Audio Transcript for Improving Health Outcomes Through Preventive Services for Older Asian Americans Webinar hosted by Association of Asian Pacific Community Health Centers and National Center for Equitable Care for Elders on October 24, 2023.

Times listed accompany the Presentation Slides

WEBVTT

1-7
00:00:08.540 --> 00:01:34.460
[Intro Music] 'Kanaka Wai Wai' by Hui Ohana, Ledward Kaapana, Nedward Ka'Apana, and Dennis Pavao

8
00:01:37.820 --> 00:02:00.659
Arielle Mather (she/her), NCECE: Hello, and welcome! We're so glad to see you all with us today. We're gonna get started in just a moment to allow a few more folks to join us. I see we have some folks saying hello in the chat. If you'd like to introduce yourselves, we'd love to know who you are and where you're coming from. So feel free to utilize the chat for that, and we'll get started in just a moment.

9
00:02:11.950 --> 00:02:36.939
Arielle Mather (she/her), NCECE: Thank you so much, Tina, and I'm sure folks will be coming into the chat. For the sake of time we will get started. So officially again. Hello! And welcome to this webinar on improving health outcomes through preventive services for older Asian Americans. This webinar is in partnership with the Association of Asian Pacific Community Health Organization and the National Center for Equitable Care for Elders.

10
00:02:36.940 --> 00:02:54.630
Arielle Mather (she/her), NCECE: My name is Arielle, and I am the program manager of NCECE to provide a visual self description. I am a white woman in my mid-thirties. I use she/her pronouns.

11
00:02:54.900 --> 00:02:58.310
Arielle Mather (she/her), NCECE: I have long golden brown hair, and I'm wearing a purple sweater.

12
00:03:01.470 --> 00:03:26.420
Arielle Mather (she/her), NCECE: So many folks are familiar with zoom. But since we're in a Webinar format today. Just wanna remind folks that all of your cameras and audios are turned

off. But we would love your participation in the chat box in the Q&A. And so we just want to remind you of the keyboard shortcuts for each function, as well as the option to turn on closed captions. If you have any other access needs today please message Cara in the chat

13
00:03:26.420 --> 00:03:44.479
Arielle Mather (she/her), NCECE: For my own access needs. Today I'll be reading from a script so the slides will be shared in the chat for those who do better with following along, and we will also release a transcript with the recording of this session within the next week.

14
00:03:49.620 --> 00:04:07.959
Arielle Mather (she/her), NCECE: The Association of Asian Pacific Community Health Organizations or AAPCHO was formed to create a national voice, to advocate for the unique and diverse health needs of Asian American, Native Hawaiian and Pacific Islander communities through advocacy, collaboration, and leadership.

15
00:04:08.060 --> 00:04:25.259
Arielle Mather (she/her), NCECE: AAPCHO's focus areas are health equity and access, training and capacity building, and healthcare quality and innovation. To learn more about AAPCHO you can visit their website, follow them on social media, or learn more about their trainings by subscribing to their soundcloud.

16
00:04:28.510 --> 00:04:53.159
Arielle Mather (she/her), NCECE: And about the National Center for equitable care for elders. Our goals are to advance health care providers knowledge and disseminate promising practices by providing healthcare and supportive services to older adults to increase the amount and accessibility of healthcare services provided to older patients at health centers.

17
00:04:53.270 --> 00:05:09.829
Arielle Mather (she/her), NCECE: and to improve health centers, responsiveness to enhance the quality of population based and outcomes oriented healthcare programs for community dwelling, older adults. We'd love to stay connected after this session, so feel free to check out our website and social media platforms to learn more.

18
00:05:13.220 --> 00:05:35.150
Arielle Mather (she/her), NCECE: So when you sign up for this webinar, you likely saw the learning objectives, but just wanted to remind folks that at the end of this hour we are hoping you'll be able to walk away, being able to describe factors that contribute to older Asian

Americans, experiencing lower rates of service utilization for physical or mental health conditions;

19
00:05:35.220 --> 00:05:50.339
Arielle Mather (she/her), NCECE: to explain the relationship between mental health and chronic conditions among Asian American elders; and to develop culturally responsive strategies for increasing patient trust and providing appropriate community referrals.

20
00:05:53.000 --> 00:06:09.470
Arielle Mather (she/her), NCECE: We have a wonderful panel discussion today. But first we're gonna do a little bit of level setting. So, as most of us know, the United States is aging at a rapid pace with a population of older adults set to outnumber that of children within the next few years.

21
00:06:09.470 --> 00:06:32.240
Arielle Mather (she/her), NCECE: Among these adults 65 years and older Asian Americans are the fastest growing racial sub group, which is projected to increase from about 4.6% of the pop… of that population to over 8% by 2060.

22
00:06:32.320 --> 00:06:35.070
Arielle Mather (she/her), NCECE: This context underscores the importance of health centers and community based organizations …excuse me

23
00:06:35.190 --> 00:06:42.320
Arielle Mather (she/her), NCECE: To ensure they're prepared to offer programs and services that are inclusive and culturally responsive to these populations.

24
00:06:45.510 --> 00:06:59.200
Arielle Mather (she/her), NCECE: When examining any kind of health disparities in Asian American elders, it's important to consider an intersectionality framework. So we are all aging. But we don't all age in the same way.

25
00:06:59.200 --> 00:07:19.949
Arielle Mather (she/her), NCECE: In addition to being impacted by ageism or ableism, older adults may experience compounded disadvantages to healthy aging, based on the intersection of their age with other aspects of their identity, including gender, race, ethnicity, sexual orientation, and more.

26
00:07:22.230 --> 00:07:40.880
Arielle Mather (she/her), NCECE: Despite being the fastest growing racial group, including over 50 ethnic identities with over 100 languages spoken Asian American, Native Hawaiian, and Pacific Islanders, still experience aggregation into this singular monolith when it comes to looking at health data.

27
00:07:41.190 --> 00:08:06.820
Arielle Mather (she/her), NCECE: So this aggregation erases the unique and diverse needs and experiences of smaller racial and ethnic subgroups. Racist racist assumptions about Asian Americans, stemming from the model minority myth, invalidate and trivialize the nuanced, lived experiences of individuals in the Asian diaspora;

28
00:08:06.820 --> 00:08:16.010
Arielle Mather (she/her), NCECE: including South, Southeast, Central, Western, and East Asian populations which prevents the ability to identify and address existing health disparities.

29
00:08:16.840 --> 00:08:37.909
Arielle Mather (she/her), NCECE: While there's some data that might suggest that older Asian Americans have lower recorded rates of mental health issues compared to other racial groups. We also know that many elders may be hesitant to report concerns to their providers because of religion, stigma, or lack of culturally responsive care options.

30
00:08:37.909 --> 00:08:48.890
Arielle Mather (she/her), NCECE: So Asian Asian Americans age the cultural and language barriers they experience can increase social isolation as well as subjective feelings of loneliness.

31
00:08:49.140 --> 00:09:00.659
Arielle Mather (she/her), NCECE: Challenges and acculturation may decrease their reported levels of life satisfaction, particularly if there is inadequate support from family or other caregivers.

32
00:09:03.660 --> 00:09:33.140
Arielle Mather (she/her), NCECE: So some key considerations here. Cultural values, family dynamics, spirituality, all play pivotal roles in shaping health decisions and perceptions of illness among many Asian American communities. Improving cultural agility while engaging these

patients may involve looking beyond a Western perspective of healthcare. For example, increasing awareness that certain health topics may carry stigma or taboos.

33
00:09:33.600 --> 00:09:44.629
Arielle Mather (she/her), NCECE: The need to acknowledge and integrate traditional healing practices, such as herbal medicine or acupuncture to provide holistic options that align with the patient's beliefs.

34
00:09:44.920 --> 00:09:59.199
Arielle Mather (she/her), NCECE: Further, many Asian American communities place a strong emphasis on relationships. So including family members in medical discussions and decisions, can help patients to feel supported and respected.

35
00:09:59.970 --> 00:10:12.289
Arielle Mather (she/her), NCECE: Essential factors in the physical and mental health of this population often include social connection, community support as well as individual and family levels of acculturation.

36
00:10:12.420 --> 00:10:31.730
Arielle Mather (she/her), NCECE: As healthcare providers strive to incorporate culturally responsive care approaches into their practices, it's equally important to have access to reliable resources and support networks. Resources might include in-language educational materials in print, visual, [and] audio formats.

37
00:10:31.730 --> 00:10:46.680
Arielle Mather (she/her), NCECE: Partnerships with trusted leaders and culturally specific programs and organizations can significantly increase the effectiveness of outreach programming, translation efforts, and reducing levels of that social isolation.

38
00:10:47.550 --> 00:11:06.000
Arielle Mather (she/her), NCECE: So, while originally written for a more Western audience, you'll see on this slide there have been some successful adaptations of evidence-based programs, such as the Programs to Encourage Active Rewarding Lives also known as PEARLS that provide culturally appropriate mental health support.

39
00:11:06.250 --> 00:11:31.200
Arielle Mather (she/her), NCECE: And lastly, on this slide many Asian Americans bear a complex historical legacy that has significantly shaped their relationship with healthcare systems. The experience of colonization, exploitation and displacement has left deep scars that continue to influence the perspectives and challenges Asian American communities face, including their interactions with institutions like healthcare systems.

40
00:11:31.200 --> 00:11:42.590
Arielle Mather (she/her), NCECE: These historical traumas and the subsequent mistrust have far-reaching implications for addressing those unique healthcare needs of this population.

41
00:11:43.210 --> 00:11:55.130
Arielle Mather (she/her), NCECE: In order to see meaningful change in health outcomes for older Asian Americans, we must understand not only an individual patient's needs, but the context of their culture and communities.

42
00:11:58.560 --> 00:12:17.720
Arielle Mather (she/her), NCECE: So we'll dive into this a little more deeply when we have a panel discussion later in this hour. But we did want to briefly acknowledge how the COVID-19 pandemic, in many cases, worsened the existing health disparities experienced by Asian American elders, both physically and mentally.

43
00:12:17.940 --> 00:12:30.200
Arielle Mather (she/her), NCECE: Despite being largely unreported, rates of racism, violence, anti-Asian hate crimes towards these elders increased up to 77% during the height of the pandemic.

44
00:12:30.460 --> 00:12:37.150
Arielle Mather (she/her), NCECE: This environment led many patients, and even clinicians, to fear seeking and providing healthcare.

45
00:12:37.530 --> 00:12:51.689
Arielle Mather (she/her), NCECE: It is also important to acknowledge the other forms of violence that have impacted Asian Americans, including anti-Muslim sentiments and ongoing discrimination of Central and South Asian populations.

46

00:12:51.750 --> 00:12:59.870
Arielle Mather (she/her), NCECE: The disproportionate impact of gender-based violence, human trafficking, and exploitation among South East Asian immigrants.

47
00:12:59.980 --> 00:13:12.290
Arielle Mather (she/her), NCECE: And the dispossession of land, rights, and cultural identity, as well as the need to contend with social and political events in homelands and in communities across the global diaspora.

48
00:13:12.730 --> 00:13:30.769
Arielle Mather (she/her), NCECE: Partnerships with culturally specific agencies and programs that understand the cultural nuances, linguistic barriers, and social stigmas that can impact elder Asian Americans' access to resources are critical for fostering

49
00:13:31.220 --> 00:13:35.210
Arielle Mather (she/her), NCECE: trust, rapport, and relationships between Asian American elders and their healthcare providers.

50
00:13:35.270 --> 00:14:01.739
Arielle Mather (she/her), NCECE: And our panelists today are gonna be able to give really fantastic examples of that. So I'm going to briefly mention who we're gonna be hearing from today. We have Health Center representation on both coasts of the Continental United States today. Our first panelist is going to be Dr. Huong Le, who is the Chief Dental Officer of Asian Health Services located in Oakland, California.

51
00:14:01.810 --> 00:14:25.530
Arielle Mather (she/her), NCECE: and after that presentation we'll hear from the Lowell Community Health Center and the Metta Health Center in Lowell, Massachusetts. And from there we have Dr. Narin Paul and Sarah Bradshaw joining us. So after these spotlight on their programs, we'll have a wonderful discussion with our experts pictured here. More on this topic. So I will let Dr. Le take it away.

52
00:14:26.760 --> 00:14:30.359
Huong Le: Okay, well, thank you. Welcome. Welcome to our webinar.

53
00:14:30.390 --> 00:14:45.839

Huong Le: Yes. So, as Arielle said, I am Huong Le, I am the Chief Dental Officer of Asian Health Services. So before I begin my lecture, what I'd like to do is just talk a little bit about Asian Health Services, who we are and who we serve next slide, please.

54
00:14:46.740 --> 00:15:00.290
Huong Le: So Asian Health Services was founded in 1974. So next year we'll be celebrating our fiftieth anniversary. It was founded as a one-room clinic with all volunteer staff.

55
00:15:00.330 --> 00:15:03.390
Huong Le: mostly just students from UC Berkeley Public Health department

56
00:15:03.450 --> 00:15:07.369
Huong Le: we are known for for our advocacy efforts.

57
00:15:07.380 --> 00:15:17.580
Huong Le: And I'm not going to read everything that you see, you know here, because you'll be receiving the Powerpoint. Dental program did not start into 2003,

58
00:15:17.660 --> 00:15:32.660
Huong Le: and we were the we were the second dentalclinic in the State to have electronic health record. We were the first health center to host an AEGD which is an advanced education in general dentistry Residency program in California.

59
00:15:32.950 --> 00:15:39.830
Huong Le: And you know, and then later on, as the community needs to became so huge

60
00:15:39.990 --> 00:16:07.929
Huong Le: That we continue to expand in 2016 we launched a 3 million dollar campaign to create the California, the California… California's first dental clinic with integrated behavioral health services and 4 specialties. We actually hired a licensed clinical social worker to work in that dental clinic. So we are the first in the country actually to do that. 2022 We launched our very first mobile dental program

61
00:16:07.930 --> 00:16:18.350
Huong Le: and that's what pandemic taught us. We became very innovative with the dental health and also a remote preventive dental program next slide, please.

62
00:16:19.850 --> 00:16:39.259
Huong Le: So at this point in time the dental program has 3 clinic sites, 2 school based sites. One is located in high school with integrated care model: medical, dental, and behavioral health. We have 2 mobile vans, and we are planning to establish, establish a new dental site in South County.

63
00:16:39.310 --> 00:16:53.619
Huong Le: We also apply and are rewarded for teaching Health Centers. So we'll be establishing our own advanced education in general dentistry general residency program. hopefully by 2025

64
00:16:53.710 --> 00:17:05.630
Huong Le: the previous program was actually affiliated with another program. And we are also working to establish our PACE center. In the new future. Next slide, please.

65 - 69
00:17:07.700 --> 00:17:36.830
Huong Le: Okay, so. For all of our adult patients that come into dental clinic, we, you know, we focus on preventive, of course. You know, that's just our mission. But we are also, you know, focusing on educating our patients in this very robust, integrated care model.

70
00:17:37.360 --> 00:17:57.189
Huong Le: All our patients, you know, have their blood pressure taken at every visit. And if the blood pressure is high, then what we do is that we follow a protocol, you know. We confirm with patients. But then medical history, confirmed medication compliance. We educate our patients on medication compliance.

71
00:17:57.390 --> 00:18:09.169
Huong Le: And this is really important because we have found out that a lot of our patients, you know, especially geriatric patient are not really following what the what their PCP recommends. Some would just stop the medications just because they feel like they're doing. Okay.

72
00:18:09.360 --> 00:18:30.919
Huong Le: we do BMI intake in dental, which is something that most dental clinics do not do. And we were the first in the country to screen depression of our patients. We use the same patient health questionnaire 9 that medical department uses. We started our depression screening way back in 2015.

73
00:18:31.190 --> 00:18:36.520
Huong Le: We do have a very good referral system. If the survey is positive.

74
00:18:36.560 --> 00:18:40.810
Huong Le: In 2019, we started our diabetes screening.

75
00:18:41.010 --> 00:18:52.719
Huong Le: so, our patients actually fill out this, the diabetes survey. And if there is a positive survey, then we offer hemoglobin a1C testing right in the dental clinic.

76
00:18:53.210 --> 00:18:58.750
Huong Le: If the number is high, then we refer to our PCP, you know, for further evaluation.

77
00:18:58.810 --> 00:19:23.250
Huong Le: And if it's within the pre diabetic range, then what we do is that we refer the patients to nutritionist. Medication compliance. I already stated earlier that it is we have a very good protocol to confirm and remind our patients on medication instructions regarding regimen and frequency and compliance. Next slide, please

78
00:19:24.220 --> 00:19:39.500
Huong Le: Our geri…The reason that we focus a lot of our training and education on geriatric patients is because of the fact that we have very high geriatric patient population at Asian Health Services.

79
00:19:39.660 --> 00:19:47.439
Huong Le: nationwide, the average geriatric patient population at a community health center is about 10 anywhere from 9 to 11.

80
00:19:47.770 --> 00:19:55.590
Huong Le: We have 30 to 32% geriatric patients in our general clinics/

81
00:19:55.790 --> 00:20:08.129
Huong Le: And we have 55 female, 45 male. About 15% of our geriatric patients are completely edentulous, which means they are missing all of the teeth.

82
00:20:08.630 --> 00:20:26.000
Huong Le: About 35% are partially edentul about 75% of our patients have gum disease when compared to the general patient population, about 32% have the disease.

83
00:20:26.010 --> 00:20:28.700
Huong Le: But when it comes to geriatric, as you can see that, you know. It's a much higher percentage.

84
00:20:28.880 --> 00:20:45.539
Huong Le: And you know, this is something that we educate our patients on as well that the mouth is really the mirror of health and disease, and elderly patients have more complicated dental needs because they do have more complicated medical conditions. Next slide, please.

85 - 88
00:20:46.900 --> 00:21:09.360
Huong Le: And why is oral health education important? There is a medical dental relationship, and it's not important only to the patients, but also to the care givers. And this is the reason why our providers here at Asian Health Services, you know, focus on the education, and of course, the treatment services of our patients.

89
00:21:09.420 --> 00:21:15.059
Huong Le: a lot of our patients, as you know, like Asian patients, have a very high percentage of hepatitis C, that could result in bleeding problem, you know, when we treat our patients

90
00:21:15.330 --> 00:21:30.569
Huong Le: Osteoporosis medications that can complicate or surgery in implants, they also have Sjogren’s syndrome, which is the dry mouth.

91 - 92
00:21:30.600 --> 00:21:43.520
Huong Le: You know, from that hypertension, a lot of hypertension medications can also result in swelling of the lips, the gums, dry mouth, loss of taste.

93
00:21:44.130 --> 00:22:10.469
Huong Le: and also they could have some oral lesions in the mouth, including to like general overgrowth, like the gums, are swollen or thickening of the gums. Diabetes they usually have

chronic and advanced periodontal conditions due to diabetes-induced inflammatory response. Bacterial fungal infections, and of course, also medications.

94
00:22:10.530 --> 00:22:17.160
Huong Le: Mental health depression also leads to oral health neglect and meant, and the dry mouth for medications could also lead to the cavities, and of course, gum disease, ill-fitting gear, prosthesis.

95
00:22:17.270 --> 00:22:29.500
Huong Le: So a lot patient complained that the dentures don't fit because they don't have enough saliva in the mouth. Next slide, please.

96
00:22:34.010 --> 00:22:41.380
Huong Le: So the medical dental relationship, you know, continues with the cancer oral cancer is one of the leading types of cancer in Asian patient population.

97
00:22:41.390 --> 00:22:53.320
Huong Le: And it it's probably contributed, you know from this from smoking.

98
00:22:53.400 --> 00:23:03.140
Huong Le: so there's a very high prevalence of, you know, smoking, especially among the male Asian patients.

99
00:23:03.310 --> 00:23:18.309
Huong Le: Organ failure and transplant. These patients have very severe gum disease, and they do need to have clearance before transplant can be you know, performed. So we see a lot of these patients with bone loss, with gingivitis, and also, you know dry mouth.

100 - 102
00:23:18.310 --> 00:23:42.540
Huong Le: Malnutrition. We have seen a lot of our geriatric patients because of the missing teeth, because of the gum disease, because of the ill-fitting dentures. You know, they end up with sores in their mouth, inflammation, and they can’t eat very well.

103 - 106
00:23:42.800 -->00:24:12.900
Huong Le: Dry Mouth. Same thing I stated earlier, this is a very common condition in our elderly patients, due to the medications that they on. Osteoporosis. I already spoke earlier. A lot of

these patients. We have to take very great care when it comes to oral surgery because they can develop very serious osteo…you know, osteonecrosis, which means the bone just does not heal up correctly. Next slide, please.

107
00:24:13.430 --> 00:24:35.319
Huong Le: So when it comes to geriatric care, we have done a lot of outreach to our patients. Besides the evalutation that we do, you know, on site, we also have to provide screening to for senior housing projects. We we go there, we do the screening. We also provide patient education using Powerpoint, cancer self screening.

108 - 109
00:24:35.320 -->00:24:58.110
Huong Le: Lectures to the patients, we give the patients to tooth brush kits. And also we refer the patient to the cleaning for urgent care. And it's important, you know, to remember that we can't just educate the patients. We have to educate the caregivers, the family members. and even the staff at the Senior Housing Project.

110
00:24:58.780 --> 00:25:14.640
Huong Le: We also implement implemented program, you know, for sodium. you know, like sodium dimifluoride, you know, fluoride carres. And of course we I talked about the depression screening and the diabetic screening next slide, please.

111
00:25:16.800 --> 00:25:24.699
Huong Le: So this is very important. When we see when you see geriatric patients, we need to educate them on so cancer self screening.

112
00:25:24.820 --> 00:25:39.070
Huong Le: A lot of em do not know that if they have a swelling or any sores in their mouth that lasted for a long time. It's potentially oral cancer. So I think we really need to focus on that to educate our patients.

113
00:25:39.310 --> 00:25:41.299
Huong Le: So next slide, please.

114
00:25:41.570 --> 00:25:49.570
Huong Le: So the next thing that I want to say is that, at, yeah, Asian Health Services, we do more than just dentistry.

115
00:25:49.680 --> 00:26:01.219
Huong Le: We have a very great specialty mental health department. So during pandemic, we actually encourage and talk to our patients about all of these activities that are going on, you know, at Asian health services.

116
00:26:01.270 --> 00:26:10.669
Huong Le: still self-care and also community outreach activities. So I'm going to end there.

117
00:26:11.130 --> 00:26:19.479
Huong Le: because II do think that you know our next speaker has a lot to share, you know, with all of you. So thank you very much for your attention.

118
00:26:20.430 --> 00:26:21.400
Huong Le: Next slide.

119
00:26:25.990 --> 00:26:36.560
Sarah Bradshaw: Hi, everyone. My name's Sarah Bradshaw. I'm a nurse practitioner and primary care provider at the Metta Health Center within the Lowell Community Health Center in Lowell, Massachusetts.

120
00:26:36.650 --> 00:26:52.110
Sarah Bradshaw: The Lowell Community Health Center was founded in the seventies in a big wave of community health center openings. The population of Lowell is just over 100,000 people.

121
00:26:52.170 --> 00:27:06.279
Sarah Bradshaw: and about a fourth of that is AAPI residents. And almost 30% of the population of Lowell is immigrants and refugees.

122
00:27:06.330 --> 00:27:12.250
Sarah Bradshaw: And at the Metta Health Center we primarily see immigrants and refugees, new arrivals to the US.

123
00:27:12.720 --> 00:27:20.150

Sarah Bradshaw: 50% of the residents of Lowell access services at the Community health Center next slide.

124 - 125
00:27:22.050 --> 00:27:41.049
Sarah Bradshaw: So that's the larger health center, the Lowell Community Health Center, Narin and I, who will be presenting today work within the Metta Health Center which is founded in 2000 to serve the Southeast Asian refugee population. Specifically, torture survivors. Cambodian refugees.

126
00:27:42.590 --> 00:27:54.520
Sarah Bradshaw: So our health center includes primary,care mental health care, So a behavioral health arm, acupuncture, massage, dental care.

127
00:27:54.550 --> 00:27:59.890
Sarah Bradshaw: We also have an eye center and then dedicated community health workers who work with just the Metta health center patients.

128
00:28:00.030 --> 00:28:08.339
Sarah Bradshaw: We currently serve about 4,500 patients oper month. The majority are Khmer speaking Cambodian.

129
00:28:08.420 --> 00:28:15.269
Sarah Bradshaw: And about 20% of those patients have diabetes. So that's a big focus in our practice.

130
00:28:15.340 --> 00:28:16.470
Sarah Bradshaw: Next slide.

131
00:28:17.890 --> 00:28:44.420
Sarah Bradshaw: As Arielle mentioned earlier. The diabetes burden in Asian Americans is quite high. A 2016 study found that Cambodian refugees had more than twice the rate of diabetes relative to the U.S. Population data. In Massachusetts, where we have a large population of Cambodian Americans, found that Cambodians die from diabetes at 6 times the rate of the general population.

132 - 135
00:28:44.440 --> 00:29:02.100

Sarah Bradshaw: So it's a very concerning source of mortality and morbidity, and e see really high rates of complications of diabetes, such as end stage renal disease in our Cambodian patients next slide.

136
00:29:04.170 --> 00:29:16.689
Sarah Bradshaw: So all of this is to say that diabetes screening is extremely important. We want to catch diabetes while it's still in the pre-diabetic range, or

137
00:29:16.700 --> 00:29:24.719
Sarah Bradshaw: you know, before a patient's blood sugars get out of control, and they're experiencing many of those complications.

138
00:29:25.850 --> 00:29:31.070
Sarah Bradshaw: So Asian American tend to develop diabetes at lower body masses than the general population.

139 - 140
00:29:32.100 --> 00:29:50.690
Sarah Bradshaw: There is a big push to screen Asian Americans at a BMI of 23 rather than 25, because we know that obesity is not as

141
00:29:51.030 --> 00:30:20.720
Sarah Bradshaw: not as prevalent a risk factor for Asian Americans developing diabetes as it is for white Americans or other groups within the US. So age actually may be a more salient risk factor for diabetes development than BMI or body weight in Asian American populations. So as we see our Asian American population age, we need to be really careful about screening for diabetes and really cognizant of this risk factor. Next slide.

142 - 143
00:30:22.740--> 00:30:49.070
Sarah Bradshaw: So, to this point we have done quite a few big projects in Metta to make sure that we are screening all of our Asian American patients, especially our older Asian American patients, for diabetes. So about 2 years ago we reached out to 94 patients who had never been screened for diabetes.

144
00:30:49.300 --> 00:30:56.390
Sarah Bradshaw: The majority of our patients were screened for diabetes within their primary care relationship.

145
00:30:56.400 --> 00:31:03.470
Sarah Bradshaw: But we determined who had not been. 36 patients who are over the age of 45, 59 patients were 21 to 44.

146
00:31:04.440 --> 00:31:18.079
Sarah Bradshaw: And then we so we outreached to all these patients, we were only able to screen about 37% of the patients we outreached to. We think that's probably related to the fact that we were doing this during the COVID-19 pandemic.

147
00:31:18.240 --> 00:31:23.869
Sarah Bradshaw: So it, you know, it'll be something that we need to revisit. But the data from this was really interesting. Next slide.

148
00:31:25.940 --> 00:31:37.019
Sarah Bradshaw: So of the patients over the age of 45 who were screened, 25% of them had previously unrecognized diabetes or pre-diabetes. So that's a huge number

149
00:31:37.310 --> 00:31:47.469
Sarah Bradshaw: or a huge percentage who had diabetes that we had not previously recognized, and we were not managing. So they were at high risk of complications from diabetes.

150
00:31:48.190 --> 00:31:59.069
Sarah Bradshaw: All of the patients with diabetes or prediabetes were BMI 23 to 24.9, and they were all over the age of 45.

151
00:31:59.360 --> 00:32:09.579
Sarah Bradshaw: So, as I mentioned before, age seems to be a much more salient risk factor for diabetes development than BMI in Asian American populations next slide.

152
00:32:12.670 --> 00:32:32.119
Sarah Bradshaw: So because of all of this, the Health Center has really put a focus on enhancing our diabetes care for Asian Americans. And so my colleague, Narin Paul, one of our clinical pharmacists, is going to talk about her program, and how that has supported diabetes management within our department.

153
00:32:35.290 --> 00:32:56.960
Narin Paul: Thank you, Sarah. So my name is Narin Paul. I am one of the clinical pharmacists, there are 5 of us on the team here at the Lowell Community Health Center. I specifically serve patients in the Metta Health Center, and our program is fairly new. It started in the fall of 2021, which is when I joined the team.

154
00:32:56.960 --> 00:33:08.459
Narin Paul: And we have made a lot of adjustments to our referral program so that it's much easier now in EPIC, we just switched over to EPIC.

155
00:33:08.460 --> 00:33:10.189
Narin Paul: So there..the program is very well developed now.

156
00:33:10.190 --> 00:33:19.999
Narin Paul: however, there are still the same criteria that we used when we first started the program.

157
00:33:20.440 --> 00:33:44.040
Narin Paul: So for providers like Sarah and everyone else on the team. If they screen a patient who comes up to be… to have diabetes, they are referred to us, which, if they meet any of these criteria here will enroll them automatically into the program. So usually, we see patients with a1Cs that are very high, greater than 9%

158
00:33:44.040 --> 00:33:53.389
Narin Paul: If they have any issues with hypoglycemia or hyperglycemia. So like very huge swings in their blood sugars, we'll see them as well.

159 - 161
00:33:53.390 --> 00:34:19.250
Narin Paul: We also do trainings on new medication, teaches for insulin, for GLP1, or for glucometers, and we also assess patients for CGM therapy, which is the continuous glucose monitoring. Which was a program that was also started when our clinical pharmacy team started in 2021. next slide, please.

162
00:34:20.790 --> 00:34:36.099

Narin Paul: So this is the referral workflow. Once a patient is identified by the primary Care provider they send an encounter. They open a referral, and they send the encounter over to the clinical pharmacy team.

163
00:34:36.100 --> 00:34:50.819
Narin Paul: One of the clinical pharmacy technicians will screen the referral, and if they meet any of those aforementioned criteria they are automatically enrolled into compass rows, which is our program that tracks our patients for clinical pharmacy management.

164
00:34:51.020 --> 00:35:18.999
Narin Paul: If for any reason they the tech sees that they don't meet any of the criteria, they will send the information over to the responsible pharmacist in that department. So to me, if it's a Metta patient, and we look at each case case by case to determine. Okay, you know, we should enroll this patient, or maybe just set up a one time kind of education just to go over what barriers the patient has.

165
00:35:19.000 --> 00:35:27.229
Narin Paul: And if then, you know, we see that they need to be followed even further, we'll enroll them into the program. For ongoing follow up.

166
00:35:27.510 --> 00:35:46.229
Narin Paul: Once the patient is enrolled in clinical pharmacy program, the technician reaches out to the patient. They schedule an initial appointment with myself, or if I'm not available, if it's an urgent matter, we schedule it with the next available pharmacist on the team.

167
00:35:46.360 --> 00:35:47.490
Narin Paul: next slide, please.

168
00:35:49.350 --> 00:36:02.199
Narin Paul: So during my initial visit, the biggest biggest thing that I want to establish first is that trust and rapport with my patients. So that is the crux of my visit.

169
00:36:02.410 --> 00:36:12.440
Narin Paul: I try to meet all the other 4 topics when I'm in the appointment with them. Sometimes we don't get to all of it, because sometimes, once they see me, all of it comes out.

170

00:36:12.500 --> 00:36:36.789
Narin Paul: and it, whether it's medication, adherence, or whether it's you know they're in need of another referral to see someone else. Another care team member. It all comes out during this first appointment and in order for me to get it out of them. I try to build this trust and rapport right off the bat.

171
00:36:37.080 --> 00:37:01.729
Narin Paul: And the way I do that is, for you know the benefit of the appointment, I always treat the patient in Khmer first. If they're a Cambodian patient, which a majority of our patients are. So I always do the traditional, you know, “Choum Reap Sur,” and you know I speak to them in a very formal way. With respect to the elders. In the community.

172
00:37:01.730 --> 00:37:15.700
Narin Paul: I don't speak them in Khmer the same way that I speak to my friends in Khmer. So that's just showing them respect for the culture, respect for the individual right off the bat. And that's how I usually kind of reel them in and get them to trust me and get them to open up and tell me what their issues are.

173
00:37:15.740 --> 00:37:23.820
Narin Paul: So the the bulk of the appointment really is about medication management and building better habits to improve their diabetes management.

174 - 175
00:37:23.820 --> 00:37:49.060
Narin Paul: and to do that I have to assess the barriers that are the the patient is experiencing, and also, if I feel that I'm not equipped to help them in all of the barriers that they're experiencing. I send them off to other care team members like a registered Dietitian or our SDOH team to address their concerns as well. So that's when I refer them to other team members.

176
00:37:49.190 --> 00:37:50.290
Narin Paul: next slide, please.

177
00:37:52.850 --> 00:37:55.989
Narin Paul: So the breaking through the barriers is the biggest thing.

178
00:37:56.010 --> 00:38:20.439

Narin Paul: So it's definitely because I speak the language. The patients are already, you know, like ready to talk to me, ready to listen to what I have to say. They're ready to report, you know what what issues they're experiencing. I can empathize with the patient because I, too, am a type 2 diabetic. I have been for almost 2 decades now. So when I tell them that their eyes light up and they're like, ‘Oh, so you understand.’

179
00:38:20.440 --> 00:38:49.940
Narin Paul: So that's how I like to start off my my first appointment with them. So we kind of connect on that level. And I always listen to them. And I active listening. So I listen, and I let them speak, and I ask them open ended questions to see where they're at with their diabetes management, and I always ask them for permission to start medication, or how they feel about this medication, or how they feel about this lifestyle change before I go ahead and put it in our plan.

180
00:38:50.310 --> 00:39:14.919
Narin Paul: And, as I said, the appropriate referrals also help. Sometimes patients are afraid to speak up about their mental health issues or their SDOH concerns, so they don't really tell their PCP these things. And sometimes it's a time issue the the PCPs. You know Sarah will sometimes only have 20 min with a patient, whereas I have a whole hour.

181
00:39:14.920 --> 00:39:24.549
Narin Paul: And they can tell me everything, and I just document it, and I ask them permission if I can share this with their primary care provider, and if they say yes, then I'll I'll share it, and I'll bring it up. You know, and I'll refer them to the correct team members.

182
00:39:24.940 --> 00:39:34.549
Narin Paul: I also helped guide them to to figure out which you know what they can do out in the community to help them with their lifestyle changes.

183
00:39:34.650 --> 00:39:49.029
Narin Paul: Whether it's Y.M.C.A. membership or you know, anything like community servings, which is a a food program that can provide meals for them. So I try to guide them down the right path to help manage their diabetes in that way as well.

184
00:39:49.170 --> 00:39:50.240
Narin Paul: Next slide, please.

185

00:39:51.490 --> 00:39:56.939
Narin Paul: And our take home message. Here is the word Metta which means positive energy and kindness toward others.

186
00:39:57.000 --> 00:40:23.359
Narin Paul: So when patients come here to the Metta Health Center. They're already welcomed with open arms because our whole health center in Metta embodies the kindness and positive energy that we try to project to our patients so that they can feel welcomed, and that their problems are understood, and we're working to support them and help them in in any way.
187
00:40:23.360 --> 00:40:51.069
Narin Paul: And to finish it off, I just would like to share Mark Twain's quote. That kindness is a language the blind can see, and the deaf can hear. So even if you don't speak the language, even if I didn't speak Khmer, I would find a way to connect with all of the patients in some type of way. We have Afghanistan refugees. So you know, I learned their cultures and I learned their ways, and I tried to respect each individual person according to their culture.

188
00:40:51.830 --> 00:40:57.910
Narin Paul: So that's what I have to share, for my experience here in the Metta Health Center as clinical pharmacists.

189
00:40:59.270 --> 00:41:26.559
Arielle Mather (she/her), NCECE: Wonderful. I see we had lots of hearts coming through, and we just thank the our panelists so much for sharing their insights and looking a little deeper into your programming. We do intentionally have some time held for some questions that we developed in advance.

190
00:41:26.760 --> 00:41:42.709
Arielle Mather (she/her), NCECE: But if folks in the audience have been reflecting on, you know questions or things they want to learn more about from either of the help centers. Please do use the chat box, the Q&A feature. We'll make sure that those get asked as well, but when you receive the slides you'll see that we have the prompts on them.

191
00:41:43.120 --> 00:42:08.009
Arielle Mather (she/her), NCECE: But we'll have Narin and Sarah come on camera if that works for all of you. And we'll go over these prepared questions and kind of see what else comes in. And I know that both of your presentations have kind of touched on some elements of these questions, but it'll be great to circle back to some of these points. Especially in keeping with the overall theme of the session.

192
00:42:08.060 --> 00:42:34.069
Arielle Mather (she/her), NCECE: So, I think we'll go back to a slide that we had in the beginning and level setting around the pandemic and in both of you are in both health centers and your experiences how the challenges of the last several years impacted rates of depression and chronic conditions in this patient population, specifically. So, we'll have Dr. Le go first, and then the Lowell folks if that works.

193
00:42:36.850 --> 00:42:39.469
Arielle Mather (she/her), NCECE: Oh, I think you're still, muted, Dr. Le.

194
00:42:39.660 --> 00:42:56.490
Huong Le: Sorry. So as I stated in my presentation that Asian Health Services was the first to to do the depression screening way back in 2015 and then we started the diabetes screening with hemoglobin A1C you're testing here in 2019.

195 -197
00:42:56.650 --> 00:43:11.019
Huong Le: That being said, you know, I think pandemic created…such, the level. you know, stress, you know, among our patients. It created fear, isolation on the society.

198
00:43:11.090 --> 00:43:23.620
Huong Le: And I think it had a much more serious impact on the elderly and I do believe that the impact became probably worse for the immigrants, especially. You know, who who are so used to, you know, like living in a multi generational, you know, living in arrangement.

199
00:43:23.860 --> 00:43:43.380
Huong Le: But then, during Covid, I think that they probably got separated, you know from the family members for few that you know the elderly. If they do get covid, you know, I mean they'll that could be, you know, very serious, you know, consequences.

200
00:43:43.410 --> 00:44:00.850
Huong Le: So I think that we created that isolation which, of course, impacted the mental health condition on these patients. And then another thing that we that we witnessed with geriatric patient population is the digital divide.

201
00:44:00.990 --> 00:44:09.229

Huong Le: you know, when we started tele health. Yeah, it's all great. We we can stay connected without patients, but many of them do not know how to use the smart phones. They don't know how to use zoom, doximity, you know.

202
00:44:09.290 --> 00:44:33.940
Huong Le: So that really created, you know, a lot of challenges, additional services. Our staff has been so wonderful, you know, during this whole pandemic. And that is, we actually host the sessions to to really show our community members how to use these smart phones, how to use, you know these platforms.

203
00:44:33.940 --> 00:44:42.999
Huong Le: So that it's not only that they got connected with us, but also they were able to contact, you know, for in-language advice.

204 - 205
00:44:43.840 --> 00:45:08.909
Huong Le:So I think and that definitely has also helped. When we started our remote medical monitoring process, you know, when the patient actually received the blood pressure cuffs at home, you know, and with the smartphone so that you know they could, the data could come into, you know, Asian Health Service PCP. Same with dental. We started the remote through fluoride varnish program.

206
00:45:09.250 --> 00:45:35.759
Huong Le: We send the fluoride home to the parents, and then we connected with them, you know, through Zoom or doximity, and really show them on our high. So, so, so overall. I think there were challenges with it. But again, we we I think that in healthcare, we we pivoted, you know, so quickly. But yeah, definitely it, it had a lot of impact. Patients will not getting medication - they forgot about the medication compliance. So we we see all of that.

207
00:45:36.060 --> 00:45:49.580
Arielle Mather (she/her), NCECE: But I'm sure I'm sure. Thank you for that. For the Lowell folks. How does that resonate with you? Were there other things that you noticed in your patients the impact of the last few years on their health?

208
00:45:50.450 --> 00:46:16.600
Sarah Bradshaw: Yeah, so certainly to build off of what Dr. Le said. When the pandemic started, like many community health centers and primary care settings, we moved towards telehealth, and although that was a great thing in many ways, we saw less of an engagement and care with our patients who were older and who were non-English speaking.

209
00:46:16.630 --> 00:46:28.469
Sarah Bradshaw: And so our older Asian American patients, you know, certainly fell in that area. Our older Asian American patients with diabetes.

210
00:46:28.670 --> 00:46:46.119
Sarah Bradshaw: We saw many who didn't have care or who didn't have the frequency of care that they would have had our office been open, and they were able to access care in the way that was familiar to them. And so we certainly did see patients whose diabetes got out of control during that time, just because of a lack of engagement and care.

211
00:46:46.120 --> 00:46:59.420
Sarah Bradshaw: I think we saw the same thing with depression. We saw patients who had previously been diagnosed with depression. We have a large PTSD population. And you know, we saw that they weren't able to engage in a way that was familiar with them.

212
00:46:59.460 --> 00:47:04.299
Sarah Bradshaw: And that cause some disruptions in their care and worsening of their chronic conditions.

213
00:47:04.890 --> 00:47:05.780
Arielle Mather (she/her), NCECE: Mhmmm!

214
00:47:07.300 --> 00:47:23.869
Arielle Mather (she/her), NCECE: Thank you all for sharing on that. I do see that we have a question in the Q&A. We'll circle…we'll wait for a few minutes if there's others, and then we'll go through audience questions just wanted to acknowledge that I see that question there.

215
00:47:24.100 --> 00:47:49.049
Arielle Mather (she/her), NCECE: Would love. I know, and Narin, that you had talked about this right at the end of your presentation around how you're building rapport, and I love the individual engagement that you have with those patients. I'm wondering from the Lowell folks first this time. Are there any other approaches that you found really successful in engaging with Asian American elders in building that trust and rapport?

216
00:47:49.050 --> 00:47:58.050

Arielle Mather (she/her), NCECE: Obviously, number one is always gonna be that you have the time you have the face to face conversation with. Is there anything else you can think of that you'd like to share in this in this area?

217
00:47:59.010 --> 00:48:06.350
Narin Paul: Yeah, I can definitely answer that. So I think just having the language and the the visual of their culture.

218
00:48:06.350 --> 00:48:30.769
Narin Paul: Of everyone, not just Cambodian, but like everyone who walks into our health center, will feel welcome. All our signs are in multiple languages. We have, you know, decorations and you know, artifacts from different countries displayed. So it's it's not as sterile, you know. You walk in and it’s just a medical facility. So patients feel welcome that way as well.

219
00:48:30.770 --> 00:48:39.240
Narin Paul: And then the flip side is we also are out in the community a lot too.

220
00:48:39.240 --> 00:48:59.730
Narin Paul: We're at the Cambodian Water Festival, the Southeast Asian Water Festival, you know. We're always out there and we have a staff that's very diverse. We have staff that speak multiple languages, you know, and a patient can always find someone who looks like them who speaks their language so that they feel comfortable.

221
00:49:00.080 --> 00:49:01.030
Arielle Mather (she/her), NCECE: Mhmmmm! That's wonderful. Thank you so much, Dr. Le. Is there anything that you'd like to share here around approaches to building that trust and rapport with your patients?

222
00:49:01.470 --> 00:49:31.300
Huong Le: you know, besides the workshops you know that we hosted, you know our staff hosted, you know, to show the patients on how to use the smartphones and and the different platforms for virtual meetings. You know, we also hosted like mass vaccination events for patients at the first mass vaccination event that we did, we fascinated over 500 patients.

223
00:49:31.300 --> 00:49:57.939
Huong Le: And then we also went to to different areas in our community to provide vaccines to our patients. And at those vaccine events, you know, we all we get to talk to our patients. You

know about other things. One of the things that we were very proud of, so we actually hosted a virtual general patient meetings over Zoom, and we had over 250 patients that actually logged at, logged in.

224
00:49:58.030 --> 00:50:19.540
Huong Le: And we were able to do breakout sessions, you know. Like gosh in multiple languages. I can't remember 7 or 8 or something like that. So also, I think these and we also hosted like food distribution events here with other community centers in the in the community. So I think just by doing that.

225
00:50:19.860 --> 00:50:22.300
Huong Le: We we want to show to our patients that we are here.

226
00:50:22.430 --> 00:50:27.710
Huong Le: You know we are here for you and you know.

227
00:50:27.800 --> 00:50:31.289
Huong Le: So come to us and ask us any questions, because that's what we are here for.

228
00:50:31.690 --> 00:50:57.210
Huong Le: So so I think that definitely built a lot of trust and rapport to our patients. And the elderly patients just love coming to the food distribution events cause they get to to see other friends in the communities that maybe they haven't been able to see, you know, during Covid, you know. But now it's outdoor. So it's a little bit safer. And you know, yeah, so that's what we did.

229
00:50:57.720 --> 00:51:26.530
Arielle Mather (she/her), NCECE: Wonderful. I think I'm gonna combine the last 2 questions we have, because I know that we have a good question in the chat. And I feel like looking at these questions that we developed ahead of time. I think that we can. I think that they fit together. So you all have talked about some of these elements that a health center might need already to provide culturally responsive care to Asian Americans as they age.

230
00:51:26.720 --> 00:51:47.079
Arielle Mather (she/her), NCECE: So I'd love to hear just briefly from all of you around what else we might be missing in that that we haven't covered, and who has been your essential partners

in this work, especially to promote preventive services in this population. So Dr. Le, do you wanna kind of answer that in a combined way, and then we'll go to the Lowell folks.

231
00:51:47.080 --> 00:52:07.899
Huong Le: Oh, sure, yeah, you know, II think you know, I mentioned earlier. We have specialty mental health services. And in my last slide I said, we do more than just dentistry, and that's because, like, you know, we do send flyers out to. We have our community service staff that actually goes out to the community, you know, and and bring patients.

232
00:52:07.900 --> 00:52:23.040
Huong Le: And we established a trauma healing unit here for patients that experience, Anti-Asian hate, you know, incidents. But also, you know, I, I just want to, I want you to emphasize one thing, and it is in our culturally competent care.

233
00:52:23.240 --> 00:52:38.019
Huong Le: Don't forget that we, we need to educate not just the patients, but the family members, the caregivers, and even the staff of the senior centers that we go to. They need to also understand how oral health is important to the overall health.

234
00:52:38.070 --> 00:52:55.430
Huong Le: And I think another thing that I want to say also is that you know we also have to educate the male Asian patient population. They had the lowest utilization rate of oral services. I think I don't know if it's fear based. I don't know if like, if they feel like they’re in denial. I don't know.

235
00:52:55.430 --> 00:53:16.059
Huong Le: They don't like pain They don't want to find out what's wrong with them. Maybe I don't. But I think it's really education to the entire family unit, and not just, you know, not just those that come in. It's it's not uncommon that you may have just one or 2 family members that come in, and then the rest of the family members, don't.

236
00:53:16.060 --> 00:53:37.570
Huong Le: You know, but I think we need to involve the caregivers. You know the Staff, is essential. If we do go go out to those centers. And and as far as like the County Public Health Department, other API organizations in the area. I think that's important to to yeah, to to involve them in this whole process.

237

00:53:37.580 --> 00:53:40.980
Huong Le: If want to improve the health care outcomes of our patients.

238
00:53:41.660 --> 00:53:55.649
Arielle Mather (she/her), NCECE: Thank you for that. For Lowell, what what other thoughts do you have in kind of wrapping up around essential partners? What else help centers might wanna consider when they're trying to provide that responsive care to this group?

239
00:53:57.160 --> 00:53:59.760
Sarah Bradshaw: So something that we really focus on, and that has been really important,

240
00:54:00.220 --> 00:54:23.189
Sarah Bradshaw: especially in terms of engaging patients gor preventative health care is our team of community health workers. So we have a number of community health workers who are Asian American, who are members of the groups that we serve in the health center.

241
00:54:23.260 --> 00:54:36.850
Sarah Bradshaw: And we really have found utilizing those team members to explain why we're recommending the fit test, the colonoscopy, why we're doing depression screening, why we're recommending screening a1C

242
00:54:37.490 --> 00:54:47.650
Sarah Bradshaw: It’s just we tend to get more engagement when it's explained by a member of the community.

243
00:54:48.010 --> 00:55:00.930
Sarah Bradshaw: One of our main community health workers and interpreters from the Khmer community has been with the Health Center for many years. So she already has just a wonderful relationship with our…many of our patients, and she knows them from the community.

244
00:55:00.930 --> 00:55:22.130
Sarah Bradshaw: And so working with her on encouraging, like cervical cancer screening or colonoscopies, things that can be really scary, but that are important for preventative health care. And allowing her allowing her time in my visits, to share her own experience with those preventative health services, I think, has been really beneficial to engage my patients.

245
00:55:23.480 --> 00:55:48.439
Arielle Mather (she/her), NCECE: Yeah, that's fantastic. So just wanting to note that we have about 5 min left in the session. We'll get to the question of Q&A now. But if you have other questions that you're sitting with feel free to put in the chat or the Q&A box. If we can't get to some questions today, or that pops up later, for you feel free to email us, and we can pass things along to our wonderful panelists.

246
00:55:48.440 --> 00:56:01.940
Arielle Mather (she/her), NCECE: But there was a question specifically around alcohol consumption and acknowledging that it may impact health in various ways.

247
00:56:01.940 --> 00:56:12.209
Arielle Mather (she/her), NCECE: Wanting to know what panelists think about talking about alcohol use, the stigma around that, addressing any concerns, maybe that fall under kind of the substance use umbrella.

248
00:56:13.940 --> 00:56:42.060
Sarah Bradshaw: I'm happy to comment on this one. So in the Metta Health center in the larger Lowell community health center, we do standardized screening for alcohol use disorder, and drug use and tobacco use every year. So everyone is being asked these questions. And then, if we have a positive screening as an opportunity for the provider to discuss more with the patient.

249
00:56:42.440 --> 00:56:59.060
Sarah Bradshaw: I think what we find a lot of times is that alcohol in particular tends to be a substance that people choose when there are other things going on. So when they have untreated PTSD, untreated depression, issues with insomnia or anxiety.

250
00:56:59.650 --> 00:57:01.600
Sarah Bradshaw: And so really working to encourage people to address many times mental health concerns as a way of working on their substance use disorder has been really effective for us.

251
00:57:01.610 --> 00:57:07.970
Arielle Mather (she/her), NCECE: Mmm, yeah, thank you, Sarah. Dr. Le. what are your thoughts on that?

252
00:57:08.560 --> 00:57:36.099
Huong Le: Yeah, so, in our medical history form, we do have questions regarding drug use and also alcohol consumption. And of course, you know, it's up to the patients to tell us honestly, you know, whether or not they do, you know. And and would you have a way to ask additional questions just to get the patients [inaudible].

253
00:57:36.100 --> 00:57:43.240
Huong Le: But definitely during the pandemic alcohol consumption has gone up. There's no there's no doubt, and of course, domestic, you know, violence, you know abuse. I mean that we all know that you know when everybody's so isolated, you know.

254 - 256
00:57:43.240 -->00:58:09.209
Huong Le: So anyway, so how how we address that is that you know. Because of fact, that the question we have 2 questions on our medical history form regarding that. And we you know, we we spent time talking to patients, addressing, you know, those just one on one very directly. You know, just so that we could help our patients.

257 - 259
00:58:09.270 --> 00:58:27.290
Huong Le: And of course, you know it. It does happen with Asian patient population males a lot. Just smoking, you know, and alcohol consumption. So yeah, so we just have to be very direct, you know, with them. To restrict use, you know, in in the younger generation.

260
00:58:27.960 --> 00:58:28.980
Arielle Mather (she/her), NCECE: Mmmm. Yeah, thank you for that.
261
00:58:29.470 --> 00:58:53.290
Arielle Mather (she/her), NCECE: I, I really appreciate all 3 of our panelists representing these 2 wonderful health centers for all of their insights, and being able to get kind of a glimpse into your programming and the patients that you serve. And some, you know, promising practices, best practices that can really be applied across so many health centers that are working with Asian American elders.

262
00:58:53.460 --> 00:59:03.769
Arielle Mather (she/her), NCECE: I don't know if Cara wants to share the rest of the slide deck. I'll say that there's lots of links. It's a great thing that you will be receiving a recording, you will be receiving a recording. And the slide deck.

263

00:59:03.770 --> 00:59:26.290
Arielle Mather (she/her), NCECE:, because there's lots of further reading on this particular topic as well as a great set of resources. Available in multiple languages that you may be able to use for your staff at your health center, your patients.

264
00:59:26.290 --> 00:59:30.859
Arielle Mather (she/her), NCECE: So you'll be able to look through the deck when you receive it. Lots of great organizations working on accessible materials.

265
00:59:30.930 --> 00:59:51.530
Arielle Mather (she/her), NCECE: And again a variety of of languages. And also, if you have resources that you are thinking of as we're going through this conversation, and you wanna share in the chat over, we wrap up today, that's also wonderful. Again. So we thank our panelists so much.

266
00:59:51.540 --> 01:00:15.680
Arielle Mather (she/her), NCECE: There's a quick link at some point in this deck around completing a quick needs assessment on training and technical assistance. If you feel so inclined, that's part of our larger group of national training and technical assistance providers who are funded via HRSA for this work. But we also are going to ask you to fill out a very quick evaluation when you close out of the zoom today, that's going to help us inform future sessions.

267
01:00:15.680 --> 01:00:36.380
Arielle Mather (she/her), NCECE: And we'd love to hear what's on your mind after joining us for a session like this. So again, we thank everyone for their time. Today our wonderful panelists, and for those who were able to join us live. Thank you so much for your time and attention. We hope that you'll stay in touch, and certainly let us know if

268
01:00:36.560 --> 01:00:47.120
Arielle Mather (she/her), NCECE: other questions or thoughts come to mind as you sit with the information today. So thank you so very much. Have a wonderful rest of your day. Take care.