NF: My name is Natalia Fernández. Today’s date is February 23, 2015, and we are conducting an oral history interview as part of the Asian Family Center Oral History Project with board members. So, if you could please state your name, and spell it out loud.


NF: Perfect. And, what is your birthdate and your birthplace?

CN-T: Um, I was born May 26th, 1976 and, actually, here in Portland, Oregon.

NF: And with which ethnic or cultural backgrounds do you identify?

CN-T: Um, Vietnamese-American.

NF: And, when and where were your parents born?

CN-T: My parents were both born in Vietnam. And my mother, in particular, in the northern part of Vietnam and my father in the southern part of Vietnam.

NF: And when did they immigrate over to the United States?

CN-T: It was during the fall of the Vietnam Wars, and that I want to say in 1975.
NF: So you were born here in Portland, and this is where you grew up?

CN-T: Yes, and so, part—I did have, like, a few years in Vancouver, but that was literally across the bridge. And so, I’ve been informed that that’s still very neighboring to Portland. But, yes, my upbringing here is in Portland, Oregon, and I’ve lived in various parts of Oregon around, like, north Portland to southeast Portland to now southwest Portland.

NF: And where did you go to school?

CN-T: Um, do you mean, like, high school or?

NF: Sure, high school.

CN-T: I started out at Benson High School, and they had their health occupations programs and that was something that I was very interested in. And, I was also interested in vocational and was thinking at that time, will I be an engineer like my father or will I go into health care? And then, from there, I went to Linfield College, the Samaritan School of Nursing, and graduated in 2000 with my baccalaureate of science and nursing. And then, practiced for five years, and then I went to and got admitted into the doctor of philosophy nursing program in the post baccalaureate, PhD in nursing up at Oregon Health and Science University, school of nursing. And then, I defended my dissertation in March of 2011, and then in June of 2011, I had, in terms of, like, sorry, pursued, my postdoctoral fellowship. And so, I did that through 2013—trying to remember my own course.

NF: Wonderful. And what was the focus of your dissertation?

CN-T: Um, it was particularly in terms of pap-testing practices among Vietnamese immigrant women living in the United States and using an ecological and collaborative approach.

NF: Wonderful. And so, your research was here in Portland for that?

CN-T: Yes. Yes, and then, with that, it was really where I got to work really closely with IRCO Asian Family Center on the Vietnamese Women’s Health Project that they had. And so, from there, I was trying to think of, like, what is it that I can do to continue to build on the Vietnamese women’s health Project. And so, that’s where the idea and the priority around cervical cancer screening among Vietnamese-American and immigrant women came to be.
NF: So that’s interesting that you bring up IRCO and the Asian Family Center. Did they contact you or did you learn about their projects and contact them? How did that relationship begin?

CN-T: Um, it’s really interesting. It was actually, I was—before I even knew about IRCO Asian Family Center, I heard in general that there were community organizations that were focused in terms of helping the underserved and communities of color. And then, I was wondering if there would be any organization that was focused on Asian and Pacific Islander and then, in particular, Vietnamese. And so, when I had those conversations with Dr. Frances Lee-Lin, who later on became one of my dissertation community members, she had informed me of that, and has said, “You know, have you heard of IRCO Asian Family Center?” I was like, “You know, I don’t believe I have, formally.” And so, then I had called to inquire to see if I could learn about IRCO AFC, and then letting them know what my interest was. And then they said that, “Okay, well we’ll keep you in mind. And that was Danita Huynh. And she’s, she’s so kind. And so, that really stayed with me in terms of just that short few minutes of interaction, how welcoming she was. And, shortly thereafter, they really contacted me. And then that’s how I learned about the Vietnamese Women’s Health Project and how they were seeing that this was something that I was interested in and was wondering if I would be interested in learning more about the positions that was going to be within that project. So, I was like, woah, I was, like, hoping to learn about IRCO AFC, and then here’s a project that is really, like, directly in line with what I’m thinking about in general—something about the Vietnamese community. And so, I learned more about the research project that was funded through the National Cancer Institute of the National Institute of Health. And then, with that, at that time, it was Dr. Amy Copus [sp?], was the principle investigator, and then later on it was Dr. Jessica Grey. So, there was a transition in the PI, so that was interesting in terms of, like, seeing how even just the varied leadership within that project. So, that’s how I learned, initially.

NF: Wonderful. So, can you talk a little bit more about the Vietnamese health project? It was specific to women or it was the Vietnamese community in general?

CN-T: Uh, specific to women. But, they did have, like, different phases. So, the first phase was really looking at developing a semi-structured interview guide and really making sure that there were key informers consisting of men and women across different age spectrum and different experiences. And so that, I thought, was really informative. And, even the community advisory board for the research project was diverse too—it was consisting of different experiences, whether, like, medical physician or a nurse supervisor from Multnomah County Health Department, and we also had a social worker who worked at the Intercultural Psychiatry Clinic. So, it was really
diverse. And, we had community members, so that way the interview guide would be able to be language sensitive and appropriate and also culturally appropriate. So, that was a patient process; it takes time to do that phase, but it was so important to have that engagement piece.

NF: So, were you a part of the project, when it was in the very beginning stages or had it already, pretty much, begun when you were invited to participate?

CN-T: Oh it was actually in the beginning. And it was because it was a community-based participatory research. And so, the way that even how they worked and did the proposal—even though I wasn’t a part of the proposal process, but seeing that it was based on a community needs assessment of the tri-county area. So, there was collaboration with IRCO, with Providence, and also PSU, Portland State University. And, Providence, what I mean is the Providence Medical—Providence Portland Medical Center. And so, there was already a collaboration to even do the community needs assessment, which identified the need for the cervical, assessing cervical cancer screening and beliefs around practices around screening and even how around, beliefs around cervical cancer itself. And then, from there, based on that needs assessment data, there was engagement that, ‘cuz it’s ongoing—and that’s the great thing about IRCO Asian Family Center ‘cuz I’ve not only been a health educator and research assistant on the project, but knowing that there was already, like, continuing engagement, and it’s ongoing. Even after the research funding project ended, it was still continuing, and that’s that commitment that IRCO AFC has, is that open door policy and always looking for ways to engage. So, it’s really great. I was like, “Wow, this is such a smooth transition.” It’s like, I got to learn about this community needs assessment, and here I am getting to be in this piece, and it’s still an ongoing engagement cuz the research project itself was making sure that it continued to have community member participation, and so, very thoughtful and strategic in that way.

[00:10:57]

NF: Can you share a little bit about why community-based participatory projects are so important compared to projects that aren’t done that way? What are some of the benefits and what do you feel is, are some of the main reasons why it’s so important to work on projects that way, especially with topics such as health?

CN-T: Yes. And, thank you for that question because that, that’s something we’re just so passionate, that I’m really passionate about. And so, that ties into really, I, where it becomes where—it’s where, with organizations like IRCO AFC doesn’t assume that because we are a community organization that we know what the community wants. It’s where we’re going to go and outreach, including hard to reach places, and so, that way, when it’s more around community-based participatory, it’s what is it that the
community members, what are they seeing that is important, that’s a priority. Because there may be, like, several different things, but they’re maybe, like, “We really need to focus on this.” And so, there’s that, there’s that part that’s the identification of the need. And then, here it’s like IRCO AFC can see where they can be like a vehicle for that to help. And the other formality piece, because with research funding and applying for that, it’s a very rigorous process, but making sure that there’s the voice of the community members. So, it’s not where we think because it’s important and this is what research says. It’s like, well this is what the research is saying, but we are definitely hearing that this is a need that the community members and the leaders are talking about. And so, that’s what helps to drive. And so, that empowerment piece is really important. That’s one of the principles in community-based participatory research. How is it where community members can feel that they have control in their lives and in what they do by being a part of the project, by being, how their voices is being heard, and how it’s being, in terms of, like, used to facilitate that next step or next project. And, Minkler and Wallerstein who are, we like to call them the research expert gurus in community-based participatory research, and that they even have, like, their addition book on CBPR, good thing for the acronym. And so, that was something that they talk about, is that the priority problem, the need, is identified by the people that are affected by it, so the community itself. And, that it’s community-based versus community-placed. So, that’s something that the Minkler and Wallerstein asserts. And then, having it where they become active participants in trying to, like, identify and see what’s going on with this, so that way – because we want to have sustainability, and that’s really important. And, that’s something that I see IRCO AFC, like, anything that they’re able to do and they make sure is having that commitment and that ongoing engagement with the community versus, oh we did this and that was the one time, and that’s it. It’s, well we’re doing this, and how can we continue to improve, and what can we do so that we, this can continue on? Especially, what if the funding ends, how can it continue on and sustain? And that’s, that’s how—that’s the question we continue to think about. What do we do sustainability wise?

[00:15:03]

NF: Well, in doing a project like this, you mentioned interview guides, you mentioned a community advisory board, so how, how does an organization and individuals, like yourself, how do you start to build that trust with the community? How do you, how do you build those relationships in order to, then, work with the community? So there was, you mentioned there was a needs assessment, so there was already some community collaboration and participation there, but, can you talk a little bit about that process?
CN-T: Yes. And trust, trust is very important and huge. And, again, it’s, like, ongoing. And so, even with the community needs assessment, there was something, like, that was written as, like, lessons learned after that. And, one of that was which really thinking about the leaders, like the gatekeepers. So that way, can help to, like, if there’s the community leaders and gatekeepers of, maybe it’s of a congregation, maybe it’s—whether it’s a Catholic church or maybe it’s at a Buddhist temple. And the reason why I bring that up is because it’s, like, having that, like, endorsement from the community leaders who are saying, this is, this is someone or an organization that wants to do this because of this, and I am in support of that. And that’s something that we found was really important. So, the community advisory board for the Vietnamese women’s health project, it was really helpful because they were also helping to refer participants. And, we’re wanting to be sensitive, you know, like, if they don’t want to, they say no. And, the potential participants don’t want to participate in the project or the study, they have, they need to know they have the right to say no, but making sure that they have an informed decision. And so, that’s that part where we are, we’re, for example, like, finding ways. And, seeing even how we wrote up the invitation script and then that gets reviewed by the Internal Review Board, the IRB, to make sure that everything that’s being said in there was being truthful in terms of, like, there’s unanticipated benefits to participate in this, but if you participate in this, it may have these kind of benefits. And so, what I’m trying to get to is that those conversations that we have with the community leaders and community member representatives from different community organizations helps to give that insight of how to show that we really, sincerely care, and that we’re not just going to come in there and do this project and then leave and that’s it. It’s, it’s what are we gonna make of the findings once we know about it and once we learn about it and then what’s the next step? And so, that’s that part of the ongoing commitment-wise and the leaders and members. I have found when I work with them, they said, “You know, it makes sense why we haven’t heard from you, because this is the process that seems to be where now you’re getting to share, maybe at a conference. And so, this is maybe the dissemination sharing out to the scientific community. So, are you going to do something like this here where the community members get to learn?” And so, then, we continue that conversation with the leaders in terms of, like, what’s the best way to share back what we learned from the study findings? And, because we continue to have those conversations and thinking of how we have those conversations with the leaders and members, they continue to further support and show that endorsement for the project or the program of the, of IRCO AFC. And that’s really important, that’s been so important. And, I feel so appreciative ‘cuz even as of today, I will have it where if the leader member will be like, “Well, you did a project on women, so, at some point, will there be something about men?” And so, then they’re like, like, already, like wondering what the next step is. And I’m like, “Oh that’s right, it’s time for me to communicate to them about next steps.” So those are such important conversations, and it, continues to build trust. And we don’t want any part of that to get severed ‘cuz that’s important.
NF: So you mentioning that you’ve been going to conferences and disseminating information, can you share a little bit how the broader community in your field has, has reacted to this project?

CN-T: Oh, yes. So, in terms of, like, the overall response has been quite positive. ‘Cuz that other part about the research is that it needs to be rigorous and high quality in terms of, like, the methods and how we went about implementing the community based participatory and how we adapted those principles and used them. And even Minkler and Wallerstein says, you can’t just use, just, like, literally here’s the principles, and be like, we’re just gonna do everything the way it says. It’s supposed to be tailored. So because of that and how well we are making sure that it’s still maintaining rigor that we’re working with community members versus, versus where it’s the other around where the power gets shifted only to the PI or the other investigators. And so the—what I have found, for example, the first time I was sharing the study proposal and it got accept—the abstract got accepted to be presented in a poster presentation format, and by that time, I printed out 50 hard copies ‘cuz it’s like good to give hard copies. And almost, like, half was already, like, taken in that first couple of hours, and I was hoping for at least five that gets taken. So, to me, the folks who were already, like, drawn into—and they were really intrigued ‘cuz they’re like, “Oh, what is this?” You know, “Tell me more about how this is really feasible. And it sounds like it was a patient process.” And so, that part speaks volumes. I saw to my fellow colleagues wise that how, how was it feasible? What was the timeline, ‘cuz there’s always the timeline to do this. And also, how true did we stay to being community based. And, because of that, that really, I find, that even through my co-author publications that I’m first author on, there was a lot of interest from—and, it’s blind peer review. That’s another level again, is want it to be rigorous. And, they would—the reviewers actually wanted more elaboration on the actual community based participatory research, the methods part. And they were really intrigued about that, and how the study was still able to be able to be rigorous and still stay within the timeline. And, doing something to address a health disparity topic. And so, that’s been positively received. So, both at health conferences, deporting presentations, people say, “This is so passionate.” Something about, what was it, logistic regression - logistic and also regression analysis, how this sounds so exciting and so passionate. I was like, oh good. Statistics is good.

NF: Wonderful. So in talking about feasibility, do you think projects like this are doable without organizations like IRCO AFC? Or, it really is organizations like the AFC that enable this type of collaboration?
CN-T: For me, because of the experience that I had, it was so important to have that, like, the support of endorsement from the organization. Because, for the dissertation research, I had partnered with programs that were within IRCO AFC, so I had this support overall by the AFC because it was building on top of what was being done. So, there was that part where they’re like, “You are committed, Connie. We see that, and let’s see, let’s see what ways we can help.” And so, even by providing the location venue, the conference center place, and so, that helped to reduce the issue of travelling up to the hill at OHSO and also finding parking. I usually hear that from community members is the parking issue, they said, “We’re not sure we can find parking, and we got to go up to the hill.” And I was like, “Oh.” So that helped to reduce a barrier ‘cuz, since, they’re more, IRCO AFC was more, out there in the neighborhood setting wise.

And then the other part was—and, Dr. Paru Wong [sp?], she was the project coordinator of the Vietnamese Women’s Health Project. And so, when that project ended, and because folks were getting to know who Dr. Wong is, and so it was really great where I was able to say that we’re partnering, and then I’m working also with Dr. Wong for this piece here. And she’s where I can ask her questions. And that was, that was really great ‘cuz, I know how busy she is, and, yet, she was making sure that we had a venue place and that I could also formally announce who I was working with in IRCO AFC. So, having that continued endorsement and support for the project by those who saw the sincerity. That’s the thing, it’s not because it was for my own, personal gain. And that was really important to demonstrate that this isn’t because it’s for my own personal gain, it’s for our, for our community. So, I learned so much from those who—from staff at IRCO at AFC—even just phrases and what I say. And so I was so thankful for that, to have that mentoring. And, they’re so, they’re so humble. And I say they because there was someone else that worked there, [sp?]. And he didn’t see himself as a mentor, and Paru—Dr. Wong [sp?]—was like, “Oh Connie, you’re fine.” You know, like, she would say that, and I’m like, “You’re so humble.” And I’m learning so much, they’re mentoring me, and that’s the part that I’m so grateful for. So it helps me to think more than twice about how I’m going to even talk with the community leaders, the community members, what my purpose is here. And, I hope that answers your question.

NF: Definitely. So, you mentioned being mindful of a timeline, from the time that you—when was the year around the time that you began with the project? And then, even though you mentioned sustainability and that the project sort of ends but the relationship continues, so about how many months or years did it take for the project as a whole?
CN-T: Um, so, for me, when I first started was in fall of 2008. And that was where the project, the Vietnamese Women’s Health Project, it was undergoing Internal Review Board review. And so, not actively recruiting until the IRB formally approved the research study protocol itself. But, in the meantime, it was where—I already got to see how they were making sure that we could still get started on the engagement and the, the brain thinking of how to go about implementing. And so, that started 2008. And then, I stayed on as a health educator research assistant through the summer. And then, I was, and then I transitioned as a volunteer. And so, I was able to—they invited me to be, now, a community advisory member for the Vietnamese Women’s Health Project. And so, then, I stayed on through that year 2009, ‘10, ‘cuz then they have their dissemination. They were done in fall 2010, and then they were working on the manuscript that I got to be a co-author on and worked on. And so, that, that’s the, we call it the quiet phase. It seems like, it’s like you’re on your computer a lot at that time. And so, that was that 2000, I want to say 2010, 2011 piece. Yeah, the quiet phase is very different, you know.

NF: And, you mentioned you defended your PhD, your dissertation in 2012, was that?

CN-T: Right, March 2011.

NF: ’11, okay.

CN-T: And so, I had collected data, and I did a quantitative, descriptive community based survey study. Since the Vietnamese Women’s Health Project—the first one—was a qualitative in-depth interview. And then, so then, mine was the Vietnamese Women’s Health Project two, the quantitative, statistical piece to it. And that was done—that 2010 was when I was really focused on the data collection piece.

[00:30:00]

NF: And was there a part three or were those the two parts?

CN-T: Uh yes. In my post-doc, I had built in the Vietnamese Women’s Health Project part three. And so, then it was where I was like, “Okay, where do we want to go from here? Do we need more data or are we ready to do it like a pilot?” And, working with the community advisory board members, there were those who were, who worked on the Vietnamese Women’s Health Project for prior, stayed on, while others stepped back from their role and then there were others that was, were really interested. And so, then we had a mixed make-up of a new community advisory board. And so, with that, we thought, let’s focus on, what is it that—who haven’t we formally heard from? And so, we wanted to focus on primary providers—nurse practitioners and medical physicians—to also get their perspective because we weren’t quite sure, what if we
needed to have an intervention study that also included, like, intervention or education for providers. We weren’t quite sure if that’s where the data would be leading us, but we were hoping that it would help to inform to get the primary providers perspective around cervical cancer screening and cancer screening in general. And then, we try to broaden where, for, maybe, we’ll have providers that will be able to speak on their experience around Vietnamese immigrant women as well as U.S. born women. So, we wanted to build, look at that piece too. So, right now, we are in, like, manuscript preparation stage, and we’ve presented it at conferences too, and it’s been well received.

NF: So is that part three portion part of the sustainability piece?

CN-T: Yes.

NF: If you train and educate the providers then they can continue to work with the community long-term? Is that…?

CN-T: Oh. And, thank you for your clarification ‘cuz--since it’s more exploratory, so, we haven’t--it wasn’t an intervention, but it was more of, like, in-depth interview. And we kept the questions really broad, too, so that way to see what their understanding and their experience with the Vietnamese immigrant and U.S. born women in terms of their beliefs around screening, including cervical cancer screening, cancer screening, and then timing and decision to seek medical care. And so, it was still in an exploratory. And we’re hoping to see with this, the data from all three projects, how it will inform a pilot intervention. So that’s what we’re looking at.

NF: Oh okay, so the intervention might be the next step, or you’re thinking that will be the next step?

CN-T: Mm-hm, might be. That’s what we’re thinking.

NF: Okay. Wonderful. So, during this time, you’ve been--you mentioned working with the community advisory board for the health project, specifically, but when did AFC invite you to be a board member for AFC in general for that advisory board?

CN-T: Oh, yes. And so, this was—and it was actually when I was in my post-doc, and I had attended, it was, the IRCO AFC celebration. And so, they have, like, their holiday potluck that they do as, as a community celebrating. And so, I was invited to that, and that was when the director of IRCO AFC had formally extended a personal invitation for me to apply to be an IRCO AFC board member. And so, then it was, I want to say, summer of 2012, that was when I was formally began my role.
NF: What is the application process like?

CN-T: There’s, there’s one where you’re submitting your resume or your curriculum vitae, so that way they can look at your experiences in terms of what, from professional, including, like, community experiences and projects that I’ve worked on and so—or folks have worked on. And then there’s the open-ended questions, so that way they can get a sense of who I am and what I’ve done. And so, that was really nice that there was, like, this mixed-methods approach to the application.

NF: So, it’s an essay that you write, that they ask you to write?

CN-T: Yeah, like, short kind-of essays.

NF: Interesting.

CN-T: And, but I—that was really nice ‘cuz they, it was more where, it was where they provided us an option, so then I put it in a cover letter. And so, it was nice that this, like, “Oh I get to, they’re like wanting to know me on paper as well as what my background experience.” And, but reading through the packet, that was where it was where I saw it was like really a living process. Like, I got to learn about, more about the board ‘cuz I would hear about it, but I was like, I don’t think I personally have, like, interacted, like, directly with advisory board for AFC. So it was—I was intrigued.

NF: Definitely. So, can you talk a little bit about your duties as a board member? So, what is it that you do as part of the AFC advisory board?

CN-T: Yes. So, this is where—and, it depends, too—like, and I mentioned the word “depends” ‘cuz in the beginning, since I was still learning about my role, that was the goal I - it’s like, okay what is, what is it that I do, and I hope I’m fulfilling what is expected of me. That was my main question, too. And, because we have, like, like every other month, so like bi-monthly meetings; that was that first year when I was formally on the board. And I got to provide advisement on, when there was posed questions. And so, that was where it was, where I got to really see how my background helped to inform how I go about even thinking of engaging in the discussion piece. So if, let’s say, Mr. Lee Po Cha would bring up that this is where we’re heading and this is where we would like to have discussion with the board to seek your inputs on whether it’s, maybe, something that has to do with a program, or maybe in general about funding, or, like, where we see IRCO AFC in five or ten years from now. And so, there’s that visionary piece. And, that’s where I find my role is because I, I work as a nurse—so I’m a professional nurse—and I’m also an educator up at the school of nursing at OHSU,
and then I’m also, I also conduct research, and so I have those three different main hats. And then, I’m also a community member, so that’s like my other hat. And being a mother of twins—not at that time, but now I am—something in the maternal perspective too. But, that’s something that’s really important, is that drawing from one’s own background to help inform the input and advisement that I give. And so, I really try to be thoughtful, and I would find that that’s something that seems to be helpful. And so, that’s, that was more of my when I was learning my role. And now, I’m elected as the co-chair of IRCO AFC. And so, I am still waiting when the formal—I think, the next meeting will be when I get to learn more about that leadership role.

NF: Has being a part of the advisory board enhanced your perspective in working with communities or other parts of your job and what you do?

[00:38:45]

CN-T: Yes. And so, this is where because I get to work with those who have their other professional hats on and the things that they do in the community-wise, that has really, I feel like I have, like, more of the enlightening thinking and really get to see issues at, like, the trees and also at the grass roots. And that, that, to me, has been very humbling. And, the reason why I mention the word humbling is because we really get to—it’s like really getting to really hear each other and then hearing it from those who are, maybe, they have worked with certain communities of color. And so, to hear those perspectives that’s being raised by community members, and here’s someone who’s an advisory board member that is speaking in a representative way, but not, like, speaking where—I want to be respectful how I phrase this. But, it’s like, we’re not trying to say that we know how the community’s feeling, but we’re making sure that we’re trying to bring their voice in too as we give input and advisement. So, I’m hearing from those who’ve been really have—they are so humble histories and have worked so closely with IRCO AFC for several years. And, just to see the oozing passion. That’s my kind of phrase. I’m like, “Oh my gosh, there’s so much work that they have done.” And they continue to be so humble, and then they make sure that they’re putting the voices of the community. And then, there’s things that they’re doing that has been protecting the community—maybe it’s in media, or from those who have backgrounds as lawyers, others in the education system, or English as a second language programs, for example, and then, those where they’re seeing hardships in the community. And, to be in a room with others who are professionals and they’re speaking from their heart, it just makes me feel that much more engaged, that much more aware. And so, it makes, it helps to inform my own practice, so that way, whatever it is that I’m doing outside the walls, I’m like, “Okay, this is what I’m seeing.” So that part is really wonderful in terms of being a part of the board.
NF: So, with your expertise being as a health educator and a researcher, are there—but, in the board, you talk about many different things and many different issues, do you bring that particular perspective to the board? Are there—do you have any examples of where, maybe, there was a discussion of a certain project and you brought in your perspective as a researcher, as a health educator? Does anything come to mind?

CN-T: Oh. Yes. So, the other, the other hat that I wear is I’m also on the Steering Committee, which is also an advisory board for the Asian Pacific Islander Community Leadership Institute, otherwise known as APICLI, A-P-I-C-L-I. And that is a program that’s a part of IRCO AFC as well as APANO, the Asian Pacific American Network of Oregon. And, I was selected as one of the candidates for their year one cohort and then, got personally invited by the project coordinator—at that time was [sp?]—to apply and be a Steering Committee member. So, the nice part is I get to have that other perspective from that board. So, when—and, that’s a really important program because it’s, we’re a part of the state-wide movement in terms of really looking at empowerment within communities and then with, from within ourselves, too. And, it’s based on an evidence-based popular education model. And so, that’s something where I find that I can bring in that input. And, because for that year one I was actually the only person with a healthcare perspective, so we, I was like, “Hm, we need more because I’m hearing some of the fellows talk about community health needs.” And so, for year two, as part of being a Steering Committee member, I was able to, like, delve more into depth in terms of the action part and really helping to try to reach out to potential candidates for them to apply. And, it is competitive, so it’s not where I tell them that’s it guaranteed, so it’s not that. But, but, but I would make sure that I would voice when the time came around, like, decisions. And, they wanted to see, you know, why did you think this person is someone who had another healthcare background? And that’s when I was able to mention, that because from year one, I was the only person with a healthcare background and doing the community action project, which was focused on health and research, but really finding that this was something that was identified from the fellows that they wanted more of something like this. So, I think that we should be thoughtful in terms of having a fellow that also, that has a healthcare background. And so, they were, like, saying, “That makes sense.”

[00:44:58]

And then, like—and it’s coming from the fellows. So, because I was there for the year one and I was also an advisory board member for AFC getting the bigger picture, so when they did program updates, I would share back in terms of, like, what my perspective. And, and that’s that part that my other colleagues in the AFC board is like, “Oh.” Because they’re like, “Oh, that’s right, because Connie’s like literally there” at the meetings that she’s seeing that. So, I felt that helped to create a more in-depth input and advisement. And, and for me, I love to try to find ways to give back. And so, this was a
really great way. And then, Mr. Lee Po Cha, he had brought up—because this is the last year for the APLICI, the community leadership institute, year three, they’re gonna graduate their third cohort in March. And, I got to actually be, I attended one of their half, I attended a half-day workshop—they do full-day. It was, it’s just really inspiring to see the fellows, and what are things that they are doing, and what they’re passionate about. And so, when I was hearing about the update that this was the last year, and that we’re trying to think of, like, what the next step is in terms of sustainability and funding-wise. And also, challenges—challenges and strategies in terms of continuing with trusting partnerships even from within for the institute. And so, I was able to provide my input in terms of, like, if things get phrased or done in a certain way, this is what might happen and will the funding agency may be concerned about something. So, I would be describing that. And so, I got to bring in my other hat, my research hat, and to show that this would be a barrier and what this would mean and I don’t know if that’s gonna hurt for the future funding. And so, that’s where I find that I get to really delve into depth and really be in that role of a board member. And, because I have the lived experience of being a fellow for the year one and then continuing as a Steering Committee and that advisory board member role for the APLICI program, which is within IRCO AFC, and APANO, and then here, it’s like, okay big picture perspective, IRCO AFC advisory board where we’re looking at next step. I was, like, able to help with that.

NF: So, cohort one, was that 2013?

CN-T: I’m trying to think. Um, it started July of 2012 and then graduated their first year cohort one, I want to say, it was December of 2012. But then, as a senior cohort, you can still continue. So, there’s funding where it was supporting the seniors and the new cohort that’s coming in. So, that’s, that’s the part that, where—I was mentioning IRCO AFC—they’re always thinking about sustainability and that continuing fostering that engagement piece ’cuz it’s so important.

NF: So, what was—what is it that you did as part of that cohort? Did you have a special project that you worked on? Can you share a little bit about that?

CN-T: Yes. So this is where either as a fellow—either you, yourself, or maybe you’re going to, like, work with another fellow. So, I was able to work with another fellow for a community action project. And so, the great thing is the things that I was learning at the workshops. And the workshops are led by the fellows themselves. So that was already, like, wow. We are not only just—we’re not only learning but we are being active participants in our own learning by being the ones putting on the workshop. So that was, that was a deep breathing moment for all of us. And, and for me, I love public
speaking. I was like, “Oh,” and I was one of the first that was doing that. And, it was around communication and then also dealing with difficult conversations, too. And that is such an important piece that helped to inform as I was looking at the new remix for the community advisory board for the Vietnamese Women’s Health Project three. So, things that I was learning concurrently in the APICLI was help—directly relevant and informing not only my research, but where I was able to co-create the community action project with those who wanted to have more hands-on in terms of learning about research by being the ones… Also, we put on research workshops. And so, that was part of the action project that I did. And, one of the fellows, he really—he says, he says, “My background is I’m a financial advisor, I don’t have any experience with research, but I have people experience.” And he says, “I’m not Vietnamese, I’m not a woman.” And, but, I—but, he was saying how he, he thinks health is really important, that women’s health is important. And so, it was nice to have his, um, partnering on this community action project ‘cuz it—when he was there, during the advisory meeting, that presence to show that we are doing this because of our commitment to the community, it spoke volumes to that, our new remix community advisory board for the Vietnamese Women’s Health Project. And they, it’s the first time that some of them have ever even met the other fellow and myself. So, there was already like, we’re building trust. And then, I’m like, “This is so great, I get to utilize…” And I even asked, “Is it okay if I use some of the tools that I’m learning from the workshop in APICLI over to the community action/the research project?” They’re like, “Yes, that’s what it’s for.” So that’s where it was really helpful. And we did a three series community research workshop. And the topics—it was co-created with myself and the community members, in particular those who were co-facilitating the workshop. So, we were doing it together. And I was telling them, if I tell you what the topic is and what we’re going to do, then it becomes about myself. And this is not about myself, it’s about us and what do you think is important for your learning. And so, that was the main emphasis of the community action project was: how do they become active participants in the research project? And how they learn about research is that they’re going to be teaching it to each other. And then they said—they were asking, “Can we can open it up so that we can invite those, maybe, they’re not, like, on the community advisory board for the Vietnamese Women’s Health Project but, maybe, that way we can get more community members who might be interested?” And so, I was like, “That’s a really great idea. Let’s do that.” So, that idea came from the community members who was co-facilitating. And so, as I learned over on APICLI, I was like, “Oh coalition building, oh.” They are like—look at that, they’re already thinking about community organizing and community advocacy, and they feel safe to bring up their ideas, so they were feeling empowered. So I was like, that’s a really important principle for CBPR. And then, we’re talking about empowerment from within, from the popular education model, from APICLI. So that’s where it was really nice to have that - being informing.
NF: Wonderful. Well, it sounds like the work that you did was exactly what that leadership institute was hoping for, that people in the profession and with the community would put into action what they were working on. That’s wonderful. So, a little bit more about that program. How many fellows were in that program, in that cohort with you?

CN-T: I’m trying to think. I want—I apologize, the number is leaving my mind because we had, like, a few fellows, due to life circumstances, had stepped and resigned back. So, I think we had 20—I want to say 22. But that’s still a really great number, and that—and so, year one by far has been, like, the largest of the cohort. And, because it was so new, it definitely, we really felt that we were like in that co-creating together for that year. And that really was such an inspiring—it’s like we were inspiring each other. I was just amazed at all the work that we’d done. And that’s, that’s—we’re like thinking, wow we’re 22, but we feel like we’re, like, small but, yet, big—if it makes sense.

[00:55:12]

NF: Definitely, with the impact that you have, yes. So, you were a Steering Committee member for that for year two. For the year three of the program, were you also on the Steering Team? You continued on?

CN-T: Yes. Yes.

NF: Okay. And then, you mentioned that year three, they’re graduating in this spring. And then, there are thoughts about move—next steps, or have there been discussions about next steps?

CN-T: So, so we, we’ve had discussions about next steps in terms of, like, where do we go from here in terms of, like, thinking about funding? Because, the APICLI’s funded through the, primarily from the Meyer Memorial Trust. And, one of the parts, from what I understand from Dr. Paru Wong [sp?] –cuz, she’s now the evaluator of the APICLI, but she was formerly the director of APICLI. So, she was sharing that, that there’s that plan where they—’cuz Meyer Memorial Trust said that, you know, “We’ll fund you through this X amount of years, but that it’s important that you think about what you’re next steps are.” And so, that part, we’ve been having conversations. But I think it’s definitely something that’s still a very important ongoing conversation, too, in terms of—so, there’s been, like, discussion from among staff from what I understand in terms of like who would be potential funders that they would be looking at. But, I don’t know if we’re quite at the determination yet in terms of where exactly we’re going from here. But, that we know that sustainability piece is so important ‘cuz then, now, we have three cohorts who are being active and working on community action projects and things they’re doing out there in respective communities and wanting to make sure to,
to embrace the energy from the, those, the three cohorts so that way to continue with our statewide collective movement in terms of empowerment.

NF: Well, you mention statewide. So, AFC mostly focuses on the Portland area, Multnomah County, but, do you, does your project in particular expand to the state, or is it also mostly Portland-based—the Vietnamese Women’s Health Project.

CN-T: Oh, thank you. For the Vietnamese Women’s Health Project, so far, it’s been in the Portland, Oregon, metropolitan areas. So, mostly, like, in terms of from Multnomah, Washington, and Clackamas. And that mirrors the community needs assessment survey, it was that tri-county area too. There, there was questions—some community members were wondering about, what about—‘cuz there’s a Vietnamese community out in Salem, so I’ve heard those questions. We haven’t, for the Vietnamese Women’s Health Project, have stemmed into the, in Salem or other more distance rural areas. And it’s just more, like, trying to think of where—‘cuz we’re still in steps, so it’s like wanting to make sure what we’re doing here, and then, and then, if it has, like, an effect, then do we move outwards or do we go ahead and do more? So we’re always trying to think of, like, transportation and how, if it’s an education intervention and that’s what we’re looking at, then how do we, do we mobilize ourselves or do we mobilize participants. So that’s, that always becomes a really, really hard question. But, definitely, that’s something that I know for myself that I need to continue to work with the community members on in terms of, like, what are geographic. Or, the other one, the APICLI, definitely in terms of, like, fellows for year two and year three, even more of a strategic effort and really trying to get like out in the rural, like Eugene. So, there’s those who are further away. I think for year one, we only had, like, one. So, still trying to, like, think of ways so that we can have community members who are doing very important work out there, that what kind of resources and what they can have so that when they go back out in the rural area, that they still have that support. So, it’s still, it’s still a very challenging question. How do we stem outside? But, definitely that, that effort is definitely there. So that’s a great thing—great thing that APICLI is doing.

[01:00:40]

NF: So, you’re—the projects that you’re working on pertaining to Vietnamese women’s health, are similar projects happening with other community groups within AFC or within IRCO in general? Is that—are there other women’s groups within the immigrant community that also are in need of this type of research assistance or not that you know of? Can you share a little bit about that?

CN-T: Like, in terms of, like, in general or, like, programs within AFC?

NF: Either.
CN-T: Oh, okay. So, based on what I, in general-wise—and this is, like, because of my being able to meet and talk with other fellows in the APICLI—there are women groups. So there’s one that’s, for example, a Pacific Islander group where she would tell, “My sisters and I, we’re really looking at in terms of how to really think about, like, women and violence issues.” And so, maybe, like, with that. And then, I would hear, for example, from another fellow where her background is Filipino, and so she’s with the Filipino Commerce. And so, looking at when there are, like, what’s going on in the Philippines. So, thinking even across seas and doing philanthropy work to help fundraise when there was a natural disaster. And so, I’ll hear—so, I’m hearing very really strong advocacy voices for what they’re doing with their respective communities that’s maybe outside of AFC. And then, I also—within the AFC, when I first started there—and I always like to go back to my original roots at AFC—there was like different projects that were going on. And, there was one that was called the HAPI project. And, I think they were using the acronym, H-A-P-I. And, it was an intervention research study, and it was open up to Asian and Pacific Islander couples. And this was really targeting an educational intervention study. So, that was where the project was really focusing on and, again, particularly for API couples. So, that was—there was collaboration with OHSU and IRCO AFC with that. And then, another one was called the Hepatitis B, HIV Education Prevention Project. And so, with that one, they were really honing in in terms of, like, vaccination. And then, IRCO AFC partnering with the Multnomah County health department, and so they were working with a nurse supervisor and really trying to, like, how do we, are able to provide Hepatitis B vaccinations and also doing the Hepatitis B, like, blood draw screening. And so, being able to, like, have, recruit nurse volunteers who were registered nurses and licensed and was able to do the actual vaccination and blood draws. So that one, they were doing that. And then we, I remember the Tobacco Prevention Education Project. And, now we know that’s, like, law here in Oregon. But, I got to see and hear about the hard work they were doing with, like, from quantitative and qualitative. And so, they were interviewing and really getting input from the community members in terms of around smoking and practices around smoking and thoughts and ideas from community members in terms of what would be helpful resource for them so that way they can feel that they can quit smoking. And so, so that was really great in terms of hearing about that. So, lots of different projects happening, like, outside and within AFC. And usually, when I hear of, like, the Tobacco Prevention Education Project, what I was hearing that they were really trying to, like, try to minimize the language barrier. And so, they had, like, I don’t know if it was eight, but there was, like, a certain number amount of where they were able to translate educational materials in different languages. And so, always trying to see how to reduce barriers so that way for those who are not able to speak English can also, like, receive education.
NF: So, you are soon—you’ve been elected as co-chair of the AFC board and you’ve been on the Steering Committee for APICLI. Are there any other community organizations that you have connected with that you, or, perhaps, that you would like to connect with and be a part of?

CN-T: Um, I definitely am trying to think of how I can. ‘Cuz, I,—and sometimes, it’s one of those where it’s really important to be proactive, too. So this is where, like, talking with other folks helps to like, oh what’s going on there. And so, so I remembered when I was talking with Reverend Joseph Santos-Lyons, and he’s the executive director at APANO. And we were actually putting together a web—we were prepared for a webinar about, like, around health disparities issues, for example. And, that’s when I learned more about, at that time, was the House Bill 2134 really looking at improved data collection on race, ethnicity, language, and disability status for Health and Human Services. So, I got to, like, hear the beginnings of that project. And, because of that, I was like, “I really want to be part of that, Joseph.” This just, like, really resonates with what I’ve been doing with research work with the community members, really trying to show that it’s important that we are not aggregating Asian Pacific Islanders in one group because there may be, like—when we think of, like, disparities, certain communities of color may be experiencing a disproportionate burden of a particular health disease or illnesses. And so, I was invited to attend and see if it’s something that I would be able to commit to. And I was. And, they make phone conferencing available, helping to reduce a location barrier so that way that was really nice. And so, I got to learn about the beginning health policy. And then, I stayed on as a member of the Oregon Data Equity Coalition and so I got to help in providing testimonials. And then, during the meetings itself, getting to provide advisement and input and seeing the role model of APANO ‘cuz it was their first time really, like, looking at developing a bill. And then, seeing how things gets actions and what’s going on moved on the floor. And, so I got to go to the capital too and learned a lot. So I got to have, like, the big picture and saw it from the beginning. And so, that was really important coalition work. And now that it’s become law, so I—now I get to hear about the behind the scenes nuts and bolts of, of how they were making the rules around how it even gets implemented. I was like, “Woah, this is definitely the sustainability piece.” ‘Cuz, it’s like wanting to make sure that it continues, and so I get to learn about that.

NF: And how long did that process take?

CN-T: That one, for the, for the House Bill 2134 was actually where we, as a group, convened in that fall and by that May, late spring, early summer, it was able to become law. So that was actually something for me, I was like, “Woah, I don’t, is that typical? I….” So it was hard for me to gauge since it was my first time being involved in learning about health policy and what goes into that process. And, it was because of the
strategies that was being implemented and who to talk to and thinking about allies, and so it was—they were really making sure that they were staying on timeline and lobbying efforts who were doing the, who were the lobbyists for that bill and the hard work that they’ve done, too. And so, that really helps to move things along. And, but I was like, “Wow, yes.”

[01:10:17]

NF: That’s wonderful. Is that something that interests you—policy and law making?

CN-T: That does cuz it’s really empowering to, like, know that it, that it’s so important to have that collective effort and, in particular, because of the research I’m doing with the community members. And I was like, this is resonating. So then, when it became law, the community members were like, “Did you just say that the research we were a part of in doing, like, helped directly drove health pol—that health policy change?” I was like, “Yes.” “Woah, that’s so awesome.” Or like, you know, they’d like tell me this. So it’s like seeing the fruits of one’s work, and that they were a part of that and we’re doing it together. So that, that further was where that empowerment—so they just felt like we were a part of being a change agent. So that was what I was hearing from community members.

NF: Wonderful. Wonderful. And you mentioned this a little bit, but can you summarize, briefly, what the law does and how it, how it benefits communities?

CN-T: So this is where—one of the things that, that was getting concerning is that, because we hear the word either Asian ethnicity or Asian and Pacific Islander, but there’s, like, several different subgroups within that bigger racial, ethnic group. And, even though sometimes the other way that I would hear the counter-argument would be, would be the concern of how does one even start to learn all the differences across cultures. This is where it was more, more in terms about we can still be strategic and think about how we even think about health and data collection and what we’re actually collecting it on. So, if we’re wanting to try to understand that maybe it’s a particular disease. If we’re saying heart disease or we’re saying cervical cancer or whatever that illness, whatever the illness is, and then you are, are making sure that you’re letting the person be the one to identify what their, what do you identify as, as racial, ethnic background. So that’s, to even have that conversation is important. And so, then, when you’re piecing and having in a data collection quantitative way, it will help to show patterns. Gee, you know, why is there, maybe, an increase incidence in, with this particular racial, ethnic background, and with this illness. Is there something that we need to be thinking about? We need to be thinking about what are cultural values or cultural beliefs around this illness? So that, so it’s meant to, like, open a door to even know how to have a conversation and asking—so, like, almost like a guide in
that way. And that’s what we want. We want it to be where it helps to, like, stimulate to be, like, “Hmm, I need to ask. I need to ask my patient or I need to ask the person that I am providing care for. ‘What is their ethnic background? What is, what are things that they are knowing about this? And what are things that maybe being done as a cultural practice that might, might be a barrier?’ ” And, if I don’t ask the conversation and open it up and even begin that, might not be able to even get to the part of the treatment or the assessment procedure until that conversation can even—we need that conversation to begin.

NF: Wonderful. So, I’m curious about your role at OHSU. You mentioned that you’re an educator and so, do you teach classes? Do you mentor other nurses? Do you work with doctors? Can you talk a little bit about your role as an educator?

[01:14:30]

CN-T: Yes. And so, I primarily teach in the undergraduate programs, so those are pre-licensure nursing students. And also, there are those who are transfers from community colleges and they already have their registered nursing license. And I do do guest lecturing in for some of the PhD classes as a guest speaker in terms around research methods and community-based participatory research. So I do do that, too. And so, I, with teaching-wise, it’s from either health promotions, so, foundations around even about what is health and there’s certain fundamental skills too. So that includes, for example, like, vital signs, checking blood pressure, temperature, your pulse, respirations, to even understanding how to do a whole head to toe physical assessment on patients. So, there’s that importance of collecting data and then integrating the importance of health literacy, plain language, cultural sensitivity, building that trust. We need them to do that before you even lay hands on your patient. So, there’s that cultural piece to that. And then, the other, in terms of understanding, like, sick medication administration practices. And all of the things that gets taught, it’s important that—and my other colleague shared this, this philosophy to us—that it’s evidence based. It’s not just because, well, we say so, and that’s how we’ve been doing it. It’s like, oh, well this is what the research is saying, this is what the evidence is for doing it in a particular way or this is the approach we’re doing now, which is different from how technology was before and now it’s advanced, so, therefore, this is, these are things that evidence suggests, and that helps to inform nursing practice. And so, that’s a really important part, is that it’s evidence-based practice versus assuming or that’s how it’s been done. Other thing is I also teach in the integrated practicum. And so, that’s usually the last course that students have, and it’s where they get a certain number of direct precepted patient-care hours as well as time that helps to supplement and build their learning about their specialty nursing practice. So, this is where it’s really close to the time that they’re graduating. And so, helping to be that bridge in terms of -- ‘cuz they’ll be transitioning into professional practices, new graduates, and really looking at their clinical judgment. I’m not saying we don’t do that in the beginning because that’s
very important. We do that and then we build on it, and then, by this time, we really hone in in terms of critical thinking, clinical judgment, integrating more and more in terms of, like, that art of practice and how you communicate with the patient and what it means to provide holistic care as well. And that it’s patient centered, family centered, not just about the task itself or giving someone an IM shot. How do you get about doing that to make sure that the patient will come back again versus them remembering that traumatizing, one time, they may not want to come see a provider until they’re really sick. And they remember that one moment that was really traumatizing for them. So it’s like trying to think of the big picture.

NF: So, when, when, you are teaching in your classes, you’re thinking about framing it within cultural sensitivity and communities’ practices?

CN-T: Yes.

NF: That’s wonderful that you get to share for up and coming, for future providers that you’re sharing your knowledge with them. That’s great.

CN-T: Yes, yes. Thank you.

NF: So, in terms of your—coming back to your role as an AFC board member—you’ve mentioned this a little bit already, you actually have mentioned it quite a bit, in terms of the role of the AFC within Oregon’s immigrant and refugee community. But, any, any just general thoughts on that or anything that you’d like to add in terms of what you feel the AFC’s role is within the immigrant and refugee community?

CN-T: In terms of, like, the broader pictures, it’s looking at—‘cuz, this is what I hear from when we meet too—is the future. And so, thinking about the children, the youth. And so, that’s, that’s a really important piece ‘cuz what I’m hearing, they’ll be like, for those who are the elders in AFC and the organization itself, they said, “We’re gonna be looking at retirement in that time.” And also, also “what legacy do we want to leave behind for our community, our children?” And, so that’s, that’s that piece. It’s that knowing that things that they’ve been doing for several, several years and decades, and they said, “When we’re not here, we’re wondering what, what would we want to have AFC or the organization be, knowing we’re not here?” So, I feel that there’s definitely going to be continuing, very important, ongoing conversations with that to really look at the vision piece and looking at what we think may be the needs and who needs to be at the table. So, also, there’s going to be a future recruiting of who we think needs to be at the IRCO AFC advisory board. Who isn’t being represented here that we need to be thinking about? So, even that. So we’re—so there’s the collectiveness of we, where we’re
trying to take that step. And, having those voices with our combined voices and those who are elders and youngers and thinking about the generation or cross-generation. We definitely are having conversations about that so that way we can, we got to, like, see who needs to be at the table. And then, from there, okay do we feel we have a diverse voice? Okay, now, what do we think is going to be for the next, you know, that ten, 20 years, or when so-and-so retires or so-and-so is not part of this world? And, what’s going to be there? And that’s, that’s a hard question to, like, even grapple around. So, at least we know we’re making that step of trying to think of okay, who needs to be here now that isn’t here? And then, that way we can start to have, like, that rippling conversation outwards. And, I’m hoping that we will continue to think about that idea of what is going to be there for the children, the “youth” in terms of what we think they’re going to need. And, health continues to be one of those important things. And, preventative health so that way it’s not where there’s a decision that becomes where one doesn’t go into there really sick and so we may not, science may not be there in terms having treatment that can help in that if you delayed seeking care and you’re over here on this trajectory. And so, there’s that part about really thinking about community preventive health, too. So that continues to be an important part of the conversation, is that physiological health and then also psychological health. That’s another part too because we have those that are coming, whether they’re older or younger, but the cultural and the language and so just even trying to think of how they’re navigating that in today’s modern world. And now, we have, like, more and more technology like texting on cell phone and media and iPad. I don’t own an iPad, but I hear others how they are using information technology to inform their health. So, for myself, I’m hoping that we’ll be thinking about even folks who have access and if they’re going to have access to reliable, credible information. And so, trying to think of that technology piece is important too because it’s here to stay, and it’s just getting more and more advanced. And, trying to think of how does that impact the health of the community overall of what they can have access to? Some of the board members who are also board members for IRCO board was talking about the concern about cyber-safety. So that was a really, big, important topic that was presented at—’cuz, we have an annual AFC retreat where it’s the staff and the advisory board. So, that’s always a wonderful pleasure. And, we learn from each other and we’re trying to see how to meet the needs of the staff, and what are some things that they’re needing that the board can help? And that does come up a—the issue of cyber safety and the youth. So, it’s like, not only there’s the health and the illness, but then there’s the violence that impacts health. So, we’re trying to see that and so I’m really appreciative that we’re already taking steps to think about that technology piece and how it’s impacting the community.

[01:25:10]

NF: So, in a way you started to answer this question, but I think this is also, potentially, the tough question that you were mentioning in terms of recommendations that you
have for AFC. And this could be specific to your fields in terms of health or it could be recommendations in general, sort of, where you would like AFC move in these next five, ten, 15 years, especially now with your new leadership role as a co-chair.

CN-T: This is where, like, really trying to think about when, like, this, in terms of, like, ‘cuz partnerships—so, I’ve mentioned before, like, how even, like, with the community needs assessment and there was the partnership with IRCO AFC and Portland State University and Portland Providence Medical Center. So, even, like, continuing to think about who—‘cuz overtime, what I understand is that there will be those who will want to partner with IRCO AFC, but it might be where because of needing to think about, like, the current funding and there may be limited staff or limited resource to be able to even partner. So then, it might not feel like it could be an equal distribution of workload on top of already a busy workload. And so, one of my recommendations is to, is more of, like, trying to think, trying to get in that strategic way. ‘Cuz, it’s like we’re having those who want to partner, but maybe we need to have guidelines of, like, like, if someone is wanting to approach to partner, what are things that they’re going to bring that are existing resources? And then, that way, you know, these are—‘cuz, you might bring a great idea, you may even bring in, you’ve got the funding part, but if it’s like a person resource part, what are things that can help to minimize that barrier, especially during a time when, maybe during that part of the season or year for IRCO AFC, it might be where they have just completed a project and so, therefore, not able to dovetail this other project unless there’s this staff person now who may be now stretched across two programs, I’m just saying for example. So, if the potential partnering organization have thoughts, have, like, a guideline, things that they’re thinking about. So, like, even as simple as a list of questions or maybe a table, and they are proposing what are the things that they know they can do and what the funding that they’re applying for if they partner, and this is what it would look like. I think that would help to have some kind of more of a semi-structured way, so that way on IRCO AFC, they can look at them, be like, “Okay, now you’ve got 5 out of the 6, I think we can, we can see this part. This part is we’ll okay. Oh, this part, not so much.” We may need just to have to say no. So, it’s just more of, like, a systematic approach, especially if it comes to research and health cuz what I understand is since it’s, since IRCO AFC is not a research based versus like OHSU is a research based university or Portland State University is a research, has research. And so, having to think about they may not have that kind of resources when it comes to that big of a funding and expectations. So, even knowing what it is on paper, what are things—if it’s research-wise, these are things that the potential partnering organization would need to be the one. But, laying that out more concretely, and I think that might help to open the communication door just to even with partnering. It’s like, almost like ground rules, expectations. And I think that’ll help to build a trusting report too. ‘Cuz, if sometimes you’re going into it and it seems like it’s a good idea and it’s like, “Oh, I thought this way.” And, “I thought this way.” And there’s—and it’s just different ways of going about caring for the community. So, it
doesn’t mean that one is right and the other’s wrong, they’re just, maybe, different philosophies. So that’s where that can, that can have potential for a communication that might not open up as well. And we want to be where, how do we have those difficult conversations so when there’s partnering going into it, it can be a healthy, ongoing partnership with, like, things laid out and expectations clearly seen what it was that IRCO AFC can do and what it is the other partnering community organization or university. So that’s my more broader.

[01:30:45]

NF: No, that sounds wonderful. It sounds similar to when institutions have memorandums of understanding and just something, like you said, so that upfront people know what to expect. That sounds great, yes.

CN-T: Yes, yes.

NF: Any other recommendations that you can think of?

CN-T: I think that’s my, like, more broad.

NF: That’s your main one?

CN-T: My main one.

NF: That sounds wonderful, yes. So, at this point, is there anything throughout the entire interview that we have not discussed that you would like to share or anything that we have talked about that you wanted to go back to?...And this could be about, it could be further discussion on anything that you’ve talked about from the board or from the health projects you’ve worked on or from your professional position. Or, if you think we’ve covered everything, then, then we’ve covered everything.

CN-T: I think in closing, my one thing that I didn’t touch but is so important—I touched briefly. I was mentioning about how I was really appreciative to have mentoring from staff when I was partnering, and even though it was those few minute minutes of conversation, but the lasting impact it had. So, I carry that with me because then when I am providing mentoring with community members, I let them know that I’m learning from them and they’re also, like, mentoring me. They don’t think of it in that way, but for me, I try to make sure that they, they know how important that is, us together learning from each other. And so, what I learn from community members who really wanted to understand more about, like, the health care. And especially, if maybe they’re interested in nursing itself as a specialty and then also the research side to it, they said that because of how they felt safe, that they can ask questions from me. And, it could be diverse from personal questions on how to balance, like, workload and their own work
in school and doing the things that they love and their passions such as the community projects, such as the Vietnamese Women’s Health Project, and then to more professional questions such as seeking for a letter of recommendation or reference. But, they said that when they are working on things that has to do with the research, they said that it’s the way that I would explain things that just makes it just so understandable. And, they know that rigor is important. And they said that they, they meant they feel intimidated if they themselves are presenting at a conference. And they’re like, “Oh my god, I’m presenting.” And so, they’re, like, practicing. And so then--but they said that because they think of, like, how it is working with myself and then the, and the work that they’ve done, and they’re remembering those discussions and the debriefing, so even though they feel “uhh!” this way, and they’re like, here’s others who are, like, PhDS and they have like different specialty fields—maybe they’re neuroscientists, or, you know, maybe they’re a public health scientist, or a OBGYN scientist, or a provider—that they feel that they’re still able to speak very clearly and articulate what it was that we had learned from the study findings while still being rigorous in making sure that they’re not going beyond that. And so, those conversations and reflections that I hear from community members is such an important part of that process, and it feels so rewarding because I’m seeing that empowerment and hearing it. So, I get to see it and then I’m hearing them reflecting on it, and it ties all the way back that this is why they feel engaged. And, I get so touched when I let them know, you know. And, I remember I was like, “The funding for the Vietnamese Women’s Health Project will end by this month and this year, I myself will continue on with the project to stay committed. As you know, I do not receive an FTE support for this, but I have my post-doctoral research.” And then they would be like, “Well that’s--Connie, I will work for free.” You know, and so, I try to, like, think of ways to protect their time. And so, that’s something they always know that I’m conscious about and that we’re doing it together. And they said that’s what feels really—it’s like they said they feel like they’re having fun while learning about something really complex and that, that they said, “We trust you, Connie. When Connie says she’s there, we’re not left alone to do this all by ourselves. It’s like we’re doing it in tandem.” And they said that’s been very meaningful. And that, to me, is really rewarding to have the mentor, mentee relationship with community members.

NF: That is wonderful. Any other closing thoughts that you’d like to share at this time?

CN-T: No, that would be, that would be everything. Thank you.

NF: Wonderful. Well, thank you so much for a wonderful interview.

CN-T: Well, thank you.

[end of interview 01:36:34]