Webinar Guidelines

• You will be listening to this webinar through your computer speakers. There is no need to call in.
• There is a chat box located on the lower right side of your screen for the live webinar.
• The live webinar will have a question and answer period at the end but you may type your questions into the chat box at any time.

Chat Box

Non-Conflict of Interest Statement

• The planners, moderators, and presenters for this webinar series do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this presentation.
• This program is funded by a grant from the New York State Department of Health.
• No commercial funding has been accepted for this activity.
Welcome to the Asian American Series

• This webinar is being presented live on February 25, 2016 and is being recorded and archived for future viewing.
• You can find answers to frequently asked questions, additional readings and resources, and instructions on registering for a certificate of completion for this series at: www.advancingcc.org

Schedule for the Asian American series

  • Chau Trinh-Shevrin, NYU School of Medicine. Archived and available for viewing at www.advancingcc.org

February 5 – Webinar 2. Trauma and the Refugee Client: Barriers and Strategies for Care.
  • Kate Porterfield, Ph.D. Bellevue/NYU Program for Survivors of Torture
  • Jim Sutton, RPA-C Rochester General Hospital Center for Refugee Health

February 17 – Webinar 3. Violence Against South Asian Women: Understanding Cultural “Competency” of Structures that Heal
  • Shamita Das DasGupta, Ph.D. Manavi, Rutgers and NYU

  • Nadia Islam, Ph.D. NYU School of Medicine/NYU Center for the Study of Asian American Health
  • Rucha Kavathe, Ph.D. Project Manager, United Sikhs

What is Structural Competency?

Structural competency refers to the capacity of practitioners to recognize and respond to the ways in which broad social, political and economic mechanisms contribute to the vulnerability and ill health of the individuals and communities we serve. It was developed in an important article by Helena Hansen and Jonathan Metzl.

Narrative humility, a term developed by Dr. Sayantani DasGupta of Columbia University, is a listening stance that is integral to structural competency. It refers to the humility we must have when listening to other people’s stories because every story contains an element of the unknowable. Narrative humility should used with everyone who walks through your door, not just certain population groups.
The 4 “Beats” of this Structural Competency Program

1. Historical frames of oppression
2. Present day sociopolitical barriers and challenges to health
3. Working with activists advocates within the community
4. Clinical cases

Continuing Education Credits and Evaluation

You can earn CNE, CHES, CPH, or CME credits for this webinar.

Complete the post test and evaluation here:
http://www.ualbanyphp.org/eval/spEval.cfm?ID=280

Even if you are not earning continuing education credits, we would really appreciate it if you would fill out the evaluation. We value your feedback and are using it in the development of this structural competency webinar series.

Learning Objectives

After this webinar you will be able to:

1. Recognize the community health worker model
2. Describe how community health worker approaches advance population health equity and structural competence
3. Describe how community health workers are relevant for the Asian American population
4. Explain how community health workers improve health and well-being in Asian American communities
Today's Presenters
Nadia Islam, Ph.D.
Rucha Kavathe, Ph.D.

Nadia Islam, Ph.D.
Assistant Professor
Department of Population Health,
NYU School of Medicine;
Deputy Director, NYU Center for the Study of Asian American Health
Director, NYU-CUNY Prevention Research Center

Rucha Kavathe, Ph.D.
Project Manager
United Sikhs, New York City

Community Health Workers
Advancing Population Health Equity & Promoting Structural Competency

Nadia Islam, Ph.D.
Assistant Professor
Department of Population Health

NYU School of Medicine
NYU Center for the Study of Asian American Health
Presentation Overview
- Community Health Workers - Who, What, and Why?
- CHWs: Bridging Population Health Equity and Structural Competence
- Relevance of CHW approaches in Asian American Communities
- CHW Levels of Intervention - How?
- Narrative Humility
- Testimonial
- Building community capacity and leadership: A Case Study

Bridge

WHO ARE Community Health Workers?
CHWs are frontline public health professionals who have an unusually close understanding of the communities they serve through shared ethnicity, culture, language, and life experiences.
Also referred to as:
- Promotor-es/-as
- Outreach Workers
- Community Health Representatives
- Patient Navigators
CHW Approaches

- Improve access to health care resources
- Improve the quality and cultural appropriateness of service delivery
- Help others integrate disease prevention and management into their daily lives
- Organize communities to improve environmental, physical and social wellbeing
- Negotiate cultural and linguistic barriers to health
- Help others become active participants in their own health

Why CHWs?

- Studies have demonstrated that CHW approaches improve:
  - Improve health outcomes across a range of conditions (Islam et al 2014; Ursua et al 2013; Tang et al 2014)
  - Reduce hospital re-admissions (Kangovi et al 2010)
  - Improve health promoting behaviors (Islam et al 2013)

- Demographic changes in the US population and the global migration of peoples worldwide necessitate culturally and linguistically tailored of promoting community-clinical linkages
Population Health vs. Population Health Equity

Population Health
- Health outcomes of a group of individuals, including the distribution of such outcomes within a group (Kindig & Stoddart 2003)
- Population health interventions are often policy, systems, and environmental level in nature, focused on upstream interventions for reaching the wider population and yielding broad improvements in net outcomes

Population Health Equity
- Health equity aims at achieving the highest attainment of health for all populations (Grande & Williams 2014)
- Population health equity approach encompasses multiple strategies, such as focusing on upstream interventions and using a health equity lens to maximize health impact (Trinh-Shevrin et al, 2015)

Global Migration Flow (Abel and Sander 2014)
### Asian Americans in the U.S.

<table>
<thead>
<tr>
<th>ASIAN AMERICAN SUBGROUP</th>
<th>TOTAL POPULATION</th>
<th>PERCENT CHANGE FROM 2000-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>308,745,538</td>
<td></td>
</tr>
<tr>
<td>Total Asian*</td>
<td>14,674,252</td>
<td>43.3%</td>
</tr>
<tr>
<td>Total Asian in combination with 1+ races</td>
<td>2,646,604</td>
<td>59.8%</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>2,918,807</td>
<td>69.8%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>142,080</td>
<td>202.9%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>255,497</td>
<td>39.0%</td>
</tr>
<tr>
<td>Chinese*</td>
<td>3,535,382</td>
<td>37.9%</td>
</tr>
<tr>
<td>Filipino</td>
<td>2,649,973</td>
<td>38.9%</td>
</tr>
<tr>
<td>Hmong</td>
<td>252,323</td>
<td>44.4%</td>
</tr>
<tr>
<td>Indonesian</td>
<td>70,096</td>
<td>58.6%</td>
</tr>
<tr>
<td>Japanese</td>
<td>841,824</td>
<td>-1.2%</td>
</tr>
<tr>
<td>Korean</td>
<td>1,463,474</td>
<td>33.1%</td>
</tr>
<tr>
<td>Laotian</td>
<td>209,646</td>
<td>17.1%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>382,994</td>
<td>132.6%</td>
</tr>
<tr>
<td>Thai</td>
<td>182,872</td>
<td>51.2%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>1,632,717</td>
<td>39.6%</td>
</tr>
<tr>
<td>Other Asian</td>
<td>218,922</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

*Chinese including Taiwanese

### Median Household Income ($), Living in Poverty, Speaks English Less Than "Very Well"

<table>
<thead>
<tr>
<th>ASIAN AMERICAN SUBGROUP</th>
<th>MEDIAN HOUSEHOLD INCOME ($)</th>
<th>LIVING IN POVERTY</th>
<th>SPEAKS ENGLISH LESS THAN &quot;VERY WELL&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Indian</td>
<td>$88,000</td>
<td>9%</td>
<td>24%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>$35,964</td>
<td>20%</td>
<td>51%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>$47,873</td>
<td>17%</td>
<td>53%</td>
</tr>
<tr>
<td>Chinese*</td>
<td>$65,050</td>
<td>14%</td>
<td>48%</td>
</tr>
<tr>
<td>Filipino</td>
<td>$75,000</td>
<td>6%</td>
<td>22%</td>
</tr>
<tr>
<td>Hmong</td>
<td>$42,689</td>
<td>24%</td>
<td>48%</td>
</tr>
<tr>
<td>Indonesian</td>
<td>$56,207</td>
<td>13%</td>
<td>38%</td>
</tr>
<tr>
<td>Japanese</td>
<td>$65,390</td>
<td>8%</td>
<td>18%</td>
</tr>
<tr>
<td>Korean</td>
<td>$50,000</td>
<td>15%</td>
<td>46%</td>
</tr>
<tr>
<td>Laotian</td>
<td>$54,000</td>
<td>13%</td>
<td>51%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>$60,000</td>
<td>13%</td>
<td>33%</td>
</tr>
<tr>
<td>Thai</td>
<td>$48,614</td>
<td>15%</td>
<td>46%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>$53,400</td>
<td>15%</td>
<td>59%</td>
</tr>
<tr>
<td>Other Asian</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>


Demographics of Asian Americans; Pew Research Center: http://www.pewsocialtrends.org/2013/04/04/asian-groups-in-the-u-s/

### Grant Information

**Diabetes Research, Education, & Action for Minorities**

- **Grant Type:** P60
- **Funder:** NIMHD
- **Duration:** 5 Years
- **Overall Goal:** To develop, implement and test a CHW program designed to improve diabetes control and management in the Bangladeshi community in NYC.

**Asian American Partnerships in Research and Empowerment**

- **Grant Type:** R24
- **Funder:** NIMHD
- **Duration:** 8 Years
- **Overall Goal:** To improve health care access and CVD status in the NYC Filipino-American community through a CHW intervention.

**Reaching Immigrants through Community Empowerment**

- **Grant Type:** PRC
- **Funder:** CDC
- **Duration:** 5 Years
- **Overall Goal:** To develop, implement, and test a CHW program designed to promote diabetes prevention among Korean and South Asian Americans in NYC.

**Asian American Partnerships in Research & Empowerment**

- **Intervention Duration:** 4 mos.
- **Design:** RCT (Treatment & Control arms)
- **Components:** 4 Education Sessions, 4 Follow-Up Visits, 8 Follow-Up Phone Calls

**Diabetes Research, Education, & Action for Minorities**

- **Intervention Duration:** 6 mos.
- **Design:** RCT (Treatment & Control arms)
- **Components:** 5 Education Sessions, 2 Follow-Up Visits, Phone Calls as needed

**Reaching Immigrants through Community Empowerment**

- **Intervention Duration:** 6 mos.
- **Design:** RCT/Quasi-Experimental
- **Components:** 6 Education Sessions, 10 Follow-Up Phone Calls
Asian American Partnerships in Research & Empowerment

- Significant reductions in mean weight, BMI, and hip-to-waist ratio (P < .01)
- Significant reductions in systolic & diastolic blood pressures (P < .01)
- Significant increases in blood pressure control, medication adherence, and appointment keeping (P < .05)

DREAM Project

Diabetes Research, Education, & Action for Minorities

- Significant reductions in mean weight & BMI (P < .05)
- Significant improvements in physical activity
- Significant improvements in food-related behaviors
- Significant improvement in diabetic management knowledge
- Self-efficacy

Reaching Immigrants Through Community Empowerment

- Significant reductions in weight loss, BMI, and fasting glucose levels (P < .004-.001)
- Significant improvements in systolic & diastolic blood pressure control (both groups) (P < .04-.001)
- Significant improvements in:
  - Physical activity
  - Food-related behaviors
  - Diabetic management knowledge
  - Self-efficacy

Community Health Worker Levels of Intervention

Individual-Level

- Culturally tailored health education
- Linguistically tailored access to care and patient navigation
- Culturally tailored health promotion strategies
- Empowering & enhancing self-efficacy
- Providing linkages to housing, immigration, and other services
Community level

Promoting positive health contexts
- Increasing access to affordable physical fitness opportunities
- Environmental changes in faith-based organizations, ethnic grocery stores, and restaurants

Building organizational capacity

Systems & Policy Level

- Promoting cultural competency within healthcare systems
- Advocating for responsive healthcare system & data disaggregation

CHWs Mechanisms of Effectiveness:
Uncovering the “magic” of CHWs

<table>
<thead>
<tr>
<th>CHW attributes</th>
<th>Cronbach's Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHW understood my culture</td>
<td>0.908</td>
</tr>
<tr>
<td>CHW assessed all my concerns and questions</td>
<td>0.901</td>
</tr>
<tr>
<td>CHW referred me to other people who could help me with my health problems</td>
<td>0.737</td>
</tr>
<tr>
<td>CHW referred me to other people who could help me with non-health problems</td>
<td>0.708</td>
</tr>
<tr>
<td>CHW referred me to other people who could help me with both health and non-health problems</td>
<td>0.708</td>
</tr>
<tr>
<td>How much did you trust the CHW when discussing health problems?</td>
<td>0.813</td>
</tr>
<tr>
<td>How much did you trust NYU when discussing health problems?</td>
<td>0.666</td>
</tr>
<tr>
<td>How much of the time does the CHW treat you with respect and dignity?</td>
<td>0.855</td>
</tr>
<tr>
<td>How much do you trust friends when discussing health problems?</td>
<td>0.887</td>
</tr>
<tr>
<td>How much do you trust family when discussing health problems?</td>
<td>0.949</td>
</tr>
</tbody>
</table>
Narrative Humility

59 y/o Filipino Female Caregiver with Hypertension

"Joining Kalusugan and attending sessions on cardiovascular health has changed my life. I learned to exercise even when we are at work. I have gained many friends whom I can share my thoughts. I am stress-free and my blood pressure is stable."

52 y/o Bangladeshi Female, Diabetic for 3½ Years

Initially felt uncomfortable travelling to and from the hospital by herself. Empowered by a Community Health Worker to learn how to travel via public transportation, and take charge of her own health. Since 2011, she has referred several friends and family members into the project and remains an active volunteer.

Korean female participant at risk for diabetes

"The CHWs would give me a follow-up call once a week. I knew three children, but do you think they call me that often? Of course not, however, the CHWs care to see about my health. If I am going through any difficulties, they will come and help me along. That’s why, I became looking forward to these calls, so that if they don’t call me, I called them and asked for their advice."

Korean male participant at risk for diabetes

"I was able to see how important and valuable vegetables and fruits are, so I sell vegetables and fruits and I manage a food court. I have a store in Manhattan and within concrete walls we sell natural food that people can eat every day. I sometimes talk with my customers about how important vegetables and fruits are."
Building Community Capacity & Leadership: Case Study of UNITED SIKHS

Rucha Kavathe, PhD
Project Manager
UNITED SIKHS
February 25, 2016

UNITED SIKHS and its mission

- UN affiliated, international non-profit, non-governmental, humanitarian relief, human development and advocacy organization formed in 1999
- Our mission is to transform underprivileged and minority communities and individuals into informed and vibrant members of society through civic, educational and personal development programs, by fostering active participation in social and economic activity.
- Directorates:
  - International Civil and Human Rights Advocacy (ICHRA)
  - Sikh Aid
  - Community Empowerment and Education Directorate (CEED)

The community we serve...

- Followers of Sikhism: Fifth largest religion, Monotheistic, recognize & respect all human beings as equals.
- Sikh houses of worship are “Gurdwaras”
- Large concentration of Sikhs on the East Coast (NY, NJ, CT, PA)
Community Members in our service areas

- Limited English proficient
- Limited understanding of points of access and rights related to healthcare
- Targets of discrimination and hate crimes post 9/11

Health Projects at UNITED SIKHS

- Provide access to resources in a culturally competent and language appropriate manner
- Promote awareness of a proactive approach to maintaining a healthy lifestyle

PROGRESSION OF HEALTH PROJECTS AT UNITED SIKHS

- Project RICE*: Diabetes Prevention Intervention using the CHW model, CBPR focused
- Project RICE*: Sikh American Families Oral Health Promotion Project*
- Project HEAL*: High Impact Population strategies to promote healthy eating and nutrition
- Project HEAL*: Affordable Rate Act implementation for high blood pressure and cardiovascular disease in NY and NJ
- Project REACH: Promoting healthy living through programs and services in New Jersey
Guiding frameworks

- Community Based Participatory Research (CBPR)
- Community Health Worker Model

Working with CHWs has allowed us to...

- Increase organizational capacity
- Identify community needs in real time
- Expand our health focus to address critical health concerns and new emerging health priorities
- Increase visibility of our community and awareness of the health disparities within the community
- Increased the organization’s credibility in our community, and the community at large
- Bring increased services and resources to our community that are in language and culturally competent
Challenges and Strategies to overcome them

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Potential strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and retention of CHWs</td>
<td>Investing in the CHW model as an ongoing and integral aspect of program design and implementation</td>
</tr>
<tr>
<td>Limited understanding of the CHW model</td>
<td>Increased dissemination of information on these frameworks through community &amp; academic outlets</td>
</tr>
<tr>
<td>Balancing community needs with scientific</td>
<td>Training CHWs on research processes and on prioritizing the research process implementing various methodologies and designs that may be more suited to community needs</td>
</tr>
<tr>
<td>Balancing immediate community concerns with</td>
<td>Increase visibility of research projects with regular dissemination of progress and evaluation results</td>
</tr>
<tr>
<td>long-term benefits of integrating CHWs</td>
<td></td>
</tr>
<tr>
<td>Limited data on the target audience</td>
<td>Engage communities in research and advocacy efforts</td>
</tr>
<tr>
<td>Community, even less on Sikhs. Therefore</td>
<td>CDCs take the lead on community based research and</td>
</tr>
<tr>
<td>Limited resources are available</td>
<td>dissemination projects</td>
</tr>
<tr>
<td></td>
<td>Collaborate with other like-minded organizations</td>
</tr>
</tbody>
</table>

Some considerations to think through...

- What are key issues/processes within the community that could benefit from including CHWs?
- How does implementing this model create a mutually beneficial partnership? What are tangible takeaways and how do they advance ongoing priorities?
- How do CHWs fit in the larger goal of the organization’s mission?
- What does organizational capacity look like? (an organizational assessment of skills and resources available can be really helpful)
- It’s truly worth doing it right, but that takes time, money and resources. What is the long-term feasibility and sustainability plan?

Looking Forward

- Community Health Workers in the Patient Protection and Affordable Care Act (Islam et al 2015)
- The science of Community Health Workers
- Documenting Community Health Worker impact on the social determinants of health
Acknowledgements

Chau Trinh-Shevrin, DrPH
Simona Kwon, DrPH
DREAM Coalition
Kalusugan Coalition
RICE Coalition
CSAAH Staff
CHWs
Volunteers/Interns

References


Tang et al. Comparison Effectiveness of Peer Leaders and Community Health Workers in Diabetes Self-management Support. Results of a Randomized Controlled Trial. Diabetes Care June 2014 vol. 37no. 6 1525-1534.

References continued...

Contact information

Nadia Islam, Ph.D.
Nadia.Islam@nyumc.org

Rucha Kavathe, Ph.D.
Kavathe.Rucha@gmail.com