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

October 24, 2023
Tech and Accessibility

Q&A
- Windows: Ctrl+T
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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](https://soundcloud.com/user-207279422)
- **X**: [https://twitter.com/AAPCHOTweets](https://twitter.com/AAPCHOTweets)
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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:

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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

Minoritized Group

Older Adults
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

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.


- **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)
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

- **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!!!
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.
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

Medication Management

Barriers to DM Management

Build Trust and Rapport

Lifestyle Modifications

Additional Referrals
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

Kindness is a language the blind can see and the deaf can hear.

-Mark Twain
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
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
AAPCHO Mental Health Podcast Series

COVID-19 Impacts on Mental Health 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.
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!
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