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“We Make the Path by Walking It”: Building an Academic Community Partnership With Boston Chinatown

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Abstract

Background—The potential for academic community partnerships are challenged in places where there is a history of conflict and mistrust. Addressing Disparities in Asian Populations through Translational Research (ADAPT) represents an academic community partnership between researchers and clinicians from Tufts Medical Center and Tufts University and community partners from Boston Chinatown. Based in principles of community-based participatory research and partnership research, this partnership is seeking to build a trusting relationship between Tufts and Boston Chinatown.

Objectives—This case study aims to provides a narrative story of the development and formation of ADAPT as well as discuss challenges to its future viability.

Methods—Using case study research tools, this study draws upon a variety of data sources including interviews, program evaluation data and documents.

Results—Several contextual factors laid the foundation for ADAPT. Weaving these factors together helped to create synergy and led to ADAPT’s formation. In its first year, ADAPT has conducted formative research, piloted an educational program for community partners and held stakeholder forums to build a broad base of support.

Conclusions—ADAPT recognizes that long term sustainability requires bringing multiple stakeholders to the table even before a funding opportunity is released and attempting to build a diversified funding base.

Keywords

Community-based participatory research; community health partnerships; health disparities; power sharing

Community-based work is context-specific. Chinatown is the host community of Tufts University's Boston Campus and an important catchment area for Tufts Medical Center and the Tufts University School of Medicine (hereafter, referred to collectively as "Tufts"). Boston's Chinatown, which is comprised of two census tracts, is the most densely settled neighborhood in Boston (44 people per square acre vs. 20 city-wide). Between 2000 and 2010, the neighborhood grew by 24.9% and housing units increased by 54.6%. Seventy-six of its residents are Asian and 15.3% of Chinatown residents are 65 years or older.¹ Fifty-six percent of residents of Chinatown are foreign-born, with 62% of the Asian language speakers reporting that they speak English "not well" or "not at all."² Although Chinatown is a vibrant economic hub, cultural center and tourist destination, it is also plagued by social and environmental problems, such as increased vehicular traffic and severe air pollution.³ Urban redevelopment in the 1950s and 1960s repurposed much of the land for use by Tufts, causing conflict with the surrounding community.⁴

Improving the health of Chinatown and re-building trust with the surrounding community is the goal of a recently formed collaborative effort, "Addressing Disparities in Asian Populations through Translational Research" (ADAPT), between Tufts and Chinatown community partners. ADAPT embodies Tufts' focus on active citizenship representing a cross-campus collaboration of Tufts administrators, researchers, clinicians, students, and five community agencies serving Chinatown. Drawing on the principles of community-based participatory research (CBPR) and participatory research (PR), this paper uses a case study approach to describe the evolution of ADAPT and discuss lessons learned from the first 15 months of this partnership.

Principles Guiding Academic Community Research Partnerships

Community-based participatory research (CBPR) and participatory research (PR) are both characterized by an overall guiding framework that encompasses a variety of research approaches that seek to equalize power between researchers and community partners by sharing ownership, responsibility, and decision-making. Based on a systematic review of the literature, Cargo and Mercer (2008) developed an integrative practice framework for participatory models for research that includes four phases: engagement, formalization, mobilization, and maintenance.⁵ One theory underlying these phases of research is the ability of the project team to create partnership synergy, which harnesses the human, social, cultural, and political capital of the members to create new possibilities.⁶ CBPR is one framework within PR that encourages mutual trust, co-learning, shared responsibility, and accountability in research partnerships.⁷

The story of how PR and CBPR are actualized in practice is illustrated by the actors in the process, the boundary spanners. The theory of boundary spanners was originally developed to describe people in organizations who link across departments. In this paper, we use

boundary spanners in higher education to identify individuals who can link across the university and the community.^{8,9} These are people who can move between the two worlds and navigate different institutional norms, values, and decision-making structures. Boundary spanners are able to make connections and build bridges between the university and the community. Boundary spanners can exist both in the community to bridge to the university and they can exist in the university to build bridges with the community.

METHODS

Using Case Study Tools to Understand the History and Development of ADAPT

Case study approach is a research strategy used in the social sciences to illuminate a social or political phenomenon under investigation,¹⁰ in this case, the evolution of an academic community partnership. One distinct feature of case study is its focus on understanding a phenomenon within its real-life context. Case study design does not rely on one data collection method. Rather, it utilizes a variety of data collection methods including surveys, interviews, observations, and documents in order to craft a coherent and holistic story.¹¹

In this paper, we used a case study approach to understand the factors that led to ADAPT's formalization in November 2011. This includes its conception, initial programming efforts, role of boundary spanners who built connections for ADAPT, and ADAPT's future potential as an academic community partnership. Since November 2011, ADAPT has grown into a partnership that engages five Chinatown-serving agencies, spans researchers and administrative offices across Tufts, and also involves clinicians at Tufts Medical Center. Through ADAPT monthly meetings, community partners had a regular mechanism to provide feedback and advice about the different activities that ADAPT engaged in.

Procedures and Participants

We drew data regarding the formation of ADAPT from three sources: 1) in-person interviews of 15 Chinatown-serving agencies conducted by ADAPT staff; 2) program evaluation data from three community forums and BYC-Chinatown, a capacity-building training program described below; and 3) documents, including meeting notes and unpublished community reports.

Interviews—To gather data about CBO capacity to conduct research, we collected in-person, 40-item interviews that included close and open-ended questions. We derived the questions for the interview from existing instruments used in two programs funded by the National Institutes of Health: 1) the Building Your Capacity program (BYC), developed by three Boston-area Clinical and Translational Science Award sites (Tufts University Clinical and Translational Science Institute (CTSI), the Harvard Catalyst, and the Boston University CTSI) and two community partners (the Center for Community Health Education, Research and Services (CCHERS) and the Immigrant Services Providers Group/Health(ISPG/H));¹² and 2) the Community Empowered Research Training (CERT), developed by the Center for the Study of Asian American Health at New York University (NYU).^{13,14} Both of these trainings focused on building the capacity of community members to participate in CBPR partnerships.

Using a purposeful sampling approach, ADAPT targeted 16 Chinatown-serving agencies that provide the majority of community services in this neighborhood. Fifteen agencies agreed to participate in the interview. One agency declined because of earlier conflicts with Tufts around the encroachment of Tufts' buildings in Chinatown. All interviews were conducted at the offices of the community partners by two trained research assistants from ADAPT.

Program evaluation data—Following completion of the interviews, ADAPT conducted a one-day capacity-building training program, based on the BYC program and CERT, for the 15 agencies. This program was called BYC-Chinatown. Pre-post survey data of BYC-Chinatown examined the following domains: 1) participant's confidence in own ability to work with researchers; 2) the community agencies' motivation for and attitudes about research, 3) CBOs attitudes and perceptions of research, and 4) understanding of collaborative models of research among community agencies and academics. Program evaluation data also included participant evaluations of community forums. These community forums, organized by ADAPT, were open to the research and Chinatown community to discuss the health needs of Chinatown and models of academic community collaboration to improve Asian health.

Documents—We reviewed the following documents: meeting notes and unpublished community reports about pilot research studies at Tufts addressing Asian health issues. Meeting notes documented conversations from early meetings hosted by the Tufts CTSTI regarding unaddressed Asian health needs in Chinatown and monthly ADAPT meetings. Meeting notes were taken by student assistants. Unpublished community reports represented preliminary findings from pilot research studies addressing Asian health.

Data analysis—Data analysis involved simultaneously examining qualitative and quantitative evidence to build a case description. Close-ended interview questions and pre-post survey data from BYC-Chinatown were entered into a database and descriptive statistics were generated using EXCEL. Open-ended interview questions were transcribed verbatim. Interviews and documents were coded by two members of ADAPT (XW and JW). Relationships between codes were analyzed and written into thematic summaries and analytic memos.¹⁵ The analytic strategy employed involved creating a case description built through pattern matching to build an explanation for the case. The case narrative that follows represents the findings from our analyses.

RESULTS

Based on the analyses described above, the following themes emerged about the development of ADAPT. The themes are presented in chronological order to orient readers to different phases of the partnership and how it developed over time. Throughout this time period, the role of community partners evolved. Initially, community partners were involved in research studies as research participants. As Tufts' community engagement grew, developed and deepened, community-based organizations became key players in research partnerships. When ADAPT was formalized, there were two community-based organizations at the table. Over the first year, this grew to five partners and in the current

structure, one partner is a community co-chair of ADAPT. As described in the different phases below, community partners played a significant role in ADAPT's development.

The foundation of ADAPT—The context for growing an academic community partnership

Several related but distinct efforts at Tufts provided the foundation for a research initiative on Asian health to emerge and coalesce over a 5-year time period. In the late 2000s, these efforts were happening simultaneously, but not directly linked together.

Formative Research Period for Infrastructure Building

In 2008, the Tufts CTSI, created with NIH funding in 2008, was established to strengthen translational research; community engagement was a central component of this work. As part of its formative work, the Tufts CTSI conducted a series of focus groups with stakeholders representing three communities, Somerville, Dorchester/Roxbury and Chinatown, to gain a better understanding of these communities' experiences with clinical and translational research. One key finding that emerged pointed to community conceptualizations of health.¹⁶ These stakeholder communities defined health within the framework of social determinants and less within a clinical model focused on specific disease entities (e.g. asthma, congestive heart failure). For example, when Chinatown residents were asked about their priority health concern, many of the focus group respondents pointed to pollution, congestion, and highway noise. This research encouraged the community engagement component of the Tufts CTSI to embrace a broad definition of health when working with community partners.

Strengthening Research Readiness in Community-Based Organizations

In September 2009, the Tufts CTSI, in collaboration with Harvard Catalyst, Boston University's CTSI, CCHERS, and ISPG/H, received a supplemental grant from NIH to design and implement a research capacity-building program. This program, entitled "Building Your Capacity (BYC)," grew out of the experiences of the ISPG/H, and CCHERS, investigators at Tufts and Harvard who conducted CBPR, and from results from the focus groups described above conducted by the Tufts CTSI in 2008. From 2009–2011, using a community-based educational approach, 20 agencies were trained in the politics and practice of engaging in CBPR partnerships with academic investigators. This experience taught the Tufts CTSI that research partnerships should embody a stance of co-learning and respect for the prior knowledge and skills that community partners bring.¹² Additionally, the Tufts CTSI established working relationships with the Asian Task Force Against Domestic Violence and the Boston Chinatown Neighborhood Center, both of whom would later join ADAPT.

Strengthening Clinical Care for the Asian Community

Simultaneously, clinical efforts focused on the Asian community were underway at the Tufts hospital. Pilot research in the Chinese community spearheaded by Tufts and a community partner included a survey and eight focus groups in 2007 conducted by the Tufts Cancer Center. This pilot work was designed to understand the cultural and linguistic barriers to

cancer diagnoses and cancer care, highlighting the challenges in meeting the needs of this population. Building on this research, in 2011, pilot funds from the Yawkey Foundation were secured to address best practices nationwide in the creation of a patient navigation program for patients of Chinese origin with newly diagnosed cancer. This project spearheaded the creation of the Community Oncology Disparities Initiative with the overarching goal of improving the cancer care experience for patients in the host community.

In May 2009, several physicians and the Tufts CTSI held an internal meeting about improving care for Asian patients and building an NIH-funded “Center of Excellence” for addressing Asian health. Those present recognized the Tufts-affiliated hospitals’ strengths in providing clinical care to the Asian community, but hoped to build a more comprehensive program addressing Asian health that included both clinical and research efforts. While there was interest in starting such an initiative, no clear leadership emerged, causing these conversations to stall. In May 2011, these clinicians and the Tufts CTSI convened another meeting of stakeholders to continue discussion of developing an initiative on Asian health. This time, Tufts invited a key community partner, the Boston Chinatown Neighborhood Center, because of their participation in BYC. Participants agreed that Tufts was doing significant work in Chinatown; however, most of what was being done was fragmented. This work included outreach programs in Chinatown, research on end of life care, hepatitis B, cancer, and asthma, and subspecialty clinics focused on liver and kidney disorders. Establishing more synergy among these different efforts by leveraging natural linkages was important in order to build upon the existing foundation of community-based programs, clinical services and research.

The Growth of CBPR in the Asian Community

Between 2008 and 2012, several research partnerships with the Asian community and individual Tufts investigators began to grow and flourish. The Community Assessment of Freeway Exposure to Health (CAFEH) study, a National Institute for Environmental Health and Safety funded investigation of the effects of air pollution on health in neighborhoods of Boston including Chinatown and in an adjacent city, began air monitoring in Boston Chinatown. The CAFEH study, led by a senior investigator at the medical school who had a background in political organizing and biology, represented the first NIH-funded CBPR study with Chinatown and had as partners two Chinatown community-based organizations, the Chinatown Resident’s Association and Chinese Progressive Association.¹⁷ A junior investigator with training in education and urban planning and funding through the Tufts CTSI began working on pilot research projects with two other Asian-serving organizations: the Asian Breast Cancer Project and the Asian Task Force Against Domestic Violence. In late 2011, a senior clinical researcher with expertise in women’s health and health disparities, began working at the hospital and immediately became involved with the Asian Breast Cancer project to explore research priorities focused on breast cancer. In these different CBPR projects, community partners were co-investigators on the grants.

The Catalyst for Coming Together

Given these different strands of work, it became evident that there needed to be a forum to bring different stakeholders together. To support this effort, the Tufts CTSI convened a community forum around Asian health disparities, inviting representatives from the NYU Center for the Study of Asian American Health, the only National Institute for Minority Health Disparities-funded Center of Excellence to focus on Asian health disparities. This gathering provided a forum for the NYU Center to share their lessons learned and reflections on building a health disparities initiative focused on Asian American health.^{18,19} This community forum, held in September 2011, attracted over 40 researchers, clinicians, staff, and community partners. Fifteen of the participants were community partners.

Responses to the forum demonstrated that there was broad-based interest in building a research initiative on Asian health. The enduring lesson for Tufts from this forum, however, was raised by a long-time community member who wrote on the evaluation form that “Tufts engage the community *before* the funding opportunity comes out.” Faculty at Tufts associated with the event took this caution seriously, realizing that it was important to establish a mechanism to continue to engage the community before a funding announcement is released.

As a result, ADAPT was founded, with infrastructure support provided by the Tufts CTSI. ADAPT represented the first step of building a partnership between Tufts and the Chinatown community. Its original members included five clinical investigators, two CBPR researchers, two community partners (Asian Breast Cancer Project and the Asian Task Force Against Domestic Violence) and four representatives from various departments, centers, and administrative offices of Tufts. ADAPT began to meet monthly starting in November 2011. A junior faculty member with experience in CBPR chaired the ADAPT meetings. All of those at the table had a voice in decision-making. In the first year, ADAPT implemented a series of activities described below and had a flexible structure that enabled new members to join throughout and contribute to the development of the partnership.

The Period of Learning and Engagement for ADAPT

2012 marked the period of learning and active engagement for members of ADAPT. ADAPT implemented several programs in 2012 that were designed to build stronger relationships between Chinatown-serving agencies and Tufts. Activities also attempted to engage a broad spectrum of stakeholders in the conversation around addressing health disparities in Chinatown.

As a first step, ADAPT conducted interviews to understand CBO capacity to conduct research. The community agencies interviewed ($n = 15$) were diverse in terms of size, budget and number of clients served per year (Table 1). The organizations ranged in their prior experience with research as well as in their opinions about the efficacy and value of research endeavors. Successful partnerships were defined as those that were transparent, shared data and results with CBOs, and helped to improve the effectiveness of the CBO. Organizations noted the external and internal challenges that CBOs experienced in having equitable research partnerships (Table 2). While respondents can point to the potential

benefit of research for their organization and the Asian community, they express some hesitation about spending too much time on research activities (Table 3).

As a second step, ADAPT developed BYC-Chinatown, a research capacity-building training program based on the BYC program and NYU's CERT program to address the concerns raised by the interviews with CBOs. Only organizations that had completed the interview were invited to the training. Two of those organizations sent two participants to the training (total $n = 17$). The Tufts CTSI provided the financial support for BYC Chinatown through its existing community engagement funds. Because of limited funding and the community request for a short-intensive training, ADAPT designed BYC-Chinatown as a one-day training. Community agencies who participated were given a \$500 organizational stipend. The goals of the one-day training were to introduce Chinatown-serving agencies to CBPR through an interactive workshop that engaged participants in a variety of learning activities including drawing concepts, small group sharing, and facilitated group discussions (Table 4). Together, these different activities created a learning process in which participants learned from each other and from established experts in the field. The pre-post survey indicated that BYC-Chinatown helped to raise the confidence level of participants to work with Tufts on CBPR projects and motivated them to think about using research to support their agency's mission and goals (Table 5). At the end of the training, participants verbally shared that the day provided an "appetizer" for thinking about the potential for research in Chinatown. Participants also verbally expressed that the training made them realize that researchers at Tufts were "not so distant" and that there was much potential for communities and researchers to work together to improve the health of Chinatown.

The third step involved holding large community forums to engage a broad audience in the conversation around research on health disparities. These forums attracted clinicians, community partners, administrators, and researchers. During the April 2012 community forum entitled "Community Forum: The Health of Chinatown", members of ADAPT presented the findings from the CBO interviews and pre-post survey results of the BYC-Chinatown program. The forum also included facilitated group break-out sessions about the potential and challenges of academic community partnerships. After this forum, three additional community partners expressed interest in joining ADAPT, the Asian Community Development Corporation, Greater Boston Golden Age Center, and Boston Chinatown Neighborhood Center.

This forum was followed by "Chinatown Leaders Lunch" in September 2012 that invited leaders from community-serving agencies in Chinatown and showcased three active CBPR partnerships around Asian health issues. The CAFEH project attributed their success at recruitment to their community partners. The ATASK presented preliminary findings from their pilot research project on different cultural notions of empowerment as experienced by domestic violence survivors and their client advocates. The community leader of the Asian Breast Cancer Project talked about her experience in working with Tufts to submit an NIH grant application as a Co-PI. These three projects highlighted different ways in which research could be used to support CBOs mission and goals.

Accomplishments in the First Year

Since ADAPT was formalized in November of 2011, it has made important progress. First, ADAPT has been asked to provide consultation and letters of support for 15 grant applications focused on Asian health. Second, ADAPT catalyzed four new academic community research partnerships. One of these partnerships has recently been funded to conduct research on obesity in Chinese families. Another partnership recently received funding to conduct a community-driven health needs assessment of Chinatown residents. This initiative emerged from a desire of community partners and researchers for more accurate data about the health of Chinatown. A third partnership that emerged, includes investigators interested in patient navigation and community partners interested in cancer. They formed an interdisciplinary research team that is seeking external funding to create an evidence-based patient navigation program at Tufts. Partly influenced by her work in ADAPT, the leader and founder of the Asian Breast Cancer project decided to start a community-based organization focused on Asian women's health, Asian Women for Health, with research as part of its strategy.

Next Steps: Mobilization and Maintenance

As momentum and membership has grown, members of ADAPT have asked for a more formal structure, with partnership roles clearly defined. ADAPT is currently engaging in this conversation, modeling itself after the development of the Tufts Community Research Center, a university-wide Steering Committee focused on research partnerships between Tufts and its host communities.¹⁵ ADAPT is in the process of developing by-laws and a mission statement and broad inclusion of community partners in the leadership and activities of ADAPT (e.g., a community partner as co-chair with an academic researcher). ADAPT is also in the process of developing a guidance document that illustrates the role that it plays at Tufts and how academic and community partners can both benefit.

LESSONS LEARNED

ADAPT represents a case study of academics and community partners trying to establish an academic community partnership in a setting with a history of conflict and tension. ADAPT's evolution illustrates the real-world context of how partnerships arise and under what conditions they materialize. While external funding opportunities may foster partnerships, ADAPT demonstrates the benefits of proactive assessment of existing resources from within the university and the needs of the community to find natural synergies and catalyze collaboration and build momentum to move forward together.

In the story of ADAPT, we see that the academic community partnership has moved through the engagement and formalization stages by first designing activities to build trust between the community and university and then by bringing a broad spectrum of stakeholders to the table. This includes not just academic investigators and community partners, but representatives of academic departments, research centers and administrative offices at Tufts to foster wide-spread support. In doing so, the effort has fostered a fertile environment to facilitate pursuit of mutually beneficial funding opportunities that otherwise may not have occurred.

However, going forward, as ADAPT moves into the mobilization and maintenance phases, it faces a key challenge: whether it can institutionalize the relationship between Tufts and Chinatown and secure a diverse funding base. Prior to ADAPT, research relationships with Chinatown existed for individual investigators working in silos. By providing initial support through the Tufts CTSI and involving various Tufts departments, research centers and administrative offices, ADAPT hopes to establish an institutional relationship with Chinatown-serving agencies and community members.

ADAPT's story of PR and CBPR also illustrates the critical role that particular people played. These boundary spanners straddled the needs of the academic institution and those of the community, making important linkages and generating the momentum needed to move ADAPT forward (Figure 1). With backgrounds in medicine, public health, community organizing, urban and regional planning, and clinical practices in women's health and oncology, boundary spanners within Tufts brought with them both insider and lay knowledge of the Boston Chinatown community from having worked in the community. Through the BYC and BYC-Chinatown programs, boundary spanners emerged in the community who helped to build bridges between their clients and the university. As one community partner has observed, building bridges between academia and the community necessitates that we move from a conversation focused on getting community members to be "research-ready" to one that also recognizes it must work with researchers to be "community ready."

Over the last year, ADAPT has adopted the values of the African proverb "We make the path by walking it" to guide our work. Decisions about each step of our evolution have been made through the collaborative decision-making of administrators, clinicians, researchers, and community partners. The central objectives for the decision making process are to identify what is important to the community and how best to meet the needs of the community. In this way, ADAPT has evolved into a partnership that is responsive to the community needs and brings together different stakeholders in ways that promote co-learning and collaboration.

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Figure 1.
The Development of ADAPT

Table 1

Description of Community-Based Organizations Completing Interviews (N=15)

	<i>n</i> (%)
Agency Type	
Community-Based	11 (73.0)
Health Center	1 (6.0)
Education Center	2 (13.0)
Religious Center	1 (6.0)
Number of Employees	
< 10	5 (33.0)
10–50	5 (33.0)
> 50	5 (33.0)
Personnel Dedicated to Research	
Yes	2 (13.0)
Approximate Annual Budget (\$USD)	
< 500,000	2 (13.0)
500,000–1,000,000	3 (20.0)
1,000,001–5,000,000	7 (46.6)
> 5,000,000	3 (20.0)
Type of Service Provided	
Health/Healthcare	6 (40.0)
Policy/Advocacy	14 (93.3)
Social Services	13 (86.6)
Research	9 (60.0)
Religious Services	1 (6.0)
Cultural Services	12 (80.0)
Education	15 (100.0)
Capacity Building	13 (86.6)
Other	10 (66.6)

Table 2

Community-Based Organizations' Perspectives on Research and Partnership-Building (N=15)

	Responded "Yes"	Percentage
In general, what were some of the things that made the partnership with external researchers challenging?		
Resources were not equitably shared	8	53
Researchers did not understand your priorities	7	47
Researchers did not understand your community	8	53
Researchers valued their skills and experience over yours	7	47
Partnership took up more staff time than it was worth	12	80
Partnership was not equitable	7	47
Partnership was characterized by mistrust	6	40
In general, what were some of the things that made the partnership with external researchers successful?		
Shared data and results with your agency	15	100
Partnership served a useful function for your organization	15	100
Partnership contributed to the capacity of your organization	14	93
Partnership was characterized by transparency	15	100
What level of importance does each of the following serve in your agency's willingness to participate in research?		
Alignment of research related activities with your organization's missions and goals	14	93
Understanding about what is involved to conduct research	15	100
Access to research collaborators/partners	14	93
Loss of productivity or income during research activities	13	87
Dedicated staff time to conduct or participate in research	15	100

Table 3

Themes From Open-Ended Interview Questions (N=15)

Issue Posed	Themes	CBO Quotes
Images associated with the concept of research	<ul style="list-style-type: none"> • Research is positive and necessary • Research is proof needed to influence policy • Way to design evidence-based programs • Research can be biased and presented out of context 	“Unless there is academic research to support what we know on a gut level, we’re not going to be heard. It’s really important in the policy arena, where you have people testifying and you always need an expert to show that the problem is really here.”
Potential benefits of research for the Asian community	<ul style="list-style-type: none"> • Provide more data on the Asian community • Create targeted, culturally sensitive research • Dispute the model minority myth 	“People used to say that Asians don’t have cancer or other things, but it wasn’t true. It just wasn’t documented.”
Prior experience with research	<ul style="list-style-type: none"> • Priority is providing services, not research 	“We’re too busy trying to save the world. Proving that we’re saving the world is a secondary goal.”
Health priority of the community focused on social determinants of health	<ul style="list-style-type: none"> • Healthcare access; Health education; Mental health; Environmental factors 	“We’re not going to solve asthma by doing health research because it’s all social determinants. The question is, how do we make a better life for people?”

Table 4

Agenda for BYC-Chinatown: Topics, Learning Objectives, and Activities

Topic	Time	Learning Objective	Activity
Introductions and icebreakers	15 minutes	<ul style="list-style-type: none"> Provide an overview of the day Establish a learning community 	Stone soup icebreaker Go over contents of the training binder
Ground rules	5 minutes	<ul style="list-style-type: none"> Establish ground rules for discussion 	Brainstorm on ground rules
Activism and research	40 minutes	<ul style="list-style-type: none"> Discuss how research and activism can be complementary 	Drawing activity Group discussion
CBPR in the Asian community	45 minutes	<ul style="list-style-type: none"> Understand how CBPR can be applied to Asian health issues 	Presentation by the Asian Task Force Against Domestic Violence
Overview of CBPR	1 hour	<ul style="list-style-type: none"> Understand the basics of CBPR 	Presentation by Dr. Linda Martinez on CBPR in the Caribbean community
Overview of collaborative community research	1 hour	<ul style="list-style-type: none"> Understand different level of engagement in CBPR projects 	Facilitated discussion by Dr. Doug Brugge
Institutional culture and CBPR	1 hour	<ul style="list-style-type: none"> Understand the different institutional cultures that govern community based organizations and universities 	Facilitated discussion by Dr. Laurel Leslie
Next steps and Wrap up	30 minutes	<ul style="list-style-type: none"> Reflect on the day's learning 	Pair and share Group discussion

Table 5

Pre- and Post-Survey Results From BYC-Chinatown (N=17)

	Pre-BYC	Post-BYC
Participants' Confidence In Own Ability (1—Not at all confident, 2—Slightly confident, 3—Somewhat confident, 4—Very Confident)		
To explain how research can be used to address a problem in your community	2.57	3.26
To approach an academic researcher to work with you or your organization	2.50	3.36
Be approached by an academic researcher to work with you or your organization	2.79	3.36
Describe to your agency's Board of Directors why research is important to your agency	2.64	3.42
To use research to support your organization's mission	2.93	3.42
Identify trade-offs in doing research with academics	2.29	3.21
CBO's Motivations and Attitudes about Research (1—Not at all true, 2—A little bit true, 3—Somewhat true, 4—Very true)		
My agency understands the value of research	3.21	3.36
I believe that research can address health services	3.86	3.92
I have seen evidence that research can affect change at the community level	3.21	3.29
If my agency focuses on research, it will be to the detriment of our other programs	2.64	2.50
Researchers neglect the Chinatown community	2.92	2.54
CBOs' Attitudes and Perceptions of Research (1—Strongly Agree, 2—Agree, 3—Disagree, 4—Strongly Disagree)		
I don't understand why academic researchers approach community-based organizations	3.00	3.21
Academic researchers do not understand the priorities of community-based organization	2.50	2.86
Research can improve my agency's outcomes	1.50	1.71
Understanding of Community-Academic Collaborative Research (1—Nothing, 2—Only a Little, 3—Somewhat, 4—A Lot)		
How data can be used by CBOs to support their programs	2.43	3.14
Role of CBOs in research to effect change at the community level	2.21	3.00
Importance of community-driven research in adding to the dialogue on racial and ethnic health disparities	2.43	3.29
Reasons for researchers approaching me and my agency	3.14	3.36