captured the manuscript goals, to assess how they changed over time. In addition, for each subsequent draft, I only coded new information, to prevent repeated coded text segments in the analysis. For example, when there were track changes comments coded on a previous draft that remained

unchanged in the following drafts, I did not code the text segments in the subsequent drafts. In terms of the manuscript data types, there was one abstract document, one other implementation document (the revise and resubmit cover letter), and the rest were categorized as “manuscript” – either draft or final versions.

In the spirit of respecting positionality, it should be explicitly clear that for the majority of this dissemination process, I held a leadership position. My roles and responsibilities included serving as the primary editor, facilitating working group emails, routine communication, and ensuring that the drafts and work were completed in a timely manner to meet our deadline. I aimed to facilitate shared decision-making and knowledge negotiation around the manuscript content and encouraged all the writing group’s voices and perspectives to be heard and present. Therefore, for this dissemination output process, the gaps in knowledge in the data were supplemented with my own first-hand experiences. Because this could be considered a biased perspective, I first sought to evaluate the dissemination output process using the information present in the data as much as possible, and only “filled in the gaps” with a recollection of objective events and activities.

Collectively the manuscript was successful in promoting the counter-narrative of Little Village. The fidelity and implementation component of the manuscript process illustrated an adaptive planning process and cyclical feedback loops. The OH Think Tank had always planned to publish a manuscript, yet the knowledge to be disseminated and the ways in which that would be translated had evolved over time, to meet the overarching goal of promoting community assets and the counter-narrative. Iterative feedback loops were an additional driver within this adaptation process, characterized by the knowledge negotiation code. Planned sections of the manuscript and its organizational structure were continually adjusted based on writing group

members ongoing feedback with each other. After the first submission, the group received external feedback from the reviewers as well. The final goals and disseminated knowledge within the manuscript paralleled the community-engaged dissemination outcome: “By describing our OH project component, we aim to demonstrate the value of OHs as a culturally appropriate method, which reveals narratives that contradict implicit deficit-oriented assumptions of traditional needs assessments that aim to identify needs or problems in communities ” (Hernandez et al., 2017, p. 1).

The manuscript dissemination process uniquely revealed the depth of how power-consciousness catalyzed the counter-narrative. The academic OH Think Tank members recognized (1) stories as a representation of community voice and power, (2) how their own roles within the research processes held power, and (3) how CRT appropriately theoretically framed these power issues and the counter-narrative. Although this insight was important in explaining how the manuscript was successful in achieving the outcome, the dissemination process was arguably the least community-engaged in terms of involvement and audience.

Publishing manuscripts is beneficial when the individuals doing it are within academic contexts, as publications are measures of academic success. However, the benefits for community partners’ investment in completing a manuscript are less ubiquitous. Moreover, academic journals often restrict access to their articles to University-affiliated individuals. Lastly, the intended audience for the manuscript was defined as academics, with and the intended impact directed towards changing CHA research and practice. The manuscript dissemination process exemplified an output that simultaneously successfully aligned with community-based outcomes yet was created within and intended for academic contexts.

a. Recruitment and Engagement.

The core writing group for the manuscript included several members of the OH Think Tank: Melanie, Tara, Sarah, and Paloma. Although the larger LVCHA partnership was informed of the manuscript development from when it was initially conceived, it was not until 3-16-2017 that two community partners were recruited via email to offer more in-depth feedback on the manuscript drafts. The StoryCorps partner did not respond, but the group learned afterwards that this individual was no longer working at the organization. The other community organization partner provided her feedback via email on 3-29-2017. The final authorship included two graduate student partners, one faculty member, one community organization partner, and one partner who held multiple roles as a graduate student, story collector, storyteller, and community member. For the following subsections, I detail the process of how these individuals were recruited and involved, defined roles and the audience, and how engagement changed over time.

*i. **Roles and Engagement Over Time.*** The first individual engaged in developing the manuscript was Tara, as she was completing her independent study project (i.e. emergent student project, resulting in academic poster), in which she was conducting a literature review of storytelling research. With Melanie's recruitment and involvement, the literature review evolved into the first draft of the manuscript on 9-10-2015. Tara led the following draft on 9-16-2015, Paloma and I were recruited to the writing group based on our interest, and our feedback was added to the 10-14-2015 draft. Tara took the lead on facilitating the manuscript drafts for the rest of 2015.

In 2016, there was only one draft on 11-28-2016 that I led. To answer why this role switch occurred, from my knowledge and experiences as a key partner, other LVCHA priorities emerged in 2016 (e.g. community health survey), which led to the OH manuscript getting put "on pause" for this time-period. At the same time, I had enrolled in a Critical Race Theory

course in the spring of 2016, from which I developed the idea to incorporate a CRT perspective in the manuscript because it appropriately named and grounded several dynamics already existing within our praxis. Thus, the 2016 manuscript draft was essentially an edited version of my final course paper and the first iteration of the manuscript in which the counter-narrative and power consciousness was emphasized. Another key event was when a LVCHA graduate student partner emailed the writing group a call for submissions to a special issue, *Advancing Qualitative Research to Promote Health Equity* in the journal *Health Education & Behavior*. The writing group agreed the manuscript would be a good fit, and that was the final catalyst to “revive” the process. I took the lead and our abstract was accepted in mid-December with a full manuscript submission deadline of 4-1-2017.

To demonstrate shifts in writing engagement over time, I calculated the frequencies of unique comments that each writing group member made (See Table VI.). The collective manuscript drafts had 527 unique track changes comments, in which most of the knowledge negotiation took place. In 2017, the writing group was the most productive in writing drafts, turnaround time in returning feedback, and most importantly in clarifying ideas and goals.

TABLE VI
MANUSCRIPT COMMENT FREQUENCIES

	Years and Dates of Drafts				Totals
	2015	2016	2017	Revise and Resubmit drafts	
Writing Group Members	9/10, 9/15, 10/14, 11/11, 12/4, 12/18	11/28	1/3, 2/16, 3/13, 3/14, 3/22a, 3/22b, 3/27, 3/30	6/24, 6/26, 6/27, 7/3	
Melanie	20	0	74	18	112
Sarah	26	8	69	35	138
Tara	15	0	49	26	90
Paloma	10	0	163	14	187
Totals:	71	8	355	93	527

Note: Adriana - community organization staff, community resident, storyteller - was excluded from this table, as her feedback was in a separate written document with general commentary that was communicated via email.

Specific roles and tasks were defined within these track changes comment exchanges to others on the writing team. The comments often included messages such as this task and role assignment from a 2015 draft: “Describe the storytelling process here – who interviewed whom and why this might be important. What kind of questions were asked and generally what direction did the stories go, in terms of the process of collecting it? PALOMA – might be good for you to write this paragraph since you were involved in the storycollecting process.” In the early versions of the manuscript, writing roles were attached to whole sections to define who would write and contribute what and where. As the manuscript developed, tasks and roles became attached to specific comments, e.g. “Melanie you added this in text citation – not sure what this would reference, can you add the full citation and reference?” The final roles were defined more generally as authors, included in the cover letter to the journal editor-in-chief, in the “Title Page & Acknowledgements” page, and the final publication.

ii. Dissemination Audience. The dissemination audience for the manuscript was academic and specified further in the 3-27-18 draft version of the submission cover letter as the journal editor-in-chief, blind reviewer team, and the general journal readership. There was no available data on recruitment and engagement of the dissemination audience beyond the reviewers. However, since the publication of the manuscript, the article was cited twice (Felner, Dudley, & Ramirez-Valles, 2018; Hebert-Beirne, J. et al., 2018), by authors who are key LVCHA partners. In addition to the cited references, I was contacted by a faculty member in the Social Work department of my University in early 2018 to guest lecture for a qualitative research methodologies course, and upon further discussion, this individual reached out because of his interest and praise of the manuscript¹⁰. These few occurrences were examples of how the academic audience engaged with the manuscript.

b. Fidelity and Implementation.

The dissemination plan for the manuscript was defined primarily by its goals, tasks/activities, and journal timelines. The first draft could be considered the first iteration of planning, as it clearly defined the intended goal, needed content, and the corresponding writing roles to complete it. These aspects of the manuscript evolved over the course of the 19 drafts, detailed in the following sub-sections.

i. Goals. Planned goals were iteratively developed and often negotiated among the group. In 2015 drafts, several goals were exchanged, but the most prevalent was, “to encourage further discussion of the value of OH in CHA.” The group also wanted to, “reflect on the process, contributions, and challenges of the project,” “situate OH in theory,” “describe how the OH component enhanced the assessment, reflecting on past and present challenges,” “describe

¹⁰ This occurrence was conceived as a *ripple effect* within the context of this evaluation. For further discussion, refer to *Ripple Effects* sub-section of findings.

the ripple effects of the OH project,” “reflect on the impact of OH from an ecological perspective,” and elaborate on “how OH can add to CHA in partnership building and community engagement.” The final 2015 draft had a more directed thesis statement: “OH are unique and powerful methods of understanding community health and should be used in CHA with traditionally disempowered communities.” This goal introduced power, which was then translated and elaborated on in the 2016 draft:

1. Describe the impact of the OH project on the LVCHA
 - a. How the stories represented the cultural wealth of Little Village in ways that other data did not – they affirmed the identity, culture, and lived experiences of individual members and the collective community.
 - b. Collective impact the stories have had on the partnership and power relationships in the community.
2. Argue for the normative practice of OH in public health, thereby advancing the use of CRT as a theoretical framework.

In 2017, additional explicit knowledge negotiation took place to define the goals. Two writing group members posed several questions in their comments, such as, “Is it that OH are grounded in CRT or that the inclusion of OH in a CHA attends to principles of CRT that center the experiences of oppressed populations?” and “What are we specifically arguing for? That all CHAs need to have OH? That it’s legitimate data for CHA? That it contributes something necessary to CHA?” In response to these comments, the group modified and mutually decided on the goals for the final iteration:

We suggest that the deliberate inclusion of OHs in CHAs, particularly in oppressed communities, is critical to articulate the emic community narrative, to interpret traditional public health assessment data, and to advance social justice goals in public health practice and research. In this paper, we argue for the recognition and inclusion of OHs as a form of qualitative inquiry in CHA... in pursuit of health equity and collaboratively working towards social justice, OHs can push the envelope of CHA research and practice... By describing our process, we show the value of OHs as a culturally appropriate method that reveals narratives that contradict implicit assumptions of conventional public health research.

After submitting the final draft to the journal, the reviewers provided feedback around the goals, stating: “Sometimes it is not clear if the paper is describing a specific assessment, or if it is making an argument for the value of OHs in CHA.” The response, evidenced in the cover letter document, was that the manuscript aimed to do *both* by using the description of our experiences with the OH project in the LVCHA to argue for more inclusion of OHs in CHA generally. The final version of the manuscript goal was published as follows:

In this article, we 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 Participatory 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 project component, we aim to demonstrate the value of OHs as a culturally appropriate method, which reveals narratives that contradict implicit deficit-oriented 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. (p. 705, Hernandez et al., 2017)

Comparing between what was planned and implemented over the years, the analysis showed that although many of the original goals from 2015 were present within the final iteration, the influence of power consciousness and the counter-narrative became centrally important, aligning the manuscript dissemination output towards the overarching dissemination outcome.

*ii. **Activities.*** Several activities characterized the manuscript dissemination planning process: task/activity planning, knowledge negotiation, and dissemination feedback.

Task/activity planning emerged in nine text segments in which writing group members would leave task lists and assign members to different roles. For example, in the 9-14-2015 draft, tasks were written at the end of the draft to, “1) clarify the aims of the paper, 2) review possible journals (evaluate fit, what’s the readership?, authorship requirements), 3) Work on an outline of the paper (include citations).” Then, in the 10-14-2015 draft, roles were assigned to additional

tasks: “Journal Google Doc-Sarah to create, all to update; Lit Matrix –send. All to update; Writing the aims and outlines-Tara to send around in two weeks (October 1st); Writing a synthesized background and process section: Melanie to send in a couple weeks (October 1st).” Although task/activity planning was present throughout the planning process, knowledge negotiation completely overshadowed that code, present in 107 coded text segments, making it the most prevalent dissemination activity in the manuscript dissemination planning process. Compared to other dissemination outputs, this finding was unique to the manuscript.

Knowledge negotiation was distinct from task/activity planning, as it captured a process of internal dissemination feedback to mutually decide on messaging and content of what knowledge would be disseminated. I calculated the frequency of coded knowledge negotiation text segments by year: there were 21 segments in 2015, 5 in 2016, 56 in 2017 and 25 in the revise and resubmit drafts. These frequencies were consistent with the pattern of general engagement (Table VI.), therefore knowledge negotiation illustrated largely *how* writing group members engaged in the dissemination process.

The last major activity, dissemination feedback, referred to how the audience engaged with the dissemination during or after implementation. In the manuscript process, feedback took the form of comments from the journal editor and two reviewers. After the first submission, the reviewers gave 25 comments, to which the writing group responded in the revise and resubmit cover letter document.

iii. Timelines. Within the manuscript dissemination process, timelines were driven primarily by the journal, as an academic institution, and submission deadlines were the driving force for the completion of the manuscript. In the first draft, the planned feedback due date among the team was 9-3-2015. The following mention of timelines was during drafts exchanged

in 2015, in which members assigned tasks, roles, and an internal deadline of 10-1-2015. In late 2016, I submitted an abstract to the journal, and in mid-December we received a note of acceptance and were assigned a submission due date of 4-1-2017. Next, we received notification from the journal on 6-5-2017 to revise and resubmit, with a final submission date within 30 days. The final manuscript was accepted on 7-17-2017 and published on 9-12-2017.

c. Resources and Capacity.

Similar to the listening events, the leading resource that ensured the manuscript success were the individual people in the writing group, coupled with the external journal deadlines (i.e. time as a finite resource). Other types of resources – academic institutions, community organizations, places/settings, and time – were credited in the title page and acknowledgements implementation document and the published versions’ acknowledgements and funding sections. Across the full dissemination process however, these resources were not nearly as evident as the individuals. Table VI. illustrated engagement over time and could also be interpreted in terms of how much individual capacity was needed. Individual investment was essential and often based in mutual goals. In 2015, the manuscript was partially motivated by a graduate student group members’ goals of completing her independent study project, which was later completed in the fall of 2015. This was a likely contributor to the lack of drafts in 2016, however the draft I led in 2016 was partially due my investment in “reviving” the manuscript but also the afforded capacity I had to develop a draft in my CRT course. Fluctuating investment represented a cycling of resources due to varying capacity constraints.

d. Context.

Although OH Project History was a context code present in all three planned dissemination output processes, it played a particularly important role in the manuscript, by

framing how the counter-narrative motivated the manuscript goals and overarching community-engaged dissemination outcome. OH project history was summarized best in the “Emergence of the Oral History Component” section in the published version. Essentially, community partners were concerned that the LVCHA was not capturing community strengths, which was attributed to the previously used reductionist-oriented measures. LVCHA partners therefore shifted to highlight community assets instead of deficits. Counter-narrative was present within this history, emerging in the first 2015 draft:

Statistics told a story of a struggling, impoverished neighborhood and portrayed residents as victims of their circumstances. They [community members] resisted this image that pervaded in the media and emerged in CHA discussions. The community members’ critique prompted researchers to re-think the course of the assessment... Dominant narratives present superficial accounts, recalling well-known stereotypes and rhetoric. In our case, conventional research methods had reproduced an oppressive dominant narrative. Staying true to the project’s values required an inquiry into the community’s emic, or insider, viewpoints.

Through the context of the OH Project History, it became clear how counter-narrative not only influenced the creation of the OH project, and the subsequent manuscript goals, but also became the knowledge to be disseminated, both in the manuscript results and central conclusions: “OHs emphasized 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” (p.711, Hernandez et al., 2017). Knowledge negotiation motivated the intentional recognition of counter-narrative, particularly in 2016 and 2017 drafts, as evidenced by the evolving goals. This finding evidences the manuscript as a successful community-engaged dissemination output while also adding depth to the process by which it achieved its goal.

i. Power Consciousness. One unique finding to the manuscript process was the highest prevalence by which the power consciousness code emerged, compared to other dissemination processes. The manuscript uniquely offered a theoretical language from which to understand power consciousness; CRT was regarded as a potential avenue for framing OH research in public health, “as it appropriately grounds the creation of counter-narratives by centering stories that have not been told and serves as an analytic tool for challenging power structures within academia” (Hernandez et al., 2017, p. 8).

The team embraced CRT, wrote several explicit statements around power consciousness and the counter-narrative that the OHs facilitated, which then led to an internal knowledge negotiation process: the group articulated how their own power consciousness as academic OH Think Tank members influenced their methodological and dissemination decisions. For example, in the 3-14-2017 draft, it was written that, “the OHs deepened our understanding of community assets and returned power of determining what is the community narrative back to community members... OHs allow oppressed communities to reclaim their identity and better position themselves for participatory engagement and action.” Following this, Paloma responded in a comment in the 3-22-2017 draft: “I think that OH do balance power but they don’t make things equitable. They allow for people to release and share but I argue against saying power is given back to them; Power is figurative and subjective... they don’t control the data, they control representation and giving voice; Saying we are empowering residents is taboo. How are we doing this? ... You can say that sharing community stories gives voice to their life experiences and is a meaning making application of giving voice and reflecting on structural drivers that impact health.” Based on these comments, the writing group adjusted their discussion around power consciousness to Paloma’s points; we removed language around empowering residents

and replaced it with statements in the final manuscript such as, “OHs balance power relationships inherent in research and allow community members greater control of their representation” p.705, Hernandez et al., 2017.

Following this important knowledge negotiation process, the writing group also added a statement that the inclusions of OHs, “allowed for CRT-informed conversations, particularly in discussing power relationships in our choices and conclusions about the process of storytelling.” The group then described their active choice of including storytellers in the analysis process as an intentional effort to break down research power dynamics. Content was included around the ethical considerations of potentially misrepresenting community voices and questioning who has the power to analyze and interpret OHs. Moreover, the manuscript detailed the shift from traditional qualitative content analysis approach to organizing two listening events, as a decision motivated by power consciousness of deficit and reductionist-oriented academic methodologies. Collectively, power consciousness inspired manuscript content, i.e. disseminated knowledge, while also adding depth to and promoting the counter-narrative within the goals and conclusions.

3. Storytelling Resources.

The final planned dissemination – storytelling resources – comprised of two output processes: a storytelling manual and story summaries. The storytelling manual was a graduate student project completed in conjunction with the CHA course; it was planned and implemented in the beginning stages of the OH project and aimed for general academic and community audiences. The report disseminated: “the value of using storytelling as a data collection tool. It [the manual] discusses how to choose participants and collect and analyze stories as data. Additionally, the guide includes tips on working with StoryCorps Chicago and special considerations for this type of research. Finally, the guide reviews literature regarding using

storytelling to explore community assets.” Recommended storytelling questions were included as appendices as well. Conversely, the story summaries were essentially a document cataloguing one-page synopses of several storytellers’ OH sessions.

Both outputs had the least available data among the three planned dissemination processes. For each both outputs, there was only one planning document and on implementation document, totaling four data documents. There was an additional lack of information on the storytelling resources in the cross-cutting documents. The storytelling manual draft and final versions were reports. The planning story summaries document was an excel spreadsheet in which graduate student roles were assigned to write the story summaries, and the final implemented document contained the completed story summaries. Generally, these outputs seemed self-contained and certainly not as iterative as the manuscript or listening event processes. Even though both storytelling resources were planned dissemination outputs, they represented cases in which information on planning and implementation was notably lacking and documentation processes could have been improved.

Although both storytelling resources were planned, they comparatively showed how dissemination can occur at multiple stages of the research project. Several OHs were collected during the planning phase of the manual, and the final output was completed during general OH data collection. Conversely, the story summaries were resources planned from the outset of the OH project, aimed for the internal LVCHA group, and completed after the OH data collection. Both outputs also served different audiences, yet they functioned similarly in providing additional knowledge and skills (i.e. resources) around storytelling research.

The storytelling manual catalyzed the creation of the OH project component; it was created in direct response to the community identified need to focus on assets rather than deficits

and presented an actionable methodology to address that need. The brief story collecting process that students engaged in while developing the manual not only mobilized and defined the overall OH project component, but also urged the broader LVCHA partnership to focus their collective inquiry on assets rather than deficits. Furthermore, even though the manual was written as intended for a general academic audience, the dissemination process appropriately created new knowledge (OH methodology) and actions (collecting OHs) that iteratively fed back to influence the research and dissemination efforts following the completion of the OH project. Therefore, this community-engaged dissemination process could be considered successful.

Conversely, the story summaries dissemination process, did not have significant impacts. They were planned and completed within the CHA course, and the only explicit intended use for the summaries was mentioned in a listening events meetings notes document – to have them function in place of Spanish translation at the UIC event. In my role as the LVCHA dissemination research assistant, I was tasked with cataloguing all LVCHA dissemination outputs – the story summaries were organized as resources for the LVCHA members to learn more about the OHs. Generally, there was no available evidence to indicate whether this planned output's fidelity was geared towards the overarching community-engaged dissemination outcome of promoting community assets and the counter-narrative, rather than simply implementing and completing the output. Therefore, the story summaries represent an example of unsuccessful community-engaged dissemination.

a. Recruitment and Engagement.

For both storytelling resources, those who were recruited and engaged in doing the dissemination were primarily academic partners - namely graduate students who were supervised by faculty members and engaged in member checking with community partners. The

dissemination audience varied however, such that the manual was aimed externally for a broad academic audience (i.e. other public health graduate students, those interested in storytelling research generally) versus the summaries aimed internally towards the UIC listening event audience or other LVCHA stakeholders.

*i. **Storytelling Manual.*** There was no information on recruitment and engagement in the draft version of the storytelling manual, however the final version included relevant content in its description of the project origin. Group members were named in the cover page and introduction of the manual and described as graduate students: “three women were public health students, one woman was a community psychology student, and one was a social work student.” Their recruitment to this dissemination process was a consequence of their enrollment in the CHA course. The manual was written from a group perspective, which therefore did not make it possible to assess differential levels of involvement among the individuals, based on the data.

Roles among the group were not articulated by each member, but rather generally as the group having: “explored the assets of the community-based on themes that emerged from data collected in the previous semester.” They engaged with one another through, “brainstorming and discussion with Little Village community partners,” and from the encouragement of one community partner, decided upon story collection to highlight community assets. The students then developed a literature review on the topic, methodology, and aimed to include these resources in the final version. The group also organized story collecting of eight stories, which effectively represented the beginning stages of the OH project component.

One section of the manual described the group’s collaboration process with StoryCorps, and the community organization’s role. The students described their recruitment strategy as reaching out to a staff member to organize story collecting sessions with Little Village

community members. StoryCorps provided their expertise in doing the story collecting, the audio equipment, any other needed technology, and in some cases offered their physical recording space. The writing group also included an account of how they worked to have the methodology approved by the University Institutional Review Board, further defining roles: community partners recruited community members, StoryCorps collected the stories, and the students coordinated among the stakeholders and acted as participant observers during data collection. The story collecting procedures could be considered dissemination planning activities for the final manual implementation.

Lastly, the dissemination audience for the storytelling manual was defined in the final version of manual as, “public health students to use storytelling as a data collection tool, especially if partnering with community organizations.” There was no information on how the student group engaged with the audience or facilitated any feedback processes following the implementation of the manual. This was likely due to the nature of the manual being a final class project, such that additional engagement following the end of a class is uncommon.

*ii. **Story Summaries.*** The only available data on the recruitment and engagement for the story summaries dissemination process was a planning excel spreadsheet that was created for task/activity planning the collective qualitative research components of the LVCHA –interviews, focus groups, and OHs. This spreadsheet listed several graduate students and their assigned roles, such as “transcribing/translating,” “data cleaner,” “double check, clean,” or “memo.” Along with specified roles, there was an additional color organizing scheme to indicate which tasks had been completed. Among the remaining tasks to be completed were six story summaries, each of which had a graduate student assigned to write the summary. In the final story summaries document within the data archive, only five story summaries were included.

There was no explicitly defined audience within the story summaries documents, although in participatory member checking processes, it was clear that the story summaries were intended primarily for the LVCHA group to better understand and discuss OHs. Additionally, Spanish language story summaries were planned to be provided at the UIC listening event, in place of having translations available for primarily Spanish-speaking audience members.

b. Fidelity and Implementation.

For both storytelling resources, there was only one planning document and one implementation document. Therefore, it was not possible to analyze in-depth or ongoing information around planned/actual goals, activities, or timelines. Most of the coded data included information on recruitment and engagement and resources and capacity – the only coded segments for fidelity and implementation identified the actual outputs, goal, and one instance of task/activity planning previously described in the excel spreadsheet. Therefore, for this section, I opted to discuss the fidelity and implementation topics collectively, for each output.

i. Storytelling Manual. The storytelling manual was written and framed as a general resource for researchers aiming to develop and engage in storytelling research yet had the most utility as a LVCHA resource in establishing the OH project. The draft version was described as a ‘Guidebook’ with “Tips, Tricks, and Lessons Learned,” including bulleted sections of content that focused on recommendations for researchers embarking on a storytelling research project. The topics included: building rapport with the storytellers, partnering with StoryCorps community organization, StoryCorps’ recommendations for story collecting, how to guide the process of story collection, similarities and differences between story collecting and qualitative interviewing, and finally a brief commentary on coding stories. There was no explicit definition of planned goals within the draft version.

There was also no information within the draft around what activities took place to produce the manual. However, based on my own experience with the LVCHA, both as a previous student in the course, as well as my participatory member checking processes, I ascertained that the planning process for the manual was likely ideas and drafts exchanged among the student group during the CHA course, with the manual conceived as their final class project. The student group was tasked with focusing on community assets as their topic to both understand current knowledge and produce new knowledge on. In the final version of the manual, students described that they:

Explored the assets of the community based on themes that emerged from data collected the previous semester. After a process of brainstorming and discussion with Little Village community partners, they discovered road less travelled approach to studying assets, the residents of the community. This approach to public health resonated with this group of women who spanned three academic social science disciplines and they were excited to get started.

One of the community partners, Adriana, suggested the students engage in story collecting and introduced the students to community organization, StoryCorps. The students established the partnership and Storycorps collected eight stories from residents, effectively kickstarting the larger OH data collection process. The articulated final goal of the storytelling manual was therefore as follows:

In partnership with StoryCorps Chicago the students collected stories from eight Little Village residents during six sessions on December 3rd, 2013 at Enlace Chicago. They hope that these recordings and this guidebook will inspire future public health students to use storytelling as a data collection tool, especially if partnering with community organizations, which encourage members to drive the research project from beginning to end.

Lastly, there was no explicit information on planned or actual timelines. The draft version was dated at 12-8-2013 and the final version on 12-13-2013, however the length of the course was for

the fall semester, between late August and mid-December, likely the time in which dissemination planning occurred.

ii. Story Summaries. There was no articulated plan for the story summaries within the planning spreadsheet other than the graduate student roles assigned to write the summaries themselves. However, member checking with the LVCHA PI informed me that the summaries were likely CHA course assignments. In the final story summaries document, the only information included was the story content and storyteller. Based on this limited information, I can only assume that the planning process included the students working independently to write the summaries and submit them to the primary coordinator – in this case the PI faculty member of the LVCHA. Although this dissemination output was initially planned, there was no explicit information on how the group envisioned the story summaries to function, i.e. when, for whom, for what purpose, etc.

c. Resources and Capacity.

The most significant resources for the storytelling resources were people, specifically graduate students, and the CHA course component offering the opportunity and capacity for students to plan and implement the outputs. The storytelling manual required a more diverse array of resources and capacity to implement, compared to the story summaries. Although the students creating the output, they importantly collaborated with community organizations, Enlace Chicago and StoryCorps, in the planning process. Students facilitated the partnership with StoryCorps and with the help of the staff from Enlace, organized several storytelling sessions at both StoryCorps and Enlace offices - an endeavor that required both academic and community stakeholders, physical space to hold the sessions, storytelling equipment, the Little Village

storytellers commitment to participate, and the time throughout the semester to dedicate to the project.

d. Context.

Across both storytelling resources, there was scarce context information. Power consciousness emerged in one text segment within the “Limitations and Factors to Consider” section of the manual. The authors discussed the researchers’ positionality in storytelling processes and wrote:

In storytelling, the researchers must recognize the privilege and power associated with them as listeners and how that may affect the kinds of stories the storyteller tells and how they tell them... the reader should not be too quick to make a sweeping judgment about an entire culture based on this one story, but rather nuances should be considered in an effort to facilitate open dialogue to gain a deeper appreciation for other ways of interpreting life outside of the researcher’s own interpretation.

This disseminated knowledge - power consciousness around researchers’ roles and story interpretation - was also present within the manuscript dissemination process.

Another important contextual finding was how the storytelling manual had a significant role within the OH project history, effectively kickstarted the OH project data collection. Emphasizing community strengths became a central community-engaged dissemination outcome.

Lastly, an additional barrier of the academic context on dissemination emerged in the final version of the storytelling manual. Students described how they did not have enough time to develop an Institutional Review Board proposal that would meet the Institutional Review Board standards of maintaining confidentiality of the storytellers. Therefore, the group decided to revamp their strategy and opted to have the community partners from Enlace recruit participants and Storycorps collect the data. The OHs would be considered archival data that was only

accessible if participants agreed to share their information via StoryCorps release forms.

Although it is not clear how impactful this barrier was to the development of the manual, it was still significant enough to warrant a dedicated section. Moreover, it highlights a potential barrier to sharing OHs.

C. Emergent Dissemination Outputs

In the current study, emergent dissemination outputs were characterized as unanticipated and unplanned from the OH project outset and implemented following the completion of the OH data collection and preliminary analysis stages (i.e. content coding analysis). Emergent dissemination outputs that were not directly based from the OH project component were excluded. This included three graduate student projects that were based on either the LVCHA generally or on a separate research project component.

Emergent dissemination outputs were often motivated from specific individuals or partners, to meet mutual project goals of sustaining the OH community-engaged dissemination along with individual stakeholder goals. There were 17 total emergent outputs¹¹, categorized as internally (12) or externally (5) motivated. Internally motivated outputs were from LVCHA members, most often graduate students involved in the OH Think Tank, whereas external outputs were motivated from ‘outside’ groups or institutions (e.g. Chicago Department of Public Health, UIC School of Public Health, or community organizations). Table VII. includes a full list and basic descriptive information of the emergent dissemination outputs.

¹¹ I included all emergent dissemination outputs that were implemented up until the completion of this evaluation. Therefore, this list will likely grow in the future and should not be considered a final version of all the emergent outputs from the OH project component. In addition, this dissertation study is an emergent dissemination output, represented by the “Process Evaluation of Dissemination in Community-Based Participatory Research” academic poster. However, the full manuscript version was excluded from Table VII. and analysis as it was incomplete at the time of analysis.

TABLE VII
EMERGENT DISSEMINATION OUTPUTS

Output	Name	Output Data Type	Date	Motivated by	Output Motivation
Listening Event	The Dream is Still Alive: Listen. Share. Grow.	Presentation	12/11/2015	North Lawndale Community Partners	External
Listening Event	Transformative Power of Stories in an Ethnic Enclave	Presentation	11/2/2015	General LVCHA	Internal
Listening Event	Listening to Residents' Stories to Understand the Community Narrative: LVCHA and StoryCorps	Presentation	3/3/2016	UIC School of Public Health	External
Listening Event	Oral Histories: A Tool for Archiving History	Presentation	5/27/2015	General LVCHA	Internal
Listening Event	Power in Voice: An Oral Histories Listening Event	Presentation	6/21/2017	Sarah	Internal
Report	Themes and Strengths: Oral Histories Group	Report	12/1/2014	Chicago Department of Public Health	External
Media	Oral Histories Play Vital Role in Community Health Assessment Course	Article	Spring 2015	UIC School of Public Health	External
Web page	Oral History Archive	Web page	N/A	ENLACE Chicago	External
Student Project	"I am Little Village": Oral Histories, Empowerment, and Equity in a Collaborative Community Health Assessment	Academic Poster	10/6/2014	Tara	Internal
Student Project	The Power of Storytelling: The Oral History Component in the La Villita Community Health Assessment	Academic Poster	4/3/2016	Noelle	Internal
Student Project	Critical Inquiry for Community Wellbeing in a Mexican Ethnic Enclave	Academic Poster	8/9/2018	Tara	Internal
Student Project	Process Evaluation of Dissemination in Community-Based Participatory Research	Academic Poster/ Evaluation	8/9/2018	Sarah	Internal

Output	Name	Output Data Type	Date	Motivated by	Output Motivation
Student Project	Recommendations on Next Steps of OH Group	Report/ Evaluation	12/12/2015	Daniel	Internal
Student Project	Transformative Power of Stories in a Community Health Assessment in an Ethnic Enclave	Presentation	12/11/2015	Daniel	Internal
Student Project	Exploring Critical Issues of Ethics and Power of Oral History Health Research	Presentation	8/17/2018	Sarah/Paloma	Internal
Student Project	Dissemination Processes in Community-Based Participatory Research: Graduate Students as Key Stakeholders	Presentation	10/27/18	Sarah	Internal
Student Project	Wellbeing in Ethnic Enclaves: A Narrative Inquiry	Manuscript	12/17/2017	Tara	Internal

Planning documents were available for several emergent outputs, however a majority were represented solely by the final implemented output document. Considering the lack of complete and comprehensive available planning data, it was not possible to conduct a rigorous qualitative content analysis to fully assess the process evaluation components for each output. Therefore, I coded and triangulated relevant information that was available within the data to best inform process evaluation findings specific to the category of emergent dissemination outputs as well as the collective OH community-engaged dissemination process. I also supplemented this triangulation process with several accounts of my own experiential knowledge and member checking.

Emergent outputs represented a unique type of dissemination that carried additional motivation and capacity to continue dissemination processes towards the outcome, beyond what was already planned. Content around either highlighting community assets and strengths or the counter-narrative were present in almost all emergent dissemination outputs¹², yet the implementation settings were almost always academic. This finding illustrated a potential area of improvement when conducting community-engaged dissemination and emphasized the importance of considering the ecological question, *for whom?* In the following subsections, I described specific emergent dissemination output results and then concluded with more general findings.

1. Emergent Listening Events.

Following the UIC and Little Village listening events, five emergent listening events were implemented. Four were in academic settings and one was in a community setting outside

¹² The two emergent outputs for which this was not the case were my own academic poster and conference presentations, based on this dissertation study. Outcome relevant content was not directly present as these projects were evaluating the dissemination process itself.

of Little Village, motivated by external community organizations. Because of the success of the two previous planned listening events, LVCHA stakeholders adopted the event format in other settings, to reach different audiences. As such, the powerpoint presentations used to facilitate the events were all based on the UIC listening event presentation, with slight modifications for each audience. The available data for these events included three presentations, one program draft, and one flyer.

From my own personal experience, I co-facilitated two of the emergent listening events; and the planning processes involved bringing the idea to implement a listening event to the LVCHA, deciding who would facilitate, and then the main facilitators modified the presentation slides. Comparatively, planning the emergent listening events was not nearly as resource intensive as the UIC or Little Village event. Concerning the dissemination feedback discussions for the two events I co-facilitated, even though the aim was for the audience to use the information towards action in their own practice or communities, the dialogue often remained in the room, such that audience members were simply discussing storytelling as a research method.

Comparing across all the listening events, the most dissemination information was included in the “Oral Histories: A Tool for Archiving History” presentation - the fourth listening event that occurred. This presentation clearly highlighted who was involved in the project, their roles, listening event objectives and agenda, additional background information on Little Village context, information on the community partner StoryCorps, and then a several of opportunities for dissemination feedback in the form of discussion questions and implications for using stories. There was even one slide that differentiated several OH Think Tank members’ individual goals for their involvement in the OH project. For example, one members’ goal was to, "develop an analysis plan and understand the value of OH to the LVCHA" whereas another members'

focused on "multiple identities, transferability, and social change." This presentation was the only instance in which the main objectives for listening events as a dissemination output were explicitly stated, as, "creating communities and gathering individuals around stories and storytelling in research and community cohesion and promoting assets and strengths narrative of Little Village." Interestingly, although the listening events were regarded as having the potential for community engagement in the both the planned and emergent presentations as well as in the manuscript, most of them were implemented in academic settings and positioned as highlighting stories for those that are not in the community.

The only community-based listening event that emerged was in North Lawndale, a community directly north of Little Village. Staff from a North Lawndale community organization voiced a need for implementing a community health assessment that included stories, and a separate stakeholder group was formed. Several LVCHA academic partners led a new OH project initiative and subsequent listening event. The only available information for this listening event was the flyer, detailing the date, time, location, and the statement, "Learn from stories of North Lawndale residents." Member checking with the LVCHA PI revealed that the planning process was done within one semester of the CHA course. StoryCorps trained students from the class, who then collected OHs from North Lawndale residents. The listening event was the culmination of this work. Collectively, although the emergent listening events succeeded in meeting goal of promoting community assets and the counter-narrative, they were primarily in settings outside of the community.

2. Healthy Chicago 2.0 Report.

The Healthy Chicago 2.0 Report is a unique emergent dissemination output because it represented a combination of leveraging internal resources with an externally motivated need.

The OH report for Healthy Chicago 2.0 was created in response to the Chicago Department of Public Health's request for collecting guiding information and evidence on OH storytelling research in Little Village. A student group from the CHS course was therefore assembled to analyze the OHs collected in 2014.

The final report included information on the student group's dissemination planning process. One section detailed their roles and activities regarding who collected the stories, analyzed the stories, and completed the report. The students also described their partnership process with community members, which they stated was invaluable in their story collection. Their long-term goal was that, "the analysis of the six community member's stories, and the data provided by the focus groups, will work to better inform policy changes and initiatives that target needs of specific communities, and the city of Chicago as a whole, using a health equity lens." Moreover, they stated their activities, audience, and further explained their goal as, "UIC School of Public Health is analyzing these narratives and identifying the Themes and Strengths to be incorporated into the Partnership for a Healthy Chicago's Healthy Chicago 2.0." This aim coincided with the larger community-engaged dissemination outcome of promoting community assets and strengths through the OHs. Moreover, this report demonstrated an example of leveraging internal resources and capacity - LVCHA graduate students – in order to successfully implement an emergent output for an external audience.

3. Graduate Student Projects.

Graduate students were key stakeholders throughout the OH project component and especially for the community-engaged dissemination process. They were key partners in doing the dissemination for all three planned outputs, a majority of the emergent outputs, and several ripple effects. Of the emergent outputs, student projects included presentations, evaluations,

reports, academic posters, and dissertation manuscripts. Leveraging graduate student resources and capacity led to productive dissemination that accomplished OH project goals, academic partner goals, and community partner goals.

Graduate students were often the main movers and shakers because of their mutual goals in accomplishing their own academic outputs, including programmatic milestone projects (Masters, Capstone, preliminary examination, dissertation), class projects (final projects for CHS courses), academic output accomplishments (published manuscripts, academic presentations or posters), or simply beginning a community-engaged program of research (ongoing collaboration and partnership). Many of these milestones can be accomplished with little to no funding, and graduate programs often categorize these activities outside of funded assistantships responsibilities, unless the student completes them as an explicit function of their research assistantship activities – an appointment which is not guaranteed.

To implement the emergent student projects, graduate students negotiated mutual goals such that they simultaneously accomplished their own individual professional goals. For example, two student partners, Tara and Daniel, produced three emergent outputs (academic poster, internal evaluation report, and academic presentation) based on their independent study projects, which were essentially research activities for course credit hours. Noelle conducted an evaluation and produced an academic poster for her capstone project. Lastly, Tara and I developed our dissertation studies as an analysis of the community narrative and evaluation of OH dissemination processes respectively. Graduate students were able to maintain ongoing dissemination through their emergent dissemination outputs, which promoted OH project sustainability.

4. Power Consciousness.

A central finding among the emergent dissemination outputs was the motivating influence of power consciousness in disseminating the counter-narrative. Three of the student projects and two listening events directly highlighted power consciousness, mainly in privileging community voice and the “power of stories.” One of the presentations focused specifically on expanding the manuscript’s discussion of ethics and the inherent power consciousness within the relationship between researchers and community members in story representation, i.e. probing what it means to analyze an oral history or speak on someone else’s. Another example included an emergent student presentation that explored stories as a manifestation of power, both in voice and self-representation. The graduate student who gave the presentation also referenced his internal process of recognizing his biases and experiencing an awareness of his own positionality and power through cultural humility. In the script version of the presentation, the student narrated:

I grew up in a Mississippi school where world geography was poorly taught and my friends either thought you were from China, Africa, India, or Mexico. The fact that I came from Colombia was hard to remember for many and purely only associated with the Cartel and drugs. Instead I was lumped into the Mexican category. This was not good. Coming from a capital, urban dwelling, and middle class, family status was very important. The highest compliment was to be described as educated and polite. Mexican immigrants, generalized to low income, agricultural or manual laborers, were often seen as the complete opposite. In fact, I have family members who have told us that they will not speak Spanish in public in certain situations so as not to be confused with being Mexican. Their music on my grandmother’s television of mariachis and rancheros – created a crass feel of country and Latino red-necks. And therefore, without really having been exposed to their culture, I began exploring the lives of a mostly Mexican neighborhood having these predetermined stereotypes. Working with the stories tested these generalizations and although I still feel a lack of connection with ranchero music, I grew to understand and appreciate their lives and furthermore admire their strength and resiliency as urban heroes creating change and overcoming oppressive systems. I learned a lesson of cultural humility as a researcher.

This student's experience with the OH project and listening events shifted his understanding not just of the residents but his own positionality as a researcher. Students' awareness and promotion of community narrative was often facilitated by power consciousness.

5. General Findings.

Across all emergent dissemination outputs, one main finding was that they were implemented because of individual stakeholders' leveraged resources and capacity. Most of the emergent outputs were motivated by mutual graduate student goals or directly implemented by graduate students. Perhaps it was for this reason that almost all the emergent outputs were implemented in academic contexts. Similarly, 12 emergent outputs were internally motivated by LVCHA partners whereas only five were externally motivated - only one of which from a Little Village based community organization. It could have been easier for academic partners to leverage their capacity to implement a conference presentation rather than a community-oriented output. Graduate students might propel dissemination activities forward, however their individual motivations to produce academic outputs (i.e. student project milestones, posters, presentations, etc.) may not be equally matched by more resource intensive community-driven dissemination outputs in community contexts.

The only emergent dissemination output motivated from the Little Village community partners was an online digital archive of the OHs on their community organizations' website. Although there was no information regarding if or how those stories were used by the organization, the page was categorized within the website's 'Celebrate Local Leaders' page, implying an uplifting of community assets. Additional community-motivated outputs disseminated in community contexts could have required more time, staffing, planning, and funding to implement. Furthermore, community organizations often must prioritize services

and/or programs over translating and disseminating academic research that might be viewed as separate from their community-based work.

D. Unrealized Dissemination Outputs

To fully understand community-engaged dissemination, it was also important that the current study assess dissemination processes in which implementation was *not* achieved; “implementation failure” was not considered a failure of the plan, but rather represented points of understanding contextual impacts. Unrealized outputs were defined as dissemination output processes that included planning but were not implemented. The original methodological plan was to select and analyze unrealized dissemination output processes for which there was the most complete available data to answer the research questions. After completing the a priori data matrix and inventory process, it became clear that there were no OH-specific unrealized dissemination outputs. However, there were five unrealized outputs that were planned for the larger LVCHA dissemination process that intended to include OH information: a LVCHA website with a planned OH project component page, community mural, health video, radio/podcast segment, and a research know your rights event. Because of the lack of output-specific data documents, I created an unrealized outputs code to capture planning information text segments that emerged in the data. I supplemented the lack of information with my own experiential knowledge and member checking, yet there was still not enough data to fully conduct a qualitative assessment of the process evaluation components. Therefore, I opted to describe these processes as completely as possible.

Five data documents identified the unrealized dissemination outputs. First, the “Planning for LVCHA Dissemination SPRING 2017” versions 1 and 2 outlined a dissemination planning strategy for that spring semester. It indicated planned outputs, specific tasks/activities, and a

monthly timeline for each output. In addition, a grant funding report document contained a section - “What work remains to be completed” - in which one statement read, “continue community-based dissemination process. Several outputs are in our plan for the following year: community mural, video, radio, or podcast segment, immigration specific CHS report, completion of website.” Next, one cross-cutting document, LVCHA meeting notes for 9-15-2016, captured a brief dissemination planning discussion for the website, video, radio show, and mural. Lastly, my personal reflections/ethnographic notes document, based on my work experience as the LVCHA dissemination research assistant, included planning information for the research know your rights research event.

The two LVCHA dissemination planning documents were a product of my research assistant role, in which I was tasked with the translation and dissemination of LVCHA project components between August 2016 and April 2017. During the position, it became clear that the needed resources and capacity to successfully implement the planned dissemination outputs exceeded the funding, time, and people power afforded by the grant. I therefore spent my limited time working with community partners to develop the planning documents, with the hope that implementation could happen in the future. My personal/ethnographic reflection notes document was a byproduct of this work, including meeting and reflections notes from this engagement process. LVCHA stakeholders convened and briefly discussed several implementation ideas in the 9-15-2016 meeting: (1) for the website, partners suggested content ideas and an organizing structure; (2) for the video and radio show, they offered potential implementation settings; and (3) for the mural, partners indicated potential organizations to recruit. However, what was *not* discussed or mutually decided upon was who would be doing the dissemination.

Following this meeting, I committed my work efforts on producing the LVCHA website, however by the end of my research assistantship I was only able to partially complete it. The dissemination processes for the community mural, health video, and radio show seemed to have ended at the 9-15-2016 meeting, as no record of dissemination activities occurred afterwards. The data did not indicate that any individual or group committed to additional dissemination planning or implementation of these outputs, and member checking with the LVCHA PI revealed that although partners were asked, no one had the time to follow through.

The central finding was therefore that the unrealized dissemination outputs were not implemented due to a (1) lack of role definition and/or (2) lack of resources and capacity. Furthermore, the needed resources and capacity (people, organizational support, time, funding, etc.) exceeded the limited and already strained available resources afforded from the grant. This finding is intriguing considering the contrasting ways in which dissemination might deviate from what is planned. Either unplanned outputs are implemented (i.e. emergent dissemination outputs) or planned outputs are not implemented (i.e. unrealized dissemination outputs). In the former case, implementation was largely driven by graduate student motivation and capacity to continue promoting community assets and the counter-narrative as the larger goal for the OH community-engaged dissemination. In contrast, the unrealized outputs were not implemented as planned due to resource shortages. However, when considering the implementation context, four of the five unrealized outputs were aimed for community contexts, which may have required more resources and capacity from the LVCHA partnership to implement than the emergent academic outputs such as conference presentations or posters.

One unrealized dissemination output - the research know your rights event – represented a unique example of how this type of dissemination can transform into a ripple effect through

implementation in new ways. In my earlier conversations with two community stakeholders to develop the LVCHA dissemination planning documents, they explained that community members would greatly benefit from knowledge and skills around research generally. One community partner, Victoria, discussed that in order to understand the LVCHA research, they needed to critically understand research itself – what it is, what it is not, and what are the community's rights and power to make research as accountable and responsible to the community as possible. These conversations spawned the idea of planning and implementing a research know your rights event – a dissemination output that was included in both iterations of the LVCHA dissemination planning documents, aimed for April or May of 2017.

Within my personal reflections/ethnographic notes document, I recorded meeting notes on 4-24-2017 in which the two community partners and I planned for the research event. The original dissemination plan indicated an outline of activities, recruitment and engagement of additional stakeholders to participate in and facilitate the event, strategies to elicit dissemination feedback, the planned setting at their community organization, timelines, and finally, the goals:

Residents often have experiences of only answering research questions, being participants, and that's it. After a while, people become curious about what these questions mean, & what are their rights – Therefore, the goals of this event are:

1. Provide basic information about what is research
2. Develop critical thinking and questioning around research
3. Build capacity for people to know how to navigate research inquiries - How to know if a source is trustworthy in protecting info and privacy

Following this meeting, several attempts were made via email to continue planning, but all three of our work priorities were too strenuous during this time. Implementing a research know your rights event required critical care, time, and funding. Therefore, we collectively decided to postpone the event because of our lack of resources and capacity.

Over a year and a half after our previous email exchanges, Victoria emailed a flyer to the LVCHA partnership as an invitation to attend a research event on 12-14-2018, in which, “Community researchers will share their perspectives on research and provide tangible recommendations for researchers and students who conduct community-engaged research.” Several partners were in attendance, including myself. At the event, community members presented their process of hosting and facilitating focus group sessions to identify their own research needs and priorities. They concluded with a discussion around how to do community-engaged research specifically in Little Village. Their project and culminating event were products of a Chicago Department of Public Health grant that the community organization applied for and received in 2018. Member checking with the LVCHA PI indicated that Melanie notified and assisted Victoria in writing and developing the grant proposal. Notably, at the end of the research event, Victoria expressed thanks to myself and the other community organization staff member as partners involved in the original research know your rights event planning. She regarded that process as the foundation of their research event because it sparked the idea and motivated their research processes. Moreover, it was clear that funding was key in actualizing and successfully implementing their vision.

The research event was therefore a unique dissemination output process, as it represented a transformation from an unrealized output to ripple effect. Initially, the output did not reach implementation due to a lack of resources and capacity, yet when the community took more ownership of the process and received funding, it was successful in accomplishing an unintended outcome of the LVCHA and OH project component – promoting the community organizations’ community-based research process and strategies for identifying and acting upon research needs.

E. Ripple Effects

The final category of dissemination process findings - ripple effects - referred to unintended consequences or outcomes of the OH project; they were distinct from emergent dissemination outputs because although they were similarly unanticipated, they were not directed towards the outcome of promoting community assets and the counter-narrative. All five ripple effects were gauged from member checking conversations with the LVCHA PI as well as my experiential knowledge. Because there was not enough available data to do qualitatively assess the process evaluation components, I described the ripple effects and focused on their influence and impact on the community-engaged dissemination process.

The first ripple effect occurred after the OH data collection in 2013: an OH Think Tank member applied for a position with Storycorps and was hired at the organization. During and following her employment, this individual was able to use her position to collect additional OHs and leverage her gained skills on StoryCorps' methodological expertise to build the capacities within the OH project. Following her employment, she continued to use these skills to engage in ongoing dissemination efforts of the OH project. For example, she contributed unique and important knowledge to manuscript sections around story collection procedures, StoryCorps' perspectives, and ethical implications.

Similarly, Marciela - a key LVCHA partner, storyteller, story collector, and community member – enrolled in the UIC School of Public Health Masters of Public Health degree program. Her work with the LVCHA broadly and OH project specifically allowed her access to relationship building with UIC academic stakeholders and capacity building of research skills, both of which were key to her enrollment. After her enrollment, Marciela also became a co-developer and instructor for the CHA courses. In my own personal experiences, Marciela has always regarded her intentions of bringing back the knowledge and skills she gains from her

academic program experience back to Little Village residents to improve their health. Her new academic roles represented an additional ripple effect of building capacity both for the individual and the larger LVCHA.

Another ripple effect was based directly on the planned manuscript output. Following the publication, I was contacted by a UIC faculty member in the Social Work department in early 2018 and was invited to facilitate a class discussion in a qualitative data analysis course. This professor had embedded the manuscript within his syllabus and planned a class session around how to incorporate storytelling within participatory research. The manuscript was also embedded in the CHS courses.

Following the emergent dissemination output of the OHs catalogued on Enlace's website, one of their staff sought me out to serve on the editorial board of the Little Village Community Data Portal – an online resource hub for Little Village. She had offered this role because of my extensive experience with the LVCHA and my familiarity with other research projects in the community, based on my role co-facilitating the Little Village Research Forum. The Data Portal website included an online hub for Little Village based research projects, of which LVCHA has a sub-section. The intended outcome for the website is to promote community resources and celebrate community stories.

The most recent ripple effect was the development of course content for an online qualitative research course, planned to be offered by UIC School of Public Health in the Spring 2019 semester. This course was coordinated by the LVCHA PI and one of the modules centered around OHs. The inclusion of storytelling methodology was a decision motivated by the faculty's experience from the OH project.

Altogether, the ripple effects evidenced the far-reaching impact the OH project had once it was completed. Importantly, they do not represent a complete account of all the ripple effects by any means, but simply exemplify several known cases. Ripple effects help us further our understanding of community-engaged dissemination because they show the reality of CBPR in having potential unintended consequences. Participatory research does not occur in a vacuum and acknowledging ripple effects to the best of our ability is characteristic of responsible community-engaged research.

V. DISCUSSION

This process evaluation explicated a case study and provided in-depth empirical support for community-engaged dissemination. Evaluation findings informed a broader understanding of not just *what* dissemination was implemented, but importantly *how* and *why*. The ecological conceptual framing allowed for multiple types of dissemination processes towards this aim that importantly examined OH dissemination beyond what was planned and implemented, to also regard outputs that were not planned, outputs that were planned but not implemented, and unique unplanned outcomes as part of the collective community-engaged dissemination process. Triangulating and analyzing across these processes informed a more holistic and generalized community-engaged dissemination process.

The OH community-engaged dissemination process evidenced a shift from defining dissemination “success” from fidelity to implementing outputs towards fidelity in reaching outcomes – in this case, promoting community assets through the stories, and the counter-narrative of Little Village. Conventional process evaluations often conceive fidelity as whether a program is implemented as planned (i.e. did the completed output match the planned output and to what degree), which is then theorized to inform outcomes (Saunders et al., 2005). However, because of the iterative nature of discourse among academic and community stakeholders throughout a CBPR project, dissemination activities, timelines, goals, and outputs can often change over time in adapting to the cycling of resources and contextual influences. Community-engaged dissemination’s fluid nature emphasized the value of not just determining the degree of match between planned vs. implemented, but moreso explored *how* and *why* outputs achieved “success” and adjusted to changing plans. The current study evidenced contextual influences in how the OH dissemination goals, activities, timelines, and outputs

changed to better align with the outcome of promoting the counter-narrative. Furthermore, context directly explained how the outcome was conceived in the first place.

Community-engaged dissemination processes are crucial in moving CBPR to social change, action, and community health equity. Findings from the current study reconciled multiple gaps in the literature and offered a substantial in-depth exploration and empirical basis for which to continue the study and practice of community-engaged dissemination. For the first discussion subsection, I therefore offered a characterization of the concept. Several key considerations followed, included the cycling of resources, promoting dissemination in community settings, and recognizing the potential for ripple effects. I subsequently detailed the study's theoretical implications, practical utilities, and limitations.

A. Characterizing Community-Engaged Dissemination

This evaluation study elucidated the fluid nature of community-engaged dissemination and its inherent sensitivity to contextual influences. Dissemination within CBPR projects implies an embedment in the ecological context in which the process occurs. Framing the current evaluation study within the ecological paradigm not only appropriately reflected that disposition, but importantly allowed for non-conventional types of dissemination to be included within the analytic framing as a materialization of dissemination's interdependence with context. Intentionally assessing non-conventional dissemination allowed for an understanding of what promoted dissemination and what were the barriers. The ecological principle of succession corresponded to how dissemination also occurred at multiple stages of the project and throughout the following years (see Figure 3). Emergent dissemination outputs in particular showed a commitment to project sustainability and long-term commitment - a central principle of CBPR (Israel et al., 1998; Trickett et al., 1985; Wallerstein et al., 2017).

The OH community-engaged dissemination process also evidenced reciprocal impacts and feedback loops as inherent in the process, such that LVCHA partners continued to learn new things and conceive the OHs in new ways. For example, one of the key graduate student partners, Tara, began her OH project engagement through implementing the storytelling manual. She was then involved in story collection as a participant observer, contributed to the OHs analysis, planned listening events, and was a member of the writing group for the manuscript. Following the OH story collection and subsequent planned dissemination outputs, she furthered the LVCHA's collective understanding of OHs through the development of her dissertation project, which proposed to analyze the OHs in new ways: "Using critical race theory (CRT) as a primary analytical foundation, I will interpret a collection of recorded stories of residents in Chicago's Little Village community to understand their individual and collective frames of meaning for hardship and wellbeing." Tara subsequently led multiple community member checking sessions to disseminate her preliminary dissertation findings. This individual process exemplified the feedback loop of how an emergent dissertation project changed the way the findings were understood (i.e. knowledge translation), which led to additional dissemination processes.

In addition, the community context motivated a broader feedback loop, directly relevant to the community-engaged dissemination outcome: the counter-narrative motivated both *what* was disseminated (e.g. manuscript) and *how* information was disseminated (e.g. listening events). Inherent in the counter-narrative was power-consciousness around community stories and researcher roles - an internal OH Think Tank process which then led to additional dissemination outputs (e.g. content of emergent student project presentation on ethics and power in doing OH research). More generally, the OH community-engaged dissemination process not

illustrated the adaptable and flexible nature of research events within community systems and elucidated how feedback loops inherent within that process can lead to reciprocal impacts that dissemination can have within CBPR (Trickett, 1998; Trickett et al., 1985).

1. Cycling of Resources.

The cycling of resources and capacity was a key component in explaining community-engaged dissemination processes. From an ecological perspective, this concept refers to the interactive nature of people, settings, and events in generating “cycles of resistance or receptivity” which in the context of the current study, could be understood as barriers or promoters to dissemination implementation (Trickett et al., 1985). Individuals were the most frequently evident resources across all dissemination processes. Flaspohler et al. (2008) elaborated on individual capacities to also include buy-in: commitment, perception of the positive payoffs, and perceived incentives. Individual readiness also explained how skills and motivation impact the movement of an innovation – in this case, community-engaged dissemination (Flaspohler et al., 2008). In the current study, many stakeholders had a strong sense of understanding and skills to do the dissemination, yet there was differential motivation and limited resources, which was most evident within the category of unrealized dissemination outputs. Findings indicated planned outputs and activities but no individuals or groups committing to implement them, coupled with limited funding.

One of the key context codes in the study – non-OH LVCHA dissemination – exemplified the ways in which some resources were constrained. The LVCHA had a set amount of funding and capacity to conduct dissemination activities, so aside from the three planned OH dissemination outputs, the non-OH outputs may have limited the capacity to fully implement the unrealized outputs. Dissemination planning documents (i.e. LVCHA components table and

Planning for LVCHA Dissemination Spring 2017 v1 & 2) showed the embedded and interdependent nature of the OH and non-OH dissemination outputs, all of which required the same people, community organizations, academic institutions, funding, and time to implement. Dissemination funding spanned from summer 2016 to summer 2017, a majority of which was devoted to my research assistantship at 8 hours per week. The resources and capacity needed to implement all the planned dissemination outputs exceeded what was afforded by the grant. Therefore, several planned OH dissemination outputs were henceforth unrealized.

In contrast, several emergent dissemination outputs and ripple effects represented cases in which resources and capacities were leveraged. For example, one emergent listening event was added to a larger LVCHA event, in which a series of other types of presentations occurred. Additionally, the ripple effect of the Little Village Community Data Portal website included broad information about the LVCHA while allowing for virtual space to add OH-specific information. The most notable example of leveraged resources and capacities was how graduate students were able to implement nine emergent student project outputs (not including the others for which they were involved in planning and/or implementation) with no funding, due to their academic motivations in accomplishing graduate program milestones. Although graduate students were key drivers throughout the OH community-engaged dissemination process, their specific involvement exemplified the sometimes constrained nature of resources, such that emergent outputs were implemented at little financial cost, yet they were mostly in academic settings.

2. Promoting Dissemination in Community Settings.

One key finding from the emergent dissemination outputs was how most of the implementation settings were outside of the community. Although many emergent outputs were

championed by graduate students, their capacity to produce academic outputs such as conference presentations or posters was not equally matched with planning dissemination for community settings, motivated more directly by community partners. Community-engaged dissemination “success” was achieved through the promotion of the community narrative, yet further exploration in what setting this promotion occurred in revealed a discrepancy. For example, the counter-narrative was woven into the emergent listening events goals, yet five were implemented in academic spaces, in which the concluding event dialogues centered around using storytelling as a research method. The only emergent dissemination output motivated from the Little Village community was a brief digital archive of the OHs on a community organizations’ website. This disparity could be viewed as poor community engagement or community accountability.

D&I literature on implementation capacity could explain why OH emergent dissemination outputs were not implemented in community settings or directly community-motivated. Dissemination led primarily by community partners require additional time, staffing, planning, and funding to implement, and in the current study, community partners might not have had their organizational goals fully aligned with the dissemination outputs to be considered mutually beneficial. Two kinds of community capacities are necessary for D&I – the capacity required to deliver an innovation, if coming from an intervention, as well as the organizational capacity to promote the new knowledge (Wandersman et al., 2008). Multiple organizational capacity characteristics could be necessary for successful implementation, for example, leadership, program goals and vision, commitment, size, skills for planning implementation and evaluation, climate, and structure. Although a community organization may have the capacity for implementation, they might not be willing to adopt the innovation; community readiness was another empirically supported influencing factor (Wandersman et al., 2008).

An additional explanation for the abundance of academic emergent outputs is the constraints of the academic context in disseminating to the community settings. Faculty and graduate student partners are dispositioned towards disseminating in academic settings as they are considered more valuable within the academic system. Graduate students are afforded better career opportunities with more presentations and publications and faculty productivity is often equated with their number of publications. Furthermore, the University Institutional Review Board inherently privileges academic outputs, such that they require principal investigators to report on publications or presentations but not community presentations or other dissemination outputs in community settings. The kinds of resources required to better position “successful” community-engaged dissemination in community settings are frequently limited by the academic context.

In the current study, the LVCHA partnership could more intentionally plan listening events within and for the community, and perhaps use the events for additional story collecting from other populations such as youth – one need that was identified during the Little Village event. In addition, graduate students could bolster CBPR project integrity and accountability to community partners by basing and directing their student projects more directly to community settings. More broadly, hosting annual or bi-annual check in or “state of the union” partnership meetings could assure the larger membership that dissemination is appropriately and equitably implemented in both academic and community settings.

Promoting community-engaged dissemination “success” specifically in community settings represents an opportunity for future research that encourages an ecological perspective, which considers *where* and *for whom* the goals are being met. Planning and decision-making processes represent opportunities to bolster academic commitments to serving the community;

these conversations should not only define outcomes for dissemination “success” but further the discussion to ensure that resources and capacity can more appropriately meet needs of dissemination in community settings.

3. Recognizing the Potential for Ripple Effects.

Ripple effects demonstrate the embedded position of CBPR, as participatory research does not exist within a vacuum (Harper et al., 2004; Ryerson Espino & Trickett, 2008). Acknowledging and attending to potential ripple effects to the best of our ability is characteristic of ethically responsible community-engaged research (Beehler, 2016). It also represents a recognition that the ecological context impacts research and dissemination processes. In the current study, ripple effects evidenced the far-reaching impact the OH project had once it was completed. In a unique example, what was previously considered an unrealized dissemination output became a ripple effect. The “know your rights” research event was not disseminated as planned, yet the community organization later used the previous planning process as the foundation for their own research initiative and dissemination event. Ripple effects also show how a CBPR project can have potential unintended consequences – either positive or negative. Beehler (2016) emphasized the “ethical imperative” of attending to ripple effects, particularly from a community psychology perspective, such that in intervention research settings, conceptualizing and studying ripple effects is critical to both optimize effectiveness and prevent harm. The current study did not identify negative ripple effects, yet that does not exclude the possibility of potential harm.

During my research assistant role for the LVCHA, I held a one-on-one meeting with a senior community organizer to identify ways in which LVCHA data could bolster their current community advocacy campaigns. The staff member explained that research is generally needed

and appreciated to validate community experiences with data and “hard facts” to politicians or funders. Nonetheless she explained that in some cases, extensive repositories of research findings could be interpreted as the community already having “enough” research, capacity, and resources – a rationale which could then be used to restrict additional funding and resources for community organizations. She emphasized that critical attention and care should be made in framing research findings and messaging to audiences with political and financial power because of this potential negative ripple effect. Future community-engaged dissemination framed with the ecological paradigm could advance efforts to conceptualize and understand how this type of research has unintended outcomes - all towards an effort to minimize harm (Trickett et al., 1985).

B. Theoretical Implications

This study importantly addressed several previously identified gaps in the academic literature. First, it bridged D&I and CBPR literatures and addressed their mutual needs of study. In addition, the unique methodological approach indicated theoretical implications for the evaluation field. Lastly, the study demonstrated the utility of more explicitly including CRT, not just for OH research, but more generally within the study of community-engaged health research.

1. Bridging D&I and CBPR.

Commonly used D&I frameworks largely define dissemination as an intrinsic aspect of intervention implementation – the targeted distribution of knowledge and intervention materials to a specific public health or clinical practice audience (Graham et al., 2006; Mendel et al., 2008; Schillinger, 2010). The field still contends with multiple terminologies including and beyond dissemination to define the space between research and action (Graham et al., 2006; Rabin et al., 2008), yet one commonality is their theoretical and empirical basis within the study of

efficacious interventions (Atkins et al., 2016; Rabin et al., 2008). In the current study, OH community-engaged dissemination processes were never tied to intervention development or implementation as adoption of intervention innovations. The findings expanded our understanding of what D&I research could look like, as it was defined and actualized outside of the bounds of efficacious intervention research. Furthermore, the unique framing of community-engaged dissemination combined knowledge translation and implementation as intrinsic to the non-linear process while also recognizing unintended effects. One potential implication of the community-engaged dissemination concept is additional disagreement in how researchers will understand or practice dissemination. However, this term offers a broader and more inclusive understanding of the process that spans beyond efficacious interventions, while incorporating other previously identified terms within the process.

This study directly responded to the need for D&I research to critically attend to community-based perspectives and contextual influences (Atkins et al., 2016; Durlak & DuPre, 2008). In a recent textbook chapter in applying D&I to CBPR, Minkler & Salvatore (2012) described how CBPR could ensure and enhance the relevance of research topics, validity of methodologies, data analysis and member checking procedures, and ultimately intervention success. They emphasized how CBPR could improve the potential for translating and disseminating findings to diverse audiences towards making sustainable changes in programs, practices, and policies. Furthermore, Minkler & Salvatore (2012) stressed the importance of publishing research that connects the two fields – CBPR with D&I – as there is a lack of generalized information, models, or frameworks for how to do CBPR-based translation and dissemination beyond efficacious interventions. In Wallerstein et al.'s (2017) CBPR logic model, “bidirectional translation, implementation, & dissemination” is only included as a bulleted sub-

point with no further framing. Moreover, in reviewing the background literature for this study, there was scarce empirical evidence on the topic (Chen et al., 2010). The current study collectively addressed these needs with an in-depth process evaluation of community-engaged dissemination.

Future research should be conducted to further evidence the concept and establish an empirically strong framework. This study also promotes future research that unifies CBPR and D&I, to simultaneously respond to the need for D&I research to critically attend to community-based perspectives and contextual influences (Atkins et al., 2016; Durlak & DuPre, 2008), while also more robustly framing the research and practice of community-engaged dissemination in CBPR (Minkler & Salvatore, 2012). Altogether, this evaluation case study can serve as a springboard for future research.

2. Enhancing Process Evaluation Approaches.

Alongside strides in CBPR and D&I literatures, evaluation research and practice can be impacted greatly by the novel methodological approaches used in the current study. The RE-AIM evaluation framework asserted that additional comprehensive evaluation research was needed to further D&I (Glasgow et al., 1999), and in a D&I literature review, Mendel et al. (2008) stated:

We have also found process evaluations useful in providing “stories” that illustrate dissemination and implementation processes in ways that are compelling to health services researchers, practitioners, and community members alike. Such stories, or instructive narratives, serve not only to highlight awareness of implementation issues and their nuances, but also as a means for examining complex processes and relating how analytic factors interact and play out over time.

Findings from the current study directly addressed these issues and demonstrated how to conceptualize and analyze dissemination process data. Conceiving community-engaged dissemination processes through diverse archival data is a novel contribution that could

encourage future evaluation studies on other CBPR processes. Furthermore, the framing of this process evaluation as an assessment of multiple dissemination types and incorporation of multistage triangulation is a unique contribution to the literature. This methodological approach was built upon literature that distinguished triangulation of methodologies, data and sources, and theories (Denzin, 1978; Patton, 1990; Pawson & Tilley, 1997; Rabin et al., 2010). Diverse archival data sources were analytically coded, categorized, and triangulated to generate an emergent structure of findings. Next, multiple types of dissemination outputs were compared and contrasted, exhibiting a higher level of analysis. This analytic procedure (Figure 6) allowed for comprehensive process evaluation findings and therefore a more generalized understanding of community-engaged dissemination.

The current study supported the realist evaluation theoretical perspective that as programs are understood contextually, additional constraints on data collection and analysis will be evident in the evaluation. The realist perspective suggests triangulation of baseline data and use of secondary data sources to supplement the capacity constraints that often occur in evaluation projects from participatory research settings (Jagosh et al., 2015; Pawson & Tilley, 1997). These capacity constraints were certainly present in the OH dissemination, and the current study affirmed the realist approach by triangulating among diverse sources of baseline data and supplementing with member checking conversations when appropriate.

Finally, the analysis and findings identified a need for modified process evaluation theoretical and methodological frameworks. The four process evaluation components used to guide the evaluation questions, codes, and analysis were triangulated and based on frameworks notably used within the evaluation literature – see Table II. (Baranowski & Stables, 2000; Linnan & Steckler, 2002; Saunders et al., 2005). However, the largest flaw among all the frameworks is

their conceptualization of context as a component separate from the others. In the current study, both the analysis and findings demonstrated how context was interdependent with the other evaluation components. Theoretically, context is adaptive and alive - it influences all aspects of a research process, so to consider it as a separate element is antithetical to the very nature of the concept itself. Moreover, resources and capacity was a category that was initially difficult to analytically conceive in meaningful ways that were distinct from other components. This category of codes was eventually redefined such that meaningful findings and conclusions for the resources and capacity component were understood when analyzed interdependently with the other components' codes. Lastly, the fidelity and implementation component does not distinguish fidelity to outputs versus outcomes or fidelity to whom or in what settings – all of which are valuable ecological considerations.

Process evaluation frameworks that distinguish these components separately inherently offer evaluation questions that are difficult to answer solely within their respective categories. For example, evaluation questions regarding who is doing the dissemination are only answerable when considering the people or groups as necessary resources and capacities to enact those roles. To understand engagement is to also understand the activities or things that people engage with or around – information often included within the fidelity and implementation component. Future process evaluation frameworks should be organized to more explicitly reflect the interdependent nature of research processes and importantly recognize context, resources, and capacities as woven throughout all other evaluation components.

3. Promoting Critical Race Theory.

One of the most transformative theoretical implications was the natural way in which the OH project and its subsequent dissemination processes were suited to a Critical Race Theory

(CRT) framework. CRT aims to elucidate and transform race and power by centralizing race, challenging dominant ideologies, emphasizing justice, centering experiential knowledge, and promoting interdisciplinary perspectives (Crenshaw, Gotanda, Peller, & Thomas, 1995; Yosso & Solórzano, 2005). CRT positions counter-narratives as both challenging dominant and often harmful narratives and highlighting the knowledge and experiences of communities of color. From a CRT perspective, counter-storytelling can also be positioned as challenging power structures within academia (Solórzano & Yosso, 2002).

In health research, CRT is characterized by its ability to counter the established research practices, which are often deficit-oriented (Hylton, 2012). The Public Health Critical Race Praxis (Ford & Airhihenbuwa, 2010b) centralizes an investigation and uprooting of the social and structural determinants of health that drive inequities and explicitly builds on CBPR approaches that link research with practice (Ford & Airhihenbuwa, 2010a, 2010b; Gilbert & Ray, 2016; Thomas, Quinn, Butler, Fryer, & Garza, 2011). Conventional CHA methods may inadvertently run counter to these aims, “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” (Hernandez et al., 2017). Advancing critical public health research and practice involves opposing the status quo that often historically and systematically generated the very conditions we aim to uproot.

The current study supported the notion that future research could be more explicitly framed with Public Health Critical Race Praxis (Ford & Airhihenbuwa, 2010a, 2010b). CRT appropriately grounded central concepts that emerged throughout the findings: counter-narrative

and power consciousness. The former represented the overarching outcome of the community-engaged dissemination process, whereas the latter was its primary driver. Both had sequential impacts, motivating the OH project as a whole, several dissemination outputs and strategies (e.g. listening events), dissemination goals (e.g. manuscript), and even the information that was disseminated (e.g. emergent student presentation on ethics and power of OH research). Future CBPR aiming to study dissemination processes within participatory contexts could benefit from explicitly including CRT in attending to issues of power and privilege as potential key contextual influences.

An additional implication of promoting Public Health Critical Race Praxis is its potential in allowing the opportunity for increased community control and influence on the research process. Privileging community perspectives and experiences allows, as the manuscript stated, “community members greater control of their representation” and a balancing of power relationships that have been inherently imbalanced within the academic system. During member checking procedures, one of the main LVCHA academic stakeholders expressed her aspiration to ensure that the counter-narrative will *always* remain an important driver for transformation within our collective research process. An intentional Public Health Critical Race Praxis, including opportunities for transformative communication spaces (Hebert-Beirne, et al., 2017) offer a potential sustainable solution.

C. Practical Utility

The most immediate practical implication of the current evaluation study in improving the research and practice of the LVCHA. The evaluation methodology can be replicated for other project components and used to assess CBPR processes of the LVCHA more generally. The specific findings on community-engaged dissemination can promote and guide additional

dissemination activities and outputs in community settings, which could include additional listening events with different populations, or perhaps picking up on where the unrealized dissemination outputs like the community mural and podcast/radio show left off. Furthermore, future reflection and dialogue around the evaluation results could allow for additional coalition building, partnership development, and iterative critical reflection – all of which were meaningful engagement processes for planning and implementing the listening events and manuscript. The LVCHA partnership should gauge its individual and group capacities for community-engaged dissemination. Importantly, an overarching LVCHA dissemination outcome should be clarified and agreed upon among the partnership. Generally, this process evaluation case study was a manifestation of the LVCHA’s value of translational inquiry and can importantly serve as a guiding framework for how to continue to engage in future CBPR (Israel et al., 1998; Wallerstein et al., 2017).

Beyond the LVCHA, other CBPR projects in Little Village and beyond could benefit from this evaluation. Community stakeholders could use the information to develop a tailored dissemination planning and evaluation strategy, specific to an organization or to the Little Village community. A community-tailored dissemination guide could be used by staff at organizations, residents, researchers, and policymakers - a significant implication, as D&I literature notes the importance of non-academic innovation adopters in promoting dissemination success (Glasgow et al., 1999; Mendel et al., 2008; Rabin et al., 2005; Rogers, 1995). In addition to local levels, the current study’s methodological approach and drafted preliminary recommendations (Appendix F) could have practical utility for other CBPR projects, as the evaluation findings addressed community-engaged processes not limited by research topic.

D. Limitations

The unique methodological framing and findings of this process evaluation case study bared several limitations. First, one potential limitation is its specified scope in focusing on one in-depth case study of OH research. However, the study intentionally evaluated processes more generally, and not solely within the frame of OH research, to increase the degree of generalizeability. Additional limitations include methodological shortcomings: an exclusive focus on archival data, an incomplete data inventory, and potential biases of a single evaluator.

As this evaluation study was retroactive, I was limited to utilizing archival data in characterizing the LVCHA OH community-engaged dissemination process. For this reason, several process evaluation components from the literature were excluded from the analytic framework (see Tables II. and IV. for comparison). Most prominently, initial use and continued use evaluate how participants engage with programs initially and then throughout the course of the program. Evaluations using pre-post data collection and analytic procedures could include these components. Future community-engaged dissemination evaluations should incorporate planning processes that offer an additional degree of control and data collection opportunities.

One of the most prominent limitations of the current study was the lack of complete data to assess all process evaluation components for each dissemination process. One notable example was the storytelling resources. Both the story summaries and storytelling manual outputs had one planning and one implementation document each. Furthermore, data to inform the story summaries planning process and eventual implemented use was extremely limiting. Beyond the planned storytelling resources, there were occasional points for which there was a lack of data to inform specific evaluation questions. I attempted to address this limitation with member checking procedures to “fill in the gaps” of information. Yet for emergent outputs, unrealized outputs, and ripple effects there was a broader absence of sufficient data to fully

evaluate each with a directed content qualitative analysis. I opted to describe these processes as completely as possible, and triangulate information where appropriate. These data limitations supported incorporating a realist evaluation perspective in CBPR that explicitly recognizes capacity constraints on data collection and analysis. Realist evaluation often requires unique triangulation approaches and secondary data collection and analysis procedures (Jagosh et al., 2015); future evaluation research in CBPR could incorporate appropriate analytic strategies towards this aim.

One final limitation of the current study was my biased perspective of being both the sole evaluator and key stakeholder in the LVCHA. The findings could have been more generalizeable, reliable, and valid with a team of researchers. However, this limitation was balanced with member checking procedures and a triangulation of multiple data sources of information (Rabin et al., 2010). Subjective sources of information like reflections notes were balanced with more objective records dissemination planning, like spreadsheets, meeting records, and reports. Although my positionality could be interpreted as a biased drawback, I was able to supplement data gaps with my experiences when necessary, which bolstered the results. My years of involvement with the project gave me direct insider knowledge into the community-engaged dissemination process, which would otherwise be absent in an outsider or more objective evaluative approach.

APPENDIX A: DATA INVENTORY

Document Category (total documents)	Dissemination Output	Output Type	Phase	Document Name	Data Type	Date Collected/Created	Brief Document Description
Listening Events (13)	UIC Listening Event/Little Village Listening Event	Planned	Planning	observations	Meeting Notes	2/18/2015	First meeting - planning the listening events
	UIC Listening Event	Planned	Planning	to do list 3.23	Meeting Notes	3/23/2015	Task/Activity planning
	UIC Listening Event	Planned	Planning	meeting notes from 3 16 15	Meeting Notes	3/16/2015	Planning event format and discussing logistics
	UIC Listening Event	Planned	Planning	listening event program draft	Other Planning Document	N/A	UIC listening event agenda, including goals, timing, and sponsors
	UIC Listening Event	Planned	Planning	invitation list	Other Planning Document	3/23/2015	Targeted recruitment for UIC event invitations
	UIC Listening Event	Planned	Planning	flier to be made	Flyer	3/23/2015	First draft of UIC listening event flyer
	UIC Listening Event	Planned	Planning	2015-3.31 listening event flyer_ed	Flyer	3/31/2015	Final version of the UIC listening event flyer
	UIC Listening Event	Planned	Implementation	listening event notecard responses	Other Implementation Document	5/14/2015	Audience dissemination feedback for UIC listening event - spreadsheet with reactions and notes
	UIC Listening Event	Planned	Planning	people who work with OH we could invite	Other Planning Document	3/23/2015	Potential recruitment for UIC listening event invitations
	UIC Listening Event	Planned	Implementation	OH LE sign in sheets	Other Implementation Document	4/22/2015	Attendance sign-in sheet for UIC listening event
	UIC Listening Event	Planned	Implementation	OH LE slides 2015	Presentation	N/A	UIC listening event powerpoint resenation
	Little Village Listening Event	Planned	Planning	listening event flyer_9.16.15_Spanish	Flyer	9/16/2015	Final version of the Little Village event flyer
	Little Village Listening Event	Planned	Implementation	LE little village notes	Meeting Notes	9/17/2015	Meeting notes of the Little Village listening event

Document Category (total documents)	Dissemination Output	Output Type	Phase	Document Name	Data Type	Date Collected/Created	Brief Document Description
Manuscript (8)	OH Manuscript	Planned	Planning	original draft	Manuscript	9/10/2015	First draft of manuscript
	OH Manuscript	Planned	Planning	OH manuscript_9-16, 10-14, 11-11, 12-04, 12-18	Manuscript	9-16, 10-14, 11-11, 12-04, 12-18 of 2015	Combined 5 manuscript drafts for 2015
	OH Manuscript	Planned	Planning	OH manuscript_11-28-16	Manuscript	11/28/2016	The only manuscript draft in 2016
	OH Manuscript	Planned	Planning	OH manuscript_1-3, 2-16, 3-13, 3-14, 3-22, 3-22, 3-27, 3-30	Manuscript	1-3, 2-16, 3-13, 3-14, 3-22, 3-27, 3-30 of 2017	Combined 8 manuscript drafts for 2017
	OH Manuscript	Planned	Planning	OH manuscript main document edits from original, OH manuscript_ 6.26, OH manuscript main document RESUBMISSION 6-27-17, OH manuscript main document RESUBMISSION 7-3-17	Manuscript	6/24, 6/26, 6/27, 7/3	Combined 4 manuscript drafts for revise and resubmit
	OH Manuscript	Planned	Implementation	OH manuscript main document resubmission	Manuscript	7/6/2017	Revised and resubmitted manuscript
	OH Manuscript	Planned	Implementation	OH manuscript revise and resubmit cover letter	Other Implementation Document	7/8/2017	Revise and resubmit cover letter, including our feedback responses
	OH Manuscript	Planned	Implementation	OH Pub	Manuscript	9/12/2017	Final published manuscript
Storytelling Resources (4)	Storytelling Manual	Planned	Planning	Storytelling Guidebook-Tips, Tricks, and Lessons Learned-DRAFT	Report	12/8/2013	Draft version of the Storytelling Manual
	Storytelling Manual	Planned	Implementation	oral histories in CHA manual	Report	12/13/2013	Final version of the Storytelling Manual

Document Category (total documents)	Dissemination Output	Output Type	Phase	Document Name	Data Type	Date Collected/Created	Brief Document Description
	Story Summaries	Planned	Planning	data description	Other Planning Document	N/A	Planning spreadsheet, including roles and deadlines for story summaries
	Story Summaries	Planned	Implementation	Story summaries combined doc	Other Implementation Document	3/4, 3/19, 3/23, 4/21	Completed 8 story summaries
Emergent Outputs (27)	Student Project	Emergent	Implementation	fall 2014 OH student report	Report	12/1/2014	Report on OH findings for Healthy Chicago 2.0; externally motivated
	Media Article	Emergent	Implementation	HV spring 2015_spreads_F-2	Media Article	Spring 2015	Media article on listening events and larger OH project of the LVCHA; externally motivated
	Website	Emergent	Implementation	Enlace Oral History Archive	Website	N/A	Online record of OH recordings and information on community organization website; externally motivated
	Listening Event	Emergent	Implementation	ICQI Presentation	Presentation	5/27/2015	Listening event at the International Congress for Qualitative Inquiry conference; internally motivated
	Listening Event	Emergent	Planning	LVCHA overview_alumni learning series	Other Planning Document	N/A	Outline of listening event at the UIC SPH Alumni Learning Series event; ; internally motivated
	Listening Event	Emergent	Implementation	SCRA OH LE	Presentation	6/21/2017	Listening event at the Society for Community Research and Action conference; internally motivated
	Listening Event	Emergent	Implementation	unnamed	Flyer	N/A	Flyer for the listening event in North Lawndale; externally motivated
	Listening Event	Emergent	Implementation	APHA OH Roundtable Slides 2015	Presentation	N/A	Listening event at the American Public Health Association conference; internally motivated
	Student Project	Emergent	Planning	iphs_registration_form	Other Planning Document	2/2/2015	Registration form for student partner's independent study project, including planning information; internally motivated

Document Category (total documents)	Dissemination Output	Output Type	Phase	Document Name	Data Type	Date Collected/Created	Brief Document Description
	Student Project	Emergent	Planning	thoughts on beginning the lit review	Other Planning Document	2/2/2015	Planning document for student's independent study project; internally motivated
	Student Project	Emergent	Planning	working draft of the abstract	Abstract	2/2/2015	Draft of abstract for a conference presentation, connected to student's independent study project; internally motivated
	Student Project	Emergent	Planning	recommendations for the next steps- comments	Report	10/19/2015	Draft of evaluation report for OH Think Tank, connected to student's independent study project; internally motivated
	Student Project	Emergent	Implementation	MHMW Slides	Presentation	12/10/2015	Final powerpoint presentation at Minority Health in the Midwest conference, connected to student's independent study project; internally motivated
	Student Project	Emergent	Implementation	MHMW Speech	Presentation	12/11/2015	Final transcription of presentation at Minority Health in the Midwest conference, connected to student's independent study project; internally motivated
	Student Project	Emergent	Implementation	Recommendations	Report	12/12/2015	Final version of evaluation report for OH Think Tank, connected to student's independent study project; internally motivated
	Student Project	Emergent	Implementation	Summary including reflections	Other Implementation Document	12/13/2015	Reflection notes, connected to student's independent study project; internally motivated
	Student Project	Emergent	Planning	abstract	Abstract	N/A	Abstract of student's evaluation project; internally motivated
	Student Project	Emergent	Planning	research questions and interview questions	Other Planning Document	N/A	Planning document of student's evaluation project, including research methods; internally motivated

Document Category (total documents)	Dissemination Output	Output Type	Phase	Document Name	Data Type	Date Collected/Created	Brief Document Description
	Student Project	Emergent	Implementation	poster.pptx	Academic Poster	N/A	Final poster presentation of student's evaluation project; internally motivated
	Student Project	Emergent	Implementation	C3 OH poster FINAL 100614	Academic Poster	10/6/2014	Poster Presentation on student's evaluation project; internally motivated
	Student Project	Emergent	Implementation	Presentation abstracts 2015	Other Implementation Document	2015	Abstracts of manuscripts/posters/presentations that emerged from the LVCHA in 2015; internally motivated
	Student Project	Emergent	Implementation	Proposal	Manuscript	12/17/2017	Student's dissertation proposal document; internally motivated
	Student Project	Emergent	Implementation	ProposalPresentation	Presentation	2/1/2018	Student's dissertation proposal powerpoint presentation; internally motivated
	Student Project	Emergent	Implementation	HDSJ Conference Presentation 2018_final	Presentation	8/17/2018	Powerpoint presentation at the Health Disapirities and Social Justice conference; internally motivated
	Student Project	Emergent	Implementation	APA 2018 poster_final	Academic Poster	8/9/2018	Poster Presentation at the American Psychological Association conference; internally motivated
	Student Project	Emergent	Implementation	Midwest ECO 2018 Presentation	Presentation	10/27/2018	Powerpoint presentation at the Midwest ECO conference; internally motivated
	Student Project	Emergent	Implementation	APA Poster	Academic Poster	8/9/2018	Poster Presentation at the American Psychological Association conference; internally motivated
Cross-Cutting Documents (21)	Multiple	N/A	Planning	Reflection log 3	Reflections/Ethnographic Notes	N/A	Reflection notes, connected to student's experience with OH project
	Multiple	N/A	Planning	my ethnographic notes	Reflections/Ethnographic Notes	Summer 2016-2017	Reflection notes, connected to student's experience with LVCHA dissemination

Document Category (total documents)	Dissemination Output	Output Type	Phase	Document Name	Data Type	Date Collected/Created	Brief Document Description
	Multiple	N/A	Planning	061114 think tank oral hx mtg notes	Meeting Notes	6/11/2014	OH Think Tank meeting for OH analysis and uses
	Multiple	N/A	Planning	09 18 14 meeting notes.	Meeting Notes	9/18/2014	LVCHA meeting for OH uses
	Multiple	N/A	Planning	1 9 15 meeting notes	Meeting Notes	1/9/2015	OH Think Tank meeting for establishing individual semester goals
	Multiple	N/A	Planning	1 12 15	Meeting Notes	1/12/2015	OH Think Tank meeting developing goals and recruitment
	Multiple	N/A	Planning	1 26 15 agenda	Other Planning Document	1/26/2015	OH Think Tank agenda for meeting
	Multiple	N/A	Planning	1 26 15 meeting notes draft	Meeting Notes	1/26/2015	OH Think Tank meeting for recruitment methods
	Multiple	N/A	Planning	to do list for next meeting Monday 2 2 15	Other Planning Document	2/2/2015	OH Think Tank agenda for meeting including task/activity planning
	Multiple	N/A	Planning	2 2 15 Meeting Notes	Meeting Notes	2/2/2015	OH Think Tank meeting reviewing emergent dissemination outputs
	Multiple	N/A	Planning	2 9 15 meeting notes	Meeting Notes	2/9/2015	OH Think Tank meeting planning for listening events
	Multiple	N/A	Planning	spring 2015 think tank meeting february 17	Meeting Notes	2/17/2015	OH Think Tank meeting with larger partnership
	Multiple	N/A	Planning	033115 meeting notes	Meeting Notes	3/31/2015	OH Think Tank meeting including first iteration of listening event program outline
	Multiple	N/A	Planning	meeting mins 2.19.15	Meeting Notes	2/19/2015	LVCHA meeting with OH dissemination updates
	Multiple	N/A	Planning	pse fellow 16-17 appl	Funding Documents	3/3/2016	Grant application submission to fund broader LVCHA dissemination
	Multiple	N/A	Implementation	fy17_fundingreport	Funding Documents	7/6/2017	Grant final report to funder including dissemination output information
	Multiple	N/A	Planning	LVCHA components table	Other Planning Document	9/14/2016	LVCHA dissemination outputs table and full list

Document Category (total documents)	Dissemination Output	Output Type	Phase	Document Name	Data Type	Date Collected/Created	Brief Document Description
	Multiple	N/A	Planning	LVCHA meeting agenda 9-15	Meeting Notes	9/14/2016	LVCHA meeting agenda to discuss LVCHA dissemination outputs
	Multiple	N/A	Planning	LVCHA mtg notes 915	Meeting Notes	9/15/2016	LVCHA meeting to discuss LVCHA dissemination outputs
	Multiple	N/A	Planning	Planning for LVCHA dissemination SPRING 2017	Other Planning Document	1/17/2017	First iteration of LVCHA dissemination planning table including timelines, outputs, roles, goals, etc.
	Multiple	N/A	Planning	Planning for LVCHA dissemination SPRING 2017 V2	Other Planning Document	4/5/2017	Second iteration of LVCHA dissemination planning table including timelines, outputs, roles, goals, etc.
Ripple Effects (2)	Website	Emergent	Implementation	Little Village Community Data Portal	Website	spring 2018	Community-based website, including LVCHA and OH information as community resources; ripple effect
	Community Event	Emergent	Implementation	Nuestras Raices Tcep Forum flyer	Flyer	12/14/2018	Flyer for community-based research event; ripple effect

APPENDIX B: COMMUNITY-ENGAGED DISSEMINATION SYSTEMATIC REVIEW CODEBOOK

Level 1 - Code Categories	Level 2 - Codes	Definitions
Dissemination Goals		Identifying the purpose/goal for the dissemination - dissemination to what end(s)?
	Advocacy/Action/Social Change	When the goal of dissemination is advocacy/action/social change, GENERALLY (usually one of the terms are explicit in the text segment). Specific mentions of policy change as a goal would be coded as "long term policy change" and the specific actions would be coded with the "dissemination strategies/methods" category of codes.
	Capacity building	When the goal of dissemination is to build capacity for either the researchers, community, or both. Capacity building is enhancing strengths, resources, and skills.
	Improve health outcomes	When the goal of dissemination is to address community health concerns and aim to improve health through dissemination strategies.
	Increase knowledge	When the goal of dissemination is ensuring that knowledge is transferred and gained. This code is only employed when it was explicit that increasing knowledge was the goal. Some examples include, building a communication initiative, disseminating health messages, creating a forum for education on a specific issue, etc.
	Long term policy change	When the goal of dissemination is to change legislation on the issue related to the study. This can be done through a variety of strategies like organizing/advocacy, working with local politicians, developing policy recommendations, etc.
	Member checking	When the goal of dissemination is to provide feedback to the research study process. Usually in the case of modifying study methods to better fit the community context. Reflects the cyclical/iterative nature of dissemination, and usually happens throughout the research process.
Dissemination Strategies and Practices		Identifying specific strategies of dissemination. What are the actual practices/outputs/methods of disseminating?
	Academic/school presentations	Presenting findings at an academic conference and/or school setting.
	Community development	Building capacity in the systems/structures of the community. Not individual level development, but neighborhood/community level. Examples include developing community centers, community programs, or a physical space to improve the community (e.g. park, trail, etc.)
	Community event	Organizing and implementing a gathering in the community for sharing study findings. Usually it's a dissemination dialogue around the research findings with stakeholders in a community setting. But this could also be any kind of community event/forum/workshop where dissemination takes place, for example, passing out flyers at a local health fair. Can be a single event or series of events. The important aspect of this code is that the gathering takes place in the community, so something like "final partner meeting" would not apply.
	Health messages/curriculum	Developing specific messages geared towards health improvement. These are usually around a specific health topic (e.g. healthy eating, diabetes management) and are precursors to intervention programs.
	Intervention program	Developing an intervention based on study results. Usually this is a result from formative intervention research and member checking, where the dissemination "output" is the intervention program itself.
	Media campaign	Outreach to social media or news outlets like magazines, newspaper, etc. to disseminate.
	Needs assessment/Evaluation	Assessing/evaluating the research process or any other relevant outcomes based on the study findings. Similar to the "intervention program" code, usually this code occurs during formative intervention research and member checking.
	Online website	Disseminating findings publicly through an online page/portal.
	Photography	Engaging in photo-based dissemination of the findings. Usually a product of photovoice studies.
	Policy recommendations	Developing strategies for policy change, specific to an issue, and an audience (e.g. policymakers, political organization, businesses). This aligns with "long term policy change" as a goal.
	Printed representation	Using physical visual paper representations for dissemination of findings - posters, flyers, brochures, newsletters. Audience may or may not be able to take the paper with them, but it's a printed, physical representation of findings (so a poster displayed on a wall would still qualify).

Level 1 - Code Categories	Level 2 - Codes	Definitions
	Video	Moving picture, visual, representation of study findings to disseminate. Includes film, short clips, education videos, etc.
Who Disseminates		Identifying who is disseminating. These codes are only used when an individual/group is explicitly identified.
	Community partners	Community based stakeholders.
	" Community advisory board	Officiated group of stakeholders, mutually decided upon. Usually consists of community partners (residents, community organization staff, community organizers, promotoras, school officials, hospital staff, etc.) and academic partners (e.g. researchers coordinating the study, graduate students). CABs are always community minded but not always 100% community formed.
	" Business leaders	Local business owners in the community that most often employ residents.
	" Community based orgs	Health service-oriented community based agencies.
	" Faith based orgs	Organizations whose values are based on faith and/or beliefs and which most often draws its activists (leaders, staff, volunteers) from a particular faith group. Faith doesn't have to mean religion but these orgs are most often churches.
	" Intervention Program Admins	Individuals that implement the intervention programs. Must be defined specifically in this role.
	" Promotoras/Community health workers	Promotora is a commonly used Spanish term for community health worker (CHW), a broad umbrella category of para-professionals who provide health education and outreach services within their own communities.
	Participants/community residents	Individuals/groups involved in the study that are identified mostly as participants or as residents.
	Researchers/Academic partners	Stakeholders associated with academic institutions, most often Universities. This code can also be used if there is language like we, us, our, etc. For example, "We developed flyers and distributed them at a local health center." This assumption is based on the fact that if researchers have written and published the article, by using "we" they are referring to themselves (researchers) as disseminating.
Disseminating to Whom		Identifying the target audience for dissemination. These codes are only used when an individual/group is explicitly identified.
	All partners	Disseminating results/knowledge to every stakeholder in the group.
	Community health workers/Promotoras	Disseminating results/knowledge to CHW/Promotoras - Promotora* is a commonly used Spanish term for community health worker (CHW), a broad umbrella category of para-professionals who provide health education and outreach services within their own communities.
	Community in general	Disseminating results/knowledge to the community IN GENERAL. This is used when the authors don't specify what community individual and/or groups they're disseminating to but will instead say "to the community."
	Community orgs	Disseminating results/knowledge to community organizations - Health service-oriented community based agencies.
	Media/general public	Disseminating results/knowledge to the general public; usually through media campaign (including social media). Can also be used when the text segment includes language like "general audience."
	Policymakers	Disseminating results/knowledge to local legislators/politicians.
	Targeted community subgroup	Disseminating results/knowledge to community participants and/or residents that reflect the group that was involved in the study. For example, if the study targeted Mexican farmworkers, Latina mothers and their children, or participants and their families, then the dissemination would be targeted towards those specific groups.
Barriers to Dissemination		Structural processes that inhibit dissemination.
	Lack of community buy in	When community stakeholders don't fully support the entire dissemination process, which then prevents dissemination from occurring exactly as planned or at all.
	Lack of capacity	Lack of time, money, and/or people for dissemination; there might be pressures on researchers from grant funders and/or academic institution to publish early coupled with a lack of community resources. This code also captures capacity changes (e.g. community organization staff turnover, budget cuts, new community development).

APPENDIX C: A PRIORI CODEBOOK

Process Evaluation Component and Key Question (Level 1)	Sub-Questions (Level 2)	Codes (Level 3)	Definitions
Recruitment and Engagement. How were people identified, recruited, and engaged in the dissemination process?	How were people recruited and engaged in the dissemination process? How many?	Initial recruitment/engagement strategies	Processes related to initial recruitment and engagement in the dissemination process
	What were their roles?	Dissemination roles	What were these people actually doing/engaging in? Planning, collecting data, writing, facilitating, etc.
	Who was <i>doing</i> the dissemination?	Community partners	Community based stakeholders involved in <i>doing</i> the disseminating
		" Community advisory board*	Officiated group of stakeholders, mutually decided upon. Usually consists of community partners (residents, community organization staff, community organizers, promotoras, school officials, hospital staff, etc.) and academic partners (e.g. researchers coordinating the study, graduate students). CABs are always community minded but not always 100% community formed.
		" Business leaders*	Local business owners in the community, usually small businesses
		" Community based orgs*	Health service oriented community based agencies
		" Faith based orgs*	Organizations whose values are based on faith and/or beliefs and which most often draws its activists (leaders, staff, volunteers) from a particular faith group. Faith doesn't have to mean religion but it's most often churches.
		" Intervention Program Admins	Individuals that implement the intervention programs. Must be defined specifically as this role.
		" Promotoras/Community health workers*	<i>Promotora</i> is a commonly used Spanish term for community health worker (CHW), a broad umbrella category of para-professionals who provide health education and outreach services within their own communities
		" Participants/community residents	Individuals/groups involved in the study that are identified mostly as participants or as community residents.
		" Researchers/Academic partners*	Stakeholders associated with academic institutions, most often Universities, involved in disseminating
	Who was the dissemination audience?	All partners**	Disseminating results/knowledge to every stakeholder in the group.

Process Evaluation Component and Key Question (Level 1)	Sub-Questions (Level 2)	Codes (Level 3)	Definitions
		Community health workers/Promotoras	Disseminating results/knowledge to CHW/Promotoras - Promotora* is a commonly used Spanish term for community health worker (CHW), a broad umbrella category of para-professionals who provide health education and outreach services within their own communities
		Community in general	Disseminating results/knowledge to the community IN GENERAL. This is used when they don't specify what community individual and/or groups they're disseminating to but most often say "to the community"
		Community orgs*	Disseminating results/knowledge to community organizations - Health service oriented community based agencies
		Media/general public*	Disseminating results/knowledge to the general public; usually through media campaign (including social media). Can also be used when the text segment includes language like "general audience"
		Policymakers*	Disseminating results/knowledge to local politicians
		Targeted community subgroup	Disseminating results/knowledge to community participants and/or residents that reflect the group that was involved in the study. For example, if the study targeted mexican farmworkers, Latina mothers and their children, or participants and their families, then the dissemination would be targeted towards those specific groups.
	Did engagement or roles change over the course of the dissemination process? If so, how and why?	Dissemination engagement - Planning, implementation	Broad codes for engagement processes at two main phases: planning and implementation.
	Are recruitment and engagement processes different when considering those <i>doing</i> the dissemination versus the <i>audience</i> ? How?		
Fidelity and Implementation. What was the extent to which the output was disseminated as planned?	Was there an initial dissemination plan?	Dissemination Plan	Broad code to denote the planning process and plan itself

Process Evaluation Component and Key Question (Level 1)	Sub-Questions (Level 2)	Codes (Level 3)	Definitions
		" Goals, roles, audience, practices, timeline	
	How well did the completed output match with the plan?	Dissemination Implementation	Broad code for implementation process
		" Goals, roles, audience, practices, timeline	
	If the dissemination process did not go as planned, why? How? When? What was the response?		
	Did dissemination "success" change? i.e. did the goals or plan change throughout the process? How?	Dissemination goal(s)	Identifying the purpose/goal for the dissemination - dissemination to what end(s)? Could include things like advocacy/social change, capacity building, improve health outcomes, increase knowledge, long term policy change, or research feedback. Dissemination "success" is accomplishing these goals as planned.
	(FOR INCOMPLETE OUTPUTS) At what point in the process did the output fail? Why?		
	(FOR INCOMPLETE OUTPUTS) What were the differences between the planned output and what failed?		
Resources and Capacity. What was the capacity to complete dissemination?	How did the cycling of resources impact the implementation of the project?		

Process Evaluation Component and Key Question (Level 1)	Sub-Questions (Level 2)	Codes (Level 3)	Definitions
	What were the resources used to disseminate? People, places and settings, materials, funding, time, institutional support, etc.	Dissemination Resources/Capacity	What are the available assets and abilities within the dissemination process (resources and capacity)?
	How were the resources used? What were the levels and types? From whom and where?		
Context and Barriers. How did the ecological context impact the dissemination process?	What were aspects of ecological context that influenced the dissemination implementation (e.g. physical, social, political, historical, and/or structural interdependent influences)?	Ecological context	Aspects of the physical, social, political, historical, and/or structural systems that are interdependent with the dissemination process.
		" Other LVCHA dissemination	Other LVCHA dissemination processes that were occurring concurrent with the OH dissemination. Also includes how OH was sometimes integrated within the other LVCHA dissemination processes.
		" Community organization changes	Changes within community organizations, akin to the cycling of resources, i.e. changes in people, places and settings, materials, funding, time, organizational support, etc.
		" Sociopolitical events	Sociopolitical events (e.g. presidential election, threats and changes to DACA, increased ICE presence, etc.) happening at the larger societal level that may impact aspects of the dissemination process.
		" Changes in academic institution	Changes within the University, akin to the cycling of resources, i.e. changes in people, places and settings, materials, funding, time, academic institutional support, etc.

Process Evaluation Component and Key Question (Level 1)	Sub-Questions (Level 2)	Codes (Level 3)	Definitions
		" Critical power relationships	Issues related to positionality and power relationships, with particular attention to race and privilege. For example, conversations around the right to share community stories and representation, data ownership
	How did they influence the process? Did they support implementation or did they act as barriers? How and why?		
	How many factors impacted the implementation of the project? What were the levels and types? From whom and where?		

APPENDIX D: FINAL CODEBOOK

Process Evaluation Component and Key Question (Level 1)	Code (Level 2)	Definitions
Recruitment and Engagement. How were people identified, recruited, and engaged in the dissemination process?	Roles	This code refers to what people doing the dissemination were actually doing or engaging in (e.g. collecting data, writing, facilitating, etc.). This code represents a pairing of the activities that the specific people or groups do rather than who/what they are. This code includes both planned and actual roles. To be applied, this code must have an identified actor (individual/group) associated with the engagement/activities.
	who is doing the dissemination	This code refers to identifying WHO/WHAT is doing the dissemination. To be applied, this code must have an identified actor (individual/group). This code is distinct from <i>roles</i> because this code identifies the individuals/groups, whereas <i>roles</i> are tied moreso to the actions and engagement they do. Therefore, there are some cases in which those doing the dissemination are identified with this code, but there is no role attached. Within the manuscript documents, this code was only applied to track changes text segments when there was a statement like "___ did this or ___ will do this," often co-occurring with <i>roles</i> .
	who is the dissemination audience	This code refers to identifying WHO/WHAT was the audience for the dissemination. To be applied, this code must have an identified actor (individual/group). This code is distinct from <i>roles</i> because this code identifies the individuals/groups, whereas roles are connected moreso to the actions they do. Therefore, there are some cases in which the dissemination audience is identified with this code, but there is no role attached. This code often was often more generalized than <i>who is doing the dissemination</i> , i.e. dissemination audience being defined as the community more generally, the LVCHA partnership, academia, etc.
Fidelity and Implementation. What was the extent to which the output was disseminated as planned?	Actual activity(ies)	Refers specifically to the actual dissemination activities of whichever dissemination output is implemented. For example, listening sessions or the final dialogue discussion during the listening event (<i>actual output</i>).
	Actual goal(s)	The final goal(s)/objective(s) for the dissemination output. This code did not distinguish between the goals for an OUTPUT focused implementation versus OUTCOME focused implementation. Both were appropriate to be coded. However, output goals often overlapped with outcome goals (i.e. <i>counter-narrative</i>).

Process Evaluation Component and Key Question (Level 1)	Code (Level 2)	Definitions
	Actual output(s)	The final implemented dissemination output/product. Included both planned and emergent outputs. In most cases, this code was used categorically (e.g. coded in first text segment). However, in several cases, actual outputs were mentioned in-text within separate documents. For example, actual outputs were mentioned in the grant report.
	Actual timeline(s)	Actual timelines captured meaningful information around dimensions of time. For example, the final date and time that a listening event occurred. <i>Actual timeline</i> always co-occurred with the <i>resource and capacity - time</i> code. However, the latter code categorized time as a resource, i.e. simple mentions.
	Feedback - (external)	How the dissemination AUDIENCE (hence, external) responded to the dissemination implementation generally. Examples include the notecard responses of the listening events and reviewer comments to the manuscript submission. Also includes general reactions or questions spurred from the dissemination. <i>Future recommendations</i> are a part of dissemination feedback (external) but represented a distinct and specific sub-category. <i>Dissemination feedback</i> represents a form of engagement of the audience.
	Feedback - (external) Future Recommendations/Calls to action	How the dissemination AUDIENCE (hence, external) responded to the dissemination implementation, specifically by offering future recommendations or calls to action based on the dissemination. For example, audience members suggesting new listening events in new audiences. <i>Dissemination feedback</i> represents a form of engagement of the audience.
	Feedback - (internal) knowledge negotiation	How those doing the dissemination (hence, internal) gave feedback to each other. This code is distinct from <i>task/activity planning</i> such that <i>knowledge negotiation</i> refers to the planning and negotiating of the actual message/content/knowledge to be disseminated. This code is only used when an explicit individual is mentioned, to denote an intentional exchange of information. It was applied mostly within the manuscript process, to denote how the authors negotiated the manuscript content. <i>Knowledge negotiation</i> represents a form of engagement of those doing the dissemination.

Process Evaluation Component and Key Question (Level 1)	Code (Level 2)	Definitions
	Planned goal(s)	The planned goals/objectives for the dissemination processes. This code does not distinguish between the goals for an OUTPUT focused implementation versus OUTCOME focused implementation. Both were appropriate to be coded. However, the output goals often overlapped with outcome goals (i.e. <i>counter-narrative</i>)
	Planned output(s)	Instances of planned dissemination output(s)/product(s). In some cases, this code was used categorically (e.g. coded in first text segment of a draft version of an output). However, in other cases, <i>planned outputs</i> were mentioned in-text within separate documents. For example, in many meeting notes documents and in the grant application. This code is not to be used exclusively within the 3 planned dissemination outputs, as many other were planned.
	Planned timeline(s)	<i>Planned timelines</i> captured meaningful information around dimensions of time, including deadlines, planned implementation dates, or time frames for dissemination activities. For example, internal working deadlines. <i>Planned timelines</i> always co-occurred with the <i>resource and capacity - time</i> code. However, the latter code categorized time as a resource, i.e. simple mentions. This code also often co-occurred with <i>task/activity planning</i> , if time sensitive deadlines were attached to the activities.
	Task/activities planning	This code denotes task/activity organizing and designation, like a record of planned activities but more inclusive to also capture planning tasks or things that needed to be done to conduct dissemination activities for example. The tasks/activities are sometimes designated and assigned by group members to other group members, with attached <i>planned timelines</i> .
Resources and Capacity. What was the resources and capacity to complete dissemination?	Academic institutions	Any explicit named or visual mention of an academic institution.
	Community organizations	Any explicit named or visual mention of a community organization.
	Funding	Any explicit named mention of funding sources (i.e. institutions, government, etc.) or funding processes.
	Individual people	Any explicit named mention of an individual. Does not have to co-occur with an <i>academic institution</i> or <i>community organization</i> .
	Places/settings	Any explicit named mention of a geographical place/setting/location.

Process Evaluation Component and Key Question (Level 1)	Code (Level 2)	Definitions
	Time	Any explicit named mention of time or timelines. This code overlaps greatly with the implementation codes of <i>planned/actual timelines</i> . However, this code is useful to simply categorize time as a resource. The instances in which this code did NOT co-occur with the timeline codes was when time was recorded for the document, such as the date of the manuscript cover letter to the editors or the recorded date and time of a planning meeting. These are not timelines, but just records of time to denote when something occurred. Lastly, in one case, <i>time</i> referred to the length of audio segments of the OH listening event clips.
Context. How did the ecological context impact the dissemination process? i.e. Aspects of the physical, social, political, historical, and/or structural systems that are interdependent with the dissemination process.	Counter-narrative	This code denotes a process that is emergent of and a part of the <i>Little Village context</i> . <i>Counter-narrative</i> was most explicitly defined in the goals of the UIC Listening event: (1) the power and strength of low income, immigrant residents and communities that go unrecognized by mainstream research designs and academic agendas, and (2) typical dominant public narratives on immigration, shaped by deficit oriented data from regulatory and surveillance systems that paint a contrasting picture of the rich, generous, loving community that is Little Village, (3) The resiliency of people in ethnic enclaves that serves to unify, bring power and pride to communities. <i>Counter-narrative</i> represents both challenging dominant community narratives (often negative and media-based) and highlighting the knowledge, experiences, and assets of the Little Village community through their stories. It also extended to challenging the routine ways in which academic institutions encouraged health research to be done on communities, with deficit-oriented methodologies, rather than with them (i.e. CBPR).
	Little Village context	<i>Little Village context</i> is a code that encompasses information that describes cultural characteristics as well as socioeconomic indicators and data of the community. It grounds where the OHs came from and portrayed the community setting. <i>Counter-narrative</i> is a code that is related to the <i>Little Village context</i> (as it emerges from it), but refers to a specific issue/process. In some cases, this code was applied to segments that described current community issues (i.e. gang violence) or specific advocacy campaigns that community organizations were working on.
	LVCHA non-OH dissemination	Other LVCHA dissemination processes that were occurring concurrent with the OH dissemination. Also includes how OH was sometimes integrated within the other LVCHA dissemination processes.

Process Evaluation Component and Key Question (Level 1)	Code (Level 2)	Definitions
	OH Project History	This code captured the historical account of events that led up to the OH dissemination process. It most often detailed the motivation for the OH project and dissemination processes, including descriptions of the OH study formation, data collection, and preliminary analyses.
	Power consciousness	<p><i>Power consciousness</i> referred to a process of awareness and recognition around issues of power, positionality, privilege, and race. Power is often explicitly mentioned within these coded text segments. <i>Power consciousness</i> primarily involved academic partners, with the following case examples:</p> <p>(1) There was a recognition of stories as a manifestation of power, connected to the community assets and strengths that they highlight. The <i>power consciousness</i> in this case was of the stories themselves, which is what motivated individuals' recognition of their own biases and power of their positions.</p> <p>(2) Through <i>power consciousness</i>, individuals were aware of partnership roles within the OH project data analysis and dissemination processes. In some cases, there were efforts to redistribute power in leadership/decision making/interpreting roles.</p> <p>(3) <i>Power consciousness</i> was sometimes included within dissemination goals/outcomes, such that it was intrinsic to the <i>counter-narrative</i> (and often co-occurred with it).</p> <p>(4) CRT emerged within the manuscript and offered a theoretical framework for understanding and discussing <i>power consciousness</i> within the OH project.</p>

APPENDIX E: MEMBER CHECKING SAMPLE QUESTIONS

Little Village listening event:

- Can you talk about the planning process for the Little Village Listening Event?
- Why was the little village event delayed 4 months?
 - For the Little Village event, the plan was to host it in May, however it was delayed to September 16th, 2015 from 6pm-7:30pm.

Story Summaries

- What was the goal?
- How were they conceived and plan and carried out?
- Who was the intended audience?
- How did you/the LVCHA intended them to be used?
- Is there a full archive of the story summaries?

APPENDIX F: DRAFTED PRELIMINARY RECOMMENDATIONS

This brief appendix includes drafted recommendations on the community-engaged dissemination process. A final report, which is planned following the completion of this study, will benefit multiple audiences across the spectrum of academic and community stakeholders. The included content is by no means exhaustive and rather represents a first draft in creating a more finalized report in the future.

Recommendations were developed from a process evaluation research study that used qualitative methodologies to analyze existing mixed-methods archival data from the LVCHA. The case research was an OH project component of the LVCHA. The main research question was: *How was the OH community-engaged dissemination process implemented?* The general narrative of findings offered important “lessons learned.” Additional supporting empirical literature was included where appropriate.

Community-engaged dissemination is the process of collaboratively working with community members to plan *and* implement action strategies for change, based on research findings. Community-engaged dissemination acknowledges and includes translational processes, the implementation of dissemination outputs, and unintended or spontaneous effects. It is positioned as an iterative process that offers feedback loops of information for both the community and researchers. Fidelity within the process is defined towards an overarching dissemination outcome, to intentionally allow for contextual adaptations.

General Recommendations

Community-engaged dissemination processes should be acknowledged, discussed, and planned as early as possible within research projects. This ensures forethought around research impact and could allow strategizing around funding the community-engaged dissemination. Memorandum of Understanding (MOU) agreements can facilitate dissemination planning procedures and offer accountability within the group, particularly towards the community. Discussions related to funding should also occur in tandem with MOU discussions.

Every community-engaged dissemination process will look different, as is the nature of embedding research within community contexts and working collaboratively with a diverse group of partners along the academic-community spectrum. However, attending to specific key *processes* can guide planning, implementation, and evaluation.

Establish ongoing systemic documentation practices

The current study evidenced disparate documentation of dissemination processes. This is not uncommon in CBPR, as participatory research is often more sensitive to a variety of resource and capacity constraints on systematic record-keeping. Community-engaged dissemination is a key link between driving research to action, therefore, internal practices should be defined and adopted to ensure that documentation of the dissemination is just as clear, systematic, and worthy of recording as the research data and results.

- Detailed notes should be taken at every group meeting and promptly shared with the partnership. Information should be included regarding who is in attendance, when the meeting takes place, and where.
- Establish an email list, google group, or online record keeping/database process to distribute various notes.
- Document each members' agreed upon specific roles and responsibilities. If a problem arises at some point during the dissemination process for example, the partnership could revisit the document to address the issue with the individual or group responsible for that role. MOUs are recommended for this specifically.
- Document internal capacity skill building that occurs during the process. Any materials related to workshops, exercises, classes, or individual meetings should be documented and saved to ensure the knowledge gets passed down and sustained for future partners.
- Create a physical and/or digital space where data/documents may be stored, which should be accessible to ALL members of the group. Physical data/document inventories should be digitized. A central digital location could be a google drive, dropbox, box account, etc.
- Dissemination plans should consider and document the following kinds of information and decision-making:
 - What is the dissemination outcome?
 - What are the dissemination output(s) and activities?
 - What are the resources and capacity to accomplish the dissemination?
 - Who is doing the dissemination?
 - Who is the dissemination audience?
 - When are these processes happening and where?
 - How do we measure and track dissemination success, i.e. evaluation?

These various recommendations for documentation will ensure process and institutional memory of the dissemination.

Establish ownership of the data and dissemination plan

During the development stages of the research project, stakeholders should discuss who owns the data, whether it is solely among the group or by the larger community as well. This conversation should include dissemination processes. If research procedures are agreed upon as accountable to the community than serious consideration must be taken to ensure a plan for dissemination of the research back to the community. Community input is also necessary in a combined interpretation and dissemination discussion of the research. In addition, if dissemination outputs include products such as reports, publications, or tools, then mutual decision-making should occur as early as possible to designate the credit and ownership of such outputs. MOUs are good documents to facilitate this.

Establish accountability check in meetings throughout the research and dissemination process

Routine accountability check-in meetings among the partnership are critical to assess how well the group is meeting their goals. Moreover, as resources and capacities can change over time, or

contextual influences may occur that change the dissemination plan, these accountability meetings represent opportunities for adaptation and additional mutual decision-making. Importantly, these spaces can be positioned for community partners to ensure that the research and dissemination processes remains equitable and accountable to the community. These meetings can also be settings in which incremental planning or implementation progress can be reported to the larger partnership. Community-engaged dissemination is defined in part by ongoing and reciprocal feedback, and routine accountability meetings represent settings in which that can occur. If certain individuals or partners investment or involvement in dissemination processes wanes over time, then a project/dissemination coordinator can organize one-on-one check-ins to re-assess capacities.

Develop internal research skill capacity

To build the capacity and sustainability of community-engaged dissemination, it would be useful to establish skill building processes, exercises, or workshops for the partnership (not limited to, but at least). If skill-building processes are built into the project during the initial planning stages, than staff members would not have to rely on shorter term consulting of researchers from Universities. More importantly, processes should be created so the skills can be passed down to future individuals. Whether this takes the form of individual one-on-ones or future workshops held by the individuals that learned the research skills themselves, efforts should be made to ensure the knowledge does not get lost.

Planning and Implementation

1. Defining Outcomes

During the planning phase of community-engaged dissemination, partners should first and foremost dedicate time to discussing and documenting overarching dissemination goals *and* individual/group stakeholder goals. Clearly articulating and mutually deciding upon a guiding overarching outcome can guide specific dissemination output planning and implementation processes. Additionally, by documenting individual/group goals, resources could potentially be leveraged and mapped onto more specific planning processes. Partners should critically think about and explicitly define how the disseminated knowledge will be measured or used, especially for evaluation protocols. With a collective and clear understanding of how the gained knowledge from a research project will be used, clarified during the development stages of the research project, the dissemination outcome can therefore be more clearly defined.

When crafting a guiding community-engaged dissemination outcome, the following ecological questions are important to consider:

- *For what purpose?(why)*
- *For which settings? (where)*
- *For whom?(impact)*

How community-engaged dissemination will happen can be conceptualized as the planning and implementation processes of the specific dissemination output(s), which may have separate goals specific to the output.

Another key discussion during the conversation in defining dissemination outcomes will be to define the possible dissemination outputs and their subsequent activities that would accomplish the outcomes. Moreover, implementation does not need to be framed within efficacious interventions. Not all CBPR aims to produce such dissemination, therefore implementation could be defined as carrying out the dissemination output to ensure it reaches its specific goals and the overarching outcome. Based on a previous systematic review and the current evaluation study, the following community-engaged activities were identified:

- Academic/school presentation
- Art project (mural, photography, theater performance, quilt)
- Brochure
- Community and economic development initiative
- Community event (town hall, workshop, listening event)
- Community newsletter article
- Evaluation
- Flyer
- Health curriculum and messaging
- Infographic
- Intervention program
- Journal publication
- Map
- Media press release
- Policy brief/White paper
- Poster
- Radio/podcast show
- Report
- Research brief
- Toolkit/Resource Guide
- Website

These dissemination outputs represent a range of dissemination to different audiences, settings, and contexts. They also imply varying stakeholders, activities, output-specific goals, and timelines.

2. Resource and Capacity Mapping

A cycling of resources will be necessary for community-engaged dissemination processes.

Understanding of persons, settings, and events as interactive resources, such that, “they exist in dynamic equilibrium which means, among other things, that they manifest cycles of resistance or receptivity to outside influences depending on the state of balance between their internal resources and external events” (p. 300, Trickett et al., 1985).

During the planning phase, it is important to inventory available resources and capacities to then potentially draft needed resources. In the current study, resources included:

- Academic institutions
- Community organizations
- Funding
- Individual People
- Places/Settings
- Time

Additional resources which may be relevant to consider are policy-based, potentially including local politicians, advocacy campaigns, political will, or legislative work.

Partnerships can engage in resource mapping activities to (1) take stock of currently available dissemination resources and capacities, (2) needed resources for successful implementation, and (3) after connecting the relevant resources to specific output processes, assessing which resources may still be needed. After documenting both collective *and* individual dissemination goals among the partnership, the inventory of resources could then be connected to specific individual and/or group capacities. Flaspohler et al. (2008) offered an extensive delineation of individual, organizational, and community capacities:

Table 1 Elements of capacity and features affecting dissemination

	Innovation-specific	General
Individual	Understanding/Knowledge of innovation and the problem	Staff capability
	Perceived capacity to implement innovation	Staff background
	Buy-in/Attitude toward innovation	Staff openness
Organizational	Fit with organization	Effective leadership
	Organizational support for innovation	Clear vision/Mission
	Organizational buy-in	Organizational structure
	Technical assistance and training	Effective management style
	Capacity to evaluate innovation implementation and use	Organizational climate
Community		Resource availability
		Collective staff capability
		Community linkages/Relationships
		Leadership
		Participation and opportunities for participation
		Resources
		Connections among people and organizations
		Connections with outside communities and institutions
		Sense of community
		Norms and values
		Commitment
		Community power
		Community knowledge and skills

Flaspohler et al. (2008), p. 186

Resource and capacity mapping processes could be organized in accordance to whichever capacities are most relevant for the CBPR project. Participatory logic model procedures might also be appropriate during this phase, specifically in linking the previously identified outputs and activities to resources and inputs.

3. Defining Roles and Engagement

After defining and documenting the overarching community-engaged dissemination outcome(s), potential outputs and activities, and the collective capacities for implementation, specific roles and engagement should then be considered. When deciding and assigning specific roles, consideration should be made to the level of commitment from each stakeholder, which could correspond to the resource and capacity mapping process.

Roles for those *doing* dissemination differ from roles for the dissemination *audience*. In the current evaluation study, those doing the dissemination engaged in negotiating the knowledge to be disseminated and then task and activity planning to develop planned goals, activities, outputs, and timelines. The most commonly occurring planning activity was developing planned goals, which often defined what the output and activities would look like and the reasoning for the dissemination output. In contrast, engaging the dissemination audience involved eliciting dissemination feedback, future recommendations, and potential action steps. When feasible, defining roles and engagement strategies for the audience(s) could better ensure that the dissemination reaches its intended outcome, in thinking through *who* the knowledge is for and *how* the partnership wants it to be utilized.

In the current evaluation study, unrealized dissemination outputs were not implemented due to a lack of clearly defined capacities, roles, and engagement for who would be doing the dissemination planning and implementing. Clearer roles, tasks, and engagement strategies defined during the planning phase will likely correspond to successful implementation.

Brownson et al. (2018) recently published comprehensive dissemination recommendations for public health researchers and practitioners. Although these were not exclusive to community-engaged dissemination, they bolster preliminary recommendations around (1) emphasizing dissemination planning, (2) intentionally framing dissemination messages to specific audiences, (3) calling for non-conventional dissemination outputs outside of traditional journal articles and presentations, according to the intended audience (Brownson et al., 2018). More specifically, they recommended varying messaging for public health practitioners and policy makers, as decisions are made differently between these groups. Brownson et al.'s (2018) Table 1 provided an example of critical attention to varying roles and engagement:

TABLE 1**Differences in Decision-Making Among Public Health Practitioners and Policy Makers^a**

Characteristic	Executive Branch, Public Health Practitioner	Legislative Branch, Elected Official	Legislative Branch, Staff Member
Time in position	Longer	Shorter	Shorter
Accountability	Governor, board of health, agency head	Constituents by whom they are elected, political party	Elected legislator, committee chair
Personal connection to constituents	Moderate	High	High to moderate
Knowledge span	Deeper knowledge on health issues (often more specialized in larger agencies)	Less depth, wider breadth	Less depth, wider breadth
Decision-making based on external factors ^b (aside from research)	Low to moderate	High	High
Time spent on a particular issue	Longer	Shortest	Shorter
Type of evidence relied upon	Science, evidence reviews, experience from the field, personal experience	"Real world" stories, constituents, gatekeepers, party priorities, media, science	"Real world" stories, constituents, gatekeepers, party priorities, media, science

^a Reprinted with permission from Brownson and Jones.³⁸^b External factors commonly include habit, stereotypes, and cultural norms.*Brownson et al. (2018), p. 105*

When the dissemination audience is the community or individuals/groups within the community, then the process of defining roles and engagement for that audience should be led by community partners.

Evaluation

The current evaluation study provided an in-depth example of how to define and operationalize what kinds of information inform a community-engaged dissemination process, for the purposes of process evaluation. Consistent, systematic, and complete documentation procedures can ensure quality data that could be used for a variety of evaluations: evaluation planning, needs assessment, process evaluation, impact/outcome evaluation. Additionally, incorporating triangulation via a realist evaluation perspective is beneficial for leveraging potential strains on resources and capacity that could limit evaluation strategies.

Potential community-engaged dissemination evaluation questions could include:

- How will success be measured?
- Was the dissemination implemented as planned?
- Did the dissemination reach its intended audience?
- Were changes made based on the dissemination?
- Was the dissemination outcome accomplished?

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VITA

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HIGHLIGHTED EXPERTISE

- Community-engaged research and practice
- Evaluation
- Knowledge translation and dissemination
- Community health assessment
- Collaboration and partnership building
- Program development and management
- Qualitative and Quantitative research methods
- Training, hiring, and teaching

EDUCATION

University of Illinois at Chicago (2019)

PhD, Community and Prevention Research, Psychology
Minor in Mixed Research Methodologies

- Dissertation: *Process evaluation of community-engaged dissemination*
- Adviser: Jeni Hebert-Beirne, PhD, Community Health Sciences, Public Health

University of Illinois at Chicago (2015)

MA, Community and Prevention Research, Psychology

New College of Florida (2012)

BA, Psychology

Broward College (2010)

AA, Psychology

RESEARCH AND EVALUATION EXPERIENCE

Little Village Participatory Community Health Assessment (2013-present)

- Ongoing mixed-methods community-based participatory research project that identifies and describes health gaps, problems, and strengths to improve the health of the Little Village community.
- Developed focus group guide and analyzed qualitative data to assess occupational health for Latina women. Contributed to analysis, facilitation, and dissemination of an oral history project component.
- Led community-engaged translation and dissemination of findings from quantitative surveys, interviews, focus groups, and oral histories into actionable outputs. Engaged in one-on-one interviews, focus groups, and participant observation to develop dissemination plan and implement culturally appropriate strategies. Funded Research Assistantship.

Research and Evaluation Consultant

Good Food Purchasing Policy Evaluation, Midwest Consortium for Equity, Research, and Food Justice (2018-present)

- Leading evaluation planning and program monitoring, including: (1) Developing logic models and outcome indicators to ensure GFPP not only meets intended outcomes of nutrition, local food, fair labor, humane

animal treatment, and environmental sustainability, but also establishes a city-wide culture of equitable food systems; (2) baseline assessment database of Chicago food system. Collaborative initiative among City of Chicago and Cook County Public Health Departments, community organizations, and Chicago-based Universities.

Roots and Routes Initiative, Field Museum (2017-2018, summers)

- Collaborative research study with the Field Museum, Chicago Park District, and relevant community organizations to create and sustain natural areas along Chicago's lakefront – the Burnham Wildlife Corridor - to maximize benefits for underserved communities. Collected interview and participant observation data of trail usage, analyzed and compiled evaluation data into report for partnership.

Parent Leaders for College, Enlace Chicago (2016)

- Partnered with Little Village community stakeholders to understand and evaluate high school to college transitions of youth. Facilitated parent focus groups and youth interviews. Analyzed qualitative data to develop an evaluation report for the Little Village Education Collaborative, program partners, and funders.

Food Access Study, Enlace Chicago (2014-2015)

- Led process evaluation in partnership with ENLACE Chicago and food pantries in the southwest side of Chicago. Conducted focus groups and analysis, developed evaluation report and technical assistance, and disseminated findings poster that was presented to state legislators in organizational hunger advocacy campaign.

Night Out in the Parks, Chicago Park District (2014)

- Monitoring and evaluation of Night Out in the Parks program - culturally tailored and targeted towards under resourced Chicago neighborhoods. Collected mixed-methods data and contributed to analyses for report to the City of Chicago.

Nature Playgroup Program, Logan Square Neighborhood Association (2014)

- Led community-engaged evaluation of parent-child nature engagement program. Developed evaluation plan, monitoring procedures, logic model, mixed-methods data collection tools, and final report.

Harvest Study, Chicago Urban Agriculture Mapping Project, Neighborspace (2013)

- City-wide mixed methods study assessing community garden food production and distribution in Chicago. Over 250 community gardens were included to get quantitative measurements of growing area, crop quantities, and nutritional content. Qualitative interviews explored gardeners' experiences and food distribution practices. Contributed to the development of a public community garden interactive map and database, qualitative analysis, along with a research report on beneficial impacts of community gardens.

Process Evaluation of Community-Engaged Dissemination (2017-2019)

- Case study examining an Oral Histories project's community-engaged dissemination process. Conducted qualitative analysis of mixed-methods archival process data. Developed foundational evidence and framework for participatory dissemination and implementation. Doctoral dissertation study.

Understanding the Impact of Evaluation Project (2017)

- Multidisciplinary research project developed to revisit collaborative evaluation experiences with Chicago community organizations from a graduate student course. Aimed to understand attitudes, skills, and organizational climate around evaluation from organization staff, after working with students to develop evaluation plan. Developed research protocol, interview guide, and conducted interviews.

Latino Parents NLAAS Study (2014)

- Conducted literature review, developed IRB protocols, and contributed to various quantitative study proposals using the National Latino and Asian American Study (NLAAS) data. Proposed studies sought to examine the mechanisms between discrimination and microaggressions on various health outcomes for Latino populations. Hypothesized mechanisms included social support, acculturation, critical ethnic awareness, food insecurity, neighborhood perceptions, racial/ethnic identity, and dyadic coping.

Community Gardeners' Perspectives on Race Relations Study (2013)

- Led qualitative research study focusing on how community gardeners in racially diverse community gardens in the Chicago area perceive and understand race and race relations. Collaborated with community organization, Neighborspace, in recruitment and sampling. Master's Thesis.

Boys and Girls Club SMART Girls Intervention (2012)

- Contributed to adaptation of existing program into a culture-specific intervention, focused on reducing sexual risk-taking behaviors and developing positive healthy nutrition related behaviors in African American adolescents in a low SES community.

I am us: Overlapping mental representations of self and community, Undergraduate Honors Thesis (2012)

Led quantitative research study that utilized reaction time methodologies to demonstrate concrete support for the inclusion of community in self scale. Conducted pilot study in 2011 comparing community connectedness survey measurements. Undergraduate Honors thesis.

PUBLICATIONS

Hebert-Beirne, J., Kennelly, J., Eldeirawi, K., Castañeda, D., Persky, V.W., Chávez, N., Velonis, A., Awadalla, S., Forst, L., **Hernandez, S. G.**, Genkova, A., Conroy, L., Pratap, P., Rospenda, K., Bonney, T., & Gonzalez, S. (2019). Investing in community-based participatory action research and transforming community-academic partnerships with Chicago neighborhoods. *Invited chapter, Submitted, Social Justice and Community Disparities Anthology, UIC.*

Hebert-Beirne, J., **Hernandez, S. G.**, Schwiesow, J., Chavez, N., Mayer, A., Rak, K., Felner, J., Castañeda, Y., Kennelly, J. (2018). Using participatory qualitative inquiry to discern nuanced community health needs and assets of Chicago's La Villita, a Mexican immigrant neighborhood. *Journal of Community Health*, 1-12.

Hernandez, S. G., Genkova, A., Castañeda, Y., Alexander, S., & Hebert-Beirne, J. (2017). Oral histories as critical qualitative inquiry in community health assessment. *Health Education & Behavior*, 44(5), 705-15.

Hernandez, S. G. & Corlew, L. K. (2016). Community psychologists in community gardens: A fertile ground for ecological inquiry. *The Community Psychologist*, 49(3).

ACADEMIC PRESENTATIONS

Curry, G., Simpson, Y., Robles-Schrader, G., **Hernandez, S. G.**, Mason, M., Sipocz, A., Samatas, C., Davis, P., Cordero, E., & Brown, J. (2018, November). *Community organization perspectives on their role in promoting diversity in clinical trials*. Presentation at the American Public Health Association Conference, San Diego, CA.

Hernandez, S. G. (2018, October). *Dissemination processes in community-based participatory research: Graduate students as key stakeholders*. Presentation at Midwest ECO, Chicago, IL.

Powell, G. S., Washington, M., Doane, M., **Hernandez, S. G.**, Gomez, S., & McCook, T. (2018, October). *Just/green: Activating campus spaces for food social justice & experiential learning*. Presentation at Midwest ECO, Chicago, IL.

Hernandez, S. G. & Castañeda, Y. (2018, August). *Exploring critical issues of ethics and power in oral history health research*. Presentation at the Health Disparities & Social Justice Conference. Chicago, IL.

Hernandez, S. G. (2018, August). *Process evaluation of dissemination in community-based participatory research*. Poster presentation at the American Psychological Association Conference. San Francisco, CA.

Brown, J. Samtas, C., Sipocz, A., **Hernandez, S. G.**, Mason, M., Curry, G., Simposon, Y., & Davis, P. (2018, April). *Community perspectives on engagement in clinical research design, conduct, and dissemination*. Poster presentation at the Translational Science Conference, Washington, D. C.

Hernandez, S. G., Casteñeda, Y., Genkova, A. G., & Hebert-Beirne, J. (2017, June). *Power in voice: An oral histories listening event*. Presentation at the Society for Community Research and Action Biennial, Ottawa, Canada.

Hernandez, S. G. (2017, June). *Dissemination in community based participatory research with Mexican immigrants: A community engaged review of the literature*. Presentation at the Society for Community Research and Action Biennial, Ottawa, Canada.

Hernandez, S. G., Suarez-Balcazar, Y., Bray, E., & Kraft, A. (2017, June). *Understanding the impact of evaluation for both community partners and community psychology students*. Poster presentation at the Society for Community Research and Action Biennial, Ottawa, Canada.

Hoffman, A., Downs, R., Veldey, S., Paseka, D., Weins, D., **Hernandez, S. G.**, & Blair, L. (2017, June). *Growth and development in the Red Lake Tribal Nation: The virtues of apple trees*. Presentation at the Society for Community Research and Action Biennial, Ottawa, Canada.

Suarez-Balcazar, Y., **Hernandez, S. G.**, Bray, E., Kraft, A., & Gomez-Feliciano, L. (2016, October). *Incorporating the voices of diverse stakeholders to conduct culturally anchored evaluations through mutually beneficial partnerships*. Panel presentation at the Midwest Ecological Conference, Chicago, IL.

Hernandez, S. G. (2016, April). *Using grounded theory methods to examine race relations in community gardens*. Poster presented at the UIC Department of Psychology Cross Program Conference, Chicago, IL.

Hernandez, S. G. & Casteñeda, Y. (2016, March). *Listening to Residents' Stories to Understand Community Narratives: LVCHA and StoryCorps*. Panel presentation at the UIC School of Public Health Alumni Learning Series, Chicago, IL. **Hernandez, S. G.** (2016, February). *Community outreach and networking in traversing graduate student milestones*. Presentation at the UIC Department of Psychology Community and Prevention Research Brown Bag, Chicago, IL.

Suarez-Balcazar, Y., Gomez-Feliciano, L., **Hernandez, S. G.**, & Bray, E. (2015, November). Building the capacity of students and community stakeholders to conduct culturally-anchored evaluations through mutual partnerships and immersion experiences. In Taylor-Ritzler, T. (Chair), *Culturally anchored evaluations: Win-win opportunities for students, evaluators, and community stakeholders*. Symposium conducted at the meeting of American Evaluation Association, Chicago.

Hernandez, S. G. (2014, November). *Using grounded theory methods to examine race relations in community gardens*. Poster presented at the Midwest Ecological Community Conference, Lisle, IL.

Genkova, A., **Hernandez, S. G.**, Reichlin, R. Alexander, S., Alfaro, S., & Hebert-Beirne, J. (2014, October). *"I am Little Village": Oral histories, empowerment, and equity in a collaborative community health assessment*. Poster presented at the Chicago Consortium for Community Engagement (C3), Chicago, IL.

Hernandez, S. G. (2014, August). *Diversity in community gardens: A qualitative research study*. Paper presented at the American Community Gardeners Association conference, Chicago, IL.

Hernandez, S. G. (2012, May). *I am us: Overlapping mental representations of self and community*. Poster and Paper presented at the New Scholars New College conference, Sarasota, FL.

INVITED PRESENTATIONS

Hernandez, S. G., Wilson, M., & Block, D. (2019, February). *Evaluating the impact of the Good Food Purchasing Program*. Presentation at the Chicago Food Policy Summit, Chicago, IL.

Hebert-Beirne, J. & **Hernandez, S.G.** (2017, October). *Participatory community health in Chicago's greater Lawndale neighborhood: Establishing a meaningful role for UIC SPH community-driven inquiry*. Presentation for the Cuban Delegation of Health.

Brown, J., **Hernandez, S. G.**, & Morrison, S. (2017, May). *Ensuring research benefits your community organization's mission*. Presentation and workshop for the Alliance for Research in Chicagoland Communities, Chicago, IL.

Hernandez, S. G. (2017, May). *Farm-to-Fork: Waste not, want not*. Invited speaker for Gallery 400, Chicago, IL.

Casteñeda, Y., **Hernandez, S. G.**, Rodriguez, M., Genkova, A., Casteñeda, D., Gonzalez, S., Chavez, N., Kennelly, J., Rangel, E., & Hebert-Beirne, J. (2016, March). Listening to Residents' Stories to Understand the Community Narrative: LVCHA and Storycorps. *UIC SPH Alumni Learning Series*, Chicago, IL.

Hake, J., Osland, R., Kenney, D., **Hernandez S. G.**, Guzzardi, W. (2016, March). Panelist. In R. Osland (Chair), *Our seeds are in need*. Symposium conducted at the Good Food Festival and Conference, Chicago, IL.

Hernandez, S. G. (2015, November). *Diversity in community gardens: Research and practice*. Paper presented at the Advocates for Urban Agriculture Fall Gathering, Chicago, IL.

COMMUNITY PRESENTATIONS

Rodriguez, M., Genkova, A., Casteñeda, Y., Alexander, S., Hebert-Beirne, J., & **Hernandez, S. G.** (2015, April). *Little Village Community Health Assessment Oral Histories Listening Event*. Community presentation at UIC Rafael Cintron Ortiz Latino Cultural Center, Chicago, IL

Hernandez, S. G., Bray, E., Gomez-Feliciano, L., & Suarez-Balcazar, Y. (2015, January). *Nature Playgroup evaluation plan*. Community presentation at Logan Square Neighborhood Association, Chicago, IL. Martinez, L. Sobrevilla, Y. & **Hernandez, S. G.** (2013, November). *Telling Our Stories: Shadows Then Light*. Community presentation at UIC Latino Cultural Center, Chicago, IL.

Hernandez, S. G., Alfaro, C., Sobrevilla, Y. & Martinez, L. (2013, March). *Cultivating Student Power: Home Grown Activism*. Community presentation at Jane Addams Hull House, Chicago, IL.

PROGRAM WORK EXPERIENCE

Program Coordinator

UIC Heritage Garden Internship Program, UIC Centers for Cultural Understanding and Social Change (2013-2018)

- Program goal: establish a sustainable educational model with activities that can help mobilize students on campus around environmental sustainability, cultural diversity, and social justice.

- Co-developed program, annually recruited and hired student interns, established and maintained collaborations with campus partners and community organizations, organized public event programming, maintained yearly program monitoring and grant renewal procedures, coordinated gardening efforts on campus, and facilitated storytelling research, documentation, and dissemination.

RESEARCH FUNDING

- UIC Sustainability: “UIC Heritage Garden Internship Program,” Role: Co-Investigator, 2013-2018; \$100,000.
- UIC Department of Psychology: “Community gardeners’ perspectives on race relations,” Role: Principal Investigator, 2013; \$225.

METHODOLOGICAL AND DATA ANALYTIC SKILLS

Qualitative:

- Methods: Interviews, focus groups, participant observation, oral histories
- Analysis: Grounded theory, content analysis, thematic coding

Quantitative:

- Methods: Survey design, mixed-method design, measurement development
- Analysis: Regression, ANOVA, hierarchical linear modeling

Software Skills: Atlas ti, SPSS, R, Excel

Web skills: Squarespace, Prezi, Blackboard, Social media

TEACHING EXPERIENCE

Guest Lecturer

- Department of Public Health, CHSC Online Qualitative Research Course, *Qualitative Evaluation*, University of Illinois at Chicago (2018)
- Department of Social Work, SOCW 578 Research II: Qualitative Research Methods, *Participatory Qualitative Research*, University of Illinois at Chicago (2018)
- Department of Psychology, PSCH 331 Laboratory in Community and Prevention Research, *Community Engagement and Career Paths in Community Psychology*, University of Illinois at Chicago (2016)
- Department of Asian American Studies, ASAM 230 Cultural Politics of Asian American Food, *UIC Heritage Garden: Promoting cultural diversity, environmental sustainability, and social justice*, University of Illinois at Chicago (2015)
- Village Leadership Academy, World Scholars Program, *Stories around Seed Saving and Sustainability* (2015)
- Department of Psychology, PSCH 231 Introduction to Community Psychology, *Community Gardening: Building a Sense of Community around Social Justice*, University of Illinois at Chicago (2013)

Graduate Teaching Assistant

Department of Psychology, University of Illinois at Chicago (2012-Present)

- PSCH 100 Introduction to Psychology (2 semesters)
- PSCH 242 Research Methods in Psychology (5 semesters)
- PSCH 231 Community Psychology (7 semesters)

- PSCH 320 Developmental Psychology (*1 semester*)
- PSCH 331 Laboratory in Community and Prevention Research (*2 semesters*)

PROFESSIONAL AFFILIATIONS

- Chicagoland Evaluation Association (2018-present)
- American Evaluation Association (2015-present)
- Society for Community Research and Action (2013-Present)
- American Psychological Association (2017-2018)
- Midwest Psychological Association (2013-2015)

ACADEMIC PROFESSIONAL SERVICE

Academic Peer Reviewer

- *International Journal of Qualitative Methods* (2019)
- *Housing Policy and Debate Journal* (2018)

AWARDS AND HONORS

- Graduate Student Council Travel Award, UIC (2018)
- Graduate College Travel Award, UIC (2018)
- Graduate College Excellence in Undergraduate Mentoring Award, UIC (2017)
- President's Research in Diversity Travel Award, UIC (2017)
- Christopher Keys Award for Outstanding Research Achievement, UIC (2016)
- Chicago Consortium for Community Engagement (C3) Honorable Mention Poster Award, UIC (2014)
- Ford Fellowship Special Recognition (2013)
- Abraham Lincoln Fellowship, UIC (2012, 2017)
- Florida Academic Scholarship, New College of Florida (2010-2012)
- New College of Florida Excellence Award, New College of Florida (2010-2012)
- National Hispanic Recognition Scholar (2009)

EXTRACURRICULAR ACTIVITIES

Little Village Community Portal Editorial Board (2017-present)

- Active board member of an online resource page (<http://littlevillagecommunityportal.org/>) for the Little Village community of Chicago. Engaged in strategic planning and established membership structure.

Alma Zamudio Empowerment Scholarship (2017-2018)

- Established commemorative scholarship for students of color at the University of Illinois at Chicago to continue the legacy of student and activist, Alma Cruz Zamudio. <https://almazamudioscholarship.com>

Little Village Research Forum (2015-2017)

- Co-led grassroots resource-sharing network of diverse stakeholders interested in community-engaged research in the Little Village community of Chicago. Partnership included staff from community organizations, community health centers, organizers, residents, University students, faculty members, research professionals, etc. Served as lead co-organizer and facilitator.

UIC Sustainability Fee Advisory Board (2015-2017)

- Active committee member to review grant proposals and make funding decisions for initiatives to improve the quality of campus operations, reduce UIC's environmental impact, and generate awareness about environmental and sustainable issues.

Diversity Advancement Committee Student Advisory Board (2013-2015)

- Secretary and coordinator of student based organization in the department of psychology at the University of Illinois at Chicago. Developed programming and initiative discussions concerning diversity research.

D&G Community Gardening Project (2011)

- Developer and project coordinator. Highlighted sustainability and slow food issues, while emphasizing community involvement through the refurbishment of a residential community garden. Facilitated a community gardening event day in which local representatives of non-profit organizations hosted workshops.

Council of Green Affairs (2011)

- Student government organization that examined and advocated for green initiatives on campus. Served as an active member.

REFERENCES AVAILABLE UPON REQUEST
