



3rd Annual Asian Health Symposium: From Collecting Data to Collective Impact

December 6, 2016



ASIAN TASK FORCE
Against Domestic Violence



Greater Boston Chinese Golden Age Center
中華耆英會



**Boston Chinatown
Neighborhood Center, Inc.**
波士頓華埠社區中心

Tufts Public Health
WORKING ACROSS DISCIPLINES AND GLOBAL BOUNDARIES



Jonathan M. Tisch
College of Civic Life



Symposium Moderator

Carolyn Rubin, EdD, MA

Director, ADAPT

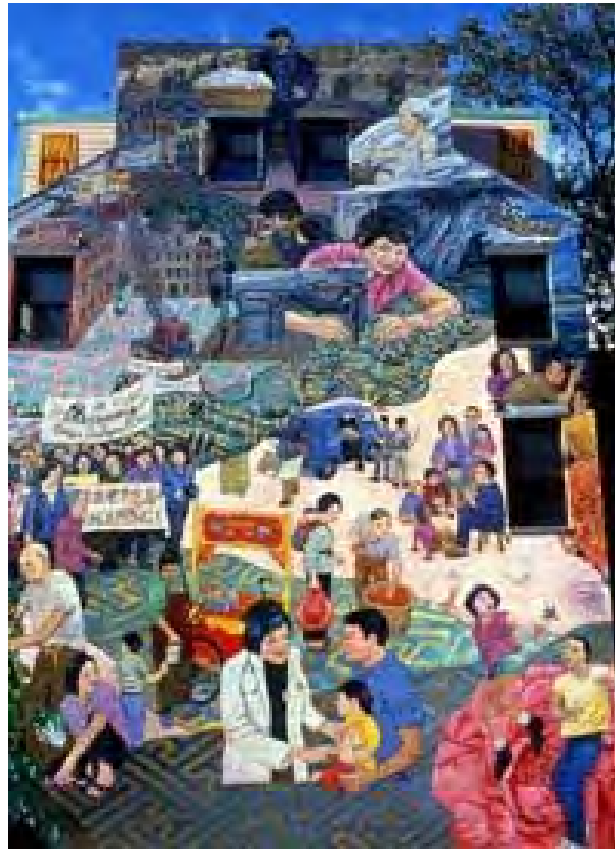
Community Navigator

Associate Director of Community Engagement
Tufts Clinical and Translational Science Institute

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Boston Chinatown



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ADAPT: Addressing Asian Populations through Translational Research

- Established in November 2011, **ADAPT** is a community-academic partnership whose mission is to assess, improve and promote health and well-being among underserved Asian-American communities in the Greater Boston area through research, education and advocacy.
- **Our Vision**
Healthy Asian communities where everyone has the necessary individual, social, economic, and environmental resources to successfully lead healthy lives.

Core Values



Equity in health and resources



Asset and strength-based approaches



Collaboration & Co-Learning



Inclusion, integrity, transparency and mutual respect



Collective action and advocacy



Michael Wagner MD, FACP

President and CEO

Tufts Medical Center and Floating Hospital for Children

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Alice M. Rushforth, PhD

Executive Director
Tufts Clinical and Translational Science Institute (CTSI)

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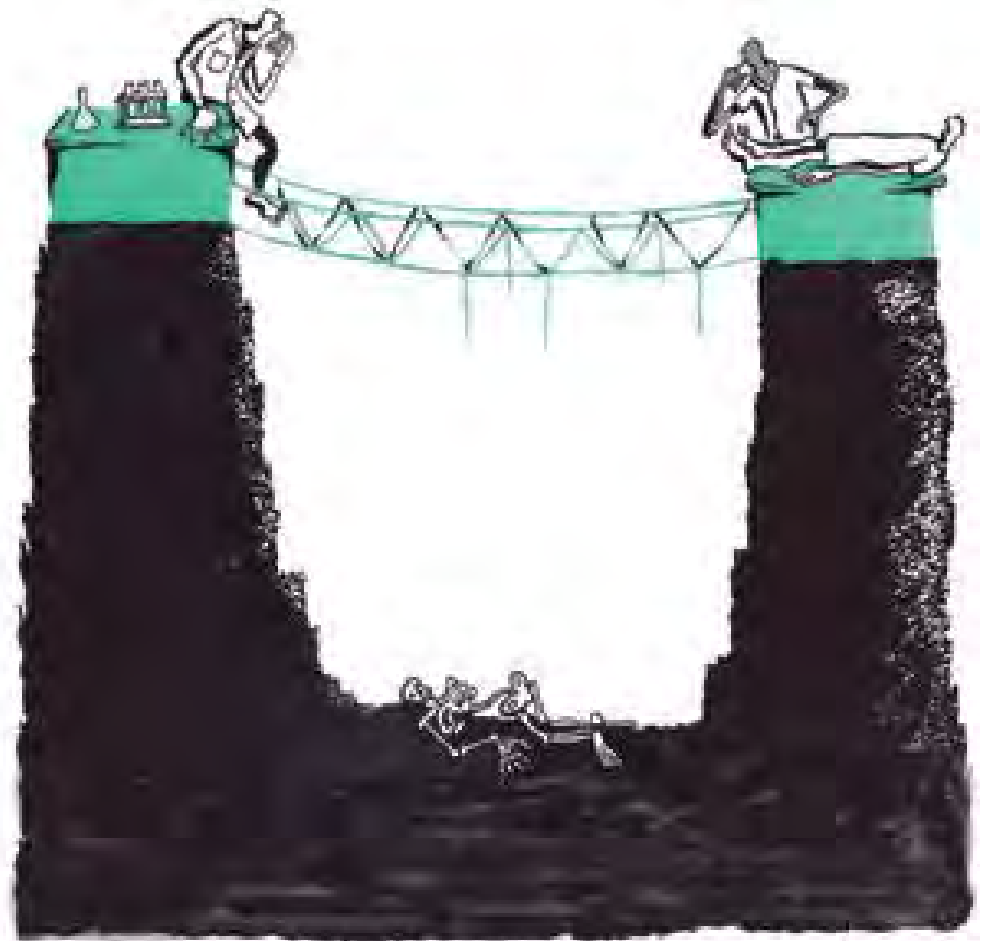
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Translational Research

Bridging the gap “between biomedical researchers and the patients who need their discoveries.”

-Declan Butler

Translates findings in fundamental **research** into medical practice and **meaningful health outcomes**



Why is Translational Research Important?



- Gap between research findings and daily clinical practice
- Only about three of five patients with chronic conditions received recommended care

- McGlynn, et al, *NEJM*, 348:2635-45; 2003

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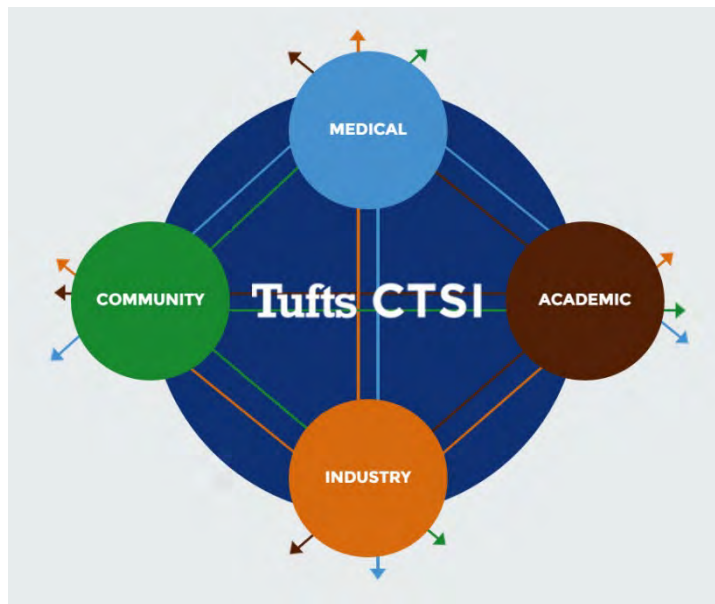
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Clinical and Translational Science Awards (CTSA) Program

- National Institutes of Health (NIH) program
- Launched in 2006
- A national consortium of 64 institutions
- **Mission:** to develop innovative solutions that will improve the efficiency, quality and impact of the process for turning observation in the laboratory, clinic and community into interventions that improve the health of individuals and the public

Tufts CTSI's Mission & Purpose

Established in 2008 to translate research into better health



- Stimulate and expedite innovative clinical and translational research, with the goal of improving the public's health
- *Entire spectrum* of clinical and translational research is critical to meeting the promise and the public's needs of biomedical science

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39 Tufts CTSI Partners

12 Tufts Schools & Centers

Cummings School of Veterinary Medicine
Fletcher School of Law & Diplomacy
Friedman School of Nutrition
Science & Policy
Graduate School of Arts & Sciences
Institute for Clinical Research & Health
Policy Studies at Tufts Medical Center
Jean Mayer USDA Human Nutrition
Research Center on Aging
Sackler School of
Graduate Biomedical Sciences
School of Dental Medicine
School of Engineering
School of Medicine
Tisch College of Citizenship
& Public Service
Tufts Center for the Study
of Drug Development

3 Academic Partners

Brandeis University
Northeastern University
RAND Corporation

7 Tufts-Affiliated Hospitals

Baystate Medical Center
Lahey Clinic
Maine Medical Center
New England Baptist Hospital
Newton-Wellesley Hospital
St. Elizabeth's Medical Center
Tufts Medical Center

7 Industry/Non-Profit Partners

Baim Institute for Clinical
Research
Blue Cross
Blue Shield of Massachusetts
Eli Lilly and Company
Institute for Systems Biology and
P4 Medicine Institute
Minuteman Health Network
Pfizer, Inc.
Tufts Health Plan

10 Community-Based Partners

Action for Boston Community
Development (ABCD)
Asian Community
Development Corporation
Asian Task Force Against
Domestic Violence
Asian Women for Health
Boston Chinatown
Neighborhood Center
Center for Information and
Study on Clinical Research
Participation
Greater Boston Chinese
Golden Age Center
Health Resources in Action
Museum of Science, Boston
New England Quality Care
Alliance

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Clinical and Translational Science Institutes (CTSIs)

Research Service Organizations

- Study Design & Analysis
- Clinical Study Support
- Informatics Tools
- Education

Conveners & Connectors

- Team Science
- Collaboration
- Multidisciplinary
- Stakeholder & Community-Engaged

Change Agents

- Innovate & Transform
- Science of Science
- Process Improvement
- Address Roadblocks

CTSA 2.0: Evolving the CTSA Program to Transform Clinical Translation for the Benefit of Patients



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CTSA 2.0 Implications for Tufts CTSI Partners

- New national priorities in addition to existing local priorities
- New data collection on clinical trials and other performance measures
- New infrastructure for CTSA Consortium multi-site trials
- New translational research and education resources and services

New Required CTSA Capabilities

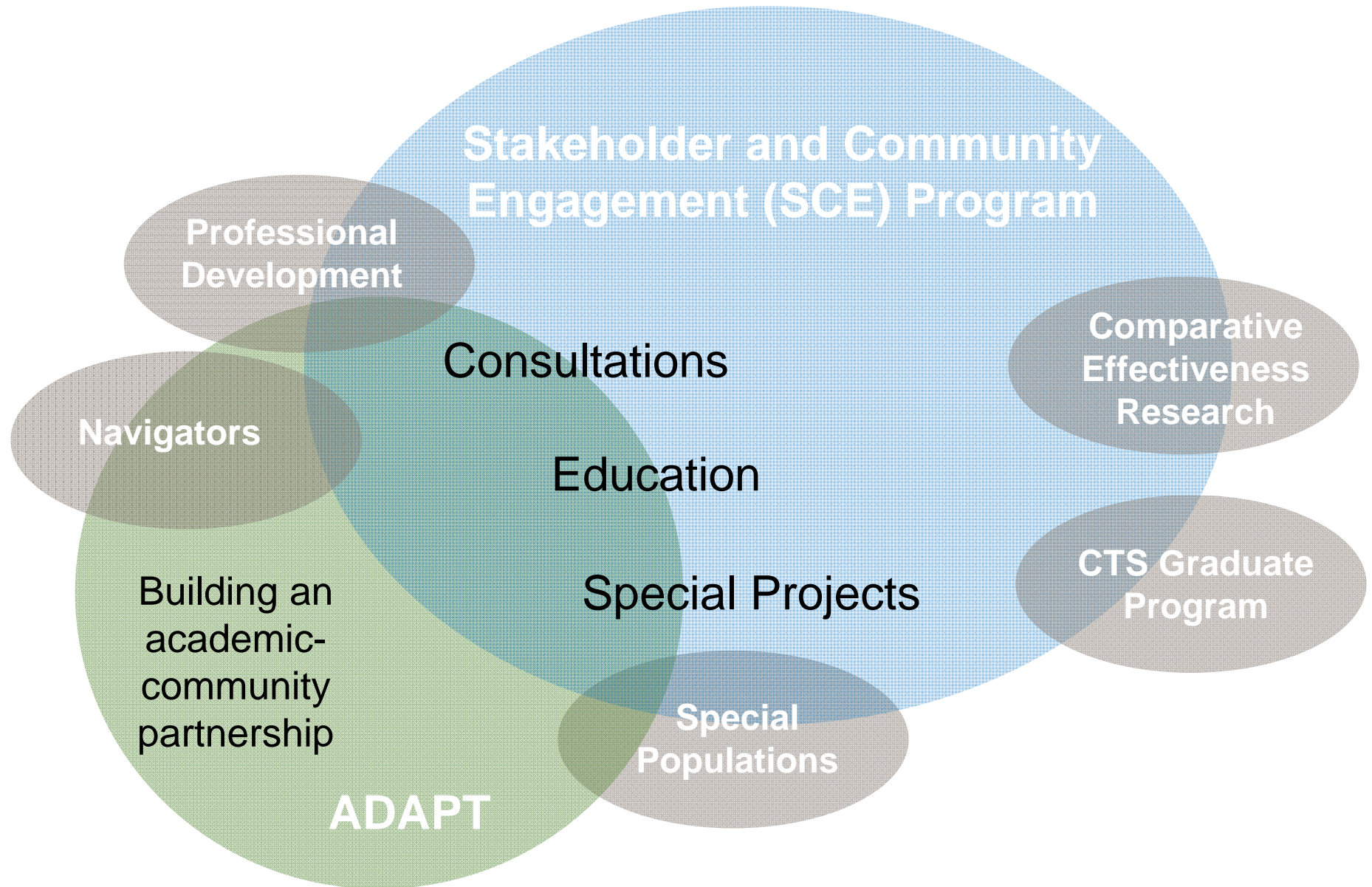
New required capabilities related to stakeholder and community engagement:

- Community & Collaboration Component
 - Community Engagement
 - Collaboration & Team Science
- Hub Capacity Component
 - Integrating Special Populations

NIH Community Engagement Priorities

- Communities as full partners in research
- Community-initiated research priorities
- Culturally competent training
- Recruitment and retention of research participants
- Innovation; best practices
- Community engagement as a scientific problem
- Community engagement integrated into leadership, research, and communications
- Acknowledge community-engaged research in academic policies

Tufts CTSI Community Engagement



ADAPT

- Proud that ADAPT is one of the Tufts CTSI signature programs
- Grateful to our seven Chinatown-serving agencies for working with us over the last five years



Common Community and Collaboration Goals

- What are current community partner priorities/interests that align with NCATS and local priorities?
- Can we identify common areas of interest to launch collaborations for the next grant cycle?

Collective Impact

- An exciting step in ADAPT's growth as an academic-community research partnership
- Initiated by two community partners at 2014 Asian Health Symposium
- Opportunity to work cross-sector and streamline data collection for improving the community's health



Giles Li

Executive Director

Boston Chinatown Neighborhood Center (BCNC)

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Aviva Must

Morton A. Madoff Professor of Public Health
Chair of the Department of Public Health and Community
Medicine

Tufts University School of Medicine

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Population Health Surveillance





- Ongoing periodic measurement of health indicators
 - Set targets based on prior data
 - Map progress against these targets
- Major federal-level health surveillance activity: Healthy People



- Health objectives set with specific targets
- Monitor progress against these goals

Example: Increase the proportion of persons with diagnosed diabetes whose blood pressure is under control (from baseline of 55.6 to 61.2%)

Evolution of Key Elements of “Healthy People”

Target Year	1990 	2000 	2010 	2020 
Overarching Goals	<ul style="list-style-type: none"> • Decrease mortality: infants–adults • Increase independence among older adults 	<ul style="list-style-type: none"> • Increase span of healthy life • Reduce health disparities • Achieve access to preventive services for all 	<ul style="list-style-type: none"> • Increase quality and years of healthy life • Eliminate health disparities 	<ul style="list-style-type: none"> • Attain high-quality, longer lives free of preventable disease • Achieve health equity; eliminate disparities • Create social and physical environments that promote good health • Promote quality of life, healthy development, healthy behaviors across life stages
# Topic Areas	15	22	28	42
# Objectives/Measures	226/NA	312/NA	467/1,000	~600/1200
Leading Health Indicators	N/A	N/A	22*	26*

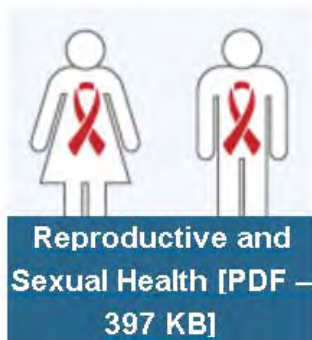
*selected from the full set of health indicators

HP2020: Leading Health Indicators

(# of indicators in parentheses)

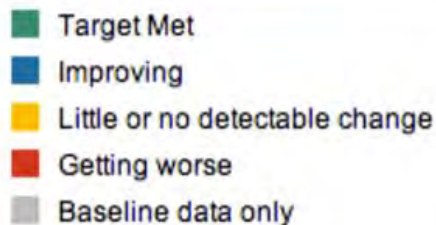
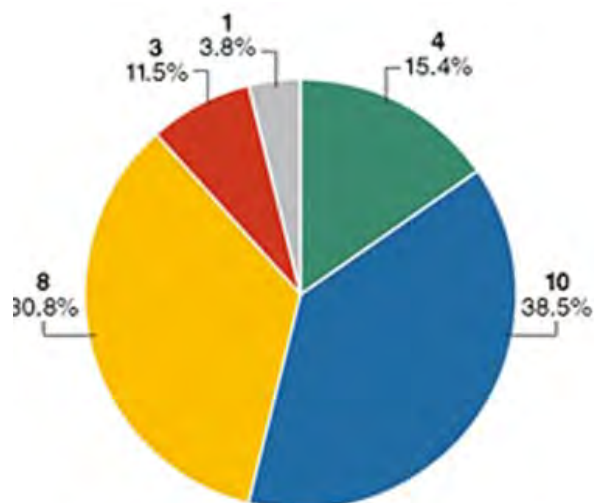
Access to Health Services (2)
Clinical Preventive Services (4)
Environmental Quality (2)
Injury and Violence (2)
Maternal and Child Health (2)
Mental Health (2)

Nutrition, Physical Actv'y,
Obesity (4)
Oral Health (1)
Reproductive/Sexual Health (2)
Social Determinants (1)
Substance Abuse (2)
Tobacco (2)



<https://www.healthypeople.gov/2020/leading-health-indicators/Healthy-People-2020-Leading-Health-Indicators%3A-Progress-Update>

Report Card: Status of 26 HP2020 Indicators, March 2014



DATA SOURCES

AH-5.1	Common Core of Data (CCD), ED/NCES
AHS-1.1	National Health Interview Survey (NHIS), CDC/NCHS
AHS-3	Medical Expenditure Panel Survey (MEPS), AHRQ
C-16	National Health Interview Survey (NHIS), CDC/NCHS
D-5.1	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
EH-1	Air Quality System (AQS), EPA
FP-7.1	National Survey of Family Growth (NSFG), CDC/NCHS
HDS-12	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HIV-13	National HIV Surveillance System (NHSS), CDC/NCHHSTP
IID-8	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS
IVP-1.1	National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS
IVP-29	National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS
MHMD-1	National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS
MHMD-4.1	National Survey on Drug Use and Health (NSDUH), SAMHSA
MICH-1.3	Linked Birth/Infant Death Data Set, CDC/NCHS
MICH-9.1	National Vital Statistics System-Natality (NVSS-N), CDC/NCHS
NWS-9	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
NWS-10.4	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
NWS-15.1	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
OH-7	Medical Expenditure Panel Survey (MEPS), AHRQ
PA-2.4	National Health Interview Survey (NHIS), CDC/NCHS
SA-13.1	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-14.3	National Survey on Drug Use and Health (NSDUH), SAMHSA
TU-1.1	National Health Interview Survey (NHIS), CDC/NCHS
TU-2.2	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP
TU-11.1	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS



U.S. Department of Health and Human Services
Office of Disease Prevention and Health Promotion

“What gets measured, gets done.”

-Anonymous



... but who gets measured?

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Plenary Panel: Why Collecting Disaggregated Data Matters

Moderator:

Aviva Must, Tufts University School of Medicine and Tufts CTSI

Panelists:

- **Carolyn Wong**, Institute of Asian America Studies at UMASS Boston
- **Susan Koch-Weser**, Tufts University School of Medicine
- **Eugene Welch**, South Cove Community Health Center
- **Sherry Dong**, Tufts Medical Center

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Collecting Health Data on Asian Americans in Massachusetts

Carolyn Wong

Institute for Asian American Studies
University of Massachusetts Boston

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When Collecting Data on Small Ethnic Populations

How to manage trade-off between

- Use of Valid (i.e. Precise and Meaningful) Labels / Categories
- Small Sample Size

Examples From Datasets Publicly Accessible

- Administrative Records
- Population Surveys
 - National
 - Statewide
 - Local

→ **Thinking About Problems and Solutions**

Plenary Panel: Why Collecting Disaggregated Data Matters

Moderator:

Aviva Must, Tufts University School of Medicine and Tufts CTSI

Respondent Panelists:

- **Tackey Chan**, State Representative
- **Ramani Sripada**, Asian Americans/Pacific Islanders in Philanthropy – Boston Chapter
- **Margaret Reid**, Boston Public Health Commission



15 Minute Break!

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What is Collective Impact?

What does it take to create a roadmap for achieving Asian health?

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Jean Lim

2016-2017 Asian Health Equity Fellow
Tufts University School of Medicine

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Tackling Complex Problems Through Collective Impact

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What is Collective Impact?



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Social Impact Consultants

The Premise: There Are Several Types of Problems

Simple

The **right “recipe”** is essential but once you’ve discovered it, **replication** will get you almost the same result every time



Example:
Baking a Cake

Complicated

The right “**protocols and formulas**” are needed, as are high levels of **expertise** and training – **experience** is built over time to get to the right result, which can be repeated over time with the **expectation of success**



Example:
Sending a Rocket to the Moon

Complex

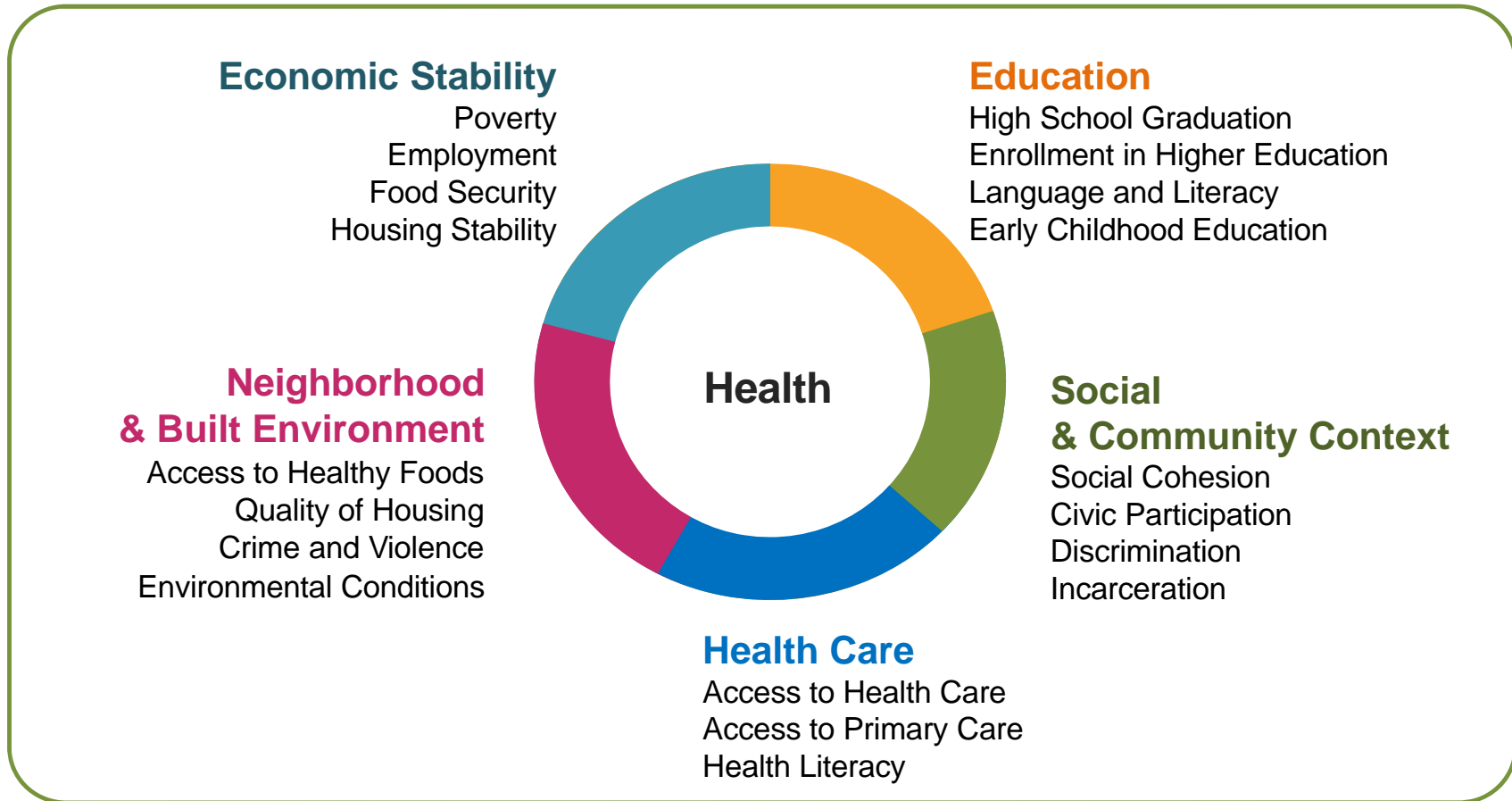
There are **no “right” recipes or protocols** that work in every situation. There are many **outside factors** that influence the situation, and every situation is **unique**. Experience helps, but in **no way guarantees success**



Example:
Raising a Child

The traditional approach in the social sector has been to treat problems as simple or complicated

Health Problems are Complex and Often Have Multiple “Determinants”

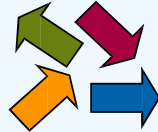


*“Long before we need medical care,
our foundation for health begins in our homes, schools and neighborhoods”*

1. RWJF. Social Determinants of Health. Retrieved from <http://www.rwjf.org/en/our-focus-areas/topics/social-determinants-of-health.html>
2. Healthy People 2020. Social Determinants of Health. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

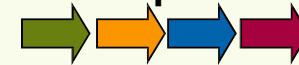
There is a Fundamental Mismatch Between the Complexity Of Social Problems and the Traditional Focus on Disconnected Solutions

Isolated Impact



- Agencies and organizations select **individual programs or initiatives** that offer the most promising solutions
- **Organizations / agencies / programs work separately** and compete to produce the greatest independent impact
- Evaluation attempts to **isolate a particular agency / organization / program's impact**
- Large scale change depends on **scaling a single organization / program**
- Agencies, organizations, and systems are **disconnected** from one another


Collective Impact



- Solving social problems requires understanding the **interaction of many organizations** within a larger system
- Progress depends on **working toward the same goal** and **measuring the same things**
- Evaluation measures the **impact of a system and all of its players**
- Large scale impact depends on **increasing cross-agency and –organization alignment and learning** among many actors
- Agencies, organizations, and systems are **essential partners**

Collective Impact initiatives provide a structure for cross-sector leaders to forge a common agenda for solving a specific social problem

Collective Impact Is a Unique and Differentiated Approach to Bringing Actors Across Sectors Together to Work Toward a Common Agenda



Type of Collaboration	Definition
Collective Impact Initiatives	Long-term commitments by a group of important actors from different sectors to a common agenda for solving a specific social problem
Funder Collaboratives	Groups of funders interested in supporting the same issue who pool their resources
Public-Private Partnerships	Partnerships formed between government and private sector organizations to deliver specific services or benefits
Multi-Stakeholder Initiatives	Voluntary activities by stakeholders from different sectors around a common theme
Social Sector Networks	Groups of individuals or organizations fluidly connected through purposeful relationships, whether formal or informal

It is distinct from other forms of collaboration

Achieving Large-Scale Change through Collective Impact Involves Five Key Conditions For Shared Success

Common Agenda

All participants have a **shared vision for change** including a common understanding of the problem and a joint approach to solving it through agreed upon actions

Shared Measurement

Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable

Mutually Reinforcing Activities

Participant activities must be **differentiated while still being coordinated** through a mutually reinforcing plan of action

Continuous Communication

Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation

Backbone Support

Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to **serve as the backbone for the entire initiative and coordinate participating organizations and agencies**

The Collective Impact Approach to Solving Complex Social Issues Is Occurring Across Many Sectors

Education



Healthcare



Homelessness



Environment



Economic Development



Urban Revitalization



friends of the Community paths




Tufts
UNIVERSITY



Somerville Equitable
Transit-Oriented Development
Strategy





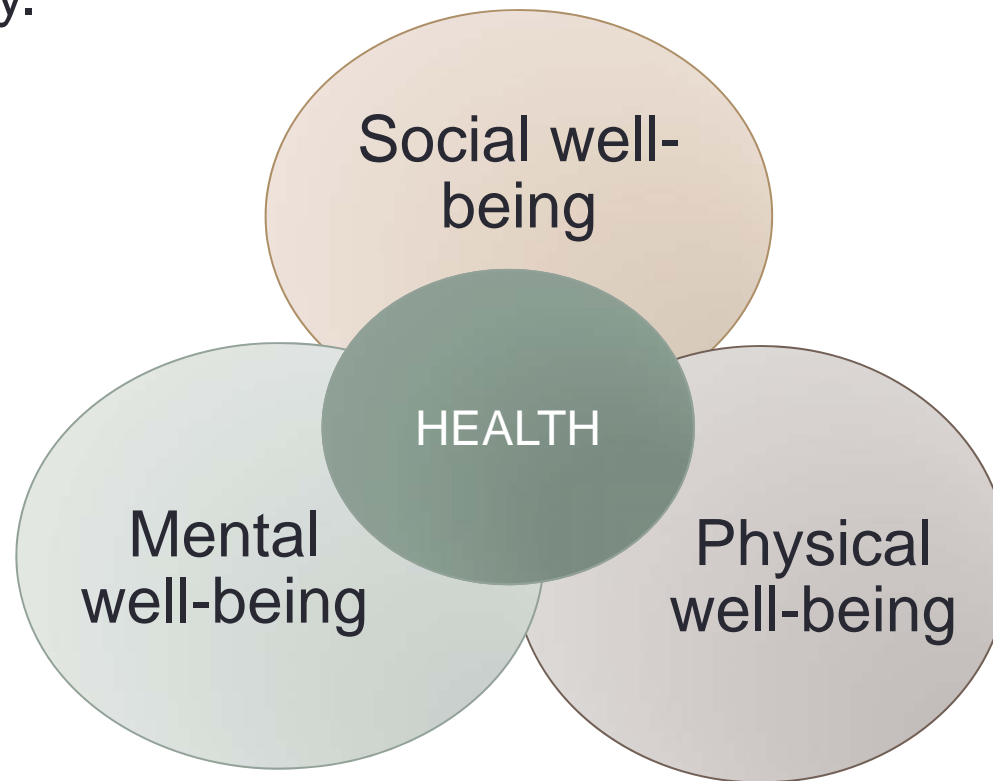
COLLECTIVE IMPACT: LOCAL EXAMPLES & GROUP MODEL BUILDING

Hamilton Ho | Chief Operating Officer
Asian Community Development Corporation

Virginia Rall Chomitz, PhD | Associate Professor,
Department of Public Health & Community Medicine
Tufts University School of Medicine

Chinatown Collective Impact: Health and Well-Being for Asian Americans

- **WHO definition of Health.** Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.



CHINATOWN IMPACT: Examples of Cross-sector projects

Public safety: Chinatown Pedestrian Safety Campaign



Affordable, stable housing and health
@ One Greenway



Pedestrian Safety

[Play Video](#)

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Pedestrian Safety Campaign

The campaign was done in response to a few highly publicized traffic accidents in Chinatown.



Pedestrian Safety Campaign

Intersection	Driver's green light	Pedestrian walk light
Harrison	57 secs	12 secs
Tyler	53 secs	15 secs
Hudson	26 secs	no light

Intersection	Hourly vehicle counts (3-4pm)	Hourly pedestrian counts (est. 3-4pm)	Average speed	Max speed
Harrison	1556	1410	25 mph	40 mph
Tyler	1480	1116	28 mph	36 mph
Hudson	1888	738	25 mph	35 mph

Timing of lights
Volume of cars and pedestrians
Types of violations
Focus groups and interviews



<http://asiancdc.org/pedsafe>

One Greenway



1. Housing conditions and health
2. Housing affordability and health
3. Neighborhood conditions and health

One Greenway



4400+ applications for 95 affordable rentals



1. Interview current residents for baseline
~60 households interviewed in April 2016
2. Interview those on waitlist
3. Conduct annual interviews to track changes

COLLECTIVE IMPACT Example: Healthy Living Cambridge Kids

1. Common agenda
2. Shared measurements
3. Mutually reinforcing activities
4. Continuous communication
5. Backbone support



Common Agenda

- Concern over

GOALS:

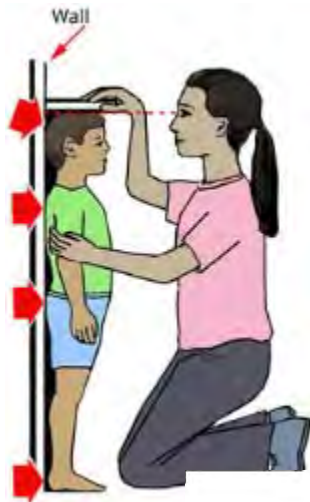
- Healthy Children Force
- Champion the school department
- Collaborate with research institutions and public health care
- Grant funding

- **Decrease childhood obesity** among school aged children in Cambridge
- **Increase fruit and vegetables** to at least FIVE servings per day
- **Decrease inactivity** to less than TWO hours of TV / screen time per day
- **Increase physical activity** to at least ONE hour per day

- 1+ hours of physical activity

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Shared (sort of) Measurements



- **Obesity: BMI** PE teachers collect student height & weight
 - **Health Behaviors:** School Youth Risk Behavior Survey
- Institute for Community Health aggregated results and disseminated information

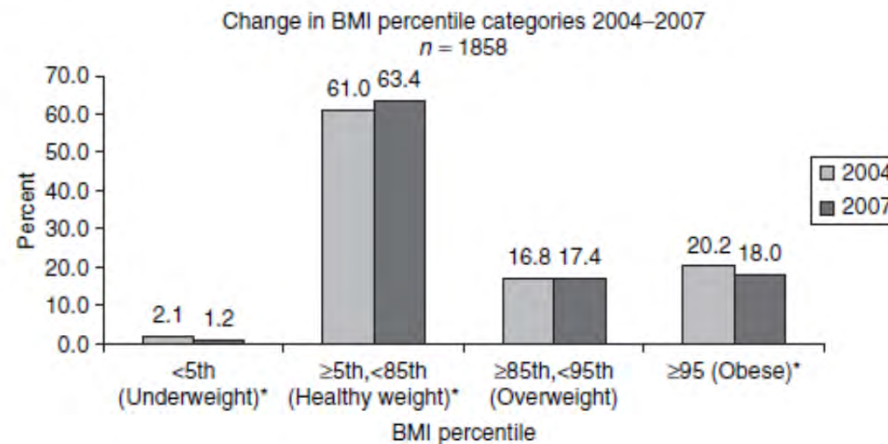


Figure 2 Difference in BMI percentile categories from baseline (2004) to follow-up (2007)

Mutually Reinforcing Activities

ACTIVITIES:

- **Students:** Health & fitness report cards to students
- **Parents:** Parent outreach and education
- **Schools:**
 - PE equipment and curricula reform
 - Food service improvements to menu, food procurement, staff training and job descriptions
- **Health & Human Services:** Summer feeding program
- **Public Health:** Health equity programming (Latinas Living Better, Men's Health League)
- **School gardens** and farm to school
- **Parks and playground** reform
- **Health care** – systematic and consistent assessment and guidance

Continuous Communication



5-2-1 Every Day Campaign

- Changes for the individual and for the community
- Everyone has something to contribute
- The sum is greater than the pieces

Backbone Support

Healthy Children Task Force



— MASS —
FARMERS
MARKETS



INSTITUTE FOR
COMMUNITY
HEALTH

**Grant Support:
Partners:**



CPS

Cambridge Public Schools

CAMBRIDGE
CDD @ 344



Cambridge
Public Health
Department



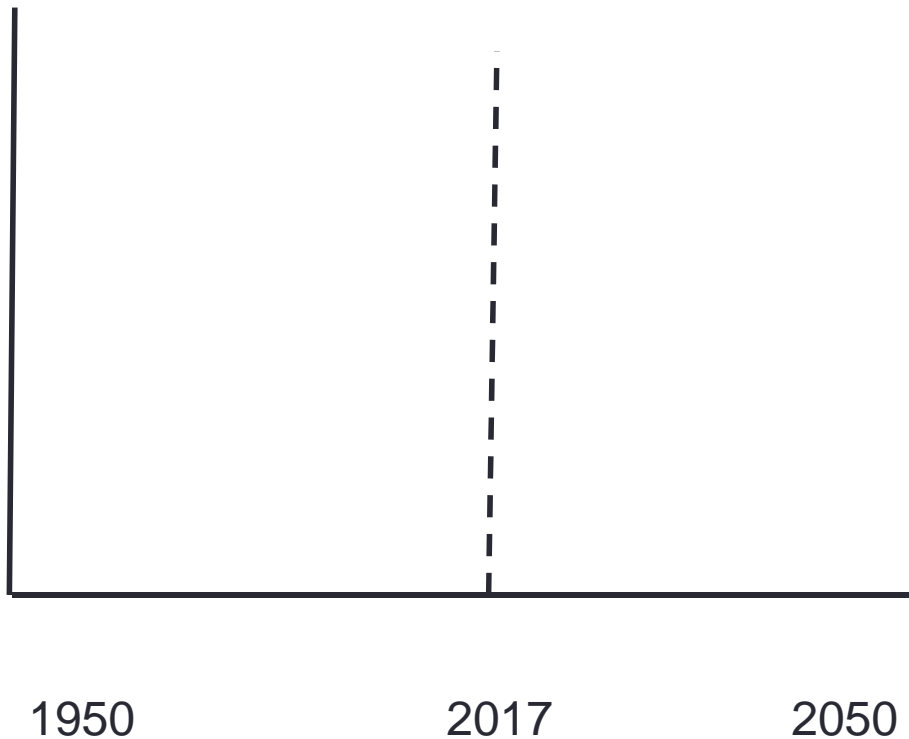
GROUP MODEL BUILDING TO INFORM A COMMON AGENDA FOR COLLECTIVE IMPACT IN CHINATOWN

Graphs over time of health issues (using the broadest definition) for Asian Americans / Chinatown

Exercise for participants

Graph over time of Asian Health Issues

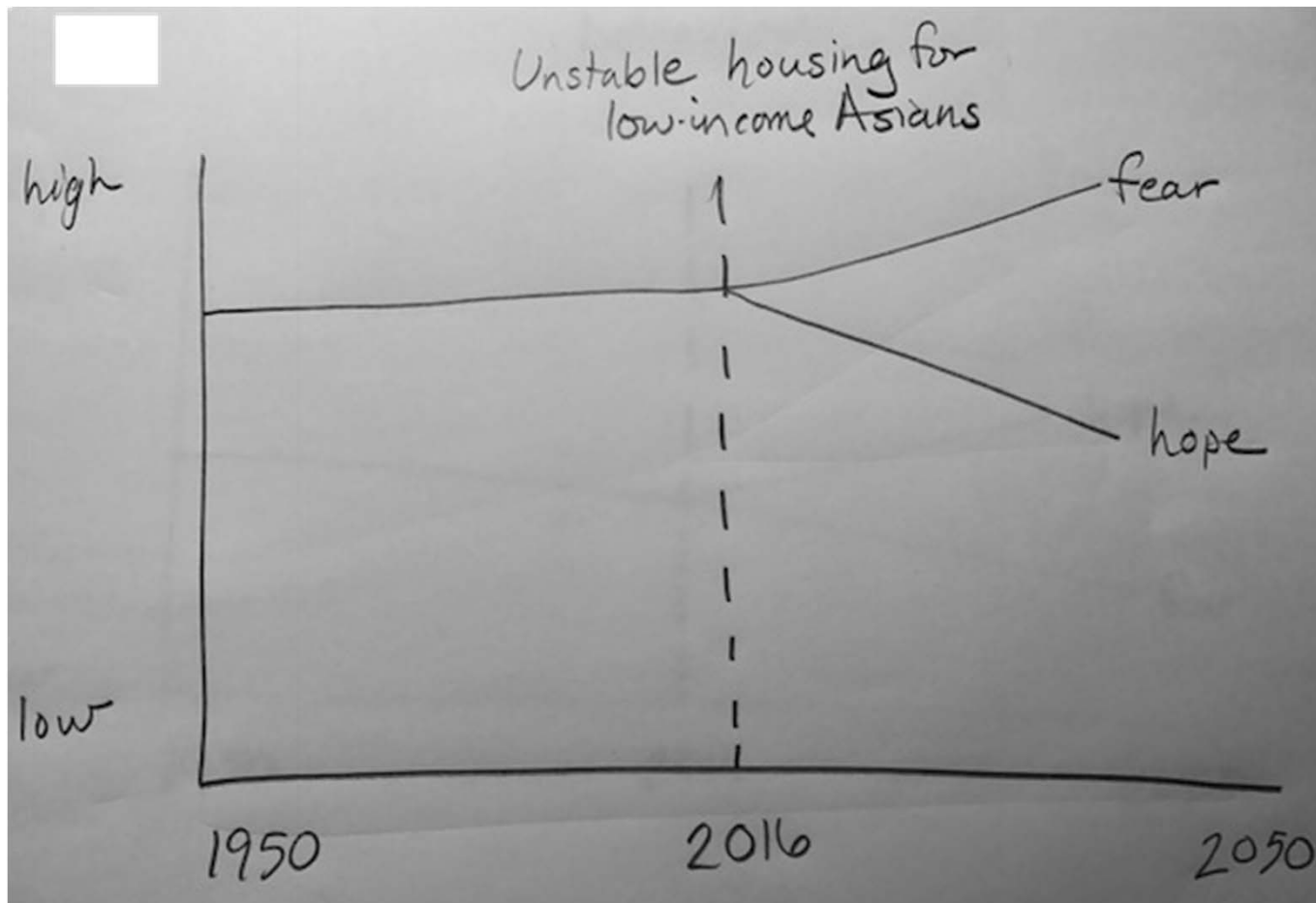
Individually – complete at least one graph



- Name & contact information (Optional):
- Agency / Organization:
- Role at Organization:
- Population (age, gender, ethnicity, etc.):
Problem area (mental, physical, social):
- **DRAW LINE GRAPH OF YOUR IMPRESSION OF THE PAST TRAJECTORY OF AN IMPORTANT HEALTH ISSUE OR BEHAVIOR AND YOUR HOPES & FEARS OF ITS TRAJECTORY FOR THE FUTURE**

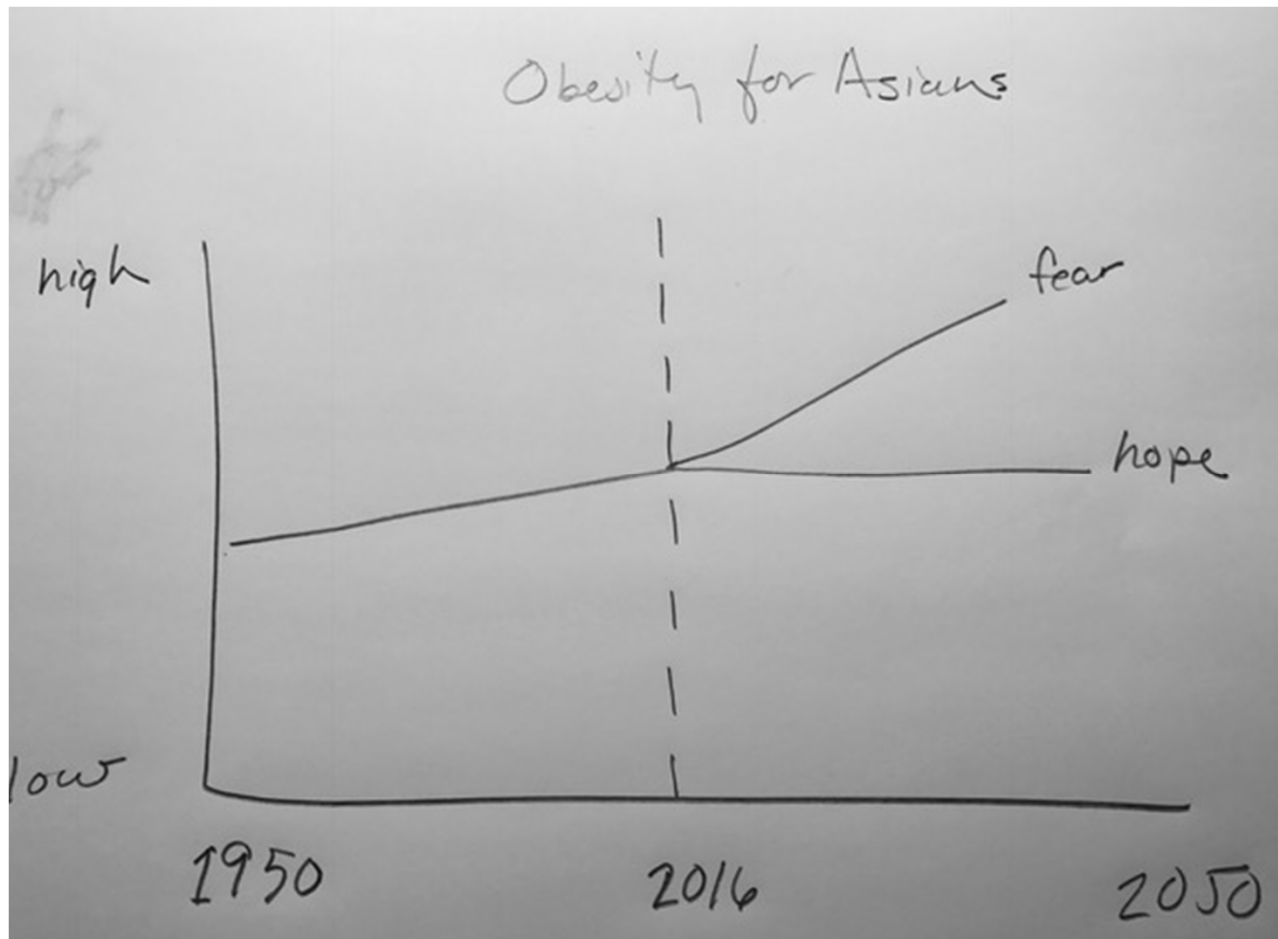
Identifying health issues for Asian Americans

Example: Social well-being



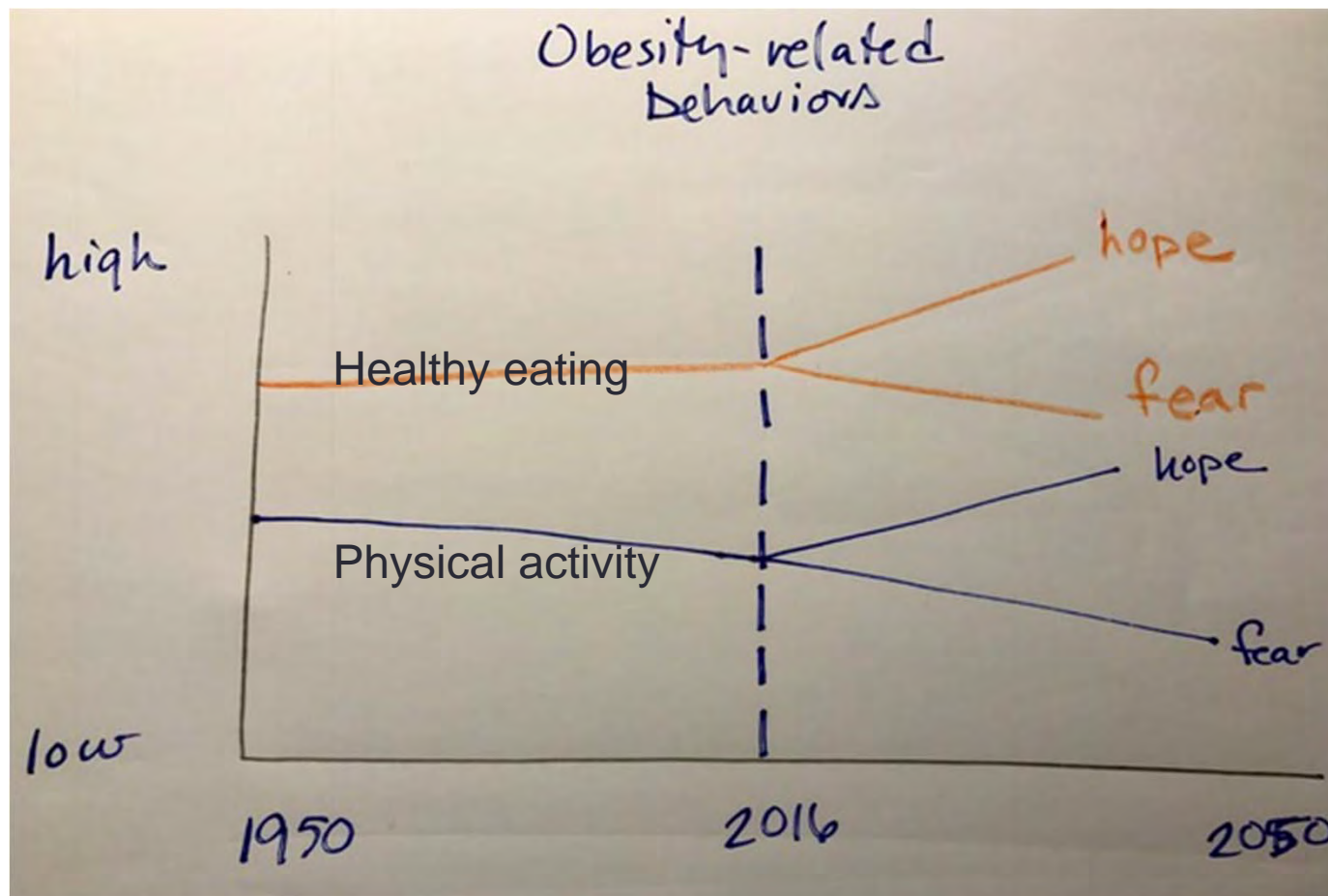
Identifying health issues for Asian Americans

Example: Physical well-being



Identifying health issues for Asian Americans

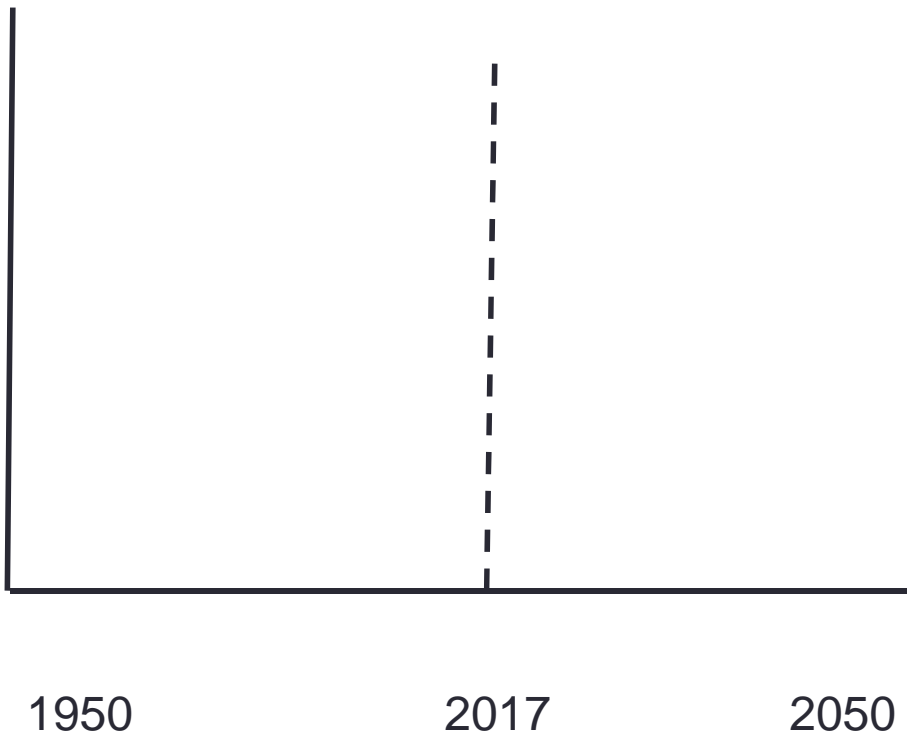
Example: Healthy Behaviors



Exercise for participants

Graph over time of Asian Health Disparities

Individually – complete at least one graph



- Name & contact information (Optional):
- Agency / Organization:
- Role at Organization:
- Population (age, gender, ethnicity, etc.):
Problem area (mental, physical, social):
- **DRAW LINE GRAPH OF YOUR IMPRESSION OF THE PAST TRAJECTORY OF AN IMPORTANT HEALTH ISSUE OR BEHAVIOR AND YOUR HOPES & FEARS OF ITS TRAJECTORY FOR THE FUTURE**

THANK YOU!!

Questions



Lunch Table Discussions

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Report Back/Closing Remarks



Evaluation



3rd Annual Asian Health Symposium: From Collecting Data to Collective Impact

December 6, 2016



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Against Domestic Violence



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Jonathan M. Tisch
College of Civic Life