

October, 2021

It is the mission of CAMS to improve the health status of Chinese Americans and to promote excellence in health care for all through the mobilization of health care professionals.



CAMS Conference Nov 6th and 7th

By Cynthia X. Pan, MD and Benjamin Lee, MD

This year’s 2021 CAMS Annual Scientific Meeting, “Looking Back, Looking Forward: Preparing for the Post-Pandemic World,” takes aim at addressing many of the current issues we are facing in society today while reviewing lessons learned.

We are excited to have two very special keynote speakers this year as part of the program. **Dr. Xinqi Dong**, who is the Henry Rutgers Distinguished Professor of Population Health Sciences and NIH-funded researcher, will be addressing the important topic on the challenges that the aging Chinese population are facing in America and ways that we, as health care providers, can positively impact their care. **Dr. Victor Dzau**, President of the National Academy of Medicine, will be discussing the importance of well-being, self-care, physician burn-out, and reflecting on leadership lessons. This topic has come to the forefront of discussion as a result of the major challenges and distresses brought on by the COVID-19 pandemic.

In addition to our keynote speakers, we have special talks planned to discuss long haul COVID-19, the future of COVID -19 vaccines, telehealth, anti-Asian biases and racism, and public health and policy strategies that our medical society and members can shepherd. The meeting will be held virtually on Saturday, November 6 and Sunday, November 7, from 1pm to 5pm each day. After each talk there will be an open time for Q&A. There will be poster and exhibitor sessions. We look forward to having you join us in these exciting presentations. [Register for the conference](#)

Inside this issue

- CAMS Conference..... 1
- President’s Corner.....2
- In-language resources... ..2
- Conference Program 3
- Conference Program 4
- Conference Faculty..... 5
- Conference Research Abstracts....6
- In Memoriam—Dr HH Wang.....11
- Smoking Cessation Initiative.....15
- Publications Committee.....15
- Positive Minds Strong Bodies.....16

President's Corner, Yick Moon Lee, MD

According to the American Academy of Pediatrics, not surprisingly, children now account for nearly a quarter of the new COVID-19 cases in the United States. We still don't have a COVID vaccine for children under 12 yet, and school has started. And if worrying about the coronavirus was not bad enough, the Asian children and the community we serve will inevitably also have to face harassment, attacks, bullying and racism.

Our Executive Board and committees are working tirelessly on programs to further the development of the Chinese American Medical community. We need you to join or renew your membership to help us help you.

In-Language COVID 19, Flu, and Vaccine Resources

Jennifer A. Wong, MPH, NYU CSAAH

NYU CSAAH and the [Coalition for Asian American Children and Families \(CACF\)](#) co-led the creation of this informational campaign, with advisement from a collective* of AAPI-serving community organizations in New York City, through a national project entitled Forging Asian and Pacific Islander Community Partnerships for Rapid Response to COVID-19. The campaign includes:

- a one-page [infographic](#) offering answers to Frequently Asked Questions about COVID-19 and containing contact info for NYC vaccination sites, and
 - a two-page [palm card](#) with COVID-19 glossary terms
 - two short [public-service announcement \(PSA\) videos](#) encouraging vaccination
- o [15 second PSA videos](#) ([Cantonese](#)) ([Mandarin](#)) ([English](#))
 - o [30 second PSA videos](#) ([Cantonese](#)) ([Mandarin](#)) ([English](#))

To view and download your copy of these in-language COVID-19 health info resources, please visit: <https://aanhpihealth.org/covid-19-health-info-resources/>, also available on our CACF partner's website: <https://tinyurl.com/cacfcovid>. Campaign materials encourage community members to engage in preventive behaviors and information-seeking about COVID-19, and for those eligible to take the COVID-19 vaccine. Materials are available in: Arabic, Bengali, simplified and traditional Chinese (videos are in Cantonese and Mandarin), English, Hindi, Japanese, Korean, Nepali, Punjabi, Urdu, Vietnamese.

**All materials were developed and reviewed by community-based organizational partners, including: the [Arab-American Family Support Center \(AAFSC\)](#), [Council of Peoples Organization \(COPOL\)](#), [Japanese American Social Services Inc. \(JASSi\)](#), [Korean Community Services of Metropolitan New York, Inc. \(KCS\)](#), [Mekong NYC](#), [MinKwon Center for Community Action](#), [United Chinese Association of Brooklyn \(UCAoB\)](#), [South Asian Council for Social Services \(SACSS\)](#), and [UNITED SIKHS](#). This project was supported by the [Asian & Pacific Islander American Health Forum \(APIAHF\)](#) and the CDC.*

2 Additionally, we'd also like to share a two-page **Flu Vaccine and Health Access Fact Sheet**, created in partnership with the [Asian & Pacific Islander American Health Forum \(APIAHF\)](#) and [Vaccinate Your Family](#), with support from the CDC. They can be downloaded here: <https://bit.ly/2VXFOFY> and are available in the following languages: Arabic, Bengali, Burmese, Chinese (Simplified/Traditional), Farsi, Hindi, Hmoob/Hmong, Ilocano, Indonesian, Japanese, Karen, Khmer, Korean, Lao, Malayalam, Nepali, Punjabi, Tagalog, Telugu, Thai, Urdu, and Vietnamese.

CAMS 2021 Annual Scientific Conference

Looking Back, Looking Forward: Preparing for the Post-Pandemic World

November 6, DAY 1, Eastern Time

ACCREDITATION FOR JOINT PROVIDERSHIP

This activity has been planned and implemented in accordance with the **accreditation requirements** and Policies of the Medical Society of the State of New York (MSSNY) through the joint **providership** of NewYork Presbyterian Queens and Chinese American Medical Society. NewYork Presbyterian Queens is accredited by the MSSNY to provide continuing medical education for physicians.

NewYork Presbyterian Queens designates this LIVE ACITIVITY for a maximum of 6.0 AMA PRA Category 1 Cred-



its™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

“Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 6.0 *Medical Knowledge* MOC points in the American Board of Internal Medicine’s (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.”

- 1:00 PM | GREETINGS and Opening Remarks
Yick Moon Lee, MD, President CAMS
Cynthia X. Pan MD and Benjamin Lee, MD
- 1:10 PM | *Long-term Sequelae of SARS-CoV-2 Infection:
An Update on the Science*
Helen Y. Chu, MD, MPH
- 2:00 PM | CAMS SCIENTIFIC AWARD LECTURE
From Afong Moy to S.R. 201: Moving the Needle on Chinese Health Equity
XinQi Dong, MD, MPH
- 3:25 PM | *Anti-Asian Bias and Implications for API Physicians*
Winston Wong, MD, MS
- 4:15 PM | *Improving Adult Immunizations in the Context of COVID-19*
Litjen Tan, PhD, MS

Conference [REGISTRATION](#)

Schedule subject to change

Check for our events : <https://www.camsociety.org/CAMSEvents>

November 7, DAY 2, Eastern Time

1:00 PM | OPENING REMARKS

Cynthia X. Pan, MD and Benjamin Lee, MD

1:10 PM | *Telehealth: Looking Back, Leaping Forward*

Hanson Hsu, MD

2:00 PM | KEYNOTE—Wilson Ko, MD MEMORIAL LEADERSHIP LECTURE
Tackling the Parallel Pandemics of COVID 19, Mental Health and
Burnout, and Inequity: Being Asian American

Victor Dzau, MD

3:05 PM | Sponsored Lecture

3:20 PM | Public Health and Policy

Shari Ling, MD

Kathleen Otte

4:10 PM | Research Symposium

- *Disparities in invasive melanoma among Asian and Pacific Islander Veterans in the United States*—Michael Chang, Harvard Medical School
- *Socio-ecological factors of psychological distress among Asian American young adults during the COVID-19 pandemic in the United States*—Elaine Cheung, California Northstate University College of Medicine
- *Trends and disparities in mental health care use among Asian American subgroups*—Frederick Lu, Boston University School of Medicine
- *Epidemiology of COVID-19 and its' cardiac and neurological complications among Ontario visible minorities Chinese and South Asians*—Joseph Chu, MD University of Toronto

5:00 PM | CONCLUDING REMARKS

- The CAMS Business meeting will be held on Saturday Nov 6th at 3:00 pm
- There will also be a Virtual Poster Session starting at 12:00 PM—1:00 PM each day, and a Virtual Exhibit Hall from 12:00 PM—1:00 PM each day. Please visit the Posters and the Exhibitors.

CAMS 2021 Scientific Conference Faculty

Helen Y. Chu, MD, MPH

Associate Professor of Medicine and Epidemiology
University of Washington

XinQi Dong, MD, MPH

Director, Institute for Health, Health Care Policy and Aging Research
Henry Rutgers Distinguished Professor of Population Health Sciences
Rutgers University, New Brunswick

Victor J. Dzau, MD

President, National Academy of Medicine
Vice Chair, National Research Council

Hanson Hsu, MD

Physician IT Liaison, New York Presbyterian
Attending Physician, Department of Emergency Medicine, NYP WCMC
Assistant Professor, Clinical Emergency Medicine, Weill Cornell Medical College

Shari M. Ling, MD

Deputy Chief Medical Officer
Centers for Medicare and Medicaid Services
Center for Clinical Standards and Quality

Kathleen Otte

New York Regional Administrator
Centers for Medicare and Medicaid Services

Litjen Tan, MS, PhD

Chief Strategy Officer, Immunization Action Coalition
Co-Chair, National Adult Immunization Summit and National Influenza Vaccine Summit

Winston F. Wong, MD, MS

Chair, National Council of Asian Pacific Islander Physicians
Scholar-in-Residence, UCLA Kaiser Permanente Center for Health Equity

ABSTRACTS — Oral Presentations

DISPARITIES IN INVASIVE MELANOMA AMONG ASIAN AND PACIFIC ISLANDER VETERANS IN THE UNITED STATES*

Michael S. Chang, BA^{1,2}; Nicole Trepanowski, BS^{1,2,3}; Jennifer La, PhD⁴; Nathanael R. Fillmore, PhD⁴; Rebecca I. Hartman, MD, MPH^{1,2} ¹ Department of Dermatology, Brigham and Women's Hospital & Harvard Medical School, Boston, MA 02115 ² Department of Dermatology, VA Integrated Service Network (VISN-1), Jamaica Plain, MA 02130 ³ Boston University School of Medicine, Boston, MA 02118 ⁴ Massachusetts Veterans Epidemiology Research and Information Center, VA Boston Healthcare System, Jamaica Plain, MA

BACKGROUND: Melanoma in Asian and Pacific Islanders (APIs) is associated with worse outcomes compared to white individuals. The Veterans Health Administration is the largest US healthcare system. Veterans constitute a high-risk population and this disparity may limit our knowledge of melanoma in this group. We sought to characterize invasive melanoma in API Veterans.

METHODS: Data on API Veterans with melanoma diagnosed from January 2009 to December 2017 were obtained from the national Veterans Affairs Central Cancer Registry. Demographic and tumor characteristics were collected. Statistical analyses were completed using R, v3.5.3.

RESULTS: 88 API and 15,515 white Veterans were diagnosed with melanoma from 2009-2017. Median age at diagnosis, sex, rurality, and region were similar. APIs were more likely to be Hispanic (6.8% vs. 1.1%, $P < .001$). API patients presented less often with localized melanoma (60.2% vs. 74.4%) and more frequently with regional (14.8% vs. 10.9%) and distant (10.2% vs. 5.1%) disease ($P = .02$). API patients were less likely to have superficial spreading subtype (14.8% vs. 24.4%), but more likely to have acral lentiginous subtype (4.5% vs. 0.6%). API patients more commonly had melanomas of the lower extremities (5.7% vs. 1.6%, $P = .009$). Breslow thickness and ulceration were similar. Between the two populations, API patients were more likely to have lower overall survival in most age groups and all SEER stages. Although overall survival slightly increased among white Veterans after introduction of nivolumab, an anti-PD-1 checkpoint inhibitor, in 2014, it did not confer survival benefit in APIs.

CONCLUSIONS: API Veterans present with unique melanoma features, most notably increased acral lentiginous melanoma and lower extremity tumors. Differences in overall survival highlight disparities in care despite advancements in treatment and access to VHA care. Future work is necessary to elucidate mechanisms for improving outcomes in this vulnerable population.

SOCIO-ECOLOGICAL FACTORS OF PSYCHOLOGICAL DISTRESS AMONG ASIAN AMERICAN YOUNG ADULTS DURING THE COVID-19 PANDEMIC IN THE UNITED STATES

Elaine Cheung, BS,¹ Michael Pham Huynh, MPH,² Jay Mantuhac, BA,² and Anne Saw, PhD³ ¹ California Northstate University College of Medicine, Elk Grove, CA 95757 ² University of California Irvine, CA 92697 ³ DePaul University, Chicago, IL 60614

BACKGROUND: Prior research shows increased prevalence of depression and anxiety among the general young adult population during the COVID-19 pandemic. Yet, it is unclear whether Asian American young adults faced increased risk of psychological distress during the COVID-19 pandemic. The current study examines psychological distress and associated socio-ecological factors among Asian American young adults.

METHODS: A national needs assessment survey of COVID-19's impacts on communities of color was conducted among Asian American participants from January to April 2021. Participants were recruited through email lists, community organizations, and Qualtrics consumer panels. Among the 1,528 Asian American young adults aged 18-29 in the study sample, 39.8% were men, the mean age was 23.0 (SD = 3.0) years, and 53.8% were US-born. Guided by the socio-ecological framework, we examined four models that accounted for protective and risk factors of psychological distress at i) individual, ii) interpersonal, iii) institutional, and iv) community levels.

RESULTS: Seven-day PHQ-4 scores indicate that 51.4% of the sample had psychological distress. Using multiple regression analysis, predictors of lower psychological distress in this group include i) older age, male gender, foreign-born individuals living in the US < 5 years, greater sense of gratitude during the pandemic, ii) receiving social support, and iv) living in the South or Northeast US regions compared to the West. Predictors of higher psychological distress include i) having a chronic health condition, ever being infected by COVID-19, coping through substance use, ii) providing social support, greater family conflict, iii) educational challenges with Wi-Fi and class accommodations, delayed medical care, iv) greater food insecurity, housing assistance, impact and stress from discrimination, and greater perceptions of racial bias from politics and media.

CONCLUSIONS: These findings point to socio-ecological factors that can inform targeted mental health interventions to promote Asian American young adult resilience during pandemics or natural disasters.

Abstracts—Oral Presentations

TRENDS AND DISPARITIES IN MENTAL HEALTHCARE USE AMONG ASIAN AMERICAN SUB-GROUPS, 2013 - 2017

Frederick Q. Lu¹ Michael W. Flores^{2,3}, Nicholas J. Carson^{2,3}, Benjamin Lê Cook^{2,3} ¹ Boston University School of Medicine, Boston, MA 02118 ²Health Equity Research Lab, Department of Psychiatry, Cambridge Health Alliance, Cambridge, MA 02141 and ³Department of Psychiatry, Harvard Medical School, Boston, MA 02115

BACKGROUND: Racial/ethnic disparities in use of mental healthcare has been extensively documented. However, there is limited research employing nationally-representative data to estimate mental healthcare utilization among Asian Americans, and there are no studies examining service use variation among Asian American subgroups. Dated research suggest that Asian Americans are less likely than White Americans to access MH services. The goal of this study is to use nationally-representative data to provide a much-needed update to national trends in mental healthcare use among Asian American and Asian American subgroups.

METHODS: We analyze yearly cross-sections from the 2013-2017 Medical Expenditure Panel Survey, including White (n=77,426) and Asian American (n=8,686) participants. Using multivariable logistic regression models and predictive margin methods, we estimated the percentage of adults who used any mental healthcare, outpatient mental healthcare, specialty mental healthcare, or had a psychotropic medication fill. Regression models adjusted for demographic, socioeconomic, and health-related variables.

RESULTS: Asian Americans, including Asian Indians, Chinese, Filipinos, and Other Asians had lower rates of mental health use than White Americans. These patterns persist among adults with elevated risk of mental illness, even after adjustment for demographic, socioeconomic, and health-related factors. Trends and patterns of utilization are not always consistent across subgroups, with aggregation masking both improvements and areas of need.

CONCLUSIONS: Asian Americans continue to have lower rates of mental healthcare use than White Americans, even when reporting symptoms of mental illness and after covariate adjustment. Disaggregation of this diverse heterogeneous population is critical to evaluating measures of care and understanding root causes of mental healthcare disparities. Clinicians should be mindful of the diversity within the Asian American population and be aware of the various barriers that may contribute to these continued disparities in care.

EPIDEMIOLOGY OF COVID-19 AND ITS CARDIAC AND NEUROLOGICAL COMPLICATIONS AMONG ONTARIO VISIBLE MINORITIES: CHINESE AND SOUTH ASIAN CANADIANS

Joseph Y. Chu¹, Robert Chen¹, Chi Ming Chow¹, Dennis T. Ko^{1,3}, Peter P. Liu^{1,2} Gordon W. Moe¹, Maria Koh³, Yusuf Kaliwal³ ¹University of Toronto, Toronto, ON, Canada, ². University of Ottawa, Ottawa, ON, Canada, ³Institute for Clinical Evaluative Sciences, Toronto, ON, Canada

Background Due to lack of data on the epidemiology, cardiac and neurological complications among Ontario visible minorities: Chinese and South Asians, affected by COVID-19, this population-based retrospective study was undertaken to study them systematically.

Methods From January 1, 2020 to September 30, 2020, using the last name algorithm, rates and types of cardiac and neurological complication of these two cohorts along with the general population in Ontario with COVID-19 were analyzed by ICES.

Results Preliminary results show that Chinese Canadians (N= 1,186) with COVID-19 are older with a mean age of 50.7 years compared to general population (N= 42,547) of 47.6 years (P< .001), while South Asians (N= 3,459) have a younger mean age of 42.1 years (P< .001). The 30-day crude rate for cardiac complications among Chinese was 169/10,000 (p = 0.069), while for South Asians, it was 64/10,000 (p = 0.008) and, for the general population, it was 112/10,000. For neurological complications, the 30-day crude rate for Chinese was 160/10,000 (p < 0.001); South Asians was 40/10,000 (p = 0.526), and general population was 48/10,000. The 30-day all-cause mortality rate was significantly higher for Chinese at 8.1% vs 5.0% for the general population (p < 0.001), while it was lower in South Asians at 2.1% (p < 0.001).

Conclusions Chinese Canadians with COVID-19 in Ontario were older and have higher cardiac and neurological complication rates and overall mortality rates compared to the general population. These data have significant implications for proper prevention and appropriate management for these vulnerable Chinese Canadians.

ABSTRACTS Posters

INCIDENCE OF OROFACIAL CLEFTS IN ASIAN AMERICAN SUBGROUPS.*Sandy Li¹, Siobhan Nnorom¹, Richard Ngo², Oluwasegun Akinyemi¹, Adedoyin Kalejaiye¹¹Howard University College of Medicine, Washington, DC 20059. ²Massachusetts General Hospital, Boston, MA, 02115.

BACKGROUND: There has been evidence that suggests the prevalence of orofacial clefts in Asian Americans is high. However, in current research, Asian American subgroups are often inappropriately combined into a single Asian category. Among the Asian American subgroups, there is wide variation in sociodemographic indicators, which can ultimately affect perinatal outcomes such as orofacial clefts.

METHODS: We conducted a population-based retrospective cohort study using the US vital statistics dataset of all deliveries by Asian and Pacific Islander women from 2015 to 2019.

RESULTS: Overall, the incidence of orofacial clefts in Asian Americans (0.06%) was lower than that of American Indian/Alaska Natives (0.15%) and White Americans (0.08%) and higher than that of Black Americans (0.04%). The highest incidence rate of orofacial clefts was in the "Other Pacific Islander" subgroup (72 per 100,000 live births). The lowest incidence rate of orofacial clefts was in the Chinese subgroup (41 per 100,000 live births). Pacific Islanders (Hawaiian, Guamanian, Samoan, and Other Pacific Islander) had a higher incidence rate of orofacial clefts compared to Asians (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and Other Asian). Asian and Pacific Islander mothers born in the US, compared to those born outside the US, had a higher odds ratio for giving birth to a child with an orofacial cleft.

CONCLUSIONS: The incidence of orofacial clefts in Asian and Pacific Americans might be lower than previously shown in the literature. There were also differences when examining specific subgroups. These results will contribute to the current research highlight health disparities in Asian Americans, especially in Asian American subgroups. Disaggregation of Asian American and Pacific Islander data on a national level will highlight the unique challenges and health risks of specific subgroups, leading to improved treatment and outcomes.

Quantification of ultra-high resolution versus conventional resolution coronary computed tomography angiography: a feasibility study.*Benjamin L. Shou¹, Jason Ortman¹, Mahsima Shabani¹, Joao Lima¹, Armin A. Zadeh¹¹Division of Cardiology, Johns Hopkins Hospital, Baltimore, MD USA.

Background Conventional resolution (CR) coronary computed tomography angiography (CCTA) is a first-line test for the presence or absence of coronary artery disease (CAD). However, CR-CCTA is limited by its low positive predictive value which may be due to limited spatial resolution. In this feasibility study, we sought to compare vessel features quantified from newly developed ultra-high resolution (UHR) versus conventional resolution CCTA.

Methods Patients with suspected or known CAD were enrolled as part of the CORE-PRECISION Pilot Study and underwent UHR-CCTA. Raw image data was back-reconstructed to conventional resolution (CR). A semi-automated, deep learning based histologically validated software was used to characterize and quantify vessel features in the right coronary (RCA), left anterior descending (LAD), and left circumflex (LCX) arteries. Paired Wilcoxon signed-rank test was used to compare differences between UHR and CR features.

Results Four patients were randomly selected from the CORE-PRECISION cohort (median age = 65, 100% male) for a total of 12 analyzed coronary vessels. Median non-calcified plaque (NCP, 174.1 vs. 408.1 mm³, p < 0.001), calcified plaque (CP, 43.4 vs. 78.5 mm³, p=0.001), and low density non-calcified plaque (LD-NCP, 2.6 vs. 19.5 mm³, p=0.01) volumes quantified from UHR scans were significantly lower than those quantified from CR. Further, median plaque burden (38% vs. 43%, p=0.001) and perivascular adipose tissue volume (PVAT, 226.8 vs. 368.7 mm³, p<0.001) were significantly lower in UHR scans compared to CR.

Conclusions Vessel features quantified from ultra-high-resolution CCTA are significantly different than those quantified from conventional resolution. Features from UHR-CCTA may have improved prognostic value over CR-CCTA in the evaluation of coronary artery disease.

ABSTRACTS Posters

HEALING FROM HATE: ASIAN AMERICAN EXPERIENCES OF PSYCHOTHERAPYStephanie Chiao¹; Zhenzhen Shi¹; Nadine Chang¹; Janet Chen,²; Helen Ding,¹¹New York Presbyterian Weill Cornell Medicine, Department of Psychiatry, New York, New York, 10065 ²UTHealth Houston, Houston, Texas, 77030

BACKGROUND: The COVID-19 pandemic has significantly impacted mental health in Asian-American communities through racial discrimination. This compounds longstanding barriers Asian-American patients face to access quality mental health care. Currently, little is known about Asian-Americans' experiences of psychotherapy. This study uses thematic analysis to explore the impact of race on Asian Americans' experiences of psychotherapy treatments.

METHODS: Participants were recruited from July 2020 to June 2021 through purposive and chain referral sampling. Participants identified as 1.5 or 2nd generation East or Southeast Asian, had a history of psychotherapy treatment, and spoke English. Participants underwent a semi-structured interview about perceived impact of race on their psychotherapy. Transcripts were coded by two investigators using NVivo software. Thematic analysis was conducted, and themes were discussed with the research team.

RESULTS: Participants reported varying degrees of interaction of race and psychotherapy. Four themes emerged: (1) Participants believed therapists with certain lived experiences were better able to understand Asian-American experiences. (2) Participants reflected upon the need to provide explanation about their culture and community to White therapists. (3) Participants described a process of ethnic identity development that affected their therapy experiences. (4) Differences in cultural norms around family were obstacles in processing relational issues.

CONCLUSIONS: The impact of the pandemic on Asian-American mental health demonstrates the urgency of improving access, utilization, and quality of mental health services. This study provides new insight into Asian-American experiences in psychotherapy, and explores how race plays a role in treatment. Looking forward, this is an important step in developing guidelines for high quality psychotherapy for Asian-American patients in the post-pandemic world.

PSYCHOLOGICAL STRESSORS FROM ANTI-AAPI RACISM AND POTENTIAL PROMISING PEER SUPPORT MODEL THROUGH INTERACTIVE THEATERBrandon Lee¹, Richard Chen² and Eunice Yuen, MD, PhD³¹Bard High School Early College Queens, Queens Village, NY 11427, ²Choate Rosemary Hall, Wallingford, CT 06492, ³Department of Psychiatry Yale School of Medicine, Yale Child Study Center, New Haven, CT

BACKGROUND: Yale Compassionate Home, Action Together (CHATogether) is a mental health initiative and culturally-based peer support group that centers on providing mental health coping strategies to Asian American youth and parents through online digital theater vignettes. This culturally-focused program facilitated mental wellness in the Asian community throughout the COVID-19 pandemic and amidst the rise in anti-AAPI violence. We aim to: 1) introduce CHATogether's media as a vehicle to promote mental wellness and 2) present a qualitative study examining stressors faced by Asian Americans during the pandemic.

METHODS: CHATogether actors first performed a skit depicting specific parent-child interactions. Next, a licensed clinician debriefed the scene, highlighting skills to improve the child-parent interaction. The same skit was performed a second time, with actors utilizing the skills highlighted by the clinician. In a related study, six CHATogether members who produced vignettes participated in a focus group to discuss anti-Asian racism associated with the pandemic. We conducted qualitative analysis supported by NVivo to identify overarching themes.

RESULTS: Five preliminary themes related to racism stressors were identified: 1) increasing anti-AAPI racism involving political rhetoric and violence against Asians; 2) differential family approaches to dealing with racism including cultural gaps and language barriers; 3) different types of racism stressors involving systematic oppression and social exclusion; 4) the impact of racism stressors including feelings of alienation and hopelessness; and 5) positive coping methods such as discussing shared experiences or attending support groups. Themes of growth, resilience, and optimism were also identified, in which participants hoped to reassert their Asian cultural identity and restore cultural pride post-pandemic.

CONCLUSIONS: The pilot implementation of CHATogether during the COVID-19 pandemic demonstrates a preliminary model that can increase Asian American resiliency and political mobility. This study provides a potential promising model of online peer support to address anti-AAPI racism for future implementations.

ABSTRACTS Posters

CRAZY STRESSED ASIANS: TRENDS IN EMERGENCY DEPARTMENT VISITS OF THE ASIAN-AMERICAN POPULATION FOR PSYCHIATRIC COMPLAINTS DURING THE COVID-19 PANDEMIC*

Rachel Yang¹, Andrea Yun MD¹, Clara Pavesi-Krieger¹, Evan Grace¹, Amanda Bjornstad¹, Julia Versel¹, Theresa Nguyen MD, FACEP¹

¹Loyola University Medical Center, Department of Emergency Medicine, Maywood, IL 60513

BACKGROUND: As many outpatient services became unavailable during the pandemic, many providers shifted to telemedicine as a means of connecting with patients. However, telemedicine was not readily accessible for everyone, especially patients who used the Emergency Department (ED) as their primary resource for health care and psychiatric services. The pandemic has also been linked to a rise in discrimination against Asian-Americans, which undoubtedly negatively impacts mental health.

METHODS: We conducted a single-center, retrospective chart review of Loyola University Medical Center ED visits between March 1st-April 30th, 2019 and March 1st-April 30th, 2020 to identify trends in the demographics of patients who presented to the ED for psychiatric complaints.

RESULTS: A total of 598 patient charts were reviewed (n=264 in 2019; n=334 in 2020). Homeless patients were more likely to present for a psychiatric complaint in 2020 (23% vs. 11%, p<0.001), reported greater incidence of illicit drug use (50% vs. 41%, p<0.024), and reported a history of alcohol abuse (41% vs 39%, p<0.2). Interestingly, more patients had a previous psychiatric diagnosis in 2019 than in 2020 (76% vs. 63%, p<0.001) and were also less likely to be diagnosed with a new psychiatric disease (32% vs. 12%, p<0.001). As for demographics, un-housed African-Americans and Hispanics/Latinxs were more likely to present to the ED in both years. Only a total of 7 Asian-Americans presented to the ED for a psychiatric complaint (n=4 in 2019, n=3 in 2020). They were all housed with no history of illicit drug or alcohol usage. These findings may have been skewed by the fact that the Loyola ED is located in Maywood, which is a predominantly African-American and Hispanic community.

CONCLUSIONS: Overall, we found that Asian-Americans are under-represented among people experiencing homelessness and are less likely to present to the ED with a psychiatric complaint. However, we found that African-Americans and Hispanics/Latinxs have a significantly higher association with homelessness, psychiatric diagnosis, illicit drug and chronic alcohol use. This suggests the importance of increased access to consistent psychiatric care and follow up with individuals affected by socioeconomic health disparities.

CREATION OF A NOVEL 3D PRINTED OPTOKINETIC DRUM (OKD) WITH SMARTPHONE VIDEOGRAPHY

Lemanski BCP¹, Lemanski N¹, and Cheng M¹

¹Mabel MP Cheng MD PLLC, 3140 Troy Schenectady Road, Niskayuna, NY 12309

Background: OKDs are utilized in neuro-ophthalmology for eliciting optokinetic reflexes (OKRs). OKR develops at 6 months of age and is useful for determining basic central nervous system functionality, visual pathway response, and stereopsis development in strabismus management. OKDs are useful diagnostic adjuncts when MRI or CT are not available. Unfortunately, OKDs are too expensive to be left on medical missions, and no commercial OKD exists for video recording, the latter useful for teaching use of OKD, remote interpretation of OKR, or self-use of OKD. A 3D printed approach was sought to achieve all objectives with videography by any smartphone.

Methods: A cylinder with two interlacing halves (creating an alternating pattern when printed in different colored filament) connects to a two-piece crank through a stationary handle by a tie rod via cantilevered snap fit. A universal smartphone attachment connects to the stationary handle by 3 knurled nuts for video recording. Designs sliced in Cura 3.6.20 were printed on a Single Extruder (2.1) LulzBot TAZ 6 (PLA+ at 380 µm). Fatigue testing was performed by cranking the assembly for 10 minutes. Smartphone clasp was tested in horizontal and vertical positions.

Results: Print statistics: 29 hours; 70.55 filament meters; filament cost: 15.10 USD. Horizontal and vertical OKR was elicited in authors with smartphone videography capture of binocular responses in both orientations. Videography quality was suitable to observe OKR on playback. Crank handle allowed single observer capture of OKR; 1000 rotations observed no part wear.

Conclusions: The 3D printed OKD is a reliable and inexpensive alternative to commercially available OKDs. To the best of our knowledge, the OKD proper is the first fully 3D printed OKD, possibly the first fully 3D printed ophthalmic diagnostic device, and the first OKD to have smartphone videography capabilities.

In Memoriam: Hsueh hwa Wang, MD

1923-2021



It is with great sadness that we inform you that Past President and Executive Director Emeritus Dr. Hsueh hwa Wang has passed away.

Dr. Wang was born in Beijing, attended the National Central University Medical School and graduated in 1946. She came to New York City soon after for post-graduate training before taking a position in the Department of Pharmacology at Columbia the College of P & S where she rose to the rank of Professor. Her research was in the field of physiology and pharmacology of the coronary circulation. From 1985 to 1990, she was the Director of Graduate Studies in the department.

Dr. Wang served as President of CAMS in 1982 before becoming the Executive Director of CAMS in 1986. She served in the volunteer position for a quarter of a century, retiring in 2011. After her retirement from Columbia in 1990, she was able to devote much of her free time to CAMS, arranging full day Scientific meetings, fund-raising dinners, donation of scholarships for medical students, and other activities that bolstered a spirit of camaraderie among our members. She was also one of the founding organizers of FCMS (Federation of Chinese American and Chinese Canadian Medical Societies) and later the FCMS Foundation. She was President of FCMS in 2000, Chairman of the Board in 2002 and served as Secretary/Treasurer of FCMS Foundation until 2017.

In 1991, she was presented the Outstanding Women Scientist Award by the New York Chapter of Association for Women in Science. In 2011, she received a Lifetime Achievement Award from CAMS, honoring her 25 years of meritorious service as Executive Director.

In Memoriam, HH Wang MD

Dr. Hsueh hwa Wang was a treasured pioneer in many ways. Her passing diminishes us all. Here is one account of her spirited role in the birth of the FCMS.

The physicians at Chinese Hospital in San Francisco wanted to bring together clinicians and researchers interested in the care of the Chinese. Our dream was realized with the launching of the 1982 “Conference on Health Problems Related to the Chinese in America” at the near-by Financial District Holiday Inn. Some 250 attendees gathered from major Chinese communities across the continent. This was followed by a second conference two years later in Los Angeles and then in New York two years after that.

It was there that I first met Hsueh hwa, a tenured professor at Columbia University College of Physicians and Surgeons. She was brought into our conference by New York’s Dr. David Chiu because of her leadership qualities. Dr. Chiu had originated the idea of a Federation of Chinese American and Chinese Canadian Medical Societies (FCMS). As opposed to a single unwieldy international entity, this format preserved the identity and autonomy of each local group. He had proposed an organizing committee and saw Hsueh hwa as a prime mover. She did not disappoint! She had vision, was vocal, and had excellent management and interpersonal skills. Hsueh hwa and David both saw the importance of building upon the conference established by Chinese Hospital and renamed “Conference on Health Problems Related to the Chinese in North America” as a unifying bond for the far-flung societies.

Because the conference met only biennially, it took a few years for the pot to boil. We were finally incorporated in 1994 with formal by-laws and officers. Hsueh hwa was voted president-elect in 1998, rose to the presidency in 2000, and became board chair of FCMS in 2002. Her perceptive leadership and organizational skills were well recognized and appreciated.

She moved to adopt the conference formally from our medical staff. The FCMS would take ownership of the grand planning, the title and logo, and oversight of its implementation by the local societies. We were glad to have broader participation and agreed; but there was some reluctance to give up something we had worked so hard to make successful. Some of our physicians wanted guarantees built into the transfer agreement that the ownership would revert to the Chinese Hospital Medical Staff if the FCMS failed to run the conference properly. A highly indignant Hsueh hwa loudly proclaimed, “We shall not fail!” The doubters were stunned! Her determination to make projects succeed was a key element of Hsueh hwa’s meticulous leadership!

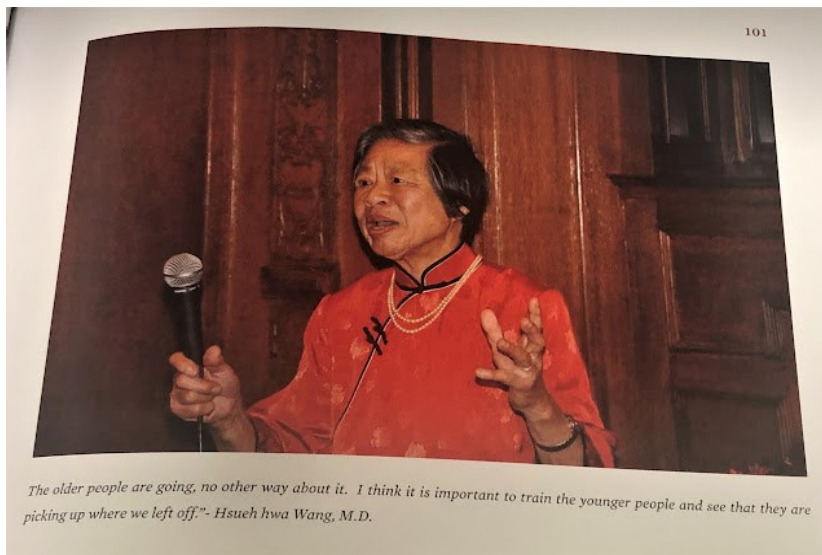
Here we are, nearly 40 years beyond that day! The Conference on the Healthcare of the Chinese in North America has endured and has become the centerpiece of the vibrant FCMS agenda, thanks to Dr. Hsueh hwa Wang!

*Collin P. Quock, MD
Scientific Program Chairman, 1982 Conference
Chinese Hospital
San Francisco*

Sunhoo Foo, MD

I knew and worked with Hsueh hwa Wang (王雪華) M.D. for more than a quarter-century. I remember back in 1994, with a CAMS membership of less than 76, we were both Chiefs and Indians, with her Teaneck house functioning effectively as the office and warehouse of CAMS. Early one morning, we drove everything we needed from her house to the Sheraton Hotel NY. This included the display boards for abstracts to prepare for the big annual meeting and the inauguration of FCMS. Hsueh hwa was very direct. She was a woman of a few words, and she worked explicitly, and executed everything perfectly for events. She remained active and devoted her time to the CAMS/FCMS/FCMS Foundation even after her retirement in 2011, from this tedious, tiring unglamorous, non-paying job. She was active until she moved to Sunrise Assisted Living in Cresskill, New Jersey in 2018 (age 95).

After receiving the anticipated, but inevitably sad news of her passing, a picture of her from “CAMS at 50” came to my mind: This exemplified her hands-on, no nonsense approach to work, study, and life.



When she settled at Sunrise, she was quiet. I am not sure if she still recognized who I am. She never called my name, but she always greeted me with a huge smile. She was calm, content with the surroundings, and enjoyed what was provided. I tried to keep her engaged by pointing at the pictures on the walls. She would say, “This is [my father](#),” and “This is [my husband](#).” Her past seemed deeply rooted in her mind. It reminded me that we are all standing on others’ shoulders, especially those who had left us. As she once said and was quoted in the book, CAMS at 50, “The older people are going, no other way about it.” So, while we enjoy what CAMS gives us today, we cannot forget the past, our parents’ efforts and love in our upbringing, and the devotion of those like Hsueh hwa who helped make things happen.

You may click the links for the full article, including her pictures:

<https://sunhoofoo.blogspot.com/2021/09/oohh.html>

Just in case the links do not survive the PDF conversion.

<https://sunhoofoo.blogspot.com/2020/03/note-on-wuhan-covid-19-ii.html>

<https://sunhoofoo.blogspot.com/2020/02/note-on-wuhan-covid-19-1.html>

Hsueh hwa Wang, MD



Dr. Warren W. Chin and Dr. Hsueh hwa Wang (2011)

I first met Dr. Wang when I joined the CAMS Board in 2001. I later found out that she affectionally referred to me as the “bad boy”. From the moment I joined CAMS she became a mentor, a teacher and a mother figure not only to me but to all the other Board Members in CAMS and FCMS. She devoted much of her time, with unwavering commitment, as the first Executive Director of CAMS from 1986 to 2011. Her home in Teaneck, New Jersey served as the first CAMS office. I am extremely honored to succeed Dr. Wang as the second Executive Director of CAMS. Hsueh hwa embodied the heart and soul of CAMS and represented the true spirit of volunteerism and altruism. She was a role model to many of us. She was the backbone of CAMS, providing leadership and guidance to all the CAMS Presidents and Board Members during her tenure. As one of our CAMS Past Presidents

once said, “Dr. Wang is the house, and the Presidents and Board Members are the furniture. The furniture changes, but the house will always be there.”

She never wavered from her mission to inspire a healthy community and connect people with the resources they needed. Her leadership at CAMS, as well as her roles as a founder of FCMS and FCMS Foundation, have inspired us all. I will always remember her smiling from ear to ear at Board Meetings, Scientific Conferences, and even while visiting her at Sunrise Assisted Living before COVID. Hsueh hwa will never be forgotten and we will all miss her greatly.

Warren W. Chin, M.D.
Executive Director of CAMS



Dr. Warren Chin, Dr. Hsueh hwa Wang, and Dr. David T.W. Chiu traveling to Dr. Wang's final Board Meeting with FCMS.



Positive Minds Strong Bodies Study

A program for elders to manage stress and improve physical health

Through a grant from the National Institute on Aging (PI: Dr. Alegria), the Massachusetts General Hospital (MGH) Disparities Research Unit is conducting a study to examine how to build collaborative research to provide mental health and disability prevention treatment in community-based organizations (CBOs) that serve ethnic minority elder clients. This program aims to prevent disability by combining a culturally and linguistically competent mental health (Positive Minds) and exercise (Strong Bodies) intervention.

THE INTERVENTION:

Intervention Group: Participants randomized to the intervention group will receive 10 individual psychosocial intervention sessions and 36 group exercise sessions. Once the program is completed, they can join group maintenance sessions for each component.

Control group: Each participant in the control group will receive information about depression and anxiety, and the importance of taking care of mental and physical health. Control group participants will be contacted by phone every other week for a symptom assessment.

Both groups will be assessed at baseline and 3, 6, and 12 months and will receive a gift card for their time.

In response to COVID-19, we will offer the program via phone and zoom video conference.

ELIGIBILITY:

Age 60+

Fluency in English, Spanish, Chinese (Mandarin or Cantonese)

With mild, moderate or severe depressive or anxiety symptoms

Without any specialty mental health care in the past 3 months. Participants using antidepressants will be included.

People with severe mobility limitations will be excluded.

For more information please contact Dr. Sahnah Lim at sahnah.lim@nyulangone.org or Janet Pan at janet.pan@nyulangone.org.

Smoking Cessation Initiative

Warren W. Chin, MD

Chinese American Medical Society is partnering with Asian Americans for Equality [AAFE] and NYU Langone Health to pilot a free smoking cessation counseling referral service for patients of CAMS physicians in Lower Manhattan. CAMS physicians who have patients who want to quit smoking and need support will be able to make direct referrals to AAFE's free Smoking Cessation Program.

AAFE's smoking cessation program aim to increase tobacco cessation and decrease exposure to environmental tobacco smoke, a healthier body and a smoke free home. AAFE's Smoking Cessation Program offers free counseling through an empathetic approach using Motivational Interview techniques in order to help Chinese smokers who reside in Chinatown and other areas in the Lower East Side, Sunset Park and Red Hook quit or reduce smoking. In the counseling sessions, AAFE's Smoking Cessation Navigator helps smokers identify triggers and stressors that cause the urge to smoke in their daily lives. At the same time the Navigator also introduces and educates smokers about Nicotine Replacement Therapy (NRT) products and the benefits of using them. AAFE offers free NRT in the form of nicotine patches and/or gums for smokers who enroll in the program. The counseling session is available in English, Mandarin, Cantonese, Taishanese, and Fujianese.

CAMS Physicians that are interested in participating in this program would need to have patients that meet the following criteria:

- Age ≥18 years
- Current smoker
- Interested or ready to quit smoking cigarettes
- Resident of Manhattan (Chinatown/Lower East Side) or Brooklyn (Sunset Park/Red Hood)

To join this program please contact Jamie Love jlove@camsociety.org

Publications Committee

Victor Chang, MD

The Newsletter was compiled and edited by Dr Hsueh hwa Wang for many years. Volunteers are welcome to join and contribute to features such as news, opinions, articles, letters, and with design and layout as we prepare future issues.