FROM COLLECTING DATA TO COLLECTIVE IMPACT
A report on the 3rd Annual Asian Health Symposium

Tufts | CTSI

Tufts Clinical and Translational Science Institute

On December 6, 2016, more than 90 community leaders, researchers, clinicians, students, and neighborhood residents gathered at Tufts University School of Medicine for the 3rd Annual Asian Health Symposium. This event focused on the need for collecting disaggregated data and exploring the Collective Impact approach to develop a roadmap for improving Asian community health. The event was presented by *Addressing Disparities in Asian Populations through Translational Research (ADAPT),* a community-academic partnership and a Stakeholder and Community Engagement program of Tufts CTSI. The goal of the event was to foster dialogue and collaboration across sectors to promote and improve Asian health. This report summarizes the overall vision shared for a collective impact project, highlights from the panel discussions on disaggregated and local data collection, and community input on Asian health priorities.

Vision of Collective Impact

The desire to work together to prevent the most vulnerable of the Boston Chinatown community from falling through the cracks began at the Asian Health Symposium in 2014. **Giles Li**, Executive Director of the Boston Chinatown Neighborhood Center (BCNC), shared in his opening remarks that in working with ADAPT and Tufts CTSI, the idea of doing something bigger and more effective grew organically over time. While Boston's Chinatown is fortunate to have a number of high functioning social service agencies that provide quality services, the services provided and the areas of overlap are not always intentional or well-coordinated to best serve individuals and families. Also, each organization has a different mission and can't address all the problems faced by the community. Rather than having isolated impact, agencies can have a collective impact by working together toward the same goal. "What are the needs that we think we can really have an impact on if we really put our heads together, our resources together, and push in the same direction?"

ADAPT partner organizations are in the process of identifying the data they have, determining what they know about the populations they serve, and deciding how to combine their knowledge and resources to better serve the Chinatown community. Building on a strong foundation, the desire to really engage in Community-Based Participatory Research (CBPR) authentically, and the willingness to collaborate is "what got us here today." Mr. Li optimistically concluded, "While we do not have the big money required, we have trust between partners, and so we will keep on pushing and moving forward."

Plenary Panel: Why Collecting Disaggregated & Local Data Matters

Aviva Must, PhD, Chair of the Department of Public Health and Community Medicine and a member of ADAPT, moderated the plenary panel on *Addressing Asian Health Disparities-Why Collecting Disaggregated and Local Data Matters.* The panel, comprised of cross-sector representatives, illuminated the landscape of existing Boston data by answering discussion questions: What do we know? What does what we know tell us? And what else do we need to know? Participants offered insights and recommendations from the academic, clinical, community, policy and philanthropic perspectives on the issues and challenges of collecting disaggregated data on Asian health:

- The lack of data for populations that are in need of health improvement is an important roadblock for those in public health who are interested in being change agents.
- One of the major surveillance systems is the behavioral factor surveillance; however, it is not offered in any Asian languages and has many problems, including small and bias samples. "If the data doesn't reflect the diversity of income, education, and ethnicity of different people, it's going to be bad data."
- Language can be a barrier to accessing and assessing health care and a barrier to collecting good data. Unless we have good monitoring data, we do not have the ability to really pinpoint health disparities or health issues or to monitor the impact over time of various community programs and efforts.
- The more drilled-down data we have at the neighborhood level could be "lopsided," since senior community members are more available than working parents or kids.
- We need a targeted approach to collecting data on patient care.
- The lack of hard data is a major challenge for policy makers to get anything accomplished at the community, city, state or federal level. Collecting concrete data is important to avoid myths about the population.
- Data is useful in prioritizing the health needs of the community and ensuring appropriate service programs are being funded.
- One way to address the deficiency of the Behavioral Risk Factor Surveillance System (BRFSS) is to work with health institutions to provide detailed and descriptive encounter data.
- There is a need to expand our data collection to all communities—especially undocumented immigrants—to ensure everyone's health needs are being addressed.

Plenary Panelists:

Sherry Dong, Director
Community Health Improvement Programs, Tufts Medical Center

Susan Koch-Weser, Assistant Professor
Dept. of Public Health and Community Medicine, Tufts School of Medicine

Eugene Welch, Executive Director
South Cove Community Health Center

Carolyn Wong, Research Associate
Institute for Asian-American Studies, UMass-Boston

Respondents:

Tackey Chan, State Representative
Second Norfolk District in Massachusetts

Margaret Reid, Director
Office of Health Equity, Boston Public Health Commission

Ramani Sripada, Co-Chair
Asian Americans & Pacific Islanders in Philanthropy-Boston Chapter

Collective Impact: Examples of Local Cross-Sector Projects

Following an overview presentation on the Collective Impact approach by **Jean Lim**, Asian Health Equity Fellow, **Virginia Chomitz, PhD, MS**, Assistant Professor of Public Health and Community Medicine at Tufts University School of Medicine, and **Hamilton Ho**, Chief Operating Officer at the Asian Community Development Corporation (ACDC), shared information on examples of local cross-sector projects to illustrate how community benefits could be achieved through collaborative efforts in addressing social determinants that affect the health of individuals and communities.

The Pedestrian Safety Campaign: Initiated in response to several highly publicized traffic accidents in Chinatown. ACDC, in collaboration with Chinatown Main Streets, WalkBoston, Chinatown Residents Association, and the Boston Transportation Department, conducted focus groups and interviews with community residents, studied types of traffic violations, and counted volume of cars and pedestrians, resulting in increased time for crossing lights, improved road signs and clearly delineated cross-walks.

The One Greenway Project: Conducted to better understand how housing conditions, housing affordability and neighborhood conditions affect health. There were over 4,400 applications for 95 affordable rental units at One Greenway, a new mixed income housing development in Chinatown. ACDC, working with researchers from Tufts and MIT, interviewed over 60 households of current residents and those on the waitlist in April 2016 for baseline data. Subsequent annual interviews will be conducted to track changes.

The Healthy Living Cambridge Kids Project: Aimed to decrease childhood obesity and increase healthy behaviors among school-aged children in Cambridge. This project provided examples of the key conditions for success required by the Collective Impact approach as defined by FSG: *1. Common Agenda 2. Shared Measurements 3. Mutually Reinforcing Activities 4. Continuous Communication 5. Backbone Support.* With the involvement of cross-sector stakeholders, including Cambridge Public Schools, Cambridge Public Health Department, the City of Cambridge, the Mass Farmers Markets, and Cambridge Health Alliance, the 5-2-1 Every Day Campaign (five servings of fruits and vegetables; two hours or less of TV or screen time; one hour of physical activity) was created and has promoted positive health outcomes and behavioral changes for individuals and the community.

Table Discussions: Asian Health Priorities

The lunch table discussion session provided an opportunity for symposium participants to discuss and identify health priorities to focus on for a collective impact project. Participants identified the following top Asian health concerns (in order of priority): Gentrification, Mental Health, Gambling Addiction, Diabetes, and Cancer. Suggested steps for addressing these health concerns included educating the community about health management, initiating an anti-stigma/awareness campaign about mental health, and forming support groups. Additional discussions included expansion of projects beyond Chinatown, rallying community engagement, and addressing intergenerational issues.

In her closing remarks, **Carolyn Rubin, EdD**, Director of ADAPT, thanked all the attendees for their active participation and invited them to stay engaged with ADAPT. She concluded, *"It will take courage for us to continue down this path, but a lot of us feel strongly that collective impact is the direction we need to go. While we don't have the answer to all of the questions, it's our hope to engage a broader network of stakeholders so we can work together to improve the health of Boston Chinatown and other Asian communities."*

Mission

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.

Engage with ADAPT!

ADAPT membership is open to individuals and organizations who are interested in community-academic research partnerships focusing on Asian health, and who are committed to supporting and promoting ADAPT's mission, vision, and strategic priorities. For more information, please contact Annie Chin-Louie, ADAPT Project Manager, at ychinlouie@tuftsmedicalcenter.org or Carolyn Rubin, ADAPT Director, at Carolyn.Rubin@tufts.edu.