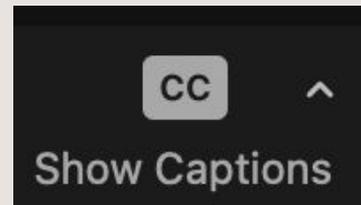
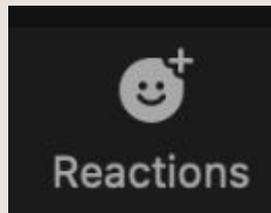
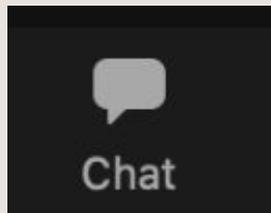
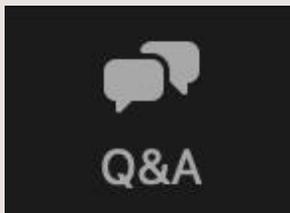




Webinar: Improving Health Outcomes Through Preventive Services for Older Asian Americans

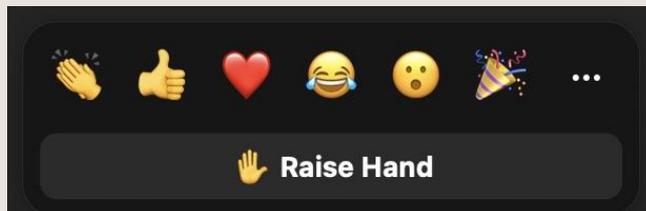
October 24, 2023

Tech and Accessibility



Windows:
Ctrl+T

Mac: **⌘+K**



Windows:
Alt+Y

Mac:
Option+Y

About AAPCHO

The Association of Asian Pacific Community Health Organizations (AAPCHO) was formed to create a national voice to advocate for the unique and diverse health needs of Asian American (AA), Native Hawaiian (NH), and Pacific Islander (PI) communities.

- **Soundcloud:** <https://soundcloud.com/user-207279422>
- **X:** <https://twitter.com/AAPCHOtweets>
- **Instagram:** [@aapchograms](https://www.instagram.com/aapchograms)
- **Facebook:** <https://www.facebook.com/AAPCHO/>
- **Email:** training@aapcho.org

About NCECE

The National Center for Equitable Care for Elders (NCECE) is a training and technical assistance Center that provides innovative and culturally competent models of care, inter-professional training and educational resources to health care professionals providing care to the growing population of older adults.

Stay Connected With NCECE:

- **Twitter/X:** twitter.com/NationalECE
- **Facebook:** www.facebook.com/NationalECE
- **Website:** ece.hsdm.harvard.edu
- **Email:** ece@hsdm.harvard.edu

Learning Objectives

- Describe factors that contribute to older Asian Americans experiencing lower rates of service utilization for physical and/or mental health conditions
- Explain the relationship between mental health and chronic conditions among Asian American elders
- Develop culturally responsive strategies for increasing patient trust and providing appropriate community referrals

Growth of Asian American population age 65 & older

2,492,874

2019

*Source: U.S.
Census Bureau*



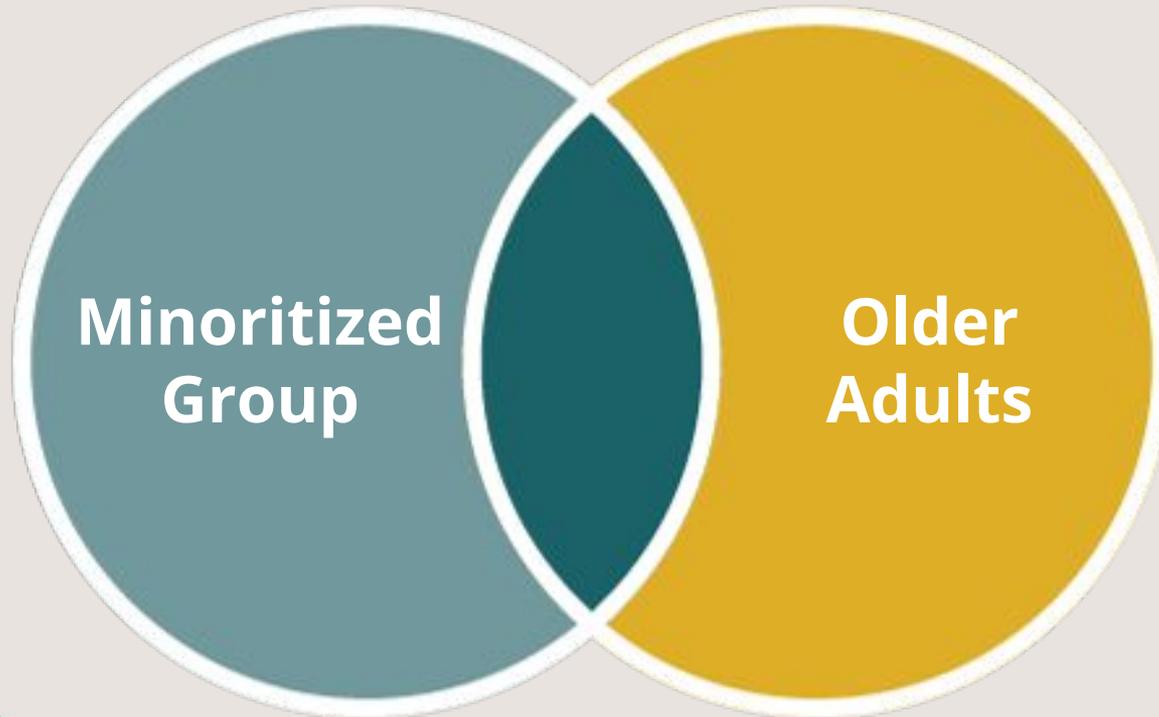
7,858,517

2060

(Projected)

Learn More: [2020 Profile of Asian Americans Age 65 and Older \(ACL\)](#)

Asian American Elders



Asian American Elders

- Stereotype of the “Model Minority” health status
 - Aggregated data into “AAPI” monolith provides incomplete picture
- May be less likely to report health concerns due to misperception or stigma
- May experience more:
 - ***Social isolation*** due to language or cultural barriers
 - ***Lack of agency*** due to dependence on children/family

Key Considerations

- Western-centric perspectives may be less effective in identifying and treating mental health concerns
- Partnerships should be built with community organizations that have established trust with AA elders
 - Successful adaptation of *Program to Encourage Active and Engaging Lives (PEARLS)*
- Systematic/integrated approaches are needed to move the needle on health equity

Impact of COVID-19

- The pandemic underlined the *persistent structural inequities* experienced by older Asian Americans, which contribute to poorer health outcomes and additional barriers to care
- Significant increase in anti-Asian racism and violence, likely still underreported
- Addressing these concerns will require investment in partnerships with organizations that serve this population

Learn More: [The Impact of Structural Inequities on Older Asian Americans During COVID-19](#)

Today's Panelists



Huong Le, DDS, MA
Chief Dental Officer
[Asian Health Services](#)



Narin Paul, PharmD
Clinical Pharmacist

[Lowell Community Health Center](#)



Sarah Bradshaw, NP
Family Nurse Practitioner

[Metta Health Center](#)

Improving Health Outcomes Through Preventive Services for Older Asian Americans

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Huong Le, DDS, MA

Chief Dental Officer, Asian Health Services

NCECE-AAPCHO

October 24, 2023

Asian Health Services

- **1974-** Founded as a one-room clinic with all-volunteer staff. The center provided more than 1,500 medical visits in its first year.
- **1981-** Known for its advocacy, AHS joined a complaint with the Office of Civil Rights against Highland Hospital for discriminating against non-English-speaking persons by its lack of language accessible services.
- **1990-** AHS organized first-of-its kind public hearing on health issues affecting California's API population.
- **2003-** First state-of the-art dental clinic opens with electronic health record.
- **2008-** First health center to host an AEGD residency in California.
- **2010-** Opened the first clinic in state that is co-located on campus of a junior college and a dental assisting program
- **2014-** Started school-based program (3 sites).
- **2016-** Launched \$3 million capital campaign to create California's first dental clinic with integrated behavioral health services and 4 specialties.
- **2022-** Launched first mobile dental program.
- **2023-** Remote Preventive Dental Program.

Dental Program

- 3 clinic sites
- 2 school-based sites- one is located at a high school with integrated care model: medical, dental and behavioral health
- 2 mobile vans
- New site in south county
- Teaching Health Center: AEGD residency program (2025)
- PACE (in planning process)



Education on integrated care model

15

All adult patients are being screened for

- **Hypertension-take blood pressure:** at every visit, check patient's medical record for any hypertension issues, medications. If BP is high, follow protocol for BP taking procedure, confirm with medical history, confirm medication compliance, educate patients on medication compliance as needed, refer to PCP as needed.
- **BMI intake:** we weigh and measure height of all of our patients, record in EDR. If BMI is high, EDR alerts pop up every time chart is opened. Nutritional/diet counseling provided and referral to nutritionist
- **Depression screening:** using PHQ9. Refer if survey is positive
- **Diabetes screening:** diabetes survey for all patients. If positive, offer HbA1C testing in dental office. Refer to nutritionist if borderline diabetes, refer to PCP if HbA1C is at diabetic range for further evaluation
- **Medication compliance:** confirm and remind patients on medication instructions regarding regiment and frequency, compliance.



Geriatric Patient Data

- 30-32% geriatric (55% female, 45% male)
- 15% completely edentulous
- 35% partially edentulous
- 75% has periodontal disease that require treatment (32% of **all** patients have periodontal disease)

***The mouth is a mirror of health and disease
and elderly patients have more
complicated dental needs***



Why is Oral Health education important?

Medical-Dental relationship

Education focuses on both patients and caregivers

- **Hepatitis B and C- Bleeding** problem in severe liver conditions, more prone to caries due to decreased saliva flow, Osteoporosis-Medications that can complicate oral surgery and implants, Sjogren's syndrome
- **Hypertension** – HPT medications can result in many oral health complications such as swelling of the lips, known as “angioedema,” dry mouth may lead to an increased risk for tooth decay and infections in your mouth, changes in taste including loss of taste or metal taste in the mouth, Oral lesions including “lichenoid reactions, gingival overgrowth, or thickening of your gums.
- **Diabetes**-chronic and advance periodontal conditions due to diabetes-induced inflammatory response, bacterial or fungal
- **Mental health-depression** leads to oral hygiene neglect, dry mouth from medications

Medical-Dental relationship

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- **Cancer:** Oral cancer could be signs of metastatic cancers from liver.
- **Organ failure/transplant:** has periodontal conditions that require treatment to reduce bacterial infection, increasing their risk for mucosal lesions, such as candidiasis and dental caries, as well as alveolar bone loss and periodontal disease, tooth staining, stomatitis, gingivitis, gingival overgrowth, oral malodor, and xerostomia
- **Malnutrition:** more periodontal disease, ill-fitting prostheses, cracked and red lips, inflammation of the lining of the oral cavity and the tongue, oral ulcers, cracks at the corners of the mouth (angular cheilitis), and a sore throat.
- **Dry mouth:** common condition in elderly due to medications
- **Osteoporosis:** Medications can result in complications in post-dental surgery. Need to educate patients to get dental clearance prior to receiving medications, especially with injectable osteoporosis treatment (example: Prolia)



Geriatric Care

- Senior housing: 4 senior housing projects
 - Screening
 - Patient education-powerpoint-OHI, denture care, cancer self-screening
 - TB kits
 - Referral to clinic for urgent care
- Sodium Diamine Fluoride (SDF) for root caries
- Depression screening-oral hygiene neglect, nutritional deficiencies. LCSW hired for dental program to take care of dental patients with positive PHQ9
- Diabetic screening-periodontal disease, delayed healing
 - HbA1C testing-Refer if HbA1C is 6.5 and above for further evaluation. 5.5-6.4: refer to nutritionist

Education: Early Signs of Oral Cancer to Report

- Cancer self-screening:
- Swelling
 - Red or White Patches
 - Sores
 - Numbness
 - Lumps
- Early oral cancer may be present even without pain
- [Read the full report](#)



More than just dentistry!!!

ASIAN HEALTH SERVICES SPECIALTY MENTAL HEALTH PREVENTION PROGRAM

Wellness Support Group:
- Parenting Groups
- Youth Groups

Preventative Mental Health Consultation
- Individual/ Family Counseling
- Mental Health Referrals

2
0
2
2

Community-Based Activities:

- Collaboration with Community Partners
- Cultural-based Educational Workshops
- Psycho-educational Workshops
- Outreach and Promotional Events



All Services Are Free of Charge (No Insurance Needed) & Telehealth Based

Follow Us to Learn More ! !

Email: SMHPrevention@ahschc.org

Website: <https://smhprevention.wixsite.com/ahs4u>



AHS_SMH



AHSSMH



ASIAN HEALTH SERVICES
SMH Prevention Program



Mental Health
Services Act (MHSA)
Alameda County Behavioral Health



ASIAN HEALTH SERVICES
SMH Prevention Program

Image created with freepress.com

PARENT CONNECTION CLUB

HOW ANTI-ASIAN HATE AFFECTS OUR COMMUNITY

DECEMBER VIRTUAL WORKSHOP

**California Victims' Bill of Rights
Act of 2008 (Marsy's Law)**

Marsy's Law applies to victims of crime and it states that victim rights include: to be treated with fairness and respect, to be protected from the defendant and individuals acting on behalf of the defendant, to refuse to be interviewed by the defense team, to be noticed of public proceedings and to seek and secure restitution from the convicted wrongdoer, etc.

You can use these rights to make informed decisions related to the aftermath of an incident. The full list of victim rights is located on a Marsy's card, and you can view them online at <https://oag.ca.gov/victimservices/marsy> in multiple languages.

How Anti-Asian Hate Affects Our Community

Trauma comes from experiences in the past or from current events that have adverse effects on mental, physical, and emotional well-being. When a group of individuals are affected by similar traumas, it's collectively known as community trauma.

Anti-Asian hate crimes and incidents in the community may have affected you directly or indirectly. Having feelings of stress, anxiety, and fear is normal, but don't let that lead you to think that you cannot heal from it. There are mental health services, self-care practices, and knowledge you can learn to prevent, cope, and heal from trauma. Knowing about victim rights and using them well can be part of the healing process.

Take Survey



Website



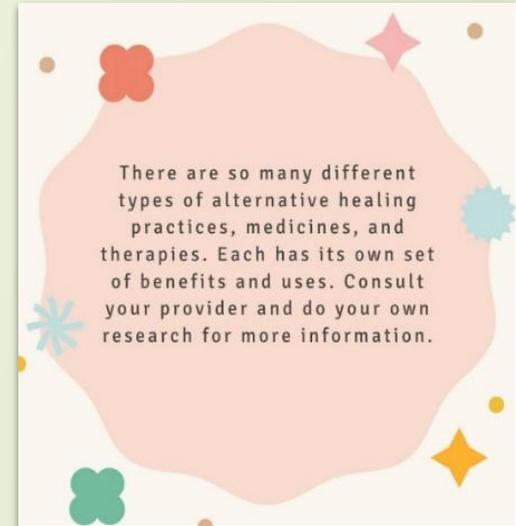


Mental Health
Services Act (MHSA)
Alameda County Behavioral Health



ASIAN HEALTH SERVICES
SMH Prevention Program

**For questions, please contact:
SMHPrevention@ahschc.org**



THANK YOU

Huong Le, DDS, MA

Email: huongle@ahschc.org



Metta Health Center/ Lowell Community Health Center

- Founded in 1970 in wave of CHC openings
- Population of Lowell is 111,000, including 23% AAPI and 28.4% immigrants/refugees (as well as greater Lowell)
- 50% of residents access services at LCHC, including 28,000 in primary care



Metta Health Center

- Founded in 2000 to serve the Southeast Asian refugee population specifically, including torture survivors
- Multidisciplinary care model that includes primary care, mental healthcare, acupuncture, massage, dental care, eye care, and CHWs
- Currently serving 4500 patients (majority Khmer – 20% with DM)



Diabetes burden in Cambodian American population

- A 2016 study found that Cambodian refugees had more than twice the rate of diabetes relative to the U.S. population
- Data in Massachusetts found that Cambodians die from diabetes at six times the rate of the general population
- High rates of complications of diabetes such as end stage renal disease when compared with non-Hispanic whites

Importance of Diabetes Screening

- Asian Americans can develop diabetes at a lower Body Mass Index (BMI) than the general population.
- Early detection is a key to treatment and possibly prevention of diabetes. We encourage Asian Americans to be screened at the BMI of 23
- Age may be a more salient risk factor for diabetes development than BMI in Asian American populations

Screening for diabetes in Metta

From Nov 2020-Dec 2021 we outreached to 94 patients for diabetes screening.

- 36 patients with BMI 23.0-24.9, over the age of 45
- 59 patients with BMI 23.0-24.9, age 21-44.9

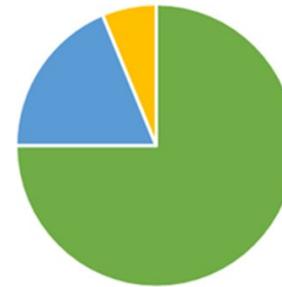
37% of the patients we outreached to were screened within 90 days of outreach.

Khmer speaking Adult Patients BMI 23.0-24.9
Screened for Diabetes



■ Normal A1C ■ Prediabetes ■ Diabetes

Khmer speaking Patients age 45 and older with
BMI 23.0-24.9



■ Normal A1C ■ Prediabetes ■ Diabetes

Of the patients with BMI 23.0-24.9 over the age of 45 who were screened, 25% had previously unrecognized diabetes or prediabetes

All of the patients with diabetes or prediabetes were BMI 23.0-24.9 over the age of 45. Therefore, less support for doing outreach to the population ages 21-44.9

Referring to Clinical Pharmacist for Diabetes Management

Patient should meet at least 1 of the following criteria to be eligible for pharmacist co-management of diabetes:

- Patient has A1c >9%
- Patient has significant swings in BG, including episodes of hypoglycemia
- Hypoglycemia with unknown cause
- Recent hospital admission due to DM
- Patient has demonstrated medication adherence or access issue
- Starting a patient on a CGM
- New injection (insulin/GLP-1 RA) teach
- New glucometer teach
- Newly diagnosed with DM

Diabetes Referral Workflow

Internal Referral Placed

- PCC identifies patient for referral to Clinical Pharmacy

Enrollment in Compass Rose

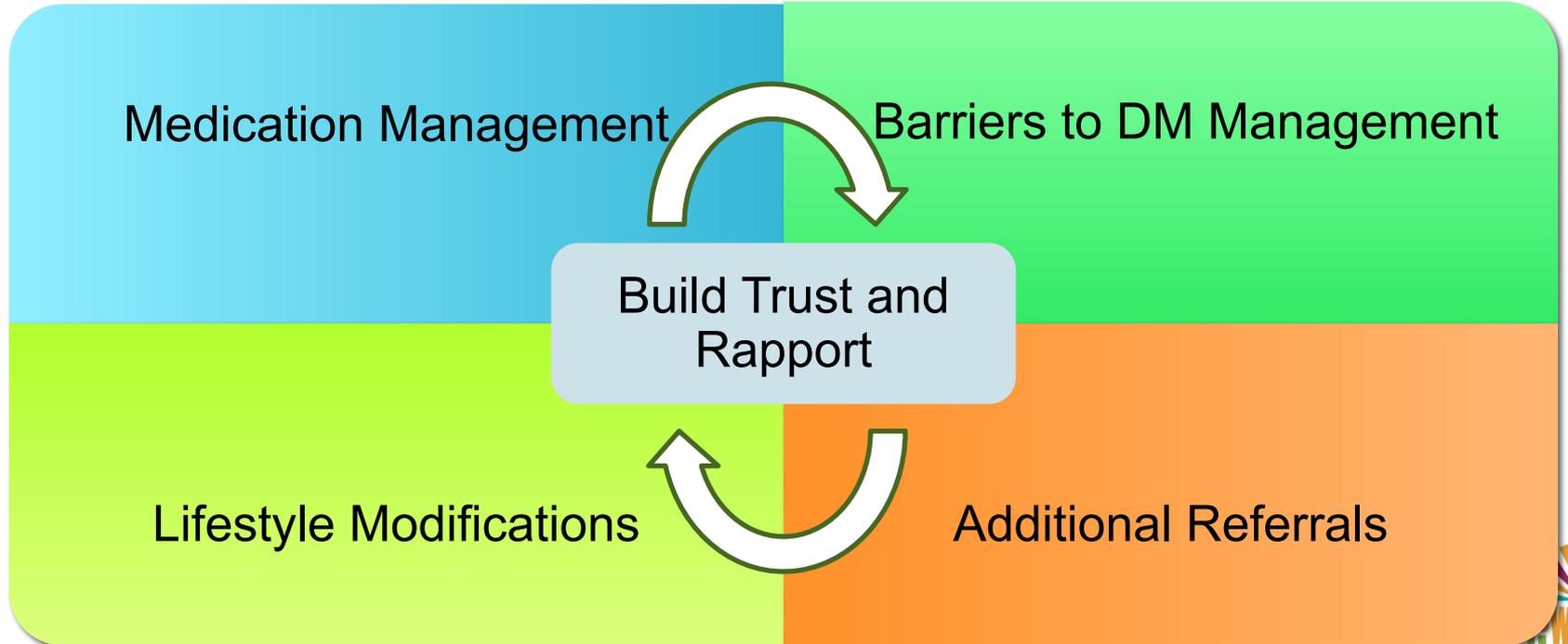
- Clinical Pharmacy Technician screens internal referral
- Enrolls patient in Compass Rose if meets criteria*

DM Initial Appointment w/Clinical Pharmacist

- Clinical Pharmacy Technician outreach to patient to schedule initial evaluation

* If patient does not meet enrollment criteria, CPhT will forward encounter to Clinical Pharmacist to review case by case

Diabetes Management Initial Appointment



Breaking Through Barriers

- Building Trust
 - Speaking the language
 - Empathizing with the patient
 - Active listening and motivational interviewing
 - Shared decision making
- Appropriate Referrals
 - SDOH concerns
 - Mental health concerns
 - Community resources
 - Collaboration with entire Care Team

Take Home Message - METTA

- Meaning: Positive energy and kindness toward others



Question for Panelists

How have the challenges of the last several years impacted rates of depression and chronic conditions in this patient population?

Question for Panelists

What approaches have been most successful in your health center to build trust and rapport with your older Asian American patients?

Question for Panelists

What else does a health center need to provide culturally competent care for Asian Americans as they age?

Question for Panelists

Who are the essential partners in your efforts to promote preventive services?

Questions?

Further Reading

- [Addressing Health Disparities Among Older Asian American Populations: Research, Data, and Policy \(Public Policy & Aging Report\)](#)
- [Asian-Americans Face Barriers to Healthy Aging \(Rutgers\)](#)
- [Asian American Older Adults in the US: on a sense of belonging and care \(American Bar Association\)](#)
- [Creating Inclusive Depression Care for Older Asian Americans: What Community Organizations Can Do \(National Council on Aging\)](#)

Resources

Asian American Elder Resources for Providers

The National Asian Pacific Center on Aging (NAPCA) has a library of resources for providers to support interactions with elder Asian American patients and their caregivers.

[View the resource library](#)
[View the Fact Sheets](#)

NATIONAL ASIAN PACIFIC CENTER ON AGING

Connecting with AAPIs About Dementia

AN ACTION GUIDE FOR SERVICE PROVIDERS

This action brief is for community-based organizations working to educate and empower Asian-American and Pacific Islander (AAPI) communities about dementia. The purpose of the brief is to share information on:

- Why dementia is such an important issue for the AAPI community.
- Barriers to dementia detection, treatment, and support for the AAPI community.
- Recent findings from a research study to test culturally appropriate messages to improve early identification of dementia by engaging adult children and their families.
- Recommendations and resources for better reaching the AAPI community.

Background
Asian Americans and Pacific Islanders (AAPI) are the fastest growing minority group in America. Between 2010 and 2030, the AAPI older adult population is projected to increase by 145%. In this aging population rapidly increases, AAPI older adults face a public health crisis similar to older adults from other ethnic backgrounds, as age is the largest risk factor for Alzheimer's disease.¹

The prevalence and incidence of Alzheimer's disease and related dementia within AAPI communities is not well understood. Researchers acknowledge that data on AAPI subpopulations is lacking. Limited disaggregated research usually that rates vary by subpopulation, so Vietnamese older adults have a disproportionately high prevalence of cognitive problems (16.6%), more than double the rate for Koreans at 7.6%. Native Hawaiians and Pacific Islanders have a higher risk of cognitive issues and activities of daily living impairment, which is two times the risk as compared to Chinese older adults.²

In 2011, 13.8% of older AAPIs reported an increase in confusion or memory loss, which was the second highest of all ethnic groups.³ This finding is based on Behavioral Risk Factor Surveillance System (BRFSS) self-reports, and so whereas this data is limited by the lack of clinical measurement, it highlights the need to facilitate linkages to health care providers to ensure timely and accurate diagnosis of Alzheimer's disease and related dementia. Despite high rates of self-disclosure through BRFSS interviews, many AAPIs do not report symptoms of dementia to a medical professional, and consequently AAPIs are unlikely to receive a diagnosis of Alzheimer's disease until the disease has progressed to the later stages.⁴

心理的な虐待 (虐待の種別)

心理的虐待を未然に防ぐ方法。

声に出しましょう！
心理的虐待は、誰がどうのいことでもありません。助けを求めましょう。私たちは皆、安心して暮らす権利を持っています。虐待にみられる兆候について学びましょう。コミュニティセンターや公共機関を支援することで高齢者の社会的孤立を防ぎ、高齢者の力になります。

緊急の場合は1日に電話
アナルト・ブロンチアティブ (成人保護) サービス局 (APS) や長寿ケア・オンブスマン・プログラムなど、様々なプログラムがあります。助けを求めましょう。信頼できる専門家と相談し、適切な手助けをしてもらう、あるいは詳しい情報を得るまで待ってください。

もっと知ってください！
高齢者虐待に関する詳しい情報はこちらのナショナルセンターのウェブサイトまで：
<https://ncea.aaci.gov/FAM.aspx>

誰に助けを求めればいいの？

地域の情報：

アナルト・ブロンチアティブ (成人保護) サービス局：

長寿ケア・オンブスマン・プログラム：

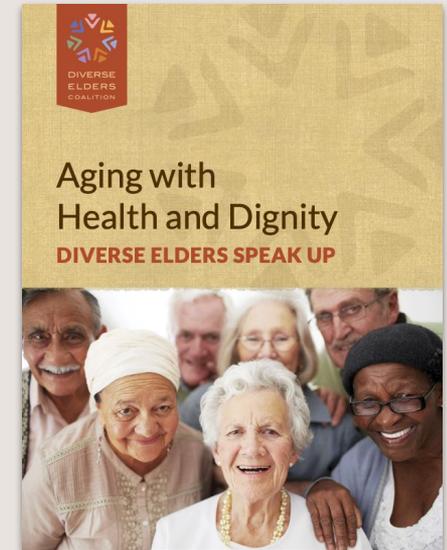
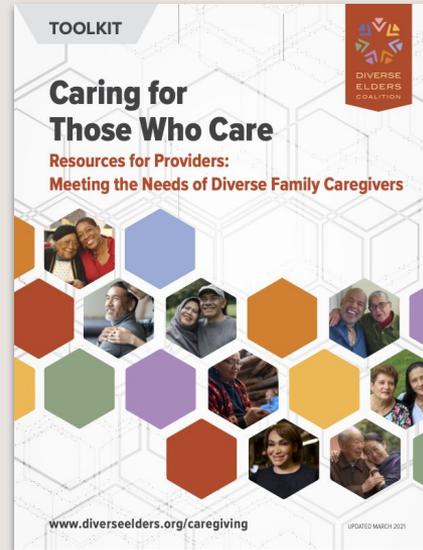
本アクションブリーフは、レポートに基づき、及び、2019年10月2020年の米国家保護員委員会コミュニティ・オンブスマン・プログラム活動の成果を反映して作成された。本報告書は、調査結果に基づいて作成されたものであり、調査結果を反映していません。このため、報告書は正確な調査結果を反映していません。

NATIONAL ASIAN PACIFIC CENTER ON AGING www.napca.org NCEA National Center for Equitable Care for Elders



Asian American Elder Resources

The [Southeast Asia Resource Action Center](#) (SEARAC) has a [library of resources](#) for health and aging among elder Asian American populations. The library includes multiple reports and toolkits published by the [Diverse Elders Coalition](#).



Asian American Elder Advocacy Resources

Justice in Aging compiled a library of resources for better meeting the needs of Asian American elders including tips for language access and trauma-informed approaches.

View the resources

NCEA NATIONAL CENTER ON ELDER ABUSE RESEARCH BRIEF

Mistreatment of Asian Pacific Islander (API) Elders

KEY TAKEAWAYS

- The term "Asian" or "Asian Pacific Islander" encompasses very diverse groups of people, with over 20 different sub-groups.
- Culture can be a source of protective and risk factors for API elders. It affects how people perceive abuse and seek help and so should also affect how professionals engage, assess and intervene.
- Don't assume an API elder will behave a certain way because of their ethnicity. If you want to understand their culture, beliefs, views, and values.
- In many API cultures, the family or group is emphasized over the individual. This can affect an elder's willingness to admit abuse or seek help. Filial piety is an important cultural value.
- When using an interpreter with an API elder be aware that the relationship between them may impact information sharing and reporting.
- Choose culturally appropriate words when working with API elders, e.g. the term "abuse" may be offensive or unacceptable, but words like "harassment" or "suffering" may be acceptable.
- API elders may not openly display strong emotions or feelings. Emotional problems may be presented through somatic complaints.
- Psychological abuse, "silent treatment", avoidance, disrespect, etc. can be emotionally devastating for API elders.
- There are culturally informed methods of intervention that can be employed with mistreated API elders.
- Mistreated API elders may not want to or be able to seek help because of the shame it brings to their family, cultural or religious ideologies of perseverance through suffering, lack of culturally competent services, language barriers, lack of awareness of services, immigrant status or other reasons.

"Asian Pacific Islander" Is a Very Diverse Group

The 2010 U.S. Census reports that out of the total U.S. population, 17.3 million persons designated their race as Asian or Asian in combination with other races (e.g. Native Hawaiian or other Pacific Islander). This group of people, commonly referred to as **Asian Pacific Islander (API)**, is very diverse, consisting of a variety of sub-groups including Chinese, Filipino, Korean, Japanese, Asian Indian, Vietnamese, Laotian, Cambodian, Thai, Hmong, Hawaiian, and other distinct ethnic groups. With this diversity comes a variety of linguistic customs and cultures. This brief then will focus on the intersection of culture and elder mistreatment in the larger and most studied API groups in the U.S.: the Chinese, Korean, Japanese, Asian Indian, Vietnamese, and Filipino populations. Different research refers to the population studied in different ways, from using general terms (e.g. Asian, South Asian) to specific terms (e.g. seniors, Japanese) to terminology will necessarily differ throughout this document.

Research Brief API Elders 7

RESEARCH FINDINGS ON Cultural Considerations for Intervention in API Elder Mistreatment

- Since many API elders are unlikely to report elder abuse, **community based organizations have to step up to prevent and report abuse**. Effort must be undertaken to inform each API community about (1) what elder abuse is, (2) how it affects the well-being of the victims, (3) what can be done to help the senior and the perpetrator by setting help, and (4) that the ultimate goal of the intervention is to restore safety and health of the older person (Hwang, 2010).
- API elders may not agree to **unfamiliar suggestions** offered by healers and may have never thought about seeking restoration or a solution. (Tsuwa, 2006)
- When working with API elders, **using tentative statements that are not accusatory preserves the elders' dignity and can also help them realize that outside their family the abuse behavior is viewed as inappropriate** and that more elders are not treated the way they have been treated. (Tsuwa, 2006)
- When API elders cite loyalty to their family as a reason not to stop mistreatment, practitioners may **emphasize an elder's obligation to stop the mistreatment in order to end the negative effects of the situation and benefit the family as a whole** as well as to get help for the perpetrator. (Tsuwa, 2002)
- Elders may not want to report abuse out of fear of retaliation and out of guilt for causing trouble for the perpetrator. To help API elders to consider seeking outside help and reporting elder abuse, it is important to **emphasize that ending the abuse helps the perpetrator in the short and long-run** and that not all perpetrators end up in jail. (Moon, 2010)
- There should be an absolute assurance to the victims and family members, especially in case of a family member perpetrator that none of the information about the elder abuse will be provided to their community. Many API people came from countries where confidentiality was not highly respected, so **confidentiality needs to be ensured**. (Moon, 2010)
- API elders that are used to sharing their resources (e.g. housing, personal) may not be aware that this is a source of power for them and that resources may be negotiated or exchanged. **Alliances formed with similar centers, health enforcement or protective services, and non-abusive friends and relatives may also provide empowerment to elders**. (Tsuwa, 2008)
- Partnering with a third party that is established in the API elders' community may create new access for professionals**. They can assist in assessment, implementation, and enforcement, while allowing the elder to maintain their community standing. (Tsuwa, 2008)
- Given that some about API elders is prepared by adult children, **professionals that intervene may need to serve as "mediators" between parents and children to facilitate communication and problem solving**. (Chang & Moon, 1997)
- Because of the diversity represented within the designation "Asian" or "Asian Pacific Islander", it is important to further examine research findings on the intersection of culture and elder mistreatment by API sub-groups.

Research Brief API Elders 4



AAPCHO
ASSOCIATION OF ASIAN PACIFIC
COMMUNITY HEALTH ORGANIZATIONS

**NATIONAL CENTER
FOR EQUITABLE CARE FOR ELDER**

AAPCHO Mental Health Podcast Series



If you would like to participate in the series, email us at training@aapcho.org.

In-Language Mental Health Resources

This collection created by the [National Resource Center for Refugees, Immigrants, and Migrants](#) (NRC-RIM) is designed for Afghan newcomers to manage the stress that comes with migration to a new country and culture in a culturally relevant way.

MANAGING STRESS IN A NEW COUNTRY

People can manage stress with routines.

There are things people can do to improve how they feel physically and emotionally:

- A sleep routine makes it easier to manage emotions. Focus on consistent bedtime or green tea in the evenings to help with sleep.
- Drinking tea with just spices and nuts can be a comforting way of staying connected to your heritage while in the U.S.
- Drinking very small sips of water every day helps people's bodies and brain function properly.
- Move your body every day for at least 10 minutes. This includes walks with your family, stretching, or Afghan dancing.
- Breathing slowly and deeply is one of the best ways to lower stress and doesn't take much time.
- Play games that are popular in Afghanistan, like chess.
- Continue the Afghan tradition of eating healthy home-cooked meals at home, together with family.
- Connect with other Afghans in your neighborhood who share your culture. Consider hosting gatherings with your new friends.

Afghan people who are forced to leave their country and start over in a new place have great strength and bravery. It is also a very difficult thing to do. It is common for people who have experienced difficult things to have feelings like fear, anger, sadness and sorrow at the same time that they feel relieved or glad to be safe. Stress is the feeling of being overwhelmed with worry because of a difficult situation. Stress can change how people think, feel and act.

Kite flying is a great way to combine many strategies that help us with our health and mood. Use kite flying to spend time with family and friends or improve your body. You can also use kite flying as an opportunity to practice breathing slowly and deeply. Create a routine with kite flying practicing the activity at the same time every week or month.

NRC-RIM

په نوي هيواد کې د فشار اداره کول

که خلک متوجه کېږي چې د څو اونیو پورې دوی په دوامداره توګه هر وخت ډیره ستړیا احساسوي یا د سر درد یا د معدې درد لري چې د فزیکي روغتیا د ستونزوي له کبله نه وي نو کېدای شي دوی د لا زیات ملاتړ غوښتو لپاره اړیکه ونیسي.

NRC-RIM
National Resource Center for Refugees, Immigrants, and Migrants

In-Language Mental Health Resources cont.

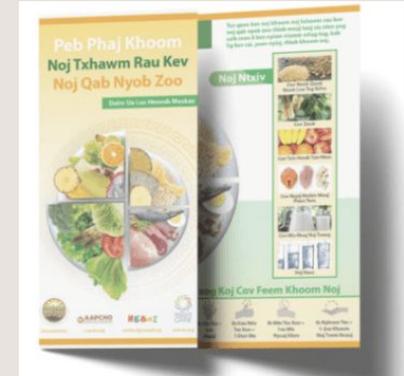
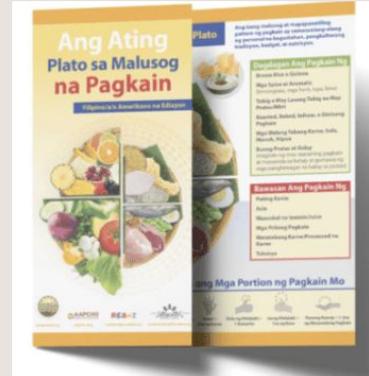
Asian Pacific Institute on Gender Based Violence (APIGBV) has a collection of in-language resources for survivors, immigrants, and people experiencing exploitation or abuse.

View the full collection



Resources for Diabetes Prevention

AAPCHO in partnership with [MHP Salud](#) developed a [culturally appropriate, in-language healthy eating plate](#) with cultural foods for both Hmong and Filipino/a/x populations.



Resources for Diabetes Prevention

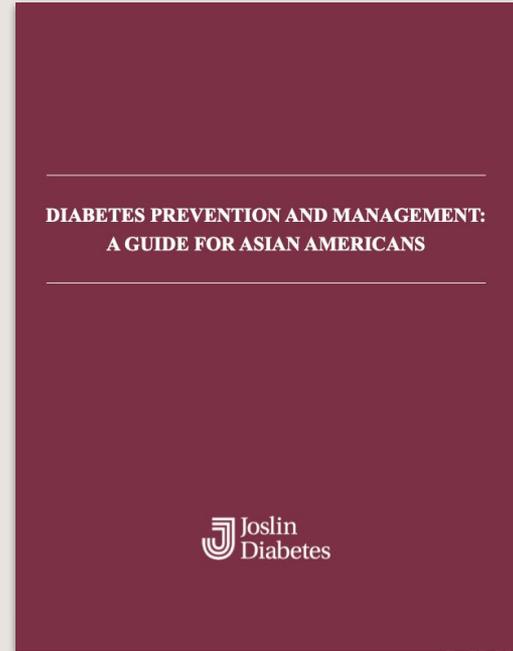
Asian & Pacific Islander American Health Forum (APIAHF) developed a tool kit for Developing Culturally Responsive Health and Nutrition Programs within community based settings.



Resources for Diabetes Prevention

The [Joslin Diabetes Center](#) created a Diabetes Prevention Guide specific to Asian American Populations. The guide is available in [English](#), [Japanese](#), [Korean](#), [Simplified Chinese](#), and [Traditional Chinese](#).

Their [Asian American Diabetes Initiative](#) also hosts a [collection of other diabetes resources in-language for Asian Americans](#).



Attention Health Center Staff: Share your Voice on Training and Technical Assistance (TTA) Needs

Help HRSA/BPHC understand YOUR:

- Health Center Role and Location
- Specific TTA Needs
- Preferred Ways to Receive and Participate in Training
- Priority TTA Topics



Use [this link](#) or above QR code to complete your survey response.
This will take no longer than 15 minutes!



Thank You!

**Please help us improve future sessions
by completing a short evaluation.**