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Cultures, Collaboratives, and Capabilities: The Richness of Asian American, Native Hawaiian, and Pacific Islander CBPR

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In 2010, I joined Public Health—Seattle & King County, as the Chief of Assessment, Policy Development, and Evaluation unit. One of my major responsibilities is to work with our epidemiologists and social scientists in providing the population- and community-level data that identify health needs, provide the basis for the allocation of resources for health programs and services, and catalyze policy and systems changes. Despite my previous advocacy work on Asian-American, Native Hawaiian, and Pacific Islander (AA and NHPI) health with the Asian & Pacific Islander American Health Forum (APIAHF), which included the constant voicing of the need to collect racial and ethnic data and to disaggregate racial and ethnic data when possible and shaping a national AA and NHPI health agenda on data and research, I was still taken aback at the lack of available data pertaining to AA and NHPI communities at our health department and other health departments across the country.

Over the past year, state and local health departments and community-based organizations have continued to tighten their belts. In many cases, these entities have had to make wrenching decisions over which programs to fund and which to let go of. These decisions are not made in a vacuum, but are a result of negotiations among policymakers, health departments, health systems, and community leaders and advocates. During these types of negotiations, data and research on what works, for whom, and why are critical. However, population-level health data, whether collected nationally or locally, generally are not designed to capture sufficient data on small and/or emerging populations, such as AAs and NHPIs, particularly in a timely fashion. Hence, the importance of community-based participatory research (CBPR) and for dedicated space to focus on specific issues facing AA and NHPI populations in peer-reviewed journals, such as *Progress in Community Health Partnerships* (PCHP).

This special issue of PCHP brings to light foundational contexts for engaging communities in research, supporting evidence-based research–policy partnerships, and building research infrastructure in AA and NHPI communities. First is the importance of culture. Ma and colleagues in developing a successful hepatitis B intervention acknowledged and addressed the cultural context in their outreach to the Korean community and the design of their intervention. They respected the role of the Korean church (i.e., the cultural institution) as an equal partner in their CBPR project, thus creating the necessary buy-in and support for the project and for the project's expansion. In a striking example of how to develop culturally congruent interventions, Look and colleagues used hula dancing, an ancient Hawaiian dance, as the basis for a cardiac rehabilitation program. Look and colleagues discuss how they overcame the challenges of meshing an indigenous cultural practice with scientific and clinical standards through inclusive and thorough discussion between their research team and cultural advisors. Culture, in these examples, is an asset that is leveraged for the benefit of the research.

Second is the role of collaboratives in building the evidence base for catalyzing policy and systems changes. Quach and colleagues describe the catalytic research work of the California Healthy Nail Salon Collaborative that resulted in the nation's first nail salon ordinance that incentivizes nail salons to use nontoxic compounds. Russ and colleagues highlight three health research partnership models that explicitly involve community members, researchers, and legislators, focusing in depth on the researcher–policymaker relationship. The formation of these partnerships is, in part, a response to the increasing emphasis on evidence-based policymaking. So, whether the research is proactive as in the nail salon example or more reactive in terms of

addressing legislative proposals, CBPR can ensure data and information from the perspective of AA and NHPI communities are injected into policymaking and decision making.

Third is the continued need to strengthen the research capabilities and infrastructure within AA and NHPI communities. As Hirono points out, there are many unanswered and critical questions about AA and NHPI health. He also points out that the work of AA and NHPI serving community-based organizations can be significantly enhanced and improved by CBPR. Rideout and colleagues describes a collaborative effort between the New York Center for the Study of Asian American Health and the APIAHF to support the development of research capacity across AA and NHPI serving community-based organizations. Panapasa and colleagues demonstrate how a CBPR approach can be applied to tackle the need for robust baseline health information on Pacific Islander American ethnic groups (i.e., Samoans and Tongans)—data that are critical for the development of policies and interventions meaningful to Pacific Islander communities.

This special issue presents a rich portrait of what strategies and solutions AA and NHPI communities are using to address health and health care inequities and challenges faced by their communities. In this current environment, where the priority is to direct resources to evidence-based practices and programs, there is an urgent need to capture practice-based knowledge and then to apply research and evaluation methodology to form the evidence on what works and what does not for our numerous ethnic communities. A major community asset and strength evident from these articles is the explicit intention of AA and NHPI communities to take initiative and shape research priorities through CBPR and ensure research findings are actually translated into practice backed by supportive policies and systems. The relationship and trust that is built among diverse stakeholders (community members, researchers, and policymakers) through the CBPR process provides the platform for meaningful community research, and for the actual research translation into practice, policy, and systems for improving the health of the AA and NHPI communities.

Now, being part of a local health department for over a year, learning the ins and outs of a government system, and having to focus on the population as a whole, this special issue is a valuable reminder to me of the need to not lose sight of what happens at the community level. Our diverse communities have values, practices, and solutions that can benefit us all. What we learn from CBPR can and should help to move us forward in collectively and collaboratively reforming our health and public health systems and in creating health-promoting environments.