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# ***Sustaining Community-University Partnerships***

Lessons learned from a participatory research project with elderly Chinese

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*Gateways: International  
Journal of Community  
Research and Engagement*  
Vol 4 (2011): 31–47  
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ISSN 1836-3393

*Go to the people. Live among them. Learn from them.  
Start with what they know. Build on what they have.*

***Lao Zi, Father of Daoism, 600 BC***

The Chinese community in the United States is the oldest and largest Asian-American subgroup with an estimated population of 3.6 million (Barnes & Bennett 2002; Bennett & Martin 1995). Compared to the general US population, the Chinese community is older in average age (Shinagawa 2008). With more than 80 per cent of Chinese older adults foreign born, the community is less acculturated than other immigrant groups. Older Chinese immigrants are experiencing the stress of ageing, which is compounded by pronounced migratory and psycho-social distress caused by vastly different cultural and linguistic barriers (Huff & Kline 1999; Mui 1996). Compared to their US counterparts, Chinese older adults report worse mental health outcomes (Ren & Chang 1998); they have higher risks of depression and are more likely to report somatic psychiatric distress (Casado & Leung 2001; Lam, Pacala & Smith 1997; Raskin, Chien & Lin 1992). There remains a significant need to eliminate the health disparities in the Chinese populations (Li, Logan & Yee 1999).

Despite existing health disparities, systematic health data on Chinese older adults are limited. Historical racial tension, compounded by cultural and linguistic barriers, often prohibits the Chinese community from fully participating in research (Shah et al. 2007; Yu 1982). Other challenges of data collection, subgroup heterogeneity and recruitment further render health research on the Chinese population difficult (Guo 2000; Moreno-John et al. 2004; Norris et al. 2007; Parikh et al. 2009). As a result, there is a lack of empirical data to document the health needs, health determinants and authentic voice of this marginalised community (Shah et al. 2007; Simon et al. 2008).

The purpose of this article is to present the challenges faced in sustaining a community-university partnership when conducting a CBPR project with an elderly Chinese population in Chicago's Chinatown, and to detail strategies and lessons learned

from meeting the challenge of cultural complexity in this Chinese community. The greater Chicago area has one of the largest US Chinese communities in the country, with an estimated population of over 67 000 (Simon et al. 2008). Located in the near south side of Chicago, the Chinatown neighbourhood, including the communities of Armour Square, Bridgeport and McKinley Park, remains the most densely populated with Chinese immigrants (Bennett & Martin 1995). Currently, the Chinatown community is one of the fastest growing ethnic communities in Chicago (Goldsworthy 2010).

In this article, we illustrate the key challenges and themes through adaptation of a conceptual framework for sustainability proposed by Alexander and colleagues (2003), as outlined below. We focus on the university partners' reflections, as well as the constructive comments and evaluation of the collaboration by community leaders and stakeholders. The paucity of systematic understanding of the ageing Chinese population necessitated the collaboration of community and university partners, beginning in 2008. Our primary goals in the first phase were 1) to build a collaborative partnership between the community and university for a community-based, action-orientated health-promotion study; 2) to investigate community health needs using culturally sensitive measures; and 3) to develop community-engaged research capacity. Building on this two-year collaboration, we were recently rewarded with continuing funding from the National Institutes of Health to expand our partnership efforts through community-university infrastructure and network building.

## **BACKGROUND RESEARCH**

In recent years, community-engaged research has been increasingly undertaken by gerontologists and researchers from relevant disciplines to promote and support healthy ageing, health protection and disease prevention (Baker & Wang 2006; Blair & Minkler 2009; Carrasquillo & Chadiha 2007; Davies & Nolan 2003; Norris et al. 2007). Although community-engaged research offers a common framework for studies that seek to strengthen the link between research and practice, it encompasses a wide range of research endeavours as well as the degree to which the community is involved. Among its variations, community-based participatory research (CBPR) places the most emphasis on engaging the community as a full, equitable partner throughout the research initiation, implementation and dissemination processes. Participatory action and research elements are given equal consideration (Israel et al. 1998, 2001; Leung, Yen & Minkler 2004; Wallerstein 2006). By equitably engaging both community and university partners in an action-driven investigation, the CBPR approach enhances the quality and quantity of research without losing sight of local community values (Israel 2000; Minkler 2005; Minkler & Wallerstein 2003).

There are compelling philosophical and practical reasons for engaging communities in health sciences studies. Broadly speaking, the nature of community health issues is multifaceted, and their solutions often supersede the capacity of one single perspective or organisation (Butterfoss, Goodman & Wandersman 1996; Israel et al. 1998; Lasker & Committee on Medicine and Public Health 1997). Therefore, engaging the community in each step of the scientific enquiry helps to facilitate positive change (Green & Mercer 2001), and brings in a diverse group of stakeholders to co-own a solution that matters and makes sense to them. Hence, implementation will more likely be sustained (Kobetz et al. 2009; Martinez, Carter-Pokras & Broan 2009; Minkler 2005; Okubo & Weidman 2000). In addition, given the complexity of health determinants and the disparities experienced by marginalised groups, older adults and ethnic minorities, whose health behaviours are strongly intertwined with their cultural beliefs, any intervention must be developed from knowledge of and respect for the community's cultural values (CDC/ATSDR Committee on Community Engagement 1997; Israel 2000; Minkler 2005; Minkler & Wallerstein 2003).

### **Sustainability of Community-University Partnerships**

Sustainability planning is central to the management of successful community health initiatives. From an evaluation standpoint, sustainability may be difficult to conceptualise, given that it often refers to a future stage (Alexander et al. 2003). Public health literature examines sustainability mostly from the viewpoint of maintaining specific health programs, such as health initiatives, or retaining knowledge, capacity and values generated from the collaboration (Bryant 2002; Israel et al. 2006; Paine-Andrews et al. 2000; Shediac-Rizkallah & Bone 1998). Less attention is given to sustaining the partnership itself (Gomez, Greenberg & Feinberg 2005; Israel et al. 2001), and investigating partnership sustainability through empirical evidence is also not granted the attention it deserves (Israel et al. 2001). A few studies have examined theoretical perspectives of sustainability. For instance, Alexander and colleagues (2003) have conceptualised five broad attributes of the CBPR approach that are important for partnership sustainability: (1) vision-focused balance that brings the partnership to agree on a long-term vision for community health; (2) infrastructure development that fosters member participation and engagement; (3) community linkages that sustain commitment among the individuals and institutions involved; (4) systems orientation, in which attention is directed to the long-term function of the synergetic partnership; and (5) outcome-based advocacy to effectively identify and pursue valued goals through collaboration. This framework also highlights the interplay between different environmental factors, including cultural, political, physical and economic contexts, which impact on the partnership.

Despite sustainability being a key indicator of partnership success, it raises challenges for many organisations. Much has been published on the structural challenges facing community-university partnerships, and some have noted that partnership building is a cultural exchange in progress. Combining two different systems inevitably results in a series of compromises in order to achieve a shared goal (Israel et al. 1998; Lasker & Weiss 2003; Williams et al. 2005). The voluntary basis of collaboration calls for a process-orientated, consent-based leadership that may prove ineffective where there is tension between the expectations of the community and those of the university (Lindamer et al. 2009; Williams et al. 2005). Another challenge is a lack of or reduced funding, which may create difficulty in maintaining group morale, momentum and energy and fundamentally threaten the long-term viability of the partnership (Israel et al. 2006; Williams et al. 2005). In addition, it may be challenging to document and evaluate how the research collaboration in practice meets health and wellbeing needs (Kreuter 2000; Roussos & Fawcett 2000).

### **The Challenge of Cultural Complexity**

In the case of minority health, the challenge of partnership sustainability goes beyond structural limitations. Taking culture into account is a prerequisite for delivering high-quality health-care services to people from diverse sociocultural contexts (Kleinman, Eisenberg & Good 1978; Tervalon 2003). However, language and cultural barriers often complicate the ability of minority immigrants to understand and participate in research studies (Cristancho et al. 2008; Martinez, Carter-Pokras & Broan 2009). Therefore, marrying culture with sensitivity training has evolved into an institutionalised strategy in current medical school curricula in the US (Institute of Medicine 2008). The concept of cultural sensitivity in clinical encounters often refers to the ways in which health-care professionals interact with patients from different cultural backgrounds. But it is also helpful in guiding community-university partnerships. In the case of the Chinese population in the US, Chinese communities are predominantly foreign-born: less than a third are US born, and nearly half do not speak English well (Shinagawa 2008). Not only are the language and cultural barriers challenging, Chinese communities are inherently diverse due to the history and development of immigration trajectories (Moreno-John et al. 2004; Parikh et al. 2009). These sociodemographic characteristics call for culturally sensitive research measures (Guo 2000; Norman 1988; Shinagawa 2008; Wong 1998). As a result, it was critical for our partnership to direct and conduct research content in accordance with the community's cultural practices, philosophies and preferences as we strove to strengthen partnership links.

### **RESEARCH DESIGN**

Guided by CBPR principles, our community-university partnership is a collaborative effort between Rush University Medical Center

and the Chinese American Service League (CASL). CASL is a community-based organisation in Chicago's Chinatown, serving more than 17 000 clients in the greater Chicago area annually through its health promotion programs and other social services. The partnership was initiated by a gerontologist at Rush Institute for Healthy Aging (RIHA), Rush University Medical Center, who has been working closely with CASL on health promotion programs.

Community-based service organisations are often among the most involved partners in collaborative research on quality of life issues (Green & Mercer 2001). Therefore CASL was well suited in that it had longstanding collaborations with almost all social service agencies located in Chinatown. In this partnership, CASL serves as a bridge between the university-based researchers and the broader community partners serving on our advisory committee. Committee members play a pivotal role in fostering community support and guiding the overall examination of health issues in the community. They comprise stakeholders and leaders enlisted from civic, health, social and advocacy groups and community centers, as well as community physicians and residents, and represent the cultural diversity of this community. Committee members work extensively with the investigative team to review findings and examine study instruments to ensure cultural sensitivity and appropriateness. In order to accommodate the community's cultural and linguistic diversity, committee meetings are conducted in three languages: English, Mandarin and Cantonese.

The formation and conduct of this community-university partnership allowed the development of an appropriate research methodology that took into account the Chinese cultural context. Under the guidance of community partners, both quantitative and qualitative data was collected in the community. A survey questionnaire was constructed to examine the health needs of Chinese older adults, and a total of 78 study participants were recruited from community centres, seniors housing, local advertisements and community educational initiatives. Survey questions were initially constructed in English and were then translated into simplified and traditional Chinese by bilingual and bicultural research assistants and investigators. The interviews were conducted according to participants' preferences in English, Mandarin or Cantonese by linguistically competent research assistants. The study was approved by the Rush University Medical Center Institutional Review Board.

## **RESEARCH FINDINGS**

Results of the survey suggest that elderly Chinese are vulnerable (Dong et al. 2011b). Symptoms of depression, loneliness and lack of social support are common in the urban Chinese population (Chang et al. 2010c). Our findings from both quantitative and qualitative data suggest that elder mistreatment is common, but is considered unacceptable in Chinese culture (Dong et al. 2011a).

They also suggest that increases in the incidence of symptoms of depression are associated with an increase in the self-reporting of elder mistreatment in the US Chinese population (Dong et al. 2010). Our research outcomes have important practical implications for health-care professionals and social services agencies, as well as concerned family members. In particular, the locally relevant findings underscore the need to advance research and educational initiatives through culturally and linguistically appropriate measures. As a result, our partnership continues to expand its efforts to community outreach programs and educational activities. Since the inception of the partnership in 2008, we have created a bimonthly trilingual community health forum to promote health and advance the community's capacity in research on ageing.

### **REFLECTIONS ON PARTNERSHIP SUSTAINABILITY**

These reflections on developing partnership sustainability focus on the initial stage of the research (vision-focused balance and infrastructure development), the mid-term actions (community linkages) and the long-term goals (systems orientation and outcomes-based advocacy), as discussed below.

#### **Vision-Focused Balance**

Community-university partnerships by default comprise community organisations and university groups equally contributing based on a shared vision. Having a clear vision and mission statement is perhaps the best way to help generate support for the partnership (Roussos & Fawcett 2000). Creating and sharing a broad vision by building upon prior positive working relationships with partner organisations emerges as an important strategy (Israel et al. 2001). To begin with, in our partnership experience, our community and university partners had already collaborated on a series of health initiatives in Chinatown that helped foster a trusting relationship. In addition, consistent with prior studies, our bicultural and bilingual investigators' cultural insights contributed to forming a trusting relationship with the community as well as an effective collaboration (Calamaro 2008; Suh, Kagan & Strumpf 2009; Yancey, Ortega & Kumanyika 2005).

Nevertheless, there were initial challenges. Despite our partnership sharing a uniform vision on improving the health of Chinese older adults, as the partnership evolved members voiced concerns about how to best achieve that vision. In our first partnership evaluation meeting (about eight months into the partnership), most community advisory board members concurred that, despite there being an initial buy-in from community partners, it was unclear how to translate short-term goals into future goals congruent with the vision. Some members felt that they wanted to be more involved but did not know how. Others felt unclear about the potential contribution they could bring to the

table. And still others questioned the level of impact from collecting research data on issues that were already well perceived through anecdotal stories.

Our partnership used several strategies to mitigate these problems. First, as the partnership progressed, we revisited the agenda to reflect on the collective perspectives, knowledge and skills of the partnership in order to hold each partner accountable. Through this we gained the understanding that, despite sharing the same vision, community advisory board members may prioritise different needs. It was imperative to ascertain that all of the long-term goals met the capacity of the partnership. Second, we realised that community partners needed to understand that research findings may not immediately effect social change, while university partners needed to ensure that the collective community voice was being heard, reflected and respected. When the goal is community empowerment, it is important to keep communicating the vision brought forth by the partnership in order to keep an array of partners at the table. Third, creating a vision not only implied the ability to bring partners to commit to a community-focused, action-orientated research endeavour, but also implied the capacity to drive the partnership towards a shared vision, as it is this which may strongly affect sustainability (Paine-Andrews et al. 2000).

### **Infrastructure Development**

Infrastructure building contributes to bridging the current knowledge level and long-term vision. Without the internal support systems that glue the partnership together, the partnership will not be able to foster effective member participation and full commitment (Wolff & Maurana 2001). In our partnership, leaving the Chinese community with no research tools to advance its own needs was among the most articulated concerns in partnership meetings.

Whereas conventional infrastructure building may be essential, we have come to the conclusion that utilising creative measures to address the bilingual and bicultural needs of the Chinese community is equally critical. As a result, we have devoted extensive time and energy to planning infrastructure targeted towards the Chinatown community's cultural and linguistic needs. To begin with, we enhanced the community's research capacity by organising research workshops for community partners who were interested in learning more about health sciences research. The training provides co-learning experiences that foster leadership breadth and depth pertaining to cultural knowledge exchange. In a mock focus group training workshop, among other events, not only did community partners gain specific skills in research instruments and facilitation, but researchers also gained insight into Chinese culture, such as respect and honour for seniors. For instance, researchers learned the technique of facilitating open discussions among Chinese older adults without being authoritative or making older adults fear 'losing face'. This

provided the university partners with a great opportunity to learn from community wisdom as well as how to interpret data so that it was more culturally appropriate.

At the same time, both community and university partners recognised the pressing need to strengthen data acquisition in the community. Chinatown residents mostly converse in Chinese, including Cantonese, Mandarin and Taishanese dialects. Therefore, research data easily suffers from the problem of 'lost in translation'. In response, our partnership is in the process of creating a bilingual data resource centre that will permit data collection in both English and Chinese (all dialects share the same scripts). The data centre will further improve the quality of the data and accuracy of the community's collective voice.

### **Community Linkages**

A thriving partnership requires the sustainability of broad community participation (Alexander et al. 2003). However, community partnership building often encounters the challenges of structural constraints, such as lack of funding or trust in the collaboration. Facing this latter challenge, we first aimed to generate broad participation by both the community and the university using culturally sensitive measures. We actively sought feedback from community and university partners in order to engage multiple community stakeholders and leaders within the partnership framework. For instance, our advisory committee functions as a complementary effort to both community and university partners on the strategic plan of sustainability. The committee is instrumental in designing and guiding the cultural appropriateness of educational training and dialogue between the community and university partners. In other words, the committee serves as a bridge between the university centre and the community partners to ensure that the vision and desired goals will be met.

Second, we found that showing appreciation for the local community resources greatly contributed to the partnership's ability to establish a strong working relationship. Traditionally, Chinese culture places great emphasis on respectfulness and honour, both of which remain core values of Confucianism (Chan & Tan 2004). Therefore, expressing adequate appreciation for the local cultures has evolved into a meaningful protocol throughout this partnership.

Third, given that CBPR is a different approach from that which many researchers and community members are accustomed to, organising educational forums and training opportunities may deepen the ties between both partners. From the inception of this partnership, researchers have worked side by side with community partners to build community research capacity through education and training using culturally appropriate measures. For instance, we have implemented a series of health promotion forums in response to the needs of ageing adults. Based on feedback from the committee, research partners have presented papers on topics

such as nutrition, depression and elder mistreatment. Older adults have felt free to ask questions in trilingual (English, Mandarin, Cantonese) presentations, and the presentations have been well received by the community. In addition, community initiatives have offered the academic community the opportunity to go into the field and learn first-hand from aggregative community wisdom in terms of its resources, assets and skills.

We are also in the process of integrating academic expertise into the partnership. Workshops on research principles are offered to the community members at large to alleviate health illiteracy (Minkler 2000). Based on the recommendation of community partners, we have also made an effort to highlight partnership visibility in the community through the mass media. We have started a quarterly 'Ask Dr Dong' column to encourage community members to express their own health needs. Community residents can submit a question directly to the study team, and answers are provided by the university partners.

Lastly, we have learned that the action-orientated approach to partnership building is vital to our collaboration with the Chinese community. After completing data collection, we organised an Appreciation Dinner for 78 project participants and their family members. The dinner provided the participants with an opportunity to understand their contribution to advancing community health sciences. Moreover, the occasion allowed community and university partners to witness the well-received impact of this partnership at the grassroots level.

### **Systems Orientation**

The formation of community-university partnerships is premised upon the enhancement of organisational capacity to achieve its goals. In most CBPR studies, partnership capacity implies the ability to advocate for the community on pressing health needs (Butterfoss, Goodman & Wandersman 1996; Roussos & Fawcett 2000). Furthermore, the effectiveness of leadership synergy is perceived as a long-term goal of partnership continuity (Alexander et al. 2003). With regard to partnership synergy, we are continuing to form new relationships as well as maintain the partnership as inevitably some members leave and new members come on board. Providing new members with in-depth orientation and consciously welcoming them helps to forge cohesion among partners and to ensure an inclusive process (Israel et al. 2006). Another benefit of this community-university collaboration is the increased interaction between the Chinese community and academic institutions, health professionals and social work professionals, as well as other community organisations, which helps lay the foundation of a sustainable partnership beyond the funding period.

In order to boost the confidence of partners in attaining long-term outcomes, studies indicate the importance of first achieving short-term outcomes, which often carries symbolic value for continuity. The more closely a community change addresses

a perceived need on the part of community partners, the more likely the change will be sustained (Paine-Andrews 2000). To achieve this, our partnership carefully defined its research purpose and envisioned potential action-based solutions both within and outside the community. For instance, our preliminary data analysis indicated that among this group of older adults, family support was identified as the most desirable relationship, yet it remained least satisfactory due to unfulfilled expectations on the part of older adults (Chang 2010b). In addition, community wisdom places great emphasis on a collective decision-making process and the value of family unity. Therefore, in community data presentations, we invite older adults as well as their family members to attend the presentations in order to illustrate the pressing challenges facing elderly parents.

### **Outcomes-Based Advocacy**

When community-university partnerships think critically about their potential impact, working to effect institutional and governmental policy change may be the best means to ensure lasting impact (Israel et al. 2006). To begin with, engaging communities in research offers the opportunity for academic researchers to conduct practice-based research that translates findings into effective clinical practice (Westfall, Mold & Fagnan 2007). Through the exchange of expertise between diverse partners, CBPR not only contributes to organisational capacity-building, but also creates a research–practice interface that informs public policy changes (Davis & Nolan 2003; Doyle & Timonen 2010; Israel et al. 2010).

The challenge remains for the present partnership, however, of how to develop actionable policy goals that take into account the cultural and linguistic complexities of the Chinese community. Increasing cultural sensitivity to health-care interventions is viewed as equally important as communicating the results among the partnership. In the public health literature, there is a growing consensus that cultural sensitivity embodies more than matching the languages and preferred locations of a targeted community. Incorporating the cultural, social and environmental forces that affect health behaviours in a community contributes to the salience of policy impact (Fisher et al. 2007; Kreuter & McClure 2004; Resnicow et al. 1999). In practice, we have sought to work with partners at both the community and the national level. Our partnership has collaborated with the American Psychiatric Foundation and the Albert Schweitzer Foundation to assess health interventions with Chinese older adults in Chinatown Elderly Apartments. With the help of skilled medical student volunteers, the Saturday with Seniors program gathers feedback from Chinese older adults on culturally sensitive health matters requiring long-term promotion. We have also participated in a number of scientific conferences, both citywide and nationwide, to share our partnership experiences with colleagues in the field. Given the intrinsic diversity among Chinese immigrants in the US, we

acknowledge that our findings may not be generalisable to other Chinese populations, including Chinese minority groups and suburban and rural Chinese populations, as they may be subjected to varying degrees of social and economic influence (Shinagawa 2008). Therefore, it is imperative to branch out to other Chinese communities in the country. We are currently spearheading outreach efforts to the Chinese Immigrant Services Agency Network International (CISANI), which is an international social services agency network serving Chinese immigrants around the world.

## **CONCLUSION**

Based on the conceptual five-factor sustainability model, we have presented the challenges faced and the lessons learned from sustaining a community-university partnership in Chicago's Chinatown community.

We see wide implications from this evidence-based, impact-driven partnership for developing culturally appropriate strategies that meet the needs of diverse populations. First, partnership sustainability should not be perceived simply as a program-based evaluation. This is not the sole decisive indicator of the sustainability of community-university partnerships. Rather, the cultural context and structural and environmental constraints also affect the capacity of the partnership to continue to form collaborative relations with all partners (Alexander et al. 2003). Based on our experience, we conclude that the cultural, social and environmental contexts within which the partnership operates perhaps serve as a fundamental platform for long-term sustainability. Working with the Chinese community has highlighted the importance of respecting and embracing diverse cultural philosophies, practices and preferences in sustaining a partnership. Genuine understanding and the practice of culturally sensitive research are critical for advancing social change.

Second, reflecting upon partnership sustainability, we consider all five factors equally critical to the success of this collaboration. However, envisioning long-term goals, as well as achieving their realisation, perhaps are more significant in moving this partnership forward. In our evaluation meetings with committee members, we constantly brainstorm the probable potential of this collaboration: What do university and community partners envision this partnership to be in the next five to ten years? What are the critical elements for sustaining this partnership beyond the funding years? In our case, informing policy changes in the light of community needs emerges as a long-term goal of this partnership. Whereas sustaining partnerships may imply the continuity of specific infrastructure, programs or initiatives for particular collaborations, our collective goal of long-term, policy-actionable impact will help sustain this partnership into the future.

Third, we believe our partnership experience with this Chinese population provides implications for expanding the CBPR

model to fully address the needs of culturally sensitive research. However, the cultural context presents challenges not only in our case, but also within the rich diversity of Chinese populations. Embracing various cultural practices implies more than adapting to their unique language needs. Engaging particular aspects of Chinese culture contributed to sustaining the present community-university partnership. From the inception of this partnership, we incorporated a diverse group of stakeholders and maintained equity in decision-making. At the operational level, we collected both quantitative and qualitative data using culturally appropriate methods, including the design of trilingual focus groups, progress evaluation meetings, participation certificates as a token of respectfulness, data presentations with participants and their family members, and community educational initiatives addressing culturally specific myths in the health sciences. We believe that a culturally sensitive approach enhances the CBPR model as well as the potential for partnership sustainability.

Finally, we cannot emphasise enough that partnerships need to be fostered over time through a humble dialogue exchange between the community and university partners (Chang, Simon & Dong 2010a). Learning from community expertise, including its resources, skills and knowledge of cultural and linguistic complexities, allows the university at large to establish long-term beneficial relationships throughout the initial stage, mid-term actions and long-term goals. Our experience demonstrates that measures including trilingual meetings, workshops, training and media outreach efforts are all pivotal in setting the stage for evidence-based health interventions. As Lao Zi, the founder of Daoism, proposed in 600 BC, the Dao (way) to serve local communities first and foremost requires leaders and practitioners to learn from community wisdom, and build on community resources. We conclude with a committed attitude to mutual learning, with both community and university partners being better able to explore, comprehend and appreciate each other's standpoint, thereby contributing to a sustaining, meaningful partnership.

#### **ACKNOWLEDGEMENTS**

This work was supported by the National Institute on Aging (R03 AG033929, R03AG 033928, RC4AG039085 and R21AG038815) and the Paul B. Beeson Award in Aging (K23 AG030944). We are grateful to the community advisory board members for their continued effort in this project. Particular thanks are extended to Bernarda Wong, Sueylee Chang, Bob Zhou, Anna Zhu, Vivian Xu, Yen-hui Deng, Jin Lian Lai, Debra Chow, Angel Hau and Yicklun Mo, Chinese American Service League (CASL); Steve Brunton, Chinese Mutual Aid Association; Dr David Lee, Illinois College of Optometry; Lucy Guo, Mandy LaBreche, Mona El-Shamaa and Edwin Chandrasekar, Asian Coalition of Health; Danny Kong, Chinatown Elderly Apartments; Ruby Wong, Saint Agnes Health

Care and Rehabilitation Center; Grace Tung and David Wu, Pui Tak Center; Dr Hong Liu, Midwest Asian Health Association; Dr Margaret Dolan, John H. Stroger, Jr. Hospital; Ronnie Kann, Chicago Community Coalitions Association; Florence Lei, CASL Pine Tree Council; and Julia Wong, CASL Senior Housing.

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