



**COMMUNITY-BASED PARTICIPATORY RESEARCH (CBPR)** In order to assess Chicago Chinese population's health needs, in accordance with Chinese social, cultural and linguistics contexts, we implemented the community-based participatory research approach to lay the necessary foundation for community health promotion. With the full engagement of community members affected by the health issues, CBPR research design is a comprehensive health inquiry for the purpose of education, empowerment, and affecting sustainable social change. For the last decade, the academic partnership with the Chinese community organizations has been deeply committed to improving the health and well-being of Chicago Chinese population.

**PROJECT DEVELOPMENT** Formation of the Chinese Community Advisory Board has played an instrumental role in providing overall guidance to the study, ranging from project conceptualization and preparation, to the survey implementation, recruitment, and dissemination of findings. The Board members were enlisted through civic, health, social and advocacy groups, community centers and clinics. Community residents and leaders were also invited. The Board is deeply involved in guiding other ongoing community health outreach initiatives, including educational workshops, community health newsletters, focus group discussions, and World Elder Abuse Awareness Day commemorations.

**社區參與研究方法** 為更好瞭解華裔人口的健康需求，及配合華人獨特的社會，文化以及語言環境，我們運用社區參與的研究方法，設立社區基礎健康研究平台。社區參與的研究方法鼓勵社區成員自身參與研究過程，並以教育，賦權以及促進持續社會改變為目標。過去十年來，我們不斷耕耘加強這種學術社區之間的合作。

**調查設計** 華人社區諮詢委員會在本研究中扮演不可或缺的指導角色，提供了包括項目構想，準備，調查執行，成果發佈等的建議。成員來自政府，醫療，社會以及權益團體等不同部門，或是社區居民及輿論領袖。委員會也指導社區其他促進健康活動。

**DATA COLLECTION** Chinese older adults in the greater Chicago areas, aged 60 and over were invited to participate in the study. Participants were approached in community settings such as community-based organizations, social services agencies, churches, community events, educational and outreach activities, senior apartments, and through newsletters and advertisements in community centers, tea houses and social gatherings. Trained multicultural and multilingual interviewers conducted face-to-face home interviews with participants in their preferred language and dialects, such as English, Cantonese, Taishanese, Mandarin, or Teochew dialect. From 2011 to 2013, we interviewed 3,018 older adults with a response rate of 91%.

Questions for health topics in *The PINE Report* were selected from validated scales used in social sciences and public health research. If the Chinese version of the instrument was not available, our bilingual research team translated the scales into Chinese and back translated it into English. The translations were further scrutinized by investigators to ensure content and face validity. Data were collected using state-of-science innovative web-based software which recorded simultaneously in English, Chinese traditional and simplified characters. This transformative technological platform minimized any information that may have been “lost in translation”, thus providing deeper meaning to the data collected.

**數據收集** 我們邀請大芝加哥地區60歲以上的華裔老人參加研究。具有多文化背景以及多語言能力的訪問人員到受訪者家進行面對面訪談的方式。受訪者可以選擇他們偏好的語言受訪。從2011到2013年，總共3018位華裔老人參加了訪談。報告的問題選自社會科學以及公共衛生研究中的有效量表。針對缺乏中文版本的量表，雙語團隊先將英文版本翻譯成中文，再反譯為英文，最後由項目指導者審查以保證內容效度和表面效度。最後，我們利用具備英文，簡體中文以及繁體中文同步功能的創新軟件輸入數據。多語言的數據庫減少因翻譯而產生的誤解問題。