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

December 6, 2016
Symposium Moderator

Carolyn Rubin, EdD, MA

Director, ADAPT
Community Navigator
Associate Director of Community Engagement
Tufts Clinical and Translational Science Institute
Boston Chinatown
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
Tufts Clinical and Translational Science Institute

Alice M. Rushforth, PhD

Executive Director
Tufts Clinical and Translational Science Institute (CTSI)
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

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
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

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

3 Academic Partners
- Brandeis University
- Northeastern University
- RAND Corporation
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

Tufts Clinical and Translational Science Institute
CTSA 2.0: Evolving the CTSA Program to Transform Clinical Translation for the Benefit of Patients
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
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)
Aviva Must

Morton A. Madoff Professor of Public Health
Chair of the Department of Public Health and Community Medicine
Tufts University School of Medicine
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”

<table>
<thead>
<tr>
<th>Target Year</th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overarching Goals</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>1990</strong></td>
<td>Decrease mortality: infants–adults</td>
<td>Increase span of healthy life</td>
<td>Increase quality and years of healthy life</td>
<td>Attain high-quality, longer lives free of preventable disease</td>
</tr>
<tr>
<td></td>
<td>Increase independence among older adults</td>
<td>Reduce health disparities</td>
<td>Eliminate health disparities</td>
<td>Achieve health equity; eliminate disparities</td>
</tr>
<tr>
<td></td>
<td>Achieve access to preventive services for all</td>
<td></td>
<td>Create social and physical environments that promote good health</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Promote quality of life, healthy development, healthy behaviors across life stages</td>
<td></td>
</tr>
<tr>
<td><strong># Topic Areas</strong></td>
<td>15</td>
<td>22</td>
<td>28</td>
<td>42</td>
</tr>
<tr>
<td><strong># Objectives/Measures</strong></td>
<td>226/NA</td>
<td>312/NA</td>
<td>467/1,000</td>
<td>~600/1200</td>
</tr>
<tr>
<td>Leading Health Indicators</td>
<td>N/A</td>
<td>N/A</td>
<td>22*</td>
<td>26*</td>
</tr>
</tbody>
</table>

*selected from the full set of health indicators

Tufts CTSI
Tufts Clinical and Translational Science Institute
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

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?
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
Collecting Health Data on Asian Americans in Massachusetts

Carolyn Wong
Institute for Asian American Studies
University of Massachusetts Boston
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!
What is Collective Impact?

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

2016-2017 Asian Health Equity Fellow
Tufts University School of Medicine
Tackling Complex Problems Through Collective Impact

Play Video
What is Collective Impact?

This presentation is shared with permission of FSG 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”

- **Economic Stability**
  - Poverty
  - Employment
  - Food Security
  - Housing Stability

- **Education**
  - High School Graduation
  - Enrollment in Higher Education
  - Language and Literacy
  - Early Childhood Education

- **Neighborhood & Built Environment**
  - Access to Healthy Foods
  - Quality of Housing
  - Crime and Violence
  - Environmental Conditions

- **Social & Community Context**
  - Social Cohesion
  - Civic Participation
  - Discrimination
  - Incarceration

- **Health Care**
  - Access to Health Care
  - Access to Primary Care
  - Health Literacy

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

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

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

*It is distinct from other forms of collaboration*
Achieving Large-Scale Change through Collective Impact Involves Five Key Conditions For Shared Success

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Common Agenda</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Shared Measurement</strong></td>
<td>Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable</td>
</tr>
<tr>
<td><strong>Mutually Reinforcing Activities</strong></td>
<td>Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action</td>
</tr>
<tr>
<td><strong>Continuous Communication</strong></td>
<td>Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation</td>
</tr>
<tr>
<td><strong>Backbone Support</strong></td>
<td>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</td>
</tr>
</tbody>
</table>
The Collective Impact Approach to Solving Complex Social Issues Is Occurring Across Many Sectors

- **Education**
  - Strive Together

- **Healthcare**
  - Shape Up Somerville

- **Homelessness**
  - Calgary Homeless Foundation

- **Environment**
  - Elizabeth River Project

- **Economic Development**
  - MARS

- **Urban Revitalization**
  - MEMPHIS Fast Forward
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

Tufts CTSI
Tufts Clinical and Translational Science Institute
Pedestrian Safety Campaign

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

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

GOALS:

- **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

- Concern over increasing rates of overweight among school children

- Universal approaches

- Community engagement

- Healthy Children Task Force

- Champion(s) in the school department

- Collaborations with research institution, public health, health care

- Grant funding

- 1+ hours of physical activity
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

![Image of measuring BMI with a child and a PE teacher]
## Mutually Reinforcing Activities

<table>
<thead>
<tr>
<th>ACTIVITIES:</th>
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<tbody>
<tr>
<td><strong>Students:</strong> Health &amp; fitness report cards to students</td>
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<tr>
<td><strong>Parents:</strong> Parent outreach and education</td>
</tr>
<tr>
<td><strong>Schools:</strong></td>
</tr>
<tr>
<td>• PE equipment and curricula reform</td>
</tr>
<tr>
<td>• Food service improvements to menu, food procurement, staff training and job descriptions</td>
</tr>
<tr>
<td><strong>Health &amp; Human Services:</strong> Summer feeding program</td>
</tr>
<tr>
<td><strong>Public Health:</strong> Health equity programming (Latinas Living Better, Men’s Health League)</td>
</tr>
<tr>
<td><strong>School gardens</strong> and farm to school</td>
</tr>
<tr>
<td><strong>Parks and playground</strong> reform</td>
</tr>
<tr>
<td><strong>Health care</strong> – systematic and consistent assessment and guidance</td>
</tr>
</tbody>
</table>
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

Grant Support: Partners:

- MASS FARMERS MARKETS
- INSTITUTE FOR COMMUNITY HEALTH
- CitySprouts
- Cambridge Public Schools
- Cambridge Public Health Department
- Cambridge Health Alliance
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

![Graph showing obesity trends for Asians over time from 1950 to 2050](image)
Identifying health issues for Asian Americans
Example: Healthy Behaviors

![Graph showing changes in obesity-related behaviors from 1950 to 2050 for healthy eating and physical activity. The graph indicates a downward trend in physical activity and an upward trend in healthy eating, with labels for hope and fear at specific points.](image)
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
Report Back/Closing Remarks
Evaluation
3rd Annual Asian Health Symposium: From Collecting Data to Collective Impact

December 6, 2016