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.

Partners and Sponsors

- 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 January 26, 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

- January 26 - Structural Competency and Health Equity: Asian American Experience in New York City
  - Chau Trinh-Shrevin, Dr.PH. NYU School of Medicine and Center for the Study of Asian American Health
- February 5 - Trauma and the Refugee Client: Barriers and Strategies for Care
  - Kate Perera-Nield, Ph.D. Bellevue/NYU Program for Survivors of Torture
  - Jim Sutton, RPA-C Rochester General Hospital Center for Refugee Health
- February 17 - Topic: South Asian Women and health
  - Shamita Das DasGupta, Ph.D. Manavi and Rutgers/NYU
- February 25 - Topic: Working with Community-Based Organizations
  - Nadia Isalm, Ph.D. NYU School of Medicine/NYU Center for the Study of Asian American Health

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.

Narrative humility, a term developed by Dr. Sayantani DasGupta, 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.

We use narrative humility instead of the traditional term, “cultural humility,” because it should be a stance we take 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 and 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/sphEval.cfm?ID=272

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:

• Define the terms health disparity, health inequity, health equity, cultural competency, structural competency
• Discuss the role of context: social determinants of health, unconscious bias, stigma, stereotypes, and discrimination
• Describe the Asian American experience in New York City with respect to health disparities
• Describe practice and policy implications relevant to advancing health equity among Asian American populations
**Aims**

- Define terms: health disparity, health inequity, health equity, cultural competency, structural competency
- Role of context: social determinants of health
- Stigma, stereotypes, discrimination, and unconscious bias
- Asian American experience
- Practice and policy implications

**Structural Competency & Health Equity: Asian American Communities**

CHAU TRINH-SHEVRIN, DRPH
ASSOCIATE PROFESSOR
DEPARTMENT OF POPULATION HEALTH
NYU SCHOOL OF MEDICINE
Health Disparities and Health Inequities

- Health disparity
  - Disproportionate burden of disease
  - Drivers: social determinants; health behaviors; access to care; environmental factors; biological influences

- Health inequity
  - Avoidable, unjust, unfair
  - Drivers: social determinants

Health Equity

- Highest attainment of health for all
- Population health improvement
  - Population wide
  - Targeted community level interventions
- Target structural level factors
  - Policy, system, and environment level
- Relational and collective vision
  - Persistent engagement and dialogue
  - Action-oriented

Role of Health Equity in Practice?

- Does health equity have a role in the provision of public health and health care services?
- What might that look like if we, as a community, system, institution or even as individuals, were to move towards the advancement of health equity?
- What does this mean concretely on the implications of your work as public health and healthcare practitioners?
Shift to 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.
- Humility is an integral component of structural competence, compassionate listening.
- Cultural competency - focus on differences.

Changing Landscape

- Healthcare Reform
- Affordable Care Act - extending health insurance coverage for all
- Center for Medicare and Medicaid Innovation and 1115 Medicaid Waivers
  - State Innovation Models
  - Delivery System Reform Incentive Program
  - Accountable Health Communities

Social Determinants

- Much of health is influenced by where we live, work, and play
- Income, education, race/ethnicity
- Social structure and social position
- Racism and discrimination
- Other factors: transportation, health beliefs, locus of control, culture & language, community and social norms, social capital, health literacy
What determines health?


World Health Organization Commission on Social Determinants of Health conceptual framework linking social determinants of health and distribution of health
Stigma
- Defined as the co-occurrence of labeling, stereotyping, separation, status loss, and discrimination in a context in which power is exercised (Link & Phelan, 2001)
- Nuanced and broader in scope from racism and discrimination - fundamental cause to population health inequalities (Hatzenbuehler, Phelan, Link, 2013)
- Detrimental impacts: institutional, community, intrapersonal and intrapsychic
- Insidious and pervasive with the goal to keep people down, in control, and away
- Power differentials between those who stigmatize and stigmatized populations - inherently structural

Unconscious Bias
- Helpful & Adaptive
  - Necessity to make associations to operate without awareness, intention or control
  - Provides the ability to categorize information
- Not error-free
  - Influences our behaviors and perceptions
  - Tends to replicate social hierarchy
  - Can conflict with conscious attitudes and intentional behavior
  - Pervasively influences hiring, evaluation, and leadership selection
  - Can influence perception of individual responsibility or character

Example 1
Example 2

Multiple Statuses

- Unconscious bias increases with each layer of 'difference'
- Imagine examples ... at the intersection of stigmatized categories

Asian Americans: Context
Asian Americans: The fastest growing minority group

Table 1: Population by Race and Hispanic Origin: 2014 and 2060
(population in thousands)

<table>
<thead>
<tr>
<th>Race and Hispanic Origin</th>
<th>2014</th>
<th>2060</th>
<th>Change 2014-2060</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>326,736</td>
<td>398,723</td>
<td>71,987</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>205,892</td>
<td>254,215</td>
<td>48,323</td>
</tr>
<tr>
<td>Black or African American</td>
<td>39,084</td>
<td>45,908</td>
<td>6,824</td>
</tr>
<tr>
<td>Hispanic</td>
<td>12,809</td>
<td>18,039</td>
<td>5,230</td>
</tr>
<tr>
<td>Asian and Pacific Island</td>
<td>6,915</td>
<td>10,384</td>
<td>3,469</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Island</td>
<td>1,458</td>
<td>1,742</td>
<td>284</td>
</tr>
<tr>
<td>Native American</td>
<td>5,457</td>
<td>7,532</td>
<td>2,075</td>
</tr>
</tbody>
</table>


Asian Americans in the U.S.

Source: Pew Research Center, Interactive Map of Total U.S. All Asian American Population

AA population is projected to be 39 million in 2050 - nearly 10% of the entire U.S. population
AAs & NHPIs Living in Poverty

Asian Americans in NYC are the **fastest growing group**
- Based on U.S. Census 2010 and American Community Survey data:
  - Asians in NYC were the fastest growing group -- a 30% increase from 2000 and now 15% of the population.
  - Asians were only group to experience a growth in all 5 of NYC's boroughs

<table>
<thead>
<tr>
<th>Population Group</th>
<th>2010 Census</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Alone or in Combination</td>
<td>1,134,919</td>
<td>30%</td>
</tr>
<tr>
<td>Hispanics</td>
<td>7,318,149</td>
<td>8%</td>
</tr>
<tr>
<td>Black Alone or in Combination</td>
<td>2,228,145</td>
<td>-2%</td>
</tr>
<tr>
<td>Non-Hispanic White Alone</td>
<td>2,722,904</td>
<td>-3%</td>
</tr>
<tr>
<td>All Population Groups</td>
<td>8,175,333</td>
<td>2%</td>
</tr>
</tbody>
</table>


Asian ethnic subgroups in NYC are **rapidly diversifying** with several new emerging subgroups from 2000-2010

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>2000 Census</th>
<th>2010 Census</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese/Cantonese</td>
<td>15,341</td>
<td>17,695</td>
<td>15%</td>
</tr>
<tr>
<td>Indonesian</td>
<td>36,004</td>
<td>49,621</td>
<td>39%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>50,710</td>
<td>17,850</td>
<td>-64%</td>
</tr>
<tr>
<td>Korean</td>
<td>26,291</td>
<td>27,180</td>
<td>3%</td>
</tr>
<tr>
<td>Filipino</td>
<td>24,595</td>
<td>46,003</td>
<td>87%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>13,180</td>
<td>13,864</td>
<td>5%</td>
</tr>
<tr>
<td>Other Asian</td>
<td>5,005</td>
<td>10,000</td>
<td>100%</td>
</tr>
<tr>
<td>Japanese</td>
<td>2,984</td>
<td>4,612</td>
<td>52%</td>
</tr>
<tr>
<td>Korean</td>
<td>2,433</td>
<td>3,584</td>
<td>47%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>2,251</td>
<td>3,384</td>
<td>51%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>685</td>
<td>1,125</td>
<td>63%</td>
</tr>
<tr>
<td>Philippine</td>
<td>685</td>
<td>1,125</td>
<td>63%</td>
</tr>
<tr>
<td>Other [580]</td>
<td>685</td>
<td>1,125</td>
<td>63%</td>
</tr>
</tbody>
</table>

Limited English Proficiency (LEP) Rates among AA and NHPI Subgroups

In NYC, 60% of Asians citywide are LEP with rates varying across Asian ethnic groups (Chinese: 67%; Korean: 63%; Vietnamese: 61%; Hindi: 30%).

Language Access among Asian Subgroups in NYC

<table>
<thead>
<tr>
<th>Language Spoken</th>
<th>Percent LEP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
<td>67.3%</td>
</tr>
<tr>
<td>Gujarati</td>
<td>38.3%</td>
</tr>
<tr>
<td>Hindi</td>
<td>29.8%</td>
</tr>
<tr>
<td>Japanese</td>
<td>55.3%</td>
</tr>
<tr>
<td>Korean</td>
<td>44.3%</td>
</tr>
<tr>
<td>Korean</td>
<td>62.5%</td>
</tr>
<tr>
<td>Tagalog</td>
<td>30.1%</td>
</tr>
<tr>
<td>Thai</td>
<td>59.3%</td>
</tr>
<tr>
<td>Urdu</td>
<td>44.2%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>60.6%</td>
</tr>
</tbody>
</table>

Source: U.S. Census American Community Survey 2005-2009

Snapshot of Socio-demographic Characteristics of NYC Asian Americans

- 1 out of 4 Asian Americans live in poverty.
- The fastest growing NYC senior citizen population are Asian Americans and they have the highest poverty rate among all seniors.
- Approximately 30% of Asian seniors live in poverty.
- 1 out of 4 Asian high school students do not graduate on time or at all.
Percent of U.S. adults age 18 and over with selected conditions, by race and ethnicity, 2004-2006 (Barnes et al., 2008)

Pervasiveness of the “Model Minority” Myth

Aug 31, 1987

Jan 31, 2011

Miss America crowns 1st winner of Indian descent

Many faces of Miss America

Sept 17, 2013
Pervasiveness of the “Model Minority” Myth

Challenges to Achieving Health Equity

- Social determinants
- Model minority myth
- Stigma
- Need for disaggregated data
- Access to language and culturally-appropriate healthcare services
- Workforce shortages in health care service delivery
- Need to build human and social capital
Community Health Workers (CHWs)

- CHWs are indigenous to the community in which they work and share ethnicity, language, socioeconomic status, and life experiences with the community members they serve.
- Have a unique understanding of the norms, attitudes, values, and strengths of community members.

Ubuntu

- Southern African term: "the belief in a universal bond of sharing that connects all humanity"
- I am, because of you.
- Collectivist perspective...we are interconnected
- Health disparity and cultural competency - language of differences
- Structural competency and health equity - collective and action-oriented vision

THANK YOU!
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NYU Center for the Study of Asian American Health (CSAAH)
med.nyu.edu/asian-health | facebook.com/NYU.CSAAH | @NYU_CSAAH

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