Equity in Infant and Early Childhood Mental Health Consultation Webinar Series

Webinar 5: Culture, identity, history as sources of strength and resilience for Asian American & Pacific Islander Children and Families.

May 26, 2021
2:00 – 4:00pm ET

Facilitator: COE IECMHC

Krystle Canare
Program Specialist
Center of Excellence for Infant and Early Childhood Mental Health Consultation
Georgetown University’s Center for Child & Human Development
Webinar Housekeeping

Closed captioning and ASL Interpretation is available during today's webinar. Please click the Closed Caption icon and select subtitles or a separate page of live captioning.

To view our ASL interpreters, please select side-by-side mode.

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Use the Q&A feature to asks questions to the presenters. You may also chime in and answer questions that have been shared with the group!

A recording of the webinar will be posted on iecmhc.org and e-mailed to all registrants next week. Thank you!

What is your role?

A. Mental Health Consultation (Consultant, Program Director, Supervisor, or Systems Leader)
B. Early Childhood Education (Teacher, Practitioner, Program Director, or Systems Leader)
C. Trainer or Coach
D. Higher Education
E. Federal, State, Local Government Employee
F. Child and Family Advocate
G. Funder
H. Researcher/Evaluator
I. Other
Mission and Vision

The Center aims to grow, advance, and impact the field of IECMHC

Areas of Focus:
- Technical Assistance
- Professional Development
- Clearinghouse

www.iecmhc.org

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Presenters

Lisa Gordon
Partner
Children’s Equity Project
Arizona State University

Gem P. Daus, MA
Public Health Analyst
Office of Health Equity
Health Resources and Services Administration (HRSA)

Edward K.S. Wang, PsyD
Assistant Professor of Psychology,
Harvard Medical School
Board Chair,
National Asian American & Pacific Islander Mental Health Association

Christina Shea, LMFT
Deputy Chief & Director of Clinical Services
Richmond Area Multiservice, Inc
Children’s Equity Project

- A multi-university initiative, housed at Arizona State University and led in partnership with experts at 15 universities and organizations across the country.

- We work at the intersection of research-policy-practice

- Our mission is to close opportunity gaps and ensure that all children, regardless of race, ethnicity, income, home language, and/or ability, reach their full potential.

Equity in IECMHC Webinar Series

How Did We Get Here?

Culture, Identity, History as Sources of Strength and Resilience for Tribal Communities

Culture, Identity, History as Sources of Strength and Resilience for African-American Children and Families

Culture, Identity, History as Sources of Strength and Resilience for Latino Children and Families

Culture, Identity, History as Sources of Strength and Resilience for Asian American & Pacific Islander Children & Families

Webinar Recordings Available at: iecmhc.org/resources/equity
AGENDA

• Framing Our Conversation
• Asian American & Pacific Islander Children & Families: Historical and Cultural Context
• Manifestations of Systemic Racism in Infant & Early Childhood Serving Systems
• IECMHC and AAPI Children, Families, & Communities
• Where Do We Go from Here?
• Open Discussion: Q&A

Today’s Session Goals

• Examine issues of racialized inequities and bias on the early care and education experiences for Asian American & Pacific Islander children and families

• Explore a strengths-based approach to forging culturally and linguistically responsive relationships

• Identify policies and practices to strengthen cultural responsiveness in IECMHC in order to reduce disparities and support children’s healthy development and learning
A Framing to Guide Our Conversation

THE GROUNDWATER APPROACH:
building a practical understanding of structural racism

Source: Racial Equity Institute (REI), 2018

Fish in the Lake

Source: Racial Equity Institute; Artwork by Jojo Karlin (jojokarlin.com)
Further Framing Around Race and Racism

Race is NOT biological.... It is a social construct, a classification of human beings, that is politically defined.

Racism came before race.... “Racism is the parent and race is the child.”
(quote from Ta-Nehisi Coates)
Setting the Stage: Historical and Institutional Racism

Asian American & Pacific Islander Children & Families: Historical and Cultural Context
Georgetown University Center of Excellence for Infant & Early Childhood Mental Health Consultation

Gem P. Daus, MA
Public Health Analyst
Office of Health Equity (OHE)
Health Resources & Services Administration (HRSA)

May 26, 2021

Vision: Healthy Communities, Healthy People
Health Resources and Services Administration (HRSA)
Overview

Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged.

Grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities.

Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care.

HRSA Funding (dollars in millions)

<table>
<thead>
<tr>
<th>HRSA Program</th>
<th>FY 2021 Enacted</th>
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<tbody>
<tr>
<td>Primary Health Care</td>
<td>$5,684</td>
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<td>HIV/AIDS</td>
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<tr>
<td>Maternal and Child Health</td>
<td>$1,381</td>
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<td>Health Workforce</td>
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<td>Rural Health</td>
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<td>Healthcare Systems</td>
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<tr>
<td>Family Planning*</td>
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<td>Vaccine Injury Compensation</td>
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<tr>
<td>Program Management</td>
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<td><strong>TOTAL</strong></td>
<td><strong>$12,080</strong></td>
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*Administered by the HHS Office of the Assistant Secretary for Health, Office of Population Affairs.
Office of Health Equity

• HRSA’s Office of Health Equity (OHE) works to reduce health inequities so that communities and individuals can achieve their highest level of health.
• This is accomplished through the development of strategic partnerships, internally and externally, with an emphasis on the integration of equity concepts into policy and programming across all HRSA bureaus and offices to positively impact the people we serve.

Outline

Who are Asian Americans and Pacific Islanders (AAPI)?

Two Key Themes of AAPI Experience

• Always the Outsider
• The Ideal Insider

Implications for AAPI Child & Family Mental Health
Who are Asian Americans and Pacific Islanders?

Asian
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Source: 1997 Office of Management and Budget (OMB) Standards on Race and Ethnicity
### Who are Asian Americans and Pacific Islanders?

#### Asian
- **22.9 million** - estimated number of Asian alone-or-in-combination residents in the U.S. in 2019
  - 5.2M Chinese (except Taiwanese)
  - 4.6M Asian Indians
  - 4.2M Filipinos
  - 2.2M Vietnamese
  - 1.9M Koreans
  - 1.5M Japanese
  - Bangladeshi, Cambodian, Hmong, Indonesian, Laotian, Malaysian, Pakistani, Sri Lankan, Taiwanese, Thai, Other Asian

#### Native Hawaiian or Other Pacific Islander
- **1.6 million** - estimated number of Native Hawaiian and Other Pacific Islander alone-or-in-combination residents of the U.S. in 2019
  - 607,010 Native Hawaiians
  - 204,640 Samoans
  - 160,773 Guamanian or Chamorro
  - Tongan, Fijian, Other Polynesian, Other Micronesian, Other Pacific Islander

Source: U.S. Census Bureau
Two Key Themes of AAPI Experience

Always the Outsider
"Perpetual foreigner"

The Ideal Insider
"Model Minority"

Key Theme of AAPI Experience:
Outsider

Selected Acts:
- Nationality Act of 1790
- Act to Prohibit the "Coolie Trade" (1862)
- Page Law (1875)
- Chinese Exclusion Act (1882; repealed 1943)
- The Insular Cases (1901)
- Gentlemen’s Agreement of 1907-1908
- Alien Land Laws in California (1913 & 1920)
- Immigration Acts of 1917 & 1924 (Asian Barred Zones)

- Tydings-McDuffie Act of 1934
- Filipino Repatriation Act of 1935
- Executive Order 9066
- War Brides Act 1945 & 1946
- Luce-Cellar Act of 1946
- Immigration Act of 1965
- Indochina Migration and Refugee Relief Act (1975)
- Personal Responsibility and Work Opportunity Reconciliation Act of 1996
Key Theme of AAPI Experience: 
Outsider

Delano Regional Medical Center to Pay Nearly $1 Million in EEOC National Origin Discrimination Suit

Key Theme of AAPI Experience: 
Insider

- “Success Story: Japanese American Style” - NYT Magazine (1/9/66)
- “Chinese Americans pulled itself up from hardship and discrimination” - US News (12/66)

“...stereotyped as having fewer needs, more resources, and extraordinary capacity for hard work and suffering. "This myth has masked the vulnerability of many of our community members and also muted our capacity to have our issues fully understood and addressed.”

Key Theme of AAPI Experience: 
*Insider*

- Monolithic
- Counterfactual
- Wedge

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Implications for AAPI Child & Family Mental Health

- Racial/ethnic health disparities
- Lack of disaggregated data
- Diversity (culture, ethnicity, race, language, religion, socioeconomic status, educational attainment, etc.)
- Intersectionality
- Trauma
- Acculturative/assimilation stress
- Nativity and generational assimilation
- Immigration/migration/refugee/citizenship status
Gem P. Daus, MS
Public Health Analyst
HRSA Office of Health Equity
301-443-2462
gdaus@hrsa.gov

New Health Equity Report now available
https://www.hrsa.gov/about/organization/bureaus/ohe/index.html

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Overview

Ed K.S. Wang, M.S., Psy.D.

- Impact of racism on Asian American and Pacific Islander children and families
- Mental health consultation is a critical support for infant and early childhood programs
- Science of brain development and behavior regulation is an integral part of social and emotional learning of AAPI children’s mental health
- Culture matters in program design and practice delivery
Impact of Racism: The Four I’s of Oppression

AAPI Narratives and the Story of O
The Four A’s of Service Disparities

- Lack of **Access** of mental health consultation services in early childhood and care.
- Lack of **Availability** of early childhood and care programs.
- Lack of **Appropriate** culturally and linguistically relevant and responsive programs.
- Lack of **Affordability** to obtain early childhood and care programs.

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**Equity:**

The Removal of Systemic Barrier

**EQUALITY VERSUS EQUITY**

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

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Ed K.S. Wang

38 Minnesota : Advancing Equity for GLBTQ Minnesotans
The Role of Mental Health Consultation in Equity of Infant and Early Childhood Services

- Infant and Early Childhood Mental Health Consultation ensures access, available, appropriate, and affordable high-quality infant and early childhood services for diverse AAPI children and families.

- Infant and Early Childhood Mental Health Consultation promotes AAPI children’s and family’s mental health and resilience with parent, caregiver, provider guidance that is culturally respectful so that children are safe, nurtured and supported to reach their full potential.

Mental Health Consultation is a Critical Support for Infant and Early Childhood Development

Adverse childhood and community experiences (ACEs) can cause lasting physical, emotional, and behavioral health problems. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems, and communities. Women and children are especially vulnerable to toxic stress and its effects, particularly when it results from childhood or community trauma. ACEs affect brain development and can cause long-term physical illness, mental illness, and chronic conditions, including cancer and heart disease. ACEs can cause cognitive, behavioral, and emotional problems that can lead to school failure, delinquency, and substance abuse. Children who experience ACEs may have more trouble focusing, developing relationships, and making healthy choices. Children who experience ACEs may also have a higher risk of becoming a victim of violence. ACEs can affect a child’s ability to learn and can lead to negative effects in adulthood. ACEs can also affect a child’s ability to respond to stressful events with resilience. Research has shown that those who are able to reduce and heal from toxic stress and build healthy, caring communities.

Ed K.S. Wang
Mental Health Consultation

- The impact of family, community and environmental trauma and toxic stress on mental health and well-being of children and parents. The body keeps score and trauma lives on.
- Signs of social, emotional, learning challenges begin at a very young age. Parents often report concerns of problems before age 5.
- Targeted early identification and intervention for mental, emotional and behavioral well-being change the trajectory of the development of mental illness (National Research Council and Institute of Medicine, 2009).

Ed K.S. Wang

Trauma and Toxic Stress

Ed K.S. Wang

https://www.cdc.gov/violenceprevention/aces/resources.html
Science of Brain Development, Social and Emotional Learning is an Integral Part of Mental Health Consultation

- Executive function of the brain is critical in social emotional learning of the developing child forming the foundation of life-long learning and well-being.
- Child and family-focused interventions are both within and independent of the mental health system.
- The neurophysiological and developmental approach is far less stigmatizing than focusing on mental health or illness.
- Successful prevention is inherently interdisciplinary with demonstrated efforts to outcomes.

Ed K.S. Wang

Culture Matters in Program Design and Practice Delivery

- Workforce training on integrating culture into practice.
- Cultural formulation and assessment is an integral part of mental health consultation.
- Christina Shea, RAMS and Fu Yau program.

Ed K.S. Wang
**Workforce Training**

- Trauma-informed Care: Hope, Strengths, Resilience, Growth and Healing 1.0 (as TIC 1.0) is a knowledge and skill-based curriculum which integrates the science of toxic stress and trauma, evidence-based practice and practice-based evidence that is culturally relevant socio-cultural-historical context of children and families.

- Wellness & Resiliency in Children and Their Communities 8-hour curriculum on healthy childhood development, coping and growing with stress, why children behave the way they behave and resilience development.

**Cultural Formulation and Assessment**

<table>
<thead>
<tr>
<th></th>
<th>Who am I and who are my family and friends</th>
<th>How do I explain my concern</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expressions of concern</strong></td>
<td>The Story</td>
<td>The Explanation</td>
</tr>
<tr>
<td><strong>Help-seeking behavior</strong></td>
<td>The help-seeking history</td>
<td>The Solution</td>
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Ed K.S. Wang  
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IECMHC and AAPI Children, Families, & Communities

Christina Shea, LMFT
Deputy Chief/Director of Clinical Services
Richmond Area Multi-Services, Inc.
San Francisco, California

IECMHC and AAPI Children & Families & Communities

- Infant and Early Childhood Mental Health Consultation – in the context of equity among Asian and Pacific Islander communities
- Asian American and Pacific Islander Children and Families – who are we? Yellow? Brown? White?
- Disclaimer
Understanding Behaviors with a Racial Equitable Lens

- What are some racial bias/stereotype and expectation of children in infant and early childhood setting? – “Squeaky wheels get the grease”; unseen and unheard syndrome; “academic achievement”
- Acting in and acting out – selective mutism, lack of external emotional expressions, behaving differently at home and at school – internalizing behaviors vs. externalizing behaviors
- A brief story
- Social emotional vs mental health; stigma vs lack of vocabulary or frame of reference

Addressing Equity – the Work

- Explicit and implicit bias and systemic racism, racial bias and equity – personal bias, assumptions, expectations, experiences, cultural values, individual prejudice, microaggression in the world/community/ infant and early childhood care environment?
- Another story
- What are some of the contents – awareness, curiosity, acknowledgment, social emotional development, disparity, cultural responsive, how to thrive in the US, change in stereotyping/ expectation/ assumption
Working with families

- Understanding the value of family and “extended” family
- Respecting family’s experience, perspective, expertise
- Working with families – teaching parents to be parents of children in the US – to acquire equity
- What is the “world” telling our children?

Achieving Equity

- Acknowledge historical trauma (country of origin, in the US, family, community, nation, colonization)
- Acknowledge the pain and strength of acculturation and accommodation; and striving for integration
- Understand individual (family, provider) internal resources, resilience and healing
- Acknowledge privileges, bigotry, and confusions
- Acknowledge cultural value, as well as skills needed to strive in the US
Thank you!

Christina Shea, LMFT
Deputy Chief/Director of Clinical Services
Richmond Area Multi-Services, Inc.
San Francisco, California

Don’t Forget!

How to use a QR Code:
- Open your camera on your SmartPhone or Tablet.
- Point your camera at the code as if you were going to take a picture (but don’t snap a picture).
- Once your camera is able to focus on the image, it will prompt the associated content on the top of the phone which you can then tap.

Please complete the survey that will pop-up at the end of this webinar.
Thank you!
Where do we go from here?

Open Discussion and Q&A
THANK YOU!
CONNECT WITH US!

www.iecmhc.org
IECMHC@Georgetown.edu
@IECMHC