


www.AdvancingCC.org  
**Advancing Cultural Competence**  
In the Public Health & Health Care Workforce

 **SCHOOL OF PUBLIC HEALTH**  
UNIVERSITY AT ALBANY State University of New York  
Center for Public Health Continuing Education

---

---

---

---

---


---


---

---

### 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 



---

---

---

---

---

---

---

---

### 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.

 **SCHOOL OF PUBLIC HEALTH**  
UNIVERSITY AT ALBANY State University of New York  
Center for Public Health Continuing Education

---

---

---

---

---

---

---

---

## 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](http://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-Shrevlin, 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 Porterfield, 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.ualbanycphp.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

---

---

---

---

---

---

---

---

Today's Presenters



Chau Trinh-Shevrin, MPH, Dr.PH

- Associate Professor, Departments of Population Health and Medicine, NYU School of Medicine
- Principal Investigator and Director, NYU Center for the Study of Asian American Health

---

---

---

---

---

---

---

---

Structural Competency & Health Equity: Asian American Communities

CHAU TRINH-SHEVRIN, DRPH  
 ASSOCIATE PROFESSOR  
 DEPARTMENT OF POPULATION HEALTH  
 NYU SCHOOL OF MEDICINE

---

---

---

---

---

---

---

---

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

---

---

---

---

---

---

---

---

## 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

---

---

---

---

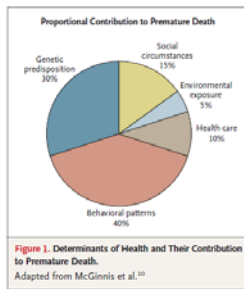
---

---

---

---

### What determines health?



Source: Schroeder SA. We Can Do Better – Improving the Health of the American People. *New England Journal of Medicine* 2007; 357:1221-8.

---

---

---

---

---

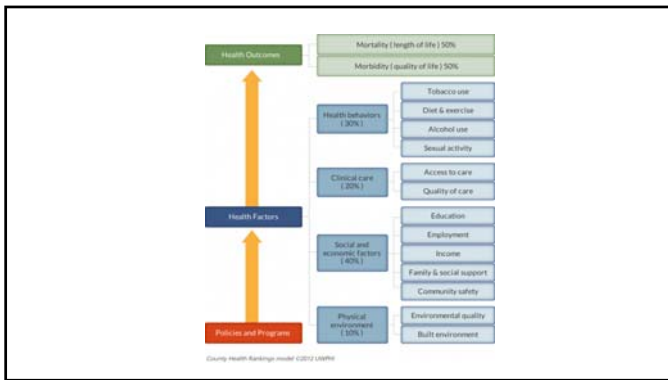
---

---

---

---

---




---

---

---

---

---

---

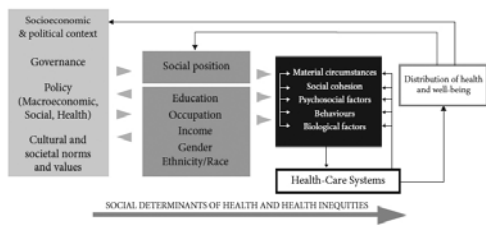
---

---

---

---

### World Health Organization Commission on Social Determinants of Health conceptual framework linking social determinants of health and distribution of health



Source: Sadana R, Blaiz E. What can public health programs do to improve health equity? *Public Health Rep.* 2013 Nov;128 Suppl 3:12-20.

---

---

---

---

---

---

---

---

---

---

## 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 (Hatzembuehler, 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 Statures

- 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 2. **Population by Race and Hispanic Origin: 2014 and 2060**  
(Population in thousands)

Race and Hispanic origin*	2014		2060		Change, 2014 to 2060	
	Number	Percent	Number	Percent	Number	Percent
<b>Total population</b> .....	<b>318,748</b>	<b>100.0</b>	<b>416,795</b>	<b>100.0</b>	<b>98,047</b>	<b>30.8</b>
<b>One Race</b> .....	<b>310,753</b>	<b>97.5</b>	<b>390,772</b>	<b>93.8</b>	<b>80,020</b>	<b>25.8</b>
White.....	246,940	77.5	285,314	68.5	38,374	15.5
Non-Hispanic White.....	198,103	62.2	181,930	43.6	-16,174	-8.2
Black or African American.....	42,039	13.2	59,693	14.3	17,654	42.0
American Indian and Alaska Native.....	3,957	1.2	5,507	1.3	1,550	41.7
Asian.....	17,083	5.4	38,965	9.3	21,882	128.1
Native Hawaiian and Other Pacific Islander.....	734	0.2	1,194	0.3	460	62.6
<b>Two or More Races</b> .....	<b>7,995</b>	<b>2.5</b>	<b>26,023</b>	<b>6.2</b>	<b>18,027</b>	<b>225.3</b>
<b>Race Alone or in Combination†</b>						
White.....	254,009	79.7	309,567	74.3	55,558	21.9
Black or African American.....	48,863	14.3	74,830	17.9	28,968	63.6
American Indian and Alaska Native.....	4,528	1.4	10,169	2.4	3,640	55.9
Asian.....	19,983	6.3	48,575	11.7	28,592	143.1
Native Hawaiian and Other Pacific Islander.....	1,458	0.5	2,929	0.7	1,470	100.8
<b>Hispanic or Latino Origin</b>						
Hispanic.....	55,410	17.4	119,044	28.6	63,635	114.8
Not Hispanic.....	263,338	82.6	297,750	71.4	34,412	13.1

Source: Colby, Sandra L. and Jennifer M. Ortman, Projections of the Size and Composition of the U.S. Population: 2014 to 2060, Current Population Reports, P25-1143, U.S. Census Bureau, Washington, DC, 2014

---

---

---

---

---

---

---

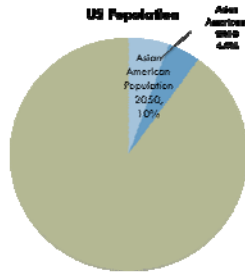
---

---

---

---

Asian Americans: The fastest growing minority



•AA population is projected to be 39 million in 2050 - nearly 10% of the entire U.S. population

---

---

---

---

---

---

---

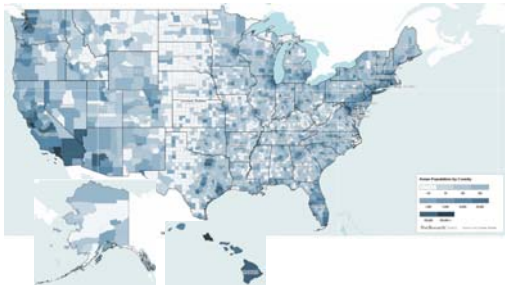
---

---

---

---

Asian Americans in the U.S.



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

---

---

---

---

---

---

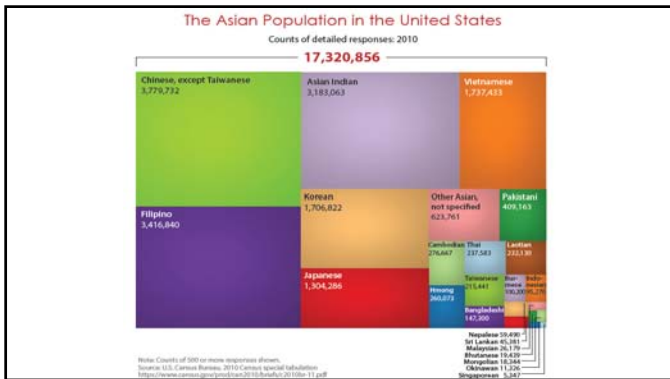
---

---

---

---

---




---

---

---

---

---

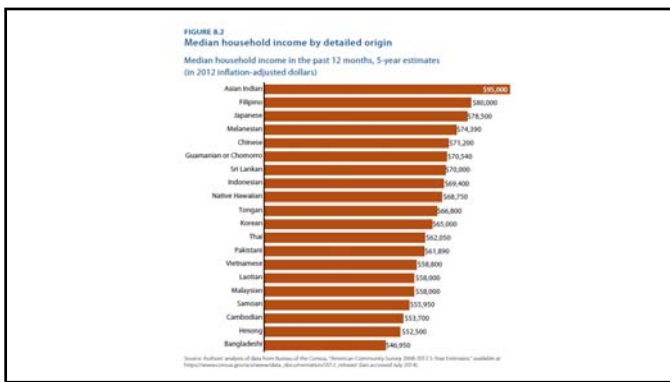
---

---

---

---

---




---

---

---

---

---

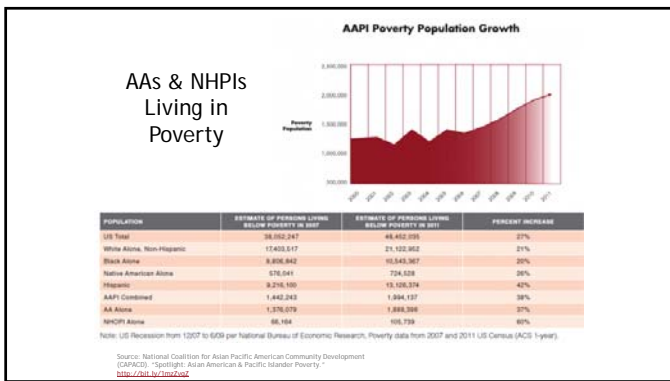
---

---

---

---

---




---

---

---

---

---

---

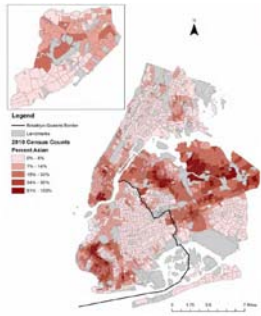
---

---

---

---

AA population in New York City in 2010 by Census Tract




---

---

---

---

---

---

---

---

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 1.1 Population for Major Race and Ethnic Groups in New York City

Population Group	2010 Census	Percent Change
Asian Alone or in Combination	1,134,919	30%
Hispanics	2,336,076	8%
Black Alone or in Combination	2,228,145	-2%
Non-Hispanic White Alone	2,722,904	-3%
All Population Groups	8,175,133	2%

Source: Asian American Federation (2012). Asian Americans in New York City: A Decade of Dynamic Change 2000-2010. New York, NY.

---

---

---

---

---

---

---

---

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

Table 1.2 Population Changes for Asian Groups in New York City

Asian Group	2000	2010	Percent Change	Numeric Change
Chinese, except Taiwanese	374,321	500,434	34%	126,113
Indian	206,218	232,056	13%	26,468
Korean	90,208	102,820	14%	12,612
Filipino	62,058	78,030	26%	15,972
Bangladeshi	28,269	65,788	131%	33,519
Pakistani	18,310	48,369	154%	32,059
Japanese	26,419	31,742	20%	5,323
Vietnamese	13,010	16,378	26%	3,368
Taiwanese	5,488	13,682	149%	8,194
Thai	5,002	7,244	45%	2,242
Indonesian	3,017	4,791	59%	1,774
Sri Lankan	2,840	4,369	53%	1,729
Malaysian	2,287	3,220	41%	933
Cambodian	2,296	2,591	13%	295
Laotian	316	664	110%	348
Hmong	26	83	219%	57
Other Asian groups (2000)	3,921			
Nepalese (2010)		6,187		
Burmese (2010)		4,132		
Bhutanese (2010)		388		
Other Asian groups (2010)		945		

Source: Asian American Federation (2012). Asian Americans in New York City: A Decade of Dynamic Change 2000-2010. New York, NY.

---

---

---

---

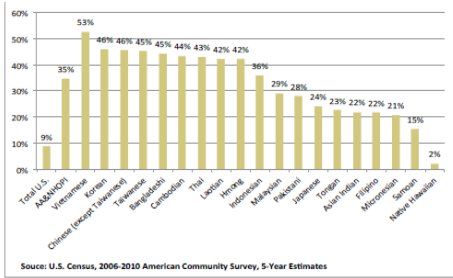
---

---

---

---

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 3: Share of LEP Individuals by Selected Asian Languages Spoken

Language Spoken	Percent LEP
Chinese	67.3%
Gujarati	38.3%
Hindi	29.8%
Japanese	55.3%
Khmer	44.3%
Korean	62.5%
Tagalog	30.1%
Thai	59.3%
Urdu	44.2%
Vietnamese	60.6%

- In NYC, 60% of Asians are LEP - compared to 35% across the U.S
- In NYC Asian households, 42.5% are linguistically isolated - compared to 27.6% in the U.S.

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 American 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

RANK BY ASIAN POVERTY RATES (AMERICAN METROS)	ASIAN POVERTY RATE	PERCENT OF SENIORS POVERTY RATES	MSA	ASIAN POPULATION	PERCENT ASIAN AMERICANS IN POPULATION (PERCENTAGE)	PERCENT ASIAN AMERICANS IN SENIORS	PERCENT SENIORS AMONG ASIAN AMERICANS	PERCENT ASIAN AMERICANS IN POVERTY IN POPULATION
1	1	23	New York-Northern New Jersey-Long Island, NY-NJ-PA Metro Area	231,238	49.0%	45.6%	0.0%	52.4%
2	2	3	Los Angeles-Long Beach-Santa Ana, CA Metro Area	208,899	34.1%	34.1%	16.6%	40.8%
3	3	6	San Francisco-Oakland-Fremont, CA Metro Area	87,082	65.8%	59.7%	27.6%	40.8%

Source: National Coalition for Asian Pacific American Community Development (CAPACD). "Spotlight: Asian American & Pacific Islander Poverty." <http://www.asianamerica.org/>

---

---

---

---

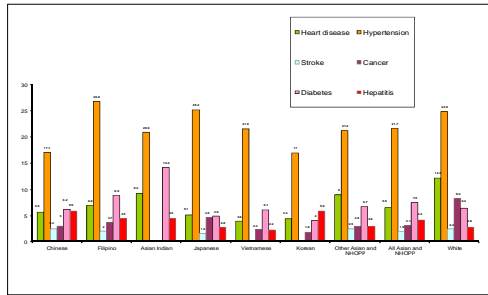
---

---

---

---

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

By CNN Staff  
Updated 10:01 AM EST, Tue September 17, 2013



Many faces of Miss America

Sept 17, 2013

---

---

---

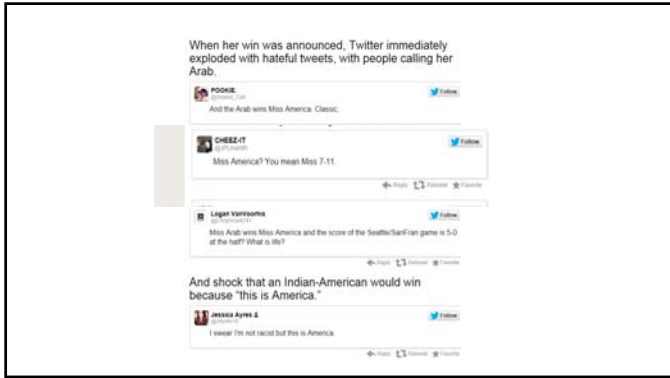
---

---

---

---

---




---

---

---

---

---

---

---

---




---

---

---

---

---

---

---

---

**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!

**Chau Trinh-Shevrin, DrPH**  
[chau.trinh@nyumc.org](mailto:chau.trinh@nyumc.org)

**NYU Center for the Study of Asian American Health (CSAAH)**  
[med.nyu.edu/asian-health](http://med.nyu.edu/asian-health) | [facebook.com/NYU\\_CSAAH](https://facebook.com/NYU_CSAAH) | @NYU\_CSAAH

This presentation was supported in part by the NYU Center for the Study of Asian American Health (NIH National Institute for Minority Health & Health Disparities grant # P60MD000538), the NYU-HHC Clinical and Translational Science Institute (NIH National Center for Advancing Translational Sciences grant #UL1TR000039), and the NYU-CUNY PRC (Centers for Disease Control and Prevention cooperative agreement number #U48DP005008).

---

---

---

---

---

---

---

---